Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. biography	re: Samuel Lin [Personally Identifiable Information] [partial] (1 page)	03/00/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 5/97 [Folder 3] [1]

2018-0764-F
jm2042

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]

Pharmacia&Upjohn

Samuel Lin, MD, PhD
Rear Admiral (ret), USPHS
Executive Director
Federal Medical Affairs

May 3, 1997

The Honorable Sandra Thurman
Director, Office of National AIDS Policy
Office of the President
The White House
Washington, D.C.

Dear Sandy,

What a privilege it was to meet and talk with you at the NEAC Awards Dinner honoring Lucie McKinney! In your new position, you will have the extraordinary opportunity to bring new hope, great vision and clear leadership into an arena desperately needing your experience and your compassion. You will have many formidable challenges in the days ahead, but just from talking with you, I have a good feeling that you have the commitment, the courage and the conscience to establish a milestone of a legacy during your tenure. Thank you for accepting this task.

Enclosed are some informational materials for your perusal. As Ted indicated when he introduced us, I do have some in-depth knowledge of the DHHS maze and am always ready to give an opinion or discreetly track-out a situation. Please do not hesitate to contact me if I may be of any assistance.

After you have had some time to settle into your new surroundings, I would like to come by and visit. In the meantime, please accept my congratulations and very best wishes.

With admiration and kindest regards,

Samuel Lin, M.D., Ph.D.

enc.
cc: T Karpf

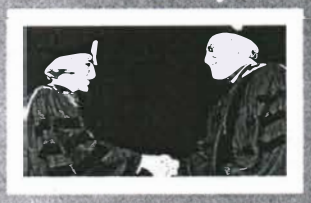
Pharmacia & Upjohn
Suite 450
1455 F Street NW
Washington, DC 20004
USA

Telephone (301) 762-2295
Facsimile (301) 762-5244
E-Mail slin@pwinet.upj.com

Medical Focus

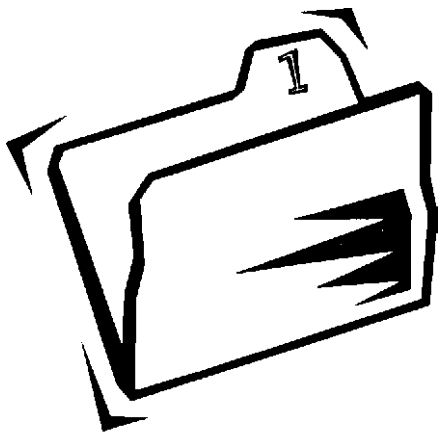
Summer 1995

IN THIS ISSUE:



MEDICAL FOCUS
Volume 7, Issue 1
Medical Focus is a magazine for alumni, faculty, students and friends of the Oregon Health Sciences University School of Medicine. It is published three times per year. Inquiries about alumni affairs and activities may be directed to the Alumni Office at the OHS Foundation, 1121 SW Salmon St., Portland, Oregon, 97205; (503)228-3548 or toll-free 1-800-462-6608.

School of Medicine Dean: Joseph Bloom, M.D.
Alumni Association President: Art Hayward, M.D., Resident '77
Alumni Coordinator: Jill Smith
Editor, Writer, Designer: Todd Schwartz
Principal Photographer: Dan Carter



Alumni Dossier

Samuel Lin, M.D., Ph.D. Class of 1975

Born in Shanghai, China, in 1945. Came with parents to America in 1948. Raised in Seattle, Delaware and Los Angeles. Unusual for an Asian family: only child. Maybe because his dad was the oldest of 10 and mom was one of six. B.S. in zoology, Seattle Pacific College, 1965. M.S. in same, Oregon State University, 1967. Ph.D. in Anatomy and Experimental Embryology, OHSU (University of Oregon Medical School), 1973. M.D., OHSU, 1975. Recipient during his years on the Hill of both NIH doctoral training fellowship and National Health Service Corps medical student scholarship. Commissioned as an ensign in the U.S. Public Health Service. Owed the feds a couple years after graduation. Did internship in internal medicine at Baltimore Public Health Service Hospital. Then became clinical director for the Colville Indian Reservation Health Center in Nespelem, Washington. Went to equally tribal sort of town—Washington, D.C.—as chief of the physician branch of the Indian Health Service in 1977. Hopped on the Public Health Service program and promotion fast track. Promoted from ensign to rear admiral in just nine years. In 1978 became director of the Office for Europe, Office of International Health. Oversaw activities between the Public Health Service and the European Ministries of Health. Then, for a decade beginning in 1981, was the DASH for three ASHes. For the non-anagramatical among us, that's deputy assistant secretary for health (intergovernmental affairs) under three assistant secretaries for health. During this time, served as acting director of the Office of Minority Health; chair of the ASH's Special Investigative Committee on the FDA's Center for Veterinary Medicine; and acting director of the National Center for Health Services Research and Office of Health Care Technology Assessment. Seriously injured in 1987 car wreck; spent six weeks in the hospital. Became acting deputy assistant secretary for minority health in 1991, advocating and coordinating minority health initiatives across the Public Health Service. From 1993 to 1994 concentrated on PHS activities in Asia and the Pacific Basin. After 20 years in public service, retired at the rank of rear admiral (assistant surgeon general of the Public Health Service) in 1994. Currently is the executive director of federal medical affairs for the Upjohn Company. Has a not-so-secret life as a country music junkie. Married to a child psychiatric nurse for 20 years. Triplet daughters born five weeks early are now 19 and in three colleges: Duke, Rice, Pomona. Loves to read, loves to tell stories, loves to laugh. Actually likes bureaucracy. Polished; energetic. Committed to health issues facing Asian-Americans and Pacific Islanders. Has been called the father of the API health movement in the U.S.

Who switched on the lightbulb: "The most important role model when I was in college was a scientist named Carl Heller. As a senior I worked in his lab, and that convinced me I wanted to go into biomedical research. And as I went along I saw more and more opportunities open that weren't necessarily separated from each other. After my training in research and as I moved into medicine the parallels were there. Research is intense training for problem-solving—and clinical diagnosis is intense problem-solving for your patients. They went together."

His first taste of the policy pie: "Another vista opened when I became involved with the student side of the AMA. Eventually I was a national officer of the SAMA (now AMSA) and the whole aspect of policy and legislation interested me very much. It was exciting because I could see the significant impact one could have on medical education and practice. Certainly over the ensuing 20, 25 years we've seen how critical the involvement of health professionals in policy decisions should be. We're both providers and consumers, after all."

One of these guys is Willie Nelson and one of them is a rear admiral. You make the call.

It's quiet...it's too quiet...: "I owed two years to the PHS after graduation. I spent one of them on the Colville Reservation next to the Grand Coulee Dam in Washington. It's 1.3 million acres of trees, mountains and clean air. That gets old after about two weeks! Beautiful, but a little too quiet! But it was a great personal and professional experience—one I recommend to all young physicians. Before they get settled in they should go out to some remote, underserved site and find their own steel, if you will. It's medicine without all the support you have while you're training in the big hospitals. Almost all of our labs had to go by mail to be done in California. So you'd shoot from the hip and treat the patient—it was always nice to get that result five or six days later and see that the lab was *also* right about the patient!"

How an otherwise decent, intelligent person learns to like bureaucracy: "I guess I like systems and process. Systems are, in fact, really just people. I've always been good at working with people to get things done. Substance and process have to have an equal marriage, because substance by itself will just sit on a rock doing nothing unless you can get it through the system and out the door. What you can do over a lifetime in bureaucracy is move the starting point ahead for the next group. It may be incremental, but those who follow you can pick up the fight farther along each time."

Except: "I've seen a lot of bright, young, energetic, creative folks come to town ready to turn Washington, D.C. and the world upside-down. Aint gonna happen. The town's been here long before you and will be here long after you. They burn out in a year or two, overcome by frustration. The system loses their talents, which is too bad. Like anything else, there's fault on both sides. The system is too entrenched—that's its nature. The people coming in are too impatient. It's kind of a tired analogy, but what works in this town is shooting for the moon and figuring to clear the back fence."

If he was forced to say nice things about himself: "I hope things are better than when I got there! I guess my legacy would be an influence on other people in the system. To show them they had greater capacities than they thought they had, that they could do more than they believed. I tried to inspire people—to be innovative and enthusiastic and energetic hoping that it would be infectious!"

Civics lesson, part 1: "I have to say that after all these years I have much greater confidence that good things can move out of the legislative branch than out of the executive branch of government. The executive branch has just too many layers and too many turf lines. Getting things through takes an inordinate amount of time and effort."

Civics lesson, part 2: "The public health service was created in the time of John Adams to be of help to merchant seamen. That's where the nautical air came in. It is one of the seven uniformed services. Five are combatant: Army, Navy, Air Force, Marines, Coast Guard. Then there are the Public Health Service and the National Oceanographic and Air Administration. The surgeon general everybody hears about comes from the PHS, but the Army, Navy and Air Force also have surgeons general. We usually wore our uniforms every Wednesday, which is great during the summer in open-collar summer whites—and not so great in the winter in 90 pounds of winter wool blues. They always chose winter blues for awards ceremonies under hot lights, just to see how tough we were!"

What he'll say if they offer him the surgeon general's job: "Oh no. I've done my time in public service! Now I want to bring new blood into the system. And the bully-pulpit of the surgeon general is a tricky one. You can do a great sales job for a program out on the road, but if you have to come back to Washington and beg and plead and tin-cup for the resources to get it done—it can be incredibly frustrating. Especially if you are coming from a tremendously successful first career as Dr. Koop did."

Just another day at the office: "You can't take what happens in Senate hearings personally. It's all in the game. One time several years ago Senator Inouye of Hawaii wanted to put new funding into the Indian Health Service budget to create a native Hawaiian health program. I drew the short straw and had to go present the administration's position—which was against the idea. I felt we were already doing some good things and that you don't always have to assign new dollars to get something done that might be accomplished with dollars already set aside. Anyway I went into the hearing room to find 20 native Hawaiians in full native dress. Senator Inouye began the hearing and the Hawaiians all gave their strong support for the program. Then it was my turn and I read the prepared presentation. When I finished, Senator Inouye—whom I'd worked with before that very successfully—leaned back in his chair and said 'Dr. Lin, suppose instead of native Hawaiians we were talking about a program for Navajos. How would you respond?' I told him I would feel the same: we always need to reassess what we're doing and see if we can do better with the same funding before we add to it. One of the cardinal rules of hearings is that you must be tempered in your answers—it looks bad on your record to have been held in contempt of Congress because you talked back! Of course they can say anything they want to *you!* So the Senator said 'What if we were talking about the Sioux?' And I gave the same answer and he went through about nine more tribes, one by one. All the Hawaiians were chuckling in the background. Senator Inouye finished his round of tribes and said 'Thank you for coming today. We appreciate your testimony. But I don't know how I'm going to explain to my friends in Indian government that your department no longer supports the health care needs of American Indian people.' There was nothing to say but 'Thank you, Senator' and leave! As we walked out Senator Inouye's assistant smiled and asked if I still liked my job."

Question he's always asked, wherever and whenever he speaks on health care: "It doesn't matter whether it's grad students at Hopkins or people in a retirement home, someone always asks 'How do you explain the increase in the defense budget?' I tell them the war department has agreed not to discuss medicine if I won't talk about war!"

He may be an API, but all APIs aren't him: "There is this myth of a healthy minority—people tend to think all Asians are healthy, wealthy and teaching at MIT. Not true, for the most part. When you examine the people classified as Asian-Pacific Islander it's a very diverse group. An API is not an API is not an API. Cambodians are not Koreans are not Samoans. Recent arrivals like Southeast Asian refugees, who came here under duress and unprepared, are often in some of the lowest economic positions in the country. We need more and better data on the API health picture, and we need to tailor what we do along cultural lines

to 17 ➢

◄ from 13

20 Questions, cont.

well! More seriously this is an outstanding opportunity to work with students, faculty, the dean and staff to establish excellence in our education program."

What do you want to accomplish in this new role?

"My goal has always been to make the educational experience the best it can possibly be for our students. In the near future I want to see that the information technology advances that have occurred are utilized to their fullest potential in the teaching of our students. I want to improve our educational facilities. I want to help create an environment that lets students develop into life-long learners, that provides them with confidence in their ability to solve problems, to make good judgments and to understand the things they need to know during their careers."

> *"I'm eternally motivated by learning and exposure to people who want to learn."*

You seem to do all this with a smile on your face. How have you avoided the stuffiness of authority?

"I think teaching refreshes and invigorates. I continue to think of myself as a student and approach students as colleagues. I'm eternally motivated by learning and exposure to people who want to learn. I know I'll become gray—but I hope never boring! You should be serious about your goals—but you shouldn't take yourself too seriously. There is a lot of time for laughter—and laughter so often motivates. I rarely wear the costumes of authority, but the people I work with know that the standards and expectations are high. You can achieve without arrogance—and be content with yourself!"

And you are?

"I have the opportunity to do what I most enjoy doing and find it rewarding on a daily basis. I think if I won the lottery tomorrow I would continue to come here every day. In fact I know I would."

If you do win, can I have the money?

"Not likely."

Worth a shot. Last question: What would you like to say to the alumni of the School?

"We need your help to continue the progressive changes in medical education, to keep the educational experience the best it can be and to maintain the exceptional national reputation of the School. This is your medical school, not ours. I hope you continue to be a part of it and give us your support of all kinds, be it financial or political or whatever. The School is a treasure to our students, to the alumni and to the people of this state. I hope all alumni value it as such.

"And I'd like to remind alumni that we can always use their involvement in our preceptor program and other facets of the curriculum. Ask any alum who has served as a clinical preceptor and you'll hear about their positive experience and their satisfaction. It's clearly a place where you can become involved in our educational process and have a significant positive influence on our students at a time when they really need it. It is a wonderful experience all around."

◄ from 15

Alumni Dossier, cont.

in order for it to be effective. These various Asian cultures are thousands of years old, so adapting to life in America, although sometimes hard, will really be just a drop in the bucket."

What he does in Career Number Two: "I'm executive director for federal medical affairs for the Upjohn Company—an organization I've respected for 26 years. What I do is assist the company in becoming more knowledgeable in working with the executive branch and more easily assimilated into the inner workings of this town. The position was created for me, which is flattering and humbling at the same time."

How Tristan and Isolde turned into Willie and Wynonna: "In college I was an opera fan. About 1980 I became a big-time country music fan—my favorites are Willie, Emmylou, Wynonna, Reba, Kathy and Mary Chapin. I think I like it so much because it's so simple. The lyrics aren't exactly rocket science—it's a great escape from the intensity of work."

If he had the alumni of the School all together in a big room: "I guess I would say to them that I hope their experience on the Hill, the training they got, the nurturing they got, the things they took away with them that have lasted in their careers—I hope all of that was as positive for them as it was for me. I hope they're doing what they really want to do. And I wish them the joy and wealth of experiences during their careers that I've found in mine."

Dr. Lin with his wife Eva and daughters Alison, Stephanie and Rebecca.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. biography	re: Samuel Lin [Personally Identifiable Information] [partial] (1 page)	03/00/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 5/97 [Folder 3] [1]

2018-0764-F
jm2042

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]

Samuel Lin, M.D., Ph.D., M.S.

Rear Admiral and Assistant Surgeon General Samuel Lin (RET), USPHS received his M.D. and his Ph.D. degrees from the University of Oregon Health Sciences Center where he is a member of the Alpha Omega Alpha Honorary Society. His Ph.D. research was recognized in 1973 as the recipient of the Junior Fellowship Award of the American Fertility Society. He began his professional career as a Commissioned Officer within the US Department of Health and Human Services (DHHS) and was one of the first to progress through the ranks from Ensign to Rear Admiral. As a Public Health Service (PHS) Scholarship recipient, he served in the PHS Hospital system and in the Indian Health Service (IHS) on the Colville Indian Reservation, Washington State. Subsequently, he headed the IHS Physician Branch and, in turn, the Office for Europe in the PHS Office of International Health in Rockville, Maryland. In the latter capacity, he served as US Executive Secretary for various US-European Joint Health Commissions.

In 1981, he was appointed DHHS Deputy Assistant Secretary for Health (Intergovernmental Affairs) and served in that capacity under three Assistant Secretaries for Health until 1992. During this same period, he also served as Acting Director of the National Center for Health Services Research, as Acting Director of the Office of Minority Health and as Chair of the Special Committee to Investigate the Center for Veterinary Medicine of the Food and Drug Administration. He was given an exceptional capability promotion to the rank of Captain (0-6) in 1981 and promoted to Rear Admiral in 1982.

In 1992, he served as Acting DHHS Deputy Assistant Secretary for Minority Health. From 1993 until his retirement from Federal service in 1994, he served as Senior Advisor to the DHHS Deputy Assistant Secretary for International Health with special emphasis on Asia, the Pacific and US-Mexico Border NAPHTA health issues.

He co-founded a number of organizations including the Indian Health Services Partners Organization, the Asian Pacific American Health Forum, the Association of Asian Pacific Community Health Organizations and the Asian Pacific Nurses Association. He presently serves on a number of Boards including the Asian Pacific Islander American Health Forum, the National Association of Professional Asian American Women, the Asian and Pacific Islander Journal of Health, The Retired Officers Association and The Flag and General Officers Mess. He has been invested as a Knight Chevalier of the Sovereign Military Order of the Temple of Jerusalem. He has received recognition and numerous awards from the Federal, State and private sectors.

Upon his retirement from Federal service, he joined The Upjohn Company (now Pharmacia and Upjohn, Inc.) as Executive Director for Federal Medical Affairs. Dr. Lin (b)(6) (b)(6) is married and the father of triplet daughters.

[001]

March 1997

December 1996 Volume II, Number 1

API HIV FORUM

A periodic newsletter published by the Empowerment through Training and Technical Assistance (ETTA) Program, a five-year national program of the Asian and Pacific Islander American Health Forum (APIAHF) funded by the Centers for Disease Control and Prevention through Cooperative Agreement No. U22/CCU909841-04.

POLICY UPDATE

Immigrants with HIV/AIDS Spared

Congress Passes Immigration Reform

If proponents of the new Immigration Reform Bill had their way, immigrants with HIV or AIDS would be denied treatment under services supported by public funds. But thanks to last-minute, intense negotiations between the Clinton administration and the Republican congressional leadership shortly before Congress adjourned its 104th session last September 30, this controversial provision was taken out of the approved bill.

The original bill also contained other provisions which would restrict benefits to legal immigrants. These included sponsor to immigrant deeming of federal means-tested programs, including emergency medical care, for immigrants who came to the U.S. within the last five years; and deportation as well as disqualification from natruralization for immigrants who, in their first seven years in the U.S., avail of public assistance for 12 months (cumulatively). These provisions were deleted from the approved bill as well.

At the Clinton administration's insistence, new provisions were also added to alleviate some restrictions in the welfare reform law. First, battered immigrants will be exempted from denial of public assistance such as Medicaid and other health care, food stamps and cash assistance. Second, the denial of Food Stamps, is delayed for six months. This means that immigrants who are currently receiving Food Stamps will not lose their eligibility till April 1, 1997.

continued, page 3

PROGRAM NEWS

This section highlights community-based organizations providing HIV/AIDS/STD services to Asian and Pacific Islander communities.

Asian & Pacific Islander Wellness Center: Community HIV/AIDS Services

This new name of the merged organization composed of the former Living Well Project and Asian AIDS Project was unveiled last month. The merger was formalized after extensive negotiations which began several years ago. It is aimed at consolidating AIDS services targeting APIs in San Francisco and meeting the ever-increasing community needs under a continually changing funding environment. The new organization, with a total budget of close to $2.5 million and a staff of 45, seeks to provide HIV/AIDS education, support and prevention programs and to empower, assist and enhance the lives of APIs living with HIV/AIDS.

John Manzon-Santos was hired as the first executive director of the API Wellness Center. John is currently the executive director of the Asian & Pacific Islander Coalition on HIV/AIDS (APICHA) in New York. He formally assumes his new position in January, 1997. John said that he was "excited by all the possibilities for the new agency." "This merger is smart and timely; our challenge will be to make sure that this braiding of innovative programs results in the highest quality of services for APIs living with AIDS and HIV."

As executive director of the API Wellness Center, John faces the challenge of meeting the needs of a large API population in San Francisco, which, according to the 1990 Census, stands at 200,000. The latest surveillance report from the San Francisco Department of Health AIDS Office shows that there are more than 500 cases of AIDS among APIs in the city. Hundreds more are known or suspected to be HIV-infected. Of the total API AIDS cases, 36.6% are among Filipinos, 27% among Chinese and 13.8% among Japanese. The rest are among Southeast Asians, Koreans, Pacific Islanders and South Asians.

John Manzon-Santos

Both the Living Well Project and Asian AIDS Project have been providing services and HIV prevention interventions targeting gay and bisexual men who make up almost 85% of the total API AIDS cases; as well as to API youth, women, transgenders and the general community.

Prevention interventions include outreach to bars, massage parlors and public sex environments; discussion groups/ retreats; support and social groups for

continued on next page

Inside...

The *API HIV FORUM* is a periodic newsletter published by the Empowerment through Training and Technical Assistance (ETTA) Program, a national program of the Asian and Pacific Islander American Health Forum (APIAHF) funded by the Centers for Disease Control and Prevention through Cooperative Agreement No. U22/CCU909841-04.

We welcome your comments, suggestions and/or contributions. Please send to: APIAHF-ETTA Program, 116 New Montgomery Street, Suite 531, San Francisco, CA 94105.

You may also call us at (415) 512-3404 or (415) 512-3408. Our fax number is (415) 512-3881. Our e-mail address is etta@apiahf.org.

ETTA Program Staff:
Ignatius Bau, Program Coordinator
Rene Astudillo, TAT Coordinator
Paul Chan, Administrative Coordinator
Marlette Marasigan, Project Assistant

ETTA Partner Agencies:

Asian AIDS Project
785 Market Street, Suite 420
San Francisco, CA 94103
(415) 227-0946

Asian Health Services
818 Webster St.
Oakland, CA 94607
(510) 986-6830

Asian Pacific AIDS Council
P.O. Box 3161
Seattle, WA 98114
(206) 467-0884

Asian Pacific AIDS Intervention Team
1313 W. 8th Street, Suite 224
Los Angeles, CA 90017
(213) 353-6055

Asian & Pacific Islander Coalition on HIV/AIDS
275 7th Avenue, 12th Floor
New York NY 10001
(212) 620-7287

Indochinese Community Center
1628-16th Street, N.W.
Washington, D.C. 20009

Search to Involve Pilipino Americans
3200A West Temple Street
Los Angeles, CA 90026
(213) 382-1819

API Wellness Center...*from page 1*

youth and members of API ethnic groups; educational theatre and a speakers' bureau; a gay API visibility campaign and a national technical assistance program for API gay/bisexual groups.

Support services for APIs with HIV/AIDS include counseling, social and support groups, financial and benefits assistance, legal advice and treatment advocacy. All services are available in Cantonese, English, Japanese, Mandarin, Tagalog and Vietnamese. The merged agencies are expected to move to a new site in the spring of 1997.

ETTA in 1997

In addition to trainings and the sharing of technical expertise among ETTA agencies and NAPICAS members, these are among the objectives and activities to look forward to in the program's Year 04:

- ❑National Working Groups
  -Prevention Interventions for APIYouth
  -HIV Prevention Community Planning
- ❑National Review Panels
  HIV Prevention Materials in Japanese, Korean & Cambodian
- ❑National Summit on API MSMs
- ❑Continue to Develop the National API HIV Resource Center and Directory of TAT Consultants
- ❑Developing Internet Technology among API agencies
- ❑Policy Advocacy on behalf of the API AIDS Community
- ❑Increasing NAPICAS membership

National Summit Planned on HIV Prevention Technology Targeting API MSMs

While the number of reported AIDS cases among APIs in the United States is relatively small (less than one percent of total cumulative U.S. AIDS cases), nearly 70% of those API cases are among men who have sex with men (MSMs). Overall, the incidence of new AIDS cases is increasing more rapidly among gay and bisexual men of color than among white gay and bisexual men. For example, the rate of new AIDS cases per 100,000 population among API gay and bisexual men increased by 55% from 1989 to 1995. This is considerably higher than the 14% increase for white gay and bisexual men during the same period. Studies also show that the prevalence of unsafe sex practices among API MSMs is definitely a cause for concern.

Despite this alarming trend, the specific needs of API MSMs at risk for HIV infection have been scarcely addressed on a national level. HIV prevention efforts which address the multilingual and multicultural needs of this heterogeneous population are limited and scattered, and have not undergone adequate evaluation, nor documentation, to guide a more comprehensive prevention approach which can be replicated in epicenters and future epicenters of HIV infection among Asians and Pacific Islanders.

It is against this backdrop that the Centers for Disease Control and Prevention (CDC) has approved a request by the Asian & Pacific Islander American Health Forum (APIAHF) for supplemental funding to support a two-day national summit on HIV prevention technology targeting API men who have sex with men (MSM). The summit, planned for late spring in San Francisco, will be undertaken jointly by APIAHF's ETTA program and the National

continued, page 4

POLICY UPDATE...*from page 1*

In addition, non-profit organizations that receive government funding will not be required to meet immigration verification and reporting regulations established under the welfare law.

Clinton Administration To Revisit Welfare Cuts?

Sources within the Clinton Administration said that the president wants Congress to restore some benefits which were cut under the new welfare reform law enacted last August 22. The Clinton proposal will especially benefit poor people and immigrants.

One proposal contemplated by the White House would restore food stamps for legal immigrants who have not become citizens. The new law denies food stamps to most noncitizens.

Another proposal would increase food stamp allotments for families with high housing costs. Most of these families have children.

A third proposal would relax the stringent work requirements imposed by the new law on able-bodied adults who have no dependents. Under the law, these adults may receive food stamps for only three months in any 36-month period unless they are working or participating in a work program. It is estimated that under this strict provision, close to 1 million people could lose food stamps.

Making legislative "fixes" to the new welfare reform law was among the reelection campaign promises by Clinton. Much, however, depends on how the White House can work with the Republican-controlled Congress.

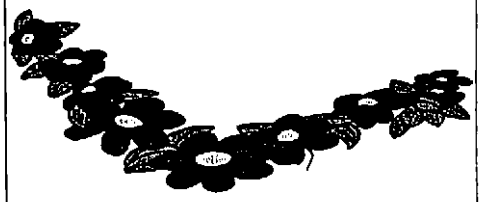
For updates on the Immigration and Welfare Reform Laws, visit APIAHF's web page: *http://www.apiahf.org/apiahf*

Hawaii's Cultural Competence Core Group Strategizes Filipino Outreach

Hawaii's Cultural Competence Core Group (CCCG) was started by the late Sean Duque who felt that there were not adequate services for persons of color living with AIDS in Hawaii. In the beginning of the epidemic, AIDS was largely thought to be a gay, white male disease that did not affect the majority of Asians and Pacific Islanders who live in Hawaii.

In the last several years, CCCG has been holding statewide conferences that focused on the group's mission to "ensure that people of color living with HIV/AIDS receive culturally-appropriate care and that people of color communities of Hawai'i receive culturally-appropriate HIV/AIDS education and awareness." The group has been successful in advocating for services for native Hawaiians and in helping incorporate into AIDS prevention and care services issues unique to other ethnic groups as well as the gay, lesbian, bisexual and transgendered persons.

In the next couple of years, CCCG has decided to focus on HIV/AIDS services to the Filipino communities throughout Hawaii. Next to native Hawaiians, Filipinos have the highest number of reported AIDS cases among Asians and Pacific Islanders in the state. Hawaii is also second to California as having the largest Filipino population in the U.S. In a recent strategic planning meeting held in Honolulu and facilitated by ETTA TAT coordinator Rene Astudillo, the group agreed to collaboratively seek funding from the Hawaii State Department of Health to support a statewide HIV educational outreach program for the Filipino community. Karen Hong of the West Hawaii AIDS Foundation in the Big Island noted that there has never been a targeted program on HIV prevention for Filipinos in Hawaii. Members also emphasized the need to establish a "clearinghouse" for language-specific HIV prevention materials, and the development of a Filipino-specific HIV educational curriculum which could be locally adapted in geographic communities statewide.



CCCG members who participated in the strategic meeting included AIDS service providers and community members from Oahu, Kaua'i, Maui, and the Big Island.

Needs Assessment of Asian Adolescents in Oakland/SF

The Asian Health Services (AHS) in Oakland recently completed a needs assessment of over 430 Asian (primarily Chinese, Laotian, Mien, Filipino and Vietnamese) adolescents in the Oakland/San Francisco area.The purpose of the study was to develop a profile of risk behaviors that could be used to assist in the development and implementation of programs that would better meet the health needs of Asian adolescents.

Over half of the sample were immigrants and three-quarters were fluent in English.

Risk behaviors assessed included the use of tobacco and other drugs, sexual activity, involvement in gangs, and violence. Utilization and preferences for health education and medical services were also part of the survey.

While 71% of the respondents had engaged in sexual activity, only 24% had engaged in sexual intercourse, well below the national average. Of the respondents who had engaged in sexual intercourse, 59% reported either themselves or their partners using a condom.

Significantly, the counseling or health education service listed as the top priority need for this sample was AIDS prevention education (17%), and the top medical service desired was AIDS testing (16%). 30% of the respondents preferred learning about health issues at school, in contrast to booklets/brochures (9%), group presentations (9%), doctors (9%), or individual contact (6%).

Copies of the study are available from AHS or through the ETTA Resource Center.

NATIONAL SUMMIT. . . from page 2

Program of the Living Well Project. The National Program provides training and technical assistance to API gay and bisexual groups across the country and is funded through a subcontract with the National Task Force on AIDS Prevention.

Participants in the national summit will include both HIV prevention practitioners and community-based researchers who will review key HIV prevention interventions targeting API MSMs. Summit participants will also identify the critical research questions required for the continued evaluation and refinement of these interventions. The summit will result in a transfer and exchange of knowledge, skills and experience among participants, facilitating interaction between HIV prevention practitioners and researchers. The findings and recommendations of the summit will be documented in a written report to be disseminated to community-based organizations, state and local health departments, state and local community planning bodies and research institutions. For more information about the national summit, please contact the ETTA office.

BEST WISHES FOR THE HOLIDAYS!!

From the staff of

APIAHF

our **ETTA** partners, and the **NAPICAS** member-agencies.

ETTA/NAPICAS ROUNDUP

Asian & Pacific Islander Coalition on HIV/AIDS (APICHA), New York

APICHA will soon open a family-oriented community center in Queens, establishing a physical, programmatic and political presence in the borough which has both the largest immigrant API communities and the higest rate of API HIV/AIDS cases.

Filipino Task Force on AIDS (FTFA), San Francisco

FTFA recently announced the hiring of a new executive director, Marianna Balquiedra. A self-identified transgender, Balquiedra was formerly the executive director of the Remedios AIDS Foundation, the largest non-governmental AIDS service agency in the Philippines. In her first week on the job, Marianna was appointed to the San Francisco HIV Planning Council.

Marianna Balquiedra

Life Foundation, Honolulu

A month-long photo exhibit on self-identified Asian & Pacific Islander gay and bisexual men, featuring their thoughts about being gay in Hawaii and their responses as community members to the AIDS epidemic, was recently concluded at the Hawaii state public library. The exhibit, part of an HIV prevention and visibility campaign funded by the U.S. Conference of Mayors, will travel to the other islands in Hawaii over the next few months. The Life Foundation's John Kim coordinated the project.

Asian Pacific AIDS Intervention Team (APAIT), Los Angeles

APAIT continues to work within the API HIV Caucus in Los Angeles and has taken active and leadership roles in this collaborative undertaking. Karen Kimura was elected as co-chair for 1996-97. The Caucus' October 25th meeting was attended by the Health Deputies and the API liaisons from each of the five Supervisorial districts in L.A. County. Representatives from all five districts and over 20 members of the API community also attended. APAIT has two staff members participating on the planning committee for the 1997 Caucus retreat to be held in January 1997.

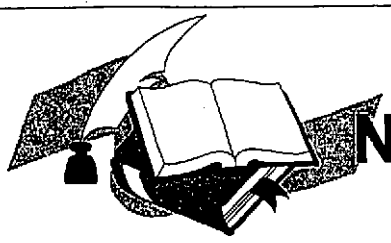
Asian Health Services (AHS), Oakland

AHS recently inaugurated its new building located in the heart of Oakland's Chinatown. The new location/address is: 818 Webster St., Oakland, CA 94607. Tel. No. (510) 986-6830; Fax No. (510) 986-6890.

API HIV Forum welcomes contributions from ETTA and NAPICAS agencies. Please send information on programs, activities and events to:

API HIV Forum
APIAHF
116 New Montgomery Suite 531
San Francisco, CA 94105

or fax to: (415) 512-3881 or e-mail to: rma@apiahf.org



National API HIV Resource Center

National Working Panels Review HIV Prevention Materials on API Languages

This year, the ETTA Program convened national working panels to review existing HIV prevention materials in Chinese, Vietnamese and Tagalog; develop glossaries of common HIV prevention terminology; and make recommendations on what would constitute culturally and linguistically appropriate brochures targeted at these populations. This review will continue next year with the convening of national working panels to look at Japanese, Korean and Cambodian materials.

There were several critical findings and recommendations made by the review panels:

1. There was a noticeable difference in the quality of brochures originally written in Chinese, Vietnamese and Tagalog and brochures developed in English and then translated into the these languages. There was a strong recommendation to use focus groups convened from the target population to develop an original text for any future brochures.

2. The review panels found an alarming number of errors in translation as well as typographical and proofreading errors. These errors highlight the need for careful translation and proofreading.

3. There were very few or no HIV prevention education materials targeting women, youth, injection drug users or transgenders. Brochures targeting the general API communities were thought to be ineffective in reaching these target populations.

4. The actual prevention education message differed widely among the brochures, from messages of strict abstinence from all sexual activity to more "sex-positive" messages. Very few brochures included instructions on proper condom use as a means of protection against HIV infection

ETTA IS NOW ACCEPTING NOMINATIONS FOR MEMBERSHIP IN THE NATIONAL REVIEW PANELS THAT WILL BE CONVENED NEXT YEAR TO LOOK AT JAPANESE, KOREAN AND CAMBODIAN MATERIALS.

5. The review panels found few graphics and illustrations in the brochures that were culturally appropriate and relevant to targeted API populations. Many of the materials reviewed were very heavy on text.

TO RECEIVE A COPY OF THE RECOMMENDATIONS OF THE REVIEW PANELS, AS WELL AS THE GLOSSARIES DEVELOPED, CONTACT ETTA PROGRAM STAFF, INDICATING YOUR LANGUAGE OF INTEREST.

API Online Resources

http:www.cdcnac.org
http://www.aplahf.org/aplahf
http://www.tufts.edu/~stal/QAPA/resources.html
http://www.growthhouse.org/asianhiv.html
http://www.tribo.org/bakla/bakla.html
http://www.rahul.net/trikone/
http://www.slip.net/~gapa/

(Most of these web pages provide links to other AIDS resources)

World AIDS Day '96 Update

Women, children, Asia hardest hit by epidemic

As the universal community commemorated World AIDS Day this year, the United Nations AIDS Program issued a new report warning that the AIDS epidemic is striking harder than ever at the world's women and children, and that infection rates are increasing in parts of Asia that have been relatively unaffected by the disease.

According to the report, more than 3 million people were newly infected this year alone, and for the first time, nearly half of them were women and at least 400,000 children. It also indicated that Asia and the Pacific are bearing the brunt of the new spread of the epidemic, affecting such countries such as Vietnam, Cambodia and China. The number of HIV-infected individuals in China increased from 10,000 in 1993 to 100,000 by the beginning of this year.

The U.N. AIDS Program now estimates that **22.6 million** people are currently living with AIDS or are infected by HIV. Following is the breakdown per region:

Sub-Saharan Africa	**14 million**
South and Southeast Asia	**5.2 million**
Latin America	**1.3 million**
North American, Western Europe, Australia and New Zealand	**1.3 million**
Caribbean	**270,000**
North Africa and Middle East	**200,000**
East Asia and Pacific	**100,000**
Central, Eastern Europe and Central America	**50,000**

"One World, One Hope"

API AIDS cases by sex, age at diagnosis, reported through June, 1996, United States

Age at Diagnosis	Male No.	Male (%)	Female No.	Female (%)
Under 5	15	(0)	11	(3)
5-12	8	(0)	6	(1)
13-19	19	(1)	6	(1)
20-24	113	(3)	24	(6)
25-29	438	(13)	45	(11)
30-34	741	(22)	82	(20)
35-39	736	(22)	75	(18)
40-44	602	(18)	59	(14)
45-49	349	(10)	39	(9)
50-54	182	(5)	21	(5)
55-59	112	(3)	11	(3)
60-64	46	(1)	17	(4)
65 or older	50	(1)	19	(5)
TOTAL	**3,411**	**(100)**	**415**	**(100)**

Source: CDC HIV/AIDS Surveillance Report

January 27-28, 1997
First Minority Women's Health National Conference,
Washington, D.C.
Information: (202) 690-7650

February 24-25, 1997
4th Annual Statewide Legislative Day & Conference, Asian & Pacific Islander California Action Network (APIsCAN)
Sacramento, CA
Information: (415) 512-2713

April 23-27, 1997
6th Biennial Symposium on Minorities, The Medically Underserved & Cancer
Washington, D.C.
Information: (713) 798-5383

September, 1997
National Conference on API Health, Asian & Pacific Islander American Health Forum
San Francisco
Information: (415) 512-2710

Asian & Pacific Islander American Health Forum
ETTA Program
116 New Montgomery Street, Suite 531
San Francisco, CA 94105

TO:

February 1997 Volume II, Number 2

API HIV FORUM

A periodic newsletter published by the Empowerment through Training and Technical Assistance (ETTA) Program, a five-year national program of the Asian and Pacific Islander American Health Forum (APIAHF) funded by the Centers for Disease Control and Prevention through Cooperative Agreement No. U22/CCU909841-04.

POLICY UPDATE

DUAL IMPACT OF WELFARE AND IMMIGRATION REFORM LAWS ON HIV PROGRAMS AND SERVICES FOR PERSONS LIVING WITH HIV

In1996, Congress enacted two major bills that will have a significant impact on HIV programs and services for persons living with HIV. Prior to the 1996 welfare reform and immigration reform legislation, all permanent residents (with some exceptions for SSI, AFDC and Food Stamps), refugees and asylees were eligible for almost all federal, state, and local public benefits on the same basis as U.S. citizens. Under the 1996 changes, most of these immigrants now are disqualified from almost all public benefits. In addition, new eligibility rules will vary in each state and county because of state and local options under the welfare reform legislation. In the coming months, many hundreds of persons living with HIV who are not U.S. citizens will begin to lose their essential health and disability benefits. Immigration status verification and reporting may be required for both care and prevention programs. State and local public health and social services departments will face enormous challenges to meet the new needs for services.

HIV Prevention Services

The welfare reform law did create exceptions from the immigration status requirements for services related to the testing and treatment of symptoms of communicable diseases and other services necessary for life and safety. While most HIV prevention services would fit either or both

continued, page 4

PROGRAM NEWS

This section highlights community-based organizations providing HIV/AIDS/STD services to Asian and Pacific Islander communities.

Asian Health Services
Oakland, CA

Asian Health Services (AHS) is a federally funded community health center in Oakland, California, that provides direct medical care services, health education, and client advocacy services to the low-income Asian and Pacific Islander (API) communities. In over twenty years, AHS has grown from an all-volunteer effort into a nationally-recognized comprehensive primary care provider. As a minority CBO, AHS has led the country with medical and prevention programs which meet the language and cultural needs of APIs.

Located in the heart of Oakland's Chinatown, AHS draws clients from all of the Alameda County and surrounding areas. AHS has been a working model for the delivery of culturally and linguistically competent care to a medically underserved community. Complementing the direct services are the agency's advocacy efforts for greater access throughout the health system, regardless of income, insurance status, fluency in English, or cultural differences. Its mission is to provide and advocate for increased access to services to those with the least access to health - particularly low income, limited English speaking, uninsured Asian and Pacific Islander immigrants and refugees.

AGENCY PROGRAMS. In addition to clinical services that provide a comprehensive range of primary medical care for all APIs, AHS has conducted culturally competent health education health promotion, and patient advocacy services since its inception. It has provided leadership in recognizing the special health needs of API immigrant and refugee communities, documenting and advocating for policies and resources to meet those needs. This has been coupled with AHS' unique capacity to provide services responsive to the changing demographic profile of the underserved populations in its service area.

AHS' Health Education Department focuses on community-wide, individual patient, and family interventions, as well as policy design to promote wellness and prevent disease. AHS has programs in Chronic Disease Prevention (e.g., tobacco control, hypertension reduction, and cancer education), Communicable Disease Prevention which includes the HIV/AIDS Project, and a Comprehensive Youth Component (e.g., teen pregnancy and abusive relationship prevention, and tobacco cessation). The programs span both Health Education as well as the medical and case management services. This offers a continuous spectrum of services geared towards preventive care, including community intervention and social marketing, street and community outreach, group workshops, and individual case management.

HIV/AIDS PROGRAM . AHS has been conducting HIV education and prevention activities since 1988, including work with youth, immigrants, women, and API men who have sex with men.

continued on next page

Inside...

The *API HIV FORUM* is a periodic newsletter published by the Empowerment through Training and Technical Assistance (ETTA) Program, a national program of the Asian and Pacific Islander American Health Forum (APIAHF) funded by the Centers for Disease Control and Prevention through Cooperative Agreement No. U22/CCU909841-04

We welcome your comments, suggestions and/or contributions. Please send to:
APIAHF-ETTA Program, 116 New Montgomery Street, Suite 531, San Francisco, CA 94105.

You may also call us at (415) 512-3404 or (415) 512-3408. Our fax number is (415) 512-3881. Our e-mail address is etta@apiahf.org.

ETTA Program Staff:
Ignatius Bau, Program Coordinator
Rene Astudillo, TAT Coordinator
Paul Chan, Administrative Coordinator
Scott Sugiura, Project Assistant

ETTA Partner Agencies:
Asian AIDS Project
785 Market Street, Suite 420
San Francisco, CA 94103
(415) 227-0946

Asian Health Services
818 Webster St.
Oakland, CA 94607
(510) 986-6830

Asian Pacific AIDS Council
P.O. Box 3161
Seattle, WA 98114
(206) 467-0884

Asian Pacific AIDS Intervention Team
605 W. Olympic Boulevard, Suite 610
Los Angeles, CA 90015
(213) 553-1830

Asian & Pacific Islander Coalition on HIV/AIDS
275 7th Avenue, 12th Floor
New York NY 10001
(212) 620-7287

Indochinese Community Center
1628 16th St. N.W.
Washington, D.C. 20009
(202) 462-4330

Search to Involve Pilipino Americans
3200A West Temple Street
Los Angeles, CA 90026
(213) 382-1819

Asian Health Services ... from page 1

AHS was the first service provider to step forward in Oakland to provide HIV services to the API communities. It remains the single most comprehensive program for HIV services to this same target population.

Along with providing HIV primary care since 1989, the agency has provided HIV antibody testing with pre/post-test counseling and primary medical care for sero-positives in four languages. Its social case management and primary care services were formally implemented in 1991. Prevention case management services began in 1992.

Asian Health Services continues to be the only site in the Bay Area (and in the country) which provides a wide range of HIV services in a variety of disciplines for the diverse API communities. No other programs locally or nationally combine the inter-disciplinary range of medical and social case management, prevention and education, development of risk reduction models, and HIV testing and counseling. Innovative interventions have been effective, proving the agency's capability to implement comprehensive Health Education and Risk Reduction (HERR) interventions to reduce the spread of HIV that are both culturally and linguistically appropriate. Interventions utilize a multilingual/multicultural team and include street and community outreach through educational workshops, community street fairs, youth educational programs, nail salon and massage parlors outreach, and performance art magnet events.

AHS provides prevention messages, materials, and linkages to services through venues that gain access to diverse API communities not necessarily exposed to HIV prevention messages targeted to mainstream audiences. Some of these venues include bathhouses and social organizations, sex industry settings, English-as-a-Second Language classes, and Asian-languages newspapers. Its program of integrating safe sex information and role modeling through entertainment, *Latex A-Go-Go*, has been successful in both individual risk reduction as well as in changing community perceptions of HIV/AIDS and the impact on APIs.

For info. contact Joel Tan at (510) 986-6830

Maui AIDS Foundation Receives State Prevention Grant

Through the support of Hawaii's Cultural Competence Core Group, the Maui AIDS Foundation was recently awarded a $40,000 grant by the Hawaii State Department of Health to provide statewide STD/HIV education and risk reduction services for the Filipino population. The Core Group, with membership from community based organizations in the different islands of the state, will serve as the oversight committee for this program.

The approved proposal involves the development of a culturally-appropriate curriculum tool consisting of individual, group and community level interventions to assist the target population in making behavioral changes and in accessing needed HIV/STD services. Because HIV and AIDS have had a great impact on Filipino men who have sex with men, as well as on transgenders, a major component of the curriculum will address this community's issues relative to HIV prevention.

Last year, the ETTA program assisted the Cultural Competence Core Group in its strategic planning process which led to the identification of the need for HIV prevention services for Filipinos in Hawaii. Next to Hawaiians/Part Hawaiians, Filipinos have the highest number of reported AIDS cases among Asians and Pacific Islanders living in the state. Filipinos account for about 15 percent of the state's total population.

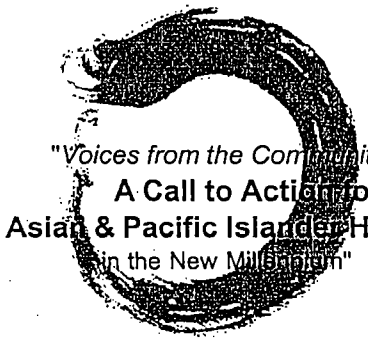
ETTA Calendar

March 29-31, 1997
National Summit for Technology Transfer of HIV Prevention Interventions for Asian and Pacific Islander Men Who Have Sex with Men, Sonoma, CA.

April 11-12, 1997
National Review Panel Meeting, Korean Language HIV Prevention Materials, L.A.

May 2-3, 1997
National Review Panel Meeting, Japanese Language HIV Prevention Materials, San Francisco

May 9-10, 1997
National Review Panel Meeting, Cambodian Language HIV Prevention Materials, San Francisco



Policy Conference on API Health Slated Sept. 12-14

Some 500 members of the API community are expected to gather in San Francisco on September 12-14, 1997, for a national policy conference on Asian & Pacific Islander Health. With the theme, "Voices from the Community: A Call to Action for API Health in the New Millennium," the conference will strive to consolidate a critical mass of local, community-based advocates. This critical mass can build a movement to affect policies and programs that will more affirmatively address API health throughout the country.

The conference will also include experienced-based skills building sessions and an opportunity to provide input to API community objectives under "Healthy People 2000" and beyond. Policymakers, administrators, healthcare professionals, community outreach workers, researchers, students, and those involved in all aspects of disease prevention and care for the API community, will benefit from this conference which highlights the 10th anniversary of the Asian & Pacific Islander American Health Forum.

For more information about the "Voices" Conference, please contact Heidi Tom at APIAHF (415) 512-2717

Contra Costa County Holds API HIV/AIDS Forum

In its current HIV prevention community plan, Contra Costa County in California recognizes the need for HIV/AIDS services that specifically target the Asian & Pacific Islander community. Contra Costa is home to about 77,000 APIs per the 1990 census.

Two percent of the reported AIDS cases are among APIs, but there is currently no API-specific HIV/AIDS service agency in the county. Despite Contra Costa's proximity to Alameda and San Francisco, county health officials and community health providers see the need to have HIV/AIDS services more accessible to APIs within the county.

It is against this backdrop that a joint meeting of the county's HIV Education and Prevention Network and the HIV Interagency Services Network was held last January 22, 1997 to serve as a forum for API HIV/AIDS issues and services. It was attended by about forty individuals representing community-based organizations, HMOs, hospitals and clinics, and personnel from the County Health Services Department AIDS Program.

The forum consisted of an overview of API HIV/AIDS issues presented by Joel Tan of the Asian Health Services in Oakland, and a personal story by a Filipino American living with HIV. Case scenarios for small group discussions were prepared by forum organizers and the report backs clearly indicated the need for more information and training on cultural, language and diversity issues relative to the API community.

Holly Scheider of the County AIDS Program said that the forum was a great opportunity for networking and for health providers in the county to learn about possible resources in helping them reach and serve the needs of APIs.

Staff from the ETTA program, AHS and the API Wellness Center offered their respective agencies as API resources for the local health providers.

Cumulative API AIDS Cases
Contra Costa County
January 1, 1980 - January 9, 1997

Risk Behavior	Male	Female	Total
Men who have sex with men (MSM)	20	0	20
Injection drug use (IDU)	3	0	3
MSM and IDU	1	0	1
Hemophilia/coagulation disorder	2	0	2
Heterosexual sex	0	1	1
Receipt of blood products or tissue	2	2	4
Risk not reported/other	2	1	3
TOTAL	30	4	34

Source: Contra Costa County Health Services Department

Largest API Groups in Contra Costa
1990 Census

Filipino	24,663	*Korean*	3,941
Chinese	22,106	*Vietnamese*	3,358
Japanese	7,885	*Laotian*	3,069
Asian Indian	6,351	*Cambodian*	253

Policy Update . . . from page 1

of these exceptions, there has not been any clear guidance from either the Department of Health and Human Services or the Centers for Disease Control and Prevention about the implementation of the new law and its impact on HIV prevention programs.

Medicaid

The most critical need for many individuals living with HIV is access to quality health care services. If an individual is not covered by a private health insurance plan, Medicaid provides federal and state government-funded reimbursements for medical care. However, eligibility for Medicaid can depend on income and immigration status. One must be both low-income and "categorically linked" (e.g., eligible for SSI or AFDC) to qualify for Medicaid. Medicaid generally is not available to single adults. It is estimated that over 50% of adults living with HIV and over 90% of children with HIV depend on Medicaid for their health insurance. While there are no data on how many immigrants with HIV are on Medicaid, we can assume that many low-income immigrants living with HIV do rely on Medicaid.

Under the welfare reform bill, any individual who is not a U.S. citizen who is not currently receiving Medicaid as of August 1996 will be ineligible for Medicaid for five years after entry. The bill then gives each state the option of continuing the disqualification until the immigrant becomes an U.S. citizen. States also will have the option of disqualifying from Medicaid those immigrants already in the United States and receiving Medicaid as of August 1996. If states exercise this option, immigrants living with HIV currently receiving Medicaid may lose their health care coverage.

Since 1986, emergency Medicaid has been available to all persons regardless of immigration status. Emergency medical care is defined as "care and services necessary for the treatment of any medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part." The 1996 welfare legislation does not change the availability of emergency Medicaid. While certain AIDS-related conditions may be treated and reimbursed through emergency Medicaid, prophylactic treatments may not be considered as emergencies.

Other Public Health Services

The 1996 welfare reform legislation also may impose immigration status eligibility requirements for other types of federally funded health care services, such as health services provided by community health centers, migrant health centers, and rural health centers. These facilities receive federal funding in addition to Medicaid reimbursements for their individual patients. In addition, new immigrants will be disqualified from Title XX services such as In Home Support Services, with state options to continue the disqualification until citizenship. Many immigrants with HIV utilize these services in addition to Medicaid.

On the other hand, there are no immigration status eligibility requirements on programs funded through the Ryan White Comprehensive AIDS Response Emergency (CARE) Act. Some local Ryan White community planning groups actually have prioritized the health and social service needs of immigrants in their local areas. However, with the new federal restrictions on Medicaid for immigrants, there will be intense pressure to use Ryan White funds to replace Medicaid for the primary health care needs of immigrants, something Ryan White dollars were never intended for. Similarly, there are no immigration status eligibility requirements for the state AIDS Drug Assistance Programs (ADAP). However, the ADAP programs are experiencing critical funding shortages due to the increased demand for expensive protease inhibitors and other drugs in multiple combination therapies. Finally, there are no restrictions on participation in federally funded clinical trials.

Disability Benefits

Persons living with HIV who have worked in the past or are still working may be eligible for a variety of governmental and private disability benefits when they become too disabled to continue to work. Almost all employees have FICA contributions deducted from their wages. If that employee becomes permanently disabled and has made sufficient withholding contributions, that employee is eligible for Social Security disability benefits. The 1996 immigration law introduces status requirements on obtaining these Social Security benefits for the first time. There are a limited number of immigrants (mainly certain applicants for permanent immigration status) that may not be eligible for such benefits, even though they have paid FICA taxes.

Persons who are both indigent and permanently disabled may apply for Supplemental Security Income (SSI), regardless of their contribution of FICA withholdings. However, under the 1996 welfare reform legislation, only U.S. citizens will be eligible to receive SSI, with a few very limited exceptions for veterans and those in the active U.S. military, for some refugees and asylees and for those who have worked at least forty "qualifying" Social Security quarters. Those poor and disabled immigrants now receiving SSI will lose their benefits before August 1997 unless they meet one of the very limited exceptions under the new law.

Some employers provide long-term disability benefits for their disabled employees. There should not be any immigration status eligibility requirements for such benefits. Some states also provide benefits for short-term disabilities. Deductions are made from employee wages as premiums for such programs. At least one state court has ruled that an undocumented immigrant cannot be denied state disability benefits solely on the basis of immigration status.

AFDC, Food Stamps and Nutrition Programs

Prior to 1996, parents with dependent children who were unable to work could receive benefits from the Aid to Families with Dependent Children (AFDC) program. The 1996 welfare reform legislation eliminates the AFDC program and replaces it with a federal block grant to each of the states under a new program called Temporary Assistance for Needy Families (TANF). States will have broad authority to design their own TANF program. As states begin to implement their own plans, it is unknown how the TANF block grants will impact immigrant access to health services.

Continued on next page

POLICY UPDATE. . .from page 4

The disqualifications from TANF for new immigrants are the same as from Medicaid: new immigrants are disqualified for the first five years and states have the option to disqualify current immigrants as well as extend the disqualification for new immigrants beyond the five years until citizenship.

Similarly, the same disqualifications that apply to SSI under the 1996 law are applicable to food stamps. The 1996 legislation specifically exempts child and school nutrition programs such as the Women, Infants and Children (WIC) program and school breakfast and lunch programs from any immigration status restrictions for new immigrants. However, it is unclear whether these benefits remain available to undocumented immigrants.

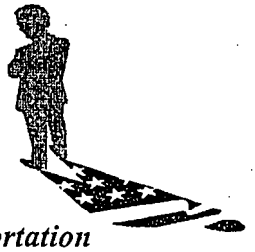
Other Public Benefits

There may be other state and local programs available to provide public benefits or health care to those who are indigent and without any other means of support. Many states have general relief or general assistance programs that provide minimal cash benefits as a last resort. State and local governments also administer indigent health care programs. It is up to each state or local government to determine immigration status eligibility requirements for these programs. However, the 1996 federal welfare reform legislation also imposes new restrictions on these state and local programs under the rationale of the federal authority to control immigration.

The replacement of the AFDC program with TANF block grants and the state options to extend the immigrant disqualifications to Medicaid, Title XX services and state and local government benefits have significant policy implications for immigrants living with HIV. Each state legislature and local city council must now take up the debate of whether immigrants should be eligible for these programs. AIDS service organizations and health care providers will have to monitor these federal, state, and local legislative developments for their impact on immigrants with HIV.

1996 Immigration Reform Legislation

In addition, the immigration reform law, passed on the last day of Congress as part of the final budget reconciliation bill, severely limits the ability of immigrants with HIV to obtain permanent immigration status in the U.S.



Restrictions on Defenses to Deportation

One of the most significant changes made by the immigration law is the elimination of suspension of deportation. Under prior law, an immigrant facing deportation could apply for suspension if he could prove 1) presence in the U.S. (lawfully or not) for more than seven years, 2) good moral character (no criminal convictions) and 3) "extreme hardship" either to himself or to a U.S. citizen or permanent resident family member. A few individuals living with HIV were able to obtain suspension of deportation in part because of the hardship from being deported away from U.S. health care and other social support available for persons living with HIV.

The new immigration law replaces suspension of deportation with "cancellation of removal." In order to qualify, an immigrant must now prove 1) presence in the U.S. for more than ten years, 2) good moral character and 3) "extraordinary and unusual hardship" to a U.S. citizen or permanent resident parent, spouse or child. The longer ten-year requirement and the new higher standard of hardship (which no longer includes hardship to the immigrant) will be very difficult for most to prove. In addition, under the so-called Defense of Marriage Act, "spouse" has now been defined for U.S. immigration law purposes as specifically excluding same-gender relationships.

Immigration Bill Restrictions on Asylum

The immigration bill also established new restrictions on applications for asylum in the U.S. In recent years, the Immigration and Naturalization Service (INS) or Immigration Judges have granted asylum to persons living with HIV from Brazil, Chile, Columbia, El Salvador and Togo because of their fear of persecution based on their HIV status. The INS and Immigration Judges also have granted asylum to gay men from Albania, Brazil, China, Columbia, El Salvador, Eritrea, Guatemala, Honduras, Hong Kong, Iran, Jordan, Lebanon, Mauritania, Mexico, Nicaragua, Pakistan, Peru, Romania, Russia, Singapore, Turkey, Venezuela and Yemen because of their fear of persecution because of their sexual orientation.

However, under the new law, individuals must file their asylum applications within one year of their entry to the U.S. Especially in cases in which the asylum application is based on HIV status or sexual orientation, the applicants may not be aware of this new law or be able to prepare an application within that first year. Finally, all persons already in the U.S. must file their applications for asylum before April 1, 1997.

For more information, contact Ignatius Bau, ETTA Program Coordinator at (415) 512-3408

UPCOMING EVENTS

Our Place at the Table Public Policy Conference
National Minority AIDS Council (NMAC)
May 18-20, 1997 Washington, D.C. Information: (202) 483-6622
Hotel deadline: April 30,1997 Register by: May 2, 1997

Community Planning Orientation and Leadership Training
NMAC and National Native American
Prevention Center Information: (202) 483-6622
April 27-29, 1997 New Orleans, LA Register by: April 1, 1997

Community Planning Orientation and Leadership Training
NMAC and National Native American
Prevention Center Information: (202) 483-6622
June 22-24, 1997 Billings, MT Register by: June 1, 1997

Women of Color Conference
National Minority AIDS Council
June 25-27, 1997 Houston, TX Information: (202) 483-6622

National Lesbian & Gay Health Conference/ National AIDS Forum
National Lesbian and Gay
Health Association
July 26-30, 1997 Atlanta, GA Information: (202) 234-1467

The US Conference on AIDS
National Minority AIDS Council
September 18-21, 1997 Miami, FL Information: (202) 483-6622
Hotel deadline: August 15, 1997 Register by: Aug. 22, 1997

National API HIV Resource Center

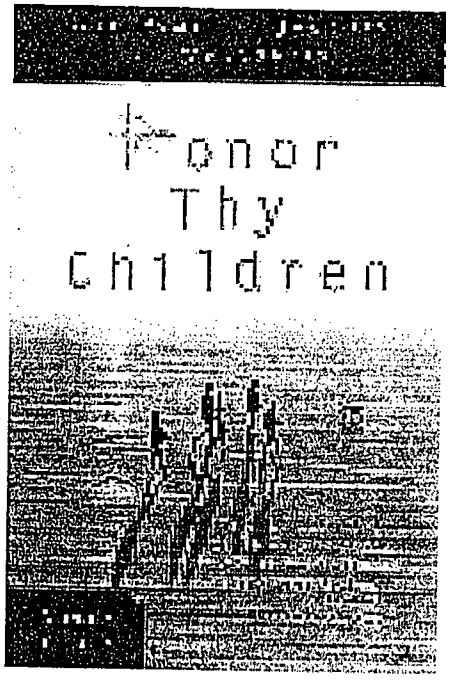
BOOK REVIEW by Ignatius Bau

Honor Thy Children

by Molly Fumia
Conari Press, 315 pp.

We so rarely have stories of Asian Americans living with AIDS. Thus, it was with great expectations that I rushed out to buy Honor Thy Children, the story of the Nakatani family living in San Jose, California: a Japanese American family that loses two gay sons to AIDS. They also lose their third son to a senseless murder. The oldest son, Glen is thrown out of the house and disowned when he tells his parents he is gay at age fifteen. He ultimately returns home and dies of AIDS at age 29 without ever truly reconciling with his parents. The middle son, Greg, is on his way to an ideal career and promising future when shot to death during an argument after a minor traffic accident at age 26. We enter the story as the youngest son, Guy, also has come out to his parents, first as a gay man, then as living with AIDS. He dies in 1994, also at age 26.

This is a compelling story, full of sorrow and bitter regret, of unrelenting tears and tragedy. It also is a story of transformation, of deep wisdom and impossible courage in defiance of grief and despair. We learn how a family tom apart by fear, silence and dying learns to live, to laugh, to deepen their intimacy. Author Molly Fumia's writing is strongest when describing relationships: between the parents Jane and Alexander Nakatani, between Guy and his lover James Martin, between Guy and his parents.



Unfortunately, Fumia, invited by the Nakatanis to write their story after hearing Guy and Alexander speak at her son's high school, cannot decide whose voice this story should be told with. In often confusing passages, distinguished simplistically by alternating paragraphs in regular text with italics, the book speaks first with Fumia's narrator voice, then in the multiple first person voices of the parents, of the youngest son Guy, of Guy's lover James and of several of Guy's closest women friends. Even the two older dead sons speak through their letters. Sometimes it is difficult to recognize whose voice we are hearing. Two-thirds of the way into the book, Fumia is no longer simply a narrator but a friend and caregiver who becomes an increasingly critical part of the unfolding story. For example, it is Fumia that ultimately confronts Guy about his self-esteem as a gay man. She is no longer a passive recorder but becomes an actor in this narrative. Moreover, in her effort to universalize the experience of the Nakatani family, Fumia misses the opportunity to explore the uniqueness of this Japanese American family's perspective on AIDS (or homosexuality). We learn superficially that both Alexander and Jane Nakatani are "Japanese from Hawaii" and that their courtship began on the airplane that took them both from Hawaii to the mainland for college. The author misses how deep the need to conform and succeed in "American" ways is typical for this sansei couple who lived as children throughWorld War II. We only are given hints about how Alexander's confrontation with the "glass ceiling" - not getting the promotion at work he deserved - related to his setting such high standards and expectations for his sons to achieve, succeed and be accepted in American society.

"... this is a book that will put an Asian American face on AIDS for the first time for many readers."

When the family returns to Maui, we see primarily with Fumia's romanticized, almost tourist eyes, not really understanding why the islands are so important to this family and its culture. Fumia also makes a passing reference to how Guy feels "so Asian" in his adolescence but never explores how his race and culture affected his struggle to accept his sexual orientation. When the dying Guy says to Fumia, "call me Tosh" (for his Japanese name), the reader can't fully appreciate the significance of Guy's belated cultural self-identity as part of his process of self-acceptance before dying.

continued, page 7

"Honor Thy Children"

. . .continued

We also never learn why Jane and Alexander struggle so fiercely with their sons' homosexuality. When Jane abbreviates her references to "the Japanese way," Fumia misses any cultural context for these Japanese American parents who simply did not discuss anything sexual or personal or intimate. How then does Jane come to welcome Guy's lover into their home and incorporate James as part of the Nakatani family? How is it that it is Alexander who urges his son to come out publicly as a gay man in his HIV education presentations?

Even the title of the book, Honor Thy Children, seems to miss the deeper cultural context for this family's experience. Fumia, with a graduate theology degree, begins with the "Judeo-Christian commandment" to honor one's parents. Fumia writes that Jane Nakatani noted that honoring one's parents was also a Japanese cultural assumption. Fumia describes her insight that the Nakatanis had ultimately turned the commandment around and had honored their children through their courage to be transformed by their grief.

Alexander & Jane Nakatani

But Fumia doesn't appreciate the inner motivation of most Asian American parents: to sacrifice everything, even their own lives, for their children but never to express intimacy or affection or pride directly to them. Fumia fails to understand how Jane and Alexander Nakatani had to sacrifice and give up so many of their other cultural values in order to try to help their last child live and die with love.

Despite my disappointment with the missed opportunities to address deeper issues for Asians and Pacific Islanders working on HIV prevention education, this is a book that will put an Asian American face on AIDS for the first time for many readers. Alexander Nakatani's voice as a Japanese American who has lost two gay sons to AIDS needs to be heard:

Ultimately, my family's story is not about AIDS or homosexuality, but about what happens to all of us when a child is denigrated, whether it be because of race, gender, sexual orientation, size, or shape - the reason doesn't matter, and the damage is the same. Anything that wounds the self-esteem of a child is the enemy we should all be fighting. We have to care about every child as we would care about our own.

Cultural Competency Resources for Asian & Pacific Islander HIV Prevention Programs

The following are available through the E.T.T.A. National API HIV Resource Center or by contacting the authors directly:

Definition and Training Curriculum for Culturally Competent HIV Prevention Programs Targeting Asian and Pacific Islander Populations. *Asian & Pacific Islander American Health Forum, 1116 New Montgomery Street, Suite 531, San Francisco, CA 94105; phone (415) 512-3408*

National Asian and Pacific Islander HIV/AIDS Policy Recommendations. *Asian and Pacific Islander Institute, National Skills Building Conference, October 1996.*

Daus, G. Serving the Needs of Asian Americans in the HIV/AIDS Epidemic. *Asian Pacific Islander Partnership for Health, P.O. Box 18964, Washington, D.C.; phone (202) 986-2393.*

Ka'opua L. Training for Cultural Competence in the HIV Epidemic, January 1992. *AIDS Education Project, 1319 Punahou Street, Suite 623, Honolulu, HI 96826; phone (808) 941-6322.*

Cultural Sensitivity Workshop. *Pacific Asian Language Services, 605 West Olympic Blvd., 6th Floor, Los Angeles, CA 90015; phone (213) 553-1818.*

Welcome to our newest NAPICAS Members:

United Cambodian Association of Minnesota

Lao Family Community of Minnesota

The consortium now has member-agencies from eleven states, including Washington, D.C.

We also welcome ***NORMA TIMBANG,*** incoming Executive Director of ETTA member-agency Asian and Pacific AIDS Council of Seattle.

Thank you to ***BOB SHIMABUKURO*** for his work with ETTA, especially for hosting the West Coast Regional Conference last year.

AIDS DEATHS DECLINE

Down by 6% Among APIs

The most recent announcement from the Centers for Disease Control and Prevention (CDC) about a marked decline in the number of deaths among people with AIDS confirms what many already know: PWAs are living longer as a result of improvements in treatment that delay the progression of HIV disease and prevent opportunistic infections.

CDC's Morbidity and Mortality Weekly Report (MMWR) issued February 28, 1997 documents that AIDS deaths declined 13% during the first six months of 1996, compared to the same period the year before.

"This is great news for all Americans living with AIDS and those who love them" said Health and Human Services Secretary Donna E. Shalala. "Our sustained national investment in AIDS research, prevention, and treatment is paying a huge dividend for the American people."

Aside from treatment breakthroughs —notably combination drug therapies involving the use of protease inhibitors — the CDC said that the success of prevention efforts is contributing in slowing the growth of the epidemic overall. The federal agency was quick to caution that it is too soon to determine the long-term effects of such therapies. What is certain, though, is that as more people with AIDS live longer, the need for medical and other support services for them will increase.

Trends in AIDS incidence and deaths varied by behavioral risk group, gender and race. Both AIDS incidence and deaths continued to increase among women and among those infected through heterosexual contact. The number of AIDS deaths declined among all racial/ethnic groups: 21% among non-Hispanic whites, 2% among non-Hispanic blacks, 10% among Hispanics, 6% among Asians/Pacific Islanders and 32% among American Indians/Alaskan Natives. By risk /exposure category, AIDS deaths declined 15% among men but increased 3% among women; declined 18% among MSMs and 6% among IDUs, but increased 3% among persons infected through heterosexual contact.

Trend in AIDS Deaths

Asian & Pacific Islander American Health Forum
ETTA Program
116 New Montgomery Street, Suite 531
San Francisco, CA 94105

TO:

POWELL, GOLDSTEIN, FRAZER & MURPHY LLP
ATTORNEYS AT LAW
SIXTH FLOOR
1001 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004-2505

TELEPHONE	TELEX	FACSIMILE	CABLE
(202) 347-0066		(202) 624-7222 Groups 1,2,3 Compatible	PGFM

Keep on file — Cooperative Purchasing Program

FACSIMILE TRANSMISSION COVER SHEET

Date: May 13, 1997

TO: Sandy Thurman Facsimile No.: 202-986-1096
632-

CC: Daniel Montoya

388-573-6291

FROM: Julie Rocchio

Our File No.: C05305.0011
Attorney No.: 3190

TOTAL NUMBER OF PAGES INCLUDING THIS PAGE: 4
Please notify us immediately if total noted above is not received properly

Thank you,

Facsimile Operator
Ext.

Comments: It was great to see you at the NORA meeting yesterday. Congratulations again on your new position.

Following is some additional information regarding the supplemental appropriations rider that I mentioned yesterday. NASTAD signed onto the attached letter to the House objecting to the cooperative purchasing rider; AIDS Action and other groups have sent similar letters to Congress this week.

For your information, we have been working with Steve Kelman, Administrator of the OMB Office of Federal Procurement Policy (395-5802), on this matter. Please call me at 624-7255 if you have any questions. Thanks.

ACTION ALERT

DISASTER RELIEF BILL (S.672) CONTAINS EXTRANEOUS PROVISION (§ 323) REPEALING THE FEDERAL COOPERATIVE PURCHASING PROGRAM: STATE AND LOCAL GOVERNMENTS WILL LOSE OPPORTUNITY TO SAVE TAXPAYERS MILLIONS ON ACQUISITION COSTS

- The cooperative purchasing program, established under Section 1555 of the Federal Acquisition Streamlining Act of 1994 (FASA), authorizes state and local agencies to purchase products and services at reduced prices that are currently only available to federal agencies.

- To address concerns expressed by local dealers and certain vendor groups, Congress directed GAO to study the effects of cooperative purchasing and GSA to submit its implementation recommendations to Congress based on the GAO report. GAO has endorsed the program and GSA is expected to send its recommendations shortly.

- Section 323 of the Disaster Relief Bill should be struck for several reasons:

  (1) By intervening before GSA has submitted its comments, Section 323 circumvents the evaluation process that Congress itself established;

  (2) Section 323 is a blatant attempt to legislate through the appropriations process and represents an unwarranted intrusion into the jurisdiction of the Governmental Affairs Committee; and

  (3) Section 323 ignores GAO's objective findings which support cooperative purchasing based on an exhaustive year-long study.

- As vendor participation in the program is completely voluntary, cooperative purchasing relies on traditional market forces to encourage vendors to extend their federal discounts to state and local purchasers.

- The cooperative purchasing program will shrink government spending and conserve tax dollars at the state and local levels. For public hospitals alone, the cooperative purchasing program would save taxpayers potentially hundreds of millions of dollars each year. Unless Section 323 is struck, the Disaster Relief Bill will hurt cities and counties across the nation. We urge you to oppose Section 323.

For more information, contact Bill von Oehsen or Ted Slafsky at 202-347-0066 or Tom Joseph at 202-942-4230.

21452860.W51

May 9, 1997

Dear Representative:

The undersigned organizations need your assistance in opposing Section 323 of the supplemental appropriations bill (S.672). Section 323 would repeal Section 1555 of the Federal Acquisition Streamlining Act of 1994 (FASA).

Section 1555 of FASA authorized a cooperative purchasing program that would for the first time permit state and local agencies to gain access to discounted federal prices for supplies and services, through a cooperative purchasing program administered by the General Services Administration (GSA). Access to this program could potentially save state and local taxpayers across the country hundreds of millions of dollars every year at a time when federal reforms and budget reductions are increasingly squeezing state and local budgets. Federal taxpayers would also be winners under the program because vendors may be willing to give deeper discounts to the federal government in exchange for the increased volume associated with the state and local markets.

Section 323 constitutes legislation on an appropriations bill, violates the jurisdiction of the Senate Committee on Governmental Affairs and House Committee on Government Reform and Oversight, and flies in the face of a clear and equitable procedure established by the Congress two years ago for addressing concerns about this program. We recognize that opposition has been raised in response to this program, although we point out that the program would be purely voluntary for both purchasers and vendors. However, the Congress acknowledged those concerns in early 1996 by directing that implementation of this program be delayed for 18 months. During that period, the General Accounting Office (GAO) would be required to issue a report and recommendations, following which the GSA would be required to submit an implementation plan which could then be considered by the Congress.

The GAO has now issued the first of two planned reports on Section 1555 – recommending that the program be implemented with some restrictions and safeguards -- but a second report is still being written, and the GSA has yet to submit its report to Congress. The Committees with jurisdiction over this program have already indicated an interest in holding hearings and receiving comments from affected parties on all sides of this issue, at the appropriate time. Besides violating the constraint against legislating in an appropriations bill, the effect would be to deny state and local taxpayers any voice in the debate over the fate of this program, or to allow them the opportunity even to consider whether or not it might be of benefit in reducing their financial burdens.

For these reasons we strongly urge you to oppose the inclusion of Section 323 in the supplemental appropriations bill.

Sincerely,

National Association of Counties

National Association of Public Hospitals and Health Systems

The United States Conference of Mayors

National League of Cities

National School Boards Association

National Alliance of State and Territorial AIDS Directors

National Association of County and City Health Officials

Public Housing Authorities Directors Association

Government Finance Officers Association

National Association of State Alcohol and Drug Abuse Directors

National Association of Housing and Redevelopment Officials

National Association of State Mental Health Program Directors

*****

HAPPY VALENTINE'S DAY

MS. CAROL LYNNE THE MATCHMAKER & MR. ROBERT F. KENNEDY JR.

Carol Lynne The Matchmaker
International Organization

P.O. Box 12
Lawrence, NY 11559

(718) 471-1616

Carol Lynne The Matchmaker
International Organization

P.O. Box 12
Lawrence, NY 11559

(718) 471-1616

NEW YORK UNIVERSITY
A private university in the public service
DAVID B. KRISER DENTAL CENTER
COLLEGE OF DENTISTRY
Department of Prosthodontics
and Occlusion
345 East 24th Street
New York, N.Y. 10010
Telephone: (212) 998-9505

To Whom It May Concern,

I urge you to implement Ms. Carol Lynne The Match-maker's government international AIDS Prevention Health Peace Project as soon as possible, to greatly increase the health prevention of our population, and revolutionize our society. Revenue could be used for medical research.

Prevention systems should be set up on a local, city, state, national, and international level in order to provide the maximum precentage of benefit to alleviate the AIDS epidemic. Other health hazards that would improve also are unnessary abortions, drugs, alcohol abuse, violence, emotional problems, and financial stress. The longer we wait to improve conditions, the more this disease is multiplying, so please act now. The future of the world is in our hands.

Thank you for your kind consideration in this urgent matter.

Yours truly,

Jay B. Friedman, D.D.S.
(Professor)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

May 15, 1997

Ms. Carol Lynne, The Matchmaker
P.O. Box 12
Lawrence, New York 11559-0012

Dear Ms. Lynne:

Your unsolicited proposal entitled HIV/AIDS Prevention Program, dated March 16, 1997, has been received in the Procurement and Grants Office (PGO), Centers for Disease Control and Prevention (CDC).

This unsolicited proposal is currently being reviewed for technical merit by the National Center for HIV, STD, and TB Prevention (NCHSTP) and the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), CDC. Upon completion of this review, a response will be sent to advise you of the results of the technical merit review. A copy of the Federal Acquisition Regulation (FAR) and Health and Human Services Regulation (HHSAR) pertaining to unsolicited proposals has been enclosed for your information.

If you have any questions regarding unsolicited proposals, please call the undersigned at (404) 842-6561 or Mr. Edward Schultz, (404) 842-6794.

Sincerely yours,

Juanita A. Waters

Juanita A. Waters
Contract Specialist
Procurement and Grants Office

Enclosure

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

April 8, 1997

Hon. Floyd H. Flake
Member of Congress
Rockaway Office
20-08 Seagirt Blvd.
Far Rockaway, NY 11691

Dear Congressman Flake:

Thank you for the state legislative suggestions made by your constituent, Carol Lynn, which you forwarded to the Governor. They were sent to the Department of Health and are being considered by our legislative coordinator.

Very truly yours,

Henry M. Greenberg
General Counsel

THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

JAKE MENGES
DIRECTOR
CITY LEGISLATIVE AFFAIRS

March 10, 1997

Honorable Floyd H. Flake
Member of Congress
20-08 Seagirt Blvd.
Far Rockaway, NY 11691

Dear Congressman Flake:

Your correspondence of February 10, 1997 to the Mayor has been referred to this office. We thank you for the information concerning Ms. Carol Lynn. Please be assured that we will give every consideration to the important issues that are raised in her materials.

Sincerely,

Jake Menges

BANKING, FINANCE AND URBAN AFFAIRS

GENERAL OVERSIGHT, INVESTIGATIONS AND THE RESOLUTION OF FAILED FINANCIAL INSTITUTIONS

CHAIRMAN

FINANCIAL INSTITUTIONS SUPERVISION, REGULATION AND INSURANCE

CONSUMER CREDIT AND INSURANCE

SMALL BUSINESS

MINORITY ENTERPRISE, FINANCE AND URBAN DEVELOPMENT

GOVERNMENT OPERATIONS

EMPLOYMENT, HOUSING AND AVIATION

Congress of the United States

House of Representatives

FLOYD H. FLAKE

6TH DISTRICT, NEW YORK

EDWIN C. REED
EXECUTIVE STAFF DIRECTOR

WASHINGTON OFFICE:
1035 LONGWORTH BUILDING
WASHINGTON, DC 20515-3206
(202) 225-3461

ST. ALBANS OFFICE
196-06 LINDEN BLVD
ST. ALBANS, NY 11412
(718) 949-5600

ROCKAWAY OFFICE:
20-08 SEAGIRT BLVD
FAR ROCKAWAY, NY 11691
(718) 327-9791

January 3, 1996

Ms. Carol Lynne
P. O. Box 12
Lawrence, New York 11559

Dear Ms. Lynne:

This is to acknowledge receipt and review of your material regarding the reduction of the AIDS/HIV virus through the establishment of group housing and multiple services for singles.

Being that I am not on the appropriate committee that handles these matters, I have taken the liberty to forward a copy of your materials to Congressman Thomas J. Bliley, Chairman of the Committee on Commerce. His Committee address is 2125 Rayburn HOB, Washington, D. C. 20515-6115. The telephone number where he maybe reached at is 202/225-2927. I am sure that his office will be contacting you in the near future.

Thank you for taking the time to contact my office. Please do not hesitate to call upon me if I can be of further assistance. With warmest regards, I am

Sincerely,

Floyd H. Flake
Member of Congress

FHF/cds

National Organizations Responding to AIDS (NORA)
FAX MEMORANDUM

Date: 22 May 1997

To: NORA coalition members

From: NORA Executive Committee

Re: Medicaid sign-on letter
Deadline: May 30, 1997

Attached please find the NORA sign-on letter to House Commerce and Senate Finance Committee members regarding the upcoming consideration of Medicaid legislation. If you would like for your organization to sign on please return the form below to the attention **of Amy Andersen at AIDS Action Council by fax 202-986-1345 or to 1875 Connecticut Avenue, NW, Suite 700, Washington, DC 20009, by Friday, May 30th**. If you have any questions regarding the letter, please contact Amy Andersen at 202-986-1300, ext. 3028.

_____ Yes, I would like to sign on to the NORA letter regarding Medicaid legislation

_____ No, I do not wish to sign on to the NORA letter

Name of organization:_____

Name of contact:_____

Phone:_____ Fax:_____

E-Mail:_____

SIGN-ON MEDICAID LETTER

Dear (Commerce, Finance Committee Member):

Your committee will very shortly begin consideration of legislation regarding Medicaid, including changes that could have profound effects on children, women, persons with disabilities, senior citizens and others served by this critical program.

Our organizations urge you to keep the following key principles in mind as the Medicaid debate moves forward.

First, reductions in provider reimbursement must not jeopardize the ability to serve vulnerable populations or threaten quality of care. During committee consideration, there will likely be proposals to repeal the Boren amendment, reduce disproportionate share hospital payments, allow the use of Medicare rates for dual eligibles, and eliminate cost-based reimbursement for Federally Qualified Health Centers. Such changes could threaten the viability of providers serving rural areas and communities with the most vulnerable populations. Without adequate payment levels, Medicaid providers will be forced to look for cost-cutting opportunities, even at the expense of quality. Senior citizens and persons with disabilities, for example, could face a decline in nursing home quality, particularly if proposals to reduce enforcement or standards are adopted. Reductions in provider reimbursement must be targeted to protect essential providers, payments must adequate to provide quality care, and there should be no reduction in provider quality standards.

Second, incentives for managed care enrollment must be coupled with adequate consumer protections. The Medicaid legislation may well include elimination of the 75/25 rule as well as elimination of the 1915(b) waiver requirement for mandatory managed care enrollment. If those changes are made without adequate safeguards, millions of Medicaid beneficiaries – including persons with severe physical and mental health care needs – could be forcibly enrolled in substandard, Medicaid-only managed care plans. All Medicaid managed care plans should be required to meet basic standards, including demonstration of adequate capacity, access to emergency and specialty care services, due process requirements for enrollees and providers, and external quality review.

Third, states must not be provided with flexibility to reduce Medicaid beneficiaries' access to comprehensive benefits. In the guise of "flexibility," there are likely to be proposals made to reduce benefits by lowering EPSDT requirements or to impose obstacles to services by allowing higher cost-sharing requirements. Some of those changes may by made in the context of expanding coverage to uninsured children. Our organizations believe that all children should have access to health care but that, in order for health care to be meaningful, it must provide comprehensive, affordable benefits. Reducing the level or quality of services to children, particularly to children with disabilities, is not the answer. All children, including those currently receiving Medicaid benefits, must be assured that they will receive the care they need at a price their families can afford.

We hope that you will consider these principles as the debate over Medicaid proceeds and that you will only support changes in current law that preserve and expand access to comprehensive, quality and affordable care.

National Organizations Responding to AIDS (NORA)
FAX MEMORANDUM

Date: 22 May 1997

To: NORA coalition members

From: NORA Executive Committee

Re: Labor-HHS-Education Appropriations sign-on letter for the Coalition for Health Funding
DEADLINE: Wednesday, May 28, 1997

Attached please find a Coalition for Health Funding sign-on letter to House Labor-HHS-Education Subcommittee Chair Robert Livingston (R-LA) requesting funding protections and appropriate funding levels for public health and education programs within the Labor-HHS-Education appropriations bill. If you would like for your organization to sign on, please fax the form below to the attention of **Marcia Mabee at the Coalition for Health Funding, at 703-476-8078 by close of business Wednesday, May 28, 1997.**

_____ Yes, I would like to sign on to the CHF letter requesting appropriate funding levels for public health and education programs in the Labor-HHS appropriations bill

_____ No, I do not wish to sign on to the letter

_____
Organization (please print

_____
Name

Please fax this form to the attention of Marcia Mabee at Coalition for Health Funding, 703-476-8078.

COALITION FOR HEALTH FUNDING
COMMITTEE FOR EDUCATION FUNDING

May 27, 1997

The Honorable Robert Livingston
Chairman, Committee on Appropriations
U.S. House of Representatives
H-218 The Capitol
Washington, DC 20515

Dear Mr. Chairman:

We sincerely appreciate the very difficult choices facing you and all the Members of Congress as efforts are made to lower the federal deficit. But we urge you to make every possible effort to support the public health and education programs under the jurisdiction of the Labor-HHS-Education Appropriations Subcommittee.

The undersigned organizations represent national, state, and local groups concerned about the appropriate level of investment in our future through quality education of America's children, youth, and adults and in public health prevention, research, services and workforce training. The federal programs and activities these organizations support are fundamental to the well-being of all Americans and strengthen our nation's productivity, both now and in the future. Investment in biomedical and behavioral research, development, and public health practitioners, and health care services for the medically underserved in rural and urban areas are investments in a healthier population and a significant down payment on lowering the health care costs threatening to explode in the next century. Investment in enrollments, growing proportions of students with special needs, rapidly advancing educational technology, and a dynamic information-based economy requiring a more educated workforce.

The undersigned organizations, most of whom represent the memberships of the Committee for Education Funding, the Coalition for Health Funding, and other health and education coalitions, urge you to provide the highest possible allocation to the Subcommittee on Labor-HHS-Education Appropriations when the Committee deliberates under the 602B process, funding levels for FY 1998.

Sincerely,

Karen Hendricks
President
Coalition for Health Funding

Carnie Hayes
President
Committee for Education Funding

(here we would list all organizations signing on)

NATIONAL ORGANIZATIONS RESPONDING TO AIDS (NORA)
MEMBER ORGANIZATIONS

Academy for Educational Development
Advocates for Youth
AFL-CIO
AIDS Action Council
AIDS Drug Assistance Program Working Group
AIDS National Interfaith Network
AIDS Network of the Tri-State Area
AIDS Policy Center for Children, Youth and Families
Alan Guttmacher Institute
American Academy of Family Physicians
American Academy of Pediatrics
American Association for Marriage and Family Therapy
American Association of Dental Schools
American Association of Family and Consumer Sciences
American Association on Mental Retardation
American Bar Association
American Civil Liberties Union
American College Health Association
American College of Physicians
American Counseling Association
American Dental Hygienists Association
American Federation of State County and Municipal Employees
American Federation of Teachers
American Foundation for AIDS Research
American Friends Service Committee
American Health Care Association
American Health Information Management Association
American Hospital Association
American Jewish Committee
American Lung Association
American Medical Association
American Medical Student Association
American Nurses Association
American Optmetric Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Red Cross
American Social Health Association
American Society of Internal Medicine
Americans for Democratic Action
Association for the Care of Children's Health
Association of Black Psychologists
Association of Maternal and Child Health Programs
Association of Nurses in AIDS Care
Association of Reproductive Health Professionals
Association of Schools of Public Health
Association of State and Territorial Health Officials
Biotechnology Industry Association
Broadway Cares/Equity Fights AIDS
Catholic Charities USA
Catholic Health Association of the United States
Center for Women Policy Studies

NORA MEMBER ORGANIZATIONS, CONT.

Child Welfare League of America
Children Affected by AIDS Foundation
Children's Defense Fund
Children's Hospital AIDS Program
Cities Advocating for Emergency Relief Coalition
City of Chicago - Washington Office
City of Dallas, Washington Office
City of New York
City of Philadelphia
Coalition for the Homeless
Committee for Children
Committee of Ten Thousand
Consortium of Social Science Associations
Council of Chief State School Officers
Council of Jewish Federations
Department of Health and Human Services
Design Industries Foundation for AIDS
Disability Rights Education and Defense Fund
Federation of Parents & Friends of Lesbians and Gays
Federation of Protestant Welfare Agencies
Funders Concerned About AIDS
Gay and Lesbian Medical Association
Global AIDS Action Network
Hospice Association of America
Human Rights Campaign
Infectious Diseases Society of America
Institute for Family-Centered Care
Intergovernmental Health Policy Project/George Washington University
International Association of Fire Fighters
Legal Action Center
Log Cabin Club
March of Dimes Birth Defects Foundation
Michigan Dept. of Health HIV/AIDS Prev. & Intervention
Mobilization Against AIDS
Mothers' Voices
National Advocacy Coalition on Youth and Sexual Orientation
National AIDS Fund
National AIDS Policy Office
National AIDS Treatment and Advocacy Program
National Alliance for the Mentally Ill
National Alliance of State & Territorial AIDS Directors
National Alliance to End Homelessness
National Assembly of State Arts Agencies
National Association for Home Care
National Association of Alcohol and Drug Abuse Counselors
National Association of Children's Hospitals & Related Institutions
National Association of Community Health Centers
National Association of Counties
National Association of County Health Officials
National Association of Medical Equipment Suppliers
National Association of Pediatric Nurse Associates and Practitioners
National Association of People with AIDS
National Association of Protection and Advocacy Systems
National Association of Public Hospitals and Health Systems
National Association of School Nurses

NORA MEMBER ORGANIZATIONS, CONT.

National Association of Social Workers
National Association of State Alcohol and Drug Abuse Directors
National Association of State Boards of Education
National Black Women's Health Project
National Catholic AIDS Network
National Coalition for the Homeless
National Coalition of Hispanic Health and Human Services Organizations
National Community Mental Healthcare Council
National Conference of State Legislatures
National Council for International Health
National Council of Jewish Women
National Council of La Raza
National Council on Alcoholism and Drug Dependence
National Council on HIV Disease
National Education Association
National Education Association Health Information Network
National Episcopal AIDS Coalition
National Family Planning and Reproductive Health Association
National Foundation for Infectious Diseases
National Gay and Lesbian Task Force
National Health Care for the Homeless Council
National Health Law Program
National Hemophilia Foundation/DC Office
National Hospice Organization
National Latino/a Lesbian and Gay Organization
National Lesbian and Gay Health Association
National Mental Health Association
National Minority AIDS Council
National Native American AIDS Prevention Center
National Network for Youth
National Parent-Teachers Association, The
National Presbyterian AIDS Network
National Puerto Rican Coalition
National Task Force on AIDS Prevention
National Urban Coalition
National Urban League
National Women and HIV/AIDS Project
National Women's Health Network
National Women's Health Resource Center
National Women's Law Center
New York State Dept. of Health AIDS Institute
New York State Office of Federal Affairs
Office of National AIDS Policy Director
Oncology Nursing Society
Pan American Health Association
Partnership for the Homeless
Pediatric AIDS Foundation
Pettus-Crowe Foundation
Planned Parenthood Federation of America
Population Services International
Porter Novelli
Presbyterian Church USA
Project Inform
Religious Action Center c/o Union of American Hebrew Congregations
Service Employees International Union

NORA MEMBER ORGANIZATIONS, CONT.

Sex Information and Education Council of the U.S.
Society for the Advancement of Women's Health Research
St. Francis Center
TB/AIDS Citizen Action Group
The Sheridan Group/Title IIIb Coalition
Therapeutic Communities of America
Treatment Action Group
United Food and Commercial Workers International Union
United Jewish Appeal-Federation of New York
United States Conference of Mayors
World Health Organization

Revised October 1996

National Organizations Responding to AIDS (NORA)
NORA 1997 Executive Committee

Val Bias
National Hemophilia Foundation
1101 17th Street, NW
Suite 803
Washington, DC 20036-4704
202-833-0085
Fax: 202-833-0086

Callie Gass
National AIDS Fund
1400 I Street, NW
Suite 1220
Washington, DC 20005-2208
202-408-4848 x 217
Fax: 202-408-1818

Rose Gonzalez
American Nurses Association
600 Maryland Ave, SW
Suite 100 West
Washington, DC 20024-2571
202-651-7098
Fax: 202-554-0189 or 651-7001

Byron J. Harris
National Alliance of State and
Territorial AIDS Directors
444 N. Capitol Street, NW
Suite 617
Washington, DC 20001
202-434-8068
Fax: 202-434-8092

David Harvey (Co-chair)
AIDS Policy Center for Children, Youth and
Families
918 16th Street, NW
Suite 102
Washington, DC 20006
202-785-3564
Fax: 202-785-3579 or 3545

Christine Lubinski
AIDS Action Council
1875 Connecticut Ave, NW
Suite 700
Washington, D.C. 20009
202-986-1300 ext. 3046
Fax: 202-986-1345

Miguelina Maldonado (Co-chair)
National Minority AIDS Council
1931 13th Street, NW
Washington, DC 20009-4432
202-483-6622 x 324
Fax: 202-483-1135

Jane Silver
American Foundation for AIDS Research
1828 L Street, NW
Suite 802
Washington, DC 20036
202-331-8600
Fax: 202-331-8606

Winnie Stachelberg
Human Rights Campaign
1101 14th Street, NW
Suite 200
Washington, DC 20005-3495
202-628-4160
Fax: 202-347-5323

Coordinator:
Lisa White
AIDS Action Council
1875 Connecticut Ave, NW
Suite 700
Washington, D.C. 20009
202-986-1300 x3020
Fax: 202-986-1345

AIDS Action council

FAX TRANSMISSION COVER SHEET

TO: Daniel Maitaja

FAX #: 632-1096

FROM: **LISA WHITE, Government Affairs, ext. 3020**

DATE: 6 May 1997

RE: HOPWA Invitation

NUMBER OF PAGES (including cover): 9

* *

I've included some background information on the coalition as well

1875
Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

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

NORA
NATIONAL ORGANIZATIONS RESPONDING TO AIDS

May 1, 1997

Sandy Thurman
Director
Office of National AIDS Policy
750 17th Street, NW
Suite 600
Washington, DC 20503

Dear Sandy:

Congratulations on your appointment to the position of National AIDS Policy Director. As the co-chairs of the National Organizations Responding to AIDS (NORA) coalition, we would like to invite you to speak at our next monthly meeting, which will be held on Monday, May 12th, from 12:30 pm to 2 pm. Our members would be interested in hearing about your take on the current state of AIDS policy and how best we can work with the Administration.

Our meetings are held in the first floor conference room at the offices of the Academy for Educational Development at 1255 23rd Street. A light buffet lunch is served.

Please feel free to contact either David C. Harvey at 202-785-3564 or Miguelina Maldonado at 202-483-6622 if you have any question about the meeting. We are enclosing some general information on NORA and a list of its members. We hope you will be able to join us for the May 12th NORA meeting, and we look forward to speaking with you soon.

Sincerely,

David C. Harvey
NORA Co-chair

Miguelina Maldonado
NORA Co-chair

NORA
A coalition convened by AIDS Action Council
1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

NORA
NATIONAL ORGANIZATIONS RESPONDING TO AIDS

National Organizations Responding to AIDS

In order to more effectively respond to the multitude of public policy issues arising from the AIDS epidemic, a coalition of national organizations whose constituencies are affected by the epidemic convened in 1987. Over the past nine years, the National Organizations Responding to AIDS (NORA) coalition has grown to include over one hundred and seventy five groups committed to developing comprehensive, humane, and effective federal AIDS policy. NORA is the preeminent national coalition advocating on behalf of the needs of men, women and children affected by HIV/AIDS.

- **NORA's diverse membership encompasses the medical, pediatric, public health, legal, education, and social service professions; religious, civil rights, labor, and children's organizations; families, people with AIDS, people of color and the organizations which serve them.**

- **Coordinated by the AIDS Action Council, NORA meets on a monthly basis to assess emerging AIDS policy and programmatic issues and to determine priorities for legislative and administrative action. Notable guest speakers at NORA meetings have included Dr. David Satcher, Director of the Centers for Disease Control and Prevention, National AIDS Policy Director Patsy Fleming, Dr. William Paul, Director of the Office of AIDS Research at the National Institutes of Health, UNAIDS Director Dr. Peter Piot, and Food and Drug Administration Commissioner Dr. David Kessler.**

- **NORA members engage in more comprehensive analysis of pending legislation and the development of new policy initiatives through work on NORA task forces, which are formed in response to emerging issues. In addition, each year the coalition publishes its funding recommendations on a broad array of AIDS-related federal programs, which are distributed to members of Congress, coalition members, and other interested parties.**

- **NORA has had a marked influence on the development of national policy in response to the growing demands of the AIDS epidemic. The NORA coalition was instrumental in the development and passage of the Ryan White CARE Act in 1990, and we continued to fight to ensure that it became reauthorized during the 104th Congress. The NORA coalition was also instrumental in blocking efforts to blockgrant the Medicaid program, defeating the Dornan provision which would have mandated the immediate discharge of HIV-positive military service members, and removing anti-HIV provisions in immigration reform legislation. The coalition has and will continue to be active in a number of different policy areas that affect those living with or at risk for HIV/AIDS during the 105th Congress.**

NORA
A coalition convened by
AIDS Action Council
1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

May 3

Sandy —

The really hot press on your appointment.

Dan Webb

southern voice
TAKING PRIDE IN OUR CULTURE
APRIL 17/1997 • PLEASE RECYCLE

Mobile in Mobile

Mobile, Ala.'s biggest AIDS benefit party of the year, Big Guns III, is scheduled May 10.
PAGE 25

Playing the hazard

Atlanta's '80s lesbian band Moral Hazard regroups for benefit, including former SoVo reporter KC Wildmoon.
PAGE 33

Lesbians better parents

Study says children healthy, well-adjusted

by PAUL RECER

Washington, D.C.—Lesbians who become parents through artificial insemination are raising emotionally healthy and well-adjusted children, according to three new studies.

In studies presented April 4 to the Society for Research on Child Development, researchers said standard psychological tests found no significant differences between children of lesbian parents and those of heterosexual parents.

"When you look at kids with

Clinton taps Thurman

The Atlanta Opera crafts an all-new

AIDS czar appointment draws kudos, criticism for Atlanta's Democratic insider

by DAVID GOLDMAN

Sandy Thurman, former director of AID Atlanta, says she will turn her political ties to President Bill Clinton and the Democratic Party into an asset in fighting AIDS as she heads the office coordinating the government's response to the epidemic.

"We have the highest level of access to the administration; I think that's evidenced here today," Thurman said at the White House ceremony April 7 announcing her appointment.

That access to the administration and to President Clinton is part of the criticism leveled at her appointment. In an interview with Southern Voice April 9, Thurman

Czar's goals communication, drug availability

by DAVID GOLDMAN

Sandy Thurman

"The first thing we want to do is to establish stronger ties with the community," said newly appointed AIDS czar Sandy Thurman in an interview April 9.

Thurman talked about her plans as executive director of the Office of National AIDS Policy, having been appointed by President Bill Clinton.

"We're there to make sure

APRIL 17/1997 • PLEASE RECYCLE

Clinton taps Thurman

The Atlanta Opera crafts an all-new production of 'Nabucco' Giuseppe Verdi's stirring drama of courage in the face of oppression. SoVo talks to gay stage director Ken Cazan. PAGE 25

AIDS czar appointment draws kudos, criticism for Atlanta's Democratic insider

by DAVID GOLDMAN

Sandy Thurman, former director of AID Atlanta, says she will turn her political ties to President Bill Clinton and the Democratic Party into an asset in fighting AIDS as she heads the office coordinating the government's response to the epidemic.

"We have the highest level of access to the administration; I think that's evidenced here today," Thurman said at the White House ceremony April 7 announcing her appointment.

That access to the administration and to President Clinton is part of the criticism leveled at her appointment. In an interview with Southern Voice April 9, Thurman turned the table on that criticism and made it plain those connections will serve her as AIDS czar and ultimately serve in fighting the epidemic.

"There is no doubt that my affiliation with Clinton/Gore is part of the reason I was chosen for this job," said Thurman. "It certainly allows me access to people in the administration that my predecessors didn't have, by virtue of the fact that I've worked with and known so many of these people for so long," Thurman said.

Said Tony Braswell, current executive director of AID Atlanta who flew to Washington to participate in the announcement of Thurman's appointment: "She knows AIDS. She also has one important thing that I don't know the previous directors had: she has the President's ear."

Clinton announced Thurman's appointment as executive director of the Office of National AIDS Policy on April 7. She replaces Dr. Eric Goosby of the National Institutes of Health, who had been serv-

➢ Continued on Page 8

Czar's goals communication, drug availability

by DAVID GOLDMAN

Sandy Thurman

"The first thing we want to do is to establish stronger ties with the community," said newly appointed AIDS czar Sandy Thurman in an interview April 9.

Thurman talked about her plans as executive director of the Office of National AIDS Policy, having been appointed by President Bill Clinton.

"We're there to make sure the information from people dealing with the epidemic is being heard by those in a position to change the way we respond to this epidemic," said Thurman.

Asked whether Clinton should declare AIDS a national emergency, similar to a natural disaster, and order drug companies to make life-saving medicines available to all who need them, including those who cannot afford treatment, Thurman responded: "Our ultimate goal is to make sure that everyone has access to these drugs, whether or not they can afford them.

"As long as these drugs are out of reach for many Americans, their hope is confined to just a few, and we really haven't made as much progress as we think we have. The good news is that we have protease inhibitors, but if people cannot get their hands on them, they're virtually worthless."

Not funny

Gay Atlantans target of pick-up scam

by LAURA BROWN

The Atlanta man whose credit cards were allegedly stolen by a casual pick-up at Burkhart's Pub March 20 may have been the victim of serial scammers who struck again April 2.

Since the report published in Southern Voice April 3, two other men called the newspaper to report they had been robbed under similar circumstances. Both said they were picked up at the same bar, Burkhart's Pub, possibly by the same person or team of people, using the same routine and working out of a house on North Highland Avenue in the Virginia-Highland area of northeast Atlanta. The victim from March 20, who would only be identified as L.N., also reported to police being taken to a house on North Highland, but did not identify the address.

Even before L.N.'s report

➢ Continued on Page 3

DISH

THERE'S A FINE LINE BETWEEN TELLING THE TRUTH AND TALKING TRASH

PHOTOCOPY PRESERVATION

ONLY ONE CZARINA

Dish was pleased to be speak with Atlanta native Sandy Thurman just days after President Clinton appointed her the new U.S. AIDS czar. No stranger to controversy after her years as executive director at AID Atlanta, she knew some would criticize her appointment but said, "the only thing that's really been insulting in all of this is that somebody called me a bureaucrat. Don't call me a bureaucrat. I'm an activist, and I come from a long line of activists." Of course, we couldn't let her off the phone without asking about the gorgeous pink suit and triple strand of pearls she wore to the White House. "Honey, I knew that the people down in Atlanta would be reading me into next week if I showed up looking like hell!" she said with a laugh. Meanwhile, secure in her position as Grand Czarina of the Digging Dykes of Decatur, Sherry Siclair also commented on Thurman's appointment. "I suppose that Sandy Thurman is probably embarrassed knowing that she is second—there's only one Czarina. And note the difference that she is Czar and I am Czarina, and just having the extra syllables shows you the power difference there," said Siclair. "Anyone who knows Sandy Thurman knows that she is a drag queen trapped in a heterosexual's body, and that while she has aspired to be a lesbian, she just doesn't have the genes for it. We really should try to respect her for that," graciously proclaimed the Czarina.

"Anyone who knows Sandy Thurman (right) knows that she is a drag queen trapped in a heterosexual's body ..." —the Grand Czarina (above)

SURVEY SAYS! According to a sex survey of 2,000 college students in the May issue of Details magazine, gay and bisexual men are the most likely to have: had sex with someone they didn't like; had sex with someone because they were "desperate;" met a sex partner on-line; had six or more sex partners; and bottomed in anal sex. The "I'm So Easy" award goes to straight men, 33 percent of whom said they'd never said no to someone's advances (hetero advances, we assume). Sixty percent of the gay and bisexual women were involved in a relationship. And 65 percent both hetero and gay/bi women said they were satisfied with the amount of sex they're having.

BUNNY DOES SAKS: A recent copyrighted New York Times article on the rejuvenation of Saks Fifth Avenue talked about how the venerable retailer is using some of our favorite drag queens to lure today's hip shoppers. The Lady Bunny was brought in to DJ for a runway show featuring John Bartlett's new line for Hush Puppies. "I was trying to be on my best behavior at Saks Fifth Avenue," she said, "but I couldn't help calling out a few unscheduled comments at the sexy models who were in his creations." Some Saks shoppers even asked to have "their picture taken with 'the clown,'" said Bunny. And Joey Arias channeled Billie Holiday for the premiere of the new Matsuda section. "Ten,

application with the State Health Planning Agency (SHPA) for the new hospital within 60 days.

A flagship hospital in the affluent area could change the declining fortunes of West Paces, whose gross patient revenues fell from $149.6 million in 1993 to $98 million in 1995, according to SHPA figures.

ALLEGIANT UPDATE. Atlanta-based Allegiant Physician Services continues to languish in bankruptcy, having been granted an extension until June 30 to file a plan of reorganization. Allegiant, formerly Premier Anesthesia, filed for bankruptcy court protection last fall. The company, headed by Richard Jackson, made its mark in the anesthesia business by offering physicians and nurses on a contract basis to provide anesthesia services. But it sold its anesthesia business last year and announced it would concentrate on primary-care physician management and operating room software.

According to bankruptcy court records, Allegiant is suing Anesthesia Solutions Inc. — the buyer of the anesthesia business — for nonpayment of two notes totaling $22 million. Another area of trouble for Allegiant is its National Pain Institute, one of Allegiant's majority-owned companies. Allegiant sued workers' compensation insurers in California alleging that payment was so slow that it caused National Pain Institute to stop taking new patients.

Allegiant's last profitable year was 1992, when its net income was $2.6 million. From 1993 to 1995, the company lost a total of $60 million, according to Bloomberg Financial News.

TAKING AIM AT CDC. Dr. William C. Waters IV, a prominent Atlanta physician, has published an article in Los Angeles-based Reason magazine critical of the scientific methodology of gun research by the Centers for Disease Control and Prevention. Waters and his two co-authors, a professor and a criminologist, conclude in their article that the CDC ignores studies that do not support an anti-gun agenda. Citing studies that show accidental gun deaths are on the decline and that guns are used in

Gun ownership is far less common among urban blacks than among whites or rural blacks."

MORE FIGHTING WORDS. New presidential appointee Sandra Thurman, formerly with AID Atlanta and the Carter Center, will soon take office as the new AIDS czar in Washington, D.C. She fired off a few provocative thoughts about her new job's challenges on a recent visit to her hometown: "Homophobia and racism continue to have a devastating effect on addressing this epidemic. If we aren't diligent in addressing those issues, we will be hamstrung. I intend to repeat over and over, 'Take the politics out of public health and community health.' "

Thurman

NEW NAME. Civitan Regional Blood System has changed its name to LifeSouth Community Blood Centers. Established in Atlanta in 1994, LifeSouth was founded in Gainesville, Fla., by the Civitan Club. The nonprofit organization has grown to a network of 10 centers in three states, and supplies blood to 10 Georgia hospitals, including St. Joseph's Hospital, Georgia Baptist Medical Center and Columbia Eastside Medical Center.

NEW VACCINE. Shepherd Center, Atlanta's hospital that specializes in spinal cord injury and disease, is the first facility in the country to begin trials of a T-cell vaccine that seeks to improve the condition of people with multiple sclerosis. The study will involve 30 patients and is in the early stage of the approval process. In MS, myelin, a fatty substance that surrounds and protects nerve fibers of the brain and spinal cord, is attacked by T-cells that do not recognize myelin as a part of the body. The vaccine works by targeting those T-cells.

If you have news for Medical Alert, contact Harriett Hiland at (404) 249-1023; fax, (404) 249-1058; or e-mail to atlanta@amcity.com.

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3732

Date Rcvd: 05-08-97

From: Stan Herman

Council of Fashion Designers of America

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

n:\corresli

CFDA

May 6, 1997

Ms. Sandy Thurman
Director's Office
The National AIDS Policy
808 17th Street NW
8th Floor
Washington, D.C. 20006

Dear Sandy,

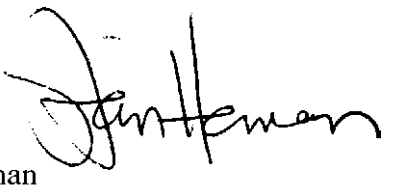
It was a great evening at the Kennedy Center. If there is any "plus side" to this plague, it will be the voice of the artist.

It was wonderful meeting you - and I hope I will be on your agenda when you visit New York.

I wasn't kidding about President Clinton attending our ***7th on Sale*** gala next year. It would be such a high-profile gesture for all of us. The date has not been set, but I will write to you as soon as it is.

My best wishes to you in your new job - and a fond "hello" to Johny Walker.

Sincerely,



Stan Herman
President

Council of Fashion Designers of America
1412 Broadway
New York, New York 10018
tel 212.302.1821
fax 212.768.0515

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3731

Date Rcvd: 05-08 97

From: Richard W. Joseph
AIDS Council of Northeastern New York

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

n:\corresli

AIDS COUNCIL
OF NORTHEASTERN NEW YORK

88 Fourth Avenue
Albany, NY 12202
(518) 434-4686
1-800-660-6886
FAX (518) 427-8184

AIDS Hotline
(518) 445-AIDS
1-800-201-AIDS

Gay, Lesbian, Bisexual HIV Prevention & Outreach Initiative
(518) 436-3416
FAX (518) 436-3418

Glens Falls
(518) 743-0703
FAX (518) 743-0838

Hudson
(518) 828-3624

Plattsburgh
(518) 563-2437
1-800-340-2437
FAX (518) 563-3620

Schenectady
(518) 346-9272
FAX (518) 346-9274

Troy
(518) 272-2308

Serving Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

May 2, 1997

Sandy Thurman
Director, Office of National AIDS Policy
808 17th Street N.W.
Eighth Floor
Washington, D.C. 20006

Dear Ms. Thurman:

On behalf of the Board of Directors, staff, volunteers and clients of the AIDS Council of Northeastern New York, congratulations on your appointment as Director of the Office of National AIDS Policy. We are confident that, under your leadership, the Office of National AIDS Policy will be well prepared to meet the challenges presented by the AIDS epidemic in upcoming years.

The AIDS Council of Northeastern New York is a private, not-for-profit Community Service Program (CSP) whose sole function is to provide HIV/AIDS education and client services in fifteen Northeastern New York counties. Since 1984, the AIDS Council has been providing assistance, advocacy and referrals for persons living with HIV/AIDS and their families, as well as HIV/AIDS prevention education to community members. On an annual basis, the AIDS Council provides direct services to 1000 clients and their families and reaches almost 19,000 individuals with educational programs and services. The enclosed materials further describe our programs and services.

Please feel free to call upon us at any time for support and input. You are most welcome to visit any of our seven offices, which, because of the broad geographic region we serve, provide HIV/AIDS services and education in rural, urban, and suburban settings. This diversity gives us unique perspectives on the epidemic's many challenges and trends. Please call me at (518) 434-4686, if you would like to arrange a visit.

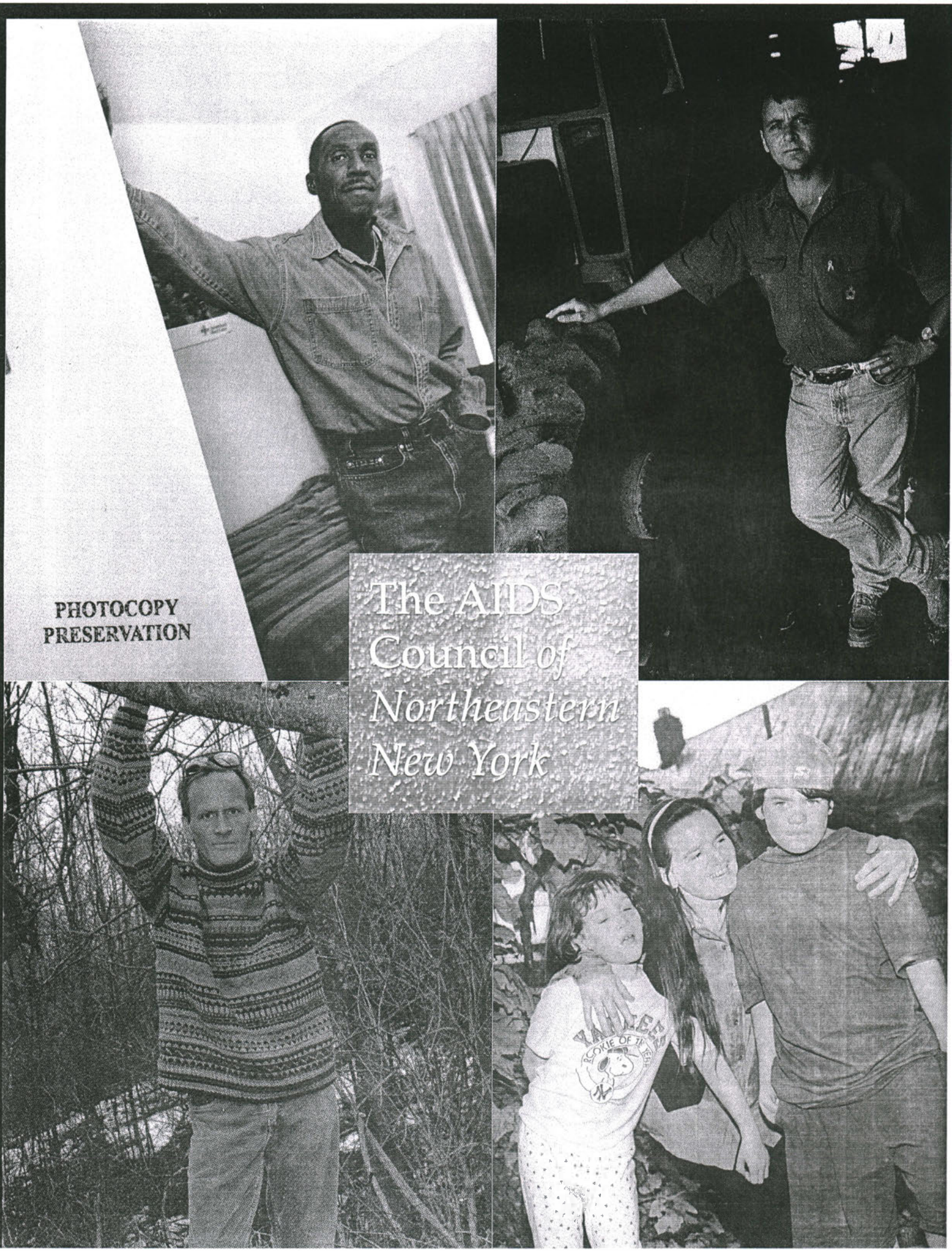
We look forward to working with you in the continued fight against HIV/AIDS.

Sincerely,

Richard W. Joseph

Richard W. Joseph
Executive Director

RWJ/cs


PHOTOCOPY
PRESERVATION
The AIDS Council of Northeastern New York

I want to help the AIDS Council continue to deliver quality client services and HIV/AIDS education.

Complete and return this form to address below.

Enclosed is my/our tax-deduction contribution: $ _____

NAME _____

ADDRESS _____

_____

CITY/STATE/ZIP _____

PHONE _____

This gift honors the memory of:

_____

Please send notification of this gift. Memorial card to:

NAME _____

ADDRESS _____

_____

CITY/STATE/ZIP _____

Please make check payable to:
AIDS Council of Northeastern New York
88 Fourth Avenue • Albany, NY 12202

Photography by Tom McCoren, Schenectady, NY

Offices

AIDS Council of Northeastern New York
88 Fourth Avenue • Albany, NY 12202
(518) 434-4686 • 1-800-660-6886
FAX (518) 427-8184

Gay, Lesbian, Bisexual HIV Prevention and Outreach Initiative
Capital District Gay and Lesbian Community Center
332 Hudson Avenue • Albany, NY 12210
(518) 436-3416 • FAX (518) 436-3418

Glens Falls
498 Glen Street • Glens Falls, NY 12801
(518) 743-0703 • FAX (518) 743-0838

Hudson
Fairview Plaza • 160 Fairview Avenue
Hudson, NY 12534
(518) 828-3624

Plattsburgh
30 Broad Street • P.O. Box 903
Plattsburgh, NY 12901-0903
(518) 563-2437 • 1-800-340-2437 • FAX (518) 563-3620

Schenectady
434 Franklin Street • Schenectady, NY 12305
(518) 346-9272 • FAX (518) 346-9274

Troy
313 Tenth Street • Troy, NY 12180 • (518) 272-2308

AIDS INFORMATION HOTLINE:
(518) 445-AIDS or 1-800-201-AIDS

Confidential

All information is confidential as provided by New York State Law, and cannot be released without written client consent.

This brochure was produced with funds from the AIDS Institute/NYS Department of Health.

AIDS COUNCIL OF NORTHEASTERN NEW YORK

88 Fourth Avenue
Albany, New York 12202
(518) 434-4686 • 1-800-660-6886
FAX (518) 427-8184

The AIDS Council of Northeastern New York

The AIDS Council of Northeastern New York

provides assistance, advocacy and referrals for persons living with HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome), their families, partners and friends, as well as education and materials to reduce both the risk and the fear of AIDS.

HIV related services are coordinated and delivered in a 15 county region including Albany; Clinton; Columbia; Essex; Franklin; Fulton; Greene; Hamilton; Montgomery; Rensselaer; Saratoga; Schenectady; Schoharie; Warren and Washington counties.

The AIDS Council of Northeastern New York has a staff of concerned, caring professionals, and a corps of dedicated volunteers. The Council provides services to every segment of the community without regard to gender, race, religion, or sexual orientation. Staff and volunteers share a commitment to provide care and services to those whose lives have been touched by HIV/AIDS, as well as to those seeking education regarding HIV infection and risk reduction.

The AIDS Council of Northeastern New York is a private not-for-profit Community Service Program incorporated in 1984 under the laws of the State of New York. Funding is received from both government and private sources.

Client Services

❖ *Case Management:*

in-depth assessment of individual and family needs including: housing, financial, medical and legal concerns, advocacy, crisis intervention, and referrals for substance abuse treatment and to other local service providers. Intensive case management available for clients and their families.

❖ *Short-term Counseling and Support Groups:*

HIV related counseling for clients & support groups for persons living with HIV/AIDS, their friends, partners and families.

❖ *Transportation:*

coordinate transportation program for HIV infected persons in 17 counties. Increases access to health care and essential support services by linking consumers with available transportation.

❖ *Buddy Program and Hospital Visitors:*

trained volunteers provide emotional support and companionship to persons living with HIV / AIDS; agency clients are visited by volunteers during hospital stays.

❖ *Prison Transitional Planning:*

help for HIV infected inmates in linking with essential medical and social services when they are released from prison.

❖ *Other Services:*

weekly luncheons, art therapy, social events and emergency financial assistance.

Education Services

❖ *Professional HIV/AIDS Educators:*

bring up-to-date HIV/AIDS information to health-care professionals, schools, businesses, and community organizations.

❖ *Policy Assistance:*

provide guidance to organizations developing AIDS workplace policies.

❖ *Sensitivity/Awareness Training:*

for health educators, counselors and service providers on issues affecting Gay/Lesbian/Bisexual communities and substance abusers.

❖ *AIDS Information Hotline:*

staff and volunteers provide information and referrals.

❖ *Prison Education Program:*

Peer education for inmates about HIV disease, transmission, risk reduction and testing. Staff training on AIDS in the workplace.

❖ *Adolescent Peer Education:*

training and support for teens interested in educating other teens about HIV prevention.

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

The Council Connection

The Quarterly Newsletter of the AIDS Council of Northeastern New York

VOLUME 5 • NUMBER 1 FEBRUARY 1997

A Salute to Volunteers

by Jonathan Gray, Director of Volunteer Services

"It is better to light a candle than to curse the darkness."
- Chinese Proverb

In 1984, a group of concerned community members came together in a volunteer, grassroots effort to address the needs of a growing number of persons infected with HIV in Northeastern New York. Their efforts provided the impetus for the formation of the AIDS Council of Northeastern New York. Today, volunteers continue to play a vital role in fulfilling the mission of the AIDS Council by providing support services and raising awareness of HIV/AIDS.

The AIDS Council's Volunteer Services program, originally based on a model created by the Gay Men's Health Crisis (GMHC) in New York City, has grown and changed to meet the needs caused by an evolving AIDS epidemic. When I joined the AIDS Council as Director of Volunteer Services in June, 1989, volunteer activities often provided the sole support system for many of our clients. They were frequently abandoned by family and friends once their

Continued on Page 7.

Volunteers and the AIDS Council

Volunteers are the cornerstone to the success of the AIDS Council of Northeastern New York. We asked several of our volunteers to speak directly to you about their experiences and posed three questions to them: What are your volunteer activities for the AIDS Council? Why do you volunteer? What benefits do you receive from your volunteer experiences? Their answers are as diverse as the volunteers, but they share one common value - they are all here, working with the AIDS Council's staff and Board of Directors, trying to make a difference in the fight against AIDS.

Mark Woods

I've been a volunteer with the Council for several years now, and I can truly say that it has been the most rewarding experience of my life. The

many clients I have met have proven to be truly inspiring people. Maybe living with AIDS creates an inner strength in them, for they radiate a sincere care and concern for others; reflect positive attitudes and personalities; and emanate an inner strength and appreciation for life as they strive for a better quality of life for themselves and their families.

The two volunteer activities I am most involved with are the Recreation and Education Therapy Program and the Auxiliary Buddy Program. In the Recreation and Education Therapy Program, we solicit complimentary tickets to local shows, classes, and special events for use by our clients. We try to provide special opportunities that will prevent boredom, isolation, and depression. The Auxiliary Buddy Program helps clients with occasional special needs, such as a ride to and from the doctor, the dentist, the grocery store, etc.

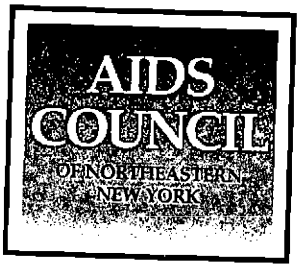
While volunteering can be a truly rewarding experience, it can also be very demanding, frustrating, and sad. A client that I have been spending time with recently died after a great deal of suffering. He never lost his sense of grace and respect for life, and I feel lucky to have had the chance to get to know him.

I originally became a volunteer in honor of someone I love and care for who is living with AIDS. Now I do it for you and for me. Because I know that we could all be in similar situations some day, and I have witnessed the beneficial support and the caring network that the AIDS Council strives to provide.

Continued on Page 6.

INSIDE THIS ISSUE...

AIDS COUNCIL OF NORTHEASTERN NEW YORK



Carmel Scalese
Director of Development
& Public Relations

(518) 434-4686
FAX (518) 427-8184

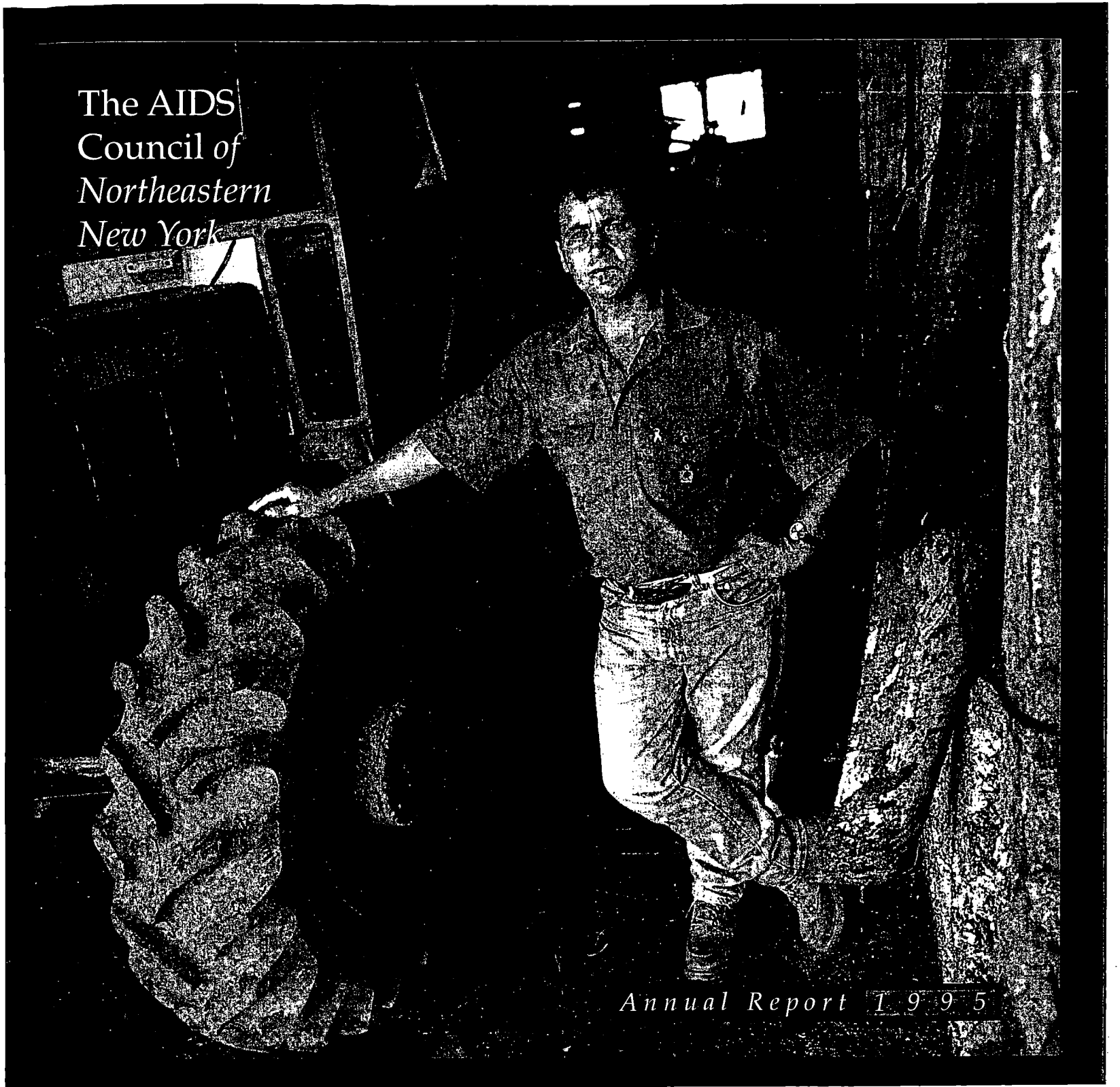
88 Fourth Avenue
Albany, NY 12202

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.


The AIDS
Council *of*
Northeastern
New York
Annual Report 1995

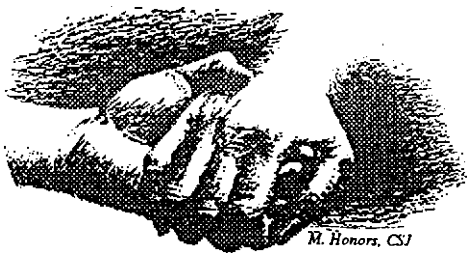
Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Clients Respond with Living Positively



A client-generated newsletter of the AIDS Council of Northeastern New York *Spring 1997*

1997 Quality of Life Retreat: a Time of Sharing, Learning, Relaxing, Fun

by Mark Woods

The Council's recent *Winter Quality of Life Retreat* was a wonderful and nurturing experience for clients, staff and volunteers of the Council because of the love and effort put in to it by all involved.

The Winter Retreat was held in a rustic woodland setting overlooking Lake George and the beautiful Adirondack Mountains, on Monday, February 3 through Thursday, February 6, 1997. This is the tenth year the Methodist Conference has kindly made its retreat facility available to us. The weather was perfect, with cool winter temperatures, lots of snow, and beautiful clear blue skies. We were lucky to have a participant who loves the outdoors and is skilled at making campfires. He kept the fires in the fireplaces going strong. Needless to say, we all spent lots of cozy time talking and relaxing in front of the blazing fires.

The workshop on *Nutrition* by Ann Kokosa, a nutritionist from the Cornell Cooperative Extension of Warren County, was very interesting. We all learned nutrition and food safety skills that we can use everyday at home. Paul Protzman, representing the Albany Kripalu Yoga Fellowship, led us in a workshop on *Restorative Yoga*, where we learned relaxation techniques that we can practice on our own. The two art workshops, *Mask Making* by Rochelle Brener, and *Shrines and Sacred Places* by Marilyn Day, were lots of fun, helped us create mementos to take home, and allowed us to be creative, and, at the same time, explore our inner selves.

Case managers Joel Holl, Marge Cumberbatch, and John Sullivan gave us each the attention that we needed, made sure that group activities ran smoothly, and shared with us their thoughts and feelings.

Bill Rowe, the retreat's volunteer registered nurse, made sure that everyone was doing O.K., administered meds when needed, and was there to give us that extra bit of care and attention when we needed it.

Mark Woods, the volunteer cook, kept the food coming from the kitchen. We had nutritious breakfasts, sandwiches and homemade soups for lunch, and family-style meals, including a Thanksgiving Dinner.

Maria Zeimantauski of El Jaleo entertained us for an evening with her classical guitar and flamenco music.

An afternoon of soothing massages was provided by Cindy Moorecroft.

An afternoon of "Reiki" (a natural system of healing energy to create health, harmony, and balance) was provided by Holly Applegate, Mary Ellen Robinson, and Deborah Rossi.

Ron Gerber led us all in a "healing circle" that helped us express and share our challenges and struggles, brought us closer together, and served as a closing ceremony for the retreat.

We were able to spend a few rewarding days together in a supportive and relaxed environment where we shared our thoughts and cares, and enriched our lives by learning, talking, sharing and making friends.

As a reminder, the Council's *Spring Quality of Life Retreat* will be held on Monday, June 9, through Friday, June 13, 1997. A PreRetreat Meeting will be held in late May for clients who will be attending the Spring Retreat.

Thank You

Thank you, Mark and Bill, for a wonderful winter retreat: for letters sent, carpools organized, meals cooked, massages and entertainment provided . . . and for so much healing and love. A heartfelt thank you for making it all happen!

AIDS COUNCIL
OF NORTHEASTERN NEW YORK

88 Fourth Avenue
Albany, New York 12202
(518) 434-4686
1-800-660-6886
FAX (518) 427-8184

Photography by Tom McGovern, Schenectady, New York

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3720

Date Rcvd: 05-05-97

From: Hellesen Gregory

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

n:\corresli

Helleren Gregory
122 Park Ave.
Walnut Creek, CA 94595
(510) 932-6305

Dear Ms. Thurman; 4/28/97

I am writing to you in hopes of getting an idea across to treat HIV patients. I've called several places throughout the year and have found that so far, this has *never* been tried. I don't know if it will work or not...but anything is worth a try.

It may sound weird at first, but consider that this is a natural treatment for HIV only, since once the patient has full blown AIDS the immune system is already destroyed. My idea was to use breast milk for the immune system. When my baby was sick at 2 weeks old I was told that I should not give him medication, but that my immune system would transfer to him if I just kept nursing. My other son never got sick until I stopped nursing him at 6 months, where he then developed asthma for a year. You're probably thinking babies who are born with HIV would have been studied, but the mother's are asked not to nurse, so they wouldn't have been breastfed by healthy milk.

About 6 months ago I talked to Dr. Robert Braun at UCLA. He was in the paper last year for discovering that some people are less susceptible to contracting HIV because of a certain gene. I'm no scientist, so I can't give specifics, but it was one of two major breakthrough's in research last year. His number is #310-478-9555 and enough time has gone by since I talked to him that he would have been able to look into it more. I wrote to him letting him know that if breast milk itself isn't viable, then maybe it will trigger off a better idea that might work from someone who has more knowledge than I do.

I have tried various places to get my idea across and it's been very difficult. Even the CDC sent me a form letter, months later, telling me they don't deal with anything but prevention. I'm sure if a cure is to be found, there are so many roadblocks for the average citizen to get through, they'd just give up. God might not give the answer to a Doctor or researcher, it might come from a plain person who will not be able to get the answer through. If nothing else, maybe you could set up an idea board for crazy ideas in hopes that something might work.

Thank you for your time;

Helleren Gregory

Helleren Gregory

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3705

Date Rcvd: 05-01-97

From: Edwin Dorn
Under Secretary of Defense

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

n:\corresli

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

APR 23 1997

Ms. Sandra Thurman
Director, Office of National AIDS Policy
808 17th Street, NW
Suite 802
Washington, D.C. 20503

Dear Ms. Thurman:

At its December 1996 meeting, the Presidential Advisory Council on AIDS recommended that the Department of Defense (DoD) provide a comprehensive report to the Council addressing HIV/AIDS programs and services in DoD correctional facilities. A comprehensive DoD report responsive to this recommendation is enclosed.

The report concludes that relatively few HIV positive inmates are currently incarcerated in DoD correctional facilities. HIV positive prisoners receive training and assistance on HIV/AIDS issues and quality health care from trained medical personnel. The Military Departments consider the medical condition of HIV positive prisoners as a basis for early release from confinement through the clemency and parole process.

Please contact us if we can be of further assistance in this regard.

Sincerely,

Edwin Dorn

Enclosure:
As stated

DEPARTMENT OF DEFENSE REPORT

HIV/AIDS Issues in DoD Prisons and Brigs

I. Introduction

The Presidential Advisory Council on HIV/AIDS recommended a comprehensive and specific report from the Department of Defense addressing the inclusion of HIV/AIDS in all Department of Defense (DoD) prisons and brigs. This report provides general information concerning DoD correctional facilities and programs in Part II and information concerning DoD HIV/AIDS policies and programs in Part III. Part IV discusses the specific concerns identified in the Presidential Advisory Council's Report.

II. Overview of DoD Correctional Programs and Facilities

Each Service Secretary has authority to establish and administer necessary correctional facilities under 10 U.S.C. §951. Uniform polices and procedures for the administration and operation of military correctional programs and facilities are contained in DoD Directive 1325.4. A DoD Corrections Council, with representatives from each Service, meets quarterly to discuss issues relating to the administration and operation of correctional facilities and corrections policy. Each Military Department has issued implementing regulations to provide guidance and procedures for its corrections program. These regulations are the Secretary of the Navy Instruction 1640.9B, *Department of Navy Corrections Manual*; Army Regulation 190-47, *Army Correctional Facilities*; and Air Force Instruction 31-205, *Corrections Program.*

The Chief of Naval Personnel has oversight responsibility over Naval correctional facilities. Army correctional facilities are administered by the Deputy Chief of Staff for Operations. The Commandant of the Marine Corps has oversight over Marine Corps facilities. The Chief, Security Police Operations, Headquarters, Department of the Air Force, provides oversight over Air Force correctional facilities.

The Office of the Secretary of the Defense has designated the Army as the Executive Agent for long-term corrections (sentences to confinement over 5 years). The Army currently provides long term confinement to approximately 1,000 Army, Navy, Marine Corps, and Air Force prisoners at the U.S. Disciplinary Barracks (USDB), Fort Leavenworth, Kansas. Currently, seven inmates at the USDB are HIV positive.

Pursuant to an agreement with the Federal Bureau of Prisons (FBOP), DoD may transfer up to 500 inmates to FBOP facilities to serve sentences to confinement. The FBOP assumes responsibilities for the costs associated with these prisoners. Currently 161 DoD prisoners are in FBOP facilities. None of these inmates is HIV positive.

The Army, Marine Corps, and Navy operate ten medium-term (one to five year sentences to confinement) confinement facilities. Approximately 1,500 inmates are currently incarcerated in DoD medium term correctional facilities. Nine of these facilities are located in the United

States and one is in Okinawa, Japan. The Services have entered into agreements to accept prisoners from other Services in facilities they operate. Presently, three HIV positive inmates are incarcerated in Army medium-level confinement facilities: one is confined at Fort Sill, OK, and two are confined at Fort Knox, KY.

Additionally, the Military Services operate 47 short-term correctional facilities. Most of these facilities are located in the U.S.; however, prisons or brigs are also located in Germany, Korea, Spain, Panama, and Japan. These facilities are maintained to incarcerate pre-trial prisoners and those with sentences to confinement of less than one year. Currently, there are no HIV positive inmates at DoD short-term correctional facilities.

DoD Correctional facilities do not separate HIV positive inmates from the general inmate population based solely on HIV status. Medical officers complete medical examination of all inmates upon incarceration in DoD correctional facilities. Initial medical screening includes testing for the HIV virus.

III. DoD HIV Policies

Oversight over DoD medical policies and programs is provided through and under the Defense Health Program managed by the Assistant Secretary of Defense for Health Affairs. The Secretaries of the Military Departments are responsible for establishing their respective Service procedures, and standards for the identification, surveillance, education, and administration of personnel infected with HIV, based on and consistent with DoD Directive. The Military Departments Surgeons General are responsible for HIV/AIDS treatment programs and the quality of health care in medical treatment facilities administered by the Department.

DoD Directive 6485.1 sets forth the DoD policies concerning HIV/AIDS. It is DoD policy to control transmission of HIV through an aggressive disease surveillance and health education program. Military members, including those serving in DoD correctional facilities, are screened at least bi-annually for serologic evidence of HIV infection. Individuals who are evaluated as HIV seropositive are provided initial counseling. Each Military Service has appointed an HIV/AIDS education program coordinator to serve as the focal point for all HIV/AIDS education program issues and to integrate the educational activities of the medical and personnel departments.

Military Services must conduct an ongoing clinical evaluation of each active duty service member with serologic evidence of HIV infection at least annually. Appropriate preventive medicine counseling is also provided to all individual patients.

The Army has been designated the lead Agency for infectious disease research within DoD. The Army research program focuses on the epidemiology and natural history of HIV infections in the military; on improving methods for rapid diagnosis and patient evaluations; and on studies of the immune response to HIV infection.

The clinical HIV/AIDS Research Program is funded, managed, and executed from Walter Reed Medical Center Army Institute of Research Division of Retrovirology. Clinical sites include major Service teaching medical facilities and, under a new plan, the number of sites will be expanded to include HIV positive personnel who desire to enroll in such protocols.

The Navy also conducts an AIDS Research Program. The Navy currently has clinical protocols underway at the National Naval Medical Center, Bethesda, MD; the Naval Medical Center, Portsmouth, VA; and the Naval Medical Center, San Diego, CA. Additionally, the Navy has recommended the appointment of a Senior Medical Officer Research Investigator to head a newly created clinical Research Department with the Division of Retrovirology.

IV. Responses to Advisory Council Concerns

a. Content and frequency of prison staff educational efforts paying particular attention to issues of women at risk for HIV, substance abuse, prevention, and the medical management of the disease.

All of the Services have extensive education and training programs addressing HIV and AIDS. Training programs have been established at each DoD correctional facility regardless of whether there is an HIV positive prisoner population.

Army correctional staff are required to attend annual HIV/AIDS instruction. This instruction is offered through lectures and slide presentation. Content includes definitions, epidemiology, clinical spectrum, diagnostic tests, transmission, HIV/AIDS in women, and preventing and managing HIV infection.

The Navy Training Program content includes training on the nature of the disease, how the disease is transmitted, contributory role of high-risk behavior and effective methods of prevention. Current policy calls for annual basic and refresher training, as well as training for new staff as required. Training content and presentation is a responsibility of the Navy Surgeon General. The course content may include basics in modality.

Marine Corps staff receive HIV awareness training during pre-service and in-service training sessions. Included are universal precautions, blood-borne and air-borne pathogens, and special handling. Awareness classes are conducted for the entire prisoner population.

In the Air Force, all corrections officers and inmates receive training on measures to protect against HIV transmission and medical management during inprocessing. Corrections officers are required to work with the public health office to establish and regularly update training programs addressing these issues.

b. Accessibility of all FDA approved HIV/AIDS therapeutic modalities for prison inmates with HIV/AIDS and numbers of prisoners availing themselves of these therapies.

HIV positive military prisoners receive the same medical care and treatment that other service members receive. Inmates in advanced stages of HIV will be transported to medical facilities which are able to provide specialized care.

All Federal Drug Administration (FDA) approved HIV/AIDS therapeutic modalities are available to inmates, limited only by the national availability of the drugs. Treatment modalities for prisoners in Army facilities are prescribed by the infectious disease physicians at Brook Army Medical Center, San Antonio, Texas. Currently, six of the seven infected inmates at the USDB avail themselves of these therapies.

Medical personnel assigned to correctional facilities have medical oversight for all inmates, including those who are HIV positive. Approved medications are administered as prescribed by trained medical personnel.

c. Availability of mainstream clinical drug trials for prison inmates, the nature of any access barriers -- and means to remove such barriers, and numbers, sites and principal investigators of these programs.

Inmates in DoD correctional facilities may be enrolled in mainstream clinical drug trials. No inmate is currently participating or has volunteered to participate in a protocol. No HIV positive inmate has volunteered to participate in a clinical drug trial.

d. The status of quality assurance criteria and certifications (including nondiscrimination guidelines) with a demonstrable level of compassionate care available for the ill and the dying.

Health care is provided to all HIV positive prisoners by military medical facilities. Quality assurance and clinical privilege requirements are the responsibility of the medical facility commander. The Joint Commission on Accreditation of Health Care Organizations specifies and monitors strict quality assurance requirements for military medical facilities. Peer review committees at military medical facilities provide accountability.

HIV positive inmates who are terminally ill are admitted to medical treatment facilities for supportive care and are treated no differently than any other terminally ill eligible beneficiary. All the Services have procedures authorizing early release from confinement on conditions of parole and or clemency based on medical needs of an inmate or other compassionate reasons. The Secretaries of the Military Departments have considered requests from HIV positive inmates with advanced disease progression for early release. Several of these requests have been granted. The Services carefully weigh the medical and compassionate needs of these inmates upon consideration for early release through the clemency and parole process.

e. Description of case management for prison inmates with HIV/AIDS.

Case management for all DoD inmates currently diagnosed as HIV positive is provided through the Directorate of Treatment Programs (DTP). These services include individual psychotherapeutic counseling and rehabilitation case management, formal group treatment aimed at both crime-specific and non-crime-specific factors, and delivery of organized self growth activities. HIV positive inmates receive extensive psychological testing and development of a comprehensive psychological history to determine individual rehabilitation and mental health needs. A DTP case manger is assigned to each prisoner for counseling and monitoring. Social Work Services personnel are also involved in case management to provide individualized counseling and assistance with issues such as medical health care directives, availability of medication, and specific point of contact for a designated location. Medical personnel assigned to correctional facilities provide case management under the supervision of a Senior Nurse or Medical Officer.

f. Availability of voluntary peer education opportunities for HIV positive inmates (Please include curriculum participation, site, and frequency statistics.)

Voluntary peer education opportunities are available for HIV positive inmates on a weekly basis at the USDB. Peer sessions are conducted through support group method. Information on related HIV/AIDS topics is available to inmates through newspaper and magazine articles, videos, and guest speakers to include HIV Positive individuals. All prisoners diagnosed as HIV positive are authorized to subscribe to the magazine *Positively Aware.*

g. Accessibility of condoms and barrier protection against HIV transmission to prison inmates.

DoD correctional facilities do not distribute condoms or barrier protection to prison inmates. No known transmission of HIV has occurred in a military confinement facility.

h. Specific details concerning the availability of ongoing (at least every 6 months) educational programs for incarcerated individuals regarding all aspects of HIV, including substance abuse issues and sexuality.

Correctional facilities with HIV positive inmates offer educational programs and training opportunities on all aspects of HIV/AIDS. Medical Department personnel provide training to inmates on substance abuse and sexuality on a routine basis. This training emphasizes high-risk behaviors and preventive measures.

i. Definition of the limits of jurisdiction which differentiate the authority of the Federal Government in all correctional facilities, District of Columbia, military, federal, state, and local correctional institutions, including federal funding streams.

Title 10 U.S.C, chapter 47, authorizes the Secretaries of the Military Departments to establish and maintain correctional facilities. All DoD facilities are operated in accordance with applicable federal laws and regulations.

DoD Directive 1325.4, *Confinement of Military Prisoners and Administration of Correctional Programs and Facilities,* sets forth DoD guidance on the administration of correctional facilities. The Under Secretary of Defense (Personnel and Readiness) has responsibility for policy oversight over the DoD corrections program.

Each Military Department has issued implementing regulations to provide additional guidance on the administration of correctional facilities. The Military Departments budget for and receive appropriated funds to construct, maintain, and operate correctional facilities. Congress authorizes and appropriates these funds through the annual DoD Authorization and Appropriations Acts.

j. The scope of the seven major recommendations of the National Commission on AIDS (March 1991).

The 1991 National Commission on AIDS Report, entitled "Living With AIDS" contains recommendations addressing major areas such as disease characterization of epidomology; prevention through education, training, and early diagnosis; accessibility to care and treatment; and aggressive, basic, applied, and clinical research programs. Military policies and programs are consistent with the recommendations contained in this Report. Service members who are HIV positive, including those who are incarcerated, are closely monitored within the military medical system and are provided the most effective drug therapy available. Additionally, the Army as the Lead Agent for HIV research has expanded the Clinical HIV/AIDS Research Program. The Navy is conducting basic and applied research efforts targeted at elucidating the evolving epidemiological changes in the worldwide distribution of HIV, developing novel immuniological approaches to early diagnosis and treatment, and developing and assessing the effectiveness of behavioral modification strategies to reduce disease incidence. Under Army leadership, the Services are working together and with other Federal agencies to ensure a coordinated, aggressive research effort.

V. Conclusion

Relatively few HIV positive inmates are currently incarcerated in DoD correctional facilities. Prisoners diagnosed as HIV positive receive quality health care from trained medical personnel. HIV positive prisoners and correctional facility staff receive training on HIV/AIDS issues. The Military Departments consider the medical condition of HIV positive prisoners as a basis for early release from confinement through the clemency and parole process.

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3103

Date Rcvd: 05-01-97

From: Jeremiah A. Barondess, M.D.
The New York Academy of Medicine

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

n:\corresli

150 YEARS OF LEADERSHIP

THE NEW YORK ACADEMY OF MEDICINE

TO ENHANCE THE HEALTH OF THE PUBLIC

OFFICE OF THE PRESIDENT

April 24, 1997

Ms. Sandy Thurman
AIDS Policy Director
National AIDS Program Office
750 Seventeenth Street, NW Suite 1060
Washington, D.C. 20503

Dear Ms. Thurman:

On behalf of the New York Academy of Medicine, I want to take this opportunity to congratulate you on your appointment as AIDS Policy Director and to introduce you to the work of the Academy.

The New York Academy of Medicine is an independent, non-profit educational and research institution dedicated to improving the health of the public. Since its founding in 1847, the Academy has been a leader in the field of public health and through its programs and research continues to shape policies affecting the health of millions of people living in New York City and other large urban areas.

The Academy has been a leader in the field of HIV/AIDS policy since the beginning of the epidemic. With the help and leadership of Dr. David Rogers, the Academy has created several projects to examine the relevant policy issues and has been the site for convening the health professional community interested in HIV/AIDS in the New York area. We currently have two major HIV programs:

Special Population Projects

The Office of Special Populations Projects is responsible for the HIV Care Grant, a Ryan White Title II initiative administered through the New York State Department of Health AIDS Institute. Begun in 1993, its major goals are to strengthen communication and coordination among health care professionals involved in HIV care; to identify and to address problems in the quality of HIV/AIDS care and services; and to address health policy issues which impact on clinical care. This office is responsible for the coordination of five provider councils which meet on a regular basis to address clinical and policy issues in specific areas of care; The Council of AIDS Program Directors which is chaired by Drs. Jonathan Jacobs, of The New York Hospital-Cornell Medical Center; Thomas Q. Morris Associate Dean of the Columbia College of Physicians and Surgeons; and Victoria Sharp of Beth Israel Medical

1216 FIFTH AVENUE NEW YORK NEW YORK 10029-5293

212 822-7200 FAX 212 996-7826

Center, and is comprised of the medical directors of designated AIDS Centers throughout New York State; the New York AIDS Forum, which brings members of the research community together with clinicians caring for patients with HIV/AIDS; the Council of HIV Long Term Care Clinical Directors; the Council of HIV Ambulatory Care Directors; and the Quality of Care Committee of the AIDS Institute which brings together clinicians from a variety of clinical settings to assist in the development of standards for clinical care.

HIV Professional Development Project

This project, created in 1994 with support from New York City's Ryan White CARE Act Title I funding, was established to assure adequate professional staffing and support services for New York City's HIV care system. Programs and initiatives include preventing staff burnout by creating supports for HIV care providers; creating internships for health professions students in HIV care; and enhancing professional education and training for HIV care providers.

The Academy has also taken formal positions on critical issues which directly impact on HIV prevention efforts and has advocated recently that Secretary Shalala lift the ban which prohibits federal funding of needle exchange programs. I am pleased to note that Secretary Shalala will be speaking at the annual Margaret E. Mahoney Symposium on the State of the Nation's Health, which will be held at the Academy on May 7th. We have also taken positions promoting expansion of drug treatment services and improved access to harm reduction services throughout the medical care delivery system and have played a meaningful role in the initial planning activities related to the development of HIV Special Needs Plans for the delivery of medicaid supported managed care services in New York.

I would welcome the opportunity to discuss these and other topics with you. I understand that Ellen Parish, Policy Analyst, has invited you to speak at an upcoming meeting of the Council of AIDS Program Directors. I hope you will accept our invitation and look forward hearing your views on the future of the Office of AIDS Policy.

Thank you for your kind consideration.

Sincerely,

Jeremiah A. Barondess, MD
President

Enclosure: Annual Report
Brochure

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

NYAM

THE

NEW

YORK

ACADEMY

OF

MEDICINE

1995

ANNUAL

REPORT