FOIA Number: 2018-0764-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: Sandra Thurman

Subseries:

OA/ID Number: 40015

FolderID:

Folder Title:
Admin - Contractor - Iskowitz, Michael [2]

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	1	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. order	re: Agency accounting data (1 page)	07/02/1999	P4/b(4)
002. form	re: Travel voucher with Personally Identifiable Information and agency accounting data (3 pages)	11/00/1999	P4/b(4), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
Admin - Contractor - Iskowitz, Michael [2]

2018-0764-F
jm1986

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	1561
CONNECTION TEL	66472
CONNECTION ID	
ST. TIME	09/26 18:00
USAGE T	01'47
PGS.	5
RESULT	OK

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 2 PAGES

IMPORTANT : Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER	2. CONTRACT NO. (If any)	3. ORDER NO.	4. REQUISITION/REFERENCE NO.
07/03/2000		DP20006	RDP20023

5. ISSUING OFFICE (Address correspondence to)
Executive Office of the President
Office of Administration
725 17TH St, NW RM. 5002 NEOB
Procurement Branch
(202) 395-3314
Washington DC 20503 USA

6. SHIP TO (Consignee and address, ZIP Code)
EOPOA RDS-NAVAL STA-Anacostia
2701 South Capitol St., SW
Bldg 410
ATTN: Edd Olds
Washington DC 20373-5824 USA

7. TO : CONTRACTOR (Name, address and ZIP Code)
MICHAEL ISKOWITZ
1715 15TH STREET, NW
SUITE 22
WASHINGTON DC 20009

8. TYPE OF ORDER
☑ A. PURCHASE - Reference your _____

Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheets, if any, including delivery as indicated. This purchase is negotiated under authority of :

☐ B. DELIVERY

Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA

10. REQUISITIONING OFFICE
WHO/EDD OLDS

11. BUSINESS CLASSIFICATION
☑ SMALL ☐ OTHER THAN SMALL ☐ DISADVANTAGED ☐ WOMEN-OWNED

12. F.O.B. POINT	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
Destination		07/02/2000	Net 30
13. PLACE OF INSPECTION AND ACCEPTANCE: Destination			

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	FY: 2000 INDEX: J108E Object: 251103					
0001	THE CONTRACTOR SHALL PROVIDE PROFESSIONAL SERVICES IN SUPPORT OF THE OFFICE OF NATIONAL AIDS POLICY (ONAP) IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. THE CONTRACTOR SHALL WORK 72 HRS. PER MTH. @ $56.80 PER HR. THE TOTAL AMOUNT SHALL NOT EXCEED $25,000.00. PERIOD OF PERFORMANCE: JULY 2 - DECEMBER 31, 2000.	1	LO	24537.60	24537.60	

08/25/00

GENERAL SERVICES ADMINISTRATION
FEDERAL BUILDINGS FUND
REIMBURSABLE WORK AUTHORIZATION
ACCRUAL STATEMENT

MAILING OFFICE: 11338R
OFFICE OF NATIONAL AIDS POLICY
17TH AND PENNSYLVANIA AVENUE, N.W.
OEOB 145 01
WASHINGTON DC 20502

BOAC	RWA NUMBER	DESCRIPTION OF WORK	CUSTOMER AGENCY DATA	AUTHORIZED AMOUNT	COSTS
11338R	N2334389	special projects	1192200 253400 J122 RJ9009	2,159.30	1,259.50
	N2334392	special projects	119220 253400 J123 RJ9010	4,074.35	2,594.56
TOTAL BOAC				6,233.65	3,854.06

DO NO PAY
FOR INFORMATION PURPOSES

TWA 397 4:PM

THE WHITE HOUSE
WASHINGTON

Ryan White passed House

Global bill passed by

corde
Side-by-Side

Kendee A. Yamaguchi 08/30/2000 11:55:40 AM

Record Type: Record

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

cc:

Subject: Requesting Computer Accounts for Interns

MEMORANDUM FOR INTERN SUPERVISORS

FROM: Kendee Yamaguchi
Director of the White House Internship Program

Faye Granger
Special Assistant to the President and Director of White House Operations

SUBJECT: Requesting Computer Accounts

If you will be requesting a computer account for an intern, please fill out a Computer Account Request form. These forms have been included in the orientation folder for your intern. Please indicate the exact configuration that the account should have. For example, many forms submitted say "please create account similar to: (insert a staff members name). " Please send your requests through interoffice mail to the White House Internship Office, OEOB 84. All forms must be signed off by the Internship program before they are processed. They will be forwarded to White House Operations. Please note, all forms are signed and sent to Operations on the same day of being received.

Message Sent To:

EXECUTIVE OFFICE OF THE PRESIDENT

REQUEST FOR RATIFICATION OF UNAUTHORIZED COMMITMENT
and SUPPORTING RATIONALE

BACKGROUND INFORMATION AND SUPPORTING RATIONALE

Request ratification of an unauthorized commitment based on the following information:

1. Description of the goods/services acquired: Consulting services of Michael Iskowitz. Services provided include, but are not limited to, the 1) implementation of legislative strategy regarding the reauthorization of the Ryan White CARE Act (i.e., prepared policy speeches, participated in numerous meetings with WH legislative affairs, OMB, Congressional staff and national NGOs and briefed ONAP Director daily on issues regarding its reauthorization [The CARE Act passed unanimously in the Senate in June]) and, 2) development and implementation of legislative strategy for the Administration's response to the growing global AIDS pandemic, including the implementation of the Administration's LIFE Initiative(i.e., prepared policy speeches, talking points, issue briefs, and policy reports, participated in numerous meetings with, but not limited to, the NSC, OMB, WH legislative affairs, USAID and the State Dept, and tracked current pending legislation (8)).

2. An explanation as to why normal procurement procedures were not followed (include pertinent dates to develop chronology): Normal (competitive) procurement procedures were used in the award of purchase order DP9008. This order allowed for a level of effort NTE $15,000 for the period July 2, 1999 through July 1, 2000. However, when the contract was initially developed (July 1999), we did not anticipate the growing international response and interest in the AIDS pandemic, and the greater demand on our office to respond to the crisis. Inadvertently, with these increased demands, the Contractor was asked to perform services which exceeded the amount of available funding.[In addition, the resignation of our Deputy Director in January, who has not been replaced, has created a severe shortage in our office staff.]

3. Status of the work or delivery (include information as to whether the unauthorized order can be cancelled or items returned): All items mentioned above have either been completed or are part of an ongoing process to meet the President's request

EXECUTIVE OFFICE OF THE PRESIDENT

to re-authorize the CARE Act and to respond to the growing AIDS pandemic, which includes the implementation of the Administration's LIFE Initiative.

4. Rationale for selection of a contractor (include whether competition was sought): The services of Michael Iskowitz were solicited in a competitive process (DP9008) for the period of July 2, 1999 - July 1, 2000. During a transition from OPD to WHO administrative support, it was discovered that funding allotted was fully used by mid-March 2000.

5. Agreed upon price and basis for price reasonableness determination: We are requesting an additional $10,000 be placed in DP 9008. We anticipate that given the number of hours already worked (152 hours - including unpayable hours in March - as of 6/16), and the number that will be worked through July 1, that billing for services rendered will be between $9,500 and $10,000.

6. Statement of fund availability (the requirement is that funds were and are available for this unauthorized action): Funding was available to cover these services and is available per our Office MOU with HUD.

7. Status of payment: payment pending for hours worked from mid-March - July 1 per approval

8. Other regulatory issues (personnel, travel, and printing regulations, etc.): N/A

9. Corrective action to be taken to ensure that unauthorized actions will not occur in the future: 1) Anticipate office needs more accurately when initializing contract, 2) Request amendment before services are rendered, and 3) Monitor more closely consulting billing and services by WH personnel.
4) Discuss and distribute proper procedures with White House staff in our office.

CERTIFICATIONS/SIGNATURES:

1. **Person having made the unauthorized commitment:**

EXECUTIVE OFFICE OF THE PRESIDENT

I certify the information provided above is accurate and complete.

Printed Name: Cheryl Bauerle
Title: Associate Director
Office: Office of National AIDS Policy
Signature: Cheryl Bauerle
Date: 6/21/00

2. **Supervisor of the person having made the unauthorized commitment:**

I certify:

- The unauthorized commitment was based on a valid need of the Executive Office of the President;
- That the Government received benefit from the commitment;
- The person making the unauthorized commitment has been counseled to ensure a full understanding of their act;
- That it will not happen again.

Printed Name: Sandra Thurman
Title: Director
Office: Office of National AIDS Policy
Signature: Sandra L Thurman
Date:

3. **Approving Official:**

The information above is true and correct to the best of my knowledge and the Government has derived a benefit from this action. As the designated Agency Authorizing Official, I hereby recommend ratification of this unauthorized commitment.

Printed Name:
Title: Head of the Contracting Activity
Signature:
Date:

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 | 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
000001	07/15/2000	RDP20024	

6 ISSUED BY CODE EOP

Executive Office of the President
Office of Administration
725 17TH St, NW RM. 5002 NEOB
Procurement Branch
(202) 395-3314
Washington DC 20503

7. ADMINISTERED BY (If other than Item 6) CODE 10

WHO/EDD OLDS
OEOB, ROOM 1
17TH AND PENNSYLVANIA AVE, NW
WASHINGTON DC 20502

8. NAME AND ADDRESS OF CONTRACTOR (No., street, country, State and ZIP Code)

MICHAEL ISKOWITZ
1715 15TH STREET, NW
SUITE 22
WASHINGTON DC 20009

CODE 000452 FACILITY CODE

(X) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

X 10A. MODIFICATION OF CONTRACT/ORDER NO.
DP9008

10B. DATED (SEE ITEM 13)
07/02/1999

11. THIS ITEM ONLY APPLIES TO AMENDMENT OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and the date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: 10000.00

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X)

☐ A. THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.

☐ B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b).

☑ C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF :
41 USC 252(C)(3)

☐ D. OTHER (Specify type of modification and authority)

E. IMPORTANT : Contractor ☑ is not, ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Delivery: 07/01/2000
FY: 2000 INDEX: J108E Object: 251103
FOB: Destination
Discount Terms:
Net 30
Period of Performance: 07/02/1999 to 07/01/2000

0002	CONFIRMING ORDER - DO NOT DUPLICATE Increased Funding for order # DP9008 for professional services in support of National AIDS Policy (ONAP) as originally described. Period of Continued ...	1 LO	10000.00	10000.00

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
MICHAEL E. ISKOWITZ		Kathleen E. O'Halloran	
15B. CONTRACTOR/OFFEROR (Signature of the person authorized to sign)	15C. DATE SIGNED 7/15/00	16B. UNITED STATES OF AMERICA BY (Signature of the person authorized to sign)	16C. DATE SIGNED 7/15/00

CONTINUATION SHEET	REF.NO. OF DOC. BEING CONT'D.	PAGE	OF
	DP9008 000001	2	2

NAME OF OFFEROR OR CONTRACTOR MICHAEL ISKOWITZ

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	performance remains unchanged - July 2, 1999 through July 1, 2000. The amount of the order is increased from $15,000 by $10,000 to a grand total not-to-exceed $25,000. □□				

THE WHITE HOUSE

WASHINGTON

Memorandum for Betty Ubbens

From: Cheryl Bauerle CB
Associate Director
Office of National AIDS Policy (DPC)
(202) 456-2437

Date: May 31, 2000

Subject: **Invoice from Michael Iskowitz**

Attached please find an invoice from Michael Iskowitz for the period of January-March 2000. We approve payment in the full amount ($5,459.52).

Please let me know if you have any questions.

Thank you.

submitted 5/22/01

Michael E. Iskowitz
1715 15th Street, NW
Suite 22
Washington, DC 20009
(202)265-1603
(202)265-0672 (fax)

FOR WORK PERFORMED FOR ONAP

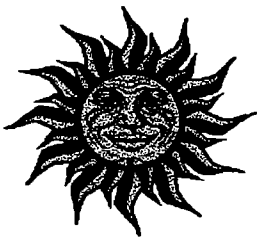
DURING THE PERIOD OF Jan-March 2000

DAYS/HOURS WORKED DURING THE PERIOD 12 days

SUMMARY OF WORK PERFORMED DURING THE PERIOD policy analysis, meeting preparation, briefing material development, speech/talking point development, legislative assessment

PAYMENT DUE FOR THE PERIOD $5459.52

Thank you very much.



Michael E. Iskowitz
1715 15th Street, NW
Suite 22
Washington, DC 20009
(202)265-1603
(202)265-0672 (fax)

May 24, 1999

Kathleen E. O'Halloran
Contracting Officer
EOP/Office of Administration
725 17th Street NW, NEOB Room 5002
Washington, DC 20502

Dear Ms. O'Halloran,

Attached please find my response to your request for quotes #99-OPD/ONAP-01. I appreciate the opportunity to participate in this competitive solicitation. If you have any questions, or if I can be of any further assistance, please do not hesitate to contact me.

Thank you very much. I look forward to hearing from you.

Sincerely,

Michael E. Iskowitz

Michael E. Iskowitz
Policy Consulting
Strategic Counseling
Community, Government, and Public Relations

1715 15th Street, NW
Suite 22
Washington, DC 20009

(202) 265-1603
(202) 265-0672 (fax)
MEIskowitz@aol.com

Response to Request for Quotes #99-OPD/ONAP-01
Provision of Professional Services to the
Office of National AIDS Policy

(A). Availability. I, Michael Iskowitz, am available to provide contracting services to the Office of National AIDS in my personal capacity and not through subcontractors or hired staff.

(B). Qualifications.

(1) Qualifications to provide guidance on issues pertaining to the reauthorization of the Ryan White CARE Act.

As chief counsel to Senator Kennedy (1987-1996), I authored and spearheaded the enactment of both the Ryan White CARE Act (PL 101-381) and the Ryan White CARE Act Reauthorization (PL 104-146). This process began in 1989 with a series of Congressional hearings and a national town meeting tour which took Senator Kennedy and I to eight major US cities and two rural communities to investigate the availability and quality of care and support for people living with HIV disease. It culminated in the nearly unanimous approval of both the original Ryan White CARE Act in 1991 and its reauthorization in 1996. The program is now funded at approximately $1.5 billion annually.

My engagement in creating and later reauthorizing the Ryan White CARE Act involved the effective execution of the essential skills and activities outlined in the Statement of Work including:

- analyzing the efficacy of existing programs in providing care and support for individuals and families living with HIV disease;
- identifying needed program improvements and gaps in existing services;
- developing a proposal to address service gaps and program deficiencies;
- building public and policy maker support for the proposal through a broad-based education campaign including the development of briefing materials and speeches for a wide range of target audiences;
- responding to recommendations and concerns regarding the proposal from the Administration, the Congress, and the HIV/AIDS community;
- designing and implementing a legislative strategy to ensure enactment of the proposal intact and without the inclusion of hostile amendments.

As an independent contractor (1996-1999), I have provided consulting services on a variety of policy issues relating to the Ryan White CARE Act (including efficiency and equity) to the Office of HIV/AIDS Policy and the Health Resources and Services Administration within the Department of Health and Human Services, and to the Office of National AIDS Policy at the White House. In addition, I have provided consulting service to and for John Snow, Inc., the contractor for the delivery of technical assistance to cities, states, and community-based organizations receiving Ryan White CARE Act funds, on the implementation of the Act.

I maintain longstanding and positive working relationships with those who will be engaged in the Ryan White CARE Act Reauthorization of 2000 including the Administration (agency program administrators and department and White House policy makers), the Congress (Senate Committee on Health, Education, Labor and Pensions and House Committee on Commerce staff and members), the Presidential Advisory Committee on HIV/AIDS, and organizations representing affected communities (HIV/AIDS organizations as well as organizations representing communities of color). These relationships are a vital asset to the effective execution of the tasks sought in the statement of work.

(2) Qualifications to provide guidance on issues pertaining to our nation's response to the international AIDS pandemic, particularly as it relates to children.

As chief counsel to Senator Kennedy (1987-1996), I was the US Senate point person on all AIDS policy issues, including the US response to the global AIDS pandemic. In this capacity, I:

- planned and executed a series of Congressional hearings on the international pandemic;
- met regularly with non-governmental organizations, UN agencies (World Health Organization, High Commission on Refugees), and health officials from foreign governments engaged in the global battle against AIDS;
- worked with USG agencies involved in the global pandemic including the Departments of Health and Human Services (NIH, CDC, FDA, Office of the Surgeon General), Justice (INS), Defense, and State, as well as USAID;
- represented the Congress and facilitated workshops at the annual international AIDS conferences; and
- worked with the Presidential Commission on the HIV Epidemic (1987-1988), National Commission on AIDS (1989-1993), and the Institute of Medicine on various reports related to the global pandemic.

As for my knowledge and expertise related specifically to the needs of children, I am a clinical child psychologist, an attorney, and a lifelong child advocate. I have served as: a special education teacher, a therapist for abused children and runaway youth, a community organizer mediating violence between police and African American youth, a director of a child development-family support program, and a lawyer for the family law division of a legal services center. On an international front, I have lived in Nicaragua where I helped to draft the new constitution and to rewrite the child welfare laws. During my tenure in the Senate, I not only worked extensively on AIDS issues but on children's issues as well. Currently, I provide consulting services on a full range of policies concerning low-income children and families.

Directly related to the tasks outlined in the Statement of Work, over the past two years I have provided consulting services on issues pertaining to the US response to the global AIDS pandemic, particularly as it relates to children, to a variety of government and non-governmental organizations as described below.

- Department of Health and Human Services. I undertook an effort for the department at the international AIDS conference in Geneva, Switzerland to investigate the growing problem of children affected by AIDS (those HIV infected and those orphaned by AIDS) and to identify model programs being developed to deal with this crisis.
- US Agency for International Development (Global AIDS Program). I helped to plan, and accompanied ONAP Director Thurman on, a two and half week fact finding trip to sub-Saharan Africa (South Africa, Uganda, Zambia, Zimbabwe) where the crisis of children affected by AIDS, is most acute.
- US Agency for International Development (Displaced Children and Orphans Fund) I represented USAID/DCOF as a policy expert on a Presidential Mission to sub-Saharan Africa (South Africa, Uganda, Zambia). This mission was led by ONAP Director Thurman and joined by Members of Congress, congressional staff and private sector foundations. As part of this process I prepared briefing materials for participants as well as a report on the my observations for USAID.
- Children Affected by AIDS Foundation/Moxie Films. I am currently co-producing a documentary designed to educate the public and policy makers about the crisis of children affected by AIDS in sub-Saharan Africa.
- Harris Foundation. I provided recommendations regarding an effort to enlist the support of US based children's foundations and corporations in the crisis of children affected by AIDS in sub-Saharan Africa and around the world.

(C). **Performance References.** Each of the following individuals can attest to my experience in the development of national HIV/AIDS policy and legislation, and to my knowledge of the legislative process. I have worked closely with most of these individuals and organizations for more than a decade, both during my tenure in the Senate and as a consultant. The specific projects for which I provided consulting services have been largely described above and therefore will not be reiterated here.

Administration

- Dr. Eric Goosby, Director, Office of HIV/AIDS Policy
  Department of Health and Human Services (DHHS)
  690-5560

- Dr. Joe O'Neill, Associate Administrator for AIDS
  Health Resources and Services Administration (HRSA)
  Department of Health and Human Services (DHHS)
  (301)443-3656

- Dr. Paul Delay, Director, Global AIDS Program
  US Agency for International Development (USAID)
  712-0683

- Lloyd Fineberg, Director, Displaced Children and Orphans Fund
  US Agency for International Development (USAID)
  712-5725

Congress

- Senator Edward M. Kennedy
  Gerry Cavanaugh, Chief of Staff
  224-4543

- Senator Orrin G. Hatch
  Patricia Knight, Chief of Staff
  224-5251

- Representative Richard Gephardt
  Steve Elmendorf, Chief of Staff
  225-2671

Non-Governmental

- Daniel Zingale
  Executive Director, AID Action
  986-1300 x3011

- Dr. Mathilde Krim
  President, American Foundation for AIDS Research (AmFar)
  (212)806-1600

- Harris Foundation
  President, William Harris
  (617)492-2229

D). Price Quote. For services requested in the Statement of Work, my hourly consulting fee would be $56.87, which I understand to be the federal maximum.

Michael E. Iskowitz

1715 15th Street, N.W., Suite 22
Washington, D.C. 20009
(202)265-1603(o)
(202)265-0672(fax)

PROFESSIONAL EXPERIENCE

Independent Consulting **1996 - present**
Policy Consulting; Strategic Counseling; and Community, Government, and Public Relations. Provide a range of consulting service to a variety of public, non-profit and private sector clients including the AIDS Action, Children's Defense Fund, American Cancer Society, Disability Rights Education and Defense Fund, Human Rights Campaign, Harris Foundation, COMIC RELIEF, Bozwell-Sawyer- Miller Group, John Snow, Inc., Department of Health and Human Services, and US Agency for International Development.

United States Senate Committee on Labor and Human Resources
Senator Edward M. Kennedy, **1987 - 1996**

*** Chief Minority Counsel, Poverty, Disability, and Family Policy** (1994 - 1996). Develop and coordinate public relations and legislative strategy to defeat efforts to dismantle the federal social safety net designed to support low-income children and families. Responsibilities included production of public education forums and floor amendments on topics including health care, welfare, child care, foster care, and childhood nutrition. Develop and assist in the enactment of bipartisan reauthorizations including the Ryan White AIDS CARE Act, Child Care and Development Block Grant, and Child Abuse Prevention and Treatment Act.

*** Chief Counsel, Poverty, AIDS, and Family Policy** (1991 - 1994). Developed and assisted in the enactment of policies and programs addressing AIDS, disability, poverty, and children, youth and family issues. Responsibilities included policy research, speech writing, and development of policy coalitions, public relations campaigns, and legislative strategies needed to translate progressive ideas into governmental action. Legislative initiatives included such topics as the revitalization of the Head Start program and creation of a new Project Early Start, national school-based health center effort, community-based economic development, gay and lesbian civil rights, and a real "War of AIDS" research effort.

*** Counsel on AIDS** (1987 - 1991). Educated the Congress about HIV/AIDS policy issues as the only staff person dedicated full time to the development and implementation of sound AIDS policy including such legislation initiatives as the Ryan White AIDS CARE Act, Americans with Disabilities Act (ADA), AIDS Research and Information Act, and the AIDS Drug Assistance Program, as well as alternatives to destructive AIDS policy amendments raised on the Senate floor.

Massachusetts Law Reform Institute **1985 - 1987**
Policy Analyst and Legal Advocate. Performed legal research and policy analysis on a range of poverty issues including maternal and child health, welfare, and homelessness. Served as the Poverty Consultant to the Governor's Commission on the Unmet Legal Needs of Children, and as Legal Advocate for Boston Legal Services Center and for the Foster Equality Campaign.

Action for Boston Community Development **1983 - 1985**
Head Start - Family Services Specialist. Administered the delivery of comprehensive health, mental health, and social services to 2,000 low-income children and their families participating in more than 65 Head Start programs throughout metropolitan Boston.

Philadelphia Office of Mental Health **1981 - 1983**
Community Psychologist. Developed and implemented a crisis intervention project designed to resolve conflict between government officials (police) and communities of color, a community control project designed to improve the quality and responsiveness of community mental health services centers through local ownership, and a network of group homes for runaway and homeless gay youth.

University of Michigan Department of Psychology **1979 - 1981**
Project Outreach Coordinator. Participated in, and administered an accredited program which placed University students in community-based human services agencies working with battered women, children with learning disabilities, runaway and homeless youth, and mentally retarded adults. Taught accompanying seminar.

EDUCATION

Juris Doctor 1988
Northeastern University School of Law
Boston , MA.
[concentration in social policy development]

Master of Arts in Clinical Psychology 1983
Temple University
Philadelphia, PA.
[graduated with highest distinction]

Bachelor of Science in Psychology
Teaching Certification in Special Education 1981
University of Michigan
Ann Arbor, MI.
[graduated with highest honors]

Michael Scoutz
915 15th St NW
Suite 2nd
DC 20004

OFFICE OF ADMINISTRATION
NEOB MAIL ROOM
1999 MAY 24 PM 3:22

RECEIVED

Kathleen E Ottaviano
Contracting Officer
EOP/Office of Administration
725 17th Street NW
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Washington, DC 20502

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. order	re: Agency accounting data (1 page)	07/02/1999	P4/b(4)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
Admin - Contractor - Iskowitz, Michael [2]

2018-0764-F
jm1986

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]

ATTACHMENT TO PURCHASE ORDER #DP9008

The Office of National AIDS Policy (ONAP) advises the President of the United States on the status of the HIV/AIDS epidemic, recommends steps to improve Federal government's response, and facilitates communication with the community on Administration activities and policies.

STATEMENT OF WORK

ONAP will contract for the following professional services (on an intermittent/as-needed basis) in support of its overall mission of supporting the President:

1) Provide guidance on issues related to the reauthorization of the Ryan White CARE Act, a $1.5 billion program that supports a broad range of care and services for people living with HIV and AIDS. The CARE Act is scheduled to be reauthorized by Congress during its current session, and the Office of National AIDS Policy will play an important role in coordinating the Administration's position on this legislation. Issues will include, but are not limited to:

   a) Analyze the efficacy of the program in supporting people living with HIV and AIDS, particularly people of color;

   b) Assess recommendations for changing the CARE Act to improve its ability to assure fair and effective support for all communities and all areas of the country;

   c) Assist in the preparation of briefings for ONAP in response to concerns raised by members of the community, Congress, or the Administration during the reauthorization process; and

   d) Track the progress of any legislation providing for or affecting the reauthorization of the CARE Act, including anticipated amendments on eligibility for services, changes in funding formulas, modifications to programs, etc.

2) Provide guidance and support for ONAP on its efforts to improve this nation's response to the international pandemic of HIV/AIDS particularly as it relates to children. This will include, but not be limited to:

   a) Analyze international AIDS orphan issues;

   b) Assist in identifying opportunities to establish or enhance public/private partnerships to address international HIV/AIDS issues affecting children;

c) Assist in the preparation of briefing materials for ONAP in support of its interactions with representatives of other nations, members of this Administration, Congress, and private organizations;

d) Assist in assessing Congressional actions that affect, positively or negatively, on the international pandemic and children; and

e) Assist in drafting speeches and other communication materials for ONAP that relate to the international pandemic and children.

CONTRACT PERFORMANCE PERIOD

The contract period of performance shall be for a period of 12 months from date of award . Services will be provided on an intermittent basis as requested by ONAP.

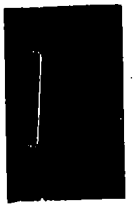
TYPE OF CONTRACT

This is to be a level-of-effort contract for professional services as needs are identified. Contractor to work at set hourly rate. A maximum not-to-exceed amount of $15,000.

DELIVERY SCHEDULE: ONAP will identify requirements and specific deliverables as they arise; delivery schedule/required completion dates will be negotiated by ONAP with the contractor.

PAYMENT TERMS

Contractor may invoice once every month for actual hours worked, as supported by a written summary of activities performed.



PURCHASE ORDER CLAUSES

52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998) - This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es):

http://www.arnet.gov/far/
http://farsite.hill.af.mil/vffarl.htm

FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1) CLAUSES

52.213-4 Terms and Conditions--Simplified Acquisitions (Other Than Commercial Items) (FEB 1998)
52.223-6 Drug-Free Workplace (JAN 1997)

Additional Clauses and Provisions

Potential Conflicts of Interest - Offerors responding to this competitive solicitation have an affirmative obligation to disclose to the Contracting Officer any personal or business relationship with Government personnel, or financial interests, which could present the appearance of an existing or potential conflict of interest. Failure to do so, if such becomes known by other means, could result in a determination of non-responsibility prior to award, or termination of contract after award.

Advertising of Award -The Contractor agrees not to refer to awards in commercial advertising in such a manner as to state or imply that the Contractor is endorsed or preferred by the Federal Government, or is considered by the Government to be superior to other firms. Further, the Contractor shall not refer to any contract with the Executive Office of the President without the express written approval of the Contracting Officer.

Restrictions - Contractor will at no time purport or represent themselves as representatives of ONAP or the Administration.

Government Facilities - Performance of work under this contract shall be at the contractor's facilities. However, ONAP may request that contractor participate in discussions and meetings with the ONAP staff as necessary at the ONAP offices or other government offices.

ADMIN - Contractor - Iskowitz Michael (ONAP Strategic plan 4/98)

Professional Services Request – Michael Iskowitz

DP9008 issued for July 2, 1999 – July 1, 2000 NTE $15,000

-Cannot extend period of performance unless funding remained and we needed a no cost extension to have him complete a task assigned prior to 7/1/00

Modify DP9008 – need requisition - Total Order cannot exceed $25,000

-Can add money for work through July 1 by

- documenting circumstances & getting an approval of a request for ratification of unauthorized procurement action (need Ratification Q & A answered and approved by ONAP and Rm 1 prior to being submitted for review by Head of Contracting Activity). $ Value of work done since exceeding $15,000 (have requested this info from Michael Iskowitz) and projected need through July 1. Rat Q & A Attached

New Sole Source Requirement – need requisition, statement of work (SOW) plus deliverables. Because of confusion over process, etc and program need for continued services, can make award on sole source requirement for 1 month – July 2 – August 1, 2000. Sole Source documentation outline Attached.

New Competitive Requirement – need requisition & SOW plus deliverables plus a minimum of 3 suggested small businesses and evaluation criteria. Period of performance from August 2 – NTE December 31, 2000.

QUESTIONS NECESSARY FOR APPROVAL OF REQUEST FOR RATIFICATION OF UNAUTHORIZED COMMITMENT

The questions listed below must be answered satisfactorily in order that the requested ratification of an unauthorized commitment may be approved and payment made to the vendor.

1. Description of the goods/services acquired:

2. An explanation as to why normal procurement procedures were not followed (include pertinent dates to develop chronology):

3. Status of the work or delivery (include information as to whether the unauthorized order can be cancelled or items returned):

4. Rationale for selection of a contractor (include whether competition was sought):

5. Agreed upon price and basis for price reasonableness determination:

6. Statement of fund availability (the requirement is that funds were and are available for this unauthorized action):

7. Status of payment:

8. Other regulatory issues (personnel, travel, printing regulations, etc.):

9. Corrective action to be taken to ensure that unauthorized actions will not occur in the future:

The information above must be submitted in memorandum form on agency stationery and certified with the statement below by a senior official in the agency with authorization to approve funds in the amount requested. Consistent with the checks and balances in the FAR, the certifying official must be of higher authority than the individual that was responsible for making the unauthorized procurement.

Certification:

The above request is true and correct to the best of my knowledge and the Government has derived a benefit from this action. As designated Agency Authorizing Official, I hereby recommend ratification of this unauthorized procurement.

_____ _____

JUSTIFICATION FOR OTHER THAN
FULL AND OPEN COMPETITION

Based upon the following justification, the Executive Office of the President, Office of Administration (EOPOA), intends to negotiate a sole source contract with_____.

1. Requesting Organization - Identification of requestor.

2. Action to be Approved

This requirement is for approval to contract with _____, on a sole source basis. Approval of the use of the authority is required by the Contracting Officer or _____.

3. Background AGENCY TO PROVIDE SPECIFICS

4. Services Required AGENCY TO PROVIDE SPECIFICS

5. Statutory Authority

41 U.S.C. 253(c)(1) and FAR 6.302-1 - Only one responsible source and no other supplies or services will satisfy agency requirements.

6. Narrative Description of Circumstances Requiring Use of Selected Statutory Authorities

Pursuant to FAR 6.302-1, the agency's need can only be met by one source - .....AGENCY TO PROVIDE SPECIFICS....INCLUDING THE UNIQUE QUALIFICATION, CAPABILITIES, ETC. THAT ARE ESSENTIAL TO SATISFY THE AGENCY'S NEEDS.

7. Solicitation of Alternative Sources - AGENCY TO PROVIDE SPECIFICS

8. Removing Barriers to Competition -AGENCY TO PROVIDE SPECIFICS ADDRESSING WHAT WILL HAPPEN BEFORE THE NEXT ACQUISITION OF THESE GOOD/SERVICES THAT WILL PERMIT OPEN COMPETITION.

10. Market Survey - AGENCY TO PROVIDE SPECIFICS (can include reviewing trade journals, soliciting information from Agencies with recent acquisitions of similar goods/services, etc.
-- NOTE: In anticipated sole source acquisitions over $25,000 - a notice of intent to award to a sole source must be published in the Commerce Business Daily (CBD). It is based on the results of the CBD notice that the validity of the sole source can be demonstrated.

11. Agency Requirements Certification

I hereby certify that the facts and representations which are included in this justification are a complete and accurate basis for the justification to the best of my knowledge: Sign/Date

6/19

Michael - latest invoice / proj. through ~~end of June~~. July 1st.

New order / MO. / urgent + compelling circumstances. urgent + compelling justification

---

MOU → when ending? Inauguration?

new → fixed price.

REQUEST FOR QUOTES #99-OPD/ONAP-01
RESPONSES DUE TO THE CONTRACTING OFFICER (SEE BELOW)
BY CLOSE OF BUSINESS, MONDAY, MAY 24, 1999

NOTE: This is a small business set aside. Per Federal Acquisition Regulation Part 19, Standard Industrial Classification 8748 - Business Consulting Services, the size standard for the participants in this competitive acquisition is not-to-exceed $5,000,000 annually.

The Office of National AIDS Policy (ONAP) advises the President of the United States on the status of the HIV/AIDS epidemic, recommends steps to improve Federal government's response, and facilitates communication with the community on Administration activities and policies.

STATEMENT OF WORK

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1) Provide guidance on issues related to the reauthorization of the Ryan White CARE Act, a $1.5 billion program that supports a broad range of care and services for people living with HIV and AIDS. The CARE Act is scheduled to be reauthorized by Congress during its current session, and the Office of National AIDS Policy will play an important role in coordinating the Administration's position on this legislation. Issues will include, but are not limited to:

   a) Analyze the efficacy of the program in supporting people living with HIV and AIDS, particularly people of color;

   b) Assess recommendations for changing the CARE Act to improve its ability to assure fair and effective support for all communities and all areas of the country;

   c) Assist in the preparation of briefings for ONAP in response to concerns raised by members of the community, Congress, or the Administration during the reauthorization process; and

   d) Track the progress of any legislation providing for or affecting the reauthorization of the CARE Act, including anticipated amendments on eligibility for services, changes in funding formulas, modifications to programs, etc.

2) Provide guidance and support for ONAP on its efforts to improve this nation's response to the international pandemic of HIV/AIDS particularly as it relates to children. This will include, but not be limited to:

   a) Analyze international AIDS orphan issues;

+Needs specific deliverables & schedule

b) Assist in identifying opportunities to establish or enhance public/private partnerships to address international HIV/AIDS issues affecting children;

c) Assist in the preparation of briefing materials for ONAP in support of its interactions with representatives of other nations, members of this Administration, Congress, and private organizations;

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The contract period of performance shall be for a period of 12 months from date of award . Services will be provided on an intermittent basis as requested by ONAP.

TYPE OF CONTRACT

This is to be a level-of-effort contract for professional services as needs are identified. Contractor to work at set hourly rate. A maximum not-to-exceed amount will be set at the time of award.

DELIVERY SCHEDULE: ONAP will identify requirements and specific deliverables as they arise; delivery schedule/required completion dates will be negotiated by ONAP with the contractor.

BASIS FOR AWARD: Award will be made to the offeror determined to represent the best value to the government, giving appropriate consideration to the offeror's past performance, technical qualifications and price.

CONTENT OF QUOTE/DOCUMENTATION TO SUPPORT EVALUATION: Offerors must be submitted to the Contracting Officer by the required due date:

Kathleen E. O'Halloran, Contracting Officer Phone #(202) 395-7671
EOP/Office of Administration
725 17th Street, NW, NEOB Rm 5002
Washington, DC 20502
fax # (202) 395-3982 - fax responses are acceptable
Hand-carried responses should cite the above address, and may be presented to personnel in G-1 of the NEOB.

Quotes/Responses should include the following:

a. Availability to perform during the cited period. If an offeror is not available, please notify the Contracting Officer, Kathleen O'Halloran, in writing by the response due date - no further information will be necessary.

b. Written documentation detailing and demonstrating offeror's technical qualifications, including experience in the development of national HIV/AIDS policy and legislation, knowledge of the legislative process for authorization and appropriation of HIV/AIDS programs, and educational and work background. This response should not exceed 3 typewritten single-spaced 8 ½ x 11" pages. In addition, please submit the resume of the person(s) proposed to perform the requested services.

c. Past Performance References - please include name of institution, contact person and phone number for whom similar work has been performed and provide a brief description of past efforts.

d. Price Quote - offeror shall quote a fixed hourly rate for the services requested in the above Statement of Work (SOW).

PAYMENT TERMS

Contractor may invoice once every month for actual hours worked, as supported by a written summary of activities performed.

PURCHASE ORDER CLAUSES

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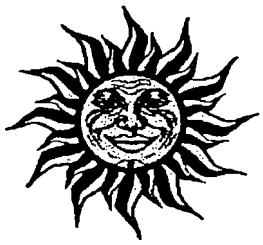

Michael E. Iskowitz
1715 15th Street, NW
Suite 22
Washington, DC 20009
(202)265-1603
(202)265-0672 (fax)

May 24, 1999

Kathleen E. O'Halloran
Contracting Officer
EOP/Office of Administration
725 17th Street NW, NEOB Room 5002
Washington, DC 20502

Dear Ms. O'Halloran,

Attached please find my response to your request for quotes #99-OPD/ONAP-01. I appreciate the opportunity to participate in this competitive solicitation. If you have any questions, or if I can be of any further assistance, please do not hestitate to contact me.

Thank you very much. I look forward to hearing from you.

Sincerely,

Michael E. Iskowitz

Response to Request for Quotes #99-OPD/ONAP-01
Provision of Professional Services to the
Office of National AIDS Policy

(A). Availability. I, Michael Iskowitz, am available to provide contracting services to the Office of National AIDS in my personal capacity and not through subcontractors or hired staff.

(B). Qualifications.

(1) Qualifications to provide guidance on issues pertaining to the reauthorization of the Ryan White CARE Act.

As chief counsel to Senator Kennedy (1987-1996), I authored and spearheaded the enactment of both the Ryan White CARE Act (PL 101-381) and the Ryan White CARE Act Reauthorization (PL 104-146). This process began in 1989 with a series of Congressional hearings and a national town meeting tour which took Senator Kennedy and I to eight major US cities and two rural communities to investigate the availability and quality of care and support for people living with HIV disease. It culminated in the nearly unanimous approval of both the original Ryan White CARE Act in 1991 and its reauthorization in 1996. The program is now funded at approximately $1.5 billion annually.

My engagement in creating and later reauthorizing the Ryan White CARE Act involved the effective execution of the essential skills and activities outlined in the Statement of Work including:

- analyzing the efficacy of existing programs in providing care and support for individuals and families living with HIV disease;
- identifying needed program improvements and gaps in existing services;
- developing a proposal to address service gaps and program deficiencies;
- building public and policy maker support for the proposal through a broad-based education campaign including the development of briefing materials and speeches for a wide range of target audiences;
- responding to recommendations and concerns regarding the proposal from the Administration, the Congress, and the HIV/AIDS community;
- designing and implementing a legislative strategy to ensure enactment of the proposal intact and without the inclusion of hostile amendments.

As an independent contractor (1996-1999), I have provided consulting services on a variety of policy issues relating to the Ryan White CARE Act (including efficiency and equity) to the Office of HIV/AIDS Policy and the Health Resources and Services Administration within the Department of Health and Human Services, and to the Office of National AIDS Policy at the White House. In addition, I have provided consulting service to and for John Snow, Inc., the contractor for the delivery of technical assistance to cities, states, and community-based organizations receiving Ryan White CARE Act funds, on the implementation of the Act.

I maintain longstanding and positive working relationships with those who will be engaged in the Ryan White CARE Act Reauthorization of 2000 including the Administration (agency program administrators and department and White House policy makers), the Congress (Senate Committee on Health, Education, Labor and Pensions and House Committee on Commerce staff and members), the Presidential Advisory Committee on HIV/AIDS, and organizations representing affected communities (HIV/AIDS organizations as well as organizations representing communities of color). These relationships are a vital asset to the effective execution of the tasks sought in the statement of work.

(2) Qualifications to provide guidance on issues pertaining to our nation's response to the international AIDS pandemic, particularly as it relates to children.

As chief counsel to Senator Kennedy (1987-1996), I was the US Senate point person on all AIDS policy issues, including the US response to the global AIDS pandemic. In this capacity, I:

- planned and executed a series of Congressional hearings on the international pandemic;
- met regularly with non-governmental organizations, UN agencies (World Health Organization, High Commission on Refugees), and health officials from foreign governments engaged in the global battle against AIDS;
- worked with USG agencies involved in the global pandemic including the Departments of Health and Human Services (NIH, CDC, FDA, Office of the Surgeon General), Justice (INS), Defense, and State, as well as USAID;
- represented the Congress and facilitated workshops at the annual international AIDS conferences; and
- worked with the Presidential Commission on the HIV Epidemic (1987-1988), National Commission on AIDS (1989-1993), and the Institute of Medicine on various reports related to the global pandemic.

As for my knowledge and expertise related specifically to the needs of children, I am a clinical child psychologist, an attorney, and a lifelong child advocate. I have served as: a special education teacher, a therapist for abused children and runaway youth, a community organizer mediating violence between police and African American youth, a director of a child development-family support program, and a lawyer for the family law division of a legal services center. On an international front, I have lived in Nicaragua where I helped to draft the new constitution and to rewrite the child welfare laws. During my tenure in the Senate, I not only worked extensively on AIDS issues but on children's issues as well. Currently, I provide consulting services on a full range of policies concerning low-income children and families.

Directly related to the tasks outlined in the Statement of Work, over the past two years I have provided consulting services on issues pertaining to the US response to the global AIDS pandemic, particularly as it relates to children, to a variety of government and non-governmental organizations as described below.

- Department of Health and Human Services. I undertook an effort for the department at the international AIDS conference in Geneva, Switzerland to investigate the growing problem of children affected by AIDS (those HIV infected and those orphaned by AIDS) and to identify model programs being developed to deal with this crisis.
- US Agency for International Development (Global AIDS Program). I helped to plan, and accompanied ONAP Director Thurman on, a two and half week fact finding trip to sub-Saharan Africa (South Africa, Uganda, Zambia, Zimbabwe) where the crisis of children affected by AIDS, is most acute.
- US Agency for International Development (Displaced Children and Orphans Fund) I represented USAID/DCOF as a policy expert on a Presidential Mission to sub-Saharan Africa (South Africa, Uganda, Zambia). This mission was led by ONAP Director Thurman and joined by Members of Congress, congressional staff and private sector foundations. As part of this process I prepared briefing materials for participants as well as a report on the my observations for USAID.
- Children Affected by AIDS Foundation/Moxie Films. I am currently co-producing a documentary designed to educate the public and policy makers about the crisis of children affected by AIDS in sub-Saharan Africa.
- Harris Foundation. I provided recommendations regarding an effort to enlist the support of US based children's foundations and corporations in the crisis of children affected by AIDS in sub-Saharan Africa and around the world.

(C). **Performance References.** Each of the following individuals can attest to my experience in the development of national HIV/AIDS policy and legislation, and to my knowledge of the legislative process. I have worked closely with most of these individuals and organizations for more than a decade, both during my tenure in the Senate and as a consultant. The specific projects for which I provided consulting services have been largely described above and therefore will not be reiterated here.

Administration

- Dr. Eric Goosby, Director, Office of HIV/AIDS Policy
  Department of Health and Human Services (DHHS)
  690-5560

- Dr. Joe O'Neill, Associate Administrator for AIDS
  Health Resources and Services Administration (HRSA)
  Department of Health and Human Services (DHHS)
  (301)443-3656

- Dr. Paul Delay, Director, Global AIDS Program
  US Agency for International Development (USAID)
  712-0683

- Lloyd Fineberg, Director, Displaced Children and Orphans Fund
  US Agency for International Development (USAID)
  712-5725

Congress

- Senator Edward M. Kennedy
  Gerry Cavanaugh, Chief of Staff
  224-4543

- Senator Orrin G. Hatch
  Patricia Knight, Chief of Staff
  224-5251

- Representative Richard Gephardt
  Steve Elmendorf, Chief of Staff
  225-2671

Non-Governmental

- Daniel Zingale
  Executive Director, AID Action
  986-1300 x3011

- Dr. Mathilde Krim
  President, American Foundation for AIDS Research (AmFar)
  (212)806-1600

- Harris Foundation
  President, William Harris
  (617)492-2229

D). **Price Quote.** For services requested in the Statement of Work, my hourly consulting fee would be $56.87, which I understand to be the federal maximum.

Michael E. Iskowitz

1715 15th Street, N.W., Suite 22
Washington, D.C. 20009
(202)265-1603(o)
(202)265-0672(fax)

PROFESSIONAL EXPERIENCE

Independent Consulting **1996 - present**

Policy Consulting; Strategic Counseling; and Community, Government, and Public Relations. Provide a range of consulting service to a variety of public, non-profit and private sector clients including the AIDS Action, Children's Defense Fund, American Cancer Society, Disability Rights Education and Defense Fund, Human Rights Campaign, Harris Foundation, COMIC RELIEF, Bozwell-Sawyer- Miller Group, John Snow, Inc., Department of Health and Human Services, and US Agency for International Development.

United States Senate Committee on Labor and Human Resources
Senator Edward M. Kennedy, **1987 - 1996**

* **Chief Minority Counsel, Poverty, Disability, and Family Policy** (1994 - 1996). Develop and coordinate public relations and legislative strategy to defeat efforts to dismantle the federal social safety net designed to support low-income children and families. Responsibilities included production of public education forums and floor amendments on topics including health care, welfare, child care, foster care, and childhood nutrition. Develop and assist in the enactment of bipartisan reauthorizations including the Ryan White AIDS CARE Act, Child Care and Development Block Grant, and Child Abuse Prevention and Treatment Act.

* **Chief Counsel, Poverty, AIDS, and Family Policy** (1991 - 1994). Developed and assisted in the enactment of policies and programs addressing AIDS, disability, poverty, and children, youth and family issues. Responsibilities included policy research, speech writing, and development of policy coalitions, public relations campaigns, and legislative strategies needed to translate progressive ideas into governmental action. Legislative initiatives included such topics as the revitalization of the Head Start program and creation of a new Project Early Start, national school-based health center effort, community-based economic development, gay and lesbian civil rights, and a real "War of AIDS" research effort.

* **Counsel on AIDS** (1987 - 1991). Educated the Congress about HIV/AIDS policy issues as the only staff person dedicated full time to the development and implementation of sound AIDS policy including such legislation initiatives as the Ryan White AIDS CARE Act, Americans with Disabilities Act (ADA), AIDS Research and Information Act, and the AIDS Drug Assistance Program, as well as alternatives to destructive AIDS policy amendments raised on the Senate floor.

Massachusetts Law Reform Institute **1985 - 1987**
Policy Analyst and Legal Advocate. Performed legal research and policy analysis on a range of poverty issues including maternal and child health, welfare, and homelessness. Served as the Poverty Consultant to the Governor's Commission on the Unmet Legal Needs of Children, and as Legal Advocate for Boston Legal Services Center and for the Foster Equality Campaign.

Action for Boston Community Development **1983 - 1985**
Head Start - Family Services Specialist. Administered the delivery of comprehensive health, mental health, and social services to 2,000 low-income children and their families participating in more than 65 Head Start programs throughout metropolitan Boston.

Philadelphia Office of Mental Health **1981 - 1983**
Community Psychologist. Developed and implemented a crisis intervention project designed to resolve conflict between government officials (police) and communities of color, a community control project designed to improve the quality and responsiveness of community mental health services centers through local ownership, and a network of group homes for runaway and homeless gay youth.

University of Michigan Department of Psychology **1979 - 1981**
Project Outreach Coordinator. Participated in, and administered an accredited program which placed University students in community-based human services agencies working with battered women, children with learning disabilities, runaway and homeless youth, and mentally retarded adults. Taught accompanying seminar.

EDUCATION

Juris Doctor 1988
Northeastern University School of Law
Boston , MA.
[concentration in social policy development]

Master of Arts in Clinical Psychology 1983
Temple University
Philadelphia, PA.
[graduated with highest distinction]

Bachelor of Science in Psychology
Teaching Certification in Special Education 1981
University of Michigan
Ann Arbor, MI.
[graduated with highest honors]

EXHIBIT I

REQUEST FOR TASK ORDER

1. Project Title: A brief descriptive title.

2. Task Order Officer: Name, address, and telephone number of the Task Order Officer and a statement as to whether the Task Order Officer has completed Basic or Advanced Project Officer Training.

3. Proposed Contractor: National Academy of Sciences 2101 Constitution Avenue, N.W., Washington, DC 20418 and the contract number 282-99-0045.

4. Period of Performance: Period of performance, in months, not to exceed the two year limitation on Task Orders.

5. Estimated Cost: Total estimated cost. Attach to the Request for Task Order the computational worksheet with a breakdown of labor costs, other direct costs, fringe benefits, overhead, and G&A. Include the estimated cost on the HHS-393 or PSC-35 form.

6. Purpose of Contract: A short paragraph which clearly describes the purpose of the proposed Task Order.

7. Background: A brief historical summary (please limit to one to two pages, at most) which explains events which have led to the need for the Task Order. The background statement may include legislative history, related contracts or grants, and the relationship of the Task Order to overall program objectives.

8. Justification for Other Than Full and Open Competition: A separately prepared document stating the reasons why the proposed work can only be accomplished by The National Academy of Sciences. (JOFOC)

9. Special Approvals and Clearances: Indicate whether the following clearances are required or are not applicable. For those clearances which are required, identify steps that have been taken to obtain the clearance or, if the clearance has been obtained, provide a copy of the approval. Include the list, as presented below, in the body of the Request for Task Order and place "X"s in the appropriate columns.

APPROVALS	APPLICABLE	NONAPPLICABLE
a. Evaluation Contracts		
b. Paid Advertising		
c. Printing		
d. Paperwork Reduction Act		
e. Contract with Federal Employees		
f. Publications		
g. Public Affairs Services		
h. Audiovisual		
i. Privacy Act		
j. Other _____		

10. Statement of Work: A detailed description of the tasks to be accomplished during the course of this project.

11. Items to be Delivered and Delivery Schedule: A list of deliverables required, per the Statement of Work, by task, quantity required, and due date.

EXHIBIT II

JUSTIFICATION FOR OTHER THAN FULL AND OPEN COMPETITION

Part I

1. Identification of Agency, Contracting Activity, and Identification of Project

   a. Program Office-

      Project Officer-

   b. Contracting Activity
      HHS Program Support Center
      Division of Acquisition Management, AOS
      General Acquisitions Branch
      Parklawn Building, Room 5-101
      Rockville, Maryland 20857

   c. Identification of Project

2. Nature of Action Being Approved

   Sole Source procurement with the National Academy of Sciences

3. Description of Services and Estimated Contract Value

   a.

b.

4. Statutory Authority Permitting Other Than Full and Open Competition

41 U.S.C. 253 (c) (1) - refers to the unique capability of the source to provide the particular research services proposed.

5. Other Facts Supporting Sole Source Acquisition

Recommend _____ _____

Project Officer Date

Concur _____ _____

Immediate Supervisor Date

Part II

1. The use of other than full and open competition for this acquisition is authorized by FAR 6.302-1 (a) (2) (I) (a)-- the source demonstrates a unique capability to provide the particular research services proposed (see Part 1, #5). The purpose of this Task Order is to

2. It is not anticipated that any similar request of this nature will be made in the near future.

3. No formal announcement in the Commerce Business Daily was published based on Findings and Determinations signed by the Assistant Secretary for Management and Budget dated December 17,1997.

4. I certify that a detailed review of the Contractor's proposal will be performed by technical and procurement personnel to assure that the negotiated Task Order price is fair and reasonable.

5. I certify that the information contained in the justification is accurate and complete to the best of my knowledge and belief.

Based on the foregoing, it is recommended that the Task Order be awarded to the National Academy of Sciences (NAS) on a sole source basis. NAS is the only Contractor capable of accomplishing the requirement.

Concur:_____ _____
__ Contracting Officer Date

Concur:_____ _____
_ Christie A. Goodman Date
Director, Division of Acquisition Management, AOS

Approved:_____ _____
_ Wayne C. Richey,Jr. Date
Director of Operations,Program Support Center,
And Competition Advocate

EXHIBIT III

Task Order Contractor: National Academy of Science

GOVERNMENT COST ESTIMATE
(Worksheet)

Labor Estimate (One year = 2,080 Hours)
Project Director (Percent year ___ = ___ hours x $ __/rate)
Project Manager (Percent year ___ = ___ hours x $ __/rate)

Research Assoc. (Percent year ___ = ___ hours x $ __/rate)
Support Staff (Percent year ___ = ___ hours x $ __/rate)
(Percent year ___ = ___ hours x $ __/rate)
(Percent year ___ = ___ hours x $ __/rate)

TOTAL _____

A. Direct Costs
1. Direct Materials and Supplies _____
2. Nonexpendable Equipment _____
3. Travel _____
4. Subcontractors _____
5. Consultants _____
6. ADP Services _____
7. Direct Salary and Wages (Labor) _____
8. Fringe Benefits @ ____ _____
9. Other Direct Costs _____

SUBTOTAL _____

B. Overhead at _____% onsite _____
_____% offsite _____
SUBTOTAL _____

C. G & A at_____% _ ____

SUBTOTAL _____

TOTAL _____

JUSTIFICATION FOR OTHER THAN FULL AND OPEN COMPETITION

Part I

1. Identification of Agency, Contracting Activity, and Identification of Project

   1. Program Office–Office of Minority Health, Office of Public Health and Science, DHHS

      Project Officer–
      Violet RH Woo, MS, MPH
      Division of Policy and Data
      Office of Minority Health, Office of Public Health and Science
      Rockwall II Building, Suite 1000
      5515 Security Lane
      Rockville, MD 20852
      301/443-9923 (ph)
      301/443-8280 (fax)

   2. Contracting Activity
      HHS Program Support Center
      Division of Acquisition Management, AOS
      General Acquisitions Branch
      Parklawn Building, Room 5-101
      Rockville, Maryland 20857

   3. Identification of Project: Assessment of State Law, Regulations, and Practice Affecting the Collection and Reporting of Racial and Ethnic Data by Health Insurers and Managed Care Plans

2. Nature of Action Being Approved: Sole source procurement with the National Health Law Program (NHeLP)

3. Description of Services and Estimated Contract Value–

   a. The Contractor will provide all the necessary resources, personnel and support to conduct a review of the requirements, interpretation and application of federal and state laws, regulations, rules or other written state departmental policy governing the collection and reporting of racial and ethnic data by health insurers and managed care organizations (MCOs), as well as the practice of these entities. The findings developed in this project will clarify needed steps to develop a system to monitor progress towards eliminating racial and ethnic health disparities. This study's recommendations would continue the momentum in the HHS's Initiative to Eliminate Racial and Ethnic Disparities in Health, as well as one of the overarching goals of Healthy People 2010 (HP2010), the Nation's

health promotion and disease prevention objectives for the next decade.

b. Costs are estimated at $405,000 for this 12 month project.

4. Statutory authority permitting other than full and open competition–41 U.S.C. 253 (c) (1), which refers to the unique capability of the source to provide the particular research service, proposed:

The National Health Law Program (NHeLP) is the only entity capable of conducting this study. Specifically, NHeLP has the unique combination of skills and experience required to answer the complex questions posed in this study. NHeLP has experience in federal and state legislation, managed care, data, race and ethnicity, and civil rights. The unique entity is a national law program working for justice in health care for America's working and unemployed poor, minorities, elderly, and people with disabilities. For over thirty years, the NHeLP has been a recognized leader in the areas that form the core of this project— state law research and analysis, policy assessment and development, and data collection on issues of race and health.

NHeLP attorneys and staff researchers have unparallel experience conducting comprehensive state-based legal research and policy analysis. In recent years, the NHeLP has performed legal research on the statutory, regulatory, sub-regulatory, and case law requirements in the 50 states and the District of Columbia.

In addition, NHeLP's *Advocate's Guide to the Medicaid Program* presents an encyclopedic review of the laws, regulations, cases, and policy guidance that control Medicaid operation in the 50 states and the District of Columbia. In these projects, NHeLP attorneys and staff researchers have engaged in **on-line and hard copy research of the law, freedom of information act requests for policy documents, preparation and use of written survey instruments, and site visits and focus groups to assess "on the ground" practices**.

The National Health Law Program also has extensive experience with the collection and analysis of health data. Recent activities in this arena have included:

- a **comprehensive 50-state analysis** of EPSDT utilization data for fiscal years 1994-1996,
- a **25-state analysis of Medicaid services and expenditures by race grouping**, and
- review of state and county-based utilization data, particularly as they relate to Medicaid beneficiaries' access to maternity and dental care services.

NHeLP attorneys have also analyzed proposed block grants in Medicaid and extrapolated quantitative losses in Medicaid coverage under best-case scenarios, an activity that figured prominently in past national debate over proposed Medicaid block grants. The Program **recently published a manual on managed care data which reflects a high level of sophistication**. Such expertise is necessary for the proposed contract activity

which requires the ability to analyze state insurance laws governing managed care organizations. As the directing office of the Health Consumer Alliance, a California ombudsprogram, **NHeLP is creating databases for, and collecting and analyzing extensive data from, six county-based Health Consumer Centers.**

The Program has recently **provided an inventory and clear statement of the *federal* laws, policies, and practices that pertain to the collection of racial, ethnic or primary language data related to the provision of health care.** In addition, NHeLP will assist in the guidelines and standards that will govern this ten-month assessment funded by The Commonwealth Fund.

The National Health Law Program's 30-year track record as the leading source of expertise on the legally-required and on-the-ground aspects of health coverage for the poor and minorities is unquestioned. **NHeLP is a critical resource based on their unique and exemplary knowledge and skills in federal and state laws, issues focused on health, race and ethnicity, data, managed care, and civil rights, as well as professional skills conducting legal research on state-of-the-art databases.** The Program receives literally thousands of requests for assistance each year. As a result NHeLP staff have excellent resources in each state and a clear understanding of how laws and policies work.

5. Other facts supporting sole source acquisition: This project is among the ASH's priority projects and was approved for funding from the FY2000 1% evaluation funds.

Recommend_____ _____
Project Officer Date

Concur _____ _____
Immediate Supervisor Date

Part II

1. The use of other than full and open competition for this acquisition is authorized by FAR 6.302-1 (a) (2) (I) (a)–The source demonstrates a unique capability to provide the particular research services proposed (see Part 1, #5). This study will conduct a comprehensive review of: 1) the extent to which MCOs and health insurers can collect and report information on the applicants and enrolled members by race and ethnicity; 2) whether the civil rights laws conflict the routine collection and reporting of racial and ethnic data, or under what circumstances they legally impede these entities from collecting such data; 3) existing interpretation of state laws and regulations governing these entities; 4) state laws and regulations which allow and/or mandate other entities, such as hospitals, academic institutions, employers, etc., to collect and report racial and ethnic data from participants; and 5) practices of the state officials and entities at the state level. The study will examine all fifty states and the District of Columbia and will look at the major types of health insurance or managed care plans that are governed by state laws. Based on this review, nine states will be selected for a more in-depth review of interpretations, practice and impact on health care services delivered through private health insurers and plans. This project's findings will produce steps and recommendations to collect and report racial and ethnic data of applicants, potential enrollees, and/or enrolled members. These findings will contribute to monitoring progress towards the elimination of racial and ethnic health disparities by 2010, which is in response to the HHS's Initiative to Eliminate Racial and Ethnic Disparities in Health, as well as one of the two overarching goals of Healthy People 2010 (HP2010).

2. It is not anticipated that any similar request of this nature will be made in the near future.

3. I certify that a detailed review of the contractors' proposal will be performed by technical and procurement personnel to assure that the negotiated Contract price is fair and reasonable.

4. I certify that the information contained in the justification is accurate and complete to the best of my knowledge and belief.

Based on the foregoing, it is recommended that the Contract be awarded to the National Health Law Program (NHeLP) on a sole source basis. NHeLP is the only Contractor capable of accomplishing the requirement.

Concur:_____ _____
Contracting Officer Date

Concur: _____ _____
Christie A. Goodman Date
Director, Division of Acquisitions Management, AOS

Approved: _____ _____

Wayne C. Richey, Jr. Date

Director of Operations, PSC & Competition Advocate

Dec

6, 9,
8, 10
13, 16,
20, 21

9

Jan

10, 11, 12, 13, 14
17, 18, 19, 20, 21
25

11

4, 5, 7
24, 26, 27.

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Feb

1, 2, 3, 4
7, 8, 9, 10, 11
14, 15, 16, 17, 18
21, 22, 23,
24, 25
28, 29

21

3

$3^{3}6$
500
18,000

30 = $5K

36 = $18K

35 — 18.5K

34 = 17K

Todd A. Summers
09/24/97 06:55:53 PM

Record Type: Record

To: Ashley L. Raines/OA/EOP

cc:
Subject: Request for Consultant - Michael Iskowitz / REVISED

25,000 / 439 hrs. (10 wks)

MEMORANDUM FOR ASHLEY RAINES

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 632-1090

10,000 / 175 hrs. 4.4 wks

Re: Request for Consultant - Michael Iskowitz

DESCRIPTION OF WORK

The Office of National AIDS Policy (ONAP) seeks to engage the consulting services of Michael Iskowitz, a specialist on legislation and funding programs concerning HIV/AIDS. Mr. Iskowitz will be engaged to complete the following work items:

1. Complete a 24 month strategic plan for ONAP. This plan would establish specific goals and objectives of the agency, and would include: delineation of goals and objectives, analysis of capacity to respond to those goals and objectives given limited staffinf and budget, identification and prioritization of activities to support those goals and objectives, and mechanisms to improve and leverage relationships with other federal agencies.

2. Complete a briefing paper on the possible implications of recent changes in the HIV/AIDS epidemic on public and private AIDS funding mechanisms for supportive services. This would include dynamic changes in treatments, demographics, and risk behaviours and their respective effects on federal funding mechanisms including discretionary and entitlement-based programs.

Mr. Iskowitz will not be involved in making any policy decisions, but will be asked to assist in assessing, analyzing, and recommending policy actions.

JUSTIFICATION FOR NON-COMPETITIVE AWARD

This short-term contract will help ONAP address the critical changes in the AIDS epidemic in a responsible and coherent fashion.

Time is of the essence for this work. The extraordinary changes in the ability to treat AIDS and HIV, for some people, has enormous and immediate consequences on federal funding programs including Medicaid, Medicare, SSI, SSDI, the Ryan White CARE Act, and the Housing Opportunities for People With AIDS (HOPWA) Program, among others. Prompt and appropriate action by the Office of National AIDS Policy directly impacts on the well-being of thousands of Americans. That is the fundamental imperative for ONAP. The work described herein will support ONAP in responding in a coherent and strategic manner to the variety of issues which it has been charged by the President to address.

In addition, because the Director of ONAP began work in May of this year and the Deputy Director began in August, they seek assistance in developing a plan of action for their tenure in the office.

QUALIFICATIONS OF PROPOSED CONTRACTOR

Michael Iskowitz is an experienced consultant on AIDS services. Prior to becoming an independent consultant, Mr. Iskowitz served for over ten years on the staff of a senior Senator. During that tenure, he had principal responsibility for drafting the Ryan White CARE Act (including its reauthorization version). This is the principal discretionary federal program that provides funding for primary and supportive services, as well as funding for treatments.

Because of his work with the Senate, Mr. Iskowitz has substantial contacts with all of the national and international AIDS service, advocacy, and educational organizations. He also has an extraordinary and unique strength in his analytical and strategic grasp of the issues being faced by those living with HIV/AIDS and the appropriate federal response to those issues.

While serving as chief counsel to Senator Kennedy, Michael developed the strategic plan behind
of range of legislative initiatives including: the Ryan White CARE Act, the Americans with Disabilities Act, the Child Care and Development Fund, and others. As an independent consultant, Michael developed the strategic plan for the 1997 federal child health initiative for the Campaign for CHILD Health Now co-chaired by the Children's Defense Fund and the American Cancer Society), and is currently engaged in strategic planning with COMIC RELIEF, the National Center for Children in Poverty, and the Philadelphia Public Schools.

Mr. Iskowitz has a J.D. from Northeastern University, a M.A. in Clinical Psychology from Temple and a B.A. from the University of Michigan.

The Office of National AIDS Policy believes strongly that Mr. Iskowitz is uniquely qualified to perform the work identified in this memorandum. Further, the Office of National AIDS Policy believes, based on its years of direct involvement with Mr. Iskowitz, as well as its broad knowledge of individuals associated same, that he is the

only person qualified to perform this work within the necessary time frame.

NON-REPLACEMENT OF FEDERAL EMPLOYEE

This short-term contract will not involve the replacement of any federal employee. There is no federal employee with the same level of expertise to do the work proposed.

TERMS OF PROPOSED AGREEMENT

The contract will last for four months, with the contractor working at the ONAP office and at his own office part-time during that entire period.

The proposed rate of pay is $47 per hour, and the total amount expended will not exceed $10,000. This rate is substantially less than the "going rate" for similar work by a similarly qualified individual (ONAP believes that any adequate market analysis will support this conclusion), and is also substantially less than the current rate being paid to Mr. Iskowitz by most of his public and private clients.

HIV/AIDS Bureau
Division of Training and Technical Assistance
5600 Fishers Lane, Room 7-36
Rockville, MD 20857

Phone: 301 443-9091 Fax: 301 594-2835

FACSIMILE TRANSMISSION COVERSHEET

To: Michael Iskowitz Fax: 202-456-2439

From: Menina Reyes Date: Feb. 28, 2000

Re: Trip to Washington Voucher Pages: 4

CC:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes: Please review and sign where appropriate and fax back to me ASAP. so that I can process for reimbursement.

My Fax number is: (301) 594-2835.

Thanks, Menina

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. form	re: Travel voucher with Personally Identifiable Information and agency accounting data (3 pages)	11/00/1999	P4/b(4), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
Admin - Contractor - Iskowitz, Michael [2]

2018-0764-F
jm1986

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]

Michael E. Iskowitz
1715 15th Street, NW
Suite 22
Washington, DC 20009
(202)265-1603
(202)265-0672 (fax)

PAYMENT INVOICE

FOR WORK PERFORMED FOR THE ONAP

DURING THE PERIOD OF Nov-Dec 1999

DAYS/HOURS WORKED DURING THE PERIOD 5days (40hours)

SUMMARY OF WORK DURING PERIOD policy analysis, meeting prep, briefing material development, speech & talking point development, legislative assessment

PAYMENT DUE FOR THIS PERIOD $2,274.80

Thank you very much!

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR COURTLAND WILLMAN

From: Todd A. Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: August 13, 1999

Subject: **July Invoice from Michael Iskowitz**

Attached is an invoice from Michael Iskowitz for the month of July in the amount of $4,549.60. I approve payment of the entire amount pursuant to our requisition number RDP9660.

Thank you for your assistance in processing this invoice!

Michael E. Iskowitz
1715 15th Street, NW
Suite 22
Washington, DC 20009
(202)265-1603
(202)265-0672 (fax)

PAYMENT INVOICE

FOR WORK PERFORMED FOR THE OWAP

DURING THE PERIOD OF July 1999

DAYS/HOURS WORKED DURING THE PERIOD 10days(80 hrs)

SUMMARY OF WORK DURING PERIOD policy analysis, meeting preparation, written briefing material development, speech and talking point development, legislative assessment

PAYMENT DUE FOR THIS PERIOD $4,549.60

Thank you very much!

1715 15th Street NW, Suite 22
Washington, DC 20009

michael iskowitz

New AIDS treatments and their impact on the White House Office of National AIDS Policy

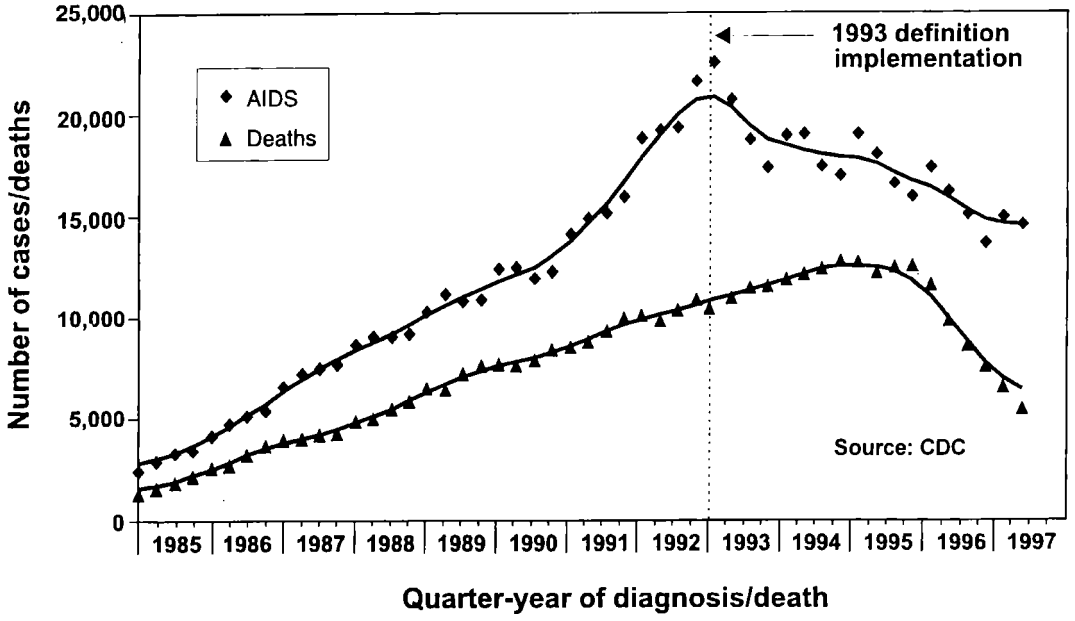
Assessing the strategic implications of new HIV/AIDS treatments on the work of the White House Office of National AIDS Policy

May, 1998

Table of Contents

Introduction

In 1996, participants in the 11th International Conference on AIDS in Vancouver, Canada received news that new pharmaceuticals (protease inhibitors), taken in combination with existing treatments (anti-retrovirals such as AZT, ddi, 3TC), could substantially reduce the amount of virus in those infected by HIV. Since that time, the promise of these "cocktails" has been realized for many, offering startling benefits to ravaged bodies and stimulating the hope that they might one-day lead to the outright eradication of virus after infection.



For the first time in the history of this epidemic, the number of deaths from AIDS dropped in 1996 by over 20%. So also did the rate of new AIDS diagnoses decline. For many who had been fighting AIDS since the early 1980's, this was the first real glimmer of hope that this might just be the beginning of the end of AIDS.

However, that spirit of hope has been tempered by a more realistic awareness of both the potential and limitations of these new treatments. While some have been brought back from grave illness, others have been unable to tolerate serious side effects or have shown little appreciable improvement. Still others have been unable to access the new drugs, either because they have no means by which to pay for them or because their life situations cannot support the grueling treatment regimens involved in ensuring their efficacy.

This paper will assess the impact of these new treatments on the work of the White House Office of National AIDS Policy as it seeks to provide national policy leadership and coordination in our national and international battle against AIDS.

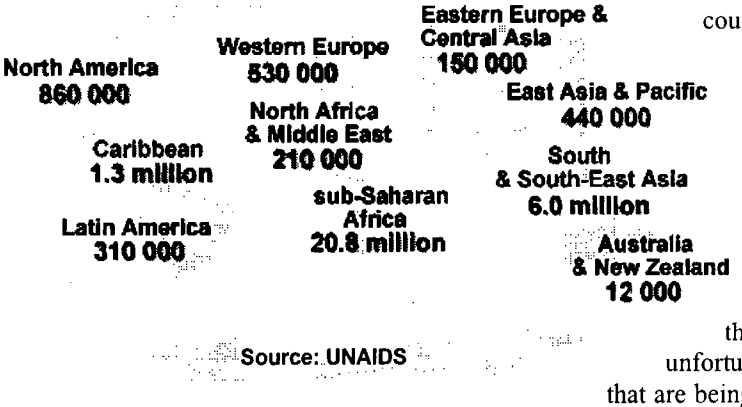
About the Office of National AIDS Policy

The Office of National AIDS Policy was created in 1993 by President Clinton to provide the Federal government with a greater focus on the issues related to the epidemic of HIV/AIDS. Creation of the office was suggested by numerous national and community-based AIDS organizations. Sandra L. Thurman is Director of the Office, and Todd A. Summers serves as Deputy Director. Ms. Thurman and her staff provide broad direction for Federal AIDS policy and foster interdepartmental communication on HIV/AIDS. Ms. Thurman is a member of the President's Domestic Policy Council and has direct access to the President and his Cabinet on issues affecting HIV/AIDS. The Office also works closely with the AIDS community both in the United States and around the world.

In addition, the Office of National AIDS Policy created the Interdepartmental Task Force on HIV/AIDS, which is chaired by Ms. Thurman. This Task Force serves to foster communication among various departments and agencies of the Federal government involved in HIV/AIDS policy and program implementation.

International

The recently completed 12th International Conference on AIDS in Geneva reinforced the need for bringing a more realistic perspective to discussions about the role of complex pharmaceutical regimens, with thousands of delegates from poorer countries across the globe decrying their lack of basic infrastructure, health care services, and prevention efforts. For them, the new treatments that were helpful to many in the developed world were just another indicator of the great discrepancy in resources between the rich and poor nations of the world.



Few could conceive of a means by which countries that lacked basic health care systems, that had little to spend on healthcare, would ever be able to offer new treatments. With an average cost of over $15,000 per person per year and with sophisticated medical testing and experienced doctors required for their correct use, these new treatments are simply not part of the reality of most poor nations. And unfortunately, it is these very same nations that are being hit hardest by AIDS. There are 5.8 million new infections each year, over 90% of which occur in the developing world.

As a leader in the international effort to address the AIDS epidemic, the United States is uniquely positioned to provide global leadership as it has done with so many international health threats. The principal focus of this effort should be to enhance the role of the United States in building partnerships in international efforts to control the spread of HIV and to care for those already infected.

Focus on Health Infrastructure

Any efforts to support access to new treatments must be preceded by a broad effort to improve the public health infrastructure. Without properly trained physicians, without the necessary diagnostics, and without fundamental supports to maintain adherence with treatment, the new drugs might well cause more harm than good.

On the individual level, improper treatment can cause irreparable immune system damage that would foreclose future therapeutic benefits. On a community, national, and global level, supporting the distribution of these new treatments where the required infrastructure is incomplete would likely result in the expedited development of treatment-resistant strains of HIV. ONAP should encourage development agencies to explore viable "next steps" that can be taken to improve health infrastructure in highly impacted areas, and that would be responsive to the AIDS pandemic as well as to the public health problems.

Advocate for Access To Short-Course Zidovudine

Recently completed clinical trials in Thailand have demonstrated the efficacy of a "short-course" of zidovudine in reducing the transmission of HIV from infected mothers to their babies. This new treatment regimen is a fraction of the cost of the standard of zidovudine therapy used in the US (the "076" protocol)

Significant obstacles remain to broader availability of this new treatment. At $80-100, it is still far more than the average per capita health expenditure of most countries where HIV is

endemic. In addition, most pregnant women do not see any health care professional prior to giving birth and therefore are unlikely to know if they are infected.

Nonetheless, UNAIDS is proceeding with a program to increase access to this short-course therapy and ONAP should help to reinforce US support and participation. In addition, ONAP should continue to work with UNAIDS to explore the full range of less costly options that may also reduce perinatal transmission and that may be more realistically implemented in sub-Saharan Africa.

Coordinate International Efforts By Federal Agencies And NGOs

Numerous Federal and international agencies participate in international AIDS efforts. Among the Federal agencies, HHS, NIH, CDC, USAID, State, Peace Corps, and USIA have significant programs. In addition, the World Bank, International Monetary Fund, United Nations, UNAIDS, and the World Health Organization have large AIDS initiatives.

ONAP has the opportunity to help facilitate coordination both among the Federal agencies, and between those agencies and the private international organizations. The ONAP Director has served as the chief U.S. representative to UNAIDS meetings; this role should continue.

ONAP should consider hosting a meeting with World Bank officials to discuss their HIV/AIDS-related programs. The new President of the World Bank, Dr. Wolfenson, has a background in AIDS work. A focus of the meeting could be a discussion of the core lending values used by the World Bank in its HIV/AIDS-related loans, as well as their use of objective needs analyses and outcome evaluations for loan origination and review.

ONAP should also host a meeting of Federal officials involved in HIV vaccine development so as to encourage interagency communication and coordination. This is consistent with a recommendation made by the PACHA, and supported by Drs. Varmus and Fauci of the NIH.

Promote Increased Prioritization Of HIV/AIDS and Human Rights

Because of its leadership role in the international AIDS effort, the voice of the United States carries great weight. So too does its silence. ONAP should continue to encourage involvement by senior Administration officials and principals in AIDS-related activities so as:

- to promote public awareness of the extent of the international epidemic,
- to encourage greater participation by other developed nations, and
- to foster increased support of international relief efforts by Congress.

This involvement should be both in the context of global public health and humanitarian efforts, and as an issue of fundamental human rights. Discrimination and stigmatization of persons living with HIV/AIDS is pervasive, threatening the health and safety of those that are infected and affected and thwarting efforts to stem the tide of this scourge. The efficacy of prevention strategies—cost effective interventions that have demonstrated promise—will never be fully realized when people living with HIV must fear for their safety and well-being. In addition, prevention strategies that empower women to protect themselves from HIV exposures where "negotiated condom use" is impractical are essential and should be pushed by ONAP.

In its international AIDS efforts, ONAP should encourage the discussion of HIV/AIDS as a human rights issue; to encourage international human rights organizations to include HIV/AIDS-related violations in their reporting and advocacy efforts; and to promote the inclusion of HIV/AIDS in the development and promulgation of U.S. foreign policy.

Research

The investment made by the United States in AIDS research has made possible the new treatments that are saving thousands of lives. Led by the National Institutes of Health (NIH), great achievements have been made in the understanding of the basic pathogenesis of HIV disease, in the virology of HIV, and in the immune response to HIV infection.

The Office of AIDS Research (OAR) at the NIH provides excellent leadership in the development of an annual plan for HIV-related research. The work of the Office of National AIDS Policy can augment this process by supporting broad policy direction and support and through facilitating dialogue between the various Federal agencies involved (including the Department of Defense), and between the Federal agencies and the private sector (including the International AIDS Vaccine Initiative and the AIDS Vaccine Advocacy Coalition).

While the new treatments have clearly changed the landscape of HIV treatment, additional work is required to address the challenges that these treatments have presented.

BIOMEDICAL RESEARCH

The new treatments offer both the promise of significantly improving the health of those infected with HIV and the danger of promoting the development of viral strains that are resistant to those treatments. When the level of antiviral drugs reaches sub-optimal levels, HIV can mutate to form resistant strains. This resistance can limit the effectiveness of future treatments not only in the individual but also in anyone to whom that resistant virus is passed. While there have been only a few reported cases of new infections with treatment-resistant HIV, there is legitimate fear of more widespread patterns of infection with so-called "super HIV."

Promote Simpler Treatments

Part of the "adherence" challenge lies with the currently available drug formulations, which must be taken in combination with one another. Because treatment regimens with these drugs are complicated and burdensome, the likelihood of non-adherence—missing doses or improper self-administration—is high. This becomes increasingly critical as HIV spreads rapidly among IV drug users, the homeless, and people with little or no connection to the health care system. Therefore, additional research should focus on new formulations that simplify the treatment regimen and reduce the likelihood of sub-optimal dosing.

Find Less Expensive Drugs

A second challenge of the new treatments is their high cost. Just the drugs and related diagnostics alone can cost over $15,000 per year. This has placed significant strain on public resources used to pay the costs of these treatments for those that cannot afford them. The AIDS Drug Assistance Program (ADAP), for example, will likely cost the government over $385 million in Fiscal Year 1999. Even with that level of support, many in the United States do not have access to the complete array of drugs and some have no access at all. More research must be done to find drugs that are less expensive than the current options.

Investigate Pricing Agreements

In addition, the Federal government should consider up-front, real pricing agreements with those private companies that benefit from government-funded research. The interrelationship between government-funded researchers and pharmaceuticals is both delicate and complex. Nevertheless, many companies use Federally funded research to develop products that are

then sold without price limitation—even to the U.S. government, which through ADAP, Veterans Administration, Medicaid and Medicare is the largest purchaser of these drugs.

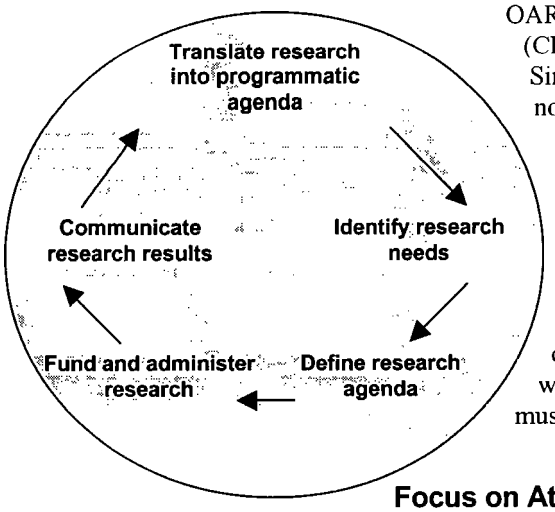
ONAP should explore discussions with the Vice President's office and the NIH. Representatives from the elderly and disabled communities, for whom the high cost of drugs continues to be a serious concern, should also be involved.

BEHAVIORAL AND SOCIAL RESEARCH

Improve the Behavioral and Social Research Process

In addition to its efforts in clinical research, the United States has also been a leader in behavioral and social research. This has provided valuable support and direction to community-wide and individual HIV prevention efforts, as well as initiatives to promote treatment adherence.

However, there remains concern that the interagency research process may not be working as smoothly as it should. ONAP should obtain a briefing on the current behavioral and social science research agenda for and the process through which that agenda is defined. Participants in that briefing should include the Director of the OAR, the Director of the Centers for Disease Control and Prevention (CDC), and the Director of the Office of HIV/AIDS Policy at HHS. Since the Directors of the OAR and CDC are new to their positions, now would be an ideal time for such a briefing.



ONAP should then support a broader meeting on behavioral and social science research that would include governmental, researcher, as well as community representatives. This would allow for dialogue on this important area of research and reinforce the need to base HIV prevention programming on sound scientific footings. It might also help to identify ways to increase the communication linkages between the Federal agencies involved as well as between the government and those community groups that must ultimately implement the prevention programs.

Focus on At-Risk Populations

Special consideration should be given to those communities that are disproportionately impacted by HIV and AIDS. With respect to biomedical research, the agenda must include research that identifies any differences in the efficacy of the new treatments by race, age, and gender.

ONAP should take steps to insure that populations at particular risk of HIV infection—young people, people of color, women, and young gay and bisexual men—are the focus of the prevention research agenda. Behavioral and social research should address variations in HIV prevention efforts, seeking to better understand how to effectively communicate and maintain healthy behaviors in traditionally marginalized populations. Similarly, more must be understood about how to support these same populations in adhering to difficult treatment regimens, particularly when income, housing, and family supports may be inadequate.

Expand Drug Research

To achieve more involvement of the affected communities in the research process, ONAP should promote the expansion of clinical trials to historically Black colleges, as well as to community health centers run by and for communities of color. This would likely improve access to clinical trials by persons of color, improving our clinical understanding of how

drugs being tested work in the bodies of those most likely to need them. It would also help to encourage more persons of color to become AIDS researchers, a critical component of a long-term strategy to address the racial disparities in AIDS and in other diseases.

Finally, ONAP should promote increased participation by young people, women, and people of color in the various advisory groups established to oversee the research processes. This might involve more work in skills development and in creating new methods for community involvement.

Care and Treatment

The most fundamental goal with respect to care and treatment must be to insure access to comprehensive health care, including access to the new therapies. There remain large disparities in who is able to obtain, use, and benefit from the new drugs among populations, regions, and even neighborhoods. Affordability is a key issue. Because of the lack of universal health coverage, many people living with HIV and AIDS in this country cannot obtain the medications that could significantly prolong their lives.

Expand Access by the Poor

The U.S. government already makes significant investments in both discretionary and mandatory health programs to provide primary health care and related supportive services to those that cannot otherwise afford them. ONAP must continue to advocate for increased resources for discretionary programs and greater coverage by Medicaid and Medicare. Its work to coordinate a high-level internal dialogue on treatment access is an excellent start. Following up on the ideas generated by this dialogue will be essential; ONAP should insure that responsibilities and timelines for proposed actions are clearly defined. In addition, ONAP should facilitate internal discussions related to the related health care expansion for people with disabilities currently being discussed in a bipartisan basis in the Senate.

Lower Drug Prices

ONAP can also impact on the pricing of these new drugs by facilitating conversations with the pharmaceutical industry that encourage expanded access to poor persons and reduced pricing for publicly-purchased drugs. Strong consideration should be given to enhancing the role of the Vice President in this regard, who has demonstrated leadership in establishing partnerships with private industry in promotion of major public health initiatives. Studies presented in Geneva demonstrate that relative small reductions in drug pricing (11% to 21%) could allow for a significant expansion of Medicaid and Medicare coverage to all poor people with HIV without increased cost to the government. Given that the government is the largest purchaser of these drugs, a better-negotiated price may be possible.

Articulate Need for Support Services

The pressure on discretionary and mandatory programs created by the high cost of the new treatments has resulted in renewed focus on the funding of supportive services. This manifests itself in an overly simplified tension between "drugs and docs" and "services." It is a false dichotomy. Increasingly, those who are living with HIV and AIDS need a broad range of supports to access and maintain proper care. Indeed, the complicated treatment regimens have underscored the importance of core services like housing, transportation, childcare, nutritional support, and case management not only for achieving positive health care outcomes but also as positive public health measures in their own right.

ONAP should take steps to promote a better understanding of the important role that supportive services can and do play in AIDS care and should resist efforts to fund either services or primary care at the expense of the other. This is particularly important in the discussions that will come regarding the reauthorization of the Ryan White CARE Act, which expires in the year 2000. At the same time, ONAP should support efforts by the Health Resources Services Administration (HRSA) to restrict Ryan White funding to those services that are essential for promoting and maintaining access to primary care as well as sustaining adherence to treatment. ONAP should also insure that the importance of the essential supports are part of overarching managed care discussions, particularly as more State Medicaid programs move toward a managed care model.

Increase Addiction Treatment

Because of the strong interrelationship between drug use and treatment adherence, ONAP should consult with the Substance Abuse and Mental Health Services Administration (SAMHSA) on ways to improve addiction treatment efforts for people living with HIV/AIDS who are struggling with drug addiction. Research demonstrates that failure to adhere to the new treatment regimens is more likely for those that use illegal drugs. At the same time, the number of new infections among those that use illegal drugs or are sexual partners and children of drug users is steadily increasing. At least 50% of the 40,000 to 60,000 new infections are related directly of indirectly to injection drug use. Therefore, improving the quality and quantity of addiction treatment services is critically important both to improving access to the new treatments and to reducing the use of illegal drugs.

Help the incarcerated

ONAP must increase its attention to incarcerated populations, both to insure access to quality care during their incarceration and to promote continuity of care upon release. Its work with the President's Advisory Council on HIV/AIDS (PACHA) Prisons Committee has been helpful, with a meeting planned for the fall of 1998 between PACHA members, Department of Justice (DoJ), Bureau of Prisons (BoP), HHS, and interested advocacy groups. This meeting should focus both on improving the Federal system and on influencing State and local prison officials to improve their HIV prevention and care efforts.

In addition, ONAP should sponsor a meeting with representatives of HRSA, the Health Care Financing Administration (HCFA), and the Social Security Administration to discuss ways to improve the continuity of care for those released from incarceration. These agencies should also identify and fill any gaps in coverage that might force discontinuation of therapy.

Promote the Patient Bill of Rights

Congress is currently debating legislation that would create a "bill of rights" for patients enrolled in managed care health plans. The legislation supported by the Administration contains many elements that would support access to the new treatments and the doctors who are skilled in prescribing them. ONAP should author a document that articulates the benefits of a patient bill of rights to those living with HIV/AIDS. These would include:

- access to specialists skilled in using the new treatments
- access to information on the experience of health professionals in AIDS care
- improved coverage of critical supports
- freedom from arbitrary exclusion or discrimination in coverage of AIDS drugs or care.

Address Return to Work Issues

Some of those that are benefiting from the new treatments have improved to the point where a move to work or school is considered. Unfortunately, many become tangled in the safety nets established to provide them with care and support. ONAP should promote a process through that identifies Federal rules and regulations that might hinder people living with HIV/AIDS in going to work (including housing, Medicaid, and Medicare). In addition, ONAP should support efforts to promote reasonable accommodation by the employers of those living with HIV/AIDS who may need help in maintaining their treatment regimens and care. Assessing the impact of the Supreme Court decision in Bragdon v. Abbott should be a part of this effort.

Prevention and education

Perhaps the greatest challenge poised by the new treatments to this Nation's HIV prevention efforts is the complacency they have engendered. Public misunderstanding of the new treatments—regarding them as a "cure" instead of a more effective treatment—has led to a rise in risky behaviors, a decrease in private contributions, and legislative malaise.

Communicate Continued Urgency of Epidemic

One of the chief functions of the Office of National AIDS Policy is to provide a broad perspective on AIDS issues to the American public. The Director has frequent opportunities with the mass media; these should be fully utilized to make clear that the AIDS epidemic is far from over.

In addition, ONAP can use this media access to inform those who are living with HIV/AIDS that they must protect themselves against re-infection with resistant strains and that they must take greater responsibility for not passing on their infection to others.

Support Flexibility in HIV Surveillance

The new treatments for HIV have reduced the numbers of deaths from AIDS, as well as the number of persons progressing from HIV infection to AIDS. Unfortunately, there is also evidence that the number of new HIV infections has also remained constant. This means that there are now more and more people living with HIV and AIDS than ever before. In the past, public health officials have tracked the magnitude of the epidemic by using AIDS statistics. With the length of time between infection and progression to AIDS growing, it is increasing difficult to track the epidemic using AIDS diagnoses and deaths.

There is growing consensus that the U.S. should implement nationwide HIV surveillance in order to complement AIDS data. The debate has centered less on the need for HIV data and more on the manner through which the data are collected. Simplified, it is "names reporting" versus "unique identifiers." Although issues of confidentiality and data security are important, perhaps the most critical issue is whether name-based reporting systems present an impediment to HIV testing. Studies on this issue have been done, but are not conclusive.

This is largely an issue for public health experts to resolve, working in consultation with the State health officials responsible for gathering HIV and AIDS data and community members who must respond to the impact of these data gathering processes. ONAP should continue to support a flexible approach that carefully balances the need for improved data with the equally important issues of testing aversion and potential data misuse.

In addition, ONAP should continue to advocate for a fair presentation of the value of this HIV surveillance data, making clear that—with either names-based or unique identifier reporting—all that is reflected is testing profiles. HIV surveillance in and of itself will not provide a complete picture of who is infected, only who of those that got tested is infected. ONAP may need to support other surveillance methods needed to complete the picture of the epidemic, some of which have proven to be politically controversial.

Promote Counseling & Testing as a Tool for Prevention and Care

It will also be essential for ONAP to help policy makers establish a balanced approach to HIV counseling and testing. Traditionally, it has been viewed largely as a prevention and education initiative. However, with the advent of the new treatments—in particular, the scientific consensus that earlier treatment is usually better treatment—there is increasing need to better linkage counseling and testing to primary care. ONAP can help to facilitate

continued dialogue between CDC, which administers most Federally-funded counseling and testing programs, and HRSA, which administers the Ryan White CARE Act.

This may also be important for reducing the spread of the epidemic. Though it has not been conclusively determined, there is growing evidence that viral transmissibility—the likelihood of passing on the virus from one person to another—is significantly reduced in those that respond well to the new treatments. Therefore, getting more persons into treatment should reduce the likelihood of further infection. In addition, there is also the likelihood that those who are fully engaged in a comprehensive system of care will reduce risky their behaviors (needle sharing and unprotected sex).

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New AIDS treatments and their impact on the White House Office of National AIDS Policy

Assessing the strategic implications of new HIV/AIDS treatments on the work of the White House Office of National AIDS Policy

May, 1998

DRAFT #2

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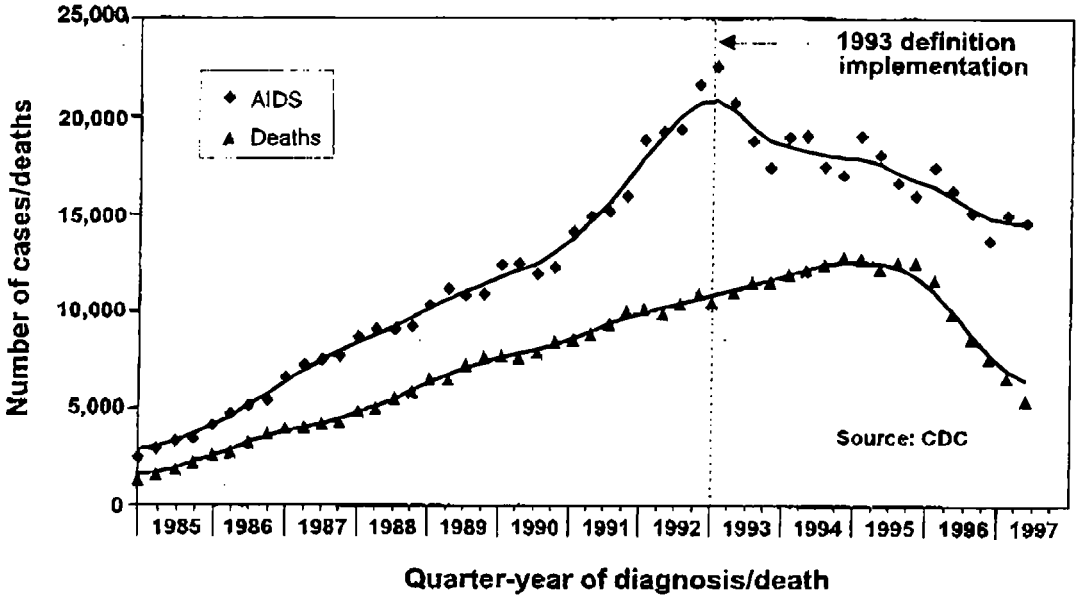
Introduction

In 1996, participants in the 11th International Conference on AIDS in Vancouver, Canada received news that new pharmaceuticals (protease inhibitors), ~~offered~~ in combination with existing ~~products~~ (anti-retrovirals such as AZT, ddi, 3TC), could substantially reduce the amount of virus in those infected by HIV. Since that time, the promise of those drug "cocktails" has been realized for many, offering startling benefits to ravaged bodies and ~~offering~~ the hope that they might one-day lead to the outright eradication of virus after



infection.

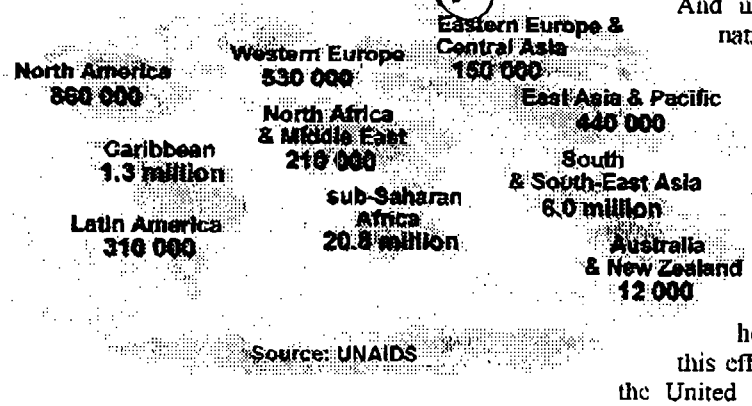
For the first time in the history of this epidemic, the number of deaths from AIDS dropped in 1996 by over 20%. So also did the rate of new AIDS diagnoses decline. For many who had been fighting AIDS since the early 1980's, this was the first real glimmer of hope that this might be the beginning of the end of AIDS.

However, that spirit of hope has been tempered by a more realistic awareness of both the potential and limitations of these new treatments. While some have been brought back from grave illness, others have been unable to tolerate serious side effects or have shown little appreciable improvement. Still others have been unable to access the new drugs, either because they have no means by which to pay for them or because their life situations cannot support the grueling treatment regimens involved in ensuring their efficicecy.

This paper will assess the impact of these new treatments on the work of the White House Office of National AIDS Policy as it seeks to provide national policy leadership and coordination.

International

The recently completed 12th International Conference on AIDS in Geneva reinforced the need for a more realistic perspective, with thousands of delegates from poorer countries across the globe decrying their lack of basic health care services and prevention efforts. For them, the new treatments that were helpful to so many in the developed world were just another indicator of the great discrepancy in resources between the rich and poor nations of the world. Few could conceive of a means by which countries that lacked basic health care systems, that spent less than $10 per capita on healthcare, would ever be able to offer new treatments. With an average cost of over $15,000 per person per year and with sophisticated medical testing and experienced doctors required for their correct use, these new treatments are simply not part of the reality of most poor nations.



And unfortunately, it is these very same nations that are being hit hardest by AIDS. There are 5.8 million new infections each year, over 90% of which occur in the developing world. As a leader in the international effort to address the AIDS epidemic, the United States is uniquely positioned to provide world leadership as it has done with so many international health threats. The principal focus of this effort should be to enhance the role of the United States as a partner in international efforts to control the spread of HIV and to care for those already infected.

Focus on Health Infrastructure

Any efforts to support access to new treatments must be preceded by a broad effort to improve the public health infrastructure. Without properly trained physicians, without the necessary diagnostics, and without fundamental supports to maintain adherence with treatment, the new drugs might well cause more harm than good.

On the individual level, improper treatment can cause irreparable immune system damage that would foreclose future therapeutic benefits. On a community, national, and global level, supporting the distribution of these new treatments where the required infrastructure is incomplete would likely result in the expedited development of treatment-resistant strains of HIV.

Advocate for Access To Short-Course Zidovudine

Recently completed clinical trials in Thailand have demonstrated the efficacy of a "short-course" of zidovudine in reducing the transmission of HIV from infected mothers to their babies. This new treatment regimen is a fraction of the cost of the standard of zidovudine therapy used in the US (the "076" protocol).

Significant obstacles remain to broader availability of this new treatment. At $80-100, it is still far more than the average per capita health expenditure of most countries where HIV is endemic. In addition, most pregnant women do not see any health care professional prior to giving birth and therefore are unlikely to know if they are infected.

Nonetheless, UNAIDS is proceeding with a program to increase access to this short-course therapy and ONAP should help to reinforce US support and participation.

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Coordinate International Efforts By Federal Agencies And NGOs

Numerous Federal and international agencies participate in international AIDS efforts. Among the Federal agencies, HHS, NIH, CDC, USAID, State, Peace Corps, and USIA have significant programs. In addition, the World Bank, International Monetary Fund, United Nations, UNAIDS, and the World Health Organization have large AIDS initiatives.

ONAP has the opportunity to help facilitate coordination both among the Federal agencies, and between those agencies and the private international organizations. The ONAP Director has served as the chief U.S. representative to UNAIDS meetings; this role should continue.

ONAP should consider hosting a meeting with World Bank officials to discuss their HIV/AIDS-related programs. The new President of the World Bank, Dr. Wolfenson, has a background in AIDS work. A focus of the meeting could be a discussion of the core lending values used by the World Bank in its HIV/AIDS-related loans, as well as their use of objective needs analyses and outcome evaluations for loan origination and review.

ONAP should also host a meeting of Federal officials involved in HIV vaccine development so as to encourage interagency communication and coordination. This is consistent with a recommendation made by the PACHA, and supported by Drs. Varmus and Fauci of the NIH.

Promote Increased Prioritization Of HIV/AIDS and Human Rights

Because of its leadership role in the international AIDS effort, the voice of the United States carries great weight. So too does its silence. ONAP should continue to encourage involvement by senior Administration officials and principals in AIDS-related activities so as:

- to promote public awareness of the extent of the international epidemic,
- to encourage greater participation by other developed nations, and
- to foster increased support of international relief efforts by Congress.

This involvement should be both in the context of global public health and humanitarian efforts, and as an issue of fundamental human rights. Discrimination and stigmatization of persons living with HIV/AIDS is pervasive, threatening the health and safety of those that are infected and affected and thwarting efforts to ~~encourage HIV testing and care~~. The efficacy ~~of the new treatments and~~ prevention strategies will never be fully realized when people living with HIV must fear for their safety and well-being.

In its international AIDS efforts, ONAP should encourage the discussion of HIV/AIDS as a human rights issue: to encourage international human rights organizations to include HIV/AIDS-related violations in their reporting and advocacy efforts; and to promote the inclusion of HIV/AIDS in the development and promulgation of U.S. foreign policy.

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• PUSH THESE ISSUES TO THE FOREFRONT OF THE 13th INTERNATIONAL CONFERENCE

[illegible] for a cost effective intervention that has shown real promise

In addition, prevention strategies that enable & empower women to protect themselves from HIV in countries where "negotiated condom use" is impractical are essential & should be pushed by ONAP

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Research

The investment made by the United States in AIDS research has made possible the new treatments that are saving thousands of lives. Led by the National Institutes of Health (NIH), great achievements have been made in the understanding of the basic pathogenesis of HIV disease, in the virology of HIV, and in the immune response to HIV infection.

The Office of AIDS Research (OAR) at the NIH provides excellent leadership in the development of an annual plan for HIV-related research. The work of the Office of National AIDS Policy can augment this process by supporting broad policy direction and support and through facilitating dialogue between the various Federal agencies involved and between the Federal agencies and the private sector.

While the new treatments have clearly changed the landscape of HIV treatment, additional work is required to address the challenges that these treatments have presented.

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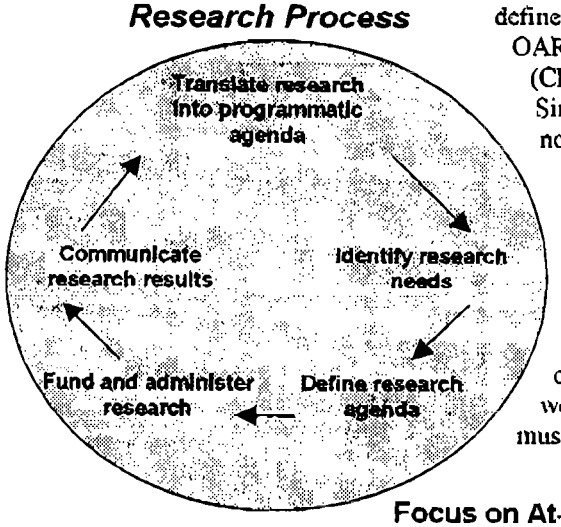

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