FOIA Number: 2007-1550-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21069

FolderID:

Folder Title:
President's Advisory Council on HIV/AIDS (PACHA) [3]

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	2	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	B. Thomas Henderson to POTUS re Advisory Council (partial) (3 pages)	11/08/1999	b(6)
002a. list	WAVES, September 22, 2000, 1:30 pm West Wing (partial) (1 page)	09/22/1999	b(6)
002b. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 08:40:39 (partial) (1 page)	09/22/2000	b(7)(C), b(6)
002c. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 09:39:39 (partial) (1 page)	09/22/2000	b(7)(C), b(6)
002d. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 10:10:56 (partial) (1 page)	09/22/2000	b(7)(C), b(6)
002e. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 10:39:22 (partial) (1 page)	09/22/2000	b(7)(C), b(6)
002f. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 11:51:56 (partial) (1 page)	09/22/2000	b(7)(C), b(6)
002g. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 12:04:25 (partial) (2 pages)	09/22/2000	b(7)(C), b(6)
003. letter	B. Thomas Henderson to POTUS re Advisory Council (partial) (3 pages)	11/08/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	0262
CONNECTION TEL	912538404690
CONNECTION ID	
ST. TIME	09/30 16:51
USAGE T	01'12
PGS.	2
RESULT	OK

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: **Judith A. Billings**

FROM: Sandra L. Thurman

COMPANY:

DATE: September 30, 1999

FAX NUMBER: 253-840-4690

TOTAL NO. OF PAGES INCLUDING COVER: 2

PHONE NUMBER:

RE: Please see attached

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Judith A. Billings	Sandra L. Thurman
COMPANY:	DATE:
	September 30, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
253-840-4690	2
PHONE NUMBER:	

RE: Please see attached

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	0261
CONNECTION TEL	98333472
CONNECTION ID	SAWHR
ST. TIME	09/30 16:36
USAGE T	00'33
PGS.	2
RESULT	OK

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: **Phyllis Greenberger**	FROM: Sandra L. Thurman
COMPANY:	DATE: September 30, 1999
FAX NUMBER: 202-833-3472	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	

RE: Please see attached

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Phyllis Greenberger	Sandra L. Thurman
COMPANY:	DATE:
	September 30, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
202-833-3472	2
PHONE NUMBER:	

RE:

Please see attached

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

June 13, 2000

Tom Bombelles
Director of International Government Relations
Merck & Co.
601 Pennsylvania Avenue, NW
Suite 1200 North
Washington, DC 20004

Dear Mr. Bombelles:

Thank you for your presentation at the June meeting of the Presidential Advisory Council on HIV/AIDS last weekend. Your discussion on the global pharmaceutical initiative to reduce prices of medications in developing countries was quite helpful, and I am certain the Council will draw on much of the information you provided as they complete their work for this year.

Again, I thank you for your contributions, and I look forward to our continued working relationship.

Sincerely,

Daniel C. Montoya,
Executive Director

cc: Ronald V. Dellums, Chair
Sandra L. Thurman, Director, Office of National AIDS Policy

736 Jackson Place, NW
Washington, DC 20503
Tel.: (202) 456-2437
Fax: (202) 456-2438

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

June 13, 2000

Joe O'Neill, M.D., M.P.H.
Associate Administrator
Health Resources and Services Administration
HIV/AIDS Bureau
5600 Fishers Lane, Room 7-05
Rockville, MD 20857

Dear Dr. O'Neill:

Thank you for your presentation at the June meeting of the Presidential Advisory Council on HIV/AIDS last weekend. Your discussion on HRSA's potential role in providing sustained services to people around the world living with HIV/AIDS, be it palliative care or otherwise, was quite illustrative, and I am certain the Council will draw on much of the information you provided as they complete their work for this year.

Again, I thank you for your contributions, and I look forward to our continued working relationship.

Sincerely,

Daniel C. Montoya,
Executive Director

cc: Ronald V. Dellums, Chair
Sandra L. Thurman, Director, Office of National AIDS Policy

736 Jackson Place, NW
Washington, DC 20503
Tel.: (202) 456-2437
Fax: (202) 456-2438

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

June 13, 2000

Ron MacInnis
Program Director, Global AIDS Program
Global Health Council
1701 K Street, NW
Suite 600
Washington, DC 20006-1503

Dear Ron:

Thank you for your presentation at the June meeting of the Presidential Advisory Council on HIV/AIDS last weekend. I really appreciate your willingness not only to brief the Council, but to actually put together a program with the topic areas to be covered and discussed, on a Sunday no less! I am certain the Council will draw on much of the information you provided as they complete their work for this year.

Again, I thank you for your contributions, and I look forward to our continued working relationship.

Sincerely,

Daniel C. Montoya,
Executive Director

cc: Ronald V. Dellums, Chair
Sandra L. Thurman, Director, Office of National AIDS Policy

736 Jackson Place, NW
Washington, DC 20503
Tel.: (202) 456-2437
Fax: (202) 456-2438

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

June 13, 2000

Helene Gayle, M.D., M.P.H.
Director National Center for HIV/STD/TB Prevention
Centers for Disease Control and Prevention
Mail Stop E-07
Atlanta, GA 30333

Dear Dr. Gayle: Helene

Thank you for your presentation at the June meeting of the Presidential Advisory Council on HIV/AIDS last weekend. Your discussion on CDC's role in providing prevention and services to people living with HIV/AIDS was quite illustrative, and I am certain the Council will draw on much of the information you provided as they complete their work for this year.

Again, I thank you for your contributions, and I look forward to our continued working relationship.

Sincerely,

Daniel C. Montoya,
Executive Director

cc: Ronald V. Dellums, Chair
Sandra L. Thurman, Director, Office of National AIDS Policy

736 Jackson Place, NW
Washington, DC 20503
Tel.: (202) 456-2437
Fax: (202) 456-2438

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

June 13, 2000

Nils Daulaire, MD, MPH
President, CEO
Global Health Council
1701 K Street, NW
Suite 600
Washington, DC 20006-1503

Dear Dr. Daulaire: Nils

Thank you for your presentation at the June meeting of the Presidential Advisory Council on HIV/AIDS last weekend. I am indebted to you for outlining a broad program of issue areas in order to best brief our Council. Your discussion on the U.S. response to the global AIDS pandemic was quite illustrative, and I am certain the Council will draw on much of the information you provided as they complete their work for this year.

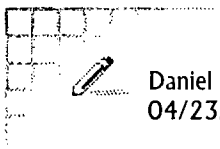
Again, I thank you for your thorough contributions, and I look forward to our continued working relationship.

Sincerely,

Daniel C. Montoya,
Executive Director

cc: Ronald V. Dellums, Chair
Sandra L. Thurman, Director, Office of National AIDS Policy

736 Jackson Place, NW
Washington, DC 20503
Tel.: (202) 456-2437
Fax: (202) 456-2438



Daniel C. Montoya
04/23/2000 09:50:03

Record Type: Record

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

cc: Sandra Thurman/OPD/EOP@EOP, Matthew Murguia/OPD/EOP@EOP, Cheryl S. Bauerle/OPD/EOP@EOP
Subject: Executive Subcommittee Agenda

Agenda
Executive Subcommittee
Wednesday, April 26, 2000 @ 12 NOON EDT/ 9 a.m. PST
1-800-427-0014; Code 997555

1. Recommendations (10 min)

A. Please Review by May 5, 2000 and be ready to discuss on May 22, 2000
B. Feedback/questions or specific concerns on recommendations
C. Please provide any additional feedback/questions via e-mail to Daniel between May 5, 2000 and May 22, 2000

2. Follow-up to March Meeting (Draft Letters) **(20 min)**

A. Collective Response from the Council regarding HHS Draft Framework
a. Discussion on content of draft letter
b. Finalization and adoption of letter

B. Correspondence to HHS regarding Needle Exchange Dissemination
a. Discussion
b. Finalization and adoption of letter

3. Progress Report (please see revised outline attached) (10 min)

A. Review Revised Timeline (please see attached)

4. Discussion of Upcoming States Submitting 1115 Waiver (15 min)

A. Jen Kates update via e-mail addressing current barriers that states are encountering

5. Other Business (5 min)

6. Adjourn

DRAFT (HHS Framework)

April 17, 2000

Eric Goosby, M.D.
Office of HIV/AIDS Policy
Department of Health and Human Services
200 Independence Avenue S.W. Room 738E
Washington, DC 20201

Dear Dr. Goosby:

Thank you for sharing with the President's Advisory Council on HIV/AIDS the draft HIV/AIDS Framework for Enhancing HHS' Response to HIV/AIDS in the United States, 2000-2003 dated March 18, 2000. We are deeply disappointed in the draft's lack of specificity, lack of cross-agency coordination and incompleteness. We urge substantial revision of the draft before it is released publicly. We regret that it has taken this long to develop this draft and that further delay in finalizing the draft is inevitable. However, as always, members of the Council are ready to assist the Department in expediting this process.

Much of the draft is a repetition of each operating division's general mission or activities related to HIV/AIDS without any clear strategies or new activities. For example, we expect more from the Centers for Disease Control and Prevention than a general goal to "prevent new HIV infections among individuals at risk" - indeed, we hope that CDC's goal would be to reduce a specific number of new infections within a specific timeframe, ultimately to zero. In contrast, we note that far more specificity about strategies and activities was provided over two years ago in the National AIDS Strategy.

Other strategies are so narrow that their lack of context and completeness is obvious. For example, the Indian Health Service seems to focus only on HIV prevention activities for American Indian and Alaska Native youth in schools (without addressing the HIV prevention needs of American Indian and Alaska Native youth who are not in school or American Indian and Alaska Native adults). Moreover, merely providing "information" about tribal health care programs and urban Indian health centers to Federal and State HIV programs without specific linkages, technical assistance or financial support is woefully inadequate as an effective strategy.

If these goals and strategies were submitted to the Department by a health department or a community-based organization for funding, the Department would legitimately require that they be

more specific, measurable, achievable, realistic and time-phased. As a document that purports to provide an overall and strategic Framework for the Department's HIV/AIDS activities, such specificity is essential. We have no doubt that the Office of Budget and Management, members of Congress, and those outside the federal government would subject the Framework to such, if not higher level, of scrutiny. We fear that the current draft would not fare well under such scrutiny.

One of the guiding principles for the draft Framework is enhancing cross-agency collaboration. We appreciate the Department's ability to recognize the importance of collaboration and taking steps to meet this objective. However, we are concerned with the level and specificity of collaboration that it is presented in the draft Framework: each Department operating division has presented its own activities, with some obvious duplication of efforts. For example, it is unclear which agency (CDC, HRSA, SAMHSA, etc.) is primarily responsible for encouraging the testing and early treatment of individuals who do not currently know their HIV status. In parts of the draft, this is stated as a prevention goal; in other parts, it is a care/treatment goal. On page 16 of the draft, it is called a "Care/Prevention Goal." Given the Council's interest and support for the CDC's "Know Your Status" campaign, such lack of coordination and collaboration is frustrating. We recognize the efforts of the Department to better integrate the often too-isolated systems of HIV prevention and care. However, careful delineation of mutual goals between these interdependent systems will better serve the cross cutting areas by avoiding duplication of efforts while effectively utilizing resources.

We are similarly disappointed that the research activities of CDC, NIH and AHRQ are presented as distinct activities, with no evidence of improved coordination. For example, there is both a "prevention goal" (for CDC) to conduct research on risk behaviors and effective prevention efforts, and translate results into practical prevention programs as well as a similar "research goals" (for NIH) to conduct behavioral and social science research on effective prevention strategies, research the needs of disproportionately affected populations, such as racial and ethnic minorities and women and to disseminate research results. The Council has repeatedly called for improved cross-agency coordination on research efforts such as vaccine research and development.

We also note that there is no reference to or incorporation of the HIV/AIDS-related objectives from Healthy People 2010. Given the presentation at the March 2000 Council meeting about the importance that the Department and the Assistant Secretary for Health/Surgeon General himself has personally given to Healthy People 2010, it is surprising that the draft fails to include the baseline specificity already developed through the Healthy People 2010 process. We also note that there is no reference to or incorporation of the recently released draft strategic plan for the Department under the Government Performance and Results Act. Finally, there is no reference to the national HIV prevention plan currently being developed by the CDC. At a minimum, we expect that all these strategic planning efforts be coordinated.

The Framework currently lacks specific reference to the care of children infected) and affected, along with their families) with HIV or AIDS. While there is brief discussion of perinatal transmission, we feel the Framework would benefit from language regarding the importance of caring for both infected and affected children. Simultaneously there is a need to address the lack of "family-centered" care, which results in an unnecessary hardship for parents and children and is a clear barrier in accessing services. The number of children impacted by HIV/AIDS continues to grow, especially among marginalized populations. We also shouldn't lose sight of the fact that children born with HIV/AIDS, while relatively low in number domestically today, could rise again without attention to the issue.

For nearly two decades, America has witnessed a remarkable community response to HIV/AIDS.

Unfortunately, many communities, particularly communities of color, have lacked the capacity to secure government and private funding to respond appropriately to HIV/AIDS in their communities. Both prevention and service programs require technical assistance and infrastructure support to sustain and expand their programs. Other populations such as drug users and incarcerated populations have a diverse range of health and social service needs that have been historically underfunded and neglected. The goal of eliminating health disparities will never be achieved without a specific and detailed strategy to increase community capacities to deliver programs and services. The draft Framework fails to address these capacity-building needs or provide any coordination of efforts among Department capacity-building programs.

Coupled with the need to address the demographics of the epidemic is the ability to address the larger issue of access to care that often times impedes the effectiveness of current care and treatment services. We continue to be concerned by the large number of low-income Americans in the earlier stages of HIV disease who are unable to receive antiviral therapy and medical care due to high drug costs and current Medicaid eligibility restrictions. We appreciate the hard work of the Health Care Financing Administration in finding ways to extend Medicaid coverage to such individuals within the constraints of a balanced budget agreement. However, until Medicaid eligibility policy catches up with the Public Health Service Guidelines recommending early medical care, or drug costs are reduced substantially, many will be left crippled even with knowledge of their serostatus. Specific objectives on how the Department will increase access to care for these individuals as well as close existing service gaps should be included in the Framework. For example, how many of the 300,000 HIV-positive people that HRSA believes are out of care and uninsured will be provided with access to care through new and existing programs?

We are deeply disappointed that the draft Framework fails to address the following critical HIV prevention issues:

Provide National Leadership

The "guiding principles" for the draft Framework discuss the need for "vigorous and effective leadership" and a clear and consistent voice against stigma, fear and discrimination. Yet the draft Framework includes no specific steps for the leadership of DHHS, including the Secretary and the Assistant Secretary for Health/Surgeon General, to demonstrate such leadership. Moreover, the role and authority of the Office for HIV/AIDS Policy is not clearly established. Finally, there is no discussion of the role of the Office for Civil Rights in any initiatives against HIV/AIDS-related discrimination.

Refocus HIV/AIDS Surveillance

There is no discussion of any nationally coordinated HIV/AIDS surveillance strategy. The current estimates of HIV incidence and prevalence are based on dated assumptions. Existing surveillance efforts at CDC seem disproportionately focused on implementing a name-based HIV surveillance system rather than a comprehensive surveillance strategy that includes targeted prevalence and incidence studies, behavioral risk studies, trend analysis and epidemiological projections. Efforts also should be made to expand HIV-related questions on existing national health surveys such as the Youth Risk Behavioral Survey.

In addition, there is no discussion in the draft Framework of the overlapping surveillance needs of various Department operating divisions, including the CDC, HRSA and HCFA. NIH and AHRQ also have made significant investments in studying the clinical aspects of HIV/AIDS disease progression.

However, there is no clear coordination of responsibility for collecting, sharing, analyzing and disseminating data on the clinical progression of HIV disease in the draft Framework.

Moreover, HIV prevention community planning groups and Ryan White CARE Act planning councils need current and comprehensive epidemiological data that are local or regional. The Council is surprised that the draft Framework fails to mention either of these planning efforts or their need for improved epidemiological data. The absence of clear strategies to provide such data will undermine the effectiveness and relevance of these critical local planning and prioritization processes.

Reaffirm Effectiveness of HIV Prevention

Given the medical advances in the treatment of HIV disease and public complacency about the epidemic, it is imperative that this draft Framework unequivocally reaffirm the effectiveness of HIV prevention. There is no evidence of any strategy to support and enhance HIV prevention efforts in the draft Framework. We note that two of the four goals labeled "prevention goals" i.e., linking HIV-positive individuals with care early in their disease and help HIV-positive individuals adopt safer behaviors, and link them to comprehensive care to prevent further transmission and to delay disease progression, are arguably too late as effective prevention goals, focusing on individuals already infected. These goals also seem to overlap with the "care/treatment" goals.

Focus HIV Prevention on Populations at Highest Risk

While the draft Framework acknowledges the populations at highest behavioral risk for HIV, i.e., men who have sex with men, and drug users and their sexual partners, little in the draft Framework specifically addresses these behavioral risks. The failure to effectively address these risks continues to result in the disproportionate impact of HIV/AIDS in communities of color, gay and bisexual men, women and youth. Our national HIV prevention efforts must address both the historical and continuing discrimination against persons of color, gay men and women AND the specific behavioral risks associated with sexual activity and drug use. This requires refocusing HIV prevention research and program development on developing and evaluating culturally competent and linguistically accessible interventions to reduce risk among these populations. Given the continuing disproportionate impact of HIV/AIDS on the African American, Latino and other communities of color, we are deeply disappointed that the strategies focused on these communities are limited to the NIH, without any cross-agency involvement of the CDC, SAMHSA or other agencies. Similarly, our national effort also must include support for a wide range of risk reduction and harm reduction programs, especially for drug users. Such a strategy must include efforts to increase access to health care, substance abuse treatment and mental health services for all. It also must include activities that address directly and explicitly issues of homophobia and discrimination based on sexual orientation.

The Council notes with irony that one of the draft Framework's guiding principles is that public health research and evaluation should guide program design and decisions. We remain committed to emphasizing the importance of this public health intervention as part of a comprehensive HIV prevention strategy. To realize our mutual goal of effective HIV prevention, it is vital that we continue to identify and evaluate sound public health strategies to address the twin epidemics of HIV and substance abuse. The Council has repeatedly expressed its disappointment with the Department's failure to support the clear scientific consensus on the effectiveness of needle exchange programs at reducing HIV transmission and support federal funding of such programs. The Department informed us that they are developing a strategy to disseminate the "street-level" guide on the science of needle exchange programs. At minimum these efforts should be clearly outlined within this Framework. Dissemination of this guide is critical for national, regional, state, and local use. Even without this vital

tool in HIV prevention, the draft Framework fails to articulate any national strategy to reduce drug use that would enhance HIV prevention and ensure that drug users receive comprehensive treatment and HIV-related services.

Similarly, as long as school-based HIV prevention programs are constrained by content restrictions, they will not be as effective as comprehensive programs that directly and explicitly discuss sexuality, sexual responsibility and HIV prevention. Research has consistently demonstrated that these comprehensive school-based programs are more effective in reducing HIV behavioral risks.

The 1997 National Institutes of Health Consensus Development Conference cited needle exchange programs and comprehensive school-based HIV prevention programs as two effective strategies that have not been widely implemented because of non-scientifically-based public policies. The draft Framework fails to highlight the importance of overcoming these policies and ensuring that the most effective HIV prevention strategies are implemented.

Promote Collaboration and Partnership with Nongovernmental Efforts
The Department has the unique opportunity to leverage its leadership against this epidemic with nongovernmental efforts, including corporate, philantrophic, and community-based efforts. The draft Framework fails to address how these opportunities may be maximized, including re-engagement of public and private financial support, volunteerism and involvement in fighting the epidemic.

Improve Coordination with International Programs
While the Council commends the Administration's increased focus on international HIV/AIDS programs, the Council is concerned with the lack of coordination with domestic HIV/AIDS programs, highlighted by the omission of any discussion of international activities from the draft Framework. There seem to be few linkages between our international and domestic HIV/AIDS programs. As HIV/AIDS continues to disproportionately impact on communities of color in the U.S., including immigrant communities, these linkages are vital and mutually beneficial.

Given the urgency of finalizing this Framework and the expectations of many for its implementation, we look forward to your immediate response to our comments and concerns.

Sincerely,

Ronald V. Dellums
Chair

(DRAFT-Needle Exchange)

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue
Washington, D.C. 20201

Dear Secretary Shalala:

Thank you for forwarding the Council your response to Congress member Pelosi's request for an update on the scientific literature related to needle exchange. We remain committed to emphasizing the importance of this public health intervention as part of a comprehensive HIV prevention strategy. To realize our mutual goal of effective HIV prevention, it is vital that we continue to identify and evaluate sound public health strategies to address the twin epidemics of HIV and substance abuse.

As we discussed in our meeting subsequent to the October 1999 meeting, we are interested in the actual strategy that will be employed by HHS to disseminate the "street-level" guide on the science of needle exchange programs. More specifically, we would like an update on the development of the following:

The actual content and format of the document;
The targeted audience including members of Congress, state officials, and appropriate community groups; and
The timeline for dissemination.

Equally important is ensuring that there is sufficient elevation of the "street-guide" guide to counter the continued negative press on needle exchange and to strengthen the link between research and policy. We urge you to submit editorials regarding the science-based efficacy of syringe exchange programs and release a joint press statement with other agency experts commenting on federal policies, the scientific validity of syringe exchange programs, and public health implications.

As the debate over needle exchange continues throughout the country, wide dissemination of completed and ongoing research on the efficacy of syringe exchange programs in reducing HIV transmission and

their impact of illegal drug use becomes timely and important. It is critical for national, regional, state, and local use. It is our hope that such dissemination will aid these localities in making sound policy decisions within their jurisdictions, based on science that is consistent with these recent findings. For your reference we have included a list of organizations and individuals that we would like to receive this information. We thank you for honoring this request.

Sincerely,

Ronald V. Dellums
Chair

Presidential Advisory Council on HIV/AIDS Progress Report

Tentative Framework and Timeline for Rollout

Scope and Content

I. Scope
A. Progress report to the President, Secretary Shalala, focusing on HIV/AIDS priorities for the next Administration

II. Content
A. Current status of the epidemic including demographics and current initiatives, both domestically and internationally
B. Summary of the Administration's progress on HIV and AIDS with emphasis on critical areas of focus where national leadership remains paramount
C. Current and ongoing issues that continue to depend upon sustained leadership, substantial resources and innovative solutions
D. Selection of recommendations that will emphasize the macro-level issues in each focus area (the focus areas have tentatively been divided into three subcategories: Prevention, Services, and Research)
E. Supplemental technical appendix with a compendium background information for the next Administration and DHHS agency heads

Process

I. PACHA will begin to formulate the scope, content, and composition of the progress report during the March 2000 Council meeting.
II. A Professional consultant will be hired for professional editing and publishing expertise and to compile background papers and materials to frame sections of the report.

III. PACHA will begin development of draft progress report in consultation with a professional editor.

Proposed Timeline

I.	May 25, 2000	Draft #1: Two-page summary* to be submitted by each subcommittee
II.	June 5-6, 2000	Draft #2: Integration and compendium of subcommittee drafts.
III.	June 19-20, 2000	Draft #3: Discussion and revision full Council meeting
IV.	July 6, 2000	Finalize report
V.	August 4, 2000	Submit to printer; release and distribute to full Council meeting (Date: TBD)

* Two-page summary includes the following components: 1) Brief outline of prioritized issues that each subcommittee will focus their efforts on 2) PACHA/Administration past accomplishments and, 3) Objectives for the future

****

Date: April 21, 2000
To: The Services Subcommittee of PACHA
From: Jennifer Kates, Kaiser Family Foundation

Thank you for providing me with the opportunity to present to the Services Subcommittee of the President's Advisory Council on HIV/AIDS last week. Here is a recap of the main points of my presentation on states' efforts to expand Medicaid to cover individuals living with HIV disease prior to disability, including information regarding some of the barriers encountered by these states. I am also attaching a current project description of the Kaiser Family Foundation's effort. Please do not hesitate to contact me with questions (my contact information is at the end of this email).

OVERVIEW

Since June 1998, the Kaiser Family Foundation has been working with several states interested in pursuing Medicaid Expansion for people with HIV. We have been providing direct technical assistance to state Medicaid officials, designed to help them assess the state and federal costs of expanding Medicaid as well as the health outcomes derived from early access, using a model developed by UCSF.

The general impetus for state interest in this effort was due to several factors, including:

1) Treatment advances leading to the current recommendation for early treatment, resulting in an eligibility catch-22 for many people with HIV;

2) The Administration's decision not to move forward with a national-level expansion but, rather, to rely on individual state efforts; and

3) States' feeling that Medicaid is desirable for people with HIV because Medicaid is an entitlement program, and not dependent on annual appropriations by Congress, and because it provides access to a comprehensive set of benefits (not just medications as is the case with the AIDS Drug Assistance Program).

The Foundation has been working with California, Colorado, Florida, Massachusetts, and North Carolina. Maine has also been participating in meetings with us for the past two years (although Maine has used its own model for looking at Medicaid expansion). The District of Columbia has hired the same technical assistance consulting team that we are working with and is essentially engaging in the same process.

STATUS

As you know, Maine is the only state to have received approval for an 1115 waiver from the Health Care Financing Administration (HCFA) and that approval is conditional upon the state's ability to negotiate an additional drug price discount (Maine's waiver also includes an enrollment cap which limits the number of participants in the waiver program to 300 individuals).

Massachusetts has already begun submitting components of its proposal to HCFA and plans to expand access by amending a larger, non-HIV specific Medicaid waiver that is already in place in the state. That waiver has savings which will be used to help pay for an HIV expansion.

The District of Columbia has submitted its concept paper to HCFA and intends to submit a proposal this summer.

California, Florida, and North Carolina are actively involved in the modeling process and trying to decide whether and how to move forward. Colorado is not moving forward at this time.

PRELIMINARY FINDINGS & ISSUES

After working with these states over the past two years, we have several important observations:

1) The States remain committed to looking at this issue and to finding ways to expand access to Medicaid specifically and to care more generally for people with HIV;

2) It is difficult to reach budget neutrality within the current policy definition of budget neutrality used by OMB and HCFA to evaluate 1115 waivers. The current policy definition (a) looks at costs/savings incurred by Medicaid only, even if there may be savings to other federal programs and (b) considers the costs of a waiver within a time period of 5 years;

3) Medicaid expansion does result in savings to other programs including ADAP, SSI, SSDI, and Medicare - these savings, however, are not taken into account in the current policy definition of budget neutrality;

4) Our modeling has produced a budget neutral scenario in all these states (meaning that there is a way to reach budget neutrality within the current policy definition) if a combination of enrollment caps and additional drug price discounts on HAART medications is used - this is what Maine did. States have mixed views on the relative cost/benefit of capping enrollment in an HIV waiver program;

5) In some states, it appears that ADAP is paying less than Medicaid for HIV drugs. In these states, it also appears that the additional discount needed on HAART drugs to reach budget neutrality would bring Medicaid prices down to a price level comparable to what ADAP is paying in that state;

6) It is difficult for states - on an individual basis - to seek additional drug price discounts and many seem reluctant to do so. Given the perceived complexity and substantial time commitment involved in negotiating an 1115 waiver, many states are also reluctant to begin conversations with HCFA before they have looked into the possibility of getting additional discounts or have found other ways to achieve budget neutrality;

7) The role of the Work Incentives/Ticket to Work demonstration is unclear at this point, since the funding is not yet available - HCFA has not yet issued an RFP to states. The demonstration may be a promising alternative or additional path for states and the states are interested in this potential option. Some states may

seek to apply for this funding to cover the costs of expanding access to people with HIV instead of seeking an 1115 waiver. Others may seek to apply for this funding to supplement their 1115 waiver effort (for example, to use an 1115 to expand access to some and apply for demonstration funding through Work Incentives/Ticket to Work to expand access to more). States that have been working on Medicaid expansion are in a good position to understand their potential costs and how much funding they would need to apply for from the Work Incentives/Ticket to Work demonstration. It should be noted, however, that the Work Incentives/Ticket to Work funding has a limited dollar amount and is not specific to HIV.

****

Jennifer Kates, M.A., M.P.A.
Senior Program Officer
Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
650-854-9400, ext. 236
fax: 650-854-4800
jkates@kff.org
www.kff.org

****

March 2000

Project Description: Medicaid Eligibility Expansion for People with HIV Prior to Disability

Background

Effective antiretroviral therapy, which dramatically slows the progression of HIV disease and AIDS, was first approved at the end of 1995. Combination drug therapies with protease inhibitors have provided evidence for the first time that HIV/AIDS may become a manageable chronic disease for many people. Treatment guidelines released in 1997 by the Department of Health and Human Services and the Kaiser Family Foundation recommend the initiation of antiretroviral therapy earlier in the course of HIV infection.

Unfortunately, the reality of clinical efficacy has not been matched by the gains achieved in health care access. Medicaid, the largest public funder of HIV/AIDS health care services, is available only to low-income individuals who qualify because they meet federal income and disability standards or a state's categorical and income requirements. Most people with HIV who qualify for Medicaid do so by meeting federal income and disability standards once their illness has progressed. People with HIV in the early stages of disease for whom combination therapy is indicated, are faced with the Catch-22 of having their eligibility postponed until they become disabled.

Given both the promise and expense of new combination antiretroviral therapies, expansion of Medicaid eligibility is seen as one important strategy in enabling a greater number of people with HIV to gain access to treatment. In April 1997, Vice President Gore proposed expanding access to treatment for people with earlier stage HIV through an expansion of Medicaid eligibility. However, citing concerns of cost, the Administration decided not to pursue an expansion at the federal level. States, however, were encouraged to consider submitting

waiver proposals, under Section 1115 of the Social Security Act, to the Health Care Financing Administration (HCFA) to test Medicaid eligibility expansion on a demonstration basis.

The Kaiser Family Foundation's Activities

After the federal government announced its interest in Medicaid expansion and in response to questions about cost, the Foundation commissioned researchers at the University of California, San Francisco (UCSF), led by Dr. James G. Kahn, to construct a sophisticated cost model designed to generate fiscal projections of an expansion of Medicaid eligibility from a federal perspective. In January 1998, this model was shared with representatives from several states and HCFA actuaries who were very enthusiastic about the availability of a model that could be used by the states and the federal government as a basis for proceeding with state demonstration projects.

The Model

The model developed by Dr. Kahn is a disease state-transition model (Markov model) of HIV disease progression. The model estimates the impact of expanded access to combination therapy with protease inhibitors on health outcomes (new AIDS diagnoses, deaths, and life years) and fiscal outcomes (costs to Medicaid) over time. It uses the following types of data inputs:

- population characteristics (e.g., incidence, disease distribution);
- clinical factors (e.g., disease progression rates with and without protease inhibitors);
- payer status (e.g., Medicaid, ADAP, uninsured);
- costs of medical care (e.g., inpatient, outpatient, pharmacy);
- federal and state program costs (e.g., Medicaid, SSI, SSDI); and

The model is flexible, allowing for varied assumptions in each of the data input components, and can incorporate different data and model different levels of benefits and enrollment.

Technical Assistance

In June 1998, the Foundation initiated a technical assistance effort to assist interested states in estimating the costs of Medicaid expansion using the UCSF model. A consulting team, consisting of Dr. James Kahn of UCSF, The Lewin Group, and Julia Hidalgo and Jeff Levi of George Washington University, was assembled to both modify the UCSF federal model to be applicable at the state level and provide technical assistance to states in using the model to assess costs. States could then use the cost estimates to determine whether or not to move forward with a Medicaid expansion waiver proposal and if so, as the basis of their proposal's cost estimates.

Four states participated in the initial project – Maine, Massachusetts, Colorado, and Florida. Two additional states were subsequently added to the project – California and North Carolina. The District of Columbia, while not working directly with the Foundation, has hired the Foundation's technical assistance team and is using the UCSF model to assess the costs of Medicaid expansion for people with HIV.

As of March 2000, the State of Maine (using its own model for estimating costs) is the only state to have received approval for a waiver from HCFA. This approval is contingent upon the State's receipt of additional drug price discounts on antiretroviral drugs (in order to achieve budget neutrality). Massachusetts has completed its modeling work and is planning to submit its proposal soon. California, Florida, and North Carolina are currently engaged in the modeling

process. Colorado has decided not to pursue a waiver at this time. The District of Columbia has submitted a concept paper to HCFA and is planning on submitting a full waiver proposal by the summer.

For More Information, Please Contact:

Jennifer Kates, Senior Program Officer
HIV/AIDS/Health Policy
Kaiser Family Foundation
650-854-9400, ext. 236
jkates@kff.org

Message Sent To:

reginalarry@cs.com@inet
helenmm@itsa.ucsf.edu@inet
Renukakher@hotmail.com@inet
gsmiley@osophs.dhhs.gov@inet
Ronald Dellums
Judtaral@aol.com@inet
cgomez@psg.ucsf.edu @ inet
sburden@macfdn.org @ inet
bminor@foodandfriends.org @ inet

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

September 1, 2000

MEMORANDUM FOR: Sandra L. Thurman

FROM: Daniel C. Montoya
Executive Director

RE: PACHA Report / POTUS scheduling request

CC: Cheryl Bauerle

I just wanted to send you a quick note and bring you up to speed with the progress we've been making on the PACHA report.

The draft report is, of course, behind schedule. We will hopefully get the final draft to you early next week so that you may review it and provide feedback.

In the meantime, however, the Council would appreciate your submitting the following POTUS scheduling request for Thursday, September 21st (or alternatively, Friday, September 22nd). It is my understanding that the President will be in Washington on both of those days, but more likely can meet with us on Thursday as opposed to Friday. Please review the scheduling request and barring any refinements, please forward it on the White House Scheduling Office.

Also notice the list of "recommenders" – these are people that have responded that they are supportive of this proposed meeting between PACHA and the President. Very soon after your review of the report, I would like to meet with you to discuss your feedback.

Thank you for your help with making the PACHA report one of which we can all be proud.

736 Jackson Place, NW
Washington, DC 20503

Updated: June 2, 2000

Presidential Advisory Council on HIV/AIDS
COUNCIL LIST

Terje Anderson
Interim Executive Director for Policy
National Association of People With AIDS
1413 K Street, NW, Eighth Floor
Washington, DC 20005
202-898-0414, ext. 143
202-898-0435 (FAX)
ASST: Liz Romero
Email: tanderson@napwa.org

HOME:
1523 Buchanan Street, NW
Washington, D.C. 20011
202-723-2098
Email: terje@worldnet.att.net

Regina Aragon
HOME:
674 Arimo Avenue
Oakland, CA 94610
510-836-5510
510-835-8813 (FAX)
Email: reginalarry@cs.com

Ignatius Bau, Esq.
Policy Director
Asian and Pacific Islander American Health Forum
942 Market Street, Suite 200
San Francisco, CA 94102
415-954-9951
415-954-9999 (FAX)
Email: ibau@apiahf.org

HOME:
250 Clinton Park
San Francisco, CA 94103
415-552-5398
415-902-6378 (CELL)

Judith A. Billings, J.D.
President/CEO
Economics America Washington Council on Economic Education
1305 Fourth Avenue, Suite 1000
Seattle, WA 98101
206-622-0965

HOME:
Education Consulting Services
Targeted Alliances
9821 74th Avenue East
Puyallup, WA 98373-1249
253-845-5183
253-840-4690 (FAX)
206-619-2318 (CELL)
Email: judtaral@aol.com

Charles W. Blackwell
Chickasaw Nation Ambassador to the United States
President and Director
Native Affairs and Development Group
Pushmataha House
230 East Capitol Street, N.E.
Washington, DC 20003
202-546-6610
202-546-6665 (FAX)
ASST: Jason R. Kopec
Email: nadg@erols.com

Stephen L. Boswell, M.D.
Executive Director
Fenway Community Health Center
Seven Haviland Street
Boston, MA 02115
617-927-6170
617-425-5714 (FAX)
Email: sboswell@caregroup.harvard.edu

HOME:
193 West Brookline Street
Boston, MA 02118
617-262-6515
617-504-9338 (CELL)

Stuart C. Burden
Senior Program Officer
Program on Global Security and Sustainability
John D. and Catherine T. MacArthur Foundation
140 South Dearborn Street, Suite 1100
Chicago, IL 60603-5285
312-726-8000
312-917-0334 (FAX)
Email: sburden@macfdn.org

HOME:
2000 Lincoln Park West, Apt. 1612
Chicago, IL 60614
773-528-1010

Philip P. Burgess, R.Ph.
National Director of Pharmacy Affairs
Walgreens Company
200 Wilmot Road
Deerfield, IL 60015
847-914-3241
847-914-3109 (FAX)
Email: phil.burgess@walgreen.com

HOME:
3800 North Lakeshore
Chicago, IL 60613
773-248-1120
773-248-2319 (FAX)
Email: ppburgess@aol.com

Lynne M. Cooper, D.Min.
President
DOORWAYS
4385 Maryland Avenue
St. Louis, MO 63108
314-535-1919
314-535-0909 (FAX)
ASST: Jim Wagner
Email: lynnemc@aol.com
Email: jwagner@doorwaysmo.org

Joseph A. Cristina
Founder and Board Chair
Children Affected by AIDS Foundation
6033 West Century Boulevard, Suite 260
Los Angeles, CA 90045
310-252-2916
310-252-2998 (FAX)
ASST: Sharon Bowen
Email: cristinj@mattel.com

HOME:
63 Argonne Avenue
Long Beach, CA 90803
562-433-5545
562-433-7586 (FAX)

Hon. Ronald V. Dellums
President
Healthcare International Management Company
1201 Pennsylvania Avenue, Suite 300
Washington, DC 20006
202-857-3290

HOME:
4525 Foxhall Crescents, NW
Washington, DC 20007
202-944-4032
202-944-3889 (FAX)

Ingrid M. Duran
Executive Director
Congressional Hispanic Caucus Institute
504 C Street, NE
Washington, DC 20002
202-543-1771
202-546-2143 (FAX)
Email: iduran@hq.chci.org

HOME:
6113 Madison Crest Court
Falls Church, VA 22041
703-845-9692

Rabbi Joseph A. Edelheit
Temple Israel
2324 Emerson Avenue South
Minneapolis, MN 55405
612-377-8680
612-377-6630 (FAX)
ASST: Rea Janezich
Email: jedelheit@templeisrael.com

Debra Fraser-Howze
President and Chief Executive Officer
National Black Leadership Commission on AIDS
105 East 22nd Street, Suite 711
New York, NY 10010
212-614-0023
212-614-0057 (FAX)
Email: pahilton@blca.org

HOME:
789 Saw Creek Estates
Lot 1679, Section 7
Bushkill, PA 18324
570-584-0838

Cynthia Gomez, Ph.D.
Assistant Professor
Center for AIDS Prevention Studies
AIDS Research Institute
University of California, San Francisco
74 New Montgomery Street, Suite 600
San Francisco, CA 94105-3444
415-597-9267
415-597-9213 (FAX)
ASST: Nick Alvarado
Email: cgomez@psg.ucsf.edu

HOME:
1760 Milton Street
Redwood City, CA 94061
650-299-1655
650-369-1752 (FAX)

Bob Hattoy
1910 Kalorama Road, NW, Apt. 305
Washington, DC 20019
202-986-5628
Email: hattoyland@aol.com

Thomas Patrick Healy
40 Fifth Avenue
New York, NY 10011
212-475-2179
212-475-4203 (FAX)
ASST: Lisa Thomas
Email: tphealy@earthlink.net

HOME:
917-359-5531 (CELL)

Michael T. Isbell, J.D.
Michael T. Isbell Consulting
304 Park Avenue South, 11th Floor
New York, NY 10010
212-590-2465
212-590-2310 (FAX)
Email: mtisbell@aol.com

HOME:
255 West 23rd Street, #5BW
New York, NY 10011
212-924-3935
212-675-1274 (FAX)

Ronald S. Johnson
Gay Men's Health Crisis
119 West 24th Street
New York, NY 10011-1913
212-367-1250
212-367-1247 (FAX)
ASST: Jacqualine Coleman
Email: ronaldj@gmhc.org

HOME:
278 Prospect Place
Brooklyn, NY 11238
718-638-7615
Email: rjohn0403@aol.com

Alexandra Mary Levine, M.D.
Professor of Medicine, Chief of
Hematology Department
Medical Director
Norris Cancer Hospital
University of Southern California
School of Medicine
1441 Eastlake Avenue, Room 3468
Los Angeles, CA 90033
323-865-3913
323-865-0060 (FAX)
ASST: Lorie Horner
Email: hornor@hsc.usc.edu

HOME:
400 Inverness Drive
LaCanada Flintridge, CA 91011
818-790-6301

Steve Lew
Development Officer
Compass Point Non-Profit Services
706 Mission Street, Fifth Floor
San Francisco, CA 94103
415-541-9000, EXT. 354
415-541-7708 (FAX)
Email: stevelew2@aol.com

HOME:
415-282-7546

Caya B. Lewis
National Health Coordinator
National Association for the Advancement
of Colored People
4805 Mount Hope Drive
Baltimore, MD 21215
410-486-9147
410-358-9785 (FAX)
Email: clewis@naacpnet.org

HOME:
13601 Sir Thomas Way, #31
Silver Spring, MD 20904
301-890-6306

Miguel Milanes, M.P.A.
Community Development Coordinator
Office of Research and Community Affairs
Florida Department of Children and
Families
District 11-Dade and Monroe Counties
401 Northwest Second Avenue,
Suite N-1021
Miami, FL 33128
305-377-7018
305-377-5770 (FAX)
ASST: Doris Shapiro
Email: kmiab@hotmail.com

Brent Tucker Minor
Director
Community Relations and Public Funding
Food and Friends
58 L Street, SE
Washington, DC 20003
202-863-1825
202-488-0851 (FAX)
Email: bminor@foodandfriends.org

HOME:
2910 Sycamore Street
Alexandria, VA 22305
703-836-1162

Helen M. Miramontes, M.S.N., F.A.A.N.
Clinical Professor
Deputy Director, The International Center
for HIV/AIDS Research and Clinical
Training in Nursing
Nures Coordinator, Pacific AIDS Education
& Training Center
University of California, San Francisco
Department of Community Health Systems
School of Nursing
Box 0608, Room N531C
Two Kirkham
San Francisco, CA 94143-0608
415-476-6602
415-476-6042 (FAX)
Email: helenmm@itsa.ucsf.edu

HOME:
481 Pointe Pacific Drive, #8
Daly City, CA 94014
650-994-8664
Email: helenmiramontes@aol.com

Daniel C. Montoya
Executive Director
Presidential Advisory Council on HIV/AIDS
736 Jackson Place, NW
Washington, DC 20503
202-395-1445
202-456-2438 (FAX)
ASST: Renuka Kher
Email: daniel_C._montoya@opd.eop.gov

HOME:
One Logan Circle, NW, #8
Washington, DC 20005
202-232-5539

John A. Perez
HOME:
4470 Sunset Blvd, Suite 762
Los Angeles, CA 90027
323-663-3557
323-663-3558 (FAX)
Email: johnaperez@aol.com

Michael Rankin, M.D., M.P.H.
Five Red Rock Way
San Francisco, CA 94131
415-285-3607
415-285-3607 (FAX)
Email: navdocsf@aol.com

Valerie Reyes-Jimenez
Peer Educator
139 West 93rd Street, 3A
New York, NY 10025
212-678-0186
917-831-6739 (PAGER)
Email: valrj1144@aol.com

Victoria L. Sharp, M.D.
Director
HIV/AIDS Center
St. Luke's-Roosevelt Hospital
1000 Tenth Avenue, 14A36
New York, NY 10019
212-523-6050
212-523-6023 (FAX)
ASST: Maria Axiotis
Email: vsharpny@aol.com

HOME:
448 West 37th Street, #12G
New York, NY 10018
212-465-9402
212-465-9404 (FAX)

Denise Stokes
212 Manor Oak Way
Stockbridge, GA 30281
770-389-9888
770-389-9888 (FAX)
Email: shenovoice@aol.com

Sandra Thurman
Director
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, NW
Washington, DC 20503
202-456-2437
202-456-2438 (FAX)
Email: thurman_s@al.eop.gov

Presidential Advisory Council on HIV/AIDS
Sixteenth Meeting

June 5–6, 2000

The Radisson Barcelo Hotel
Washington, DC

AGENDA

Monday, June 5, 2000

8:30 a.m.	**Welcome and Debriefing on International Session** The Honorable Ronald V. Dellums, Chair	*National A & B*
9:00 a.m.	**Update of Interim Activities and Appropriations Overview** Daniel C. Montoya, Executive Director Regina Aragon, Chair, Appropriations Subcommittee	
9:30 a.m.	**Office of National AIDS Policy Update** Sandra Thurman, Office of National AIDS Policy	
10:00 a.m.	**Discussion of Questions and Issues in Preparation for Progress Report (prepared by MOSAICA)**	
11:30 a.m.	**Subcommittee Meetings**	
	Prevention Subcommittee	*Corcoran Suite*
	Services Subcommittee	*Hirshhorn Suite*
12:30 p.m.	**LUNCH** (on your own)	
1:30 p.m.	**Subcommittee Meetings**	
	Prevention Subcommittee	*Corcoran Suite*
	Services Subcommittee	*Hirshhorn Suite*
4:30 p.m.	**BREAK**	
5:00 p.m.	**Full Council Check-in**	*National A & B*
6:00 p.m.	**ADJOURN**	

Tuesday, June 6, 2000

8:30 a.m.	**Subcommittee Meetings**	
	Prevention Subcommittee	*Corcoran Suite*
	Services Subcommittee	*Hirshhorn Suite*
12:00 noon	**LUNCH** (on your own)	
1:30 p.m.	**Public Comment** Full Council Discussion (if needed)	*National A & B*
2:00 p.m.	**Subcommittee Meetings**	
	Prevention Subcommittee	*Corcoran Suite*
	Services Subcommittee	*Hirshhorn Suite*
4:30 p.m.	**Full Council Discussion of Progress Report**	*National A & B*
	Next Steps	
5:30 p.m.	**Other Business**	
6:00 p.m.	**ADJOURN**	

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	B. Thomas Henderson to POTUS re Advisory Council (partial) (3 pages)	11/08/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

[001]

B. Thomas Henderson
4106 Bradwood Road
Austin, Texas 78722

November 8, 1999

The Honorable William Jefferson Clinton
The White House
Washington, D. C. 20500

Dear Mr. President:

First, thank you for your gracious and thoughtful phone call while I was recently in the hospital. As many times as we have talked in person over the years, and even just since you have been President, it still gave me quite a rush when the White House operator said, "Please hold for the President."

(b)(6)

I had been planning to send this letter for some time before becoming ill. As I mentioned in our phone conversation, at EPA I am working diligently on designing and overseeing the preparation of the air quality improvement plans required under the Clean Air Act for the Dallas/Fort Worth and Houston/Galveston areas. As you are well aware, I have been working on this issue, with Garry and others, for the past 10-12 years. These plans, when fully developed, will have a major bearing on the quality of the air that millions of Texans will breathe for the next 10-20 years or longer.

The opportunities you provided through the Federal Fleet Conversion Task Force back in 1993 were significant. Now, however, we are in an unprecedented position to make major progress by adopting and implementing serious air pollution control strategies to improve Texas' air quality. I want to do everything in my power to move that ball as far and as fast as possible while the opportunity is present! Thank you for the chance to continue at EPA that important work.

With that in mind, and knowing something had to give somewhere in what was rapidly becoming an insanely over-committed schedule, I had previously decided that, when my term as a member of your Presidential Advisory Council on HIV/AIDS (PACHA) expired on December 31, 1999, I would ask that I not be re-appointed to the Council. It has been a singular and distinct privilege and honor to serve you, this Administration, and, most importantly, people with HIV/AIDS throughout the world for the past four years as a PACHA member. I am profoundly grateful for that opportunity.

The Members of the Council are some of the most dedicated, talented, committed, selfless and passionate (as well as just plain funloving!) people I have ever had the pleasure of working with -- on any issue, at any time. They have, over the past four years, become very much "family" to me, and I love, admire and respect each one, in his or her own special way, immensely. In addition, Sandy Thurman, Todd Summers, Daniel Montoya, Sean Maloney and others, both in the Office of National AIDS Policy and the White House, as well as many capable and dedicated people at the Department of Health and Human Services, among them Kevin Thurm, Dr. Eric Goosby and Dr. David Satcher, contribute daily to this important effort. They serve you and those of us infected with or affected by HIV/AIDS well.

Secretary Shalala, in her address to the Council at our most recent meeting in Washington early last month, referred to PACHA as the "single most critical group of official Presidential Advisors in history". Deserved or not, that is neither a moniker we shirk nor a description for our work which causes us great concern. In fact, aggressively agitating for the focus, resources and action needed to end the AIDS epidemic is a task we have taken on willingly and with great relish. I thank you for affording me the opportunity for my voice to be heard loud and clear on these issues at the highest levels. (I'm sure there are days when you see me coming with another note in hand, that you have second thoughts about your judgment in that regard, but thanks, nonetheless!).

During your Presidency, much has been accomplished in the AIDS arena of which you can be justly proud. Focusing world attention on the issue with your "White House Conference on HIV/AIDS"; appointing persons of special dedication and talent to head your Office of National AIDS Policy; securing unprecedented increases in funding for AIDS research and treatment; and committing our nation to the goal of developing and disseminating an AIDS vaccine within a decade, to name just a few, are major accomplishments and should be viewed by all as such. However, your recent initiative to deal with drug pricing, in addition to its obvious merit for the general populace, is in my view, THE SINGLE most important issue which must be dealt with in order to ensure

[001]

adequate access to early HIV treatment. You may recall that we specifically raised this issue with you in our meeting last December.

Progress is clearly being made, but, oh, Mr. President so much remains to be done! We have advanced very little toward your stated goal of "reducing new infections until there are none". In fact, we have accomplished little in even reducing the number of annual new infections, in the United States alone, from its current relatively steady level of 40,000. We have not done nearly well enough in making the case that one of the most effective means of stemming the rising tide of new infections is by tackling head-on the issue of substance abuse and its relationship to HIV infection.

In fact, the Secretary of Health and Human Services has not even done a very effective job of simply disseminating the clear and uncontradicted scientific evidence that programs like needle exchange actually *work* to reduce new HIV infections without increasing illicit drug use. We must do all in our power to lay out the facts, the *real* science, and to make sure that the truth is not drowned out by voices of ignorance or intolerance. Accomplishing that may require special efforts to educate some even within the Administration, particularly Drug Policy Director Barry McCaffrey.

As the epidemic expands to encompass more African-Americans, Latinos, Native Americans, Asian-Americans and especially, more women, new ways of dealing with those infected with, at risk for and affected by this disease must constantly be found. And we must not forget that a whole new generation of young, gay men who have not experienced the horror of watching all their friends and peers go through the agony of living and dying with AIDS, now face the daunting reality of dealing with their sexuality -- particularly their gay sexuality -- in a world where one mistake or one impulsive action can change their lives forever.

Because so much remains to be done, both at home and abroad, deciding to leave the Council at this point has been a very difficult decision for me. But I believe it is time to pass this torch to someone else; to give another person the huge opportunity you have given me to be involved at the highest governmental levels of this fight. New perspectives, greater commitment of resources, new ideas and new vigor are needed to end the HIV/AIDS epidemic.

(b)(6)

Additionally, one specific "new idea" that occurred to me as I was watching hurricane news coverage while in the hospital, was that the Federal Emergency Management

[001]

Agency (FEMA) really DOES understand and regularly practice crisis-management in ways that other federal agencies have simply never experienced. With hurricane season winding down for this year, maybe detailing someone from FEMA who truly understands how to mobilize people, resources, community good-will and other crucial elements of successful natural disaster relief programs, from FEMA to the Department of Health and Human Services for a 6-month- or- so stint could help HHS in its efforts to focus on dealing with AIDS crisis management. This could significantly help in cranking up the efforts of the Surgeon General and others to attack the epidemic in the most effective ways possible. Such cross-fertilization of ideas and methodologies could prove very useful.

(b)(6)

Thank you again for the challenging opportunity to serve as a member of your Presidential Advisory team on HIV/AIDS for the past four years. I look forward to continuing this battle, with you and others, in whatever new role or roles present themselves. (And I'm sure it won't come as any great shock to you or others when I continue from time to time to offer my two-cents-worth, solicited or not!).

Please don't forget, Mr. President, there is still plenty of time left during the remainder of your term to further strengthen your legacy regarding overcoming AIDS. I know you well enough to know that you would never want it said that you and your Administration settled for too little, when you could have gotten more. I don't expect that to be the case.

With greatest respect and warmest personal regards, I remain

Sincerely yours,

/s/

B. Thomas Henderson
Member
Presidential Advisory Council on HIV/AIDS

Cc: Sandra Thurman ✓
Todd Summers
Daniel Montoya
Kevin Thurm
Dr. R. Scott Hitt, Chair
Members, Presidential Advisory Council on HIV/AIDS

3 - PAC HA

Presidential Advisory Council on HIV/AIDS
Fourteenth Meeting

October 4-5, 1999

The Radisson Barcelo Hotel
Washington, DC

DRAFT AGENDA
as of 9/27/99

Monday, October 4, 1999

8:30 a.m.	**Welcome** *Update of Interim Activities* R. Scott Hitt, M.D., Chair	*National Gallery A&B*
9:00 a.m.	**Office of National AIDS Policy Update** Sandra Thurman and Todd Summers, Office of National AIDS Policy	
10:00 a.m.	**Full Council Presentation** *Update on AIDS Vaccine Research* Gary Nabel, M.D., Ph.D., Director, Dale and Betty Bumpers AIDS Vaccine Center (Invited)	
11:00 a.m.	**Appropriations Review**	
12:00 noon	**International Issues Subcommittee** Review of HIV/AIDS International Issues	*Renwick*
	Racial/Ethnic Populations Subcommittee Review of HIV/AIDS and Racial and Ethnic Populations	*Corcoran*
1:00 p.m.	**LUNCH** (on your own)	
2:00 p.m.	**Full Council Presentation** *Severe and Ongoing HIV/AIDS Health Care Crisis in Latino Communities* · **Opening Remarks** The Honorable David Satcher, M.D., Ph.D., Assistant Secretary for Health and U.S. Surgeon General **Overview of Latino Populations** Jane Delgado, Ph.D., Executive Director, COSSMHO **HIV Infection Trends, CDC** Helene Gayle, M.D., Ph.D., Centers for Disease Control and Prevention	*National Gallery A&B*

Health Care Infrastructure, HRSA, HCFA
Michael Hash, Acting Administrator, HCFA
Earl Fox, MD, Administrator, HRSA

Impact of Substance Abuse and Use on the Spread of HIV Infection
Joseph Autry, M.D., Deputy Adminstrator, SAMSHA

Questions/Discussion

4:00 p.m. **Public Comment**

4:30 p.m. **Subcommittee Meetings:**

Research Subcommittee *Renwick*

Update on Collaborative Efforts in HIV Vaccine Research
Colonel Deborah Birx, M.D., U.S. Military HIV Research Program (Invited)
Dr. Alan Shultz, International AIDS Vaccine Initiative (Invited)

Prevention Subcommittee *Hirshhorn*

Services Subcommittee *Corcoran*

5:30 p.m. **Services Subcommittee**
Update on Ryan White Reauthorization
Dr. John Palenicek, HRSA
Seth Kilborn, Miguelina Maldanado (NORA Re-authorization work group)
Matthew McClain, CAEAR Coalition

6:00 p.m. **ADJOURN**

Tuesday, October 5, 1999

8:30 a.m. **Subcommittee Meetings:**

Prevention Subcommittee *Hirshhorn*

Research Subcommittee *Renwick*

Services Subcommittee *Corcoran*

9:30 a.m. **Appropriations Subcommittee** *National Gallery A&B*

10:00 a.m. **Full Council Presentation** *National Gallery A&B*
The Honorable Donna Shalala, Secretary,

	Department of Health and Human Services (Invited)	
11:00 a.m.	**BREAK**	
12:00 noon	**LUNCH** (on your own)	
1:00 p.m.	**International Issues Subcommittee** Review of HIV/AIDS International Issues	*Renwick*
	Racial/Ethnic Populations Subcommittee Dialogue with AIDS Community Based Organizations and Review of HIV/AIDS and Hispanic Populations Issues	*Corcoran*
3:00 p.m.	**Subcommittee Reports**	
5:00 p.m.	**Other Business**	
6:00 p.m.	**ADJOURN**	

D-PACHA

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

August 6, 1999

The Honorable David Satcher, MD, Ph.D.
Assistant Secretary for Public Health & Science and Surgeon General
716G Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Satcher:

On behalf of the Presidential Advisory Council on HIV/AIDS, I am pleased to invite you to address the full Council during our meeting on Monday, October 4, 1999 at the Radisson-Barcelo Hotel, 2121 P St., NW, in Washington, DC at 2:00 P.M.

The Council continues to focus attention on the "Severe and On-going HIV/AIDS Health Care Crisis" in minority communities with a panel presentation that specifically addresses Latinos/as and HIV/AIDS. We would like you to give the opening remarks for this important Council presentation.

Other invited panel presenters include representatives from CDC, The National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), HRSA, HCFA, and SAMHSA.

The Council has scheduled two hours for this presentation and requests that you limit your remarks to 7-10 minutes, therefore allowing time for other panel presentations as well as questions/answers and discussion. I have also enclosed an agenda for your review.

We look forward to your participation at the October meeting of the Presidential Advisory Council on HIV/AIDS. If you have any questions, please feel free to contact Daniel Montoya, Executive Director, at (202) 395-1445.

Sincerely,

R. Scott Hitt, M.D.
Chair

Enclosure

cc: Daniel C. Montoya, Executive Director
Sandra L. Thurman, Director, Office of National AIDS Policy
Todd A. Summers, Deputy Director, Office of National AIDS Policy

736 Jackson Place, NW
Washington, DC 20503

Marsha Martin, D.S.W., Special Assistant to the Secretary, HHS
Nicole Lurie, M.D., M.S.P.H., Principle Deputy Secretary, HHS
Eric Goosby, M.D., Director, Office of HIV/AIDS Policy, HHS
Martina Varnado, Executive Secretary, HHS
Miguel Gomez, Public Health Analyst, HHS

Presidential Advisory Council on HIV/AIDS
Thirteenth Meeting

October 4-5, 1999

The Radisson Barcelo Hotel
Washington, DC

DRAFT AGENDA

Monday, October 4, 1999

8:30 a.m.	**Welcome** R. Scott Hitt, M.D., Chair Update of Interim Activities	*National Gallery A&B*
9:00 a.m.	**Office of National AIDS Policy Update** Sandra Thurman and Todd Summers, Office of National AIDS Policy	
10:00 a.m.	**Full Council Presentation** Dr. Gary Nabel (Invited)	
11:00 a.m.	**Appropriations Update**	
12:00 noon	**International Issues Subcommittee** Update on HIV/AIDS International Issues	
	Racial/Ethnic Populations Subcommittee Update on HIV/AIDS and Racial and Ethnic Populations	
1:00 p.m.	**LUNCH** (on your own)	
2:00 p.m.	**Full Council Presentation**	
	Racial and Ethnic Populations Subcommittee	
	"Severe and On-Going HIV/AIDS Health Care Crisis" in Latino Communities	
	Opening Remarks, The Honorable David Satcher, MD, Ph.D. Assistant Secretary for Health and Surgeon General	
	Overview of Latino Populations, COSSMHO	
	HIV Infection Trends, CDC	
	Health Care Infrastructure, HRSA, HCFA	
	Impact of Substance Abuse and Use on the Spread of HIV Infection, SAMHSA	
	Questions/Discussions	
	Adjourn	

Monday, October 4, 1999

4:00 p.m. **Subcommittee Meetings:**

Research Subcommittee
Dr. Deborah Birx, HIV Vaccine Collaborative Group (Invited)
Dr. Alan Shultz, International AIDS Vaccine Initiative (Invited)
Update on Collaborative Efforts in HIV Vaccine Research

Prevention Subcommittee

Services Subcommittee
Ryan White Reauthorization

Tuesday, October 5, 1999

8:30 a.m. **Subcommittee Meetings:**

Prevention Subcommittee

Research Subcommittee

Services Subcommittee

10:00 a.m. **Full Council Presentation**
The Honorable Donna Shalala, Secretary, Department of Health and Human Services (Invited)

11:30 a.m.
Appropriations Subcommittee

12:00 noon **LUNCH** (on your own)

1:00 p.m. **International Issues Subcommittee**
Update on HIV/AIDS International Issues

Racial/Ethnic Populations Subcommittee
Update on HIV/AIDS and Racial and Ethnic Populations

3:00 p.m. **Subcommittee Reports**

5:00 p.m. **Other Business**

6:00 p.m. **ADJOURN**

D-PACHA

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

July 15, 1999

DRAFT MEMORANDUM FOR SANDRA THURMAN, DIRECTOR, AND TODD SUMMERS, DEPUTY DIRECTOR, OFFICE OF NATIONAL AIDS POLICY

From: Daniel C. Montoya, Executive Director

CC: Cheryl Bauerle
Johanna Kiehl

RE: Update on Council activities, including specific requests of the Office of National AIDS Policy recorded in the June 1999 Full Council Minutes and any additional submissions since the June meeting

This memorandum outlines the Council's concerns regarding Needle Exchange Programs, Global Health Appropriations, Compulsory Licenses and Parallel Imports, Health Care Worker Guidelines, and the "Know Your Status" Campaign.

As you know, the July 13th meeting with Kevin Thurm was rescheduled for August 12th @ 10:00 a.m. EST. Included for your review are suggestions to the Deputy Secretary in the briefing memo for that meeting, along with specific items being requested of the Office of National AIDS Policy. Please note the new date on your calendar, as I'm sure, time permitting, Scott Hitt will want to meet with you.

Needle Exchange Programs

- The Council requests the Office of National AIDS Policy to provide an update on the status of any freestanding legislation banning indirect or direct funding of needle exchange programs and possible Presidential actions to veto such legislation.

Global Health Appropriations

- The Council requests an update on the Administration's estimate on global health appropriations for FY 2000 from the Office of National AIDS Policy.

Compulsory Licenses and Parallel Imports

- The Council requests the assistance of the Office of National AIDS Policy in obtaining information regarding the Federal government's position on the issues of compulsory licenses and parallel imports. They specifically request brief written summaries from the Vice President's Office, the U. S. Department of Commerce, the United States Trade Representative's Office, and the Department

736 Jackson Place, NW
Washington, DC 20503

of State. In addition, the International Subcommittee would like to be briefed by the appropriate officials via conference call(s).

Healthcare Worker Guidelines

- At the June Full Council meeting, Dr. Helene Gayle stated that CDC's review of the Health Care Worker Guidelines would be complete within a week to 10 days, and the document would then be forwarded to HHS. The Council asked Kevin Thurm to prepare a detailed timeline for finalizing the Health Care Worker Guidelines, and stressed the need to include any coordination of the finalization of these guidelines with ONAP. In addition, the Council requests an update from HHS and the Office of National AIDS Policy in developing any proactive legislative strategy related to the release and defense of the Health Care Worker Guidelines—and when possible to include members of PACHA and non-governmental organizations in any strategy development.

"Know Your Status" Campaign

- At the June 8th Prevention Subcommittee meeting, PACHA was impressed with much of the CDC's current work. However, there is no evidence of the kind of cross-agency leadership integral to bringing a national focus to the campaign surrounding National Testing Day. The CDC does not appear to be reaching beyond their internal contacts in planning activities. Council members continue to stress the necessity of a BOLD initiative in launching the "Know Your Status" campaign. In addition, the Council recommended that an FTE from CDC be placed at ONAP in order to facilitate leadership, communication, coordination and accountability among HHS, CDC, and ONAP. As you know, Terje Anderson and Alexander Robinson are participating in meetings with representatives from ONAP, CDC, and HHS officials to review the progress of the development of the campaign. They will be providing updates to the Council subsequent to their meetings. I will forward them to you for your review.

O-PACHA

Hattoy charts new course

Gay White House 'bad boy' joins Gore campaign

by Will O'Bryan

After seven years with the Clinton White House, Bob Hattoy is back into the wide and unpredictable waters of the campaign trail. But while he made a widely publicized splash there in 1992 when he spoke at the Democratic National Convention in New York City, today, he is wading in and out with a more deliberate approach.

Admirers say Hattoy will be "sorely missed" as a Clinton administration insider, both for his tenacity and his humor.
(by Clint Steib)

"I am a Gay man with AIDS," Hattoy said to a television audience of millions in a speech that many observers say was an important step forward in American politics. "If there is honor in having this disease," he added back then, "it's the honor of being part of the Gay and Lesbian community in America."

Sandra Thurman, director of the Office of National AIDS Policy, remembers that moment. She witnessed it at the convention.

"I've never been prouder of a friend," she said. "I cried the whole time."

But while Hattoy is again making calls and shaking hands to get his man into the White House, his role with Vice President Al Gore's presidential campaign is not as demanding as his role in Clinton's '92 campaign.

"During that period of time, I ended up being diagnosed with AIDS and I had HIV-related lymphoma," he recalled. "At the time, I took chemotherapy on Wednesday and went on the campaign on Thursday. I figured I was going to die and they'd refer to me in the footnotes."

But Hattoy did not die. Instead, he joined the Clinton administration when Bill Clinton won the presidency. In October of last year, at age 48, he resigned his most recent position with the White House —as liaison to the Interior Department — and has been on disability. His work with the Gore campaign is purely as a volunteer — one who can come and go as he pleases. It is time, he emphasized, to concentrate on taking care of himself.

"During the last year [with the Interior Department], I just wasn't feeling well," said Hattoy. "I was sick all the time, my meds weren't working, I was depressed. It was a bad year. I laid around in my apartment and never threw out the trash. I didn't go to work because I was unable. I partied too much and regretted it later.

"One day, I just decided, 'I'm trying to kill myself and I don't want to do this anymore.' I wanted to do something else, so I decided to retire on disability because I did have AIDS and I did have depression."

At that point, Hattoy said, he started taking better care of himself. While he said that today he stills feels tired at times, he has a renewed sense of being able to contribute to the things he cares about.

"I started working on environmental things again," said Hattoy, who came to the Clinton administration from the Sierra Club, a national environmental advocacy group. "I decided I'd write a book. ... I'm possibly going to do a radio show. I can't work full time, because I'm still tired a lot, not feeling as good as I could, but I'm feeling much, much better.

"Then, a couple of months ago, I was watching campaign stuff again and looking at things that pushed my buttons: The Gary Bauers of the world up there in New Hampshire," Hattoy said. "I thought, 'Well, I was trying to die last year. Maybe this year, I'll die trying.' So, I volunteered for the Gore campaign. The only pay I'm making is my disability pay from the federal government."

Some, like ACT UP/New York's Eric Sawyer, say Hattoy's departure from the administration leaves a vacuum.

"I think he will be sorely missed as an inside agitator," said Sawyer. "He's been a pit bull, and that tenacity will be deeply missed. He's one of the few people in the administration who's been unafraid to say what he really thinks, instead of issuing the government line. That transparency and honesty will also be missed."

Though he left his job with the Interior Department, Hattoy is not the retiring type. Throughout his years in Washington, D.C., as a transplant from California, Hattoy has been outspoken. In a power structure that rewards polite animosity and backroom deals, Hattoy goes against the grain.

"I ended up working at the White House for a year and a half as deputy director of White House personnel," Hattoy said, looking back at his journey through the highest echelon of American politics. "That's where I did all my Gay and Lesbian outspoken behavior and got all these folks appointed to different positions. ... I was just sort of 'out there.' ... I just was who I was," Hattoy said, smirking, seeming to take pleasure in being a White House "bad boy" of sorts. "I wasn't cut out to be White House fodder. Because I was friends with the president and the first lady, [administration officials] couldn't fire me. But the straight white boys certainly wanted me fired. So, I got transferred to the Department of the Interior, which was my second love, so it wasn't bad."

Through his White House career, which included the personnel office, the Interior Department, and President Clinton's Council on HIV/AIDS, of which he is still a member, Hattoy could not stay out of headlines. In 1997, Hattoy revealed that independent counsel Kenneth Starr's staff had asked him questions about "recruiting" Gays for White House jobs. In a previous *Blade* interview, Hattoy said he teased Starr's staff, telling them, "We hired Gays everywhere."

Hattoy has also been outspoken about the Clinton administration's lack of support for needle exchange programs to prevent the spread of HIV. Today, he still is not pulling punches.

"The current situation where Gen. [Barry] McCaffrey [director of national drug control

policy] has veto authority over things like needle exchange programs is killing people," Hattoy said forcefully. "That's absolutely immoral — because of Clinton's fear of going up against anybody in the military from the beginning. ... To me it's the worst thing about the Clinton administration. It's our failing to deal strongly with anything dealing with the military, and it's still having its repercussions. I'm going to try to do something to change that."

Richard Socarides, who worked as White House liaison to the Gay community from 1996 until last October, said he did not work as closely with Hattoy as others but nevertheless got a good feel of how Hattoy operates.

"He never hesitates to call his friends and tell them when they've screwed up," Socarides said with a laugh, immediately adding that Hattoy is equally quick to credit someone for a job well done. At the White House, said Socarides, "people respected him for his genuineness and how he told it like he saw it. ... He's been a great constant in the [Clinton] administration. ... Certainly, there were times when the administration — as tremendous as it's been — there have been missteps and miscommunications. ... And Bob, while being supportive, was always one to point them out and speak his mind."

Elizabeth Birch, executive director of the Human Rights Campaign, the largest national Gay political organization, also noted Hattoy's frankness.

"He has a reputation for speaking the truth as he knows it," Birch said. "His humor can be very biting, but it's usually right on target. ... His style has been refreshing and jarring in terms of D.C. politics. Bob has been able to speak boldly to the president in a way that others might [want to], but Bob actually does."

Hattoy's plans for writing a book may provide him with one avenue to continue to speak his mind.

"It's going to be my sort of off-the-wall political Gay *Forrest Gump* take on all of this," Hattoy said, grinning, referring to his years as a White House insider. "The working title is *Below the Beltway*. I was there for everything that happened. ... I know who our friends are and who they're not; what really happened behind closed doors. For the community, for us as Gay and Lesbian Americans and people living with AIDS, these kinds of things need to be told."

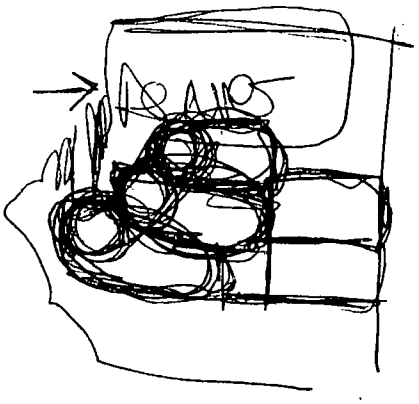
He added, "I'm still going to be talking about these things and making phone calls. My connections with the Clinton-Gore White House are personal; they're not based on any job title I may or may not have. ... I'm going to probably be even more outrageous and troublesome — their word, not mine — than they maybe even anticipated."

This article appeared in the issue of:

February 18, 2000

E-mail *The Washington Blade*

The Washington Blade ONLINE!



Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. list	WAVES, September 22, 2000, 1:30 pm West Wing (partial) (1 page)	09/22/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

395-5344 itinerary 57695 [002a]

WAVES LIST
September 22, 2000
1:30 p.m. – WEST WING

1. Terje Anderson
2. Regina Aragon
3. D. Gregory Barbutti
4. Ignatius Bau
5. Judith A. Billings
6. Charles Blackwell
7. Stephen Boswell
8. Stuart Burden
9. Phil Burgess
10. Margaret K. L. Campbell
11. Lynne M. Cooper, D. Min
12. Joe Cristina
13. Ron Dellums
14. Ingrid Duran
15. Rabbi Joseph Edelheit
16. Debra Fraser-Howze
17. Cynthia A. Gomez, Ph.D.
18. Bob Hattoy
19. Thomas Patrick Healy
20. Michael Isbell
21. Jack C. Jackson, Jr.
22. Ronald S. Johnson
23. Alexandra M. Levine, M.D.
24. Steve Lew
25. Caya B. Lewis
26. Miguel Milanes
27. Brent Tucker Minor
28. Helen M. Miramontes,
29. Ernesto Parra, M.D., M.P.H.
30. John A. Perez
31. Michael Rankin
32. Victoria L. Sharp, MD
33. Denise Stokes
34. Todd A. Summers
36. Daniel C. Montoya
37. Renuka Kher
38. Gregory Smiley

(b)(6)

(pacha/meetings/potus9232000)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 08:40:39 (partial) (1 page)	09/22/2000	b(7)(C), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

[0026]

WAVES_CONF@mhub.eop.gov
09/22/2000 08:40:39 AM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U36504 Confirmation for POTUS

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U36504 Confirmation for POTUS
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c
Date: 09-22-2000
Time: 07:37:43

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: POTUS
Appointment Date: 9/22/00
Appointment Time: 11:45:00 AM
Appointment Room: WW
Appointment Building: WH
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U36504

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 7
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 7

****

ANDERSON, TERJE
ARAGON, REGINA
BARBUTTI, DAVID
BAU, IGNATIUS
BILLINGS, JUDITH
BLACKWELL, CHARLES
BOSWELL, STEPHEN

(b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002c. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 09:39:39 (partial) (1 page)	09/22/2000	b(7)(C), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

[002c]

WAVES_CONF@mhub.eop.gov
09/22/2000 09:39:39 AM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U36504 Confirmation for POTUS

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U36504 Confirmation for POTUS
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c
Date: 09-22-2000
Time: 08:36:33

This message serves as confirmation of an appointment for the visitors listed below.

Please note: Appointment confirmation for visitor names you requested and not listed below may be forthcomming.

Appointment With: POTUS
Appointment Date: 9/22/00
Appointment Time: 11:45:00 AM
Appointment Room: WW
Appointment Building: WH
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U36504

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 6
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 5
****

BURDEN, STUART
BURGESS, PHIL
COOPER, LYNNE
CRISTINA, JOSEPH
DELLUMS, RONALD

(b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002d. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 10:10:56 (partial) (1 page)	09/22/2000	b(7)(C), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

[0024]

WAVES_CONF@mhub.eop.gov
09/22/2000 10:10:56 AM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U36504 Confirmation for POTUS

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U36504 Confirmation for POTUS
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c
Date: 09-22-2000
Time: 09:09:40

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: POTUS
Appointment Date: 9/22/00
Appointment Time: 11:45:00 AM
Appointment Room: WW
Appointment Building: WH
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U36504

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 6
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 6
****

BURGESS, PHILLIP
FRASERHOWZE, DEBRA
GOMEZ, CYNTHIA
HATTOY, BOB
HEALY, THOMAS
ISBELL, MICHAEL

(b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002e. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 10:39:22 (partial) (1 page)	09/22/2000	b(7)(C), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

[002e]

WAVES_CONF@mhub.eop.gov
09/22/2000 10:39:22 AM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U36504 Confirmation for POTUS

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U36504 Confirmation for POTUS
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c
Date: 09-22-2000
Time: 09:36:07

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: POTUS
Appointment Date: 9/22/00
Appointment Time: 11:45:00 AM
Appointment Room: WW
Appointment Building: WH
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U36504

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1
****

HATTOY, ROBERT (b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002f. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 11:51:56 (partial) (1 page)	09/22/2000	b(7)(C), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

[002F]

WAVES_CONF@mhub.eop.gov
09/22/2000 11:51:56 AM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U36301 Confirmation for POTUS

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U36301 Confirmation for POTUS
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c
Date: 09-22-2000
Time: 10:47:37

This message serves as confirmation of an appointment for the visitors listed below.

Please note: Appointment confirmation for visitor names you requested and not listed below may be forthcomming.

Appointment With: POTUS
Appointment Date: 9/22/00
Appointment Time: 11:45:00 AM
Appointment Room: WW
Appointment Building: WH
Appointment Requested by: BAUERLE
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U36301

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 4
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 2
****

EDELHEIT, JOSEPH
JOHNSON, RONALD

(b)(6)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002g. email	WAVES to Cheryl Bauerle re Appointment Confirmation, 12:04:25 (partial) (2 pages)	09/22/2000	b(7)(C), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

[0029]

WAVES_CONF@mhub.eop.gov
09/22/2000 12:04:25 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U36504 Confirmation for POTUS

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U36504 Confirmation for POTUS
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c
Date: 09-22-2000
Time: 11:02:37

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: POTUS
Appointment Date: 9/22/00
Appointment Time: 11:45:00 AM
Appointment Room: WW
Appointment Building: WH
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U36504

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

****
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 14
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 14
****

LEVINE, ALEXANDRA
LEW, RICHARD
LEW, STEVE
LEWIS, CAYA
MILANES, MIGUEL
MINOR, BRENT
MIRAMONTES, HELEN
MONTOYA, DANIEL
PARRA, ERNESTO

(b)(6)

[002g]

PEREZ, JOHN
RANKIN, MICHAEL
SHARP, VICTORIA
STOKES, DENISE
SUMMERS, TODD

(b)(6)

November 3, 1999

R. Scott Hitt, M.D.
1734 North Doheny Drive
Los Angeles, California 90069

Dear Scott:

I have received your letter, and it is with regret that I accept your resignation as Chair of the Presidential Advisory Council on HIV/AIDS.

Throughout your tenure, you have served with distinction, and I commend you for your leadership in the battle against HIV and AIDS. I have valued your commitment to protecting the health and welfare of our nation's citizens and your work to educate the American people about the dangers of this epidemic.

Thanks in part to your dedicated efforts, we have made significant progress -- increasing funding for AIDS research, prevention, and treatment, and helping to bring life-sustaining care to thousands more Americans. I am especially grateful for your outreach to the communities that have been disproportionately affected by this epidemic. On behalf of all those who have benefited from your commitment and compassion, I thank you for a job well done.

I am glad you shared with me part of your vision for the future of the Council, and I'll keep your recommendation in mind. I'm also glad you were able to return with me on Air Force One following my recent trip to Los Angeles. I've enclosed some pictures I thought you might enjoy. Hillary joins me in extending best wishes to you and Alex for continued success and every happiness.

Sincerely, BILL CLINTON

BC/JHC/SH/DDA/DWB/DC/lynn-ckb-emu (Corres. #7027438)
(11.hitt.rs)
Enclosures
cc: Todd Summers, Office of National AIDS Policy
cc: John Corcoran/John Wertman, 97 OEOB
cc: DWB/SPM, 94 OEOB
cc: Tim Saunders, 5 OEOB
cc: Bob Nash
Xeroxed copy of personally signed original to NH through Sean Maloney
CLEAR THRU SEAN MALONEY
PRESIDENT TO SIGN

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	B. Thomas Henderson to POTUS re Advisory Council (partial) (3 pages)	11/08/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21069

FOLDER TITLE:
President's Advisory Council on HIV/AIDS (PACHA) [3]

2007-1550-F
kc1286

RESTRICTION CODES

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

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

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

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

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

[003]

B. Thomas Henderson
4106 Bradwood Road
Austin, Texas 78722

November 8, 1999

The Honorable William Jefferson Clinton
The White House
Washington, D. C. 20500

Dear Mr. President:

First, thank you for your gracious and thoughtful phone call while I was recently in the hospital. As many times as we have talked in person over the years, and even just since you have been President, it still gave me quite a rush when the White House operator said, "Please hold for the President."

(b)(6)

I had been planning to send this letter for some time before becoming ill. As I mentioned in our phone conversation, at EPA I am working diligently on designing and overseeing the preparation of the air quality improvement plans required under the Clean Air Act for the Dallas/Fort Worth and Houston/Galveston areas. As you are well aware, I have been working on this issue, with Garry and others, for the past 10-12 years. These plans, when fully developed, will have a major bearing on the quality of the air that millions of Texans will breathe for the next 10-20 years or longer.

The opportunities you provided through the Federal Fleet Conversion Task Force back in 1993 were significant. Now, however, we are in an unprecedented position to make major progress by adopting and implementing serious air pollution control strategies to improve Texas' air quality. I want to do everything in my power to move that ball as far and as fast as possible while the opportunity is present! Thank you for the chance to continue at EPA that important work.

With that in mind, and knowing something had to give somewhere in what was rapidly becoming an insanely over-committed schedule, I had previously decided that, when my term as a member of your Presidential Advisory Council on HIV/AIDS (PACHA) expired on December 31, 1999, I would ask that I not be re-appointed to the Council. It has been a singular and distinct privilege and honor to serve you, this Administration, and, most importantly, people with HIV/AIDS throughout the world for the past four years as a PACHA member. I am profoundly grateful for that opportunity.

The Members of the Council are some of the most dedicated, talented, committed, selfless and passionate (as well as just plain funloving!) people I have ever had the pleasure of working with -- on any issue, at any time. They have, over the past four years, become very much "family" to me, and I love, admire and respect each one, in his or her own special way, immensely. In addition, Sandy Thurman, Todd Summers, Daniel Montoya, Sean Maloney and others, both in the Office of National AIDS Policy and the White House, as well as many capable and dedicated people at the Department of Health and Human Services, among them Kevin Thurm, Dr. Eric Goosby and Dr. David Satcher, contribute daily to this important effort. They serve you and those of us infected with or affected by HIV/AIDS well.

Secretary Shalala, in her address to the Council at our most recent meeting in Washington early last month, referred to PACHA as the "single most critical group of official Presidential Advisors in history". Deserved or not, that is neither a moniker we shirk nor a description for our work which causes us great concern. In fact, aggressively agitating for the focus, resources and action needed to end the AIDS epidemic is a task we have taken on willingly and with great relish. I thank you for affording me the opportunity for my voice to be heard loud and clear on these issues at the highest levels. (I'm sure there are days when you see me coming with another note in hand, that you have second thoughts about your judgment in that regard, but thanks, nonetheless!).

During your Presidency, much has been accomplished in the AIDS arena of which you can be justly proud. Focusing world attention on the issue with your "White House Conference on HIV/AIDS"; appointing persons of special dedication and talent to head your Office of National AIDS Policy; securing unprecedented increases in funding for AIDS research and treatment; and committing our nation to the goal of developing and disseminating an AIDS vaccine within a decade, to name just a few, are major accomplishments and should be viewed by all as such. However, your recent initiative to deal with drug pricing, in addition to its obvious merit for the general populace, is in my view, THE SINGLE most important issue which must be dealt with in order to ensure

adequate access to early HIV treatment. You may recall that we specifically raised this issue with you in our meeting last December.

Progress is clearly being made, but, oh, Mr. President so much remains to be done! We have advanced very little toward your stated goal of "reducing new infections until there are none". In fact, we have accomplished little in even reducing the number of annual new infections, in the United States alone, from its current relatively steady level of 40,000. We have not done nearly well enough in making the case that one of the most effective means of stemming the rising tide of new infections is by tackling head-on the issue of substance abuse and its relationship to HIV infection.

In fact, the Secretary of Health and Human Services has not even done a very effective job of simply disseminating the clear and uncontradicted scientific evidence that programs like needle exchange actually *work* to reduce new HIV infections without increasing illicit drug use. We must do all in our power to lay out the facts, the *real* science, and to make sure that the truth is not drowned out by voices of ignorance or intolerance. Accomplishing that may require special efforts to educate some even within the Administration, particularly Drug Policy Director Barry McCaffrey.

As the epidemic expands to encompass more African-Americans, Latinos, Native Americans, Asian-Americans and especially, more women, new ways of dealing with those infected with, at risk for and affected by this disease must constantly be found. And we must not forget that a whole new generation of young, gay men who have not experienced the horror of watching all their friends and peers go through the agony of living and dying with AIDS, now face the daunting reality of dealing with their sexuality -- particularly their gay sexuality -- in a world where one mistake or one impulsive action can change their lives forever.

Because so much remains to be done, both at home and abroad, deciding to leave the Council at this point has been a very difficult decision for me. But I believe it is time to pass this torch to someone else; to give another person the huge opportunity you have given me to be involved at the highest governmental levels of this fight. New perspectives, greater commitment of resources, new ideas and new vigor are needed to end the HIV/AIDS epidemic.

(b)(6)

Additionally, one specific "new idea" that occurred to me as I was watching hurricane news coverage while in the hospital, was that the Federal Emergency Management

[003]

Agency (FEMA) really DOES understand and regularly practice crisis-management in ways that other federal agencies have simply never experienced. With hurricane season winding down for this year, maybe detailing someone from FEMA who truly understands how to mobilize people, resources, community good-will and other crucial elements of successful natural disaster relief programs, from FEMA to the Department of Health and Human Services for a 6-month- or- so stint could help HHS in its efforts to focus on dealing with AIDS crisis management. This could significantly help in cranking up the efforts of the Surgeon General and others to attack the epidemic in the most effective ways possible. Such cross-fertilization of ideas and methodologies could prove very useful.

(b)(6)

Thank you again for the challenging opportunity to serve as a member of your Presidential Advisory team on HIV/AIDS for the past four years. I look forward to continuing this battle, with you and others, in whatever new role or roles present themselves. (And I'm sure it won't come as any great shock to you or others when I continue from time to time to offer my two-cents-worth, solicited or not!).

Please don't forget, Mr. President, there is still plenty of time left during the remainder of your term to further strengthen your legacy regarding overcoming AIDS. I know you well enough to know that you would never want it said that you and your Administration settled for too little, when you could have gotten more. I don't expect that to be the case.

With greatest respect and warmest personal regards, I remain

Sincerely yours,

/s/

B. Thomas Henderson
Member
Presidential Advisory Council on HIV/AIDS

Cc: Sandra Thurman
Todd Summers
Daniel Montoya
Kevin Thurm
Dr. R. Scott Hitt, Chair
Members, Presidential Advisory Council on HIV/AIDS

COPY

0- PACHA

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

MEMORANDUM FOR SANDRA THURMAN, PRESIDENTIAL ENVOY FOR AIDS COOPERATION, DIRECTOR

FROM: Daniel C. Montoya, Executive Director DCM

RE: Letter to the President addressing the Gephardt-Pelosi Early Treatment for HIV Act of 2000.

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS dated October 11, 2000. The letter addresses adding the Gephardt-Pelosi Early Treatment for HIV Act of 2000 to H.R. 5291, the Beneficiary Improvement and Protection Act of 2000 (BBA Giveback Bill).

Please transmit this letter to the President.

Thank You.

736 Jackson Place, NW
Washington, DC 20503
Tel.: (202) 456-2437
Fax: (202) 456-2438

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

October 11, 2000

The Honorable William Jefferson Clinton
The White House
Washington, D.C.

Dear Mr. President:

On behalf of the Presidential Advisory Council on HIV/AIDS (Council), I am writing to request your strong support for current Congressional efforts to provide states the option of expanding Medicaid eligibility to low-income, uninsured persons in the earlier stages of HIV/AIDS by adding the Gephardt-Pelosi Early Treatment for HIV Act, to H.R. 5291, the Beneficiary Improvement and Protection Act of 2000 (BBA Giveback Bill). As you know, this is a policy long advocated by members of the Council, perhaps most passionately by our former colleague and mutual friend Tom Henderson. In addition, this is an approach which Vice President Gore announced three years ago that the Administration would vigoursly pursue; one which parallels the breast cancer proposal included in your FY 2001 budget request.

Three years ago the Council underscored the inherent contradiction between the goal of early care and treatment for HIV/AIDS and current Medicaid eligibility rules that require HIV-infected individuals to have a disabling AIDS condition before they are eligible for the program. In our recent report, we urged that you act swiftly to remove cost neutrality rules that have interfered with states' efforts to provide such care using the 1115 waiver process. However, since the release of our report, Congress appears ready to consider the Early Treatment for HIV Act as part of H.R. 5291. This would represent a more comprehensive and long-term solution by providing this same policy as a state option. We urge your strong support of this important legislation.

In addition to enhancing the quality of life and health for persons living with HIV/AIDS, early care and treatment is also effective in reducing the cost of HIV/AIDS care over the long term. By helping to protect the immune system, potent anti-retroviral therapy significantly decreases susceptibility to opportunistic infections and other AIDS-related diseases. This, in turn, reduces acute illness, hospitalizations, disability and lost productivity. Recent studies also indicate that anti-retroviral therapy reduces the risk of HIV transmission to others.

Despite the value of early care for HIV disease, the Department of Health and Human Services estimates that one-half to two-thirds of persons living with HIV/AIDS in the United States are currently not in care. As you know, poor people of color are at greater risk for HIV infection and are more likely to be uninsured. The Early Treatment for HIV Act is therefore critically important to our shared goal of eliminating racial and ethnic disparities in health outcomes.

736 Jackson Place, NW
Washington, DC 20503
Tel.: (202) 456-2437
Fax: (202) 456-2438

We strongly urge you to support the Early Treatment for HIV Act and push for its enactment during "endgame" negotiations with the 106th Congress. Thank you for your consideration.

Sincerely,

Ronald V. Dellums

Ronald V. Dellums
Chair

cc: The Honorable Albert Gore, Vice President of the United States
The Honorable Daniel Patrick Moynihan
The Honorable William V. Roth, Jr.
The Honorable Richard A. Gephardt
The Honorable John D. Dingle
The Honorable Sherrod Brown
The Honorable Charles B. Rangel
The Honorable Nancy Pelosi
The Honorable Donna E. Shalala, Secretary, U.S. Department of Health and Human Services
Sandra L. Thurman, Presidential Envoy for AIDS Cooperation, Director, Office of National AIDS Policy
Jacob J. (Jack) Lew, Director, Office of Management and Budget, The White House
Christopher C. Jennings, Deputy Assistant to the President for Health Policy, The White House
Jeanne Lambrew, Associate Director for Health and Personnel, Office of Management and Budget, The White House
Eric Goosby, M.D., Director, Office of HIV/AIDS Policy, U.S. Department of Health and Human Services
Marsha Martin, Ph.D., Special Assistant to the Secretary, U.S. Department of Health and Human Services
Michael Hash, Acting Administrator, Health Care Financing Administration, U.S. Department of Health and Human Services
Tim Westmoreland, Director, Center for Medicaid and State Operations, Health Care Financing Administration, U.S. Department of Health and Human Services
Presidential Advisory Council on HIV/AIDS Members

736 Jackson Place, NW
Washington, DC 20503
Tel.: (202) 456-2437
Fax: (202) 456-2438

6033 West Century Blvd.
Suite 260
Los Angeles, CA 90045

Phone: 310.258.0850
Fax: 310.258.0851
Email: BrownC8612@aol.com

CATHERINE BROWN, CAE
Executive Director
Making a difference in the lives of children affected by AIDS

June 30

Josh –

We are thrilled at the prospect of Joe going onto the Presidential Advisory Council.

Cathy

CATHERINE A. BROWN
Executive Director

JAMIE LEE CURTIS

June 30, 1999

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, D. C. 20500

Dear Mr. President:

Over the last year, I have met a man who when faced with a major crisis in his life, was able to put his personal challenges aside and create a phenomenal organization to care for children affected by AIDS. His name is Joe Cristina, and he is Founder and Board Chair of the Children Affected by AIDS Foundation (CAAF).

On October 24, 1998, I was the Master of Ceremonies for CAAF's annual fundraiser, Dream Halloween. Following that evening and learning of the work the foundation has done, I pledged my help and support to assisting them in their mission to make a difference in the lives of children affected by AIDS.

Through Joe's leadership, CAAF has distributed more than $2million nationwide to agencies providing direct care for children infected with HIV and affected by AIDS. As a man who struggles daily with HIV, maintains the role of Vice President at Mattel, Inc. and provides incredible volunteer leadership to CAAF, he serves as an inspiration to us all.

I can think of no better person to nominate for the Presidential Council on HIV and AIDS. Joe will be an asset to the Council's work and will give the position the personal care it deserves.

Sincerely,

Jamie Lee Curtis

6033 West Century Blvd.
Suite 260
Los Angeles,
CA 90045

Phone: 310.258.0850
Fax: 310.258.0851
Email: caaf4kids@aol.com

June 25, 1999

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, D. C. 20500

Dear Mr. President:

It is with pleasure that I introduce you to Joe Cristina, a man incredibly qualified for the President's Council on HIV/AIDS. Joe is the founder and Board Chair of the Children Affected by AIDS Foundation (CAAF). Let me share his incredible story with you.

In 1985, Joe, an executive at Mattel, Inc. learned he was HIV+ and like many others in the mid-80's lived in silence with the burden of this diagnosis. In 1993, after his health began to fail, Joe went to his boss, Jill Barad, then President of Mattel and disclosed his HIV status, intending to leave his job and be placed on disability.

After publicly disclosing his illness, Joe received an overwhelming amount of support within Mattel and throughout the toy industry. Joe then formed a plan to harness this support and use it for the benefit of many.

Joe assessed the needs of the pediatric AIDS community. While money was available for clinical trials research and medical assistance to children living with AIDS, there were many gaps in the services provided, especially to children and their families. Also, children who weren't infected with HIV, but who had parents or siblings whom were, and were found to be facing a multitude of issues that were not being addressed. Joe decided to connect the needs of the pediatric AIDS caregivers with the resources of children's industries and the Children Affected by AIDS Foundation was conceived.

Since its inception in 1993, the Foundation, under Joe's volunteer leadership as Board Chair has distributed nearly $2 million dollars to qualified nonprofit organizations throughout the United States. Assistance is provided for programs such as permanency placement for AIDS-orphaned children, basic needs such as food and shelter, and last but not least, opportunities for children to enjoy their childhood such as summer camp. The passion of Joe Cristina has impacted the lives of thousands of children.

Under Joe's leadership, CAAF supports education and advocacy programs on behalf of children and families affected by HIV/AIDS. For the last three years, CAAF has partnered with several DC based organizations to play a major role in bringing the issues of these individuals to the forefront. By participating in World AIDS Day activities, including sponsoring family forums with Vice President Gore and President Clinton, CAAF has continued to focus the attention of the administration to the needs of these families. Most recently, at the request of the White House Office on National AIDS Policy, CAAF has underwritten an educational film entitled, *Epidemic Africa*. This film was created inconjunction with the President's delegation to Africa to investigate the

plight of HIV infected children and AIDS-orphaned children. Each and every time, there has been an opportunity to bring the issues of children and their families to our nation's leaders, Joe has lead the CAAF Board in answering the call.

Finally, Joe and CAAF are about changing the lives of children affected by AIDS today. CAAF funds programs that are critical to the daily well being of children and their families. We believe a healthy environment for the entire family translates into greater hope for the children we serve.

Perhaps the major reason Joe is an ideal candidate for the President's Council is his determination. Joe will not hesitate to rally the resources of CAAF to ensure that we continue our mission to help improve the lives of the children of this epidemic. He will continue until the vaccine and the cure are found, and until the last child affected by AIDS is safe and well.

Furthermore, as an openly gay man whose own life has been deeply impacted by AIDS, Joe would understand the Council's important obligations across populations affected by this disease.

Please feel free to contact me with any questions you may have about Joe's nomination to the President's Council on HIV/AIDS.

Sincerely,

Catherine Brown

Catherine A. Brown
Executive Director

CHILDREN AFFECTED BY AIDS FOUNDATION

6033 West Century Blvd.
Suite 260
Los Angeles,
CA 90045

Phone: 310.258.0850
Fax: 310.258.0851
Email: caaf4kids@aol.com

June 25, 1999

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, D. C. 20500

Dear President Clinton:

I am writing to nominate an extraordinary man for the Presidential Advisory Council on HIV and AIDS. I have known Joe for more than 5 years as the Founder and Board Chair of the Children Affected by AIDS Foundation (CAAF).

It has been my pleasure to serve as Vice Chair of CAAF's annual Dream Halloween® fundraising event since 1993. In addition, I have also served as a Celebrity Spokesperson for CAAF on more than one occasion. Most recently, my colleagues in the cast of "Everybody Loves Raymond" and I completed a Public Service Announcement on CAAF's behalf.

Joe serves as an inspiration to all of us, as a man who when faced with a personal tragedy, re-energized his life by fulfilling a passion to assist children infected with HIV and affected by AIDS. Since CAAF's inception, Joe, as volunteer Board Chair, has directed the efforts that have placed more than $2million in the hands of wonderful people who provide direct care for children facing this devastating illness.

Mr. President, I can think of no other who would be more suited to becoming a member of your Advisory Council on HIV and AIDS. On behalf of the countless children he has helped, I am most happy to nominate him.

Sincerely,

Doris Roberts

Doris Roberts

Jill E. Barad
CHAIRMAN &
CHIEF EXECUTIVE OFFICER
Phone: (310) 252-2891
Fax: (310) 252-3671

Mattel, Inc.

333 Continental Boulevard
Mail Stop: M1-1524
El Segundo, California 90245-5012

June 28, 1999

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear President Clinton:

I was thrilled to hear that Joe Cristina has been nominated to serve on the Presidential Advisory Council on HIV and AIDS, and felt it was important that you know what a truly amazing man he is.

Joe and I have worked together closely for the last 14 years at Mattel, Inc. In 1993, he did something that was one of the most courageous and altruistic things I've ever witnessed. After having kept secret his HIV-positive status for eight years, he decided to bravely come forth and disclose – first to me, then publicly – his illness. He did so because he had a passionate dream to create a Foundation that would help children infected with HIV and affected by AIDS, and knew that he would be a more effective champion of this cause if he made his own status known.

It has been my pleasure to partner with him, not only in his ongoing career at Mattel, Inc., but also as part of the fundraising activities of the Children Affected by AIDS Foundation (CAAF), of which he is the founder. Since the Foundation's inception, I have served as Chair of the Executive Advisory Board and, in that role, am very familiar with Joe's many accomplishments and contributions to the AIDS community at large.

Under Joe's leadership as Chairman of the Board of CAAF, a position he fills on a volunteer basis, the Foundation has made grants totaling $2 million, primarily as a result of the Foundation's corporate fund raising efforts. These monies have been used to help support qualified nonprofit organizations across the U.S. that care for children affected by AIDS. Monetary assistance is provided to fill a variety of needs, including food and shelter, the permanent placement of AIDS-orphaned children in loving homes, and making possible activities special to childhood, such as birthday parties and amusement park visits.

continued...

Ultimately, Joe has impacted the lives of literally thousands of children. Although he works behind the scenes, and many of these boys and girls have never met him, he remains their biggest champion, their guardian angel, their kindest friend. Joe embodies all that is good in today's world, and he has proven his incredible commitment to AIDS-related issues through his vast contributions. You will find no one who is more capable – or more deserving – to serve as a member of the Presidential Advisory Council.

I enthusiastically encourage you to appoint Joe to the Council. I guarantee that you will be proud you did.

Most sincerely,

Jill E. Barad
Chairman & Chief Executive Officer
MATTEL, INC.

6033 West Century Blvd.
Suite 260
Los Angeles,
CA 90045

Phone: 310.258.0850
Fax: 310.258.0851
Email: caaf4kids@aol.com

May 17, 1999

Mr. Daniel Montoya
Executive Director
Presidential Advisory Council on HIV and AIDS
736 Jackson Place, NW Suite 600
Washington, DC 20503

Dear Mr. Montoya:

It is with pleasure that I introduce you to Joe Cristina, and nominate him as an incredibly qualified individual for the Presidential Advisory Council on HIV and AIDS. Joe is the founder and Board Chair of the Children Affected by AIDS Foundation (CAAF). Let me share his incredible story with you.

In 1985, Joe, an executive at Mattel Inc., learned he was HIV+. Like many others in the mid-80's, and even to this day, Joe reacted by living in silence with the burden of this diagnosis. In 1993, after his health began to fail, Joe went to his boss, Jill Barad, then President of Mattel, and disclosed his HIV status, intending to leave his job and be placed on disability.

Joe was moved by Jill's support and encouragement. After publicly disclosing his illness, Joe received an overwhelming amount of support within Mattel and throughout the toy industry. Joe then formed a plan to harness this support and use it for the benefit of many.

Joe assessed the needs of the pediatric AIDS community. While money was available for clinical trials research and medical assistance to children living with AIDS, there were many gaps in the services provided, especially to children and their families. Also, children who weren't infected with HIV themselves had parents or siblings whom were, and were facing a multitude of issues that were not being addressed. Joe decided to connect the needs of the pediatric AIDS caregivers with the resources of children's industries and the Children Affected by AIDS Foundation was conceived.

Since its inception in 1993, the Foundation, under Joe's volunteer leadership as Board Chair, has distributed nearly $2 million dollars to qualified nonprofit organizations throughout the United States. Assistance is provided for programs such as permanency placement for AIDS-orphaned children, basic needs such as food and shelter, and last but no least, opportunities for children to enjoy their childhood

such as summer camp. The passion of Joe Cristina has impacted the lives of thousands of children.

Under Joe's leadership, CAAF supports education and advocacy programs on behalf of children and families affected by HIV/AIDS. For the last three years, CAAF has partnered with several Washington, DC-based organizations to play a major role in bringing the issues of these individuals to the forefront. By participating in World AIDS Day activities, including sponsoring family forums with Vice President Gore and President Clinton, CAAF has continued to focus the attention of the administration to the needs of these families.

Most recently, at the request of the White House Office of National AIDS Policy, CAAF has underwritten an educational film, entitled *Epidemic Africa*. This film was created in conjunction with the President's delegation to Africa to investigate the plight of HIV infected children and AIDS-orphaned children. Each and every time there has been an opportunity to bring the issues of children and their families to our nation's leaders, Joe has lead the CAAF Board in answering the call.

Finally, Joe and CAAF are about changing the lives of children affected by AIDS today. CAAF funds programs that are critical to the daily well being of children and their families. We believe a healthy environment for the entire family translates into greater hope for the children we serve.

Perhaps the major reason Joe is an ideal candidate for the President's Council is his determination. Joe will not hesitate to rally the resources of CAAF to ensure that we continue our mission to help improve the lives of the children of this epidemic. He will continue until the vaccine and the cure are found, and until the last child affected by AIDS is safe and well.

Furthermore, as an openly gay man whose own life has been deeply impacted by AIDS, Joe would understand the Council's important obligations across populations affected by this disease.

Please feel free to contact me with any questions you may have about Joe's nomination to the President's Council on HIV/AIDS.

Sincerely,

Catherine A. Brown

Catherine A. Brown
Executive Director

CC: Paul Yandura

6033 West Century Blvd.
Suite 260
Los Angeles,
CA 90045

Phone: 310.258.0850
Fax: 310.258.0851
Email: caaf4kids@aol.com

June 28, 1999

The Honorable Albert Gore, Jr.
The White House
1600 Pennsylvania Avenue, NW
Washington, D. C. 20500

Dear Mr. Vice President:

It is with pleasure that I introduce you to Joe Cristina, a man incredibly qualified for the President's Council on HIV/AIDS. Joe is the founder and Board Chair of the Children Affected by AIDS Foundation (CAAF). Let me share his incredible story with you.

In 1985, Joe, an executive at Mattel, Inc. learned he was HIV+ and like many others in the mid-80's lived in silence with the burden of this diagnosis. In 1993, after his health began to fail, Joe went to his boss, Jill Barad, then President of Mattel and disclosed his HIV status, intending to leave his job and be placed on disability.

After publicly disclosing his illness, Joe received an overwhelming amount of support within Mattel and throughout the toy industry. Joe then formed a plan to harness this support and use it for the benefit of many.

Joe assessed the needs of the pediatric AIDS community. While money was available for clinical trials research and medical assistance to children living with AIDS, there were many gaps in the services provided, especially to children and their families. Also, children who weren't infected with HIV, but who had parents or siblings whom were, and were found to be facing a multitude of issues that were not being addressed. Joe decided to connect the needs of the pediatric AIDS caregivers with the resources of children's industries and the Children Affected by AIDS Foundation was conceived.

Since its inception in 1993, the Foundation, under Joe's volunteer leadership as Board Chair has distributed nearly $2 million dollars to qualified nonprofit organizations throughout the United States. Assistance is provided for programs such as permanency placement for AIDS-orphaned children, basic needs such as food and shelter, and last but not least, opportunities for children to enjoy their childhood such as summer camp. The passion of Joe Cristina has impacted the lives of thousands of children.

Under Joe's leadership, CAAF supports education and advocacy programs on behalf of children and families affected by HIV/AIDS. For the last three years, CAAF has partnered with several DC based organizations to play a major role in bringing the issues of these individuals to the forefront. By participating in World AIDS Day activities, including sponsoring family forums with Vice President Gore and President Clinton, CAAF has continued to focus the attention of the administration to the needs of these families. Most recently, at the request of the White House Office on National AIDS Policy, CAAF has underwritten an educational film entitled, *Epidemic Africa*. This film was created inconjunction with the President's delegation to Africa to investigate the

plight of HIV infected children and AIDS-orphaned children. Each and every time, there has been an opportunity to bring the issues of children and their families to our nation's leaders, Joe has lead the CAAF Board in answering the call.

Finally, Joe and CAAF are about changing the lives of children affected by AIDS today. CAAF funds programs that are critical to the daily well being of children and their families. We believe a healthy environment for the entire family translates into greater hope for the children we serve.

Perhaps the major reason Joe is an ideal candidate for the President's Council is his determination. Joe will not hesitate to rally the resources of CAAF to ensure that we continue our mission to help improve the lives of the children of this epidemic. He will continue until the vaccine and the cure are found, and until the last child affected by AIDS is safe and well.

Furthermore, as an openly gay man whose own life has been deeply impacted by AIDS, Joe would understand the Council's important obligations across populations affected by this disease.

Please feel free to contact me with any questions you may have about Joe's nomination to the President's Council on HIV/AIDS.

Sincerely,

Catherine Brown

Catherine A. Brown
Executive Director

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR ERSKINE BOWLES

From: Sandra L. Thurman
Director, Office of National AIDS Policy
(202) 632-1090

Date: December 12, 1997

Re: **Meeting with Dr. Scott Hitt, Chairman**
President's Advisory Council on HIV/AIDS

Next Wednesday, you will be meeting with me and Dr. Scott Hitt, Chairman of the President's Advisory Council on HIV/AIDS. Dr. Hitt is a prominent, openly gay physician from Los Angeles with significant experience in the clinical management of HIV and AIDS, as well as local, state and national politics. He was an early supporter of the President in 1992.

This past Sunday, the Council released its Progress Report on the Administration's response to the epidemic (copy attached). While significant accomplishments with respect to funding and policy issues are recognized, the report is quite critical of the President and the Secretary of HHS. The Council's principal concerns are:

- a perceived de-prioritization of AIDS
- inaction on allowing Federal funding for local needle exchange programs
- mixed signals on Medicaid expansion.

Some background on these issues and our current policy positions:

Prioritization of AIDS
This concern relates primarily to the funding of discretionary AIDS programs. It became a particularly hot issue when the balanced budget agreement was completed and no AIDS programs were listed under the "protected" classification. Advocates interpreted this as a de-prioritization of AIDS, which had in previous years enjoyed classification as a budget priority.

This perception was exacerbated by requests in the President's FY98 budget (see attached table) that the community considered inadequate, particularly for the AIDS Drug Assistance Program for which the Administration sought no increase. Substantial increases were ultimately obtained, but Republican appropriators championed these increases.

As has been the case in previous years, HHS has asked for only minimal increases in its AIDS programs for FY99. In its first passback, OMB sought only level funding. While this is a time-honored exercise, several community members have gotten wind of the passback numbers and are quite upset that the Administration isn't pushing for adequate increases.

I have been working with OMB on a Presidential Initiative that would offer additional funding for the AIDS Drug Assistance Program, other parts of the Ryan White CARE Act, and the CDC's HIV prevention programs (representing a 6% increase overall).

Needle Exchange

This issue has become central to the AIDS community and, rightly or wrongly, it has become symbolic of the Administration's leadership on AIDS. AIDS advocates have long sought to give local communities the option to use Federal funds for needle exchange programs. Given that as many as 50% of new HIV infections are directly or indirectly related to injection drug use, those on the front lines are increasingly interested in having the flexibility to employ all strategies they deem appropriate.

During the FY98 Appropriations process, conservative Republicans made a vigorous attempt to rescind the current authority of the Secretary of HHS to remove the restriction on the use of Federal funding for needle exchange programs.[1] Congress, however, with strong support from the Administration, maintained the authority but imposed a six month moratorium on the use of Federal funds for needle exchange programs as a compromise. Many in the community believe that this leaves the door open for the Secretary to make a determination that Federal funds may be used prior to the expiration of the moratorium, and to allow the actual expenditure by states and local communities, at their discretion, as soon as the moratorium expires (3/31/97). The President's Advisory Council is strongly recommending in a letter to the President (copy attached) that he instruct the Secretary to act prior to the return of Congress on January 27, 1998.

Medicaid Expansion

This past April, the Vice President announced a request that HCFA study the possibility of a demonstration program that would expand Medicaid coverage to people with HIV. This was in response to recently released guidelines from the NIH that recommend treatment earlier in the course of illness. Unfortunately, we are in a "catch 22." Currently, many impoverished people have no access to treatment until they progress to full-blown AIDS, at which point they qualify for Medicaid--which pays for the treatment that may have forestalled the onset of AIDS.

The AIDS Drug AIDS Drug Assistance Program (part of the Ryan White CARE Act) helps, but because this is a limited discretionary program, there are many states that have cut off new applications, limited their covered formularies, or simply capped available benefits far below the annual cost of these treatments (+/- $15K/yr).

HCFA has completed its preliminary analysis, and has determined that expanding Medicaid would not be budget neutral. Last week, a spokesman for HHS told the press that the Medicaid expansion initiative was not feasible without making clear that we were still committed to working on a

---

[1]To act, the Secretary must determine that needle exchange programs (a) decrease HIV infection among participants and (b) do not increase the use of illegal drugs. Her report to Congress this past spring was determinative on the first test and less clear on the second.

solution. This press leak was very untimely, appearing in the *Washington Post* and the *New York Times* while the President's Advisory Council on HIV/AIDS was meeting here in Washington. Subsequent press coverage was quite intense, and was then fueled by the release of the Council's report. While I believe that we were able to sustain a tenable position with the public, it does place considerable pressure on us to maintain discussions on a long-term solution to the health care needs of people with HIV/AIDS and on a short-term response in the FY99 budget.

This is a very important issue to the AIDS advocacy community. They are perhaps appropriately concerned that continued reliance on discretionary programs like Ryan White for primary health care and treatments is a short term solution that leaves them vulnerable, and they are seeking more long term, systematic entitlement reform. While we will need to respond in FY99 with additional funds for care and treatment, that will not address their long term goal of modernizing Medicaid/Medicare coverage.

The Council's report expressed concern over "mixed signals" from the Administration. They had drafted language that was far more harsh but we are able to allay their concerns temporarily by arranging for a call from the HCFA Administrator, who clarified that the press article was not accurate and that HCFA would continue to work with the community to find a solution.

Likely Requests from Dr. Hitt

I believe that Dr. Hitt will ask for several things from you:

- a commitment to get the President to the next Council meeting in March;
- a commitment to pass the Council's report to the President; and
- a commitment to respond to their recommendations, particularly those relating to needle exchange and Medicaid expansion.

My recommendation is that you respond as follows:

POTUS attendance at next Council meeting:	*you will support the request, but it will be dependent on scheduling*
Transmittal of Council Report to President:	*this Administration takes the Council's recommendations very seriously and will respond appropriately*
Needle exchange and Medicaid expansion:	*I have already instructed senior members of the Administration, led by Sandy Thurman and Bruce Reed, to address these issues and provide recommendations for action. The Vice President's office will also be working with us, particularly on ways to cover the cost of the new treatments.*

Please let me know if you need any additional information.

Discretionary AIDS Programs at HHS

PROGRAM	FY97 Enacted	FY98 POTUS Budget	FY98 Enacted
HRSA			
Ryan White CARE Act			
Emergency Relief	449,943	454,943	464,800
Block Grants	249,954	264,954	257,500
AIDS Drug Assistance Program	167,000	167,000	285,500
Early Intervention	69,568	84,568	76,300
Women, Children, Youth	36,000	40,000	41,000
Special Projects			
AIDS Educ. & Training Centers	16,287	17,287	17,300
Dental Reimbursement	7,500	7,500	7,800
Subtotal	**$996,252**	**$1,036,252**	**$1,150,200**
CDC - HIV Prevention	616,790	634,266	634,300
SAMHSA - Substance Abuse Earmark	55,122	52,920	55,122
NIH - AIDS Research	1,501,000	1,541,000	1,607,000
Subtotal	**$2,172,912**	**$2,228,186**	**$2,296,422**
TOTAL	**$3,169,164**	**$3,264,438**	**$3,446,622**
		+ 3%	+ 9%