

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40015
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Memos to POTUS [2]

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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Sandra Thurman to President Clinton re: Report on Presidential Mission looking at children orphaned by AIDS in sub-Saharan Africa (6 pages)	04/26/1999	P1/b(1)
002. memo	Samuel Berger and Sandra Thurman to President Clinton re: Follow-up to the UN Security Council meeting on AIDS (5 pages)	02/01/2000	P1/b(1)
003. memo	Sandy Berger and Sandy Thurman to President Clinton re: Follow-up to the UN Security Council meeting on AIDS (3 pages)	01/31/2000	P1/b(1)
004. memo	Samuel Berger and Sandra Thurman to President Clinton re: Follow-up to the UN Security Council: Continuing US leadership in the global battle against AIDS (5 pages)	00/00/0000	P1/b(1)
005. memo	Samuel Berger and Sandra Thurman to President Clinton re: Follow-up to the UN Security Council: Continuing US leadership in the global battle against AIDS (5 pages)	02/09/2000	P1/b(1)
006. memo	Samuel Berger and Sandra Thurman to President Clinton re: Follow-up to the UN Security Council: Continuing US leadership in the global battle against AIDS (5 pages)	00/00/0000	P1/b(1)
007. memo	Samuel Berger and Sandra Thurman re: US leadership in the global battle against AIDS (3 pages)	02/16/2000	P1/b(1)
008. memo	Samuel Berger and Sandra Thurman re: US leadership in the global battle against AIDS (3 pages)	00/00/0000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

Memos to POTUS [2]

2018-0764-F

jm2013

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]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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ATTACHMENT A

PRESIDENTIAL MISSION TO AFRICA MARCH 27, 1999 – APRIL 5, 1999

MEMBERS OF CONGRESS

Rep. Carolyn Kilpatrick, Foreign Operations Subcommittee, Appropriations,
Congressional Black Caucus
Rep. Barbara Lee, Africa Subcommittee, International Relations,
Congressional Black Caucus
Rep. Sheila Jackson Lee, Founder and Chair, Congressional Children's Caucus,
Congressional Black Caucus

CONGRESSIONAL STAFF

Bruce Artim, Health Staff, Senator Hatch
Mary Lynn Qurnell, Legislative Assistant, Senator Helms
Stephanie Robinson, General Counsel, Senator Kennedy
Carolyn Bartholomew, Legislative Director, Rep. Pelosi,
Minority Staff, Foreign Operations Subcommittee, Appropriations

NON-GOVERNMENTAL PARTICIPANTS

William Harris, President, Children's Education and Research Institute
Bishop Felton May, General Board of Global Ministries, United Methodist Church
David Dinkins, Chair, Black Leadership Coalition on AIDS
Dr. Jacob Gayle, World Bank
Rory Kennedy, Documentary filmmaker
Nick Doob, Documentary filmmaker

ADMINISTRATION OFFICIALS

Sandy Thurman, Director, Office of National AIDS Policy
Michael Iskowitz, Consultant, USAID
Dr. Paul DeLay, Director, HIV/AIDS Programs, USAID
Maria Sotiropoulos, Protocol Officer, State Department
Phil Drouin, Africa Bureau, State Department

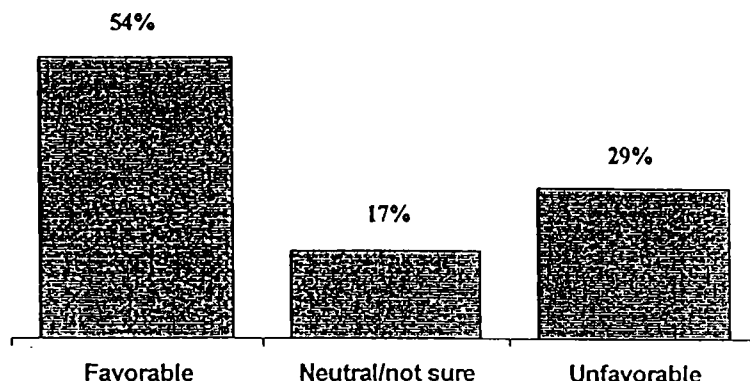
MILITARY PERSONNEL

Lt. Commander James Erskine
Dr. Anthony Barile
Brenda Geist, Director Congressional Travel

Peter D. Hart Research Associates, Inc.

1724 Connecticut Avenue, N.W.
Washington, D.C. 20009
202-234-5570
202-232-8134 FAX

Increase U.S. Assistance to Fight AIDS in Africa



Peter D. Hart Research Associates surveyed 1,411 registered voters, including 310 African Americans, by telephone between February 20 and 26, 1999, for the Children's Research and Education Institute.

American voters view the spread of AIDS in Africa as a serious problem. Although many voters have not heard much about the issue, they nonetheless believe that it is likely to have an impact here at home. A majority of Americans have a favorable view of a proposal to increase U.S. government assistance for international AIDS programs in Africa.

- ♦ The spread of AIDS in Africa is viewed as a serious problem by two-thirds (67%) of American voters, with 45% saying that it is an extremely serious problem and an additional 22% describing it as a quite serious problem.
- ♦ The same proportion (67%) believe that it is false to say that the global AIDS crisis is coming under control.
- ♦ In addition, three-quarters (75%) of voters believe that the AIDS epidemic in Africa will affect people in the United States.
- ♦ Although the issue is important, only 19% of voters say that they have read or heard a lot about it. Nearly half (48%) say that they have heard little or nothing about it.
- ♦ A 54% majority are favorable to a proposal to increase government assistance for international efforts to fight the spread of AIDS in Africa. Only 29% are unfavorable.
 - An overwhelming 83% majority of African Americans are favorable (55% strongly favorable), and only 10% are unfavorable.
- ♦ Support for greater assistance increases when it is placed in the context of an international effort. Three-quarters (76%) of voters say that they would be more likely to support assistance to help Africa deal with the AIDS epidemic if they knew that it would be a part of a larger international effort with Europe, Japan, and other countries doing their share.

AIDS in Africa

I'm going to mention some different issues, and I'd like to find out how serious a problem you consider each one to be in our country today. For each one, please tell me whether you consider it to be an extremely serious problem, a quite serious problem, a somewhat serious problem, or not that serious a problem.

	<u>Extremely Serious Problem</u>	<u>Quite Serious Problem</u>	<u>Somewhat Serious Problem</u>	<u>Not That Serious A Problem</u>	<u>Not Sure</u>
The spread of AIDS in Africa	45	22	13	8	12

Now I'm going to read you another list of statements. For each statement, please tell me whether you're sure it's true, think it's probably true, think it's probably false, or are sure it's false.

	<u>Sure It's True</u>	<u>Think It's Probably True</u>	<u>Think It's Probably False</u>	<u>Sure It's False</u>	<u>Not Sure</u>
The global AIDS crisis is coming under control	2	20	37	30	11

Now, I'm going to mention several proposals and I'd like to get your reaction. For each proposal I read, please tell me whether your reaction is very favorable, somewhat favorable, neutral, somewhat unfavorable, or very unfavorable.

	<u>Very Favorable</u>	<u>Somewhat Favorable</u>	<u>Neutral</u>	<u>Somewhat Unfavorable</u>	<u>Very Unfavorable</u>	<u>Not Sure</u>
Increasing U.S. government assistance for international efforts to fight the spread of AIDS in Africa						
ALL VOTERS	23	31	15	14	15	2
African Americans	55	28	6	5	5	1

How much have you heard or read about the issue of AIDS in Africa -- a lot, some, just a little, or not very much? **

	<u>ALL VOTERS</u>	<u>African Americans</u>
<u>Heard/Read</u>		
A lot	19	31
Some	32	28
Just a little	22	22
Have not heard/read very much	23	16
Heard/read nothing (VOL)	3	1
Not sure	1	2

** Asked of one-half the respondents (FORM B).

AIDS in Africa

Do you think that the AIDS epidemic in Africa will affect people in the United States, or not? **

	ALL VOTERS	African Americans
Yes, will affect people in the U.S.....	75	83
No, will not affect people in the U.S ...	16	10
Not sure.....	9	7

** Asked of one-half the respondents (FORM B).

If you knew that the U.S. assistance to help Africa deal with the AIDS epidemic would be part of a larger international effort with Europe, Japan, and other countries doing their share, would you be much more likely to support it, somewhat more likely to support it, or no more likely to support it? **

	ALL VOTERS	African Americans
Much more likely to support	37	49
Somewhat more likely to support	39	35
No more likely to support.....	20	12
Less likely to support (VOL)	1	-
Not sure.....	3	4

** Asked of one-half the respondents (FORM B).

AIDS in Africa

Now I am going to read you some reasons that people might give for supporting increased U.S. government assistance to fight the spread of AIDS in Africa . For each one, please tell me how convincing a reason it is to support increased assistance – very convincing, fairly convincing, only somewhat convincing, or not that convincing. **

	<u>Very Convincing</u>	<u>Fairly Convincing</u>	<u>Only Somewhat Convincing</u>	<u>Not That Convincing</u>	<u>Not Sure</u>
We all live on one planet, and the whole world benefits from fighting the spread of AIDS—if the epidemic has spread that much in Africa, we are fooling ourselves if we think that it won't affect the U.S.—it will, unless we do something now					
ALL VOTERS	44	14	21	16	5
African Americans.....	67	12	11	7	3
The AIDS epidemic is creating millions of orphans that are overwhelming the capacities of orphanages and churches, and filling the streets of many African cities. An estimated forty million children will lose a parent to AIDS by 2010					
ALL VOTERS	40	15	23	15	7
African Americans.....	56	18	17	6	3

May 21, 1999

MEMORANDUM TO THE PRESIDENT

FROM: Sandra L. Thurman, Director, Office of National AIDS Policy

SUBJECT: AIDS in Africa - Response to Your Request for Additional Information

Thank you for calling me in Ghana and for reiterating your concern about the AIDS emergency in Africa and the need for an invigorated US effort. As a follow-up to our conversation, this memorandum provides additional information that seeks to put the issue of AZT for pregnant women in the broader context of the AIDS pandemic in Africa.

AIDS is a plague of biblical proportion

Thanks to the commitment of Rev. Leon Sullivan, for the first time, the African American Summit focused much needed attention on the issue of AIDS in Africa and acknowledged the following bleak realities:

AIDS buries more than 5,500 people a day in Africa and that number will more than double in the next few years. The WHO just declared AIDS the leading cause of death among all people of all ages in Africa, and each day, an additional 11,000 people become HIV infected. Most of these new infections are among young people, under the age of 25. By 2005, more than 100 million people worldwide will be HIV-positive.

AIDS is leaving a generation of children in jeopardy. In many countries, between one-fifth and one-third of all children have already been orphaned by AIDS, and the worst is yet come. Within the next decade more than 36 million children will be orphaned by AIDS in sub-Saharan Africa, and this tragedy will continue to grow for at least another 30 years.

AIDS is wiping out decades of steady progress in development, doubling infant mortality, tripling child mortality, and slashing life expectancy by 20 years or more. AIDS is devastating economic growth, threatening political and regional stability, and stands a serious obstacle to the realization of your new partnership with Africa, again celebrated in Ghana.

The combination of leadership and resources can turn the tide.

In our battle against AIDS, Uganda is the model for success in the developing world. President Museveni has been a strong and effective AIDS leader, and has created an environment ripe for change. In response, the US has invested more than \$50 million on AIDS in Uganda over a ten-

year period. Through this combination of leadership and sustained resources, Uganda has cut the rate of HIV by more than half, and organized model AIDS care programs.

As an essential component of your new partnership with Africa, we need to help cultivate AIDS leadership among more African leaders, and we need to help enhance the overall investment in the war on AIDS to a level that meets the magnitude of this crisis. On the leadership front, we are beginning to see positive movement. As the realities of the AIDS become increasingly unavoidable, a growing number of African leaders are stepping up to the plate. However, the resources currently dedicated to winning this war, from both host governments and donors, are grossly inadequate. As I said in my previous memorandum, in the face of a 300% rise in annual HIV incidence and an AIDS explosion in sub-Saharan Africa, the USAID global AIDS budget has remained essentially stagnant since 1993. Other donors have followed suit. Without a dramatically enhanced response, we will lose this war.

Our Global AIDS Emergency Working Group is exploring three strategies for increasing the availability of resources to begin to meet the ever growing global AIDS crisis. First, we are looking at an increase in the USAID global AIDS budget. In this context, it is important that this increase be new money and not taken from other essential development accounts. Health, education, child-survival, and micro-finance are all interconnected components of a comprehensive human investment and AIDS strategy. Shifting money from one account to another will not improve our collective effort. Second, we are looking at an approach to debt relief that not only considers a debtor nation's economic policy but its strong commitment to investing in human capacity, particularly HIV and AIDS. Countries such as Côte d'Ivoire, Kenya, Nigeria, South Africa, and Zambia all hold considerable US debt and have a serious and growing AIDS emergency. Third, we are looking at public-private partnerships.

Finding ways to increase access to AZT for HIV-positive pregnant women is an integral part of an invigorated response to AIDS in Africa.

With additional resources, the US can partner with host governments and other donors to promote an aggressive strategy on four fronts including: containing the AIDS pandemic, providing home and community-based AIDS treatment and support, caring for children orphaned by AIDS, and gearing up for the long haul through health infrastructure and capacity development.

In the context of containing the AIDS pandemic, developing ways to prevent mother-to-child transmission that are workable in Africa is a high priority. In Africa today, for every ten children born to HIV-positive mothers, two become infected during delivery, one becomes infected through breast-feeding, and seven remain HIV-negative. A "short course" of AZT at the time of birth and for a week following has been found to reduce the number of babies who become HIV-positive during delivery by nearly 40%. This is extremely encouraging news. However, a host of additional issues need to be explored and addressed before this knowledge can be effectively implemented.

USAID is now devoting \$6 million to answering key questions surrounding the use of AZT to reduce mother-to-child transmission of HIV in the developing world. For example, to keep babies HIV-negative, mothers who receive AZT during delivery should not breastfeed. However, in many areas of sub-Saharan Africa, babies are as likely to die from diarrhea resulting

from misuse of formula as they are from AIDS. The lack of health care infrastructure is also a serious issue. More than 95% of pregnant women do not know they are HIV-positive and currently lack access to vital testing and counseling services needed to find out. Further, in many areas, most women deliver their children with the assistance of midwives in their homes, or in makeshift clinics unequipped for AZT interventions.

Finally, the AIDS stigma is so great in places like South Africa, that fear and denial keep pregnant women from discovering their status, even if they have the option. Recently a woman in South Africa with HIV went public with her status and was stoned to death by her neighbors, and countless others have been left destitute on the street with their children after their husbands found out they were HIV-positive. As we begin to address these issues, we will increase our ability to move forward with the implementation of an AZT intervention.

The cost of AZT remains a serious concern. Even with a price reduction from Glaxo Wellcome, AZT is expensive, particularly by African standards, and health planners face difficult choices over the best use of scarce resources. In South Africa, Health Minister Zuma has opposed providing AZT to pregnant women because it cannot be made available to all who need it and because she believes that other approaches are more cost effective. For example, she believes that it is better to focus on keeping women of childbearing age HIV-negative, thereby not only saving children from becoming infected but from becoming orphaned as well. In addition, this AZT discussion has been caught up in the debate over US policy on compulsory licensing, and South Africa's desire to produce AZT at a more affordable price. It is for these reasons that the delivery of AZT to pregnant women is one prong of a multifaceted approach to respond to AIDS in Africa.

I welcome the opportunity to discuss this with you further, and hope to have a report to you on AIDS in Africa, including recommendations from the Global AIDS Emergency Working Group, in early June.

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5 24-99

THE WHITE HOUSE
WASHINGTON

May 21, 1999

~~For [unclear]~~
cc: NSC/Sandy (1 letter to
cc: [unclear] migration
cc: Back to me

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I welcome the opportunity to discuss this with you further, and hope to have a report to you on AIDS in Africa, including recommendations from the Global AIDS Emergency Working Group, in early June.

THE WHITE HOUSE

WASHINGTON

June 7, 1999

**MEETING WITH
REVEREND LEON SULLIVAN**

DATE:	June 8, 1999
LOCATION:	Oval Office
EVENT:	12:45 pm to 1:00 pm
FROM:	Sandy Thurman/Gayle Smith

I. PURPOSE

You are scheduled to meet with Rev. Leon Sullivan. He has come to brief you on the results of the African-African American Summit held in Accra, Ghana from May 17-21, 1999.

II. BACKGROUND

The African-African American Summit was attended by almost 5,000 people from the U.S. and across Africa including twenty African Heads of State. Your 33 member Presidential Mission was headed by Sec. Alexis Herman and Rev. Jesse Jackson, and was joined by a variety of Administration officials, 22 U.S. mayors (led by Mayors Archer and Webb), and a long list of prominent African American leaders (Kweisi Mfume, Dorothy Height, Andrew Young, Coretta Scott King, Hugh Price, and others). Rev. Sullivan may raise with you his perception that the U.S. government did not provide him with the type of support and visibility he expected during the Summit. In fact, the U.S. government has long supported his biennial Summit not only through logistic, planning and expertise resources at our embassies, but by sending Presidential Missions to the past three Summits.

As you know, in 1984, Rev. Sullivan created the International Foundation for Education and Self-Help (IFESH) to call attention to the many challenges facing Africa. Rev. Sullivan has used the African-African American Summit as an opportunity to call for leadership on three levels -- from government, from business, and from the community. This is Rev. Sullivan's fifth Summit, all five of which have focused on African development, especially economic development. This year's Summit made the battle against AIDS a principle issue, recognizing that AIDS is not only ravaging families and communities throughout Africa, but is wiping out hard-earned development gains, and threatening both economic growth and political stability.

As part of the Summit, Rev. Sullivan convened a group of 22 AIDS experts (including several Americans) charged with developing priorities for helping to turn the tide on AIDS in Africa. Rev. Sullivan now plans to incorporate this action agenda into his only IFESH work and to push for implementation of these ideas through meetings with you, The World Bank President James

Wolfensohn, UN Secretary General Kofi Annan, and other high level leaders. These AIDS principles include:

Government Leadership. African governments should put AIDS at the top of the agenda; deal with AIDS not just as a health issue but an issue involving all sectors; and declare AIDS a state of emergency in order to marshal resources. The U.S. and other donors should increase funding for the fight against AIDS in Africa, and explore innovative ideas such as debt relief for AIDS.

Business Leadership. CEOs and labor should work to protect employee's rights, provide HIV education, and guarantee care for employees with AIDS. Governments should develop tax incentives to reward corporate responsibility. International businesses should offer preferential investments to African countries that have implemented sound AIDS policies.

Community Leadership. AIDS efforts should be community-based with local buy-in. Religious leaders, regardless of denomination, should work to mobilize their communities in an environment of compassion not stigma.

In addition to these AIDS initiatives, Rev. Sullivan also launched several other initiatives that focus on strengthening U.S.-Africa ties in the next millennium:

People's Investment Fund for Africa. Summiteers were asked to invest \$500-\$2000 to support micro-enterprise and small-scale development projects. Investors will receive 6% interest and contributions will be matched dollar-for-dollar by OPIC. Approximately \$150,000 was pledged prior to the Summit's closing.

Sullivan Principles for Corporate Responsibility. Companies sponsoring Summit events and operating in Africa were asked to underscore their commitment by instituting socially responsible policies. These principles call for companies to: respect human rights, child labor laws, and freedom of association; encourage diversity and equal opportunity among various ethnic groups; and train and advance disadvantaged workers in technical and managerial skills. This idea is a follow-on to the "Sullivan Principals" for corporate responsibility during apartheid in South Africa.

III. PARTICIPANTS

Meeting Participants

YOU

Rev. Leon Sullivan

Dr. CT Wright, Executive Director, African-African American Summit

Sandy Thurman

Gayle Smith

Ben Johnson

Maria Echaveste

IV. TALKING POINTS

You will want to praise Rev. Sullivan for his longstanding leadership and for his continued efforts to promote trade and investment in Africa. In addition, his willingness to step out on the growing crisis of AIDS in Africa -- and to link it to trade, investment, and development generally -- is to be applauded and further encouraged.

As you know, the Global AIDS Emergency Working Group is putting together a strategy to meet the needs of the ever growing African AIDS crisis. This strategy includes increasing resources, exploring debt relief and building public-private partnerships. You may want to communicate to him that as you seek to build a new partnership of growth and opportunity with Africa, and to enhance the U.S. response to AIDS, he will remain an ally on whom you hope you can continue to rely for advice and assistance.

Comments from
Gayle

what are we doing? Talking pt.
process of putting together our own stat
on AIDS in Africa to build on
what's already
done.

June 7, 1999

**MEETING WITH
REVEREND LEON SULLIVAN**

DATE: June 8, 1999
LOCATION: Oval Office
EVENT: 12:45 pm to 1:00 pm
FROM: Sandy Thurman/Gayle Smith

Much more
vis-à-vis
strategy
was pulled together
with any of
500+ agencies
as we frantically
work
with
W.H.O.

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UNCLASSIFIED

NATIONAL SECURITY COUNCIL

Washington, D.C. 20504

AFRICAN AFFAIRS DIRECTORATE

fax cover sheet

Date: 6/7/99
Pages to follow 2FROM: Gayle Smith

phone: 202-456-9261

fax: 202-456-9260

 Robin SandersX Erica Barks-Ruggles Jendayi Frazer

URGENT

TO:

PHONE NUMBERFAX NUMBER1. SANDY THURMAN 624392. 3. 4. 5.

MESSAGE:

UNCLASSIFIED

Paragraph for POTUS meeting memo for meeting with Rev. Sullivan

African African-American Summit

Reverend Sullivan may raise with you his perceptions that the U.S. government did not provide him with the type of support and visibility he expected during the Fifth African African-American Summit in Accra, May 17-21. In fact, the U.S. government has long supported his biennial summit not only through logistic, planning and expertise resources at our embassies, but by sending to the past three summits Presidential Missions lead by a member of the Cabinet. For the Summit in Accra, Labor Secretary Herman co-lead the 33-member presidential mission with your Special Envoy for the Promotion of Democracy in Africa, Rev. Jesse Jackson. Prominent members of the African-American community, business people, and members of multiple U.S. government agencies were part of the mission, with many U.S. officials serving as workshop leaders or panelists.

The Administration also funded the participation of five small-town U.S. mayors, at Rev. Sullivan's request, to conduct a workshop on the local aspects of democracy. In addition, nine U.S. government agencies participated in the Summit, including Deputy Secretary of Commerce, Robert Mallet, and representatives from the Departments of State, Agriculture, Energy, Labor, Transportation, USTR, USAID, the NSC and the White House AIDS Policy office. Every agency paid for its own participation. You will want to underscore our support for Rev. Sullivan's efforts to bring U.S.-Africa policy to the forefront, and emphasize the robust nature of efforts in this regard.

Reverend Sullivan also launched several initiatives that focussed on strengthening U.S.-Africa ties in the next millennium:

- "Peoples' Investment Fund for Africa": Summiteers were asked to invest \$500-\$2,000 to support micro-enterprise and small-scale development projects. Investors will receive 6% interest and contributions will be matched dollar-for-dollar by OPIC. Approximately \$150,000 was pledged prior to the Summit's closing.
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2

association; encourage diversity and equal opportunity among various ethnic groups; and train and advance disadvantage workers in technical and managerial skills. This idea is a follow-on to the "Sullivan Principals" for corporate responsibility during the apartheid era in South Africa.

You will wish to praise these private sector-led efforts as an important complement to your continuing efforts to encourage trade with and investment in Africa - and in Africa's people - by U.S. companies.

12-3-99

Sandy
can we do
more about
this - ~~OK~~

Copied
Berger
Podesta

U.N. Issues Grim Report on the 11 Million Children Orphaned by AIDS

By LAWRENCE K. ALTMAN

UNITED NATIONS, Dec. 1 — More than 11 million children have been orphaned by AIDS since the epidemic was recognized in 1981, and the number is expected to rise to 13 million by the end of 2000, the United Nations said today in a report to mark World AIDS Day.

The number of AIDS orphans is believed to far outstrip the number of children orphaned by other causes. The soaring number of AIDS deaths could eventually undermine the stability of affected countries, Dr. Peter Piot, the head of the United Nations program on AIDS, said in an interview here.

All but 5 percent of the world's children orphaned by AIDS live in countries below the Sahara, Unicef and U.N.Aids said in the report. In the past, age-old networks of immediate and extended families would have assumed care of orphans. But, the report said, "the traditional African extended family is breaking down under the unprecedented burden of the pandemic."

Orphans are "the most forgotten aspect of the AIDS epidemic," Dr. Piot said, adding that for many of these children the future is bleak.

A study addresses 'the most forgotten aspect' of AIDS.

Many end up as child laborers or "roaming the streets," he said, leaving them "prime targets for gangs, militia and creating more child armies like those that participated in massacres in Liberia and Sierra Leone in West Africa."

The result, the report said, "is a growing threat to stability, exacerbating inequalities within and between countries, undermining previous gains to development and harming children."

"These are enormous issues and a big challenge for tomorrow," Dr. Piot said.

Dr. Theo-Ben Gurirab, president of the United Nations General Assembly, said that had so many children been orphaned in wealthy parts of North America or Europe, "their fate would already have been declared a human tragedy."

The orphan issue affects people of

all ages. In Africa in 1998, 307,000 people were killed in wars and conflicts while AIDS killed 2.2 million others, and the worst is yet to come, the report said.

Children are growing up knowing little about their parents, and many orphans find themselves thrust in the role of parents, looking after their siblings. And Africans who were expecting their children to care for them in their advanced years now have to care for their grandchildren.

The United Nations defines AIDS orphans as children 15 and younger who lost either their mother or both parents to the viral disease. The statistics were reported this way in part because mothers are most important for care of surviving children but also because there is better information on women than on couples. Dr. Piot said the United Nations intends to do country-by-country surveys to determine the number of orphans according to a classic definition.

Under the United Nations definition, 11 percent of all children in Uganda and 9 percent in Zambia were orphans in 1997, the latest date for which information is available. In many other African countries, like Zimbabwe, it was 7 percent. The

United Nations report did not provide a comparison with countries in other areas. Before AIDS, about 2 percent of all children in developing countries were orphans. No figure exists for orphans in African countries before AIDS, United Nations officials said.

AIDS orphans are at higher risk for malnutrition and its effects, illness, abuse and sexual exploitation than children orphaned by other causes, the report said. Also, AIDS orphans face the stigma and discrimination that often shadow the disease, leaving them socially isolated and often deprived of education and other basic social services.

And because many grandparents

carrying for their orphaned grandchildren have limited resources, "they cannot keep this up forever," Carol Bellamy, the executive director of Unicef, said.

The National Black Leadership Commission on AIDS, an American group, joined with the United Nations yesterday in urging African governments and communities to provide greater access to credit, income and property for women.

The groups also called for widespread counseling and voluntary testing for H.I.V., the virus that causes AIDS, support for the needs of orphans, and increased community protection of women's and children's rights.

THE WHITE HOUSE
WASHINGTON

December 14, 1999

MEMORANDUM TO THE PRESIDENT

FROM:  Sandra Thurman, Director, Office of National AIDS Policy

SUBJECT: Response to Your Inquiry about what more could be done for Children Orphaned by AIDS in Sub-Saharan Africa

As you read in the NYT last week, the latest UN Report released on World AIDS Day again paints a devastating picture. Highlights include:

- The UN called AIDS the “most deadly undeclared war in human history”. In 1998, nearly 3 million people worldwide died of AIDS – more than 10 times the death toll of the war in Bosnia;
- More than 50 million people worldwide have already become HIV+ and that number is expected to double by 2005;
- More than 16,000 people become HIV infected each day -- half of whom are under the age of 25 -- with the fastest growing rates of infection now found in India and South Asia.
 - As UNICEF said today in releasing the State of the World’s Children: “There can be little doubt that the same catastrophic combination of stigma, taboo, and silence that continues to fuel the deadly epidemic in sub-Saharan Africa is repeating itself in South Asia.”
- More than 11 million children have already lost their mother or both parents to AIDS, and by 2010 that number will rise to 40 million in sub-Saharan Africa alone; and
- AIDS is not only a humanitarian crisis, but has been called the “single greatest threat to future economic development in Africa” by the World Bank.

Nevertheless, there is a great deal that can and should be done. As you recall, from 1993 to 1999, the US global AIDS budget remained level funded at approximately \$125 million in the face of a 300% explosion in the pandemic. In FY2000, with your leadership, the Administration pushed for and secured a budget amendment calling for a \$100 million increase in our global AIDS program. This funding will enable us to double our efforts in Africa in key program areas including:

- HIV prevention (including the prevention of transmission from mother-to-child);
- basic health care and treatment for people living with AIDS;
- support for children orphaned by AIDS (including the expansion of micro-finance programs that enable extended families and communities to “care for their own”); and
- development of NGOs, clinics, and government capacity needed to effectively turn this tide.

In addition, your leadership has helped to galvanize others to act. Following your conversation with Prime Minister Blair, and our \$100 million funding increase, the British provided for a \$35 million increase in their global AIDS effort. But there is much more that needs to be done. According to the UNAIDS Program, it will take more than \$1 billion to mount an effective HIV prevention campaign in Africa, and at least \$1 billion more to begin to address the most basic AIDS treatment needs in the region. Currently, total spending from all donors and host governments on prevention programs in Africa is \$350 million, and funding for care is virtually non-existent. In the absence of these efforts, millions more children will be left behind.

While the US cannot and should not do this alone, it is clear that our leadership has and can continue to make a difference. And there is a clear indication that the public believes that this effort matters. A recent poll shows that the public considers global AIDS more serious than either terrorism or threats to the global environment – and 80% of the public believes that a catastrophic AIDS epidemic in the rest of the world will have a serious impact on the US economy.

As the First Lady said in addressing the United Nations on World AIDS Day: “This cannot and will not be a one-time commitment. The United States’ efforts must be sustained and strengthened to meet the challenges posed by this pandemic. And I want you to know that the President and I will continue to fight for the funds from the Congress in the remaining time that the President has, so that the United States will do its part in the struggle against AIDS.”

The encouraging news is that we know what works. Over the past several years, we have designed and implemented model programs to help stem the rising tide of new infections, to begin to care for those who are sick, and to stitch together a tapestry of supports for children orphaned by AIDS. It is now time to expand these model efforts to a scale commensurate with the magnitude of the pandemic. This will require cultivating the political leadership to act in highly impacted countries and finding the resources needed to get the job done.

Nowhere is the opportunity for progress more clear than in preventing HIV transmission from mother-to-child. Each year, more than 2 million HIV+ women give birth each year – producing 600,000 HIV+ infants. After years of research, it now looks like we have developed a drug (Nevaropine) that can reduce mother-to-child transmission by 50% for \$4 a dose. While a service delivery system would need to be developed (clinics, nurses, testing/counseling, etc.) we could be moving toward an effective intervention for a cost of \$200-\$300 per life saved. If this pans out, it would rival even childhood immunization as a third world intervention at a cost of about \$400-\$500 per life saved. Currently, we are spending \$4 million a year to solidify the application of this research in an African setting, and in the process, saving 500 babies. I believe a high priority for future investment should be placed on a family package to include: (1) preventing transmission from mother-to-child; (2) providing basic care to mothers to enable them to care for their children and to plan for their future; and (3) supporting children orphaned by AIDS.

12-3-99

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The number of AIDS orphans is believed to far outstrip the number of children orphaned by other causes. The soaring number of AIDS deaths could eventually undermine the stability of affected countries, Dr. Peter Piot, the head of the United Nations program on AIDS, said in an interview here.

All but 5 percent of the world's children orphaned by AIDS live in countries below the Sahara, UNAIDS and Unicef said in the report. In the past, age-old networks of immediate and extended families would have assumed care of orphans. But, the report said, "the traditional African extended family is breaking down under the unprecedented burden of the pandemic."

Orphans are "the most forgotten aspect of the AIDS epidemic," Dr. Piot said, adding that for many of these children the future is bleak.

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Many end up as child laborers or "roaming the streets," he said, leaving them "prime targets for gangs, militia and creating more child armies like those that participated in massacres in Liberia and Sierra Leone in West Africa."

The result, the report said, "is a growing threat to stability, exacerbating inequalities within and between countries, undermining previous gains to development and harming children."

"These are enormous issues and a big challenge for tomorrow," Dr. Piot said.

Dr. Theo-Ben Gurirab, president of the United Nations General Assembly, said that had so many children been orphaned in wealthy parts of North America or Europe, "their fate would already have been declared a human tragedy."

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all ages. In Africa in 1998, 209,000 people were killed in wars and conflicts while AIDS killed 22 million others, and the worst is yet to come," the report said.

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United Nations report did not provide a comparison with countries in other areas. Before AIDS, about 1 percent of all children in developing countries were orphans. No figure exists for orphans in African countries before AIDS, United Nations officials said.

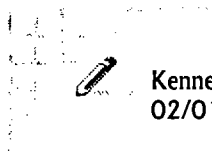
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Kenneth W. Bernard
02/01/2000 01:04:58

Record Type: Record

To: Sandra Thurman/OPD/EOP@EOP, Cheryl S. Bauerle/OPD/EOP@EOP

cc:

Subject: Draft memo

Sandy and Cheryl:

This is way too long for a memo to the President. We are going to have to make some serious decisions on how complete to be. Anyway, see what you think of what we have included so far and lets talk how we can cut this down to size or make it into two separate documents.

Ken

(Please forward this message and attachment to Michael)



0344 draft.doc

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. memo	Samuel Berger and Sandra Thurman to President Clinton re: Follow-up to the UN Security Council meeting on AIDS (5 pages)	02/01/2000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

Memos to POTUS [2]

2018-0764-F
jm2013

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]

Sandra Thurman 01/31/2000 08:32:35 PM

Record Type: Record

To: kkbernard@erols.com @ inet

cc:

Subject: Memo



To The President-UN Security Council.c

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. memo	Sandy Berger and Sandy Thurman to President Clinton re: Follow-up to the UN Security Council meeting on AIDS (3 pages)	01/31/2000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

Memos to POTUS [2]

2018-0764-F
jm2013

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	Samuel Berger and Sandra Thurman to President Clinton re: Follow-up to the UN Security Council: Continuing US leadership in the global battle against AIDS (5 pages)	00/00/0000	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

Memos to POTUS [2]

2018-0764-F

jm2013

RESTRICTION CODES

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INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL BERGER
SANDRA THURMAN

SUBJECT: ~~Follow-Up to the UN Security Council Meeting on AIDS~~ *Continuing US leadership in the battle against AIDS*

On January 10, 2000 the United Nations Security Council held a daylong session on the global threat posed by HIV/AIDS, as a kick-off to Africa month. This event, put on the agenda by Ambassador Holbrooke, was heralded as historic, as the first time the Security Council considered a health issue. The session reinforced what we have been saying for quite some time, that AIDS is much more than a health or humanitarian issue -- it is a development issue, a trade issue, and a key stability and security issue.

As you said in the State of the Union, last year alone, AIDS took ten times as many African lives as all of the continent's wars combined. In addition, the epidemic has rolled back decades of progress on infant mortality, life expectancy, and economic expansion, and is currently pushing nation after nation in sub-Saharan Africa to the brink of disaster.

At the Security Council meeting, Secretary General Kofi Annan said that the "high rate of infection among police and armed forces has left many African countries ill-equipped to face security threats." World Bank President James Wolfensohn added: "We're losing teachers faster than we can replace them. We're losing judges, lawyers, government officials, persons in the military. Unless we act, there will surely be continued instability on the continent." Given these stark realities, the United Nations Security Council's focus on this "undeclared war" is a welcome development.

During the meeting, the Vice President outlined Phase II of our LIFE Initiative (Leadership and Investment in Fighting an Epidemic), the enhanced global AIDS effort which you launched

cc: Vice President
Chief of Staff

for us to push hard for an AIDS event and follow-up discussions during your upcoming trip to India.

Treasury: As you well know, re-channeled debt relief provides great opportunities for replicating the "Uganda success story" elsewhere in Africa. HIPC countries like Tanzania and Mozambique will be urged to target their relief to AIDS prevention and treatment programs. Expansion of AIDS targeted debt relief to non-HIPC countries like Nigeria should also be considered.

Of note, President Chiluba of Zambia has spearheaded the development of a government-wide debt relief for an AIDS proposal, which should be given serious consideration as a demonstration project. Finally, Representative Leach, chair of the House Banking Committee, introduced legislation calling for an AIDS trust fund of concessional loans at the World Bank, similar to the World Bank loan offsets for health you have already proposed in the vaccine initiative. It may be possible to push to get this included in the Africa Trade bill conference.

continued
USTR: Following your Seattle statement on intellectual property and trade policies being sufficiently flexible to address health crises such as HIV/AIDS, USTR and Health and Human Services are cooperating to help poor countries gain access to affordable medicines. This is a hot-button issue, but one in which strong direction from you and the VP has pushed USTR to move forward. While provision of multi-drug AIDS therapy is clearly out of the financial reach of most countries, we must develop good working relationships with the pharmaceutical industry as we work to make anti-AIDS drugs widely available to prevent mother/child transmission.

(2) Leveraging an enhanced response from the private sector in the United States (including corporations, foundations, religious institutions, and non-governmental organizations), and ensuring cooperation in the achievement of shared goals.

- We have been meeting with Maurice Templesman (Corporate Council on Africa), Ron Dellums (Constituency for Africa and soon to be the new Chair of your AIDS Advisory Council), Andrew Young, Revs. Sullivan and Jackson, and others, all of whom believe that more can be done to assist the private sector in stepping up to the plate on this issue.

will help to move us forward with Thailand & other African nations seeking to expand access to treatment.

The Vice President has expressed interest in holding a meeting with CEOs (pharmaceutical and others) to define responsible corporate behavior (similar to the Sullivan Principles to end Apartheid) and to create a policy framework for their more active participation in the AIDS prevention and treatment efforts, including making drugs for AIDS and AIDS-associated ~~diseases~~ *related* diseases more accessible to poorer countries.

(3) Leveraging an enhanced response from other bilateral donors and multilateral institutions, and ensuring cooperation in the achievement of shared goals.

- The US is by far the largest donor to the global battle against AIDS. While we will spend \$225 million in FY2000 on HIV prevention and AIDS care worldwide, the rest of the world *combined* will ~~all together~~ contribute less than we do. But your leadership has not gone unnoticed. In the wake of your call for an increase of \$100 million last year, and your conversation with Prime Minister Blair, the UK pledged to increase their effort by \$35 million. We have heard that Germany and Japan are also considering increased efforts. We strongly believe that sustained leadership from the United States can act as a catalyst for an enhanced response in the context of both the G-8 and the United Nations at large.
- We should consider an initiative calling for an international "Forum for International HIV/AIDS Cooperation" consisting of "Presidential Envoys." This high level group could raise the level of government participation in the battle. The next international AIDS conference in Durban, South Africa in July could be a possible venue for a first meeting of this group.
- It is clear that a key factor in winning the war on AIDS is determined leadership from the top. This has been as true in Kampala as it has been here at home. While it is critical to galvanize the global community to act, it is equally as important to mobilize African leaders to fight the stigma of AIDS and to create the enabling environment necessary for effective change. With this in mind, we strongly recommend that you host a gathering of African leaders on HIV/AIDS. This could be incorporated into your upcoming trip to Africa or could occur at the UN during the General Assembly meeting in the fall.

million increase in our global AIDS program. This new funding was appropriated by Congress bringing our FY2000 global AIDS prevention and care program to \$225 million -- nearly two thirds of which will go Africa. At the United Nations, Vice President Gore announced that your FY2001 budget would include an additional \$100 million increase in our global AIDS effort (\$325 million, excluding research) which will be targeted to: prevention; basic care and treatment; support for orphans; and infrastructure development.

replace with own paragraph
There is much more ^{that} needed to be done, and clearly the United States cannot do it alone. UNAIDS estimates that it will take at least a \$1 billion HIV prevention program in Africa to stem the rising tide of infection, including mother-to-child transmission. In addition, it would cost an additional \$1 billion to begin to bring basic medical care and treatment to the 24 million people in Africa already living with AIDS. At present, spending is less than one tenth that amount, with only 1-5 % of those who are sick receiving even the most basic antibiotics and treatment for opportunistic infections. While anti-retroviral drug regimens will remain beyond the reach of most Africans (due to cost, complexity, and there absence of infrastructure), we can help to prolong life and reduce suffering.

act
Sister
fact

Next Steps:

To ensure that the United States continues its leadership role in this vitally important effort, we are developing a strategic plan based on three overall objectives delineated below. Next steps have been included for each objective.

(1) Mobilizing an enhanced and coordinated United States Government response and maximizing its effectiveness in the international battle to reduce HIV transmission, and caring for those who are sick.

- We are expanding the informal working group brought together to develop the LIFE Initiative into an official Intergovernmental Working Group (IWG) co-chaired by the Office of National AIDS Policy and the National Security Council. The IWG, which includes broad representation from across government, will meet on February 8 with the mandate to develop a comprehensive national plan, for your consideration, to further expand the Administration's efforts to combat the disease. Issues:

- While USAID and HHS are already actively engaged, increased attention to the global AIDS crisis by each of the other agencies is desperately needed.

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17th & Penn, N.W.
Washington, D.C.
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From: Dr. Kenneth W. Bernard
International Health Affairs

To:

Agency:

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National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

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National AIDS Policy Office
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Chris Keenan at
(202) 456-9394

From: Kenneth W. Bernard
International Health Affairs
Phone: 202 456-9391, Fax: 202 456-9390

To: Sandy Thurman
Fax Number: 6-2439
Date/Time: February 16, 2000
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007. memo	Samuel Berger and Sandra Thurman re: US leadership in the global battle against AIDS (3 pages)	02/16/2000	P1/b(1)

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Sandra Thurman
OA/Box Number: 40015

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January 31, 2000

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SUBJECT: Follow-Up to the UN Security Council Meeting on AIDS

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Vice President Gore represented the United States at this meeting, and began to outline Phase II of our LIFE Initiative (Leadership and Investment in Fighting an Epidemic), the enhanced global AIDS effort which you launched last year. As you recall, in response to the report from the Presidential AIDS Mission to Sub-Saharan Africa last April, you sent a budget amendment to Congress calling for a \$100 increase in our global AIDS program. This additional funding was appropriated by Congress bringing our FY2000 global AIDS prevention and care program to \$225 million -- nearly two thirds of which will go Africa. At the United Nations, Vice President Gore announced that your FY2001 budget would include an additional \$100 million increase in our global AIDS effort (\$325 million) which will be targeted to: prevention; basic care and treatment; support for orphans; and infrastructure development.

There is much more ^{that} needs to be done, and clearly the United States cannot do it alone. [At the Security Council meeting, UNAIDS challenged the global community to fight the AIDS virus with the same determination that it prepared for the Y2K virus, generating hundreds of billions of dollars in just a few years. UNAIDS estimates that it will take at least a \$1 billion HIV prevention program in Africa to stem the rising tide of infection, including mother-to-child transmission. In 1999, all host governments and donors spent one third that amount on prevention, and very little in the military context.] In addition, UNAIDS believes that it would cost an additional \$1 billion to begin to bring basic medical care and treatment to the 24 million people in Africa already living with AIDS. At present, spending is less than one tenth that amount, with only 1-5 % of those who are sick receiving even the most basic antibiotics and treatment for opportunistic infections. While anti-retroviral drug regimens will remain beyond the reach of most Africans (due to cost, complexity, and the absence of infrastructure), we can help to prolong life and reduce suffering.

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As you know, on January 10, 2000 the United Nations Security Council held a day long session on the global threat posed by HIV/AIDS, as a kick-off to Africa month. This event was heralded as historic, as the first time the Security Council considered a health issue. In actuality, this event reinforced what we have been saying for quite some time; that AIDS is much more than a health or humanitarian issue, it is a development issue, a trade issue, and a key stability and security issue. As you said in the State of the Union, last year alone, AIDS took ten times as many African lives as all of the continent's wars combined. In addition, this war has rolled back decades of progress on infant mortality, life expectancy, and economic expansion, and is currently pushing nation after nation in sub-Saharan Africa to the brink of disaster. Secretary General Kofi Annan said that the "high rate of infection among police and armed forces has left many African countries ill-equipped to face security threats." World Bank President James Wolfensohn added: "We're losing teachers faster than we can replace them. We're losing judges, lawyers, government officials, persons in the military. Unless we act, there will surely be continued instability on the continent." Given these stark realities, the United Nations Security Council's focus on this "undeclared war" is a welcome development.

Vice President Gore represented the United States at this meeting, and began to outline Phase II of our LIFE Initiative (Leadership and Investment in Fighting an Epidemic), the enhanced global AIDS effort which you launched last year. As you recall, in response to the report from the Presidential AIDS Mission to Sub-Saharan Africa last April, you sent a budget amendment to Congress calling for a \$100 increase in our global AIDS program. This additional funding was appropriated by Congress bringing our FY2000 global AIDS prevention and care program to \$225 million -- nearly two thirds of which will go Africa. At the United Nations, Vice President Gore announced that your FY2001 budget would include an additional \$100 million increase in our global AIDS effort (\$325 million) which will be targeted to: prevention; basic care and treatment; support for orphans; and infrastructure development.

① There is much more ~~that~~ needs to be done, and clearly the United States cannot do it alone. [At the Security Council meeting, UNAIDS challenged the global community to fight the AIDS virus with the same determination that it prepared for the Y2K virus, generating hundreds of billions of dollars in just a few years. UNAIDS estimates that it will take at least a \$1 billion HIV prevention program in Africa to stem the rising tide of infection, including mother-to-child transmission. In 1999, all host governments and donors spent one third that amount on prevention, and very little in the military context.] In addition, UNAIDS believes that it would cost an additional \$1 billion to begin to bring basic medical care and treatment to the 24 million people in Africa already living with AIDS. At present, spending is less than one tenth that amount, with only 1-5 % of those who are sick receiving even the most basic antibiotics and treatment for opportunistic infections. While anti-retroviral drug regimens will remain beyond the reach of most Africans (due to cost, complexity, and the absence of infrastructure), we can help to prolong life and reduce suffering.

THE WHITE HOUSE

Sean,

Attached please
find the NY Times
article and note
from the President
and an original
response memo
and three copies.

I think that
is the drill -
If not please let
me know.

Sandy
(the big blonde one!)

January 31, 2000

Mr. Ed Mercado
Midas Muffler
410 East Anaheim Street
Long Beach, California 90813

Dear Ed:

I understand that you were very helpful to members of my staff during our visit to Los Angeles, and I want to thank you for your kindness. I'm grateful for all you did to help make our trip a success, and I send my best wishes to you and your family for the coming year.

Sincerely, **BILL CLINTON**

BC/RMS/SH/efr-ckb (Corres. #7081702)
(1.mercado.e)

cc: Todd Summers, 736 Jackson Place
cc: John Wertman, 97 OEOB

January 20, 2000

Dana A. Kuhn, Ph.D.
6005 Country Walk Road
Midlothian, Virginia 23112

Dear Dana:

Thank you for your moving letter, which Sandy Thurman passed along to me. I'm sorry that I was unable to respond sooner. Your strength and commitment are truly inspirational.

As I am sure you are aware, in the fiscal 2000 budget negotiations, we secured \$75 million in funding for the Ricky Ray Hemophilia Relief fund Act. While I recognize that this does not fully fund your requested amount, I believe it serves as a significant down payment on the full funding amount. My Administration remains committed to developing a cure for HIV and responding to the needs of those already living with HIV and AIDS. On January 18, 2000, I announced that my fiscal 2001 budget will include a major funding increase for programs that treat HIV and AIDS and prevent the spread of the disease. My budget will fund the Ryan White CARE Act at \$125 million and invest \$50 million in preventing the spread of HIV and AIDS.

Your courage in your own battle with AIDS and your unwavering efforts to make life better for those living with this disease are an inspiring example to all Americans. Hillary and I are keeping you and your family in our thoughts and prayers.

Sincerely,

BILL CLINTON

BC/JHO/DC/emu-lynn (Corres. #7003508)
(1.kuhn.da)

cc: John Corcoran, OEOB 97
cc: Dan Mendelson, NEOB 238
cc: Stefani Pashman/Jennifer Forshey, NEOB 7026
cc: Todd Summers, 736 Jackson Place

February 15, 2000

Dr. Eric Goosby
2105 Sondra Court
Silver Spring, Maryland 20905

Dear Eric:

Hillary and I were so sorry to learn of your father's death, and we extend our deepest sympathy to you and your family.

Dr. Zuretti Goosby lived a life full of joy, purpose, and accomplishment. Kind, generous, and devoted to his family, his community, and the highest ideals of public service, he has left a legacy that will continue to inspire all who knew him.

Our hearts go out to you and your family at this difficult time, and we hope that your love for one another and the support of Dr. Goosby's many friends will bring you strength and comfort in the days ahead. We are keeping you in our thoughts and prayers.

Sincerely,

BILL CLINTON

BC/MAH/efr-lynn (Corres. #7116942)
(2.goosby.e)

cc: Sandra Thurman, Aids Policy Office,
Jackson Place

000215