FOIA Number: 2018-0758-F

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Correspondence - Todd Summers - Incoming - 9/99

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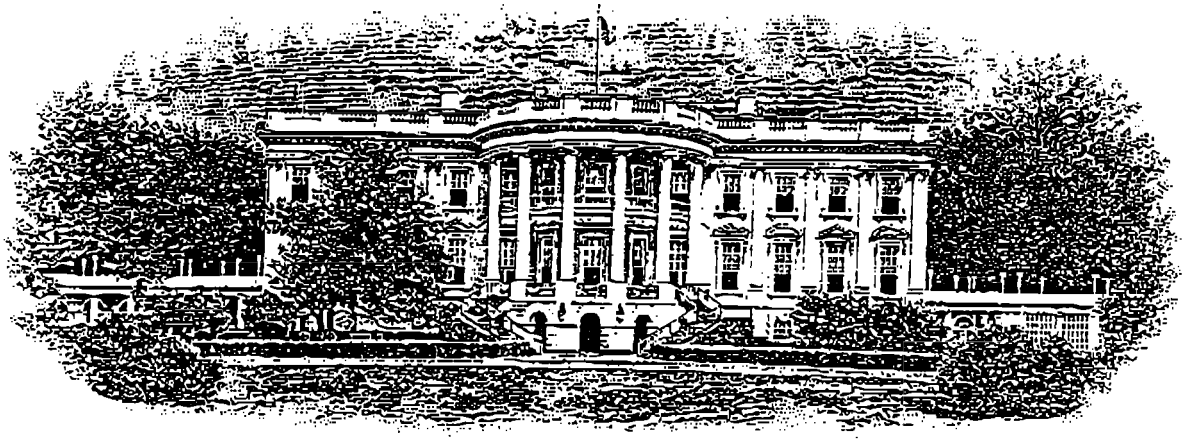
THE WHITE HOUSE

WASHINGTON

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF THE CHIEF OF STAFF



Please Deliver To: Attn: Mary (for Todd Summers)

Fax Number: 6-2438

Sender: Fern Mechlowitz (6-7256)

Date: 9/29

Pages Including Cover: 3

Message: Todd - Here is a letter and draft response that I wrote. Will you please look at it and advise?

Thank You, Fern

NOTE: The information contained in this facsimile message is CONFIDENTIAL and intended for the recipient ONLY. If there is any problem with this transmission or you mistakenly received this facsimile, please call (202) 456-6798. Thank You.

International AIDS
Vaccine Initiative

810 Seventh Avenue
New York, NY
10019-5818. USA
www.iavi.org
e-mail: info@iavi.org
phone: 212-655-0201
fax: 212-843-0480

need reply

September 21, 1999

John Podesta
Chief of Staff
The White House
Washington, DC 20500
Dear John,

I hope this letter finds you well. I am pleased to report there is life after the Clinton Administration – not nearly as exciting as our daily David Satcher confirmation sessions in the Roosevelt Room, but fun and rewarding nevertheless.

I am writing to bring to your attention legislation that would help cement the President's legacy in championing an AIDS vaccine. Nancy Pelosi's bill, HR 1274, "The Lifesaving Vaccine Technology Act of 1999," would provide targeted tax credits to companies doing research in HIV, tuberculosis, and malaria vaccines. While the NIH does an excellent job with basic research, fully engaging the pharmaceutical industry is critical if we are to achieve the President's goal of an AIDS vaccine by 2007, as *The Economist* recently reported. (I'm told the President was impressed with the article).

This legislation has many virtues: it is inexpensive, pro-industry, and has strong support within the public health community (American Public Health Association, Global Health Council, AIDS Action, Program for Appropriate Technology in Health, among others). Our Congressional allies tell us it could easily be slipped into Omnibus or final tax legislation.

Given the President's re-stated goal of developing an AIDS vaccine by 2007, the lack of Administration support to date is puzzling and could reflect badly on the Administration. Believe Treasury has some minor technical objections but believe they could be overcome. I very much hope the Administration will make the enactment of this legislation a priority. Thanks for your consideration.

Sincerely,

Victor

Victor Zonana
Vice President for Public Affairs

DRAFT

September 29, 1999

Mr. Victor Zonana
Vice President for Public Affairs
International AIDS Vaccine Initiative
810 Seventh Avenue
New York, NY 10019-5818

Dear Mr. Zonana:

Thank you for your letter. The Administration is dedicated to helping find a vaccine for HIV/AIDS. In fact, the President announced on September 21, 1999 that he will host a conference on vaccine development. This Conference will bring together pharmaceutical company CEOs, scientists, foundation heads, members of Congress, academic experts and other interested parties to hear their concerns and ideas. Together, this group will develop workable economic and technical solutions to promote private sector investment and new public-private partnerships to develop vaccines for TB, HIV/AIDS, malaria and other diseases of the developing world.

Although the Administration has not publicly stated its support for HR 1274, "The Lifesaving Vaccine Technology Act of 1999," we support effective initiatives that promote the development of an HIV/AIDS vaccine. We would also like to see the private sector become more involved in this effort. I can ensure that the development of a vaccine is indeed a priority for this Administration.

Sincerely,

John Podesta

Todd A. Summers
09/29/99 02:48:45 PM

Record Type: Record

To: Fern Mechlowitz/WHO/EOP@EOP

cc:
Subject: Zonona letter

Thanks for sending along the letter from Victor. I must say, he's as wormy as ever.

Your response was fine. I would make just a few changes:

- the second paragraph, replace with, "Although the Administration is reviewing HR127, "The Lifesaving Vaccine Technology Act of 1999," we clearly support the goal of encouraging the development of lifesaving vaccines, including those that will prevent HIV infection. We too understand the importance of engaging the private sector and appreciate your efforts in this area. I can assure you that finding an HIV vaccine continues to be a top priority of this Administration."

- I would include Sandra Thurman as a cc on the response letter so that Zonona knows that there's inter-EOP communication.

If you have questions or want to discuss, let me know. Again, we appreciate the head's up.

Todd

Office of the Ambassador of Goodwill, HIV/AIDS

James B. Hall, M.D., Ph.D., Dr.PH
Ambassador of Goodwill, HIV/AIDS
(404) 378-9303 Fax (404) 373-2961

USAID
Paul Delay
202-712-8683
no knowledge

August 27, 1999

TO: Mr. Michael Vealy, Visa Officer
Dr. Angela Bruno, Medical Practitioner

FR: Dr. James B. Hall, US Ambassador of Goodwill, HIV/AIDS no official capacity

RE: Invitation & Registration

Dear Mr. Vealy:

In addressing this correspondence to you, please be advised that it is imperative that this request be made to your attention through my office and from me.

All of the enclosed participants have complied with all of the mandatory requirement needed to attend said National HIV/AIDS Conference that will convene in Atlanta, Georgia (USA) on September 14, 1999 through September 29, 1999. The highlighted subjects for this conference is "101 HIV" and "HIV and the Black Church". These foreign delegates have also complied with all of the required financial obligations to attend this conference. Such a conference will benefit the general welfare and population of Africa.

25 foreign delegates

I am looking forward to hosting this conference and all of those that will be in attendance.

Again, I am elated to serve the Continent of Africa since my visit there on recent date and if I can be of further assistance to you and your office in this matter, please do not hesitate to call me.

With warmest and personal regards, I am,

Sincerely,

James B. Hall
JBH/mrs

3500 people
Nat'l Prevention
Confuence right
now - sizeable event
coming up in Lusaka
not Atlanta

CBO-
Community based org

Conference
year round

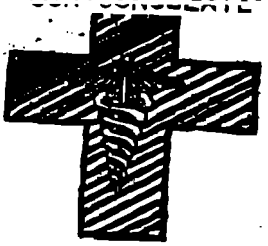
Clinton
appointee

8-13-97

Paul Delay
Denver - Nov
CDC - started
Atlanta - today thru
end of week

contact
Carmine
Bozzi
Office of HIV/AIDS
CDC: 404-639-8004
special technical mtng.

P.O. Box 2612, Decatur, Georgia 30031



SHOREMAN MEDICAL CENTER

31, Olowu Street, Ikeja - Lagos, Nigeria. Tel: 4964554

30th August, 1999

FROM: DR. ANGELA BRUNO OSHOKPEKAI
Shoreman Medical Center,
31, Olowu Street,
Ikeja Lagos.
Nigeria
TEL: 234-1-4964554

TO: MR. MICHEAL VEACY
Chief Visa Officer
U.S. Embassy
Johannesburg

SUBJECT: "101 HIV" AND "HIV AND THE BLACK CHURCH"

With respect to my discussion with Dr. James Hall on August 30th, 1999. I am writing this letter to thank you for your cooperation to issue these group of health workers and church members with the US visa they need to attend the HIV Seminar in Atlanta Georgia.

It is unfortunate that the process of getting the US visa in Nigeria takes about four months from when you apply for interview. These applicants have been thoroughly screened and all have ties back in Nigeria. Most of them are married with children, have good jobs, have good ties and are not intending to stay in America. They are therefore highly recommended.

Dr. James Hall and his colleagues attended the HIV week in Nigeria early this year during which he met with the Government, and the former Minister of Health Dr. Debo Adeyemi. During the Seminar it was obvious that Dr. James Hall and his colleagues had a lot of information on HIV from which the Nigerian health community could benefit. I was very delighted to be appointed as the coordinator for this seminar in Nigeria.

When this seminar was advertised, a lot of people showed interest but we had to screen them to meet the standard that Dr. Hall specified: they have to be married with children and have strong ties in form of good job, property, and finance that will bring them back to Nigeria. Arrangement for their hotel accommodation and registration for the seminar have been completed and payments received by the seminar coordinator in America.

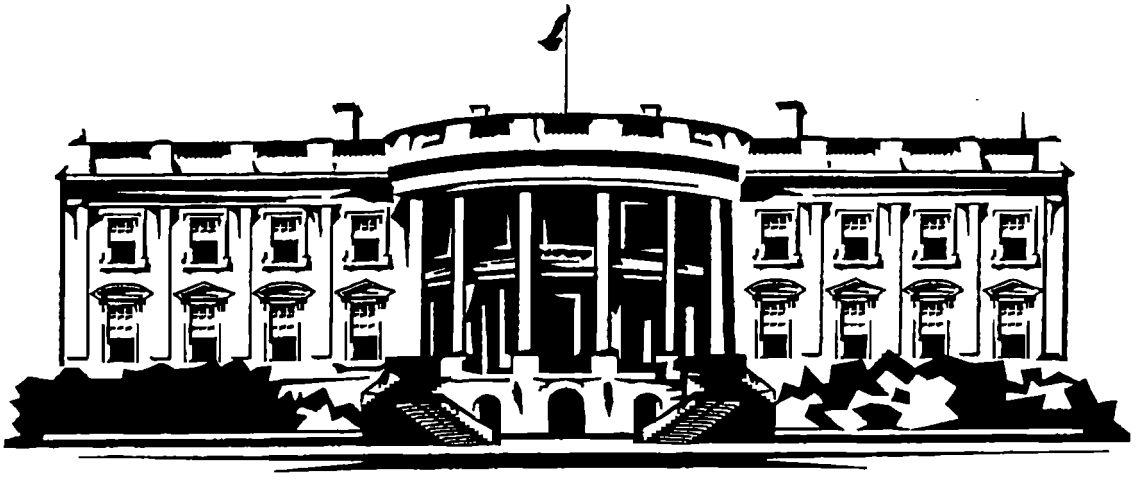
The biggest advantage of this seminar is the fact that it will train these health workers who will be in turn sent to the grass-root communities, villages, and interior parts of Nigeria where the HIV awareness "treatment and management is lacking". The HIV population in Nigeria are usually in denial and attribute their health problem to spiritual attack " witches". That is why a large population of them leave in the churches, it then became mandatory for us to train the church elders, pastors, and spiritualist on how to recognize, manage and treat HIV patients.

I am glad that you took time to read this, I will surely fly in this week, I could not come because some surgeries were scheduled months ago for this week. I will be coming in shortly, please give us your best assistance.

Thanks for your assistance.

Dr. Angela-Bruno-O.

Dr. Angela Bruno-Oshokpekai



OFFICE OF THE WHITE HOUSE LIAISON
DEPARTMENT OF STATE

PHONE: (202) 647-4820
FAX: (202) 647-5837

FAX COVER SHEET

DATE: 9/7/99

TO: Todd Summers

FAX NUMBER: 456-2438

FROM: Tanya Miller

Total Pages (Including Cover Sheet) 4

COMMENTS: This is the request from James Hall. The letter is a little hard to read and the Visa office sent it to me with notes on it. I can try to get a clearer copy if you need it. Thanks. Tanya

With the help of over 1,000 volunteers, Project Open Hand cooks, packages and delivers meals every day to people living with AIDS in Atlanta. Good nutrition has proven to be the most effective weapon in the battle against this virus. For additional information or to make a donation call us at (404) 872-8089.

www.projectopenhand.org

Project Open Hand
Atlanta

Dear Todd,

Thank you for the incredible tour of the White House. Meeting the astronauts and having my picture taken with Buddy have just about been my highlights for the year. Please visit us at Project Open Hand if you are ever in Atlanta.

Sincerely,

Nate Boyer

Mike Gilliam, Jr., M.S.W., M.P.H.

September 13, 1999

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

Dear Mr. Summers:

I wanted to inform you of the practical assistance I could provide the White House Office of National AIDS Policy concerning the planning, implementation and evaluation of HIV health and social services.

My experience includes working on HIV Continuum of Care Projects in California, Connecticut, Florida, Oklahoma, Pennsylvania, Texas and Virginia. These projects have ranged from developing a comprehensive HIV/AIDS Needs Assessment Report for a Title I Eligible Metropolitan Area to providing technical assistance in the development of HIV Case Management Policy and Procedures.

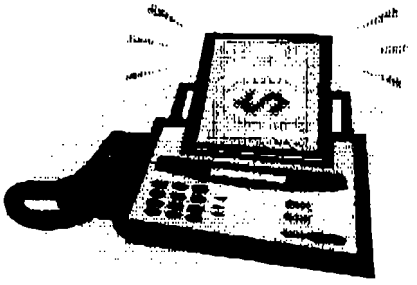
I welcome the opportunity to discuss with you how I could assist the White House Office of National AIDS Policy in ensuring individuals living with HIV receive the most effective and efficient services possible.

Sincerely,

Mike Gilliam, Jr., M.S.W., M.P.H.

2001 S. MoPac, #1725 Austin, TX 78746
(512)347-9821 Fax (512)347-9823
mikegilliamjr@msn.com

Fax



1212 Parrish Drive, Rockville, MD 20851 (301) 309-8034 f. (301) 610-5443 southy2@aol.com

To: Todd Summers
Fax: 202-456-2438

From: KEN SOUTH
Date: 9/2/99
Subject: GAIN Proposal
Pages: 3 (Including cover page)

FYI. This proposal hand delivered to Jason Wright at Parklawn today.....this has also been reviewed by USAID. I'd be happy to send you a complete copy if interested....thanks, Ken

Concept Paper
submitted by
The Global AIDS Interfaith Network (GAIN)

to

Dr. Tom Novotny
Deputy Assistant Secretary
International and Refugee Health
Office of International and Refugee Health
Parklawn Building Room 18-74
5600 Fishers Lane
Rockville, MD 20857

HIV/AIDS Curriculum for Faith Community Leaders

1999 Parliament of the World's Religions
Cape Town, Republic of South Africa
December 1 - 8, 1999

Sponsored by:

The Global Health Council
1701 K Street, NW, Ste 600
Washington, D.C. 20006-1503
202-833-5900

1212 Parrish Drive
Rockville, MD 20851
September 2, 1999

Dr. Tom Novotny
Office of International and Refugee Health
Rockville, MD 20857

Dear Dr. Novotny:

The Global AIDS Interfaith Network (GAIN) is seeking support from the International and Refugee Health Office of the Department of Health and Human Services of up to $134,000 to conduct an HIV/AIDS **Curriculum for Faith Community Leaders** at the Parliament of the Worlds Religions to be held in Cape Town, South Africa from December 1st to 8th, 1999.

As you may know, the response of faith communities around the world to HIV/AIDS has been slow. While the HIV/AIDS pandemic is clearly among the most challenging crises facing the leaders of these communities, sadly, the evidence from the 1993 Parliament of the World's Religions held in Chicago, suggests that much must yet be done to educate this body. Of nearly 700 workshops on the agenda at the 1993 event, only two addressed the issue of HIV/AIDS. In the planning meeting for this year's Parliament, it was evident that participants on the planning body still had much to learn about how HIV and AIDS affected their own communities. One of the members of the Parliament Planning Committee (and a member of the planning group for these proposed activities) is an expert on HIV/AIDS and has been influential in shaping the response of faith communities in the United States. He estimated that the level of knowledge and understanding of the pandemic among the members of the Parliament body was at approximately the level that one would have expected to see in 1983 in the United States.

The Global AIDS Interfaith Network (GAIN) recognizes that this year's Parliament affords a unique, not-to-be-missed opportunity to address these issues and to build capacity among leaders of faith communities. Unquestionably, the Parliament, which will attract over 5,000 religious leaders, will be seminal in creating opportunities to educate, motivate, and mobilize communities of faith, worldwide, to respond compassionately and effectively to the challenges that HIV/AIDS presents to their devotees and to their communities.

The group of HIV/AIDS experts planning and looking to conduct this curriculum includes the following persons: Dr. Margaret Scarlett, HHS, Ms. Qairo Ali, CDC, Dr. Cynthia Prather, CDC, Dr. Dawn Smith, CDC, Ms. Dorothy Triplett, (former CDC) Ma Jaya Sati Bhagavati, & Ms. Krisnapriya Hutner; Kashi Ashram, Ms. Roslyn Stewart Christian, African Methodist Episcopal (AME) Church, Ms. Saranel Benjamin, Worker's College and Barbara Lomax School for Women, Durban (RSA), Mr. Charles G. Einloth, (UK), Rev. Carol A. Johnson, Meadville-Lombard Seminary, and Rev. Kenneth T. South.

We look forward to your consideration of this request and are happy to supply any additional information you may require.

Sincerely,

Rev. Kenneth T. South
for GAIN

301-309-8034 301-610-5443f southy2@aol.com

calyptebiomedical

1440 FOURTH STREET
BERKELEY, CALIFORNIA 94710
(510) 526-2541 FAX: (510) 526-5381

TO: TODD SUMMERS
WHITE HOUSE NATIONAL OFFICE OF AIDS POLIC

FROM: Published Study Provides New Understanding About HIV Infection and Significance of Urine HIV-1 Testing

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ATTN:

TO: FAX PHONE#: 202-456-2438

DATE: Sep 2 1999

JOBID: 359162

4 pages including cover sheet

calyptebiomedical

1440 FOURTH STREET
BERKELEY, CALIFORNIA 94710
(510) 526-2541 FAX: (510) 526-5387

Contacts: Jason Sherman
David Schulte
Healy Communications
(312) 440-3900

Bill Boeger, CEO
Calypte Biomedical
(510) 749-5100

PUBLISHED STUDY PROVIDES NEW UNDERSTANDING ABOUT HIV INFECTION AND SIGNIFICANCE OF URINE HIV-1 TESTING

Calypte Biomedical Team Led Study and Developed Peer-Reviewed Paper

ALAMEDA, CA — September 2, 1999 — Findings regarding the significance of detecting HIV-1 antibodies in the urine of individuals who test negative to HIV-1 in blood tests were reported by scientists from Calypte Biomedical Corporation (NASDAQ: CALY) in the September 1 issue of the peer-reviewed journal *Clinical Chemistry*.

The paper, titled: "Urine Antibody Tests: New Insights into the Dynamics of HIV-1 Infection," highlights two important findings about people who have discordant HIV-1 antibody testing results (those in which the serum and urine HIV-1 test results disagree). First, the study investigated a mysterious case of AIDS in which a French woman had an AIDS-like disease but consistently tested negative for antibodies to HIV-1 in her blood during the course of her illness.

A farm worker in rural France, the subject had no risk factors associated with contracting HIV-1. While the woman died without ever having blood antibodies confirmed for HIV-1, her urine contained HIV-1 antibodies evidenced in both a urine screening test and a urine supplemental (or confirmatory) test. Subsequent to her death, a variant of the HIV-1 virus was isolated. This variant is now referred to as HIV-1 Group O. In addition, the woman gave birth to a child who also died of an AIDS-like illness.

The Calypte research team used a new "mosaic analysis" approach to study the virus. The approach was first used to discover the human chromosome origin in the reshuffled genes associated with certain chronic diseases.

- more -

The genetic analysis of the HIV-1 virus isolated from this woman, known as HIV-1vau, contained genetic segments of DNA found on fourteen different human chromosomes. Some of these segments have been implicated in several human malignancies. Interestingly, a significant piece of the monkey virus, simian immunodeficiency virus — African green monkey strain (SIVagm) — was also found in the subject's HIV viral DNA.

According to the study's lead author, Howard Urnovitz, Ph.D., chief science officer of Calypte, "The findings strongly suggest that this mysterious case of AIDS in the French woman may have originated as a result of genetic reshuffling of genes. In certain individuals, AIDS may be a result of an underlying disease mechanism that somehow reshuffles normal human chromosomes, leading to AIDS-like symptoms and a drop in CD4 T cells. This would explain the hundreds of documented examples of people with AIDS who do not have any detectable HIV-1 antibodies in their blood."

The second main finding from Calypte's study was that seronegative people at risk for HIV-1 infection — intravenous drug users, partners of HIV-1 positive subjects, and subjects with sexually transmitted diseases — had a significantly increased frequency (up to 30 times greater) of a particular HIV-1 antibody in their urine, IgA, as compared to low-risk life insurance applicants.

"During the last six years, Calypte Biomedical has been aggressively researching people who demonstrate discordant HIV-1 antibody results in their blood and urine," said Bill Boeger, president and CEO of Calypte. "The *Clinical Chemistry* peer-reviewed paper highlights the significant contributions Calypte's urine test has made to HIV-1 and AIDS research. The urine test appears to provide a window into the human immune system that differs from serum. Considering the number of discordant samples there appear to be among the general population, Calypte continues to support the idea of combination testing of both urine and serum."

"We will also continue to oversee the ongoing clinical trials involving discordant individuals, particularly those who test negative with the blood HIV test, but positive with the urine HIV test," added Boeger. "Naturally, we are very excited that the unique qualities of the urine test may contribute to our understanding of the development of HIV and AIDS."

Calypte Biomedical Corporation is an Alameda, California-based healthcare company dedicated to the development and commercialization of urine-based diagnostic products and services for HIV-1, sexually transmitted diseases and other chronic illnesses. Calypte manufactures the only two FDA-licensed HIV-1 antibody tests that can be used on urine samples. These tests include the screening EIA and supplemental Western blot tests.

Urine testing is noninvasive, less costly, does not require sample storage or a trained health care worker for sample collection, and is safer because there are no risks of accidental needle sticks. Also, while urine contains antibodies to HIV-1, it does not contain the actual virus. The availability of both a urine screening test and a urine supplemental test make it possible to perform a full diagnostic HIV-1 antibody algorithm without ever drawing blood.

###

Statements in this press release that are not historical facts are forward-looking statements, including statements regarding market adoption of the HIV-1 urine testing system. Actual results may differ materially from the above forward-looking statements due to a number of important factors, and will depend upon the Company's ability, directly or through third parties, to successfully manufacture and market the HIV-1 urine testing system. Factors which may impact the Company's success are more fully discussed in the company's most recent quarterly report on forms 10-Q and 10-K.

For more information on how to purchase or evaluate the product, call Dick Van Maanen of Calypte at 510-749-5100.