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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Patsy Fleming to Carol Rasco and Jeremy Ben-Ami re: ONAP staffing [Non-selection] [partial] (2 pages)	01/13/1995	b(6)
002. table	re: ONAP staffing [Non-selection] (1 page)	01/24/1995	b(6)
003. memo	Patsy Fleming to Carol Rasco and Jeremy Ben-Ami re: ONAP staffing [Non-selection] [partial] (2 pages)	01/13/1995	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
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FOLDER TITLE:
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2018-0764-F
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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]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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THE WHITE HOUSE

WASHINGTON

January 13, 1995

MEMORANDUM FOR CAROL RASCO AND JEREMY BEN-AMI

FROM: Patsy Fleming PF

SUBJECT: Staffing for the Office of National AIDS Policy

As you know, we have had difficulties in getting sufficient staff to support the work of this office. I recognize the challenge the White House faces with FTE ceilings, and *greatly* appreciate the additional FTE that permitted Jeff to be hired. But I am concerned about the problems we have found in obtaining the cooperation of the agencies in supporting our work.

As we continue carrying out our responsibilities, it is essential that we obtain sufficient and stable staffing. If we cannot fill the positions listed below (which have been reduced from our original staffing plan), we jeopardize the President's program on AIDS.

As you know, we continue to spend significant time on the budget, the block grant proposal, the reauthorization of Ryan White, important contacts with Congress, liaison with the community, the creation of the interdepartmental task force, the adolescents report, implementation of the findings regarding prevention of HIV transmission from pregnant women to their new-borns, etc. In addition, at some point in the near future, we will be staffing the Advisory Council as well.

This is the staffing structure we now propose for this office and the status of our efforts to fill these positions:

Position	Individual	Status
Director		
Deputy Director		
Public Affairs	(b)(6)	
Adolescents report		
Research		

[001]

Position	Individual	Status
Services		
Prevention		
Substance Abuse		
Housing	(b)(6)	
Policy analyst		
Advisory council liaison		
Receptionist		
Executive Asst.		

Carol and Jeremy, as always, thanks for your help with these frustrating bureaucratic details.

Office of National AIDS Policy (ONAP)
Strategic Plan

Key Planning Assumptions

• *Given limited staff capacity and the absence of programmatic line authority, ONAP's power is purely derivative.*

• *ONAP must invest resources wisely and in a highly focused manner if it is to make a meaningful contribution to the battle against AIDS.*

• *No activities should be undertaken that do not help ONAP to build capacity (capital) or to achieve delineated policy objectives.*

• *Policy objectives must be prioritized and the level of White House involvement required to achieve these objectives must be assessed.*

Policy Objectives

• **Impacting national AIDS policy**
(by providing a strong White House presence)
-- Prevention
-- **needle exchange**
-- accountability, targeting, streamlining review process
-- youth (peer education)
-- Care and Treatment -- expanded access
-- **FY99 budget**
-- drugs + delivery systems
-- drug treatment w/general
<-- Medicaid expansion
-- managed care w/other disability groups
-- Research
-- vaccine initiative
- microbicides

• **Building partnerships that enhance our collective response**
(by facilitating communication and cooperation)
-- **international support and exchanges**
-- special populations:
-- **women**
-- people of color
-- **youth**
-- corporate alliances
-- return to work
-- training and technical assistance

- vaccine dev't.
- prevention dialogue

Strategies and Tactics

A). Build Capital

ONAP appears to be designed to act as a constituency service operation. The lack of line authority, appropriate staffing patterns, or adequate budgetary resources makes it extremely difficult for ONAP to effectively manage the array of national AIDS policy questions currently in play much less develop new and innovative policy initiatives. Therefore, if ONAP seeks to engage in these activities, it must make strategic use of the resources available to develop a power base that expands its reach.

Goal 1: Build Internal Capital -- "Greening of the West Wing"

Action Steps

• **Move into OEOB office.** From today forward, Sandy and Sarah should work out of the OEOB office. This will help to build an ongoing AIDS presence in the White House and to facilitate the "get it done in the all" approach to moving things forward. This will also ensure that White House staff remember that AIDS policy is done by ONAP.

• **Attend 7:30am senior staff meetings.** From today forward, Sandy should attend the 7:30am senior staff meeting every day. This will help to build relationships, streamline communications, put AIDS issues on the radar screen, make clear that ONAP wants and needs White House support, and demonstrate that ONAP has a policy objectives and a plan for moving them forward.

• **Hold a regular White House AIDS meeting.** ONAP should hold a once a month (or every two weeks) White House staff meeting to make sure that everyone is in the loop and on the program. If ONAP seeks to plan a major forum/event each month from December - April, this would provide a vehicle for maximizing buy in. The White House staff like meetings and if they are going to happen, they should be planned and controlled by ONAP.

• **Inform White House staff about ONAP work with Advisory Council.** The White House staff should know how much energy ONAP spends working with the Advisory Council in an effort to make sure the Administration is given maximum credit for it's efforts. Bruce should receive copies of early drafts and chroncile changes made through ONAP efforts.

• **Set up strategic meetings and lunches with White House staff.**

Goal 2: Building External Capital

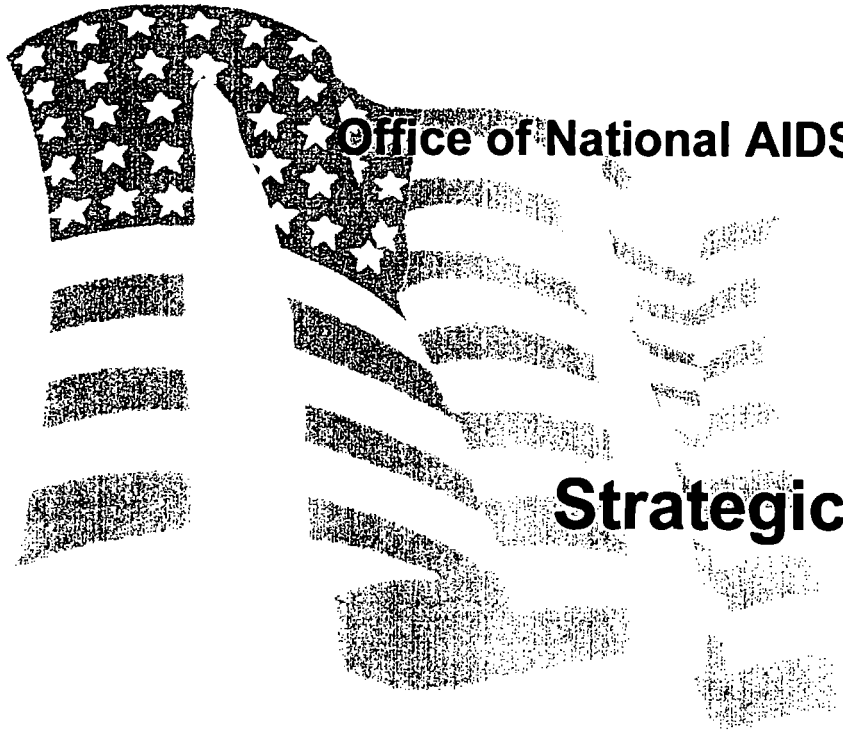
Action Steps

• **Community (Todd)**
• **Media (Jeff)**
• **Council (Daniel)**
• **Congress (Michael)**

Goal 3: Marshalling and Maximizing Resources Toward the Achievement of Delineated Policy Objectives

Action Steps

- **Time manangment**
- **Delegation of authority**
- **Project based resource recruitment**



Office of National AIDS Policy

Strategic Plan

Prepared by

Michael Iskowitz
April, 1998

Table of Contents

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1) **Impacting national AIDS policy**
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      i) needle exchange
      ii) accountability, targeting, streamlining review process
      iii) youth (peer education)

   b) Care and Treatment
      i) expanded access
      ii) FY99 budget
      iii) drugs + delivery systems
      iv) drug treatment w/general
      v) Medicaid expansion
      vi) managed care w/other disability groups

   c) Research
      i) vaccine initiative

2) **Building partnerships that enhance our collective response**
   (by facilitating communication and cooperation)
   a) international support and exchanges
      i) UNAIDS
      ii) World Bank
      iii) USAID
      iv) USIA
      v) NIH
   b) special populations:
      i) women
      ii) people of color
      iii) youth
   c) corporate alliances
      i) return to work
      ii) training and technical assistance

Strategies and Tactics

Build Capital

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1) Community (Todd)
2) Media (Jeff)
3) Council (Daniel)
4) Congress (Michael)

▼ Marshalling and Maximizing Resources Toward the Achievement of Delineated Policy Objectives

Action Steps

1) Time management
2) Delegation of authority
3) Project-based resource recruitment

Issue Prioritization

CARE AND TREATMENT			
Issue	**Priority**	**Staff Person**	**Timing**
Drug Pricing			
Incarcerated			
Treatment Access			
CARE Reauthorization			
Return to Work			
Housing			
Tx Info Dissemination			
Health Care Quality/Bill of Rights			
PREVENTION			
Needle exchange			
Drug treatment			
Content restrictions			
HIV Surveillance			
Counseling and Testing			
POTUS Youth Directive			
Prevention science			
Bad legislation			

RESEARCH			
HIV Vaccine Initiative			
OAR Status/Support			
Research Agenda			
Interagency Coordination			
INTERNATIONAL			
South Africa			
Russia and FSU			
India			
Asia/Pacific			
South America			
UNAIDS			
Treatment & AZT Access			
Orphans			
Regional Conferences			
POPULATION-SPECIFIC			
African-American & Latino "State of Emergency"			
Native American summit			
POTUS Youth Directive			
Race and Health Initiative			
Leadership Meetings (Women, Youth, Comm. Of Color)			

OTHER			
PACHA			
DPC			
Budget Process			
Interdepartmental Task Force			
Agency Reps			
Interns			
Contractors			
Community Groups			
Media Relations			
ONAP Web site			
World AIDS Day			
Health Care Worker Guidelines			

Office of National AIDS Policy
Staffing Proposal

✓Director -- Sandy Thurman (existing)
✓Deputy Director -- Todd Summers (existing)
✓1 support staff (existing slot -- unfilled by agency)

✓1 Media Coordinator (new GS14)
6 Senior Policy Advisors (overall policy coordination, research, prevention, treatment, international and special projects)
(3 new GS13-15s + 3 GS13-15s detailees)
✓✓1 Administrative Assistant and 1 office manager
(1 new GS12 + 1 GS12 detailee)
✓ 2 Support Staff (2 new GS8 detailees)
$200,000 for consultants and meetings (1 per month)

Total -- 14 = 9 senior staff + 5 support staff
3 existing, 5 new budgeted, 6 new detailees

Relevant comparisons being made by the AIDS community include:

• During the Reagan and Bush years, the National AIDS Program Office at HHS had 38 FTEs. Today, the same office has been zeroed out every year by HHS but remains open with 4 FTEs as a result of serious pressure from the Congress (letter to Secretary from 25 Senators circulated by Kennedy and Hatch). The Reagan/ Bush AIDS coordination staffing levels were more than twice that proposed for the revitalized Office of National AIDS Policy.

• The Office of National Drug Policy has been given an additional 148 FTEs and now has more than 10 times the staffing proposed for the revitalized Office of National AIDS Policy.

• The cost of this staffing proposal is less than 1/30th of 1% of federal AIDS discretionary spending.

Jeffrey Levi
7520 12th Street, N.W.
Washington, DC 20012
phone: 202-291-0277, fax: 202-291-0267
e-mail: 74551.2202@compuserve.com

January 21, 1997

MEMORANDUM FOR BRUCE REED

SUBJECT: AIDS Policy

This is an outline of my personal views on some of the key issues and concerns regarding HIV/AIDS policy as well as some thoughts regarding the structure of the AIDS office. This is in no way a comprehensive outline, just issues that I think are of key importance at this time.

1. We need new approaches in three critical areas of AIDS policy: care and services, HIV testing, and prevention among substance abusers.

a. Care and Services. The new and promising treatments for HIV offer tremendous hope regarding the improved length and quality of life for people with HIV. But we must be careful not to oversell them. They are *not* the cure; not all people with HIV are responding well to them. Nonetheless, these new treatments (and their likely successors) are posing important challenges to the AIDS care and services delivery system.

Central to the success of these new treatments is believed to be the earliest possible intervention in the course of HIV disease. Yet access to care and services under most federally funded programs (Medicaid by law; the $1 billion CARE Act by virtue of who is served and what services are provided) focuses on the end stage of disease. *There needs to be some creative thinking done about redesigning the existing care and services funding streams and infrastructure to assure earlier access to care for people with HIV.*

This is not a question of money. While I would never argue against increased funding for programs, the public sector now spends $5 billion a year for HIV-related care and services, between federal and state shares of Medicaid and the CARE Act. On a per capita basis, this is a significant amount of money and could well assure adequate care for almost every person with HIV -- if we did not have structural and political impediments to more creative use of these resources. The federal government must show leadership in giving more flexibility to existing programs and forcing a dialogue within the AIDS community on this subject. (The Presidential Advisory Council on HIV/AIDS called for just such a dialogue.) I think in the end, the result could be diminished pressure for increased funding and improved care for people with HIV.

(One cannot discuss care without mentioning the critical role of Medicaid to the AIDS population. More than half of people with AIDS (and 90 percent of children with AIDS) depend on Medicaid for their care. Hence, the future of Medicaid, especially the proposal

for a per capita cap, is going to be the focus of considerable energy from the AIDS community. It will be essential to demonstrate that the proposals for change in Medicaid will not hurt people living with AIDS.)

b. Testing. This new scientific imperative for early treatment means that we need to do a better job of getting people at risk for HIV tested, so they can fully benefit from these new treatments. I firmly believe that the Administration's position opposing mandatory testing is the correct one. *But we have incorrectly shied away from actively encouraging all at risk to be tested voluntarily.* CDC estimates that half of people with HIV do not know their status. Those who are tested are tested very late in disease progression; one study showed that more than one-third of people with AIDS had their first HIV test no more than two months prior to their AIDS diagnosis. (The median incubation period between HIV infection to an AIDS diagnosis is about ten years.) Meanwhile, because testing is such a loaded issue (with legitimate fears of misuse of testing to stigmatize those at risk), we have not addressed how we can encourage more voluntary testing or (at a minimum) fix the federally funded programs (where 40 percent of those who get tested don't return for their test results). This is a critical issue, in my view -- both because of its public health implications and because at some point those on the Far Right are going to pick up on some of these data and have compelling (if misguided) arguments for more coercive approaches to testing. A full-scale effort encouraging testing and more closely linking testing to care and services could well prevent such an outcome.

c. Prevention. Our prevention programs are still hamstrung by political considerations. The most glaring example relates to substance abusers. Now accounting for probably half of new infections, injection drug use comes with much political baggage -- even more so, it seems, than sexual transmission. There is no doubt in the scientific community that syringe exchange programs can dramatically reduce the rate of transmission of HIV among injection drug users. Nor is there legitimate evidence that syringe exchange programs encourage drug use. These are the two tests Congress has set for the use of federal funds for syringe exchange programs. Yet the Administration has refused to concede that they have been met. Even if it is felt politically impossible to free up federal funding for syringe exchange programs (because Congress might, in the end, impose tougher restrictions that would affect what states can do), *federal health officials must find a way to telegraph the legitimacy of this approach and to support those state and local officials who wish to use local funds for syringe exchange.* Until the Administration changes its position on this issue, we cannot claim that science is driving HIV policy.

2. Structure of the Office of National AIDS Policy

In its current incarnation, the office has five roles: (1) serving as a community liaison - a lightning rod for the community's concerns and being visible *within* the community; (2) assuring adequate attention to HIV in the budgetary process; (3) assuring appropriate policy responses; (4) attending to the Advisory Council; and (5) serving as a "bully pulpit" to raise the country's awareness about HIV/AIDS and to demonstrate to the general public the

Administration's special commitment to this issue.

I think we have been largely successful in all but the last area. The community's expectation of the bully pulpit role was never achievable -- either by having what they consider to be a major personality capable of commanding media attention on his/her own, or by having the President be more involved on a routine basis with this issue. I think the community has learned from the first term the value of the substance of what this office does and as they respond to a search for new leadership there will be a variety of viewpoints about what this office should look like -- from wanting the functional equivalent, including all the staff, of the Drug Czar to a more modest (and appropriate) policy operation.

I think there are at least three options for how to structure this office in a second term:

(a) Increase the prominence of the director. This would essentially retain the current structure, but recruit as director a high-profile political person who would be seen by the community as able to be more aggressive in internal deliberations.

(b) Keep the current structure in place and recruit a director who has solid HIV policy experience (preferably some government experience) whom the community would respect, the bureaucracy would know and respect -- but might not command the kind of attention in the media of a more political person. For example, there are several excellent state AIDS directors who, if they had a deputy with some Washington experience, could do a very credible job. Even if there is consensus about keeping the current structure in place, there will be great pressure to increase the size of the permanent staff of the office.

(c) A different approach. I firmly believe that the real work of this office can be done with a very small staff and that, in fact, a separate "office" is not necessarily the best approach for a second term. In the first term we needed to establish with clarity the priority HIV must have throughout the Administration. I think that has been achieved, both within the government and in the eyes of the community. In a second term, I think the substantive issues we are going to be facing that will require time and new ideas are much more closely related to more general issues being addressed within the DPC, such as Medicaid and Medicare. This requires an HIV voice, to be sure, but not a separate voice. In fact, that would be counterproductive and what the AIDS-specific staff should be doing is linking the AIDS community to the larger communities working on these issues, rather than identifying separate agendas and approaches to common problems. (Clearly, as the earlier part of the memo indicates, there is a place for AIDS-specific considerations as well.)

I think this approach could be accomplished by limiting the AIDS staff to two substantive policy people, one person working on liaison to the Advisory Council (an HHS FTE), and a support person shared by the other three. All would play a role in community liaison. This would permit continued addressing of major policy areas (without detailed meddling in day-to-day functions of the agencies), continued involvement in budgetary issues, communication with the community, and, if travel and speaking engagements are shared, more than adequate

outreach and visibility within the community. This would *not* permit some of the more involved work with the press that the AIDS office has done (but this probably should be a function of the White House press office anyway).

In addition, I would integrate the AIDS staff as equal members of the DPC staff -- rather than a separate office. While some would argue that not having a separate office is a downgrading, if the staff are working within the complex, this can be presented as a step up in status. (It could actually still be called an office, just operating differently.) And physical integration and proximity would increase the likelihood of the cross-fertilization with broader policy issues that is in the interest of good HIV policy and in the interest of adding the HIV constituency to the coalitions supportive of the Administration's efforts in other areas.

3. There is a need for continued visibility and demonstration of commitment to the AIDS issue from the highest levels of the Administration.

Irrespective of decisions on policy or the structure of the AIDS office, the AIDS community will demand continued visibility and demonstrations of commitment to this issue from the highest levels of the Administration -- the President, the Vice President, and the Domestic Policy Advisor. It will not be enough to appoint a stellar AIDS policy director; the community will continue to want to see these issues addressed by the rest of the Administration.

This is important for several reasons: internally, it strengthens the hand of the AIDS policy director, who might otherwise be seen as just another special interest pleader; externally, it reassures a vocal, but insecure, constituency that the struggles they face on a daily basis are important to the President and his chief advisors. It can never be forgotten, despite a reputation for being so powerful, that the AIDS coalition is one comprised of oppressed constituencies -- gays, drug users, minorities, and women. The President's quick embrace of the Defense of Marriage Act was a harsh reminder to a critical component of this coalition that political support for their deepest concerns is tenuous at best, even in a very favorable Administration.

In addition to your direct role, the new AIDS policy director will need your political support internally for keeping this issue on the radar screen for the President. We have done wonderful things in using the President's bully pulpit -- but never without a struggle. The Vice President has been very involved in some key policy initiatives (especially re drug development). This will likely continue and can reduce pressure for the President's time.

Staffing

Talk to Hale

January 25, 1995

MEMORANDUM TO BRIAN ATWOOD

From: Erskine Bowles
Deputy Chief of Staff

Subject: Staffing the Office of National AIDS Policy

As you know, the Administration this fall restructured the Office of National AIDS Policy, hiring a new Director, Patsy Fleming, and a Deputy Director directly onto the White House Domestic Policy staff. A new Interagency Task Force on AIDS is being established, which met for the first time yesterday, and we will soon be announcing appointments to the AIDS Advisory Council.

To support the work of this important interagency effort, I am asking the agencies and offices most involved in this issue to assign at least one staff person to work full-time as an agency representative at the office. The person would be helping to work among all agencies providing assistance at home and abroad for research, services and support programs. The particular focus of the job would be on coordinating all international efforts on behalf of the administration, but would also involve supporting the overall interagency effort. It would be appropriate for this person to have strong analytical skills. [??]

I understand that this is a difficult time for all agencies as we attempt to reduce the size of government and are all expected to do more with less. However, the work of the AIDS Office is a top priority of the President's and I must ask each member of the Cabinet to pitch in to make this office an effective leader in our work to fight this disease.

I would appreciate it if you could let my office know no later than Friday, February 3 who you will be assigning. If you have more specific questions about job descriptions or qualifications or other logistics, please feel free to call Patsy Fleming at 632-1090. Thank you in advance for your cooperation.

January 25, 1995

MEMORANDUM TO SECRETARY RON BROWN

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To support the work of this important interagency effort, I am asking the agencies and offices most involved in this issue to assign at least one staff person to work full-time as an agency representative at the office. As you know, protecting the legal rights of persons with AIDS is an important component of our overall Administration efforts. We are looking for you to designate someone who could serve as a staff assistant to the Office, specifically working on legal issues, but also providing general staff assistance on other policy matters. The person could be a junior lawyer from the Civil Rights Division or a junior staff assistant, perhaps a paralegal.

I understand that this is a difficult time for all agencies as we attempt to reduce the size of government and are all expected to do more with less. However, the work of the AIDS Office is a top priority of the President's and I must ask each member of the Cabinet to pitch in to make this office an effective leader in our work to fight this disease.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. table	re: ONAP staffing [Non-selection] (1 page)	01/24/1995	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:
Admin - ONAP [Office of National AIDS/HIV Policy] - Strategic Plan

2018-0764-F
jm1995

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]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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January 25, 1995

MEMORANDUM TO DIRECTOR LEE BROWN

From: Erskine Bowles
Deputy Chief of Staff

Subject: Staffing the Office of National AIDS Policy

As you know, the Administration this fall restructured the Office of National AIDS Policy, hiring a new Director, Patsy Fleming, and a Deputy Director directly onto the White House Domestic Policy staff. A new Interagency Task Force on AIDS is being established, which met for the first time yesterday, and we will soon be announcing appointments to the AIDS Advisory Council.

To support the work of this important interagency effort, I am asking all agencies and offices involved in this issue to assign at least one staff person to work full-time as an agency representative at the office. Because of the central link between substance abuse and HIV, I am asking you to help by designating one full time staff person who will be assigned to the AIDS Office to work on substance abuse issues.

I understand that this is a difficult time for all agencies as we attempt to reduce the size of government and are all expected to do more with less. However, the work of the AIDS Office is a top priority of the President's and I must ask each member of the Cabinet to pitch in to make this office an effective leader in our work to fight this disease.

I would appreciate it if you could respond to my office no later than Friday, February 3. If you have more specific questions about job descriptions or qualifications or other logistics, please feel free to call Patsy Fleming at 632-1090. Thank you in advance for your cooperation.

January 25, 1995

MEMORANDUM TO SECRETARY HENRY CISNEROS

From: Erskine Bowles
Deputy Chief of Staff

Subject: Staffing the Office of National AIDS Policy

As you know, the Administration this fall restructured the Office of National AIDS Policy, hiring a new Director, Patsy Fleming, and a Deputy Director directly onto the White House Domestic Policy staff. A new Interagency Task Force on AIDS is being established, which met for the first time yesterday, and we will soon be announcing appointments to the AIDS Advisory Council.

To support the work of this important interagency effort, I am asking all agencies and offices involved in this issue to assign at least one staff person to work full-time as an agency representative at the office. Because of the important housing needs and concerns of people with HIV and AIDS, I am asking you to help by designating one full time staff person who will be assigned to the AIDS Office to work on ~~substance abuse~~ issues. I understand that some preliminary discussions have been held at a staff level about the possibility of sending Marsha Martin to work at the AIDS office as an agency representative. I would be very pleased if such an arrangement could be worked out. ~~However, you should feel free to designate a substitute as appropriate.~~

I understand that this is a difficult time for all agencies as we attempt to reduce the size of government and are all expected to do more with less. However, the work of the AIDS Office is a top priority of the President's and I must ask each member of the Cabinet to pitch in to make this office an effective leader in our work to fight this disease.

I would appreciate it if you could respond to my office no later than Friday, February 3. If you have more specific questions about job descriptions or qualifications or other logistics, please feel free to call Patsy Fleming at 632-1090. Thank you in advance for your cooperation.

January 25, 1995

MEMORANDUM TO SECRETARY RICHARD RILEY

From: Erskine Bowles
Deputy Chief of Staff

Subject: Staffing the Office of National AIDS Policy

As you know, the Administration this fall restructured the Office of National AIDS Policy, hiring a new Director, Patsy Fleming, and a Deputy Director directly onto the White House Domestic Policy staff. A new Interagency Task Force on AIDS is being established, which met for the first time yesterday, and we will soon be announcing appointments to the AIDS Advisory Council.

To support the work of this important interagency effort, I am asking all agencies and offices involved in this issue to assign at least one staff person to work full-time as an agency representative at the office. Because of the importance of AIDS education, particularly for young people in preventing the spread of the disease, I am asking you to help by designating one full time staff person who will be assigned to the AIDS Office to work on AIDS education and prevention issues.

I understand that this is a difficult time for all agencies as we attempt to reduce the size of government and are all expected to do more with less. However, the work of the AIDS Office is a top priority of the President's and I must ask each member of the Cabinet to pitch in to make this office an effective leader in our work to fight this disease.

I would appreciate it if you could let my office know no later than Friday, February 3 who you will be assigning. If you have more specific questions about job descriptions or qualifications or other logistics, please feel free to call Patsy Fleming at 632-1090. Thank you in advance for your cooperation.

January 25, 1995

MEMORANDUM TO COMMISSIONER SHIRLEY CHATER

From: Erskine Bowles
Deputy Chief of Staff

Subject: Staffing the Office of National AIDS Policy

As you know, the Administration this fall restructured the Office of National AIDS Policy, hiring a new Director, Patsy Fleming, and a Deputy Director directly onto the White House Domestic Policy staff. A new Interagency Task Force on AIDS is being established, which met for the first time yesterday, and we will soon be announcing appointments to the AIDS Advisory Council.

To support the work of this important interagency effort, I am asking the agencies and offices most involved in this issue to assign at least one staff person to work full-time as an agency representative at the office. The benefits administered by the Social Security Administration are absolutely vital to many people living with HIV and AIDS. I would appreciate it if you could identify a staff person with some analytical and writing skills who would be able to support the work of the office, including answering letters and inquiries from citizens with questions about their benefits and other similar correspondence.

I understand that this is a difficult time for all agencies as we attempt to reduce the size of government and are all expected to do more with less. However, the work of the AIDS Office is a top priority of the President's and I must ask each member of the Cabinet to pitch in to make this office an effective leader in our work to fight this disease.

I would appreciate it if you could let my office know no later than Friday, February 3 ~~who you will be assigning~~. If you have more specific questions about job descriptions or qualifications or other logistics, please feel free to call Patsy Fleming at 632-1090. Thank you in advance for your cooperation.

January 25, 1995

MEMORANDUM TO BRIAN ATWOOD

From: Erskine Bowles
Deputy Chief of Staff

Subject: Staffing the Office of National AIDS Policy

As you know, the Administration this fall restructured the Office of National AIDS Policy, hiring a new Director, Patsy Fleming, and a Deputy Director directly onto the White House Domestic Policy staff. A new Interagency Task Force on AIDS is being established, which met for the first time yesterday, and we will soon be announcing appointments to the AIDS Advisory Council.

To support the work of this important interagency effort, I am asking the agencies and offices most involved in this issue to assign at least one staff person to work full-time as an agency ~~representative at~~ the office. The person would be helping ~~to work~~ among all agencies providing assistance ~~at home and abroad for~~ research, services and support programs. The particular focus of the job would be on coordinating ~~the~~ international HIV efforts on behalf of the administration, but would also involve supporting the overall interagency effort. It would be appropriate for this person to have strong analytical skills.

I understand that this is a difficult time for all agencies as we attempt to reduce the size of government and are all expected to do more with less. However, the work of the AIDS Office is a top priority of the President's and I must ask each member of the Cabinet to pitch in to make this office an effective leader in our work to fight this disease.

I would appreciate it if you could let my office know no later than Friday, February 3 who you will be assigning. If you have more specific questions about job descriptions or qualifications or other logistics, please feel free to call Patsy Fleming at 632-1090. Thank you in advance for your cooperation.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. memo	Patsy Fleming to Carol Rasco and Jeremy Ben-Ami re: ONAP staffing [Non-selection] [partial] (2 pages)	01/13/1995	b(6)

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THE WHITE HOUSE

WASHINGTON

January 13, 1995

MEMORANDUM FOR CAROL RASCO AND JEREMY BEN-AMI

FROM: Patsy Fleming PF

SUBJECT: Staffing for the Office of National AIDS Policy

As you know, we have had difficulties in getting sufficient staff to support the work of this office. I recognize the challenge the White House faces with FTE ceilings, and *greatly* appreciate the additional FTE that permitted Jeff to be hired. But I am concerned about the problems we have found in obtaining the cooperation of the agencies in supporting our work.

As we continue carrying out our responsibilities, it is essential that we obtain sufficient and stable staffing. If we cannot fill the positions listed below (which have been reduced from our original staffing plan), we jeopardize the President's program on AIDS.

As you know, we continue to spend significant time on the budget, the block grant proposal, the reauthorization of Ryan White, important contacts with Congress, liaison with the community, the creation of the interdepartmental task force, the adolescents report, implementation of the findings regarding prevention of HIV transmission from pregnant women to their new-borns, etc. In addition, at some point in the near future, we will be staffing the Advisory Council as well.

This is the staffing structure we now propose for this office and the status of our efforts to fill these positions:

Position	Individual	Status
Director		
Deputy Director		
Public Affairs	(b)(6)	
Adolescents report		
Research		

[003]

Position	Individual	Status
Services		
Prevention		
Substance Abuse		
Housing	(b)(6)	
Policy analyst		
Advisory council liaison		
Receptionist		
Executive Asst.		

Carol and Jeremy, as always, thanks for your help with these frustrating bureaucratic details.

QUESTIONS FOR DISCUSSION WITH SANDY THURMAN

1. Ms. Thurman began April 7, 1997

2. Before her there were: Christine Gebbie (June 25, 1993 to July 8, 1994)
Patricia Flemming (August 1, 1994 - temporary - November 10, 1994 to January, 1997)
Eric Goosby (February 17, 1997 - April, 1997)

3. What kind of a charter does she have? No Executive Order. But:

a) President's Debate remarks of October 11, 1992:

"We need to put one person in charge of the battle against AIDS to cut across
] all the agencies that deal with it. We need to accelerate the drug approval process. We need to fully fund the act named for that wondeful boy Ryan White, to make sure we're doing everything we can on research and treatment. And the president should lead a national effort to change behavior, to keep our children alive in the schools, responsible behavior to keep people alive. This is a matter of life and death. I have worked in my state to reduce teen pregnancy and illness among children. I know it's tough... I am proud of the leadership that I'm going to bring to this country in dealing with the AIDS crisis."

b) President's remarks on appointing Kristine Gebbie (June 25, 1993)

"This position has never existed before, but circumstances now require us to look for unprecedented remedies to an unprecedented problem...To make Government's role in AIDS more efficient, we're also taking steps to coordinate AIDS policy. On June 10th, I signmed into law the National Institute of Health's Revitalization Act that estdablishes an AIDS research office to coordinate all the AIDS research at NIH. By now appointing an AIDS Policy Cordinator, we will ensure that one person in the White House oversees and unifies Governmentwide AIDS efforts. Kristine Gebbie will be a full member of the Domestic Policy Council and will work closely with the Department of Health and Human Services ... She has my full support in coordinating policy among all the various executive branch departments....I assure you this is another step in the beginning of our effort, not the end of myu personal commitment. This will guarantee the kind of focus this effort has long needed."

c) President's remarks on the occasion of the appointment of Sandy Thurman (April 7, 1997)

"More than ever, we need a strong advocate for people with AIDS...we want to
] find a vaccine against the AIDS virus and cure for those who have the HIV infection....we must do all we can to hit the epidemic hard with a coordinated

effort of research, treatment and prevention... The Office is charged with coordinating all our Federal policy and programs regarding AIDS. It also builds our partnerships with other levels of government and with private-sector communities and organizations. Our Office is charged with keeping us on track in treatment and in education and to keep our focus on research for ways to prevent and cure this disease. ..Make no mistake: a cure has been and always will be our very first priority. The Director of this Office msut be an individual with a clear understanding of AIDS as a disease and as a social issue in America, someone who knonws the scientific front as well as the human center of AIDS, someone who knows how to fight the cut through red tape to get the job done... I have already assured her that she will have the support and the resources she will need, including my personal support, to succeed in this all-important task. My door is open to her. ..What I would like to see is to rely on the President's Advisory Council and the AIDS Office even more heavily to mobilize even more people to have support for the work we're doing in research to find a cure, and also to do more at the grassroots level and to tie the efforts at the community level to what we're trying to do nationally."

4. Size of Offiice staff -- paid, interns, volunteers.

5. Aare all costs (Thurman's salary, and that of assistants) paid by HHS?

6. Her office budget for FY 1999 . For FY 2000.

7. Organization of her office -- who has what functions?

8. How does Sandy relate to other White House offices?

    Which White House staff meetings?
    Domestic Policy Council -- staff meetings?
    Meetings with Bruce Reed, others?
    Open door to President -- meetings with President?
    Chief of Staff
    NSC (her visit to Africa) -- Did she make a report to the President?
    Public Liaison -- relating to advocacy groups
    Intergovernmental Relations -- working with local governments and states
    First Lady -- children's health issues
    Vice President (present at her swearing-in)
    Mess privileges?

9. Relations with the Departments
    HHS - staff meetings, access to Secretary Shalala
    Drug Office
    NIH - Staff meetings? Briefings on status of research?
    AID

State
OMB - does she meet/advocate with them re budget resources?
With the AIDS Advisory Council

10. The needle-exchange decision: How was that handled? Did Sandy appeal to the President? How were her views made known to the President?

11. Issues:

Lack of scientific knowledge re miocrobiology and viruses
Not very many applications for research
Lack of knowledge as to what motivates human behavior
Difficulty of reaching such a "disenfranchised" population
The moral issue -- human sexual behavior
The religious issue
The "encouraging drugs" issue
Competition with funds for other diseases
The international issue

12. Her methods and tactics:
AIDS rides
Speechmaking
Publications
Appearances before Congress -- Appropriations Subcommittees?
Meetings with NGA? NAC? NLC? NCM?
Other priority approaches

13. Results:
Vaccine research
Research for a cure
Measure of funds appropriated

13. Recommendations to a future president
Should there be

Better access to President?
Better access to White House Staff? (Criticism re Gebbie was that she did not have enough access to and support from the White House)
Office space in the EOB, in the East or West Wing?
More cooperation from OMB? -- More funding?
A Charter? An Executive Order? A statute?