FOIA Number: 2018-0758-F

FOIA MARKER

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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 - 6/98

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From Ariel Velazquez (2 pages)	04/06/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Todd Summers
OA/Box Number: 21082

FOLDER TITLE:
Correspondence-Todd Summers-Outgoing-6/98

2018-0758-F
rs3226

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Draft/Soliz/6/3/98

June 1, 1998

Susan H. Mather, M.D., M.P.H.
Chief Public Health and Environmental Hazards Officer
Department of Veterans Affairs
Washington, DC 20420

Dear Dr. Mather:

Thank you very much for helping Mr. Russell Reed, the former VA employee that we referred to your agency. Mr. Reed had contacted our office seeking help in obtaining disability retirement benefits. I feel very strongly that government agencies are here to help people and should be responsive to citizens when they request assistance.

Please let me know how Mr. Reed's case is finally resolved so that we may have this information for our files..

Again, I very much appreciate your help.

Sincerely,

Todd Summers
Deputy Director
Office of National AIDS Policy

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10368	Susan	Mather, MD	12/10/97

Addressed To
Summers, Todd

Sender's Organization
Dept of VA

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject
Benefits for VA employee

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

Bob -

Can you do a nice ~~to~~ thank you note and a request to know if it's resolved?

Thanks,
Todd

Department of Veterans Affairs

Memorandum

Date: 28 November 1997

From: Chief Public Health and Environmental Hazards Officer (13)

Subj: Disability benefits for a former VA employee

To: Deputy Director, Office of National AIDS Policy

1. Thank you for referring the case of the former VA employee who had left VA employment two years prior to seeking disability retirement benefits.

2. I have checked with Human Resourcs personnel and discover that policy does requre that application be made within a year. However, I understand that it is possible to request a waiver from OPM. Therefore, I am forwarding the paperwork for the application (2824), which needs to be completed and sent to OPM, directly to Mr. Reed.

3. A copy of the letter which was sent with the application forms is attached.

Susan H. Mather

SUSAN H. MATHER, MD, MPH

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

In Reply Refer To:

November 28, 1997 (13)

Mr. Russell F. Reed
518 S. Midvale Boulevard
Madison, WI 53711

Dear Mr. Reed:

Your letter of November 2, 1997, to Ms. Sandra Thurman, the Director of the Office of National AIDS Policy, was forwarded to me for review since it involved policies of the Department of Veterans Affairs (VA). Since there seems to be some urgency to your situation, I am taking the liberty of responding to you directly.

I have looked into your situation and as you correctly stated VA policy and the Civil Service Retirement only allow for a window of one year after ceasing employment to apply for disability retirement. However in checking with VA Human Resource personnel, I have found that the Office of Personnel Management (OPM) can review the case and determine if it merits a wavier from VA policy.

In order for to conduct this review, they request that the enclosed information be completed. As I have highlighted for you on the document labeled, "Documentation in Support of Disability Retirement Application", your application will need to sent directly to OPM.

I hope that this information is helpful to you.

Sincerely,

Susan H. Mather, M.D., M.P.H.

enclosures

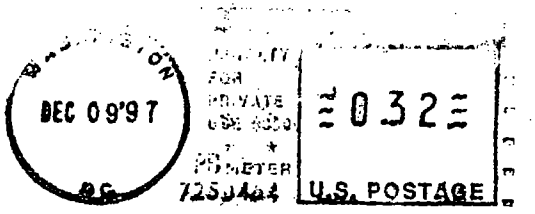
cc National Office of AIDS Policy

Department of Veterans Affairs

(13)

Washington, DC 20420

OFFICIAL BUSINESS
Penalty for private use $300



Office of National AIDS Policy
ATTN: Todd Summers
808 17th St., NW
Washington, DC 20006

20006-3910 65

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR ERIC GOOSBY

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: June 17, 1998

Re: NPR Story on HIV Surveillance

Last night, John Ward from the CDC was interviewed on an NPR story on the HIV surveillance debates in New York and California (transcript attached). It appeared that Dr. Ward inferred that names-based reporting is the only way to adequately gather the necessary data is simply wrong.

Until we have reached a decision on this policy, it would be helpful if CDC officials refrained from stating or inferring that names-based systems are superior to unique-identifier systems, or that CDC's forthcoming draft policy statements will favor or require names-based systems. Having CDC staff publicly put out their perspective on this issue when senior White House and HHS officials are stating publicly that no policy has been adopted is embarrassing. (This is not a good time to have another policy discussion through the media.)

While Dr. Ward and his colleagues may feel that they are correct in their conclusion that states should adopt names-based systems, we do not yet share that perspective. Significant questions about the impact that such systems would have on testing behaviors remain. We would appreciate your help in analyzing studies cited by CDC to support the contention that names-based systems have no adverse impact on willingness to seek HIV counseling and testing by those most at risk for infection. Community members and researchers have told us that this is a misapplication of the studies, while others have cited contradictory results from different studies.

We believe that the CDC should focus its efforts on the quality of HIV surveillance data necessary to help us understand the spread of the epidemic and to appropriately target resources. We remain unconvinced that states should be forced to abandon efforts to establish systems that use unique identifiers.

Your assistance in facilitating a speedy internal process in search of a fair and balanced policy reflective of the needs of CDC, state officials, and those directly impacted by HIV is appreciated.

1ST STORY of Level 1 printed in FULL format.

NPR

SHOW: NPR ALL THINGS CONSIDERED (NPR 8:00 pm ET)

JUNE 16, 1998, TUESDAY

Transcript # 98061610-212

TYPE: PACKAGE

SECTION: News; Domestic

LENGTH: 2081 words

HEADLINE: HIV Records

BYLINE: Brenda Wilson, Washington, DC; Robert Siegel, Washington

HIGHLIGHT:
Public health workers and AIDS activists in New York ar embroiled in a debate over whether or not people infected with the human immunodeficiency virus should be reported by name to the state health department. All states keep records of people who have AIDS. 30 states track HIV infections, but they account for only a fourth of the people with HIV in the United States. California and New York together account for about half of HIV infections. The federal Centers for Disease Control and Prevention says that without a system in each state that collects the names of HIV infected people, they can't keep track of the epidemic in the United States. NPR's Brenda Wilson reports.

BODY:

ROBERT SIEGEL, HOST: This is ALL THINGS CONSIDERED. I'm Robert Siegel.

LINDA WERTHEIMER, HOST: And I'm Linda Wertheimer.

In tomorrow's issue of the Journal of the American Medical Association researchers report that the rate of new HIV infections has fallen significantly among gay men and drug users. The infection rate has gone up among heterosexual men and women.

SIEGEL: The problem with this picture of AIDS infection in the United States is that it's based on data from the years 1988 to 1993, and those are the latest numbers available.

To gather more current data the Federal Centers for Disease Control and Prevention want states to track HIV infected people by name. Most states already comply with the CDC, but as NPR's Brenda Wilson reports the two states with the most HIV infections, California and New York, may not go along.

BRENDA WILSON, NPR REPORTER: Trying to keep count of the number of people in

the United States with HIV was always an unwieldy task for the Federal Centers for Disease Control and Prevention, subject to hyperbole and a lack of hard numbers. But even that system has grown outdated.

At the height of the epidemic in the late 1980s about a million and a half people were thought to be infected with HIV. At that time epidemiologists projected HIV infections by tracking AIDS trends. These days the two aren't connected in the same way.

Combination drug therapies have slowed the progression to AIDS dramatically. So tracking people with AIDS doesn't give you any idea how many people are infected with HIV. John Ward has been tracking the AIDS epidemic for the Federal Centers for Disease Control and Prevention.

JOHN WARD, FEDERAL CENTERS FOR DISEASE CONTROL AND PREVENTION: Our estimates of how many people are living are with HIV in the U.S. are actually about five years old now because we really have no effective way currently of estimating the size of the epidemic. The number of people living with HIV could well be increasing in the United States.

WILSON: And in order to find out the CDC wants all states to track HIV infections. States that already keep a record of who is infected with HIV, Ward says, have had a better idea all along of how effective they've been in preventing the disease and getting infected people into treatment.

WARD: Right now about 17 percent of people reported with HIV are adolescents, much higher percentage than the -- percentage reported with AIDS. And many states have used that information, like New Jersey, to develop more programs for adolescents.

Michigan also used their HIV data to demonstrate the problem of HIV in their rural communities that was not being represented in their AIDS trends.

WILSON: Public health officials and AIDS activists have debated the question of reporting infected people since a test for the virus was developed in the mid 1980s. Because of the hysteria surrounding the disease, public health officials feared that reporting infected people before they developed AIDS symptoms would drive them under ground.

Professor Ronald Bayer (ph) occupies a corner office at Columbia University's School of Public Health, it overlooks a noisy street in New York City, an epicenter of the AIDS epidemic.

RONALD BAYER, PROFESSOR, COLUMBIA UNIVERSITY SCHOOL OF PUBLIC HEALTH: Homosexual practice, activity, is a crime in half the country. Drug use is a crime all over the country. These are populations that had reason to be suspicious of the authorities.

WILSON: So, Bayer says, public health officials made a decision not to treat HIV like other contagious diseases. Unlike syphilis or tuberculosis, which can be treated and cured, there is still no cure for HIV or AIDS.

In recent years new treatments have turned AIDS into more of a chronic illness, one that is no less deadly, but kills more slowly. Once a person becomes infected they may remain infectious.

BAYER: As AIDS becomes more chronic it in some way is viewed as less special, and as it's viewed as less special the unique and special policies that surrounded it early on in the epidemic begin to lose their grip.

WILSON: In large metropolitan areas like San Francisco and New York, AIDS policy was often shaped by gay activists who organized to fight the epidemic in the face of official neglect. Bayer believes the capacity to sustain the policies that made exceptions for AIDS has weakened as the epidemic has shifted from gay white men to African- Americans and Hispanics.

BAYER: As the epidemic has gotten darker, it becomes more like the medicine that typically surrounds poor people. Public and social policies that effect people at the lower end of the socio-economic ladder are more likely to be authoritarian than are policies that effect people at the upper end of the socio-economic ladder.

WILSON: But public health workers, gay activists and others who have long been involved in AIDS work are still fighting to maintain confidentiality, even though the populations they serve are now different.

They want people to get tested so that they can be treated since it is easier to keep people healthy if they begin treatment soon after they've been exposed. And they are worried that people will put off getting tested out of fear of disclosure, being ostracized, or losing their jobs.

Massachusetts' Acting AIDS Director Jean McGuire (ph) says that there is still a tremendous amount of stigma attached to the disease.

JEAN MCGUIRE, ACTING AIDS DIRECTOR OF MASSACHUSETTS: People perceive a great deal of difference in identifying themselves to a care provider, a case manager, a nurse, their doctor than they do to identifying themselves to the state in such a way that the state acquires their name and keeps it on a list over a long period of time.

That is something that many people are quite suspicious about and are perhaps even more suspicious about it in an environment where we're talking so much about breaches of medical security information.

WILSON: A doctor's office may provide a certain anonymity and privacy, but in fact health department medical records have proven to be more secure.

Even so, McGuire says, recent surveys conducted in Massachusetts indicates that people are still not comfortable with the idea of the government maintaining a list of people who are infected, particularly if they receive welfare or are concerned about losing custody of their children.

MCGUIRE: In some of the poorer communities we heard from people who were quite concerned about what would then be, for instance, the state's ability to match a list of names of people with HIV with a list of names of family members who had children in DSS custody or who were at risk in some other way in terms of juvenile or other services in this state.

WILSON: So Massachusetts' State Health Department recently adopted a surveillance system that uses instead of names coded identifiers for each

person who is infected with HIV. The CDC hasn't been satisfied with how coded systems have worked and are concerned that they will complicate surveillance.

Studies of coding systems used by Texas and Maryland showed high rates of incomplete records, low rates of physician compliance, according to the CDC's John Ward.

WARD: Information such as the mode of transmission of HIV, which is obviously a critical element of what you're trying to find out in a community is how this virus is being transmitted, is very difficult to collect if you don't have direct access to the medical record or if you can't communicate directly with the doctor about the patient in a way that they, you know, identify with that patient, which is by name.

WILSON: Ward says that a survey in states which report the names of HIV infected residents found people were not worried about having their names on a list. Even though survival rates today mean a name could be there for decades.

But in communities of color, where people distrust the government and put off going to see the doctor, Dennis DeLeon (ph) of New York's Latino Commission on AIDS fears that this will be just one more reason to delay seeking care.

DENNIS DELEON, LATINO COMMISSION ON AIDS: There was a study comparing states that have names reporting to states that -- don't have names reporting in terms of when people get tested, which is the real question, because eventually everybody gets tested.

And they found that people in the states without name reporting are getting tested earlier than the states that have the name reporting. That to me is the bottom line.

WILSON: Thirty-two states currently report the names of people infected with HIV, but that accounts for only about a third of HIV infections in the U.S. California and New York together account for about half of the HIV infections.

If New York is to change its policy this year it will have to do so this week, before the current legislative session ends. Some proposals before the Assembly could mean that the CDC would ultimately get the HIV data it wants from New York. Dennis DeLeon says the bills would do more than that.

DELEON: There's not a single bill pending right now for just names reporting and surveillance. They're all tied in to either reporting it to law enforcement authorities or to reporting it to partners.

WILSON: Former public health official Dr. Mark Rappaport (ph) served on a special advisory committee to New York state's health commissioner. It's split down the middle on the issue of the reporting of names and partner notification, with most AIDS advocates and workers opposed and many public health officials like Rappaport lining up in support.

MARK RAPPAPORT, DOCTOR: We have a system in New York, or a non system I would characterize it as, which allows physicians to tell a partner if the infected person chooses not to, but it also allows them not -- to not divulge that data and not involve public health officials as well.

Speaking for myself, I think that's an outrage. I mean, that we have the names and addresses of people who are, not only yesterday but also tomorrow and the next day, at risk of being infected and in many cases don't know it.

This is a disease that is 100 percent fatal, that is 100 percent incurable, and 100 percent preventable.

WILSON: Rappaport wants to keep open the option of anonymous testing in some cases, for immigrants, drug users and others who fear being found out. There would be stiff penalties for anyone who leaked information or discriminated against someone who has HIV or AIDS.

But Dennis DeLeon of the Latino AIDS Commission says that would provide little comfort to people who don't want others to know they're infected.

DELEON: Quite frankly, if someone comes to me and says, "I want to get tested and I want to keep it confidential," I'd say get tested anonymously or in another state. Once there's part notification all guarantees of confidentiality are out the window, they're out the window.

And I think people are smart enough to see that. We're not stupid, we know that if you tell my spouse, my spouse is going to tell somebody else and tell somebody else and I may lose my job in the process.

WILSON: Whatever the outcome in New York, CDC officials still have California to deal with. And there are no prospects it will consider reporting people who are HIV infected by name.

Like Massachusetts, California is designing a system that would rely on a code. And many epidemiologists say that means that changing trends in infection and pockets of HIV off the main track may go unnoticed, leaving us with an analysis of the AIDS epidemic like the one in the Journal of the American Medical Association this week that is out of date by the time it's published.

Brenda Wilson, NPR News, Washington.

This is a rush transcript. This copy may not be in its final form and may be updated.

LANGUAGE: ENGLISH

LOAD-DATE: June 16, 1998

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR SUE J. SMITH

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: July 6, 1998

Re: POTUS Correspondence

Please be advised that, in reference to the attached correspondence forwarded to us for a response, we recommend that no response be made and that the file be closed.

Should you wish to contact me, I can be reached at 6-2437.

THE WHITE HOUSE

WASHINGTON

5-7-98

DATE

MEMORANDUM

FOR: ONAP

FROM: SUE J. SMITH SJS
DIRECTOR, AGENCY LIAISON

SUBJECT: REFERRAL OF CASEWORK

I am forwarding the attached letter to your office for appropriate action. Please send us a copy of your written response or your telephone report along with the writer's original correspondence and envelope to the following address:

Ms. Sue J. Smith
Director, Agency Liaison
Room 6, OEOB
The White House
Washington, D.C. 20502

If you have any questions, call my office at 202/456-7486.

Thank you for your help.

5/15

- there is an IND
- put on clinical hold
  - no enroll
  - no ship.
- No protocol
- No manufacty data
? sterile
- Goat immunized i s/c from sero pos persons blood. → abs to virus + immunoblood cells.

FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

736 Jackson Place NW
Washington, DC 20503

Phone: (202) 456-2437
Fax: (202) 456-2438

letter lists problems
- no protocol or manf.
- gave us info & we'll take off hold

Sued twice - Pt. wanted release

- Dr. Davis

TO:	**William B. Schultz** **DEPUTY COMMISSIONER** **PKLN Room 1481** **Mail stop HF-22** **Phone 301-827-3370**
FAX NUMBER:	**301-443-5930**
FROM:	**J. Todd Weber, MD, FACP**
DATE:	**May 12, 1998**
PAGES:	**5 (including cover sheet)**
COMMENTS:	**As we discussed.**

30 March 1998

Dear President Clinton,

During the beginning of this year a news story aired on Channel 5 about a Dr. Gary Davis of Tulsa, Oklahoma who had founded a goat serum to combat HIV/AIDS.

Rocky Thomas (Precious' mom) had seen the news story air the same time I did. The following day I contacted Channel 5. Explained to them that I had been working on a community outreach program for Precious and wanted to write the Dr. to see if he could furnish the Thomas family any information which may be helpful to Precious.

After receiving my correspondence, Dr. Davis contacted me via telephone to discuss Precious' condition. Dr. Davis agreed if Precious could get to Tulsa, he would see her.

The irony of this entire situation is that Precious can see Dr. Davis but cannot be treated because his clinical trials have been placed on clinical hold by the FDA for very minor reasons which can be discussed with Dr. Davis and the FDA personally. The contact person at the FDA is Dr. Charles Maplethorpe and Dr. Lewis.

To add insult to injury the process which Dr. Davis has proposed to treat HIV/AIDS has been used in Ghana successfully by a patient named Atai Quay. This was documented by FOX news network corespondent Mr. Brian Wilson.

If the scientific community, and I know the President of the United States who has declared was on the AIDS virus, would just investigate and look into the scientific explanation and application of Dr. Davis' process, not only would you find a possible cure for HIV/AIDS but for other serious infectious diseases such as Hepatitis, Emboli, Herpes, etc.

To contact Dr. Davis you may call the Senior Health Care Center, 205 East Pine Street, Tulsa, OK. 74106, at (918) 599-5510 or myself at (703) 742-9749.

Society needs and rightfully deserves a cure for the HIV/AIDS virus.

Please give this request a serious review, and I sincerely thank you for taking the time to review my letter.

Sincerely,

Raymond S. Burns
13325 Preuit Place
Herndon, VA. 20170

THE WHITE HOUSE

WASHINGTON

May 5, 1998

Mr. Raymond S. Burns
11325 Preuit Place
Herndon, Virginia 20170

Dear Raymond:

Thank you very much for your warm expression of support.

I am proud of what we have accomplished during the past five years -- we have reduced the deficit, expanded and sustained economic growth, improved educational opportunities for our children, and empowered Americans to make the most of their own lives. However, we still have much to do to meet our commitment to provide hope and opportunity for all our people as we approach the twenty-first century. As President, I am continuing to work hard to uphold your trust, to protect our shared values, and to meet our common challenges.

Thanks so much for your encouragement.

Sincerely,

Bill Clinton

HHS/FDA ONAP and BC Sched
currently handled in AL

3954955

7 May 1998

President Clinton
Via Susan of the
White House Correspondence Office
(202) 456-2992 (Fax)

Dear Susan,

I sent a two page fax (attached herein) to your office addressed to you for President Clinton some time ago. I also followed it up with a voice mail message for you. The two page fax I sent involved a Dr. Gary Davis who has developed a cure for HIV/AIDS using a goat serum. His clinical trials have been placed on hold by Dr. Maplethorpe of the FDA.

The goat serum has been proven to work by being administered to an individual in Ghana who has fully recovered and no longer has the disease.

I am working with Congressman Stokes office and he has agreed to set up a meeting with Dr. Davis, FDA and NIH officials and a host of others ***which include President Clinton***. My intent was to make President Clinton aware of the situation prior to the meeting.

The response letter I received yesterday in the mail (which is attached herein) does not address anything and was obviously written by one of the correspondence staff and never actually seen by President Clinton or someone in a decision making position.

I would hate to have to show President Clinton, who will be attending this upcoming meeting on Capital Hill to hopefully resolve any issues holding up Dr. Davis' clinical trials, the type of correspondence coming out of his office and him never having a background or heads up about the issue.

I realize the President gets thousands of letters from the people he represents, but the response should be of a relative nature in which his letter was not.

I ask that AGAIN this correspondence be reviewed and someone address the letter other than the usual personnel who send out correspondence under the Presidents name, as the meeting which Congressman Stokes is formulating will have invited the President to attend.

I remain available to answer any questions which your office may have.

Sincerely,
Ray Burns
Ray Burns

Business Category: Doctors

AFRICAN AMERICAN DOCTOR Has New Insite For TREATMENT OF AIDS

PO BOX 1327
Tulsa, OK 74101
Phone:
Fax: (918) 585-2535

Owner Name:
Dr. Gary R. Davis

E-mail Address:andrew@npi.net

Business Hours:

Other Information:
"THE SOLUTION HAS ARRIVED"
CELL FUSION BLOCKED

DR. GARY R. DAVIS AND GKC RESEARCH INC..... Have returned from a conference in ALABAMA to arrangefor a ...."PRESS CONFERENCE"..... in the NEAR FUTURE to announce further details concerning DR.GARY DAVIS.. DISCOVERY...and the...DEVELOPMENT>>>> of NEUTRALIZING PROTEIN.

This development is designed to...PREVENT CELL FUSION in T-CELLS which

...BLOCK FURTHER PRODUCTION OF...

"HIV CELL"

Patent for DR> GARY DAVIS'work has been applied for.

For More Information or questions about getting involved, Fax your requestto:

African American Resource Center (The Internet)

Attention: Dr. Gary Davis
FAX# (918) 585-2535

HHS Employee Details

Maplethorpe
Charles
W
FDA
DHHS/FDA/CBER/OBRR/DBA
MEDICAL OFFICER
WOC1
400N
HFM-380
301-827-3524
301-827-3534
MAPLETHORPE@CBER.FDA.GOV

Search employees | Search organizations | Browse organizations | Customize

Directory services provided by Program Support Center
United States Department of Health and Human Services

To make corrections, see the HHS directory contact list.

"Dr. Gary Davis Has New Insite to the Treatment of **AIDS"**

NEW IN-VITRO STUDIES ON AIDS RESEARCH TO BE ANNOUNCED.

For More Information or questions about getting involved, Fax your request to:

African American Resource Center (The Internet)
Attention: Dr. Gary Davis
FAX# (918) 585-2535
E-Mail: andrew@npi.net

Back to African American Resource Center

THE WHITE HOUSE

WASHINGTON

June 4, 1998

Floyd McKee
P.O. Box 441
Morrison, OK 73061

Dear Mr. McKee:

Thank you for your letter expressing support for the fight against HIV/AIDS. I am sorry to have to decline a purchase of buttons, but please do not feel as though your efforts have gone unnoticed. Please contact the Center and Disease Control Preventions National AIDS Clearing House in order to obtain a list of AIDS related organizations that may be interested in your services; the number is: 1-800-458-5231.

Good luck in your continued efforts.

Sincerely,

Todd Summers
Deputy Director
Office of National AIDS Policy

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10779	Floyd	McKee	5/4/98	Button Offer

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Floyd's Just for Fun Buttons a		

Sender's City	Sender's State	Sender's Zip

Please draft response
Thank you

Sandy Thurman:

My name is Floyd McKee,I own A company called, Floyd,s Just For Fun Buttons and Key Chains.

I,m sending you this button to let you know what I can do . I am also disabled, I would like to help in any way I can, with the fight against AIDS. I can give you very low prices on Quantities of Buttons.

25 - 99----------.75¢

100 - 499----------.65¢

500 -and over----------.50¢

Thank You:

Sincerly----------

Floyd L. McKee
P.O. Box 441
Morrison,OKLA. 73061
580-724-3608

THE WHITE HOUSE

WASHINGTON

June 18, 1998

Ms. Elizabeth Willis
Acting Congressional Liason Officer
Embassy of Australia
1601 Massachusetts Avenue, NW
Washington, DC 20036

Dear Ms. Willis:

We have received your request for a meeting between Sandra Thurman, Director of the Office of National AIDS Policy, and Mr. Chris Puplick, Chair of the Australian National Council on AIDS and Related Diseases for Monday, July 13.

Unfortunately, Ms. Thurman will not be in Washington on that date. However, if you would like, I would be able to meet with Mr. Puplick representing Ms. Thurman and the White House.

If that is acceptable, please let me know. The meeting can be held at the White House or at the Embassy, at your choice. If you would like to meet in the White House, I will need the name, date of birth, and social security number of all meeting attendees.

Details can be handled through Ms. Sarah Holewinski of our office. Her direct line is (202) 395-1441. Both of us can be reached through (202) 456-2437. Our fax number is (202) 456-2438.

Sincerely,

Todd A. Summer
Deputy Director
Office of National AIDS Policy

Facsimile Cover Sheet

To: Ms. Sandra Thurman
Organisation: Office Of National AIDS Policy
Phone: 456-2437
Fax: ~~456-2439~~ 4562438

From: Elizabeth Willis
Embassy of Australia
Phone: 797-3337
Fax: 797-3414

Date: 12 June 1998
Pages including this cover page: ~~2~~ 4

Subject: Appointment Request

Please see attached letter regarding a request for an appointment

Sarah,

Thanks for your help!

Elizabeth

T- Sandy will be in Sydney if you might be available asked

Thanks,

TELEPHONE: (202) 797-3337
FACSIMILE: (202) 797-3414

CONGRESSIONAL LIAISON OFFICE
1601 MASSACHUSETTS AVE., NW
WASHINGTON, DC 20036

EMBASSY OF AUSTRALIA

IN REPLY QUOTE:

12 June, 1998

Ms. Sandra Thurman
National AIDS Policy Director
Office of National AIDS Policy
808 19th Street, NW
Washington, DC 20006

By Fax: 202-456-2439

Dear Ms. Thurman,

I am writing to request an appointment with you on behalf Mr. Chris Puplick, Chair of the Australian National Council on AIDS and Related Diseases (ANCARD) for Monday, 13 July 1998.

ANCARD is the primary advisory body to The Honorable Michael Wooldridge, Minister for Health and Family Services, and the Australian Government on all HIV/AIDS and Hepatitis C issues. I have attached a copy of ANCARD's informational brochure that explains the work of the Council in more detail.

Mr. Puplick is interested in meeting with you to discuss a range of AIDS related issues and exchanging ideas and information as to how Australia and the United States are handling this very important public health issue.

If you have any questions, please do not hesitate to be in touch. I can be reached at the telephone and fax numbers above.

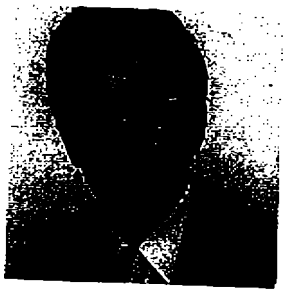
I look forward to hearing from you.

Sincerely,

Elizabeth Willis

Elizabeth Willis
Acting Congressional Liaison Officer

A MESSAGE FROM THE CHAIRMAN



It is my pleasure to introduce the Australian National Council on AIDS and Related Diseases (ANCARD), the Federal Government's peak advisory body on Australia's response and management of HIV/AIDS and related diseases.

ANCARD was established in December 1996 to co-incide with the announcement by the Federal Minister for Health and Family Services, Dr Michael Wooldridge, of the Third National HIV/AIDS Strategy, 1996-97 to 1998-99. This Council replaces the Australian National Council on AIDS (ANCA), which had successfully addressed HIV/AIDS national issues over the past decade. This Strategy is a national blueprint for co-ordinating, at a national level, initiatives to fight the spread of HIV/AIDS and related diseases such as hepatitis C, and the care and treatment of people living with these diseases.

Since the first outbreak of the HIV/AIDS epidemic, Australia has been a world leader in terms of its response and now we are broadening our brief to include related communicable diseases that have clear and direct links to HIV/AIDS, such as sexually transmissible disease and hepatitis C.

ANCARD was established by the Government to provide independent and expert advice to the Minister who appoints members on the basis of their expertise. Members have experience in research and practice across a wide spectrum of the medical, scientific, social science, public policy, educational and community sectors. ANCARD is primarily concerned with the identification of national needs, objectives and priorities in the areas of education, treatment, services and research and to take on a public information role on HIV/AIDS and related issues in order to increase community understanding.

ANCARD has a number of standing sub-committees and others can be added as the need arises. These committees comprise experts in their fields. A list of the Committees and their Chairs is contained in this brochure.

Chris Puplick
Chairman

AUSTRALIAN NATIONAL COUNCIL ON AIDS AND RELATED DISEASES (ANCARD)

Chair: Mr Chris Puplick

Terms of Reference:

To consider and advise the Minister for Health on:

- national needs, objectives and priorities in relation to HIV/AIDS and the implementation of the National HIV/AIDS Strategy 1996-97 to 1998-99
- emerging issues in the area and anticipated changes in the epidemic
- education priorities; the treatment and care of people living with HIV/AIDS and strategies for the prevention of HIV/AIDS and, where there is significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and sexually transmitted diseases (STDs)
- current legal, medical, scientific, ethical, social and public health aspects of HIV/AIDS and, where there is significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and STDs
- research activities, guidelines and priorities pertaining to HIV/AIDS and, where there is significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and STDs ensuring that research undertaken relates to and helps achieve the goals set out in the Strategy
- other matters referred to by the Minister.

The Committee has produced a comprehensive three-year work plan, in keeping with its terms of reference; the plan will be reviewed and updated annually. The Committee will report annually to the Minister for Health and Family Services against its work plan and on aspects of the implementation of the National HIV/AIDS Strategy 1996-97 to 1998-99.

ANCARD RESEARCH ADVISORY COMMITTEE (RAC)

Chair: Associate Professor Graeme Stewart

The Research Advisory Committee (RAC) is established as a sub-committee of the Australian National Council on AIDS and Related Diseases (ANCARD) to advise on matters related to research in relation to HIV/AIDS and, where there is a significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and STDs. It has a particular responsibility to advise ANCARD on how various aspects of research strengthen and fulfil the goals and objectives set out in the National HIV/AIDS Strategy 1996-97 to 1998-99; and RAC's recommendations for research support in all areas, including social policy research, recognise these responsibilities. Operational aspects of RAC are in accordance with the principles and guidelines of the National Health and Medical Research Council (NHMRC).

Terms of Reference include:

- to advise ANCARD on priorities for and suitability of research activities into HIV/AIDS and, where there is significant overlap or commonality of risk factors, related diseases such as hepatitis C and STDs
- to investigate and implement ways of:
  - proactively identifying necessary areas of research
  - developing research partnerships with affected people and groups
  - fostering new researchers and new approaches to research
  - broadening the research base
- to monitor and review the research activities of the National Centres in HIV Research according to NHMRC guidelines for such units and to encourage maximum interaction between the National Centres.

ANCARD CLINICAL TRIALS AND TREATMENTS ADVISORY COMMITTEE (CTTAC)

Chair: Professor Peter McDonald

The Clinical Trials and Treatments Advisory Committee (CTTAC) is a specialist sub-committee of the Australian National Council on AIDS and Related Diseases (ANCARD) with members appointed because of their particular expertise or technical knowledge in relation to the treatment and care issues in relation to HIV/AIDS and, where there is a significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and STDs.

Terms of Reference include:

- oversee HIV/AIDS treatments in Australia, particularly on questions of access to treatments under trial and access to treatments approved for use overseas and in Australia
- advise the Minister for Health, through ANCARD, on policy and standards of care related to treatment of HIV/AIDS and, where there is a significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and STDs, and to provide similar advise to the National Centres in HIV Research, through their management committees, on the conduct of their clinical trials and treatments
- develop and maintain a national HIV/AIDS treatment and care strategy
- review programs for informing people with HIV/AIDS on treatment and care options and clinical trials and make recommendations to ANCARD on the development of those programs
- approve all clinical trials undertaken and funded by the National Centre in HIV Epidemiology and Clinical Research and those by the Community Research Network
- approve areas of research to be developed by relevant working groups into detailed protocols for national studies.

ANCARD INDIGENOUS AUSTRALIANS SEXUAL HEALTH WORKING PARTY (ISHWP)

Chair: Ms Deb Reid

The ANCARD Indigenous Australians' Sexual Health Working Party (ISHWP) is responsible for the development of a strategic plan to promote and maintain the sexual health of all indigenous Australian people.

Terms of Reference include:

- to provide advice to ANCARD on the implementation of a national strategic plan aimed at promoting and maintaining the sexual health of all indigenous Australians, in reducing the level of STDs and in preventing the spread of HIV/AIDS in their communities, and where there is a significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and STDs.
- to advise on Aboriginal and Torres Strait Islander sexual health issues, particularly surveillance, diagnosis, management, care and support, preventative education, control measures, research and evaluation for all STDs in Aboriginal and Torres Strait Islander communities, including HIV/AIDS, and for related communicable diseases such as hepatitis C and where there is a significant overlap or commonality of risk factors.

ANCARD EDUCATION SUB COMMITTEE

Chair: Professor Doreen Rosenthal

Under the National HIV/AIDS Strategy 1996-97 to 1998-99, education and prevention initiatives will focus on HIV/AIDS in the context of sexual health and related communicable diseases. These initiatives will be directed specifically towards groups identified in the National Strategy, principally homosexually active men, indigenous people and injecting drug users plus others at high or increased risk of infection. Prevention remains the highest national priority for dealing in an integrated way with the spread of HIV/AIDS and, where there is a significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and STDs. The ANCARD Education Sub Committee has been established to provide advice to ANCARD on priorities for education initiatives and to look strategically at the education and prevention areas.

Terms of Reference include:

- to provide the Minister, through ANCARD, with expert advice on national issues and priorities in education related to HIV/AIDS and, where there is a significant overlap or commonality of risk factors, related communicable diseases such as hepatitis C and STDs.

AUSTRALIAN NATIONAL COUNCIL ON AIDS AND RELATED DISEASES
Secretariat - Department of Health and Family Services
MDP 13, GPO Box 9848, Canberra, ACT, 2601.
Telephone: (06) 289 7767 Facsimile: (06) 289 8098

AUSTRALIAN NATIONAL COUNCIL ON AIDS AND RELATED DISEASES

(ANCARD)

THE WHITE HOUSE

WASHINGTON

June 18, 1998

Allen Reese
Executive Director
AIDS Delaware
P.O. Box 67
Wilmington, DE 19899

Dear Mr. Reese:

I understand from the folks at the National Youth Advocacy Coalition that you've experienced some problems in scheduling a meeting with us. I want you to know that we're more than happy to meet!

Sandy's schedule is extraordinarily hectic, so I would like to propose a meeting with me instead. If that's acceptable, please give me a call and we'll set something up. I would also consider a visit to your agency, although that gets a little more complicated. Should you want to continue to pursue a meeting with Sandy, let me know that and I'll try to work with her scheduler to find a mutually acceptable time.

We are very short-staffed here, so please understand that the difficulty you've experienced does not reflect our interest in meeting. On the contrary, Sandy and I both love nothing more than talking to the folks who are doing the real work in this epidemic.

Please call me at (202) 456-2437. I look forward to meeting you and hearing more about your agency, and the needs of people living with HIV/AIDS in Delaware.

Sincerely,

Todd A. Summers
Deputy Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR CHARLES F. C. RUFF

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: June 9, 1998

Re: Request for responsive records - June 9, 1998

Please be advised that this office has no documents or other records of any kind that are responsive to your memorandum of June 9, 1998 (copy attached for reference).

Todd Summers, Deputy Director
Office of National AIDS Policy

PostMaster 06/09/98 03:31:43 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: Request for Responsive Records

MEMORANDUM TO: Executive Office of the President Staff

FROM: Charles F.C. Ruff
Counsel to the President

SUBJECT: Request for Responsive Records

We have received several document requests for all records referring or relating to the individuals, entities, and subject matters *listed below*. As many of you know, we have been working for the past several weeks to identify and gather documents from those sources most likely to contain responsive information. We are circulating this memorandum to all EOP staff to ensure that all relevant records are identified and that all responsive material is gathered.

Pursuant to this request, please provide copies of all records, documents (whether in hard copy, computer, or any other form), or any other materials of any kind relating or referring in any way to any of these subjects, entities, or individuals **from February 16, 1990 to May 26, 1998**.

Every employee is responsible for searching his or her own files and records to ensure a comprehensive search. Each office head or Assistant to the President must certify that his or her staff has done a complete and thorough search. In addition, if you believe that files that have been sent to the Office of Records Management may contain responsive information, please advise us so that we may ensure that all responsive documents have been located.

All materials must be provided to Michael X. Imbroscio, OEOB 488, by noon on Tuesday, June 16, 1998. If you anticipate any difficulty in meeting this deadline, please call Michael Imbroscio at 456-6243. If your production includes any classified information or documents, please call Michael Imbroscio to arrange secure delivery of these materials.

Please provide all records referring or relating in any manner to the following:

(1) The export of satellites for launch in the People's Republic of China (PRC), including the following:

(A) All Presidential waivers, or denial of waivers, for satellites or related technology to the PRC, including (but not limited to) all license applications, review of such applications, end-use assessments, technical assistance agreements, and other technical data;

(B) The launch of U.S. satellites on Chinese vehicles; or

(C) The unauthorized transfer of technology or technical data related to Chinese satellite launches, including the possible legal or national security implications of such transfer.

(2) The transfer of export licensing authority for communications satellites or related equipment and technology from the State Department to the Commerce Department, including:

(A) The removal of communications satellites or related equipment or technology from the United States Munitions List; or

(B) The implementation of the decision to transfer satellites or related equipment and technology from the Munitions List to the Commerce Control List, including all documents related or referring to the decision process, monitoring of such items, and licensing of technical data.

(3) The January 1994 National Security Council decision that satellites under Commerce Department jurisdiction could be licensed under standard Commerce Department procedures or the January 1994 U.S. Government decision that satellites under Commerce control were not subject to Missile Technology Control Regime (MCTR) Category II sanctions.

(4) Membership of the PRC in the MCTR regime, including all documents referring or relating to the impact that such membership would have upon future decisions regarding MCTR policy, and the application of future sanctions.

(5) PRC missile-related proliferation activities, including but not limited to transfer of M-9, M-11, CSS-2, C-801, or C-802 missiles; ammonium perchlorate or other fuels or oxidizers; missile production information, equipment or facilities; telemetry information or hardware; or guidance equipment.

(6) All records referring or relating to the following entities and individuals:

(A) Loral Space Systems (or Loral Space and Communications);
(B) Hughes Aircraft (or Hughes Electronics);
(C) Bernard L. ("Bernie") Schwartz;
(D) C. Michael ("Mike") Armstrong;
(E) China Great Wall Industry Corporation ("CGWIC");
(F) China Aerospace International Holdings, Ltd. ("CASIL");
(G) Liu Chao-ying (or Liu Chaoying);
(H) General Liu Huaqing.

Message Sent To:_____

All CEA Users
All CEQ Users
All NSC Users
All OA Users
All OMB Users
All ONDCP Users
All OPD Users
All OSTP Users
All Staff
All WHO Users
All USTR Users

THE WHITE HOUSE

WASHINGTON

June 8, 1998

Scott Carroll
475 Vassar Ave.
Berkeley, California 94708

Dear Mr. Carroll:

Thank you for your letter regarding needle exchange programs and prevention of new HIV infections in the fight to end the AIDS epidemic.

We at the Office of National AIDS Policy take the concerns that you have raised very seriously. We all know that the rising incidence of HIV infection among those who use injected drugs, and among their partners and children, is a major factor in the continued growth of this epidemic. Therefore, I will continue to support retention of the HHS Secretary's authority to decide whether to allow local communities to use federal funds for needle exchange programs.

The report released recently by HHS indicates that needle exchange programs can help reduce HIV transmission without encouraging the use of illegal drugs. This scientific analysis should be of great use to local and state officials who are considering the implementation of needle exchange as part of their comprehensive HIV prevention strategies.

At the same time, we have tried to prevent the politicization of needle exchange efforts by keeping decision making at the local level. And we are not at this time allowing federal funds to be used for such programs. More must be done to help the general public and those in Congress understand the role of needle exchange programs in our efforts to fight both HIV and illegal drug use. In the interim, our office, the Office of National Drug Control Policy, and the Department of Health and Human Services will work together to improve our efforts to stop the spread of HIV among injection-drug users, their partners, and their children.

Again, we appreciate your efforts in helping us fight this terrible disease.

Sincerely,

Todd Summers
Deputy Director
White House Office of National AIDS Policy

From AVACScott@aol.com Wed Apr 29 22:51:27 1998
Date: Wed, 29 Apr 1998 22:46:01 -0400 (EDT)
From: AVACScott <AVACScott@aol.com>
Subject: Federal funding needle exchanges now!
To: president@WhiteHouse.GOV
Cc: senator@boxer.senate.gov, senator@feinstein.senate.gov
Message-id: <400f70c.3547e5ec@aol.com>

Content-transfer-encoding: 7BIT
Comments: This message scanned by SCAN version 0.1 jms/960226

April 29th, 1998

Dear President Clinton,

President Ronald Reagan had an opportunity in the early 1980's to pay attention to the public health crisis we now know as AIDS. At that point it was just peering over the on the horizon. On Monday, April 20th you and your administration, against the overwhelming scientific advise of the day, turned your back on this public health emergency, even after 16 years in which we've seen the horrable results of Reagan's discisions. And you did it because of politics. SHAME ON YOU! This disease should be named after people like you who could do something on a massive level to prevent it, but won't.

I urge you to reverse your dicision and make federal funds available immediately. I urge you and your administration to provide the leadership needed to prevent Congress from enacting legislation to block such funding. You, President Clinton, need to speak to this issue.

Sincerely,

Scott Carroll
475 Vassar Ave.
Berkeley, CA 94708
(510) 528-0151

cc Senators Barbara Boxer and Dianne Feinstein, and Rep. Barbara Lee.

THE WHITE HOUSE

WASHINGTON

June 7, 1998

Jamie W. Weaver, BSN, RN
935 22nd Street
Gulfport, MS 39501-3342

Dear Ms. Weaver:

Thank you for your recent letter regarding funding for the Ryan White CARE Act. I want to assure you that the Clinton Administration remains committed to this program as well as to finding a cure for AIDS and a vaccine to protect us all.

The President has submitted a budget request for $1.315 billion for FY 1999 for the Ryan White CARE Act, which is an increase of 14% over FY 1998. This includes $489.8 million for Title I, which represents a 5% increase over FY 1998 and a 165% increase since the President took office. The total amount requested for the Ryan White CARE Act includes $386 million for grants to State AIDS Drug Assistance Programs, a 35% increase from FY 1998.

Funding for AIDS research, prevention, and care increased by more than 50 percent during the first term of the Clinton Administration and, over the past two years, funding for NIH vaccine research and development has increased over 33 percent. Drug accessibility remains a priority as new, life-sustaining drug therapies are introduced. In response to these developments, funding for the AIDS Drug Assistance programs has tripled, while funding for the Ryan White CARE Act increased 198%.

This epidemic is far from over. We recognize the continuing need for HIV prevention programs, vaccine development efforts, and access to health care, housing, and research for all people living with HIV and AIDS, including access to the latest developments in HIV therapies. We will continue our work on behalf of the millions of people living with and affected by HIV/AIDS and to be an advocate for adequate funding for each and every federal program that benefits them.

Thank you for your support of our efforts and for your own efforts to stop this terrible epidemic.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Jamie W. Weaver, BSN, RN
935 22nd Street
Gulfport, MS 39501-3342

May 21, 1998

Sandy Thurman
Office of National AIDS Policy
808 17th Street N.W.
Washington, D.C. 20503

Dear Ms. Thurman:

I am writing in support of the Ryan White CARE Act and the recommendation of the CAEAR Coalition to increase funding for FY 1999. The Coalition is requesting $570 million in FY99 funding for Title I of the CARE Act. Emergency AIDS relief is essential due to the increasing number of people living with the disease and the extension of life expectancy for those with the disease.

Please review the attached fact sheet that gives supportive reason for continuing funding and increasing as appropriate for AIDS care.

I appreciate your consideration in this matter and hope to hear good news soon regarding the Ryan White CARE Act.

Sincerely,

Jamie W. Weaver, BSN, RN

Jamie W. Weaver, BSN, RN
Adult Acute Care Nurse Practitioner Student

Mandy (support)
Ryan White response

The Ryan White CARE Act
Fact Sheet

The Centers for Disease Control and Prevention (CDC) reports that AIDS is the number one cause of death among all Americans, ages 25 to 44, and is the leading killer of people in the prime of their lives (The Ryan White Care Act, 1998, May 12).

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was passed, in 1990, as a response to deficient means of medical care for human immunodeficiency virus (HIV) infected individuals (Havens & Hannan, 1995). The purpose of the Act is to

> "provide emergency assistance to localities that are disproportionately affected by the Human Immunodeficiency Virus epidemic and to make financial assistance available to States and other public or private nonprofit entities to provide for the development, organization, coordination and operation of more effective and cost efficient systems for the delivery of essential services to individuals and families with HIV disease" (Ryan White CARE Act, 1990).

The CARE Act supports many community based services, including primary and home health care, case management, substance abuse treatment, mental health, nutritional, and housing services. The CARE Act promotes cost-effective medical care and prevents the use of acute care for HIV infected individuals when not necessary. The CARE Act provides vital services to improve availability of medical care for individuals and families with HIV disease (The Ryan White CARE Act, 1998, May 12). Besides Medicaid, the Ryan White CARE Act is the "single largest federal investment in the care and treatment of people living with HIV/AIDS in the United States" (The Ryan White CARE Act, 1998, May 12, p. 1).

A bipartisan poll found that 77% of national voters favored maintaining or increasing federal help for the care of AIDS infected individuals (The Ryan White CARE Act, 1998, May 12).

The facts presented support furthered development and increased funding of the CARE Act. As research increases the life span of AIDS, medical care needs will increase. Any program supporting preventative HIV care with goals of decreasing nationwide infection rates is worth nationwide support.

References

Havens, D. M. H. & Hannan, C. (1995). Renewal of the Ryan White CARE Act. Journal of Pediatric Health Care, 9, 230-233.

Caring for people with HIV/AIDS. (1998, May 12). The Ryan White CARE Act. [On-line]. Available: http://www.hrcusa.org/issues/aids/ryan

Ryan White Comprehensive AIDS Resources Emergency Act of 1990. (1990). [On-line]. Available: http://158.72.83.3/bhrd/dhs/leg.htm

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR VIRGINA APUZZO

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

CC: Ashley Raines

Date: June 5, 1998

Re: Travel Authorizations for New York - Thurman and Summers

Two travel authorizations are being submitted this afternoon for travel to New York City. They are being submitted so close to travel time because the trip was only arranged this morning at a breakfast meeting with ONDCP Director McCaffrey and ONAP Director Thurman.

Director McCaffrey invited Ms. Thurman to attend a United Nations meeting on drugs, including participation in a speech and press conference by the POTUS as well as a luncheon and presentation by McCaffrey.

I need to go up this weekend to obtain United Nations credentials for Ms. Thurman and myself. These must be done in person, and are being required of all personnel except the POTUS.

I apologize for the travel authorizations being submitted so late, but as the trip was only scheduled this morning it could not be avoided. Please let me know if you or your staff have any questions. Thank you for your assistance.

FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

736 Jackson Place
Washington, DC 20503

Phone: (202) 456-2437
Fax: (202) 456-2438

TO:	Lynn Pahland
FAX NUMBER:	(703) ~~693-2548~~ 681-3657
FROM:	Todd Summers
DATE:	June 2, 1998
PAGES:	~~3~~ 4 (including cover sheet)
COMMENTS:	

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR LYNN PAHLAND

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: June 2, 1998

Re: Correspondence

I would appreciate it if you would help us to prepare a response to the attached letter. Can you look into the issues raised and provide me with a draft response for Ms. Thurman?

I appreciate your help!

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From Ariel Velazquez (2 pages)	04/06/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Todd Summers
OA/Box Number: 21082

FOLDER TITLE:
Correspondence-Todd Summers-Outgoing-6/98

2018-0758-F
rs3226

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

June 2, 1998

Tonio -

I found the enclosed article - apparently, I did steal it from you. Sorry!

I hope your trip to Costa Rica was fun - I may ask for some tips since it may be the location for my "get-out-of-town meltdown" in August!

Take Care,

Todd

Deputy Director, Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

June 4, 1998

Rabbi Joseph A. Edelheit
Temple Israel
2324 Emerson Avenue South
Minneapolis, Minnesota 55405

Dear Joseph:

Thank you so much for your thoughtful letter and the sermon. Your words touched me deeply, and I'm so grateful for your prayers -- and your friendship.

Best wishes for a peaceful summer.

Sincerely,

Bill Clinton

I, unlike you, felt real conflict over this because the evidence indicates to me that needle exchanges work only when they lead to comprehensive treatment which the federal funds in question would not provide. Also, the approval of federal funds for needle exchanges would have certainly been overturned in congress and probably would have resulted in a vote to cut off federal funds to centers using local funds for exchanges — considering all this, I did what I thought was right.

This week's Torah portion Shemini, Leviticus 10:1-4 deals with the painful and enigmatic event of Aaron's sons, Nadav and Abihu , being destroyed after failing to fulfill their duties as priests. The text tells us that they brought "Ash Zarah",a strange/alien fire before God. We don't know anymore about the details, though the rabbis speculate about their behavior, suggesting that one might have been drunk or the other might have been trying to overthrow their father the High Priest. All we can be certain about is their failure to follow the rules of priestly propriety. It is sad that Aaron must mourn his sons while leading the congregation as the High Priest; and it is confusing that whatever his own relationship with God, that his sons weren't given some margin of error before being consumed by God's fire. As strange as this text remains after years of study and reflection, it is even stranger that this text very often falls on the Shabbat prior to or following Yom HaShoah, Holocaust Memorial Day. The metaphor of alien fire, consuming even the sons of Aaron is very powerful when trying to understand the most radically alien of all fires, the fire of the Holocaust.

It is not mere coincidence that we read this confusing even disturbing passage at that time every year when we are trying to cope with the memory of the Shoah. Were Nadav and Abihu reckless or evil? My guess is, they were uncomfortable with their power, unsure of how to always use it for good and thus, were misled into serving up a sacrifice that went beyond the boundaries which God intends. As we continue to struggle with the Shoah, we ask the same question, were all those who participated in the death of the millions of Jews and non-Jews evil or just reckless. The answer is both. There were evil people whose blind and vulgar hatred for Jews, the retarded, homosexuals, communists and others led them to act in ways that are beyond any boundary of decency. Still others were involved not because of their hatred but because of their inability or refusal to say no to the evil of others, these are the people who are reckless, who did not know how to use their positions of power for the good and so their silence helped to foster the evil of others. We struggle with good people whose silence helps evil, much more than evil people doing evil. Maybe that is why we must read this portion.

This past week has been very painful for me, disappointing, and very frustrating as I have tried to understand the politics and policies of our government. My role on the President's Advisory Council for HIV/AIDS has for the first time forced me to confront a decision made in the White House with which I am in profound disagreement, so much so that I have considered resignation, writing a stinging letter to the President, but instead I will use this sermon as a context of reflection. I am so very confused about the President's leadership or to be more exact his failure to lead. As I am sure so many have you have read, this past week Secty of Health and Human Services publically affirmed several scientific studies which conclude that the use of needle exchange, the giving away of clean hypodermic syringes to drug addicts, does prevent the spread of the HIV virus and not increase the use of drugs. We on the council have waited months for this public confirmation by the nation's leading health officials, yet the good news was shattered when the Secty announced that the necessary Federal funds that communities need to implement the science would not be forthcoming. The science is there, but the dollars needed to save the people from transmitting the deadly virus cannot be used. The analogies of refusing to throw a life-preserver to a drowning person, or handing food to a starving person have already been used by several critics of this decision. I am struggling with a different analogy, one that as a rabbi and student of history terrifies me. When the history of the AIDS

epidemic is written, April 20, 1998 go down as the day when science and politics met in the White House and lives were lost. Sting as it might, I find this all too similar to April 1943, when the factual news of Auschwitz came out and the White House and War Department refused to act in any way to save the lives of the thousands and thousands of Jews and non-Jews being shipped to die in the gas chambers of the death camp. We have long debated the question of bombing the camp, the rail-road tracks, even bombing the gas chambers or creamatory. There is an entire display in Washington DC at the National Holocaust Memorial Museum on this very question. The routine arguments are that the extra cost, or the distraction from the war effort itself, or that FDR did not want to face the charge of being the "Jews' President". At any rate, whatever the reason or rationale we are now certain of the fact that we knew that the death camps existed long before the liberation and yet those facts did not influence the behavior of the US government, resulting in the deaths of tens of thousands of innocent persons. David Wyman writes in the conclusion of his classic study, The Abandonment of the Jews, "The War Department persisted in rejecting each new proposal to bomb the railroads or the death camp on the basis of its initial, perfunctory answer--that the plan was "impracticable" because it would require "diversion of considerable air support. It is evident that the diversion explanation was no more than an excuse. The real reason the proposals were refused was the War Department's prior decision that rescue of not part of its mission--the President's order establishing the War Refugee Board notwithstanding. To the American military, Europe's Jews represented an extraneous problem and an unwanted burden." (Wyman p. 307)

This past week the US government once again stared scientific facts in the face and in my opinion chose to behave with a callous indifference of human lives. I am well aware of the debate in several circles about needle exchange being a provocative influence on drug abuse. I am very aware that retired US Army General Barry McCaffry, President Clinton's, top Drug enforcement official, his Drug Czar, has been consistently opposed to any kind of needle exchange program, and that the leading Republicans in Congress probably would have been opposed to any funds being given to such programs. The issues are complex and risky, yet the science was funded and supervised by the Federal government and is unequivocal clean needles prevent the spread of HIV and save lives without increasing the rate of IV drug addiction. Yet, once again when facts and politics conflicted and when there was a risk of going beyond the protection of popular support, the government allowed innocent lives to become expendable.

The refusal to bomb Auschwitz in 1943 and the refusal to fund clean needles in 1998 are historical decisions that will come back to haunt all of us. I do not think that the President or his drug advisors are evil, nor do I think that the conservative Republican leaders of Congress are evil and seek policies that will kill people. I do think however, after a great deal of painful reflection, that this week's decision is reckless, and that like Nadav and Abihu, Aaron's sons, those who tried to spin the announcement of good science but no necessary dollars, do not know what to do with their power. Politics can be about popularity or it can be about responding to unique opportunities of leadership. Simply and crassly put, as Europe's Jews were politically expendable in 1943 and 1944, so the IV drug addicts primarily from the communities of color who are the urban poor are politically expendable in 1998.

Drug addiction is a serious social problem for all of us. It involves the complex issues of

poverty, race, health care, and even cultural differences. There should be a war on drugs, but I will not participate in a war that takes advantage of the most vulnerable in society. Five years ago the National Research Council published a report on AIDS...the Social Impact. They wrote, "If the current pattern of the epidemic holds, U.S. society at large will have been able to wait out the primary impact of the epidemic even though the crisis period will have stretched out over 15 years. HIV/AIDS will "disappear", not because, like smallpox, it has been eliminated, but because those who continue to be affected by it are socially invisible, beyond the sight and attention of the majority population." (The Social Impact of AIDS p. 9)

The drug addicts for whom clean needles are necessary in order to prevent the transmission of the HIV virus are the "socially invisible", they have become expendable in the compromise of politics. I wonder, with great pain in my heart, whether Gen. McCaffry said to the President and his top advisors that regardless of the science, regardless of the 10 or 20 cents per needle it was going to cost to prevent the unnecessary spread of HIV, that these people don't vote, these are the people who are already pulling down the standards of society, that these people who may be saved from HIV are not the white middle class workers who are going to change the outcome of a congressional campaign this November. I wonder whether similar logic was used when the pleas for help came to save Hungarian Jews being shipped to Auschwitz in the spring and summer of 1943. FDR and his advisors were not evil, maybe merely politically pragmatic. It is only in historical hindsight, that we would level moral judgement on them. The decision not to bomb Auschwitz was for many certainly justifiable, as for many the decision this week not to fund the needle exchange programs is certainly justifiable, yet in both cases innocent lives were and will be lost, and while some might be able to justify these lives as expendable, they are lives no less.

We observe Yom HaShoah annually in order to call the general community to recognize the universal implications of the behavior of just a few leaders. Even now more than 55 years later we struggle to understand the silence of the majority in the face of the evil intent of just a few. This past week AIDS activists struggled with how to commend the Secty's announcement about the science while protesting the failure of leadership to pay for the needles. Already a billionaire has offered more than a million private dollars to fund local programs. The reality of politics suggests that even if the Secty and President had lifted the ban on the use of Federal funds, the congress would have voted it down. How much have we learned in these past 55 years? Should we have expected the silent masses to raise up in moral protest? Should we who sit on the Presidential Council resign in protest, or stay around in order to goad the White House? Support the Secty? Blame the General? Does any of it matter while thousands of lives, especially in the communities of color are in the balance? I have been plagued with these and other questions and lots of conference calls, more resolutions, public relations spins. There has simply been too much talk and too little real action for the people who really need and have reason to expect government action. I am emotionally exhausted and spiritually frustrated by the obvious limits of government policy making. Like Nadav and Abihu, the sons of the High Priest, our current leaders seem to refuse to understand the long range circumstances of their choice.

Tuesday April 21, the day the NY Times covered the government's announcement on needles

and no dollars it reviewed a book, "Making History" by Stephen Fry. As you know I do not believe in mere coincidence, the book is about a graduate student who tries to change history in order to remove Hitler, but something goes awry and the result in even worse than the reality. The author spends a great deal of time chronicling his characters' efforts to "make the world a better place by insuring that Adolf Hitler lived and prospered." The Times writes, "It is a premise that inadvertently suggests that all evil is relative and that the six million Jews who died in the real life Holocaust were an unfortunate but acceptable number." Historical revisionism has haunted our community for years, so this novel is nothing new, merely another attempt at playing with the power of history as if the results of history are not powerful enough. This past week several times I wondered whether the people fighting the war on drugs were trying to suggest that those who use drugs are not the issue, but rather the idea of drug use. I wondered whether the issue often debated in the African American Community about the CIA actually introducing crack into their community had an echo of truth. This past week I thought about how the AIDS activist Larry Kramer has argued that the prevention of AIDS is a different issue because of the high percentage of gay males infected, and that the absence of any real prevention scheme suggests a conscious conspiracy by the government. In the past I have rejected both these arguments without much critical thought, but this past week, I wondered why a government that can save lives with free clean needles would willfully discard them, even when they are the lives of the socially and economically invisible drug addicts and/or those who have sex with drug addicts. Are we trying to change history, manipulate the reality to fit the political landscape? Reports suggest that the President agonized over the decision, but was persuaded by the General's argument, that passing out needles would have a negative influence on children. I would have argued that the decision to be politically indifferent to the lives of thousands of people, will have an even more negative impact on a future generation. This week we taught that when politics and science conflict, lives can be compromised. The new novel about trying to change history and remove the reality of Adolf Hitler is at best foolish or maybe even insensitive, but it is only a book. When government policy tries to change history and deny the power of drug addiction and that the ramifications of sharing infected needles will not lead to increased transmission of the HIV virus, it is at best political triage, but at worst it is obscene.

I cannot imagine the dilemma facing the President, just as I cannot imagine the agony of Aaron after his priestly sons were destroyed by their alien fire. There are times when the solitary pain of being a leader is beyond anyone's comprehension. We will never know how FDR came to his decision or slept after it. Today our lives are very complex and therefore the decisions of our government even more so, and I am the first to admit the complex circumstances of trying to save the lives of those whose addiction is self-destructive is beyond rational explanation. Yet, the science has no moral quandary and so I for one expected those who are elected and chosen to lead, to do just that, and lead us all to a higher moral plateau. The lives lost by not bombing Auschwitz cannot be measured and neither can the lives that will surely lost by the sharing of needles infected with the HIV virus or having unprotected sex with a person who shares needles. I am just one voice, who this week is tired of being prophetic and chastened by the sharp political cliffs of Washington. Others will decide how history will evaluate this week's decision, but we know how we feel about the last time facts and politics cost innocent lives.

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