July 11, 2000

Dear Sandra Thurman:

Enclosed please find copies of the report *Voices of CARE: People Living with HIV and AIDS and the Ryan White CARE Act*, which was produced by AIDS Action Committee of Massachusetts, in collaboration with several other AIDS organizations. It was distributed earlier this year to both houses of Congress as well as to many providers across the country. "Voices of CARE" reflects the diversity of people living with HIV and AIDS across the nation, as well as the range of important programs and services supported by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.

As we begin a new century, the United States continues the fight against AIDS. A critically important part of this fight is the federal Ryan White CARE Act. As you may know, the Ryan White CARE Act is in the midst of reauthorization. In June, the Senate passed the CARE Act reauthorization unanimously bringing the process one step closer to fruition. Recently, a bill was introduced in the House by Representatives Tom Coburn (R-OK) and Henry Waxman (D-CA), and we are hoping that the issue will be brought to the floor for consideration shortly.

The CARE Act is an inspiring example of how the federal government, states, cities, and affected communities can work together to meet the challenges of an epidemic. By fostering networks of comprehensive, coordinated care and services, the CARE Act has helped us make concrete progress against AIDS. New treatments have brought new hope, and fewer people are dying from AIDS. But we still have much work to do. Now is the time to renew our commitment to end the AIDS epidemic by reauthorizing the Ryan White CARE Act.

We urge you to support this critical legislation in any way that you can. As these stories so eloquently express, the CARE Act remains essential to the well-being of the hundreds of thousands of people living with HIV and AIDS.

If you would like additional copies of "Voices of CARE", please contact Neda Joury at (617) 450-1322 or by email at njoury@aac.org

Sincerely,

Larry Kessler
Executive Director

Robert Greenwald
Director of Public Policy & Legal Affairs

AIDS ACTION

AIDS Action Committee of Massachusetts, Inc.

131 Clarendon Street
Boston, MA 02116

617.437.6200
TTY 617.437.1394
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AIDS Action Hotline
MA: 1.800.235.2331
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Website
www.aac.org

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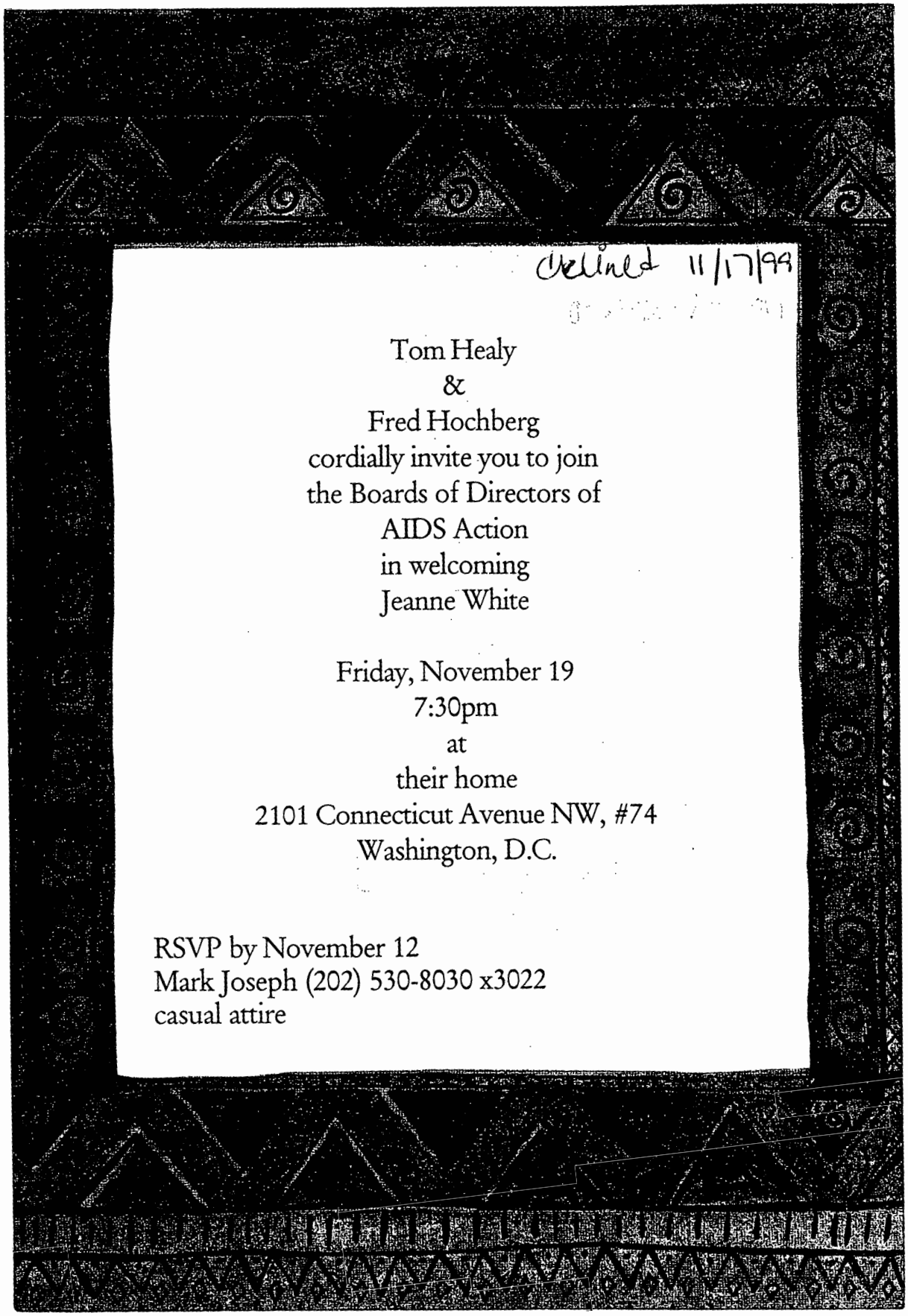
VOICES OF C.A.R.E.

PEOPLE LIVING WITH HIV AND AIDS AND THE
RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT



Declined 11/17/99

Tom Healy
&
Fred Hochberg
cordially invite you to join
the Boards of Directors of
AIDS Action
in welcoming
Jeanne White

Friday, November 19
7:30pm
at
their home
2101 Connecticut Avenue NW, #74
Washington, D.C.

RSVP by November 12
Mark Joseph (202) 530-8030 x3022
casual attire

until it's over
AIDS ACTION

October 5, 2000

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Clinton:

On behalf of AIDS Action, the national voice on AIDS, representing all people affected by HIV/AIDS and the 3,200 community-based organizations that serve them, I am writing to urge you to support the inclusion of the Early Treatment for HIV Act (H.R. 1591 and S.902) in legislation moving through Congress during the final days of this Congressional session. Inclusion of this critically important piece of legislation will make the treatment advances that are now available a reality for thousands of poor and low-income Americans living with HIV.

The Early Treatment for HIV Act would give states the option to readily extend Medicaid coverage to people living with HIV. If adopted, states will have the ability to add poor and low-income uninsured persons living with HIV to the list of persons categorically eligible for Medicaid.

Under current rules, most people living with HIV are ineligible for Medicaid until they have progressed to AIDS and are disabled. Yet, new treatments, such as highly active antiretroviral therapy (HAART), are successfully delaying the progression from HIV infection to AIDS. These advances, along with access to comprehensive health care, have improved the health and quality of life for many people living with HIV. However, without access to Medicaid these advances will remain out of reach for thousands of poor and low-income uninsured people living with HIV.

Early access to HIV treatment through Medicaid, as provided by the Act, will result in a reduction of new AIDS cases, increase the quality of life of thousands living with HIV, reduce high-cost medical interventions such as inpatient hospitalizations and terminal care, increase tax revenues and reduce costs in the SSI and SSD programs.

I hope that you support the Early Access to HIV Treatment Act and will do all that you can to ensure that it is enacted during the final days of this Congressional session.

Sincerely,

Claudia French
Acting Executive Director

1906 Sunderland Place, NW Washington, DC 20036 202.530.8030 fax 202.530.8031 www.aidsaction.org

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until it's over AIDS ACTION

network NEWS

summer 2000 your AIDS service provider

CBO SPOTLIGHT

Lead Organization
The CORE Center

Location
Chicago, IL

Services Provided
Wide range of outpatient care and clinical research

People Served
More than 3,000 individuals and families affected by HIV/AIDS and other infectious diseases

The CORE Center: Artful Care

To meet Chicago's rising demand for HIV/AIDS care, the Cook County Bureau of Health Services and Rush-Presbyterian-St. Luke's Medical Center founded **The CORE Center,** a unique outpatient care facility completed in 1998 that serves thousands in the Chicagoland area affected by HIV/AIDS and other infectious diseases. Designed with both function and form in mind, the CORE Center makes visitors feel comfortable in an intimate setting with cozy waiting rooms and colorful artwork. Large print and bilingual signs, expanded exam rooms for families and a children's playroom help to create a welcoming environment for visitors. Open, airy and modern architecture add to the distinctively pleasant atmosphere.

Friendly staff facilitate HIV education inside The CORE Center's Resource Center, where visitors can access computers and printed information.

One-Stop Care

Though their efforts to create a great space generate much praise, high-quality care is the goal of the CORE Center staff. "A lot of focus has been on the state-of-the-art building," said Kathi Braswell, executive director, "but the heart of the CORE is the dedicated multi-disciplinary staff who bring services together to meet the needs of patients, families, partners, as well as communities." The CORE Center designed its patient-centered space to provide one-stop-shopping, an approach that gives clients access to multiple services in one location, including primary care, specialty care, medications and social services.

Reaching Out to the Windy City

The efforts of the CORE Center extend beyond their walls as they work to reduce HIV infections in the community through education and research. The Substance Abuse Liaison Program facilitates client transition from inpatient care at the Cook County Hospital to outpatient treatment at the CORE Center, and the Prisoners' Project provides care and services to both incarcerated and recently released individuals with HIV. Research projects at the CORE Center focus on finding better treatments and improving the lives of patients. And the Rapid Testing Research Project can give clients HIV test results in 45 minutes, allowing them immediate access to care.

Preparing for the Future

In an ongoing effort to improve services, the CORE Center surveys patient satisfaction and hosts monthly community action committee meetings to get feedback and new ideas. Future projects include a study to determine the factors that keep people in treatment and forming new partnerships with church groups to educate communities about prevention. *For more information, contact The CORE Center, 2020 West Harrison Street, Chicago, IL 60612, 312-572-4500,* ***www.corecenter.com.***

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until it's over
AIDS ACTION

for prevention
for health care
for a cure

until it's over.

introduction

AIDS Action continues to benefit from the advice, expertise, creativity, generosity, and friendship of so many in reaching our goals.

In 1999 AIDS Action brought together a diverse base of constituents to create the change that will make a difference in the lives of those affected by HIV and AIDS. This diversity was pivotal to our accomplishments and was reflected in those publicly honored as national leaders at our annual awards ceremony—actress Rosie Perez, Senator James Jeffords (R-VT), the Congressional Black Caucus, Starbucks Coffee Company, and Jeanne White, mother of Ryan White for whom the CARE Act is named.

One of AIDS Action's strengths is our ability to identify, recognize, and convene leaders from various groups in order to effect change. I dedicate this annual report to our partners in change—politicians, healthcare providers, AIDS service organizations, universities, people living with HIV and AIDS, government agencies, corporate citizens, foundations, individual donors, local activists, small businesses, global leaders, religious groups, entertainers, and more.

For those of you who shared in our work, thank you. For those of you who are not yet a member of the AIDS Action family we invite you to join us in our fight for policies that provide health care for those who live with HIV and AIDS, prevent new infections, and promote the search for a cure ... until it's over.

Acting Executive Director,
Claudia French

the mission

Our mission is simple. *Until It's Over*—until no more people become HIV infected, until those already infected have the care they need, and until a cure is found—AIDS Action will mobilize support for people affected by HIV/AIDS and the community-based organizations that serve them. We accomplish this mission through advocacy and education, working hand in hand with our 3,200 community-based members.

Decisions made in the nation's capitol have a tremendous effect on the ability of families, friends, neighborhoods, businesses, and communities to care for their own and to prevent new infections. That's why AIDS Action Council, a 501(c)(4) organization founded 15 years ago, lobbies the federal government for legislation and policy that gets local communities the resources they need to fight the AIDS epidemic.

AIDS Action Foundation, a 501(c)(3) organization founded in 1987, explores the complex issues surrounding HIV/AIDS policy and direct services, helps develop creative solutions, and advocates for their adoption. We bring together the best minds and the most committed spirits to tackle the tough issues—unequal access to health care, discrimination against people living with HIV, prevention resources failing to reach people most at risk, public complacency about AIDS, and stigma associated with AIDS and with getting tested for HIV, to name just a few.

until it's over
AIDS ACTION

January 5, 2000

Honorable President Bill Clinton
The White House
1600 Pennsylvania Ave, NW
Washington, DC 20500

Dear Mr. President:

I was pleased to learn in the January 3rd *U.S. News and World Report* that you are developing a plan to increase the federal investment in HIV prevention by $100 million. AIDS Action has been leading the fight for an end to flat prevention funding for several years and we are excited that you are focusing on this area, the crisis spot of today's epidemic.

If proposed and enacted, a $100 million prevention increase will not only help fortify America's prevention forces, but it will send an important and much-need message that America's leadership will no longer tolerate the 40,000 new HIV infections each year, half of which are among young people.

As you know, our nation's leading discretionary program to provide care and treatment to people living with HIV/AIDS bares my son's name. However, it was Ryan's passion for improved HIV prevention that helps drive my and AIDS Action's campaign for reinvigorated prevention funding. Only prevention education can help stop this new epidemic from ravaging a new generation of Americans the way it did the last generation.

In fact, I joined forces with AIDS Action, the national voice on AIDS, last fall because we share the same concern about how the nation's divestment from HIV prevention is creating a new epidemic for a new generation of Americans.

Your leadership on HIV prevention is desperately needed. Nearly 90% of young people don't even think they are at risk for HIV despite the fact that they comprise half of all new infections. For many young people who were too young to witness the devastation AIDS wrought in the first 15 years of the epidemic, condoms and safe sex are simply a "retro-eighties thing" book-ended between C. Everett Koop and Nancy Reagan's wagging finger. Their future is your legacy.

In fact, in a recent Harris poll, Americans, by a margin of 46% to 23%, favored spending a higher proportion of all health care dollars on prevention and health promotion and relatively less on treatment. Over 90% of respondents claimed HIV/AIDS prevention as very important.

1906 Sunderland Place, NW Washington, DC 20036 P 202 530 8030 F 202 530 8031 www.aidsaction.org

Your reported prevention plan is desperately needed. For everyone at risk for HIV, we need a new generation of prevention efforts. I look forward to this plan's realization in the FY2001 budget.

I make myself available to you and your staff to assist with this matter, as well as the AIDS Action staff and board. Thank you for your consideration.

Sincerely,

Jeanne White

Jeanne White
National Spokesperson,
Ryan White Project

cc: Honorable Donna Shalala
Mr. Dan Mendelson
Ms. Sandy Thurman
Dr. Helene Gayle

U.S.News & WORLD REPORT
JANUARY 3-10, 2000
www.usnews.com

Add AIDS to Clinton's legacy

As **President Clinton** seeks to shore up his two-term legacy with a touch of compassion, he's turning once again to AIDS. Insiders expect the White House to back most or all of a developing $100 million HIV and AIDS prevention program targeted at school kids, women, and minorities. It would fund broader free condom programs but say no to free hypodermic needles. "It's a legacy issue for the whole administration," says AIDS czar **Sandra Thurman.** The goal: warning Americans that the epidemic isn't over despite a 21 percent drop in AIDS deaths. "We have to explain to people that they are at risk," she says. The program is being pushed by AIDS Action, which denounces Clinton's current HIV prevention program because infections haven't slowed. AIDS Action's **Daniel Zingale** says the new program could draw attacks, especially if it's directed at schools. But "we should not be intimidated." He hopes to offset efforts by House Republicans to reform AIDS spending programs. The GOP plans March hearings to probe reports of theft and big salaries for AIDS execs getting federal grants.

Only about 20 percent of birth defects have known causes, while the causes of the majority await further research. However, according to the commission, there is increasing evidence that environmental factors — including diet, personal behavior and exposure to toxic substances and pollution-prevention efforts. Such findings underscore the need to strengthen tracking systems, they said.

"What we need is full funding of the Birth Defects Prevention Act of 1998," said Jennifer L. Howse, PhD, president of the March of Dimes and a member of the commission. ■

Plans under way for maternal and child health institute

MATERNAL AND CHILD HEALTH experts from across the country gathered in Washington, D.C., Nov. 19 to plan APHA's Maternal and Child Health Community Leadership Institute, which kicks off March 2000.

Leaders from national associations, federal agencies and other organizations met with members of APHA's Maternal and Child Health and Public Health Education and Health Promotion Sections to develop the institute's goals, focus and programs.

The institute, which will offer training to community leaders involved in promoting maternal and child health, will be funded through an APHA/Colgate Palmolive scholarship.

For more information, contact Barbara Hatcher, PhD, MPH, RN, APHA's director of Scientific and Professional Affairs, at <barbara.hatcher@apha.org> or (202) 777-2490.

Annual Meeting events engage members

APHA members enjoy the discussion during the Headlines and Health session at the Annual Meeting. Members could choose from more than 1,500 events.

Americans support public health spending

AMERICANS believe the greater share of health spending should be earmarked for prevention rather than treatment of disease, according to a recent Harris poll.

By a margin of 46 percent to 23 percent, a two-to-one plurality favored spending a higher proportion of all health care dollars on prevention and health promotion and relatively less on treatment.

"The key word here is 'relatively,'" wrote Humphrey Taylor, chair of the Harris Poll. "Other surveys have shown substantial public support for increased spending overall on health, including medical care and medical research."

The majority of respondents considered the following "very important":

- prevention of the spread of infectious diseases such as tuberculosis, measles, flu and AIDS, 91 percent;
- conducting medical research into the causes and prevention of diseases, 88 percent;
- immunization to prevent diseases, 87 percent;
- making sure people are not exposed to unsafe water supply, dangerous air pollution or toxic waste, 86 percent;
- working to reduce death and injuries from violence, 85 percent;
- encouraging people to live healthier lifestyles, to eat well, and not to smoke, 68 percent;
- working to reduce death and injuries from accidents at work, in the home and on the streets, 66 percent; and
- encouraging people to exercise more and to control their weight, 56 percent.

"Public health advocates should be heartened by these results," Taylor wrote. "However, they should recognize that while many people recognize, in their heads, the need to increase spending on prevention and public health, their hearts (and their pocketbooks) may still respond more sympathetically to the need to treat the sick, the suffering and the dying. The argument for spending on treatment is highly emotional." ■

The **NATION'S HEALTH**
December 1999/January 2000
American Public Health Association
800 I St. N.W.
Washington, DC 20001-3710

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Last issue until February

THIS ISSUE of *The Nation's Health*, which encompasses December 1999 and January 2000, is a combined issue. The next issue of the association's newspaper, which is printed 11 times a year, will arrive in [illegible]

until it's over
AIDS ACTION

FAX TRANSMISSION COVER SHEET

TO: SANDY THURMAN

FAX #: 456-2439

FROM: Julio C. Abreu, Government Affairs, ext. 3021
e-mail: jabreu@aidsaction.org

DATE: 1/6/00

RE: HIV Prevention Initiative for FY01 Budget

NUMBER OF PAGES (including cover): ____

****

As you know, AIDS Action has pushed aggressively for a new HIV prevention initiative - a top priority for us. We're very excited about this development. Please continue to consider us as a partner in your strategy to roll out this initiative. Thanks.

If you experience difficulty in receiving this fax, please call 202/986-1300.

until it's over
AIDS ACTION

January 5, 2000

Honorable President Bill Clinton
The White House
1600 Pennsylvania Ave, NW
Washington, DC 20500

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Jeanne White

Jeanne White
National Spokesperson,
Ryan White Project

cc: Honorable Donna Shalala
Mr. Dan Mendelson
Ms. Sandy Thurman
Dr. Helene Gayle

U.S. News & WORLD REPORT
JANUARY 9-16, 2000 www.usnews.com

Add AIDS to Clinton's legacy

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until the cure

AIDS ACTION

Facsimile Transmittal

To: **Sandra Thurman**
National AIDS Policy Director
The White House Office of National AIDS Policy
736 Jackson Place, N.W.
Washington, DC 20503
456-2439

From: **Daniel Zingale, Executive Director (ext. 3011)**

Date: **December 8, 1999**

Number of Pages (including cover sheet): 2

1906 Sunderland Place, N.W. Washington, DC 20036-1608 P 202 530-8030 F 202 530 8031 www.aidsactior org

L. A. Times -- 12/7/99

Davis Names AIDS Activist Director of Managed Care

Health: Those familiar with Daniel Zingale's work praise the appointment, say he knows how to fight.

By SHARON BERNSTEIN
TIMES STAFF WRITER

Ending months of speculation, Gov. Gray Davis on Monday appointed Washington, D.C., AIDS activist Daniel Zingale the state's first director of managed care.

The move puzzled many in the managed-care industry, who had expected that the appointment would come from the ranks of consumer advocates or industry officials already familiar with managed-care issues in California. But health-care activists familiar with Zingale's work praised the appointment, saying that the 38-year-old's record as an advocate for those with AIDS and HIV shows that he knows how to fight for the most underserved patients.

"It's a fantastic appointment for consumers," said Peter Lee, executive director of the Center for Health Care Rights in Los Angeles. "It's all that Californians could hope for."

Zingale, a longtime associate of Davis, forged his relationship with the governor when they both worked in the state controller's office, Davis as controller and Zingale as his chief deputy.

Davis chose Zingale over the activists, industry leaders and health-care attorneys in the running for the position because he understands both health-care advocacy and, as a result of his stint as deputy controller, the needs of business, said Michael Bustamante, the governor's spokesman.

"The governor is interested not only in delivering good quality health care, but in doing so in a way that makes good business sense for the HMOs," Bustamante said. "Mr. Zingale knows how to merge the two together."

Zingale's relationship with the governor, said insiders who knew them both, would make it easier for him to navigate the tricky business of advocating for consumers while understanding the governor's concerns about business.

"You need to have a direct avenue to the governor," Lee said. "And with this appointment we have someone who has a direct connection to the governor."

Zingale, who is still in Washington, could not be reached for comment late Monday.

Technically, he was made interim director of the new Department of Managed Care, but the appointment is expected to be made permanent once the department is up and running in the summer. He will earn $113,571 per year.

Much will be riding on Zingale's appointment. The health-care apparatus is in financial disarray, with many physician groups, hospitals and nursing homes in or near bankruptcy, and the state's much-vaunted settlement with collapsed managed-care giant MedPartners Inc. still not finalized after six months.

The state's previous mechanism for overseeing health-maintenance organizations and other managed-care companies, the Department of Corporations, was so widely criticized for lax regulation that Davis himself campaigned on a promise to set up a new department of managed care and appoint a health-care czar to run it.

The new department, however, does not yet exist. The law that created it does not take effect until July. So when Zingale arrives to take the reins in a few weeks, he will have to set up an entire bureaucracy, and find a way to evaluate and oversee not only the care that HMOs provide but their underlying finances. He also will be required to develop a framework for financial regulation of the hundreds of physician groups upon which managed care in the state is based.

Those groups are in dire financial straits, with as many as 90% suffering serious financial strains. When doctor groups go under, as did MedPartners last March and FHP Medical Management about a year before that, patient care is disrupted and doctors and hospitals lose millions of dollars in unpaid claims.

Zingale, little known in the state's $15-billion HMO business, will likely meet with some skepticism at first, as industry leaders attempt to size him up.

"It sounds like he has credentials that consumers should be comfortable with and that's important," said Walter Zelman, president of the California Assn. of Health Plans, a trade group based in Sacramento. "And all we can expect is that he will try to listen to us as well. Regulators should not be advocates."

Zingale has a long history of advocacy, and is credited by many with building the AIDS Action Council into a formidable organization. Prior to joining the council in 1997, he served as director of public policy for the Human Rights Campaign, a gay rights organization.