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6/12/00

Dear Sandy:

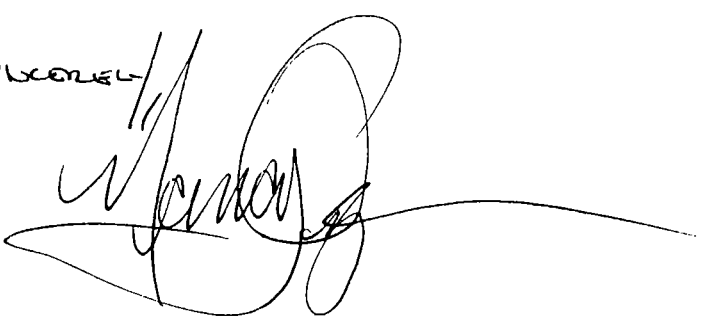
Thank you for the Alex Ross connection. We were scheduled to meet with him today but he was detained in Namibia. We did sit down with Warren Buckingham for a very productive session. I am hoping that we can work along with Warren and Alex to access some of the LIFE funds that are available both through USAID and CDC.

IMC has chosen to address the AIDS crisis through an integrated Reproductive Health strategy. I have enclosed some information for you. Our approach seems to fit very well with the guidelines established for the LIFE funding.

I hope that you are doing well. I know that you are very busy. I would appreciate any comments/suggestions that you might have about our approach.

Hope to see you in L.A.

Sincerely,



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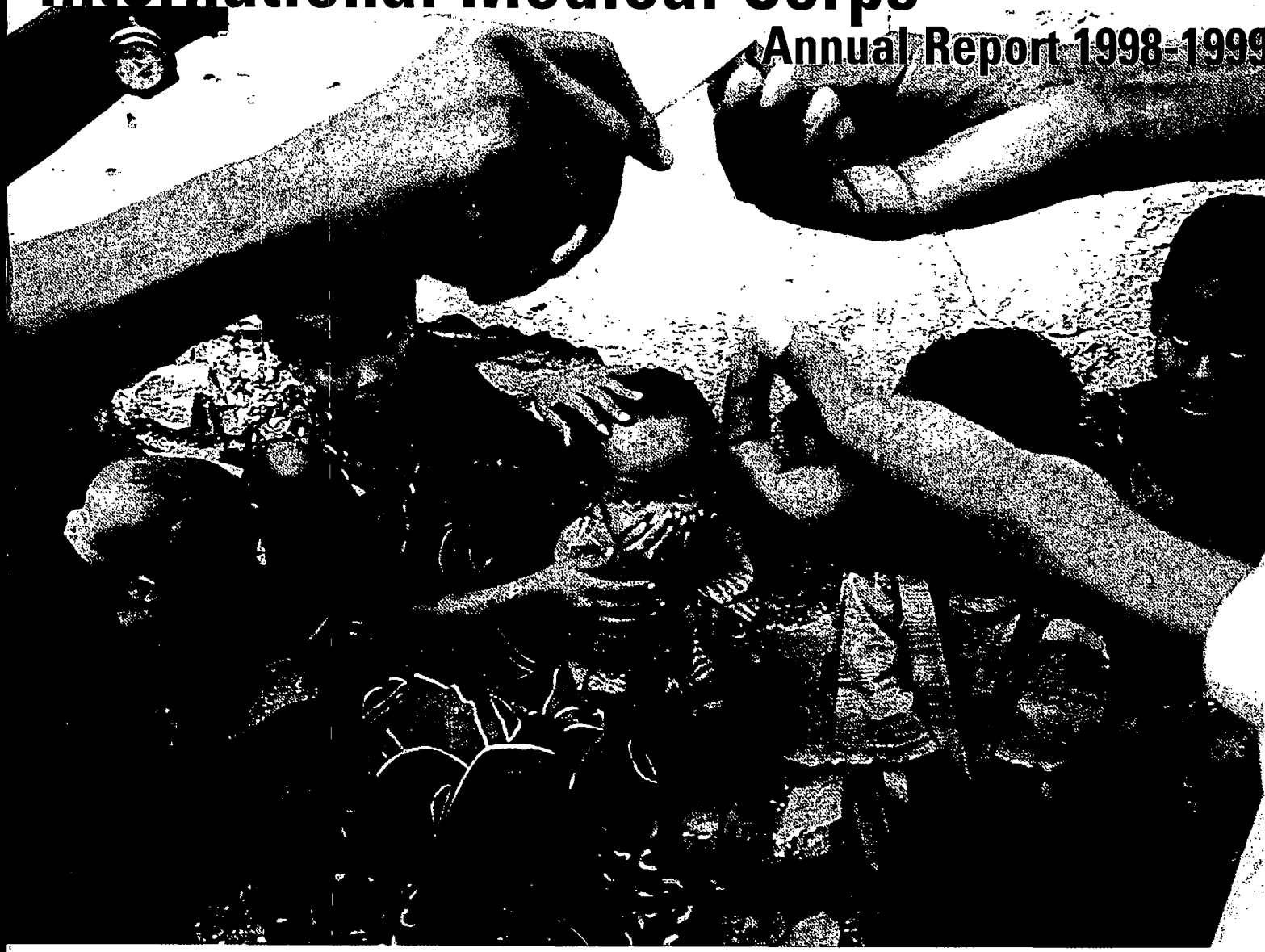
International Medical Corps

Annual Report 1998-1999



A Global Response

From Relief to Renewal

IMC's Integrated Reproductive Health Strategy for Combating AIDS in Africa

International Medical Corps (IMC)

AIDS is now the leading cause of death for young Africans and has claimed the lives of an estimated 11 million people on the continent in the past two decades. Another 22 million Africans, including one million children, are infected with the Human Immuno-Deficiency Virus (HIV). Women overwhelmingly bear the brunt of the AIDS epidemic in sub-Sahara Africa for two reasons: they are biologically and sociologically at greater risk for HIV-infection (teenage girls are five times more likely to be HIV-positive than their male counterparts); and women serve as primary care-takers when other family members fall ill. The epidemic has produced an entire generation of "AIDS orphans" in Africa and is wreaking economic havoc in nations which are already impoverished. The imminent medical, social, and financial crises that AIDS portends has prompted President Clinton and the U.N. Security Council to deem the disease a threat to global security.

International Medical Corps' (IMC) strategy for combating the AIDS pandemic is grounded in common sense, a firm grasp of the unique epidemiology of the disease on the continent, and a decade of experience in providing reproductive health care (RHC) and primary health care (PHC) to Africans. IMC is proposing a comprehensive reproductive health care program that integrates STI treatment, therapy for AIDS patients, local training for health care personnel, and community-based HIV/AIDS education. This proposed strategy has three principal merits:

(1) it prioritizes women's health care needs, as women and their children exceed the number of men living with HIV/AIDS on the continent;

(2) it strikes the AIDS epidemic at its roots by aggressively diagnosing and treating sexually transmitted infections (STIs) that accelerate HIV transmission and replication;

(3) it is a maximally cost effective intervention that proposes targeting expensive anti-retroviral drugs where they can have the greatest impact (mother-to-child transmission), and resolutely champions accelerated access to life-saving affordable medicines for AIDS patients suffering from malaria, tuberculosis, and common bacterial infections.

Based on public health measures proven effective at containing infectious disease, IMC's approach is designed to work in countries that struggle to meet the challenge of AIDS and other infectious disease epidemics with severely limited health care resources and poorly developed infrastructure for delivering services and essential drugs.

IMC is well positioned to make a significant impact on STI and consequent HIV infections in Africa. For ten years, IMC has delivered primary and reproductive health care, and training for infectious disease treatment and control to African communities and displaced populations. To combat the spread of HIV/AIDS, IMC's strategy builds on its existing core competencies:

- ***Training*** local health care personnel to diagnose, treat, and prevent STIs and AIDS- related infections
- ***Delivering*** drugs and medical treatment to those suffering from STIs and AIDS, thereby slowing the spread of infectious disease while adding years to the lives of HIV-positive persons. IMC's medical teams also propose aggressive treatment for malaria and for tuberculosis; deadly infections which frequently kill AIDS patients in Africa
- **Educating the public** to prevent STIs and AIDS by practicing safe sex, using condoms, getting prompt treatment for STIs, avoiding high-risk behavior (substance abuse etc.), and maintaining monogamous relationships with sexual partners.

IMC will work hand-in-hand with African health care professionals and local communities to combat the AIDS epidemic in a manner that is culturally appropriate, effective, and affordable. Our goal is to achieve enduring improvements in public health and produce tangible results that alleviate suffering for those who are ill today, while simultaneously ensuring a better quality of life for future generations through a revitalized health care system.

Combating AIDS Through an Integrated Reproductive Health Care Program A Strategy Paper by the International Medical Corps (IMC)

I. The Problem

More than 11 million people in Africa have died of AIDS. This epidemic, which was responsible for one in five deaths on the continent last year, has produced a generation of "AIDS orphans" and shows no signs of slowing its tragic, relentless pace. However, Africa's nightmare also has global dimensions: both the United Nations Security Council and President Clinton have declared the AIDS epidemic, with its resultant social and economic consequences, a threat to global security. Without considerable support from the international community, African nations will be unable to muster sufficient resources on their own to battle this epidemic.

II. IMC's Approach

While there are many possible approaches to combating the African AIDS epidemic, the International Medical Corps' (IMC) strategy capitalizes on ten years of experience and expertise in fighting infectious disease in some of the most conflicted nations in Africa. IMC believes it is imperative to address the underlying causes of the AIDS epidemic while also treating the symptoms of the disease in a cost-effective, sustainable manner. IMC's strategy is premised on the proper diagnosis and treatment of sexually transmitted infections (STIs), which are one of the leading causes of the heterosexual AIDS epidemic in Africa. STIs, if left untreated, make an individual more susceptible to contracting --and then transmitting -- HIV.[1]

IMC's integrated reproductive health program contains three elements:

- ***Training*** for African health care personnel[2] on the proper diagnosis and treatment of STIs and AIDS, as well as training in the effective treatment of common infections (malaria, tuberculosis, diarrheal diseases) that are the actual cause of death for most AIDS patients;
- ***Delivery*** of medical services and drugs to treat STIs and opportunistic infections through comprehensive primary and reproductive health care programs;
- ***Public education*** on AIDS prevention and "safer sex" practices accompanied by the distribution of condoms to sexually active populations.

Women are at the center of IMC's reproductive health care approach to combating the AIDS epidemic. Teenage girls are especially vulnerable, as they are five times more likely to test HIV-positive than their male counterparts. Moreover, HIV positive mothers are capable of

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[1] As one editorial summarized recently: "In a rural area of Tanzania... the magnitude of the effect on HIV incidence observed in this trial is the clearest evidence so far that a large proportion of HIV infections in this population are attributable to the enhancing effect of sexually transmitted diseases." We conclude that improved STD treatment reduced HIV incidence by about 40% ...(and) demonstrates an impact of a preventive intervention on HIV incidence in a general population." "STD control for HIV Prevention – it works!" *The Lancet*, August 26, 1995 (Volume 346): 518 (editor's commentary)

[2] Personnel include those working at health posts, laboratories, community health workers, traditional birth attendants, and traditional healers.

transmitting the virus on to their newborn children, one in four of whom will be born HIV positive.

IMC's strategy for combating the AIDS epidemic provides African communities with numerous positive incentives for reducing the risk of STI/HIV infection. With its emphasis on training, public education, and capacity building of the local health care infrastructure, IMC's approach represents an investment in the human capital of local African communities. Moreover, by providing primary health care to AIDS patients and populations at risk for HIV infection, IMC can help prevent and/or treat opportunistic infections (such as tuberculosis) and endemic diseases (such as malaria) that accelerate the progression of AIDS. Proper management of both of these diseases can double the life expectancy of thousands of AIDS patients in Africa.[3]

IMC's integrated approach, which includes community-based STI case management, reproductive health care services, condoms, and AIDS prevention education, is wholly consistent with the strategy to contain the epidemic recently advanced by the World Health Organization, UN AIDS and the World Bank. In their view, this type of integrated approach is the only strategy that produces rapid and significant health results for the African population in a maximally cost-effective manner.

III. Program Components IMC is Proposing

1) Provide STI treatment and prevention programs to reduce the risk of contracting and transmitting HIV. Prompt STI treatment can prevent between 25-40% of new HIV infections within one-two years of the program;

2) Provide essential drugs and treatment for malaria and the opportunistic infections (such as tuberculosis, pneumonia, and diarrheal diseases) that actually kill AIDS patients in Africa. By controlling these infections with appropriate medicines and preventive measures (e.g. bednets), health care workers can potentially double or triple the average life expectancy of AIDS patients in Africa;

3) Provide two doses of the anti-retroviral drug Nevirapine during every delivery to dramatically reduce vertical HIV transmission from mother to child. This drug treatment will be a component of IMC's "safe mother" program for pre- to post-natal care. With appropriate therapy for HIV-positive women, the rate of HIV transmission to infants can be cut in half;

4) Train local health care personnel to diagnose and treat sexually transmitted infections; prevent HIV transmission; and appropriately monitor drug therapies in patients;

5) Distribute condoms and instruct sexually active populations in the use of barrier methods of contraception via community-based education programs on AIDS prevention which stress prompt STI diagnosis and treatment;

6) Upgrade the skills of laboratory personnel, providing them with technical assistance, supervision, and test reagents to detect STIs, HIV, Hepatitis B, etc.

[3] IMC already implements PHC Initiatives in sub-Sahara Africa. These interventions eliminate repeated bacterial infections (esp. diarrheal diseases and parasitic infections) that activate hosts' immune systems causing HIV to replicate; access to clean water; immunizations against preventable diseases; de-worming; infant nutrition with sufficient levels of nutrients (e.g. Vitamin A, protein) to support healthy immune system function.

7) Build the capacity of district Ministry of Health (MOH) personnel to ensure the sustainability of this integrated AIDS prevention program through continued supervision for health care workers.

IV. Rationale for IMC's Approach

Untreated STIs are one of the most important factors driving the growth of the AIDS epidemic in Africa. Current research demonstrates that sexually transmitted diseases (STIs) facilitate the AIDS epidemic in three ways:

1. Untreated STIs make an individual more susceptible to contracting HIV
2. Untreated STIs increase the risk of transmitting HIV to a sexual partner, and
3. Untreated STIs stimulate the immune system, causing HIV to replicate more rapidly inside the body of a patient with untreated infections.

The core of IMC's integrated reproductive health care program is targeted, aggressive STI case management. Recent epidemiological projects in Africa have demonstrated that rapid treatment of common STIs (syphilis, gonorrhea, and bacterial infections like chlamydia and trichomoniasis) can dramatically reduce new HIV-infections within a short period of time. For example, as the result of careful STI case management in Mwanza, Tanzania, the HIV sero-prevalence rate decreased by 42% after only two years despite the fact that sexual behavior among the participants in this study did not change during this time.[4]

In short, treatment, education and prevention of future STI and HIV infections are among the most effective solutions to the AIDS epidemic in Africa. An estimated 35%-40% of the new STI/HIV infections that will otherwise occur in African communities in the coming year can be prevented if this type of program is implemented immediately.

IMC's approach to AIDS prevention targets populations who are fueling the STI/AIDS epidemics. The entirety of HIV/AIDS epidemiological research demonstrates that this population is comprised of geographically specific "risk groups" who experience multiple bouts of STIs and who have multiple sex partners. Epidemiological data from Africa suggests that a relatively small number of highly sexually active men are the source of new STIs and HIV infections. Fortunately, this also implies that effective treatment, prevention, and education interventions targeted at sexually active men and women of reproductive age can go a long way towards containing the epidemic. When accompanied by community-based education, these activities ensure that a future resurgence of STIs/HIV/AIDS is averted.

In addition to case management of STIs, IMC advocates the use of primary health care to treat malaria and opportunistic infections (tuberculosis, diarrheal diseases, pneumonia and bacterial infections) that kill most AIDS patients in Africa. The rationale for such an approach is simple: with proper training and drug treatment, these diseases can be brought under control and years added to the lives of AIDS patients.

[4] H. Grosskurth et al. "Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomized controlled trial." *The Lancet*, August 26, 1995 (Volume 246): 530-536.

V. Program Benefits

A. Cost Effectiveness

IMC's integrated reproductive health care program is one of the most cost-effective interventions possible for combating AIDS in Africa. A report recently published by the World Bank quantifies the cost-effectiveness of various "select interventions" against the AIDS epidemic in a 'hypothetical African country': STI case management and blood safety top the list as superior investments for containing the epidemic. For example, the relative costs of various interventions in this hypothetical country are as follows:

- Integrating STI treatment into RH services and ensuring blood safety would cost approximately U.S. $ 900,000 per year for 100% coverage of the urban population
- Alternatively, mass-media campaigns have had little demonstrable impact in changing sexual behavior but cost approximately $1 million per year
- Social marketing of condoms would cost approximately $ 20 million per year
- A wait and see approach, which by default means investing in care for AIDS orphans, will cost approximately $ 216 million per year.

B. Long Term Benefits

Cutting HIV transmission rates by a third or half constitutes an immediate impact from this intervention. However, the future benefits of IMC's program are multiplied exponentially if one takes into account the:

- Number of infections prevented in subsequent years as a result of education;
- Number of African children spared the onus of HIV-infection;
- Improved capability of community health workers to prevent STIs and HIV transmission;
- Improved laboratory and field capabilities for diagnosing bacterial and viral infections.

While treating opportunistic infections that kill AIDS patients in Africa is relatively expensive in the short-term, IMC's proposed intervention pays for itself in several years for the following reasons:

- It will double or triple the life expectancy of AIDS patients – helping to ameliorate the growing problem of AIDS orphans in Africa;
- By increasing the life expectancy of AIDS patients, it lowers the burden on an already weakened health care infrastructure in sub-Sahara Africa;
- It will stem epidemics (such as tuberculosis) that are on the rise throughout Africa by treating and preventing these infections.

Other Benefits of IMC's integrated reproductive health care program include:

- Reducing by 15-30% the chance that an African mother will die in childbirth from the complications of reproductive tract infections;[5]
- Reducing the number of eye infections that often result as complications from chlamydia and gonorrhea. Eye infections resulting from untreated STIs are 25-50 times "more common in Africa as in industrialized countries";[6]

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[5] May Thein Hto Post, "Reproductive Tract Infections, HIV/AIDS, and Women's Health: Current Approaches and Future Options,"October 1993, *World Bank Policy Papers.*

[6] Ibid., pg. 4

- Reducing the prevalence of congenital syphilis, which is estimated to account for as much as 25% of all infant mortality on the continent;
- Investing in infrastructure, health care training, and community education produces sustainable benefits that last for many years after the program ends.

IMC also has extensive experience leveraging medical supplies and essential drugs to support on-going primary health care and HIV/AIDS prevention activities at program field sites throughout Africa. For example, IMC has procured thousands of condoms to be used in AIDS prevention and education activities in Burundi – a program that is funded by the Office of Foreign Disaster Assistance at USAID. To leverage the value and effectiveness of this integrated reproductive health strategy, IMC will obtain free condoms and other contraceptive devices to use in prevention and education activities, and for distribution by community-based health workers, traditional birth attendants, and traditional healers to sexually active adults.

IMC Capabilities and Experience

IMC invests in Africa's people and local institutions through prevention, education, and a wide variety of health care programs. In the midst of complex humanitarian crises in Africa, IMC remains committed to the challenge of improving primary and reproductive health care and training in communities and among displaced populations.

IMC has the institutional experience and expertise necessary to implement this program:

- Experience - IMC has conducted primary and reproductive health care programs throughout sub-Sahara Africa for over a decade; PHC programs are on-going in Angola, Burundi, Democratic Republic of Congo, Sierra Leone, Somalia, and Sudan, and former programs were located in Kenya and Rwanda as well. IMC also conducted several emergency health assessments in 1999 and 2000 in Mozambique, and Zambia, and has medical teams currently preparing a response to the devastating crisis in the Horn of Africa (Eritrea, Ethiopia etc.).

- Expertise – IMC has significant expertise in the following areas:

    - Primary and reproductive health care services
    - Training programs for local health care personnel
    - Community-based education and STI/PHC/RHC treatment and prevention programs
    - Emergency medicine
    - Technical assistance to laboratories and drug procurement systems in developing countries
    - Health care for refugees and internally displaced populations
    - Food relief, or water and sanitation programs when needed.

Since its founding, MC has received more than $ 130,000,000 from both private and institutional donors to successfully implement more than 154 programs in 18 countries around the globe. IMC's financial support comes from private individuals, foundations, corporations, and institutional sources such as the European Community Humanitarian Office (ECHO); the Office of U.S. Foreign Disaster Assistance (OFDA); the U.K. Department for International Development (DFID); the United Nations High Commissioner for Refugees (UNHCR); the United Nations Children's Fund (UNICEF); the U.S. Agency for International Development (USAID); and the World Health Organization (WHO).

IMC is governed by a volunteer Board of Directors and qualifies as a tax-exempt organization under Section 501(c) (3) of the Internal Revenue Code and under Section 23701(d) of the California Revenue and Taxation Code.

IMC will obtain technical input and expertise from eminent institutions conducting research on STIs/HIV/AIDS epidemiology, prevention, and education. IMC currently has "Memorandums of Understanding" for cooperation with the Centers for Disease Control (CDC) in Atlanta, Georgia, the University of California at Los Angeles (UCLA), and the Joseph Mailman School of Public Health at Columbia University in New York.

International Medical Corps (IMC): Africa Program Summary

IMC's strategy for combating AIDS in Africa draws upon more than ten years of experience in providing reproductive and primary health care programs in Africa. A key element of this and all IMC programs is training of local health care personnel in proper diagnosis and treatment of disease in order to build self-reliance.

Established by volunteer doctors in Los Angeles in 1984, IMC has fought back infectious disease outbreaks, trained emergency health workers, and rehabilitated health care systems and infrastructure devastated by war, famine, or natural disasters in countries as diverse as Afghanistan, Albania, Angola, Azerbaijan, Bosnia-Herzegovina, Burundi, Cambodia, the Democratic Republic of Congo, East Timor, Georgia, Honduras, Ingushetiya, Kenya, Macedonia, Namibia, Rwanda, Sierra-Leone, Somalia, Sudan, Thailand, and the Ukraine.

ANGOLA

Despite widespread violence and instability in Angola, IMC has successfully delivered health care services and training programs in Angola for more than a decade. IMC's work is highly respected by authorities at the Ministry of Health and the Ministry of Social Assistance and Relocation (MINARS); by US and international donors; and by UNICEF, World Food Program etc. IMC's former medical director in Angola, Dr. Sampson Ngogi, is now the UNFPA consultant on reproductive health to the MOH in Luanda, Angola.

Since 1990, IMC has trained hundreds of Angolans to conduct immunization campaigns, and to deliver maternal and child health care and primary health care and treatment. These programs have dramatically improved the quality of life and accessibility of reproductive health care in Benguela, Bie, Huambo, Moxico (Luena), Luanda, Luanda Norte (Dundo), Cuando Cubango, Malange, and Uige Provinces and municipalities. In some areas, IMC training programs have dramatically reduced the rate of child mortality from 170 to 41 per 1,000 live births and maternal mortality from 1,500 to 255 per 100,000 population. IMC is currently funded by the OFDA to conduct emergency integrated primary health care programs in both Huambo and Moxico Provinces, and has proposed a STI/AIDS prevention program to donors for Cabinda Province, Angola for FY2000.

BURUNDI

IMC has worked in Burundi since 1995 and currently provides a variety of primary and reproductive health care services and support for therapeutic and supplementary feeding centers in four provinces (Muyinga, Rutana, Bujumbura Rural, and Muramvya). While OFDA provided condoms to support an emergency health program in 1999, IMC hopes to expand their reproductive health initiative during the next 12 months by establishing a centralized STD/HIV/AIDS clinic in Bujumbura, establishing satellite-screening centers in neighboring provinces, and initiating community education campaigns in Muyinga and Rutana Provinces.

KENYA

Subsequent to the 1998 US embassy bombings in Nairobi and Dar es Salaam, IMC launched an emergency medicine program to train EMTs and trauma specialists. At present, IMC has been awarded a small grant by the Kempner Fund to provide refresher training for emergency medical technicians and is working with USAID on a comprehensive program for disaster response in

Nairobi. In June 2000, IMC field staff will bid for a five-year contract to deliver family planning, reproductive health care, and child survival services with a consortium comprising Kenyan NGOs, research institutions, and other international organizations. IMC is currently pursuing CDC's technical assistance in formulating a comprehensive family planning/reproductive health/child survival strategy that places priority on STD/HIV/AIDS prevention.

SOMALIA

IMC has been in Somalia since 1991, and has reconstructed district health systems that provide primary and reproductive health care and training in Bay, Bakool, and Hiraan regions for more than 130,000 beneficiaries. IMC's Somalia program supports a wide range of activities from maternal, child, and family health services (e.g. pre-natal and ante-natal consultations, traditional birth attendant training, growth monitoring and promotion, vaccinations, etc.) to supplying pharmaceuticals, and coordinating emergency response to cholera epidemics. OFDA has requested that IMC initiate a pilot program to distribute 50,000 condoms in the next 17 months to prevent HIV infections in Somalia.

SUDAN

IMC has provided a range of emergency health care services in southern Sudan since 1994. IMC has rehabilitated a district hospital and 40 health posts, trained more than 100 Sudanese health personnel, and established vaccination programs in a region of the country ravaged by decades of civil war. IMC currently operates four programs in two different geographic locations in southern Sudan with the support of six private and institutional donors (OFDA, Carter Center, CARE, CDC, Bill and Melinda Gates Foundation, and the World Health Organization). IMC has trained local health teams to treat and prevent cases of sleeping sickness and river blindness, and IMC's medical director is currently researching the incidence and effects of HIV infection, filarisis, and testing the efficacy of new diagnostic techniques for sleeping sickness among rural Sudanese populations with the assistance of the CDC and the World Health Organization (WHO). Program sites are located in Tambura and Yambio counties, which are within Sudan People's Liberation Movement (SPLM)-controlled areas in Western Equatoria Province, a factor that causes frequent obstacles to program implementation.

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Overview of Programs

Since its founding in 1984, International Medical Corps (IMC) has worked in 25 countries over four continents. IMC is often the first to arrive and the last to leave the scene of a crisis. In the last year IMC has moved quickly into the Balkans, Congo, Sierra Leone, and many other areas to provide rapid medical relief and establish the foundation for rebuilding devastated health care systems. IMC's current training programs include:

Albania: IMC sent a medical team into Albania in summer 1998 to help local people strengthen their health care system. When the Kosovo crisis sent thousands of refugees into Albania, IMC medical teams and psychological counselors provided primary and emergency medical care and psychological services for refugees and locals alike. Although most refugees have returned to their homeland, IMC remains in Albania helping the local people rehabilitate their health care system.

Angola: IMC has provided emergency medical and health care training programs in Angola since 1990. Despite renewed fighting over the last year, IMC--one of the few groups left in the country--continues to operate in two provinces providing primary health care, immunizations, and crisis preparedness through training of community health workers and local health authorities. IMC expects to conduct supplemental feeding of malnourished children as the crisis continues.

Azerbaijan: In May 2000, IMC joined a three-year effort to meet the health care needs of more than 850,000 internal refugees in Azerbaijan, where war and poverty have devastated the health care system. Working in the southern part of the country, IMC is training local doctors, nurses and midwives, rehabilitating primary health care facilities, creating community health management teams within the local population, and formalizing public health education.

Burundi: IMC has worked in Burundi since 1995. Though fighting in the country has recently increased, IMC relief workers continue to provide basic health care support, emergency surgical assistance, immunization, therapeutic feeding of malnourished children, and training of local staff to deliver essential services to a population devastated by civil strife and poverty. IMC anticipates continuing in its existing projects in Muyinga and Muramvya provinces and expanding to help thousands of displaced persons in Bujumbura Rural.

Congo (Democratic Republic of): IMC opened a program in Congo in January 1999 to address the health effects of years of civil strife. IMC staff and volunteers provide primary health care and training at Uvira Hospital and seven local health centers in South Kivu Province, where fighting has had particularly devastating and isolating effects on the population. IMC also provides surgical services at the hospital and intends to expand its services to include nutritional screening and maternal health care.

East Timor: IMC is delivering primary health care to the isolated East Timorese enclave of Okeussi in West Timor. The program currently consists of five mobile and five static health clinics. A team of IMC doctors and nurses is providing critical medical care and assisting in the training of local medical staff.

Georgia: IMC recently launched this program in response to the deteriorating condition of primary health care delivery in western Georgia, where the number of internally displaced people (IDPs) and the poverty rate are alarmingly high. The program will improve the quality, access, and utilization of basic health care services. It also will increase the capacity of local communities to make informed health care decisions and create a more sustainable health care structure.

Ingushetia (Republic of Ingushetia, Russian Federation): IMC is currently providing emergency health care intervention for the displaced Chechyns who fled the war and settled in the Republic of Ingushetia. Mobile medical teams are providing emergency medical care, curative services, and immunizations.

Kenya: In response to the 1998 embassy bombings in Nairobi and Dar es Salaam, IMC launched a comprehensive medical program to provide medical supplies, medical equipment and emergency care while training local staff. Currently, IMC remains in Kenya implementing programs to rehabilitate the emergency medical service infrastructure.

Kosovo: IMC returned to Kosovo in June 1999, when the NATO bombings ceased and Kosovar refugees began returning to their homes. IMC is facilitating the reestablishment of 80 local clinics, including training local staff; sending mobile clinics to villages in seven provinces; providing management and technical support in four larger hospitals; and filling specialized service gaps such as a psychiatric clinic and a psychological counseling for youth. IMC is one of the lead medical agencies assigned with rehabilitating the local health infrastructure and upgrading health care programs.

Macedonia: When it became apparent the Kosovo crisis was headed for war in early spring 1999, IMC sent a team of relief specialists to Macedonia to prepare for the flood of refugees that was expected to arrive. When they did arrive, IMC was on the ground and ready to provide critical health care and psychological counseling for a traumatized population. Although most of the refugees have now returned to Kosovo, IMC remains in Macedonia providing medical aid to local people and to the 20,000 refugees who remain.

Pakistan: IMC launched a program in Pakistan in fall 1999 to provide health care training to Afghan women living in the North West Frontier Province town of Peshawar. Currently, IMC is implementing a program training Afghan women—many of whom have been displaced for nearly 20 years—to provide maternal and child health care to other women in the region. As with all of IMC initiatives, the goal of this program is to boost the health of the population by increasing local skills and knowledge.

Serbia: The devastation wrought by years of war and forced migration within this republic of Yugoslavia has created a large population of refugees and internally displaced people (IDPs). IMC is working in 13 municipalities of Serbia assisting more than 450,000 people by establishing a sustainable nursing, home care and treatment service while rebuilding the local capacity of the health community.

Sierra Leone: IMC is conducting a health program to support the disarmament, demobilization and reintegration process, which is vital to the peace process. IMC is providing health care and screening to demobilized soldiers, their dependents, and the communities near four demobilization centers in Sierra Leone. IMC is also rehabilitating a provincial referral hospital and training the local health care workers.

Somalia: IMC launched Mogadishu's first American program for emergency medical relief and training in 1991 in response to famine, flooding and civil strife, and has since expanded its health program throughout the country. Currently in Bay, Bakool, and Hiraan regions, IMC is helping to rebuild a network of village health posts, training traditional birth attendants and community health workers, and providing primary health care, lifesaving medicines, and public education on nutrition and hygiene.

Sudan: Since 1994, IMC has provided emergency health services and training in southern Sudan. It has rehabilitated a district hospital and nearly 40 health posts, provided therapeutic and supplemental feeding for starving children, trained more than 350 health workers, and established an immunization program in a country plagued by years of civil war. IMC's current program focuses on stopping an epidemic of sleeping sickness in Tambura and Yambio counties and on reducing the rates of river blindness in the region.

Ukraine: Post-Soviet economic conditions have had an adverse effect on health care and pharmaceutical availability in Ukraine. IMC implemented a program in the fall of 1999 to distribute essential medicines and provide specialized training in drug distribution and treatment regiments to local health care providers. The program also afforded Ukrainian health personnel the opportunity for informal exchange of medical knowledge with IMC's expatriate staff in the country.

Updated May 2, 2000

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Belgrade

Sierra Leone
Freetown
Daru
Port Loko
Lungi

Somalia
Nairobi
Belet Weyne
El Barde
Bakool

Sudan
Tambura
Li Rangu

Ukraine
Kharkov

Joe McCormack <jmsearch@earthlink.net>
06/14/2000 08:08:27 PM

Please respond to jmsearch@earthlink.net

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: Humsafar Trust Conference in Bombay

Attn: Sandy Thurman

Dear Sandy,

I just received a 75 page report by email from Ashok Row Kavi on a three day conference sponsored by the Humsafar Trust in Bombay on gay/lesbian/bisexual and transgender health issues, the first of its kind in India. You can receive a copy upon request by contacting him at arkavi@bol.net.in

If you are planning a return visit to India in the fall, I hope you will consider adding the Humsafar Trust to your itinerary. The work that Ashok is doing is virtually unique in his country, and he is the acknowledged leader of the emerging lgbt population, for whom HIV/AIDS is becoming a major public health crisis.

Hope all is well with you.

Joe McCormack

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begin: vcard
fn: Joe McCormack
n: McCormack;Joe
org: McCormack & Associates
email;internet: jmsearch@earthlink.net
x-mozilla-cpt: ;-12336
x-mozilla-html: TRUE
version: 2.1
end: vcard

PAUL MWANGI NDEREBA,
P.O BOX 50606,
GABORONE
BOTSWANA
14/06/2000

Dear Director Thurman

Hallo Director Thurman

I strongly support your assertion that " This global HIV/AIDS Pandemic will make the bubonic-plague of the middle ages pale in comparison unless our response is ... commensurate with the magnitude of the problem."

It is also true that " The disease's widespread nature can very easily overwhelm a government and start to undo the careful progress you've made in other areas."

Thank you for the good work you are doing as The White House AIDS policy director. This proves beyond reasonable doubts how concern you are about the social, economic and political welfare of mankind especially in Botswana where AIDS is a national disaster.

I would kindly like to extend my warm gratitudes to the President for calling for quick Congressional approval of debt relief for the poorest nations and for proposed Tax incentives to spread the development and delivery of vaccines for HIV/AIDS, Malaria and Tuberculosis.

Congratulations for your outstanding performance and great success. Again thank you for taking your precious time to read my letter. Your views and opinions are important to me Director Thurman. Please write to me via the above address.

May God Almighty guard you and guide you, bless you and keep you all the days of your life.

Long life Thurman

Thanking you in advance

Sincerely

Paul Mwangi Ndereba

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

AIDS Link

From Bridging the Gap to Breaking the Silence

What have we accomplished since the last World AIDS Conference?

Page 6

Left: Two people who have made strides in the world response to HIV/AIDS

June 19, 2000

Name
Position
Company
Address 1
Address 2
City, State Zip

Dear Ms./Mr. Name,

Thank you for your letter of Date, in which you expressed concern over the growing theory that the presence of HIV does not cause the appearance of AIDS.

AIDS is a disease that forces us to expand our definitions of public health and disease prevention. We have never before been faced with an epidemic that is so preventable, yet has so persistently defied any cure or vaccine. The elusiveness of a permanent solution has driven us to examine the social and behavioral factors that put people at risk for developing AIDS in an attempt to prevent the initial contraction of the disease. What we have found first and foremost is that AIDS does not discriminate. It strikes men and women, young and old, heterosexual and homosexual, the global North and the global South. The disease manifests itself in many forms of illness, and its complexity requires creative and innovative treatments and therapies. The prevalence of so many variables inevitably has caused debate as to the nature of the disease and the most effective ways to treat it.

Into this dialogue has entered a growing belief that HIV, the virus that has traditionally been linked to the development of AIDS, does not in fact cause AIDS. Institutions such as the National Institutes of Health (NIH) and the Centers for Disease Control (CDC) have joined with many others in an exhaustive campaign to master the complexities of AIDS and HIV. While research is of course ongoing and expansive, significant evidence does exist that indicates a strong link between the contraction of the HIV virus and the development of AIDS. This evidence includes:

- The changing trend in patterns of AIDS-related diseases such as *Pneumocystis carinii* pneumonia (PCP), Kaposi's sarcoma (KS), and infection with the *Mycobacterium avium* complex (MAC), both in developed and developing countries, after the appearance of HIV. While occurrences of these diseases were very rare in developed countries prior to the appearance of HIV, there are now significant numbers of cases reported among HIV-positive populations. In developing countries, where these

Need to include this? or refer to NIH...

diseases were typically confined to the elderly and malnourished, there has been a disturbing correlation between the growth in HIV-positive youth and the rise in the numbers of youth admitted to hospitals for AIDS-related conditions such as PCP and tuberculosis (TB).

- Most studies show that in examining the diverse natures and behaviors of all populations suffering from AIDS, the only common factor is the presence of HIV.
- Almost all people with AIDS have HIV.
- When specifically anti-HIV medication has been administered, the result has been a significant reduction in the rapidity of the onset of AIDS.

This is by no means a statement that research on this subject is closed to debate. New and pioneering research is not only welcomed, but indeed necessary as we face a disease that continues to elude our traditional methods of analysis. In the midst of our resourcefulness, however, we must be careful not to discount evidence that has proven to be scientifically credible. Further information on the evidence that supports HIV as the cause of AIDS can be found through the National Institute of Allergy and Infectious Diseases (NIAID) at the NIH.

AIDS is a disease that requires us to keep an open mind and a broad scope. It forces us to meld the traditional with the original in a never-ending quest for the discoveries that will eventually make AIDS a thing of the past, once and for all. By ensuring a constant flow of information across borders, theories will be shared, tested, debated and evaluated until scientifically sound solutions are developed and implemented. An indisputable cure accessible to all is, after all, our common goal.

Thank you for your concern, and I wish you all the best in your future endeavors.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

RW
Rapley, Witt & Company, L.L.C.

6835 Peach Avenue
Van Nuys, CA. 91406-5229

Phone: (818)373-0217
Fax: (818)373-0077

Message :

Ms. Thurman: Please, review and respond in an expeditious manner. I thank you for your time. All of your time and efforts are greatly appreciated. I look forward to hearing from you. Until then, Good Wishes.

Kind Regards,
Ray M. Witt
President/CEO

717 5134

From: Rapley, Witt & Company, LLC. Mr. Ray M. Witt	**To:** Office of National AIDS Policy Mr. Sandra L. Thurman, Director
Date: 6/19/00	**Page(s):** 3

Rapley, Witt & Company, LLC.

6835 Peach Avenue
Van Nuys, CA. 91406

Phone: 818-373-0217
Fax: 818-373-0077
Email: RaeWitt@aol.com
Website: www.RapleyWitt.com

"HIGHER ETHICS, STRONGER RELATIONSHIPS, BETTER BUSINESS!"

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy,
The White House
June 19, 2000

VIA FACSIMILE

Dear Ms. Thurman,

Greetings from Southern California! I hope this letter finds you in great spirits. Thank you for your correspondence of June 9th, 2000 regarding our *World Tour for the Fight Against HIV/AIDS, South Africa.* I am writing to thank you for you words of encouragement and to additionally request the support of the Office of National AIDS Policy, The White House through an "official" letter of Support.

As mentioned in earlier correspondence, we are organizing a ***World Tour for the Fight Against HIV/AIDS.*** The tour is scheduled to begin in South Africa and travel to any and/or all the countries willing to participate. The South African event is proposed for an October 2000 execution date. Within the coming weeks we will make the announcement of the official event dates. Special ***Honorary guests are as follows: Honorable Nelson Mandela, South African President TM Mbeki, SA Minister of Health - Dr. M E Tshabalala-Msimang, and the Director of the Department of Health Dr. Ayanda Ntsaluba. The tour's Guest of Honor and speaker with Mr. Earvin "Magic" Johnson.*** The tour goals are to create global support for the Fight Against HIV/AIDS, country empowerment through unifying corporate South Africa with the general civilian population, and to promote prevention through education. We have solidified support from the South African Department of Health as the Official Hosts and allied support from other South African entities. Our efforts now are to secure the participation and support of the U.S. corporate community through written forms of acknowledgment & support.

Again, I would like to personally thank you for your correspondence and encouragement. Additionally, I would like to request your organizations consideration for support of our project. I would specifically request that your organization consider the submittal of an "official" letter of support of the event. We believe this event will command World press and it's affects will be historical. However, it is essential for us to secure support from organizations like the ***Office of National AIDS Policy, The White House.***

RW

RAPLEY, WITT & COMPANY, LLC.

Rapley, Witt & Company, LLC.

6835 Peach Avenue
Van Nuys, CA. 91406

Phone: 818-373-0217
Fax: 818-373-0077
Email. RaeWitt@aol.com
Website· www.RapleyWitt.com

"HIGHER ETHICS, STRONGER RELATIONSHIPS, BETTER BUSINESS!"

TOGETHER, WE CAN CHANGE THE WORLD!!!

I thank you for your time. All of your time and efforts are greatly appreciated. I look forward to hearing from you and your staff in the near term. Until then, Good Wishes.

Kind Regards,

R

Ray M. Witt
President/CEO

RW

RAPLEY, WITT & COMPANY, LLC.

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Company, LLC.

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Director
Office of National AIDS Policy,
The White House
June 19, 2000

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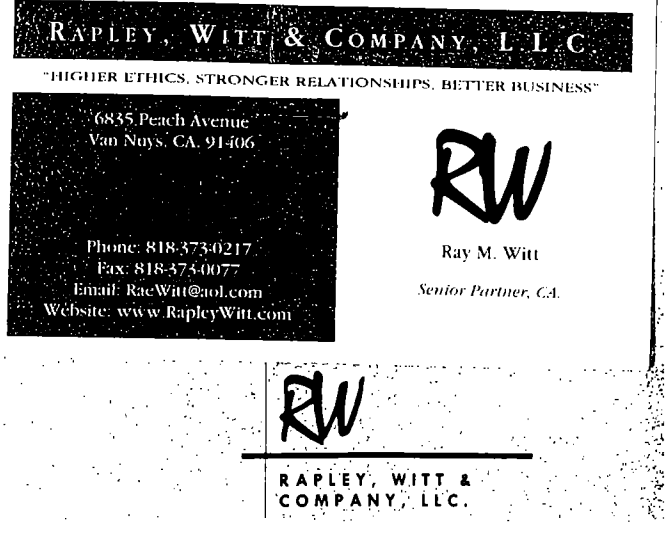
Kind Regards,

Ray M. Witt
President/CEO



U.S. Agency for International Development
Washington, D.C. 20523

Advisory Committee On Voluntary Foreign Aid

July 24, 2000

Ms. Sandra Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Sandy:

We met many moons ago when you were at USIA and I was running the Partners of the Americas. Now, both of us in different venues (I moved to the International Youth Foundation two years back), we have a chance to draw again on your leadership.

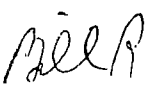
As Chairman of the Advisory Committee on Voluntary Foreign Aid (ACVFA), I am writing to invite you to be the keynote speaker at our next public meeting on Thursday, September 14, 2000, here in Washington, D.C. The meeting will convene leaders of governmental and non-governmental organizations, development professionals, and the general public to discuss strategies for combating the international AIDS pandemic. Building upon the recent World AIDS conference in Durban, South Africa, we hope to focus attention on what is being done, and can be done, to meet the extraordinary social, political, economic, and health challenges posed by the AIDS crisis, primarily in Africa.

Your remarks on the U.S. response to the crisis will set the stage for this important meeting. We would like you to speak at approximately 9:15 a.m. for 15 minutes, followed briefly by questions and answers. I will forward you the meeting agenda with specifics. In the meantime, I have enclosed some information about ACVFA and its membership.

I've been chairing the ACVFA for several years, have been a member for over ten, and have rarely seen our PVO/NGO community embrace a challenge as it has now the AIDS pandemic. We hope to use this quarterly public session to chart some concrete action plans, and your involvement would be enormously helpful in doing that.

I'm hopeful you will be able to join us, and look forward to seeing you again. Thank you for considering the invitation.

Sincerely,



William S. Reese
Chairman

ADVISORY COMMITTEE ON VOLUNTARY FOREIGN AID

FACT SHEET

The Advisory Committee on Voluntary Foreign Aid (ACVFA) was established by Presidential directive after World War II to serve as a link between the U.S. Government and private voluntary organizations (PVOs) active in humanitarian assistance and development work overseas. Comprised of 22 private citizens with extensive knowledge of international development, ACVFA helps provide the underpinning for cooperation between the public and private sectors in U.S. foreign assistance programs.

As stated in its charter, the Advisory Committee's role is:

* To consult with, provide information to, and advise the Agency for International Development (USAID) and other U.S. Government agencies on development issues relating to foreign assistance in which the U.S. Government and PVOs interact;

* To provide information and counsel to the PVO community on issues of concern regarding their relations with USAID and other U.S. Government agencies; and

* To foster public interest in the field of voluntary foreign aid and in PVO activities.

ACVFA meetings provide opportunities for information exchange and consultation between USAID and other governmental agencies and the nongovernmental community. The Committee brings together USAID and PVO officials, representatives from universities, international non-governmental organizations (NGOs), U.S. businesses, and government, multilateral, and private organizations to foster understanding, communication, and cooperation. The meetings focus on timely topics selected from a wide range of issues and challenges that affect the relationship between the official foreign assistance program and the private voluntary community. Following these deliberations, the ACVFA provides specific recommendations to the USAID Administrator.

ACVFA members are appointed by the USAID Administrator for terms of varying lengths up to three years. Members embody diverse perspectives and experience, and are experts on private voluntary organizations and international development including PVO comparative advantages in relief and development, aspects of PVO programming, and the relationship of PVOs with USAID. The members serve without compensation. Public meetings are held three times per year.

For more information on the Advisory Committee for Voluntary Foreign Aid, please contact Noreen O'Meara, ACVFA Executive Director, in the Office of Private and Voluntary Cooperation (PVC) at 202-712-5979.

ACVFA meeting reports are available after each public meeting. For copies of these reports and other ACVFA publications, click on the links below, or contact Lisa J. Harrison on 703-741-0566 or E-mail, lisajama@aol.com.

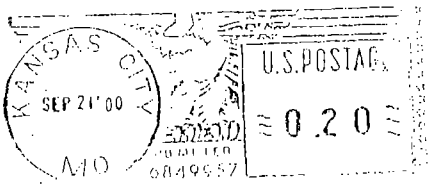
Advisory Committee on Voluntary Foreign Aid

MEMBER	ORGANIZATION *
David Brown	Harvard University & Institute for Development Research
Martha Cashman	Land O'Lakes
Herschelle Challenor	Clark Atlanta University
Robert Chase	World Learning
Susan Cox	Holt International Children's Services
Peggy Curlin, Vice Chair	Centre for Development & Population Activities
Edwin Dorn	University of Texas
William P. Fuller	The Asia Foundation
James Henson	Washington State University
Joseph Kennedy	Africare (retired)
Jo Luck	Heifer Project International
Charles MacCormack	Save The Children
Louis Mitchell	Pact
Jane Pratt	The Mountain Institute
William Reese, Chair	International Youth Foundation
Peter Reiling	TechnoServe
David Roselle	University of Delaware
Lester Salamon	Johns Hopkins University
Bradford Smith	Ford Foundation
Elise Fiber Smith	Winrock International
Ted Weihe	Overseas Cooperative Development Council
Kathryn Wolford	Lutheran World Relief

**** Members serve as private citizens. Affiliations are listed for identification purposes only.***

RIBBON OF HOPE
AWARDS DINNER

P.O. Box 10072
Kansas City, MO 64171



Sandra Thurman
Office of National AIDS Policy
The White House 736 Jackson Place, NW
Washington, DC 20503

RIBBON OF HOPE AWARDS DINNER

SAVE THIS DATE!

The seventh annual
Ribbon of Hope Awards dinner

November 16, 2000
Westin Crown Center Hotel
For more information, call
(816) 931-0959.

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Corky and Bill Pfeiffer

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Gregory M. Bentz and C. Stephen Metzler

SPECIAL GUEST
Cornelius Baker,
Executive Director of the Whitman-Walker Clinic
Washington, D.C.

TvT Associates, Inc.
1101 Vermont Avenue, NW, Suite 900
Washington, DC 20005

phone: 202 842-2939
fax: 202 842-7646

May 1st

Sandy —

I hope the attached memo is what you need. If not, or you'd like it changed, do give me a call.

842-7646 x 112.

Anthony +

In honor of Princess Ira von Furstenberg

Khalil Rizk

requests the pleasure of the company of

Sandra L. Thurman

for cocktails and a preview of

Princess von Furstenberg's "Objets Uniques"

on Tuesday October 24th from 6:30 to 8:30 pm.

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475 Park Avenue at 58th Street

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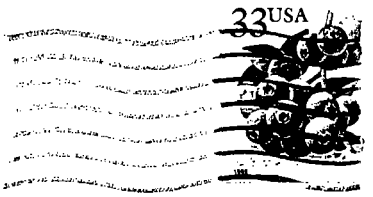
10% of all proceeds to benefit the Children of Africa Foundation



Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
The White House
Washington D.C.

20500/0004

The Chinese Porcelain Company
475 Park Avenue at 58th Street
New York, NY 10022