

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Todd Summers

Subseries:

OA/ID Number: 21082

FolderID:

Folder Title:

Correspondence - Todd Summers - Incoming - 2/99

Stack:

S

Row:

66

Section:

6

Shelf:

2

Position:

1

3-2

| From Todd
Summers per
your request. |

GMHC
GALA CORPORATE BENEFIT
 honoring the life and memory of
Michael Palm

February 24, 1999

Grand Ballroom
 The Waldorf=Astoria

Wednesday
 April 7, 1999

GALA CHAIR
 Steven M. Gluckstern

**HONORARY
 CO-CHAIRS**
 David Geffen
 Joan Tisch

CO-CHAIRS*
 Edgar Bronfman, Jr.
 Michael Giordano, M.D.
 Calvin Klein
 Ivan Seidenberg
 Terry Watanabe

**JOURNAL
 CO-CHAIRS**
 Phil Donahue
 Gene Falk
 Melissa Jamula
 Joshua Lipsman, M.D.

*List in formation

Todd A. Summers
 Deputy Director,
 Office of National AIDS Policy
 The White House
 Washington DC

Todd
 Dear Mr. Summers,

On April 7, 1999 GMHC will host its first annual Corporate Gala Benefit at the Waldorf=Astoria, honoring the life and legacy of Michael Palm. Proceeds from the event will benefit GMHC's services for people with HIV/AIDS and their loved ones as well as other gay, lesbian, and arts organizations that Michael supported during his lifetime.

As you may know, Michael was one of GMHC's greatest friends and most generous supporters. Active on the GMHC Board, he served as senior Vice Chair until his untimely death last August. Drawing from his own battle with HIV, Michael brought to his position great personal resolve and vision, a keen business sense, and outstanding leadership.

Michael's philanthropic legacy has kept GMHC on the forefront in the fight against AIDS. Launched in the early 1980s when HIV/AIDS had not yet been named, GMHC has since developed and tailored its services to reflect the ever-changing nature of this disease and the high-risk populations most affected. Today we serve nearly 10,000 men, women, and children infected or affected by HIV/AIDS.

I would be honored if the President would consider contributing a letter supporting the work that Michael championed here at GMHC for our Gala Journal. His participation in the journal would speak volumes about this administration's commitment to the fight against HIV/AIDS. It would help in creating an evening of celebration and of renewed commitment.

If you have any questions please feel free to contact Malcolm Smith in the GMHC Benefit Office at 212-675-9474. Thank you for your consideration.

Sincerely,

Joshua
 Joshua Lipsman, M.D.
 Executive Director
 Gay Men's Health Crisis

White House Letter Draft #1

Warm greetings to everyone gathered in New York City for the Gay Men's Health Crisis Gala Corporate Benefit honoring the life and legacy of Michael Palm. I am delighted to join you in saluting his generous philanthropic spirit and fierce dedication to the fight against HIV/AIDS.

HIV/AIDS affects us all, and none of us can afford to sit by and watch this epidemic continue to take our neighbors, friends, and loved ones from us. By following the compassionate example of pioneers like Michael Palm, we will wage this battle together until we can proclaim victory.

Best Wishes for a memorable evening.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11302	Christine	Hurley	2/19/99	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		
		Sandy		

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Bailey-Boushay House	2720 East Madison	
Sender's City	Sender's State	Sender's Zip
Seattle	WA	98112

Handwritten signature/initials



BAILEY-BOUSHAY HOUSE

February 12, 1999

Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20500

Dear Ms. Thurman:

My name is Chris Hurley and I am the administrator of Bailey-Boushay House in Seattle, a 35 bed skilled nursing facility and adult day health program for people with AIDS.

I recently met with your colleague, Todd Summers, to discuss the issue of the Medicare Prospective Payment System (PPS) as introduced in the Balanced Budget Act of 1997 and its effect on skilled nursing facilities (SNF's) caring for people with AIDS. Todd suggested that I write to you explaining the problem and asking for your assistance. I appreciate your willingness to review this issue on our behalf.

What's the Problem - Briefly:

Medicare PPS regulations do not accommodate skilled nursing facilities that provide care for nursing home residents with extraordinary nursing and medication needs. The payment mechanism, designed for the traditional nursing home population, simply does not recognize significantly higher medication costs and related nursing and laboratory expenses incurred in caring for large numbers of people with AIDS covered by Medicare benefits. We are seeking a solution to our problems with the PPS as an extreme outlier among nursing homes.

What Efforts Have Been Made:

Recognizing the devastating results of PPS on Bailey-Boushay, I began seeking a solution to the PPS and AIDS issue in the spring of 1998. I have spoken at length with HCFA officials in Baltimore and DC seeking a regulatory solution to our concerns. Our Washington state congressional delegation has also united to request the same from HFCA. Finally, I have been in contact with congressional committee staff who believe that HCFA has the authority to create a policy solution. HCFA, while sympathetic to our situation, stands firmly with the position that they do not have legislative authority to make a policy exception.

Last fall there was a unsuccessful effort, largely fronted by for-profit nursing homes, to create an exception for "non-therapeutic ancillaries" under PPS. That effort failed in the final moments of the

session. This proposal would have addressed some, but not all, of our problems with PPS, given our significant nursing costs that accompany high medication use and costs.

Earlier this month, I met with Washington state delegation members, congressional staff and HCFA officials to move forward in search of a legislative solution. The visit was encouraging and I found universal support for the concept of a "rifle shot" solution which links high drug costs and related nursing and lab expenses. Nevertheless, all acknowledged that this approach is arduous and risky.

Why Bailey-Boushay House is a Unique Outlier:

What sets Bailey-Boushay apart is its significant Medicare population; more than 30 percent of all patient days are paid for by Medicare - *more than 300 percent higher* than seen in traditional nursing homes. There are approximately a dozen skilled facilities in the nation which have a dedicated AIDS mission or program. Bailey-Boushay conducted a survey of other AIDS SNF programs last summer and found that no other facility reported more than 3-4 percent Medicare population. As a result, Bailey-Boushay has been alone in its appeal for relief to HCFA, congressional committees and elected officials.

Bailey-Boushay House - A Specialty AIDS Subacute Facility

Bailey-Boushay is a 35 bed skilled nursing facility created specifically to meet the needs of people with AIDS. It is the first facility in the nation to be built expressly to meet the complex long term care needs of this special population. Co-located with an AIDS adult day health program serving 120 individuals, the facility is nationally recognized as the model for communities developing similar programs.

The facility was created in a cost-saving partnership with the state of Washington. Designed to deliver hospital-level nursing care in a less expensive setting, the facility is able to provide comparable care at significantly lower cost.

Our residents, who primarily reside in Western Washington, suffer from multiple disabilities and represent the most physically and socially frail of those living with AIDS. Demographically, our resident population reflects the profile of those affected by AIDS in this community; most are men, 30-45 years old. Since opening in 1992, Bailey-Boushay House has cared for over 1,000 individuals in the residential nursing program.

With changes in AIDS treatments in the last two years, more than 60 percent of all residents are able to return home after a brief period of intensive nursing care. To a limited extent, the facility also provides specialized nursing care to others with similarly complex needs - such bone marrow and other organ transplants and end-stage cancer. The facility's skills and expertise are well matched to the comprehensive nursing needs of immune-suppressed patients, as well as those with needs for intensive medication administration, nursing assessment, and monitoring.

The facility was created to fill a gap in available services and to meet the unprecedented nursing care needs of people with AIDS, care needs which are dramatically more involved than those of patients in traditional nursing homes. As a result, while Bailey-Boushay is a nursing home for state licensure purposes, this stems mainly from the lack of a more appropriate licensure category for subacute facilities. Recognizing this distinction, the state of Washington has consistently exempted it from nursing staff and supply cost lids (1990 legislation) and later from an MDS-based case mix reimbursement system (1998 legislation).

Currently 34 percent of Bailey-Boushay residents are covered by Medicare. The number of residents with Medicare coverage has increased fifteen-fold since 1992. Since the introduction of PPS in July 1998, our Medicare population has increased by 70 percent! *The growth in our Medicare population since implementation of PPS is clear evidence that other SNF's are unwilling and unable to care for individuals with high care and cost needs.*

The intensive level of nursing care and volume and type of medications required by AIDS patients set Bailey-Boushay apart from its other nursing homes. Higher levels of nursing care and medications also result in substantially higher costs than those incurred by more typical Medicare SNF residents; medications alone for Bailey-Boushay residents range from \$400 **DAY**.

The Problem - in Greater Detail:

PPS is problematic for Bailey-Boushay in two areas: case mix adjustment based on the MDS and consolidated billing. PPS is a serious mismatch for a facility like Bailey-Boushay. This mismatch results from two basic differences between geriatric and AIDS resident care needs:

- **Cost of Medications:** Oral and intravenous medications and related supplies for AIDS are vastly more expensive than the drug regimes of the elderly. Average medication costs per day at Bailey-Boushay House are \$400, more than 20 times the average cost for typical geriatric residents.
- **Minimum Data Set (MDS) Assessment Tool:** Targeted to the needs of the elderly and weighted toward assessing capacities for activities of daily living (ADL's), the MDS was not designed to measure medically and/or behaviorally complex care needs such as intravenous medications, blood transfusions, central line management, psychiatric management, or complex medication administration including chemotherapy. Using the MDS as a measure of care for special subacute populations significantly underestimates the resources required to provide appropriate care. More intensive nursing care is required to meet these needs.

Negative Consequences of PPS for Bailey-Boushay's Medicare Patients:

At Bailey-Boushay House, PPS will reduce resources for bed-side care and services for Medicare beneficiaries by 68 percent and result in an annual loss of \$1.8 million. Such a significant loss for a small, specialized facility cannot be sustained. Bailey-Boushay has no alternative: we must seek change in the regulations or law or stop admitting Medicare patients. Without relief from PPS, we will have no choice than to send our Medicare patients back to more costly hospital settings.

Failure to accommodate an extreme outlier like Bailey-Boushay, which provide unique levels of care to meet unusual care needs, will result in greater costs for HCFA, not less. *If no provision is made for Bailey-Boushay House, Medicare will incur greater costs as beneficiaries remain in hospitals for more frequent and longer stays.*

We are certain that PPS did not intend to penalize those patients with high-cost medication, laboratory and nursing needs. Nor was PPS designed to result in higher total Medicare costs for those who require the unique level of care that Bailey-Boushay provides. Unfortunately, without change to currently designed regulations, PPS will result in higher costs for Medicare beneficiaries served by Bailey-Boushay House.

Rationale for Exceptions or Changes and Possible Solutions:

It is clear from the history of the 1997 Balance Budget Act that legislators recognized that a one-size-fits-all solution would not work for all facilities, and that some provision would be needed for sites such as Bailey Boushay. The BBA Conference Report states:

To ensure that the frail elderly residing in SNF's receive needed and appropriate medication therapy, the Secretary of Health and Human Services should consider the results of studies conducted by independent organizations including those which examine appropriate payment mechanisms and payment rates for medication therapy under a prospective payment system for SNF's. *It is the intent of the Conferees that the Secretary develop case mix adjusters that reflect the needs of such patients.* (emphasis added).

This statement, while focusing primarily on the frail elderly, applies with even more strength to the needs of patients in such facilities not because of their age but because of their complex care and costly medication needs. It appears clear that the Conferees intended that provision be made for adjustments in extreme cases.

There are several solutions to this concern which I recommend:

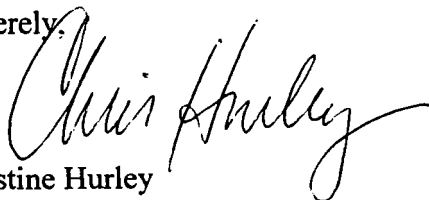
- 1) Continue to reimburse extreme outlier facilities under previous rules.
- 2) Carve-out medications, related nursing costs, supplies and laboratory procedures to control for the high cost of care for people with AIDS and other complex illness. Combine this approach with an alternate MDS or acuity assessment tool

What We Need from You:

I seek a policy or legislative solution to this dilemma. Your advocacy with HCFA would be appreciated, despite the consistent and firm negative response to date. If a legislative resolution is necessary, your office's assistance will be needed on many levels to assure success.

I stand ready to work with you to achieve a viable solution to our problem. Please let me know what I can do to support your efforts on behalf of those we care for. (206.720.2242 or christine.hurley@vmmc.org)

Sincerely,



Christine Hurley
Administrator

attachments:

Bailey-Boushay House program profile
BBH and PPS Issue Briefing

cc. Todd Summers

Jeff Jacobs, AIDS Action Council
Steve Johnson, Northwest AIDS Foundation
Peter Rubin, Representative Jim McDermott's Office



BAILEY-BOUSHAY HOUSE

Issue Briefing: **Medicare Prospective Payment System and Bailey-Boushay House**

Issue:

The Balanced Budget Act's Medicare Prospective Payment System (PPS) for skilled nursing facilities threatens the existence of Bailey-Boushay House, a specialized facility for people with AIDS and other complex care needs.

Proposal:

The PPS system must include the ability to pay Bailey-Boushay House based on an alternate cost-based method in recognition of the cost-saving nature of its care delivery model.

Special Populations and PPS -- A Mismatch of Needs and Payment:

Intended for residents of traditional skilled nursing facilities, the PPS rate-setting process is a mismatch between the care needs and related cost of care for people with AIDS. This mismatch results from two basic differences between frail elderly and AIDS residents care needs:

- **Cost of Medications:** Oral and intravenous medications for AIDS are vastly more expensive than the drug regimes of the elderly. Average medication costs per day at Bailey-Boushay House are \$400, more than 20 times the average cost for typical geriatric residents.
- **Minimum Data Set (MDS) Assessment Tool:** Targeted to the needs of the elderly, the MDS was not designed to measure medically and/or behaviorally complex care needs such as intravenous medications, blood transfusions, psychiatric management, or complex medication management including chemotherapy. Using the MDS as a measure of care for special populations significantly underestimates the resources required to provide quality care.

At Bailey-Boushay House, the PPS system will reduce Medicare resources for bed-side care by 68 percent and result in an annual loss of \$1.8 million in a facility with total revenues of 5.4 million. Medicare residents comprise 32 percent of all facility admissions.

Rationale for Exemption:

- Bailey-Boushay House is an **alternative to more costly hospitalization** for people with AIDS. A day of care at the facility is 25-30% less expensive than a comparable hospital day. Medication costs are comparable in both settings.
- Bailey-Boushay House is **recognized in Washington State statute as an exceptional care provider and is exempt from the state's Medicaid case mix reimbursement system.** 1990 and 1998 legislation recognize the complex nursing needs of people with AIDS and provide for an exemption.

Cost to HCFA:

A PPS exemption for Bailey-Boushay House will allow HCFA to continue to benefit from the cost savings associated with reduced hospitalizations for people with AIDS, and will not result in an increase over the current cost of care.

Contact: Christine Hurley 2720 East Madison Street, Seattle, WA 98112 206-322-5300/206-720-2299 (fax)

Bailey-Boushay House is a not-for-profit nursing home for people living with AIDS and other complex care needs.

A nursing residence and day health center
operated by Virginia Mason Medical Center
for people living with AIDS



BAILEY-BOUSHAY HOUSE

2720 East Madison
Seattle, WA 98112-4738
phone 206.322.5300 fax 206.720.2299

The Residential Care Program provides intensive, round-the-clock nursing care to people living and dying with AIDS. The purpose of the program is to provide compassionate, high quality, resident-directed care and to reduce or avoid costly hospitalization. Bailey-Boushay House is a licensed skilled nursing facility.

Program Services

- Care by registered nurses and nursing assistants
- Rehabilitative therapies
- Nutrition assessment and intervention
- Pharmacy and laboratory services
- Infusion and transfusion therapies
- Flexible, personally accommodating food services
- Social work services
- Group and individual counseling
- Art, music and other recreation activities
- Pastoral care
- Bereavement counseling

Professional Program Staff

- Registered Nurses
- Nursing Assistants, Certified
- Social Workers, MSW
- Recreational Therapist
- Chaplain
- Nursing Director and Unit Manager
- Medical Records Technician
- Registered Dietitian
- Resident Services Manager
- Admissions Coordinator
- Art and Music Therapists

Consultants

- Psychiatrist
- Occupational, Physical and Speech Therapists
- Consulting Pharmacist
- Medical Director - Clinical Care
- Medical Director - Research and Evaluation
- Infection Control Coordinator

Admission Criteria

- Resident must require 24-hour skilled nursing care
- Facility bed capacity: 35

Nursing Staff Model

Six hours of direct nursing care per resident per day

Staffing (for 17 residents):

- Day shift - 3 RNs and 2 Aides
- Evening shift - 3 RNs and 2 Aides
- Night shift - 2 RNs and 1 Aide

Profile of Residents

(For those admitted/died/discharged in 1998, including re-admits)

- Average Length Of Stay: 56 days
- Range Of LOS: 1 day - 36 months
- Admissions: 242 (including re-admits)

- Average Daily Census: 30.4

- | | | |
|--------|-----|-------|
| • Age: | 1% | <25 |
| | 8% | 25-30 |
| | 34% | 31-40 |
| | 36% | 41-55 |
| | 20% | >56 |

- | | | |
|-------------------|-----|------------------------|
| • Race/Ethnicity: | 2% | Asian/Pacific Islander |
| | 2% | Native American |
| | 5% | Hispanic |
| | 14% | African American |
| | 77% | Caucasian |

- | | | |
|-----------|-----|--------|
| • Gender: | 26% | Female |
| | 74% | Male |

- | | | |
|-------------------|-----|-------------------|
| • Payment Source: | 20% | Medicare |
| (by days) | 19% | Private Insurance |
| | 61% | Medicaid |

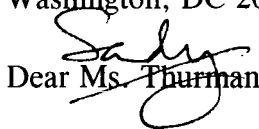
- Cost Per Bed Day: \$405 (excl. pharmacy & fundraising)
- Average Revenue Per Bed Day: \$384 (excl. pharmacy & fundraising)

OFFICE OF
AIDS
RESEARCH

Neal Nathanson, M.D.
Director

Building 31, Room 4C02
31 Center Drive
MSC 2340
Bethesda, MD 20892
TEL: 301 496 0357
FAX: 301 496 2119
E-Mail: nathansn@od.nih.gov

Sandra Thurman
Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, N.W.
Washington, DC 20503


Dear Ms. Thurman:


You are cordially invited to attend the next meeting of the Interagency HIV Vaccine Collaborative Group which is scheduled for **Tuesday, April 6, 1999**, at the Walter Reed Army Institute for Research (WRAIR)/ Henry M. Jackson Foundation in Rockville, Maryland. The meeting is tentatively scheduled to begin at 10:00 a.m. and run until 3:30 p.m.

In response to a recommendation from the Office of National AIDS Policy, the National Institutes of Health (NIH), Office of AIDS Research (OAR) is reconvening agency meetings on HIV/AIDS Vaccines. In the past these meetings were organized by NIH and held on specific topics in coordination with other government agencies involved in the development of a vaccine against HIV. The purpose of the previous meetings and the new interagency vaccine meetings is to provide a current information base of projects and activities related to vaccine research from each of the major agency programs.

The first of this series of meetings was held in October 1998, in conjunction with the OAR Council Meeting where the NIH Vaccine Program was reviewed. Other government agencies involved in developing an HIV vaccine will host, with the assistance of the NIH, subsequent meetings to feature their particular program.

The next meeting will be hosted by the Department of Defense (DOD)/ (WRAIR) and an overview of the different components of the U.S. Military HIV Research Program will be presented. It is our pleasure to invite you or your designee as a representative of the Office of National AIDS Policy to the next Interagency Vaccine Meeting.

We are requesting a response regarding your participation and/or that of a designee by March 1, 1999, to ensure that information and logistics can be transmitted to all participants and rosters can be prepared. Space is limited and this meeting will not be publicly announced. As in the past, any travel

Page 2 - Sandra Thurman

will be the responsibility of the participating organization. Please respond to Dr. Marta Leon-Monzon at the NIH, OAR, by e-mail (ML7W@nih.gov), by phone 301-496-4564 or by FAX (301-496-4843).

Sincerely,

A handwritten signature in black ink, appearing to read 'Neal', with a stylized flourish at the end.

Neal Nathanson, M.D.

**Directions to 1600 East Gude Drive
WRAIR/Henry M. Jackson Foundation**

Take 495 towards Rockville to 270 North, towards Frederick.

Take the first exit, Montrose Road, Exit #4.

Stay in the left lane going towards Tower Oaks Blvd.

Make a left at the stop sign.

At the first light, make a right onto Wooten Parkway.

Travel approximately 3 miles. You will cross over Rockville Pike and Viers Mill Rd, pass through another traffic light. Make a left at the next traffic signal, East Gude Drive.

At the first light, take a right onto Taft Court.

1600 East Gude Drive is the first building on the right. The entrance is on the East Gude side of the building.

From NIH

Head North on Wisconsin Ave./Rockville Pike.

Make a right onto Route 28/Norbeck Road.

At the third traffic signal, make a left onto East Gude Drive.

At the first light, take a right onto Taft Court.

1600 East Gude Drive is the first building on the right. The entrance is on the East Gude side of the building.

1600 East Gude Drive is the first building on the right. The entrance is on the East Gude side of the building.

Please sign in at the front desk. The conference room is on the second floor. Make a left out of the elevator, take an immediate left, and the conference room is the second door on the left.

* If you are arriving into National airport, you may take the red line on the Metro to Shadygrove Station. You can catch a taxi from there to go to the meeting.



1640 Rhode Island Avenue, NW
Washington, DC 20036-3279
tel: 202.857.6560 • fax: 202.857.6693
email: info@hillel.org • www.hillel.org

February 24, 1999

Mr. Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, NW
Washington, DC 20503

Dear Todd:

On behalf of Hillel: The Foundation for Jewish Campus Life, thank you for your participation in the 1999 Charlotte and Jack J. Spitzer B'nai B'rith Hillel Forum on Public Policy. The feedback from your presentation in the "Who Decides How We Care for Our Bodies?" policy forum was extremely positive! I know the students gained a great deal from your insights and expertise.

Thanks again for all of your support of the Spitzer Forum. Please feel free to write, email, or call Bernard Cherkasov (202-857-6543 / bcherkasov@hillel.org) with any thoughts or feedback you may have about the Spitzer Forum.

Sincerely,

Debbie Morgan
Director, Community Relations



Demand Housing

for Homeless People

Living with AIDS & HIV

FAX MEMO

Date: 2/17/99

To: Todd Summers

Fax: 202-456-2438

From: Keith Cylar

Fax: (212) 925-9618

Phone: (212) 966-0466 ext. 275

- ☐ Confidential
- ☐ For distribution
- ☐ For your review
- ☐ For your information
- ☐ Personal
- ☐ Reply Requested
- ☐ Urgent

Number of Pages (including Cover) _____

Notes: _____

This fax may contain privileged and confidential information intended for the use of the individual(s) or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of the telecopy is prohibited. If you have received this fax in error, please telephone the sender and return the original fax to us through the US Postal Service at the address below. Thank you.

Housing Works, Inc.

594 Broadway
Suite 700
New York, NY 10012

Phone 212 966-0466
Fax 212 966-0869
www.housingworks.org

Mr. Charles King
Mr. Keith Cylar
Co-Executive Directors
Housing Works, Inc.
594 Broadway, Suite 700
New York, New York 10012

Re: 143-145 West 130th Street, Manhattan

Dear Messrs King and Cylar:

Thank you for informing me of your plans to rehabilitate the two brownstones on West 130th Street and convert them into a supportive residence for people living with HIV/AIDS. I share your concern that adequate and appropriate housing is vital to the well being of people living with HIV/AIDS and that despite the considerable efforts of voluntary organizations such as Housing Works there is an overwhelming need for additional supportive housing units.

I am familiar with the extensive range of high quality services that Housing Works currently provides including housing, health care, supportive services, and employment training. Your track record convinces me that the new residence will be a positive addition to the community and that the residents will receive the high standard of services that characterizes your existing projects.

I wholeheartedly support the proposed project. Please let me know what I can do to assist you in bringing this much needed facility into existence.

Sincerely,

GMHC
GALA CORPORATE BENEFIT
 honoring the life and memory of
Michael Palm

February 24, 1999

Grand Ballroom
 The Waldorf=Astoria

Wednesday
 April 7, 1999

GALA CHAIR
Steven M. Gluckstern

**HONORARY
 CO-CHAIRS**
David Geffen
Jean Tisch

CO-CHAIRS*
Edgar Bronfman, Jr.
Michael Giordano, M.D.
Calvin Klein
Ivan Seidenberg
Terry Watanabe

**JOURNAL
 CO-CHAIRS**
Phil Donahue
Gene Falk
Melissa Jamula
Joshua Lipsman, M.D.

*List in formation

Todd A. Summers
 Deputy Director,
 Office of National AIDS Policy
 The White House
 Washington DC

Todd
 Dear Mr. Summers,

On April 7, 1999 GMHC will host its first annual Corporate Gala Benefit at the Waldorf=Astoria, honoring the life and legacy of Michael Palm. Proceeds from the event will benefit GMHC's services for people with HIV/AIDS and their loved ones as well as other gay, lesbian, and arts organizations that Michael supported during his lifetime.

As you may know, Michael was one of GMHC's greatest friends and most generous supporters. Active on the GMHC Board, he served as senior Vice Chair until his untimely death last August. Drawing from his own battle with HIV, Michael brought to his position great personal resolve and vision, a keen business sense, and outstanding leadership.

Michael's philanthropic legacy has kept GMHC on the forefront in the fight against AIDS. Launched in the early 1980s when HIV/AIDS had not yet been named, GMHC has since developed and tailored its services to reflect the ever-changing nature of this disease and the high-risk populations most affected. Today we serve nearly 10,000 men, women, and children infected or affected by HIV/AIDS.

I would be honored if the President would consider contributing a letter supporting the work that Michael championed here at GMHC for our Gala Journal. His participation in the journal would speak volumes about this administration's commitment to the fight against HIV/AIDS. It would help in creating an evening of celebration and of renewed commitment.

If you have any questions please feel free to contact Malcolm Smith in the GMHC Benefit Office at 212-675-9474. Thank you for your consideration.

Sincerely,

Josh
 Joshua Lipsman, M.D.
 Executive Director
 Gay Men's Health Crisis

White House Letter Draft #1

Warm greetings to everyone gathered in New York City for the Gay Men's Health Crisis Gala Corporate Benefit honoring the life and legacy of Michael Palm. I am delighted to join you in saluting his generous philanthropic spirit and fierce dedication to the fight against HIV/AIDS.

HIV/AIDS affects us all, and none of us can afford to sit by and watch this epidemic continue to take our neighbors, friends, and loved ones from us. By following the compassionate example of pioneers like Michael Palm, we will wage this battle together until we can proclaim victory.

Best Wishes for a memorable evening.

U.S. Department of State
Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

Facsimile Transmittal

TO: Distribution (see attached)

FROM: OES/E/EID- Nancy Carter-Foster

SUBJECT: Meeting on February 5 to Discuss U.S.-SADC
Transboundary Issues

DATE: February 2, 1999

Please see attached.





United States Department of State

**Bureau of Oceans and International
Environmental and Scientific Affairs**

Washington, D.C. 20520

TO: Distribution

FROM: OES/E/EID - Nancy ~~Carter~~ Foster

DATE: February 1, 1999

SUBJECT: SADC Working Group on Transboundary Issues

I am scheduling a second SADC meeting on Friday, February 5, from 3p.m. to 5 p.m. in Main State Room 4825, to discuss the HIV/AIDS and related drug demand reduction portion of the upcoming U.S.-SADC meetings in Botswana. The prepared concept papers will serve as the basis for discussion.

Please provide DOB and SS# to Erika Barth (647-4824), or Denise Goode (736-7112), for pre-clearance.

Distribution:

Pat Jordan	USAID/AFR/SA	647-5007
Alex Ross	USAID/AFR/SA	216-3233
Margaret Dula	USAID/AFR/SD	219-0507
Nedra Overall	State/PRM	663-3094
Karen Jo McIsaac	State/DRL	647-9519
Elizabeth Bollman	State/IO	736-7467
Marlene Urbina deBreen	State/AF	736-4583
Paul Delay	USAID/G/PHN	216-3046
Barbara de Zalduaondo	USAID/G/PHN	216-3046
Alan Getson	USAID/G/PHN	216-3046
William H. Lysterly	USAID/G/PHN	216-3373
Roscoe Moore	DHHS/OS/OIRH	301-443-6288
Jason Wright	DHHS/OS/OIRH	301-443-4549
Cecilia Gutierrez	DHHS/OS	690-7172
Eric Goosby	DHHS	690-6584
Margaret Scarlett	DHHS/OS/OHAP	690-6584

Francis Page	DHHS/OWH	401-4005
Helene Gayle	DHHS/CDC	404-639-8600
Kevin deCock	DHHS/CDC	404-639-0910
Victor Barnes	DHHS/CDC/NCHSTP	404-639-0897
Jack Whitescarver	DHHS/NIH	301-496-2119
Karl Western	DHHS/NIH/NIAID	301-402-3258
Kenneth Bridbord	DHHS/NIH/FIC	301-402-0779
Neal Nathanson	DHHS/NIH	301-496-2119
Paul Gaist	DHHS/NIH	301-496-4843
Robert W. Eisinger	DHHS/NIH/OAR	301-402-8638
Steven Hyman	DHHS/NIH/NIMH	301-443-2578
Willo Pequegnat	DHHS/NIH/NIMH	301-443-9719
Mary Tyson	DHHS/FDA	301-827-3785
Donald Pohl	DHHS/FDA	301-443-4555
Stewart Nightingale	DHHS/FDA	301-443-1309
Michelle Limoli	DHHS/FDA	301-443-0235
Kerri-Ann Jones	OSTP	456-6028
Ken Bernard	NSC	456-9390
Jim Kelman	USIA	619-5646
Mildred Neely	USIA	619-5646
Todd Summers	ONAP	456-2438
Shelley Smith	Peace Corps	692-2601
Lani Havens	Peace Corps	692-2601
Lynn Pahland	DOD	703-681-3658
Pat Kelley	DOD	782-0613
David Hohman	DHHS	301-443-6288
Bill Hurt	DOC	482-2565

U.S. Department of State
Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

Facsimile Transmittal

TO: Distribution (see attached)

FROM: OES/E/EID- Nancy Carter-Foster

SUBJECT: Meeting on February 5 to Discuss U.S. Diplomatic Initiative on
International HIV/AIDS and Release of 1999 U.S. International
Response to HIV/AIDS

DATE: February 2, 1999

Please see attached.



**United States Department of State*****Bureau of Oceans and International
Environmental and Scientific Affairs******Washington, D.C. 20520***

TO: Distribution

FROM: OES/E/EID - Nancy  Carter-Foster

DATE: February 2, 1999

SUBJECT: U.S. International Working Group on HIV/AIDS

I am scheduling a meeting of the International Working Group on HIV/AIDS on Friday, February 5, from 2p.m. - 3p.m. in Main State Room 4825, to discuss the rollout of the 1999 U.S. Response to HIV/AIDS and the diplomatic initiative on HIV/AIDS. Topics for discussion will also include the "message" of the diplomatic initiative and priority countries.

Please provide DOB and SS# to Erika Barth (647-4824), or Denise Goode (736-7112), for pre-clearance.

U.S. International Response to HIV/AIDS
Interagency Working Group

State/PRM- Nedra Overall (663-3094)
State/PRM- Suzanne Petroni (663-3094)
State/DRL- Karen Jo McIssac (647-9519)
State/IO- Elizabeth Bollman (736-7467)
USAID/G/PHN- Paul Delay (216-3046)
USAID/G/PHN- Alan Getson (216-3046)
USAID/G/PHN- Barbara de Zalduondo (216-3046)
USAID/AFR/SD- William H. Lyerly (216-3373)
USIA- Jim Kelman (619-5646)
DHHS/OS- David Hohman (690-7127)
DHHS/OS/OIRH- Jason Wright (301-443-4549)
DHHS/OS/OHAP- Eric Goosby (690-6584)
DHHS/OS/OHAP- Margaret Scarlett (690-6584)
DHHS/CDC- Victor Barnes (404-639-5260)
DHHS/NIMH- Steven Hyman (301-443-2578)
DHHS/NIMH- Dianne Rausch (301-443-9719)
DHHS/NIH- Jack Whitescarver (301-496-2119)
DHHS/NIH/NIAID- Karl Western (301-402-3255)
DHHS/NIH/OAR- Robert Eisinger (301-402-8638)
DHHS/NIH/FIC- Kenneth Bridbord (301-402-0779)
DHHS/FDA- Donald Pohl (301-443-4555)
DHHS/FDA- Stewart Nightingale (301-443-1309)
DHHS/FDA- Michelle Limoli (301-443-0235)
NSC- Ken Bernard (456-9390)
Nat'l AIDS Vaccine Committee- David Baltimore (626-449-9374)
ONAP- Todd Summers (456-2438)
ONAP/PACHA- Daniel Montoya (456-2438)
Peace Corps- Shelley Smith (692-2601)
DOD- Lynn Pahland (703-681-3658)
DOC- Bill Hurt (482-2565)
DOC- Mary Ann Mausser (482-5375)
DOC/Census- Karen Stanecki (301-457-3034)
DOJ- Matthew Nosanchuk (514-5715)
OMB- Melany Nakagiri (395-5648)
OMB- Barbara Menard (395-7840)
Nat'l Intelligence Council- George Fidas (703-893-3961)

**HILLEL: The Foundation for Jewish Campus Life**

1640 Rhode Island Avenue, NW

Washington, DC 20036-3279

202.857.6586 phone

202.857.6693 fax

info@hillel.org

http://www.hillel.org

FAX transmission

To: Todd Summers	
Phone Number:	Fax Number: 456-2438
From: Debbie Morgan	
Date: February 1, 1999	Total pages: 4

Message:



February 1, 1999

Mr. Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, NW
Washington, DC 20503

Dear Todd:

On behalf of Hillel: The Foundation for Jewish Campus Life, I am delighted that you will be speaking to students at the Charlotte and Jack J. Spitzer B'nai B'rith Hillel Forum on Public Policy in Washington, DC. The Charlotte and Jack J. Spitzer B'nai B'rith Hillel Forum on Public Policy is an annual conference that gathers more than 300 Jewish college students who are interested in public policy, activism and community service. The Spitzer Forum is held each year in conjunction with the Jewish Council for Public Affairs Plenum and is taking place this year at the Renaissance Mayflower Hotel, Sunday, February 21 through Tuesday, February, 23, 1999.

The session at which you will be speaking is one of our Policy Forums entitled "Who Decides How We Care for Our Bodies?" The session will take place on Monday, February 22, 1999 from 2:15 - 4:00 pm in the Massachusetts Room. We are very interested in hearing your perspectives about recent developments in the fight against AIDS. Attached is a draft description and outline of the session, so that you have a sense of what your role will be and how the overall program will flow. Your portion of the session will be 15 minutes.

We are very excited that you will be joining us and sharing your views with students. Feel free to contact me should you have any questions or thoughts.

Sincerely,

Debbie Morgan
Director, Community Relations

The Foundation for Jewish Campus Life
B'nai B'rith Hillel Foundations

1640 Rhode Island Ave., N.W. • Washington, D.C. 20036-3279
(202) 857-6560 • (202) 857-6693 Fax
Internet: <http://www.hillel.org> • e-mail: info@hillel.org

Charlotte and Jack J. Spitzer
B'nai B'rith Hillel Forum on Public Policy
Policy Forum

Monday, February 22, 1999

2:15 – 4:00 pm

Who Decides How We Care for Our Bodies?

Scientific and medical advancements have allowed us to make great strides in preventing and treating disease. And yet, sometimes this knowledge can raise moral and policy questions about who makes decisions about how we care for our bodies. With modern developments in genetic testing and treatment of AIDS, government entities are becoming more involved in our health care. This session will explore the issues of genetic testing and AIDS, what Jewish sources say about these moral issues, and in what ways policy makers are legislating health care.

Goals:

1. To raise awareness about health care issues (specifically genetic testing and AIDS) and the implications of policies that legislate how we care for our bodies.
2. To provide Jewish college students with Jewish sources for understanding our own health care.
3. To discuss ways in which college students can actively participate in educational, advocacy and service projects about health care issues.

OUTLINE OF SESSION

- I. Chair of Session: Cori SaNogueira, Muhlenberg College
The chair will introduce the topic of the policy forum, introduce the presenters, and frame the issues to be discussed.
(10 minutes)
- II. Presenter: Rabbi Herb Tobin, Hillel: The Foundation for Jewish Campus Life
This presenter will outline the issues of genetic testing and euthanasia and discuss the Jewish sources that we can look to in grappling with these complex health care issues. This part of the session will include an interactive exercise to allow the group to struggle with some Jewish sources. (Toby Manewith will help as a facilitator)
(10 minutes presentation, 15 minutes interactive piece)

III. Genetic Testing and AIDS

Presenters:

Marla Gilson, Hadassah

Todd Summers, Office of National AIDS Policy

Marla will provide an overview of genetic testing for predisposition to disease. Todd will discuss recent developments in the fight against AIDS.

(30 minutes total)

IV. Policy Making and Our Health Care

Possible Presenter: Staff person from Senator Kennedy's office
(David Nexen or Cybele Bjorklund)

This presenter will provide legislative background on health care issues and give some insight into what health care issues might be on the agenda for the 106th Congress.

(15 minutes)

V. Health Care Questionnaire: Cori SaNogueira, Muhlenberg College

Each attendee will receive a "health care questionnaire" which addresses global issues of health care, as well as personal questions about how they care for their own bodies. After filling out the questionnaire, everyone will turn to a partner and discuss how they answered and ways in which they, as college students, can actively raise awareness and become involved in health care issues of their own concern.

(10 minutes to complete questionnaire, 10 minute discussion)

VI. Wrap-Up: Cori SaNogueira

The chair of the session will wrap up the Forum, review the issues discussed and the Jewish values involved with health care.

(5 minutes)

"And God said: 'Let the earth bring forth the living creature after its kind, cattle, and creeping thing, and beast of the earth after its kind.' And it was so. "And God made the beast of the earth after its kind, and the cattle after their kind, and every thing that creepeth upon the ground after its kind; and God saw that it was good."

"And God said: 'Let us make man in our image, after our likeness; and let them have dominion over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth, and over every creeping thing that creepeth upon the earth.' "And God created man in His own image, in the image of God created He him; male and female created He them. "And God blessed them; and God said unto them: 'Be fruitful, and multiply, and replenish the earth, and subdue it; and have dominion over the fish of the sea, and over the fowl of the air, and over every living thing that creepeth upon the earth.' "And God said: 'Behold, I have given you every herb yielding seed, which is upon the face of all the earth, and every tree, in which is the fruit of a tree yielding seed—to you it shall be for food; "and to every beast of the earth, and to every fowl of the air, and to every thing that creepeth upon the earth, wherein there is a living soul, [I have given] every green herb for food.' And it was so. "And God saw every thing that He had made, and, behold, it was very good. And there was evening and there was morning, the sixth day.

2 And the heaven and the earth were finished, and all the host of them. "And on the seventh day God finished His work which He had made; and He rested on the seventh day from all His work which He had

made. "And God blessed the seventh day, and hallowed it; because that in it He rested from all His work which God in creating had made.

"These are the generations of the heaven and of the earth when they were created, in the day that the Lord God made earth and heaven.

"No shrub of the field was yet in the earth, and no herb of the field had yet sprung up; for the Lord God had not caused it to rain upon the earth, and there was not a man to till the ground; "but there went up a mist from the earth, and watered the whole face of the ground. "Then the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul.

"And the Lord God planted a garden eastward, in Eden; and there He put the man whom He had formed. "And out of the ground made the Lord God to grow every tree that is pleasant to the sight, and good for food; the tree of life also in the midst of the garden, and the tree of the knowledge of good and evil. "And a river went out of Eden to water the garden; and from thence it was parted, and became four heads. "The name of the first is Pishon; that is it which compasseth the whole land of Havilah, where there is gold; "and the gold of that land is good; there is bdellium and the onyx stone. "And the name of the second river is Gihon; the same is it that compasseth the whole land of Cush. "And the name of the third river is "Tigris; that is it which goeth toward the east of Asshur. And the fourth river is the Euphrates. "And the Lord God took the man, and put him into the garden of Eden to dress it and to keep it. "And the Lord God commanded the man, saying: 'Of every tree of the garden thou

mayest freely eat; "but of the tree of the knowledge of good and evil, thou shalt not eat of it; for in the day that thou eatest thereof thou shalt surely die."

• Heb. Hiddkel.

mayest freely eat; "but of the tree of the knowledge of good and evil, thou shalt not eat of it; for in the day that thou eatest thereof thou shalt surely die."

"And the Lord God said: 'It is not good that the man should be alone; I will make him a help meet for him.' "And out of the ground the Lord God formed every beast of the field, and every fowl of the air; and brought them unto the man to see what he would call them; and whatsoever the man would call every living creature, that was to be the name thereof. "And the man gave names to all cattle, and to the fowl of the air, and to every beast of the field; but for Adam there was not found a help meet for him. "And the Lord God caused a deep sleep to fall upon the man, and he slept; and He took one of his ribs, and closed up the place with flesh instead thereof. "And the rib, which the Lord God had taken from the man, made He a woman, and brought her unto the man. "And the man said: 'This is now bone of my bones, and flesh of my flesh; she shall be called "Woman, because she was taken out of "Man.' "Therefore shall a man leave his father and his mother, and shall cleave unto his wife, and they shall be one flesh. "And they were both naked, the man and his wife, and were not ashamed.

3 Now the serpent was more subtle than any beast of the field which the Lord God had made. And he said unto the woman: 'Yea, hath God said: Ye shall not eat of any tree of the garden?' "And the woman said unto the serpent: 'Of the fruit of the trees of the garden we may eat; "but of the fruit of the tree which is in the midst of the garden, God hath said: Ye shall not eat of it, neither shall

ye touch it, lest ye die.' "And the serpent said unto the woman: 'Ye shall not surely die; "for God doth know that in the day ye eat thereof, then your eyes shall be opened, and ye shall be as God, knowing good and evil.' "And when the woman saw that the tree was good for food, and that it was a delight to the eyes, and that the tree was to be desired to make one wise, she took of the fruit thereof, and did eat; and she gave also unto her husband with her, and he did eat. "And the eyes of them both were opened, and they knew that they were naked; and they sewed fig-leaves together, and made themselves girdles. "And they heard the voice of the Lord God walking in the garden toward the cool of the day; and the man and his wife hid themselves from the presence of the Lord God amongst the trees of the garden. "And the Lord God called unto the man, and said unto him: 'Where art thou?' "And he said: 'I heard Thy voice in the garden, and I was afraid, because I was naked; and I hid myself.' "And He said: 'Who told thee that thou wast naked? Hast thou eaten of the tree, whereof I commanded thee that thou shouldest not eat?' "And the man said: 'The woman whom Thou gavest to be with me, she gave me of the tree, and I did eat.' "And the Lord God said unto the woman: 'What is this thou hast done?' And the woman said: 'The serpent beguiled me, and I did eat.' "And the Lord God said unto the serpent: 'Because thou hast done this, cursed art thou from among all cattle, and from among all beasts of the field; upon thy belly shalt thou go, and dust shalt thou eat all the days of thy life. "And I will put enmity between thee and the woman, and between thy

• Heb. Iashah.

• Heb. Tah.

11. MALE AND FEMALE (NEKEBAH) CREATED HE THEM (I, 27). This is one of the things which they altered for King Ptolemy¹: 'Male with his apertures (*nekebaw*) created He them.'²

R. Joshua b. R. Nehemiah said in the name of R. Hanina b. R. Isaac, and the Rabbis in the name of R. Leazar said: He created him with four attributes of the higher beings [i.e. angels] and four attributes of the lower beings [i.e. beasts].³ [The four attributes of] the higher beings are: he stands upright, like the ministering angels; he speaks, like the ministering angels; he understands, like the ministering angels; and he sees, like the ministering angels. Yet does not a dumb animal see! But this one [man] can see from the side.⁴ He has four attributes of the lower beings: he eats and drinks, like an animal; procreates, like an animal; excretes, like an animal; and dies, like an animal. R. Tifdai⁵ said in R. Aha's name: The celestial

¹ King Ptolemy II Philadelphus, at whose command the Septuagint is said to have been produced, is probably meant here.

² This change is to explain the plural 'them' (v. *supra*, 1), or (since he was created in God's image), to avoid the implication that God is male and female.

³ Lit. 'He created in him four creations from above and four from below.'

⁴ He can direct his gaze at an object sideways, without turning his head, which an animal cannot do. ⁵ He is mentioned only here and *infra*, XIV, 3.

beings were created in the image and likeness [of God] and do not procreate,¹ while the terrestrial creatures [dumb animals] procreate but were not created in [His] image and likeness. Said the Holy One, blessed be He: 'Behold, I will create him [man] in [My] image and likeness, [so that he will partake] of the [character of the] celestial beings, while he will procreate, [after the nature] of the terrestrial beings.' R. Tifdai said in R. Aha's name: The Holy One, blessed be He, said: 'If I create him of the celestial elements he will live [for ever] and not die, and if I create him of the terrestrial elements, he will die and not live [in a future life]. Therefore I will create him of the upper and of the lower elements²: if he sins he will die; while if he does not sin, he will live.'

¹ Like God Himself. ² His body of the earth and his soul of heaven.

³ Or, let others (the beasts) rule over him. I.e. *im* instead of *im*; *im* the word in v. 26.

⁴ Man is entitled to pre-eminence only as long as he cultivates his God-like qualities; when he voluntarily abandons them he is even less than the brute creation. ⁵ Keth. 2a. ⁶ Hence the marriages of fourth and the fifth are consummated on the fifth and the sixth respectively.

21). The Holy One, blessed be He, said: 'Behold, I will create him from the place of his atonement, and may he endure!'

AND HE BREATHED INTO HIS NOSTRILS. This teaches that He set him up as a lifeless mass reaching from earth to heaven and then infused a soul into him.¹

Because in this world [he was endowed with life] by breathing [therefore he is mortal]; but in the time to come he shall receive it as a gift, as it is written, *And I will put My spirit into you, and ye shall live* (Ezek. XXXVII, 14).²

9. THE BREATH OF (NISHMATH) LIFE. It has five names³: *nefesh*, *neshamah*, *hayyah*, *ruah*, *yehidah*. *Nefesh* is the blood: *For the blood is the nefesh*—E.V. 'life' (Deut. XII, 23). *Ruah*: this is so called because it ascends and descends⁴: thus it is written, *Who knoweth the ruah* (E.V. 'spirit') of man whether it goeth upwards, and the ruah of the beast whether it goeth downward to the earth (Eccl. III, 21)?⁵ *Neshamah* is the breath; as people say, His breathing is good.⁶ *Hayyah* (lit. 'living')⁷: because all the limbs are mortal, whereas this is immortal in the body.⁸ *Yehidah* (unique)⁹: because all the limbs are duplicated,¹⁰ whereas this is unique in the body.

¹ Cf. *supra*, VIII, 1. ² Therefore he will be immortal.

³ Deut. R. II, 37. The five names may denote the different characteristics of the soul as the Rabbis understood it, or possibly some of these are conceived of as different things; v. Th. and Y.T. *ad loc.*

⁴ Just as the wind (*ruah*) which travels about (E.J.).

⁵ Th.: *nefesh* and *ruah* are thus applied to both man and beast. With respect to *ruah*, the passage probably means: *ruah* is that which ascends in the case of man and descends in the case of beast, as it says, *Who knoweth, etc.* ⁶ Th. 'E.J.: *neshamah* denotes the character (disposition), as people say, 'His character is good.'

⁷ In the present verse: *And man became nefesh hayyah* (E.V. 'a living soul'), *hayyah* possibly being treated as a substantive, not an adjective, as in E.V. ⁸ Others: Because all the limbs are lifeless in themselves and this endows them with life.

⁹ In Ps. XXII, 21: *Deliver my soul from the sword, yehidathi* (= *yehidah* + possessive suffix; E.V. 'mine only one') *from the power of the dog*. Cf. also Ps. XXXV, 17.

¹⁰ E.g., eyes, ears, hands, feet. 'E.J.: The function of every limb is matched (or complemented) by that of another, whereas the function of this unique and wholly distinct from the rest.

1 Duality
2 God controls life, gives it causality

8. OF THE GROUND (ADAMAH). R. Berekiah and R. Helbo in the name of Samuel the Elder said: He was created from the place of his atonement,¹ as you read, *An altar of earth (adamah) thou shalt make unto me* (Ex. XX,

¹ R. Huna interprets the combination of 'AFAR and *adamah* in this verse. ² Or: has he not, etc. ³ Clay and mortar.

⁴ Would you really maintain that broken man (i.e. the dead) cannot be repaired, when you admit that a glass vessel can be.—In respect of an earthen vessel he argued that it naturally could not be repaired when broken, because the first step and the last in its manufacture are through mutually opposed elements, but man is rather like a glass vessel, as he proceeds to show. ⁵ Thus from the very verse he quoted he could have proved the possibility of resurrection. ⁶ The future site of the Temple.

midrash Rabbah - Genesis
(Bereshith chap 14)
① Breath of life/ruah
② 3 synonyms for life
all sacred from God
-1-

There is no limit as regards the visitation of the sick. What does this mean? R. Joseph argued that it meant that there is no limit to its reward. Abbai said to him, 'Is there a limit to the reward of any of the commands? Is it not taught, "Be as zealous about a light as about a heavy command, for you know not the reward of the commands"?' 'No limit means', said Abbai, 'that the great must visit the small.' Raba said, 'Even a hundred times a day.'

R. Akiba said: He who does not visit the sick is as if he shed blood. Rab said that the Shechinah hovers over the bed of the sick. So let not him who visits the sick sit on the bed or on a chair or a bench, but let him wrap his head, and sit upon the ground, because the Shechinah hovers over the bed of the sick, for it says, 'God [and no one else] supports the sick on his bed.'

(Ned. 39b, 40a.)

1. It is a rabbinic positive precept to visit the sick, comfort the mourners, escort the dead, dower the bride, accompany the [departing] guests — — as well as to cheer the bride and the groom, and to assist them in whatever they need. Even though all these precepts are of rabbinic origin, they are implied in the biblical verse: "You shall love your neighbor as yourself" (Leviticus 19:18); that is, whatever you would have others do to you, do to your brothers in Torah and precepts.

4. The duty of visiting the sick applies to everybody. Even an eminent person must visit one who is of minor importance. The visits should be made several times a day. The more often one visits the sick, the more praise he deserves, provided that he does not weary the patient. Whoever visits a patient is as though he took away part of his illness and lightened his pain. Whoever does not visit the sick is almost guilty of bloodshed.

Mishnah
Torah
Judges 14

Preserving Health

responsibility of
man

Mishneh Torah: Knowledge

Chapter Four

1. Since by keeping the body in good health one follows the ways of God, for it is impossible to understand or know anything about the Creator when one is ill, it is a man's duty to shun whatever is harmful to the body and cultivate health-preserving habits. They are as follows: A man should not eat except when he is hungry, nor drink except when he is thirsty. — —

2. He should not gorge himself, but leave the table before his appetite is fully appeased, using one-fourth less food than what would completely gratify him. During a meal he should drink only a little water, mixed with wine. — — He should not eat before taking a walk to stimulate the body, or engaging in manual work, or doing some other exercise. The gist of the matter is: Strenuous exercise should be taken every day in the morning till the body begins to get warm. Then he should rest a little until he is refreshed, and eat. If he takes a warm bath after the exercise, so much the better. Following the bath, he should wait a little and then eat.

3. One should sit or recline on the left side during a meal; he should not walk, ride, exert himself, shake, or take a walk till the food is digested. Anyone who takes a walk immediately after his meal, or exerts himself, subjects himself to various forms of disease.

4. The day and night consist of twenty-four hours. Eight hours of sleep, being one-third of the twenty-four hour day, is sufficient. These hours should be in the latter part of the night, so that the period between retirement and dawn will embrace eight hours, thus one will rise from his sleep before sunrise.

5. One should not sleep face downwards nor on his back, but lying on his side. — — One should not go to bed immediately after a meal, but wait three or four hours. One should not sleep during daytime.

14. Another rule has been laid down regarding the healthy condition of the body: As long as a person takes plenty of exercise, does not overeat, and keeps his bowels regulated, he will contract no illness even though he eats inferior food.

15. Anyone who sits around idle and takes no exercise will be subject to physical discomforts and failing strength, even though he eats wholesome food

and takes care of himself in accordance with medical advice. Overeating is like deadly poison to the human body. Most illnesses which befall man arise either from bad food or from excessive eating of good food. Solomon, in his wisdom said: "He who guards his mouth and his tongue keeps himself clear of trouble" (Proverbs 21:23). That is to say, he who guards his mouth from bad food and excessive eating, and keeps his tongue from unnecessary talk.

Chapter Five

1. Just as the wise man is noted for his wisdom and his moral traits, by which he is distinguished from the rest of the people, so he ought to be noted for his proper behavior, for his food and drink, — — for the manner of his speaking, walking, dressing, and the management of his affairs and transactions. All these actions should be decent and altogether proper. For instance, a wise man must not be a glutton. He should eat, but never to excess, the kind of food that is likely to sustain his physical health. He should not be eager to fill his stomach, like those who stuff themselves with food and drink till their bellies swell. — — They are the men who say: "Let us eat and drink, for tomorrow we die" (Isaiah 22:13). This manner of eating belongs to evil men. — — The wise man, on the other hand, eats one or two dishes sparingly, just enough to keep alive. Solomon alluded to this when he said: "The righteous man eats enough to satisfy his appetite" (Proverbs 13:25).

Civilization

Decent
moralistic
the middle road
not gluttony

CHAPTER XXXII. Shulchan Arukh (Code of Jewish Law)

Rules Concerning Physical Well-Being.

1. Since it is a requirement from God that the body of a man be healthy and perfect, because it is impossible for a man when ill to comprehend the knowledge concerning his Creator, it is therefore necessary for a man to shun things that tend to injure his body, and to acquire habits that make the body healthy and sound; and thus it is written: "Take you therefore good heed of your souls" (Deut. iv, 15).

2. The Creator, blessed be He, and blessed be His name, created the man and all living beings, and gave him the natural warmth which is the life of the man, because if the natural fire of the body should be quenched then life ceases. The maintenance of this warmth is by means of the food which the man eats; just as in the case of a burning fire, if

wood is not added continually to it, it will be quenched entirely, so it is with the man, if he would not eat, the fire that is within him would be quenched and he would die. The food is ground between the teeth and becomes mixed with juice and saliva and is reduced to slags. From there it goes down and into the stomach where it is likewise ground and mixed with juices, the juice of the stomach and the juice of the gall and is reduced to slags again, and it is boiled by means of the heat and the juice and thus it becomes digested. Out of the pure parts all the limbs are nourished and this sustains the life of the man and the impure, which are unnecessary, are driven towards the outside. And for this we say in the benediction "Who formest" the following, "And doest wondrously," which means that the holy one, blessed be He, has endowed the man with the nature to select the good part of the food, and every limb selects for itself the food that is suitable for it, and the waste is pushed outside of the body; for if the waste should remain in the body, it would rot away and cause many sicknesses, God forbid. Therefore most of the good health of the body and its weakness depends upon the digestion of the food: if it is easily digested then the man is healthy, but if the digestive system be spoiled then the man becomes weak and he may come to a dangerous state of health, God forbid.

3. Easy digestion is had when the food is not too much and it is easily digestible. For if a man eats too much and the stomach is full, then the digestion is difficult for the reason that the stomach cannot spread out and shrink properly and naturally and grind the food as necessary; just as is the case with fire; if too much wood be placed on it, it will not burn well, so it is the case with the food in the stomach. Therefore the man who is desirous of preserving his physical health must take care to adopt the golden mean in eating, depending upon the nature of his body, neither too little nor too excessive. Most maladies which befall men arise either from unwholesome food or from excessive eating even of wholesome food. To this Solomon wisely alludes: "Whosoever keepeth his mouth and his tongue, keepeth his life from troubles" (Prov xxi, 23), referring to the one who keeps his mouth from eating unhealthy food or from gluttony, and his tongue from speaking except what is necessary for his daily needs. A certain sage said: "He who eats little from harmful food is not as much harmed as the one who eats excessively from wholesome food."

① Rule of God in Health

② Reminder of Creator

4. When the man is young his digestive system is strong, therefore he requires more regular meals than the middle-aged man. The aged man on account of his weakness requires light food, and little in quantity and much in quality to sustain his strength.

5. On hot days the digestive system is weaker on account of the heat; therefore it is proper that the portion of food on hot days should be less than on cool days. And the medical scientists have put down a limit that in the summer one should eat only two-thirds of the amount he eats in the winter.

17. Relating to the matter of drinking, water is the natural kind of drink for the man and is healthful for the body. If it is clean and pure it is helpful in that it preserves the moisture of the body and hastens the bringing out of the worthless stuff. When drinking one should select cool water because it satisfies the thirst and helps the digestion more than water which is not cold. But the water should not be too cold, because it quenches the natural warmth of the body, and how much more so when a man is tired and weary he should be very careful not to drink cold water, because then the fat of the heart is hot and it becomes dissolved on account of the tiredness and weariness, and cold water may harm him to the extent that it may prove fatal, God forbid. And although water is good for the physical health, nevertheless it should not be drunk to excess. One should not drink any water before the meal, because the stomach becomes cooled off and it will not digest the food properly. In the middle of the meal one should likewise drink only a little water mixed with wine, and only when the food begins to become digested he may drink a moderate portion. One should not drink any water upon leaving the bath-house, so that the liver should not become cooled off, and much more should he abstain from drinking water in the bath-house. Neither should one drink water immediately after cohabitation because then the natural warmth is weakened and it may cause that the limbs be cooled off.

③ food 1-3 sleep 23
water 17 air 25-26
climate 5 drinking 24

the natural heat centralizes into the heart which may cause death. Anger rouses the warmth of the body so that it produces some kind of fever. Fright causes coolness in the body, and therefore it happens that the frightened one shivers, and when the coolness of the body increases, one may die. And how much more must one be careful not to eat when he is angry, frightened or grieved, but only when moderately joyful.

23. Moderate sleep is good for the physical health, because it helps one digest his food and rest his senses, and if it so happens that one is unable to sleep on account of illness, he must eat such foods that bring sleep. Too much sleep, however, is injurious because the head becomes filled with gases, because it will increase the gas that comes up from the belly into the head, fill up the head with gas and cause a great deal of injury to the body. Just as a man must be careful not to sleep immediately after his meal, so must he be careful not to sleep when he is hungry, because when there is no food in the body the warmth works in excess producing foul gases which enter the head. When one sleeps his head should be higher, because it will help the food come down from the stomach, and the gases that come up into the head will be diminished. The natural sleep is in the nighttime, and the sleep in the daytime is harmful, and is good only for those who are accustomed thereto.

24. The proper way of washing oneself is to take a bath regularly every week. One should not enter the bath-house when he is hungry nor when he is full, but when the food is beginning to become digested. One should wash his entire body with hot water, then with tepid water, then some degree cooler, and finally in cold water. Upon going out from the bath-house one should put on his clothes and cover his head well thereby avoiding taking cold; even in the summer time it is necessary to take this precaution. After leaving the bath-house one should wait until he regain his mental and physical composure and let the heat subside, and thereafter eat. If one can sleep a little upon leaving the bath, before he takes his meal, so much the better.

25. A person should ever endeavor to dwell where the air is pure and clear, on elevated ground and in a house of ample proportions. If possible he should not reside in the summer in a place facing the North or East, and there should not be any decayed refuse. It is very beneficial to continually purify the air of the house with odoriferous substances and by proper fumigation.

26. The air which is good for the physical health is that it should be at an even temperature, neither cold nor hot. Therefore every man should take precautions not to heat his house too much in the winter time, as many senseless people do, because on account of the excessive heat many sicknesses are apt to come, God forbid. But it should be heated so that the cold should not be felt, but it should not be too warm.

22. He who is desirous of preserving his health must become acquainted with the psychological emotions and take care of them; and these are: joy, worry, anger and fright which are psychological actions. The wise need always be satisfied with his portion during the time of his existence, and should not grieve over a world that does not belong to him, and should not look for any superfluities, and he should be in good spirits and be joyous to a moderate extent, because these cause the increase of the natural warmth, and to digest the food and to drive out the waste, and to strengthen the eyesight and the faculties, and also strengthens the power of reason. But one should not increase the joy of life by means of food or drink, as the foolish do, because by reason of too much joy the warmth (of the heart) is distributed over the entire body, and the natural warmth becomes dissolved and the heart is cooled off suddenly, and this may cause sudden premature death. Especially so may the foregoing happen to fat persons, because the natural warmth in their bodies is little, for the reason that their blood vessels are narrow and the circulation of the blood, which is the main cause of the warmth, is slow. Grief, which is the reverse of joy, is likewise injurious, because it cools off the body and

Sanctity of Life

CODE of Jewish Law

CHAPTER XCII.

Laws Concerning One Dangerously Ill, and One forced to Transgress a Precept.

1. The compliance with the precept of observing the Sabbath is superceded by the exigency arising from danger to human life, as is the case with all other precepts of the Torah. Hence, it is mandatory to desecrate the Sabbath for the sake of one who is dangerously ill if he is a person of good character, although he is occasionally led by desire to transgress a law, and even if he is only an infant, one day old. If the sick person will not allow it, he should be compelled to submit, as it is very iniquitous to be an idiotic pious to refuse to be cured because it would necessitate the violation of a prohibition, concerning him it is said; "And surely the blood of your lives will I require" (Gen. ix, 5). Indeed, one who is zealous in disregarding the Sabbath for the sake of one dangerously ill, is praiseworthy. Even if a non-Jew be present the work should be done preferably by an Israelite, and he who disregards the Sabbath for the sake of one who is dangerously ill, even if his exertions prove unnecessary, has earned a reward; e. g., if the physician said that this sick person needs one fig, and nine men ran and every one of them plucked one and brought it, they have all earned a reward, from the Lord, blessed be His name, even if the invalid became well from the first that was brought. This applies to every case of danger to human life, even where it is doubtful whether human life is endangered, it is mandatory to disregard the Sabbath and perform all work involving any violation of a prohibition of the Torah. There is nothing that supercedes the saving of a human life, for the Torah was given only for life, as it is said; "That he may live with

them" (Lev. xviii, 5), and it is explained that he may live with them and not die on account of them. Except the laws prohibiting idolatry, immorality and bloodshed for which one is bound to give up his life and not to violate them.

2. Any one who claims that the condition of a sick person is dangerous if there be no competent physician present to gainsay him, he is credible, and the Sabbath should be disregarded for his sake; even if he does not make a positive assertion, but says "I believe that the Sabbath should be desecrated for his sake", he should be heeded, and the Sabbath should be disregarded, as the law should be relaxed when there is a probability of danger to human life. If one physician says that the invalid is dangerously ill and requires a certain medicine, and another physician says that he does not require it, or if the invalid himself claims that he does not require it, they pay heed to the physician who says he does require it. If the sick person says that he requires a certain remedy, and the physician says he does not require it, they should heed the sick person; if however, the physician declares that that remedy will do him harm, they should heed the physician.

3. If an experienced physician, although he be a non-Jew, or another one who understands, says that although the sick person is in no immediate danger, the sickness may nevertheless assume a dangerous form unless a certain remedy is applied therefor, even if the invalid says that he does not require it, the physician should be heeded and the Sabbath should be disregarded. If the physician says that if a certain remedy will not be applied he will surely die, but if applied there is a chance that he might live, the Sabbath should also be disregarded.

4. For a wound in the interior of the body, that is, from the lips inwards, the teeth included, and for the injury caused by a wound or a boil and the like, the Sabbath should be disregarded, nor does it require the giving of an expert opinion; thus, even if experts are not there, and the sick person does not object, everything should be done for him, the same as is done on a week-day. If, they, however, know that according to the nature of that illness, it is possible to wait and there is no necessity of disregarding the Sabbath, it should not be disregarded. Pains are not considered as wounds, and one whose tooth aches to such an extent that he suffers therefrom in his entire body, is permitted to tell a non-Jew to extract it.

5. A wound on the back of the hand or on the back of the foot, or any wound that was caused by an iron, or an ulcer on the end of the rectum, or if one swallowed a leech, or whom a mad dog or a snake has bitten, even if it is doubtful whether it is poisonous or not, or one who has exceedingly high temperature, for all these the Sabbath should be desecrated; but for ordinary fever the Sabbath should not be desecrated, but should be attended to through a non-Jew.

10. If one is forced to temporarily transgress a precept, even if it be an extreme offence, the Sabbath should not be disregarded for the sake of saving him from the transgression. If one, however, is forced to apostatize and become alienated from the Jewish community, even if it be a little boy or girl, one is duty bound to exert all his efforts in order to save him, even disregarding the Sabbath if necessary, and perform work thereon forbidden by the Torah, just as we are bound to desecrate the Sabbath for the sake of the one who is dangerously ill, for it is written; "And the children of Israel shall observe the Sabbath", the Torah ordered to desecrate one Sabbath for his sake, so that he be enabled to observe many Sabbaths. Even if it is doubtful whether the efforts will be of any avail or not, still the Sabbath should be desecrated for his sake, as is done in the case of a doubtful saving of life. However, for a transgressor who deliberately becomes apostate, the Sabbath should not be disregarded so far as to violate a prohibition of the Torah, for since he has done it deliberately we do not tell a man to sin so that somebody else may be benefited thereby. But when it only involves the violation of a Rabbinical prohibition, e. g., to go beyond the Sabbath boundry, and to ride on horseback, or in a wagon, also to handle money, or other such prohibitions some authorities hold that it is permitted to disregard them in order to save him.

Special
rule. b
physician

CODE of Jewish Law

The Physician

The Torah gave permission to the physician to heal; moreover, this is a religious precept and is included in the category of saving life; and if the physician withholds his services, it is considered as shedding blood.³⁹

perhaps

It once happened that Rabbi Ishmael and Rabbi Akiva were strolling in the streets of Jerusalem accompanied by another person. They were met by a sick person. He said to them, "My masters, tell me by what means I may be cured." They told him, "Do thus and so until you are cured." The sick man asked them, "And who afflicted me?" They replied, "The Holy One, blessed be He." The sick man responded, "You have entered into a matter which does not pertain to you. God has afflicted, and you seek to cure! Are you not transgressing His will?"

Rabbi Akiva and Rabbi Ishmael asked him, "What is your occupation?" The sick man answered, "I am a tiller of the soil, and here is the sickle in my hand." They asked him, "Who created the vineyard?" He answered, "The Holy One, blessed be He." Rabbi Akiva and Rabbi Ishmael said to him, "And you enter into a matter which does not pertain to you! God created the vineyard, and you cut His fruits from it." He said to them, "Do you not see the sickle in my hand? If I did not plow, sow, fertilize, and weed, nothing would sprout." Rabbi Akiva and Rabbi Ishmael said to him, "Foolish man! Have you never in your life heard that it is written, 'As for man, his days are as grass; as a flower of the field, so he flourishes' (Ps. 103:15)? Just as if one does not weed, fertilize, and plow, the trees will not produce fruit, and if fruit is produced but is not watered or fertilized, it will not live but die, so with regard to the body. Drugs and medicants are the fertilizer, and the physician is the tiller of the soil."⁴⁰

midrash Temurah

Babylonian Talmud
Tractate Baba Kama 85a

(1) Implying that the liability is qualified and thus excepted in such and similar cases. (2) Rashi: 'wild flesh'. (3) And need thus not employ a medical man. (4) I.e., 'I am not prepared to trust you'; cf. B.M. 101; B.B. 168a. (5) [So S. Strashun; Rashi: 'If the physician is from far he might blind the eye'; others: 'A physician from afar has a blind eye', i.e., he is little concerned about the fate of his patient.] (6) I.e., Pain, Healing, Loss of Time, and Degradation. (7) Ex. XXI, 25. (8) Supra 26b.

If the offender says to the injured person: 'I can personally act as your healer', the other party can retort 'You are in my eyes a lurking lion.' So also if the offender says to him 'I will bring you a physician who will heal you for nothing', he might object, saying 'A physician who heals for nothing is worth nothing.' Again, if he says to him 'I will bring you a physician from a distance', he might say to him, 'If the physician is a long way off, the eye will be blind [before he arrives].' If, on the other hand, the injured person says to the offender, 'Give the money to me personally as I will cure myself', he might retort 'You might neglect yourself and thus get from me too much.' Even if the injured person says to him, 'Make it a fixed and definite sum', he might object and say, 'There is all the more danger that you might neglect yourself [and thus remain a cripple], and I will consequently be called "A harmful ox."'

A Tanna taught: 'All [the Four Items]⁶ will be paid [even] in the case where Depreciation [is paid independently]. Whence can this ruling be deduced?—Said R. Zebid in the name of Raba: Scripture says: *Wound for wound*,⁷ to indicate the payment of Pain even in the case where Depreciation [is paid independently].⁸ But is not this verse required [85b] to extend liability [for Depreciation] to the case of inadvertence equally with that of wilfulness, and to the case of compulsion equally with that of willingness?—If so [that it was required only for such a rule] Scripture would have said

'Wound in the case of wound'; why [say] '... for wound, unless to indicate that both inferences are to be made from it?' R. Papa said in the name of Raba: Scripture says *And to heal shall he heal*,⁹ [thus enjoining] payment for Healing even in the case where Depreciation is paid independently. But is not that verse required for the lesson taught at the School of R. Ishmael for it was indeed taught at the School of R. Ishmael that [the text] '*And to heal he shall heal*' [is the source] whence it is derived that authorisation was granted [by God] to the medical man to heal?—If so [that it was to be utilised solely for that implication] Scripture would have said, 'Let the physician cause him to be healed'. This shows that payment for Healing should be made even in the case where Depreciation [is paid independently]. But still, is not the text required as said above to provide a double mention in respect of Healing?—If so, Scripture should have said either 'to cause to heal [and] to cause to heal'⁴ or 'he shall cause to heal [and] he shall cause to heal.'⁵ Why say '*and to heal he shall heal*'⁶ unless to prove that payment should be made for Healing even in the case where Depreciation [is paid independently].

Presup
pay
other
places
no
of no
act
good
fill

Babylonian
Talmud

39b-40a

NEDARIM

It was taught: There is no measure for visiting the sick. What is meant by, 'there is no measure for visiting the sick?' R. Joseph thought to explain it: its reward is unlimited. Said Abaye to him: Is there a definite measure of reward for any precept? But we learnt: Be as heedful of a light precept as of a serious one, for thou knowest not the grant of reward for precepts? But Abaye explained it: Even a great person must visit a humble one. Raba said: [One must visit] even a hundred times a day. R. Abba son of R. Hanina said: He who visits an invalid takes away a sixtieth of his pain. Said they to him: If so, let sixty people visit him and restore him to health?—He replied: The sixtieth is as the tenth spoken of in the school of Rabbi, and [providing further that] he [the visitor] is of his affinity.¹ For it was taught: Rabbi said: A daughter who enjoys maintenance from her brothers' estate receives a tenth of the estate.² Said they to Rabbi: If so, if a man leaves ten daughters and one son, the latter receives nothing! He replied: The first [to marry] receives a tenth of the estate; the second, a tenth of the residue; the third, a tenth of what remains. [Now, if they all married at the same time], they redivide equally.³

R. Helbo fell ill. Thereupon R. Kahana went and proclaimed: [40a] R. Helbo is sick. But none visited him. He rebuked them [sc. the scholars], saying, 'Did it not once happen that one of R. Akiba's disciples fell sick, and the Sages did not visit him? So R. Akiba himself entered [his house] to visit him, and because the swept and sprinkled the ground before him,⁴ he recovered. My master,' said he, 'you have revived me!' [Straightway] R. Akiba went forth and lectured: He who does not visit the sick is like a shedder of blood.

(1) A variant: his sickness. (2) As the invalid. Born under the same planetary influence, Asheri; Rashi (and Jast.) 'of the same age'. (3) She can, on marriage, demand a tenth of the estate for a dowry and trousseau. V. Keth. 68a. (4) i.e. after taking one tenth of the estate, and another a tenth of what is left, and a third likewise, etc., they pool the lot together, and divide it equally.—Thus here too, the first visitor with the same affinity takes away a sixtieth of the sickness; the second a sixtieth of the remainder, and so on. Hence he would not be completely cured. (5) Asheri: R. Akiba, finding the chamber neglected, gave the necessary orders.

Visiting the Sick

NEDARIM

40a

When R. Dimi came,¹ he said: He who visits the sick causes him to live, whilst he who does not causes him to die. How does he cause [this]? Shall we say that he who visits the sick prays² that he may live, whilst he who does not prays that he should die, 'that he should die!' can you really think so? But [say thus:] He who does not visit the sick prays neither that he may live nor die.³ Whenever Raba fell sick, on the first day he would ask that his sickness should not be made known to any one lest his fortune be impaired.⁴ But after that, he said to them [his servants], 'Go, proclaim my illness in the market place, so that whoever is my enemy may rejoice, and it is written, *Rejoice not when thine enemy falleth . . . Lest the Lord see it, and it displeases him, and he turn away his wrath from him.*⁵ whilst he who loves me will pray for me. Rab said: He who visits the sick will be delivered from the punishments of Gehenna, for it is written, *Blessed is he that considereth the poor: The Lord will deliver him in the day of evil.*⁶ 'The poor' [dal] means none but the sick, as it is written, *He will cut me off from pining sickness* [mi-dalah];⁷ or from this verse: *Why art thou so poorly* [dal], thou son of the King?⁸ Whilst 'evil' refers to Gehenna, for it is written, *The Lord hath made all things for himself: Yea, even the wicked for the day of evil.*⁹ Now, if one does visit, what is his reward? [You ask,] 'what is his reward?' Even as hath been said: 'he will be delivered from the punishment of Gehenna!'—But what is his reward in this world?—*The Lord will preserve him, and keep him alive, and he shall be blessed upon the earth; and thou wilt not deliver him unto the will of his enemies.*¹⁰ 'The Lord will preserve him'—from the Evil Urge, 'and keep him alive'—[saving him] from sufferings; 'and he shall be blessed upon the earth,'—that all will take pride in him;¹¹ 'and thou wilt not deliver him unto the will of his enemies'—that he may procure friends like Naaman's, who healed

Heaven
Hell

murder

JEWISH SOURCE MATERIALS ON HEALTH CARE

Rabbi Ishmael and Rabbi Akiba were walking through the streets of Jerusalem and met a sick man. The ill person asked, "Masters, tell me how can I be cured?" They answered, "Do thus and thus until you are cured." He said to them: "And who afflicted me?" "The Holy One Blessed be He," they replied. He said: "And you interfered with a matter that is not your concern. God afflicted and you wish to heal? The rabbis asked: "What is your vocation?" He responded: "I am a tiller of the soil. Here is the vine-cutter in my hand." They asked: "Who created the vineyard?" "The Holy One Blessed be He," he answered. "You interfered in this vineyard which is not yours? God created it and you cut away its fruits?" they asked. "Do you not see the vine-cutter in my hands? Were I not to go out and plow and till and fertilize and weed, the vineyard would not produce any fruit," he explained. They said, "Fool, from your own work you have not learned what is written (Psalms 103:15) 'As for man, his days are as grass.' Just as the tree, if not weeded, fertilized, and ploughed will not grow and bring forth its fruits...so it is with the human body. The fertilizer is the medicine and the healing means, and the tiller of the earth is the physician." (Otzar HaMidrashim, Vol. II. pp. 580-581)

"If you will heed the Lord your God diligently, doing what is upright in His sight, giving ear to his commandments and keeping all His laws, then I will not bring upon you any of the diseases that I brought upon the Egyptians, for I am the Lord who heals thee." (Exodus 15:26)

If God will "put none of the diseases upon you", what need is there for God to be our healer? Rabbi Yokhanan answered that the verse means the following: "If you will hearken (to the voice of the Lord), I will not bring diseases upon you, but if you will not, I will; yet even so, I am the Lord who heals you." (B. Talmud, Sanhedrin 101a)

"Neither shalt thou stand idly by the blood of your neighbor."
(Leviticus 19:16)

"Whoever is able to save another and does not save him transgresses the commandment "Neither shalt thou stand idly by the blood of thy neighbor."
(Maimonides, Mishneh Torah, Hikhot Rotzeah, 1:14)

"The Torah placed it within the providence of the physician to heal; moreover, this is a religious precept (mitzvah), and it is included in the category of saving life; and if he withholds his services, it is considered as shedding blood." (Joseph Karo, Shulhan Arukh, Yoreh Deah 336)

"When men quarrel and one strikes another with stone or fist, and he does not die but has to take to his bed, if he then gets up and walks outside upon his staff, the assailant shall go unpunished, except that he must compensate for the loss entailed by absence from work and cause him to be thoroughly healed [*rapo yirapeh*]." (Exodus 21:18-19)

The school of Rabbi Ishmael says, "Heal he shall heal [*rapo yirapeh* -- Exodus 21:19]. (What do we learn from the double language?) That authorization was granted to the physician to heal." (B. Talmud, Baba Kamma 85a)

You might think that these words [*rapo yirapeh*] apply only in the case of (healing) humanly contracted illnesses, but not in the case of illnesses that are sent by Heaven, when the physician heals. it appears as if he contradicts a divine decree. Come and learn (from the context of the verse) that this is not so." (Tosafot at Baba Kamma 5a, s.v. *Shenitnah*)

Rav Acha said, one who is going in for a phlebotomy should recite the following blessing, "May it be Your will, O Lord my God, that this operation may be a cure for me, and may you heal me, for you are a faithful healing God, and your healing is sure, for people have no power to cure, but act as if they do." Abbaye said, a person should not say (such a blessing), for Rabbi Ishmael has taught, "'Heal he shall heal' (Exodus 15:19), from this verse we learn that the Torah placed it within the providence of physicians to heal." (B. Talmud, Berakhot 60a)

"...so that every living thing shall be healed..." (Ezekiel 47:9)

Rabbi Yohanan once fell ill, and Rabbi Hanina went to visit him, saying "Are your sufferings welcome to you?" Rabbi Yohanan replied, "neither they nor their reward." Rabbi Hanina then said "Give me your hand," which Rabbi Yohanan did, and he cured him. Why did not Rabbi Yohanan cure himself? Because the prisoner cannot free himself from jail (meaning the patient cannot cure himself). (B. Talmud Berakhot 5b, cited in Fred Rosner, Modern Medicine and Jewish Law, p. 22)

"Behold, I will bring a healing and a cure, and I will cure them, and will reveal to them the abundance of peace and truth" (Jeremiah 33:6)

"A person should see to it that the body is kept healthy and strong, in order that the may be upright to know the Lord. For it is impossible to understand and comprehend the wisdom (of the world) when one is hungry and ailing or if one's limbs ache...Since when the body is healthy and sound, one walks in the way of the Lord, it being impossible to understand or know anything of the knowledge of the Creator when one is sick, it is obligatory upon people to avoid things that are detrimental to the body and acclimate themselves to things that that heal and fortify it." (Maimonides, Mishneh Torah, *Hilkhot Deot* 3:3, 4:23)

"The Lord heals the brokenhearted, he binds up their wounds."
(Psalms 147:3)

"Blessed is our eternal God, Creator of the Universe, who has made our bodies with wisdom, combining veins, arteries, and vital organs into a finely balanced network. Wondrous fashioner and sustainer of life, Source of our health and our strength, we give you thanks and praise." (*Birkat Asher Yatzar*, The New Union Prayer Book, p. 51)

"Heal me, O Lord, and I shall be healed" (Jeremiah 17:14)

"Heal us, O lord, and we shall be healed, save us and we shall be saved; grant us perfect healing from all our wounds. Blessed is the Lord, healer of the sick. (*Birkat Refuah*, The New Union Prayer Book, p. 63)

"Nowadays, one must not rely on miracles, and the sick person is duty bound to act in accordance with the natural order by calling on a physician for healing. In fact, to deprat from the general practice by claiming greater merit than the many saints (of previous generations), who were cured by physicians, verges on sinful on account of both the implied arrogance and the reliance on miracles when there is danger to life...Therefore, one should act as all do, and be healed by physicians." (Rabbi Haim Azulai, Birke Yosef, Yoreh Deah 336.2)

"One who is in pain should go to a physician." (B. Talmud, Baba Kamma 46b)

"A doctor who heals for nothing is worth nothing." (B. Talmud, Baba Kamma 85a)

"Abba the Phlebotomist had a box placed outside his office where his fees were to be deposited. Whoever had money put it in, but those who had none could enter without embarrassment. When he saw a person who was unable to pay, he would offer him some money, saying to him, 'Go stregngthen yourself [after the operation].'" (B. Talmud, Taanit 21b)

"He who has medicine, and his sick neighbor requires it, is forbidden to raise their price above the proper level." (Shulkhan Arukh, Yoreh Deah 336.3)

"How do we know that it is permitted to violate the sabbath in order to preserve human life? Rabbi Shimon ben Menassiah said, "We are told 'You shall keep the sabbath, for it is holy unto you.' (Exodus 31:13). That means, unto you is the sabbath given over, but you are not given over to the sabbath." Rabbi Natan said, "We are told, 'The people of Israel shall keep the sabbath, to observe the sabbath throughout the generations.' (Exodus 31:16). This means violate one sabbath if necessary in order to keep many sabbaths afterward. Rabbi Yehuda said in the name of rabbi Shmuel, "We are told, 'Keep my commandments and ordinances, which if a person does, he will live by them' (Leviticus 18:5). This means live by them, and don't die because of them." (B. Talmud, Yoma 85b)

"Danger to life and health is of greater religious concern than other matters (Hamira sakanta m'issura)." (B. Talmud, Hullin 10a)

I thank You, God, for the skill, care and concern of the many about me who have dedicated themselves to health and healing. It is they who have had to respond to my calls for help; they who will be with me through the difficult times ahead. Grant wisdom, patience and understanding to them. Bless the work of their hands and their hearts that their labors may not be in vain. As Your helpers, may they find the way to restore me and others to a life renewed. May I and they feel the comfort of Your presence.

For health of body and spirit, I thank You, God. I was broken and now I am whole. I was weary, but now I am rested. I was anxious, but now I am reassured. I thank You for those who helped me in my need, who heartened me in my fear, and who visited me in my loneliness. For the strength you gave me, O God, I give thanks to You. ("For My Care Givers", Gates of Healing, p. 25)

"May God who blessed our ancestors, Abraham, Isaac, and Jacob, Sarah, Rebecca, Rachel, and Leah, bless and heal _____. May the Holy one in mercy strengthen him/her and heal hime/her soon, body and soul, together with others who suffer illness. And let us say: Amen. (Mi-sheberakh, Siddur Sim Shalom, p. 404)

BIBLIOGRAPHY

Jewish Perspectives

Feldman, David *Health and Medicine in the Jewish Tradition* (New York: Crossroad, 1986).

Feldman, David and Fred Rosner, eds. *Compendium on Medical Ethics* (New York: New York Federation of Jewish Philanthropies, 1984).

Hershler, M. *Halakha and Medicine*, Vols. I&II [Hebrew] (Jerusalem and Chicago: Regensberg Institute, 1980).

Jacobovitz, Rabbi Dr. Immanuel *Jewish Medical Ethics* (New York: Bloch Publishing Co., 1975).

Rosner, Fred *Modern Medicine and Jewish Law* (New York: Bloch for Yeshiva University Press, 1972).

Rosner, Fred *Medicine in The Bible and the Talmud* (New York: Ktav and Yeshiva University Press, 1977).

Rosner, Fred and M.D. Tendler *Practical Medical Halakha* (Jerusalem and New York: Feldheim Press, 1980).

Tendler, Rabbi Dr. M.D., ed. *Medical Ethics: A Compendium of Jewish Moral, Ethical, and Religious Principles in Medical Practice* (New York: Federation of Jewish Philanthropies of New York, 1975).

General Information on Health Care Reform

Castro, Janice "Condition Critical: 10 Ways to Cure the Health Care Mess", *Time*, November 25, 1991.

Families USA Foundation, "Health Spending: The Growing Threat to the Family Budget", December 1991.

Kopkind, Andrew "Seizing the Historic Moment", *The Nation*, December 16, 1991.

Krauss, Clifford "Under Political Steam, Health Care Issue Gains Wider Support in Congress", *New York Times*, January 12, 1992.

Scheiber, George J. and Jean-Pierre Poullier "Health Care Systems in Twenty-Four Countries", *Health Affairs*, Vol. 10 (Fall 1991).

Sullivan, Cynthia and Thomas Rice "The Health Insurance Picture in 1990", *Health Affairs*, Vol. 10, No. 2 (Summer 1991).

U.S. Bipartisan Commission on Comprehensive Health Care (The Pepper Commission) *A Call For Action*, Final Report, September 1990.

U.S. General Accounting Office "Canadian Health Insurance: Lessons for the United States", Publ. # GAO/HRD-91-90, November 1990.

U.S. General Accounting Office "U.S. Health Care Spending: Trends, Contributing Factors, and Proposals for Reform", Publ. # GAO/HRD-91-102, June 1991.

U.S. General Accounting Office "Health Care Spending Out of Control", Publ. # GAO/HRD-92-9, November 1991.

Professor Michael A. Grodin
Program in Law, Medicine and Ethics
Boston University Schools of Medicine and Public Health

MEDICAL ETHICS AND JUDAISM
Selected Bibliography

- Abraham, A: Medical Halacha for Everyone. New York: Feldheim, 1984.
- Biale R: Women and Jewish Law: An Exploration of Women's Issues in Halakhic Sources. New York: Schochen, 1984.
- Bleich D, Rosner F: Jewish Bioethics. New York: Sanhedrin Press, 1979.
- Bleich, JD: Judaism and Healing: Halakhic Perspectives. New York: KTAV, 1981.
- Bleich, JD: Contemporary Halakhic Problems, Vols. I, II, III. New York: KTAV, 1989.
- Feldman, David: Marital Relations, Birth Control and Abortion in Jewish Law. New York: Schochen Books, 1974.
- Feldman, David: Health and Medicine in the Jewish Tradition. New York: Crossroads Publishing, 1986.
- Fox M: Modern Jewish Ethics. Ohio State University, 1975.
- Freehoff, Solomon: Responsa. Cincinnati: HUC Press.
- Friedenwald, H: The Jews and Medicine, Vol. I, II, III. New York: KTAV, 1967.
- Gribetz D, Tendler M (eds): Medical Ethics: The Jewish Point of View. Mt. Sinai J. of Med. 1984; 51:1.
- Goldstein S: Suicide in Rabbinic Literature. New York: KTAV, 1989.
- Herring, B: Jewish Ethics and Halakhah for Our Times. New York: KTAV, 1984.
- Jakobovits I: Jewish Medical Ethics. New York: Bloch Publishing Company, 1959.
- Kellner M: Contemporary Jewish Ethics. New York: Hebrew Publishing, 1978.

Lamm M: The Jewish Way in Death and Mourning. New York: Jonathan David Pub. 1969.

Levin F: Halacha, Medical Science and Technology. New York: Maznaim, 1987.

Medical Ethics from the Jewish Perspective. J. Med. and Philos. 1983;8:1.

Medical Ethics: A Compendium of Jewish Moral, Ethical and Religious Principles in Medical Practice. New York: Committee on Religious Affairs of the Federation of Jewish Philanthropies, 1975, 1981, 1984.

Meier, Levi: Jewish Values in Bioethics. New York: Human Sciences Press, 1986.

Novak, D: Halakhah in a Theological Dimension. Providence: Brown University Scholars Press, 1985.

Numbers R, Amundsen D: Caring and Curing: Health and Medicine in the Western Religious Traditions. New York: MacMillan, 1986.

Preuss, Julius: Biblical and Talmudic Medicine (Rosner, Fred, trans.). New York: Hebrew Publishing Company, 1983.

Proceedings of the Committee on Jewish Law and Standards of the Conservative Movement 1980-1985. The Rabbinical Assembly, 1988.

Rosner F, Muntner S: The Medical Aphorisms of Moses Maimonides. New Yeshiva University Press, 1970, 1971.

Rosner F: Medicine in the Bible and Talmud. New York: KTAV, Yeshiva University Press, 1977.

Rosner F: Modern Medicine and Jewish Ethics. New York: KTAV, Yeshiva University Press, 1986.

Rosner F, Tendler M: Practical Medical Halacha. New York: Feldheim, 1980.

Schor, Tsvi: Illness and Crisis: Coping the Jewish Way. New York: Union of Orthodox Jewish Congregations of America, 1987.

Siegel, S: Conservative Judaism and Jewish Law. New York: KTAV, 1977

Silver, D. Judaism and Ethics. New York: KTAV, Yeshiva University Press, 1990.

Sinclair D: Tradition and the Biological Revelation: The Application of Jewish Law to the Treatment of the Critically Ill. Edinburgh: Edinburgh University Press, 1989.

Sokol, D.: Halakha and Medicine: A Physician's Hospital Manual: Hilchot Shabbat. Jerusalem: Regensberg Institute, 1986.

Spero, M: Morality, Halakha and the Jewish Tradition. New York: KTAV, 1983.

Steinberg A: Jewish Medical Law. Jerusalem: Gafen Publishing, 1980.

JOURNALS with frequent articles on Jewish medical ethics

Tradition

Proceedings of the Association of Orthodox Jewish Scientists

Journal of Halacha and Contemporary Society

Assia, Journal of Jewish Medical Ethics

COMPUTER SEARCH

Medlars, Bioethicsline Search - Jewish Ethics

February 27, 1999

Mr. Todd Summers
Deputy Director
White House
Office of National HIV/AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Todd:

I wanted to write you a quick note to thank you for spending time discussing the work of your office and potential PMI opportunities within ONAP. I really enjoyed having the chance to meet with you one-on-one (after our many months of telephone tag!) and learning about the new and on-going projects at ONAP.

Since our most recent conversation, I have begun a Congressional Fellow/Health Legislative Assistant position in the office of Senator Kent Conrad. I will be in the Senate office until July 1. If during my time on the Hill, I can be of any assistance to you regarding the Congressional delegation trip to Africa, Ryan White reauthorization or in any other way, please do not hesitate to contact me at 202-224-7966 or by e-mail at Neleen_Eisinger@conrad.senate.gov. After July 1, I am due to return to HHS in my position in the Secretary's office.

Thank you again for your time and consideration over the last few months.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Neleen', written in dark ink.

Neleen M. Eisinger

ADOLESCENT AIDS PROGRAM

Montefiore Medical Center ♦ 111 East 210th Street ♦ Bronx, New York 10467

Tel: (718) 882-0232 ♦ Fax: (718) 882-0432

DATE:

2-17-99

DELIVER TO:

TODD Summers

FROM:

LINDA Mayo

OF PAGES (including cover)

2(f) 202.456.2438High Priority (please hand deliver) ☒

Please Call To Confirm Receipt | |

MESSAGE:

- Kept it Short + Sweet -① one page on our program② Clinic brochurefor more info please call me @ 718 882 0232 Linda -IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION
PLEASE CONTACT US AT THE NUMBER ABOVE.Here 'til6pm 2/12

Adolescent A/R Program
Printed brochure pg #1

TAKE THE STEP TO REP

MAKE AN APPOINTMENT

- ▶ All REP services are completely confidential. Your privacy is respected.
- ▶ Your parent's permission isn't needed to get counseling or medical care.
- ▶ You can come with a family member or friend or you can come alone.
- ▶ We accept Medicaid. You won't be turned away if you can't pay.
- ▶ REP is easy to get to by train or bus.
- ▶ Hablamos Español

TAKE THE FIRST STEP — COME TO REP

Adolescent Risk Evaluation Program
Montefiore Medical Center
111 East 210th Street
Bronx, New York 10467

For appointments and information
call weekdays 9am - 5pm
(718) 882-0023

Supported in part by the NYS Dept. of Health, AIDS Institute
Maternal and Child Health Bureau, HRSA

REP

health care for

"When I first came to
I met other teens here. It made
feel comfortable." Robert age 16

"At REP, you can get
support for any problem
you have." Lanya age 15

"At REP, I get a complete exam,
the medicines I need and a lot of
information on how to be healthy."
Emilio age 14

Is REP

It is a health care program for youth ages 13-21, who may be at risk for HIV, or are living with HIV/AIDS. REP is the Risk Evaluation Program at Montefiore Medical Center in the Bronx. We are health care providers and counselors who want to make sure young people get the information, health care, and support they need.

- ▶ REP is for all youth—straight, gay, lesbian, bisexual or transgender.
- ▶ All REP services are completely confidential. Your privacy is respected.
- ▶ You won't be turned away, if you can't pay.

For questions & information call weekdays 9am - 5pm (718) 882-0023

THE RAP FROM REP

- ▶ Did you know 1 out of 4 people in the U.S. with HIV were infected before age 22?
- ▶ If you're having sex, using condoms every time can prevent HIV and Sexually Transmitted Diseases (STDs).
- ▶ Deciding not to have sex will keep you from becoming pregnant or getting HIV or other STDs.
- ▶ Being lesbian, gay, bisexual or straight doesn't put you at risk for HIV/AIDS — **having unsafe sex or sharing needles does.**



- ▶ Many young people in New York have family members or friends with HIV and need someone to talk to.
- ▶ If you have HIV, you're not alone. Getting health care, support and new medicines can make a big difference.
- ▶ If you're HIV negative, you can learn to stay that way.
- ▶ Right now, you're either HIV negative or positive. The test helps you to know.
- ▶ If you test, you should take the HIV test, but are unsure, we can help you decide.
- ▶ Getting more information can help you make decisions. At REP you can learn what you need to know to stay healthy. **Information is power.**

WHAT CAN REP DO FOR YOU

General Medical Care

- Checkups
- STD testing
- HIV counseling and testing (confidential)
- Pregnancy testing
- Birth control

HIV Care

- Medicines and treatments
- Access to research studies for new HIV/AIDS medicines and treatments

Counseling and Support

- Individual counseling and support group
- Family and partner support groups
- Help with medical benefits, housing, education, and other services
- Free condoms and safer sex kits
- Special activities (parties and trips)

**24-HOUR ON-CALL SERVICE
FOR EMERGENCIES**

Adolescent AIDS Program

Montefiore Medical Center Bronx, NY

Program Staff

Director

(718) 882-0322
Donna Futterman, MD

Clinical/Research Team
(718) 882-0023

Neal Hoffman, MD
Medical Director
Brenda Chabon, PhD
Psychologist
Kate Muldowney, CSW
Social Worker
Maria Allovera-DeBellis, RN
Stacey Jackson, RN
Dina Monte, RN
Research Nurses
Alice Myerson, PNP
Primary Care Coordinator

Outreach/Training
(718) 882-0232

Sandra Jean-Louis, MPH
Outreach Coordinator
Miriam Ramos
Community/Patient Liaison
Martha Diaz, *Peer Educator*
Gloria Gonzalez
Outreach Specialist

Administration
(718) 882-0232

Linda Mayo, MSW
Assistant Dir./Administrator
Retha Johnston
Melissa Rivera
Evelyn Rivera
Support Staff

Adolescent AIDS Program
Montefiore Medical Center
111 East 210 th Street
Bronx, NY 10467

adolaid@aeom.yu.edu

Medical Care/Research/Outreach for Youth

The Adolescent AIDS Program was established in 1987 as the first program to provide comprehensive medical and psychosocial care for HIV+ and at-risk adolescents between the ages of 13-21. The clinical program is staffed by a multi-disciplinary team of physicians, nurse practitioner, psychologist, social worker and nurses. The program is recognized as a national model program for the care of HIV+ adolescents and at-risk youth. Staff have also provided local and national leadership on issues related to care, research and policy.



Funding Sources

The AAP is a grant-funded program from sources including: the AIDS Institute (New York State Health Department), HRSA (Health Resources and Services Administration: Ryan White Title's IIIB, IV, AETC) and NICHD/NIH (National Institute for Child Health and Human Development/National Institutes of Health).

Outreach and Training

The AAP has launched a media campaign "HIV. Live with it. Get Tested." to encourage youth to learn their HIV status. Every hour a U.S. teenager becomes infected with the virus. New treatments offer the opportunity for a longer and healthier life for those who are infected.

The AAP worked with advertising and communication companies to design and implement a hard-hitting, youth-focused campaign. The first annual "Get Tested! Week" was held in 1998 and featured a youth-focused campaign using print, video and radio. The campaign appears on bus shelters and community placements: schools, stores, churches,

restaurants, clubs, hair/nail salons and movie theaters. By calling 718-881-TEST, youth can find out about HIV services at adolescent clinics throughout New York city.

In addition to the media campaign, the AAP works with other health care programs, family planning centers, substance use programs, and community based organizations to ensure appropriate care and awareness regarding teens infected with HIV. The AAP also trains and educates healthcare providers and youth about care for adolescents with and at-risk for HIV and publishes multiple articles on the topic.

ADOLESCENT RISK EVALUATION PROGRAM (REP)

Services

Medical care

Confidential HIV counseling and testing, comprehensive medical care and treatments, including access to the latest medications and research

Psychosocial care

individual, peer support groups, partner, family

Case management

benefits, referrals, advocacy

Youth Participation

Youth Advisory Board, peer training, recreation

Research

Onsite research studies include: REACH/AMHARN- a multi-year, 13 city study of the spectrum and course of HIV disease in adolescents funded by the NIH, AIDS Clinical Trials Group (ACTG): clinical trials of new HIV medications and Young Women's Survey funded by the CDC.

KNOCKIN' BOOTS?

HIV. Live with it. Get tested.
If you're 13-21 . . .

ADOLESCENT AIDS PROGRAM

Montefiore Medical Center ♦ 111 East 210th Street ♦ Bronx, New York 10467

Tel: (718) 882-0232 ♦ Fax: (718) 882-0432

DATE:

2-17-99

DELIVER TO:

TODD Summers

FROM:

LINDA MAYO

OF PAGES (including cover)

2(P) 202.456.2438High Priority (please hand deliver) ☒Please Call To Confirm Receipt ☐**MESSAGE:**- Kept it Short + Sweet -① one page on our program② clinic brochurefor more info please call me @ 718 882 0232 Linda -**IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION****PLEASE CONTACT US AT THE NUMBER ABOVE.**Here 'til6pm 2/12

Adolescent AIDS Program

Montefiore Medical Center Bronx, NY

Program Staff

Director

(718) 882-0322
Donna Futterman, MD

Clinical/Research Team
(718) 882-0023

Neal Hoffman, MD
Medical Director
Brenda Chabon, PhD
Psychologist
Kate Muldowney, CSW
Social Worker
Maria Allovera-DeBellis, RN
Stacey Jackson, RN
Dina Monte, RN
Research Nurses
Alice Myerson, PNP
Primary Care Coordinator

Outreach/Training
(718) 882-0232

Sandra Jean-Louis, MPH
Outreach Coordinator
Miriam Ramos
Community/Patient Liaison
Martha Diaz, Peer Educator
Gloria Gonzalez
Outreach Specialist

Administration
(718) 882-0232

Linda Mayo, MSW
Assistant Dir./Administrator
Retha Johnston
Melissa Rivera
Evelyn Rivera
Support Staff

Adolescent AIDS Program
Montefiore Medical Center
111 East 210 th Street
Bronx, NY 10467

adolaid@aecom.yu.edu

Medical Care/Research/Outreach for Youth

The Adolescent AIDS Program was established in 1987 as the first program to provide comprehensive medical and psychosocial care for HIV+ and at-risk adolescents between the ages of 13-21. The clinical program is staffed by a multidisciplinary team of physicians, nurse practitioner, psychologist, social worker and nurses. The program is recognized as a national model program for the care of HIV+ adolescents and at-risk youth. Staff have also provided local and national leadership on issues related to care, research and policy.



Funding Sources

The AAP is a grant-funded program from sources including: the AIDS Institute (New York State Health Department), HRSA (Health Resources and Services Administration: Ryan White Title's IIB, IV, AETC) and NICHD/NIH (National Institute for Child Health and Human Development/National Institutes of Health).

Outreach and Training

The AAP has launched a media campaign "HIV. Live with it. Get Tested." to encourage youth to learn their HIV status. Every hour a U.S. teenager becomes infected with the virus. New treatments offer the opportunity for a longer and healthier life for those who are infected.

The AAP worked with advertising and communication companies to design and implement a hard-hitting, youth-focused campaign. The first annual "Get Tested! Week" was held in 1998 and featured a youth-focused campaign using print, video and radio. The campaign appears on bus shelters and community placements: schools, stores, churches,

restaurants, clubs, hair/nail salons and movie theaters. By calling 718-881-TEST, youth can find out about HIV services at adolescent clinics throughout New York city.

In addition to the media campaign, the AAP works with other health care programs, family planning centers, substance use programs, and community based organizations to ensure appropriate care and awareness regarding teens infected with HIV. The AAP also trains and educates healthcare providers and youth about care for adolescents with and at-risk for HIV and publishes multiple articles on the topic.

ADOLESCENT RISK EVALUATION PROGRAM (REP)

Services

Medical care

Confidential HIV counseling and testing, comprehensive medical care and treatments, including access to the latest medications and research

Psychosocial care

individual, peer support groups, partner, family

Case management

benefits, referrals, advocacy

Youth Participation

Youth Advisory Board, peer training, recreation

Research

Onsite research studies include: REACH/AMHARN- a multi-year, 13 city study of the spectrum and course of HIV disease in adolescents funded by the NIH, AIDS Clinical Trials Group (ACTG): clinical trials of new HIV medications and Young Women's Survey funded by the CDC.

KNOCKIN' BOOTS?

HIV. Live with it. Get tested.
If you're 13-21 . . .

Adolescent A/R Program
China Brochure pg #1

TAKE THE STEP TO REP

MAKE AN APPOINTMENT

- All REP services are completely confidential. Your privacy is respected.
- Your parent's permission isn't needed to get counseling or medical care.
- You can come with a family member or friend or you can come alone.
- We accept Medicaid. You won't be turned away if you can't pay.
- REP is easy to get to by train or bus.
- Hablamos Español

TAKE THE FIRST STEP — COME TO REP

Adolescent Risk Evaluation Program
Montefiore Medical Center
111 East 210th Street
Bronx, New York 10467

For appointments and information
call weekdays 9am - 5pm
(718) 882-0023

Supported in part by the NYS Dept. of Health, AIDS Institute
Maternal and Child Health Bureau, HRSA

REP

health care for

"When I first came to REP,
I met other teens here. It made me
feel comfortable." Robert, age 16

"At REP, you can get
support for any problem
you have." Amy, age 15

"At REP, I get a complete exam,
the medicines I need and a lot of
information on how to be healthy."
Emilio, age 17

**HRSA****HEALTH RESOURCES AND SERVICES ADMINISTRATION - HHS****HAB - HIV/AIDS BUREAU****SPNS Home****Contents****OSE****HAB****HRSA****HHS**

Provider Training and Educational Models in Rural, Correctional, or Mental Health Settings

Correctional

Emory University
Southeast AIDS Training and Education Center
735 Gateway Road
Atlanta, GA 30322
OFC: (404) 727-2929
FAX: (404) 727-4562
eMail: rswift@emory.edu
Contact Persons: Ira Schwartz, M.D./Robin Swift, M.P.H.
Project Period: 10/94-09/97

The Fortune Society, Inc.
39 West 19th Street
New York, NY 10011
OFC: (212) 206-7070
FAX: (212) 366-6323
eMail: JPFORTUNE@aol.com
Contact Persons: JoAnne Page, J.D./Tracey Gallagher
Project Period: 10/94-09/99

Mental Health

University of Washington
AIDS Education and Training Center
1001 Broadway, Suite 217
Seattle, WA 98122
OFC: (206) 720-4250
FAX: (206) 720-4218
eMail: keegan@u.washington.edu
Contact Person: Karina Uldall, M.D.
Project Period: 10/94-09/97

Rural Areas

University of Colorado Health Sciences Center
4200 E. Ninth Avenue, Box A-096
Denver, CO 80262
OFC: (303) 355-1305
FAX: (303) 355-1448
eMail: andersod@essex.hsc.colorado.edu
Contact Persons: Donna Anderson, Ph.D., M.P.H./Sara Martin
Project Period: 10/94-09/97

University of Mississippi Medical Center
Division of Infectious Diseases
2500 N. State Street
Jackson, MS 39216
OFC: (601) 984-5556
FAX: (601) 984-5565
eMail: harold@fiona.umsmed.edu
Contact Person: Harold Henderson, M.D.
Project Period: 10/94-09/99

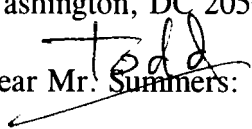
Go to home page for: [HAB](#) || [HRSA](#) || [HHS](#)

OFFICE OF
AIDS
RESEARCH

Neal Nathanson, M.D.
Director

Building 31, Room 4C02
31 Center Drive
MSC 2340
Bethesda, MD 20892
TEL: 301 496 0357
FAX: 301 496 2119
E-Mail: nathansn@od.nih.gov

Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, N.W.
Washington, DC 20503


Dear Mr. Summers:

You are cordially invited to attend the next meeting of the Interagency HIV Vaccine Collaborative Group which is scheduled for **Tuesday, April 6, 1999**, at the Walter Reed Army Institute for Research (WRAIR)/ Henry M. Jackson Foundation in Rockville, Maryland. The meeting is tentatively scheduled to begin at 10:00 a.m. and run until 3:30 p.m.

In response to a recommendation from the Office of National AIDS Policy, the National Institutes of Health (NIH), Office of AIDS Research (OAR) is reconvening agency meetings on HIV/AIDS Vaccines. In the past these meetings were organized by NIH and held on specific topics in coordination with other government agencies involved in the development of a vaccine against HIV. The purpose of the previous meetings and the new interagency vaccine meetings is to provide a current information base of projects and activities related to vaccine research from each of the major agency programs.

The first of this series of meetings was held in October 1998, in conjunction with the OAR Council Meeting where the NIH Vaccine Program was reviewed. Other government agencies involved in developing an HIV vaccine will host, with the assistance of the NIH, subsequent meetings to feature their particular program.

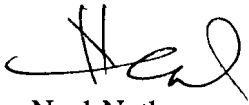
The next meeting will be hosted by the Department of Defense (DOD)/ (WRAIR) and an overview of the different components of the U.S. Military HIV Research Program will be presented. It is our pleasure to invite you or your designee as a representative of the Office of National AIDS Policy to the next Interagency Vaccine Meeting.

We are requesting a response regarding your participation and/or that of a designee by March 1, 1999, to ensure that information and logistics can be transmitted to all participants and rosters can be prepared. Space is limited and this meeting will not be publicly announced. As in the past, any travel

Page 2 - Todd Summers

will be the responsibility of the participating organization. Please respond to Dr. Marta Leon-Monzon at the NIH, OAR, by e-mail (ML7W@nih.gov), by phone 301-496-4564 or by FAX (301-496-4843).

Sincerely,

A handwritten signature in black ink, appearing to read 'Neal', with a stylized flourish at the end.

Neal Nathanson, M.D.



311 STRAIGHT
STREET
CINCINNATI
OHIO
45219
513-559-2391
FAX 513-559-2403
heimlich@iglou.com

To: Sarah Holewinski/The White House
Fax: (202) 456-2439
From: Henry J. Heimlich, M.D.
President, The Heimlich Institute
Re: AIDS in South Africa
Date: February 26, 1999
No. of pages: 8, including cover pages

Henry J. Heimlich
They wanted something
of ST-
is that advisable?
ST

Don Gatto, Director, Office of South Africa, Department of State, referred me to Sandra Thurman, Director of Office of National AIDS policy office. Ms. Thurman's office requested we send this to you.

It was evident to me Human Immunodeficiency Virus (HIV), the cause of AIDS, would become resistant to drugs and would invade the brain where, due to the blood-brain barrier, drugs cannot reach the virus. The Heimlich Institute, therefore, has concentrated on strengthening the immune system to destroy HIV throughout the body.

For the past five years, The Heimlich Institute has been conducting research and treating HIV/AIDS patients in China using malariotherapy. This method is proven to produce interferons and interleukins, thereby boosting the immune system. The Institute has treated twenty HIV positive patients in China and followed them from six months to three years, with gratifying results.

Our work was presented at the 1995 International Congress of Immunology and, in 1996, at the National Institutes of Health (NIH) and the XI International Conference on AIDS in Vancouver. As a result, the University of California at Los Angeles (UCLA) Department of Immunology requested to join us in this research, and has done so.

Please note from the enclosed *Washington Times* article that malariotherapy is relatively cost-free and, consequently, suitable for African countries. The Heimlich Institute is interested in treating patients in Africa and I am contacting you for assistance in establishing a relationship with physicians and government authorities there. We also wish to carry out this project in conjunction with your department. Additionally, based on an article in *The New York Times* (November 15, 1998), AIDS is destroying the economy in many African nations. Commercial interests, such as mining companies, etc., would therefore, undoubtedly want to cooperate in this endeavor.

**Benefiting
Humanity
Through
Health
and
Peace**

Enclosed is the cover page of a published scientific paper which resulted from our presentation at the NIH, and a brief description of malariotherapy for HIV/AIDS that is in press. AIDS and malaria are diseases of epidemic proportions in Africa. Some ask how this can be if malariotherapy can overcome HIV infection. To find the answer, The Heimlich Institute did an extensive review of published medical reports. The reason malaria and AIDS coexist in Africa is based on how these diseases are spread, their distribution in Africa (AIDS is primarily in the cities, malaria is extensive in the countryside), and the need to use scientific standardization of malariotherapy for proper treatment of HIV.

Please feel free to contact me via phone, fax or e-mail.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11294	Debbie	Morgan	2/12/99	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To
		Todd

Notes

--

Sender's Organization	Sender's Street1	Sender's Street2
B'nai B'rith Hillel Foundations	1640 Rhode Island Ave., NW	
Sender's City	Sender's State	Sender's Zip
Washington	DC	20036



HILLEL

February 1, 1999

Mr. Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, NW
Washington, DC 20503

Dear Todd:

On behalf of Hillel: The Foundation for Jewish Campus Life, I am delighted that you will be speaking to students at the Charlotte and Jack J. Spitzer B'nai B'rith Hillel Forum on Public Policy in Washington, DC. The Charlotte and Jack J. Spitzer B'nai B'rith Hillel Forum on Public Policy is an annual conference that gathers more than 300 Jewish college students who are interested in public policy, activism and community service. The Spitzer Forum is held each year in conjunction with the Jewish Council for Public Affairs Plenum and is taking place this year at the Renaissance Mayflower Hotel, Sunday, February 21 through Tuesday, February, 23, 1999.

The session at which you will be speaking is one of our Policy Forums entitled "Who Decides How We Care for Our Bodies?" The session will take place on Monday, February 22, 1999 from 2:15 - 4:00 pm in the Massachusetts Room. We are very interested in hearing your perspectives about recent developments in the fight against AIDS. Attached is a draft description and outline of the session, so that you have a sense of what your role will be and how the overall program will flow. Your portion of the session will be 15 minutes.

We are very excited that you will be joining us and sharing your views with students. Feel free to contact me should you have any questions or thoughts.

Sincerely,

Debbie Morgan
Director, Community Relations

Charlotte and Jack J. Spitzer
B'nai B'rith Hillel Forum on Public Policy
Policy Forum

Monday, February 22, 1999
2:15 – 4:00 pm

Who Decides How We Care for Our Bodies?

Scientific and medical advancements have allowed us to make great strides in preventing and treating disease. And yet, sometimes this knowledge can raise moral and policy questions about who makes decisions about how we care for our bodies. With modern developments in genetic testing and treatment of AIDS, government entities are becoming more involved in our health care. This session will explore the issues of genetic testing and AIDS, what Jewish sources say about these moral issues, and in what ways policy makers are legislating health care.

Goals:

1. To raise awareness about health care issues (specifically genetic testing and AIDS) and the implications of policies that legislate how we care for our bodies.
2. To provide Jewish college students with Jewish sources for understanding our own health care.
3. To discuss ways in which college students can actively participate in educational, advocacy and service projects about health care issues.

OUTLINE OF SESSION

- I. Chair of Session: Cori SaNogueira, Muhlenberg College
The chair will introduce the topic of the policy forum, introduce the presenters, and frame the issues to be discussed.
(10 minutes)
- II. Presenter: Rabbi Herb Tobin, Hillel: The Foundation for Jewish Campus Life
This presenter will outline the issues of genetic testing and euthanasia and discuss the Jewish sources that we can look to in grappling with these complex health care issues. This part of the session will include an interactive exercise to allow the group to struggle with some Jewish sources. (Toby Manewith will help as a facilitator)
(10 minutes presentation, 15 minutes interactive piece)

III. Genetic Testing and AIDS

Presenters:

Marla Gilson, Hadassah

Todd Summers, Office of National AIDS Policy

Marla will provide an overview of genetic testing for predisposition to disease. Todd will discuss recent developments in the fight against AIDS.

(30 minutes total)

IV. Policy Making and Our Health Care

Possible Presenter: Staff person from Senator Kennedy's office
(David Nexen or Cybele Bjorklund)

This presenter will provide legislative background on health care issues and give some insight into what health care issues might be on the agenda for the 106th Congress.

(15 minutes)

V. Health Care Questionnaire: Cori SaNogueira, Muhlenberg College

Each attendee will receive a "health care questionnaire" which addresses global issues of health care, as well as personal questions about how they care for their own bodies. After filling out the questionnaire, everyone will turn to a partner and discuss how they answered and ways in which they, as college students, can actively raise awareness and become involved in health care issues of their own concern.

(10 minutes to complete questionnaire, 10 minute discussion)

VI. Wrap-Up: Cori SaNogueira

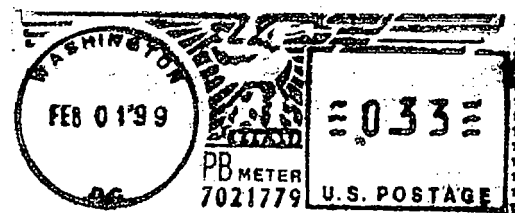
The chair of the session will wrap up the Forum, review the issues discussed and the Jewish values involved with health care.

(5 minutes)

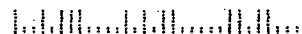


The Foundation for
Jewish Campus Life
B'nai B'rith
Hillel Foundations

1640 Rhode Island Ave., N.W.
Washington, D.C. 20036-3279



Mr. Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, NW
Washington, DC 20503



HIV Law Project
841 Broadway, Suite 608
New York, NY 10003
(212) 674-7590
Fax: (212) 674-7450

To: Maria Echaveste, Deputy Chief of Staff
Fax: 202-456-1907
From: Rebecca Davis, Development Associate
Date: February 16, 1999

Number of pages (including cover): 15

Note:

Maité Junco said you could help us with this. It was mailed to Sandra Thurman today. Thank so much for your help.

TO TODD SUMMERS

CAN WE DO THIS?
THANKS

R for
6-16/11

2/17
Richard

maria wants a

POTUS letter
for Theresa

Mr. Governor
Can you make sure
it happens.
MCT



HIV

Theresa M. McGovern, Esq., Executive Director

Carol M. Suzuki, Esq., Deputy Director

Victoria F. Neilson, Esq.

Carole Levy, Esq.

Isiris Isaac, Esq.

Kimberly M. Mutcherson, Esq.

Bernice C. Karg, Esq.

Mary Traynor, Esq.

February 16, 1999

Hon. Sandra Thurman
AIDS Director for the Clinton Administration
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman:

It is my pleasure to invite you and the Honorable President Bill Clinton to join the HIV Law Project at our Tenth Anniversary Benefit on April 22nd. As we celebrate ten years of providing free legal services to HIV-positive individuals, we also honor our Founder and Executive Director, Theresa McGovern, who will be leaving the HIV Law Project in June after a decade of extraordinary leadership.

The President may remember Ms. McGovern from when she served as one of his appointees to the National Task Force on AIDS Drug Development in 1994. At those meetings Ms. McGovern successfully represented the concerns of HIV-positive women and pushed through several key recommendations.

Ms. McGovern founded the HIV Law Project in 1989 while she was an attorney with Mobilization for Youth Legal Services (MFY), a federally funded civil legal aid organization serving low-income clients. As MFY became inundated with clients with HIV-specific problems, it became apparent to Ms. McGovern that specialized HIV-related legal services for the poor, and particularly for poor women, were urgently needed.

The HIV Law Project emerged as a direct result of the Bush administration's failure to contend with the epidemic among poor women and people of color. The HIV Law Project, along with a broad grassroots coalition, successfully lobbied the Centers for Disease Control (CDC) for an expanded definition of AIDS. That victory, along with a landmark class action lawsuit that the HIV Law Project filed against the Social Security Administration, enabled thousands of women and people of color to qualify for life-saving government benefits and services.

We are particularly proud of the Katrina Haslip Law Technical Assistance Program (LawTAP), a program Ms. McGovern began six years ago that trains and empowers low-income, HIV-positive women to become informed advocates who can speak out on the policy issues that most directly affect their lives and communities.

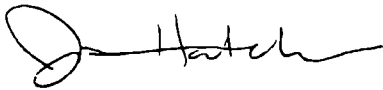
During its ten years of operation, the HIV Law Project has directly assisted close to 12,000 low-income, HIV-positive individuals in New York and has indirectly helped thousands more HIV-positive people throughout the country.

It would mean a great deal to Ms. McGovern and to the HIV Law Project if President Clinton would consider writing a letter to her, acknowledging her years of remarkable achievement at the HIV Law Project. Of course, it would be a tremendous honor to have him attend the benefit and join us for a wonderful evening. We would also be honored to have a representative of his administration present.

I am enclosing information about the HIV Law Project, including several newspaper articles that document Ms. McGovern's exceptional work. If you have any further questions about Theresa McGovern or the work of the HIV Law Project, please do not hesitate to call me at (212) 243-3434, extension 130, or Becky Davis at the HIV Law Project.

Thank you for your thoughtful consideration of our request, and best wishes.

Sincerely,



John Hatchett
Benefit Committee Co-Chair
Chair, HIV Law Project Board of Directors

HIV

Theresa M. McGovern, Esq., Co-Executive Director

Bebe J. Anderson, Esq., Co-Executive Director

Carol M. Suzuki, Esq.

Victoria F. Neilson, Esq.

Gratchen Morales, Esq.

Carole Levy, Esq.

Isiris Isaac, Esq.

THE HIV LAW PROJECT: HISTORY AND MISSION

The HIV Law Project was founded in 1989 by Theresa McGovern while she was an attorney with Mobilization for Youth Legal Services ("MFY"), a federally-funded civil legal aid organization serving low income clients. As MFY became inundated with clients with HIV-specific problems, it became apparent to McGovern that specialized HIV-related legal services for the poor, and particularly for poor women, were urgently needed. Working under the umbrella of MFY and, subsequently, two other organizations, the Project evolved, serving well over 2000 clients and filing several successful major class action lawsuits. On July 1, 1994, the HIV Law Project began its first fiscal year as an independently-chartered, not-for-profit 501(c)(3) organization. During that fiscal year, with funding from the Ryan White CARE Act, it also expanded its catchment area for direct services to include not only Manhattan, but the Bronx as well.

The HIV Law Project is a leader in providing legal assistance and advocacy to protect the rights of traditionally underserved HIV-affected populations: low income women and their families, communities of color, injection drug users, undocumented and recent immigrants, and low income lesbians and gay men. Its mission, encompassing direct legal services provision, large-scale advocacy efforts, and an advocacy training program for directly affected individuals, is designed both to ensure that clients access the services to which they are entitled, but also to respond to deficiencies in existing policy whenever necessary. The HIV Law Project's three-tiered mission emerged as a direct result of the federal government's failure to contend with the epidemic among poor women and people of color.

First, the Project represents clients in their day-to-day legal problems, including discriminatory treatment, housing and eviction related matters, denial of financial and medical benefits, immigration issues, which increasingly have been affected by welfare reform, custody arrangements, appointments of standby guardians, permanency planning, living wills and powers of attorney.

Second, on the basis of the insights and information gathered through such representation, the Project initiates large-scale legal actions directed at eradicating the underlying problems facing HIV-positive, low income people with AIDS across the country. The Project files class action lawsuits, challenges discriminatory regulations, and fosters remedial legislation.

Third, the Project is committed to transferring the knowledge it gains through its work to the client community. The Project is particularly dedicated to developing leaders and policy makers within the client community who will then be at the forefront of the struggle against HIV/AIDS. This effort includes the Katrina Haslip Technical Assistance Program ("LawTAP"), which trains low income, HIV-positive women to become vocal advocates in their communities and to participate in the AIDS policy process.

HIV

Theresa M. McGovern, Esq., Co-Executive Director

Beba J. Anderson, Esq., Co-Executive Director

Carol M. Suzuki, Esq.

Victoria F. Neilson, Esq.

Gretchen Morales, Esq.

Carole Levy, Esq.

Isiris Isaac, Esq.

ABOUT THE HIV LAW PROJECT

The HIV Law Project is a not-for-profit organization in New York City providing legal representation and advocacy to low-income, HIV-positive individuals residing in Manhattan and the Bronx, or who are homeless.

During its ten years of operation, the HIV Law Project has directly assisted close to 12,000 HIV-positive individuals, including thousands of low-income, HIV-positive women. We offer free, quality legal assistance and advocacy, primarily in the areas of family law, entitlements, immigration, and housing.

Despite a small staff, this past year we represented over 1,400 clients. At the same time, we ran the fifth successful year of an intensive education and training program for low-income, HIV-positive women, and provided training to over 250 clients and staff of other organizations serving HIV-positive persons.

Since its founding in 1989, the Law Project has played a significant role in the development and improvement of local, state, and national public policies affecting HIV-positive women. Our advocacy efforts have been instrumental to the following policy advances:

- Expansion of the Centers for Disease Control and Prevention's narrow definition of illnesses that constitute an AIDS diagnosis to include the illnesses common to HIV-positive women and people of color;
- New regulations covering Social Security disability benefits (specifically addressing the illnesses common to women with HIV), enabling thousands of severely ill HIV-infected women to qualify for Social Security benefits and Medicaid;
- New proposed FDA regulations, which would eliminate barriers to women's participation in clinical trials for drugs intended to treat life-threatening illnesses.

Through its efforts to ensure that the needs of HIV-positive women and other underserved HIV-positive persons are considered by policy makers, the HIV Law Project has assisted tens of thousands of HIV-positive individuals across the country.

HIV

Theresa M. McGovern, Esq., Executive Director

Carol M. Suzuki, Esq., Deputy Director

Victoria F. Neilson, Esq.

Carole Levy, Esq.

Isiris Isaac, Esq.

Kimberly M. Mutcherson, Esq.

Bernice C. Karg, Esq.

Mary Traynor, Esq.

THE KATRINA HASLIP LAW TECHNICAL ASSISTANCE PROGRAM

Background

Katrina Haslip was a fierce and extraordinary advocate for women with HIV. She learned of her HIV-positive status and emerged as a passionate advocate for people living with the virus while serving out a prison sentence in Bedford Hills Correctional Facility in upstate New York. At Bedford she also helped found AIDS Counseling and Education (ACE). Upon her release, she continued the advocacy work she had begun in prison, helping to found an ex-prisoners' support group for HIV-positive women and becoming involved in the work of numerous activist groups, including the HIV Law Project, where she was also a client.

Katrina Haslip's commitment and leadership were indispensable to major advocacy work pursued in the early years of the HIV Law Project, in particular the struggle to change the Centers for Disease Control's AIDS definition to include the illnesses common to women and people of color. Before she died on December 2, 1992, at the age of 33, she asked Theresa McGovern, as founder and director of the HIV Law Project, to do something so that women living with HIV/AIDS could learn to advocate for themselves and knowledgeably fight the policies harmful to their lives. The Katrina Haslip Law Technical Assistance Program, created to honor this request, convened its first class in early 1993. As of fall 1998, nearly 70 HIV-positive women have graduated from the yearlong program. This singular program seeks to keep alive the courage and passion that distinguished Katrina Haslip's work as an advocate.

Goals and Curriculum

The Katrina Haslip Law Technical Assistance Program ("LawTAP") aims to pass on the knowledge, resources, and skills of the HIV Law Project to women clients committed to doing advocacy work. The program develops the leadership potential of low-income, HIV-positive women, helping them become effective advocates and spokespersons on the issues that affect their lives most directly: income, housing, medical care, access to treatment, family law, and discrimination. Classes of approximately fifteen women meet every two weeks at the offices of the HIV Law Project to discuss and analyze relevant topics, often using a case study approach. A staff member of the HIV Law Project or an outside expert acts as a facilitator at each meeting.

In line with the Law Project's strength in advocating on national policy issues affecting HIV-positive women, the LawTAP curriculum offers a unique focus on federal-level issues as well as practical and/or New York State-focused material. For example, the 1998-1999 LawTAP curriculum includes information on reading one's own medical charts, housing issues, and the foster care system in New York City. The curriculum also includes sessions on the impact of

841 Broadway, Suite 608 • New York, New York 10003

Phone (212) 674.7590 • Fax (212) 674.7450 • hivlaw@aol.com

federal welfare reform laws, the implications of the nationwide mandatory newborn screening trend, AIDS medical research and women, federal funding mechanisms, national policymaking bodies, and options for HIV-positive women interested in participating in the policy process at the federal level.

Achievements of LawTAP Graduates

LawTAP empowers its participants to educate and advocate for HIV-positive women in their own communities and across the country. LawTAP graduates have served on local and national committees and spoken at numerous conferences. They have articulated their insights and concerns on such issues as mandatory testing, women's access to treatment and care, and welfare reform before the United States Congress, the Centers for Disease Control, the Food and Drug Administration, the National Institutes of Health, the New York State Legislature, and the New York City Council. In 1997, a graduate of LawTAP co-chaired the National Conference on Women and HIV in Pasadena and gave the keynote address at the plenary session. In June 1998, a LawTAP graduate gave a plenary address at the New York Women's HIV/AIDS Conference, the first women's HIV/AIDS conference in New York City. LawTAP graduates have founded support groups for HIV-positive women and are sought after by community-based organizations as participants and leaders for trainings and educational sessions. Many graduates remain actively involved in the planning and implementation of LawTAP, working as Peer Advocates and Peer Coordinators for subsequent LawTAP classes.

The LawTAP program remains rooted in the belief that while directly affected communities should be among the richest sources of leadership and advocacy, the voices, insights, and involvement of low-income, HIV-positive women have been, for the most part, noticeably *absent* from the struggle against AIDS. The LawTAP program has never been more urgently needed than now, as high rates of infection among women—especially young women—far exceed predictions, and as women's deaths from AIDS fail to decline at the sharp rate seen for men in the last year. These statistics point to obviously misguided federal AIDS policies to date and to a failure to provide women with access to voluntary HIV testing and counseling or to effective treatment and care. LawTAP remains committed to giving HIV-positive women an empowering knowledge of their legal rights and access to policymaking processes, so that they can work to change the policies that disregard their health and lives.

The New York Times

NEW YORK, MONDAY, FEBRUARY 7, 1994

Copyright © 1994 The New York Times

Clinton Names AIDS Panel to Speed Drug Search

WASHINGTON, Feb. 6 (AP) — The Clinton Administration has named an 18-member panel of scientists, doctors and advocates for AIDS patients to help speed the search for new drugs to combat the virus that causes AIDS.

The panel, named on Friday, includes pharmaceutical industry executives as well as the heads of the National Institutes of Health and the Food and Drug Administration. It includes 10 doctors, two Ph.D.'s and a laboratory technician.

Several members are themselves living with the virus, H.I.V., including Peter Staley, founder of the Treatment Action Group of New York, and Moises Agosto of the National Minority AIDS Council.

Several drugs are available to treat or prevent H.I.V.-related problems, but AIDS remains incurable and invariably fatal. It kills 92 Americans every

day.

"I've asked this panel to identify new approaches in research and to remove any barriers or obstacles to developing effective treatments," Health and Human Services Secretary Donna E. Shalala said.

The panel will be headed by Ms. Shalala's Assistant Secretary for Health, Dr. Philip R. Lee, the director of the Public Health Service.

The other members are:

Dr. Arthur Ammann, director of the Ariel Project at the Pediatric AIDS Foundation in Novato, Calif.

Dr. Stephen K. Carter, a senior vice president for research at Bristol-Myers Squibb in Princeton, N.J.

Ben Cheng of Project Inform in San Francisco.

Dr. Deborah J. Cotton of Harvard Medical School.

Mindy Fullilove of the New York State

Psychiatric Institute.

Dr. David Ho of the Aaron Diamond AIDS Research Center in New York.

Dr. Daniel Roth, senior vice president of Cell Genesys in Foster City, Calif.

Dr. David A. Kessler, the Commissioner of Food and Drugs.

Theresa McGovern, director of the H.I.V. Law Project in New York.

Charles Nelson, a laboratory technician in Atlanta.

G. Kirk Raab, the chairman of Genentech of South San Francisco, Calif.

Dr. Robert Schooley of the University of Colorado.

Dr. Edward Scolnick, president of Merck Research Laboratories in Rahway, N.J.

Harold Varmus, director of the National Institutes of Health.

Flossie Wong-Staal, a professor at the University of California at San Diego.

B7

UNU

Terry McGovern: Fighting AIDS in the Courts

by Nina Reyes

NEW YORK—Tucked in the corner of a nondescript building, on the corner of a decrepit block, in the Western corner of the East Village, Terry McGovern, lesbian lawyer, sits, madly scribbling out grant applications, assessing motions and counter-threatening bureaucratic functionaries who have failed to serve her clients. If she had a partner or five to help her out, she might have more time to fox the bliges of the law in which she works. Instead, with each client, as she encounters yet another closed door, she has to break it down.

It is arduous, repetitive work, on behalf of poor people with HIV and AIDS, and it is a legal fieldwork that precious few other lawyers have deigned to enter.

"In ten seconds, I'm like this expert," McGovern says, speaking about the expertise she has developed in the last year, with characteristic self-mockery and not a little bit of puzzlement. Although legal services for PWAs were quickly established through AIDS-service organizations and myriad advocacy law firms, McGovern's practice, MPY Legal Services HIV Project, is one of only a handful of services in the country exclusively for impoverished people with HIV.

MPY Legal Services is the sole surviving arm of Mobilization for Youth, a progressive social-services agency that was established in the '60s. MPY, which funds a number of legal-service projects including McGovern's, currently exists under the umbrella of Legal Services of New York.

McGovern herself is lively, refreshingly open and completely free of the kind of hard cynicism that is rampant among people who work professionally with the society's most disenfranchised individuals. She avoids burnout, she says, un-self-consciously revealing her workaholic core, by concentrating on

NEWS MAKER



POWER TO THE PEOPLE
Terry McGovern

raising enough money to bring another smoozy into her office.

The HIV Project came into being last spring, after McGovern, who was then working in a branch of MPY's housing project, began seeing more and more of her clients coming with HIV-related complications and discovered that the needs of these individuals were not being met by traditional legal resources. MPY gave her a two-month salary grant to establish the project, and McGovern has pulled the rest of the effort together by cajoling money out of foundations, putting together a ghost staff of volunteers and working 90-hour weeks without any respite.

Her two paid staff members, Arget Martinez, a paralegal, and Mercedes Quilan, an administrative assistant, are a god-send, but what McGovern really needs most is a partner. "We need another lawyer in here because we should be filing suits," she explains. "It's just amazing to me how many systemic issues need to be attacked."

As of this writing, McGovern is triply over-loaded: Both Martinez and Quilan, members of the city-wide legal services union, are on strike against Legal Service of New York in an attempt to gain salary parity with Legal Aid. And while McGovern fully supports her employees' action and regrets having to cross the picket line to continue serving her clients, the strike also means that 70 clients from other MPY projects, who had previously been handled by union-member case-managers, have just been plopped in her lap.

Aside from the primary work of helping people with HIV-infection and little money maneuver through a paper-work-driven system of assistance programs, the project hopes to fixate the law to acknowledge the existence and the needs of poor people who are HIV-positive. As it is currently constructed, the bureaucracy routinely rejects people in desperate need of lifesaving assistance simply on technicalities. A good deal of McGovern's time, and most of Martinez's work, is devoted to providing the advocacy required to ensure that her 200 clients receive the financial assistance and health care that the federal, state and local social services are supposed to supply.

One tool that McGovern has at her disposal to achieve that goal is the law itself. And last fall, McGovern entered into a significant skirmish in her campaign to force the system to respond to the needs of poor people with HIV-rela-

Photo: Ellen B. Neff/Duffield

ed diseases when she filed suit against the federal government.

That class-action suit, naming Department of Health and Human Services Secretary Louis Sullivan, seeks to change the definition of AIDS used by the Social Security Administration to encompass infections that occur in, and effectively disable, HIV-positive women.

As it is currently defined by the Centers for Disease Control—a standard that is used by most federal, state and city agencies—AIDS does not include most of the diseases that commonly afflict women with HIV. And many men with HIV become seriously ill long before AIDS is officially diagnosed. Since an AIDS diagnosis is the key that unlocks the door not only to social security benefits but, among other things, to experimental treatments, McGovern is arguing that the current definition, and the agencies that use that definition, discriminate against her clients.

"It's not like any stroke of genius or anything," McGovern says with demure dignity, even as lawyers who work with PWAs and women with HIV have unanimously applauded McGovern's ingenuity and legal daring-do in filing suit against Sullivan. "It was not being afraid to deal with the issue."

But while the opportunity to do innovative legal work on behalf of poor people is part of what initially brought McGovern to poverty law, the suit against the federal government has quickly become an inevitable time-gobbler.

"This lawsuit takes up 60 to 70 percent of my time," McGovern admits. Then, watching her statement being duly recorded, she sighs. "Actually, you should probably make that 75 percent of my time."

And what does she do with the remaining 25 percent, nearly 23 hours, of her working week? "I write grants," she says. "That's the other part of my time."

The driving force—the bigger picture—behind McGovern's lonely fight for her clients is her desire to create permanent points of access to the system, so that not every effort she undertakes on behalf of a single individual is simply another stop-gap.

The issue of access reverberates strongly throughout McGovern's own life: Raised in an Irish Catholic New York family, she went to college on a scholar-

— McGOVERN ON PAGE 78

McGOVERN

Continued from page 28

ship from the *Daily News* guild and marks the Georgetown University gay and lesbian student organization's struggle for recognition from the university as a formative legal and political trial.

The recent brouhaha over the St. Patrick's Day parade was also an example of how the issue of breaking down barriers seems to lurk around every corner in her life. A lesbian with working-class Irish roots, she shocked her family when she took a cold-water flat in the city that was precisely the sort of tenement her Irish-American parents and grandparents scrimped and saved for years to leave behind. McGovern has not often encountered opportunities to wrestle with who she is as a lesbian with her family and who she is as an Irish Catholic with her community. "It's always been very painful for me to try to reconcile those two things," she says wistfully.

The events leading up to the St. Patrick's Day parade offered McGovern a unique opportunity to engage in that struggle. She describes the controversy as acutely personal, noting that the bare-faced faces of the people who lined the parade route looked uncannily like her extended family members. And she vividly recounts the thrill of recognition she experienced in talking candidly with other Irish queens. "It was very painful, because I'll never forget those faces," she explains. "But it was really liberating, because once you give up on that, you can start all over."

That is just the sort of opportunity to face reality squarely, with even odds, that McGovern attempts to provide for her clients, by easing their way through the system with her legal degree and the access that that affords. In fact, McGovern says, that she can force the system to validate the problems her clients experience at all is one of the most rewarding aspects of her job. "It's really wonderful to see the clients feel empowered by that," she remarks.

Alternatively, the sense of helplessness she feels when she can't make the system work fast enough to keep her clients from dying with HIV-related complications causes her immense frustration. "I find it completely heartbreaking," she discloses. "I find it *and* completely unable to deal with the fact that my 23-year-old clients are dying."

— McGOVERN ON PAGE 28

McGOVERN

continued from page 78

In the midst of the carnage that the AIDS epidemic has wrought, McGovern's dedication to legal action against the many-headed bureaucratic monsters that AIDS has revealed is tremendously inspiring. But without continuous funding infusions, her ability to do her job will continue to be hindered. "It's so fucking hard to get funding that I don't think it will be a \$2 million project in two years," she remarks, offering, with wry amusement, another possibility: "I think there are a lot of organizations that need to start to look at the problems of the people I deal with."

While nearly half of McGovern's



Photo: Ellen B. Neely/CutWest

clients have been queer, and even though McGovern herself is a central figure in that cadre of lesbian lawyers who have made rooting out institutional prejudice their life's work, gay and lesbian community-based organizations have not been particularly forthcoming with sustaining funds for the HIV Project.

"I'm still at the level where I'm convincing people that this is a worthy thing," she says of her efforts to raise money, lamenting that deeply rooted societal prejudices against the poor make piquing her potential donors' interest infinitely harder.

Considering that McGovern, who graduated five years ago from Georgetown's law school, came into her area of the law to fight poverty, it is either a bitter irony or a cruel metaphor that the project itself is so constantly and desperately in need of money. And, as McGovern might point out herself, it's also typical of the system. ▼

THE NEW YORK TIMES NATIONAL FRIDAY, JUNE 7, 1991

AIDS Definition Excludes Women, Congress Is Told

By PHILIP J. HILTS

Special to The New York Times

WASHINGTON, June 6 — Women with AIDS have more trouble getting government disability payments than men because the standard definition of AIDS does not take into account many of the symptoms experienced by women, witnesses told a Congressional hearing today.

An increasing number of AIDS patients are women, rising from a few percent in 1982 to about 12 percent of all AIDS cases reported in the United States last year.

In New York City, about 40 percent of those who are known to be infected with the human immunodeficiency virus, or HIV, are women, said Representative Ted Weiss, a Manhattan Democrat who is chairman of the House Government Operations Committee's Human Resources Subcommittee, which held the hearing today.

What is at issue is when an HIV infection becomes AIDS and when AIDS becomes disabling. For example, health agencies list Kaposi's Sarcoma, an AIDS-related cancer, as part of the definition, but some experts say women with AIDS rarely get this type of cancer. Cervical cancer, on the other hand, is not now part of the definition.

'Narrow List of Criteria'

"Even though the Social Security Administration is aware of an increase in the numbers of women with disabling HIV disease, they have not made it possible for those women who do not fit their narrow list of criteria to get the disability benefits that could enable them to provide even minimal support for themselves and their children," Mr. Weiss said in his opening statement.

Louis D. Enoff, principal deputy commissioner of the Social Security Administration, denied the Congressman's contentions, saying that while there were problems in giving out benefits in the early years of the AIDS epidemic, they have been corrected. Of the 95,000 claims for disability benefits because of AIDS filed since the beginning of the epidemic in the early 1980's, he said, 89,000 have been approved.

He added that of those with the standard definition of AIDS, 98 percent have been given disability benefits. Of those who are infected and have symptoms other than the standard ones, only 65 percent have been given benefits, Mr. Enoff said.

An advisory to some officials broadened the agency's definition of AIDS at the end of March to include several symptoms that affect women, like candidiasis, cervical cancer and pelvic inflammatory disease, but the official definition was not changed. Some of the symptoms common to women may be included as reasons for disability if the

women are clearly disabled to the point that they cannot work.

Theresa McGovern, director of the Mobilization for Youth Legal Services HIV Project of New York City, a non-profit social action agency, said the rules were sometimes applied inequitably. She said several of her clients had died before getting any benefits, and had spent their final months "dragging themselves and their children into my office, to Social Security offices, to welfare and to the hospital one more time."

Ms. McGovern said the Social Security Administration relies too much on a definition of AIDS that was written by the Centers for Disease Control for a different purpose, and the result was "sometimes absurd." If a poor person is HIV positive and has a single skin lesion of Kaposi's Sarcoma, she said, the Social Security Administration automatically begins paying disability benefits when that person applies for them.

But if a woman is HIV positive and has had bouts of bacterial pneumonia, the beginnings of cervical cancer, pelvic inflammatory disease and a severely depleted immune system, Ms. McGovern said, she does not automatically qualify. Instead, she may begin a long ordeal of application and appeal that can take several years.

Still worse, she said, women on average die of AIDS in half the time of men with the disease, although researchers do not know why.

U.S. to Ease Policy on H.I.V. Disability

U.S. Will Relax Disability Rules In H.I.V. Cases

By ROBERT PEAR

Special to The New York Times

WASHINGTON, June 28 — Reversing a decade of more restrictive policy, the Clinton Administration will issue new rules this week to make it easier for people infected with the AIDS virus to get Federal disability benefits.

The rules, being distributed Tuesday to Social Security offices across the country, come partly in response to a lawsuit filed three years ago by 19 New York State residents. The suit is pending before Federal District Judge Miriam G. Cedarbaum in Manhattan.

The plaintiffs, who are pursuing class-action status to bring the suit on behalf of thousands of people, complained that they had been improperly denied benefits even though they were unable to work because of illnesses related to the virus.

Thousands May Qualify

Donna E. Shalala, the Secretary of Health and Human Services, and her assistants, including several from New York, have been much more sympathetic to these complaints than were Bush Administration officials.

Under the new rules, many people who were denied benefits in the past will be able to qualify automatically. Advocates for people with H.I.V. infection estimate that 10,000 more people may qualify under the new standards. More than 55,000 people with H.I.V. now receive monthly cash benefits, at a cost of more than \$300 million a year.

The new criteria for evaluating

Continued From Page A1

H.I.V. infection recognize many conditions specific to women, like pelvic inflammatory disease and cervical cancer. In addition, under the rules, people infected with the AIDS virus will be presumed to qualify for benefits if they are found to have serious infections like bacterial pneumonia and tuberculosis.

Besides all the specific criteria, there is a new catchall category for people who show "repeated manifestations of H.I.V. infection" combined with a marked restriction in routine activities of daily living or difficulties in completing work in a timely manner because of inability to concentrate on a specific task.

Theresa M. McGovern, a lawyer with

the H.I.V. Law Project in New York, said the new rules were a vast improvement over standards used in the Reagan and Bush Administrations to decide whether people qualified for disability benefits under the Social Security and Supplemental Security Income programs.

New York State officials, the American Medical Association and members of Congress, notably Representative Robert T. Matsui, Democrat of California, had harshly criticized the earlier standards used by the Government for assessing people with H.I.V.

Under the old rules, issued in December 1991, the medical evaluation was often coupled with a stringent test of a person's ability to function, including the ability to perform household chores, grooming and other activities of daily living. People with AIDS said

this test went beyond the statutory definition of disability — the inability to perform a job — and virtually required people to have the same type of impairments as nursing home residents. Mr. Matsui welcomed the new rules tonight, saying they eliminated the emphasis on "functional tests that were meaningless and very subjective."

Ms. McGovern, who represents the plaintiffs in the New York lawsuit, said, "There has been a remarkable change in the Government's response since the Clinton Administration took office." A special assistant to Dr. Shalala, Patricia S. Fleming, worked 10 years for Ted Weiss, the liberal Democratic Congressman from the West Side of Manhattan, and often sent people with AIDS to the H.I.V. Law Project for help after they had been denied benefits. Mr. Weiss died last year.

Attention to Women

The new rules call for special attention to the problems of women, noting that certain medical conditions become debilitating when a woman's immune system is suppressed because of H.I.V.

In reviewing applications for benefits, the rules say, officials "must carefully scrutinize the medical evidence and be alert to the variety of medical conditions specific to or common in women with H.I.V. infection that may affect their ability to function in the workplace."

An example of the kind of person who stands to gain from the new rules is a 23-year-old woman in the New York case. In 1989, she tested positive for H.I.V. infection and applied for disability benefits, saying she was unable to work. The Government rejected the application even though medical records showed that she had pelvic inflammatory disease, chronic pelvic pain, an ovarian cyst, fever, nausea and headaches.

The Government maintained that the pelvic inflammatory disease was not related to the H.I.V. infection and that the two conditions, taken together, did not indicate a severe impairment. But Ms. McGovern said the woman would qualify for benefits under the new criteria.

The monthly benefit for a disabled worker averages \$608. For a disabled poor person who has little or no work record, the regular Federal benefit is \$434 a month. In addition, disability benefits often enable people with H.I.V. to qualify for Medicaid or Medicare and to buy expensive drugs needed to treat their ailments. The annual cost of these medications varies from \$5,000 to \$25,000 or more.

The new rules will also enable more children to qualify for benefits. Children will generally be eligible if they test positive for H.I.V. infection and show neurological problems like atrophy of the brain or "the loss of previously acquired intellectual abilities," documented by a decrease in I.Q. scores.

the village

VOICE

PUBLISHED BY THE VILLAGE VOICE PUBLISHING CORPORATION

February 21, 1995 • Vol. XI No. 8 • The Weekly Newspaper of New York • \$1.25

RUDY'S NEW SUIT

AS THE VOICE WENT TO PRESS, AIDS advocates were poised to send Rudy Giuliani a thorny valentine: a class-action law suit that seeks to force the city to mend the severely troubled Division of AIDS Services. The HIV Law Project, Brooklyn Legal Services, and Housing Works prepared *Henrietta D. v. Giuliani*, charging that DAS effectively discriminates against people with AIDS. DAS was created to shepherd indigent New Yorkers with the disease through the welfare maze. But the HIV Law Project's Terry McGovern charged that staff cuts and persistent structural problems have so hobbled DAS that the agency effectively "penalizes" the very people it was created to help.

Henrietta D. was scheduled for "recertification," a routine procedure that keeps public assistance benefits coming. According to her affidavit, Henrietta succumbed to tuberculosis and entered a hospital. Her DAS caseworker failed to visit her for the recertification, and Henrietta was cut off from all welfare. After she was released, it took DAS more than a month to reinstate her benefits.

Such tragedies are common. Last Saturday, ACT UP and other activist groups—as well as Ruth Messinger and City Council members Tom Duane, Stephen DiBrienza, C. Virginia Fields, and Stanley E. Michels—sponsored a daylong training for DAS clients to help them navigate the system. More than 250 clients attended the training, which ended with a "speakout" that felt like a revival meeting. Inside the Friends Meeting House on elegant Rutherford Place in lower Manhattan, DAS clients testified for an hour and a half to their frustrations. Two said their caseworkers refused to shake their hands, presumably out of infection paranoia. Most clients told of bureaucratic snafus and ineffectual caseworkers, which always led to the same result: ill people being forced to go without housing, food, or medicine. "If your T cells ain't down already," said one woman, referring to a common indicator of AIDS progression, "DAS could bring them down to zero." —MARK SCHOOF

THE NEW YORK TIMES **METRO** FRIDAY, DECEMBER 11, 1998

Albany to Speed Data on Infants' H.I.V. Tests

By LYNDA RICHARDSON

New York State health officials are moving to alleviate delays in letting mothers and doctors know whether newborns have the virus that causes AIDS.

The state mandates testing of all newborns for the virus, H.I.V. A new rule will require hospitals to speed up the testing of newborns, and women whose H.I.V. status is unknown at the time of birth, and to return the results within 48 hours in order to identify newborns at risk for H.I.V.

Doctors and advocates for people with AIDS have complained that it has taken more than a month in some cases to receive H.I.V. test results on newborns from the state laboratory in Albany. And a nonprofit advocacy group, the H.I.V. Law Project, has sued the state over the delays. The group had asked a justice in State Supreme Court in Manhattan to order that positive H.I.V. test results be returned within 72 hours, or to halt the program — the first and only mandatory testing program for newborns in the nation.

A spokeswoman for the New York State Health Department said yesterday that scientific advances, not the court case, had caused the agency to put forward the regulation, which is to go into effect next year.

A study by the State Health De-

partment found that if the antiviral drug AZT is given to newborns with H.I.V. antibodies within 48 hours of birth, the drug can substantially reduce the baby's chances of becoming infected. The study also said the transmission rate was reduced even more if the mother took AZT prenatally and during delivery. The study was completed in February and published last month in *The New England Journal of Medicine*.

Theresa M. McGovern, the executive director of the law project, said that she had been engaged in settlement talks with the state, adding that the regulation would address a major part of the lawsuit.

"The reality is they should have done this as soon as they passed the law," Ms. McGovern said. "All these politicians were taking credit for saving infants but nobody was dealing with the fact that many mothers weren't hearing until four or five weeks that they were H.I.V.-positive, and some had been breast-feeding their children."

The mandatory program went into effect in February 1997 after a furious battle among politicians, civil libertarians and advocates for women and people with AIDS. Fanning off criticism over the issue of confidentiality — since a positive test on the newborn always means the mother is infected — legislators had argued

that early detection of H.I.V. could help save babies' lives.

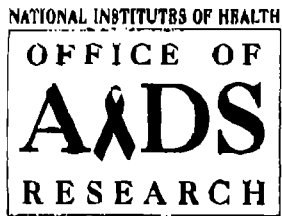
But health care professionals have said the delays in test results have undermined efforts to provide better infant care.

According to court papers filed over the summer, Justice Sheila Abdus-Salaam of State Supreme Court also expressed concern. The justice said the State Health Department had offered several reasons that results could not be provided to a mother within 72 hours of her child's birth. But she added that the state's opposition to the law project's request for a quicker turnaround of H.I.V. test results "raises more questions for this court than it answers."

"For example, why can't H.I.V. testing be performed separate and apart from the testing for other diseases for which specimens cannot be taken right after birth?" court papers quoted the judge as asking the department.

The Health Department's spokeswoman, Ms. Tarlton, said yesterday that the new regulation would place the responsibility on hospitals to supply test results within 48 hours in cases in which there is no record of the mother's H.I.V. status.

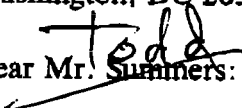
Ms. Tarlton said the tests would need to be conducted in hospital-based or commercial laboratories, rather than in the state lab.



Neal Nathanson, M.D.
Director

Building 31, Room 4C02
31 Center Drive
MSC 2340
Bethesda, MD 20892
TEL: 301 496 0357
FAX: 301 496 2119
E-Mail: nathansn@od.nih.gov

Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, N.W.
Washington, DC 20503

Dear Mr.  Summers:

You are cordially invited to attend the next meeting of the Interagency HIV Vaccine Collaborative Group which is scheduled for **Tuesday, April 6, 1999**, at the Walter Reed Army Institute for Research (WRAIR)/ Henry M. Jackson Foundation in Rockville, Maryland. The meeting is tentatively scheduled to begin at 10:00 a.m. and run until 3:30 p.m.

In response to a recommendation from the Office of National AIDS Policy, the National Institutes of Health (NIH), Office of AIDS Research (OAR) is reconvening agency meetings on HIV/AIDS Vaccines. In the past these meetings were organized by NIH and held on specific topics in coordination with other government agencies involved in the development of a vaccine against HIV. The purpose of the previous meetings and the new interagency vaccine meetings is to provide a current information base of projects and activities related to vaccine research from each of the major agency programs.

The first of this series of meetings was held in October 1998, in conjunction with the OAR Council Meeting where the NIH Vaccine Program was reviewed. Other government agencies involved in developing an HIV vaccine will host, with the assistance of the NIH, subsequent meetings to feature their particular program.

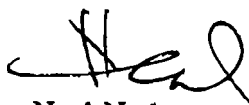
The next meeting will be hosted by the Department of Defense (DOD)/ (WRAIR) and an overview of the different components of the U.S. Military HIV Research Program will be presented. It is our pleasure to invite you or your designee as a representative of the Office of National AIDS Policy to the next Interagency Vaccine Meeting.

We are requesting a response regarding your participation and/or that of a designee by March 1, 1999, to ensure that information and logistics can be transmitted to all participants and rosters can be prepared. Space is limited and this meeting will not be publicly announced. As in the past, any travel

Page 2 - Todd Summers

will be the responsibility of the participating organization. Please respond to Dr. Marta Leon-Monzon at the NIH, OAR, by e-mail (ML7W@nih.gov), by phone 301-496-4564 or by FAX (301-496-4843).

Sincerely,

A handwritten signature in black ink, appearing to read 'Neal', with a stylized flourish at the end.

Neal Nathanson, M.D.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11293	Sara	Leedom	2/9/99	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		
		Todd		

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Natl. Asst. People with AIDS	1413 K Street, NW	
Sender's City	Sender's State	Sender's Zip
Washington	DC	20005



February 3, 1999

Mr. Todd Summers
Deputy Director
White House Office on National AIDS Policy
736 Jackson Place
Washington, D.C. 20503

Dear Mr. Summers:

Thank you so much for agreeing to speak at the 1999 Ryan White National Youth Conference, at the Sheraton Ferncroft in Danvers, MA. "The New Revolution: Youth Fighting AIDS" is going to be a fabulous event, with over 450 youth attending from around the nation, and we're delighted that you will be able to join us.

You'll be speaking on Monday, February 15, 1999, at NAPWA's closing lunch plenary session (which is scheduled from 11:00 am -12:15 pm). You'll have 30 minutes, during which you may speak about your involvement with HIV/AIDS policy, activism, or personal experiences. Your audience will be youth activists, both HIV+ and HIV-, and adult allies.

NAPWA is pleased to offer you transportation reimbursement and hotel accommodations. I'll contact you soon to discuss final logistical arrangements. As you know, more than 50% of new HIV cases are reported in youth. They have the power to end the spread of HIV/AIDS, so thank you so much for supporting youth in their efforts to advocate on their own behalf.

Sincerely,

Sara Leedom
National Youth Initiative Associate
National Association of People with AIDS



Sara Leedom
National Youth Initiative Associate

1413 K Street, NW
Washington, DC 20005-3442
202-898-0414, Ext. 126
FAX: 202-898-0435
sleedom@napwa.org



311 STRAIGHT
STREET
CINCINNATI
OHIO
45219
513-559-2381
FAX 513-559-2403
heimlich@iglou.com

INTRODUCTION

Henry J. Heimlich, M.D., ScD., is President of The Heimlich Institute, Cincinnati, Ohio.

He invented the Heimlich Chest Drain Valve, which saves tens of thousands of lives every year, the Heimlich Micro Trach for delivering oxygen, and the Heimlich Operation for replacing the esophagus. He is currently researching cures for cancer and AIDS and serving as head of "A Caring World," a program that promotes universal peace and health.

Dr. Heimlich has attained international acclaim for the Heimlich maneuver, which saves choking victims and resuscitates drowning victims. The Maneuver is now used to prevent or overcome acute asthma attacks and may also be used to clear mucus from the lungs of cystic fibrosis patients.

**Benefiting
Humanity
Through
Health
and**

Be...

The Washington Times

BRIEFING / GLOBAL ISSUES

Most with AIDS can't afford drugs

Advancements offer little hope in Third World

By Yvette Collymore
A TPA PRESS SERVICE

VANCOUVER, British Columbia — For the more than 20 million people infected with the AIDS virus, the 11th International Conference on AIDS should have offered reason for hope in view of the recent reports of new drug therapies for the fatal disease.

But AIDS activists attending the conference last week said that even if scientists came up with a therapy to combat the disease, there would be little cause for celebration among the majority of the world's HIV carriers because only the rich would survive.

Millions in the developing world infected with the human immunodeficiency virus, which causes AIDS, simply would not be able to afford the treatment, activists said.

Preliminary tests of new drugs "look great for the very few people who can get them," said Eric Sawyer, founder of the U.S.-based AIDS activist group ACT UP. "But most people with AIDS can't even get aspirin."

Nine out of 10 people infected with HIV live in the developing world, with the majority in Africa, home to two-thirds of the 21.8 million reported cases of HIV infection.



Members of ACT UP shout and plaster slogans at the booth of drug

NO HAVEN FROM HIV

HIV, the AIDS virus, has infected nearly 22 million people worldwide. A breakdown of where they're found:

Sub-Saharan Africa	14 million
South and Southeast Asia	4.8 million
Latin America	1.3 million
North America	780,000
Western Europe	470,000
Caribbean	270,000
North Africa and Middle East	200,000
East Asia and Pacific	35,000
Eastern Europe and Central Asia	30,000
Australia and New Zealand	13,000

Source: United Nations

The Washington Times

REGIONAL BRIEFING



Monday: Global Issues

heavily in research on AIDS drugs will put a price tag on treatments far beyond what most people can afford.

Figures circulating at the conference range from \$12,000 to \$16,000 a year for one person's treatment. It is not clear how long a patient would have to take the drug or what would be the dosage.

Compare those projected prices with the average per capita income of \$580 in Tanzania, where the average income of the poorest 20 percent of the nation's population is \$70.

But even before counting the cost, some researchers caution against expecting too much too soon in terms of a cure. A wealth of research on anti-retroviral drugs was presented and scrutinized by scientists attending the annual gathering, which has in the past offered hope but no concrete breakthroughs on a cure for the disease.

Still, with hopes highest now since the first recorded case of AIDS about 15 years ago, the projected high costs of any treatment threw a damper on the conference hype.

"To the drug companies, people with AIDS say, 'It's time to drop your prices,'" Mr. Sawyer said.

He warned that if the price of treatment is not in the reach of the majority, pharmaceutical firms should expect activists to press their governments to regulate prices.

"No compassion, no peace" read one ACT UP sign at the conference's opening ceremony.

Activists also complain that most of the research is concentrated in industrialized nations, where the incidence of AIDS and HIV infection is much lower than in the developing world.

"Ignoring the research needs of 90 percent of the epidemic is not only unethical, it is irrational," said Peter Piot, executive director of U.N. AIDS, the United Nations Program on HIV/AIDS. "What keeps me awake at night is the growing AIDS care gap, especially between the developed and developing world."

Heimlich tries using malaria as low-cost HIV treatment

By Michael Woods
TOLEDO BLADE

VANCOUVER, British Columbia — The physician who developed the Heimlich maneuver has reported progress toward a new lifesaving goal: a cheap treatment for people infected with the AIDS virus.

Dr. Henry Heimlich made the first major presentation on the technique at the 11th International Conference on AIDS, held in Vancouver last week.

"No other single course of treatment thus far reported for HIV infection has produced such prolonged results, nor delivered them as safely and inexpensively," Dr. Heimlich said.

Speakers at the conference emphasized the need for a low-cost treatment for developing countries, home to 90 percent of those infected with the human immunodeficiency virus, which causes AIDS. Drugs used in the United States often cost \$10,000 to \$18,000 annually per patient.

Dr. Heimlich's treatment is based on an old treatment for neurosyphilis, an infection of the brain that once killed thousands of people.

The treatment was so revolutionary that its discoverer, Austrian physician Julius Wagner von Jauregg, won the 1927 Nobel Prize in medicine.

Called "malariotherapy," it involves infecting a patient with an easily curable form of malaria. The malaria parasite somehow primes the patient's immune system to battle other infections. After three weeks, the patient gets an inexpensive

drug that cures the malaria. The immune system then continues to battle HIV, Dr. Heimlich said.

The noted Cincinnati physician, who heads the Heimlich Institute Foundation, is best known for developing and popularizing the Heimlich maneuver. The procedure allows a person to save someone suffocating on food or other objects by grasping the person from behind and squeezing the abdomen.

He also originated other lifesaving technology, including the Heimlich Chest Drain Valve to treat chest wounds, the Heimlich esophagus-replacement operation, and the Heimlich MicroTrach to rehabilitate emphysema patients.

Dr. Heimlich's report, like all others, was accepted for presentation after careful review by panels of experts, said Dr. Michael Rekart, conference co-chairman. Dr. Rekart said conference organizers made a specific effort to open the program to new approaches, even those in early stages that have been tested on few patients.

Dr. Heimlich's HIV therapy has been tested on eight patients. But he said he is finalizing details for a large clinical trial that will be funded by a major foundation and conducted in several developing countries.

"If studies continue to demonstrate its effectiveness, malariotherapy for HIV infection would be available for most of the world at little cost," he said.

• Distributed by Scripps Howard.

"So many people all over the world are without access to even the simple drugs they need for opportunistic infections, far less to anti-retroviral drugs."

African officials said AIDS is lowering the life expectancy of people across the continent. By 2010, the average life expectancy in Uganda, where less than half

Wednesday: Middle East

Thursday: Africa

Friday: Pacific Rim

Saturday: Western Asia

Sunday: Europe (Including Russia)

Briefing page editor: Richard C. Gross
202/636-3289
E-mail: 4757803@mcimail.com

the population has access to basic health services, is expected to drop from 44.7 to 32 years, even though the economy has shown signs of improvement.

Similarly, there are projections that if trends continue, life expectancy in Zambia will drop from the current 48.6 years.

"Why, in spite of a breakthrough, does pricing remain a major barrier?" asked South African Health Minister Nkosazana Zuma, who delivered the keynote address at the opening ceremony.

Activists liked such speeches, though they turned a deaf ear to the address of Canadian Health Minister David Dingwall to protest his government's cancellation of its AIDS strategy program.

Canada is banking on the business community to pick up the tab. But money for treatment is not the only concern of HIV carriers. The social stigma attached to AIDS remains a major hurdle for those infected with the virus, and this is the case in both the industrialized and developing world.

Because HIV is transmitted mainly through sexual contact or injected drug use, Doreen Millman, a 64-year-old HIV-positive woman from Vancouver, finds herself constantly asked about how she became infected.

"It just does not matter," she said to wide applause as she addressed delegates at the opening ceremony. "I am not ashamed of who I am."

She is among an estimated 8.8 million women worldwide infected by HIV, according to U.N. AIDS and World Health Organization statistics, which show there are 12.2 million men and 800,000 children infected.

Malariotherapy for HIV

Drugs have been shown not to be curative against HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome). The virus becomes resistant; there are severe side reactions to the drugs; many patients cannot carry out the rigid regime, and the virus settles in glands and within the brain, where drugs cannot penetrate. Tissue sources remain as foci of infection after the blood has been cleared of the virus. Researchers conducting clinical studies are, therefore, reluctant to discontinue drug therapy even after those infected have had years of continuous treatment.

Stimulation of the immune system to prevent or control disease is an established concept. Sufficiently strengthening the immune system can destroy diseases wherever they are present in the body. The Heimlich Institute is using malariotherapy for treating HIV infected patients. The basis for this treatment is the fact that malaria boosts the immune system, increasing production of a variety of immune substances, including interleukins (IL-6^{17,18}, IL-2R¹⁹⁻²⁵), interferons (IFN- α ^{26,27}, IFN- γ ^{16,19,26-28}) and sCD8.^{19,29} Examples of inducing a disease to prevent disease through immunostimulation include administering cowpox to prevent smallpox and the Sabin live polio vaccine.

Evidence of a "blood-brain barrier" was observed in the drug treatment of neurosyphilitics. Drugs were effective in early syphilis infection, but could not cure late-stage syphilis involving the brain. The reason for the drugs' ineffectiveness was said to be low permeability of the blood-brain tissue interface, which prevented sufficient amounts of the drug from reaching the spirochetes. This is similar to the situation in HIV.

In 1927, Wagner-Jauregg was awarded the Nobel Prize for having discovered, in 1918, that malariotherapy cures neurosyphilis. Malariotherapy consists of giving patients a curable form of malaria which is allowed to run for a two-to-three week course. The malaria is then cured using standard antimalarial medications. The success of this treatment emptied mental hospitals of tens of thousands of paresis patients. *P. vivax* was provided to hospitals by the U.S. Public Health Service and the Centers for Disease Control (CDC). Malariotherapy was discontinued in 1975, when neurosyphilis was essentially eradicated and early detection and treatment of syphilis prevented development of late stages of the disease, including neurosyphilis.

Malariotherapy was extremely safe during the more than 50 years it was used to treat neurosyphilis. Chernin, Harvard School of Public Health, states:

"... the contraindications to malariotherapy, and there were some, must have been carefully observed because records of treatment-related deaths or extreme disability are few relative to the thousands of patients treated... It is not hard to imagine the almost certain fate of the thousands

of paretics who would have sickened horribly and died but for malaria therapy."³⁰

There is no known report of induced malaria not being cured and malaria was never spread from hospitalized patients.

The reason for malariotherapy's success in treating neurosyphilis was unknown, but was assumed to be due to the malarial fevers (hyperthermia). There was speculation that an immune reaction was taking place because some patients were cured even when the malaria did not produce high fevers, and production of fever by mechanical means (fever cabinets) did not achieve the same success as malariotherapy. However, modern immunological knowledge and techniques needed to determine means by which malariotherapy worked were unavailable at that time.

There is evidence malariotherapy is effective and safe in treating HIV patients. Three independent studies by researchers from the University of Nebraska and two U.S. Navy Medical Research teams, conducted in Venezuela, Indonesia and the Philippines show that people in malaria infested locations had HIV-type antibodies, but there was no AIDS in that region.³¹⁻³³ In neighboring non-malarial areas, however, AIDS was present.

CDC studies in Africa show that malaria is not an opportunistic disease in HIV infection.³⁴ A study, presented at the International AIDS Conference in Florence, Italy, conducted in the same children's hospital in the Congo where the CDC carried out their research, reported on 112 children with AIDS, 41 of whom also had malaria. The findings revealed: "None of the 41 children with malaria and AIDS died, all recovered from their malaria. However, of the remaining 71 children with AIDS without malaria, 25 (35%) died."³⁵

The Heimlich Institute has been treating HIV-positive patients using malariotherapy. The protocol of treatment is the same as that used for neurosyphilis -- one two-to-three week course of malariotherapy and no other form of treatment. The results are promising. There were no complications. Patients showed an initial rise in ELISA titers, which indicates increased production of HIV antibodies. Following this initial rise, ELISA titers decreased to below initial values. These patients do not have anorexia, a fact confirmed by stability of their body weights. Also, lymph node swelling, evident in all eight patients prior to treatment, resolved and did not reappear. Furthermore, patients report feeling stronger than before treatment, and their clinical condition remains well. Six of the eight patients have maintained substantial increases in CD4 levels for more than two-to-three years with malariotherapy as the sole treatment. One patient had no substantial change in CD4 level over that period of time.³⁶⁻³⁸ An additional series of patients are now undergoing malariotherapy. Possible benefits of combining drugs and malariotherapy are also being considered.



Mechanisms of Ageing and Development
93 (1997) 79-85

mechanisms of ageing
and development

Malariotherapy for HIV patients

Henry J. Heimlich^{a,*}, Xiao Ping Chen^b, Bin Quan Xiao^b,
Shu Gou Liu^b, Yue Hen Lu^b, Eric G. Spletzer^a, Ji Li Yao^b

^aThe Heimlich Institute, 2368 Victory Parkway, Suite 410, Cincinnati, OH, USA

^bThe Municipal Health and Anti-Epidemic Station of Guangzhou, Guangzhou, Guangdong, China

Received 10 September 1996; revised 2 November 1996; accepted 2 November 1996

Abstract

The objective of this study was to determine whether HIV patients who undergo malariotherapy experience beneficial immunological change without iatrogenic complications. In an approved, prospective study, asymptomatic, HIV-positive patients were inoculated with *P. vivax* malaria and the malaria infection was allowed to run a predetermined course according to standard malariotherapy protocols and was cured with chloroquine. After termination of the malaria, the patients have been followed for 2 years with clinical and immunological monitoring. In the first two HIV-positive patients, CD4 counts rose significantly from pre-malaria measurements and remain at normal levels 2 years later without further treatment of any kind. During this time, the patients remained clinically well. An additional six HIV-positive patients were treated with malariotherapy and have remained clinically well during the first 6 months after treatment. These initial studies demonstrate malariotherapy results in an increase in CD4 counts of HIV-positive patients. Furthermore, these increases persist beyond the presence of malaria, for at least 2 years. © 1997 Elsevier Science Ireland Ltd.

Keywords: Malariotherapy; HIV; AIDS; Immunostimulation; Immune response; CD4

Abbreviations: AIDS, acquired immunodeficiency syndrome; CDC, Centers for Disease Control; ELISA, enzyme-linked immunosorption assay; HIV, human immunodeficiency virus; IFN- α , interferon- α ; IFN- γ , interferon- γ ; IL-6, interleukin-6; IL-2R, interleukin-2 receptor; NIH, National Institutes of Health; sCD8, soluble CD8.

* Corresponding author.



THE LEAGUE
OF WOMEN VOTERS®
EDUCATION FUND

February 22, 1999

Chair

Carolyn Jefferson-Jenkins, Ph.D.
Colorado Springs, Colorado

Vice-Chairs

Kay J. Maxwell
Greenwich, Connecticut

Barbara A. Foston
Atlanta, Georgia

Secretary-Treasurer

Mona Steele
Madison, Wisconsin

Trustees

Margaret Brown
Laramie, Wyoming

Marie Brown
Albuquerque, New Mexico

Mary Ann Burt
Walterboro, South Carolina

Faye Justice Cox
White Plains, New York

Melissa Durr
Muncie, Indiana

Nancy Mahr
Rancho Palos Verdes,
California

Beverly K. McKinnell
St. Paul, Minnesota

Judy Poulson
Knoxville, Tennessee

Eleanor Revelle
Evanston, Illinois

Faye Harned Sinnott
Barrington, Illinois

Alison P. Smith
Portland, Maine

Executive Director
Jane Gruenebaum

Dear Interested Party:

As the twenty-first century dawns, demographic trends in the United States are putting extraordinary pressure on Medicare, Social Security and the entire U.S. health care system. This report, *How Americans Talk About Medicare Reform: The Public Voice*, was prepared by the League of Women Voters Education Fund (LWVEF) with funding from the Kaiser Family Foundation as part of a broader public education partnership focusing on the future of Medicare. Over the past year, the LWVEF has organized focus group research, ten large public meetings and over 300 community dialogues to give citizens the opportunity to express their views on Medicare. In all, 6,500 Americans have participated in this project, and the number is growing.

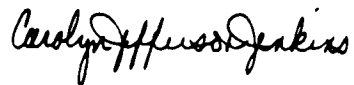
What Americans across the country say about Medicare is strikingly similar, despite the diverse backgrounds, professions, ages and ethnicities of those participating. When the public talks about Medicare, four values shape the way they think about the program: fairness, responsibility, efficiency and access. Sometimes participants' values come into direct conflict with each other as they weigh arguments for and against proposals to reform Medicare for the future. Through this national dialogue on Medicare, we learned that:

- people value Medicare and talk about it in the same positive way as Social Security;
- people want waste, fraud and abuse addressed first, before they consider other options for change;
- people appear to be more willing to support proposals to improve benefits covered by Medicare (such as adding prescription drug coverage even if it means paying more) but are not ready for others (such as raising costs for all Medicare beneficiaries regardless of income);
- people have doubts about options with uncertain consequences, but seem willing to consider new ideas if they get information to measure these options against their core values.

This report was submitted to the National Bipartisan Commission on the Future of Medicare to enrich the debate with the public voices heard throughout the project. As you know, virtually every American will be touched by the Medicare debate-- as the child of someone receiving health coverage through Medicare, or as a Medicare beneficiary themselves. Large-scale public education efforts are required to ensure that Americans are part of the process of Medicare reform, and the

LWVEF has made strides to meet this need. This work is part of the League's continuing program to Make Democracy Work by reconnecting citizens with their government. The League's work is based on the belief that citizens who have access to government and know how to participate effectively in government will make wise choices for their communities and their country. If you would like more information about this project, please contact Laura Blaisdell at the LWVEF (202) 429-1965.

Sincerely,

A handwritten signature in cursive script, reading "Carolyn Jefferson-Jenkins".

Carolyn Jefferson-Jenkins, Ph.D.
President, League of Women Voters