**FOIA Number:** 2007-1550-F

# FOIA MARKER

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**Collection/Record Group:** Clinton Presidential Records

**Subgroup/Office of Origin:** National AIDS Policy Office

**Series/Staff Member:** Patsy Fleming

**Subseries:**

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**OA/ID Number:** 10181

**FolderID:**

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**Folder Title:**
Patsy Fleming's Trip to Africa - December 11-15, 1995

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INVOICE: 40580 PAGE:01

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n.l AFRICA SP

P.O.Box 10779, Kampala, Uganda
Tel : 256-41-245800/230892/258538/243930
Fax: 256-41-254975/230892/258173
E-mail: ICASA @MUKLA.GN.APC.ORG
or: GTE ⊅MUKLA.GN.APC.ORG



10-14 December 1995

**IXth International Conference on AIDS and STDs in Africa**

Challenges & Hopes — Espoirs & Défis

***IXième Conférence Internationale sur le SIDA et les MST en Afrique***

*10-14 Décembre 1995*

December 15, 1995

1208

The Management,
Sheraton Hotel, Kampla.

Dear Sir,

**RE: Bills for Helen Gayle & Patricia Flemming:**

This is to confirm that ICASA will pay the bills for the above residents. Please forward bills to ICASA Secretariat.

Yours sincerely,

Dr S I Okware,
CHAIRMAN IXTH ICASA

Ms Fleming: I have taken care of this at the front desk.

Cate Hurley
12/15
12:30 p.m.

Sheraton Kampala
HOTEL

14 December 1995

Dear Patsy,

Please plan to use your credit card when you check out of the Sheraton to cover your hotel bill.

Family Health International / #185CAA covered your first night to guarantee a room for you as a courtesy as rooms were impossible to obtain (even several months ago) during the conference period. You shall be billed for your conference registration and the first night's room charge by FHI after we all return to Washington.

Hope the conference was worthwhile for you.

Mary O'Grady

ITT Sheraton
TERNAN AVENUE. P.O. BOX 7041, KAMPALA, UGANDA
PHONE: (256) 41-244590 FAX: (256) 41-256696 TELEX: 61517 SHERAT UG

**FAMILY HEALTH INTERNATIONAL**

# INVOICE

IX International Conference on AIDS and STD in Africa

Name: Patricia Fleming

Date: 2 January 1996

REGISTRATION: $ 495.00

HOTEL: Participant paid on site

TOTAL $ 495.00

Please make cheque payable to Family Health International. Please forward cheque to:

Alfred Nimocks
Information Programs
Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, Virginia 22201

FHi

*Headquarters:*
P.O. Box 13950
Research Triangle Park, NC 27709 USA
Telephone: 919-544-7040
Telex: 579442 . Fax: 919-544-7261

*AIDSCAP Department:*
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
Telephone: 703-516-9779 . Fax: 703-516-9781
Voice Mail: 703-516-0460

Fax: 011-33-1-43-25-6616

Pascal Van Dennoort
OPALS
15-21 Rue De L'Ecole de Medecine
Paris, France 75006

Kampala Speech.

# OFFICE OF NATIONAL AIDS POLICY
# EXECUTIVE OFFICE OF THE PRESIDENT

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

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

## FACSIMILE COVER SHEET

**TO:** Pascal Van Dennoort

**FAX NUMBER:** 011-33-1-43-25-6616

**FROM:** Patsy Fleming/LHSR

**DATE:** 3/14/96

**PAGES INCLUDING COVER SHEET:** 7

**COMMENTS:**

As requested -

Remarks for the Regional AIDS in Africa conference

Kampala, Uganda

December 14, 1995

GOOD AFTERNOON.

Honorable Minister of Health, Excellencies and honored guests.

It is indeed an honor and a pleasure to be able to speak to you this afternoon on the occasion of the 9th International conference on AIDS and STDs in Africa. I'd like to thank His Excellency Yoweri Kaguta Museveni for hosting this important conference in his country. To (other heads of state), it is an honor to be with you today.

I would also like to congratulate and thank the conference coordinating committee under the leadership of Dr. Okware for their invitation to address you and for their work in arranging this meeting. And I am sure that everyone joins with me in thanking you for your leadership in the global response to the HIV/AIDS pandemic.

Before I begin the text of my speech I just want to tell you something. I am an African-American. On the plane to Urganda I sat next to a Ugandan woman who was speaking to me as though I were a white person. I told her I was African-American. She took a long look at me and said -- "I thought there was something there." Well, there is something there and if it is not as much there on the outside as it is with some, it is certainly here which is much more important. Here I am African.

I bring you greetings from the President of the United States, Bill Clinton. I want to convey to you the great sense of urgency that he feels about the important work that you have done at this Conference. My presence here today is a statement of President Clinton's commitment. He wanted me to tell you that we are all in this fight together and that he stands by you.

I think we all understand the devastation that AIDS has caused in our countries. It has affected all people, regardless of race, gender, ethnicity, sexual orientation, geographic boundaries, and age. There are nearly 20 million people--including one million children--living with HIV around the world. Nearly one million of them live in my country where it is estimated that one out of every 250 people is infected with HIV.

In many of our countries, these represent people who were marginalized even before HIV, and now living with HIV they continue to be forgotten or, just as bad, punished by society at a time when compassion is needed most. We must not allow people with HIV to live among us without support, without dignity.

I am here to let you know that we are aware of your suffering and the very difficult times that you face dealing with the ravages of HIV and AIDS. I am here to let you know that we understand that you work with small staffs and even smaller budgets, full hospital beds and empty stock rooms, that we know there are coordinating nightmares at the local level between international organizations and indigenous groups, and that the lack of drugs and resources to care for persons with HIV/AIDS is devastating. But I am here with an important message. The United States does not intend to let you down in the hour of your most critical need for help.

From the very beginning of the epidemic in Africa, the United States has served as a partner with African researchers, scientists and community leaders, to have an impact in Africa and to make a difference worldwide. Many of the African presenters at this conference, in fact, have worked through CDC's Project Retro-Ci, or Project SIDA, or through USAID's many outreach and research projects.

I believe our shared responsibilities, as demonstrated here in Africa, have borne fruit. The information shared at this meeting clearly attests to that. It is our intent to remain partners in this struggle until the struggle is, indeed, over.

Too often we divide the world into categories -- developed versus developing; Third World versus Super Powers. The HIV/AIDS pandemic has divided us even farther--infected versus non-infected; vulnerable versus empowered; homosexual versus heterosexual. These distinctions contribute nothing to our efforts to stop HIV. They only hamper our willingness to work together. Instead of further dividing an already-fragmented world, our efforts against HIV and AIDS must serve to bring us together. For it is only through a "World United Against HIV and AIDS" that we will have victory over defeat.

President Clinton created the Office of National AIDS Policy at the White House to provide overall coordinating and direction for our efforts. He has appointed a Presidential Advisory Council on HIV and AIDS which has just concluded its second meeting in Washington. More than one-third of the Council members are themselves living with HIV or AIDS.

And just this past week, the President convened the first ever White House Conference on HIV/AIDS where over 250 researchers, care providers and activists were invited to call national and international attention to AIDS. We must remind everyone that AIDS remains an urgent public health priority and that it will not just go away.

Internationally, President Clinton has continued to support a high level of cooperation and commitment to global HIV/AIDS activities. Through the U.S. Agency for International Development, the United States continues to provide the world's largest bilateral program for HIV prevention in the developing world. We are also a major donor to the new joint and cosponsored United Nations Programme on HIV/AIDS. We have had high level participation in all International HIV/AIDS conferences and the World AIDS Summit in Paris. The U. S. has directly sponsored at least 80 participants to this conference here in Kampala, and countless more through their U.S. Government program funding. The United States Agency for International Development held its Third HIV Prevention Conference in August in Washington, DC, which was attended by many of you. The conference resulted in an action agenda of strategies which I hope will be pursued over the next several years.

It is true that as we meet today our budget is under intense discussion and negotiation in our Congress, and we are not sure about the final outcome. A number of you have expressed your concern to me about the future of the USAID. Let me assure you that the President is committed to maintaining the U.S. contribution to the global fight against AIDS. Through USAID, the President will continue these efforts.

Here in Uganda, we have a powerful example of what can be achieved when the U.S. government works collaboratively with our African partners. Since 1989, USAID has provided support to Ugandan agencies, including the Ministry of Health, the AIDS Information Centre, religious leaders, and community based organizations. All of these groups, with dedicated, competent Ugandan leadership, have been active and aggressive in their prevention efforts.

These efforts are commendable and deserve emulation in other countries. But ultimately, we must ask -- "What is the impact of these efforts? Have they been effective in reducing HIV transmission?" It has been very exciting to learn this week that there are now strong indications that prevalence of HIV infection has been reduced substantially, particularly in young persons aged 15-19, and that new cases have declined significantly in this age group.

What can we conclude from these new findings? Most importantly -- "It works!" Intensive prevention efforts, combined with compassionate care for those already infected by the disease, can eventually result in decreases in the number of new cases. The lessons from Uganda also teach us that these efforts must be locally developed, and must have strong local leadership. To be effective, donor nations such as the U.S. must be partners in the background, providing the support which enables Africans to implement their own projects.

We have also learned that it takes patience, both from Ugandans and from the donors. By 1992, the Ugandan government, community organizations and individuals had already been very active, and donor nations had already invested substantial levels of support. But in 1992, there were many signs that infection rates were continuing to rise. There did not appear to be any stabilization in the epidemic. Perhaps without the personal and political commitment of the leaders of Uganda, including President Museveni's strong support, these prevention efforts may

have faltered. But this did not occur. Ugandans, supported by their government and external partners, intensified their efforts rather than giving up. And now, in 1995, we have finally seen the impact that the people of Uganda have worked so hard to achieve.

The lesson for other African nations is very hopeful. Intensive, committed prevention efforts can work. And eventually, other nations as well will begin to see the hopeful trends that have now been observed here in Uganda.

The lesson for the U.S., and for other donor nations, is that our support for nations in Africa which are committed to fighting this epidemic, can truly have an impact in reducing levels of disease and infection. But we must all be patient, and persevere, even when there are no signs of declining rates of infection. And we must allow these projects and efforts to be locally developed and locally driven, for ultimately, credit for success belong with the local leadership.

The AIDS epidemic affects us all. But if we work together, with patience and in a spirit of partnership, mutual respect, and solidarity, we can achieve success in confronting this epidemic. I salute the people of Uganda, and their leaders. You have taught the world a wonderful lesson, and you have given us hope. Hope that this epidemic can bring us together. Hope that this epidemic can be successfully prevented. Hope that current high levels of infection and disease can be reduced. Hope that the young people of Uganda, Africa, and the world, will be able to enjoy health that has been denied to their parents. Hope that, together, we can fight this epidemic. We thank you for giving all of us hope for the future.

Our work is not yet completed, though. For example: We need to do more in the area of transfer of results from research into the clinics, doctor's offices, and prevention programs. We cannot stand idly by as millions of people around the world are unable to benefit from the advances being made in medical science. We simply have to find better ways to share the fruits of labor with those who are in most desperate need. and we need to do it quickly.

It is with much pain that I acknowledge that in much of the world, AZT, imperfect as it is as an antiviral, is not available, especially now that it can reduce the risk of perinatal transmission. The Administration is aware of these problems and will not retreat from its responsibilities while working with African researchers to find solutions. Together, I am convinced that by using our best minds and pooled resources, we will be able to increase the availability of basic treatments to improve the quality of life for persons living with the HIV disease in developing countries.

Now, I'd like to mention a few of my own priorities. We must carry out the declaration signed last December at the Paris AIDS Summit. The initiatives it contains can guide each nation as it develops its own government policies and programs. I am particularly heartened by the attention paid to the issues of human rights and the needs and rights of women and the improvement of women's status, education and living conditions.

We must recognize that the fight against AIDS is also a fight against sexism, racism and

homophobia. The rights of people with HIV and AIDS must be protected if we are to protect their health and the health of others. We must work collectively to ensure that persons with HIV and AIDS live with dignity and respect in their communities around the world, and we must fight to eliminate the hatred and fear that we have witnessed too often in our own neighborhoods.

The theme for this year's World AIDS Day observance, "Shared Rights, Shared Responsibilities" carried the message of equality and solidarity in the global response to HIV/AIDS and it was an especially important one for me. For as an African-American woman, I have felt the effects of racism and sexism personally. And I have seen the effects on the ability of women to control not only their reproductive rights but also their protection from sexually transmitted infections including HIV. In the U.S., AIDS is now the leading cause of death among African-American women. And we know that AIDS is a major threat to women of all races and nationalities. Any national programs and policies which do not specifically address the needs of women will do little if anything to curb the spread of HIV.

A major factor in the spread of HIV among women is the fact that women have had to rely almost solely on the use of condoms by their male partners to protect themselves. We are moving ahead with research into topical microbicides that could be used privately by a woman to protect herself against HIV and other STDs. In the last two years, we have more than doubled our commitment to microbicide research at the National Institutes of Health. But even though we've made good progress, this life-saving product will take years to develop. But when we do discover a microbicide, it must be made available to women around the world, not just in developed countries.

Persons living with HIV and AIDS and non-governmental organizations representing affected communities have a critical role in all the work we do. Over the past year, in my position as the Director of National AIDS Policy in the U.S., I have had the opportunity to meet many different people from all walks of life who are deeply involved and committed to fighting AIDS in their communities.

My staff and I have been reaching out to infected and affected populations and community groups for their views and their guidance in the development of policies that will affect them and the people they serve. I will admit that this is a time-consuming process and it is sometimes difficult. But the benefits are enormous -- better communication, more focused policies, and the engagement of the community in the process.

Because of the importance of the partnership between governments and NGOs, I welcome the presence of NGO representatives as full members of the Programme Coordinating Board of UNAIDS, and i the planning and implementation of HIV activities in the United States. I embrace their participation and I am thankful that their voices are being heard. Two of the five NGO representatives on the UNAIDS board are living with HIV. Furthermore, I know the members representing the NGOs and I know that they do not take the responsibility lightly.

I have experienced, first hand, the value of gaining a seat at the table. As I have told many of you before, I was a Congressional staff person in the 1970's and 1980's and was often the only African-American in the room when decisions were being made on policies affecting my community. It made a difference then who sat at the table, and it makes a difference now.

No matter the country, no matter the title " developing" or "developed", no matter the HIV infection rate, or the AIDS case load, we still have much work left to do. There are still more research questions to be answered, more funds to be raised, more people to be trained, more treatments and more drugs to be procured, more condoms to deliver, and more lives to save.

We are losing our citizens to HIV/AIDS, around the world, at a rate that is clearly unacceptable...and the toll is getting higher.

I pledge the continued support of the President and his administration to working with you to end this epidemic. For AIDS affects and connects us all, despite the differences by which some like to define us. AIDS links us together, and it is only by working together that we can fight this disease.

I want to close with a Frederick Douglas quote used by the President in his speech last week.

> "It is not light that is needed, but fire. It is not the gentle shower, but thunder. We need the storm, the whirlwind, and the earthquake. The feeling of the nation must be quickened. The conscience of the nation must be roused. The propriety of the nation must be startled."
>
> This is true for all nations but most especially yours and mine.

I know that I can count on you for the thunder and the fire because each of you is a part of the conscience, not only of your individual countries, but of the world...and together we can change our future.

Thank you.

# Speech of Patsy Fleming

# National AIDS Policy Director

# The White House

# United States of America

Actually delivered

## At the Closing Ceremony, Ninth International Conference on AIDS and STDs in Africa

## 14 December, 1995

## Kampala, Uganda

Good Afternoon.

Excellencies
Honorable Minister of Health, and honored guests.

It is indeed an honor and a pleasure to be able to speak

at
to you this afternoon ~~on this occasion of~~ the conclusion

of the 9th International Conference on AIDS and STDs

in Africa. I'd like to thank His Excellency, President

sev
Museveni, for hosting this important conference in his

country.

I would also like to congratulate and thank the

conference coordinating committee under the

o-guarray their
leadership of Dr. Sam Okware for ~~the~~ invitation to

you
address ~~this body~~ and for their work in arranging this

AND
meeting. I am sure that everyone joins with me in

thanking you for your leadership in the global response

to the HIV/AIDS pandemic.

Before I begin the text of my speech[1] I just want to tell you something. I am an African-American. On the plane to Uganda I sat next to ~~a woman who~~ a Ugandan woman who was speaking to me as tho I were a white person. I told her I was African American

And she took a long look at me and said - I thought there was something there." Well, there is something there and if it is not as much there on the outside as it is with some, it is certainly here which is much more important. Here I am African

I bring you greetings from the President of the United States, Bill Clinton. I want to convey to you the great sense of urgency that he feels about the important work that you ~~are doing~~ have done at this Conference. My presence here today is a statement of President Clinton's commitment. ~~The President~~ He wanted me to tell you that we are all in this fight together and that he stands by you.

I think we all understand the devastation that AIDS has caused in our countries. It has affected all people, regardless of race, gender, ethnicity, sexual orientation, geographic boundaries, and age. There are nearly 20 million people -- including one million children -- living with HIV around the world. Nearly one million of ~~these~~ them ~~people~~ live in my country, where it is estimated that

one out of every 250 people is infected with HIV.

In many of our countries, these represent people who were marginalized even before HIV, and now living with HIV they continue to be forgotten or, just as bad, punished by society at a time when compassion is needed most. We must not allow people with HIV to live among us without support, without dignity.

~~(Add Martina's request)~~

I am here to let you know that we are aware of your suffering and the very difficult times that you face dealing with the ravages of HIV and AIDS. I am here to let you know that we understand that you work with small staffs and even smaller budgets, full hospital beds and empty stock rooms, that we know there are coordinating nightmares at the local level between international organizations and indigenous groups, and that the lack of drugs and resources to care for persons with HIV/AIDS is devastating. But I am here with an important message. The United States does not intend to let you down in the hour of your most critical need for help.

From the very beginning of the epidemic in Africa, the United States has served as a partner with African

researchers, scientists and community leaders, to have an impact in Africa and to make a difference worldwide. Many of the African presenters at this conference, in fact, have worked through CDC's (projay Retro see) Projet Retro-Ci, or (projay seeda) Projet SIDA, or through USAID's many outreach and research projects, ~~to name a few~~.

I believe our shared responsibilities, as demonstrated here in Africa, have borne fruit. The information shared at this meeting clearly attests to that. It is our intent to remain partners in this struggle until the struggle is, indeed, over.

~~I want to say that~~ too often we divide the world into categories -- developed versus developing; Third World

versus Super Powers. The HIV/AIDS pandemic has divided us even further -- infected versus non-infected; vulnerable versus empowered; homosexual versus heterosexual. These distinctions contribute nothing to our efforts to stop HIV. They only hamper our willingness to work together. Instead of further dividing an already-fragmented world, our efforts against HIV and AIDS must serve to bring us together. For it is only through a "World United Against HIV and AIDS" that we will have victory over defeat.

President Clinton created the Office of National AIDS Policy at the White House, ~~which I direct,~~ to provide overall coordinating and direction for our efforts. He has appointed a Presidential Advisory Council on HIV and AIDS which has just concluded its second meeting

in Washington. More than one-third of the Council members are, themselves, living with HIV or AIDS.

And just this past week, the President convened the first ever White House Conference on HIV/AIDS where over 250 researchers, care providers and activists were invited to call national and international attention to AIDS. We must remind everyone that AIDS remains an urgent public health and social development priority and that it will not just go away.

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program for HIV prevention in the developing world. ~~The United States is~~ We are also a major donor to the new joint and co-sponsored United Nations Programme on HIV/AIDS. We have had high level participation in all International HIV/AIDS conferences and the World AIDS Summit in Paris. ~~We have~~ The U S has directly sponsored at least 80 participants to this conference here in Kampala, and countless more through their U.S. Government program funding. The U.S. Agency for International Development held its Third HIV Prevention Conference in August in Washington, DC, which was attended by many of you. ~~That~~ The conference resulted in an action agenda of strategies which I hope will be pursued over the next several years.

It is true that as we meet today, our budget is under intense discussion and negotiation in our Congress, and we are not sure about the final outcome. A number of you have expressed your concern to me about the future of USAID. Let me assure you that President Clinton is committed to maintaining ~~be American~~ the US contribution to the global fight against AIDS. Through USAID, the President ~~expects to~~ will continue these efforts.

President Clinton has threatened to veto any legislation eliminating the Agency for International Development, as well as any legislation which would reduce support ~~for~~ for AIDS research.

Here in Uganda, we have a powerful example of what

can be achieved when the U.S. government and ~~American researchers~~ work collaboratively with our African ~~Ugandan~~ partners. Since 1989, USAID has provided support to Ugandan agencies, including the Ministry of Health, ~~The AIDS Support Organization~~ (TASO), the AIDS Information Centre, religious leaders, and community based organizations. All of these groups, with dedicated, competent Ugandan leadership, have been active and aggressive in their prevention efforts.

These efforts are commendable and deserve emulation in other countries. But ultimately, we must ask-- "What is the impact of these efforts? Have they been effective in reducing HIV transmission?" It has been very exciting to learn this week that there now are strong indications that prevalence of HIV infection has

been reduced substantially, particularly in young persons aged 15-19, and that ~~incidence~~ new cases have declined significantly in this age group.

What can we conclude from these new findings? Most importantly - "It works!" Intensive prevention efforts, combined with compassionate care for those already infected ~~and affected~~ by the disease, can eventually result in decreases in the number of new cases. The lessons from Uganda also teach us that these efforts must be locally developed, and must have strong local leadership. To be effective, donor nations such as the U.S. must be partners in the background, providing the support which enables ~~Ugandans~~ Africans to implement their own projects.

The lesson for other African nations is very hopeful. Intensive, committed prevention efforts can work ~~have an impact. They can work~~. And eventually, other nations as well will begin to see the hopeful trends that have now been observed here in Uganda.

The lesson for the U.S., and for other donor nations, is that our support for nations in Africa which are committed to fighting ~~confronting~~ this epidemic, can truly have an impact in reducing levels of disease and infection. But we must all be patient, and persevere, even when there are no signs of declining rates of infection. And we must allow these projects and efforts to be locally developed, and locally driven, for ~~and~~ ultimately, credit for success belongs will with the local leadership.

No 12

Our work is not yet completed, though. ~~Now we must work to get this information, and results from other countries and other research projects, into the hands of service providers like those of you who are struggling every day to make a difference in the lives of your compatriots.~~ FOR EXAMPLE— We need to do more in the area of transfer of results from research into the clinics, doctor's offices, and prevention programs. We cannot stand idly by as millions of people around the world are unable to benefit from the advances being made ~~we are making~~ in medical science. We simply have to find better ways to share the fruits of our labor with those who are in most desperate need, and we need to do it quickly.

It is with much pain that I acknowledge that in much of the world AZT, imperfect as it is as an antiviral, is not

available, especially now that it can reduce the risk of peri-natal transmission. The U.S. Administration is aware of these problems and will not retreat from its responsibilities while working with African researchers to find African solutions. Together, I am convinced that by using our best minds and pooled resources, we will be able to increase the availability of basic treatments to improve the quality of life for persons living with HIV disease in developing countries.

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We must recognize that the fight against AIDS is also a fight against sexism, racism and homophobia. The rights of people with HIV and AIDS must be protected if we are to protect their health and the health of others. We must work collectively to ensure that persons with HIV and AIDS live with dignity and

respect in their communities around the world, and we must fight to eliminate the hatred and fear that we have witnessed too often in our neighborhoods.

The theme for this year's World AIDS Day observance, "Shared Rights, Shared Responsibilities" carried the message of equality and solidarity in the global response to HIV/AIDS and it was an especially important one for me. For

As an African-American woman, I have felt the effects of racism and sexism personally. And I have seen the effects on the ability of women to control not only their reproductive rights but also their protection from other sexually transmitted infections, including HIV. In the U.S., AIDS is now the leading cause of death among

African-American women. And We know that AIDS is a major threat to women of all races and nationalities. ~~and so that~~ Any national programs and policies which do not specifically address the needs of women will do little if anything to curb the spread of HIV ~~in these communities.~~

A major factor in the spread of HIV among women is the fact that women have had to rely almost solely on the use of condoms by their male partners to protect themselves. ~~from STDs~~. We are moving ahead with research into topical microbicides that could be used privately by a woman to protect herself against ~~these infections~~ HIV and other STDs. In the last two years we have more than doubled ~~our~~ our commitment to microbicide research at the National Institutes of Health. But even though we've made

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engagement of the community in the process.

Because of the importance of the partnership between governments and NGOs, I welcome the presence of NGO representatives as full members of the Programme Coordinating Board of UNAIDS, and in the planning and implementation of HIV activities in the United States. I embrace their participation and I am thankful that their voices are being heard. Two of the five NGO representatives on the UNAIDS board are living with HIV. Furthermore, I know the members representing the NGOs and I know that they do not take the responsibility lightly.

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was a Congressional staff person in the 1970's and 1980's and was often the only African-American in the room when decisions were being made on policies affecting my community. It made a difference then who sat at the table, and it makes a difference now.

No matter the country, no matter the title "developing" or "developed," no matter the HIV infection rate, or the AIDS caseload, we still have much work to do. There are still more research questions to be answered, more funds to be raised, more people to be trained, more treatments and more drugs to be procured, more condoms to deliver, and more lives to save.

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I want to close with a Frederick Douglas quote used by President Clinton in his speech last week.

"It is not light that is needed, but fire. It is not the gentle shower, but thunder. We need the storm, the whirlwind, and the earthquake. The feeling of the nation must be quickened. The conscience of the nation must be roused. The propriety of the nation must be startled."

This is true for all nations but mostly especially yours and mine.

I know that I can count on you for the thunder and the fire because each of you is a part of the conscience, not only of your individual countries, but of the world -- and together, we can change our future.

Thank you. Yalamma

These 2 pages were not presented but were included in the written version of the speech.

We have also learned that it takes patience, both from Ugandans and from the donors. By 1992, the Ugandan government, community organizations and individuals had already been very active, and donor nations had already invested substantial levels of support. But in 1992, there were many signs that infection rates were continuing to rise. There did not appear to be any stabilization in the epidemic. Perhaps without the personal and political commitment of the leaders of Uganda, including President Museveni's strong support, these prevention efforts may have faltered. But this did not occur. Ugandans, supported by their government and external partners, intensified their efforts rather than giving up. And now, in 1995, we have finally seen the impact that the people of Uganda have worked so hard to achieve.

The AIDS epidemic affects us all. But if we work together, with patience and in a spirit of partnership, mutual respect, and solidarity, we can achieve success in confronting this epidemic. I salute the people of Uganda, and their leaders. You have taught the world a wonderful lesson, and you have given us hope. Hope that this epidemic can bring us together. Hope that this epidemic can be successfully prevented. Hope that current high levels of infection and disease can be reduced. Hope that the young people of Uganda, Africa, and the world, will be able to enjoy health that has been denied to their parents. Hope that, together, we can fight this epidemic. We thank you for giving all of us hope for the future.

Remarks for the Regional AIDS in Africa conference

Kampala, Uganda

December 14, 1995

GOOD AFTERNOON.

It is indeed an honor and a pleasure to be able to speak to you this afternoon on the occasion of the 9th International conference on AIDS and STDs in Africa. I'd like to thank His Excellency Yoweri Kaguta Museveni for hosting this important conference in his country. To (other heads of state), it is an honor to be with you today.

I would also like to congratulate and thank the conference coordinating committee under the leadership of Dr. Okware for the invitation to address this body and for their work in arranging this meeting. I am sure that everyone joins with me in thanking you for your leadership in the global response to the HIV/AIDS pandemic.

I bring you greetings from the President of the United States, Bill Clinton. I want to convey to you the great sense of urgency that he feels about the important work that you are doing at this Conference. My presence here today is a statement of President Clinton's commitment. The President wanted me to tell you that we are all in this fight together and that he stands by you.

The US has a vital interest in the success of UNAIDS, the new joint and cosponsored UN programme on HIV/AIDS, and our administration has pledged its full support for the implementation of its mission. I want to give a special acknowledgement to Dr. Peter Piot, executive director of the UNAIDS program. In just a few short months, Dr. Piot has surpassed all of the tremendous expectations that we have placed on him. He has brought focus,

organization and passion to this task and we are all fortunate to have him leading this new global effort.

I think we all understand the devastation that AIDS has caused in our countries. It has affected all people, regardless of race, gender, ethnicity, sexual orientation, geographic boundaries, and age. There are nearly 20 million people--including one million children--living with HIV around the world. Nearly one million of those people live in my country where it is estimated that one out of every 250 people is infected with HIV.

But in some of your countries, I know that the numbers are much higher. (ADD MARTINA'S REQUEST)

I am here to let you know that we are aware of your suffering and the very difficult times that you face dealing with the ravages of HIV and AIDS. I am here to let you know that we understand that you work with small staffs and even smaller budgets, full hospital beds and empty stock rooms, that we know there are coordinating nightmares at the local level between international organizations and indigenous groups, and that the lack of drugs and resources to care with persons with HIV/AIDS is devastating, but I am here with an important message. The United States does not intend to let you down in the hour of your most critical need for help.

I want to say that too often we divide the world into categories -- developed versus developing; Third World versus Super Powers. The HIV/AIDS pandemic has divided us even farther--infected versus non-infected; vulnerable versus empowered; homosexual versus heterosexual. These distinctions contribute nothing to our efforts to stop HIV. They only hamper our willingness to work together.

Even the family unit, in some communities, is shunning its responsibilities to work together and care for its own members.

Believe me, AIDS is taking a toll on families around the world. In the United States, it is estimated that 80,000 children will be orphaned by the end of this decade. In this beautiful country of Uganda where we are all privileged to be today, I know the numbers are in the millions. Children left to raise themselves or to raise their siblings, with no adults left to care for them. Families struggling to care for loved ones with AIDS, while trying to keep food on the table and clothes on the backs of the other members of the family.

Studies around the world have found that a strong society is built by strong families. When those families are threatened, when the future of their children is taken away, then our societies become fragile and are weakened. That is something that none of us can afford to let happen.

In the United States, the Clinton Administration has made a major effort to revitalize our domestic and international efforts against HIV and AIDS. On the domestic front, The President has asked for an increase of 40 percent in funding for AIDS research, prevention, and care. He has worked hard to provide greater focus to the effort against AIDS by strengthening the Office of AIDS Research at the National Institutes of Health. He has reorganized the prevention programs at the Centers for Disease Control and Prevention and created a new program of community planning that puts the authority for creating prevention programs at the local level.

President Clinton created the Office of National AIDS Policy at the White House, which I direct, to provide overall coordinating and direction for our efforts. He has appointed a Presidential

Advisory Council on HIV/AIDS which has just concluded its second meeting in Washington. More than one-third of the Council members are living with HIV or AIDS.

And just this past week, the President convened the first ever White House Conference on HIV/AIDS where over 250 researchers, care providers and activists were invited to call national and international attention to AIDS. We must remind everyone that AIDS remains an urgent public health priority and that it will not just go away.

Internationally, the President has continued to support a high level of cooperation and commitment to global HIV/AIDS activities. The United States is a major donor to the new joint and cosponsored United Nations Programme on HIV/AIDS. We have

had high level participation in all International HIV/AIDS conferences and the World AIDS Summit in Paris. We have sponsored at least 80 participants to this conference here in Kampala. The United States Agency for International Development (USAID) held a conference in August in Washington, DC, that was attended by many of you here today. That conference resulted in an action agenda of strategies that I hope will be pursued over the next several years.

It is true that as we meet today our budget is under heavy discussion and negotiation in Congress, and we are not sure what the final outcome will be. A number of you have expressed concern to me about the future of the U.S.A.I.D. Let me assure you that the President is committed to maintaining the American contribution to the global fight against AIDS. Through USAID,

the President expects to continue these efforts.

He has threatened to veto any legislation eliminating the Agency for International Development.

Today, we are far from our ultimate goal of a cure, but there are reasons for hope. In the United States, scientists have discovered a way to sharply reduce the risk of perinatal transmission of HIV and we are working aggressively to find the best way to put that science to work. Just last week, we received news of progress in the development of cells to inhibit the rapid production of HIV.

I have been encouraged by these developments and determined that we continue our strong commitment to AIDS

research. What I am more concerned about is how to get this information into the hands of health care providers like those of you who are struggling every day to make a difference in the lives of your compatriots. We need to do more in the area of transfer of research results. We cannot stand idly by as millions of people around the world are unable to benefit from the advances we are making in medical science. We simply have to find better ways to share the fruits of our labor with those who are in most desperate need, and we need to do it quickly. This goal is relevant, not only in the case of HIV, but for other sexually transmitted infections, where there already exists a wide range of effective drugs.

When researchers from developed countries finish their investigations and go home, what is left behind? Do the people in those countries benefit from the research? Sometimes the answer

is yes. But often, it is no. Too often, we are fighting for limited resources within our own countries. It's a matter of dollars and shillings.

It is with much pain that I acknowledge that in much of the world, even AZT, imperfect as it is as an antiviral, is not available, especially now that it can reduce the risk of perinatal transmission. The Administration is aware of these problems and will not retreat from its responsibilities while working with you to find solutions. Together, I am convinced that by using our best minds and pooled resources, we will be able to increase the availability of basic treatments to improve the quality of life for persons living with HIV disease in developing countries. We are working at many different levels within the Administration to bring about a speedy solution to this dilemma and recently the Congress agreed to retain this vital agency.

Multiple U.S. government organizations and private enterprises are also involved in research to identify and develop an effective HIV/AIDS vaccine.

Now, I'd like to discuss a few of my own priorities. We must carry out the declaration signed last December at the Paris AIDS Summit. The initiatives it contains can guide each nation as it develops its own government policies and programs. I am particularly heartened by the attention paid to the issues of human rights and the needs and rights of women and the improvement of women's status, education and living conditions.

We must recognize that the fight against AIDS is also a fight against sexism, racism and homophobia. The rights of people with HIV and AIDS must be protected if we are to protect their health

and the health of others. We must work collectively to ensure that persons with HIV and AIDS live with dignity and respect in their communities around the world, and we must fight to eliminate the hatred and fear that we have witnessed too often in our own neighborhoods.

The theme for this year's World AIDS Day observance, "Shared Rights, Shared Responsibilities" carried the message of equality and solidarity in the global response to HIV/AIDS and it was an especially important one for me.

As an African-American woman, I have felt the effects of racism and sexism personally. And I have seen the effects on the ability of women to control not only their reproductive rights but their protection from other sexually transmitted infections

including HIV. In the U.S.; AIDS is now the leading cause of death among African-American women. We know that AIDS is a major threat to women of all races and nationalities, and so that any national programs and policies which do not specifically address the needs of women will do little if anything to curb the spread of HIV in those communities.

A major factor in the spread of HIV among women is the fact that women have had to rely almost solely on the use of condoms by their male partners to protect them from STDs. We are moving ahead with research into topical microbicides that could be used privately by a woman to protect herself against these infections. In the last two years, we have more than doubled our commitment to microbicide research at the National Institutes of Health. But even though we've made good progress, this life-saving product

will take years to develop. When we do discover a microbicide, it must be made available to women around the world, not just in developed countries.

Something we have right now is the female condom, which represents a step forward toward empowering women to control infections. Unfortunately, use of the female condom is not perfect, nor is its use widespread, so there is still a need to do more.

Persons living with HIV and AIDS and nongovernmental organizations representing affected communities have a critical role in all the work we do. Over the past year, in my position as the Director of National AIDS Policy, I have had the opportunity to meet many different people from all walks of life who are deeply involved and committed to fighting AIDS in their communities.

My staff and I have been reaching out to infected and affected populations and community groups for their views and their guidance in the development of policies that will affect them and the people they serve. I will admit that this is a time-consuming process and it is sometimes difficult. But the benefits are enormous -- better communication, more focused policies, and the engagement of the community in the process.

Because of the importance of the partnership between governments and NGOs, I welcome the presence of NGO representatives as full members of the Programme Coordinating Board of UNAIDS. I embrace their participation and I am thankful that their voices are being heard. Two of the five NGO prepresentatives are living with HIV. Furthermore, I know the members representing the NGOs and I know that they do not take

the responsibility lightly.

I want to say a word about TASO. We all know the wonderful work that TASO (The AIDS Services Organization) has done. Noerine Kaleeba and TASO have clearly set the standard of care for persons with HIV/AIDS around the world. It is this partnership, this inclusion of all parties, that we must continue to encourage.

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Thank you.

Remarks for the Regional AIDS in Africa conference

Kampala, Uganda

December 14, 1995

Indent all paragraphs

Good Afternoon.
~~GREETINGS:~~

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[Add Martina's request]

But in some of your countries, I know that the numbers are much higher. If I am here to let you know that we are aware of your suffering and the very difficult ~~situations~~ times that you face dealing with the ravages of HIV and AIDS. I am here to let you know that we understand that you work with small staffs and even smaller budgets, full hospital beds and empty stock rooms, coordinating nightmares at the local levels between international organizations and indigenous groups, and the lack of drugs and resources to care with persons with HIV/AIDS. We know that there are that is devastating,

But I am here with an important message. The ~~US~~ United States does not intend to let you down in the hour of your most critical need for help.

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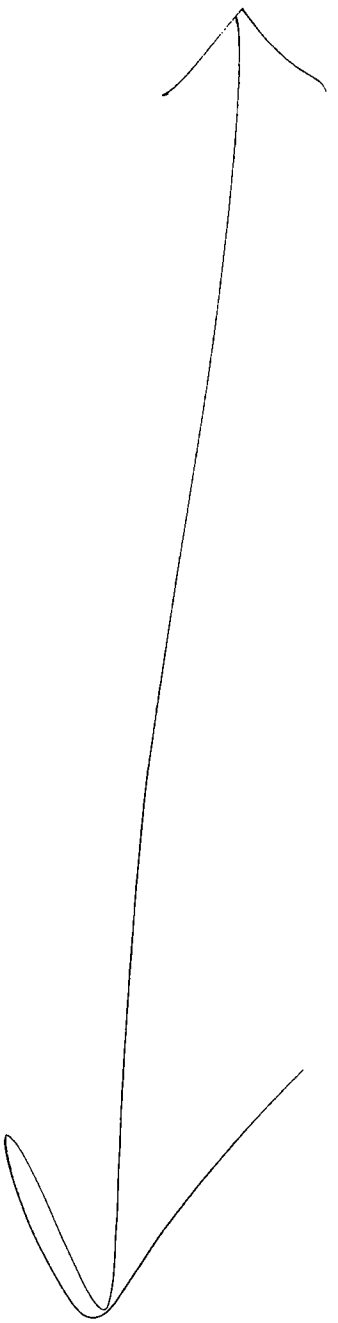

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Two of the five NGO reps are living with HIV.

I know that they do not take the responsibility lightly.

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We all know the wonderful work that TASO (The AIDS Services Organization) has done. Noerine Kaleeba and TASO have clearly set the standard of care for persons with HIV/AIDS around the world. It is this partnership, this inclusion of all parties, that we must continue to encourage.

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I know that I can count on you for the thunder and the fire because each of you is a part of the conscience, not only of your individual countries, but of the world...and together we can change our future.

Thank you.

*Ms. Parris:*

*As we discussed, here is information for Ms. Fleming's participation in HIV/AIDS Conference in Kampala, Uganda. The Press Conference will take place on Thursday, Dec. 14 following the closing session. Dr. Jacob Gayle will participate in the press conference with Ms. Fleming. There should be sufficient information in the attached paper for Ms. Fleming to prepare for the press conference.*

*A reception for Ms. Fleming is being planned for Thursday evening, Dec. 14. Once the details of that reception are final, I'll send them to you.*

*Please call me if you have additional questions.*

*Regards,*
Peter G. Downs

*Peter G. Downs*
*Country Development Officer*
*Uganda*

**AGENCY FOR INTERNATIONAL DEVELOPMENT**
**AFRICA BUREAU**
**OFFICE OF EAST AFRICAN AFFAIRS**

| | |
|---|---|
| **DATE** | **12/11/95** |

| | |
|---|---|
| **TO** | **Ms. Carmena Parris** |
| | **White House Office on HIV/AIDS** |
| **TELEPHONE** | **202-632-1090** |
| **FAX** | **202-632-1096** |

| | |
|---|---|
| **FROM** | **Peter G. Downs, Country Development Officer** |
| | **AFR/EA/Uganda** |
| **TELEPHONE** | **202-647-7886** |
| **FAX** | **202-647-9805** |
| **NUMBER OF PAGES (INCLUDING COVERSHEET)** | **25** |

| | |
|---|---|
| *** COMMENTS:** | |

**Patsy Fleming's Itinerary**

**Monday, December 11**
6:05PM Depart Wash/Dulles UA #950 - S/20A

**Tuesday, December 12**
7:30AM Arrive Brussels
10:10AM Depart Brussels Sabena 569 - S/29K (1 stop in Bujumbura)
10:30PM Arrive Entebbe

**Friday, December 15**
9:20PM Depart Entebbe Sabena 571 - S/29D (1 stop in Nairobi)

**Saturday, December 16**
6:00AM Arrive Brussels
11:45AM Depart Brussels UA#951 - S/25E
2:45PM Arrive Washington/Dulles

December 13 or 14 (time still undetermined)
Press conference with Dr. Helene Gayle
U.S.I.S.

December 15

9 a.m. Ambassador E. Michael Southwick

Visit USAID-funded AIDS Information Centre

Visit TASO

cc: LR

# U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

INTERNATIONAL POSTAL ADDRESS:
USAID MISSION TO UGANDA
P.O. BOX 7007
KAMPALA, UGANDA

UNITED STATES POSTAL A ADDRESS:
USAID/KAMPALA
DEPARTMENT OF STATE
WASHINGTON, DC20521-2190

FAX: (256) 41-233417
TEL: (256) 41-235174/235879/241521/242896/257285

# FAX TRANSMITTAL SHEET

December 5, 1995

TO :Ms. Patsy Fleming / Ms. LaHoma Romocki FAX :(202) 632-1096

FROM : Catherine Varley, GDO OFFICIAL (Y/N) : Y

SUBJECT : ICASA

SEQ. NO. : NO. OF PAGES : 1

CLEARANCES : APPROVED : JZ

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MESSAGE : We have received your biographical sketch, and have forwarded it to USIS. They would like to schedule a press conference for you -- would you be willing to hold a press conference? If so, USIS is particularly interested in any "different angle" or new developments, e.g. in HIV/AIDS strategy in the U.S., which would be of interest to Ugandans. If you are willing to do this, do you have a suggestion for the theme? We note that the visit of Dr. Helene Gayle, Director for the National Center for HIV, STD and TB Prevention, CDC, will overlap with yours so that, if you are both willing, the press conference could be held jointly, on Wednesday or Thursday, Dec. 13 or 14. We are also asking her if she is willing to participate in a press conference. Please let us know your thoughts on all of this. We would then schedule the press conference with USIS at a time not likely to conflict with any conference activities. Thank you.

You will be met at the airport by either Dr. Elizabeth Marum or me, depending on conference activities. Cate --Cate Varley

# Office of
# National AIDS Policy

## Correspondence Routing Slip

**Tracking Number:** G2084

**Date Rcvd:** 11/20

**From:** Dr. S. I. Okware

IX International Conf. on AIDS & STDS in Africa

**Staff Action:**

**Reviewed By Jeff:**_____ **Reviewed By: Patsy**_____

**Assigned To:**_____

**RCVD:**_____ **DONE:**_____

**Recommendations/Instructions:**

**To Support Staff:**_____

**Date of Response:**_____

n:\corresli

P.O.Box 10779, Kampala, Uganda
Tel : 256-41-245800/230892/258538/243930
Fax: 256-41-254975/230892/258173
E-mail: ICASA @MUKLA.GN.APC.ORG
or: GTEMBO@MUKLA.GN.APC.ORG



10-14 December 1995

# IXth International Conference on AIDS and STDs in Africa

Challenges & Hopes — Espoirs & Défis

## *IXième Conférence Internationale sur le SIDA et les MST en Afrique*

*10-14 Décembre 1995*

November 7, 1995

Ms Patsy Fleming,
National AIDS Policy Director,
The White House
1600 Pennsylvania Avenue,
Washington, DC 20503

Tel: 202 632 1090
FAx: 202 632

Dear Madam,

We are pleased to confirm your registration for the Conference and your hotel accomodtion is as follows:

Sheraton Hotel Kampala,
1 Deluxe.

Looking forward to seeing you at the Conference.

Yours sincerely,

**Dr S I Okware**
**CHAIRMAN IXth ICASA**

P.O.Box 10779, Kampala, Uganda
Tel : 256-41-245800/230892/258538/243930
Fax: 256-41-254975/230892/258173
E-mail: ICASA @MUKLA.GN.APC.ORG
or: GTEMBO@MUKLA.GN.APC.ORG



10-14 December 1995

# IXth International Conference on AIDS and STDs in Africa

Challenges & Hopes — Espoirs & Défis

## *IXième Conférence Internationale sur le SIDA et les MST en Afrique*

*10-14 Décembre 1995*

To : All Participants, IXth ICASA

From : Chairman IXth ICASA

Date : 24th October, 1995

From : **DETAILED INFORMATION ABOUT DELEGATES:**

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As the IXth ICASA gets nearer and nearer, Preparations for the Conference have become more intensified and there is need for more details in almost all logistical aspects of the Conference.

This is, therefore, to kindly request you to furnish the IXth ICASA Secretariat with the following detailed information to enable a smooth progress in preparations:

1. Date of arrival and time .....
2. Flight Number .....
3. Passport Number .....
4. Date of Departure and Time .....
5. Physical handicaps if any .....
6. Country of Origin .....

Thank you for your interest in the IXth ICASA and we hope to see you in December.

Yours Sincerely,

**Dr. S. I. Okware**
**Chairman IXth ICASA**

Kampala Sheraton Hotel
Downtown Kampala

Fax: 256(41)-256696 →
Tel: 256(41)-244590 →

Lee Crane
301-443-1774
for travel order info

- Call for any questions
Peter Downs
AID
202-647-7886
on the Ugandan visit

# IXth ICASA KAMPALA

***9th International Conference on AIDS in Africa / Conference on STDs***

***Kampala, Uganda, 10-14 December 1995***

## ADVANCE NEWS from the European Commission / AIDS Task Force

## We'll be there !

HIV / AIDS in Africa remains the most important focus of the European Commission's programme. Two years after the last meeting, in Marrakech, we find it very important to show this commitment yet again.

### *Special Events*

- EC's **Preconference** meeting, Saturday 9-12-95, Rwenzori Ballroom, Sheraton Hotel (agenda --->)
- Visit to **Nakasero Blood Bank**, Monday 11-12-95, shuttle at Sheraton Hotel entrance from 14:00 till 16:00
- **Press Conference**, Monday 11-12-95, Nile Room (above the Lobby) of the Sheraton Hotel
- Smaller meetings, e.g. on Blood safety, STD interventions in Mwanza, Development & planning (practice session), in meeting room II of the Sheraton Hotel

### *Who ?*

The European Commission is sponsoring 32 participants from Africa and 8 from Europe. The delegation from Brussels is composed of:

- Dr. Lieve Fransen, from the Health AIDS Unit, Directorate General VIII - Development, European Commission
- Dr. Pol Jansegers, head of the AIDS Task Force of the European Commission
- Wolfram Brünger, projects administrator of the AIDS Task Force
- Marijke Bontinck of the AIDS Task Force
- Lou Dierick, The Consultory and Antoinette Nicolo, Luxconsult, in charge of logistics

### *Office*

- International Conference Centre, office 242 (ground floor, next to the Marketing Manager's office), from 6/12 onwards

## European Commission Preconference Meeting, Saturday 9-12-95, Sheraton Hotel (Rwenzori room)

08.30 - 09.00 Welcome
*L. Fransen / Mr. Marongiu (EC Delegate)*

09.00 - 09.45 Safe blood in developing countries: the experience of the EC in Uganda and in Africa
Introduction of two new publications
*E.J. Watson Williams, D. Sondag, R. Winsbury, P. Kataaha*

09.45 - 10.00 Coffee break

10.00 - 11.30 Educational programmes: AIDS education in traditional youth education
*ENDA Dakar, Sidalerte, W. Brünger*

11:30 - 12:00 STD Interventions in Mwanza
*R. Hayes*

12.30 - 14.00 Lunch (on invitation only)

14.00 - 15.30 HIV/AIDS as an issue in development and sectoral planning
*A Whiteside, (Univ. of Natal, SA); R. Msiska (NASTLP, Zambia); R. Mandevu (NAP, Botswana)*

15.30 - 15.45 Coffee break

15.45 - 17.45 Result of an economic impact study in Tanzania
*M. Over, M. Ainsworth a.o. (World Bank)*

19.00 - 22.00 Dinner (on invitation only)

***Surviving in Kampala:*** *some useful tips from our man on the spot: climate in December is dry season, moderate to hot; Currency: Uganda Shilling. 1 US$ = 985 Ushs and rising (as everywhere); Security: good; medication, needles: bring prescriptions to prove they are on doctor's order; Yellow Fever vaccination needed (valid 10 years); Visa requirements: it may be possible to get a visum at the airport, but don't count on it; Entebbe Airport is 50 km from Kampala; look for a shuttle from the conference organisers or from your hotel, taxi is 25.000 Ushs; book your flights & hotel early. The scientific programme has just been finalised: expect some news from the secretariat "soon".*
*Last minute: PLWH/A satellite meeting is scheduled for 8 and 9 December at Fairway Hotel, Kampala)*
*All information on this page is provisional and the European Commission nor the AIDS Task force can be held responsible for it.*

EASYLINK 0712395M001 2NOV95 13:39/13:39 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2026321096

SALES PERSON: 48 ITINERARY DATE: 02 NOV 95
CUSTOMER NBR: 1695000023 SMMPZQ PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

Released 11/22

Tenybay 301-443-9428
Ober
301-443-5980
Rockville

FOR: FLEMING/PATRICIA

ok 11 DEC 95 - MONDAY
AIR UNITED AIRLINES FLT:950 ECONOMY DINNER
LV WASHINGTON DULLES 605P EQP:BOEING 767

Flying time 7½ Hrs.

ok 12 DEC 95 - TUESDAY
AR BRUSSELS 730A NON-STOP
FLEMING/PATRICI SEAT-20A
AIR SABENA BELGIAN FLT:569 ECONOMY SNACK
LV BRUSSELS 1010A EQP:DC-10
AR ENTEBBE 1030P 1-STOP

Flying time 9 Hrs. +1
Flight Stops in Bujumbura 1 Hr. 20 mins.

waitlisted cleared ok 15 DEC 95 - FRIDAY
AIR SABENA BELGIAN FLT:571 ECONOMY DINNER
LV ENTEBBE 920P EQP:DC-10

S/29D

16 DEC 95 - SATURDAY
AR BRUSSELS 600A 1-STOP
SERVICE IMMEDIATELY ABOVE WAITLISTED
AIR UNITED AIRLINES FLT:951 COACH LUNCH
LV BRUSSELS 1145A EQP:BOEING 767 300
AR WASHINGTON DULLES 245P NON-STOP
AIR UGANDA AIRLINES ok FLT:562 COACH
LV ENTEBBE 730P EQP:BOEING 737
AR NAIROBI KENYATTA 835P NON-STOP
AIR LUFTHANSA FLT:581 ECONOMY MULTIPLE MEALS
LV NAIROBI KENYATTA 1150P EQP:AIRBUS A310

ENT → Nairobi
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Frankf
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Dull.

ok 17 DEC 95 - SUNDAY
AR FRANKFURT 610A NON-STOP
AIR UNITED AIRLINES FLT:917 COACH LUNCH
LV FRANKFURT 1145A EQP:BOEING 777
AR WASHINGTON DULLES 305P NON-STOP

CONTINUED ON PAGE 2

SALES PERSON: 48 ITINERARY DATE: 02 NOV 95
CUSTOMER NBR: 1695000023 SMMPZQ PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: FLEMING/PATRICIA

16 DEC 95 - SATURDAY
AIR GULF AIR FLT:714 COACH LUNCH
LV ENTEBBE 1100A EQP:BOEING 767
AR MUSCAT 720P 1-STOP

17 DEC 95 - SUNDAY
AIR SWISSAIR FLT:393 COACH BREAKFAST
LV MUSCAT 1235A EQP:AIRBUS A310
AR ZURICH 620A 1-STOP
AIR UNITED AIRLINES FLT:965 COACH LUNCH
LV ZURICH 1130A EQP:BOEING 767 300
AR WASHINGTON DULLES 315P NON-STOP
FLEMING/PATRICI SEAT-33F

~~17 JUN 96 - MONDAY~~
~~OTHER WASHINGTON~~
~~WAS~~

17 DEC 95 - SUNDAY
AIR UNITED AIRLINES FLT:965 ECONOMY LUNCH
LV ZURICH 1130A EQP:BOEING 767 300
AR WASHINGTON DULLES 315P NON-STOP
SERVICE IMMEDIATELY ABOVE WAITLISTED

3 legs

CONTINUED ON PAGE 3

SALES PERSON: 48 ITINERARY DATE: 02 NOV 95
CUSTOMER NBR: 1695000023 SMMPZQ PAGE: 03

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: FLEMING/PATRICIA

. TOTAL AIRFARE USD 4135.95
FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52
.....
.....REMINDER.....
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.
.....
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.
.....
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

Patsy
FYI -
No info yet on your trip
10/31/95

a/o 10/27/95

NOTIONAL SCHEDULE

The Secretary's Visit to Africa
December 3-11, 1995

Sunday, December 3

PM Depart Andrews AFB via AF II

Monday, December 4

Late Evening Arrive Johannesburg

Proceed to Pretoria

Tuesday, December 5

Events related to the Gore-Mbeki Commission

Visit to Medunsa

Wednesday, December 6

6:30 am Depart with VP for Cape Town

Meeting with Cape Province officials

Univ. of Cape Town events

Meeting/reception: Commonwealth Health Ministers

Thursday, December 7

AM Visit Kayelitsha Township

PM Trip to Cape Point

Friday, December 8

| | |
|---|---|
| 7:00 am | Depart Cape Town via SA 302 |
| 8:55 am | Arrive Johannesburg |
| 10:00 am | Depart Johannesburg via Interair 201 |
| 4:15 pm | Arrive Entebbe/Kampala |

Saturday, December 9

| | |
|---|---|
| AM | Meeting with Government officials |
| | (Mrs. Museveni re orphans) |
| | Visit TASO Project and AIDS Information Centre |
| | Lunch with Peace Corps volunteers |
| PM | Regional Peace Corps Directors Workshop on AIDS |

Sunday, December 10

| | |
|---|---|
| AM | Drive to Jinja - PC Women's Enterprise Project |
| PM | Bilateral meetings with Ministers of Health |
| | IXth International Conference on AIDS in Africa |
| | Note: Secretary makes keynote address |
| 11:59 pm | Depart Entebbe via Sabena 573 |

Monday, December 11

| | |
|---|---|
| 6:00 am | Arrive Brussels |
| 11:45 am | Depart Brussels via UA 951 |
| 2:45 pm | Arrive Dulles |

# Office of International Affairs

**Department of Health and Human Services**
**Room 627-H, HHH Building**
**200 Independence Avenue, S.W.**
**Washington, D.C. 20201**
**Telephone: 202-690-6174 Fax: 202-690-7127**
**Internet: DHOHMAN@OS.DHHS.GOV**

Date: 10/27

To: Helene Gayle Organization: _____

Telephone: _____ Fax: _____ Cover sheet plus _____ page(s)

From: David E. Hohman
Director, OIA

**MESSAGE:**

To: William Lyerly@AFR.SD@AIDW
Jacob A. Gayle@G.PHN.HN@AIDW
Cc: Elizabeth Marum@GDO@KAMPALA,Patrick Fine@GDO@KAMPALA
Bcc:
From: Jay Anderson@GDO@KAMPALA
Subject: ICASA Clearances
Date: Tuesday, November 7, 1995 7:49:46 EST
Attach:
Certify: N
Forwarded by: Jacob A. Gayle@G.PHN.HN@AIDW

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Forwarded to: Seema Singh@G.PHN.HN@AIDW
cc: Denise Rouse@G.PHN.HN@AIDW
Forwarded date: Wednesday, November 8, 1995 7:29:33 EST
Comments by: Jacob A. Gayle@G.PHN.HN@AIDW
Comments:

Does this mean that I do not need a concurrence cable? If so, also forward this to Patsy, since this covers her as well.

---------- [Original Message] ----------

We recently got a cable requesting Mission clearance for several AIDSCAP staff to attend the upcoming AIDS in Africa conference. We'll be sending a concurrence. But please be advised that we've informed AFR, G and Africa PHN Officers that mission clearance for conference attendees is not repeat not r quired. (We could end up sending out a lot of essentially pro-forma cables on this and would just as soon not bother.) So come one, come all...as long as USAID/Uganda is not expected to pay for anything!