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PHS CORRESPONDENCE

97602

REFERRAL DATE:

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- ADAMHA
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- DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)

- REVIEW/CLEARANCE
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 - FOR YOUR INFORMATION
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SPECIAL INSTRUCTIONS

ROUTED BY Carla J. [Signature]

PHS 5175 (Rev. 10/82)

RM 710H HHH Bldg. 472-5094/2568



AUG 17

NOTE TO DIRECTOR, EXECUTIVE SECRETARIAT, PHS:

Subject: FY 1987 Supplemental Funds for Public Information--DECISION

We recommend that the attached decision memorandum be returned to the Centers for Disease Control (CDC) as we understand that a decision has been made to defer the AIDS mass mailing pending a review by the President's Commission on AIDS.

We recommend that CDC develop reprogramming letters to the Congress to justify use of the \$20.0 million in the 1987 Supplemental Appropriations Bill (P.L. 100-77) for activities other than the mass mailing. The letters are important in view of the July 22 correspondence (attached) from Senators Chiles and Weicker expressing their hope that the Department... "will move ...quickly to implement the mass mailing ...," and in view of the specific directives included in both the Senate (Report 100-48) and Conference (Report 100-195) reports making funds available (copies also attached). We believe the reprogramming letters should justify and explain the delay in the mass mailing, and present a detailed spending plan for the entire \$20.0 million.

In developing the revised spending plan, we recommend that CDC consider advance funding (FY 1987) some of the increases proposed in the FY 1988 Revised President's budget for AIDS information and education. This could have the effect of leaving funds available for a mass mailing within the FY 1988 Revised President's budget. Also, we have directly requested advance supplemental material explaining the FY 1987 mass mailing revised estimate, and how it was developed in contrast to the previous estimate of approximately \$13 million to 20 million.

Wilford J. Forbush
Deputy Assistant Secretary for Health Operations and
Director, Office of Management

Attachments

97602
TRACER



Memorandum

Date

JUL 28 1987

From

Director
Centers for Disease Control

Subject

FY 1987 Supplemental Funds for Public Information--DECISION

To

The Assistant Secretary for Health

The supplemental for fiscal year 1987 includes \$20 million for AIDS information/education, including a direct mailing of AIDS information to all households in the United States. The mailing was proposed as a part of a national information campaign for October 1987. However, we have had to change our plans concerning the national direct mail effort since: 1) the decision on the mailing has been deferred by the Domestic Policy Council until advice can be obtained from the newly formed President's Commission on AIDS; and 2) funds were not available in time for us to have the direct mail brochure designed, printed, and staged for distribution to coincide with the October campaign. (In your memorandum of May 20, 1987, you informed the Secretary that our plans were contingent upon having funds available by July 1, 1987.)

About 3 months lead time is required for approvals, printing, and distribution and mailing, with some leeway for slippage. This time line would make November as the next possible target date.

We are proceeding with use of the supplemental funds, as planned, to support the remaining activities related to the October campaign and ancillary efforts, such as the minority conference in August and providing the Surgeon General's report to Members of Congress. However, we will need guidance concerning the direct mailing which would cost approximately \$9.5 million.

OPTIONS

Option 1: Cancel all plans for a direct mailing and allow \$9.5 million to lapse.

Under this option, we cancel plans for direct mailing to all households while continuing to plan for a fall campaign.

Pros:

- o Could be viewed as prudent fiscal management.

Cons:

- o The Public Health Service (PHS) and CDC would appear to be lacking aggressiveness and creativity in their efforts to inform the public about AIDS.
- o It would be necessary to submit a request for rescission and reprogramming, thus calling Congress' attention to the situation. Such a course of action might further stimulate congressional distribution of the Surgeon General's report. It might also result in a backlash against PHS over what might be considered defiance of congressional intent.

Option 2: Give the \$9.5 million for the mailout to the States for public information activities.

As a part of the fall campaign, the President or the Secretary could call together the Governors, ask them to join in declaring October as AIDS Prevention Month and offer funds to them to help support State and local activities in October and during the follow-up phases of the campaign. The funds would be made available through amendments to existing AIDS cooperative agreements.

Pros:

- o The Administration would be taking positive action to inform the public about AIDS.
- o By enlisting the States, the national efforts can be amplified and augmented at the local level.
- o Since we would be amending existing cooperative agreements, the mechanism is in place making this approach administratively feasible.

Cons:

- o Little time is available for the States to gear up for such a complementary, intensive public information campaign; most States have lengthy processes for allocating funds, making such an effort impossible this fall in those States.
- o Little time would also be available to coordinate the efforts of 58 different project areas, particularly for the fall campaign.
- o It would be necessary to submit a request for rescission and reprogramming, thus calling Congress' attention to the situation.

Option 3: Use the \$9.5 million for national distribution of AIDS education materials through various channels as part of the public information campaign.

As an alternative to direct mailings to households and as part of the fall campaign, millions of brochures could be distributed through various means. Possible avenues of distribution include associations such as the YMCA, businesses (chain drugstores), and other organizations (State and local health departments and AIDS organizations).

Pros:

- o The Administration would be taking positive action to inform the public about AIDS.
- o By enlisting the support of a wide variety of public and private organizations, the national efforts can be amplified and augmented at the local level.
- o Since this approach requires obligating the funds through the Government Printing Office, it is administratively feasible.
- o By using several publications, it would be possible to target subpopulation groups with appropriate messages, as opposed to reliance on one general information publication that by necessity would have to be less specific in content and approach.
- o This strategy would ensure that people obtaining AIDS literature would request it or obtain it voluntarily.

Cons:

- o It may be necessary to submit a request for reprogramming, thus calling Congress' attention to the situation.
- o It would not be possible to assure that AIDS information would be made available to all Americans, since it would be dependent on voluntary efforts to distribute the information.
- o It could be interpreted as not meeting the intent of Congress.

Option 4: Use the \$9.5 million for a mailing to all households in November.

If a decision to proceed is made by August 7, 1987, it would be possible to have a mailing to all households in November 1987 to take full advantage of the impact of AIDS Prevention Month in October.

Pros:

- o A direct mailing of factual information to every household in the Nation would be an effective follow up to the intensive activities of October's AIDS Prevention Month, thus ensuring that AIDS information would be made available to all Americans in the privacy of their own homes.
- o The Federal Government would be in the position of taking the first major positive steps to keep the momentum of the national public information campaign going.
- o The intent of Congress would be fulfilled; therefore, reprogramming would not be necessary.
- o Early November is the last time that the mailing can be done before the holiday season. If it is carried out much later in the year, it may not be possible to use 1987 funds.

Cons:

- o There is only a short window of time available in which to get input from the President's Commission on AIDS.
- o It could be argued that after a month of promoting AIDS prevention, the value of a household mailing would be decreased.

RECOMMENDATION:

We recommend implementation of Option 4 because:

- o It would be an effective example of Federal action to inform the American public about AIDS.
- o It could have much of the desired effect of a mailing during AIDS Prevention Month.
- o It fulfills the intent of Congress.

In the event that Option 4 is chosen and the time line of August 7 cannot be met, we recommend Option 3 as our back-up contingency plan.

Approve

Disapprove

Other

James O. Mason
James O. Mason, M.D., Dr.P.H.
Assistant Surgeon General

ROBERT C BYRD WEST VIRGINIA
WILLIAM PROXMIRE WISCONSIN
DANIEL K INOUYE HAWAII
ERNEST F HOLLINGS SOUTH CAROLINA
LAWTON CHILES FLORIDA
J BENNETT JOHNSTON LOUISIANA
QUENTIN N BURDICK NORTH DAKOTA
RICK J LEAHY VERMONT
CASSER TENNESSEE
SIS DICONCHI ARIZONA
L BUMPERS ARKANSAS
FRANK R LAUTENBERG NEW JERSEY
TOM HARKIN IOWA
BARBARA A MIKULSKI MARYLAND
HARRY REID NEVADA

MARCO HOFFULO OREGON
TED STEVENS ALASKA
LOWELL P WEICKER JR CONNECTICUT
JAMES A McCLURE IDAHO
JAKE GARN UTAH
THAD COCHRAN MISSISSIPPI
ROBERT W EASTEN JR WISCONSIN
ALFONSE M DAMATO NEW YORK
WARREN RUDMAN NEW HAMPSHIRE
ARLEN SPECTER PENNSYLVANIA
PETE V DOMENICI NEW MEXICO
CHARLES E GRASSLEY IOWA
DON NICKLES OKLAHOMA

United States Senate

COMMITTEE ON APPROPRIATIONS
WASHINGTON, DC 20510-6025

FRANCIS J SULLIVAN STAFF DIRECTOR
J KEITH KENNEDY MINORITY STAFF DIRECTOR

July 22, 1987

The Honorable Otis R. Bowen, M.D.
Secretary of Health and Human Services
Department of Health and
Human Services
Washington, D. C. 20201

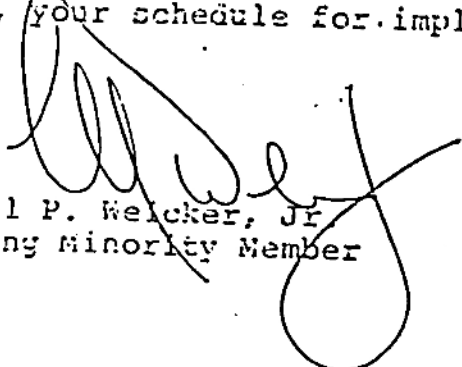
Dear Mr. Secretary:

On July 11, 1987, the President signed into law the Supplemental Appropriations Act, 1987, Public Law 100-71. As you know, \$77 million was included for acquired immune deficiency syndrome (AIDS) initiatives, including funding for a mass mailing of information about AIDS, life prolonging drugs, counseling and testing, and minority targeted education programs.

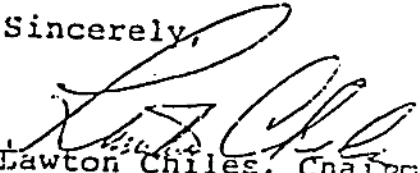
It is our understanding that States have already received notice regarding the availability of funds to cover the cost of life prolonging drugs, and we commend you and your staff for moving so quickly to make these funds available.

It is certainly our hope that the Department will move just as quickly to implement the mass mailing program and to provide the additional dollars for counseling and testing and minority education programs which were included in the Supplemental.

Since Congress recognized the urgency of providing these additional dollars before the end of fiscal year 1987, we request that you submit to us, no later than July 31, 1987, your schedule for implementing these programs.


Lowell P. Weicker, Jr.
Ranking Minority Member

Sincerely,


Lawton Chiles, Chairman
Subcommittee on Labor,
Health and Human
Services, Education
and Related Agencies

MAKING SUPPLEMENTAL APPROPRIATIONS FOR THE
FISCAL YEAR ENDING SEPTEMBER 30, 1987

JUNE 27, 1987.—Ordered to be printed

Mr. WHITTEN, from the committee of conference,
submitted the following

CONFERENCE REPORT

[To accompany H.R. 1827]

The committee of conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 1827) making supplemental appropriations for the fiscal year ending September 30, 1987, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the Senate recede from its amendments numbered 1, 7, 12, 15, 16, 17, 22, 24, 36, 40, 42, 50, 63, 65, 72, 79, 80, 81, 83, 85, 86, 89, 90, 91, 94, 95, 96, 106, 108, 112, 113, 117, 119, 121, 123, 132, 141, 142, 158, 162, 163, 165, 169, 179, 182, 197, 201, 202, 203, 207, 210, 216, 217, 220, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 252, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 302, 303, 304, 307, 315, 343, 349, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 375, 376, 382, 383, 390, 391, 392, 393, 394, 400, 417, 423, 433, and 435.

That the House recede from its disagreement to the amendments of the Senate numbered 2, 10, 11, 13, 18, 19, 20, 30, 31, 32, 34, 39, 43, 44, 45, 46, 47, 58, 60, 61, 62, 74, 76, 77, 82, 88, 100, 101, 107, 118, 122, 124, 127, 135, 143, 150, 152, 155, 157, 160, 161, 166, 167, 168, 170, 171, 172, 177, 180, 184, 185, 196, 198, 200, 206, 213, 227, 229, 242, 245, 248, 249, 253, 255, 259, 260, 261, 262, 263, 264, 265, 266, 267, 280, 281, 282, 283, 299, 300, 301, 305, 308, 310, 313, 314, 318, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 344, 345, 346, 347, 348, 350, 353, 354, 355, 356, 357, 358, 373, 374, 377, 380, 386, 388, 389, 395, 396, 397, 398, 399, 401, 402, 403, 404, 405, 406, 407, 408, 409, 414, 418, and 421, and agree to the same.

Federal funding, such as those with salary increases, staff layoffs, office closings and stable but not increasing workloads.

BUREAU OF LABOR STATISTICS

Amendment No. 165: Deletes language proposed by the Senate which would have directed the Bureau of Labor Statistics to develop and publish, within 90 days, a separate Consumer Price Index for the elderly.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MATERNAL AND CHILD HEALTH

Amendment No. 166: Appropriates \$18,750,000 for the Maternal and Child Health program as proposed by the Senate instead of \$37,500,000 as proposed by the House.

CENTERS FOR DISEASE CONTROL

DISEASE CONTROL, RESEARCH, AND TRAINING

Amendment No. 167: Appropriates \$20,000,000 as proposed by the Senate to finance a mass mailing of information about acquired immune deficiency syndrome (AIDS) to every household in the Nation. The House bill included no funds for this purpose.

On June 17, 1987, the Secretary of Health and Human Services requested permission to reprogram \$47 million in 1987 appropriations for the purpose of increasing information, education and other prevention activities for AIDS. The conferees agree that the request is hereby denied. Forty-seven million dollars has been appropriated directly in this bill for the same general purposes, including \$20 million in this amendment and \$27 million in amendment number 431. The conferees are agreed that the funds proposed for reprogramming should be obligated for the purposes originally specified in Public Law 99-591 and the accompanying conference report.

NATIONAL INSTITUTE ON AGING

Amendment No. 168: Appropriates \$750,000 for clinical trials at the National Institute on Aging as proposed by the Senate instead of \$1,800,000 as proposed by the House.

RESEARCH RESOURCES

Amendment No. 169: Deletes appropriation of \$4,000,000 proposed by the Senate for the General Clinical Research Centers program. The House bill contained no similar provision.

NATIONAL CENTER FOR NURSING RESEARCH

Amendment No. 170: Appropriates \$1,000,000 as proposed by the Senate for studies related to the nurse shortage and nurse retention issue. The Conferees are agreed that these funds are to support a joint project with the National Center for Nursing Research and the Division of Nursing at the Health Resources and Services Administration. Funds should be shared equally, through coopera-

SUPPLEMENTAL APPROPRIATIONS BILL, 1987

MAY 1 (legislative day, APRIL 21), 1987.—Ordered to be printed

Mr. STENNIS, from the Committee on Appropriations,
submitted the following

REPORT

[To accompany H.R. 1827]

The Committee on Appropriations, to which was referred the bill (H.R. 1827) making supplemental appropriations for the fiscal year 1987, and for other purposes, reports the same to the Senate with various amendments and with the recommendation that the bill be passed.

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through June 30, 1988. Like the House, the Committee also rejects proposed bill language pertaining to reallocation of funds among States.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

1987 appropriation to date.....	\$1,470,763,000
1987 supplemental estimate.....	
House allowance.....	37,500,000
Committee recommendation.....	18,750,000

The Committee has included \$18,750,000 for the Maternal and Child Health Block Grant Program. This is \$18,750,000 less than the House allowance. There was no supplemental request.

The fiscal year 1987 appropriations act for the Department of Health and Human Services, Public Law 99-591, provided \$478,000,000 for this program, the fully authorized amount at the time of consideration of the appropriations bill. However, subsequent to that action, the Omnibus Budget Reconciliation Act of 1986 increased the authorization for this program. Under the revised authorization, 7 percent of the new funds will be allocated for the screening of newborns for genetic disorders. Of the remaining 93 percent, two-thirds will be allocated under the existing block grant formula for use by the States and the remaining one-third will be used for new child health demonstration projects.

The Maternal and Child Health Block Grant Program is the only health program devoted exclusively to the health needs of mothers and children and is the focal point for Federal efforts to reduce high infant and neonatal mortality rates. The Committee's recommendation will provide one-fourth of the increased authorization so that during the last quarter of fiscal year 1987 the program will spend at the fully authorized level.

CENTERS FOR DISEASE CONTROL

DISEASE CONTROL, RESEARCH, TRAINING

1987 appropriation to date.....	\$539,067,000
1987 supplemental estimate.....	
House allowance.....	
Committee recommendation.....	20,000,000

The Committee recommends \$20,000,000 for acquired immune deficiency syndrome [AIDS] information and education activities. The House did not provide any funds. Although a supplemental request has not been officially transmitted, a supplemental request for this activity has been requested by the Centers for Disease Control and is now being reviewed within the Department of Health and Human Services.

AIDS has grown from a rare and unusual health problem to an epidemic of major proportions. As of April 20, 1987, 34,513 cases of AIDS

have been reported; 19,938 of these patients have died. It is estimated that by the end of 1991 the cumulative total of AIDS cases in the United States will reach 270,000 and result in nearly 180,000 deaths. By the end of 1986, AIDS became one of the top 10 leading causes of potential life lost.

In the absence of a vaccine and completely effective treatment for AIDS, information and education are the only effective tools for preventing the spread of this deadly disease. The Centers for Disease Control would expand its national public information activities and would develop a mass mailing of AIDS information to every household in the Nation. The mass mailing would include Spanish translations and would be sent to about 102 million households. Funding would support printing and distribution costs for a pamphlet that would provide factual information and educational material aimed at informing the American public about what is now known about AIDS and what individuals can do to prevent the further spread of this disease. The mailing would take place in the fall of 1987.

FISCAL YEAR 1987 TRANSFER PROPOSED

The Committee does not approve the President's request to transfer \$2,000,000 in tuberculosis grants and \$2,428,000 in occupational safety and health educational resource centers funding to the Food and Drug Administration for pay and retirement expenses.

NATIONAL INSTITUTES OF HEALTH

FISCAL YEAR 1987 CARRYOVER PROPOSAL

The Committee concurs with the House and has disapproved language requested by the administration which would have extended the availability of \$334,404,000 of funds made available by Public Law 99-591 for fiscal year 1987 for biomedical research projects at the National Institutes of Health. The net effect of this language would have been to reduce the number of new 1987 research grants by 700 and impose an across-the-board reduction in other ongoing projects. The Committee believes that such reductions would have unacceptable negative impacts on the Nation's biomedical research and has, therefore, not approved the request.

NATIONAL INSTITUTE ON AGING

1987 appropriation to date.....	\$176,931,000
1987 supplemental estimate.....	
House allowance.....	1,800,000
Committee recommendation.....	750,000

The Committee has recommended the inclusion of \$750,000 for a multicenter clinical trial of the efficacy of tetrahydroaminocridine [THA] as a potential drug to slow the progression of the Alzheimer disease and to improve the level of functioning of Alzheimer disease patients.

PHS CORRESPONDENCE

97594

REFERRAL DATE: 8/21

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TO: <input checked="" type="checkbox"/> ASH	<input type="checkbox"/> ADAMHA	<input type="checkbox"/> OM	<input checked="" type="checkbox"/> ES/PHS <i>Aids file</i>
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SPECIAL INSTRUCTIONS

ROUTED BY *EB*

PHS 5175
Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2588



AUG 21 1987

NOTE TO Dr. Windom:

Subject: Proposal for Consolidation of AIDS Funding to States

After reviewing the proposal for consolidation of AIDS funding to States, I am concerned that the concept for consolidation under consideration is not what the Secretary approved in the Department's 1989 budget passback. Our task in developing this proposal is twofold.

- o Develop a consolidated AIDS State grant proposal that would give States greater responsibility and greater flexibility in developing their own AIDS prevention and education programs.
- o Identify FTE savings that would result from a reduced Federal role in managing these funds.

The program concept and options presented in the draft of the decision memorandum do not meet either of these two goals. DASPE had adopted CDC's plans for using cooperative agreements rather than grants as the funding mechanism for any consolidation. If this approach were adopted, it would allow States very limited flexibility to design their own AIDS prevention and education programs. Also, since cooperative agreements are so labor intensive, CDC members of the work group have stated that there would be no FTE savings resulting from consolidation.

I believe that the PHS proposal should be a grant program that gives States significant authority to decide how to use the resources provided. The Office of the Secretary would prefer that we go even further and create a formula grant guaranteeing States a fixed share of the funds appropriated for the consolidation grant. However, I believe that we have enough justification for avoiding a fixed formula approach to the grant that would only allow a minimal Federal role in awarding grants. However, if we use cooperative agreements we have not changed the role of the States and have a status quo proposal.

My recommendation is to present a proposal to ASMB and ASPE that would have the consolidation funded by discretionary project grants with no cooperative agreements. Agencies would choose the programs to be funded in a national competition and provide technical assistance to States when needed, but the States would design and implement their own programs. Further, on page 2 of Tab 2 under the section "Award Amount", I would suggest that we add a provision in the first paragraph on consolidated assistance to States that would allow States the flexibility to shift funds among set-asides up to a certain percentage.

I prefer Option 2 over Option 1 because it is more comprehensive and better represents a "consolidation" of AIDS prevention and education programs. Alternatively, Option 1 could be presented as an initial step toward a more comprehensive consolidation in FY 1990.

Finally, although FTE savings are not the primary goal of this exercise, we cannot ignore the issue altogether. In the final recommendation made to the Secretary we are going to have to address the FTE issue by specifying whatever savings can be identified. The ASMB/ASPE memorandum of August 4, 1987, which transmitted the Secretary's decisions on the FY 1989 budget and legislative request to OMB, provided our "...full FTE request for AIDS, pending resolution of details on the consolidated AIDS State grants." The proposal we have before us assumes no FTE savings at all. If we are to have a credible proposal for you to make to the Secretary, we must go forward with a proposal that at the very minimum identifies the FTE's that are associated with the program dollars proposed for consolidation. We should also make specific recommendations on FTE savings and be prepared to justify why no more can be taken. The options presented here include \$162.7 million for the Comprehensive States AIDS program in CDC alone. This represents 55 percent of CDC's total AIDS request. Therefore, I believe that there should be a sizable savings from the 413 FTE's for AIDS included in the CDC request for FY 1989. For ADAMHA and HRSA there may be some FTE savings, but probably no more than a few.



Wilford J. Forbush
Director, Office of Management and
Deputy Assistant Secretary for Health Operations

PHS CORRESPONDENCE

97651

REFERRAL DATE: 8-24

DUE DATE:

TO: <input checked="" type="checkbox"/> ASH	<input checked="" type="checkbox"/> ADAMHA	<input checked="" type="checkbox"/> OM	<input checked="" type="checkbox"/> ES/PHS <i>Aids file</i>
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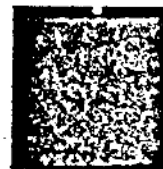
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(WHITE HOUSE REFERRAL) | |

SPECIAL INSTRUCTIONS

HS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2586

ROUTED BY *Jay for je*





THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

AUG 24 1987

REC'D
AUG 24 PM 4:52

MEMORANDUM

TO: Robert E. Windom, M.D.
Assistant Secretary for Health

FROM: The Secretary

SUBJECT: Responsibility for Coordination of AIDS

This Department must continue to demonstrate its leadership in our Nation's battle against AIDS. Our involvement in AIDS has increased substantially over the past year. This is due in part to the spread of the disease, the public's growing awareness of it, and our expanding efforts to prevent and control its course. It is also a result of the increased involvement and concern of other Federal Departments, State and local governments, the private sector, and the international community regarding AIDS and its effect upon our human family.

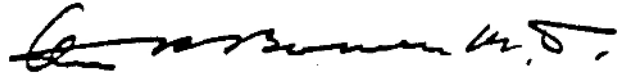
Because of the high priority, the President and the Department have accorded AIDS, and the inherent public health complexities of the issue, it is important that the Public Health Service (PHS) continue its lead role in the Department for coordinating all policy, programs and activities related to AIDS research, product approval, information/education, risk reduction initiatives and the quality, accessibility and needs of health care for persons with AIDS. Although HCFA will continue to play the critical Federal role in health care financing aspects of AIDS, I expect PHS to provide appropriate assistance to HCFA in identifying issues in this area.

As Assistant Secretary for Health, you have a critical responsibility for providing me with appropriate information, advice and recommendations on all major policy matters relating to AIDS. I expect all OPDIVS and STAFFDIVS to consult and

Page 2 - Robert E. Windom, M.D.

coordinate with you prior to undertaking actions that affect the Department's overall AIDS effort. I also look to you for providing liaison and coordination with the Presidential Commission on the Human Immunodeficiency Virus Epidemic.

I appreciate your efforts as we go forward to combat further this public health threat.



Otis R. Bowen, M.D.

cc:
Heads of Operating Divisions
Heads of Staff Divisions

*Aids file*

Memorandum

Date AUG 24 1987
From Assistant Secretary for Health
Subject Written Requests for the Surgeon General's Report on AIDS
To James J. Delaney
Executive Secretary to the Department

The following is an updated list of requests from elected officials for copies of the Surgeon General's Report on AIDS. No new requests were received for the week of August 17-21. The list indicates those officials to whom copies of the report have been provided and those to whom copies will be provided as soon as possible. For the latter category, copies will be sent in order of the date the request was received.

I. Copies Provided

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Daniel K. Akaka	Rep	D	HI	125	5,000
Dick Armey	Rep	R	TX	100	100
Robert Badham	Rep	R	CA	10	10
Richard H. Baker	Rep	R	LA	"more"	10
Cass Ballenger	Rep	R	NC	2	2
Steve Bartlett	Rep	R	TX	2	2
Jim Bates	Rep	D	CA	200	200
Anthony C. Beilenson	Rep	D	CA	1,200	1,200
Charles E. Bennett	Rep	D	FL	unspecified	10
Michael Bilirakis	Rep	R	FL	100	100
Edward P. Boland	Rep	D	MA	1	1
David E. Bonior	Rep	D	MI	4,000	4,000
Rick Boucher	Rep	D	VA	25	25
Jack Buechner	Rep	R	MO	50	50
Dale Bumpers	Sen	D	AR	200	200
Dan Burton	Rep	R	IN	50	50
Rod Chandler	Rep	R	WA	35	35
Bill Chappell	Rep	D	FL	50	50
Lawton Chiles	Sen	D	FL	1,020	1,020
Dan Coats	Rep	R	IN	300	300
William S. Cohen	Sen	R	ME	250	250
Cardiss Collins	Rep	D	IL	500	500
John D. Dingell	Rep	D	MI	200	200
Joseph DioGuardi	Rep	R	NY	102	102
Brian Donnelly	Rep	D	MA	4	4
Byron Dorgan	Rep	D	ND	15,000	15,000
Roy Dyson	Rep	D	MD	250	250
Edward F. Feighan	Rep	D	OH	5,000	5,000
Jack Fields	Rep	R	TX	5,000	5,000

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Hamilton Fish	Rep	R	NY	500	500
Floyd H. Flake	Rep	D	NY	unspecified	10
Thomas M. Foglietta	Rep	D	PA	200	250
Jaime Fuster	Rep	D	PR	5,000	5,000
Sam M. Gibbons	Rep	D	FL	1,000	1,000
Benjamin A. Gilman	Rep	R	NY	2,000	2,000
Dan Glickman	Rep	D	KS	10,000	10,000
Bill Gradison	Rep	R	OH	1,000	1,000
Bill Grant	Rep	D	FL	1	1
William H. Gray III	Rep	D	PA	500	500
James V. Hansen	Rep	R	UT	10	10
J. Dennis Hastert	Rep	R	IL	200	200
Howell Heflin	Sen	D	AL	"several"	10
Bill Hefner	Rep	D	NC	100	100
Paul B. Henry	Rep	R	MI	6	6
James Howard	Rep	D	NJ	3,000	3,000
James M. Jeffords	Rep	R	VT	5,000	5,000
Edward Jeffries	Library of Congress			3,000	3,000
Marcy Kaptur	Rep	D	OH	500	500
Joseph P. Kennedy II	Rep	D	MA	400	400
Gerald D. Kleczka	Rep	D	WI	1,000	1,000
Peter H. Kostmayer	Rep	D	PA	2,000	2,000
Jon Kyl	Rep	R	AZ	1	1
Jim Leach	Rep	R	IA	3	3
Patrick Leahy	Sen	D	VT	50	50
Bob Livingston	Rep	R	LA	25	25
Spark Matsunaga	Sen	D	HI	50	50
Matthew F. McHugh	Rep	D	NY	100	100
Norman Y. Mineta	Rep	D	CA	100	100
George J. Mitchell	Sen	D	ME	1	10
Sid Morrison	Rep	R	WA	50	50
Don Nickles	Sen	R	OK	100	100
Henry J. Nowak	Rep	D	NY	125	125
Mary Rose Oakar	Rep	D	OH	1	1
Claiborne Pell	Sen	D	RI	10	10
Claiborne Pell	Sen	D	RI	10,000	10,000
William Proxmire	Sen	D	WI	10	10
Donald W. Riegle Jr.	Sen	D	MI	2,500	2,500
Pat Roberts	Rep	R	KS	10	10
Tommy F. Robinson	Rep	D	AR	500	500
Harold Rogers	Rep	R	KY	30	30
Charlie Rose	Rep	D	NC	6	6
Terry Sanford	Sen	D	NC	1,000	1,000
Thomas C. Sawyer	Rep	D	OH	25,000	25,000
Norman D. Shumway	Rep	R	CA	4	4
Bud Shuster	Rep	R	PA	5	5
Louise M. Slaughter	Rep	D	NY	50	50
Gerald Solomon	Rep	R	NY	10,000	10,000
Floyd D. Spence	Rep	R	SC	100	100

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Robert T. Stafford	Sen	R	VT	200	200
Samuel S. Stratton	Rep	D	NY	10	10
Don Sundquist	Rep	R	TN	8,000	8,000
Gene Taylor	Rep	R	MO	520	520
Strom Thurmond	Sen	R	SC	2	2
Esteban E. Torres	Rep	D	CA	3,000	3,000
Bob Traxler	Rep	D	MI	6	6
Paul Trible	Sen	R	VA	400	400
Curt Weldon	Rep	R	PA	10,000	10,000
Charles Wilson	Rep	D	TX	25	50
Frank R. Wolf	Rep	R	VA	21	21
Sidney R. Yates	Rep	D	IL	75	75

II. Copies to be Provided

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>
Claudine Schneider	Rep	R	RI	200,000
William Lehman	Rep	D	FL	238,000
Patricia Schroeder	Rep	D	CO	220,000
Chester G. Atkins	Rep	D	MA	300,000
Edward Kennedy	Sen	D	MA	250,000
(For Mayor Flynn, Boston)				
Ted Weiss	Rep	D	NY	300,000
Bill Green	Rep	R	NY	324,000
Nancy Johnson	Rep	R	CT	150
George W. Crockett	Rep	D	MI	210,000
Sander M. Levin	Rep	D	MI	250,000
Ron de Lugo	Rep	D	VI	50,000
Lawrence Coughlin	Rep	R	PA	1,000
Major R. Owens	Rep	D	NY	202,200
John J. Moakley	Rep	D	MA	250,000
Barbara Boxer	Rep	D	CA	110,000
Nancy Pelosi	Rep	D	CA	287,104
Tony Coelho	Rep	D	CA	250,000
Howard Metzenbaum	Sen	D	OH	100,000
Louis Stokes	Rep	D	OH	250,000
Ted Stevens	Sen	R	AK	300,000
Robert Garcia	Rep	D	NY	194,000
Tom Lantos	Rep	D	CA	235,000

/s/ Robert E. Windom

Robert E. Windom, M.D.

PHS CORRESPONDENCE

97638

REFERRAL DATE: 8-25

DUE DATE: 8-28

- TO:
- ASH
 - SG
 - DASH-O
 - 3 DASH-P&E
 - DASH-DPHP
 - DASH-PA
 - DASH-IGA
 - 4 SEN ADV/EA
 - 5 SA/ASH

- 6 ADAMHA
- 7 CDC
- 8 FDA
- HRSA
- NIH

- NCHS
- NCHSR

- OM
- PUB AFF
- OAPP
- OSH
- OIH
- OHL
- OGC
- OEEO
- ORH
- PCPFS

- 10 ES/PHS Aids file

- 9 OTHER Deputy ASH
- AIDS-CO

ACTION:

- SECRETARY'S SIGNATURE
- ASH SIGNATURE
- DIRECT REPLY
- _____ SIGNATURE
- DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)

- 1 REVIEW/CLEARANCE
 - NECESSARY ACTION
 - FOR YOUR INFORMATION
- 2-10

SPECIAL INSTRUCTIONS

ROUTED BY Gay for je

PHS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2566

SUBJECT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY
EXECUTIVE SECRETARIAT

ASH-7104

DUE DATE:

COB

8/28/87

CLEARANCE FORM

SUBJECT: Requests Assistance in Removing Obstacles that Exist in the Medicare Hospice Program for AIDS patients

LETTER/MEMO DATE:	DATE TO CLEARANCE: August 24, 1987	CONTROL NO.:
ORIGINATOR: HCFA	ADDRESSEE: Edward I. Koch	OS #8708110036

REFERRED TO OFFICE OF:

	Immediate Office of the Secretary	A & B	Assistant Secretary, Health (ASH) ✓
	The Under Secretary (UNS)		Assistant Secretary, Human Development (AHD)
A & B	General Counsel (OGC)		Commissioner, Social Security Administration (SSA)
	Assistant Secretary, Personnel Administration (PER)		Administrator, Health Care Financing Administration (HCFA)
A & B	Assistant Secretary, Management and Budget (AMB)		Director, Office of Refugee Resettlement (ORR)
A & B	Assistant Secretary, Legislation (ASL)		Deputy Under Secretary for Intergovernmental Affairs (DUSIGA)
A & B	Assistant Secretary, Public Affairs (APA)		Office of International Affairs
	Assistant Secretary, Planning and Evaluation (ASP)		
	Office for Civil Rights (OCR)		
	Office of Consumer Affairs (OCA)		
	Office of Inspector General (OIG)		
	Regional Directors		

PURPOSE:

X	A-COMMENT OR RECOMMENDATION		D-COORDINATE WITH ACTION ADDRESSEES AS NECESSARY
X	B-CLEARANCE (INITIAL) AND RETURN.		
	C-INFORMATION		

REMARKS:

PLEASE TELEPHONE YOUR CONCURRENCE OR HAND DELIVER YOUR COMMENTS TO Gloria Ellis on 245-6111

Jackie White

Executive Secretariat

245-6111

635G

Extension

Room

97638
TRACER



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

The Honorable Edward I. Koch
Mayor of New York City
New York, New York 10007

Dear Mayor Koch:

Thank you for your letter concerning the Medicare hospice benefit and the plight of AIDS victims in New York City. I apologize for the delay in responding to your letter.

We have been studying the Medicare hospice benefit since its enactment to determine if changes are needed in the law and we are continuing to evaluate its appropriateness, especially with respect to patients with AIDS. In addition to Medicare patients, we have learned that a number of States, including New York, are considering adopting the hospice option under their Medicaid programs to meet the needs of their terminally ill Medicaid beneficiaries. We support these action, as well as adoption of home and community-based services waivers for AIDS patients under Medicaid.

I certainly share your concern and compassion for the victims of this disease. You can be sure that we are giving the hospice issue serious attention and will determine whether any changes are needed in the current legislation.

Sincerely,

Otis R. Bowen, M.D.
Secretary



THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

RECEIVED
07 AUG -6 AM 9:26
OFFICE OF THE MAYOR
NEW YORK, N.Y.

August 5, 1987

The Honorable Otis R. Bowen
Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D. C. 20201

Dear Secretary Bowen:

As you may know, last week the House Select Committee on Narcotics Abuse and Control held a hearing on pediatric AIDS at New York City's Harlem Hospital. The issue of hospice care for people with AIDS was raised, and I mentioned some of the serious problems that we were having in New York City with the Medicare hospice program. Subsequently, the House Ways and Means Committee has decided to hold hearings in the fall on this very issue. I am writing to request your assistance in removing the obstacles that exist in the Medicare hospice program for AIDS patients which are described below.

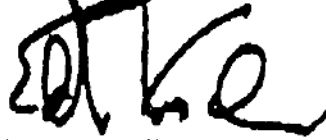
As you know, the Medicare hospice program is designed for terminally ill patients with life expectancies of six months or less. A range of inpatient and outpatient services are covered, however, only 20 percent of the total patient days are reimbursable at the inpatient rate. This requirement severely limits the applicability of hospice care for AIDS patients. Many people with AIDS are unable to utilize non-institutional hospice services. Home-based hospice services assume that the patient has an intact social network and/or family. Unfortunately, many AIDS patients, particularly IV drug users, do not have such support, and at best, their families are fragmented. In addition, the medical and social circumstances of AIDS patients are often complicated by substance abuse, dementia and homelessness, which makes the provision of home-based services difficult. In order to adequately serve this population, hospices must be permitted greater flexibility in determining the appropriate mix of home-based and institutional services.

BJ

We are asking our Congressional representatives to pursue legislatively a waiver of the 20 percent inpatient requirement for hospice care for people with AIDS. As a start, a waiver of the 20 percent requirement would enable health care providers to establish a more humane way of caring for those people in their final months.

I hope that the Department of Health and Human Services will endorse these legislative efforts. I look forward to working with you on this serious issue to assure that people with AIDS receive all appropriate levels of care.

Sincerely,



Edward I. Koch
MAYOR

PHS CORRESPONDENCE

97668

REFERRAL DATE: 8-26

DUE DATE:

1- <input checked="" type="checkbox"/> ASH	6 <input checked="" type="checkbox"/> ADAMHA	11- <input checked="" type="checkbox"/> OM	14- <input checked="" type="checkbox"/> ES/PHS	<u>Aids file</u>
2- <input checked="" type="checkbox"/> SG	<input checked="" type="checkbox"/> CDC	<input type="checkbox"/> PUB AFF	<input type="checkbox"/> OAPP	
<input type="checkbox"/> DASH-O	<input checked="" type="checkbox"/> FDA	<input type="checkbox"/> OSH	<input type="checkbox"/> OIH,	
3- <input checked="" type="checkbox"/> DASH-P&E	<input checked="" type="checkbox"/> HBSA	<input type="checkbox"/> OHL	12- <input checked="" type="checkbox"/> OTHER	<u>AIDS-CO</u>
<input type="checkbox"/> DASH-DPHP	<input checked="" type="checkbox"/> NIH	<input type="checkbox"/> OGC	13- <input checked="" type="checkbox"/>	<u>Deputy ASH</u>
<input type="checkbox"/> DASH-PA	<input type="checkbox"/> NCHS	<input type="checkbox"/> OEE0		
<input type="checkbox"/> DASH-IGA	<input type="checkbox"/> NCHSR	<input type="checkbox"/> ORH		
4- <input checked="" type="checkbox"/> SEN ADV/EA		<input type="checkbox"/> PCPFS		
5- <input checked="" type="checkbox"/> SA/ASH				

ACTION:

- | | |
|---|--|
| <input type="checkbox"/> SECRETARY'S SIGNATURE | <input type="checkbox"/> REVIEW/CLEARANCE |
| <input type="checkbox"/> ASH SIGNATURE | <input type="checkbox"/> NECESSARY ACTION |
| <input type="checkbox"/> DIRECT REPLY | <input checked="" type="checkbox"/> FOR YOUR INFORMATION |
| <input type="checkbox"/> _____ SIGNATURE | |
| <input type="checkbox"/> DRAFT FOR OS SIGNATURE | |
| (WHITE HOUSE REFERRAL) | |

SPECIAL INSTRUCTIONS

PHS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2566

ROUTED BY Gary Forje

ROUTING AND TRANSMITTAL SLIP

Date
8/25/87

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. ASH, Dr. Windom		
2.		
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

97668
TRACER

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post) Michael A. Eck, OS/ES	Room No.—Bldg. 611-H
	Phone No. 245-3475

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

* GPO : 1981 O - 341-529 (103)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary
for Legislation
Washington, D.C. 20201

1987 AUG 26 11:10:21

TO: The Secretary
Through: US _____
COS _____
ES _____

FROM: Ronald F. Docksaï
Assistant Secretary for Legislation

SUBJECT: AIDS Commission Legislation -- House Passage --
INFORMATION

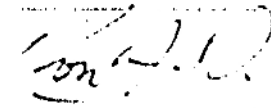
DATE: August 3, 1987

On August 3, 1987, the House passed (355-68) H.R. 2881, a bill
"To establish a National Commission on Acquired Immune Deficiency
Syndrome."

The Administration opposed this legislation. The Commission
would make recommendations to the President and Congress on a
national AIDS policy, on issues including research, testing, care
and treatment, and prevention, as well as on appropriate Federal,
State, and private sector roles relative to AIDS. The 15 Commis-
sion members would consist of: two appointed by the President;
two members each from the House and Senate; seven individuals
appointed by the President after consulting with the Congress
(scientific, medical, legal, and ethical experts); and the
Secretary of HHS and Administrator of the VA. Members must be
appointed within 45 days of enactment.

The VA Administrator would be required to provide the Commission
with a compilation of AIDS research and a report on VA AIDS
activities. That information would serve as a basis for the
Commission's deliberations.

Two million dollars is authorized to fund the Commission in FY
1988; the funds are available until expended. The Commission is
required to submit a report to the President and Congress within
2 years of appointment of its members, and will cease to exist
30 days after submitting its report, unless extended by the
President. We are working to ensure the measure is not favorably
considered in the Senate.


Ronald F. Docksaï

87081903AM

PHS CORRESPONDENCE

97669

REFERRAL DATE: 8-26

DUE DATE:

- 1 ASH
 SG
 DASH-O
2 DASH-P&E
 DASH-DPHP
 DASH-PA
 DASH-IGA
3 SEN ADV/EA
4 SA/ASH

- 5 ADAMHA
6 CDC
7 FDA
8 HRSA
9 NIH
 NCHS
 NCHSR

- 10 OM
 PUB AFF
 OAPP
 OSH
 OIH
 OHL
 OGC
 OEOO
 ORH
 PCPFS

- 13 ES/PHS Aids file
11 OTHER Deputy ASH
12 AIDS-CO

ACTION:

- SECRETARY'S SIGNATURE
 ASH SIGNATURE
 DIRECT REPLY
 _____ SIGNATURE
 DRAFT FOR OS SIGNATURE
(WHITE HOUSE REFERRAL)

- REVIEW/CLEARANCE
 NECESSARY ACTION
 FOR YOUR INFORMATION

1-13

SPECIAL INSTRUCTIONS

ROUTED BY gay for je

PHS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2566



Dr. Windom:

Ron Docksai wanted you
to have a copy of this.

Trisha
Trisha

1987 AUG 26 AM 10:55

PMS/ES

97669
TRACER

EDWARD M. KENNEDY, CHAIRMAN

CLAIBORNE PELL, RHODE ISLAND
HOWARD M. METZENBAUM, OHIO
SPARK M. MATSUNAGA, HAWAII
CHRISTOPHER J. DODD, CONNECTICUT
PAUL SIMON, ILLINOIS
TOM HARKIN, IOWA
BROCK ADAMS, WASHINGTON
BARBARA A. MIKULSKI, MARYLAND

ORRIN G. HATCH, UTAH
ROBERT T. STAFFORD, VERMONT
DAN QUAYLE, INDIANA
STROM THURMOND, SOUTH CAROLINA
LOWELL P. WEICKER, JR., CONNECTICUT
THAD COCHRAN, MISSISSIPPI
GORDON J. HUMPHREY, NEW HAMPSHIRE

THOMAS M. ROLLINS, STAFF DIRECTOR AND CHIEF COUNSEL
HAYDEN G. BRYAN, MINORITY STAFF DIRECTOR

United States Senate

COMMITTEE ON LABOR AND
HUMAN RESOURCES

WASHINGTON, DC 20510-6300

August 17, 1987

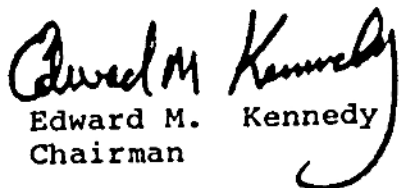
Dear Colleague:

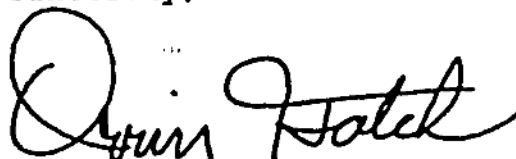
As you know, AIDS is reaching epidemic proportions in our country. Over 40,000 individuals had been diagnosed with AIDS as of August 1987, and over half had died. It is estimated that by the end of the decade nearly a quarter of a million Americans will have contracted this disease. This is all the more frightening when we realize that the first AIDS case was identified only 6 years ago.

There is, at present, neither a vaccine nor a "cure" for this disease. Although a great deal of biomedical research is in progress, with drugs being tested and vaccine research underway, the fact remains that AIDS cases continue to increase. The only means available today to control this disease are informing and educating the public. All Americans need accurate information about AIDS. Every American needs to recognize that AIDS can and must be prevented.

It is important for this Congress to support efforts to inform the public about AIDS prevention. As part of that support, as soon as the Congress reconvenes we will introduce a joint resolution to provide for the designation of the month of October 1987 as "National AIDS Prevention Month." This will be an important component of efforts currently underway in the Department of Health and Human Services and Public Health Service to foster awareness of AIDS prevention through special activities in the month of October. Please join us in expressing Congressional support for AIDS prevention by cosponsoring this resolution.

Sincerely,


Edward M. Kennedy
Chairman


Orrin G. Hatch
Ranking Minority Member

100TH CONGRESS
1ST SESSION

S. J. RES. _____

IN THE SENATE OF THE UNITED STATES

Mr. HATCH (for himself and Mr. KENNEDY) introduced the following joint resolution; which was read twice and referred to the Committee on _____

JOINT RESOLUTION

To designate the month of October 1987, as "National AIDS Prevention Month".

Whereas the President has declared AIDS as the number one public health enemy;

Whereas the Secretary of Health and Human Services has projected that, by the end of 1991, the cumulative total of all AIDS cases in the United States will reach 270,000 and result in nearly 180,000 deaths;

Whereas information, education, and public health measures are the nations primary weapons in prevention and control of the spread of AIDS;

Whereas if the AIDS epidemic is not controlled through a major national educational, informational, and public

health effort, the devastating human and economic impact on society will be unprecedented in modern times;

Whereas informing and educating the American public, including the youth of today, about AIDS is crucial to preventing and controlling the spread of AIDS; Now, therefore, be it

1 *Resolved by the Senate and House of Representatives*
2 *of the United States of America in Congress assembled,*
3 That the month of October 1987 is designated as "Nation-
4 al AIDS Prevention Month", and the President is author-
5 ized and requested to issue a proclamation calling upon the
6 people of the United States to observe such month with
7 appropriate activities.

dm

PHS CORRESPONDENCE

97670

REFERRAL DATE: 8-25

DUE DATE:

- 3 ASH
- SG
- 4 DASH-O
- DASH-P&E
- DASH-DPHP
- DASH-PA
- 5 DASH-IGA
- 6 SEN ADV/EA
- SA/ASH

- ADAMHA
- 7 CDC
- FDA
- 1 HRSA
- NIH
- NCHS
- NCHSR

- 2 OM
- PUB AFF
- OAPP
- OSH
- OIH
- OHL
- OGC
- OEEC
- ORH
- PCPFS

- 10 ES/PHS Aids file
- 8 OTHER Deputy ASTH
- 9 AIDS-CO

ACTION:

- SECRETARY'S SIGNATURE
- ASH SIGNATURE
- DIRECT REPLY
- _____ SIGNATURE
- DRAFT FOR OS SIGNATURE
(WHITE HOUSE REFERRAL)

- REVIEW/CLEARANCE
- 1-2 NECESSARY ACTION
- 3-10 FOR YOUR INFORMATION

SPECIAL INSTRUCTIONS

RAR - pls h/c
ASTH copy

PHS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-6094/2568

ROUTED BY Joy for je



THE UNDER SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

August 25, 1987

MEMORANDUM FOR: RON DOCKSAI,
 ASSISTANT SECRETARY FOR LEGISLATION

 BILL ROPER,
 ADMINISTRATOR, HEALTH CARE FINANCING
 ADMINISTRATION

 BOB HELMS,
 ASSISTANT SECRETARY FOR PLANNING AND
 EVALUATION

 BOB WINDOM, ~~ASSISTANT SECRETARY FOR HEALTH~~
 ASSISTANT SECRETARY FOR HEALTH

FROM: Don Newman
 Under Secretary

SUBJECT: Financing for AIDS Services

1987 AUG 25 AM 11:07

PHS/ES

At our August 19 Policy Council meeting, we agreed to secure Administration support for appropriate congressional legislation providing incentives for states to establish risk pools for those unable to or who have difficulty obtaining health insurance.

To implement this--

1. The Assistant Secretary for Legislation, with P. and HCFA should consult with Senator Durenburger on appropriate changes in risk pool legislation he recently introduced.
2. If he is willing to make changes, the Assistant Secretary for Planning and Evaluation and HCFA should consult with S. J. Plager to secure OMB concurrence for Administration support of a revised bill.

We also agreed:

- o not to propose or support any major changes in Medicare or Medicaid related to AIDS treatment, including shortening or eliminating the 24-month waiting period;
- o to support states taking advantage of waivers and case management options under Medicaid, with PHS and HCFA to develop procedures to coordinate HRSA's AIDS treatment demonstration with the Medicaid waivers;

HRSA →

97670
TRACER

OM → not to support programs designed to provide exclusive financing for treatment of AIDS, but to continue development for FY 1989 of a consolidated AIDS grant that would include only funds from sources otherwise to be targeted specifically on AIDS education, training, and services.

Please advise me of the results of the discussions with Senator Durenburger and OMB when these are completed, or during them if there are major problems. This should be done as soon as possible.

cc:
Tom Burke
Tony McCann

Aids file



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date . AUG 28 1987

From Assistant Secretary for Health

Subject Briefing Material for the Presidential Commission on the Human Immunodeficiency Virus Epidemic

To Chairman, Presidential Commission on the Human Immunodeficiency Virus Epidemic

Attached is a briefing book containing materials on AIDS that we were requested to compile by the Executive Director's office of the Presidential Commission on the Human Immunodeficiency Virus Epidemic for their September 9-10 meeting.


Robert E. Windom, M.D.

Attachment

cc: The Under Secretary

Outline of AIDS Materials for
Presidential Commission on the
Human Immunodeficiency Virus Epidemic

Briefing Book

I. Epidemiology

A. Summary

1. CDC AIDS Weekly Surveillance Report - U.S.
(8/24/87)
2. Map: AIDS Cases Reported to CDC by State
U.S., Through August 21, 1987

B. Risk Groups

1. Revised Risk Categories for Adult Cases (8/87):
 - a. By Year of Report to the CDC
 - b. By Year of AIDS Diagnosis
 - c. Heterosexual Cases, By Sex and Their Sexual
Contacts
2. Revised Risk Categories for Pediatric Cases
(8/87):
 - a. By Year of Entry into the AIDS Surveillance
System
 - b. By Year of AIDS Diagnosis
 - c. Mothers who Have or are at Risk for AIDS

C. Graph: Reported Cases of AIDS, August 24, 1987, U.S.

D. Projection: Coolfont

1. Chart: Projected Cases of AIDS - U.S.
2. Coolfont Report: a PHS Plan for Prevention and
Control of AIDS and the AIDS Virus

II. PHS Budget Data

A. PHS AIDS FY 86 - FY 88 Budget Table (By Agency)

B. Historical

1. Graph: AIDS Growth in PHS Spending
2. PHS AIDS FY 84 - FY 88 Functional Table

3. PHS AIDS Fy 82 - FY 88 Budget Table (By Agency)
4. Summary Report: The PHS AIDS Report

III. Glossary of Terms

IV. Chronologies

- A. AIDS Achievements by this Administration
- B. Chart: DHHS Current Focus on AIDS
- C. Epidemiology
 1. Fact Sheet on AIDS Epidemiology
 2. Chart: Modes of Transmission
 3. AIDS in the U.S.
 4. Medical Evidence About Modes of AIDS Transmission
- D. Policy Development
 1. AIDS: PHS Recommendations and Guidelines- 11/82 - 8/87
 2. White House Memorandum for the Domestic Policy Council on AIDS Testing
 3. White House Memorandum Domestic Policy Council on AIDS Education
 4. Joint Statement on AIDS Education (Department of Education/U.S. Surgeon General)
- E. Therapeutics
 1. DHHS Current Focus on AIDS
 2. Quality Care Insights: AIDS Research Advancing (Summer 1987)
 3. NIH Press Release on Experimental AIDS Vaccine (August 1987)
 4. HHS Press Release on Distribution of Funds for AZT (July 1987)

V. Reference Materials

- A. Facts About AIDS (Spring 1985)
- B. AIDS Don't Die of Ignorance
- C. American Red Cross/PHS Pamphlets
 - 1. AIDS and Your Job-Are There Risks?
 - 2. AIDS, Sex, and You
 - 3. AIDS and the Safety of the Nation's Blood Supply
- D. Surgeon General's Report on AIDS
- E. Coping With AIDS
- F. CDC Brochure - America Responds to AIDS
- G. PHS Executive Task Force on AIDS
 - 1. Summary Description of the Task Force
 - 2. Chart: PHS Executive Task Force on AIDS
 - 3. Roster of Attendees
- H. Descriptions of PHS Task Force/Committee on AIDS
- I. Chart: Representatives to the Federal Coordinating Committee (FCC) on AIDS Information, Education, and Risk Reduction
- J. Roster of FCC Attendees
- K. Descriptions of PHS Agency AIDS Activities
- L. Executive Order and Charter on the Presidential Commission on the Human Immunodeficiency Virus Epidemic
- M. GAO Report on the AIDS Prevention - Views on the Administration's Budget Proposals
- N. PHS Information/Education Plan to Prevent and Control AIDS in the U.S. (March 1987)
 - 1. Description of the National AIDS Information/Education Program

2. Chart: PHS AIDS Information and Education Plan..
3. Chart: Critical Partnerships for AIDS Effort
- O. HCFA Memorandum on Projection of Medical Cost/Rand Report: The Costs of Treating AIDS under Medicaid: 1986-1991 (May 1987)
- P. PHS: AIDS Update (July 1987)
- Q. Preview of Major Meeting (1987)

VI. International

1. Fact Sheet on AIDS International
2. Fact Sheet: AIDS in Africa
3. Report on Current Status of AIDS in the U.S.

VII. Support Groups: State, Local, and Private Organizations
Data and Information Resources - AIDS Compendium--Summary



Aids file

Memorandum

Date . AUG 28 1987

From Assistant Secretary for Health

Subject Federal Coordinating Committee Meeting on September 3, 1987

To Federal Coordinating Committee on AIDS
Information, Education, and Risk Reduction

Attached is an agenda for the next FCC meeting which is scheduled for Thursday, September 3, from 10:30 to Noon in Room 729-G of the Humphrey Building.

Robert E. Windom
Robert E. Windom, M.D.

Attachment

AGENDA
FEDERAL COORDINATING COMMITTEE ON AIDS
INFORMATION, EDUCATION, AND RISK REDUCTION

THURSDAY, SEPTEMBER 3, 1987
10:30 - NOON
ROOM 729-G, HUMPHREY BUILDING

- | | | |
|------|--|-------------------------|
| I. | Welcome and Update on PHS
AIDS Activities | Dr. Windom
Dr. Noble |
| II. | Implementation of Testing
of Federal Prisoners HIV
Infection: Justice Department | Mr. Galeback |
| III. | Report of the Intragovernmental
Task Force on AIDS Health Care
Delivery | Dr. Sundwall |
| IV. | National AIDS Information
Campaign | CDC |
| V. | General Discussion and Plans
for Next FCC Meeting | ALL |

PHS CORRESPONDENCE

97800

REFERRAL DATE: 9-4

DUE DATE:

- TO: ASH
 SG
 DASH-O
 DASH-P&E
 DASH-DPHP
 DASH-PA
 DASH-IGA
3- SEN ADV/EA
4- SA/ASH

- ADAMHA
1- CDC
 FDA
 HRSA
 NIH

 NCHS
 NCHSR

- 5- OM
 PUB AFF
 OAPP
 OSH
 OIH
6- OHL
 OGC
 OEEC
 ORH
 PCPFS

- 9- ES/PHS Aids file

7- OTHER AIDS-CO
8- Deputy ASH

ACTION:

- SECRETARY'S SIGNATURE
 ASH SIGNATURE
 DIRECT REPLY
 _____ SIGNATURE
 DRAFT FOR OS SIGNATURE
(WHITE HOUSE REFERRAL)

- REVIEW/CLEARANCE
 NECESSARY ACTION
1-9 FOR YOUR INFORMATION

SPECIAL INSTRUCTIONS

PHS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2586

RM 17-60
PKLN Bldg.
443-6656

ROUTED BY Jay for je



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

SEP - 2 1987

MEMORANDUM

TO : Dr. Robert Windom
Assistant Secretary
for Health

FROM : Audrey F. Morton *Audrey F. Morton*
Director
Office for Civil Rights

SUBJECT: AIDS Inquiries

Attached are two inquiries requesting information from our office on a number of issues relating to AIDS. I will keep you advised of our responses.

Attachment

97800
TRACE



DEPARTMENT OF HEALTH & HUMAN SERVICES

87-425

Memorandum

Date: August 17, 1987

From: Regional Manager, Region IV
Office for Civil Rights

Subject: AIDS Inquiry Re: AL Department of Human Resources

To: Audrey F. Morton, Director
Office for Civil Rights

Attn: Trish Mackey, Acting
Deputy Director, OPO/OCR

The attached letter was recently received from the AL Department of Human Resources.

We prepared a letter of acknowledgement to the State Agency. We have also asked our Regional Attorney to advise us in the preparation of a reply to the substance of the issues raised. However, before sending a full reply to the State Agency, I would appreciate your review and advice regarding how we should handle this inquiry. Should we respond at the regional level, should we submit our draft reply for Headquarters' review, or would you prefer to reply from Headquarters?

Marie
Marie A. Chretien

Board of Directors

Governor Guy Hunt
Chairman
Dr. John Nixon
Vice Chairman
Mrs. Kay K. Miller
Secretary
Ms. Beverly Ward
Mrs. Carolyn Casey
Mr. Michael Manasco
Mrs. Ilene Mann

State of Alabama
Department of Human Resources

DEPT. OF HUMAN RESOURCES

64 North Union Street
Montgomery, Alabama 36130

87 AUG 11 9:38



August 7, 1987

Andrew P. Hornsby, Jr.
Commissioner

Ms. Marie Chretien, Regional Director
Department of Health and Human Services
Office for Civil Rights
101 Marietta Tower
Atlanta, Georgia 30323

Dear Ms. Chretien:

Please request that your Legal Division provide us with an advisory opinion to the following questions:

- Because they are considered at high risk for AIDS, is it a violation to ask applicants such questions as -
 - Father bi-sexual
 - One or both parents on IV drugs
 - Hemophilia (or member of family)
 - Recent blood transfusions
 - Mother prostitute
 - Promiscuous sexual practices
- Are pre-employment or pre-admission medical examinations of persons considered to be at high risk for AIDS, but not of others, a violation of Section 504?
- In order to protect the AIDS clients from other diseases, is it a violation of Section 504 to provide them with separate benefits or services or to fail to admit them into programs where they would be at a high risk as a result of their AIDS illness?
- Are there any Civil Rights legislation/court ruling/administrative ruling, etc. relating to the treatment of AIDS clients?
- Are pre-admission inquiries regarding the possibility of applicants for benefits and services having been exposed to the AIDS virus covered by Section 504?
- What is the Section 504 status of people having ARC (AIDS Related Complex), but do not have full-blown AIDS?

Ms. Marie Chretien

Page 2

August 7, 1987

- Are pre-employment inquiries regarding the possibility of a job applicant having been exposed to the AIDS virus a violation of Section 504?
- Is having the AIDS virus alone without symptoms or having a positive test for AIDS sufficient to meet the requirements to be afforded protection as a handicapped person under Section 504?

This information will assist us in processing the increasing number of questions we receive regarding the protection afforded AIDS victims under Section 504.

Sincerely,

Sylvester Smith
Sylvester Smith, Coordinator
Equal Opportunity Compliance/Employment

SS/rs

cc: Lois Young
Coleman Campbell

JACKSON, LEWIS, SCHNITZLER & KRUPMAN

201 MADISON AVENUE NEW YORK, N.Y. 10016

(212) 697-8200

TELECOPIER (212) 872-3213

PRACTICE LIMITED TO LABOR AND EMPLOYMENT
LAW AND LITIGATION ON BEHALF OF MANAGEMENT

RECEIVED

AUG 11 1987

D C R
REGION II

MORRISTOWN, NJ
SAN FRANCISCO, CA
WASHINGTON, DC
WHITE PLAINS, NY

ATLANTA, GA
BOSTON, MA
GREENVILLE, SC
HUNTINGTON, NY
LOS ANGELES, CA

August 7, 1987

200

Mr. John Gemoz
Regional Manager
Department of Health & Human Services
Office of Civil Rights
Room 3312
26 Federal Plaza
New York, New York 10278

Re: Request For An Administrative
Opinion

Dear Mr. Gemoz:

We represent employers concerned about the use of alcohol and drugs by employees defined as "handicapped" by the Rehabilitation Act. We would appreciate an administrative opinion in response to the following questions:

1. May an employer require, as a condition of employment, that employees handicapped by alcoholism and other drug-dependencies manage their handicap by attending Alcoholics Anonymous or EAP meetings or by doing anything else deemed medically necessary by the employee's physician?
2. May the employee be examined by the employer's physician and be required to do whatever is deemed medically necessary by the doctor to manage his or her handicap?
3. If an employee cannot prove that he or she is attending a required session or otherwise seeking treatment for his or her handicap, may the employee be lawfully terminated?

We also represent employers concerned about employees with AIDS who could be seriously harmed if exposed to contagious diseases (e.g. pneumonia) in the workplace. Likewise, individuals with AIDS, because of their immunodeficiency, are prone to contract and then spread contagious diseases in the workplace.

Mr. John Gemoz
August 7, 1987
Page Two

1. May an employer require, as a condition of employment, that employees with AIDS be examined by his or her own physician whenever medically necessary to protect both the employee and his or her co-workers from contagious diseases which may be spread in the workplace?

2. May the employee be examined by the employer's physician to determine if the employee has any illness which may be spread in the workplace?

3. If the employee with AIDS, or any employee, has a contagious disease which may be transmitted in the workplace, may the employee be put on an unpaid disability leave until he or she is no longer contagious?

4. If an employee with AIDS cannot prove that he or she is being regularly examined by a physician, may the employee be lawfully terminated?

5. May employees lawfully be tested for AIDS?

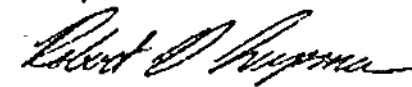
6. May employees be asked if they have AIDS?

This request is not made in conjunction with any pending complaint or proceeding. We are requesting an opinion now to avoid any unintended violation of law in the future.

We appreciate your cooperation and any guidance which you are able to provide.

Very truly yours,

JACKSON, LEWIS, SCHNITZLER & KRUPMAN



Robert D. Lipman

RDL/jmi

JACKSON, LEWIS, SCHNITZLER & KRUPMAN

Aids file

PHS CORRESPONDENCE

97775
REFERRAL DATE: 9-8

DUE DATE:

TO: <input type="checkbox"/> ASH	<input type="checkbox"/> ADAMHA	<input type="checkbox"/> OM	<input type="checkbox"/> ES/PHS
<input type="checkbox"/> SG	<input type="checkbox"/> CDC	<input type="checkbox"/> PUB AFF	_____
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<input type="checkbox"/> DASH-P&E	<input type="checkbox"/> HRSA	<input type="checkbox"/> OSH	<input checked="" type="checkbox"/> OTHER <u>Dr. Noble</u>
<input type="checkbox"/> DASH-DPHP	<input type="checkbox"/> NIH	<input type="checkbox"/> OIH	_____
<input type="checkbox"/> DASH-PA		<input type="checkbox"/> OHL	_____
<input type="checkbox"/> DASH-IGA		<input type="checkbox"/> OGC	_____
<input type="checkbox"/> SEN ADV/EA	<input type="checkbox"/> NCHS	<input type="checkbox"/> OEEO	
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		<input type="checkbox"/> PCPFS	

ACTION:

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| <input type="checkbox"/> SECRETARY'S SIGNATURE | <input type="checkbox"/> REVIEW/CLEARANCE |
| <input type="checkbox"/> ASH SIGNATURE | <input checked="" type="checkbox"/> NECESSARY ACTION |
| <input type="checkbox"/> DIRECT REPLY | <input type="checkbox"/> FOR YOUR INFORMATION |
| <input type="checkbox"/> _____ SIGNATURE | |
| <input type="checkbox"/> DRAFT FOR OS SIGNATURE
(WHITE HOUSE REFERRAL) | |

SPECIAL

SPECIAL INSTRUCTIONS

Pls. set up a
meeting w/
Mr. Lukens
to discuss this.

PHS 5175A
(rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2566

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e



SEP - 4 1987

Office of the Assistant Secretary
for Health
Washington DC 20201NOTE TO MIKE ECK

SUBJECT: Mr. Lukens' Memorandum on AIDS

We have reviewed the attached document which suggests options that the Secretary may take that will give the Department a lead role in October's AIDS Prevention Month. Below are our comments:

- o In the opening paragraph, we suggest deleting the words "(or is)" and imply that October will be designated AIDS Prevention Month.
- o Under the recommendations section:
 - A. We suggest replacing this paragraph with: Make an appearance at the "KICK-OFF" Event for the public service ad campaign being developed by Olgivy-Mather on September 30, 1987 at 10:00 a.m. in Washington.

We suggest deleting the sentence in parentheses.

- B. We suggest deleting this section because the Association of State and Territorial Health Officers (ASTHO) have already taken a very direct and active role in our AIDS efforts. Secondly, the States are already receiving federal funds for AIDS activities.

However, we suggest that the Secretary host a meeting with ASTHO to discuss how the States are doing, what they are planning to do, what problems they have identified, and what can the Department do to be of help in their AIDS efforts.

- C. We concur with this suggestion. It will reinforce what both Drs. Windom and Koop have been doing in the area of AIDS information and education.
- D. CDC has the lead role for educating the public, and will be developing a range of educational materials for all segments of the general public. If major public service groups are going to be a special target group, we should develop a strategy for accomplishing this in 1988. However, these groups are only one of many special target groups that could be identified, and we question if we

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have resources to reach all such individual groups.

- E. We concur with this suggestion.
- F. There are a wide variety of media messages already planned, but we question if there is time to begin a new series at this date.
- G. We suggest deleting this section because the Department already has the PHS Executive Task Force on AIDS and the Federal Coordinating Committee on Information, Education and Risk Reduction. The latter committee comprises representatives from all of the Departments (see attachment for list of participants).

We do have some additional suggestions that the Secretary could do during the month of October.

- o Make himself available for media interviews, i.e., NightLine and Good Morning America.
- o Write an Op-ed piece to be given to Olgivy and Mather Advertising Agency for placements.
- o Make himself available to attend a meeting with the network executives, newspaper executives, and magazine publishers to discuss innovative ways to use their organizations for disseminating AIDS information.
- o Consent to appear on special T.V. programs.
- o Make himself available to appear at one or more of the special events planned throughout the country. He could attend an American leadership forum and listen to how Americans are responding to AIDS.

I appreciate Mr. Lukens' attention to the need for Secretary Bowen's personal involvement in the information/education activities during October AIDS Prevention Month. I ask that he meet with the PHS AIDS Coordinator to discuss our comments and to refine suggestions to be made for the Secretary's participation.

/s/ Robert E. Windom

Robert E. Windom, M.D.
Assistant Secretary for Health

Attachment

UPDATED: 8/1/87

ROSTER

FEDERAL COORDINATING COMMITTEE ON AIDS INFORMATION,
EDUCATION, AND RISK REDUCTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Health
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dr. Robert Windom, Assistant Secretary for Health
Dr. Lowell Harmison, Deputy Assistant Secretary
for Health
202/245-7694

Dr. Gary Noble, PHS AIDS Coordinator
Ms. Iris Gelberg
Ms. Sandra Bart
202/245-0471

DEPARTMENT OF AGRICULTURE

Ms. Anne Winslow
Confidential Assistant to the Assistant Secretary
for Science and Education
Room 212W, U.S.D.A.
Washington, D.C. 20250
202/447-5035

DEPARTMENT OF DEFENSE

Dr. Jarrett Clinton/Dr. John Mazzuchi
Deputy Assistant Secretary for Defense for
Professional Affairs and Quality Assurance
Room 3D-360, The Pentagon
Washington, D.C. 20301-1200
202/695-7116

DEPARTMENT OF EDUCATION

Mr. Jack Klenk
Director, Issues Analysis
Office of the Under Secretary
U.S. Department of Education
400 Maryland Avenue, S.W. - Room 4023
Washington, D.C. 20202
202/732-4028 - 202/732-3120

ENVIRONMENTAL PROTECTION AGENCY

Dr. Hugh McKinnon
Acting Director
Office of Health Research
EPA (RD 683)
401 M Street, S.W.
Washington, D.C. 20460
202/382-5900

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Mr. Peter Tropp
Office of the Secretary
451-7th Street, S.W. - Room 1022
Washington, D.C. 20410
202/755-6065

DEPARTMENT OF JUSTICE

Mr. Steve Galebach/Ms. Marilee Melvin
Senior Special Assistant
to the Attorney General
Department of Justice, Room 5131
10th and Constitution, N.W.
Washington, D.C. 20530
202/633-2107 - 202/633-4894

Mr. Paul Colborn
Senior Counsel
Department of Justice, Room 5246
10th and Constitution, N.W.
Washington, D.C. 20530
202/633-2048

DEPARTMENT OF LABOR

Mr. Robert Pflieger
Special Assistant to the Deputy Under Secretary
for Public and Intergovernmental Affairs
U.S. Department of Labor, South 2006
200 Constitution Avenue, N.W.
Washington, D.C. 20210
202/523-8271

STATE DEPARTMENT

Mr. Walter Lockwood
OES/IHP (Oceans and International Environmental and
Scientific Affairs/Office of International Health Policy)
Department of State, Room 4325
Washington, D.C. 20520
202/647-9169

(Mail only.)

Dr. Kenneth Bart
Agency Director for Health
Agency for International Development
Department of State
Washington, D.C. 20523
202/235-8926

(Messenger only.)

Dr. Kenneth Bart
SNT/Health - AID
Room 709SA18
1601 N. Kent St.
Arlington, Va.

ACTION

Mr. Kenneth Priebe, Manager
ACTION, State Office of Volunteerism
806 Connecticut Avenue, N.W. - 5th Floor
Washington, D.C. 20525
202/634-9749

OFFICE OF PERSONNEL MANAGEMENT

Mr. Allan Heuerman/Mr. Timothy Dirks
Mr. Tony Ignaccio
Employee Labor and Agency Relations
1900 E Street, N.W. - Room 7412
Washington, D.C. 20415
202/632-8047 - 653-8572 - 632-5558

U.S. INFORMATION AGENCY

Ms. Carol Ludwig
Senior Policy Advisor
USIA, Room 858
301 4th Street, S.W.
Washington, D.C. 20547
202/485-8644

VETERANS ADMINISTRATION

Dr. Howard D. Cohn/Dr. Susan Mather
Deputy ACMD for Clinical Affairs 11A
VA Central Office
810 Vermont Avenue, N.W.
Washington, D.C. 20420
202/233-3560 - 233-2450

DOMESTIC POLICY COUNCIL

Mr. Robert W. Sweet, Jr.
Deputy Executive Secretary
Domestic Policy Council
213 Old Executive Office Building
Washington, D.C. 20503
202/456-2564

OFFICE OF SCIENCE AND TECHNOLOGY POLICY

Ms. Beverly Berger/Ms. Mary Gant
Assistant Director, Life Sciences
Office of Science and Technology Policy
Room 5026 NEOB
Washington, D.C. 20506
202/395-3902 - 395-3952

OFFICE OF MANAGEMENT AND BUDGET

Mr. Barry Clendenin
Chief, Health Branch
U.S. OMB
Room 7002 NEOB
Washington, D.C. 20503
202/395-4926

ADDITIONAL HHS ATTENDEES:

Mr. Bruce Artim, Executive Assistant/ASH
Ms. Barbara Brady, PHS/ES
Ms. Nabers Cabiness, Deputy Assistant Secretary for Population
Affairs
Dr. James F. Dickson, Assistant Surgeon General
Ms. Peggy Hamburg, Health Promotion
Ms. Kay Holcombe, OHL/OASH
Dr. Samuel Lin/Mr. James McTigue, DASH-Intergovernmental
Affairs/PHS
Dr. Michael McGinnis, DASH-Disease Prevention/Health Promotion
Mr. James Miller, Public Affairs/OS
Mr. Richard Riseberg, Assistant General Counsel/Health
Dr. Mike Samuels, Assistant to the Surgeon General
Dr. William Winkenwerter, HCFA AIDS Coordinator

Aids file

PHS CORRESPONDENCE

97801

REFERRAL DATE: 9-8

DUE DATE:

TO: <input checked="" type="checkbox"/> ASH	<input type="checkbox"/> ADAMHA	<input type="checkbox"/> OM	<input checked="" type="checkbox"/> ES/PHS <i>Brady</i>
<input type="checkbox"/> SG	<input checked="" type="checkbox"/> CDC	<input type="checkbox"/> PUB AFF	
<input type="checkbox"/> DASH-O	<input type="checkbox"/> FDA	<input type="checkbox"/> OAPP	
<input type="checkbox"/> DASH-P&E	<input type="checkbox"/> HRSA	<input type="checkbox"/> OSH	<input checked="" type="checkbox"/> OTHER <i>AIDS-60</i>
<input type="checkbox"/> DASH-DPHP	<input type="checkbox"/> NIH	<input type="checkbox"/> OIH	<input checked="" type="checkbox"/> Deputy ASH
<input type="checkbox"/> DASH-PA		<input type="checkbox"/> OHL	
<input type="checkbox"/> DASH-IGA		<input type="checkbox"/> OGC	
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		<input type="checkbox"/> PCPFS	

ACTION:

<input type="checkbox"/> SECRETARY'S SIGNATURE	<input type="checkbox"/> REVIEW/CLEARANCE
<input type="checkbox"/> ASH SIGNATURE	<input type="checkbox"/> NECESSARY ACTION
<input type="checkbox"/> DIRECT REPLY	<input checked="" type="checkbox"/> FOR YOUR INFORMATION
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<input type="checkbox"/> DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)	

SPECIAL INSTRUCTIONS

PHS 5175 (Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2566

RM 17-60
PKLN Bldg.
443-6656

ROUTED BY *Jay Forje*

To: D. Windom
YI

Re: Stephanie Lee-Miller

Reagan's AIDS panel begins talks this week

By Rex Graham
Banner Medical Writer

Vanderbilt University Medical Center nursing dean Colleen Conway-Welch will meet Tuesday and Wednesday in New York City with other members of the presidential AIDS commission, according to a Vanderbilt spokeswoman.

Conway-Welch, who recently was named to the Presidential Commission on the Human Immunodeficiency Virus Epidemic, was called to attend the hastily called meeting by Catholic Cardinal John J. O'Connor, who also is a member of the panel.

O'Connor will lead the other 12 members of the commission on a tour of AIDS treatment centers and hospitals in the city that, like San Francisco, has been hard hit by the disease.

The gay community, generally, has been critical of President Reagan's appointments to the commission because it has only one homosexual rights activist on the 13-member commission.

Gene Copello, director of the Vanderbilt AIDS Project, said pressure is mounting for Congress to take action address the concerns of a mounting number of opponents to Reagan's group.

Meanwhile, a medical brochure

'It was written for the layman, with pictures and narrative. It is two or three pages that fold out, and it is sort of on the health side.'

— Beverly Compton
Commission
spokeswoman

she is
a secretary

on AIDS may be mailed to every address in the country if the newly formed commission approves the idea in its first meeting in September.

Conway-Welch said she supports "disseminating updates about HIV (human immunodeficiency virus) as quickly as the information becomes available."

Beverly Compton, a spokeswoman for the commission, said voting on the brochure is the only action item on the agenda for the meeting Sept. 9 and 10.

The foldout brochure, *America*

Please see AIDS, page A-6

... AIDS

Responds to AIDS, was prepared by the Department of Health and Human Services.

"It was written for the layman, with pictures and narrative," Compton said. "It is two or three pages that fold out, and it is sort of on the health side."

The tone of the brochure "is similar to the 'Just Say No to Drugs' approach of other Health and Human Services brochures," Compton said.

An official of the U.S. Public Health Service's Task Force on AIDS said the federal government has delayed mailing the brochure.

At a recent meeting of the Domestic Policy Council, the suggestion was made to have the commission review the brochure.

"It clearly won't go out unless the commission approves it," said the task force official, who asked not to be named.

Conway-Welch has been meeting with Vanderbilt AIDS experts in preparation for the two-day session.

Surgeon General C. Everett Koop, Department of Health and Human Services Secretary Otis Bowen and other high-ranking government health officials are scheduled to address the commission.

"Primarily, this will be a meeting to introduce the members" to

department secretaries, said Compton.

"I am looking forward to the commission's meeting," said Conway-Welch.

She strongly favors the message that sexual abstinence or monogamy should be encouraged as ways to stop the spread of AIDS. "But if they don't choose abstinence," she said, "they need to choose the next best thing."

The AIDS virus primarily is spread by sexual contact, sharing of hypodermic needles and syringes, and from mother to fetus or newborn child.

The commission will report to President Reagan by Oct. 23 and prepare a final report next July.

The final report will contain recommendations on the best ways to care for those who have the disease. Also, it will recommend federal, state and local approaches to stopping the spread of the disease.

The public will be able to address the commission during a comment period in the September meeting.

Representatives of five national AIDS groups are scheduled to have a panel discussion with the commission during the first day.

"I am impressed by the amount of work already under way," Conway-Welch said.

97801

AIDS
File

SEP - 9 1987

Assistant Secretary for Health

Reviews of Safety Practices in HIV Production Facilities

Director
National Institutes of Health

I am pleased that you have initiated a review of safety practices at HIV production facilities under contract with the National Institutes of Health.

I am requesting that the reviews be broadened to include those facilities currently licensed by the U.S. Government to produce HIV-Antibody test kits. This review is necessary to assure continued compliance with Biosafety Level 3 guidelines.

It is important, in light of the reported worker-acquired infection with HIV, that the review identify and evaluate all possible mechanisms of exposure. Recommendations, if necessary, for enhancing safety should be provided.

I would like a preliminary report by Friday, September 18.

/s/ Robert E. Windom

Robert E. Windom, M.D.

Prepared by: NIIH/B.Riley:np:9/9/87

PHS CORRESPONDENCE

97799

DUE DATE:

REFERRAL DATE: 9-9

- TO 2 ASH
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 DASH-DPHP
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- 10 ES/PHS *Aids file*
 7 OTHER *Deputy ASH*
 8 AIDS-CO
 9 *hymn Clayton*

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(WHITE HOUSE REFERRAL)

- REVIEW/CLEARANCE
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SPECIAL INSTRUCTIONS

ROUTED BY *Gay Forje*

HS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2586

RM 17-60
PKLN Bldg.
443-6656



DEPARTMENT OF HEALTH & HUMAN SERVICES

D. Windom
716-C
Office of the Secretary

Washington, D.C. 20201

September 8, 1987

MEMORANDUM

TO: The Secretary

Thru: ES ___
COS ___
US ___

FROM: Stephanie Lee-Miller *SLM*
Assistant Secretary for Public Affairs

SUBJECT: Morning Press Meetings -- AIDS

1987 SEP -9 /AM 9:57
PHS/ES

After discussion with the Chief of Staff, we are proceeding with plans for on-the-record morning briefing sessions with reporters this month concerning AIDS. We expect that it will require more than one session to accommodate the number of reporters who will be interested and should appropriately be reached, with plans for about a dozen reporters at each. We would serve coffee and rolls, but not a full breakfast -- I think everyone will want to get to the business at hand.

You would lead the session. Drs. Windom, Koop and Mason would also take part. Reporters will be invited to engage in relatively open-ended questioning on AIDS -- that is, we should expect to deal with tough questions.

The briefing would be billed as a pre-AIDS Awareness Month event. As such, it would be a vehicle for us to:

- re-establish regular monthly briefings on current AIDS topics, conducted by PHS (when conducted previously, these briefings served well to give reporters perspective and the feeling they were "in the loop.")
- encourage reporters and their media to make fullest use of AIDS Awareness Month to get out the facts.

The bulk of the briefing would consist of presentations to assure that our story is known, brief updates on the major AIDS areas including an outline of plans for AIDS Awareness Month, and questioning.

97799
TRACER

The Secretary -- 2

Specifically, let's schedule the first two press briefings during the week of September 14. The Scheduling Office recommends September 17 and 18. The briefings should begin at 8:30 a.m. and take place in the Executive Dining Room.

cc: Robert Windom, M.D.
C. Everett Koop, M.D.
James Mason, M.D.

Aids file **FR**

PHS CORRESPONDENCE

97809
REFERRAL DATE: *9-9*

DUE DATE: *noon!*
9-10

TO: ASH ADAMHA OM ES/PHS

SG CDC PUB AFF

DASH-O FDA OAPP

DASH-P&E HRSA OSH

DASH-DPHP NIH OIH

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OTHER *Deputy ASH*

2 *AIDS-CO*

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- REVIEW/CLEARANCE
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- FOR YOUR INFORMATION

URGENT SPECIAL

SPECIAL INSTRUCTIONS

Pls. give clearance

re comments

to B. BRADY

245-6761

HS 5175
(rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2568

ROUTED BY
BRADY





SEP 8 1987

MEMORANDUM TO THE EXECUTIVE SECRETARY

Attention: Mick Eck

From : S. Anthony McCann *SAM*
Assistant Secretary for Management and Budget

Subject : AIDS Mass Mailing/Reprogramming

We have reviewed and agree with the explanations provided by PHS in the letters to Senators Chiles and Weicker as to how the \$20 million in supplemental appropriations for an AIDS public information campaign will be utilized. However, we strongly recommend a single combined letter be prepared and the request for a reprogramming action be eliminated.

Normally the Department would seek congressional approval, through a reprogramming, of such a significant change in program plans. The report accompanying the appropriations bill clearly identified a mass mailing of AIDS information to every American household on one of the uses for the funds. However, the President has asked the recently convened Commission to review the mailing. This consultation cannot be completed prior to the end of this fiscal year when these funds must be obligated.

PHS has offered a reasonable alternative use of the monies - providing AIDS informational materials to businesses and associations for distribution. While informing Congress, rather than requesting approval, of this alternative approach may strain relationships between the Congress and the Department, it is a much better strategy than having the Secretary receive a negative reply to a reprogramming request.

We have attached suitable substitute letters to Senators Chiles and Weicker and Congressmen Natcher and Conte.

Attachment

97809
TRACER



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

The Honorable William H. Natcher
Chairman, Subcommittee on Labor-Health
and Human Services-Education
Committee on Appropriations
2333 Rayburn Building
Washington, D.C. 20515-6024

Natcher
Dear Mr. ~~Chairman~~:

This letter is to inform you of our plans for implementing the AIDS prevention and control programs funded by the Fiscal Year 1987 Supplemental Appropriations Act (Public Law 100-71). We are actively implementing most of the programs included in the supplemental.

To implement the AIDS Drug Reimbursement Program, the Bureau of Resources Development (BRD), Health Resources and Services Administration (HRSA), developed a process for distributing funds to the States for provision of the drug AZT to AIDS patients. Working with staff from the Office of the Assistant Secretary for Health and the Centers for Disease Control (CDC), a Memorandum of Agreement between HRSA and CDC was developed to allow HRSA to administer this program. Utilizing the emergency authority of Section 319 of the Public Health Service Act, HRSA devised a simplified method for distributing funds to the States as quickly as possible. On July 13, 1987, a letter was sent to each State notifying the State of the amount of funds available to that State. The letter, when signed and returned to HRSA, constituted the State's application for the AZT funds. A press release on the AIDS Drug Reimbursement Program was issued on July 24, and a Federal Register notice announcing the program to the public was published on August 13. As of August 12, 1987, a notice of grant award had been sent to 47 States/Territories; the total amount awarded was \$28,220,757.

In an effort to make information regarding the AIDS Drug Reimbursement Program readily available to the public, BRD negotiated a no-cost agreement with Burroughs Wellcome to have them operate the hotline for the AIDS Drug Reimbursement Program as part of their existing hotline. Burroughs Wellcome agreed to do that as a public service. As of August 13, 1987, 277 calls had been received by the hotline in connection with the AIDS Drug Reimbursement Program.

On June 26, CDC sent advance notice of the expanded AIDS prevention programs that were included in the pending supplemental appropriation bill to current recipients of AIDS prevention cooperative agreements. The communication described procedures for requesting amendments to the existing cooperative agreements for prevention activities to include

expanded counseling and testing and a special emphasis on preventing AIDS in minorities at risk. A deadline of August 3 was established for submission of these amendments. The deadline for submission of requests relating to minority activities has been extended until August 21 in order to take advantage of the interest generated during the Conference on AIDS in Minority Populations in the United States, sponsored by CDC and the Office of Minority Health, which was held in Atlanta on August 8 and 9. As of August 12, requests had been received from 40 States and localities. Extension of the deadline for the minority portion will push award of these funds to late September.

In May, CDC began detailed planning for the fall kickoff of a national public information campaign featuring (1) October as "AIDS Prevention Month," (2) a mailing to all households in the United States, (3) an awareness blitz using electronic and print media, and (4) events sponsored by a variety of groups across the country. The brochure, in concept form, was tested in June and July in Arizona, New Jersey, Georgia, and Iowa. The Request for Proposal for an advertising agency to assist in the design and development of an information campaign was expanded to encompass these new plans, and on July 31 CDC awarded a contract to the firm of Ogilvy and Mather Advertising. The President has indicated that the newly formed Commission on the Human Immunodeficiency Virus Epidemic should be involved in any plans for a mailing to American households. Therefore, a national mailout will not be included in our fall campaign kickoff. We are still planning to have an intensive national public information campaign.

This campaign is being planned as a long-term, intensive effort that will be supplemented at the State and local level. And, it is consistent with the "Information/Education Plan to Prevent and Control AIDS in the United States," which was issued by this Department in March 1987.

We have engaged Ogilvy and Mather Advertising, one of the largest advertising agencies in the country, to help us design and implement an effective public awareness campaign. They have developed a positive theme, "America Responds to AIDS," for the campaign. Our aim is to let Americans know what they can do and how they can contribute to a national effort to prevent and control AIDS and the spread of HIV infection. The fall campaign will focus on a national outreach efforts such as the National AIDS Prevention Month and the accompanying national media events; national partnerships involving public organizations, private organizations, business, and industry; meetings to stimulate national leadership; a series of focus group meetings; and test marketing of various approaches to evaluate their effectiveness for inclusion in future strategies.

Information will be made available to Americans in settings other than their households. Avenues of distribution include organizations and associations such as the YMCA, businesses (chain drugstores), State and

Page 3 - The Honorable William H. Natcher

local health departments, and AIDS organizations. By enlisting the support of a wide variety of public and private organizations, the national efforts can be amplified and augmented at the local level. In addition to using materials developed this summer, we plan on using several other publications in order to target subpopulation groups with appropriate messages. An attractive feature of this approach is that it ensures that people can obtain AIDS information on their own initiative, voluntarily.

With the creativity of Ogilvy and Mather Advertising, and the advance planning and hard work of CDC, preparations for the fall campaign are moving at a fast pace and gaining momentum among many groups--business leaders, the media, health agencies, other Federal agencies, and voluntary agencies. I believe we are on the road to achieving the end toward which Congress appropriated these funds--a well-informed American public which is responding positively to the AIDS crisis.

A summary of how the \$20 million supplemental funds for AIDS public information will be utilized is enclosed.

Sincerely,

Otis R. Bowen, M.D.
Secretary

Enclosure

AIDS Public Information
1987 Supplemental Funds
(in millions)

<u>Fall Campaign Activities</u>	<u>\$18.5</u>
Advertising Agency Contract	4.0
Expansion of the AIDS Hotline	1.5
Miscellaneous Items (meetings, focus groups, material development, minority conference)	3.5
Distribution of materials through:	
o The AIDS Clearinghouse	1.7
o Non-profit organizations	2.3
o Business	2.2
o State and local health departments	3.1
Development of materials and other costs	.2
<u>Distribution of the Surgeon General's Report on AIDS</u>	<u>1.5</u>
TOTAL	\$20.0

Page 3 -

Identical letter to: *Silvio O. Conte*
The Honorable ~~Lowell P. Weicker, Jr.~~

cc:

OD

FMO

CDC/W

ES/PHS

CLO/OS

ASL/OS

H Official File

CDC Official File (Return to CDC, Atlanta, Bg. 1, Room 2122)

OS #8707240031-32

PHS Tracer 86244

CDC ID D38495; Doc. No. 0920B

Prepared by: James D. Bloom, CDC 8/17/87 FTS 236-3298

Revised by: James D. Bloom, CDC 8/28/87 FTS 236-3298

Cleared by CDC:Dowdle 8/28/87

Contact: Karen Lindauer, CDC, FTS 236-3322



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

The Honorable Lawton Chiles
Chairman, Subcommittee on Labor,
Health and Human Services,
Education and Related Agencies
Committee on Appropriations
United States Senate
Washington, D.C. 20510-6025

Dear ~~Mr.~~ ^{Senator Chiles} Chairman:

Thank you for your letter of July 22, also signed by Senator Lowell Weicker, concerning the implementation of AIDS prevention and control programs funded by the Fiscal Year 1987 Supplemental Appropriations Act (Public Law 100-71). We are actively implementing most of the programs included in the supplemental.

To implement the AIDS Drug Reimbursement Program, the Bureau of Resources Development (BRD), Health Resources and Services Administration (HRSA), developed a process for distributing funds to the States for provision of the drug AZT to AIDS patients. Working with staff from the Office of the Assistant Secretary for Health and the Centers for Disease Control (CDC), a Memorandum of Agreement between HRSA and CDC was developed to allow HRSA to administer this program. Utilizing the emergency authority of Section 319 of the Public Health Service Act, HRSA devised a simplified method for distributing funds to the States as quickly as possible. On July 13, 1987, a letter was sent to each State notifying the State of the amount of funds available to that State. The letter, when signed and returned to HRSA, constituted the State's application for the AZT funds. A press release on the AIDS Drug Reimbursement Program was issued on July 24, and a Federal Register notice announcing the program to the public was published on August 13. As of August 12, 1987, a notice of grant award had been sent to 47 States/Territories; the total amount awarded was \$28,220,757.

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Page 3 - The Honorable Lawton Chiles

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Otis R. Bowen, M.D.
Secretary

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TOTAL	\$20.0

Page 3 -

Identical letter to:
The Honorable Lowell P. Weicker, Jr.

cc:

OD

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CDC/W

ES/PHS

CLO/OS

ASL/OS

H Official File

CDC Official File (Return to CDC, Atlanta, Bg. 1, Room 2122)

OS #8707240031-32

PHS Tracer 86244

CDC ID D38495; Doc. No. 0920B

Prepared by: James D. Bloom, CDC 8/17/87 FTS 236-3298

Revised by: James D. Bloom, CDC 8/28/87 FTS 236-3298

Cleared by CDC:Dowdle 8/28/87

Contact: Karen Lindauer, CDC, FTS 236-3322

*Aids file*

Memorandum

Date September 10, 1987

From Deputy Assistant Secretary for Health

Subject Update on Worker's Exposure to AIDS virus

To Assistant Secretary for Health

*ASIT
has seen
mem
9/91*

1. Upon learning that the biosafety officer was unable to visit the exposed individual and the company at approximately 2:00 p.m. on Friday, September 4, I requested by phone that Bill Raub, Acting Director of NIH, get a biosafety review of all companies licensed to produce the AIDS virus. The follow-up paperwork to assure this is in progress.
2. The responsibility to more fully understand the nature of the exposure and the procedures being followed by the company necessitate immediate action to protect people who may be potentially exposed. Therefore, the confidentiality of the exposed worker can no longer remain with the epidemiologist who conducted the health worker study. The need to get answers concerning this exposure and the responses being taken by the company must be directly dealt with. Hence, this morning, I asked Bill Raub to make the appropriate arrangements for Emmet Barkley to be given the name of the exposed worker to permit this vital investigation to proceed. His need to know to proceed must prevail over the name of the individual exposed residing with the epidemiologist.
3. I asked Dr. Raub to communicate with the president of the company to fully explain what the biosafety officer was planning to do and to set forth the proper relationship between NIH and the company concerned.



Lowell L. Harrison, Ph.D

PHS CORRESPONDENCE

97843

REFERRAL DATE: 9-10

DUE DATE:

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- ASH
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SPECIAL INSTRUCTIONS

PHS 5175 (Rev. 10/82)

RM 710H HHH Bldg. 472-5094/2586

RM 17-60 PKLN Bldg. 443-6656

ROUTED BY: *Jay for je*





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

PHS/ES

1987 SEP 10 PM 1-14

SEP 1 1987

Region IX
Office of the Regional
Health Administrator
50 United Nations Plaza
San Francisco CA 94102

Larry J. Monteilh
Executive Officer
Board of Supervisors
Los Angeles County
383 Hall of Administration
Los Angeles, CA 90012

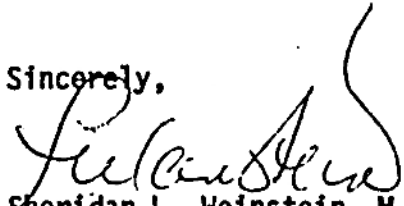
Dear Mr. Monteilh:

Thank you for your letter of August 27, 1987 advising of my appointment by the Board of Supervisors to the Los Angeles County Commission on AIDS. On behalf of the Public Health Service, I am pleased to accept the appointment and agree to serve as a non-voting member of the Commission for the purpose of providing direct liaison between the Public Health Service and the Commission.

I ask that you accept my representative in those cases where I am unable to attend meetings of the Commission, and in this regard I have asked the Region IX Coordinator for the AIDS/HIV Epidemic, Mr. Alan Harris, to represent me before the Commission. Mr. Harris attended the Commission's organizational meeting in August, and will be able to attend the Commission's meeting on September 18.

Please extend my appreciation to the Board for their actions in establishing the Commission, and for their thoughtful consideration in providing representation for the Public Health Service on the Commission. On behalf of the PHS, I look forward to a close and continuing working partnership with Los Angeles County in support of our shared objectives in fighting the AIDS/HIV epidemic.

Sincerely,


Sheridan L. Weinstein, M.D.
Assistant Surgeon General
Regional Health Administrator

cc: ✓ Robert Windom, M.D.
Assistant Secretary for Health
Department of Health & Human Services

97843
TRACER

PHS CORRESPONDENCE

97844

REFERRAL DATE: 9-10

DUE DATE:

- TO: ASH
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- 6 ADAMHA
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 PCPFS

- 10 ES/PHS Aids file

8 OTHER Deputy ASH
9 AIDS-CO
1 Jane Zopf

ACTION:

- SECRETARY'S SIGNATURE
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(WHITE HOUSE REFERRAL)

- 1 REVIEW/CLEARANCE
2-10 NECESSARY ACTION
 FOR YOUR INFORMATION

SPECIAL INSTRUCTIONS

PHS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2566

RM 17-60
PKLN Bldg.
443-6656

ROUTED BY

Jay For Je



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

September 10, 1987

Office of the Assistant Secretary
for Legislation
Washington, D.C. 20201

MEMORANDUM FOR: The Under Secretary
The Chief of Staff
✓ The Assistant Secretary for Health
The General Counsel
The Assistant Secretary for Planning
and Evaluation
The Director, Office for Civil Rights

FROM: Patricia Knight *Trisha Knight*
Deputy Assistant Secretary
for Legislation (Health)

RE: Secretary's Appearance Before the
House Energy and Commerce Health Subcommittee

As you know, the Secretary is scheduled to testify before the House Energy and Commerce Subcommittee on Health (Waxman) on AIDS confidentiality, testing and discrimination issues. We appreciate the assistance of your staff in preparing the testimony, which is now at the Office of Management and Budget for clearance.

Regrettably, the exact date for the hearing has not been finalized, but as of this afternoon, it appears that the testimony will be on either September 17 or September 21, depending on the availability of Secretary Bennett and the travel schedule of Chairman Waxman.

In anticipation of the hearing, we will hold a briefing for the Secretary at 10:30 a.m. on Monday, September 14 in the Secretary's conference room. We would appreciate it if each of the addressees could attend. In addition, it would be helpful if the following could also attend: Dr. Noble and Dr. Harmison (OASH) and Dr. Mason (CDC); Randy Teach or Gerry Britten (ASPE); Dick Riseberg (OGC); and George Lyon (OCR). If you wish for anyone else in your office to attend, please check with ASL, as attendance must be limited.

Copies of the Secretary's background briefing book and the supplemental Question and Answer booklet will be provided to you in the near future.

Could you please have your staff call Flo Greene at 245-7414 to confirm your attendance? Thanks very much.

cc: Ron Docksai
Steve Chertoff

97844
TRACER

PHS CORRESPONDENCE

97879

REFERRAL DATE: 9-11

DUE DATE:

- TO: ASH
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ES/PHS Aids file

OTHER AIDS-CO

Deputy ASH

ACTION:

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(WHITE HOUSE REFERRAL)

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SPECIAL INSTRUCTIONS

Bob -
H/C to ASH

PHS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2568

RM 17-60
PKLN Bldg.
443-6656

ROUTED BY Jay for Jo



September 9, 1987

NOTE TO DR. WINDOM

SUBJECT: Agenda Item for the
OPDIV/STAFFDIV AIDS
Committee

I would like to discuss the
designation of the AIDS Commis-
sion Executive Director as the
AIDS Commission FOI Officer at
the first OPDIV/STAFFDIV AIDS
meeting.

Thank you.


Stephanie Lee-Miller

cc: Ron Robertson
Bob Helms

97879
TRACER

je

PHS CORRESPONDENCE

97860

REFERRAL DATE: 9-11

DUE DATE:

- TO: ASH
 SG
 DASH-O
 DASH-P&E
 DASH-DPHP
 DASH-PA
 DASH-IGA
 SEN ADV/EA
 SA/ASH

- ADAMHA
 CDC
 FDA
 HRSA
 NIH
 NCHS
 NCHSR

- OM
 PUB AFF
 OAPP
 OSH
 OIH
 OHL
 OGC
 OEEC
 ORH
 PCPFS

- ES/PHS
 OTHER Deputy ASH
 AIDS-CO

ACTION:

- SECRETARY'S SIGNATURE
 ASH SIGNATURE
 DIRECT REPLY
 _____ SIGNATURE
 DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)
- REVIEW/CLEARANCE
 NECESSARY ACTION
 FOR YOUR INFORMATION

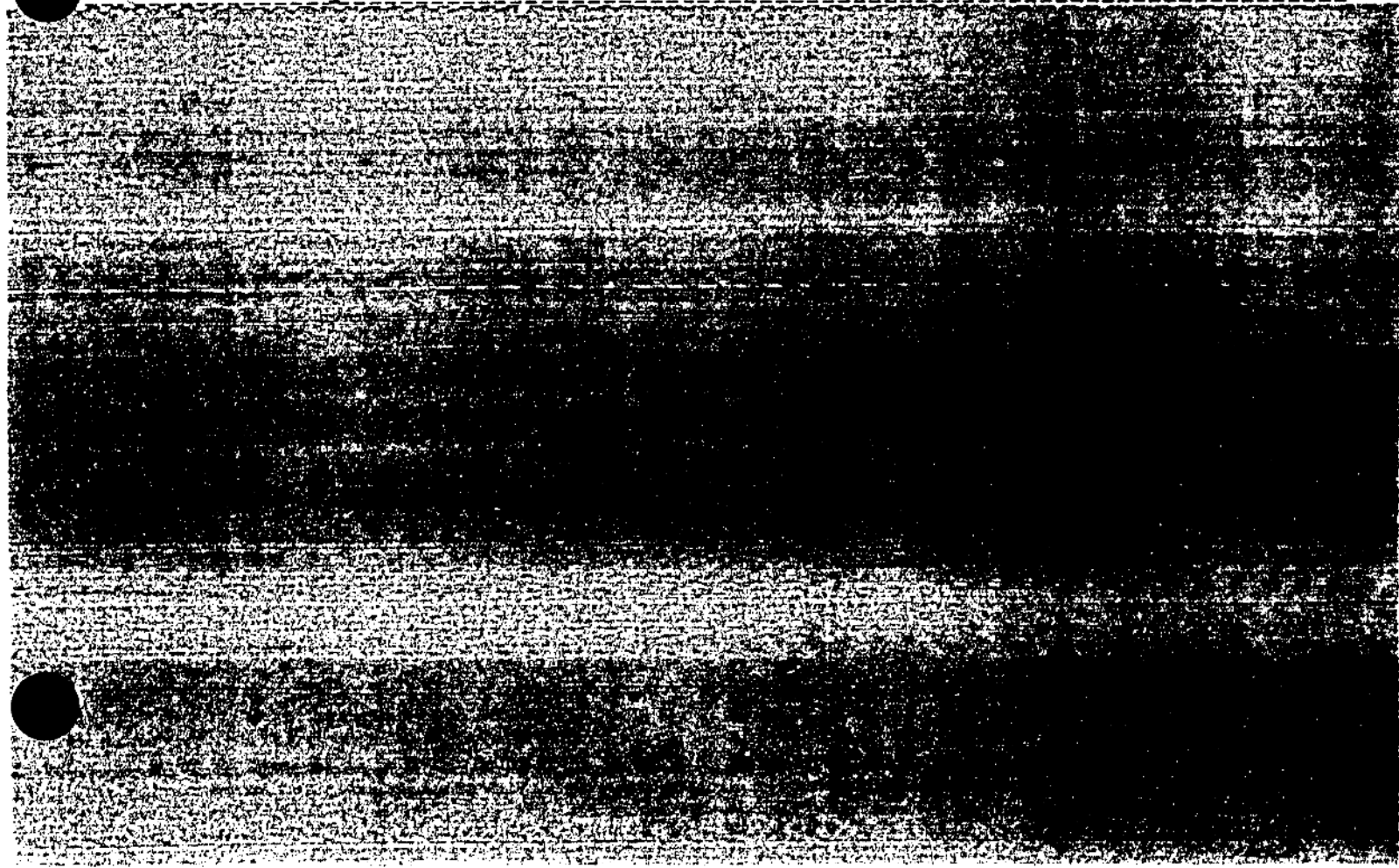
SPECIAL INSTRUCTIONS

PHS 5175 (Rev. 10/82)

RM 710H HHH Bldg. 472-6094/2586

RM 17-60 PKLN Bldg. 443-6656

ROUTED BY *Jay Forje*






Memorandum

Date September 9, 1987
From Assistant Secretary for Health
Subject Articles by Charles L. Ortleb
To Director, National Institutes of Health

The two enclosed articles are confusing to me and raise significant questions about the research on AIDS and other viruses.

After your evaluation of this with our scientists, we can meet to have a clarification for not only my benefit but others in the Public Health Service who should be enlightened.



Robert E. Windom, M.D.

97860
TRACER

PUBLISHER

by Charles L. Orlieb

From Pigs to Dolphins; The Plot Thickens

On the Jersey Shore, the mothers and fathers of children who have been exposed to the same water as the dying dolphins were told last week not to worry about the dolphins, because no evidence could be found to show that people are getting sick from the same putative agents as the dolphins.

This is true because there has barely been an investigation into the matter. The people on the Jersey Shore, and those who have come in contact with the dolphins, should have been tested for the virus that is destroying immune systems across the country: Human B-cell Lymphotropic Virus (HBLV). As our readers know, we suspect that HBLV is actually African Swine Fever Virus. We also suspect that Dr. Shyh-Ching Lo of the Armed Forces Institute of Pathology is working with the same virus. Lo discovered a DNA virus even before Dr. Robert Gallo of the National Cancer Institute, and Lo's virus can destroy the immune systems of several different species.

Could African Swine Fever Virus survive for a long time in body fluids in the ocean? Yes, says Dr. William Hess of the U.S. Department of Agriculture's Plum Island facility.

Will Gallo test the dolphins for HBLV?

Yes, says Dr. Howard Streicher of Gallo's lab, if the scientists working on the problem contact him.

Will Dr. Geraci, the man in charge of the dolphin investigation, have the dolphins tested for Lo's virus or for Gallo's HBLV?



Yes, says Geraci, but only after every other virus has been investigated. Geraci doesn't like to be pushed into doing things by newspapers. We have learned over the last six years that scientists take advice only from God; for that matter, many scientists consider God their equal.

I talked to one doctor who works with Surgeon General C. Everett Koop, and the possible connection between the dying dolphins and AIDS certainly hadn't escaped his attention. The dolphins may have the same kind of immune problems as AIDS patients and those who suffer from Chronic Epstein-Barr Virus (CEBV) infection. In the August 20 edition of the *New York Times*, Joseph Sullivan reported that "common bacteria normally found in coastal waters have recently become lethal to the bottle-nosed dolphins that swim and feed along the shore from Virginia to New Jersey." Sullivan also reported that "the scientists did not know what was weakening the dolphins and making them susceptible to bacteria they usually 'live in harmony with.'"

Some people in the environmental protection movement on the Jersey coast have expressed the fear that if pollution is not behind the dolphins' deaths, a virus in the hospital waste that was recently dumped along the Jersey Shore may be responsible. According to Robert Hanley in the August 18 edition of the *New York Times*, "Albert Einstein College of Medicine was implicated by a 1-by-4-inch blue plastic tag found amid debris... on Long Beach Island."

The *Native* attempted to contact the Health Commissioner of the City of New York, Stephen Joseph, to see if he would be urging the dolphins to use condoms and not share needles, or to ascertain whether Joseph would be giving them any long lectures on how their disease would change the very nature of their lives and civilization. We were not successful in reaching him. □

PUBLISHER

by Charles L. Ortleb

Will Gallo Change His Tune?

Both Dr. Anthony Fauci, director of the National Institute of Allergies and Infectious Diseases, and Dr. Robert Gallo, of the National Cancer Institute, have told the *Native* that they are very interested in learning more about the data gathered by Dr. Shyh-Ching Lo, a scientist at the Armed Forces Institute of Pathology.

Last year, Lo isolated a new DNA virus from AIDS patients, which he has been able to use to cause an AIDS-like illness and death in monkeys he subsequently infected with the virus. Lo was then able to recover the same virus from the blood of the dead monkeys.

Lo may be the first scientist to fulfill the requirements of Koch's Postulates, which are regarded as necessary to prove that a virus causes a disease. The real cause of AIDS may finally have been identified.

Gallo's human immunodeficiency virus (HIV, formerly HTLV-III) has not been shown to cause AIDS through the traditional stipulations of Koch's Postulates. Even so, Gallo has unequivocally insisted that HIV is the cause of AIDS. There have been times when the entire research establishment, as portrayed by the American media, lined up behind Gallo's theory. Researchers who did not profess a belief in HIV as a causal factor in AIDS soon found themselves without the necessary funds with which to conduct research on other possible causes of AIDS. In fact, Gallo has in the past launched *ad hominem* attacks on scientists and journalists who have been critical of his data.

Lo Has Had the Protection Of the Military and Koop

In their conversations with me, Lo and one of his close associates have continually expressed some doubt that HIV is the sole cause of AIDS. They have discussed with me their fears that the government's HIV establishment would make it difficult for them to operate or publish. Because Lo's work is done in the Defense Department, he is not susceptible to direct pressure from the National Cancer Institute.

But there have been persistent reports of an ongoing feud between Lo's boss, Abe Macher, and Gallo. Macher is a close friend of U.S. Surgeon General C. Everett Koop, and that connection may be Lo's best protection from the HIV establishment. Lo's associate told me that the Surgeon General himself took Lo's research on his new DNA virus to the *New England Journal of Medicine* for publication. The paper was turned down. Lo's findings were then sent to the *Journal of the American Medical Association*, where two scientists voted for and one against publishing them. That one vote may have delayed the publication of the most important new AIDS research to date.

After that rejection, Lo began to talk more openly to me about his findings. He told me that he estimates it will take eight or nine months to produce irrefutable data which no medical journal can reasonably refuse to publish. I suggested to Lo that, given the magnitude of the AIDS emergency, he should be sharing his data with other AIDS researchers, such as Gallo and Fauci.

During the last few weeks, Lo presented his data on the new virus at Walter Reed Hospital. His associate told me that some scientists from the National Institutes of Health left the lecture with doubts that HIV is the cause of AIDS.

When government constructs a public health strategy entirely around a virus that has *not* been proven to cause an epidemic, a major catastrophe can be expected. One of the few people who has expressed concern about Lo's virus is Dr. Michael Samuel, an aide to Surgeon General Koop. He agreed with me that if Lo is right and Gallo is wrong, a great deal of the epidemiological work on AIDS will have to begin from scratch. One wonders why the Surgeon General has refrained from telling the American people about Lo's virus. I assume he's waiting until the work has been successfully peer-reviewed and published, which could be many months from now. In the meantime, more money will be spent to bolster the already considerable power of the HIV establishment. And many AIDS treatments may be prescribed on the assumption that the wrong virus must be attacked.

HBLV and the Lo Virus

One of the reasons the *Native* has tried to bring Gallo and Lo together is that they both have isolated large DNA viruses from AIDS patients. Gallo has concluded that his virus is a herpes virus, even though it does not cross-react with any known herpes virus. Lo insists that his DNA virus is not a herpes virus. If Gallo's staff has incorrectly identified his virus as a member of the herpes family, it is possible that both scientists have isolated the same virus. If so, the combined efforts of Gallo and Lo could considerably change—and advance—what we know about AIDS.

Continued from page 10

Continued from page 5

Meanwhile, Lo has an animal model, and Gallo doesn't. (Actually, Lo has three animal models: monkeys, rabbits, and mice.) If Lo has determined the cause of AIDS, drug therapies could be tried on his sick and dying monkeys.

Gallo has called Lo four times, to invite him to present a seminar on his new virus. Through an associate, Lo said he would be willing to present his data in a few months. Because the course of AIDS research has been so riddled with scientific theft, many scientists are afraid to share their data. Gallo told me, "I'd love to hear Lo's data. I've heard some interesting things, but I can't get him to relay it. There's no danger of him having his data taken from him."

HBLV and KS

When Gallo talked to me last week, he told me that he had found HBLV in the sera of 80% of sera he tested from people with Kaposi's sarcoma (KS). He has yet to prove that HBLV causes KS directly, but he is considering the possibility that HBLV indirectly causes KS in AIDS patients.

According to a report in *The Lancet*, 12% of the American public may now have antibodies to HBLV. Gallo told me that in some localities the antibodies to HBLV are found in as many as 20% of those tested. Although Gallo seems very coy about it, it is widely known that he is trying to prove that HBLV causes the widespread epidemic known as Chronic Viral Fatigue Syndrome (CVFS), formerly known as Chronic Epstein-Barr Virus (CEBV). Some observers suspect that CVFS and AIDS-Related Complex (ARC) are actually the same disease. If HBLV can be found both in people with AIDS or ARC, such a link would be bolstered.

Studies at the National Institutes of Health have indicated that at least 15% of their staff have antibodies to HBLV. Gallo told me that some of his staff are positive for HBLV antibodies, but he pointed out that there is so much HBLV now in the general population that they could just as easily have become infected outside the lab. Across the country, a number of scientists are refusing to work on HBLV because of reports that staff members of labs researching the virus have come down with CEBV/CVFS themselves.

Is HBLV the Primary Cause: Gallo Tells a Disturbing Story

When I suggested to Gallo that HBLV may play a more primary role in AIDS, he told me a story which may have disturbing implications, both for public health and for HIV orthodoxy.

Gallo told me that a man in Philadelphia who has KS tested positive for antibodies to both HIV and HBLV. His wife, who has provisionally been diagnosed as having KS, has tested positive for HBLV antibodies, but negative for HIV antibodies. Gallo cautioned that her KS diagnosis needs to be confirmed, but he did imply that some rethinking about AIDS may be in order if the findings hold up.

In the past, I have encouraged Gallo to look into the studies done by the University of Miami, which indicate that nearly every AIDS patient shows signs of KS upon autopsy. As I have suggested before, this may indicate that the cause of KS is also the cause of AIDS.

Gallo also told me that his early assertion that HIV is the cause of AIDS was not based purely on scientific grounds, but rather that he needed to "bring the field to another extreme." Otherwise, he felt that people would be confused by multifactorial or crackpot theories. I told him that I thought it was dangerous to mix his public health concerns with his statements of "scientific truth," but he insisted that he had the medical authority to do so. ■

File

PHS CORRESPONDENCE

97849

REFERRAL DATE: 9-11

DUE DATE: ~~_____~~

TO:

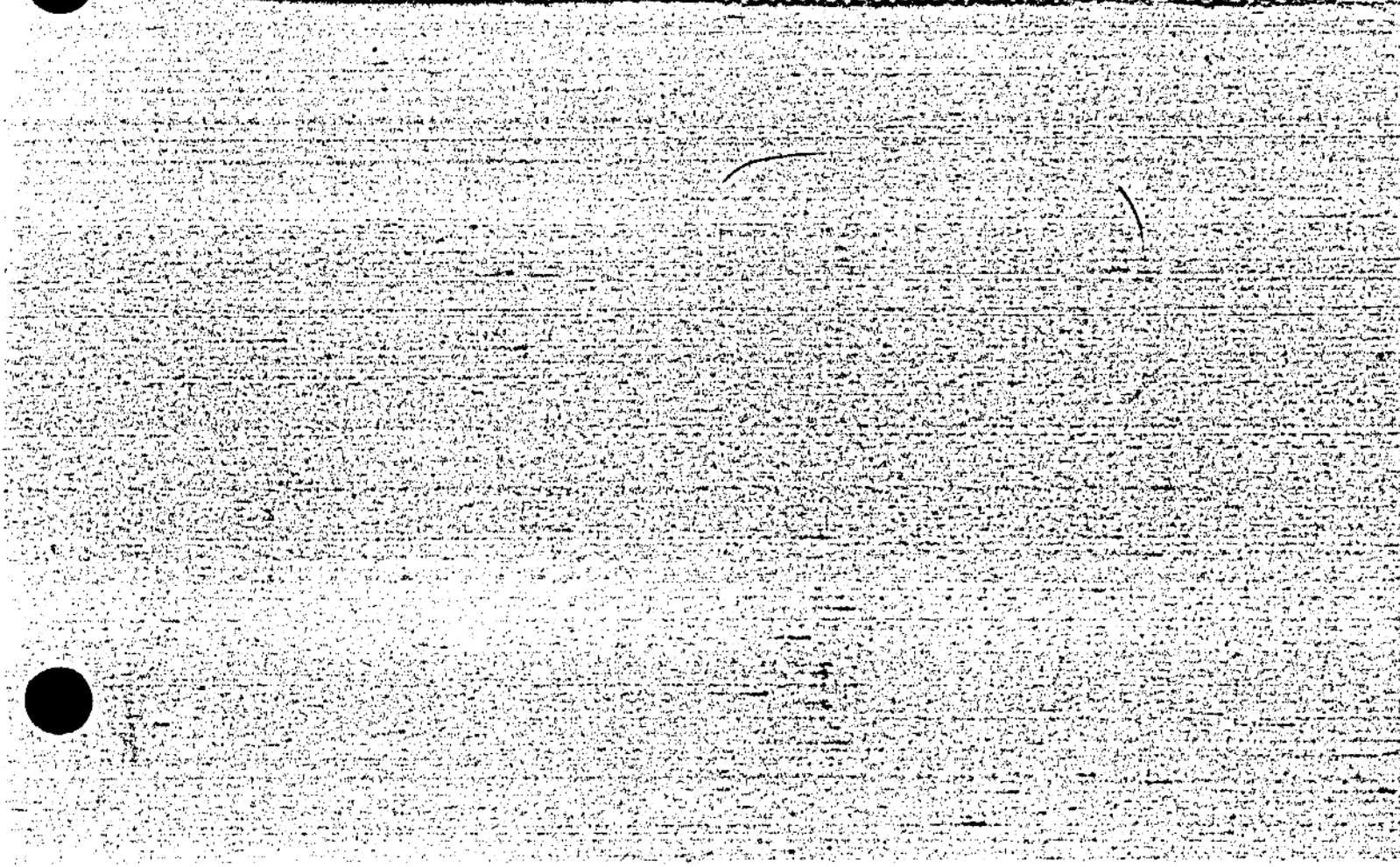
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<input type="checkbox"/> SEN ADV/EA	<input type="checkbox"/> NCHS	<input type="checkbox"/> OEEO	_____
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		<input type="checkbox"/> PCPFS	_____

ACTION:	SPECIAL INSTRUCTIONS
<input type="checkbox"/> SECRETARY'S SIGNATURE <input type="checkbox"/> ASH SIGNATURE <input type="checkbox"/> DIRECT REPLY <input type="checkbox"/> _____ SIGNATURE <input type="checkbox"/> DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)	<input type="checkbox"/> REVIEW/CLEARANCE <input checked="" type="checkbox"/> NECESSARY ACTION <input type="checkbox"/> FOR YOUR INFORMATION

PHS 5175
(rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2566

ROUTED BY: *[Signature]*





SEP 11 1987

MEMORANDUM

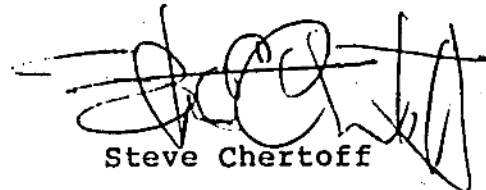
TO : Dr. Robert Windom
Assistant Secretary for Health

FROM : Executive Assistant to
the Secretary

SUBJECT : Ms. Roberta Garfinkel

This will confirm our earlier discussions that you will detail Ms. Roberta Garfinkle, from the National Institutes of Health to the Presidential Commission on the Human Immunodeficiency Virus Epidemic, beginning Monday, September 14.

Ms. Garfinkel will serve as Administrative Officer to Linda Scheaffer, Executive Director to the Presidential Commission on the Human Immunodeficiency Virus Epidemic.


Steve Chertoff

cc:
Gary Noble

je

PHS CORRESPONDENCE

97851

REFERRAL DATE: 9-10

DUE DATE: 10-27

- 2 ASH
- SG
- 3 DASH-O
- DASH-P&E
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- 4 DASH-IGA
- SEN ADV/EA
- 5 SA/ASH

- 6 ADAMHA
- CDC
- FDA
- HRSA
- NIH
- NCHS
- NCHSR

- OM
- PUB AFF
- OAPP
- OSH
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- OHL
- 1 OGC/Riseberg
- OEEC
- ORH
- PCPFS

9 ES/PHS Auto file

7 OTHER Deputy ASH

8 AIDS-CO

ACTION:

- SECRETARY'S SIGNATURE
- 1 ASH SIGNATURE
- DIRECT REPLY
- _____ SIGNATURE
- DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)
- REVIEW/CLEARANCE
- NECESSARY ACTION
- 2-9 FOR YOUR INFORMATION

SPECIAL INSTRUCTIONS

Dick - coordinate w/OHPE and AIDS-CO as necessary.

PHS 5175 (Rev. 10/82)

RM 710H
HHH Bldg.
472-6094/2566

RM 17-60
PKLN Bldg.
443-6656

ROUTED BY Jay for je



THE UNDER SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

PHS/ES

SEP 8 1987

1987 SEP 10 PM 2:26

MEMORANDUM FOR: *[Signature]* RON DOCKSAI, ASSISTANT SECRETARY FOR
LEGISLATION

DORCAS HARDY, COMMISSIONER, SOCIAL
SECURITY ADMINISTRATION

PHILIP HAWKES, ACTING ASSISTANT SECRETARY
FOR HUMAN DEVELOPMENT SERVICES

ROBERT HELMS, ASSISTANT SECRETARY FOR
PLANNING AND EVALUATION

AUDREY MORTON, ACTING DIRECTOR, OFFICE
FOR CIVIL RIGHTS

RON ROBERTSON, GENERAL COUNSEL

WILLIAM ROPER, M.D., ADMINISTRATOR,
HEALTH CARE FINANCING ADMINISTRATION

→ ROBERT WINDOM, M.D., ASSISTANT SECRETARY
FOR HEALTH

FROM: Don Newman *[Signature]*
Under Secretary

SUBJECT: Follow Up to September 2, 1987, Policy Council Meeting

At our September 2 meeting on AIDS confidentiality, discrimination and protections, we agreed to the following actions--

Concerning confidentiality and disclosure:

- o PHS, with the Deputy Under Secretary and General Counsel, utilizing results of the PHS assessment of state activities, is to work with governors and heads of state health and human service agencies to develop model laws, as necessary, and other actions to assist states in addressing confidentiality and disclosure problems.
- o HCFA, PHS, HDS and SSA, in coordination with the General Counsel, are to examine confidentiality provisions of relevant Federal programs that may serve victims of AIDS

97851
TRACER

(e.g., Medicare, Community Health Centers, STD, Disability Insurance) to strengthen confidentiality protections, where appropriate, in programs funded by those agencies.

Concerning discrimination:

- o The General Counsel--assisted by the Deputy Under Secretary, OCR and PHS, and utilizing results of the PHS assessment of state activities--is to work with governors and others at the state level to develop model laws, as necessary, and other actions to assist states in addressing discrimination problems.
- o The Assistant Secretary for Planning and Evaluation, with OCR and OGC, is to examine and recommend ways within current law to strengthen nondiscrimination activities aimed at victims of AIDS. This should include consideration of a letter to governors on current law protections.
- o The General Counsel is to examine the issue of application of current nondiscrimination law to those with the AIDS virus, and make recommendations to the Policy Council at the meeting on September 9.

Concerning congressional testimony on confidentiality and discrimination issues, the Assistant Secretary for Legislation is to develop testimony focusing in a very positive way on what we and the states are currently doing, and our future plans, including the above items.

The Assistant Secretary for Health is to continue, and expand as necessary, existing interagency coordination mechanisms.

The Policy Council will meet on September 9 to complete the discussion of issues concerning discrimination and discuss protection of the general public.

I would appreciate a preliminary report by November 1, 1987, on planned efforts and progress for the confidentiality and discrimination actions listed above.

cc:

Tom Burke
George Rudy
Anabel Smith
Anthony McCann

Aids file

SEP 11 1987

MEMORANDUM

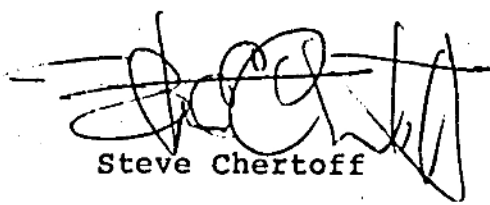
TO : Dr. Robert Windom
Assistant Secretary for Health

FROM : Executive Assistant to
the Secretary

SUBJECT : Ms. Roberta Garfinkel

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Steve Chertoff

cc:
Gary Noble

je

PHS CORRESPONDENCE

97867

REFERRAL DATE: 9-14

DUE DATE: 9-28

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- ADAMHA
- CDC
- FDA
- HRSA
- NIH
- NCHS
- NCHSR

- OM
- PUB AFF
- OAPP
- OSH
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- OHL
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- ORH
- PCPFS

- ES/PHS Aids file
- OTHER AIDS-co
- Deputy ASH

ACTION:

- SECRETARY'S SIGNATURE
- ASH SIGNATURE
- DIRECT REPLY
- _____ SIGNATURE
- DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)

- REVIEW/CLEARANCE
- NECESSARY ACTION
- FOR YOUR INFORMATION

2-8

SPECIAL

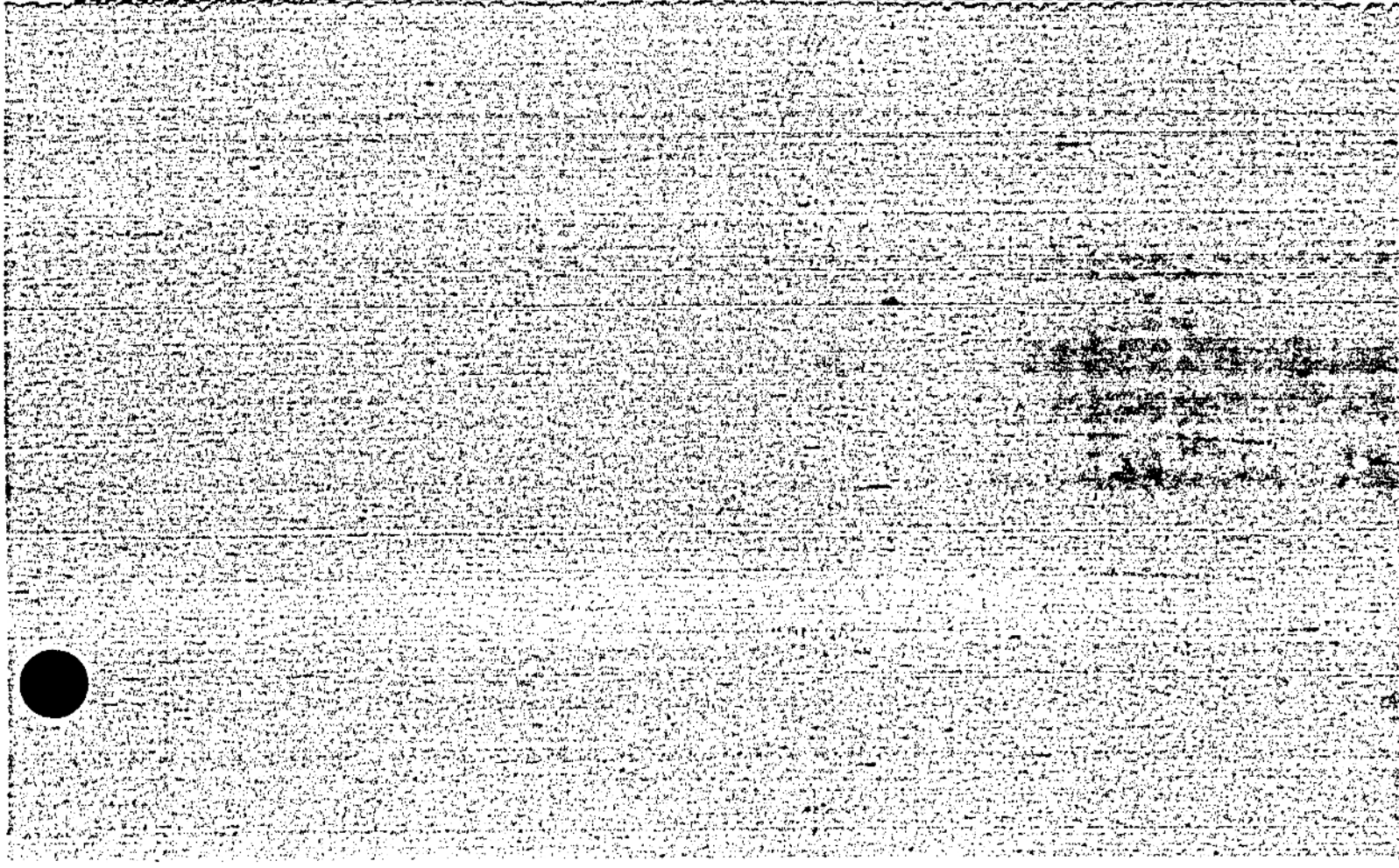
SPECIAL INSTRUCTIONS

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Rev. 10/82)

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RM 17-60
PKLN Bldg.
443-6656

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

SEP 14 1987

Washington, D.C. 20201

TO: → Robert Windom, M.D.
C. Everett Koop, M.D.
James Mason, M.D.
Audrey Morton

FROM: Thomas R. Burke
Chief of Staff

SUBJECT: Your Assignment for HHS Retreat

1987 SEP 14 AM 11:14

PHS/ES

As you know, the HHS Retreat has been scheduled for October 13-14, 1987 at Project Hope. The agenda will address both program/policy issues and management issues. The format will consist of panel discussions followed by general discussion. Each panel will be made up of a moderator, a presenter, and two discussants. The moderator will introduce the subject, the presenter makes a brief presentation, discussants react to and respond to the presentation individually, the moderator facilitates discussion among the panelists, then opens to general discussion from all participants.

The panel should focus on: a) problems and issues; b) actions to be taken; c) expected outcomes over the next 14 months; d) legacy: impact on the next HHS administration. In addition, there are some themes which should underlie the panel's discussion: a) assuring Department-wide coordination wherever possible, and steps to achieve it; b) building confidence in the Department: providing suitable and sufficient communication and interpretation internal to HHS, and external to executive and legislative Federal branches as well as to constituent groups and the country at large.

The four of you have been selected to constitute the panel on the subject AIDS. Bob Windom will be the moderator, Dr. Koop the presenter, and Jim Mason and Audrey Morton will be discussants.

Your panel will be responsible for developing your session. You will decide the issues that are the most important in the category assigned to you. The moderator will serve as chairman of your group, and should submit to me by October 1 a one to two page outline in bullet form of the subject(s) you will cover. This outline will be distributed in advance to the Retreat participants.

The exact placement of your panel on the agenda has not been worked out. However, you should figure on a maximum time period of two hours.

If you have any questions, please call Will Wolstein at 245-6133.

97867



AIDS File

Memorandum

Date

SEP 15 1987

From

Assistant Secretary for Health

Subject

Requests for the Surgeon General's Report on AIDS

To

James J. Delaney
Executive Secretary to the Department

The following is an updated list of requests from elected officials for copies of the Surgeon General's Report on AIDS. Requests received the week of September 7-11 are indicated with an asterisk. The list indicates those officials to whom copies of the report have been provided and those to whom copies will be provided as soon as possible. For the latter category, copies will be sent in order of the date the request was received.

I. Copies Provided

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Daniel K. Akaka	Rep	D	HI	5,000	5,000
Dick Armey	Rep	R	TX	100	100
Chester G. Atkins	Rep	D	MA	300,000	300,000
Robert Badham	Rep	R	CA	10	10
Richard H. Baker	Rep	R	LA	"more"	10
Cass Ballenger	Rep	R	NC	2	2
Steve Bartlett	Rep	R	TX	2	2
Jim Bates	Rep	D	CA	200	200
Anthony C. Beilenson	Rep	D	CA	1,200	1,200
Charles E. Bennett	Rep	D	FL	unspecified	10
Michael Bilirakis	Rep	R	FL	100	100
Edward P. Boland	Rep	D	MA	1	1
David E. Bonior	Rep	D	MI	4,000	4,000
Rick Boucher	Rep	D	VA	25	25
Jack Buechner	Rep	R	MO	50	50
Dale Bumpers	Sen	D	AR	200	200
Dan Burton	Rep	R	IN	50	50
Rod Chandler	Rep	R	WA	35	35
Bill Chappell	Rep	D	FL	50	50
Lawton Chiles	Sen	D	FL	1,020	1,020
Dan Coats	Rep	R	IN	300	300
William S. Cohen	Sen	R	ME	250	250
Cardiss Collins	Rep	D	IL	500	500
Lawrence Coughlin	Rep	R	PA	1,000	1,000

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Jack Davis	Rep	R	IL	1,000	1,000
Dennis DeConcini	Sen	D	AZ	4,000	4,000
John D. Dingell	Rep	D	MI	200	200
Joseph DioGuardi	Rep	R	NY	102	102
Brian Donnelly	Rep	D	MA	4	4
Bernard Dwyer	Rep	D	NJ	10,000	10,000
Byron Dorgan	Rep	D	ND	15,000	15,000
Roy Dyson	Rep	D	MD	250	250
Vic Fazio	Rep	D	CA	1,200	1,200
Edward F. Feighan	Rep	D	OH	5,000	5,000
Jack Fields	Rep	R	TX	5,000	5,000
Hamilton Fish	Rep	R	NY	500	500
Floyd H. Flake	Rep	D	NY	unspecified	10
Thomas M. Foglietta	Rep	D	PA	250	250
Jaime Fuster	Rep	D	PR	5,000	5,000
Sam Gejdenson	Rep	D	CT	230,000	230,000
Sam M. Gibbons	Rep	D	FL	1,000	1,000
Benjamin A. Gilman	Rep	R	NY	2,000	2,000
Dan Glickman	Rep	D	KS	10,000	10,000
Bill Gradison	Rep	R	OH	1,000	1,000
Bill Grant	Rep	D	FL	1	1
William H. Gray III	Rep	D	PA	500	500
Bill Green	Rep	R	NY	324,000	324,000
James V. Hansen	Rep	R	UT	10	10
J. Dennis Hastert	Rep	R	IL	200	200
Mark O. Hatfield	Sen	R	OR	10,000	10,000
Howell Heflin	Sen	D	AL	"several"	10
Bill Hefner	Rep	D	NC	100	100
Paul B. Henry	Rep	R	MI	6	6
James Howard	Rep	D	NJ	3,000	3,000
James M. Jeffords	Rep	R	VT	5,000	5,000
Edward Jeffries	Library of Congress			3,000	3,000
Nancy L. Johnson	Rep	R	CT	8,000	1,000
(cancelled request for 8000 - no wants only 1000 - 9/8)					
Walter B. Jones	Rep	D	NC	100	100
John Kerry	Sen	D	MA	200	200
Paul E. Kanjorski	Rep	D	PA	30,000	30,000
Marcy Kaptur	Rep	D	OH	500	500
Joseph P. Kennedy II	Rep	D	MA	400	400
Edward Kennedy	Sen	D	MA	100	100
Edward Kennedy	Sen	D	MA	250,000	250,000
(For Mayor Flynn, Boston)					
Gerald D. Kleczka	Rep	D	WI	1,000	1,000
Peter H. Kostmayer	Rep	D	PA	2,000	2,000
Jon Kyl	Rep	R	AZ	1	1
Jim Leach	Rep	R	IA	3	3

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Patrick Leahy	Sen	D	VT	50	50
William Lehman	Rep	D	FL	238,000	238,000
Sander M. Levin	Rep	D	MI	250,000	250,000
Bob Livingston	Rep	R	LA	25	25
Spark Matsunaga	Sen	D	HI	50	50
Nicholas Mavroules	Rep	D	MA	1,000	1,000
Matthew F. McHugh	Rep	D	NY	100	100
Norman Y. Mineta	Rep	D	CA	100	100
George J. Mitchell	Sen	D	ME	1	10
George J. Mitchell	Sen	D	ME	100	100
Sid Morrison	Rep	R	WA	50	50
Don Nickles	Sen	R	OK	100	100
Henry J. Nowak	Rep	D	NY	125	125
Mary Rose Oakar	Rep	D	OH	1	1
Claiborne Pell	Sen	D	RI	10,010	10,010
William Proxmire	Sen	D	WI	10	10
Donald W. Riegle Jr.	Sen	D	MI	2,500	2,500
Pat Roberts	Rep	R	KS	10	10
Tommy F. Robinson	Rep	D	AR	500	500
Harold Rogers	Rep	R	KY	30	30
Charlie Rose	Rep	D	NC	6	6
Terry Sanford	Sen	D	NC	1,000	1,000
Thomas C. Sawyer	Rep	D	OH	25,000	25,000
H. James Saxton	Rep	R	NJ	200	200
Norman D. Shumway	Rep	R	CA	4	4
Bud Shuster	Rep	R	PA	5	5
Louise M. Slaughter	Rep	D	NY	50	50
Gerald Solomon	Rep	R	NY	10,000	10,000
Floyd D. Spence	Rep	R	SC	100	100
*John Spratt	Rep	D	SC	1	1
Robert T. Stafford	Sen	R	VT	200	200
Samuel S. Stratton	Rep	D	NY	10	10
Don Sundquist	Rep	R	TN	8,000	8,000
*Robin Tallon	Rep	D	NY	100	100
Gene Taylor	Rep	R	MO	520	520
Strom Thurmond	Sen	R	SC	2	2
Esteban E. Torres	Rep	D	CA	3,000	3,000
Bob Traxler	Rep	D	MI	6	6
Paul Tribble	Sen	R	VA	400	400
Ted Weiss	Rep	D	NY	300,000	300,000
Curt Weldon	Rep	R	PA	10,000	10,000
Charles Wilson	Rep	D	TX	50	50
Frank R. Wolf	Rep	R	VA	21	21
Sidney R. Yates	Rep	D	IL	75	75
				Total	2,098,283

II. Copies to be Provided

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>
Claudine Schneider	Rep	R	RI	200,000
Patricia Schroeder	Rep	D	CO	220,000
Nancy Johnson	Rep	R	CT	150
George W. Crockett	Rep	D	MI	220,000
Ron de Lugo	Rep	D	VI	50,000
Major R. Owens	Rep	D	NY	202,200
Matthew J. Martinez	Rep	D	CA	118,000
John J. Moakley	Rep	D	MA	250,000
Barbara Boxer	Rep	D	CA	110,000
*Nancy Pelosi	Rep	D	CA	275,000
(rec'd ltr. changing order - was 287,104)				
Tony Coelho	Rep	D	CA	250,000
Howard Metzenbaum	Sen	D	OH	100,000
Louis Stokes	Rep	D	OH	250,000
Ted Stevens	Sen	R	AK	300,000
Robert Garcia	Rep	D	NY	194,000
Tom Lantos	Rep	D	CA	235,000
Albert G. Bustamante	Rep	D	TX	250,000
(Canceled via phone 9/3 - now wants 100)				
*C. Dean A. Gallo	Rep	R	NJ	26,000
*C. Mario Biaggi	Rep	D	NY	20,000

/s/ Robert E. Windom

Robert E. Windom, M.D.

cc:

OD

CDCW

CDC:OD:BJMcMichen 9/15/87

D34073; Wang 0039K

PHS CORRESPONDENCE

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9/15

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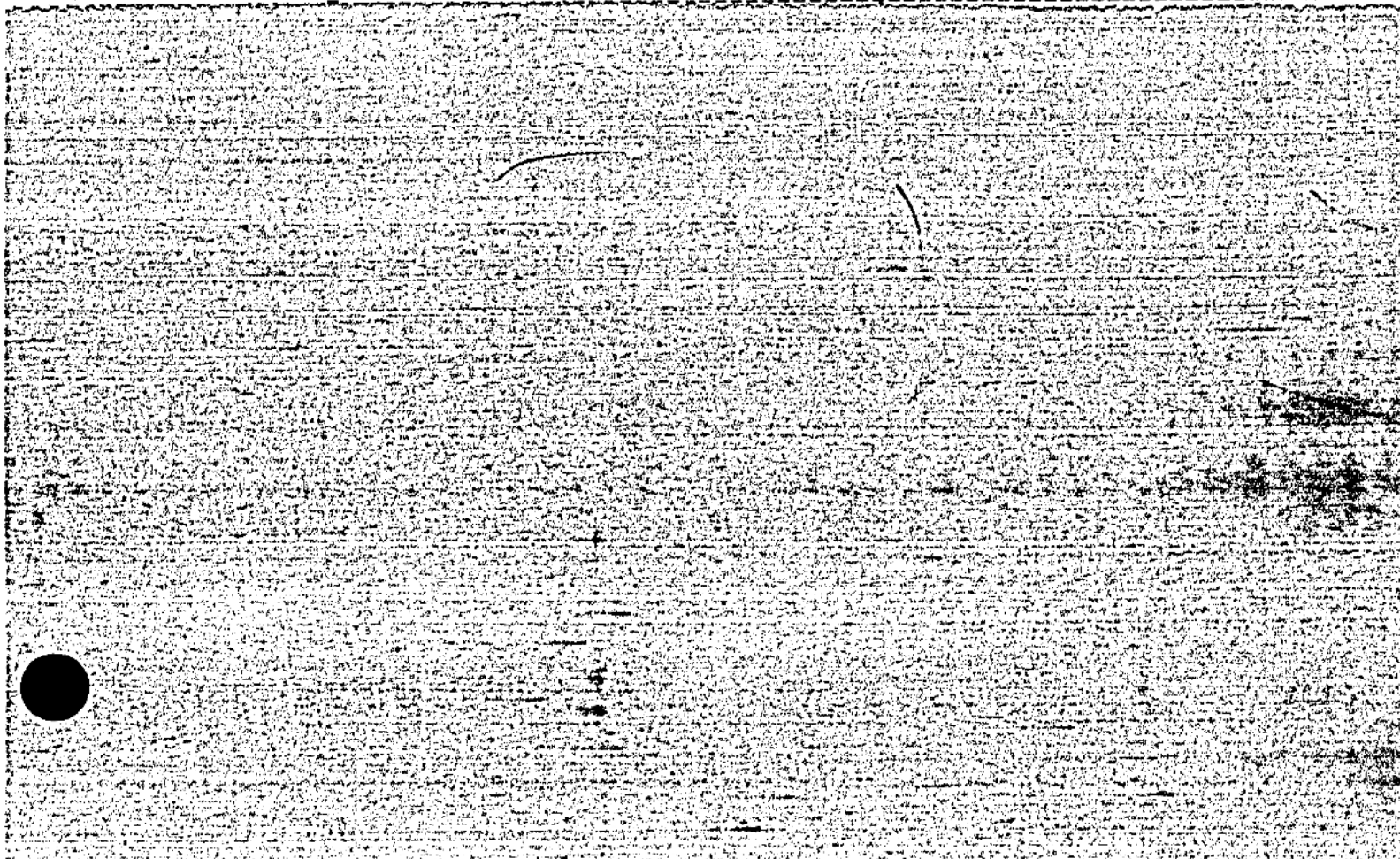
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SPECIAL INSTRUCTIONS

PHS 5175
(Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2688

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Memorandum

Date September 9, 1987

From Director, CDC

Subject Presentation for Domestic Policy Council on AIDS
Prevalence, Incidence and Projections

To Memo of Record

As a result of discussion at the meeting of the working group of the Domestic Policy Council on Tuesday, September 8, 1987, and subsequent discussions between Dr. Windom, and myself, with Dr. Ralph Bledsoe, and Mr. James Warner of the White House Office of Policy Development, the following should be prepared for presentation and handout at a Domestic Policy Council Working Group meeting on Monday, September 14, 1987.

1. Define why CDC and other Federal establishments need information on HIV seroprevalence, incidence, and forecasting modeling capability. For example, the objective in creating this database is to guide planning and policy decisions, to target programs and activities, and to deploy human and monetary resources. Prevalence, incidence data, and forecasting is the basis for a national plan of action.
2. Define specific prevalence and incidence information and forecasting capability that is needed; for example, infections by geographical area, sex, age, minority (ethnic), risk and nonrisk groups. This section should develop a matrix of needed data cells.
3. Define which of the needed information is already available from some source. A comprehensive analysis and presentation should be prepared with charts and graphs of current, available data from disease reporting, special cohorts studies, Red Cross and blood bank donor data, military recruits, hospital surveillance, etc. Assume that other parts of Government have little knowledge of this data.
4. Prepare a listing of data cells which are not yet available. Cells in the matrix which have not been filled in by existing data should be highlighted.
5. Show how the proposed "family of surveys" will fill in some of the empty cells.
6. Describe how a nationwide random seroprevalence survey will provide information to fill in empty data cells. Include major problems and difficulties anticipated with a survey. Define sample size, need for pre-testing, and the time required to carry out a national survey. Indicate why risk factors should or should not be collected. Describe how

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TRACER

a national seroprevalence survey should be initiated by pre-test in two or three different metropolitan areas. Show how pre-testing would allow comparison of random survey data with data obtained from the family of surveys. Discuss the pros and cons of using one or more contractors for the random survey. Mention the possibility that following community pre-testing, additional surveys might be replicated by State and local health departments throughout the Nation.

7. Discuss computer models of AIDS epidemiology for projecting future infection and disease trends. How does modeling help in filling empty data cells in the matrix? Review what CDC, NIH, and other parts of PHS are doing with computer modeling. Discuss the state of the art. Indicate, with equations, which parameter data currently exist and those yet to be developed. Indicate what steps can be taken to obtain the missing parameters so that modeling will provide realistic estimates of the spread of AIDS, the effects on the economy, or the transmission factors that can be controlled.
8. What data on HIV prevalence and incidence will be available to the Domestic Policy Council by November 30, 1987?
9. Outline and calendar specific targets for filling the empty data cells to complete the prevalence and incidence matrix. This section should constitute a comprehensive specific plan to make HIV prevalence and incidence data and forecast modeling available.

This presentation/handout, appropriately illustrated with graphs, charts, and diagrams should be in rough draft form by late afternoon, September 11, so that drafts can be relayed to Dr. Windom for weekend review. A finished document will be required by 8 a.m. on Monday, September 14 for review by Dr. Windom and White House staff. There should be flexibility to make minor changes in the document before the working group of the Domestic Policy Council meets after the lunch hour on September 14.

A meeting is scheduled with Mr. James Warner in Room 227 of the Old Executive Office Building for 10 a.m. on Monday, September 14, 1987. Mr. Warner will invite representatives of the Office of Policy Development, Office of Science Technology and Policy, and the Science Advisor to attend. Dr. Dowdle will lead a small delegation to the meeting, including representatives from the AIDS Program Office, NCHS, and the U.S. Bureau of the Census. The purpose of the 10 a.m. meeting is to discuss the national seroprevalence survey. Those invited are to be working level staff who are able to discuss item 6 issues.

James O. Mason, M.D., Dr.P.H.
Assistant Surgeon General

cc:

Dr. Robert Windom
Dr. George Hardy
Dr. Walter Dowdle
Ms. Martha Katz

PHS CORRESPONDENCE

97895

REFERRAL DATE: 9-15

DUE DATE:

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ACTION:

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SPECIAL INSTRUCTIONS

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PHS 5175
(Rev. 10/82)

RM 710H
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ROUTED BY *Jay*



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary
for Legislation
Washington, D.C. 20201

SEP 14 1987

NOTE TO: MEL LUKENS, OS
RON DOCKSAI, ASL
RON ROBERTSON, OGC
BOB WINDOM, ASH ✓
JIM MASON, CDC
AUDREY MORTON, OCR
JERRY BRITTEN, ASPE
GARY NOBLE, OASH

FROM : Patricia Knight *Trisha Knight*
Deputy Assistant Secretary
for Legislation (Health)

SUBJECT: Secretary's Appearance Before Waxman Subcommittee

The Waxman hearing on AIDS has now been scheduled for Monday, September 21 at 9:30 a.m. in 2322 Rayburn House Office Building.

As per the briefing this morning, Mr. Robertson and Dr. Mason will accompany the Secretary.

It is not known yet whether Secretary Bennett will attend; if he does, he will testify after the Secretary on a separate "panel."

cc: Under Secretary
Chief of Staff
Mary Goedde
Ellen Perry
Kim Fuller
Steve Chertoff

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PHS CORRESPONDENCE

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9/16

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- 8 Aids-Co

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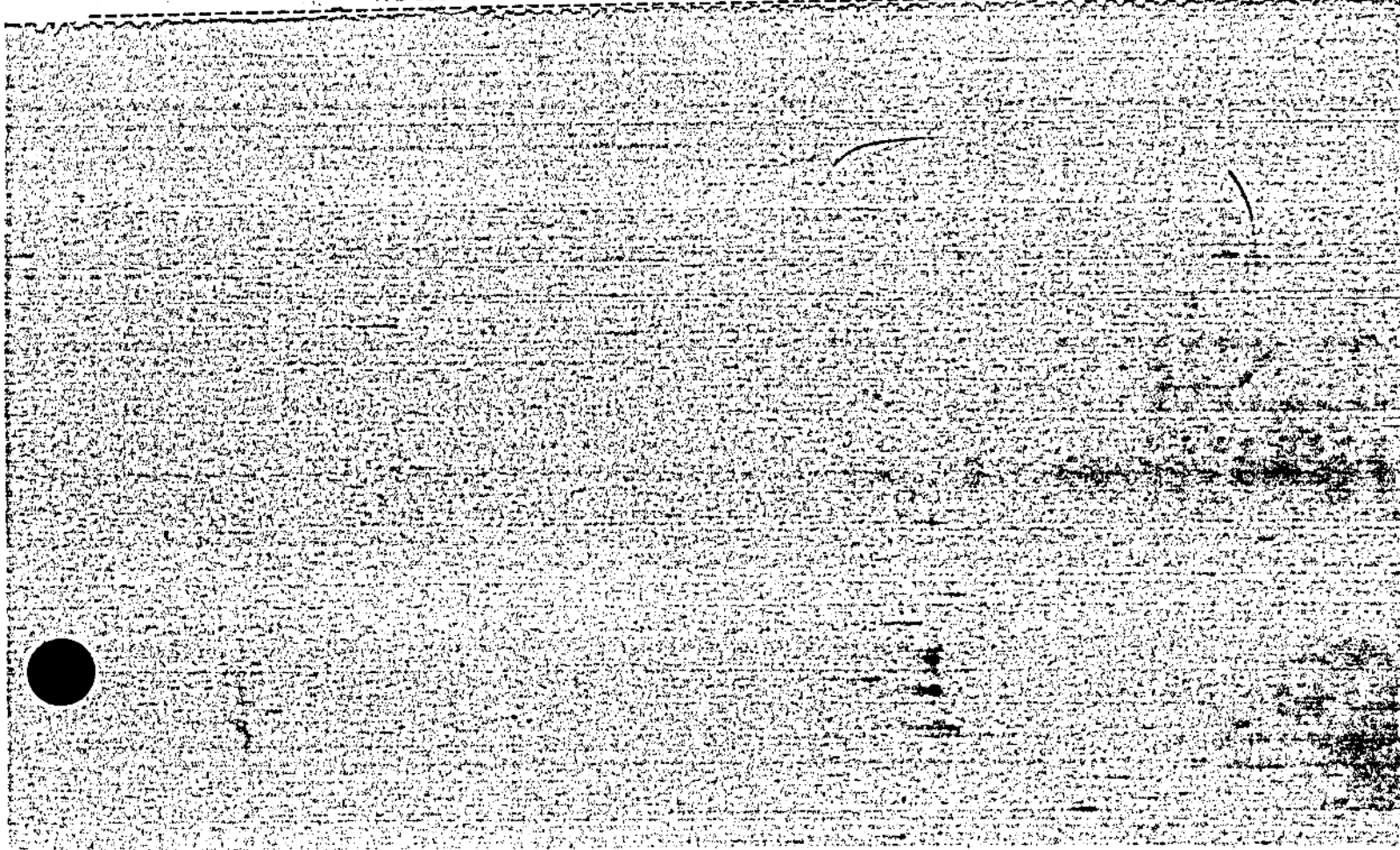
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PHS 5175 (Rev. 10/82)

RM 710H
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472-5094/2566





THE UNDER SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

SEP 11 1987

MEMORANDUM FOR: *Heam* RON DOCKSAI, ASSISTANT SECRETARY FOR
LEGISLATION

ROBERT HELMS, ASSISTANT SECRETARY FOR
PLANNING AND EVALUATION

AUDREY MORTON, ACTING DIRECTOR, OFFICE
FOR CIVIL RIGHTS

RON ROBERTSON, GENERAL COUNSEL

ROBERT WINDOM, ASSISTANT SECRETARY FOR
HEALTH ←

FROM: Don Newman *DN*
Under Secretary

SUBJECT: Follow Up to September 9, 1987, Policy Council Meeting

At our September 9 Policy Council meeting, we agreed to the following actions --

Concerning discrimination against those with AIDS, in addition to the actions outlined in my September 8 memorandum on AIDS:

- o The General Counsel, OCR and the Public Health Service will work closely with the Department of Justice, during its review of section 504 and related protections for victims of AIDS, to ensure that public health concerns regarding applicability of current laws to those with HIV infections are fully communicated and understood.
- o Subsequent to the PHS review of state actions and DOJ review of section 504 and related Federal statutes, we will reconsider the need for any additional Federal legislation.

Concerning protection of the general public:

- o The General Counsel--assisted by the Deputy Under Secretary, the Public Health Service and the Assistant Secretary for Planning and Evaluation, and utilizing results of the PHS assessment of state activities--is to work with governors and others at the state level to develop model law and other mechanisms, as necessary, to assist states to take vigorous actions against those with AIDS who knowingly donate blood or otherwise knowingly transmit the disease.

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TD ADT

- o The Public Health Service, assisted by the staff of the General Counsel and the Assistant Secretary for Planning and Evaluation, is to review Federal health program regulations and guidelines to ensure there are clear instructions on protections of the public, in accord with state laws.

Please include a discussion of the status of these discrimination and protection actions in the report I requested in my September 8 memorandum.

Concerning the proposed AIDS consolidated grant:

- o The Assistant Secretary for Planning and Evaluation, working closely with the Assistant Secretaries for Health and Management and Budget, is to prepare a decision memorandum for the Secretary on the programmatic content of the new program for use at a meeting with the Secretary. This memorandum should be ready by September 18.
- o Regarding design of the program, it should (1) give the states as much flexibility and control as appropriate, linked to the capability of particular states, and (2) have a formula distribution for at least part of the funds, if possible. The locus of its administration within HHS is to be decided by the Assistant Secretary for Health. The amount of funding for health services research and distribution of dollars between NCHSR and the set-aside portion of the new consolidated program is to be worked out by the Assistant Secretaries for Health, Management and Budget, and Planning and Evaluation.

Concerning National AIDS Prevention and Awareness Month:

- o We will expedite clearance of the brochure and public service announcements.
- o Agreement was reached on the precise name of the month, as listed above.

cc:
Liz Connell
George Rudy

*Aids file***Memorandum**

Date September 16, 1987

From Deputy Assistant Secretary for Health

Subject Seropositive Worker

To Assistant Secretary for Health

The release of information about the worker and the attitude toward the company gives many reasons to be concerned.

First, there is a need to be complete and direct with other laboratory and commercial workers, who work directly with high levels of AIDS virus, and the specific company.

1. Why was the reported incident of glove removal in the P3 facility for notetaking and log entry not reported in the press release? It is no more or less valid than the reported statement concerning cuts, abrasions and dermatitis.
2. The company has a right to know and we have an obligation to tell them for the sake of current and future workers as well as our expectation of responsible management of their facilities and personnel. What happens if a second or third lab worker sero-converts? How does the company respond to the question, "Was this one of our workers?"
3. There is a reasonable likelihood at least that the company may have information relevant to the issue. I understand that when NIOSH conducts health hazard evaluations they deal directly with the company involved.
4. The fact that the incident occurred over eighteen months ago and was just recently quantitated at the molecular level to be the virus in the laboratory illustrates to me the careful, concerned and deliberate application of laboratory expertise by Gallo and his co-workers to put forth the truth in this case. It is my view that they should be applauded...not made to appear that they were nonresponsive to the incident.

It is my recommendation that Dr. Wyngaarden be directed to tell the company in question of the incident in a way that the spirit of confidentiality is maintained. To do less is not responsible management.



Lowell T. Harrison, Ph.D.

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REFERRAL DATE: 9/16

DUE DATE: 9/30

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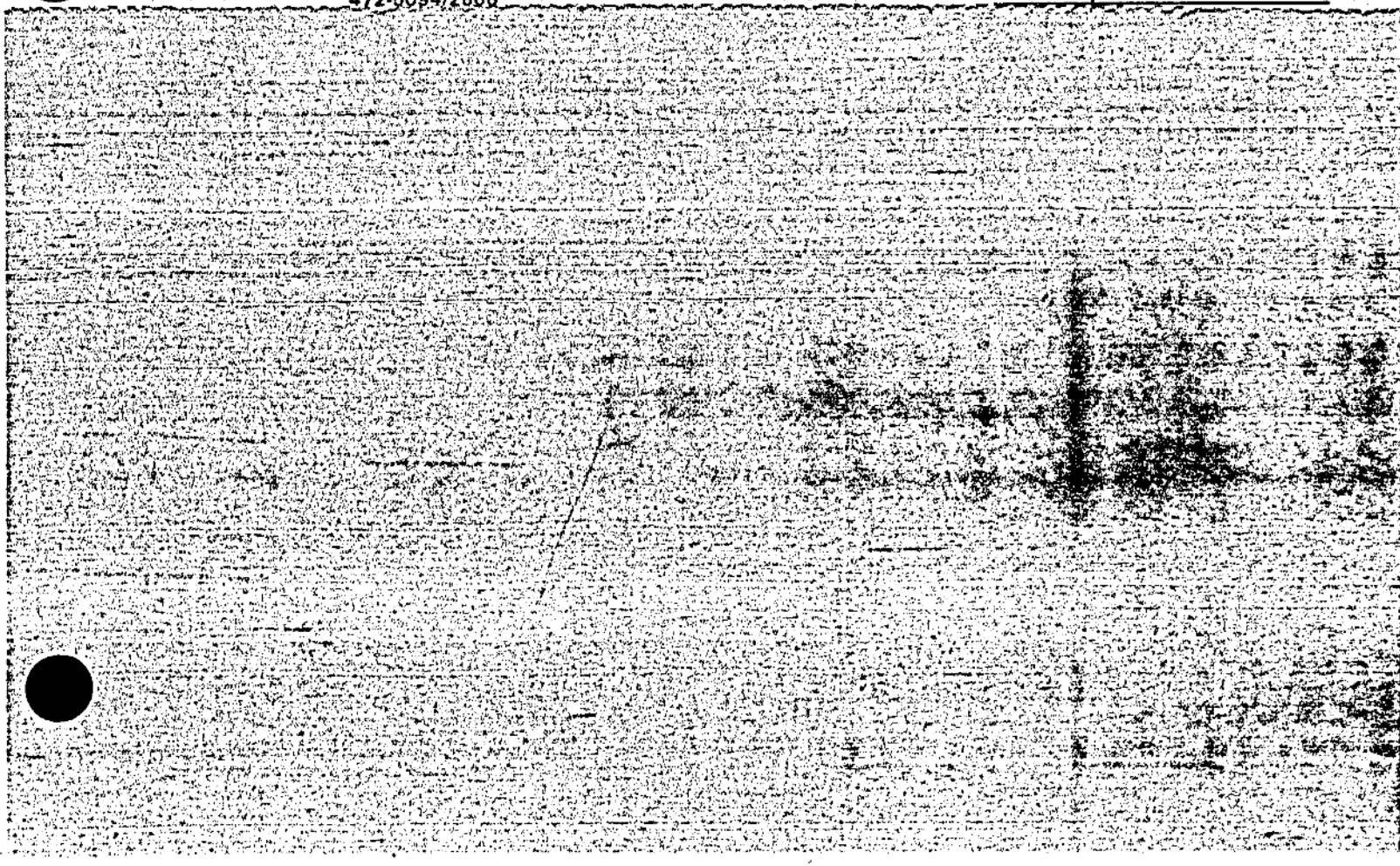
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SPECIAL INSTRUCTIONS

HS 5175 (rev. 10/82)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

MEMORANDUM

TO : Dr. Robert Windom *RW*
Assistant Secretary
for Health

FROM : The Under Secretary *CSM*

SUBJECT: AIDS Expenditures in the United States

At the Policy Council meeting last week a suggestion was made by Tony McCann that it would be very beneficial to the Administration and the Department if we had figures that estimate the total effort being expended in our society on AIDS research, education and prevention. This would include the public, private and volunteer sectors.

I think the idea has merit and would like for the Public Health Service to contract out for such a study. It would be well to have the figures very early in 1988.

Before proceeding, however, please provide me with a cost estimate.

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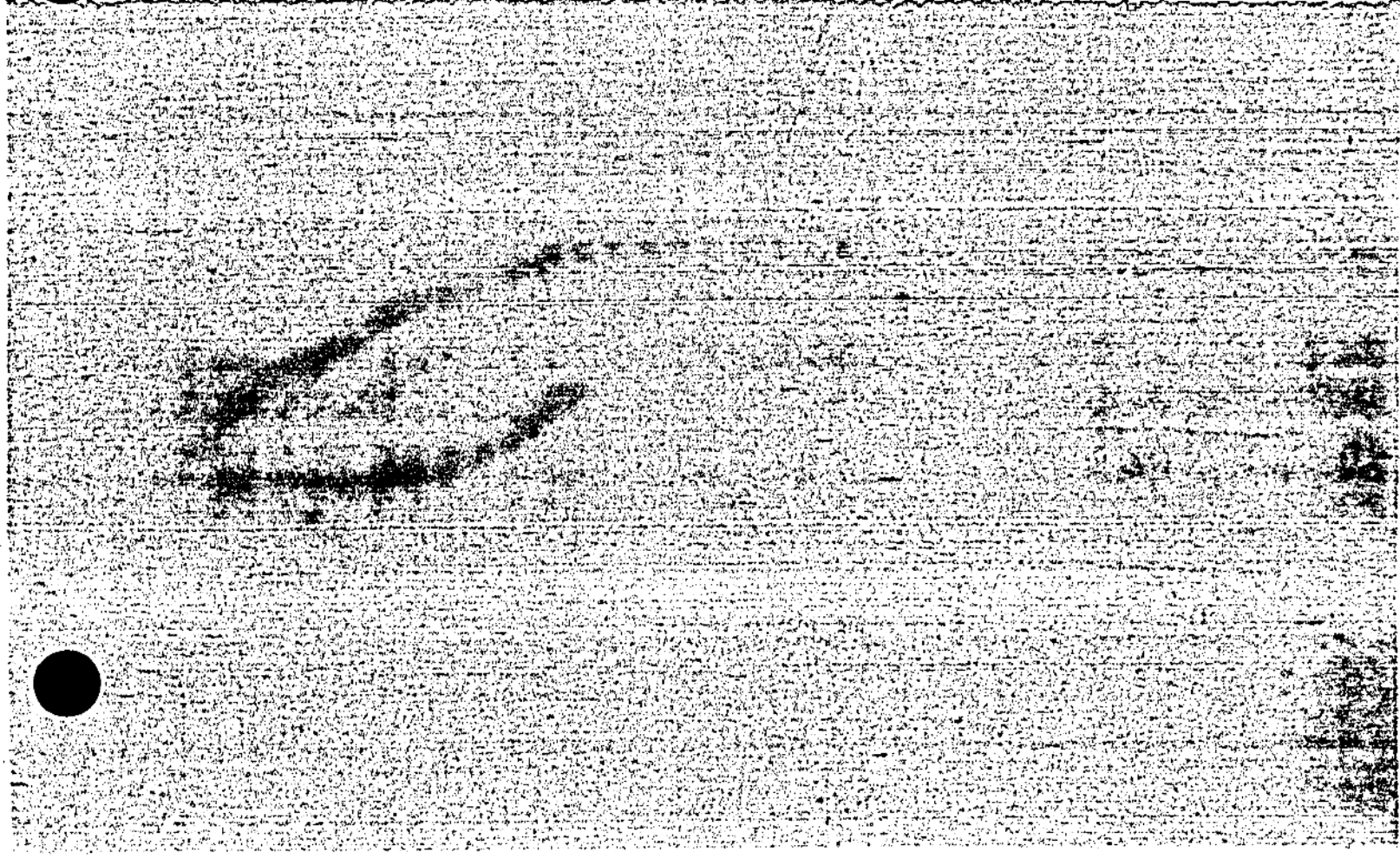
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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

SEP 15 1987

TO: Robert E. Windom, M.D.
Assistant Secretary for Health

FROM: Robert B. Helms, Ph.D. *Ann Segal for*
Assistant Secretary
for Planning and Evaluation

SUBJECT: Attendance of J. Andrew Sumner, M.D.,
at PHS AIDS meetings

In July, we hired Dr. Andy Sumner to serve as Physician Advisor in the Division of Public Health Policy, focusing primarily on AIDS policy. Andy is a practicing emergency physician on the faculty of the Johns Hopkins School of Medicine and School of Hygiene and Public Health. He will be working with us for three days a week for the next two years under an IPA agreement.

Andy has been attending the meetings of the PHS Executive Task Force on AIDS and working with your staff in OHPE on AIDS-related projects. He recently met with Dr. Gary Noble, who suggested that he attend the working subgroup meetings of the AIDS Task Force, in order to familiarize himself with the problems and the people at the agency level.

I believe that formal representation of ASPE in the AIDS policy process is very important and that informal contact between ASPE and PHS can also be extremely productive. Dr. Sumner is very interested in working closely with your staff on these difficult issues, and I think that you will find him to be helpful.

In keeping with the recent memoranda regarding communications and contacts dealing with AIDS, I thought it best that I formally notify you about Dr. Sumner's role within ASPE on AIDS-related issues.

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TRACER



Memorandum

Date **SEP 16 1987**

From **Assistant Secretary for Health**

Subject **Approval of Proposed Periodical**

To **The Secretary**
Through: US _____
 COS _____
 ES _____

I request that you approve and submit to the Office of Management and Budget the attached material on the proposed periodical AIDS School Health Database Update, as required by OMB Circular A-3, dated May 2, 1985.

I certify that this publication is necessary in the transaction of the public business required by law of this Department.

/s/ Robert E. Window

Robert E. Window, M.D.

Attachments

- Tab A: Letter to James C. Miller III, Director, OMB
- Tab B: Justification

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CDCW
ES/PHS
ES/OS
H Official File
CDC Official File
CDC: JO MASON:
CDC ID D34307

CDC:CHPE:OD/ERB 07/13/87
Doc. #3386E



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

Mr. James C. Miller III
Director
Office of Management and Budget
Washington, D.C. 20503

Dear Mr. Miller:

As required under the provisions of OMB Circular A-3, dated May 2, 1985, I request approval by the Office of Management and Budget to publish AIDS School Health Database Update, which is prepared by the Centers for Disease Control, Public Health Service. The justification and a sample publication are enclosed.

I have determined that the publication of this periodical is necessary in the transaction of the public business required by law of this Department.

Sincerely,

Otis R. Bowen, M.D.
Secretary

Enclosure

cc:

OD

OPA

CDCW

ES/PHS

✓ ES/OS

H Official File

CDC Official File

CDC: JO MASON:

CDC ID D34307

CDC:CHPE:OD/ERB 07/13/87

Doc. #3386E

ES/OS

Justification

Request for Approval of New Periodical

(1) Description

- (a) AIDS School Health Database Update.
- (b) Centers for Disease Control (CDC), Center for Health Promotion and Education (CHPE), Educational Resources Branch (ERB), requested by Priscilla B. Holman, Chief, ERB.
- (c) Quarterly.
- (d) Approximately 30 pages per issue.
- (e) General content will be listing of new additions to the AIDS School Health Database.
- (f) Number of copies per issue for limited free distribution
Total = 1250, distribution as follows:
 - 1 - Each quarter 50 free copies will be distributed to agency personnel for internal use.
 - 2 - Each quarter 1,200 free copies will be earmarked for distribution to:
 - State Health Offices - 55
 - State AIDS/STD Coordinators - 55
 - Handouts to Key AIDS Education Professionals who visit CDC - 250
 - National Coalition Groups - 25
 - Addressing AIDS Education (NAN, Minority Organizations)
 - State & Municipal Health Education Officials - 500
 - U.S. Department of Education (ERIC) - 15
 - National Education Organizations - 250
 - Federal Agencies and Clearinghouses (NIDA, NIAID, etc.) - 50
- (g) Number of copies per issue for sale
Total = 2,000, as follows:
 - 1 - No copies will be sold to agency personnel.
 - 2 - Each quarter, 2,000 copies will be available for sale to health educators, public health officials, educators, and any others involved in AIDS school health education.
- (h) Estimated annual costs breakdown as follows:
 - 1 - Annually, \$800 will be spent on editing and development of the publication.

- 2 - Annual costs for graphics, layout, and composition are estimated to be \$5,000 (also includes printing).
- 3 - The \$1,000 cited in number 2 will cover printing as well.
- 4 - Annual costs for distribution and storage will run \$200 and include postage for mailing to appropriate agency officials and shipping to targeted meetings.

(1) CDC, CHPE, has received a \$10 million allocation to be spent on cooperative agreements and initiatives to support developing and deploying AIDS health education. Expenses for this publication will come from these allocations.

(2) Justification

(a) This quarterly publication will update educators and those who shape public school policy about additions to the AIDS School Health Education Database, a part of the Combined Health Information Database (CHID). CHID is a computerized bibliographic database of health information and health education/health promotion resources developed and managed by the U.S. Public Health Service. The AIDS School Health Education Database contains abstracts of programs, curricula, guidelines, policies, regulations, and other educational materials. PHS and CDC materials such as the Surgeon General's Report on AIDS are provided in full text. From this resource, communities may select, adopt, or adapt AIDS school health education.

The Surgeon General's Report on AIDS outlines the present epidemic, estimating that 1.5 million people are assumed capable of spreading this deadly virus. In spite of continued, intensive research, prevention remains the only viable means of controlling AIDS. The AIDS Information/Education Plan to Prevent and Control AIDS in the United States, published in March 1987, recommends that federal agencies aggressively educate the population about AIDS. A major part of this educational effort involves reaching some 47 million children enrolled in 90,000 schools. Naturally, such an effort involves local public health officials and educators, individuals who can best judge local needs and values. Such individuals need to know what policies, guidelines, curricula, and teaching materials are available and how this body of information may be used before they can decide which curricula are most appropriate for their communities. A central resource reduces unnecessary and costly duplication of efforts.

Using the AIDS School Health Database in tandem with this quarterly update will keep those active in AIDS education who do not have personal computers or on-line services aware of the guidelines, policies, curricula, and publications available. Thus, all persons will have access to the resources.

- (b) The cost of treating one AIDS patient is estimated to be \$46,000; by 1991, AIDS is projected to contribute between \$8 and \$16 billion to the cost of health care. Keeping appropriate individuals informed of current educational materials will save the health care system millions of dollars, and many lives. All but 250 copies will be sold through subscriptions; however, some free copies will be distributed at important national meetings to generate awareness about the publication and the on-line service. Distributing these free copies -- not to exceed 250 per quarter -- is fully justified given the insidious nature of the AIDS epidemic and the crucial need to educate and protect the Nation's school-aged youth.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Aids file

97752

Office of the Assistant Secretary
for Health
Washington DC 20201

SEP 16 1987

NOTE TO MEL LUKENS:

Re: Your Note of August 28

Ann McFarren represents a large constituency that is useful to our joint efforts in fighting AIDS. (She was one of those chosen to speak to the Presidential Commission on HIV Epidemic on September 9.)

If Dr. Bowen's schedule permits, I recommend that he meet with Ms. McFarren. I would be pleased to sit in on this meeting, as would Drs. Koop and Noble.

If the Secretary cannot meet with Ms. McFarren, we would be happy to meet with her.

Robert E. Windom, M.D.
Assistant Secretary for Health



Memorandum

Date

From Assistant Secretary for Health

SEP 16 1987

Subject Fall Public Information Campaign

To Stephanie Lee-Miller
Assistant Secretary for Public Affairs, OS

Thank you for your note of June 23 regarding "National AIDS Prevention Month." I am very pleased that your office is working cooperatively with the Centers for Disease Control (CDC), especially in planning the fall public information campaign. As you know, the advertising contract has been signed, and Ogilvy & Mather Advertising, an outstanding firm, is moving full speed ahead toward the October campaign.

After reviewing your proposal, CDC has, through negotiations with Jim Miller of your office, identified several projects for support. I am pleased that we are able to transfer \$250,000 to your office for the following projects:

1. A special Black community-focused television program with Black Entertainment Television (\$80,000).
2. Modular TV and radio programming which was conceptualized by Jim Miller of your office (\$80,000).
3. Promotional support for AIDS initiative with the National Association of Broadcasters (\$17,000).
4. Hard copy duplicating of Modular Programming (\$23,000).
5. Research and development for a special Hispanic community television program with KCET (\$50,000).

If I can be helpful in the preparation of the film or TV/radio programming as a spokesman for the Department, I will be happy to do so as my schedule permits.

I appreciate your high level of concern for the AIDS problem. I know that the campaign and the Nation will benefit from your close work with CDC on this.

/s/ Robert E. Windom
Robert E. Windom, M.D.

Page 2 - Stephanie Lee-Miller

cc:

OD

AIDS

CDCW

ES/PHS

H Official File

CDC Official File (Return to CDC, Atlanta)

- CDC:JOMason: 9/8/87 FTS 236-3291 (M/9/4)

Revised: CDC:OD:AIDS Office:LStoddard:tdm:9/9/87 (H/9/9)

CDC D33864; Tracer 96852; Doc. No. 0120G

PHS CORRESPONDENCE

97943

REFERRAL DATE:

9/17

DUE DATE:

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| <input type="checkbox"/> SG | <input type="checkbox"/> CDC | <input type="checkbox"/> PUB AFF | |
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| <input type="checkbox"/> DASH-P&E | <input type="checkbox"/> HRSA | <input type="checkbox"/> OSH | |
| <input type="checkbox"/> DASH-DPHP | <input checked="" type="checkbox"/> NIH <i>Dr. Wyngaarden</i> | <input type="checkbox"/> OIH | <input checked="" type="checkbox"/> OTHER <i>Deputy ASH</i> |
| <input type="checkbox"/> DASH-PA | | <input type="checkbox"/> OHL | <i>6 AIDS CO</i> |
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ACTION:

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| <input type="checkbox"/> SECRETARY'S SIGNATURE | <input checked="" type="checkbox"/> REVIEW/CLEARANCE |
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| <input type="checkbox"/> DIRECT REPLY | <input checked="" type="checkbox"/> FOR YOUR INFORMATION |
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| <input type="checkbox"/> DRAFT FOR OS SIGNATURE
(WHITE HOUSE REFERRAL) | |
- 26*

SPECIAL INSTRUCTIONS

ROUTED BY *East*

HS 5175
(rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2568



Memorandum

Date • SEP 17 1987

From Assistant Secretary for Health

Subject HIV Infected Worker

To Director
National Institutes of Health

Based on our prior discussions, please inform me once NIH has notified the firm in which the laboratory worker became infected with HIV. In addition, in order that I may keep the Secretary fully briefed, please advise me on all significant developments affecting the infected worker, company and others who work with the virus.


Robert E. Windom, M.D.

TRACER
97943

Memorandum

Date SEP 17 1987
From Assistant Secretary for Health
Subject Federal Coordinating Committee Meeting on October 1, 1987
To Federal Coordinating Committee on AIDS
Information, Education, and Risk Reduction

Attached is a draft agenda for the next FCC meeting which is scheduled for Thursday, October 1, from 10:30 to Noon in Room 703-A of the Humphrey Building. A final agenda will be forwarded under separate cover.


Robert E. Windom, M.D.

Attachment

DRAFT AGENDA
FEDERAL COORDINATING COMMITTEE ON AIDS
INFORMATION, EDUCATION, AND RISK REDUCTION

THURSDAY, OCTOBER 1, 1987
10:30 - NOON
ROOM 703A, HUMPHREY BUILDING

- | | |
|--|-------------------------|
| I. Welcome and Update on PHS
AIDS Activities | Dr. Windom
Dr. Noble |
| II. Report from Department of
Agriculture | Dr. Crawford |
| III. Report from Department of
Education | Mr. Walters |
| IV. General Discussion and Plans
for Next FCC Meeting | All |

AIDS
File

Memorandum

Date . . . SEP 17 1987

From Assistant Secretary for Health

Subject Your Participation in the Business Council Meeting on AIDS and Substance Abuse - Briefing Materials

To The Secretary
Through: US _____
COS _____
ES _____

EVENT

You are scheduled to give a keynote address at the Business Council meeting on October 9, in Hot Springs, VA. The two day meeting will focus on the issue of AIDS; the October 9th session will specifically concentrate on AIDS and drug abuse. Mr. J. E. Burke, Chairman of the Board of Johnson & Johnson, will introduce you. Dr. Macdonald, Mr. Meese, and Mr. John Reed of Citicorp will also be addressing the group that day. (Although originally scheduled, Mrs. Reagan, Dr. Koop, Senators Dole and Kennedy apparently will not attend). A draft copy of the agenda for the meeting is included at Tab A.

PARTICIPANTS

Approximately 225 participants are expected. Attendees will include present or former chief executive officers, chairmen or presidents of major corporations, i.e., AT&T, General Motors, IBM, Boeing, Citibank.

SPONSOR

The meeting is sponsored by the Business Council which is a non-profit, non-lobbying group. It was established in 1933 as an advisory council to the Secretary of Commerce for the purpose of bringing together top level businessmen and top level government officials to address and resolve issues and generate necessary action. It remained as an advisory board to the Department of Commerce until 1961. At that time, the Business Council became an advisory board to every branch of the government. The Business Roundtable, a lobbying organization, is often mistakenly associated with the Business Council. The two organizations are not connected in any way.

BACKGROUND

o AIDS and Intravenous (IV) Drug Abuse

The relationship between HIV infection and AIDS and IV drug abuse is clear. Its consequences are especially evident in pediatric AIDS. Because 24% of all patients are

heterosexual (primarily IV drug abusers who are minorities), they are a major potential source of further heterosexual spread of HIV infection. Of fundamental importance is the fact that AIDS is a fatal disease which generally affects relatively young people. This fact has enormous implications both for the patients themselves and the providers of health care services. One of the major issues regarding IV drug abusers is to ensure that there is appropriate funding for drug abuse treatment centers.

o Drug Abuse Activities - PHS

You will find information on current statistics and figures on AIDS and IV drug abusers included at Tabs B and C.

AIDS drug abuse activities included at Tab D are being funded mainly by the National Institute on Drug Abuse (ADAMHA), from no funds in FY 1982 to \$31 million in FY 87 and doubling to \$66 million in FY 1988. These funds are to conduct research demonstration projects on how to interrupt the use of IV drug abuse activities. In addition, \$15 million has been included in the CDC FY 88 budget request for support of counseling and testing services in drug abuse clinics specifically aimed at the IV drug abuser. The National Institute on Child Health and Human Development (NIH) has also requested funds to conduct research on perinatal transmission of AIDS, which is a major mode of transmission among women who are IV drug abusers or are sexual partners of IV drug abusers. ADAMHA and HRSA will be working jointly to develop high tech modules for training a wide variety of drug abuse counselors, administrators, health care and correction personnel who come in contact with IV drug abusers.

o AIDS HIV Antibody Testing and Drug Abuse

The PHS has recently issued guidelines (Tab E) on counseling and testing to prevent HIV transmission, which strongly encourage routine HIV counseling and testing services for persons attending drug abuse clinics. A detailed description of our policy on AIDS testing is also included at Tab E. In that, the President has called for mandatory testing in Federal prisons where IV drug abuse is a problem. He also encourages States to require routine testing at State and local prisons, and to offer routine testing for those who visit drug abuse clinics.

/s/ Robert E. Windom

Robert E. Windom, M.D.

Attachments

TRACER #97471

THE BUSINESS COUNCIL

The Homestead
Hot Springs, Virginia

Friday and Saturday
October 9-10, 1987

PROPOSED AGENDA

Friday, October 9

E.D.T.

9:00 a.m.	Convene	Commonwealth Room
	The U.S. Economy - A Report	John S. Reed, Chairman Citicorp
	The U.S. Health Care System, its Costs and the Problem of AIDS and Substance Abuse	The Honorable Otis R. Bowen Secretary of Health & Human Services
	Substance Abuse - Progress on the Supply Side	The Honorable Edwin Meese, III Attorney General of U.S.
10:30-10:50	B R E A K	
	Substance Abuse - The Demand Side	Dr. D. Ian Macdonald, Special Assistant to the President for Drug Abuse Policy
12:00 Noon	A D J O U R N	
	* * * * *	
7:00 p.m.	Reception & Dinner - Black Tie	Commonwealth Room
	Speaker Nancy Reagan	

THE BUSINESS COUNCIL

The Homestead
Hot Springs, Virginia

Friday and Saturday
October 9-10, 1987

PROPOSED AGENDA

Saturday, October 10

E.D.T.

9:00 a.m.	Convene	Commonwealth Room
	AIDS - Dimension of the Problem	Dr. Everett C. Koop - Surgeon General of U.S.
	AIDS - The Legislative Response	Senator Robert J. Dole and Senator Edward M. Kennedy
10:30-10:50	B R E A K	<i>Moderator - Ted Keppel</i>
	Panel Discussion	James W. Curran, Director, AIDS Program, CDC
		Martin Feldstein, National Bureau of Economic Research
		W. Eugene Mayberry, Chairman Mayo Clinic & Presidential Commission on the Human Immuno-deficiency Virus Epidemic
		P. Roy Vagelos, Chairman Merck & Co.
		William Walsh, President Project HOPE
	AIDS, Drugs and the Future	Lewis Thomas, President Emeritus Sloan-Kettering
12:30 p.m.	A D J O U R N	

7/30/87

TAB - B

FACT SHEET ON INTRAVENOUS DRUG USERS (IVDUs)
AND AIDS

Based on CDC National Surveillance Data
September 1, 1987

As of August 31, 1987 41,366 cases of AIDS were reported to CDC from the United States (including territories). IV drug abuse continues to be a major risk factor: 10,041 (24%) of all cases occurred in IVDU or their children.

- " 10% of gay men with AIDS have used IV drugs.
- " 67% of heterosexual men with AIDS have used IV drugs.
- " 49% of adult women with AIDS have used IV drugs.
- " 58% of children with AIDS are the offspring of IV drug abusing mothers or those infected through sexual contact with IVDU men.

The geographic dispersion of IVDU-related AIDS is striking:

- " 41% of all AIDS patients reported from New York and New Jersey are IVDUs.
- " 13% of all AIDS patients reported from the states west of the Mississippi are IVDUs.

The burden of IVDU-related AIDS falls disproportionately on minority communities and women:

- " Of all IVDUs with AIDS, two-thirds are black (42%) or hispanic (24%), but of all minorities with AIDS, 40% are IVDU (25% are black and 15% are hispanic).
- " Of all IVDUs with AIDS, 85% are male and 15% female, but of all women with AIDS, 49% are IVDU. Of women with AIDS, 52% are black and 19% are hispanic.

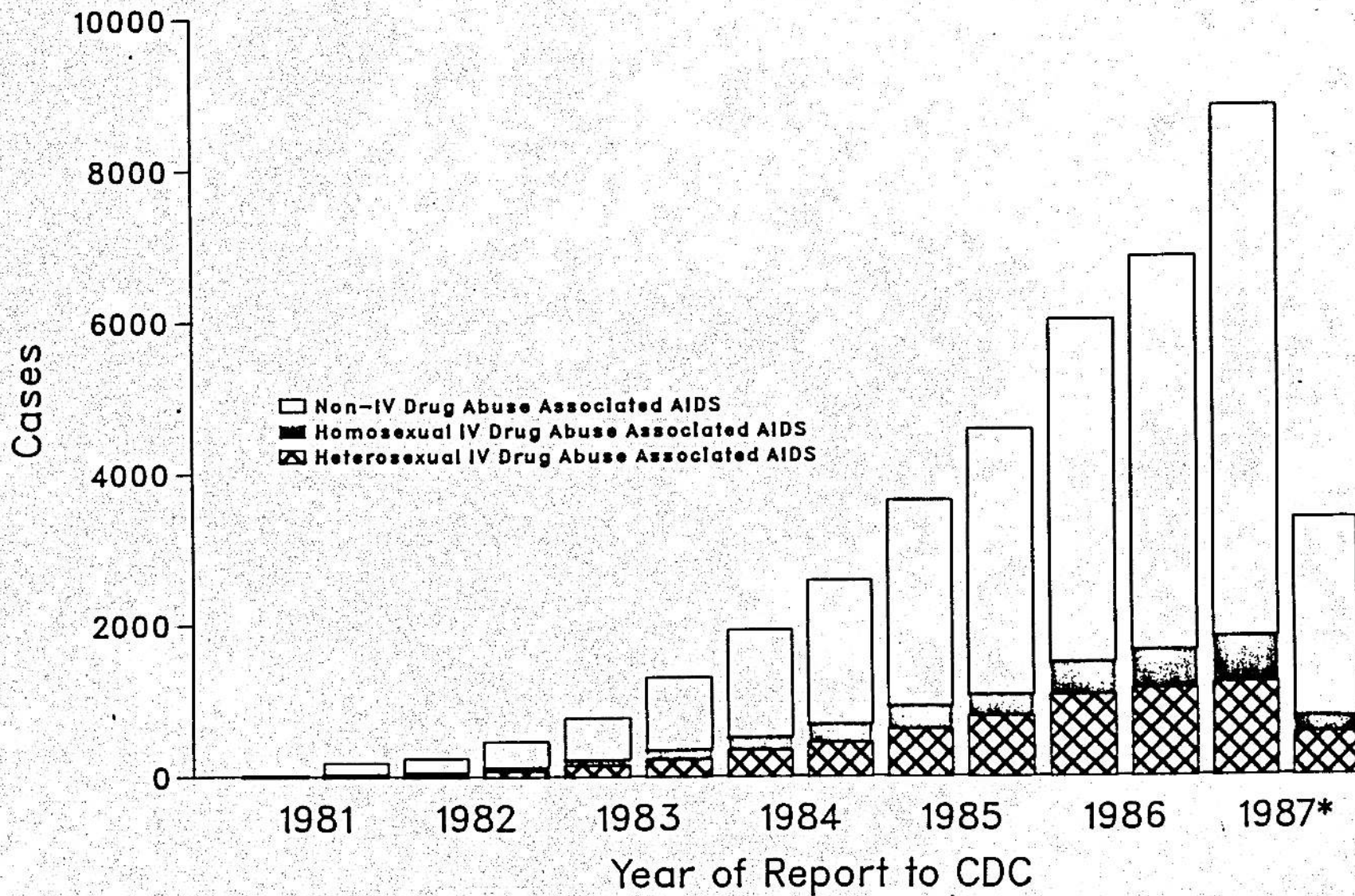
Preventing HIV infection in IV drug users serves public health goals in several ways. IV drug abusers serve as the major reservoir for transmission of infection to heterosexual adults and their infants, as well as among themselves. As a group, they are not well organized, often poorly educated, and tend to have less interaction with the health care delivery system than other groups who participate in high-risk behaviors. Efforts to change drug abuse behavior must proceed with the understanding that addictive behavior is not often changed without specific drug treatment.

The PIIS Coolfont Report contains the following suggestions:

- " A systematically increased capacity for treating IV drug abusers is needed. Until adequate capacity is available, persons in need of treatment should be prioritized. Decisions may vary by locality, but highest priority should be given to those presently on waiting lists for treatment.
- " All treatment and prevention approaches should include information and counseling on sexual and perinatal transmission of HIV, availability of family planning services, and availability of voluntary serological testing for HIV.
- " Until treatment capacity is adequate for persons who continue to abuse IV drugs, studies are needed to evaluate the efficacy and feasibility of promoting safer use of drug paraphernalia (for example, increased availability of sterile needles or "works") and education regarding use of sterile needles and sharing of needles.

TAB - C

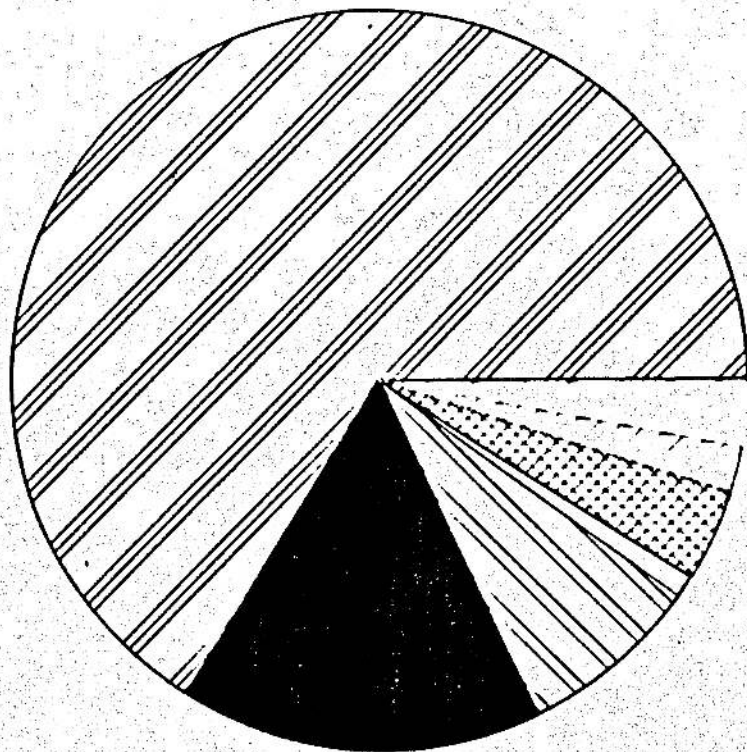
Adult Cases of AIDS in the United States, by IV Drug Usage, August 31, 1987



* Data in 1987 is complete only through August 31, 1987

Reported Adult Cases of AIDS, by Patient Group United States, 1981 to Aug 24, 1987

(N=40,282)

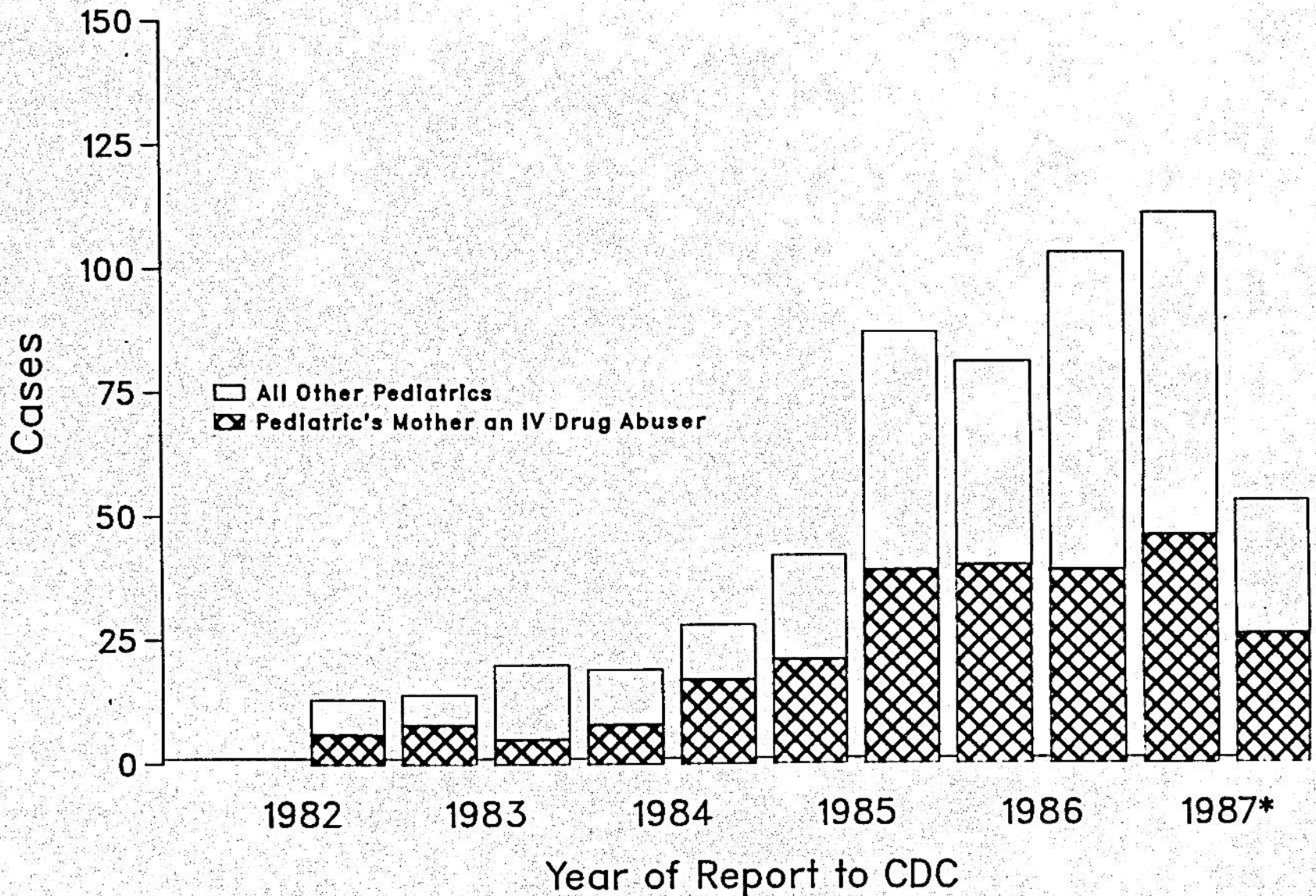


Patient Group:

- Homosexual/Bisexual Men (66%)
- IV Drug Users (16%)
- Homosexual and IV Drug User (8%)
- Hemophilia Cases (1%)
- Heterosexual Cases (4%)
- Transfusion Recipients (2%)
- Undetermined (3%)

HHS/PHS/CDC

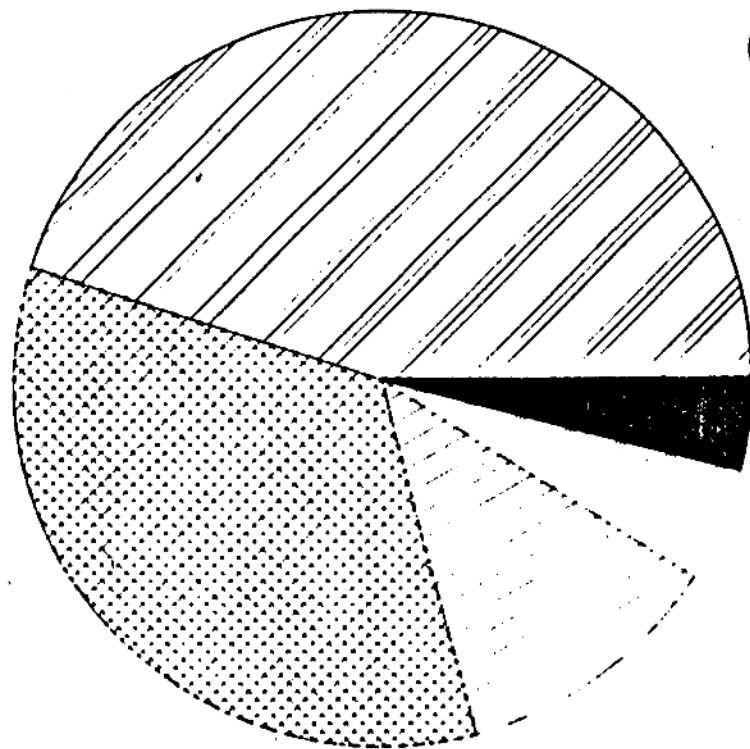
Pediatric Cases of AIDS in the United States, by Mother's IV Drug Usage, August 31, 1987



* Data in 1987 is complete only through August 31, 1987

Pediatric AIDS: Distribution by Patient Group
Aug 31, 1987

(N=571)



Patient Group:

- ▨ Mother IV Drug Abuser (45%)
- ▤ Mother at Risk/has AIDS (34%)
- Transfusion with Blood/or Blood Products (12%)
- ▧ Hemophilia Coagulation Disorder (5%)
- Undetermined (4%)

HHS/PHS/CDC

TAB - D

NIDA AIDS PREVENTION INITIATIVES
(REDUCING TRANSMISSION ASSOCIATED WITH INTRAVENOUS DRUG ABUSE)

A. IMPROVING OUTREACH

- Reaching more addicts (use of indigenous workers, etc.)
- Making treatment more attractive (reducing restrictions on methadone use, increasing accessibility and availability of services, providing treatment vouchers, etc.)
- Diversion of addicts to treatment from criminal justice system

B. INCREASING TREATMENT CAPACITY

- Providing more treatment slots (increasing capacity of methadone maintenance programs)
- Providing more treatment space/facilities (overcoming community resistance, destigmatizing addiction)
- Training more treatment personnel (counselors, administrators)
- Utilizing other treatment resources (NIMH Community Mental Health Centers, Criminal Justice System)

C. IMPROVING TREATMENT EFFECTIVENESS

- Developing alternatives to existing treatments (pharmacotherapies, psychotherapies)
- Use of more behaviorally-based treatment strategies
- Improving efficiency of existing treatment modalities
- Providing treatment for seropositive addicts or addicts with ARC, AIDS

D. IMPROVING AFTERCARE

- Developing relapse prevention strategies
- Enhancing social support networks for addicts, sexual partners
- Developing post-treatment followup programs
- Developing self-help strategies (Narcotics Anonymous)

E. PROVIDING VOLUNTARY HIV TESTING AND COUNSELING

- For addicts, sexual partners, children of addicts
- Monitoring prevalence of HIV infection in addicts

F. PROVIDING INFORMATION AND EDUCATION

- For addicts, sexual partners, children of addicts
- Distribution to treatment programs, emergency rooms, clinics, etc.
- Importance of treatment/stopping drug use or needle sharing
- Awareness of risk factors for AIDS
- Risk-reduction measures (needle/syringe cleaning, use of condoms)

G. TECHNOLOGY DEVELOPMENT

- Development of buprenorphine, LAAM
- Development of single-use needles/syringes
- Evaluation of needle-exchange programs

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

- 509 PHS Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS
515 Polymer-Fume Fever Associated with Cigarette Smoking and the Use of Tetrafluoroethylene - Mississippi
522 Update: AIDS - United States
528 Publication of Revised Case Definition for AIDS Surveillance
526 Regional Scientific Meeting of IEA, ICEA, and FETPs - January 24-29, 1988, Pattaya, Thailand

Perspectives in Disease Prevention and Health Promotion

Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS

These guidelines are the outgrowth of the 1986 recommendations published in the *MMWR* (1); the report on the February 24-25, 1987, Conference on Counseling and Testing (2); and a series of meetings with representatives from the Association of State and Territorial Health Officials, the Association of State and Territorial Public Health Laboratory Directors, the Council of State and Territorial Epidemiologists, the National Association of County Health Officials, the United States Conference of Local Health Officers, and the National Association of State Alcohol and Drug Abuse Directors.

Human immunodeficiency virus (HIV), the causative agent of acquired immunodeficiency syndrome (AIDS) and related clinical manifestations, has been shown to be spread by sexual contact; by parenteral exposure to blood (most often through intravenous [IV] drug abuse) and, rarely, by other exposures to blood; and from an infected woman to her fetus or infant.

Persons exposed to HIV usually develop detectable levels of antibody against the virus within 6-12 weeks of infection. The presence of antibody indicates current infection, though many infected persons may have minimal or no clinical evidence of disease for years. Counseling and testing persons who are infected or at risk for acquiring HIV infection is an important component of prevention strategy (1). Most of the estimated 1.0 to 1.5 million infected persons in the United States are unaware that they are infected with HIV. The primary public health purposes of counseling and testing are to help uninfected individuals initiate and sustain behavioral changes that reduce their risk of becoming infected and to assist infected individuals in avoiding infecting others.

Along with the potential personal, medical, and public health benefits of testing for HIV antibody, public health agencies must be concerned about actions that will discourage the use of counseling and testing facilities, most notably the unauthorized disclosure of personal information and the possibility of inappropriate discrimination.

Guidelines - Continued

Priorities for public health counseling and testing should be based upon providing ready access to persons who are most likely to be infected or who practice high-risk behaviors, thereby helping to reduce further spread of infection. There are other considerations for determining testing priorities, including the likely effectiveness of preventing the spread of infection among persons who would not otherwise realize that they are at risk. Knowledge of the prevalence of HIV infection in different populations is useful in determining the most efficient and effective locations providing such services. For example, programs that offer counseling and testing to homosexual men, IV-drug abusers, persons with hemophilia, sexual and/or needle-sharing partners of these persons, and patients of sexually transmitted disease clinics may be most effective since persons in these groups are at high risk for infection. After counseling and testing are effectively implemented in settings of high and moderate prevalence, consideration should be given to establishing programs in settings of lower prevalence.

Interpretation of HIV-Antibody Test Results

A test for HIV antibody is considered positive when a sequence of tests, starting with a repeatedly reactive enzyme immunoassay (EIA) and including an additional, more specific assay, such as a Western blot, are consistently reactive.

The *sensitivity* of the currently licensed EIA tests is 99% or greater when performed under optimal laboratory conditions. Given this performance, the probability of a false-negative test result is remote, except during the first weeks after infection, before antibody is detectable.

The *specificity* of the currently licensed EIA tests is approximately 99% when repeatedly reactive tests are considered. Repeat testing of specimens initially reactive by EIA is required to reduce the likelihood of false-positive test results due to laboratory error. To further increase the specificity of the testing process, laboratories must use a supplemental test—most often the Western blot test—to validate repeatedly reactive EIA results. The sensitivity of the licensed Western blot test is comparable to that of the EIA, and it is highly specific when strict criteria are used for interpretation. Under ideal circumstances, the probability that a testing sequence will be falsely positive in a population with a low rate of infection ranges from less than 1 in 100,000 (Minnesota Department of Health, unpublished data) to an estimated 5 in 100,000 (3,4). Laboratories using different Western blot reagents or other tests or using less stringent interpretive criteria may experience higher rates of false-positive results.

Laboratories should carefully guard against human errors, which are likely to be the most common source of false-positive test results. All laboratories should anticipate the need for assuring quality performance of tests for HIV antibody by training personnel, establishing quality controls, and participating in performance evaluation systems. Health department laboratories should facilitate the quality assurance of the performance of laboratories in their jurisdiction.

*Guidelines - Continued***Guidelines for Counseling and Testing for HIV Antibody**

These guidelines are based on public health considerations for HIV testing, including the principles of counseling before and after testing, confidentiality of personal information, and the understanding that a person may decline to be tested without being denied health care or other services, except where testing is required by law (5). Counseling before testing may not be practical when screening for HIV antibody is required. This is true for donors of blood, organs, and tissue; prisoners; and immigrants for whom testing is a Federal requirement as well as for persons admitted to state correctional institutions in states that require testing. When there is no counseling before testing, persons should be informed that testing for HIV antibody will be performed, that individual results will be kept confidential to the extent permitted by law, and that appropriate counseling will be offered. Individual counseling of those who are either HIV-antibody positive or at continuing risk for HIV infection is critical for reducing further transmission and for ensuring timely medical care.

Specific recommendations follow:

1. *Persons who may have sexually transmitted disease.* All persons seeking treatment for a sexually transmitted disease, in all health-care settings including the offices of private physicians, should be routinely* counseled and tested for HIV antibody.
2. *IV-drug abusers.* All persons seeking treatment for IV-drug abuse or having a history of IV-drug abuse should be routinely counseled and tested for HIV antibody. Medical professionals in all health-care settings, including prison clinics, should seek a history of IV-drug abuse from patients and should be aware of its implications for HIV infection. In addition, state and local health policy makers should address the following issues:
 - Treatment programs for IV-drug abusers should be sufficiently available to allow persons seeking assistance to enter promptly and be encouraged to alter the behavior that places them and others at risk for HIV infection.
 - Outreach programs for IV-drug abusers should be undertaken to increase their knowledge of AIDS and of ways to prevent HIV infection, to encourage them to obtain counseling and testing for HIV antibody, and to persuade them to be treated for substance abuse.
3. *Persons who consider themselves at risk.* All persons who consider themselves at risk for HIV infection should be counseled and offered testing for HIV antibody.

*"Routine counseling and testing" is defined as a policy to provide these services to all clients after informing them that testing will be done. Except where testing is required by law, individuals have the right to decline to be tested without being denied health care or other services.

Guidelines - Continued

4. *Women of childbearing age.* All women of childbearing age with identifiable risks for HIV infection should be routinely counseled and tested for HIV antibody, regardless of the health-care setting. Each encounter between a health-care provider and a woman at risk and/or her sexual partners is an opportunity to reach them with information and education about AIDS and prevention of HIV infection. Women are at risk for HIV infection if they:

- Have used IV drugs.
- Have engaged in prostitution.
- Have had sexual partners who are infected or are at risk for infection because they are bisexual or are IV-drug abusers or hemophiliacs.
- Are living in communities or were born in countries where there is a known or suspected high prevalence of infection among women.
- Received a transfusion before blood was being screened for HIV antibody but after HIV infection occurred in the United States (e.g., between 1978 and 1985).

Educating and testing these women before they become pregnant allows them to avoid pregnancy and subsequent intrauterine perinatal infection of their infants (30%-50% of the infants born to HIV-infected women will also be infected).

All pregnant women at risk for HIV infection should be routinely counseled and tested for HIV antibody. Identifying pregnant women with HIV infection as early in pregnancy as possible is important for ensuring appropriate medical care for these women; for planning medical care for their infants; and for providing counseling on family planning, future pregnancies, and the risk of sexual transmission of HIV to others.

All women who seek family planning services and who are at risk for HIV infection should be routinely counseled about AIDS and HIV infection and tested for HIV antibody. Decisions about the need for counseling and testing programs in a community should be based on the best available estimates of the prevalence of HIV infection and the demographic variables of infection.

5. *Persons planning marriage.* All persons considering marriage should be given information about AIDS, HIV infection, and the availability of counseling and testing for HIV antibody. Decisions about instituting routine or mandatory premarital testing for HIV antibody should take into account the prevalence of HIV infection in the area and/or population group as well as other factors and should be based upon the likely cost-effectiveness of such testing in preventing further spread of infection. Premarital testing in an area with a prevalence of HIV infection as low as 0.1% may be justified if reaching an infected person through testing can prevent subsequent transmission to the spouse or prevent pregnancy in a woman who is infected.

Guidelines - Continued

6. *Persons undergoing medical evaluation or treatment.* Testing for HIV antibody is a useful diagnostic tool for evaluating patients with selected clinical signs and symptoms such as generalized lymphadenopathy; unexplained dementia; chronic, unexplained fever or diarrhea; unexplained weight loss; or diseases such as tuberculosis as well as sexually transmitted diseases, generalized herpes, and chronic candidiasis.

Since persons infected with both HIV and the tubercle bacillus are at high risk for severe clinical tuberculosis, all patients with tuberculosis should be routinely counseled and tested for HIV antibody (6). Guidelines for managing patients with both HIV and tuberculous infection have been published (7).

The risk of HIV infection from transfusions of blood or blood components from 1978-1985 was greatest for persons receiving large numbers of units of blood collected from areas with high incidences of AIDS. Persons who have this increased risk should be counseled about the potential risk of HIV infection and should be offered antibody testing (8).

7. *Persons admitted to hospitals.* Hospitals, in conjunction with state and local health departments, should periodically determine the prevalence of HIV infections in the age groups at highest risk for infection. Consideration should be given to routine testing in those age groups deemed to have a high prevalence of HIV infection.

8. *Persons in correctional systems.* Correctional systems should study the best means of implementing programs for counseling inmates about HIV infection and for testing them for such infection at admission and discharge from the system. In particular, they should examine the usefulness of these programs in preventing further transmission of HIV infection and the impact of the testing programs on both the inmates and the correctional system (9). Federal prisons have been instructed to test all prisoners when they enter and leave the prison system.

9. *Prostitutes.* Male and female prostitutes should be counseled and tested and made aware of the risks of HIV infection to themselves and others. Particularly prostitutes who are HIV-antibody positive should be instructed to discontinue the practice of prostitution. Local or state jurisdictions should adopt procedures to assure that these instructions are followed.

Partner Notification/Contact Tracing

Sexual partners and those who share needles with HIV-infected persons are at risk for HIV infection and should be routinely counseled and tested for HIV antibody. Persons who are HIV-antibody positive should be instructed in how to notify their partners and to refer them for counseling and testing. If they are unwilling to notify their partners or if it cannot be assured that their partners will seek counseling, physicians or health department personnel should use confidential procedures to assure that the partners are notified.

*Guidelines - Continued***Confidentiality and Antidiscrimination Considerations**

The ability of health departments, hospitals, and other health-care providers and institutions to assure confidentiality of patient information and the public's confidence in that ability are crucial to efforts to increase the number of persons being counseled and tested for HIV infection. Moreover, to assure broad participation in the counseling and testing programs, it is of equal or greater importance that the public perceive that persons found to be positive will not be subject to inappropriate discrimination.

Every reasonable effort should be made to improve confidentiality of test results. The confidentiality of related records can be improved by a careful review of actual record-keeping practices and by assessing the degree to which these records can be protected under applicable state laws. State laws should be examined and strengthened when found necessary. Because of the wide scope of "need-to-know" situations, because of the possibility of inappropriate disclosures, and because of established authorization procedures for releasing records, it is recognized that there is no perfect solution to confidentiality problems in all situations. Whether disclosures of HIV-testing information are deliberate, inadvertent, or simply unavoidable, public health policy needs to carefully consider ways to reduce the harmful impact of such disclosures.

Public health prevention policy to reduce the transmission of HIV infection can be furthered by an expanded program of counseling and testing for HIV antibody, but the extent to which these programs are successful depends on the level of participation. Persons are more likely to participate in counseling and testing programs if they believe that they will not experience negative consequences in areas such as employment, school admission, housing, and medical services should they test positive. There is no known medical reason to avoid an infected person in these and ordinary social situations since the cumulative evidence is strong that HIV infection is not spread through casual contact. It is essential to the success of counseling and testing programs that persons who are tested for HIV are not subjected to inappropriate discrimination.

References

1. CDC. Additional recommendations to reduce sexual and drug abuse-related transmission of human T-lymphotropic virus type III/lymphadenopathy-associated virus. MMWR 1986;35:152-5.
2. CDC. Recommended additional guidelines for HIV antibody counseling and testing in the prevention of HIV infection and AIDS. Atlanta, Georgia: US Department of Health and Human Services, Public Health Service, 1987.
3. Burke DS, Brandt BL, Redfield RR, et al. Diagnosis of human immunodeficiency virus infection by immunoassay using a molecularly cloned and expressed virus envelope polypeptide. *Ann Intern Med* 1987;106:671-6.
4. Meyer KB, Pauker SG. Screening for HIV: can we afford the false positive rate? *N Engl J Med* 1987;317:238-41.
5. Bayer R, Levine C, Wolf SM. HIV antibody screening: an ethical framework for evaluating proposed programs. *JAMA* 1986;256:1768-74.

Guidelines - Continued

6. CDC. Tuberculosis provisional data—United States, 1986. MMWR 1987;36:254-5.
7. CDC. Diagnosis and management of mycobacterial infection and disease in persons with human T-lymphotropic virus type III/lymphadenopathy-associated virus infection. MMWR 1986;35:448-52.
8. CDC. Human immunodeficiency virus infection in transfusion recipients and their family members. MMWR 1987;36:137-40.
9. Hammett TM. AIDS in correctional facilities: issues and options. 2nd ed. Washington, DC: U.S. Department of Justice, National Institute of Justice, 1987.

THE WHITE HOUSE

WASHINGTON

JUN 12 1987

MEMORANDUM FOR THE DOMESTIC POLICY COUNCIL

SUBJECT: AIDS Testing

Following the Domestic Policy Council meeting held on Thursday, May 28, 1987, the President announced his recent decisions regarding AIDS testing and steps which should be taken by the Federal Government to prevent the spread of the AIDS virus in America.

o Nationwide Incidence Study

The President has asked the Department of Health and Human Services (HHS) to carry out a comprehensive program to determine the nationwide incidence of the HIV virus and to predict the future of its occurrence. They will initiate epidemiological studies to determine the extent to which the HIV virus has penetrated the various segments of our society. The health care profession will be encouraged to participate in such a screening program.

o Testing Aliens and Immigrants

The Immigration and Naturalization Act authorizes HHS to issue through regulation a list of dangerous contagious diseases for which immigrants and aliens seeking permanent residence in the United States could be denied entry. The Administration has issued a final rule placing AIDS on the list of dangerous contagious diseases (effective 30-days from issuance) and a proposed rule substituting HIV for AIDS. There will be a 60-day comment period.

o Testing Federal Prisoners

The President has asked the Department of Justice to submit a plan for expanded testing of Federal prisoners for the AIDS virus, and ways to protect uninfected inmates and the families to which they are released.

o Other Program Areas

The President has asked his Domestic Policy Council to review other Federal program areas where AIDS testing might be done and make recommendations for his consideration.

o State Testing

The Federal Government will encourage States to offer routine testing for the AIDS virus, while recognizing individual rights, where a medical examination or blood testing occurs, in Sexually Transmitted Disease clinics and drug abuse clinics, and before a marriage license is issued.

The Federal Government will also encourage States to require routine testing for the AIDS virus in State and local prison facilities.

Edwin Meese III

Edwin Meese III
Chairman Pro Tempore



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

AUG 12 1987

Office of the Assistant Secretary
for Health
Washington DC 20201

NOTE TO DR. NOBLE

Through: Bob Rickard Bm

SUBJECT: OS Request for Briefing Materials: Secretary's
Participation in Business Council Meeting,
October 9 and 10 - ACTION

The Secretary has accepted the invitation of J.E. Burke, Chairman of the Board of Johnson and Johnson to give a keynote address to the Business Council meeting on October 9 in Hot Springs, Virginia. Dr. Macdonald, Mr. Meese and John Reed, Citicorp, will also be addressing the group that day. The First Lady is scheduled to speak at the evening reception. The two day meeting will focus on the issue of AIDS; the October 9th. session will specifically concentrate on AIDS and substance abuse.

The briefing materials should include information on the Department's response to this issue and OS has alerted us that the Council is particularly interested in the Secretary's views on testing, both for AIDS and drug abuse.

We would appreciate it if you would take the lead in preparing these materials which contain issues that cross-cut PHS agencies and have pertinent AIDS policy implications.

OS has asked HCFA to provide a fact sheet on PHPO which will be included as an attachment to the PHS briefing materials. I understand that OS Public Affairs will be preparing the Secretary's speech for this occasion.

We will need the materials by September 15 in order to give Dr. Windom ample time to review and sign them.

Barbara Brady
PHS Executive Secretariat

Attachment: Background Material

AUGUST 4, 1987

NOTE FOR SPEECHWRITERS
EXEC SEC

FROM: MEL LUKENS *NML*

RE: SECRETARY PARTICIPATION IN BUSINESS COUNCIL MEETING IN
HOT SPRINGS, VIRGINIA

DATE: OCTOBER 9 (FRIDAY)

TIME: 9:00 AM

TOPICS: BUSINESS COUNCIL WANTS TO HEAR ABOUT AIDS. WOULD ALSO
BE A GOOD OPPORTUNITY TO TALK ABOUT PHPO.

THEY WILL ALSO HAVE A SPEAKER (TO BE DETERMINED) FROM
PHS. *Will be Jim Curran - GRN 8-13-87*

ATTEND: APPROXIMATELY 120 BUSINESS MEN AND SPOUSES MEMBERSHIP
LIST ATTACHED.

CONTACT: FRITZ WENSLER
201-524-6522

cc: KIM, WILL, BOOK



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

JUNE 22, 1987

*90 ahead of
assignment*

NOTE TO THE SECRETARY

FROM: MEL LUKENS *ML*

RE: INVITATION FROM JAMES F. BURKE, CHAIRMAN, JOHNSON & JOHNSON AND VICE CHAIRMAN OF THE BUSINESS COUNCIL

DATE: OCTOBER 9 & 10

PLACE: THE HOMESTEAD
HOT SPRINGS, VIRGINIA

TOPICS: BUSINESS COUNCIL SUGGEST AIDS. ASPA (TESKE) RECOMMENDS WE ALSO TALK ABOUT PHPO.

NOTES: WE HAVE AN INVITATION FOR YOU TO KEYNOTE THE HEALTHY MOTHERS/HEALTHY BABIES COALITION FOURTH NATIONAL MEETING DURING THE SAME TIME FRAME IN WASHINGTON.

WE ARE RECOMMENDING THE UNDER SECRETARY FOR THAT EVENT.

ATTACHED IS A LIST OF BUSINESS COUNCIL MEMBERS.

MRS. BOWEN WOULD BE INVITED.

DR. KOOP ALSO INVITED

*NOTE - THE CHIEF OF STAFF AND THE UNDER SECRETARY ARE OUT OF THE COUNTRY. CONCURRENT DISTRIBUTION

THE SECRETARY'S DECISION

ACCEPT/CONCUR _____ DECLINE/NON-CONCUR _____

COMMENTS *No bet - if can go on Fri Am t*
back Fri PM they -

Oct 10th is bet

otherwise no.

201 | 524-6522

Johnson & Johnson

JAMES L. BURKE
CHAIRMAN OF THE BOARD

NEW BRUNSWICK, NEW JERSEY 08933

July 28, 1987

OFFICE OF THE SECRETARY
COMMUNICATIONS
CONTROL CENTER

87 AUG -3 AM 9:50

RECEIVED

The Honorable Otis R. Bowen
Secretary of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Bowen:

Thank you once again for meeting with me and my staff yesterday. Your thoughts and suggestions concerning The Business Council's October meeting were most helpful. In addition, of course, I am extremely grateful that you are willing to lead off the discussion on health care and the important impact of AIDS and substance abuse.

As I promised, I have enclosed a copy of the latest draft of the program agenda.

I look forward to seeing you again in October and hope that you and your wife will be able to stay for the entire program.

Sincerely,

J. E. Burke

*Info
copy to
Scheduling*

THE BUSINESS COUNCIL

The Homestead
Hot Springs, Virginia

Friday and Saturday
October 9-10, 1987

PROPOSED AGENDA

Friday, October 9

E.D.T.

9:00 a.m.

Convene

Commonwealth Room

The U.S. Economy - A Report

John S. Reed, Chairman
Citicorp

The U.S. Health Care System,
its Costs and the Problem
of AIDS and Substance Abuse

The Honorable Otis R. Bowen
Secretary of Health & Human
Services

Substance Abuse - Progress
on the Supply Side

The Honorable Edwin Meese, III
Attorney General of U.S.

10:30-10:50

B R E A K

Substance Abuse - The Demand
Side

Dr. Ian MacDonald, Special
Assistant to the President
for Drug Abuse Policy

12:00 Noon

A D J O U R N

7:00 p.m.

Reception & Dinner - Black Tie

Commonwealth Room

Speaker - Nancy Reagan

THE BUSINESS COUNCIL

The Homestead
Hot Springs, Virginia

Friday and Saturday
October 9-10, 1987

PROPOSED AGENDA

Saturday, October 10

E.D.T.

9:00 a.m.

Convene

AIDS - Dimension of the
Problem

AIDS - The Legislative Response

10:30-10:50

B R E A K

Panel Discussion

Commonwealth Room

~~Dr. Everett C. Koop~~
Surgeon General of U.S.

Senator Robert J. Dole and
Senator Edward M. Kennedy

Dr. James Curran, Director, AIDS
Program, CDC

Martin Feldstein, National Bureau
of Economic Research

W. Eugene Mayberry, Chairman
Mayo Clinic & Presidential
Commission on the Human
Immuno-deficiency Virus Epidemic

P. Roy Vagelos, Chairman
Merck & Co.

William Walsh, President
Project HOPE

12:15 p.m.

A D J O U R N

7/28/87



DEPARTMENT OF HEALTH & HUMAN SERVICES

98013
Public Health Service
Aids file

Office of the Assistant Secretary
for Health
Washington DC 20201

SEP 1-8 1987

NOTE TO BARBARA BRADY

Subject: Status Report - Presidential Commission on the HIV
Epidemic

We received a telephone call from Heather Pack today asking for a brief status report of the Commission for a speech Dr. Bowen is giving to the National Drug Advisory Board on Tuesday, September 22. Per our discussion, I have attached a copy of the report that was given to Heather.

Sandra
Sandra Bart

Attachment



SEP 18 1987

NOTE TO HEATHER PACK

SUBJECT: STATUS REPORT - PRESIDENTIAL COMMISSION ON HIV EPIDEMIC

Report of the September 9 - 10, 1987 Meeting:

- o The Commission held its first meeting on September 9-10, 1987, in Washington, D.C. PHS representatives, other Federal agency representatives, and the Institute of Medicine (IOM) gave reports on current AIDS efforts.
- o Additional presentations were given from a number of voluntary organizations involved with AIDS.
- o An open forum was held for public comment. A question and answer period was allowed for the press following the formal meeting.
- o The Commission members were impressed by the amount of work that is already being done by the Federal government and the IOM. However, they were disturbed that the public is unaware of the extent of the current efforts of our government.
- o The Commission members strongly recommended that efforts be made to close the communication gap between the Federal government and the public and they will be working to accomplish this goal.

Other Information:

- o The next meeting of the Commission will be on September 30. This will be a congressional hearing to exchange views with key congressional people involved with AIDS. The meeting will be held in the Senate Dirksen Bldg., Room 106, from 2:00 p.m. - 6:00 p.m.

- o The next public meeting will be on October 16 from 9:00 a.m. - 1:00 p.m., at the Department of State, Loy Henderson Conference Room. One of the areas to be discussed will be a proposal for an organized approach to fulfill the mandate of the Commission.
- o The selection of an Executive Director for the Commission is in process.
- o My Department will provide the Commission with administrative services, funding, facilities, staff, and other support services as may be necessary for the performance of its functions.
- o You may write to the Commission members at:
655 15th Street, NW, Suite 901, Washington, D.C.
20005, or you can call them at: (202) 245-AIDS.


Gary R. Noble, M.D.

PHS CORRESPONDENCE

97975

REFERRAL DATE: 9/18

DUE DATE:

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ACTION:

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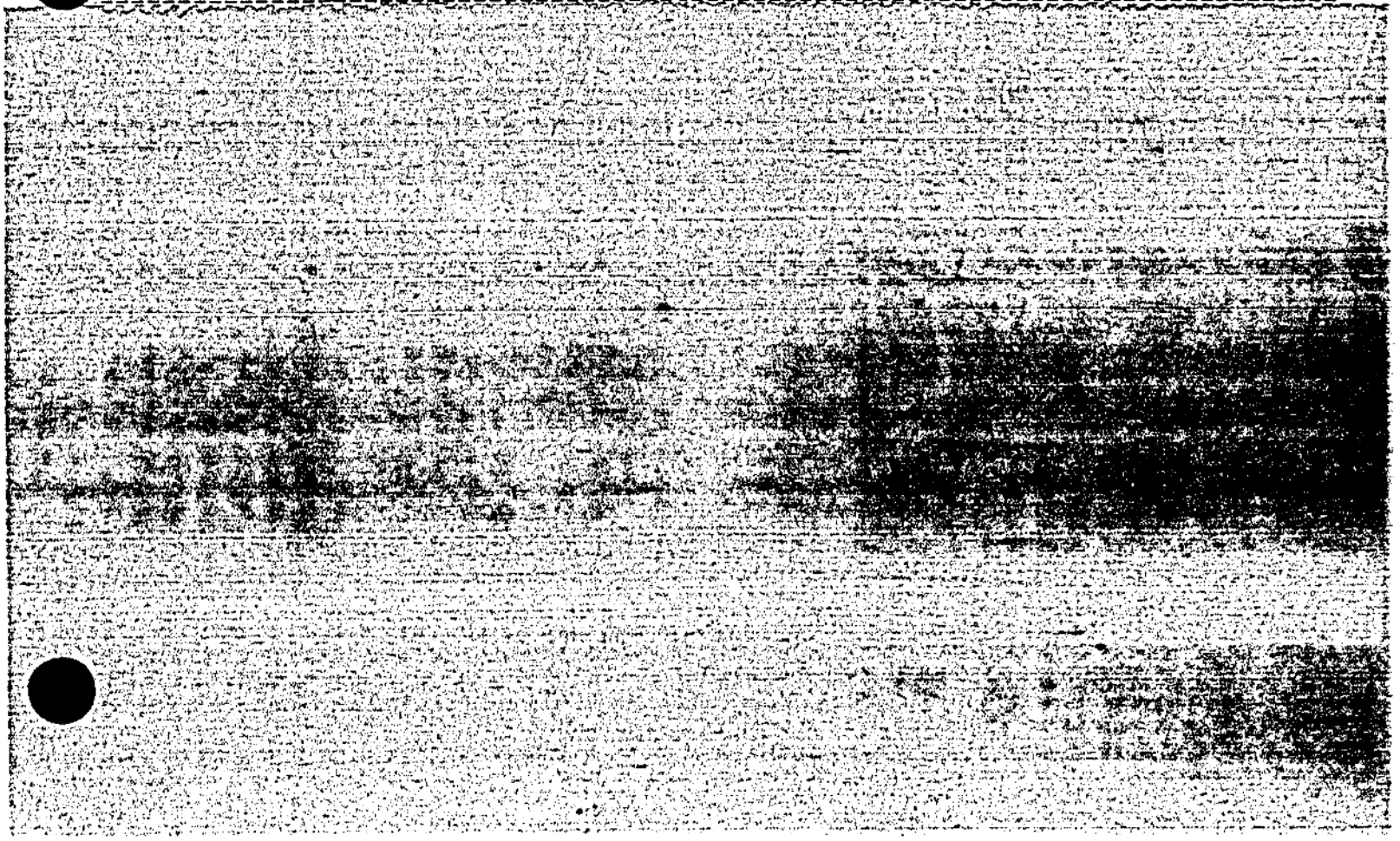
SPECIAL INSTRUCTIONS

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PHS 5175
Rev. 10/82

RM 710H
HHH Bldg.
472-5094/2586

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**Memorandum**

Date **SEP 18 1987**

From Director, NIH

Subject Review of Safety Practices In HIV Production Facilities

To Robert E. Windom, M.D.
Assistant Secretary for Health

This response represents the NIH preliminary report you requested on the subject of the individual who was infected by a strain of HIV while working on that strain in the laboratory. A safety team visited the facility where the infection occurred, as well as other facilities participating in the study, and personally reported to you their findings. Dr. Emmett Barkley also gave you a detailed report of his interview with the HIV positive laboratory worker.

The safety team concluded that the most likely route of exposure was direct contact with a concentrated HIV. It is important to note that we will never know the precise events that resulted in this infection. No single incident could be identified which simultaneously involved: (1) uncontained virus, (2) unprotected hands, and (3) broken skin. However, each element occurred independently on a number of occasions at the facility. Some virus seepage and spillage occurred, gloves were noted to have defects, and the subject occasionally had abrasions, cuts and dermatitis-like conditions. Some of the observed activities suggested area contamination which could lead to indirect transmission, analogous to the way blood-borne diseases can be spread in the laboratory. Infection by aerosol was considered least likely.

It should be noted that conditions like those present at the laboratory where the seroconversion occurred, and which may have resulted in this infection, were also observed at other facilities site-visited during this process.

At this time, Biosafety Level-3 of containment is judged to be satisfactory, provided all precautions are uniformly followed. However, NIH will make a final report with a number of specific recommendations to improve safety in laboratories working with HIV. These may include:

- Provide specialized education and training for new workers during which non-human pathogens would be used in the Biosafety Level 3 environment prior to initiating work with HIV.

97975
TRACER

- . Wear double gloves while working in a laminar flow environment handling concentrated virus, as well as in all situations involving virus spills. An acceleration of studies describing the frequency and type of nonintegrity of gloves used under various conditions would be helpful to determine the extent of this need.
- . Prohibit any laboratory personnel who have dermatologic conditions (cuts, abrasions and the like) from working with HIV unless they wear double gloves or other adequate hand protection.
- . Develop precise protocols for handling a virus leak or a spill. The use of masks or respirators may be made mandatory under various conditions where primary containment is breached.
- . Conduct studies of HIV survival on laboratory equipment. To gain better understanding of future safety needs, these should simulate various conditions or accidents that might occur in a laboratory setting.
- . Check centrifugation equipment regularly, especially seals and rotors. In addition, a more rigorous routine decontamination procedure should be implemented.

The safety team assembled by Dr. Barkley will prepare the final report. The above suggestions are the result of preliminary discussion and are subject to reconsideration.


James B. Wyngaarden, M.D.



Memorandum

Date . SEP -9 1987

From Assistant Secretary for Health

Subject Reviews of Safety Practices in HIV Production Facilities

To Director
National Institutes of Health

I am pleased that you have initiated a review of safety practices at HIV production facilities under contract with the National Institutes of Health.

I am requesting that the reviews be broadened to include those facilities currently licensed by the U.S. Government to produce HIV-Antibody test kits. This review is necessary to assure continued compliance with Biosafety Level 3 guidelines.

It is important, in light of the reported worker-acquired infection with HIV, that the review identify and evaluate all possible mechanisms of exposure. Recommendations, if necessary, for enhancing safety should be provided.

I would like a preliminary report by Friday, September 18.


Robert E. Windom, M.D.

92824



Memorandum

Date September 4, 1987

From Deputy Director, NCI

Subject Status of Draft Manuscript Weiss et al. "Risk of Infection with HIV Among Intensively Exposed Laboratory Workers"

To Dr. Robert E. Windom, Assistant Secretary for Health
Through: Director, NIH *William F. Haub, Ph.D.* SEP 4 1987
Director, NCI *[Signature]*

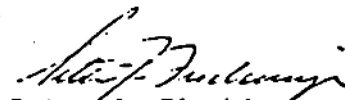
This is in response to your direct request to evaluate the events surrounding the HIV seroconversion in a laboratory worker who performed experiments with HIV. NCI has had extensive discussion with the authors of the manuscript as to the circumstances of this one cited case of laboratory-acquired HIV infection. Of foremost concern is the maintenance of confidentiality regarding the individual and the institution. The following facts have been made known:

1. The laboratory worker who did become infected with HIV is one of the several hundred who worked with HIV and who were evaluated in this study. There are many other laboratory workers in a number of additional facilities performing similar activities. None of these are known to have had any incidents of seroconversion indicating HIV infection.
2. The above individual became infected with the virus quite some time ago. The precise time may be difficult to ascertain because sera were not available prior to the first test under this study which yielded equivocal results. Subsequent antibody studies several months later showed unambiguously that infection did occur.
3. HIV was isolated only very recently from this individual. When analyzed by a test to define relationships among the many variants of HIV which exist in nature, the virus from the individual was identical to a virus in the HIV stock being grown in the laboratory. It is highly improbable that this virus came from any source other than the laboratory. This information became available only within the last week.
4. The mode of infection of the individual is currently not known. Because past discussions with epidemiologists did not cover all highly technical aspects, a further interview is being set up within the next day between this individual and an NIH expert in virus safety to ascertain as to the mechanism of how this could have occurred in the laboratory setting.

Dr. Windom - Page 2

5. No communication will be made of the draft manuscript to a scientific journal until this is further delved into. If any additional facts come to light, these will be included in the communication. Clearance at NCI will occur prior to submission via the Director, NCI. We will communicate to you all that we learn as it becomes available.

There are many implications and ramifications as to policy and procedure subsequent to a clearer understanding of this event. We feel that we need to exhaust all possible available information before we can assist you in the further decision process.



Peter J. Fischinger, M.D., Ph.D.

cc:

Dr. Harmison
Dr. Noble
Dr. Mason
Dr. Young
Dr. Fauci
Dr. Adamson
Manuscript Authors

Aids file

PHS CORRESPONDENCE

97958
REFERRAL DATE: 9/18

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6 OTHER Deputy ASH
5 - Aids-co
7 - Lynn Clayton

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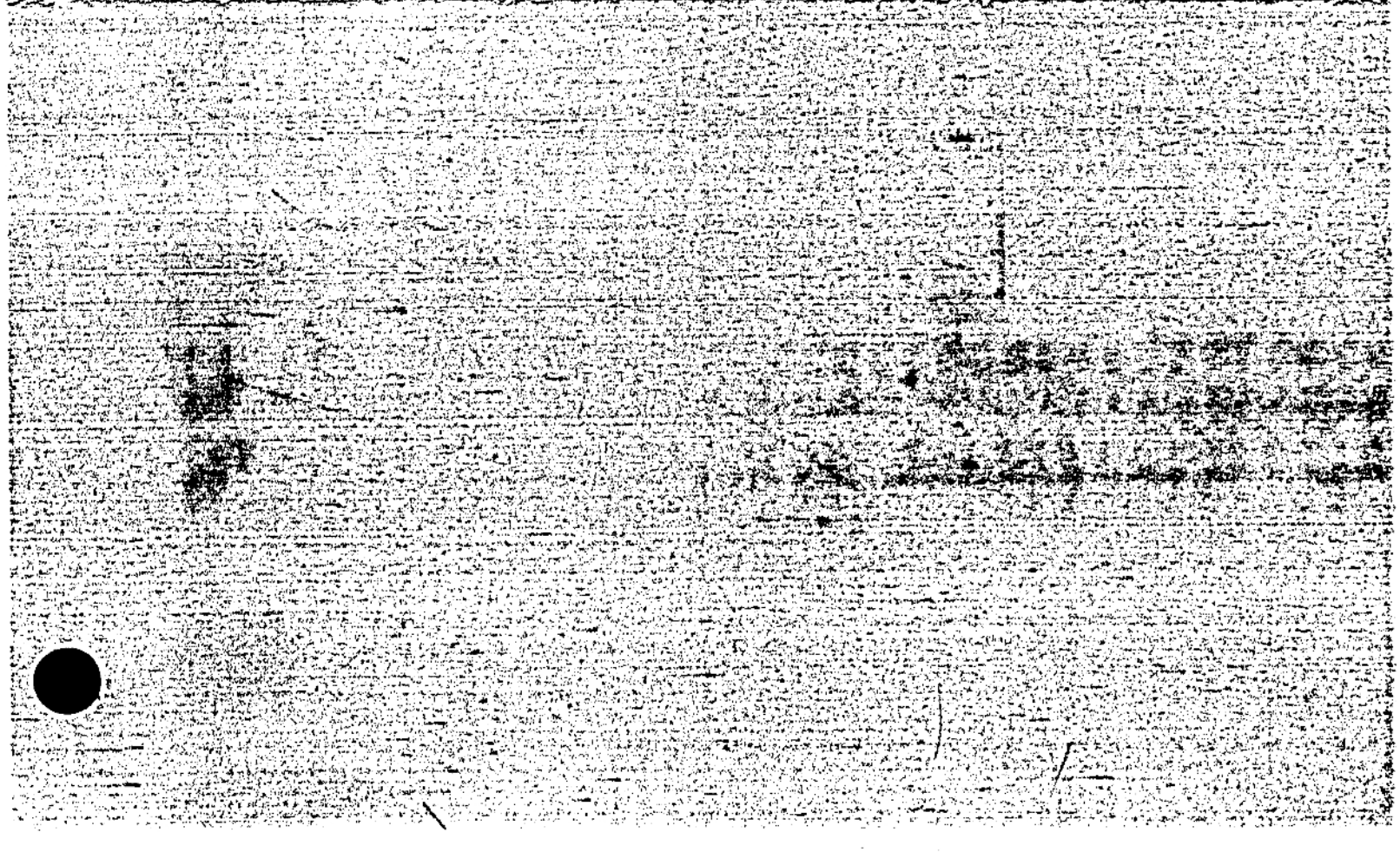
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SPECIAL INSTRUCTIONS

HS 5175
(rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2588

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Memorandum

Date • SEP 14 1987

From Director, NCHSR

Subject AIDS Workshops for State Legislators

To Assistant Secretary for Health

As a result of your conversation on Wednesday, September 9, with Robert Fordham, Associate Deputy Director for State and Local User Liaison, NCHSR, a letter has been dispatched to Representative Penny Pullen, Assistant Minority Leader of the Illinois House of Representatives, inviting her to attend one of the workshops which the Center's User Liaison Program is conducting. A copy of that letter is attached for your information.

As you know from your conversation with Mr. Fordham, these workshops are designed to provide state legislators with an in-depth presentation of health services research findings and related information pertaining to the impact of the AIDS epidemic upon state legislatures. The first of four scheduled workshops will be held at Timberline Lodge, near Portland, Oregon, September 15-18. An overview of the agenda of that workshop is attached for your information, along with a list of the state legislators scheduled to attend.

As I believe Mr. Fordham mentioned, I have discussed with Mr. James Brown of your staff the possibility of having you deliver an opening address at one of the three remaining scheduled workshops. The dates and locations of these three workshops are:

University of Michigan, Ann Arbor	October 20-23
Springhill Conference Center (near Minneapolis, Minnesota)	November 17-20
Rensselaerville Institute (near Albany, New York)	January 5-8, 1988

I am sure that Mr. Brown will be in touch with you shortly to explore this possibility and I am most hopeful that your schedule will permit you to address one of these workshops. In this connection, the October workshop in Ann Arbor is "fully booked," and a list of the legislators who will be participating is attached.

In closing, let me point out that the workshops dealing with the AIDS epidemic for state legislators are only the latest in a continuing program of workshops that the NCHSR User Liaison Program conducts for senior state and local government executives, as well as state legislators. For example, a workshop was conducted last month for 30 senior state officials, including legislators, on the subject of health

TRACER

care for the medically indigent. A letter to Mr. Fordham from Dr. Peter Sybinsky, Deputy Director for Planning, Legislation and Operations, Hawaii Department of Health, commenting on the quality of his experience at this workshop is attached for your information.

Mike

J. Michael Fitzmaurice

Attachments

cc:

Mr. James Brown
Mr. Robert Fordham



National Center for Health Services Research
and Health Care Technology Assessment

Room 18-05 Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
(301)443-5660

September 10, 1987

The Honorable Penny Pullen
Assistant Minority Leader
Illinois House of Representatives
Member, Presidential Advisory Commission
on the HIV Epidemic
22 Main Street
Park Ridge, IL 60068

Dear Representative Pullen:

At the suggestion of Dr. Robert E. Windom, Assistant Secretary for Health, DHHS, I am writing to invite you to participate in a workshop that the User Liaison Program of the National Center for Health Services Research and Health Care Technology Assessment (NCHSR) is conducting dealing with the impact of the AIDS epidemic upon state legislatures. This workshop, which is being conducted at several sites around the nation, will be exclusively for state legislators.

I wish to invite you to participate in one of the three workshops which are being held as follows:

Ann Arbor, Michigan

October 20-23

Spring Hill Conference Center
(outside Minneapolis, MN)

November 17-20

Rensselaerville Institute
(outside Albany, NY)

January 5-8, 1988

Each workshop will be of three days' duration and thus will provide an in-depth, intensive discussion of several aspects of the AIDS epidemic. These workshops have been developed with the assistance of several state legislators from around the nation in order to assure the content is relevant to the issues you are facing as a state legislator.

I am enclosing an overview of the workshop which will give you a good idea of its content.

Before providing details about the administrative aspects of the workshop, let me briefly point out that the principal objective of the NCHSR User Liaison Program is to develop and provide useful information from research and the experience of others to state and local policymakers who are involved in the decisionmaking that affects the financing, delivery and organization of health and human services. This Program has been designing and sponsoring activities for state legislators and executive agency officials for over eight years.

Participants will be responsible for the costs of travel, meals and lodging connected with their attendance. The cost of meals and lodging at the three sites is as follows:

- . an estimated \$234.00 for meals and lodging in Ann Arbor, Michigan. Participants will stay at the Campus Inn; meals will be provided by the University of Michigan
- . \$381.60 for meals and lodging at the Spring Hill Conference Center
- . \$260.00 for meals and lodging at the Rensselaerville Institute

Participants are expected to be in attendance during the entire workshop. Since the workshops are designed to provide a logical flow of information pertaining to the topics being addressed, the full value of the activity depends upon the continuity developed throughout the workshop. Consequently, part-time participation would severely detract from the effectiveness and worth of the experience.

Because of the full and intensive agenda and the need to assure continuity in both the formal sessions and the informal activities, the workshop will not be open to family members and guests. We feel that such a policy contributes to the type of concentration, effective exchange of information, and interaction so essential to the success of this activity.

I will call your District Office in Park Ridge, Illinois in a few days to ascertain whether you wish to attend one of these workshops and answer any questions you may have concerning the workshop.

Sincerely,

Robert A. Fordham
Associate Deputy Director for
State and Local User Liaison

Enclosure

cc: Dr. Robert E. Windom
Assistant Secretary for Health
DHHS

PUBLIC POLICY IMPLICATIONS OF THE AIDS EPIDEMIC:
A WORKSHOP FOR STATE LEGISLATORS

Sponsored by

The User Liaison Program of the National
Center for Health Services Research and Health Care
Technology Assessment (NCHSR/HCTA)

Conducted by:

Applied Management Sciences, Inc.
and
Health Systems Research, Inc.

Timberline Lodge, Oregon
September 15-18, 1987

Workshop Overview

Introduction

The sudden appearance and rapid growth in the past few years in the number of persons contracting AIDS -- acquired immunodeficiency syndrome -- has created a major public health crisis both nationally and worldwide. As of April, 1987 -- only a few years after the first case was reported in the United States in 1981 -- the federal Centers for Disease Control had recorded a total of nearly 34,000 cases of AIDS in the United States.

While efforts are underway at the international, federal, and local levels to contain the spread of AIDS, this epidemic raises a host of public policy issues that must be addressed by state government. However, limited information about this relatively new disease, coupled with the high level of public anxiety and fear that AIDS' lethal nature can generate, often makes it difficult for state policymakers to develop and implement those policies and programs that will be most effective in dealing with the problems created by the AIDS epidemic.

In recognition of this situation, the User Liaison Program of the National Center for Health Services Research and Health Care Technology Assessment (NCHSR) is sponsoring this workshop to provide a very important group of public policymakers -- state legislators -- with information that will help them to make more informed policy decisions with respect to the AIDS epidemic. The User Liaison Program has developed this workshop with the

assistance of an advisory body of state legislators and senior AIDS researchers to ensure that its content is as up-to-date as possible and relevant to the informational needs of state legislators.

Workshop Audience

Given the widespread concern over AIDS and the potential impact of the disease on a wide array of social and economic issues, this workshop has been designed to meet the informational needs of legislators who have a broad range of legislative responsibilities. These include legislators who are chairs or members of committees having jurisdiction over health and welfare issues, insurance, employment, corrections, the judiciary, as well as other areas.

Workshop Objectives

The objectives of the workshop are to:

- provide an in-depth background with respect to the disease itself and the epidemic that is occurring in the nation;
- familiarize state legislators with health services research findings and related information that can assist them in making more informed policy decisions concerning AIDS;
- describe existing state, local, and private sector programs and policies that could be instructive to states seeking to address the multiple problems raised by the AIDS epidemic;
- discuss research methodologies that can be utilized by states to study the nature of the AIDS problem in their jurisdictions and to examine the effectiveness of approaches to address the problem; and
- provide a framework for the analysis of policy and programmatic design options and their potential for achieving desired outcomes.

It should be noted that, because of the relatively recent onset of the AIDS epidemic, a substantial amount of health services research remains to be carried out. The workshop therefore will not only seek to present health services research findings relevant to the issues raised by state legislators, but, just as importantly, it will also identify those areas in which research cannot yet provide answers.

It also should be emphasized that the goal of the workshop is not to propose or reach agreement among workshop participants on particular options or strategies. However, the workshop will provide legislators with data, research findings, and descriptive information that can be utilized in policy analysis and decisionmaking.

Structure and Content of the Workshop

The workshop will begin on Tuesday afternoon, September 15, and will conclude late morning on Friday, September 18. It will be comprised of ten substantive sessions, each of which is described below.

Session 1. Welcome, Introductions, and Overview of Workshop

Time and Date: 1:30 - 3:00 pm, Tuesday, September 15

Presenters: Robert A. Fordham
Associate Deputy Director for State
and Local User Liaison
National Center for Health Services Research (NCHSR/HCTA)

Senator William McCoy
Chairperson, Human Resources Committee
Oregon Senate
and
Chairperson, Health and Human Services Committee
National Conference of State Legislators

Lawrence Bartlett
Director, Health Systems Research, Inc.

Content: This session will:

- describe the objectives of this User Liaison Program-sponsored workshop;
- place the AIDS issue within the context of the state legislative responsibilities and decision-making;
- provide the opportunity for workshop participants to introduce themselves and share with other attendees their particular interest in the AIDS issue; and
- provide participants with an overview of the workshop agenda and the content of individual workshop sessions.

Session 2. AIDS: The Disease

Time and Date: 3:00-5:00 pm, Tuesday, September 15

Format: Interactive presentation

Presenter: Deborah Cotton, M.D.
Clinical Director for AIDS
Beth Israel Hospital
Boston, MA

Content:

This session will provide in-depth information about the clinical nature of AIDS and the epidemiologic aspects of the epidemic, including a discussion of the ways AIDS is and is not transmitted and an examination of the

projections of the growth in the number of AIDS cases across the United States. The methods of testing for the presence of the AIDS virus and their reliability will be described, as will be the potential of the drug AZT to treat AIDS sufferers. It will also provide an overview of issues that will be addressed in greater detail in subsequent workshop sessions, including testing and counseling policies, and the costs and health care delivery system issues associated with caring for AIDS patients.

This session will assure that all participants are at the same informational level concerning the nature of the AIDS problem and that there is common agreement on terms and definitions. The information presented in this session will also serve as the base for subsequent workshop sessions.

Session 3. The Prevention and Control of AIDS: A Public Health Perspective

Time and Date: 5:15-6:00 pm, Tuesday, September 15

Format: Presentation

Presenter: James Hyde
Assistant Professor, Dept. of Community Health
Tufts Univ., School of Medicine
Boston, MA

Content:

This session will identify the fundamentals of a sound public health approach to the prevention and control of communicable diseases, including AIDS. In describing these elements and identifying the factors that must be considered in developing an effective intervention strategy, this session, when coupled with the AIDS-specific information presented in Session 1, will provide legislators with a valuable framework for assessing the potential of alternative policy approaches for addressing the problem of AIDS.

Session 4. Further questions and answers about today's sessions

Time and Date: 8:00-9:00 pm, Tuesday, September 15

Format: Question and answer session

Presenters: Deborah Cotton, M.D.
James Hyde

Content:

This after dinner session will provide participants the opportunity to ask additional questions about the material presented in today's sessions.

Session 5. AIDS Testing and Testing-Linked Counseling

Time and Date: 8:30-10:00 am and 10:30 am-Noon, Wednesday, September 16

Format: Presentation/discussion

Presenter: Mervyn Silverman, M.D.
Director of AIDS Health Services
University of California
San Francisco, CA

Content:

In the past year over 500 bills dealing with the issue of AIDS were introduced into state legislatures across the nation. Of these, over a fifth sought to establish policies concerning the testing of different populations for the presence of the AIDS antibody.

The first half of this session takes a close look at this issue and will place testing within the context of an integrated public health approach to controlling the spread of AIDS. It will also emphasize the importance of determining what is to be done once testing takes place and results are obtained. The session will begin by identifying possible objectives for AIDS testing policies. It will then identify the range of approaches to AIDS testing (e.g., widespread vs. targeted, mandatory vs. voluntary, and confidential vs. non-confidential approaches) and analyze the relationship between different design features and desired objectives. The current capacity for AIDS testing also will be examined, as will the costs, quality issues, and capacity requirements associated with different policy choices.

In the second part of this session, the important role of counseling for persons undergoing AIDS testing will be described. The available health services research concerning the impact of counseling on reducing high risk behavior will be examined, as will the resource requirements necessary to conduct effective counseling.

Session 6. Health Care and Social Service Delivery and Organizational Issues

Time and Date: 2:00-3:30 pm, Wednesday, September 16

Format: 45 minute presentation followed by a 45 minute discussion period

Presenter: Philip Lee, M.D.
Director, Institute for Health Policy Studies
University of California
San Francisco, CA

Content:

This session explores the unique set of problems/challenges that the AIDS epidemic has placed on our nation's health care delivery system. They include:

- The development of most appropriate treatment modalities for AIDS patients, including the issue of whether to have separate facilities for AIDS patients
- The need for educating physicians, nurses, and other health care personnel about AIDS
- Problems encountered by health care facilities in hiring and keeping health care personnel because of their fear of contracting AIDS
- Problems caused by the emotional burnout of providers/caregivers
- The need for social support programs for AIDS patients and their informal caregivers
- Liability implications of the transmission of the virus to health care workers
- The financial impact of treating AIDS on public hospitals that care for a substantial number of these cases.

This session will discuss the possible ways in which state government can address these problems through the regulation of facilities providing services to AIDS patients, the training of health personnel, and other activities. It also will describe two major demonstration programs designed to examine alternative approaches to the organization and delivery of services to AIDS patients.

Session 7. Cost, Coverage, and Financing of AIDS

Time and Date: 4:00-5:30 pm, Wednesday, September 16

Format: 45 minute presentation followed by a 45 minute discussion period

Presenter: Phillip Lee, M.D.
 Director, Institute for Health Policy Studies
 University of California
 San Francisco, CA

Content:

State government plays important roles in the financing of care for AIDS patients through coverage provided by state Medicaid programs and through its regulation of private health insurance activities.

This session presents estimates of the present and projected costs of treating persons with AIDS. It will also examine the indirect (i. e., non-treatment) costs associated with the disease. In addition, it will analyze the current distribution of treatment costs across private insurers, public health care programs and other financing sources, and explore the important role state Medicaid programs play in financing care for AIDS sufferers. The measures private insurers are taking to protect themselves against the high costs of AIDS cases will be examined, as will the steps several states have taken to ensure the availability of private insurance coverage for AIDS cases.

Session 8. Small Group Seminars

Time and Date: 7:30-8:30 pm, Wednesday, September 16

Format: Small Group Discussions

Content:

In this session, workshop participants will have the opportunity to meet in small informal groups with individual presenters and discuss in greater detail issues raised during previous sessions.

Session 9. Approaches to Reduce High Risk Behavior

Time and Date: 8:30-Noon, Thursday, September 17

Format: Presentation followed by discussion period

Presenters: David G. Ostrow, M.D., Ph.D.
Director AIDS Psychobiology Unit
Institute for Social Research
Ann Arbor, MI
and
Don DesJarlais, Ph.D.
Coordinator for AIDS Research
N.Y. State Division of Substance Abuse Services
New York, NY

Content:

The key to slowing the spread of AIDS is to reduce the incidence of behavior associated with the transmission of the AIDS virus. There are a number of factors that influence an individual's willingness to change his or her behavior. Among these is the individual's level of awareness of the risks associated with this behavior. This session presents available research on various population groups' awareness of their risk of AIDS and the impact that educational efforts can have on reducing high risk behavior. In addition to education approaches, this session also examines other approaches for achieving behavioral change, including those targeted to IV drug users.

Session 10. Legal and State Liability Issues: Confidentiality, Discrimination, and Personal Control Issues

Time and Date: 2:00-3:30 pm Thursday, September 17

Format: 45 minute presentation follow by a 45 minute discussion period.

Presenter: Larry Gostin, J.D.
Executive Director
American Society of Law and Medicine
Harvard School of Public Health
Boston, MA

Content:

The AIDS epidemic has raised a number of policy issues that often end up being resolved in the courts. These include possible violations of federal statutes concerning discrimination against the handicapped, state liability for persons contracting AIDS in state-supported facilities and settings, and criminal prosecution of persons with AIDS who knowingly transmit the virus. These and other legal issues generated by the AIDS epidemic will be examined in this session.

Session 11. Small Group Seminars

Time and Date: 3:45-5:30 pm Thursday, September 17

Format: Small Group Discussions

Content:

In this session, workshop participants again will have the opportunity to meet in small informal groups with individual presenters and discuss in greater detail issues raised during previous sessions.

Session 12. State Health Services Research Activities Related to AIDS

Time and Date: 8:30-10:30 am Friday, September 18

Format: Presentations/discussions

Presenters: James Hyde
Tufts University

Daniel Fox, Ph.D.
Assistant Vice-President for Health Sciences
State University of New York

Robert Hummel
Deputy Director
New York State AIDS Institute
N.Y. State Department of Health

Richard Merritt
Director, Intergovernmental
Health Policy Project

Content:

This session will examine the health services research activities that state government can sponsor to better understand the current and future nature of the AIDS problem in their jurisdictions and to assess the effectiveness of different programs and policies in controlling the disease. Among the issues to be discussed in this session will be:

- the state's role in data collection activities related to AIDS;
- and

- research methodologies that can be utilized by states to study the nature of the AIDS problem in their jurisdictions and to examine the effectiveness of approaches to address the problems caused by the AIDS epidemic.

This session will also include a discussion of the various steps individual states have taken in an effort to coordinate their AIDS policies and activities.

List of Participants
Timberline Lodge, Oregon
September 15-18, 1987

The Honorable Don Anderson
Vice Chairperson
Public Health Committee
Oklahoma House of Representatives

The Honorable Mike Blackbird
Member
Health and Welfare Committee
Idaho Senate

The Honorable Ed Buelow
Chairperson
Public Health and Welfare Committee
Mississippi House of Representatives

The Honorable John Bumpus, M.D.
Member
Human Services Committee
Oklahoma House of Representatives

The Honorable Brenda Burns
Vice Chairperson
Rules Committee
Arizona House of Representatives

The Honorable Tim Carpenter
Member
Health Committee
Wisconsin Assembly

The Honorable Mary Alice Ford
Member
Health and Human Resource Committee
Oregon House of Representatives

The Honorable Walter A. Graham
Member
Finance Committee
Mississippi Senate

The Honorable Bill Gurley
Member
Human Services Committee
Oklahoma House of Representatives

The Honorable Norma Gyle
Member
Public Health Committee
Conneticut House of Representatives

The Honorable Robert Jauch
Vice Chairperson
Agriculture, Health
and Human Services
Wisconsin Senate

The Honorable Mark Johnson
Legal Counsel
Office of Senator Tim Kelly
Alaska Senate

The Honorable Tim Kelly
Chairperson
Labor and Commerce Committee
Alaska Senate

The Honorable Rick Kotulski
Chairperson
Health and Human Resource Committee
Oregon House of Representatives

The Honorable Greg Lunn
Chairperson
Health Committee
Arizona Senate

The Honorable William McCoy
Chairperson
Human Resource Committee
Oregon Senate

The Honorable Bob Montgomery
Chairperson
Finance Committee
Mississippi Senate

The Honorable Russell Newcomb, M.D.
Member
Health and Welfare Committee
Idaho House of Representatives

The Honorable Jodi Rell
Assistant Minority Leader
Connecticut House of Representatives

The Honorable John Robinson
Chairperson
Committee on Health
Wisconsin Assembly

The Honorable Ralph Rosenberg
Chairperson
Energy and Environmental
Protection Committee
Iowa House of Representatives

The Honorable Cy Rosenblatt
Vice Chairperson
Public Health and Welfare Committee
Mississippi Senate

The Honorable Paul Starnes
Chairperson
General Welfare Committee
Tennessee House of Representatives

The Honorable Larry Trujillo
Member
Health, Environment, Welfare
and Institutions Committee
Colorado Senate

The Honorable Georgette Valle
Member,
Education Committee
Washington House of Representatives

The Honorable Robert E. Vanasek
Speaker
Minnesota House of Representatives

The Honorable Patricia White
Member
Health and Human Resources Committee
West Virginia House of Delegates

List of Participants
Ann Arbor, Michigan
10/20-23/87

The Honorable Justine Barns
Member
Public Health Subcommittee
on AIDS
Michigan House of Representatives

The Honorable Charles Bruner
Chairperson
Ways and Means Committee
Iowa Senate

The Honorable Doug Chamberlain
Member
Appropriations Committee
Wyoming House of Representatives

The Honorable Judith Freedman
Ranking Member
Human Services Committee
Connecticut Senate

Ms. Barbara Gleim
Executive Director
Public Health and Welfare Committee
Pennsylvania Senate

The Honorable Eugene Godt
Member
Health and Welfare Committee
Vermont House of Representatives

The Honorable David Gubow
Member
Public Health Subcommittee
on AIDS
Michigan House of Representatives

The Honorable Barbara Hatfield
Vice Chairperson
Health and Welfare Committee
West Virginia House of Representatives

The Honorable Robert Holliday
Vice Chairperson
Health and Human Resources Committee
West Virginia Senate

The Honorable George Hooks
Member
Health and Ecology Committee
Georgia House of Representatives

The Honorable Everett Kelly
Member
Health and Rehabilitative
Services Committee
Florida House of Representatives

The Honorable Sue Landske
Member
Interim Study Committee on Public
and Mental Health
Indiana Senate

The Honorable Shelby Leary
Chairperson
Health and Welfare Committee
West Virginia House of Delegates

The Honorable Nancy McDonald
Member
Public Health Committee
Texas House of Representatives

The Honorable Donald Monta
Republican Research Analyst
Michigan House of Representatives

The Honorable Joseph Moody
Chairperson
Health Committee
Utah House of Representatives

The Honorable Sue Mullins
Member
Human Resources Committee
Iowa House of Representatives

The Honorable Bea Murdock
Ranking Member
Public Health Committee
Connecticut House of Representatives

The Honorable Donald T. Nelson
Chairperson
Interim Public and Mental
Health Committee
Indiana House of Representatives

The Honorable Margaret O'Connor
Member
Public Health Subcommittee
on AIDS
Michigan House of Representatives

The Honorable Thomas O'Reilly
Vice Chairperson
Finance Committee
Maryland Senate

The Honorable Lee Plasier
Health and Human Services
Appropriations Sub Committee
Iowa House of Representatives

The Honorable John Pridnia
Member
Public Health Subcommittee
on AIDS
Michigan House of Representatives

The Honorable Sal Rocca
Member
Public Health Subcommittee
on AIDS
Michigan House of Representatives

The Honorable Matthew Sochalski
Chairperson
Health and Human Services Committee
New Hampshire House of Representatives

The Honorable Dottie Wham
Member
Judiciary Committee
Colorado House of Representatives

The Honorable Vickie White
Member
Human Services Committee
Oklahoma House of Representatives

The Honorable Robert Worther
Member
Human Services Committee
Oklahoma House of Representatives

The Honorable Jim Zimmerman
Member
Human Services Committee
Oklahoma House of Representatives



JOHN C. LEWIN, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH

P. O. BOX 3378
HONOLULU, HAWAII 96801
August 26, 1987

In reply, please refer to:
File:

Mr. Robert Fordham
Associate Deputy Director for State
and Local Use Liaison
National Center for Health Services
Research (NCHSR)
Parklawn Building, Room 18-11
5600 Fishers Lane
Rockville, Maryland 20857

Dear Mr. Fordham:

Just a short letter to more emphatically reiterate my positive evaluation of the Health Care for the Medically Indigent Workshop held at Rensselaerville Institute last week. The overall organization of the seminar, the quality and sincerity of the presenters as well as the network of state and local officials who participated in the workshop were all outstanding and, in my mind, resulted in a most successful workshop. Not only did we receive the up-to-date information on what's happening in the subject areas across the nation but we formed a network of mutually supportive information sharing individuals which each one of us can use in better serving the peoples of our respective states.

This workshop speaks so well for the work of the National Center for Health Services Research and that I am enthusiastic not only about recommending this workshop to my friends and colleagues but also any workshop your organization puts on. I have noted the names of both our health Chairs in the Hawaii State House of Representatives and Hawaii State Senate as potential candidates for inclusion in future seminars and I will highly recommend their attendance personally at the earliest opportunity.

On a slightly different note, good luck to you and your new wife. Thanks again.

Sincerely,

PETER A. SYBINSKY, Ph.D.
Deputy Director for Planning,
Legislation and Operations

cc Director of Health
Jane Pang, Planner, Director's Office



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Aids
file

Office of the Assistant Secretary
for Health
Washington DC 20201

September 18, 1987

Note to Tom Burke

Through: Dr. Window

Herbert W. Nickens

SEP 18 1987

As promised, attached please find a copy of the proceedings of the Minority Leadership Forum on AIDS. I look forward to any comments you may have.

Herbert W. Nickens

Herbert W. Nickens, M.D., M.A.

SUMMARY OF PROCEEDINGS
MINORITY LEADERSHIP FORUM ON AIDS

sponsored by

The Office of Minority Health (OMH)
Office of the Assistant Secretary for Health (OASH)
U.S. Public Health Service (PHS)
U.S. Department of Health and Human Service (DHHS)

June 9, 1987

Stouffer Concourse Hotel
Arlington, Virginia



DEPARTMENT OF HEALTH & HUMAN SERVICES

Date

JUL 21 1987

From

Director
Office of Minority Health

Subject

Minority Leadership Forum on AIDS

To

Chief of Staff
Through: ASH *Shane*

JUL 27 1987

On behalf of the PHS, the Office of Minority Health sponsored the Minority Leadership Forum on AIDS held on June 8-9, 1987. Forty-four leaders representing national minority organizations were invited to meet officials from each PHS agency, as well as minority professionals who are on the "front lines" of the fight against AIDS. The meeting provided an opportunity for participants and panelists to share information and discuss strategies to fight this devastating disease. The primary concern of these leaders was the need for a specific and well-coordinated minority AIDS strategic plan. Overall, I feel it was a very successful meeting, informative and thought-provoking for all involved. The meeting proceedings are being edited and will be forwarded to you upon completion within the next two weeks.

Herbert W. Nickens, M.D., M.A.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Chief of Staff
Washington, D.C. 20201

JUN 22 1987

NOTE TO BOB WINDOM

SUBJECT: Minority Leadership Forum
on AIDS

Tom is interested in seeing the
outcome of this forum that took place
June 8-9. When the report on the
conference is ready, please send him
a copy.

Thanks.

Will
Will Wolstein

96854
TRACER

3

PHS CORRESPONDENCE

#97977

REFERRAL DATE: 9/21

DUE DATE:

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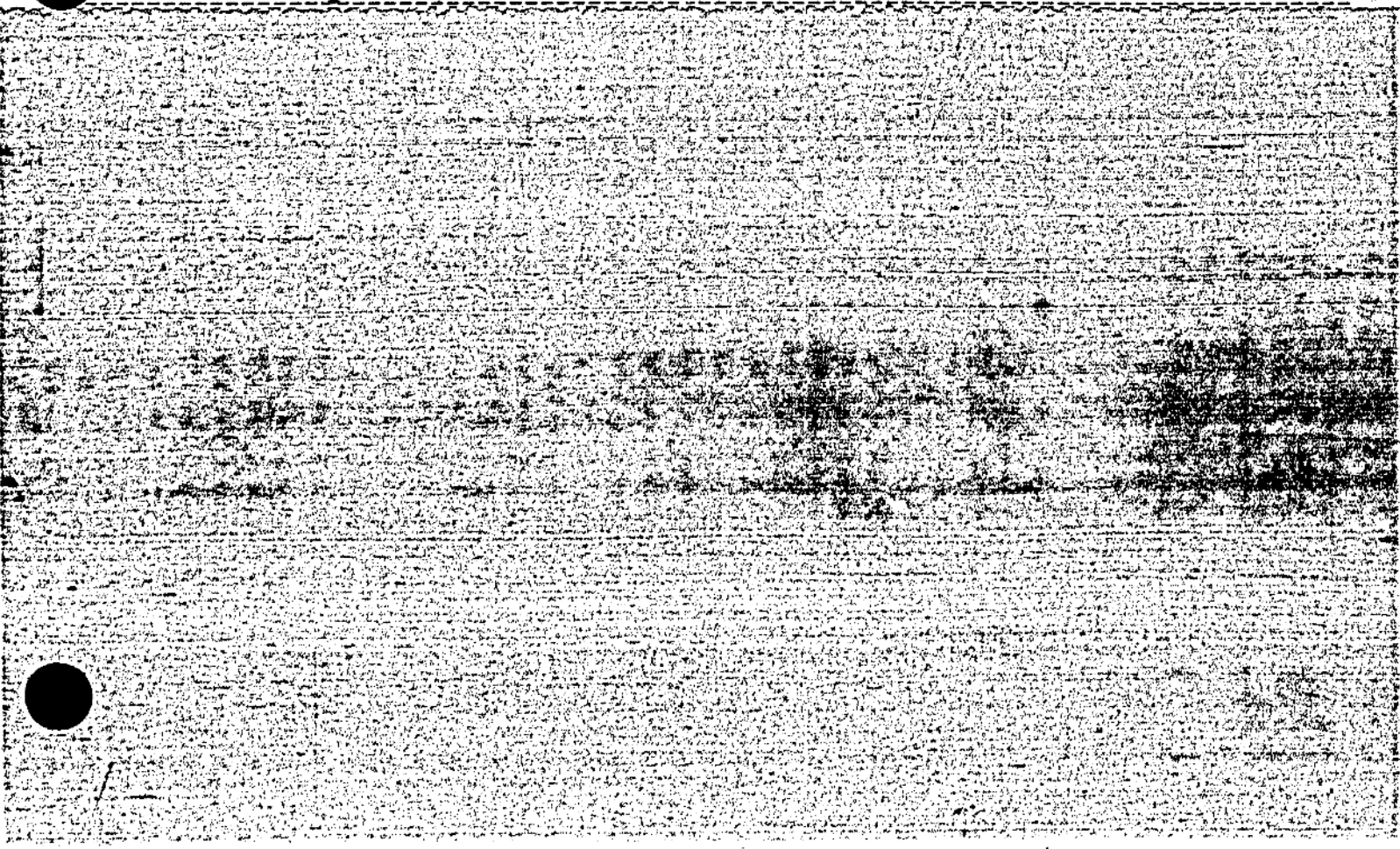
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SPECIAL INSTRUCTIONS

PHS 5175
Rev. 10/82)

RM 710H
HHH Bldg.
472-5094/2566

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SEP 17 1987

MEMORANDUM

TO: Dr. Robert E. Windom
Assistant Secretary for Health

FROM: Stephanie Lee-Miller *SLM*
Assistant Secretary for Public Affairs

SUBJECT: Review of Publication What You Should Know About AIDS.

We have reviewed the publication What You Should Know About AIDS and approve it conditional on making the following changes:

1. All the pictures used in the publication are Caucasian. A black or Hispanic should be included. This is particularly important since the disease disproportionately affects these groups.
2. Enclosed is a suggested rewrite of Dr. Bowen's introductory letter. We believe that this letter sets forth his, your and Dr. Koop's leadership roles in this issue.
3. There are a few copy changes on the draft copy. Two of these are inserting the word "illegal" before the word "drugs," and inserting the word "promiscuous" before the words "avoid sex" when we discuss risk behavior. This reflects the concern of the Secretary and others who feel this clarification needs to be made.
4. References to calling the AIDS hotline have been eliminated which, I believe, reflects the concern of many that inviting millions to call the hotline will flood the lines and potentially cause a back-lash of ill will by those unable to get through.
5. The H.H.S. seal should appear on the brochure. And, the brochure should indicate that it is a publication of the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control.

Finally, we are concerned that the publication clearance materials call for the printing of 90,000,000 copies of What You should Know About AIDS. We would urge you that printing of this huge number be staggered for several reasons, the most important of which are 1.) the printing of such huge numbers -- the equivalent of several freight train box cars full of material --

97977
MDA CER.

Dr. Windom - Page 2

presents costly warehousing problems and, 2.) should there be any change in the information or personnel included in the publication, the publication could become obsolete, costing the government tens or even hundreds of thousands of dollars. It would be more cost effective and efficient to schedule three or four runs over the course of a year on an as-needed basis.

Please contact me if you have any problems with these changes.
Thank you.

cc: The Secretary
Under Secretary
Chief of Staff

PHS CORRESPONDENCE

97991
REFERRAL DATE: 9/21

DUE DATE:

- TO: ASH
 SG
 DASH-O
 DASH-P&E
 DASH-DPHP
 DASH-PA
 DASH-IGA
 SEN ADV/EA
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- ADAMHA
 CDC
 FDA
 HRSA
 NIH
 NCHS
 NCHSR

- OM
 PUB AFF (Brown)
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 OSH
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 OEE0
 ORH
 PCPFS

ES/PHS
 OTHER Aids-co
 6-Deputy Asst

ACTION:

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 DIRECT REPLY
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 (WHITE HOUSE REFERRAL)

- REVIEW/CLEARANCE
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 FOR YOUR INFORMATION

SPECIAL INSTRUCTIONS

ROUTED BY East

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RM 710H
HHH Bldg.
472-5094/2588

M. Windom 716-G-1



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

SEP 21 1987

SPECIAL

MEMORANDUM

TO: The Secretary
 THRU: US _____
 COS _____
 ES _____

FROM: Stephanie Lee-Miller *sum*
 Assistant Secretary for Public Affairs

SUBJECT: AIDS Town Meeting

1987 SEP 21 PM 3:03
 PHS/ES

As you will recall, we have discussed increased Secretarial activity concerning AIDS, especially during October. As discussed, we are making AIDS the focus of present speaking engagements wherever appropriate, and we are planning for three early morning press briefings.

In addition, the Scheduling Office suggests that three or four more days in October could be devoted to AIDS appearances. We are working with CDC to develop productive uses of this time.

One idea which has been tentatively proposed by Mel Lukens following his talks with CDC is an "open forum" or "Town Meeting" type of event, or even a series of such meetings. These forums would encourage a "back-and-forth" interchange with the audience. To some extent, the meetings could focus on certain key themes.

While this kind of setting would be attractive for media, it also contains an unavoidable element of risk: hard questions would be asked, and there would be some possibility of confrontation.

As examples:

- You could meet with a school-oriented forum: for example, teachers and PTA from a selected school district. If you wished, you could also meet with a student audience -- high school and/or junior high. The focus would be on: non-transmission through casual contact; how to talk about AIDS with young people; how young people at an experimental age face special risk of AIDS. This could be done near Washington (e.g., Fairfax County). Most likely to get national media attention would be talking with students.

*97991
 TD A.C.R.*

-- CDC has suggested Tennessee as a focus for one of your activities -- it is an area where they'll be monitoring the effect of public education in October. In Nashville, it would be possible to meet with medical students from Vanderbilt and Meharry. The focus could be on minorities and AIDS, as well as the medical profession and AIDS.

These are examples intended to show what might be done, from the standpoint of media exposure as well as focused message, in an open-forum or "town meeting." By opening with prepared remarks, you could focus your message. And by taking Q & A, the meeting could be more attractive to media and could surface the questions which most concern people.

However, if you would not be comfortable with this kind of meeting, other kinds of events can be scheduled. We are investigating a variety of options with CDC.

Before you leave Washington September 22, I would appreciate your guidance on whether to proceed with a town meeting-type event or events, and whether either of the two specific suggestions would be desirable (either as an open forum or as a speech). I would be happy to discuss these ideas with you further.

PROCEED WITH TOWN MEETING CONCEPT _____

PREFER NOT TO DO TOWN MEETINGS _____

cc: Dr. Windom ✓
Jim Brown

PHS CORRESPONDENCE

97994
REFERRAL DATE: 9-21

DUE DATE:

TO: <input checked="" type="checkbox"/> ASH	<input type="checkbox"/> ADAMHA	<input type="checkbox"/> OM	<input checked="" type="checkbox"/> ES/PHS <i>Aids file</i>
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		<input type="checkbox"/> PCPFS	

ACTION:

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(WHITE HOUSE REFERRAL)	

SPECIAL INSTRUCTIONS

DR. NORRIS -

please advise

Dr. Williams

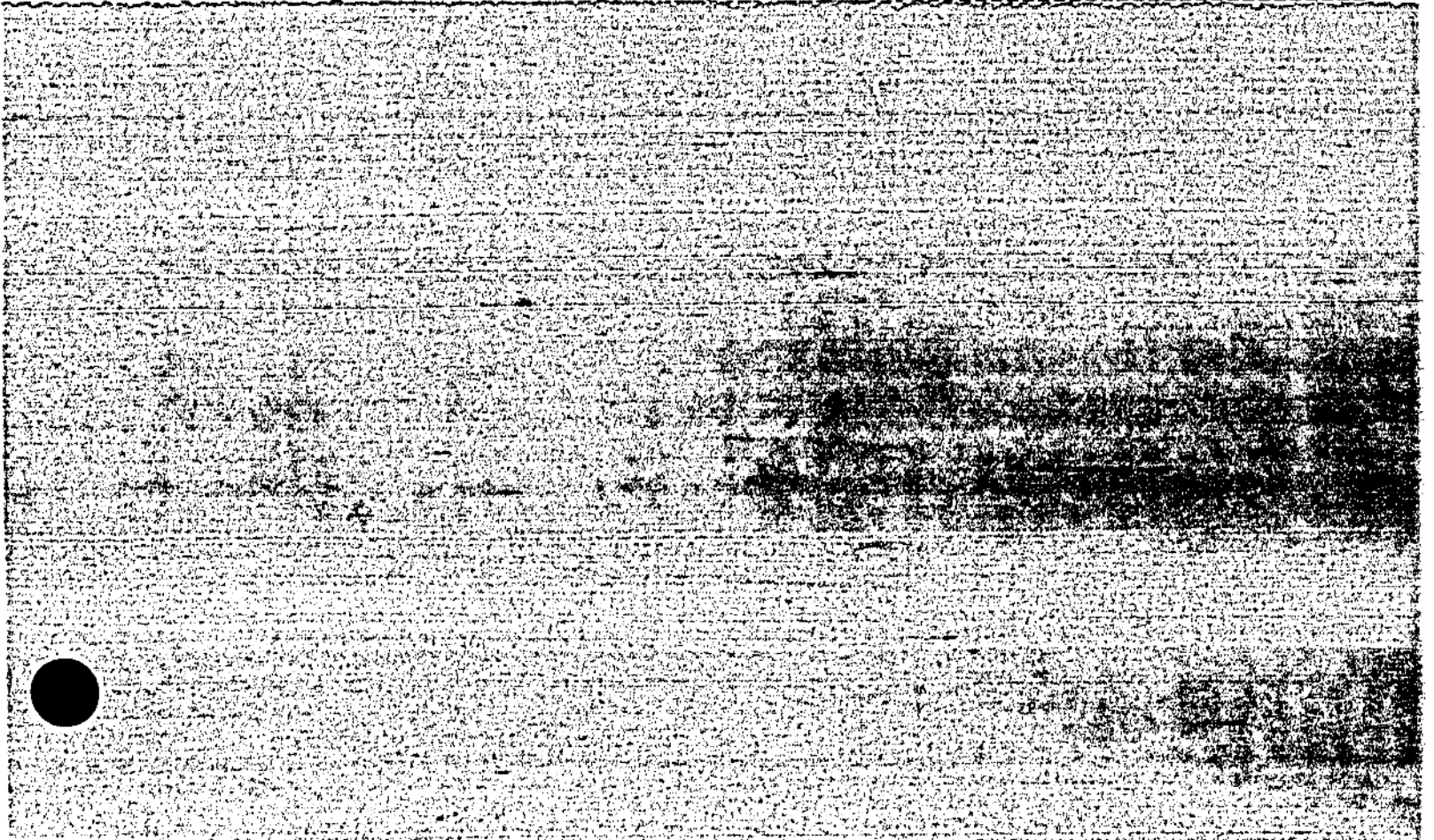
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PHS 5175
(rev. 10/82)

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472-5094/2566

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of International Affairs
Washington, D.C. 20201

September 18, 1987

1987 SEP 18 PM 6:06

PHS/ES

MEMORANDUM FOR DR. ROBERT WINDOM, ASH

FROM: David E. Hohman *D. Hohman*
Director
Office of International Affairs

SUBJECT: Paris AIDS Conference

The French Health Minister has invited the Secretary to participate in a conference of government officials in charge of the fight against AIDS, which will be held in Paris Oct. 22-23.

The Secretary is unable to accept, and asks that you select an appropriate U.S. participant.

In a separate note, the Secretary said that you "could accompany an appropriate scientific surrogate if it will keep our high-level image as desired. Leave it to Dr. Windom to decide."

Please let me know how you want to handle this as soon as possible, as the French are eager to know our response. I would be happy to discuss this with you.

Copies of the decision memo and the invitation are attached.


97994
TRACER



September 10, 1987

MEMORANDUM FOR THE SECRETARY

THROUGH: US DA 9/15
COS _____
ES _____
Scheduling _____

FROM: David E. Hohman, Director, OIA 

SUBJECT: Invitation to AIDS Conference in Paris --- DECISION
ISSUE

The French Health Minister, Madame Michele Barzach, has invited you to participate in a conference of government officials in charge of the fight against AIDS (see Tab A). The conference will be held in Paris October 22 and 23.

DISCUSSION

The French government has decided to hold a global meeting on AIDS to discuss the ethical, political, economic, and legal aspects of the disease, with a special focus on improving international cooperation between developed and developing countries. Thus, the meeting is not intended to duplicate either scientific meetings or the meeting next January in London on AIDS education.

The meeting will be organized around four themes: international cooperation and coordination; detection methods and industry implications; ethics; and legal and economic aspects.

Each participating country is asked to send a high-level official, who may be accompanied by an advisor.

Although you have been invited by Minister Barzach, and the French Health Ministry is willing to include you on the conference agenda, it appears that most participants, other than three French Cabinet officials, will be high-level "experts" rather than Cabinet officers.

Our Embassy in Paris recommends that you participate in order to emphasize the continuing high level U.S. Government interest in Franco-American cooperation in the struggle against AIDS.

Page 2 - The Secretary

RECOMMENDATION

That you decline the invitation.

In view of the "expert" nature of the conference, that Dr. Windom select an appropriate U.S. participant.

DECISION

Concur 6/21/7

Other _____

Mr. Secretary and Dear Colleague,

Our country is organizing in Paris, on October 22nd and 23rd, a meeting of government officials in charge of the fight against AIDS.

This meeting will address the issues of international collaboration in coordination with WHO, the ethical, economic and legal aspects and the issues related to the new testing methods.

I would personally greatly appreciate if you could attend this meeting next October, which would underscore the willingness of the French and American Health Ministries to cooperate in the fight against AIDS.

I have a very pleasant memory of the few days I spent last March in Washington at the invitation of Dr. Walsh. This visit allowed us to meet and fruitfully exchange views concerning the issues raised by AIDS.

I look forward to receiving your answer.

With my best regards,

Michele Barzach

*Le Ministre Délégué
auprès du Ministre
des Affaires Sociales et de l'Emploi
chargé de la Santé et de la Famille*

CAB/AP/MB

22 JUIL. 1987
8, Avenue de Segur, 75700 Paris
Tél. : 45 67 55 44

Monsieur le Ministre et Cher Collègue,

Une réunion de responsables gouvernementaux de la lutte contre le S.I.D.A. est organisée par la FRANCE à PARIS les 22 et 23 Octobre prochains.

Cette réunion doit aborder les problèmes de collaboration internationales en coordination avec l'OMS, les aspects éthiques, économiques et juridiques, ainsi que les problèmes liés aux nouvelles méthodes de dépistage de l'infection par le HIV.

Je serais personnellement très sensible à votre présence au Colloque organisé à Paris en octobre prochain.

Votre venue marquerait ainsi la volonté de coopération de nos deux Départements Ministériels dans la lutte contre le SIDA.

Je garde un excellent souvenir des quelques jours que j'ai passé à WASHINGTON au mois de Mars dernier à l'invitation du Docteur WALSH.

Ce séjour nous a permis de nous rencontrer et d'échanger nos points de vue sur les problèmes posés par le S.I.D.A.

En attendant votre réponse, je vous prie de recevoir, Monsieur le Ministre et Cher Collègue, l'expression de mes sentiments les meilleurs.

Sincerely yours.

Michèle Bezyoch

Monsieur le Docteur BOWEN
SECRETAIRE D'ETAT A LA SANTE

HUMAN HEALTH SERVICES

WASHINGTON DC

PHS CORRESPONDENCE

97996 9/21
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- NECESSARY ACTION
- FOR YOUR INFORMATION

SPECIAL INSTRUCTIONS

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Rev. 10/82)

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472-5094/2568

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

SEP 14 1987

MEMORANDUM FOR: DORCAS HARDY, COMMISSIONER,
SOCIAL SECURITY ADMINISTRATION

PHILIP HAWKES, ACTING ASSISTANT SECRETARY
FOR HUMAN DEVELOPMENT SERVICES

ROBERT HELMS, ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION

AUDREY MORTON, DIRECTOR,
OFFICE FOR CIVIL RIGHTS

WILLIAM ROPER, M.D., ADMINISTRATOR,
HEALTH CARE FINANCING ADMINISTRATION

WAYNE STANTON, ADMINISTRATOR,
FAMILY SUPPORT ADMINISTRATION

✓ ROBERT WINDOM, M.D., ASSISTANT SECRETARY
FOR HEALTH

SUBJECT: AIDS Protection

Following the review I directed in June 1987, the Policy Council has recommended, and I am asking that you undertake, a number of actions to strengthen confidentiality and discrimination protections of those with AIDS, and protections of the public from those with AIDS who knowingly or unknowingly infect others.

First, each Operating Division, in coordination with the General Counsel, is to examine confidentiality provisions of Federal programs that may serve those with AIDS to strengthen these protections, where appropriate.

Second, the Assistant Secretary for Health and Administrator of the Health Care Financing Administration, in coordination with the General Counsel and Assistant Secretary for Planning and Evaluation, are to review Federal health program regulations and guidelines, including those concerning protection of the blood supply, to ensure there are clear instructions on protection of the public.

SPECIAL 97996
TD A CDD

Third, the General Counsel--assisted by the Deputy Under Secretary, Assistant Secretary for Health and Director of the Office for Civil Rights--is to work with governors and others at state level to develop model laws and other actions, as appropriate, to assist states in addressing confidentiality, discrimination and general public protection problems and issues. In particular, this should include vigorous actions against those with AIDS who knowingly donate blood or otherwise knowingly transmit the disease, taking into account concerns that such action may have on decreasing the nation's blood supply.

Finally, the Assistant Secretary for Planning and Evaluation, Assistant Secretary for Health, General Counsel and Director of the Office for Civil Rights are to recommend ways to strengthen AIDS-related nondiscrimination activities in the Department's programs.

I have asked the Under Secretary, through the Policy Council, to coordinate these actions and report to me periodically on progress. Please keep Don and me advised.

Otis R. Bowen M.D.

Otis R. Bowen
Secretary

Aids file

SEP 21 1987

NOTE TO DR. ROPER

SUBJECT: Final Report of the Intragovernmental Task Force
on AIDS Health Care Delivery

The Intragovernmental Task Force on AIDS Health Care Delivery has submitted to me its final report containing recommendations on providing health care services for persons with AIDS (attached). Many of the concerns discussed in this report, and some of the resulting recommendations, have a direct bearing on HCFA Medicaid and Medicare coverage/reimbursement issues related to health care costs for AIDS patients.

As AIDS continues to increase as a major public health concern, the recommendations made by the Task Force are timely and crucial to insuring that we can provide effective health care to those afflicted with AIDS.

I would very much appreciate your thoughts and advice on the report and its recommendations.

/s/ Robert E. Windom

Robert E. Windom, M.D.
Assistant Secretary for Health

Attachment

Prepared: BBrady: PHS/ES: 9-19-87


TRACER
97993



DEPARTMENT OF HEALTH & HUMAN SERVICES

Aids file
Public Health Service

SEP 21 1987

Office of the Assistant Secretary
for Health
Washington DC 20201


NOTE TO DR. ROPER

SUBJECT: Final Report of the Intragovernmental Task Force
on AIDS Health Care Delivery

The Intragovernmental Task Force on AIDS-Health Care Delivery has submitted to me its final report containing recommendations on providing health care services for persons with AIDS (attached). Many of the concerns discussed in this report, and some of the resulting recommendations, have a direct bearing on HCFA Medicaid and Medicare coverage/reimbursement issues related to health care costs for AIDS patients.

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I would very much appreciate your thoughts and advice on the report and its recommendations.


Robert E. Windom, M.D.
Assistant Secretary for Health

Attachment

97993

PHS CORRESPONDENCE

97995
REFERRAL DATE: 9/21

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(WHITE HOUSE REFERRAL)

- REVIEW/CLEARANCE
 NECESSARY ACTION
FOR YOUR INFORMATION

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(Rev. 10/82)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

716 G
Office of the Secretary

Washington, D.C. 20201

SEP 18 1987

TO: Addressees

SUBJECT: Secretary's AIDS Testimony, Revision

Attached is the Secretary's testimony for the September 21 hearing before the House Energy and Commerce Subcommittee on Health and the Environment on AIDS testing, confidentiality, and antidiscrimination. Revisions were made by a number of offices of HHS and, through OMB clearance, by the Departments of Education and Justice, the White House, and OMB.

Ray Holcombe
ASL(H)
245-7538

ADDRESSEES:

Mr. Beldon (ASMB)
Ms. Austein (ASPE)
✓ Mr. Britten
Dr. Windom (OASH)
Dr. Koop
Dr. Harmison
Dr. Noble
Mr. Grossman
Mr. Anthony
Mr. Artim
Ms. Bart
Ms. Haynes (OCR)
Mr. Spiegel (OGC)
Mr. Riseberg
Mr. Eck (OS/ES)
Ms. Van Amridge (OS/COS)
Dr. Docksai (ASL)
Ms. Knight
Mr. Davis (IG)
Mr. Cummings (ADAMHA)
Ms. DePeyster (CDC)
Ms. Hall (FDA)
Ms. Houser (NIH)
Mr. Sauer (HRSA)

97995
TRACER

STATEMENT OF
OTIS R. BOWEN, M.D.
SECRETARY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE
SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT
COMMITTEE ON ENERGY AND COMMERCE
U.S. HOUSE OF REPRESENTATIVES

SEPTEMBER 21, 1987

Mr. Chairman and Members of the Subcommittee:

With me today are Dr. James O. Mason, Director of the Centers for Disease Control, and Mr. Ron Robertson, General Counsel for the Department of Health and Human Services.

This hearing recognizes several of the most significant issues facing the public health community today. As the Secretary of Health and Human Services, I want to assure you that my Department agrees with this Committee that AIDS is a major health problem for America and, indeed, for the entire world. The issues we face with AIDS extend far beyond research and health care costs, and the questions of when we will have a treatment, a "cure," or a vaccine for this disease. They reach to the very core of the ethics of medicine in our society. The questions the Subcommittee probes today are fundamental to our efforts to control this dread disease, and to continue to assure the health of this country. I want to thank you, therefore, for inviting me to join you in this discussion.

Since 1981, when AIDS was recognized as a new disease, more than 41,000 Americans have been diagnosed with AIDS; more than 24,000 Americans have died. We have only one drug of limited effectiveness, and no vaccine.

Fortunately, the spread of AIDS can be contained. The Human Immunodeficiency Virus (HIV) is not transmitted by casual contact. Now that the blood supply is being carefully screened, there are only a few ways that the virus is likely to be transmitted. Transmission almost always involves one or more high-risk behaviors, such as sexual contact or the sharing of contaminated needles, or HIV can be transmitted from infected women to their unborn children. In view of this, information, education, and other effective public health strategies properly form the basis of a prevention strategy that can control the spread of this disease.

We must reach out to people who are infected and encourage them to change their behavior so that they will not spread the virus to others. As part of our overall AIDS prevention strategy, we must also reach out to those whose behavior puts them at risk of infection so that they can take action to avoid risk. The role of HIV counseling and testing is important in the fight against AIDS in the context of prevention, as well as detection. It is important to link counseling with testing, as testing alone may not generate behavior changes.

With AIDS, prevention means information and education--which can be carried out broadly for the general public, specifically for targeted groups, and directly with certain individuals. Counseling sessions provide an excellent setting for educating persons who are infected or are at increased risk about what they

can do to protect themselves, their loved ones, and others with whom they might otherwise have contacts through which HIV infection could be transmitted.

Our current policy on who should be tested was articulated first by the President in a series of decisions on May 29, 1987, and then in the August 14, 1987, article, "Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS." I would like to submit a copy for the record. The Public Health Service guidelines recommend that counseling and testing be made more widely available, and that States examine their laws to determine what changes are needed to reduce the potential for harmful breaches of confidentiality and to protect against discrimination. We believe that these recommendations serve as the basis for effective preventive actions.

Today, I would like to present the Department's position on H.R. 3071 and to comment on several other bills pending before the House of Representatives.

Let me start by saying that we, too, support expanded counseling and testing, strengthening confidentiality of personal information about AIDS and HIV infection, and protecting individuals against discrimination.

H.R. 3071 would add a new Title XXIII to the Public Health Service Act, relating to AIDS. Part A of the new title would establish a program of grants for counseling and testing which defines the population of eligible grantees; establishes specific requirements relating to pre- and post-test counseling, confidentiality, and written consent; and proposes an annual appropriation authorization of \$400 million.

The intent is to expand counseling and testing services significantly in a limited number of health care settings. Our existing guidelines are consistent with the bill in recommending that all persons seeking treatment for sexually transmitted diseases, or drug abuse, or those with a history of drug abuse, be routinely counseled and tested for HIV antibody in all health care settings. It is important to note in this regard that we also have urged that services in these settings should not be denied to individuals who choose not to be tested. Similarly, all persons who consider themselves at risk should be counseled and offered testing for HIV antibody.

We further recommend that all women of child-bearing age with identifiable risks for HIV infection should be counseled and tested for HIV antibody at any health care setting. This is especially true for all women seeking family planning services who are at risk of HIV infection. Women are at high risk if they:

- o have used IV drugs;
- o have engaged in prostitution;

(GAO) cited difficulties that the States were having in planning their AIDS activities because of the multiplicity of Federal funding mechanisms and recipients already in place. To respond to this problem, CDC is awarding funds for consolidated prevention cooperative agreements to State and selected local health agencies. The counseling and testing program is to be included in these agreements. However, certain provisions of Part A would further complicate planning and funding of AIDS activities by separating counseling and testing from other prevention activities, such as surveillance and health education and risk reduction initiatives, and by adding additional categories of grantees.

Given that current law has allowed the Public Health Service to fund AIDS counseling and testing at increasing funding levels, we see no advantage to a separate authority for this purpose and, indeed believe that there may be disadvantages if CDC and States lose flexibility to construct tailored programs of counseling, testing, and education suited to their individual needs.

Part B of the new Title XXIII addresses the issue of confidentiality of information relating to AIDS or HIV infection. We share the Subcommittee's concern about the importance of preventing improper disclosure of confidential information. The ability of health departments and other health care providers to assure confidentiality of patient information and the public's confidence in

- o have had sexual partners who are infected or are at risk for infection because they are bisexual or are IV-drug abusers or hemophiliacs;
- o are living in communities or were born in countries where there is a known or suspected high prevalence of infection among women;
- o received a transfusion before blood was being screened for HIV antibody, but after HIV infection occurred in the United States (i.e., between 1978 and 1985).

As you are aware, the Department already has authority in the Public Health Service Act to give grants to States for counseling and testing. We have made grant awards for this purpose for several years now, each year increasing the level of funding. In Fiscal Year 1987, we proposed to allocate an additional \$20 million to counseling and testing; Congress approved a Fiscal Year 1987 supplemental appropriation for this purpose. The President amended the Fiscal Year 1988 budget request on June 30 to increase the amount sought for counseling and testing by \$74 million. The total appropriation request for FY 1988 is more than \$90 million. In addition, States are contributing funds of their own to provide counseling and testing. It is not clear at this time that such substantial funding beyond that is needed.

Another concern with H.R. 3071 is possible fragmentation of effort within States. In a recent report, the General Accounting Office

that ability are crucial to our efforts to increase the number of persons being counseled and tested.

Most States already have statutes pertaining to the confidentiality of public health information. In response to the difficult problems posed by AIDS, many States have acted to improve or update existing confidentiality protections. Some States have implemented laws or regulations specifically for AIDS or HIV-related records. Other States are doing comprehensive reviews of confidentiality protections in order to make policy decisions. However, the States are still experimenting with this technical and complicated area of the law, and there is clearly no consensus as to exactly what approach or variation is most desirable. In fact, at least one State with recently enacted AIDS-specific confidentiality laws is already experiencing such severe practical problems that the legislature is considering extensive amendments.

Given the State experience to date, I am concerned about supporting Federal legislation without a better understanding of the optimal solution and some greater certainty that a Federal effort will improve the situation without inadvertently creating additional problems. To this end, we are working with the Association Of State and Territorial Health Officials (ASTHO) to review State experience with breaches of confidentiality, to gain better insight into the protections afforded by different types of confidentiality provisions. I believe the optimal situation would be one in which

there would be, perhaps through model legislation, a set of common criteria and a great deal of flexibility for States to serve their own needs. We will shortly begin to explore this concept with State officials.

In addition, I have asked the Health Care Financing Administration, the Public Health Service, the Office Of Human Development Services, and the Social Security Administration, in coordination with our General Counsel, to examine the confidentiality provisions of all of our programs that may serve AIDS patients. In particular, these divisions of the Department will be looking for ways in which confidentiality protections can be strengthened in our programs.

In sum, we do not believe that it is necessary to impose a Federal presence in an area where States are actively working and experimenting unless we can propose a system that will not confuse the issue further. We do not think that Federal intervention is necessary and are uncertain about what form that intervention would take.

Provisions against discrimination are contained in Part C. Discrimination against persons infected with the AIDS virus is not merely hypothetical. Such discrimination is known to have occurred in such areas as employment, school admission, and housing. The fear of such discrimination can discourage persons from participating in counseling and testing programs. Indeed, that is why confidentiality is so important. Furthermore, current medical knowledge -- while admittedly imperfect -- indicates that such discrimination is probably irrational in most cases.

H.R. 3701 would create a burdensome new Federal administrative enforcement bureaucracy which is not used to protect the rights of persons with any other disease or handicap. Accordingly, we do not support enactment of these provisions.

However, there are positive steps that the Federal Government can appropriately take to reduce inappropriate differences in treatment of this kind. For example, in HHS we are carefully examining our own programs, with the goal of recommending additional ways under existing law to prevent discrimination within those programs. I will note here that a recent Supreme Court decision held that section 504 of the Rehabilitation Act of 1973, which protects handicapped individuals against unfair discrimination with respect to the benefits of Federal programs, can cover persons handicapped by a contagious disease such as AIDS.

Many States also have statutes which provide to handicapped persons protection against discrimination. Some States have formally extended these protections to individuals with AIDS, and some jurisdictions have enacted additional protections where they feel it appropriate. We believe that if a State concludes that such additional protections are or are not in the interest of its people under the particular conditions of such State, then it should be free to act accordingly. Both the other States and the Congress will be able to observe and learn from the results it obtains.

I would not necessarily oppose all new Federal legislation on this issue, but at this time I believe it is preferable to defer action on specific proposals for new substantive rights or new enforcement procedures until we have the information needed to make a more informed decision. For example, it would be desirable to have the opportunity to observe the relative efficacy of the various State approaches to the problem, in particular to determine whether confidentiality protections are enough by themselves to ensure the desirable level of testing.

In summary, we do not believe that new grant authority for expanded counseling and testing is needed. Strengthening of confidentiality protection may be necessary, but we believe more examination is called for before Federal legislation is considered. Similarly, we believe that a convincing case has not yet been made for the enactment at present of H.R. 3071's new Federal AIDS antidiscrimination provisions, and that at this time the primary role in determining whether protection is needed in addition to that provided by current law, including section 504, should belong to the States.

Mr. Chairman, let me turn briefly to several other bills that relate in various ways to the overall issues of antibody testing, confidentiality, and antidiscrimination.

H.R. 338 would establish Federal criminal penalties for donation of blood, semen, or organs by persons who have AIDS, or by certain specified groups who presumably are at high risk of becoming infected with the virus. We agree strongly with the goal of assuring the safety of the blood supply and, toward that end, have established recommendations to prevent high-risk individuals from donating blood, semen, or organs. We have made our recommendations widely known; blood collection establishments follow them, and potential donors are advised about them and carefully screened. In addition, all blood collection facilities use

Mr. Chairman and Members of the Subcommittee, let us continue to work together to take positive approaches to AIDS prevention.

I will be happy to answer any questions that you or the other Members of the Subcommittee may have.

Aids file

SEP 21 1987

NOTE TO DR. SUNDWALL

SUBJECT: Final Report of the Intragovernmental Task Force
on AIDS Health Care Delivery

I would like to thank you for sending me the Final Report of the Intragovernmental Task Force on AIDS Health Care Delivery. As the incidences of HIV infection and AIDS continue to increase, the issues raised in this report and the recommendations made by the Task Force are both timely and crucial to insuring that we, as a nation, provide effective care to meet the needs of those affected by this disease.

Because of the importance of this report and the need for a broad public health consensus on its recommendations, I have asked my staff to review it and provide me with their thoughts and advice.

Please convey to the members of the Task Force my sincere appreciation for their excellent work.

/s/ Robert E. Windom

Robert E. Windom, M.D.
Assistant Secretary for Health

cc: Dr. Noble

Prepared: BBrady: PHS/ES:9-19-87

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PHS CORRESPONDENCE

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REFERRAL DATE: 9-21

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- NECESSARY ACTION
- FOR YOUR INFORMATION

27

SPECIAL

SPECIAL INSTRUCTIONS

Dr. Noble please

advise Dr. Windom

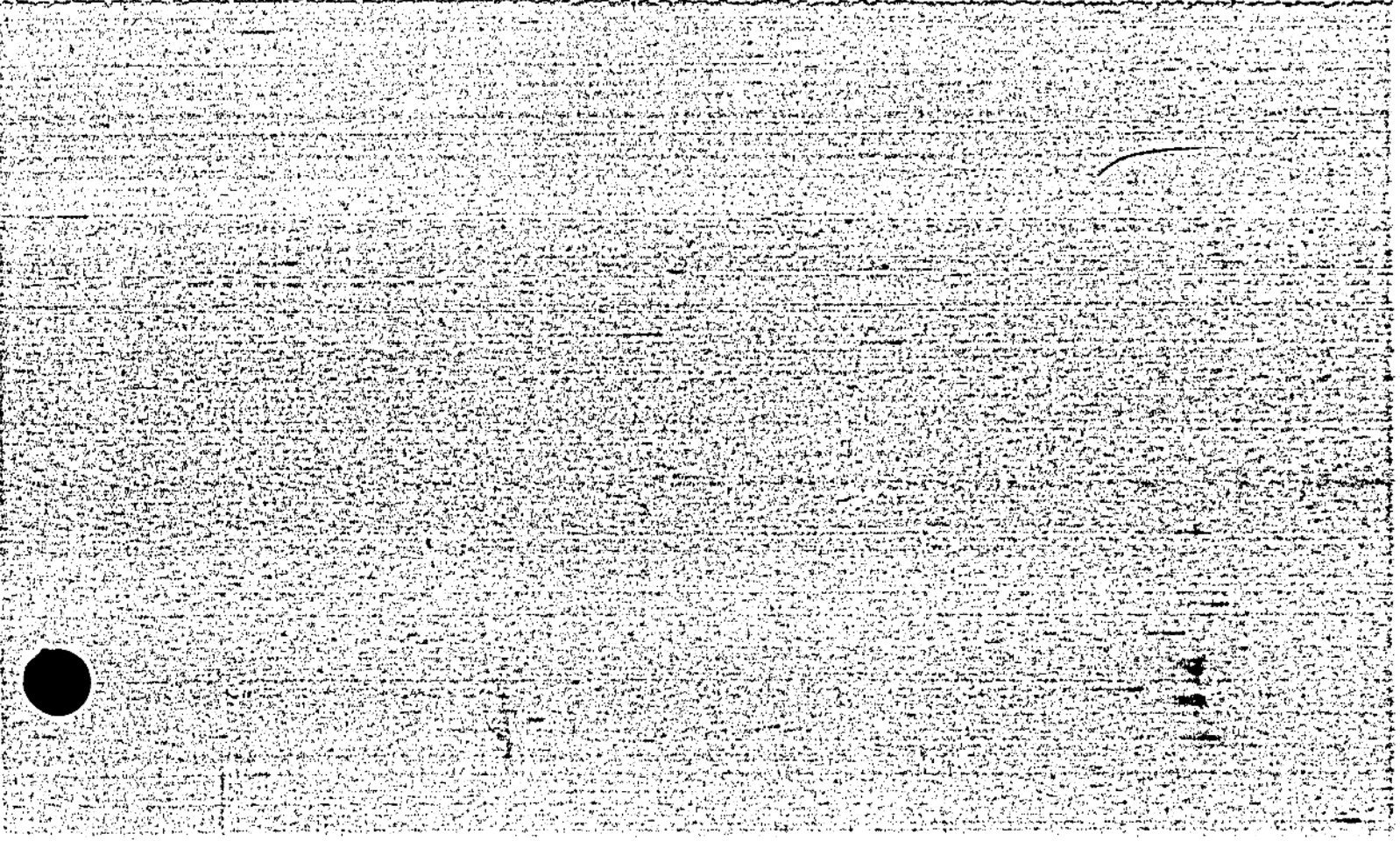
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Memorandum

Date September 15, 1987

From Commissioner of Food and Drugs

Subject Institute of Medicine Meeting

To Assistant Secretary for Health

Immediately after the meeting at the Institute of Medicine I provided you with an oral report on the events that transpired. Because there was a significant criticism of PHS activities regarding the total AIDS program, I would like to make three suggestions for your consideration:

1. Those of us present review with you and a small group of your staff the issues that were raised at the Institute of Medicine's meeting;
2. We develop a way to communicate our accomplishments to the Institute of Medicine. It was apparent in the meeting after the formal sessions that a large amount of the excellent work done by PHS was not even known by some of the participants -- this includes a number of the publications prepared by Tony Fauci; and
3. We embark on a major campaign in the press to communicate the actions of PHS and each of the supporting Agencies within the structure. This will enable the Secretary to have the appropriate visibility for one of his four highest objectives.

Please let me know how I can be of further assistance to you.

Frank E. Young, M.D., Ph.D.

cc: Ms. Stephanie Lee-Miller
Dr. Lowell Harmison
Mr. Jim Brown

97976
TRACER

Aids file
Memorandum

Date SEP 22 1987

From Assistant Secretary for Health

Subject Requests for the Surgeon General's Report on AIDS

To James J. Delaney
Executive Secretary to the Department

The following is an updated list of requests from elected officials for copies of the Surgeon General's Report on AIDS. Requests received the week of September 14-18 are indicated with an asterisk. The list indicates those officials to whom copies of the report have been provided and those to whom copies will be provided as soon as possible. For the latter category, copies will be sent in order of the date the request was received.

I. Copies Provided

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Daniel K. Akaka	Rep	D	HI	5,000	5,000
Dick Armey	Rep	R	TX	100	100
Chester G. Atkins	Rep	D	MA	300,000	300,000
Robert Badham	Rep	R	CA	10	10
Richard H. Baker	Rep	R	LA	"more"	10
Cass Ballenger	Rep	R	NC	2	2
Steve Bartlett	Rep	R	TX	2	2
Jim Bates	Rep	D	CA	200	200
Anthony C. Beilenson	Rep	D	CA	1,200	1,200
Charles E. Bennett	Rep	D	FL	unspecified	10
Mario Biaggi	Rep	D	NY	20,000	20,000
Michael Bilirakis	Rep	R	FL	100	100
*Sherwood Boehlert	Rep	R	NY	250	250
Edward P. Boland	Rep	D	MA	1	1
David E. Bonior	Rep	D	MI	4,000	4,000
Rick Boucher	Rep	D	VA	25	25
*Rick Boucher	Rep	D	VA	1,000	1,000
Jack Buechner	Rep	R	MO	50	50
Dale Bumpers	Sen	D	AR	200	200
Dan Burton	Rep	R	IN	50	50
Albert G. Bustamante	Rep	D	TX	100	100
Rod Chandler	Rep	R	WA	35	35
Bill Chappell	Rep	D	FL	50	50
Lawton Chiles	Sen	D	FL	1,020	1,020
Dan Coats	Rep	R	IN	300	300
William S. Cohen	Sen	R	ME	250	250
Cardiss Collins	Rep	D	IL	500	500

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Lawrence Coughlin	Rep	R	PA	1,000	1,000
Jack Davis	Rep	R	IL	1,000	1,000
Dennis DeConcini	Sen	D	AZ	4,000	4,000
John D. Dingell	Rep	D	MI	200	200
Joseph DioGuardi	Rep	R	NY	102	102
Brian Donnelly	Rep	D	MA	4	4
Bernard Dwyer	Rep	D	NJ	10,000	10,000
Byron Dorgan	Rep	D	ND	15,000	15,000
Roy Dyson	Rep	D	MD	250	250
*Joseph D. Early	Rep	D	MA	4,000	4,000
Vic Fazio	Rep	D	CA	1,200	1,200
Edward F. Feighan	Rep	D	OH	5,000	5,000
Jack Fields	Rep	R	TX	5,000	5,000
Hamilton Fish	Rep	R	NY	500	500
Floyd H. Flake	Rep	D	NY	unspecified	10
Thomas M. Foglietta	Rep	D	PA	250	250
Jaime Fuster	Rep	D	PR	5,000	5,000
Sam Gejdenson	Rep	D	CT	230,000	230,000
Sam M. Gibbons	Rep	D	FL	1,000	1,000
Benjamin A. Gilman	Rep	R	NY	2,000	2,000
Dan Glickman	Rep	D	KS	10,000	10,000
Bill Gradison	Rep	R	OH	1,000	1,000
Bill Grant	Rep	D	FL	1	1
*Charles E. Grassley	Sen	R	IA	250	250
William H. Gray III	Rep	D	PA	500	500
Bill Green	Rep	R	NY	324,000	324,000
James V. Hansen	Rep	R	UT	10	10
J. Dennis Hastert	Rep	R	IL	200	200
Mark O. Hatfield	Sen	R	OR	10,000	10,000
Howell Heflin	Sen	D	AL	"several"	10
Bill Hefner	Rep	D	NC	100	100
Paul B. Henry	Rep	R	MI	6	6
James Howard	Rep	D	NJ	3,000	3,000
James M. Jeffords	Rep	R	VT	5,000	5,000
Edward Jeffries	Library of Congress			3,000	3,000
Nancy L. Johnson	Rep	R	CT	1,000	1,000
Walter B. Jones	Rep	D	NC	100	100
John Kerry	Sen	D	MA	200	200
Paul E. Kanjorski	Rep	D	PA	30,000	30,000
*Robert W. Kastenmeier	Rep	D	WI	300	300
Marcy Kaptur	Rep	D	OH	500	500
*Marcy Kaptur	Rep	D	OH	2,000	2,000
Joseph P. Kennedy II	Rep	D	MA	400	400
Edward Kennedy	Sen	D	MA	100	100

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Edward Kennedy (For Mayor Flynn, Boston)	Sen	D	MA	250,000	250,000
*Barbara B. Kennelly	Rep	D	OH	5,000	5,000
Gerald D. Kleczka	Rep	D	WI	1,000	1,000
Peter H. Kostmayer	Rep	D	PA	2,000	2,000
Jon Kyl	Rep	R	AZ	1	1
*Delbert L. Latta	Rep	R	OH	100	100
Jim Leach	Rep	R	IA	3	3
Patrick Leahy	Sen	D	VT	50	50
William Lehman	Rep	D	FL	238,000	238,000
*Carl Levin	Sen	D	MI	500	500
Sander M. Levin	Rep	D	MI	250,000	250,000
Bob Livingston	Rep	R	LA	25	25
Matthew J. Martinez	Rep	D	CA	118,000	118,000
Spark Matsunaga	Sen	D	HI	50	50
Nicholas Mavroules	Rep	D	MA	1,000	1,000
Matthew F. McHugh	Rep	D	NY	100	100
*C. George Miller	Rep	D	CA	94,500	94,500
Norman Y. Mineta	Rep	D	CA	100	100
George J. Mitchell	Sen	D	ME	1	10
George J. Mitchell	Sen	D	ME	100	100
Sid Morrison	Rep	R	WA	50	50
Don Nickles	Sen	R	OK	100	100
Henry J. Nowak	Rep	D	NY	125	125
Mary Rose Oakar	Rep	D	OH	1	1
Claiborne Pell	Sen	D	RI	10,010	10,010
William Proxmire	Sen	D	WI	10	10
Donald W. Riegle Jr.	Sen	D	MI	2,500	2,500
Pat Roberts	Rep	R	KS	10	10
Tommy F. Robinson	Rep	D	AR	500	500
Harold Rogers	Rep	R	KY	30	30
Charlie Rose	Rep	D	NC	6	6
Terry Sanford	Sen	D	NC	1,000	1,000
Thomas C. Sawyer	Rep	D	OH	25,000	25,000
H. James Saxton	Rep	R	NJ	200	200
Norman D. Shumway	Rep	R	CA	4	4
Bud Shuster	Rep	R	PA	5	5
Louise M. Slaughter	Rep	D	NY	50	50
Gerald Solomon	Rep	R	NY	10,000	10,000
Floyd D. Spence	Rep	R	SC	100	100
John Spratt	Rep	D	SC	1	1
*John Spratt	Rep	D	SC	1,000	1,000
Robert T. Stafford	Sen	R	VT	200	200
Samuel S. Stratton	Rep	D	NY	10	10
Don Sundquist	Rep	R	TN	8,000	8,000
Robin Tallon	Rep	D	NY	100	100
*Robin Tallon	Rep	D	NY	500	500

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>	<u>Number Sent</u>
Gene Taylor	Rep	R	MO	520	520
Strom Thurmond	Sen	R	SC	2	2
Esteban E. Torres	Rep	D	CA	3,000	3,000
Bob Traxler	Rep	D	MI	6	6
Paul Tribble	Sen	R	VA	400	400
*Guy Vander Jagt	Rep	R	MI	2	2
Ted Weiss	Rep	D	NY	300,000	300,000
Curt Weldon	Rep	R	PA	10,000	10,000
Charles Wilson	Rep	D	TX	50	50
Frank R. Wolf	Rep	R	VA	21	21
Sidney R. Yates	Rep	D	IL	75	75
				Total	2,345,785

II. Copies to be Provided

<u>Name</u>	<u>Title</u>	<u>Party</u>	<u>State</u>	<u>Number Requested</u>
Claudine Schneider	Rep	R	RI	200,000
Patricia Schroeder	Rep	D	CO	220,000
George W. Crockett	Rep	D	MI	220,000
Ron de Lugo	Rep	D	VI	50,000
Major R. Owens	Rep	D	NY	202,200
John J. Moakley	Rep	D	MA	250,000
Barbara Boxer	Rep	D	CA	110,000
Nancy Pelosi	Rep	D	CA	275,000
(rec'd ltr. changing order - was 287,104)				
Tony Coelho	Rep	D	CA	250,000
Howard Metzenbaum	Sen	D	OH	100,000
Louis Stokes	Rep	D	OH	250,000
Ted Stevens	Sen	R	AK	300,000
Robert Garcia	Rep	D	NY	194,000
Tom Lantos	Rep	D	CA	235,000
G. Dean A. Gallo	Rep	R	NJ	26,000

/s/ Robert E. Windom

Robert E. Windom, M.D.

Aids file

PHS CORRESPONDENCE

98016

REFERRAL DATE: 9/23

DUE DATE:

TO: <input checked="" type="checkbox"/> ASH	<input type="checkbox"/> ADAMHA	<input type="checkbox"/> OM	<input type="checkbox"/> ES/PHS
<input type="checkbox"/> SG	5 <input checked="" type="checkbox"/> CDC	6 <input checked="" type="checkbox"/> PUB AFF	
<input type="checkbox"/> DASH-O	<input type="checkbox"/> FDA	<input type="checkbox"/> OAPP	
<input type="checkbox"/> DASH-P&E	<input type="checkbox"/> HRSA	<input type="checkbox"/> OSH	
<input type="checkbox"/> DASH-DPHP	<input type="checkbox"/> NIH	<input type="checkbox"/> OIH	1 <input checked="" type="checkbox"/> OTHER <i>Deputy Asst</i>
<input type="checkbox"/> DASH-PA		<input type="checkbox"/> OHL	7 <i>Aids-co</i>
3 <input checked="" type="checkbox"/> DASH-IGA		<input type="checkbox"/> OGC	
4 <input checked="" type="checkbox"/> SEN ADV/EA	<input type="checkbox"/> NCHS	<input type="checkbox"/> OEEO	
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		<input type="checkbox"/> PCPFS	

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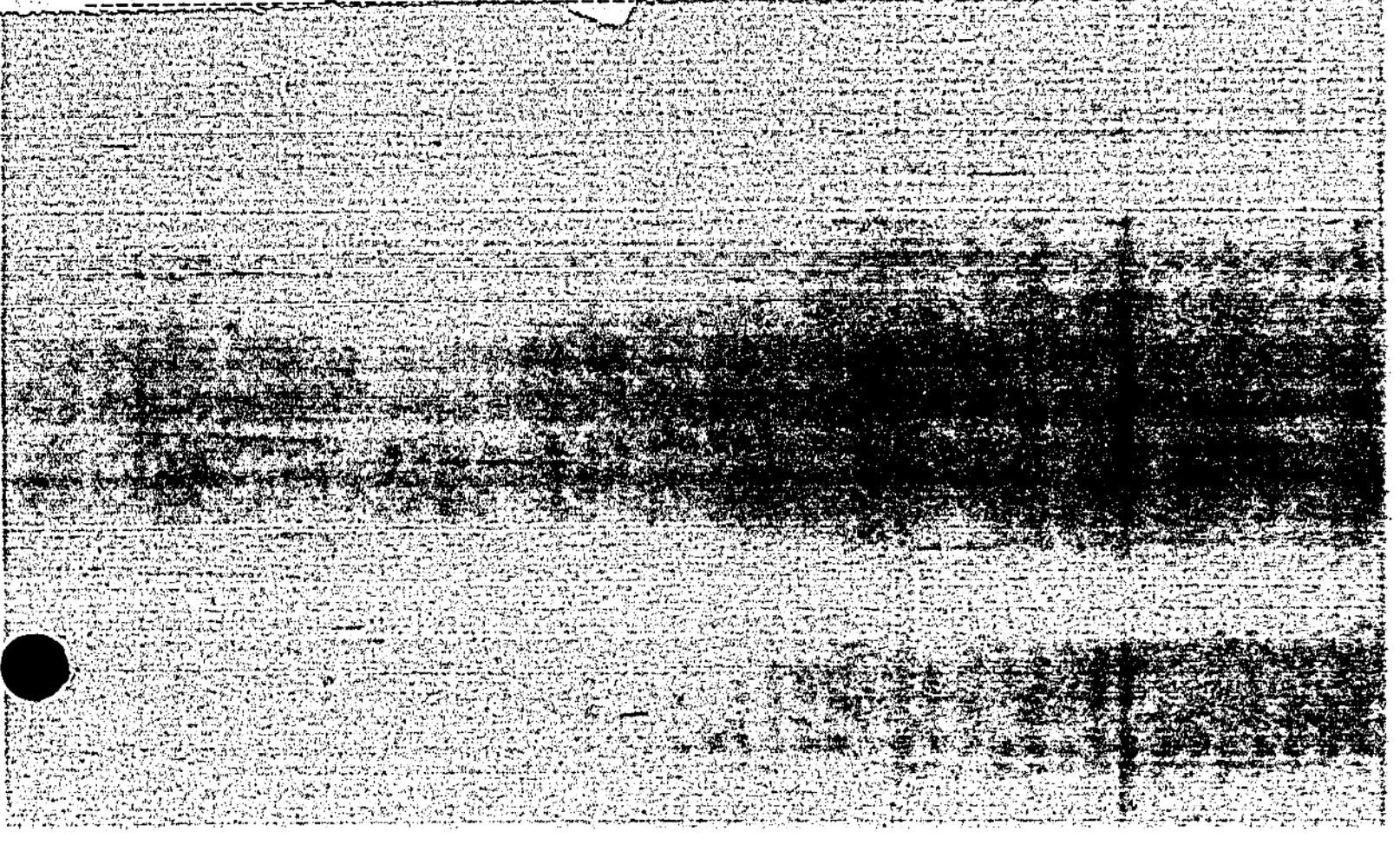
<input type="checkbox"/> SECRETARY'S SIGNATURE	<input type="checkbox"/> REVIEW/CLEARANCE
<input type="checkbox"/> ASH SIGNATURE	<input type="checkbox"/> NECESSARY ACTION
<input type="checkbox"/> DIRECT REPLY	<input checked="" type="checkbox"/> FOR YOUR INFORMATION
<input type="checkbox"/> _____ SIGNATURE <i>1-7</i>	
<input type="checkbox"/> DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)	

SPECIAL INSTRUCTIONS

ref: 97991

The attached is an additional copy containing Dr. Bowen's comments.

PHS 5175 (Rev. 10/82) RM 710H HHH Bldg. 472-5094/2588 ROUTED BY *East*





DEPARTMENT OF HEALTH & HUMAN SERVICES

Dr. Anderson
Office of the Secretary *PJS*

Washington, D.C. 20201

SEP 21 1987

SPECIAL

MEMORANDUM

TO: The Secretary
 THRU: US _____
 COS _____
 ES *Ej Connell 9/21/87*
 gmy

FROM: Stephanie Lee-Miller
 Assistant Secretary for Public Affairs

SUBJECT: AIDS Town Meeting

1987 SEP 22 AM 11:20
PHS/ES

As you will recall, we have discussed increased Secretarial activity concerning AIDS, especially during October. As discussed, we are making AIDS the focus of present speaking engagements wherever appropriate, and we are planning for three early morning press briefings.

In addition, the Scheduling Office suggests that three or four more days in October could be devoted to AIDS appearances. We are working with CDC to develop productive uses of this time.

One idea which has been tentatively proposed by Mel Lukens following his talks with CDC is an "open forum" or "Town Meeting" type of event, or even a series of such meetings. These forums would encourage a "back-and-forth" interchange with the audience. To some extent, the meetings could focus on certain key themes.

While this kind of setting would be attractive for media, it also contains an unavoidable element of risk: hard questions would be asked, and there would be some possibility of confrontation.

As examples:

- You could meet with a school-oriented forum: for example, teachers and PTA from a selected school district. If you wished, you could also meet with a student audience -- high school and/or junior high. The focus would be on: non-transmission through casual contact; how to talk about AIDS with young people; how young people at an experimental age face special risk of AIDS. This could be done near Washington (e.g., Fairfax County). Most likely to get national media attention would be talking with students.

98016
TRACER

- CDC has suggested Tennessee as a focus for one of your activities -- it is an area where they'll be monitoring the effect of public education in October. In Nashville, it would be possible to meet with medical students from Vanderbilt and Meharry. The focus could be on minorities and AIDS, as well as the medical profession and AIDS.

These are examples intended to show what might be done, from the standpoint of media exposure as well as focused message, in an open-forum or "town meeting." By opening with prepared remarks, you could focus your message. And by taking Q & A, the meeting could be more attractive to media and could surface the questions which most concern people.

However, if you would not be comfortable with this kind of meeting, other kinds of events can be scheduled. We are investigating a variety of options with CDC.

Before you leave Washington September 22, I would appreciate your guidance on whether to proceed with a town meeting-type event or events, and whether either of the two specific suggestions would be desirable (either as an open forum or as a speech). I would be happy to discuss these ideas with you further.

PROCEED WITH TOWN MEETING CONCEPT _____

PREFER NOT TO DO TOWN MEETINGS _____

cc: Dr. Windom
Jim Brown

- Time is big factor.
 - Catastrophe is going taking much time now.
 - I don't wish out of town trips but will do one or two if schedule is not too killing a pace.
 - If I do it, I think an AIDS report ought be along with Dr. Noble or Dumble or Mason
- Over

Aids file

PHS CORRESPONDENCE

98012

REFERRAL DATE:

9/23

DUE DATE:

<input checked="" type="checkbox"/> TO: ASH	<input type="checkbox"/> ADAMHA	<input type="checkbox"/> OM	<input type="checkbox"/> ES/PHS
<input type="checkbox"/> SG	<input type="checkbox"/> CDC	<input type="checkbox"/> PUB AFF	
<input type="checkbox"/> DASH-O	<input type="checkbox"/> FDA	<input type="checkbox"/> OAPP	
<input type="checkbox"/> DASH-P&E	<input type="checkbox"/> HRSA	<input type="checkbox"/> OSH	<input checked="" type="checkbox"/> OTHER <i>Aids-co</i>
<input type="checkbox"/> DASH-DPHP	<input type="checkbox"/> NIH	<input type="checkbox"/> OIH	
<input type="checkbox"/> DASH-PA		<input type="checkbox"/> OHL	
<input type="checkbox"/> DASH-IGA	<input type="checkbox"/> NCHS	<input type="checkbox"/> OGC	
<input type="checkbox"/> SEN ADV/EA	<input type="checkbox"/> NCHSR	<input type="checkbox"/> OEEO	
<input type="checkbox"/> SA/ASH		<input type="checkbox"/> ORH	
		<input type="checkbox"/> PCPFS	

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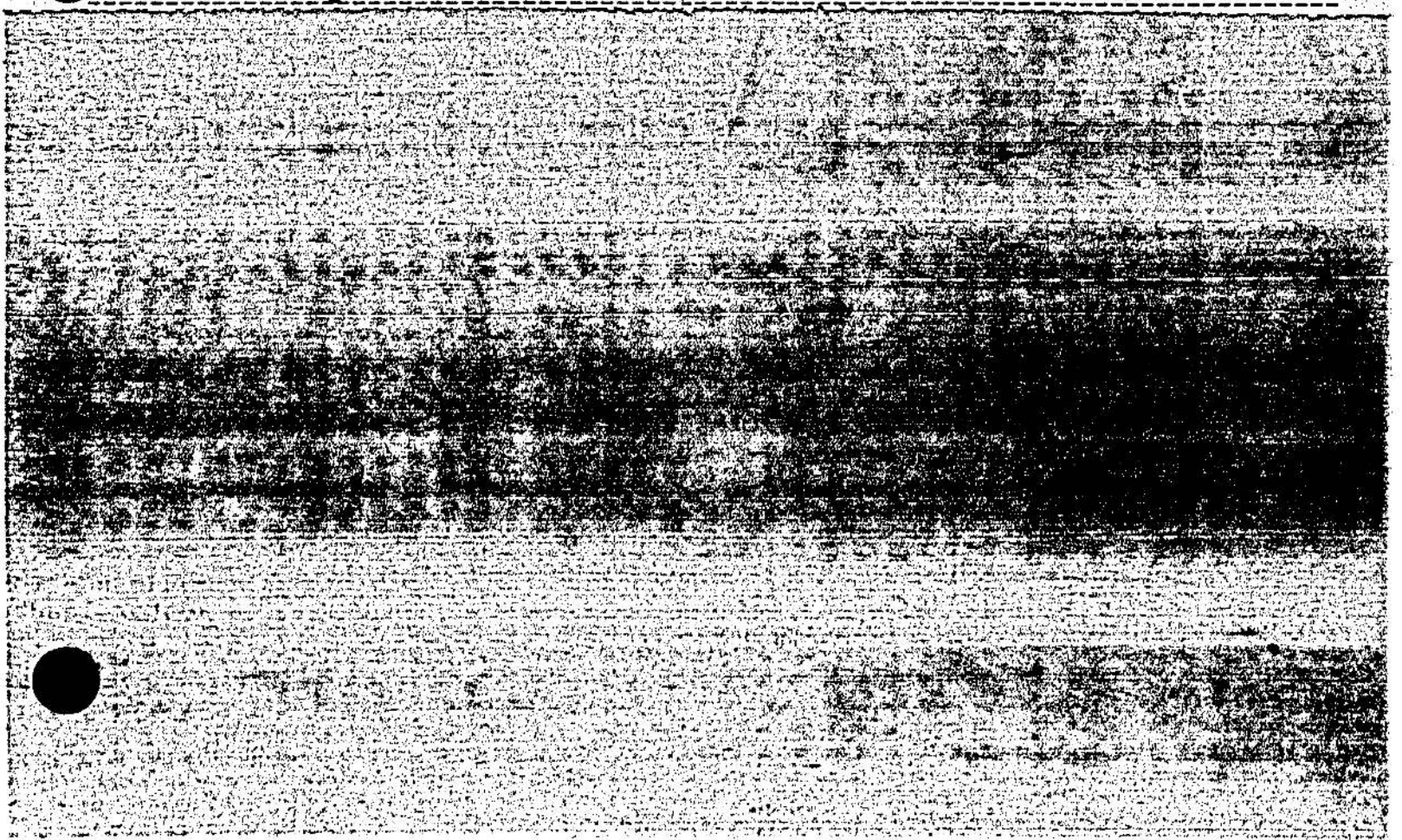
- SECRETARY'S SIGNATURE
- ASH SIGNATURE
- DIRECT REPLY
- _____ SIGNATURE
- DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)
- REVIEW/CLEARANCE
- NECESSARY ACTION
- FOR YOUR INFORMATION

SPECIAL INSTRUCTIONS

PHS 5175
Rev. 10/821

RM 710H
HHH Bldg.
472-5094/2568

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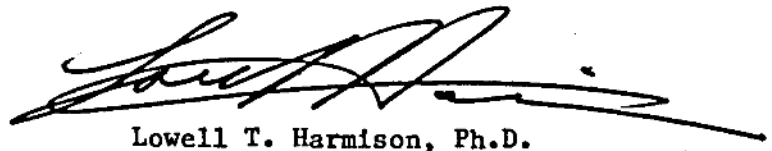
Memorandum

Date SEP 22 1987
From Deputy Assistant Secretary for Health
Subject Dionne Warwick's Visit
To AIDS Coordinator

In the course of her visit yesterday, we promised to provide on a regular basis an update on the AIDS activity within the Public Health Service.

This responsibility should rest with the AIDS Coordinator's office. The "AIDS Update" and the "Report on the Current Status of AIDS in the United States," copies attached, would seem to be appropriate to provide to Miss Warwick and others who may serve to provide important messages on AIDS and to answer questions they are asked in their pursuit of creating a broader understanding of AIDS and how people can help in containing the disease. The essence of the update should cover the brief statements in research achievements, therapeutic interventions, information/education risk reduction activities and other key developments affecting patient care and health services delivery.

This will be an important step in getting information to people who can make a difference. Please provide Dr. Windom and myself with copies of what is provided to Miss Warwick and others.



Lowell T. Harmison, Ph.D.

Attachments

cc: Dr. Windom

98012
TDA CED

REPORT ON THE CURRENT STATUS OF AIDS
IN THE UNITED STATES

AIDS UPDATE

o Current Statistics

- As of July 22, 1987, 38,807 AIDS cases have been reported in this country, with some 22,328 deaths.
- In 1985, AIDS became the 11th leading cause of years of potential life lost below 65 years of age, and in 1986, it is expected to be eighth. The years of potential life lost due to AIDS increased from 82,885 in 1984, to 152,585 in 1985; this represented a rate increase of 82.4 percent.
- We estimate that 1.5 million more Americans are infected by the AIDS virus, and can spread it to others, even though they may currently show no signs of illness. Present data indicate that 20 to 30 percent of individuals can be expected to develop AIDS within 5 years of first becoming infected.
- The report of the Public Health Service (PHS) Coolfont Conference in June 1986 projected that by the end of 1991, the cumulative total of AIDS cases would exceed 270,000, with more than 179,000 deaths.

o Funding

- A PHS funding chart (Tab A) shows the amount of monies which have been spent or allocated for AIDS.

o Transmission Categories

- Adult/Adolescents (Total Number - 38,275):
 - Homosexual and/or bisexual men only (66%);
 - Homosexual and/or bisexual men with history of IV drug use (8%);
 - IV drug user only (16%);
 - Remaining 10% (hemophilia/coagulation disorder (1%); heterosexual transmission (4%); blood/blood product transfusions (2%); and undetermined (3%).

-- Children (Total Number - 533):

Hemophilia/coagulation disorder (5%);
Parent with AIDS or at risk for AIDS (78%);
Blood/blood product transfusions (12%);
Undetermined (5%).

AIDS RESEARCH AND DEVELOPMENT

o Overview:

- The Department of Health and Human Services (DHHS) is conducting and supporting intensive research to develop effective treatments for AIDS patients and a safe and effective vaccine that will prevent initial infection with the virus.
- The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is conducting research on AIDS dementia directly related to HIV infection of the brain; neuropsychiatric and biobehavioral aspects of the illness; and, psychoimmunologic research.
- The Centers for Disease Control (CDC) is conducting and supporting national and international epidemiologic studies to identify new risk factors and further define modes of transmission; developing an animal model and participating in programs for vaccine development and evaluation.
- The Food and Drug Administration (FDA) is conducting research on HIV infections; vaccine evaluation and development; studies of therapeutic intervention; AIDS transmission via medical devices; and pathogenesis of the disease.
- The Health Resources and Services Administration (HRSA), through its AIDS Service Demonstration Projects, is examining innovative service delivery modalities designed to reduce the need for hospital care and, thereby, reduce the cost of caring for people with AIDS.
- The National Institutes of Health (NIH) is conducting and supporting multidisciplinary studies aimed at understanding the natural history of AIDS, characterizing the virus that causes the disease, delineating the nature of the immune deficiency in AIDS patients, developing treatments

for the opportunistic diseases of AIDS patients, and working toward the development of a vaccine.

o Vaccines:

- No cure for the disease currently exists, and if a successful vaccine can be developed, it will not be generally available for some years to come. However, clinical testing could begin within years.
- We have had promising results using components of virus in monkeys, and experiments are underway testing vaccine in chimpanzees.

o Therapeutic Drugs:

- DHHS has taken a major step by establishing 19 new Drug Treatment and Evaluation Centers for testing of AIDS drugs.
- When effectiveness of Azidothymidine (AZT or Retrovir) for certain AIDS patients became known, human testing with placebos was interrupted and AZT was made available immediately to patients who have had Pneumocystis carinii pneumonia. However, AZT is not a cure.
- We cannot predict how soon we may find more effective anti-viral agents or immunomodulators.

SCREENING

There are two issues currently under review regarding AIDS and HIV antibody testing in the prevention and control of AIDS and HIV infection.

o The first issue deals with the proposed exclusion of aliens with AIDS:

- DHHS is developing a regulatory amendment to specify that AIDS is a condition in the presence of which a permanent visa may be denied a potential entrant to the United States.
- Authority already exists to deny a visa to a person whose health status is such that he or she is likely to be dependent on public financial support to obtain necessary health care; under the

proposed amendment, the Department would clarify that a person with AIDS is considered excludable on this basis.

- The proposed rule has been published in the Federal Register for comments. The final rule has not yet been published.
- o The second issue deals with the role of HIV antibody testing domestically in the prevention and control of AIDS:
 - In February, the Centers for Disease Control (CDC) held a conference of health officials from across the U.S. to discuss public health, medical, and public policy issues about broader implementation of antibody testing for HIV.
 - Broad agreement was reached on the need for wider testing for infection in programs for persons at risk for acquiring sexually transmitted diseases, drug dependent people, as well as their spouses and sexual partners, and sexual partners of people with HIV infection, provided it was voluntary and accompanied by adequate counseling and safeguards to keep results confidential.

AIDS INFORMATION/EDUCATION

- o In the absence of a vaccine or therapy, the best hope for prevention of AIDS rests on a strategy based on educating the public about the seriousness of the AIDS epidemic, the ways the AIDS virus is transmitted, and the practical steps each person can take to avoid acquiring or spreading it. Knowledge about AIDS has already proved to be effective in changing behavior among homosexual men.
- o The PHS has developed guidelines on the prevention of AIDS, issued between 1982 and 1986, which have provided a foundation for educational efforts to prevent this disease.
- o The PHS Plan for the Prevention and Control of AIDS (1985); the Report of the PHS Coolfont Conference (1986); and the Surgeon General's Report on AIDS (1986) all focus on developing information, education, and risk reduction programs.

- o DHHS has developed the "Information/ Education Plan to Prevent and Control AIDS in the United States - (1987/1988)." This is a comprehensive PHS plan for informing and educating the American people about AIDS. The information/ education effort addresses the following targeted populations: (1) the public; (2) school and college aged individuals; (3) persons at increased risk or who are infected; and (4) health workers.
- o The PHS established A Federal Coordinating Committee on AIDS Information, Education, and Risk Reduction which is composed of eight Federal departments (DHHS, USDA, DOD, DOED, HUD, DOJ, DOL and State), five independent agencies (A.I.D., USIA, ACTION, OPM and VA), and three offices within the Executive Office of the President (The Domestic Policy Council, OSTP, and OMB). The Committee is responsible for identifying government-wide needs, problems and appropriate goals of this critical public health effort on AIDS.
- o The funding chart at Tab A includes funds for information and education efforts.

INTERNATIONAL ACTIVITIES

- o The United States has been a full participant in international efforts against the AIDS epidemic:
 - The Public Health Service (PHS) supports U.S. participation in international efforts to prevent and control AIDS and has been actively involved in such efforts from the beginning.
 - The PHS is working with the Agency for International Development (A.I.D.) in the State Department and the World Health Organization (WHO) to develop collaborative interventions using the unique contributions of each agency. This includes research (including epidemiological and behavioral research), diagnostics, characterization of the virus, genetic differences and other factors that affect transmission. The whole area of education and control measures is one where U.S. experience, expertise and technology could be shared internationally.
 - At present, the PHS is providing: (1) a full-time physician assigned to the WHO Global Control Program on AIDS; (2) a full-time physician assigned to the A.I.D.; and (3) a full-time physician assigned to Zaire as the Director for

the Project SIDA (a joint effort with the Ministry of Health in Zaire and the Belgium Institute of Tropical Diseases), and a laboratory staff person.

- CDC and NIH support and collaborate on a number of epidemiologic, laboratory and pathological AIDS studies in Africa, and provide other individual consultations to many countries to help them assess the magnitude of the problem.
- Several PHS agencies have been formally designated as WHO Collaborating Centers on AIDS. At least two individuals are assigned to PAHO and provide consultation and educational efforts on AIDS for many Nations in the Americas. The PHS agencies have also provided laboratory training related to AIDS to many foreign scientists.
- The PHS also participates in most of the WHO international meetings and other international scientific meetings. The PHS held the first International Conference on AIDS in 1985. The purpose of the conference was to review and exchange information on AIDS epidemiology, virology, molecular biology, immunology, serology, hematology, animal models, neurological implications, neuropsychiatric aspects, oncology, diagnostic tests, clinical manifestations, behavioral and addiction aspects, public health, ethical and psychosocial implications, and prevention and control strategies. The PHS participated in the support of the 1986 meeting, and is sponsoring and hosting the Third International Conference which will be held this June in Washington, D.C.

1/20/87
Tab A

PHS AIDS FUNDING
(dollars in millions)

AGENCY:	1986	1987			1988		
		Approp.	Supp.	Revised Request	President's Budget	Amendment	Revised Request
FDA.....	\$10	\$14	--	\$14	\$16	+\$9	\$25
HRSA <u>1</u> /.....	15	12	--	12	7	--	7
CDC.....	62	89	+\$32	121	113	+122	234
NIH.....	135	252	--	252	344	+79	422
ADAMHA.....	12	48	--	48	54	+47	101
OASH.....	--	--	--	1	1	+1	2
TOTAL-AIDS *	\$234	\$416	+\$32	\$447	\$534	+\$257	\$791

* Numbers may not add due to rounding.

1/ Includes \$15 million and \$10 million, for 1986 and 1987 respectively, transferred from the Office of the Secretary for Treatment Demonstration projects.

AIDS UPDATE

- o **AIDS Overview:** As of July 27, 1987, a total number of 39,263 cases have been reported; deaths in the United States due to AIDS total 22,548. In 1985, AIDS became the 11th leading cause of years of potential life lost below 65 years of age, and in 1986 it is expected to be eighth. We estimate that 1 million to 1.5 million Americans are infected by the AIDS virus. PHS projects that by the end of 1991 the cumulative total of AIDS cases would exceed 270,000, with more than 179,000 deaths. In 1991 alone, 45,000 deaths are estimated which is more than an average of 1,000 deaths per week through the year.
- o **Costs of AIDS:** CDC funded a study on estimates of the direct and indirect costs of AIDS in the U.S. by Anne Scitovsky and Dr. Dorothy Rice. The study presents estimates of the direct and indirect costs of the AIDS epidemic in the U.S. for 1985, 1986, and 1991. The costs for 1986 and 1991 are as follows:
 - (a) Personal medical costs (e.g. hospital and physician services) will rise from \$1.1 billion in 1986 to \$8.5 billion in 1991.
 - (b) Nonpersonnel costs (for research, screening, education, and general support services) are estimated to rise from \$542 million in 1986 to \$2.3 billion in 1991.
 - (c) Indirect costs attributable to loss of productivity resulting from morbidity and premature mortality are estimated to rise from \$7.0 billion in 1986 to \$44.6 billion in 1991.
- o **Vaccine Research and Development:** A vaccine is not likely to be available for wide-spread use before the mid-1990s. Experiments are underway testing vaccine in chimpanzees and several research groups have applied to FDA for permission to test candidate vaccines in humans; some trials may begin this year.
- o **Therapeutic Drugs:** We have taken a major step with the 19 new Drug Treatment and Evaluation Centers for testing of AIDS drugs. When effectiveness of Azidothymidine (aka AZT or Retrovir) for certain AIDS patients became known, human testing with placebos was interrupted and AZT was made available immediately to patients who have had Pneumocystis carinii pneumonia. However, AZT is not at all a cure. We cannot predict how soon we may find more effective anti-viral agents.

- o **Western Blot Blood Test:** On April 30, the Food and Drug Administration licensed a commercial test kit--previously used only in a research setting--for screening blood and for validating an initial screening of donated blood for antibodies to the virus that causes AIDS. The test, called "the western blot", standardizes the procedure for use by blood bank personnel. This validation kit will help reinstate some previously ineligible donors and thus will increase the supply of blood available to blood banks and patients needing transfusions and should increase our confidence in the accuracy of our findings.

- o **Information and Education Plan:** In the absence of a vaccine or therapy, the best hope for prevention of AIDS rests on a strategy based on educating the public about the seriousness of the AIDS epidemic, the ways the AIDS virus is transmitted, and the practical steps each person can take to avoid acquiring or spreading it. Knowledge about AIDS has already proved to be effective in changing behavior among homosexual men.

The PHS has developed guidelines on the prevention of AIDS, issued between 1982 and 1986, which have provided a foundation for educational efforts to prevent this disease.

The PHS Plan for the Prevention and Control of AIDS (1985); the Report of the PHS Coolfont Conference (1986); and the Surgeon General's Report on AIDS (1986) all focus on developing information, education, and risk reduction programs.

DHHS has developed the "Information/ Education Plan to Prevent and Control AIDS in the United States - (1987/1988)." This is a comprehensive PHS plan for informing and educating the American people about AIDS. The information/ education effort addresses the following targeted populations: (1) the public; (2) school and college aged individuals; (3) persons at increased risk or who are infected; and (4) health workers.

The PHS established a Federal Coordinating Committee on AIDS Information, Education, and Risk Reduction which is composed of eight Federal departments (DHHS, USDA, DOD, DOED, HUD, DOJ, DOL and State), six independent agencies (Action, AID, EPA, OPM, USIA, and VA), and three offices within the Executive Office of the President (The Domestic Policy Council, OSTP, and OMB). The Committee is responsible for identifying government-wide needs, problems and appropriate goals of this critical public health effort on AIDS.

PHS/AIDS 7/29/87 (AIDSUPDA)