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Correspondence - Todd Summers - Incoming - 4/99

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Office of HIV/AIDS Policy

Office of Public Health and Science
Office of the Secretary
200 Independence Avenue, S.W., Room 736-E
Washington, DC 20201



Deliver To: _____

Todd

Fax: _____

() 456-2438

Phone: _____

()

From: Deborah von Zinkernagel
Deputy Director for Policy
Phone: (202) 690-5560
Fax: (202) 690-6584
E-mail: DvonZinkernagel@osophs.dhhs.gov

Date: _____

1/1

This fax contains _____ page(s) plus cover

2

If transmission problems occur, please call: Shellie Abramson @ 202-690-5560

Comments: _____

*Are you familiar with this?**Is your - focused**Best -**Deb*

Author: Brian McCormick at -OPHS_DC
Date: 4/16/1999 9:47 AM
Priority: Normal
Receipt Requested
TO: Eric Goosby, Glen Harelson, Deborah Von Zinkernagel, Chris Bates
Subject: Fwd: ICPD+5 Symposium at GWU

>FURTHERING THE CAIRO CONSENSUS: VOICES FROM THE HAGUE

>

>DATE: Tuesday, April 20, 1999

>TIME: 8:30am to 12:30pm

>VENUE: Ross Hall, Room #117, GWU

>DIRECTIONS: Ross Hall is located just south of Washington Circle, at
>23rd St. and Eye St., across from the George Washington University
>Hospital. Please bring picture ID to enter the building.

>

>AGENDA

>8:30-8:34am Welcome and Introduction

>Nils Daulaire, President and CEO, Global Health Council

>8:45-9:00am A voice from the Hague (Government) Forum

> Margaret Pollack, Department of State

>9:00-9:15am A voice from the Youth Forum

>Rachel Russell, Global Partnerships Associate, Planned Parenthood

>Federation of America, Inc.

>9:15-9:30am A voice from the NGO Forum

>Amy Coen, President, Population Action International

>9:30-10:00am Q & A and Discussion

>10:00-10:20am Coffee Break

>10:20-11:15am Strategic Advocacy Discussion of the

>Recommendations of the Youth Forum in Small Groups

>11:15-11:45am Small groups report back

>11:45-12:15am Speakers provide feedback on participants' advocacy

>discussion

>12:15-12:30 Wrap up and closing remarks

>

>Conference Description

>In February of this year 800 NGO representatives gathered at the
Hague

>to work on strategies to implement the Programme of Action as

>developed by the 1994 International Conference on Population and

>Development in Cairo, Egypt. Also at the Hague, a special Youth
Forum

>brought together an international delegation of young people to

>discuss their generation's reproductive health needs and Government

>delegations from 180 countries met during the Hague International

>Forum. These delegates reviewed progress on the ICPD Programme of

>Action and recommended key strategies needed to fully implement it.

>

>

>In line with these activities, we are organizing the second in a

>series of conferences which will be held on Tuesday April 20th, to

>review recommendations from the NGO Forum, the Youth Forum and the

>Government Forum. We have assembled a panel of specialists who

>attended the meeting at the Hague and they will report on their

>recommendations. We also invite participants to share their insights

>and experiences relevant to Cairo's call for human-centered

population

>and reproductive health programs during an interactive session.

>
>At the end of this program, participants will be able to:
>
>1. Describe several recommendations from the Hague conference.
>
>2. Identify key aspects of gender inequity, refugee/immigrant health
>and adolescent reproductive health as they relate to population and
>development.
>
>3. Generate feedback on the Hague recommendations which will be
given
>to the delegates to take to the next UN population and development
>meeting in New York on June 30 to July 2.
>
>
>



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April 6, 1999

Todd Summers

Deputy Director, Office of National AIDS Policy

736 Jackson Place, NW

Suite 600

Washington, DC 20503

Dear Todd:

On behalf of the Board of Directors of the Children Affected by AIDS Foundation (CAAF), I wanted to thank you for the opportunity to participate in the educational film entitled "Epidemic in Africa." It is a pleasure to support this very important project and we look forward to meeting with Rory on Monday, April 12, 1999.

We are delighted that you continue to think of CAAF and call upon us in areas where we may be of service. We continue to search for ways to expand our outreach and believe that our participation in the 1997/1998 World AIDS Day activities, sponsorship of APC's Voices '98 and '99 conferences and our commitment to "Epidemic in Africa" have all helped in this area.

It is with our past and current commitments in mind, that we hope to have a prominent role in the 1999 World AIDS Day activities. As we mentioned at breakfast, we are interested in taking a proactive approach this year and have earmarked some funds for the occasion. I recognize it is certainly much too early to narrow in on strategies, however, we hope you will continue to think of us as we move closer to the date.

CAAF continues to explore ways to strengthen our partnership with David Harvey and the AIDS Policy Center for Youth, Children and Families. David and I have begun to explore some potential opportunities to expand our existing partnership. We noted your

Making a difference in the lives of children affected by AIDS



comments regarding APC's role in World AIDS Day this year and will also pledge our support to David.

Thank you for taking time to have breakfast with Sean and me last week. It was most informative and we will be summarizing your update and thoughts on the epidemic for our board.

I am sure we will see you during Voices '99 in May. In the meantime, we look forward to further work on the documentary. Please don't ever hesitate to call when we can be of assistance.

Sincerely,

Catherine A. Brown
Executive Director

Cc: J. Cristina
D. Harvey
S. Frye



date: 4/22/99
to: Todd Summers
attention:
fax: 202-456-2438
from: Trish Moylan Torruella, MPH
pages:
re: Fabulous Facilitator

comments:

Attached is a copy of the e-mail
I tried to send last week re:
my recommendation for a facilitator.

Hope you are well —

Best —
Trish

Trish Moylan Torruella
19 Stuyvesant Oval
New York, NY 10009

phone: 212-529-7166
fax: 212-353-3547

Subj: Undeliverable message
 Date: 99-04-13 13:44:40 EDT
 From: POSTMASTER@LNGATE2.EOP.GOV
 To: TToruella@aol.com

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 ToddSummers@lmgate2.eop.gov

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 by EOP.GOV (PMDF V5.2-29 #34437) with ESMTP id <01J9ZIZW4LA8000AM9@EOP.GOV>
 for ToddSummers@lmgate2.eop.gov (ORCPT rc822;ToddSummers@opd.eop.gov); Tue,
 13 Apr 1999 13:43:14 EST
 Received: from TToruella@aol.com by imo15.mx.aol.com (IMOv20.9)
 id tQIVa17640 for <ToddSummers@opd.eop.gov>; Tue,
 13 Apr 1999 13:42:51 -0400 (EDT)
 Date: Tue, 13 Apr 1999 13:42:51 -0400 (EDT)
 From: TToruella@aol.com
 Subject: Fabulous Facilitator
 To: ToddSummers@lmgate2.eop.gov
 Reply-to: TToruella@aol.com
 Message-Id: <51568970.2444dc1b@aol.com>
 MIME-version: 1.0
 X-Mailer: AOL 3.0 for Windows 95 sub 64
 Content-type: text/plain; charset=us-ascii
 Content-transfer-encoding: 7BIT

202-456-AIDS
 Fax 202-456-2438

Hi, Todd -

As promised, I am forwarding information to you on Monyett Ellington, a woman with whom I co-consulted on a project with the Annie E. Casey Foundation. She is a remarkably gifted facilitator, able to analyze, guide and make sense out of complicated group discussion/dynamics.

Monyett's main affiliation is with the Denver Department of Health as Project Coordinator for Leadership Enhancement for Adolescent Programs. The best way to contact her is via e-mail at monyett@aol.com; her direct line is 303-692-2327.

I wrote Robie a note thanking her, in part, for including me on dinner - it was a treat to have time to see that you are one hell of a quick study!! I am very glad you are working with Sandy -- please give her my best.

Trish

----- Headers -----

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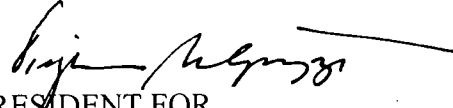
THE WHITE HOUSE

WASHINGTON

April 14, 1999

MEMORANDUM FOR TODD SUMMERS

FROM:

VIRGINIA M. APUZZO 
ASSISTANT TO THE PRESIDENT FOR
MANAGEMENT AND ADMINISTRATION

SUBJECT:

Computer Security

Over the last two months, I have sent two general reminders requesting that all staff log their computers off the network at the end of every work day. At the end of March, I sent personal reminders to staff who did not log off the network. The EOP Security Office has notified me that you did not log your computer off the network at least once in the last two weeks. This is a security violation and cannot continue. I will be sending one more general reminder to all staff this week. After that time, any computers that are not logged off after a computer prompt will be shut down remotely in the middle of the night.

As noted in a story in the Washington Post recently, computer hacking is a growing business, and with many of today's hackers, destruction of data or software is their goal. Computer security, and the protection and safeguarding of government information, is the responsibility of each one of us. It is imperative that you do your part by logging off the computer network at the end of every work day.

I appreciate your attention to this very important security issue. Please direct any questions to Chuck Easley or Jaime Borrego at x56206.



**Beverly Berkin
11 Deer Ridge Rd
Bedford Corners, New York 10549
telephone: 914-242-3851
fax: 914-242-4550
email: advice4ed@earthlink.net**

FAX MESSAGE:

April 12,1999

**TO: Todd Summers
Office of National AIDS Policy**

MESSAGE:

Todd, many thanks for taking the time to look over the AIDS article and forwarding it to your colleague at CDC. I appreciate your professionalism in this matter.

I started teaching about AIDS the summer I returned from Paris when I was exposed to the Rock Hudson press conference. Seems so long ago. I knew then as I know now that this was a disease that was not going to "go away" as professed by some of my colleagues. I made a commitment to teach kids accurate information about this disease and this remains my charge in all my work.

Thanks again for your efforts on this reference project.

Best regards,

Beverly Berkin

Beverly J. Berkin

Health Education & Promotion
Consulting Services

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Mt. Kisco, New York
10549

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(404) 639-8910

Melissa
Shepard.

Emily Berkin

Reference: Scribner & Sons
April 99

1

Elizabeth Bass and Joseph R. Masci, M.D.
516-365-4045
ebass@ix.netcom.com

Main, 3 sidebars and resource list totals 4,000 words

AIDS/HIV INFECTION

AIDS is the most severe form of disease caused by HIV, a virus that damages the immune system, leaving a person open to many life-threatening infections.

In the early 1980s, doctors in New York and California began noticing a very unusual disease in a small number of young men. The men, who were homosexual, were developing strange infections and cancers, and some of them were dying. The infections were similar to those seen in children who are born with very weak immune systems. But these men had been healthy as children and should have had normal immune systems.

Government scientists searched for other cases of the disease, and found more and more of them. The disease seemed to strike people who had received blood transfusions and drug addicts who had shared needles with each other. Reports of it began to come in from other countries, including African and Caribbean countries, where it seemed to spread mainly by sexual contact between men and women. Some babies were born with it, too.

Less than 20 years later, that mysterious disease has become one of the worst epidemics ever to strike humanity. AIDS (acquired immune deficiency syndrome) has killed almost 14 million people worldwide, including more than 3 million children, by the end of 1998. In the United States, AIDS has killed more than 400,000 people, including 5,000 children under 15.

But AIDS is only part of the story. Scientists have learned that AIDS usually takes about 10 years to develop after a person gets infected with HIV, the human immunodeficiency virus. As a result, many more people are infected with HIV but haven't developed AIDS yet. In the United States, almost a million people are thought to be infected with HIV, and most do not know they are carrying the virus. Worldwide, more than 33 million people are living with HIV infection, mostly in underdeveloped countries in Africa and Asia.

Like other sexually transmitted diseases, HIV infection is a particular risk among teenagers and young adults. In the United States, more than 100,000 people in their 20s have been diagnosed with AIDS, and it's likely that most of them became infected with HIV when they were teenagers. Up to one-quarter of all HIV infections in the United States -- and half of all HIV infections worldwide -- are thought to occur in teenagers and people in their early 20s.

Uncounted billions of dollars have been spent to understand HIV/AIDS, to prevent it and treat it. Although there is still no cure and no vaccine, there has been progress. Because of new drugs, the number of deaths from AIDS fell sharply in the United States starting in 1996. Many infected Americans are living longer, better lives -- going to school, working, raising their families, enjoying life. There is hope that in the United States HIV will soon be a chronic disease, like diabetes or asthma -- serious, but manageable with good medical care.

But in most other parts of the world, treatment is far too expensive to be available and the epidemic is growing worse each year. Developing nations in Africa, Asia and the Caribbean have been hit hard. In some parts of Africa, the virus has infected a quarter of all adults and is reversing years

of struggle to improve living conditions. Life expectancy is falling and infant mortality (the infant death rate) is rising.

Even in the United States, 40,000 people a year are continuing to get infected with HIV and, unless treatment improves, it still appears that most HIV-infected people will eventually die of AIDS.

CARL'S FAMILY: HOW COULD THIS HAPPEN?

When Carl's mother told him she had HIV, he couldn't believe it. After all, she worked fulltime, kept house, volunteered at church and was raising two kids alone. She was the last person in the world he could imagine shooting up drugs. And in the eight years since Carl's father had died of a brain tumor, she hadn't even been on a date, let alone had relationships with men. How could she have caught it?

But Carl soon found out he hadn't been told the full story of his father's death. Yes, it had been cancer, but it was a kind of cancer -- lymphoma of the brain -- that's much more common in HIV-infected people. Carl's father had died of AIDS.

"I didn't know it until your father got sick," his mother said, "but when he was a teenager, your age, he got into drugs, injecting cocaine and heroin, with some friends. After a couple of years, he stopped, got his life together, even went to college. By the time, he met me, he thought that other life was all behind him."

By the time Carl's father realized he had HIV in his body, he was already very sick. And he had already infected Carl's mother. It was just luck that neither Carl nor his sister were born infected.

HOW DOES HIV SPREAD?

HIV infection can spread only when an infected person's body fluid -- blood, semen, vaginal fluid or breast milk -- enters the bloodstream or the

mucous membrane* of another person.

Sexual intercourse, either homosexual (between men) or heterosexual (between men and women), is responsible for most cases. The virus also commonly spreads among people who share contaminated needles when they inject illegal drugs. Infected mothers may pass it on to their children during pregnancy, birth or breast-feeding.

If blood is infected, transfusions can spread it. But in the United States, blood transfusions have been tested for HIV since 1985, and the risk of infection from a transfusion is extremely low.

Oral sex can also spread the virus, and at least one case has been reported in which the virus is thought to have spread through wet kissing (French kissing).

HIV does not spread through air, water, food or objects like doorknobs or toilet seats. It is not spread by mosquitoes or other insects. A person cannot "catch HIV" by playing with, going to school with, shaking hands with or even living with an infected person. Fortunately, HIV is much less contagious than many other infections, including chickenpox, flu, or even such a serious infection as Hepatitis B.

HOW CAN HIV INFECTION BE PREVENTED?

Prevention of HIV infection is easy -- and hard. People can completely protect themselves by never sharing needles, whether for drug use or such practices as tattooing or body piercing, and by avoiding all sexual contact. As people grow up and become sexually active, however, things become more difficult.

The safest sexual relationship is between two uninfected people who have sex only with each other -- sometimes called a monogamous (mon-NAH-ga-mus), mutually faithful relationship. But there is no sure way to tell

if a person is infected or not before starting a relationship. People with HIV may seem completely healthy and often do not know they are infected. In the first few months after infection, they may even test negative on HIV tests.

Even so, sexually active people can reduce their chances of infection in several ways:

- by not having sexual contact with anyone who may be at risk of HIV infection. People at risk include anyone who ever shared needles or engaged in promiscuous sex (had many sexual partners) or anyone who ever had a sexual partner who shared needles or had promiscuous sex. To know someone is not at risk generally requires knowing the person well, being able to discuss his or her sexual past and having a relationship of trust.

- by using latex condoms correctly and consistently during sexual activity.

- by not engaging in anal sex or other sexual practices likely to cause breaks in the skin

- by getting prompt treatment for any sore or blister in the genital area, since these can act as an open door for HIV to enter the body.

WHAT DOES HIV DO IN THE BODY?

Once HIV gets into the body, it attacks and enters white blood cells called CD4 helper lymphocytes. These cells are very important for the proper functioning of the immune system. When the virus begins to destroy CD4 cells more rapidly than the body can replace them, the immune system becomes so weak that severe infections and cancers can develop. The virus also can directly attack some organs, including the brain, the kidneys and the heart.

HIV is a special kind of virus called a retrovirus (see sidebar) and

includes two species, or types. HIV-1, which is far more common and more severe, has caused the current epidemic. Different subtypes of it occur in different parts of the world. HIV-2, which is seen in some parts of West Africa, causes a milder version of AIDS.

One reason it has been impossible so far to find an HIV cure or vaccine is that the virus can mutate and change its genetic features with amazing speed. That means HIV can quickly grow resistant to a medicine, making the drug no longer effective. It also means that any drug or vaccine must be able to work against a wide range of different strains of HIV.

WHAT ARE THE SYMPTOMS OF HIV INFECTION?

Between 2 and 4 weeks after people get infected, most people develop a flu-like illness with fever, sore throat, muscle aches and, often, a rash that looks a little like measles. After two weeks, this illness usually disappears.

Over the next few years, a person may suffer fevers, swollen glands, fatigue, weight loss and diarrhea. These symptoms generally occur long before the serious complications that come with AIDS. Some people may have minor infections such as thrush (a yeast infection of the mouth) or shingles (a skin infection caused by the virus that causes chickenpox). Others do not have any symptoms until they develop AIDS itself.

Children, especially those who were infected before they were born, generally develop symptoms more quickly than adults. Often they are sick from birth or may fail to grow at a normal rate.

WHAT ARE THE SYMPTOMS OF AIDS?

AIDS is often heralded by infections or cancers that occur only in people whose immune systems have become very weak. Some of the most common are:

-- *Pneumocystis carinii* pneumonia (PCP), the most common complication of AIDS in the United States since the epidemic began. It causes fever, cough and shortness of breath.

--Cerebral toxoplasmosis, which can destroy parts areas of the brain. It usually begins with a headache and often paralyzes one side of the body.

--Cryptococcal meningitis, an infection of the brain and the meninges, the membrane lining the central nervous system. It begins with fever and headache and can cause coma.

--Intestinal infections caused by parasites (cryptosporidiosis, isosporidiasis)

--Eye infections caused by cytomegalovirus, which can cause blindness

--Infections caused by bacteria called *Mycobacterium avium*, which resemble tuberculosis.

-- Cancers like Kaposi's sarcoma, an overgrowth of blood-vessel cells that results in purplish skin nodules, and lymphoma, which may affect any organ, especially the brain and intestinal tract.

--AIDS dementia, in which people have difficulty thinking, remembering and concentrating

In addition, many common infections -- such as syphilis and ordinary pneumonia -- are more common or severe in people with AIDS. The most striking example is tuberculosis, which is 100 times more likely to cause illness in a person who has HIV than in an uninfected person.

The illnesses described above are often treatable, and some can be prevented with medication. But they keep recurring. People who are said to "die of AIDS" usually die from one of these illnesses. Worldwide, for instance, it is estimated that tuberculosis kills up to 1 in 3 people with AIDS.

HOW IS HIV/AIDS DIAGNOSED?

Doctors may suspect HIV infection from the symptoms, especially if a person has one of the rare infections mentioned above. But HIV infection can only be diagnosed by blood tests. Doctors recommend testing for all people who think they may have been exposed.

Doctors also recommend testing for all pregnant women, and for newborns if the mother tested positive for HIV or was not tested. That's because treatment with the drug AZT (zidovudine) during pregnancy and just after birth can cut the chances that the virus will be passed on to the baby. With treatment, the risk falls from about 25 percent to about 6 percent. This has saved many babies from becoming infected.

The most common HIV test detects antibodies, which are substances the body makes to fight the virus. This test may not show infection until several months after it has occurred. For that reason, a person who was recently infected may test negative. So people who think they may have been exposed to the virus should be tested immediately and again six months later.

In addition, for the first year or so of life, a baby born to an infected mother may test positive for HIV even if the baby is not infected.

Once a person is known to be infected, a different blood test is done periodically to see how well the person's immune system is working. The test measures the level of CD4 lymphocytes, the type of white blood cell targeted by HIV. If the number of these cells falls below a certain level -- or if the person has certain severe infections like those described earlier -- then the person is said to have AIDS.

HOW IS HIV/AIDS TREATED?

Drugs to fight the virus directly are generally prescribed as soon after

infection as possible. These drugs block important enzymes* -- called protease and reverse transcriptase -- that the virus makes in order to reproduce itself. The drugs are used in combinations of three to five medications -- a form of treatment called HAART (highly active antiretroviral therapy).

The most powerful of these drugs are also the newest, so no one knows how effective they may be in the long run. But it is clear that they postpone the development of AIDS and often make other symptoms less frequent and less severe. Unfortunately, HIV may become resistant to one or more of the drugs. In addition, all the anti-HIV drugs have side effects that make them difficult for many patients to take.

Besides the antiviral drugs that attack HIV directly, other medications can help prevent or treat some of the serious infections that come with AIDS.

BOB'S STORY: HANGING ON FOR SOMETHING BETTER

Bob became infected with HIV as a teenager, when he began to realize he was gay and had sex with a series of strangers without using condoms. At the time, he was feeling confused, lonely and reckless. But he also thought his sexual partners were too young to be infected.

Now Bob is 25 and has AIDS, but his doctor says he is doing well. To keep things that way, Bob takes five different medicines -- 19 pills -- every day. Two of them are easy: He takes one pill each to prevent pneumonia and to control a yeast infection that he always seems to have in his mouth and throat. The pneumonia pill is big and hard to swallow, but the other one isn't bad. The other three medicines attack HIV directly. They include AZT, the oldest anti-HIV drug; epivir, a newer but similar drug, and nelfinavir, a type of drug called a protease inhibitor. Bob is supposed to take

six pills in the morning, five at lunchtime and six at suppertime.

Bob drives a cab. When he gets busy at work, it's hard for him to remember to take the pills at just the right time and to be sure he has water with him. Plus, the nelfinavir gives him diarrhea. He has also noticed that he is beginning to develop a large pot belly. His doctor warned him that the nelfinavir might cause this.

Some days he feels elated thinking how the drugs are helping him. Other days he gets so depressed about all the pills and the side effects that he feels like giving up. But for now, he has decided to do what the doctor said and try never to miss a single dose. He just hopes he can keep hanging on and that better medicines come out soon.

LIVING WITH HIV/AIDS

In the early days of the epidemic, parents picketed outside schools to keep HIV-infected children out and workers feared sitting next to someone with AIDS. Today, most Americans realize HIV cannot be caught just by being around someone who has it. But people infected with HIV still can face stigma and discrimination. For many people, telling family and friends they are infected also means revealing something they have been keeping secret about themselves -- that they are gay, that they have used illegal drugs, that they have had sex with many people. This can be very difficult, especially for young people who are gay and may fear rejection by their families. Often, however, people with HIV find family and friends are very supportive.

To help stay healthy with HIV, good health habits -- eating ample amounts of nutritious food, getting exercise and adequate rest -- become even more important. It's crucial for drug addicts to stop using drugs and smokers to quit smoking. Even when a person has no symptoms, it's

important to have regular checkups, preferably by a doctor who has a lot of experience treating HIV/AIDS. If medicines are prescribed, as they usually are, it's worth the effort to take them properly and consistently. Taking these medicines on and off can cause a person's virus to become resistant to them.

Many people with HIV live normal lives for many years. Even those who struggle with bouts of illness often carry on with great fortitude and continue to enjoy their lives, just like people with any other chronic, life-threatening illness.

Marginal definitions:

*Mucous membrane is the kind of tissue that lines body openings, such as the mouth, vagina and rectum, as well as the connected intestinal and genital tracts.

*Enzymes are natural substances that speed up specific chemical reactions in the body.

HIV/AIDS SIDEBARS:

IN THE US AND THE WORLD

The HIV/AIDS epidemic presents a very different picture in the United States and in the developing nations of the world, where 95 percent

of all cases occur.

-- Worldwide, more than 75 percent of all infections in adults result from sex between men and women. In the United States, male-female sex accounts for less than 20 percent of infections. Instead, most U.S. infections result from sex between men or from needle-sharing by drug users. The reason for this difference is not clear.

-- Worldwide, the death toll of 13.9 million continues to rise. An estimated 2.5 million people died of AIDS in 1998 alone, including 500,000 children, most of whom had been infected before birth. But in the United States, the death toll started falling in the late 1990s. From 1996 to 1997, for instance, it fell from 31,000 to 16,000.

-- Worldwide, about 1 in every 100 adults (aged 15 to 49) are infected. But in more than a dozen African nations, more than 10 in 100 people are infected and in some, including Botswana and Zimbabwe, more than 20 in 100 people have HIV. In the United States, the overall infection rate is about 1 in 200.

--Worldwide, the epidemic has created more than 8 million "AIDS orphans," children under age 15 who have lost their mother or both parents to the disease. Ninety-five percent of them live in Africa. Less than half of 1 percent -- about 45,000 -- live in the United States.

--Worldwide, the number of children with AIDS continues to grow as more infected mothers pass on the virus to their babies. But in the United States, the number of children with AIDS fell in the late 1990s because treatment of mothers prevented the virus from spreading to their babies.

WHAT IS A RETROVIRUS?

One reason HIV is so dangerous is that it is a special kind of virus -- a retrovirus. This means that it reproduces itself in a backward or "retro" manner. To understand what that means, it helps to know some basic information about viruses.

Viruses are tiny microbes -- much smaller than bacteria -- that are made largely of nucleic acid, the substance that makes up genes. They work by invading a cell and using the cell's energy to make copies of themselves.

The virus' nucleic acid may be either DNA (deoxyribonucleic acid) or RNA (ribonucleic acid). DNA viruses make direct copies of their DNA, and most RNA viruses make copies of their RNA. This copying process is called transcription. Retroviruses contain RNA but copy it into DNA in a process called reverse transcription. Then the viral DNA -- called a provirus -- is inserted directly into the genetic core of the cell. That means that whenever the cell reproduces itself -- by making copies of its own DNA -- it also makes copies of the retrovirus' DNA.

In the case of HIV, the virus invades white blood cells called CD4 helper lymphocytes, which are important to the immune system. Once it converts itself to a provirus and enters the cells' DNA, it usually spends years in a dormant state, reproducing when the cells do but otherwise remaining inactive. But it can suddenly become active, reproducing itself in large numbers, destroying the cells and infecting many more cells. At this point -- usually years after the infection began -- the immune system is crippled. What makes the virus become active is one of the mysteries of HIV/AIDS.

WHERE DID HIV COME FROM?

Since HIV (the human immunodeficiency virus) was discovered in 1981, scientists have tried to discover its origins. They came to suspect that it had developed in Africa from a monkey virus known as SIV (simian immunodeficiency virus) and that it might have spread to humans from chimpanzees.

But it was not until 1999 that an international team of researchers found the missing link -- a virus that seems to be a genetic blend of HIV and SIV. It was found in one subspecies of chimpanzee, *Pan troglodytes troglodytes*, and seems to cause them no illness. Researchers suspect humans first became infected with it about 50 years ago when they were exposed to the chimps' blood while hunting the animals for food. Once in humans, it appears, the virus changed into the deadlier HIV we know today.

Researchers were elated at the discovery of the microbe they called SIVcpz (cpz stands for chimpanzee). Since it doesn't make infected chimps sick, studying what it does in their bodies might help scientists learn how to prevent HIV from making people sick. And it might help them prevent the spread of other viruses to humans in the future.

But the scientists got a harsh surprise. The type of chimp involved, they learned, may soon be extinct in the wild. Logging is driving the animals out of their rainforest homes in West and Central Africa, and they are being butchered as game meat. Now scientists are trying to save the chimps, as well as study them.

"We cannot afford to lose these animals," said Dr. Beatrice Hahn of the University of Alabama, one of the lead researchers involved.

"Chimpanzees may represent both cause and solution to the AIDS problem."

OTHER RESOURCES:

National AIDS Hotline/HIV Hotline, 24-hour service under the auspices of by the Centers for Disease Control and Prevention. 800-342-AIDS.

The CDC's Division of HIV/AIDS Prevention offers a lot of information and links to other federal sites at its homepage:

cdc.gov/nchstp/hiv_aids/dhap.htm

www.aegis.com offers a huge database that is particularly strong on treatment options, news articles from around the world, history and legal rulings. It offers a package called "The Basics" for people who have just learned they have HIV. (Run by a nonprofit foundation.)

"Straight Talk About Sexually Transmitted Diseases" by Michael Brodman, M.D., John Thacker and Rachel Kranz (Facts on File). Focuses on prevention for young people (includes explicit discussion of more and less risky sexual activity).

MAIN SOURCES FOR THIS PACKAGE:

"AIDS epidemic update: December 1998" from the UNAIDS program (available at www.unaids.org/highband/whatsnew.html)

CDC AIDS surveillance reports, through June 1997 (available at www.cdc.gov/nchstp/hiv_aids/pubs/facts.htm)

"HIV/AIDS Statistics," NIAID Fact Sheet (available at www.niaid.nih.gov/factsheets/aidsstat.htm)

Textbook of AIDS Medicine, second edition, edited by Merrigan. Bartlett

and Bolognesi (Williams and Wilkins, 1999)

"Outpatient Management of HIV Infection," second edition, by Masci (Mosby, 1996)

For SIVcpz sidebar: "A Critical Link" by Laurie Garrett, Newsday (available at www.newsday.com) and

"HIV Is Linked to a Subspecies of Chimpanzee" by Lawrence Altman, The New York Times, both Feb. 1, 1999



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

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As promised!

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CENTERS FOR DISEASE CONTROL
AND PREVENTION



National Center for
HIV, STD & TB
PREVENTION

Office of the Director

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Subject: Book chapter - reviewed

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young person

[REDACTED]

Main, 3 sidebars and resource list totals 4,000 words

AIDS/HIV INFECTION

AIDS is the most severe form of disease caused by HIV, a virus that damages the immune system, leaving a person open to many life-threatening infections.

In the early 1980s, doctors in New York and California began noticing a very unusual disease in a small number of young men. The men, who were *mostly gay and bisexual* ~~homosexual~~, were developing strange infections and cancers, and ~~some of them~~ were dying. The infections were similar to those seen in children who are born with very weak immune systems. But these men had been healthy as children and should have had normal immune systems.

Government scientists searched for other cases of the disease, and found more and more of them. The disease seemed to strike people who had received blood transfusions and drug addicts who had shared needles with each other. Reports of it began to come in from other countries, including African and Caribbean countries, where it seemed to spread mainly by sexual contact between men and women. Some babies were born with it, too.

Less than 20 years later, that mysterious disease has become one of the worst epidemics ever to strike humanity. AIDS (acquired immune deficiency syndrome) ^{had} ~~has~~ killed almost 14 million people worldwide, including more than 3 million children, by the end of 1998. In the United States, AIDS has killed more than 400,000 people, including ^{almost} 5,000 children under 15.

Reference: Scribner & Co

Proposed addition:

What about a sidebar about a young (25-ish) woman of color who is not infected - but who is struggling with how to get her boyfriend to use a condom if and when they initiate sexual activity. Stress that she's doing this out of self-respect as well as caring for her boyfriend.

the human immunodeficiency virus

But AIDS is only part of the story. Scientists have learned that ~~AIDS~~ ^{about half the people} infected with HIV usually develop AIDS within 10 years after becoming infected. The number of, varies from person to person and can depend on factors like a person's health and lifestyle. Because of this, it takes years for a person infected with HIV to discover this fact. As a result, many more people are infected with HIV but haven't developed AIDS yet. In the United States, it is estimated that between 650,000 and 900,000 ~~almost a million~~ people are thought to be infected with HIV, and most do not know they are carrying the virus. Worldwide, more than 33 million people are living with HIV infection, mostly in underdeveloped countries in Africa and Asia.

Like other sexually transmitted diseases, HIV infection is a particular risk among teenagers and young adults. In the United States, more than 110,000 ~~100,000~~ people in their 20s have been diagnosed with AIDS, and it's likely that most of them became infected with HIV when they were teenagers. ^{It is estimated} ~~that half of all new~~ ^{is one-quarter of all} HIV infections in the United States -- and half of all HIV infections worldwide -- ~~are thought to~~ occur in teenagers and people in their early 20s.

^{Many, many} ~~Unaccounted~~ billions of dollars have been spent to understand HIV/AIDS, to prevent it and treat it. Although there is still no cure and no proven vaccine, there has been progress. Because of new drugs, the number of deaths from AIDS fell sharply in the United States starting in 1996. Many ~~infected~~ ^{infected with HIV} Americans are living longer, better lives -- going to school, working, raising their families, enjoying life. There is hope that in the United States HIV will soon be a ^(more like) chronic disease, like diabetes or asthma -- serious, but manageable with good medical care.

^{However,} ~~But~~ in most other parts of the world, treatment is far too expensive ^{for people with HIV and AIDS} ~~to be available~~ and the epidemic is growing worse each year. Developing nations in Africa, Asia and ^(and Eastern Europe) the Caribbean have been hit hard. In some parts of Africa, the virus has infected a quarter of all adults and is reversing years ^{of life}. ^{At the writing of this book, the first-ever AIDS vaccine, designed to prevent the spread of HIV, was undergoing a cooperative evaluation study in Thailand and the United States.}

of struggle to improve living conditions. Life expectancy is falling and infant mortality (the infant death rate) is rising.

Even in the United States, ~~it is estimated that approximately~~ 40,000 people a year are continuing to get infected with HIV and, unless treatment improves, it still appears that ~~all~~ HIV-infected people will eventually die of AIDS.

CARL'S FAMILY: HOW COULD THIS HAPPEN?

When Carl's mother told him she had HIV, he couldn't believe it. After all, she worked fulltime, kept house, volunteered at church and was raising two kids alone. She was the last person in the world he could imagine shooting up drugs. And in the eight years since Carl's father had died of a brain tumor, she hadn't even been on a date, let alone had relationships with men. How could she have caught it?

But Carl soon found out he hadn't been told the full story of his father's death. Yes, it had been cancer, but it was a kind of cancer -- lymphoma of the brain -- that's much more common in HIV-infected people. Carl's father had died of AIDS.

"I didn't know it until your father got sick," his mother said, "but when he was a teenager, your age, he got into drugs, injecting cocaine and heroin, with some friends. After a couple of years, he stopped, got his life together, even went to college. By the time, he met me, he thought that other life was all behind him."

By the time Carl's father realized he had HIV in his body, he was already very sick. And he had already infected Carl's mother. It was just

~~that~~ ^{her baby.} that neither Carl nor his sister were born infected, since a mother can pass HIV to

HOW DOES HIV SPREAD?

HIV infection can spread only when an infected person's body fluid -- ~~blood, semen, vaginal fluid or breast milk~~ ^{or other body fluid containing blood} -- enters the bloodstream or the

How old is Carl?
13? 17?

If his mother was infected with HIV before Carl and Russel were infected, the suggestion is that she's been infected for 10+ years - before the advent of

protease inhibitors - and would probably have progressed to AIDS.

So - make Carl younger (10? 12?)

Or make Carl's dad get infected later than teenagerhood

lucky

mucous membranc* of another person.

Sexual intercourse, either homosexual (between men) or heterosexual (between men and women), is responsible for most cases ^{of HIV infection.} The virus also commonly spreads ^{between} among people who share contaminated needles when they inject ~~illegal~~ drugs. Infected mothers may pass it on to their ~~children~~ ^{babies} during pregnancy, birth or breast-feeding.

If blood is infected, transfusions can spread ^{HIV.} But in the United States, blood transfusions have been tested for HIV since 1985, and the risk of infection from a transfusion is extremely low.

Oral sex can also spread the virus, and at least one case has been reported in which the virus is thought to have spread through wet kissing (French kissing). ^{There has never been a reported case of transmission through dry kissing on the lips or cheek.}

HIV does not spread through air, water, food or objects like doorknobs or toilet seats. It is not spread by mosquitoes or other insects. A person cannot "catch HIV" by playing with, going to school with, shaking hands with ^{hugging,} or even living with an infected person. Fortunately, HIV is much less contagious than many other infections, including chickenpox, flu, or even such a serious infection as Hepatitis B.

HOW CAN HIV INFECTION BE PREVENTED?

Prevention of HIV infection is easy -- and hard. People can completely protect themselves by never sharing needles ^(whether for drug use or such practices as tattooing or body piercing) and by avoiding all sexual contact. As people grow up and become sexually active, however, things become more difficult.

The safest sexual relationship is between two uninfected people who have sex only with each other -- sometimes called a monogamous (mon-NAH-ga-mus), mutually faithful relationship. But there is no sure way to tell

if a person is infected or not before starting a relationship. People with HIV may seem completely healthy and often do not know they are infected. In the first few months after infection, they may even test negative on HIV tests.

Even so, sexually active people can reduce their chances of infection in several ways:

- by not having sexual contact with anyone who may be at risk of HIV infection. People at risk include anyone who ever shared needles or engaged in promiscuous sex (had many sexual partners) ^{or had sex unprotected by a latex condom} or anyone who ever had a sexual partner who shared needles or had promiscuous sex ^{or had sex unprotected by a latex condom}. ~~Someone is not at risk generally requires knowing the person well, being able to discuss his or her sexual past and having a relationship of trust.~~ ^{To know}
- by using latex condoms correctly and consistently during sexual activity. ^{by getting tested for HIV and having your partner get tested. Remember, however, that if you've had sex unprotected by a condom in the last six months, you or your partner}
- by not engaging in anal sex or other sexual practices likely to cause breaks in the skin

- by getting prompt treatment for any sore or blister in the genital area, since these can act as an open door for HIV to enter the body. ^{could test negative even if one of you is HIV infected.}
- by not engaging in sexual relations with multiple sex partners. ^{[Add new bullet?] -- by avoiding drugs or alcohol, which can impair your judgement and keep you from making good decisions about protecting yourself and others from HIV.}

WHAT DOES HIV DO IN THE BODY?

Once HIV gets into the body, it attacks and enters white blood cells called CD4 helper lymphocytes. These cells are very important for the proper functioning of the immune system. When the virus begins to destroy CD4 cells more rapidly than the body can replace them, the immune system becomes so weak that severe infections and cancers can develop. The virus also can directly attack some organs, including the brain, the kidneys and the heart.

HIV is a special kind of virus called a retrovirus (see sidebar) and

includes two species, or types. HIV-1, which is far more common and more severe, has caused the current epidemic. Different subtypes of it occur in different parts of the world. HIV-2, which is seen in some parts of West Africa, ^{seems to develop more slowly and} causes a milder version of AIDS. ^{extremely challenging}

One reason it has been ~~impossible~~ so far to find an HIV cure or vaccine is that the virus can mutate and change its genetic features with amazing speed. That means HIV can quickly grow resistant to a medicine, making the drug no longer effective. It also means that any drug or vaccine must be able to work against a wide range of different strains of HIV.

WHAT ARE THE SYMPTOMS OF HIV INFECTION?

Between 2 and 4 weeks after ^{getting} ~~people~~ ^{some} ~~get~~ infected, ~~most~~ people develop a flu-like illness with fever, sore throat, muscle aches and, often, a rash that looks a little like measles. After two weeks, this illness usually disappears. Others, however, get infected with HIV and initially have no symptoms of illness. ^(An individual can transmit HIV to others even if he or she shows no symptoms.)

Over the next few years, a person may suffer fevers, swollen glands, headaches, fatigue, weight loss and diarrhea. These symptoms generally occur long before the serious complications that come with AIDS. Some people may have minor infections such as thrush (a yeast infection of the mouth) or shingles (a skin infection caused by the virus that causes chickenpox). Others do not have any symptoms until they develop AIDS itself.

Children, especially those who were infected before they were born, generally develop symptoms more quickly than adults. Often they are sick from birth or may ^{have delayed development or failure to thrive,} ~~fail to grow at a normal rate.~~

WHAT ARE THE SYMPTOMS OF AIDS?

AIDS is often heralded by infections or cancers that occur only in people whose immune systems have become very weak. Some of the most common are:

-- *Pneumocystis carinii* pneumonia (PCP), the most common complication of AIDS in the United States since the epidemic began. It causes fever, cough and shortness of breath.

-- ~~Cerebral~~ Toxoplasmosis, which can destroy ~~parts~~ areas of the brain. (and sometimes involves the heart and lungs). It usually begins with a headache and often paralyzes one side of the body.

--Cryptococcal meningitis, an infection of the brain and the meninges, the membrane lining the central nervous system. It begins with fever and headache and can cause coma.

--Intestinal infections caused by parasites (cryptosporidiosis, isosporidiasis)

--Eye infections caused by cytomegalovirus, which can cause blindness

--Infections caused by bacteria called *Mycobacterium avium*, which resemble tuberculosis.

-- Cancers like Kaposi's sarcoma, an overgrowth of blood-vessel cells that results in purplish skin nodules, and lymphoma, which may affect any organ, especially the brain and intestinal tract, and ^{invasive cervical cancer}.

--AIDS dementia, in which people have difficulty thinking, remembering and concentrating

In addition, many common infections -- such as syphilis and ordinary pneumonia -- are more common or severe in people with AIDS. The most striking example is tuberculosis, which is 100 times more likely to cause illness in a person who has HIV than in an uninfected person.

The illnesses described above are often treatable, and some can be prevented with medication. But they keep recurring. People who are said to "die of AIDS" usually die from one of these illnesses. Worldwide, for instance, it is estimated that tuberculosis kills ^{around} up to 1 in 3 people with AIDS.

HOW IS HIV/AIDS DIAGNOSED?

Doctors may suspect HIV infection from the symptoms, especially if a person has one of the rare infections mentioned above. But HIV infection can only be diagnosed by blood tests. Doctors recommend testing for all people who think they may have been exposed.

Doctors also recommend testing for all pregnant women, and for newborns if the mother tested positive for HIV or was not tested. That's

because treatment ^{of the mother} with the drug AZT (zidovudine) during pregnancy and ^{delivery, and treatment} just after birth can cut the chances that the virus will be passed on to the

baby. With treatment, the risk falls from about 25 percent to about 6 percent

^{of the newborn for six weeks} This has saved many babies from becoming infected. ^{in the U.S. and other developed countries. When AZT treatment is combined with a cesarean section delivery, infection rates for life} In the developing world, where resources are limited and women are less likely to receive medical care during pregnancy, a shorter course of AZT in the last weeks of pregnancy and during labor and delivery has been proven to reduce the rate of mother-to-child HIV transmission by 50%.

The most common HIV test detects antibodies, which are substances the body makes to fight the virus. This test may not show infection until several months after it has occurred. For that reason, a person who was recently infected may test negative. So people who think they may have been exposed to the virus should be tested immediately and again six months later.

In addition, for the first year or so of life, a baby born to an infected mother may test positive for HIV even if the baby is not infected.

Once a person is known to be infected, a different blood test is done periodically to see how well the person's immune system is working. The test measures the level of CD4 lymphocytes, the type of white blood cell targeted by HIV. If the number of these cells falls below a certain level -- or if the person has certain severe infections like those described earlier -- then the person is said to have AIDS.

HOW IS HIV/AIDS TREATED?

Drugs to fight the virus directly are generally prescribed as soon after

infection as possible. These drugs block important enzymes* -- called protease and reverse transcriptase -- that the virus makes in order to reproduce itself. The drugs are used in combinations of three to five medications -- a form of treatment called HAART (highly active antiretroviral therapy). ✓

The most powerful of these drugs are also the newest, so no one knows how effective they may be in the long run. But it is clear that they postpone the development of AIDS and often make other symptoms less frequent and less severe. Unfortunately, HIV may become resistant to one or more of the drugs. In addition, all the anti-HIV drugs have side effects

that make them difficult for many patients to take. Further, it is not yet known if these drugs reduce the chance that an infected person will pass HIV to another person. *don't infect*

Besides the antiviral drugs that attack HIV directly, other medications can help prevent or treat some of the serious infections that come with AIDS.

BOB'S STORY: HANGING ON FOR SOMETHING BETTER

Bob became infected with HIV as a teenager, when he began to realize he was gay and had sex with a series of strangers without using condoms. At the time, he was feeling confused, lonely and reckless. But he also thought his sexual partners were too young to be infected.

Now Bob is 25 and has AIDS, but his doctor says he is doing well. To keep things that way, Bob takes five different medicines -- 19 pills -- every day. Two of them are easy: He takes one pill each to prevent pneumonia and to control a yeast infection that he always seems to have in his mouth and throat. The pneumonia pill is big and hard to swallow, but the other one isn't bad. The other three medicines attack HIV directly. They include AZT, the oldest anti-HIV drug; epivir, a newer but similar drug, and nelfinavir, a type of drug called a protease inhibitor. Bob is supposed to take

six pills in the morning, five at lunchtime and six at suppertime.

Bob drives a cab. When he gets busy at work, it's hard for him to remember to take the pills at just the right time and to be sure he has water with him. Plus, the nelfinavir gives him diarrhea. He has also noticed that he is beginning to develop a large pot belly. His doctor warned him that the nelfinavir might cause this.

Some days he feels elated thinking how the drugs are helping him. Other days he gets so depressed about all the pills and the side effects that he feels like giving up. But for now, he has decided to do what the doctor said and try never to miss a single dose. He just hopes he can keep hanging on and that better medicines come out soon.

LIVING WITH HIV/AIDS

In the early days of the epidemic, parents picketed outside schools to keep HIV-infected children out and workers feared sitting next to someone with AIDS. Today, most Americans realize HIV cannot be caught just by being around someone who has it. But people infected with HIV still can face stigma and discrimination. For many people, telling family and friends they are infected also means revealing something they have been keeping secret about themselves -- that they are ^{or} gay, ~~that they have used illegal drugs,~~ ^{or} that they have had sex with many people. This can be very difficult, especially for young people who are gay and may fear rejection by their families. Often, however, people with HIV find family and friends are very supportive.

To help stay healthy with HIV, good health habits -- eating ample amounts of nutritious food, getting exercise and adequate rest -- become even more important. It's crucial for drug addicts to stop using drugs and smokers to quit smoking. Even when a person has no symptoms, it's

important to have regular checkups, preferably by a doctor who has a lot of experience treating HIV/AIDS. If medicines are prescribed, as they usually are, it's ^{absolutely critical} ~~worth the effort~~ to take them properly and consistently. Taking these medicines on and off can cause a person's virus to become resistant to them.

Many people with HIV live normal lives for many years. Even those who struggle with bouts of illness often carry on with great fortitude and continue to enjoy their lives, just like people with any other chronic, life-threatening illness.

Marginal definitions:

*Mucous membrane is the kind of tissue that lines body openings, such as the mouth, vagina and rectum, as well as the ^{respiratory} ~~connected~~ intestinal and genital tracts.

*Enzymes are natural substances that speed up specific chemical reactions in the body.

HIV/AIDS SIDEBARS:

IN THE US AND THE WORLD

The HIV/AIDS epidemic presents a very different picture in the United States and in the developing nations of the world, where 95 percent

✓

of all cases occur.

✓ -- Worldwide, more than 75 percent of all infections in adults result from sex between men and women. In the United States, male-female sex accounts for less than 20 percent of infections. Instead, most U.S. infections result from sex between men or from needle-sharing by drug users. ^{but the proportion of cases attributed to male-female sex has been increasing in recent years.} ~~reason for this difference is not clear.~~

-- Worldwide, the death toll of 13.9 million continues to rise. ^{more than} ~~estimated~~ 2.5 million people died of AIDS in 1998 alone, including 500,000 children, most of whom had been infected before birth. ^{or at} ^{or through breast feeding as infants.} But in the United States, the death toll started falling in the late 1990s. From 1996 to 1997, for instance, it fell from ^(an estimated 37,525 to 21,909) ~~41,000 to 18,000~~.

-- Worldwide, about 1 in every 100 adults (aged 15 to 49) are infected. ^{however,} But in more than a dozen African nations, more than 10 in 100 people are infected, and in some, including Botswana, ^{Manibia, Swaziland, and} Zimbabwe, ^{more} between 20 and 26 in 100 people have HIV. In the United States, the overall infection rate is about 1 in 200. ^{Adatsbullet: ① epidemic growing rapidly in Eastern Europe due to crumbling public health infrastructure in the wake of the fall of the Soviet Union and ② epidemic also growing rapidly in Caribbean nations}

-- Worldwide, the epidemic has created more than 8 million "AIDS orphans," children under age 15 who have lost their mother or both parents to the disease. Ninety-five percent of them live in Africa. Less than half of 1 percent -- about 45,000 -- live in the United States.

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The virus' nucleic acid may be either DNA (deoxyribonucleic acid) or RNA (ribonucleic acid). DNA viruses make direct copies of their DNA, and most RNA viruses make copies of their RNA. This copying process is called transcription. Retroviruses contain RNA but copy it into DNA in a process called reverse transcription. Then the viral DNA -- called a provirus -- is inserted directly into the genetic core of the cell. That means that whenever the cell reproduces itself -- by making copies of its own DNA -- it also makes copies of the retrovirus' DNA.

In the case of HIV, the virus invades white blood cells called CD4 helper lymphocytes, which are important to the immune system. Once it converts itself to a provirus and enters the cells' DNA, it usually spends years in a ~~latent~~ ^{latent} state, reproducing when the cells do, ~~but otherwise~~ ^{more} remaining inactive. But it can suddenly become ^{more} active, reproducing itself in large numbers, destroying the cells and infecting many more cells. At this point -- usually years after the infection began -- the immune system is crippled. What makes the virus become active is one of the mysteries of HIV/AIDS.

WHERE DID HIV COME FROM?

1983 Since HIV (the human immunodeficiency virus) was discovered in 1981, scientists have tried to discover its origins. They came to suspect that it had developed in Africa from a monkey virus known as SIV (simian immunodeficiency virus) and that it might have spread to humans from chimpanzees.

But it was not until 1999 that an international team of researchers found ^{what could be} the missing link -- a virus that seems to be a genetic blend of HIV and SIV. It was found in one subspecies of chimpanzee, *Pan troglodytes* *troglodytes*, and seems to cause them no illness. Researchers suspect humans first became infected with it about 50 years ago when they were exposed to the chimps' blood while hunting the animals for food. Once in humans, it appears, the virus changed into the deadlier HIV we know today.

Researchers were elated at the discovery of the microbe they called SIVcpz (cpz stands for chimpanzee). Since it doesn't make infected chimps sick, studying what it does in their bodies might help scientists learn how to prevent HIV from making people sick. And it might help them prevent the spread of other viruses to humans in the future.

But the scientists got a harsh surprise. The type of chimp involved, they learned, may soon be extinct in the wild. Logging is driving the animals out of their rainforest homes in West and Central Africa, and they are being butchered as game meat. Now scientists are trying to save the chimps, as well as study them.

"We cannot afford to lose these animals," said Dr. Beatrice Hahn of the University of Alabama, one of the lead researchers involved.

"Chimpanzees may represent both cause and solution to the AIDS problem."

OTHER RESOURCES:

- confidential*
- National AIDS Hotline/HIV Hotline, 24-hour service under the auspices of by the Centers for Disease Control and Prevention. 800-342-AIDS. *They can answer HIV-related questions of any kind and refer you to more information.*
 - CDC National Prevention Information Network, the national reference, referral and distribution service for information on HIV/AIDS, STDs, and TB. 800-458-5231. *Or visit the website.*
 - The CDC's Division of HIV/AIDS Prevention offers a lot of information and links to other federal sites at its homepage: www.cdc.gov/aids or www.cdc.gov/hiv. *cdc.gov/nchstp/hiv_aids/dhnp.htm*
 - www.aegis.com offers a huge database that is particularly strong on treatment options, news articles from around the world, history and legal rulings. It offers a package called "The Basics" for people who have just learned they have HIV. (Run by a nonprofit foundation.) *www.cdcnpi.org*
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"AIDS epidemic update: December 1998" from the UNAIDS program (available at www.unaids.org/highband/whatsnew.html)

CDC AIDS surveillance reports, through June 1997 (available at www.cdc.gov/nchstp/hiv_aids/pubs/facts.htm)

"HIV/AIDS Statistics," NIAID Fact Sheet (available at www.niaid.nih.gov/factsheets/aidsstat.htm)

Textbook of AIDS Medicine, second edition, edited by Merrigan. Bartlett

and Bolognesi (Williams and Wilkins, 1999)

"Outpatient Management of HIV Infection," second edition, by Masci (Mosby, 1996)

For SIVcpz sidebar: "A Critical Link" by Laurie Garrett, Newsday (available at www.newsday.com) and "HIV Is Linked to a Subspecies of Chimpanzee" by Lawrence Altman, The New York Times, both Feb. 1, 1999

To: Todd Summers, Deputy Director
Office of National AIDS Policy
@ Fax: (202)456-2538 2438
From: Michael Barry
Date: Friday, April 2, 1999
Re: Resume
of pages: 3
(including cover sheet)

Todd:

I enjoyed catching up with you yesterday and hearing more about life within the beltway. As you suggested I am sending you my resume for review.

Working with HIV/AIDS, addiction, and comprehensive sexuality education as both a service provider and program director since 1986 has provided me with extensive experience in program planning and management, marketing, outreach, in-service training, and service delivery implementation

As the Director of Housing AIDS/Addiction Resource Team (HART), Victory Programs, I developed a model of service delivery which provided substance abuse support to a diverse population living with AIDS and addiction in subsidized housing programs throughout the state.

Further complementing my experience was my tenure as the Director of Education for the Planned Parenthood League of Massachusetts (PPLM) where I was responsible for all aspects of PPLM's human sexuality education and professional training programs, including budget development, annual work and strategic plan for the department, and serving as a member of the agency management team.

My work reflects an ability to perform duties requiring a high degree of autonomy and judgment, as well as working cooperatively with others in agency management, policy design, program development, and community outreach.

I will appreciate any suggestions you may have for me regarding career opportunities both in and out of non-profits and/or public health. Hope to see you soon.

Michael

MICHAEL L. BARRY, M.P.H.
35 MORTON ROAD
MILTON, MASSACHUSETTS, 02186
(617) 696-2029
e-mail: mbarry1671@aol.com

EMPLOYMENT EXPERIENCE

- 1997 - 1998 **PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, INC., Boston MA**
DIRECTOR OF EDUCATION AND TRAINING
Responsible for Planned Parenthood's human sexuality education and professional training programs.
Supervised a professional and support staff in Boston & Worcester.
Developed, implemented, and evaluated a budget, annual work plan and long-range plan for the department.
Served as a member of the agency management team.
Represented PPLM on sexuality education networks, task forces, committees, etc.
- 1990 - 1997 **VICTORY PROGRAMS, INC., Boston MA**
PROGRAM DIRECTOR - Housing AIDS & Addiction Resource Team (HART)
Developed and implemented the HART model of relapse awareness and related substance abuse services targeting the residents and staff of HIV/AIDS housing and transitional housing programs statewide.
Managed \$700,000 budget from federal, state, city contracts.
Supervised the HART staff.
Coordinated program design, reporting, and evaluation.
Negotiated linkages to statewide community programs.
Represented Victory Programs in state and national advocacy, policy, and planning initiatives.
- RELAPSE PREVENTION SPECIALIST - Mobile AIDS Resource Team (MART)**
 HEALTH EDUCATOR and TRAINER - Mobile AIDS Resource Team (MART)
Assisted in the coordination of HIV education and intervention services for the MART project.
Assisted in MART's HIV intervention and outreach services to target groups.
Developed and implemented program training on HIV and addiction issues to educate staff and clients in substance abuse treatment programs.
Developed Relapse Prevention Group targeting individuals at high risk for relapse into substance abuse.
- 1989 - present **JAXTIMER-BARRY ASSOCIATES, Milton, MA**
CONSULTANT - Drug & Alcohol education
Presented drug and alcohol education workshops in secondary schools and colleges nationwide.
Designed and implemented workshops specific to abuse among athletes.
- 1990 **BOSTON PUBLIC SCHOOLS, Boston MA**
SUBSTITUTE TEACHER - Health education
- 1988 - 1989 **UNIVERSITY OF MASSACHUSETTS/BOSTON, Boston MA**
STUDENT ASSISTANT - Health Promotion Office
Assisted in the design and implementation of AIDS education pilot program targeting the diverse UMASS/Boston community.
Assisted in the design and implementation of health education workshops specific to weight and stress management, smoking cessation, drug/alcohol information, and fitness.
Assisted in the daily operation of the Health Promotion office.
- 1986 - 1989 **FCD FOUNDATION, INC., Needham MA**
CONSULTANT - Drug & Alcohol education
Implemented comprehensive drug and alcohol education programs in secondary schools nationwide.
Designed and implemented workshops specific to drug abuse among athletes.
Facilitated faculty training sessions in drug and alcohol education.

MICHAEL L. BARRY, MPH
(Employment experience continued)

1973 - 1986 **SELF EMPLOYED**, Cape Cod & Islands, MA
INDEPENDENT CONTRACTOR
1971 - 1972 **RENEWAL HOUSE**, Atlanta, GA
DRUG COUNSELOR
1970-1971 **PROJECT TURNABOUT, INC.** Boston, MA
DRUG COUNSELOR

EDUCATION

1997 **BOSTON UNIVERSITY SCHOOL OF MEDICINE**
Masters in Public Health
1989 **UNIVERSITY OF MASSACHUSETTS/BOSTON**
BA - Psychology
1997, 98 **NATIONAL PLANNED PARENTHOOD FEDERATION EDUCATION DIRECTORS RETREAT**
• *Comprehensive Sexuality Education studies and workshops*
1994 **COMMUNITY- ORIENTED PRIMARY CARE FELLOWSHIP**
• *Study of innovative community-oriented approach to providing public health services*
1992 **NATIONAL INSTITUTE ON DRUG ABUSE TRAINING**
• *Preventing HIV Disease Among Substance Abusers*
• *The Behavioral Counseling Model*
1988 **UMASS/BOSTON HEALTH PROMOTION OFFICE**
• *AIDS Action Committee HIV Education Training*
1991 **NEW ENGLAND SCHOOL OF ADDICTION STUDIES**
• *Summer - Comprehensive Addiction-related studies*

AFFILIATIONS

1997 - 1998 **P.U.R.P.O.S.E - Parents (and others) United for Responsible Policies for Sexuality Education**
Massachusetts advocacy group for health education policies.
1997 - 1998 **AIDS ACTION COMMITTEE**, Boston, MA
AIDS Walk Allocations Committee and grant reviewer
1994 - 1998 **AIDS HOUSING CORPORATION**, Boston, MA
Board of Directors
1995 - 1997 **NORTHEAST HARM REDUCTION GROUP**, Boston, MA
Chair - Advocacy group for addiction and recovery policy planning
1992 - 1994 **DEPARTMENT OF HEALTH and HOSPITALS**, Boston, MA
Member of community advisory committee developing policy for clean syringe exchange
1992 - 1997 **MASSACHUSETTS AIDS POLICY TASK FORCE**
Advocacy, policy, and planning committee.
1992 - 1994 **C.L.E.A.N. COALITION - Commonsense Laws on Epidemics of AIDS & Narcotics**
Member of advocacy group supporting and promoting the establishment of clean syringe exchange.
1992 **NEW ENGLAND SCHOOL OF ADDICTION STUDIES**
Summer faculty
1989 - 1992 **FEARLESS HEARTS FOR HOMELESS CHILDREN, INC.**
Board of Directors
1989 - 1990 **UNIVERSITY OF MASSACHUSETTS/BOSTON**
Track coach
1990 **EMPLOYMENT RESOURCES, INC.**, Cambridge, MA
Health Education Coordinator
Designed and implemented health education workshops for youth at risk in Summer Youth Training Program.

~ References furnished upon request ~

**Mellon****FAX TRANSMITTAL SHEET****To:**Todd Summers**Company:**Office of National AIDS Policy**Date:**4.2.99**Fax Number:**202 456 2438**Number of
Pages to Follow:**3**Comments:**Todd -

Please find attached a note and
resume for Michael Barry -

Best Regards -

Jannic Jaxtiner

From:

Joanne Y. Jaxtiner
Phone: (617) 722-3550
Fax: (617) 722-7569

Corporate Affairs Department
One Boston Place • Aim # 024-0094
Boston, MA 02108-4402

OFFICE OF THE MEDICAL DIRECTOR
New York State Department of Health
AIDS INSTITUTE

Metropolitan New York Regional Office 5 Penn Plaza New York, New York 10001-1810
Telephone: (212) 613-2428 or 4343 Fax # (212) 613-4996 or 4907

Bruce D. Agins, M.D., M.P.H., Medical Director

Stephen N. Abel, D.D.S., M.S., Oral Health Policy Liaison
John Binseel, Publications Technical Assistant
David Hoos, M.D., M.P.H., Associate Medical Director
Robert Gass, QOC Program Manager
Mark Milano, Experimental Treatment Coordinator
David Moynihan, M.A., Special Projects Coordinator

Patricia Simino Boyce, Ph.D., Director, CQI Initiative
Sallie Perryman, Educational Services, Project Director
Sharon Stancliff, M.D., Medical Consultant
Nancy Showers, HIV Quality Project Administrator
Mark D. Waters, Consultant
Ileene Mills Yashpeh, Director, HIV Educational Materials

Aida L. Colon, Administrative Assistant

Jearlene (Pat) Hunter, Administrative Assistant

FAX TRANSMITTAL COVER SHEET

TO: _____

FROM: Stephen N. Abel, D.D.S., M.S.

DATE: / /

FAX NUMBER: _____

TIME: _____

AS REQUESTED: _____
AS DISCUSSED: _____
FYI: _____

COMMENTS: Daniel -
The "Melissa" virus seems to
be alive - at the NYSDOH
This - I am faxing this

PAGES TO FOLLOW: _____

As we approach Ryan White Reauthorization, the role which PACHA can and should play in the process has not been formally formulated.

Representatives from AIDS Service Organizations and from HRSA have appeared before the Service Subcommittee. From what we have heard to date, their processes for developing position papers are in the earliest of stages. What we do know is that NORA, NASTAD, CAEAR, HAC, HRSA and likely others will be taking positions. We also know that presently not all parties are in full agreement on how the next CARE Act should read.

I would propose that PACHA could position itself as a true facilitator among the AIDS Service Organizations and between the AIDS Service Communities and HHS. This may be accomplished by:

1. Asking a number of the key ASO's how PACHA can help them to unify their positions and then to deliver their messages to the appropriate persons. This can be accomplished in a "non-lobbying" atmosphere.
2. Asking the Secretary's Office how this Council can help them as they formulate their positions on Ryan White Reauthorization.
3. We can continue to invite staff from key legislators' offices to Service subcommittee meetings for exchanges on focussed issues with community representatives at the table.

These are just a few preliminary thoughts. I do believe that Reauthorization is a critical issue that affects almost every HIV infected individual in this country. We should be at the table as an active player rather than writing a letter of support at the eleventh hour.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY

Washington, D.C. 20503

April 22, 1999

Dear Mr. Summers:

I wanted to personally thank you for your support during the drafting of the *1999 National Drug Control Strategy*.

The strength of this consensus document is its comprehensive reflection of the programs and initiatives of each federal drug control program agency. We are confident that the coordinated approach described in this strategy will succeed in reducing drug abuse and its consequences in America by 50 percent.

Thanks again for your support. I look forward to drafting next year's strategy report with you. We are sending you copies of the 1999 Strategy separately.

Best wishes,

A handwritten signature in black ink, appearing to read "F. Kinney", is written over the typed name.

Francis X. Kinney
Director, Strategy

Mr. Todd Summers
Deputy Director
National AIDS Policy Office
736 Jackson Pl., NW
Washington, DC 20503

NATIONAL INSTITUTES OF HEALTH

**OFFICE OF
AIDS
RESEARCH****FACSIMILE TRANSMISSION****DATE:**4-30-99**TO:**Todd Summers**PHONE:****FAX:**202-456-2438**FROM:**

Marta Leon-Monzon, Ph.D.
Office of AIDS Research
Office of the Director
National Institutes of Health
Building 31, Room 4C06
Bethesda, MD 20892
Phone: (301) 496-4564
FAX: (301) 496-4843

SUBJECT:**TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET:** 2

(If total number of pages have not been transmitted, please
call 301-496-0357)

REMARKS:

I haven't been able to send this e-mail
to you but I want to be sure you are informed.

Marta Leon Monzon

Leon-Monzon, Marta (OD)

From: Leon-Monzon, Marta (OD)
Sent: Friday, April 30, 1999 12:58 PM
To: Arthur, Larry (NCI); Beitins, Inese (NCRR); Berzofsky, Jay Arthur (NATIONAL C); Bradac, Jim (NIAID); Bridbord, Ken (FIC); 'Debby Bix'; 'DeCock, Kevin'; 'DeLay, Paul'; 'Deyton, Lawrence R. MD'; Egan, William (FDA/CBER/O); Flores, Jorge (NIAID); Franchini, Genoveffa (NCI); 'Gayle Helene'; Germain, Ronald (NIAID); 'goldingh@A1.cber.fda.gov'; 'Goosby Eric'; Heilman, Carole (NIAID); 'Heyward, William'; Hoff, Rod (NIAID); 'Jaffe, Harold'; 'jmcneil'; Johnston, Peggy (NIAID); 'Josephine Cox'; Keusch, Gerald (FIC); Lawrence, Dale (NIAID); Leon-Monzon, Marta (OD); Martin, Malcolm (NIAID); 'Mascola, John'; Mathieson, Bonnie (OD); 'McCutchan, Francine'; 'Michael, Nelson'; Mofenson, Lynne (NICHD); Moss, Bernard (NIAID); 'Nabel Gary'; Nathanson, Neal (OD); Nemo, George (NHLBI); Paul, William E (LI/NIAID); 'Ramm Louise'; Rausch, Dianne (NIMH); 'Scarlet t, Margaret'; Schultz, Alan (NIAID); 'Stanton David'; Strandberg, John (NCRR); 'Summers Todd'; 'Thurman Sandra'; 'Toigo, Theresa A'; 'Valdiserri Ronald'; 'VanCott Thomas'; Vogel, Frederick (NIAID); Whitescarver, Jack (OD)
Subject: Interagency HIV Vaccine Collaborative Group

This e-mail is to inform you of the date and site of the next meeting of the Interagency HIV Collaborative Group.

DATE: October 20, 1999

**Place: Centers for Disease Control and Prevention (CDC),
Atlanta, GA**

Invitation letters and tentative agenda will be mailed or faxed at a later time by the organizers.

Marta Leon-Monzon, Ph.D.
Office of AIDS Research,
National Institutes of Health,
Building 31 Room 4C06
31 Center Drive (MSC 2340)
Bethesda, MD 20892-2340
TEL: 301-496-4564
FAX: 301-496-4843
e-mail: ML7W@nih.gov



April 27, 1999

Todd Summers
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Todd,

On behalf of the Sexuality Information and Education Council of the United States (SIECUS), thank you for your involvement in the *National Colloquium on the Future of Sexuality Education*. Your presentation was well received and helped make the *Colloquium* a success.

The *Colloquium* was a unique opportunity for education and health professionals to network with each other and share their insights on the future of sexuality education. Thank you for giving your time and expertise so willingly. We certainly appreciate you sharing your ideas, resources, and strategies.

If you have not yet submitted your expenses for reimbursement, please do so as soon as possible to Monica Rodriguez in the New York office. A form is attached.

We hope the *Colloquium* was a positive and enjoyable experience for you as well!

Sincerely,

Great to
meet you!

A handwritten signature in dark ink, appearing to read 'Debra'.

Debra W. Haffner, MPH
President and CEO

AIDS VACCINE ADVOCACY COALITION

April 17, 1999

Dear ~~friend~~ *Sandy Thurman & Todd*

Enclosed is an early copy of AVAC's new book, the *HIV Vaccine Handbook*, in hope that you will look it through and read the articles that interest you. We have chosen you and a few others as influential, well-respected individuals who might help us get the word out about this anthology and reference, which we think makes interesting reading and deserves wide readership.

The *Handbook's* articles, which I edited, were all written for potential vaccine trial participants or advocates. It may be the first-ever book about the overall preventive HIV vaccine effort for the general reader. As such, the *HIV Vaccine Handbook* covers background for a preventive HIV vaccine, participant issues, advocacy, science and strategy, all in short, easy-to-read articles in lay language. As you will see, this book explains issues that we have all been discussing and working on over the last several years in ways that are easily accessible and understandable to the uninitiated. The *Handbook* could also serve as a resource and place to direct people about this important field as it continues to become more visible.

In particular, would you consider writing a review of this book? Your review could be submitted to any publication you think appropriate (general, scientific, or risk-group specific). A review where you are known or have contacts might influence its placement and would greatly facilitate getting the word out about this first-of-its-kind book, which AVAC is offering at-cost. Alternatively, we can take your review and try to place it.

If you don't wish to write a review, we would also be (though slightly less) grateful for any comments we could use as a quote from you in promoting this publication.

Thanks for any support you're able to muster. If you are able to write a review or quote, please contact Scott Carroll at AVAC at tel: 202-387-5517, e-mail: scott@avac.org.

Meanwhile, my best wishes. We hope you like what we've done. We consider each of you a model for what AVAC is trying to do and we would be proud of your endorsement.

Yours sincerely,

Bill Snow

Bill Snow

AIDS Vaccine Advocacy Coalition

510-524-5257

WmSnow@aol.com

Thanks much