The Health & Development Policy Project

Advancing women's health concerns and social justice in foreign policy and international development

FAX COVER PAGE

TO : LA HOMA SMITH ROMOCKI

FROM: LORI HEISE

DATE: 8-30-96

RE : BIO SKETCH

Transmitting 2 Pages (including cover sheet)

Message:

PLEASE SEE ATTACHED BIO SKETCH

6930 Carroll Avenue
Suite 430
Takoma Park, MD 20912
301-270-1182
fax 301-270-2052
E-Mail: hdpp@igc.apc.org

HDPP is a project of the Tides Center

Author: * Larry D Huffman at OES_Bureau
Date: 9/10/96 5:46 PM
Priority: Normal
CC: Elena Kim
CC: Jonathan Davis
TO: rhickox@usbr.gov at INET
TO: pgenther@banyan.doc.gov at INET
TO: kwashburn@ios.doi.gov at INET
TO: JOHN WIN {4510.1.10502.18756} DAYTON at DOSVSNET
TO: phyllis.davis@postmaster2.dot.gov at INET
TO: tkrohn@fra.dot.gov at INET
TO: bailey.marianne@epamail.epa.gov at INET
TO: kbart@osophs.ssw.dhhs.gov at INET
TO: abhat@nih.gov at INET
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TO: adeangel@nsf.gov at INET
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TO: Nancy Carter-Foster
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TO: olik@uspto.gov at INET
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TO: myerg@smtpgate.nws.noaa.gov at INET
CC: PARKER C SCHOFIELD at DOSVSNET
CC: tarrison@nas.edu at INET
CC: jlladins@facstaff.wisc.edu at INET
TO: bpayne@ntis.fedworld.gov at INET
TO: lenfant@gwgate.nhlbi.nih.gov at INET
Subject: Vietnam: Activities database

---------- Message Contents ----------

DATE: September 10, 1996

FROM: Larry D. Huffman, Program Officer, OES/SCP, Room 5806
Phone: (202) 647 4689; Fax: (202) 647 2746 or 647 0773
e-mail: lhuffman@state.gov

U.S. Vietnam S&T Fax List

TO: Name	Agency	Phone	Fax
Zach Hanh	AID	7 4515	7 3517
Victor Barnes	AID	(703)875 4636	875 4716
Paul Delay	AID	(703)875 4616	875 4686
Karen Morita	AID	(703)875 4740	875 4686

	Lorraine West	BUCEN	(301)457 1362	457 1539	
E	Bob Hickox	BUREC	208 5640	208 3394	(35)
	Carolyn Harrison	BUREC	208 4645	208 3394	(35)
E	P. G. Yoshida	DOC/OTP	482 1287	482 4826	(02)
E	Hong-Phong Pho	DOC/ITA	482-3877	482-3316	
	Steve Rosen	DOD	(703)604 8042	602 4774	
	Larry Dewey	DOE/PO	586 4290	586 1180	(10)
	Peter Jodoin	DOE/PO	586 5906	586 1180	(10)
	Tom York	DOE/OER	586 4518	586 7719	
E	Kathy Washburn	DOI/IA	208 3048	501 6381	(27)
E	Phyllis Davis	DOT/OST	366 9514	366 7417	(24)
E	Ted Krohn	DOT/FRA	366 0555	366 7688	
E	Marianne Bailey	EPA	260 5237	260 4470	(08)
E	Kenneth Bart	HHS/OIH	(301)443 1774	443 6288	(72)
E	Amar Bhat	NIH/FIC	(301)402 0152	480 3414	(23)
E	Linda Staheli	NIH/FIC	(301)496 5903	480 3414	(23)
	Don Miller	NASA	358 1651	358 3030	(22)
E	Steve Carpenter	NIST/OIR	(301)975 4119	975 3530	(06)
E	Claire Saundry	NIST	(301)975 2386	975 3530	(06)
	Richard Crouthamel	NOAA/NWS	(301)713 0647	587 4524	
E	William Bolhofer	NOAA	(301)713 1611	713 1255	
	Arthur Paterson	NOAA/INTL	(202)482 6196	482 4307	(32)
	Bob Suettinger	NSC	(202)456 9251	456 9250	
E	Alice Hogan	NSF	(703)306 1704	306 0476	(05)
	Elizabeth Echols	NTIA	482 3186	482 1865	
E	Barbara Payne	NTIS	(703)487 4675	487 4134	
	Patsy Fleming	ONAP	632 1090	632 1096	
E	Deanna Behring	OSTP	456 6058	456 6028	(01)
E	Carol Wilson	USDA/FAS	720 4090	690 0892	(07)
E	Anna Lenox	USGS	(703)648 5053	648 6687	
E	Jack Medlin	USGS	(703)648 6062	648 4227	(11)
	Elizabeth Kauffman	USIA	619 5837	619 6684	
	Joe Damond	USTR	395 6813	395 3512	

Everyone,

DAS Solomon (and a lot of other people, I'll bet) would like a simple database of ongoing and projected activities with Vietnam.

Below, I've provided a structure which you can replicate as many times as necessary to fill in one form for each activity. If you lack complete information, give as much as you can conveniently. For those interested, I should be able to provide either a word processing document or a Microsoft Access database with the compiled information.

Just send what you get as you get it--don't worry about sending multiple messages. Just flag updates to previously transmitted info so I'll know not to enter a new record for a project already recorded in a previous one.

Regards,

Larry

Country: Vietnam

Agency sub-unit:

Counterpart agency:

Counterpart agency sub-unit:

On-going: Projected:

Project title:

Subject area (one word, eg: "metrology"):

One sentence project description:

Contact info

US contact person:

Telephone: FAX: E-mail:

Counterpart contact person:

Telephone: FAX: E-mail:

Stuart Burden
MacArthur
140 South Dearborn St
Suite 1100
Chicago, Ill 60603

Voicemail / Bob Fogel

1 page ahead - Who they are
what they're doing
biggest problems / issues
highlight facts / points
What do they want the Council to do

Care
226
K 182

8/16/96

Dr. Elaine Daniels
FAX # 202-690-7560

Address 200 Ind. Ave. SW Humphrey Bldg.
736 E
Washington, DC. 20201

Lori Heise - 301-270-1182
- Women + Violence
⇒ - Microbicides
Sec # 3011-270-2052

The Health + Development Policy Project

Resources

HIV in Africa - ~~African~~ National Academy of Sciences
Institutes of Health

Research priorities

[(• Debrework ~~Zeudie~~
Elizabeth Reid) → The World Bank
UNDP

Emerging Inf. Diseases + HIV/AIDS Program

(own program under Anne Solomon)

before it was another issue under OESPTH

Deputy Asst. Secretary

Program Director - Nancy Carter Foster

Fax Numbers

Eric Sawyer
Jairo

Nancy Carter Foster

Point out specific activities that UNAIDS is actually doing

→ microbi ~~cides~~ cide

→

→ explain gender

→ Give a couple of examples of human v ts abuses in developing countries

Many of these issues evidenced here.

UNAIDS PRESENTATION BY PATRICIA FLEMING

PRESIDENTIAL ADVISORY COUNCIL MEETING

SEPTEMBER 9, 1996

Over the past year, I have represented the U.S. at three separate meetings of the governing board of the new United Nations Programme on HIV/AIDS (UNAIDS). Other members of the US delegation have included USAID, HHS and Department of State officials. ~~(Cite names?)~~

Before discussing UNAIDS however, I would like to give some background about its predecessor, the Global Programme on AIDS (GPA).

For years, the World Health Organization (WHO) led the United Nation's response to the international fight against AIDS with the Global Programme on AIDS (GPA). But it was criticized for doing too little at the grass-roots level and focusing too narrowly on surveillance, medical problems and vaccines.

Other UN agencies moved in to fill the gap - for example on education or condom distribution. This caused overlaps, confusion and competition for scarce funds.

In 1995, the governing bodies of WHO, UNICEF, UNDP, UNFPA, UNESCO and the World Bank formed a new, joint and co-sponsored program which became operational on January 1, 1996. UNAIDS was devised to streamline the bureaucratic tangle and coordinate the AIDS projects at the global and country level.

UNAIDS' mandate is to strengthen ~~national~~ the capacity of nations in their fight against AIDS through policy

development and research, technical support, advocacy and coordination at county, intercounty and global level.

UNAIDS is the main advocate for the global response to the HIV/AIDS epidemic. UNAIDS' goals are to inspire, focus and strengthen efforts to prevent the transmission of HIV. UNAIDS also wants to reduce the suffering caused by HIV and AIDS, and counter the impact of the epidemic on individuals, families and communities and societies.

Dr. Peter Piot, Executive Director of UNAIDS states that we have learned many valuable lessons in our global struggle against HIV/AIDS, lessons that are transferable across borders and across cultures. We have learned that HIV/AIDS is not an outbreak, but part of the human condition.

We have learned that condoms will never be enough; risk behaviors and the circumstance that lead people into them are complicated and dynamic.

We have learned that we need to lower the social, cultural, religious and moral constraints on our ability to talk openly about human sexual behavior. We especially need to raise the low status of women that impedes their capacity to negotiate safe sex with their partners. We must ~~need to~~ empower women around the world by increasing their access to economic resources and education.

We also have learned that we need to end discrimination of gay men, commercial sex workers, poor people and injecting drug users that limit their access to information, condoms, health care and social support for behavior change.

This is a part of the complexity of HIV/AIDS at the global level and UNAIDS has enthusiastically embraced these challenges and has committed itself to tacking these problems.

Operationally, UNAIDS will rely on the following ~~entities~~ structure:

Theme Groups: There are currently about 95 Theme Groups covering 112 countries. Membership varies widely from country to country, but in general, where a Theme Group has been set up, all six cosponsors are members. ~~Several Theme Groups have extended membership to other UN system organizations active in the area of HIV/AIDS such as UNHCR or FAO.~~ In addition, national governments have chosen to participate in a great majority of the Theme Groups, either as full members ~~of~~ or as observers. In some countries, Theme Group membership is also open to NGOS, bilateral agencies and other relevant organizations.

The great majority of Theme Groups are supported by a technical or working group that meets frequently, ~~is chaired by the Theme Group Chair,~~ and consists of technical representatives of UN agencies, the government, bilateral agencies and NGOS.

The initial terms of reference of most Theme Groups include advocacy, coordination and mainstreaming of activities among cosponsors, support to national efforts, and resource mobilization. Action plans are also being developed in most countries.

Initial experience with the Theme Groups shows that they can be a powerful advocacy mechanism for a greater coordinated response to the epidemic.

The main problems encountered in the operation of the Theme Groups include, in some countries, a lack of awareness and understanding of the UNAIDS' objectives among the cosponsors; a lack of involvement of cosponsors, who in many countries continue to see HIV/AIDS exclusively as a health problem to be addressed only by the Ministry of Health; and a lack of resources to cover the operating costs of Theme Groups.

Country and Regional Programme Advisors:

The criteria for selection of countries in which country programme advisors (CPAs) have or are to be posted include the existing or potential severity of HIV/AIDS as a national problem; the adequacy of national resources to address the problem; the availability of external resources, both financial and technical; and the collective agreement of all parties concerned. CPAs have been selected for 19 countries, with an anticipated total of 40-42 ~~international~~ CPAs, 13 of whom will act on an inter-country

basis.

Major problems are a drop in funds to national programme and initial delays in transferring funds from UNAIDS to the countries. ~~level.~~ Mechanisms are now established to transfer funds, but major challenges remain to mobilize funds for, and by, national programmes and for NGO activities.

UNAIDS has an annual budget of about 60 million dollars a year to carry out their mandate in over 112 countries. The US is the largest contributor, at around 18 million per year, but as you can see, the budget does not match the need for resources for HIV/AIDS programs in developing countries which carry~~ing~~ 90% of the epidemic.

UNAIDS has embarked upon an aggressive resource mobilization campaign, to increase donor contributions from the public and private sectors, in addition to inspiring new and nontraditional donors like the Government of China to provide much needed resources.

Income received from 1 January - 30 April 1996 from governments and the cosponsors for 1996 operations total US 3.4 million. This is approximately 67 million short of their planned budget for 1996. It makes planning difficult and they are using cashflow reserve funds at the present time.

Despite ~~these~~ fiscal constraints, however, UNAIDS has ~~they have~~ been able to move ahead rapidly.

Recent accomplishments include:

UNAIDS has recently established an inter-agency technical working group on Gender in Vancouver to ensure that an appropriate focus is directed to gender sensitivity and HIV issues and that a gender perspective is reflected throughout UNAIDS strategies, and workplans. Gender - ?? says? Women?

There was some discussion about moving the headquarters from Geneva to keep down costs, and a generous offer was made by the French Government. However, the decision has been made to remain in Geneva and UNAIDS has been provided with a generous contribution from the Canton of Geneva towards the Programme's current rental costs.

Five challenges from Peter (stated during the Vancouver conference) that I wish to pass along to you:

It remains unacceptable that people living with AIDS, especially- but not only - in the developing world, should have to live without the essential drugs they need for their HIV-related illnesses. Most of these drugs could be made accessible if drug companies, governments, and doctors could act together to solve these problems. I am sure that Jairo will address this issue during his presentation.

Reword w Vaccine

Two - We must find the courage to turn the global AIDS research agenda on its head. Most research today focuses on the industrialized world, But nine out of 10 HIV infections occur in the developing countries, where people are desperate for a vaccine. Ignoring the research needs of 90% of the epidemic is not just unethical. It is irrational.

Not true!

Third, countries everywhere need to be bolder about prevention. If a socially conservative nation like Switzerland can promote condoms on giant billboards, and condom advertisements on television, so can other countries. If a country with strict religious norms like Pakistan can broadcast almost daily television messages about AIDS, others can too.

what about the US

Fourth, it is time to get serious about the human rights of people living with HIV and AIDS. How many more people need to get infected before the world stops blaming? I believe that Eric will have some things to tell us about this area.

examples of

Lastly, we can change our societies. Women need to have access to education and better employment opportunities so they can afford to stay out of sex work. When children and adolescents have access to services and are armed with skills and tools, they are better prepared to grow and live in a world without AIDS. Lori Heise will be able to answer your questions about this critical component of our work.

So these are our responsibilities as global citizens.

[6] From: stahlhoferm who.ch at INTERNET 5/7/96 4:28PM (15881 bytes: 297 ln)
To: intaids@hivnet.org at INTERNET
bcc: helen miramontes at S/N-CHS
Subject: Re:ICASO2 statement at UN Commission on human rights
---------- Message Contents ----------

Dear all,

Besides inviting Patrick Levy, UNAIDS also invited Dorothy Odhiambo to Geneva to present a statement before the UN Commission on Human Rights.

Furthermore, Patrick and Dorothy utilized their stay in Geneva and attendance at the Commission by lobbying human rights NGOs and government representatives; by participating in a briefing on vulnerability, jointly organized by ICASO and UNAIDS; and by providing an input into the drafting of the 1996 Commission resolution on human rights in the context of HIV/AIDS.

Below you will find Dorothy's statement.

Best regards,

Marcus Stahlhofer
Associate Human Rights Adviser
UNAIDS

WOMEN, HIV AND HUMAN RIGHTS

By Dorothy Odhiambo, AFRICASO, ICW, GNP

In both the develop and developing countries, there is increasing and disproportionate prevalence of infection among people of the lowest socio-economic status. In the developing world, women form a majority of this population because the degree to which women are insubordinate may vary from one society to the other, its nature and impact is essentially the same all over the globe. This insubordination makes women highly vulnerable economically, socially and even health wise in light of HIV/AIDS infection.

In addition to their vulnerability to becoming infected, women are less likely to receive adequate and equal health care, psychological support and welfare services they critically need. Poor education, literacy and job's skills, inadequate housing, unemployment, lack of health and disability insurance contribute to the poor health status of women in general and to HIV vulnerability in particular.

The recognition of HIV/AIDS as a major problem for women and the response to HIV/AIDS in women have been slow and inadequate reflecting pervasive worldwide discrimination against women.

Because of the socio-cultural subordinate position of women in most societies in the world, the HIV/AIDS epidemic has launched the most savage assault on women. Women are increasingly becoming the most affected by the epidemic both single and married.

z Every minute of every day two women become infected by HIV.

z Every two minutes of every day a woman dies of AIDS.

z In many areas of the world more than 60% of all new infections are occurring in young women between the ages of 15-24 years.

z By the year 2000, over 14 million women are expected to have been

infect d and about four million of them to have di d from AIDS.

Statistics has also shown that women are four times more likely to contract HIV/AIDS than men (AIDS Analysis in Africa, March-Aril 1995).

The reasons for women's vulnerability is multiple and complex:

z Sexual transmission of HIV is more efficient from men to women than from women to men.

z Women's economical dependence on men and the society's acceptance of different standard of sexual behaviour for men and women place women at risk and jeopardize their ability to negotiate protected sex with their partners.

z Women are more vulnerable to infection because of limited education and employment opportunities. Many women especially in the developing world lack the education, social status, economic resources and power in sexual partner relationships to make informed choices.

Women have been denied the rights of life by reason of their subordination and powerlessness to protect themselves from being exposed to infection.

In Africa, and elsewhere, women and young girls are normally subject d to exploitative relationships where they are abused physically, mentally and even sexually. In cases where they become HIV positive, they become easy prey of abandonment and destitution with no support or care, yet when the men are in the same position, the women care for them, until death takes them away.

HIV positive women find it difficult to access treatment or even psychological support for themselves. In fact the HIV positive wom n faces a triple jeopardy:

z They have to grapple with their own condition and emotions.

z If pregnant there is always the stress caused by the risks of getting the new born infected with the virus. This is worsened by the length of the duration she has to wait to affirm the status of her baby. For the single woman who desires to have a baby, such desires are viewed with a set of stigma and discrimination that other women do not experience.

z Women, whether infected or not remain the principal providers in both the formal and informal health care system. Infected women have to deal with their personal care and the care of others as well.

Again very few programmes exist that are solely tailored to address the medical problems of HIV infected women, especially programmes addressing women specific opportunistic infection and programmes dealing with their reproductive and caring roles. The situation is made worse by poverty, discrimination and human rights abuses inherent where women's needs are concerned.

Women also lack equal access to education welfare services, training, independent income, property and legal rights. All these translate into a myriad of problems in care and other health related services. Their need for preventive services have been misinterpreted and misunderstood by policy makers.

Preventive programmes for women mainly target commercial sex workers or the risks women pose to their unborn children. No preventive programmes ever address women's needs for protection and how they can ensure they are protected during sexual intercourse.

Many women, positive or otherwise f al powerless to ask their hu bands to use protective devices like condoms during sexual intercourse. Even where the men could use condoms, such a move to protect themselves may conflict with the social or personal imperative to have children.

Motherhood is greatly glorified in many African societies and this is a significant factor in social status of women within the society. With such a psychological background one would imagine the amount of cultural pressures put on women with no children. Such pressure could easily turn into a nightmare for young women who would wish to give birth but are inhibited due to their sero-status. The HIV status of a woman therefore becomes very important because of the reproductive issues involved.

Women infected with HIV therefore suffer further denials of their rights by being deprived of the right to bear children and the right of freedom of reproductive choice.

Their right to privacy is further violated when their sero-status is revealed because of the illness of their children and when they are denounced for transmitting HIV infection to the unborn children or when they are legally rejected by their spouses because they are HIV positive. Women are often discriminated against as vectors or transmitters of the virus regardless of their spouses sexual behaviour patterns. Many women in Africa in monogamous marriages confess being infected by their only sexual partners, their husbands.

Violence against women

In Africa and all around the world, women are highly vulnerable to all forms of violence; physical, sexual and psychological within and outside the family. Because of their economic insubordinate positions they are vulnerable to coerced sex or sex work for economic gains. Often, women have fallen victim to rape, incest and other forms of sexual abuse. Such violence infringes on their rights to freedom from cruel, inhuman and degrading treatment. The violence on women also results into a lot of psychological torture, for example the psychological trauma of being raped or the trauma of incest.

At the same time, women are subjected to other degrading cultural practices like female genital mutilation and other harmful traditional practices that increases their vulnerability to HIV infection. Other examples of negative traditional practices include customary laws of inheritance, which violates the rights of women by denying then and their children the right to remain in and contribute to the community well being.

The right to knowledge has been grossly abused among the infected and uninfected women in several ways. The denial of this right is link i directly to cultural assumptions about who best exercises rational deliberations to women's lack of participation in decisions affecting their lives and to women's social subjugation in general. The recognition of women's right to knowledge is essential to their informed choices and actions.

HIV positive women have a right to information on prenatal and perinatal transmission of the virus to their unborn or newborn babies through breast feeding and during birth.

Such information enable them to make informed choices. The same women have no access to services like counseling and support to help them live with the infection and to guide them to make informed choices regarding pregnancy and breast feeding. HIV positive women face real dilemma when they discover they are pregnant especially when their diagnosis is made during pregnancy. There is always the moral choice

of whether to go for an abortion or keep the pregnancy. This is why the right to information, care and support becomes critical at this stage.

*****

SOME PRACTICAL EXPERIENCES OF VIOLATIONS OF HUMAN RIGHTS AMONG HIV POSITIVE WOMEN

1. Discrimination and isolation

At one of the conferences organized by ICW, a woman from Cape Tow, South Africa, spoke of her experience of testing HIV positive at the age of 17 years. She spoke about the horrific isolation she had to undergo when she tested positive. She was abandoned by family and friends and totally left alone to grapple with her new sero-status and all the stigma that goes along with it. Eventually because of her self determination she began to go out seeking new friends and new social environment and sharing whatever she knew about HIV/AIDS with them. She now says: "I had to loose a lot before I could be who I am today". She emphasizes that she is now living a much more positive life and is making the fight against HIV/AIDS a huge part of her purpose in living.

2. One women from Asia shared that after her boyfriend died of AIDS, she was afraid to get tested because of the severe stigma attached to AIDS in Asia. She had heard and seen so much about how people with HIV infection are ill treated by the society and judged by the health care professionals.

Once she decided to be tested, she was told she is no longer useful to society and that she would definitely die. Because of this treatment, she has developed serious stress problems, including not sleeping which has seriously jeopardized her health. She emphasized her belief that the more a person is isolated the worse her/his situation becomes.

3. Violence against HIV positive women

HIV positive women are sometimes reluctant to tell their partners and about their status for fear of being physically assaulted or thrown out of the house. A women once shared how she narrowly escape death when she disclosed her status to the husband. Because she was the first to be diagnosed as HIV infected. When pregnant she faithfully went home and told the husband who got so enraged and started accusing her of being a loose woman, no wonder she had AIDS.

The following day, the man hired a stranger to go and kill her in his absence. The woman only escaped death narrowly when her screams attracted passers by who came to her rescue. The killer escaped but the woman had to spend several months in hospital recovering from the injuries sustained during the attack. She also lost her baby in the process through spontaneous abortion as a result of the trauma.

4. Another woman in Africa, whose husband was promiscuous shared that her husband slept with a panga (a weapon) under his pillow to threaten her or force her to have sex with him after his many sexual encounters outside. She confessed that she got infected with HIV by the husband through coerced sex with him. Undoubtedly several more women are in similar situations where they cannot refuse their spouses sex without being threatened in several ways. Such women find it too difficult or shameful to admit or disclose their situation. They rarely seek help even when HIV infected.

5. A woman whose husband had died of AIDS decided to move to a nearby urban center to try and earn a living doing small scale business

against the wish of her in-laws. The brothers in law followed her there and started accusing her of having stolen their late brothers property. They then instigated mob justice against her on grounds that she was spreading the virus to the unsuspecting men in that town after killing their brother. She was beaten to death by an organized mob. Nobody was ever apprehended for that crime.

Clearly, all of these examples highlight but a few cases of the abuses women - but specifically HIV+ women - have to undergo. We call upon Governments and NGOs to initiate action that would save women from such inhumane and degrading situations.

*****

CONTACT INFORMATION

ICASO - International Council of AIDS Service Organizations
Central Secretariat
400-100 Sparks Street
Ottawa KIP 587 CANADA
Tel: 1 613 563 4998
Fax: 1 613 230 3580
E-mail: icaso@web.apc.org

ICW - International Community of Women Living with HIV/AIDS
Livingstone House, 11 Carteret Street - 2nd Floor
London SW1H 9DL - United Kingdom
Tel: 44 171 222 1333
Fax: 44 171 222 1242
E-mail: icw@gn.apc.org

GNP+ - Global Network of People Living with HIV/AIDS
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1001 GS Amsterdam
The Netherlands
Tel: 31 20 689 82 18
Fax: 31 20 689 80 59
E-mail: gnp@gn.apc.org

08/22 11:54	NASTAD 94348092		0813	B'CAST		0	NG 0	00'00 #018
08/22 11:55	LLEGO 95442228		0813	B'CAST		0	NG 0	00'00 STOP
08/22 11:59	913122362321		0817	TRANSMIT	ECM	3	OK	01'01
08/22 12:01	913106529655		0818	TRANSMIT	ECM	3	OK	01'00
08/22 12:13	6122259102		6421	AUTO RX	ECM	9	OK	05'11
08/22 12:25	93311055		0819	TRANSMIT		0	NG 0	00'00 STOP
08/22 12:26	914107526049		0820	TRANSMIT	ECM	2	OK	00'45
08/22 12:27	98727738		0821	TRANSMIT	G3	2	OK	01'14
08/22 12:29	912157909721		0822	TRANSMIT	G3	2	OK	01'16
08/22 12:41	94566221		0824	TRANSMIT	G3	3	OK	01'12
08/22 12:42	94566221		0825	TRANSMIT	G3	3	OK	01'18

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
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FACSIMILE COVER SHEET

TO: Bob Fogel

FAX NUMBER: 312-236-2321

FROM: LaHoma S. Ramocki

DATE: 8/22/96

PAGES INCLUDING COVER SHEET: 3

COMMENTS:

Copy of letter sent out to panel participants

Received materials. Thanks

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Scott Hitt

FAX NUMBER: 310 - 652 - 9655

FROM: LaVonna S. Romacki

DATE: 8/22/96

PAGES INCLUDING COVER SHEET: 3

COMMENTS:

Copy of letter sent to international panel participants

8/22/96

International Issues Update Panel for the
Presidential Advisory Council on HIV/AIDS
September 8-10,1996

Federal Agencies

Patsy Fleming - ONAP

Victor Barnes - USAID - 703-875-4494 fax 703-875-4686

Elaine Daniels - NAPO fax# 202-690-7560 tel # 690-5560

Phil Russell - Rockeller Vaccine Initiative 410-955-1624

Debbi Burkes - DOD 301-217-9410 fax 301-762-4177

Not yet named - NIH sent list of participants to W Weatherimer 8/21/96

Nancy Carter- Foster - DOS- 647-2435 fax 202-736-7336

Constituency groups

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545 Manhattan Avenue
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Lori Heiss - 301-270-1182 fax 301-270-2052

Stuart Burden 312-920-6233 fax 312-920-6236

Jack Killam currently ~~Acting~~ Director

or

Carol Heilman. Assoc. Director for Scientific Program Development ~~OA~~ Division of AIDS N.I.A.I.D.

fax # 301-402-1505

telephone 301-496-0545

mailing address: 6003 Executive Blvd
Rm 2A16
Rockville, MD. 20852-MSC 7620

Elaine Daniels (HHS)
690-~~7440~~

(fax # 202-690-6584
7560)

212-852-
8324

Seth Barkley
Rockefeller
Initiative
(Mia (asst)
left message

Jairo 8/16/96
- Want to work
closely w/ office
to be included +
notified of meetings

Sent fax
+ invoice
on
Keystone
meeting

fax
#212-281-
9564

Call on Monday

DOS

647-2435

Nancy Carter-
Foster

Director
EI/HIV/AIDS
Program

Write up
memo for
JANE re: Jairo

Call ~~DOS~~
Rockefeller
NCHH - left message
Paul Kawata
~~DOS~~
Thurs pm

Dr. Phil Russell
(Prof. of Int. Health)
Interim Board Member
of IAVI-
410-955-1624
left message

Seth Berkley - no
Paul Kawata - no

301-299-7313

Constituency groups

- want info on Council members

Paul Bonicelli
Treasurer
8/16/96

International Issues Update Panel for the
Presidential Advisory Council on HIV/AIDS
September 8-10,1996

Federal Agencies

Patsy Fleming - ONAP

Victor Barnes - USAID - 703-875-4494 confirmed 8/12

Elaine Daniels - NAPO left message 8/14 palliative care initiative

~~Penny Johnson~~ Seth Buckley - Rockefeller left message 8/14

Debbi Burkes - DOD 301-217-9410 (left message 8/14)
fax #301-762-4177

Jack Weiscarver - NIH - Coordinate with Daniel

Jonathon Davis - 647-4542 left message 8/14
left message 8/16

Constituency groups

Eric Sawyer - 212-864-5672 - confirmed 545 Manhattan Ave.
NY, NY, 10027

Paul Boneberg - 667-6300 fax 483-1135 8/14 left message / confirmed

Jairo Pedraza - 212-862-9833 8/14 left message - will let me know Monday

Paul Kawata - 202-483-6622 8/14 left message - w
8/20

Cynthia Muriel - 833-5905 ext. 209 8/20 / left message 10:50 - 11

Stuart Bauder - will let me know on Monday

Lori Heiss - will let me know on Monday 9"

fax # 301-270-2052)

MEMORANDUM FOR PATSY AND JEFF

FROM: LaHoma

RE: Panel for International Issues forum for Presidential Advisory Council in September

DATE: 12 August 1996

Based on your memo, here are my recommendations for the panel:

UNAIDS - Patsy or (Sally Shelton or Duff Gillespie)

USAID - Victor Barnes *(He is not leaving until the end of September)*

US-Mexico-Canada ~~arrangement~~ - I don't know Elaine Daniels but I think that Linda Vogel would also be good on this topic.

Rockefeller Foundation vaccine project - Peggy Johnston is fine

Constituency groups:

Eric Sawyer - ACT UP NY;Consultant and Vancouver plenary speaker
Paul Boneberg-- GAAN
Jeff Crowley--NAPWA
Jairo Pedraza - GNP+
Paul Kawata or Jacqueline Coleman or Harold Phillips - ~~NMAC~~
Gary Rose or Lisa White - AIDS Action Council
Phil Wilson- AIDS Project Los Angeles
Alice Blair - American Red Cross
Frank Lostumbo or Cynthia Muriel -(new to the org but not the field - National ~~Council~~ on International Health
Derek Hodel - GMHC (recent interest)
Anya Costigan - Interagency Coalition on AIDS Development (Ottowa, Canada). She is the North American NGO representative to UNAIDS and member of ICASO. Should not be that expensive to bring her down, and it would be a big coup if she came. She is widely respected among the NGOS.
Carmen Carrington- Latin American Union Against Sexually Transmitted Diseases and AIDS.

Other suggestions:

Anne Solomon or her designee - Department of State (DOS/Tim Wirth made a big deal of the International HIV/AIDS documents that they distributed last year at the USAID conference - What's happening?)

Linda Vogel or someone from the Fogarty Center or NIAID to talk about federal vaccine/clinical trials overseas.

Bill Paul - request
Tony Fauci

Department of Justice - someone (Commissioner Meissner or her designate) to talk about the Immigration policies in clear English and the Administration's responses

Bob Vogel's
312-236-2321
fax

- More than comments about how devastating the epidemic is

- what needs to be done from the standpoint of the gr. + (areas being neglected)

→ Coordinate w/ Daniel who is trying to contact Jack Uecauver

vaccine trials overseas

Daniel said he would get by 8/20

Debbi Burkes - DOD

ask who in the chain of command to come to speak

telephoned 8/29

8/22/96

International Issues Update Panel for the
Presidential Advisory Council on HIV/AIDS
September 8-10,1996

Federal Agencies

Patsy Fleming - ONAP

Victor Barnes - USAID - 703-875-4494 fax 703-875-4686

Elaine Daniels - NAPO fax # 202-690-7560

Phil Russell - Rockeller Vaccine Initiative 410-955-1624

Debbi Burkes - DOD 301-217-9410 fax 301-762-4177

~~Jack Killen Not yet Called~~ - NIH sent list of participants to W Weatherman 8/21/96

Nancy Carter- Foster - DOS- 647-2435 fax 202-736-7336

Constituency groups

Eric Sawyer - 212-864-5672 fax 212-316-0020
545 Manhattan Avenue
New York, New York 10027

Paul Boneberg - 667-6300 fax 483-1135

Jairo Pedraza - 212-862-9833 fax 212-281-9564

Harold Phillips
~~Paul Kawata~~ - 202-483-6622 fax 202-483-1135

Cynthia Mariel - 202-833-5905 ext.209 fax 202-833-0075

Lori Heiss - 301-270-1182 fax 301-270-2052

Stuart Burden 312-920-6233 fax 312-920-6236

Already received

List of invited participants

Victor Barnes, US Agency for International Development
Elaine Daniels - National Office of HIV/AIDS Policy, HHS
Phil Russell - Rockefeller International Vaccine Initiative
Eric Sawyer - Consultant
Paul Boneberg - Global AIDS Action Network
Jairo Pedraza - Global Network of People Living with AIDS
Cynthia Muriel - National Council on International Health
Lori Heiss - Health and Development Policy Project
Stuart Burden - Mac Arthur Foundation
Paul Kawata - National Minority AIDS Council
Not yet named - National Institutes of Health
Debbi Burkes - Department of Defense
Nancy Carter-Foster - Department of State

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Wendy Wertheimer

FAX NUMBER: 301-496-4843

FROM: LaTonia S. Romecki

DATE: 8/20

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

Jeff asked me to forward this list to you - Invited participants for international issues panel for Presidential Advisory Council meeting

Street Address
1601 N Kent Street, Room 1200
Arlington, VA 22209
Phone: 703-875-4726
FAX: 703-875-4686

Mailing Address
Room 1200, SA-18
Washington, DC 20523-1817

Agency for International Development

Office of Health and Nutrition

Bureau ~~for~~ Global Programs, Field Support and Research

To: LaNona Romocki — From: Paul Delay

Phone: — 703 875 4616

FAX: 202 632 1096 —

Number of pages (including cover sheet): 4

MESSAGE:

Draft - One of 18

The Honorable Nancy Pelosi
House of Representatives
Washington, DC 20515-6408

Dear Congresswoman Pelosi:

I appreciate your concern and that of your colleagues as expressed in your letter of August 1, 1996, regarding the U.S. Agency for International Development's (USAID) program to combat HIV/AIDS and the management and staffing support of that important program. Congressional support for this effort has been critical to our success to date.

HIV/AIDS has been a continuing priority for this Agency since the mid 1980s and certainly in this Administration. During the past ten years, working in collaboration with more than 200 nongovernmental organizations, we have established nearly 400 prevention programs in 42 developing countries. We are currently engaged in major HIV/AIDS programs today in 27 countries, and as a key actor in HIV/AIDS policy and program implementation worldwide.

In addition to our own work in HIV/AIDS, we have taken the lead in establishing the UNAIDS program, a step which will increase the effectiveness of the work of six U.N. agencies to combat the spread of the pandemic. Ambassador Sally Shelton has chaired the first year of operations of the UNAIDS Programme Coordination Board, and has been supported in that role by two senior staff members. Moreover, we have just detailed a senior Health and Child Survival Fellow to the organization for a six-month period to help in developing a sound performance monitoring and evaluation plan. We expect to continue our strong support of UNAIDS and to engage more fully the commitment of each of the UN agencies in the effort.

The rotation within the Agency of staff who are proficient with HIV/AIDS programs and issues is certainly a continuing concern for us. Although the recent Agency-wide reductions in total staffing led to delays in hiring, we have taken several steps to strengthen the staff in the short-term and to bring the

staff back up to its full strength of twelve full-time staff in the near future.

- Through a search that has been underway for some time, we are actively recruiting a new Chief for the HIV/AIDS Division.

- Selection is underway for a senior HIV/AIDS Project Manager, Performance Monitoring and Evaluation Officer, and an M.D. or Ph.D. epidemiologist. They will join the Division in mid-fall.

- An experienced Foreign Service Officer has been assigned to the Division, to assist in HIV/AIDS program management beginning October 1, 1996.

- An M.D./epidemiologist will join the Division as a Science and Diplomacy Fellow from the Association for the Advancement of Science in mid-September.

- Through a recruitment process which is underway, we will continue to fill the recently vacated position focussing on strengthening the HIV/AIDS capacity of U.S. PVOs and host NGOs.

- The HIV/AIDS Senior Policy advisor will continue to serve in this role for the foreseeable future.

Staffing of Population, Health and Nutrition officer positions in our missions remains one of the Agency's highest staffing priorities. These officers are charged with backstopping the HIV/AIDS program. Since country programs are supported by the on-going AIDS Technical Support Program, being implemented primarily through AIDSCAP, field implementation has largely continued without delays.

I agree that appropriate clinical care is an important component of an effective prevention program, and contributes to the broader development and humanitarian relief goals of the Agency. For the past four years, USAID has supported pilot projects and more extensive care interventions in a number of countries. We will continue to support focussed care interventions, both within the Agency's overall research agenda as well as in specific country programs, particularly in Africa. Policymakers, program managers, and communities are desperately seeking affordable and cost-effective approaches to address the special needs of those who are HIV-infected, or affected by, the pandemic. Under the follow-on AIDS Technical Support Project (ATSP), USAID will provide assistance to develop and test alternative models for delivering care to identify affordable and practical approaches for addressing those needs. As with all of

our Population, Health, and Nutrition programs however, prevention and reduction in transmission of the virus will continue to be the major thrust of our efforts.

In addition, as part of our contribution to UNAIDS and the six UN co-sponsors, we have designated discrete funds to develop improved treatment regimens for tuberculosis and other opportunistic infections in HIV-positive individuals, as well as to explore the possible role for antiviral treatment in settings where resources are limited.

Under the ATSP follow-on Project, we will give increased attention to building partnerships with U.S. and indigenous private sector organizations in the design and implementation of programs to address HIV/AIDS. This will include working with large U.S. PVOs that have extensive networks in developing countries, and with U.S. non-governmental organizations that have special knowledge and experience in addressing HIV/AIDS.

Again, I very much appreciate Congressional support for our efforts in HIV/AIDS and for your concern regarding staffing of the program. If I can be of further assistance, please let me know.

Sincerely,

J. Brian Atwood

Street Address
1601 N Kent Street, Room 1200
Arlington, VA 22209
Phone: 703-875-4726
FAX: 703-875-4686

Mailing Address
Room 1200, SA-18
Washington, DC 20523-1817

Agency for International Development
Office of Health and Nutrition
Bureau for Global Programs, Field Support and Research

To: Lahoma Romocki — From: Paul DeLay

Phone: — 703 875 4616

FAX: 202 632 1096 —

Number of pages (including cover sheet): 4

MESSAGE:

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Bob Fogel

FAX NUMBER: 312-236-2321

FROM: LaHoma

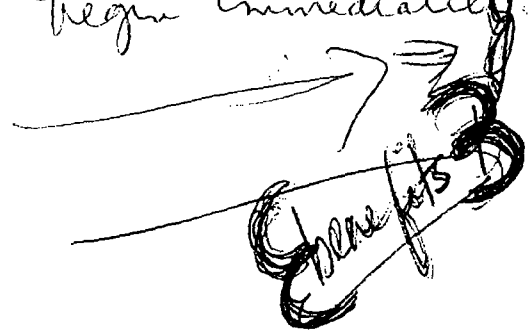
DATE: 9/6/96

PAGES INCLUDING COVER SHEET: 20

COMMENTS:

There are the bios of the other panel members to add to the ones that you already have in the briefing book. There are still 3 or 4 outstanding ones.

Approval for Division Chief + for a MD/Epid (~~redacted~~) has been granted & a search will begin immediately.



Draft - One of 18

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House of Representatives
Washington, DC 20515-6408

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Again, I very much appreciate Congressional support for our efforts in HIV/AIDS and for your concern regarding staffing of the program. If I can be of further assistance, please let me know.

Sincerely,

J. Brian Atwood

9/4/96

Gwen Beatty -
Jonathon Davis > staff working with Nancy Carter - Foster

EST - new trng program for all officers to give them trng on HIV/AIDS.

- train all new ambassadors

DOS - Setting up hubs w/ WHO to develop centers for research, surveillance

USG working to ask WHO to allow them to help them evaluate their centers.

Testing - mandatory

- Can be deployed to suitable countries if HIV (+) is not an excludable countries

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Members of the International HIV/AIDS Issues Update Panel:

FAX NUMBER: _____

FROM: LaHoma Smith Romocki

DATE: September 5, 1996

PAGES INCLUDING COVER SHEET: #5

COMMENTS:

Attached you will find instructions to the hotel. The session will begin promptly at 9 a.m. in Salon E. I am also enclosing a copy of the agenda.

If you decide to bring materials for distribution, you should have at least 35 copies for Council members. You may also wish to bring additional copies for the other panel members and outside observers.

Thank you for your cooperation. We look forward to seeing you Monday morning.

Presidential Advisory Council on HIV/AIDS

September 8-10, 1996

Bethesda Marriott Hotel
Bethesda, Maryland

AGENDA

Sunday, September 8

10:00 a.m.	Update of Summer Council Activities Review of Agenda *Scott Hitt*	Salon E
10:30	Office of National AIDS Policy Update Presentation of Draft of Updated National Plan *Patsy Fleming*	
11:00	4-Year Plan Discussion Regarding National Plan Draft *Council and ONAP Staff*	
12:30 p.m.	**LUNCH** (on your own)	
1:45	4-Year Plan: Discussion of Conclusions	
2:00	Short-Term Goals, Prioritization, Survey Approval *Scott Hitt*	
3:30	Process Issues	
5:00	Adjourn	

Monday, September 9

8:45 a.m.	Review of Agenda *Scott Hitt*	Salon E
9:00	International Issues Update Panel *Robert Fogel*	
11:15	Research Subcommittee Meeting	Kenwood Room
	Prevention Subcommittee Meeting	Montrose Room
	Services Subcommittee Meeting	Great Falls Room
12:45 p.m.	**LUNCH** (on your own)	
2:00	Research Subcommittee Meeting	Kenwood Room
	Prevention Subcommittee Meeting	Montrose Room
	Services Subcommittee Meeting	Great Falls Room
4:30	Adjourn	

Tuesday, September 10

8:15 a.m.	Research Subcommittee Meeting	Kenwood Room
	Prevention Subcommittee Meeting	Montrose Room
	Services Subcommittee Meeting	Great Falls Room
9:15	Research Subcommittee Report	Salon E
10:00	Prevention Subcommittee Report	
10:45	**BREAK**	
11:15	Services Subcommittee Report	
12:00 noon	New Business	
1:30 p.m.	Adjourn	

Presidential Advisory Council on HIV/AIDS
Fourth Full Council Meeting

Bethesda Marriott Hotel
Bethesda, Maryland
September 8 - 10, 1996

You can reach the *Bethesda Marriott* by the following methods:

■ From NATIONAL AIRPORT

●**Montgomery Airport Shuttle** (301/990-6000): The Montgomery Airport Shuttle is available from National Airport at the cost of $16 (one-way). Reservations must be made *in advance*; the trip from National Airport to Bethesda takes approximately 30-45 minutes.

●**Metrorail Subway Service**: Take the **Yellow Line** from National Airport heading toward Gallery Place. Transfer at Gallery Place to the **Red Line** heading toward Grosvenor or Shady Grove. Exit the Red Line at the **Medical Center Station**. You will have to call the Bethesda Marriott, 301/897-9400, to have the complimentary shuttle bus pick you up at the metro station (the Marriott is approximately 1 mile from the station) or call for a taxi.

●**Taxicab**: Travel time is approximately 30 minutes and the cost is approximately $30. Taxis are readily available outside the baggage claim area.

■ From DULLES INTERNATIONAL AIRPORT

●**Montgomery Airport Shuttle** (301/990-6000): The Montgomery Airport Shuttle is available from Dulles International Airport at the cost of $16 (one-way). Reservations must be made *in advance*; the trip from Dulles Airport to Bethesda takes approximately 45 minutes.

●**Taxicab**: Travel time is approximately 45 minutes and the cost is approximately $40. Taxis are readily available outside the baggage claim area.

■By AUTOMOBILE from Washington, D.C.

●Take the George Washington Parkway north to the Capital Beltway (I-495) east toward Maryland. Go approximately 7.5 miles to Exit 34/Wisconsin Avenue. Follow Wisconsin Avenue/Route 355 south toward Bethesda to the first traffic light. Make a right onto Pooks Hill Road. The Marriott will be on the right. Complimentary parking is available at the hotel.

****
*** ACTIVITY REPORT ***
****

ST. TIME	CONNECTION TEL/ID	SENDER NAME	NO.	MODE	PGS.	RESULT
*08/21 13:56			6408	AUTO RX ECM	12	OK 06'28
*08/21 14:42	2027853605		6409	AUTO RX ECM	1	OK 00'41
*08/21 14:48	93951155		0795	TRANSMIT ECM	2	OK 00'43
*08/21 14:50	9395293951155		0794	TRANSMIT	0	NG 00'00
						0 STOP
*08/21 14:50	PAF DC		0796	TRANSMIT ECM	2	OK 00'33
	96629682					
*08/21 14:51	AMFAR		0797	TRANSMIT ECM	4	OK 01'30
	93318606					
*08/21 14:56	93951155		0798	TRANSMIT ECM	2	OK 00'43
*08/21 15:24	301 652 1749		6410	AUTO RX G3	2	OK 01'23
*08/21 15:27	301 652 1749		6411	AUTO RX G3	2	OK 01'23
08/21 16:17	202 690 6247		6412	AUTO RX ECM	7	OK 03'01
08/21 16:35			6413	AUTO RX ECM	3	OK 01'20
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	913129206236					
08/21 17:00	913017624177		0800	TRANSMIT ECM	3	OK 01'00
08/21 17:01	94831135		0801	TRANSMIT ECM	3	OK 01'23
08/21 17:03	917038754686		0802	TRANSMIT ECM	3	OK 01'25
08/21 17:06	94831135		0804	TRANSMIT ECM	3	OK 01'26
08/21 17:08	ONAP		0805	TRANSMIT ECM	3	OK 01'00
	96907560					
08/21 17:09	912122819564		0806	TRANSMIT G3	3	OK 01'47
08/21 17:13	913012997313		0807	TRANSMIT ECM	3	OK 01'08
08/21 17:14	OES/STH		0808	TRANSMIT ECM	3	OK 01'01
	97367336					
08/21 17:16	93012702052		0809	TRANSMIT G3	3	OK 01'48
08/21 17:19	212 949 1672		6414	AUTO RX ECM	1	OK 00'56
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08/21 17:55	912123160020		0811	TRANSMIT G3	3	OK 01'25
08/21 17:58	2024562878		6415	AUTO RX G3	5	OK 03'08
08/21 23:25	202 547 7971		6416	AUTO RX ECM	4	OK 03'48
08/22 04:13	212 925 9618		6417	AUTO RX G3	7	OK 11'26
08/22 07:00			6418	AUTO RX G3	2	OK 03'02
08/22 09:10	212 949 1672		6419	AUTO RX ECM	1	OK 00'56
08/22 09:44	TA		0812	B'CAST ECM	2	OK 00'42
	918028657701					
08/22 09:45	RA		0812	B'CAST ECM	2	OK 00'52
	914154873089					
08/22 09:47	EPPERLY		0813	B'CAST G3	2	OK 01'18
	916172665973					
08/22 09:49	NYT DUNLAP		0813	B'CAST G3	2	OK 01'14
	912125561762					
08/22 09:51	NB		0812	B'CAST ECM	2	OK 00'44
	914157770869					
08/22 09:52	JAMES		0813	B'CAST G3	2	OK 01'22
	914152554659					
08/22 09:54	RF		0812	B'CAST ECM	2	OK 00'43
	913122362321					
08/22 09:55	BLADE		0813	B'CAST ECM	2	OK 00'42
	97977040					
08/22 09:58	SCIENCE		0813	B'CAST ECM	2	OK 00'42
	916199424979					

*08/22 11:09	SA 912016018833		0812	B'CAST	G3	2	OK 01'17
*08/22 11:11	ANIN 95465103		0813	B'CAST	G3	1	NG 00'55 1
*08/22 11:12	TB 912126447485		0812	B'CAST	ECM	2	OK 00'42
*08/22 11:13	JC 917028775342		0812	B'CAST	ECM	2	OK 01'05
08/22 11:14	JC 917028775342		0813	B'CAST	ECM	2	OK 00'43
08/22 11:17	TH 915124732829		0812	B'CAST	ECM	2	OK 00'52
08/22 11:19	ANIN 95465103		0813	B'CAST		0	NG 00'00 0 #018
08/22 11:20	BW 914046398616		0812	B'CAST	ECM	2	OK 00'44
08/22 11:22	ASTHO 95540189		0813	B'CAST	ECM	2	OK 00'44
08/22 11:24	98330075	✓	0815	TRANSMIT	G3	2	OK 00'58
08/22 11:25	BROSS 98986448		0813	B'CAST	ECM	2	OK 00'43
08/22 11:28	LAC 92968962		0813	B'CAST	G3	2	OK 00'57

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Debbi Barkes

FAX NUMBER: 301-762-4177

FROM: LaVonne S. Romack

DATE: 8/21/96

PAGES INCLUDING COVER SHEET: 3

COMMENTS:

Please see attached ...

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

verify

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Phil Russel

FAX NUMBER: 301-299-7313

FROM: LaHoma S. Romick

DATE: 8/21/96

PAGES INCLUDING COVER SHEET: 3

COMMENTS:

Please see attached ...

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

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FACSIMILE COVER SHEET

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