FOIA Number: 2018-0758-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Todd Summers

Subseries:

OA/ID Number: 21082

FolderID:

Folder Title:
Correspondence - Todd Summers - Outgoing - 3/98

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	2	1

SENT

THE WHITE HOUSE

WASHINGTON

March 19, 1998

Note to Dave Wagner, OES/E/EIT/Dapartment of State

Re: UN Eighth Inquiry on Population and Development

Thank you for the opportunity to provide input to the HIV/AIDS related questions of the *UN Eighth Inquiry on Population and Development.* The Office of National AIDS Policy (ONAP) suggests the following changes/additions related to HIV/AIDS:

314.

Please add the following:

Approximately 40,000 new HIV infections occur in the U.S. every year. Racial and ethnic minority populations (Blacks, Hispanics, Asian and Pacific Islanders, and American Indian/Alaska Natives) are disproportionately affected by this disease. More than 50 percent of all new HIV infections in the United States are in racial and ethnic minority populations, despite the fact that they constitute approximately 25 percent of the U.S. population. Of specific concern are the increasing rates of HIV infection in women, youth, and heterosexuals. Intravenous drug use associated HIV infection cases now account for almost 40 percent of all new HIV infections. AIDS is leading cause of death in Black men and women, aged 25 - 40, and the second leading cause of death in Hispanic men, aged 25 - 40.

321.

It appears as if the current response indicates that the Federal government has implemented needle exchange programs. Needle exchange programs may occur at the state and/or local level, at their discretion, depending on state and/or local laws. As of March 18, 1998, Federal funds may not be used for such programs.

332.

Replace with:

The Office of National AIDS Policy, established in 1993, provides broad direction for Federal AIDS policy and fosters interdepartmental communication on HIV/AIDS. The director of the

Office is a member of the President's Domestic Policy Council and has direct access to the President and his Cabinet on issues affecting HIV and AIDS. The Office of National AIDS Policy works closely with the AIDS community both in the United States and around the world.

The Office also created the Interdepartmental Task Force on AIDS, which is chaired by the Director, to help better facilitate communications among the various departments and agencies of the Federal government involved in HIV/AIDS.

Todd Summers
Deputy Director
Office of National AIDS Policy

Deliver

United States Department of State

Washington, D.C. 20520

March 16, 1998

MEMORANDUM

TO: PRM - Marguerite Rivera Houze
G - Kelly Clements
CA/VO - Mildred Patterson
OES/EID - Nancy Carter-Foster
L/HRR - Tom Johnson
IO/D - Gil Donohue
USAID/G/PHN/POP - Barbara Crane
EPA/OPA - Loretta Ucelli
INS/GC - Bo Cooper

FROM: PRM/POP - Shirlie Pinkham

SUBJECT: Clearances: UN Eighth Inquiry on Population and Development

Background

The UN has asked member countries including the U.S. to prepare a response to its 8th Inquiry on Population and Development. This is the latest in a series of surveys begun in 1963 to provide comprehensive information on national population policies. The information is used for a variety of analytical purposes by the UN and is translated and distributed worldwide. The last inquiry, in 1992/93, was also part of the backdrop for the 1994 International Conference on Population and Development (ICPD) in Cairo. Similarly, the current inquiry will be important for the 1999 five-year review and appraisal of the ICPD Program of Action.

Action Requested

Several USG agencies worked together on this draft U.S. reply to the 8th UN Inquiry. I ask that you please review the document to ensure that, from your office's perspective, it accurately reflects U.S. policy. I would greatly appreciate your comments/clearance by MARCH 23.

Questions 315-334 deal with HIV/AIDS.

You will notice that, because the U.S. government tradition is more decentralized and "hands off" than that of most UN members, many of the questions on national policy did not lend themselves to easy yes or no answers. In addition, USG follow-up on the ICPD Program of Action has been limited, chiefly because we had instituted many Program measures before the ICPD ever took place.

I much appreciate your assistance with this project. For questions, comments, clearances, I can be reached at ext. 33293, fax 33094, or by e-mail.

314. Please specify any conditions or diseases that are currently of major concern from the standpoint of health policy.

Tobacco use is responsible for approximately one of every five deaths in the U.S. and is the single most important preventable cause of death and disease in our society. Cigarette smoking accounts for approximately 430,000 deaths yearly. If current smoking patterns continue, an estimated 25 million persons in the U.S. who are alive today will die prematurely from smoking-related illnesses, including an estimated 5 million persons now under 18 years of age. Smoking contributes substantially to chronic morbidity and disability as well. In 1993, smoking-related illnesses cost the U.S. $50 billion in heath care costs.

The proportion of people, particularly children, who do not have a specific source of primary care to coordinate preventive and episodic health care is of considerable concern to the U.S. Government.

Heart disease and cancer take a tremendous toll on public health, together causing over half of all deaths in the U.S. each year. However, homicide among African-American and Hispanic-American males, and unintentional injuries among Caucasian and African-American, and Hispanic-American males cause the greatest years of potential life lost before age 65.

Since 1991, the proportion of people who experience a limitation in major activity due to chronic conditions has been increasing for all populations.

315. What is the view of the Government regarding acquired immune deficiency syndrome (AIDS) in the country?

3. Major concern

316. Please indicate whether the Government has implemented the following measures:

		Implemented	*Not Implemented*
317.	**Blood screening and protection**	1	
318.	**Screening of high risk groups**	1	
319.	**Information and education campaign**	1	
320.	**Training health professionals**	1	
321.	**Needle exchange programmes**	1	
322.	**Promoting use of condoms**	1	
323.	**Legal provisions**		2

Nick

Tom

324. Has the Government placed restrictions on the entry into the country of people infected with the AIDS virus who belong to the following categories:

		Yes	*No*
325.	**Immigrants***	1	
326.	**Migrant workers***	1	
327.	**Students***	1	
328.	**Refugees and asylum-seekers***		2
329.	**Return migrants (There is no health screening for U.S. citizens.)**		2
330.	**Tourists***		2

***The National Institutes of Health Reauthorization Bill was passed by the Senate and the House of Representatives and signed into law by the President on June 10, 1993. Section 2007 provided for the exclusion of aliens infected with the agent for acquired immune deficiency syndrome. This action amended Section 212(a)(1)(A)(i) of the Immigration and Nationality Act (8 U.S.C. 1182 (a)(1)(A)(i) (Tab E). This exclusion applies to all visa applicants who are HIV positive or diagnosed as having acquired immune deficiency syndrome, regardless of visa application category.**

Medical examinations, including serologic analysis, are required for immigrant visas. Applicants for tourist visas, however, are not routinely required to undergo examinations. All applicants are requested to fill out an application for the appropriate visa category and are questioned about their HIV status. All HIV positive applicants are ineligible for a U.S. visa.

The Attorney General may approve a waiver for the following HIV positive applicants: immigrant applicants coming to the U.S. to join a U.S. citizen or resident alien family members; applicants for refugee status; non-immigrant visas for applicants attending a Department of Health and Human Services conference (10 day waiver); and applicants coming for personal business, medical care or family visits (30 days).

331. Has the Government established a national policy body charged with coordinating HIV/AIDS policies and programmes?

1. Yes

332. Please specify the names and addresses of this body, the date when it was established, and its mandate.

U.S. Department of Health and Human Services (DHHS) HIV/AIDS Coordinating Committee: an interagency consultative body.

The Secretary 's Workgroup on Women and HIV/AIDS held its first meeting November 12, 1997. The workgroup is chaired by Marsha Matin, from the Office of the secretary and Co-Chaired by Eric Goosby, from the Office of HAP. Mailing address is XXX Humphrey Building, 2000 Independence Avenue _____, Washington, D.C. 20210.

333. Has the Government adopted measures to include the participation of non-governmental organizations, business, communities, and people living with HIV/AIDS in designing and implementing HIV/AIDS-related policies and programmes?

1. Yes

334. If yes, please specify the measures adopted.

NGOs and other civil society groups are involved in a wide variety of consultative bodies and processes dealing with HIV/AIDS. For example, the President's Advisory Council on HIV/AIDS included a range of community participation to advise the Government on HIV/AIDS policy.

335. Is induced abortion viewed as a matter of concern by the Government?

3. No official position (Go to 337)

336. Please describe the nature and extent of the concern.

_____

_____

Note: if more space is needed, please attach a sheet marked "Supplementary to 336".

337. Have there been substantial changes in the law or regulations concerning induced abortion since 1994?

1. Yes

338. Please specify the date and the nature of the changes.

Although recent Supreme Court decisions have reaffirmed the Roe v. Wade decision of 1973 which legalized abortion in the United States, they have also ruled that states may impose certain conditions, such as waiting periods, parental consent and notice requirements or minor children to have abortions, Medicaid funding bans, and bans on specific abortion procedures.

U.S. Department of State
OES/E/EID
Washington, DC 20520

facsimile transmittal

To: DAN MONTOYA, ONAP At Fax Number: 632-1096

From: Dave Wagner, OES/E/EID Date: 3/17/98

Phone: 202-647-4542 Fax: 202-736-7336

Re: YOUR CLEARANCE Pages: ~~5~~ 5

☑ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes. WE RECEIVED THIS FROM STATE'S BUREAU ON POPULATION, REFUGEES AND MIGRATION — SEE ATTACHED MEMO AND 3 PAGES of Q & A. WE THINK YOUR CLEARANCE IS ALSO NEEDED. PLEASE CALL ME WITH YOUR COMMENTS.

THANKS, DAVE

THE WHITE HOUSE

WASHINGTON

March 5, 1998

MEMORANDUM FOR VIRGINIA APUZZO

FROM: ASHLEY RAINES

SUBJECT: ONAP Space Request

On behalf of the Office of National AIDS Policy, I would like to request approval for ONAP to move from 808 17th Street (leased space) to 736 Jackson Place (GSA owned space) no later than April 15, 1998. We understand the Crime Prevention Council is moving out of the townhouse on March 28th and that GSA would like to do some touch up work to the townhouse before the arrival of the next tenant.

GSA requires tenants to notify them at least 120 days before they vacate a space to release them from the lease. Facilities has informed me that there is a possible tenant interested in ONAP's space at 808 17th Street and as soon as they get approval from you they can begin the process for lining up the next tenant to exempt us from the 120 day rule.

Thank you for offering 736 Jackson Place to the Office of National AIDS Policy. They are very eager to move into the new space and look forward to their new home.

cc: Mike Malone
Mike Harman
Sandy Thurman
Todd Summers
Chery Reynolds

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR GLORIA GONZALEZ

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 632-1090

Date: April 6, 1998

Re: Scheduling Request for Dr. Satcher from UCSF

The University of California at San Francisco (UCSF) has extended an invitation to Dr. Satcher to attend an event with the Fogarty Workshop on International HIV/AIDS Prevention Research Opportunities on April 17, 1998 in San Francisco.

We would like to add our support to the UCSF request. Dr. Satcher's participation in the welcoming dinner for the workshop would certainly increase the visibility of this important event. As you know, during Dr. Satcher's tenure at the Centers for Disease Control and Prevention he demonstrated great commitment to international efforts to support HIV prevention. An expression of his continued commitment to leadership in this area would be most welcome.

The AIDS policy staff at UCSF continue to be a great resource to our Administration in improving our understanding of prevention science. We would appreciate it if Dr. Satcher would give strong consideration to participating in their upcoming event.

Please feel free to call me at 456-2437 should you have any questions. Thank you for your assistance.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

AIDS RESEARCH INSTITUTE (ARI)
University of California San Francisco (UCSF Box 0886)
74 New Montgomery, Suite 600
San Francisco, CA 94105

Tel: (415) 597-9203
Fax: (415) 597-9213
Email: ARI@quickmail.ucsf.edu

March 12, 1998

The Honorable David Satcher, MD, PhD
U.S. Surgeon General
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Satcher:

We are writing to invite you to speak at the welcoming dinner of the Fogarty Workshop on International HIV/AIDS Prevention Research Opportunities on April 17, 1998, in San Francisco.

The goal of the four day workshop is to review experience to date and to make recommendations for high-priority international HIV/AIDS prevention research. The results of this research must be clearly applicable to developing countries and must be affordable within limited resources. The emphasis will be on research approaches that are best conducted in the developing world. The workshop will attempt to integrate the most recent results for HIV prevention research with practical issues in specific countries in an effort to identify the next best opportunities for interventions and research.

The outcome of the workshop will be made available to educational institutions, health authorities, foundations and non-governmental organization in both developed and developing countries. The findings will also be placed on the World Wide Web with an opportunity to receive widespread feedback from the global HIV/AIDS community.

The workshop is scheduled to open on Friday, April 17th, with a 6:00 reception followed by a 7:00 dinner at the Hyatt Regency Embarcadero in San Francisco. Your comments would be part of the welcoming dinner program beginning at 7:30.

Thank you for your consideration of this request. If you have questions about this invitation, please contact Steve Morin, PhD, Director, UCSF AIDS Policy Research Center Director, at (415) 597-9228.

We hope you will be able to join us for what promises to be an exciting and productive workshop.

Sincerely,

M Chesney

Margaret Chesney, Ph.D., Co-Director
UCSF Center for AIDS Prevention Studies

Thomas J. Coates, Ph.D., Director
UCSF AIDS Research Institute

THE WHITE HOUSE

WASHINGTON

March 19, 1998

Note to Dave Wagner, OES/E/EIT/Dapartment of State

Re: UN Eighth Inquiry on Population and Development

Thank you for the opportunity to provide input to the HIV/AIDS related questions of the *UN Eighth Inquiry on Population and Development.* The Office of National AIDS Policy (ONAP) suggests the following changes/additions related to HIV/AIDS:

314.

Please add the following:

Approximately 40,000 new HIV infections occur in the U.S. every year. Racial and ethnic minority populations (Blacks, Hispanics, Asian and Pacific Islanders, and American Indian/Alaska Natives) are disproportionately affected by this disease. More than 50 percent of all new HIV infections in the United States are in racial and ethnic minority populations, despite the fact that they constitute approximately 25 percent of the U.S. population. Of specific concern are the increasing rates of HIV infection in women, youth, and heterosexuals. Intravenous drug use associated HIV infection cases now account for almost 40 percent of all new HIV infections. AIDS is leading cause of death in Black men and women, aged 25 - 40, and the second leading cause of death in Hispanic men, aged 25 - 40.

321.

It appears as if the current response indicates that the Federal government has implemented needle exchange programs. Needle exchange programs may occur at the state and/or local level, at their discretion, depending on state and/or local laws. As of March 18, 1998, Federal funds may not be used for such programs.

332.

Replace with:

The Office of National AIDS Policy, established in 1993, provides broad direction for Federal AIDS policy and fosters interdepartmental communication on HIV/AIDS. The director of the

Office is a member of the President's Domestic Policy Council and has direct access to the President and his Cabinet on issues affecting HIV and AIDS. The Office of National AIDS Policy works closely with the AIDS community both in the United States and around the world.

The Office also created the Interdepartmental Task Force on AIDS, which is chaired by the Director, to help better facilitate communications among the various departments and agencies of the Federal government involved in HIV/AIDS.

Todd Summers
Deputy Director
Office of National AIDS Policy