Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	re: Personal conspiracy on AIDS (2 pages)	04/16/1997	b(6)
002. form	re: Correspondence routing slip (Personal) (1 page)	06/02/1997	b(6)
003. letter	Inmate living with AIDS to Sandra Thurman re: President's advisory council (Personal) [partial] (1 page)	05/23/1997	b(6)
004. form	re: Correspondence routing slip (Personal) (1 page)	06/23/1997	b(6)
005. letter	Individual with chronic disease to President Clinton re: AIDS vaccine (Personal) [partial] (1 page)	06/02/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 6/97 [1]

2018-0764-F
jm2045

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]
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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]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

June 18, 1997

Sandra L. Thurman
Office of National AIDS Policy
808 17th Street, NW, 8th Floor
Washington, D.C. 20006

Dear Ms. Thurman:

Thank you for the opportunity to meet informally with you and Daniel Montoya on Wednesday, June 25th. I know that this meeting will pave the way for working together more effectively in the future. There are four of us that will be coming down next week.

Theresa Toigo is the Associate Commissioner for Special Health Issues, the office responsible for communicating with the public about FDA activities related to HIV/AIDS, Cancer, Alzheimer's disease, and other special health issues. She has held positions in various FDA organizational units and worked in hospital and retail pharmacy. She also serves as the FDA project officer for the AIDS Clinical Trials Information Service (ACTIS).

Nancy Stanisec is the Deputy Associate Commissioner, and has extensive experience in the area of blood safety, and a strong background in biological products and medical devices.

Donald Pohl is the liaison with other offices within the agency, tracking and coordinating HIV/AIDS activities within FDA. He is the lead contact for the Federal Biomedical Research Plan and Budget for HIV. He works extensively with enforcement issues related to HIV/AIDS products and is also involved in the FDA/State AIDS Health Fraud Task Forces, coalitions of the AIDS community, health care professionals, and regulatory agencies, formed to develop and distribute educational programs which provide the consumer with information to make an informed evaluation of potential HIV/AIDS therapies.

I work primarily with the outside HIV/AIDS advocacy community, ensuring that the community is abreast of policy issues, agency activities, and new developments related to HIV/AIDS. This often involves coordination with scientific review divisions to ensure that community concerns are heard and addressed, and that advocates have a working understanding of the regulatory process in the development of therapies for HIV/AIDS. I also ensure that the community is aware of pending issues and public meetings so that they can have meaningful input, and include community representatives on FDA advisory committees considering issues related to HIV/AIDS.

I know that all of us are looking forward to meeting you and Daniel next week. In reference to

Enclosed is a short description of our office and the *FDA Regulatory Primer*. The latter is a book designed for members of the HIV/AIDS advocacy community, to provide a concise, yet comprehensive background of the FDA and the policies and rules that impact HIV drug approval. I hope you will find it a useful reference to help familiarize yourself with our agency.

Sincerely,

Richard Klein

Richard Klein
HIV/AIDS Program
Office of Special Health Issues

Enclosures

Genentech, Inc.

460 Point San Bruno Boulevard
South San Francisco, CA 94080-4990
(415) 225-1000
FAX. (415) 225-6000

9 June 1997

Ms. Sandra Thurman
Director
Office of National AIDS Policy
808 17th Street NW
8th Floor
Washington D.C.

Dear Sandy,

It was great to spend some time with you. You add a much-needed spark to the daily frustrations of AIDS. I know that spark comes at considerable personal cost to you; but, rest assured, you will start some much needed fires with it.

I have attached a bullet-type draft proposal to possibly add to the President's initiative to stimulate HIV vaccine development.

First definitions: Phase I - early safety studies in a few volunteers; Phase II - larger studies to see the immune response and safety - can involve high-risk volunteers; Phase III - large placebo-controlled trials in high-risk people to see if the vaccine works.

The proposal is in three parts:

Part I. History. This gives you some background facts that will hopefully support the needed change.

Part II. The Initiative. This outlines the main structural pieces that need to be organized to replace much talk with action. Note that I have not made more committees and more "big" , high-profile organizations. Instead, I have designed the program for action. It leaves the NIH with its basic research and its committees. But it moves the critical public health-related issues of late

stage vaccine development to those who have experience with it. In addition, it sets up a "facilitator" - a government vaccine expert - to help guide companies into government assistance to speed development. As we discussed, I recommend pulling the responsibility for Phase III out of NIH and get it to a place where there is the public health, epidemiologic and vaccine expertise to get answers to essential questions. This will ensure that the end of the pipe stays open. This needs to be done by a group having some wisdom and experience and the knowledge that failure of one study is still progress. There are reports, especially the recent OAR review and the President's Commission, that can be used to back the decision. As we discussed shifting Phase III out of NIH is sensitive and will require your political dexterity to accomplish.

I have thought of some honest reasons for the shift that could be used to ease the pain:

1) It brings into the discovery process those who will eventually be responsible for applying the vaccine to Americans (CDC).

2) It serves to seamlessly join basic research, applied research and vaccine application.

3) It maximizes broad vaccine experience of the government's staff.

4) It brings in people with broad public health and epidemiologic experience.

Part III. Comparison of different public and private responsibilities for vaccine development. I have made a table of different approaches that have been used to force the public and private sectors to cooperate. Regarding the VaxGen product (which, by the way, received superlative review at the FDA's Vaccine Advisory Committee review last Friday), I can't afford to wait for some slow and unreliable government approval process. Speed is important to me (and to public health). I am willing to pay for it. But it would certainly help if I could get some clinical assistance from existing and funded government programs - the staff of whom are ready to help.

I will be out of the country until the 12th of July. Marina Trumbull (415/225-8613), my executive assistant will be able to get in touch with me.

I talked to Drs. Frank Judson (Denver) and Bill Heyward (CDC) at the FDA meeting. Both would like to talk to you. I suggest you call Bill (404/639-2004) and Frank (303/436-7200). Both are independent thinkers with years of

experience in other vaccines and with HIV vaccine. As I mentioned to you before, with AIDS I have learned that it is "a few people" that make the difference and these are two people who, with you, could help guide the President in a proper direction.

Let's keep pushing on this. It's where the major need is.

All the best,

Donald Francis /mvs

Donald P. Francis, M.D., D.Sc.
President
VaxGen, Inc.

Enclosure

Part I. U.S. Government's History of HIV Vaccine Development

- The private sector, not the government, develops vaccines;
- For a variety of reasons, mostly financial, relatively few companies are seriously attempting to make an AIDS vaccine. (This is in marked contrast to HIV therapeutic drug development where there is a large incentive and many players).
- Until the President's declaration, the OAR report and the President's Commission hammering, the government's commitment (e.g., policy, funding, structure) for AIDS vaccine has been small;
- The lead government organization for an AIDS vaccine is NIAID;
- NIAID is excellent at encouraging basic research in Universities. But it is not a public health institution with extensive vaccine application experience and has limited experience in working with the private sector to make vaccines.
- NIAID's vaccine program has been mediocre at best;
- NIAID leaders and Division of AIDS staff, while well intended, have little experience in developing other vaccines;
- The 1994 NIAID decision (against its expert committees' advice) not to conduct promised Phase III trials of the envelope-based vaccines chilled the entire AIDS vaccine field;

Part II: A new structure for the President's AIDS vaccine initiative (see figure)

I have made a figure to help put this new structure into perspective with existing structures.

The essentials:

- Keep NIH in basic vaccine research and Phase I and Phase II clinical research;
- Move Phase III's control out of NIH to an experienced public health oriented agency (e.g., CDC or the Army. I prefer CDC since it seems a bit strange to give the Army the lead, though it should be deeply involved);

- Establish a "facilitator" to connect each private sector vaccine developer who has reached Phase I with "the government". That person, an expert in the field of vaccines, would be responsible to link a company with assistance (financial, clinical, regulatory, political);

- Appoint a vaccine finance/support officer who works with the facilitators to connect financial support options (public and private) to vaccine developers.

Part III. Alternative funding strategies for Government support of Phase I, II and III studies (see table)

I am looking here for a flexible way through which the pubic and private sectors can interact using a variety of alternatives.

This part compares the classic vaccine development paradigm where the manufacturer supports all clinical studies to what I call the New Standard and the New Accelerated approaches where there is shared responsibility.

The basic description of these three examples is as follows:

New Standard: Full government support of all activities through established review and funding sources. May require additional resources. Manufacturer supplies vaccine and other small miscellaneous items.

New Accelerated: Manufacturer and Government share financial responsibilities - new money from manufacturer, existing structures from ongoing funding of government programs. Expedited government committee review since studies rely on existing resources. Facilitator carries the proposal through the government approval process.

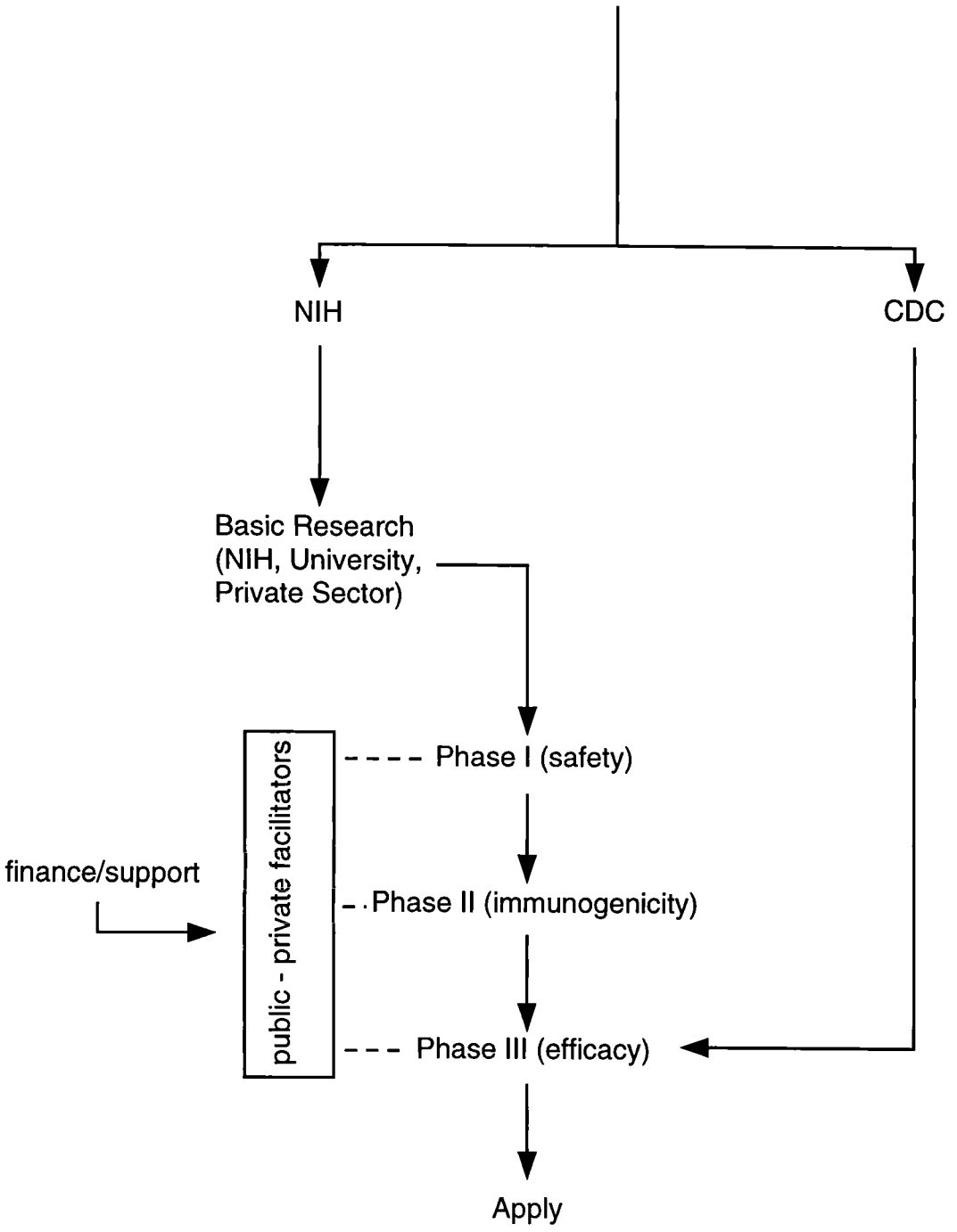
Classic: This is the usual approach where the manufacturer has responsibility for everything.

Various Approaches to Clinical Trials of Vaccines

Item	New Standard	New Accelerated	Classic
Supports clinic infrastructure	G	G	M
Recruits volunteers	G	G	M
Supports screening/testing	G	G	M
Supports follow-up visit staff	G	G	M
Supports data entry	G	G	M
Carries IND/Reports to FDA	G	M	M
Supports vaccination staff	G	M	M
Supports laboratory testing	G	M	M
Supports data management	G	M	M
Supports data analysis	G	M	M
Manufactures and supplies vaccine	M	M	M

G = government

M = manufacturer


President's Policy
NIH
CDC
Basic Research
(NIH, University,
Private Sector)
public - private facilitators
Phase I (safety)
finance/support
Phase II (immunogenicity)
Phase III (efficacy)
Apply

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Office of
National AIDS Policy

Correspondence Routing Slip

Save for Sandy

Tracking Number: G3810

Date Rcvd: 06-02-97

From: Mary Fisher
Family AIDS Network, Inc

Staff Action:

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

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

n:\corresli

FAMILY AIDS NETWORK, INC.

MARY FISHER, FOUNDER

May 8, 1997

Dear Sandy,

Your days must be frantic right now, so the time you spent with me last week is even more meaningful. Having, I think, paid my dues as a staffer in the Ford White House I remember the long hours, the days that turn into weeks with no time off. It's a pace that leaves you tired for years after the job is through. This is not meant to depress you or warn you off, but rather as a bit of commiseration and an acknowledgment of how much I value the time we had together.

Please don't let me say anything to discourage you because I, for one, am delighted that you have taken on the job of "AIDS czar". You bring with you renewed hope that the Clinton Administration will take a hard and understanding look at this issue and then do something to help the many thousands who are infected and affected. It is a real blessing that you have Michael helping you in this effort. It makes me more comfortable to have him around, so I hope he has the same effect with you.

I am looking forward to learning from you what went on at the Women's Conference in California. Please let me know if and when I can be of help to you. With a studio and two small boys I am not as able to do things on the spur of the moment as I might like, but I'm certain there are projects we will work together on during the 18 months (or more) of your stay in Washington.

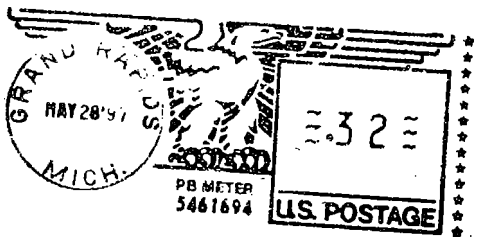
With warm, best wishes,

Mary

Ms. Sandy Thurman
Director
The Office of National AIDS Policy
The White House
Washington, DC 20500

678 Front Street, NW, Suite 260, Grand Rapids, MI 49504

Mary Fisher
Family AIDS Network
678 Front Street, NW
Suite 260
Grand Rapids, MI 49504



Ms. Sandy Thurman
Director
The Office of National AIDS Policy
The White House
Washington, DC 20500

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G 3844

Date Rcvd: 6-13-97

From: Breat Minor

Food & Friends

Sandy – do you want to do anything with this guy?

Staff Action:

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

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

n:\corresli

June 4, 1997

Ms. Sandy Thurman
Director
Office of National AIDS Policy
808 17th Street, NW
Washington, DC 20250

Dear Sandy,

I wanted to thank you for attending Chef's Best last Monday night. From all indications, it was another very successful event for us. Your presence was a part of that success and meant a great deal to this organization. It was not only an honor to have to there, but fun as well. It is easy to see why Clark speaks so highly of you.

I have really enjoyed meeting you and appreciate your candor about your new position. Working in the AIDS field presents such a strange dynamic of urgency mixed with delay and frustration that I wonder how any of us remain sane. I think your humor and honesty will help you tremendously in the days ahead.

As I mentioned in my letter to you earlier, I am exploring the possibility of moving on from Food & Friends. After six wonderful years, I feel it is time to look for new opportunities. I have enjoyed my work here and have seen the tremendous benefit of having openly HIV+ people, like myself, participate in the development of AIDS policies and programs. I would like to continue working with the AIDS community and would appreciate discussing some of these thoughts with you. Enclosed is another copy of my resume to give you an idea of my work experience.

The next two weeks are busy ones for me as I will be going on vacation with my family and then cycling in the AIDS Ride. I'll be back in town on June 23rd and will call your office that week.

Again, thank you for joining us at Chef's Best. I look forward to speaking with you again soon.

Sincerely,

Brent Minor
Director of Community Relations

58 L STREET, S.E. • WASHINGTON, D.C. 20003-3353 • (202) 488-8278 • FAX (202) 863-1284 • TDD (202) 554-2944
E-MAIL: info@foodandfriends.org

Brent Tucker Minor
2910 Sycamore Street
Alexandria, Virginia 22305
202-863-1825 (o) 703-836-1162 (h)
202-488-0851 (fax) bminor@foodandfriends.org (E-mail)

WORK EXPERIENCE

Food & Friends August, 1991 - Present
58 L Street, SE
Washington, DC 20003

Positions Held:

Director of Community Relations April, 1996 - Present
Coordinate the community and public relations efforts for the agency including press contacts and coverage, community meetings and general inquiries. Represent agency at local and national meetings, events and conferences. Represent agency on Ryan White committees and consortia. Write and edit agency newsletter, Annual Report and other agency-wide publications or articles.

Conference Coordinator February - November, 1996
1996 AIDS Meals Providers Conference
Directed all conference activities for annual international meeting of AIDS food service providers including fundraising, program development, event planning, publications and site management. Highlights include: Doubled number of participants; Tripled previous fundraising levels; increased number of sessions from 11 to 41.

Program Director December, 1993 - April, 1996
Directed operations of Program Office to insure accurate daily delivery of meals to over 500 clients (homebound people living with AIDS). Supervised activities of the following departments: Delivery (1200 daily meals); Volunteer Resources (recruitment, coordination and retention of 800 volunteers); and Client Services (management and referrals of 500 monthly clients). Wrote and edited monthly Volunteer Newsletter. Coordinated volunteer-staff events. Represented organization at various functions including fundraisers and consortium meetings. Supervised staff of 13 people.

Volunteer Program Manager (1/93 - 12/93)
Volunteer Coordinator (8/91 - 1/93)

Director of Development July, 1998-October, 1990
Bishop McNamara High School
Forestville, Maryland

Established and directed development programs including annual giving, major donor solicitations, alumni/parent phone-a-thons and student fundraisers. Created, wrote and edited the Bishop McNamara Bulletin. Established and maintained accounting records for pledges and gifts received. In two years, annual contributions grew from @$18,000 to @$76,000.

Associate Director November, 1986-December, 1987
Ward, Dreshman & Reinhardt, Inc.
Worthington, Ohio

Represented firm as fundraising consultant for two projects: The Episcopal Diocese of Atlanta ($4 million goal) and The Japanese Cultural Center of Hawaii ($10 million goal). Participated in development of campaign goals, strategy and organization. Wrote and designed campaign literature for major gift solicitations, grant proposals and general campaign. Organized and directed meetings with substantial number of volunteer groups. Supervised large public kick-off event for both campaigns.

VOLUNTEER EXPERIENCE

Citizen Member March, 1991 - Present
Alexandria Task Force on AIDS
Alexandria, Virginia

Serve on city-wide task force that reviews and makes recommendations for all AIDS-related policies for City Council action. Appointed by the Mayor and City Council as Citizen-At-Large member. Served as Chair from September, 1993 - September, 1995.

PWA/HIV Representative March, 1994 - Present
Metropolitan Regional HIV Health Services Planning Council &
Northern Virginia HIV Consortium

Serve as at-large representative on Planning Council that determines allocation of Ryan White Title I federal funding for designated area which includes Washington, DC as well as large parts of Maryland, Virginia and West Virginia. Planning Council is responsible for determining funding priorities, allocation of funds and program oversight. Current funding responsibility is $15.8 million.

Serve as at-large representative on the Consortium that determines allocation of Ryan White Title II funding for Northern Virginia. Serve on Title II Grant Application Review Panel. Current funding responsibility is $1.2 million.

Serve as Co-Chair of the PWA Committee and as a member of the Executive Committee of the Ryan White Planning Council for the Metropolitan Washington area.

Served on Title I Grant Application Review Panel for Baltimore, FY1995 and FY1996.

Served on Title II Grant Application Review Panel for Northern Virginia, FY1996.

Class Representative 1988 - Present
The University of the South
Sewanee, Tennessee

Serve as liaison between university and alumni class of 1981. Oversee general solicitations, major donor prospecting and reunion planning. Write bi-annual class newsletter. Have achieved or exceeded targeted giving levels in 7 of 8 years.

President 1992 - Present
The Minor Foundation
Charlotte, North Carolina

Serve as President of the Board of Directors (7 members) of family foundation. Coordinate research and eligibility of grant applicants, funding distribution and oversight. Chair bi-annual meetings.

EDUCATION

University of the South, Sewanee, Tennessee 37375
B.A. Degree - Awarded May, 1981
Honors and Activities: Speaker, Student Assembly; Honor Council; Order of Gownsmen (academic honorary); Alpha Tau Omega Fraternity.

Woodberry Forest School, Woodberry Forest, Virginia 22989
College preparatory diploma awarded, May, 1977.

ACTIVITIES

Performer with the Washington Opera; Previous volunteer with Whitman-Walker Clinic of Washington, DC; Member, Christ Episcopal Church, Georgetown AIDS Task Force; Extensive volunteer political campaign work; Former *Jeopardy!* contestant; Triathlon enthusiast (Have completed 26 Olympic-distance events - most recently 7/96.)

American Red Cross

June 27, 1997

Sandra Thurman
Director
White House Office of National
AIDS Policy
808 17th Street, NW
Washington, DC 20503

Dear Ms. Thurman:

On behalf of the American Red Cross, I wanted to welcome you to your new position as Director of the AIDS Policy Office. As you may know, the American Red Cross has been a recognized provider of HIV/AIDS prevention education since 1985. In fiscal year 1996, more than 1.7 million people were reached with Red Cross HIV/AIDS prevention education programs in communities throughout the United States.

I would enjoy the opportunity to meet with you and discuss our HIV/AIDS education programs and our cooperative agreement with the Centers for Disease Control and Prevention and how we might work with your office to increase HIV prevention education efforts. Because of your deep commitment to international issues, I also would like to briefly share how we are connected with Red Cross societies throughout the world and the Red Cross Movement's dedication to HIV/AIDS prevention and care.

Please have your office contact Nina Warden at 703/206-7764 to confirm one of the attached dates that you may be available.

Thank you and I look forward to meeting with you.

Sincerely,

Susan Morrisey Livingstone
Vice President
Health and Safety Services

June 27, 1997

Susan Livingstone is available the following dates for a meeting:

July 14
Afternoon of July 15
July 23
Afernoon of July 24
July 25

August 20
August 22

As of June 26, 1997 (6:13 pm)

Richard Socarides

Achi Issue - Needles

To: Bruce Reed
Chris Jennings
Sandy Thurman
Nancy Ann Min
Toby Donenfeld

Re: Attached NORA letter on needle exchange and efforts to remove HHS authority to lift needle exchange restrictions

Erskine received the attached by fax this afternoon and sent it over to Maria. We should talk about what action to take. They are requesting an "immediate meeting."

RW

cc: Maria Echaveste

NORA
NATIONAL ORGANIZATIONS RESPONDING To AIDS

HAND DELIVERED

June 26, 1997

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of the NORA (National Organizations Responding to AIDS) Coalition, we are writing to request a meeting with all the principals within the Administration who are working on federal policy regarding needle exchange programs. As you know, NORA is a coalition comprised of over 175 health, labor, religious, professional, and advocacy groups representing a broad consensus on issues concerning HIV/AIDS policy, legislation, and funding.

We are extremely concerned about efforts by some members of the House Appropriations Subcommittee on Labor, Health and Human Services and Education to remove Secretary Shalala's authority to lift the restrictions on using federal funds for needle exchange programs.

We appreciate your remarks at the U.S. Conference of Mayors (USCM) meeting in San Francisco regarding HIV prevention and fully support your call for identifying sound public health strategies that enable local communities to address the twin epidemics of HIV and substance abuse. However, if the authority of the Department of Health and Human Services to determine public health policy is removed, many communities will be denied the opportunity to implement an important, proven, and life-saving HIV prevention intervention.

As you know, the USCM passed a resolution on Tuesday calling for Secretary Shalala to lift the restrictions on federal funding for needle exchange programs. In passing the resolution, the USCM is calling for a partnership with the federal government to implement these life saving programs. We agree with the mayors, as well as the scientific and public health communities that the Secretary should allow localities to use federal funds for needle exchange programs, if they so choose.

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

A meeting with the principals is urgently needed to discuss the Administration's plan for preserving the Secretary's authority, the timing for lifting the restrictions on federal funding, and the strategy for ensuring that science and public health drive the discussion of this issue. In February, when Department officials met with community leaders on the day the Secretary released her report on needle exchange to Senator Specter, the Administration pledged to hold such a meeting. Given this pledge and the threat that now exists to the Secretary's authority, we feel that a meeting is necessary immediately.

Thank you for your commitment to local flexibility in implementing life-saving public health interventions. We appreciate your efforts and look forward to discussing needle exchange policy with Administration principals.

Sincerely,

Christine Lubinski, AIDS Action Council
David Harvey, AIDS Policy Center for Children, Youth and Families
Jane Silver, American Foundation for AIDS Research
Seth Kilbourn, Human Rights Campaign
Jenny Collier, Legal Action Center
Amy Slemmer, Mother's Voices
B.J. Harris, National Alliance of State and Territorial AIDS Directors
Mike Shriver, National Association of People with AIDS
Miguelina Maldonado, National Minority AIDS Council
Charles King, Housing Works

cc: Vice President Albert Gore
Secretary Donna Shalala
Erskine Bowles
Sylvia Mathews
John Podesta
Sandy Thurman
Donald Gips
Toby Donnenfeld
Bruce Reed
Franklin Raines
Nancy Ann Min DeParle
Kevin Thurm
William Corr
Marsha Martin
Eric Goosby

Almanac Publishing, Inc. ~1156 15th Street, N.W. ~Suite 525~ Washington, DC 20005~
202/296-2297 fax 202/223-3504

VIA FACSIMILE: 202-632-1096

DEADLINE: July 7, 1997

June 17, 1997

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

Dear Ms. Thurman:

We are preparing the 1997/98 edition of **The Almanac of the Executive Branch** and plan to profile you in this new edition. In total, 700 political appointees and other important staff members within the White House, Cabinet Departments, independent agencies, and quasi-official federal organizations will be profiled.

Our goal is to provide our readers an accurate look at each individual's professional and academic background, past work experience, current job responsibilities, and priorities of their office. To better acquaint you with the publication, a sample profile from the 1995/96 edition is attached. In an effort to ensure accuracy, we request each individual to submit the following information (in whatever form it is readily available):

- resume/biography
- your Senate confirmation hearing materials (if applicable)
- an original photo (black/white or color --- any size)
- a summary of the main issues you have worked on since your appointment and those which your office expects to be priorities in the coming year
- any recent speeches/articles/press releases discussing your office's positions on current issues before your office

Also, kindly correct and/or make additions to the following information as needed:

Ms. Sandy Thurman
National AIDS Policy Director
Office of National AIDS Policy
750 17th Street, NW - Suite 600
Washington DC 20503
Phone: 202-632-1090
Fax: 202-632-1096
E-Mail:

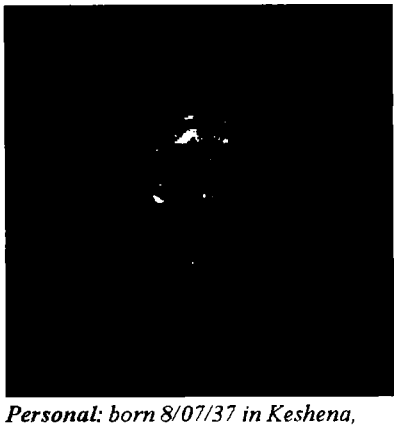
After ten years of publishing government references, we have learned that different people prefer to provide information in different ways. Please provide the information shown above in whatever way is most convenient for you. If you wish to arrange a brief phone interview, please let us know.

If you have any questions or need additional information, feel free to contact me or my assistant, Jennifer Margiotta, at 202/296-2297. Please return your information to us by July 7 at the latest via: Fax (202/223-3504), E-mail (APINC@aol.com), or mail.

Your help is essential in gathering this information and I thank you in advance for your time and assistance.

SAMPLE PROFILE

Ada E. Deer
Assistant Secretary for Indian Affairs
U.S. Department of the Interior
1800 C St., NW - Room 4160
Washington, D.C. 20240
202/208-7163
Fax: 202/208-5320



Personal: *born 8/07/37 in Keshena, Wisconsin.*

Education: *B.A., University of Wisconsin-Madison, 1957. M.A., Columbia University, 1961. Fellow, Harvard Institute of Politics, John F. Kennedy School of Government, 1978.*

Professional: *1958-60, group worker, Protestant Council of N.Y. and N.Y. City Youth Board. 1961-64, program director, Edward F. Waite Neighborhood House, Minneapolis. 1964-67, community service coordinator, Bureau of Indian Affairs, U.S. Dept. of Interior (Minneapolis). 1967-68, coordinator of Indian affairs, training center for community programs, Univ. of Minn. 1968, trainer, Project Peace Pipe, Peace Corps (Arecibo, Puerto Rico). 1968-69, school social worker, Minneapolis Public Schools. 1969-70, director, Upward Bound Program, Univ. of Wisc. at Stevens Point. 1970-71, director, program for recognizing individual determination through education (PRIDE), Univ. of Wisc. atStevens Point. 1972-73, v.p. and lobbyist, Nat'l Cmte. to Save the Menominee People and Forest, Inc. 1974-76, chair, Menominee restoration committee. 1977-present, senior lecturer, School of Social Work and American Indian Studies program, Univ. of Wisc. at Madison. 1979-81, legis. liaison, Native American Rights Fund. 1993-present, asst. sec. for Indian Affairs, U.S. Dept. of the Interior.*

Created as part of the War Department in 1824, the Bureau of Indian Affairs (BIA) attempts to encourage and assist Native Americans in managing their affairs under a trust with the federal government. Assistance comes through federal funding and programming designed to improve education, increase social and community outreach, and expand opportunities for economic development.

As assistant secretary for Indian affairs, Ada Deer oversees BIA, which is now part of the Interior Department. Deer is a woman of "firsts." She was the first of her tribe, the Menominee, to graduate from college amd the first Native American to graduate from Columbia University with a master's in social work. She was elected as the first woman chair of her tribe and is the first woman to serve as assistant secretary for Indian affairs.

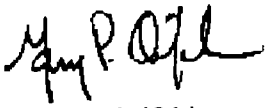
One of the Clinton Administration's goals is a commitment to a policy of tribal self-determination. Deer sees this commitment as central to her work at BIA where her vision is "to create a progressive federal-tribal partnership" based on effective tribal sovereignty. The federal government should support and implement solutions developed at the tribal level designed to address tribally defined problems, she says.

Tribal self-determination also is a priority for Deer at the regulatory level. She supports the department's self-governance demonstration project, which attempts to return more authority to tribal units, and advocates regulations that promote tribal self-determination in the contracting of federal programs.

Deer also addresses the concern of religious freedom for Native Americans. She endorses the process of convening working groups to discuss common approaches to the Native American Free Exercise of Religion Act.

Deer served as vice chair of the 1984 Mondale presidential campaign and was delegate-at-large to the Democratic national convention in the same year. She also has run for Congress and secretary of state in Wisconsin.

Sincerely,



Gary P. Osifchin
Executive Vice President

Johns Hopkins
Medicine
Division of Infectious Diseases
720 Rutland Avenue, Ross Bldg., Room 1159, Baltimore, MD 21205

John G. Bartlett, M.D.
Chief, Division of Infectious Diseases
(410) 614-3631 (secretary)
(410) 955-7889 (FAX)

June 2, 1997

Follow up with trip to Baltimore

Sandy Thurman
Director, Office of National AIDS Policy
808 17th Street, N.W., Suite 820
Washington, DC 20006

Dear Sandy:

Many thanks for the meeting. It was a real pleasure for me to meet you and also hear about your ideas for HIV strategies over the next few years. They are clearly in sync with ours.

We talked about David Vlahov. He has several projects that would be of interest to you: 1) he has collected all the data on the Needle Exchange Program in Baltimore; 2) he has just reviewed the national experience with HIV infection in U.S. prisons; 3) he is the Principal Investigator on the Hopkins component of the longitudinal study of HIV in women (HERS) and 5) he is responsible for the largest longitudinal study of HIV in injection drugs users in the country. With regard to the latter, he has authored over 150 manuscripts dealing with this issue. Most of this is Baltimore stuff, but the experience can clearly be generalized. I spoke to David Vlahov about your shared interests and he will contact you directly. For your information, his address is Hygiene E6008, Baltimore, MD 21205, telephone 410-955-1848 and fax is 410-955-1383.

I will reiterate our invitation to visit. There are many people here who have extensive interest in the programs we discussed that seem to be high on your priority list beyond David Vlahov. The prevention program for HIV, STDs and substance abuse is a very high priority with substantial planning taking place with involvement of both the School of Medicine and School of Hygiene, and, most importantly, the local community. It would be great to have Eric Goosby visit as well. My suggestion is an afternoon meeting and then we could possibly have a small group for a very informal dinner if your time and schedule permits.

It was a real pleasure to meet you.

Sincerely,

John G. Bartlett, M.D.
Chief, Division of Infectious Diseases

JGB:deg

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. form	re: Correspondence routing slip (Personal) (1 page)	06/02/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 6/97 [1]

2018-0764-F
jm2045

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]

May 23, 1997

Sandy Thurman, Director
Office of National AIDS Policy
750 17th Street, N.W., Suite 600
Washington, D.C. 20503

Dear Ms. Thurman,

I am aware of the vacancies in the President's advisory council on the HIV-positive population of federal incarceration facilities, and the policies which govern their care under federal law and regulation.

I respectfully request your consideration of me a member of this advisory council.

It is my understanding that the current criteria for appointment to this important panel does not include present incarceration of an HIV-positive inmate. I strongly disagree with such criteria because of my personal experience, and hope that you will consider appointment of at least one currently incarcerated individual who has experienced first-hand the administration of treatment for such federal prisoners.

If this advisory council is to be at all meaningful and successful, it is paramount that it include one who knows how prescription medication, counseling and in-confinement experiences are affected by the policies and implementation of those policies as determined by the federal government.

Frankly, my personal experience has not been altogether positive under what I admit are difficult circumstances which do not easily reconcile themselves with diverse societal judgment. However, I believe it is important to and consistent with this Administration's policy and claim of compassion that those of us who are suffering from HIV be treated fairly and humanely.

My experience here has lacked some fairness and some compassion. I have tried to understand that those acts which brought me to this facility cause me to bear some significant burden, but I still believe there is a better and more positive way for all of us to address the HIV issues which confront us.

I ask you not so much for myself but for all of those who share my diagnosis of HIV-positive what you set forth a policy within federal facilities which at the very least allows an opportunity for relief of suffering if not an opportunity for development of cures, remission or recovery.

It seems to me that a person like myself, who has experienced both an inconsistency in administration of treatment and an unreliable implementation of spoken policy, would be an asset and a source of important input to the advisory council you are posed to appoint.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	Inmate living with AIDS to Sandra Thurman re: President's advisory council (Personal) [partial] (1 page)	05/23/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 6/97 [1]

2018-0764-F
jm2045

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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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)]

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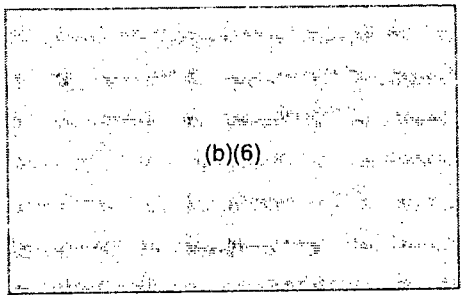
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

I offer myself not for personal gain or personal well-being, but for the long-term treatment of HIV-positive inmates who at minimum deserve humane treatment, access to available and experimental therapies and the ability to teach others about the transmission of the virus and what preventive steps can be taken to avoid exposure.

Again, I am respectfully requesting that you consider me for appointment to your council because of my experience as an inmate who is HIV-positive. I hope that my very positive record during incarceration would speak in my favor. But should you choose not to appoint me, I hope that you will keep in mind the importance of appointing one who has experienced first-hand the administration of policies toward HIV-positive federal inmates, which has been inconsistent and inconsiderate at best.



[003]

Sent
9/17/97
65

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3865

Date Rcvd: 6-23-97

From: David Compas - E-mail to POTUS

Staff Action:

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

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response: 9/15/97

n:\corresli

From nobody@www2.whitehouse.gov Tue May 20 01:56:32 1997
Date: Tue, 20 May 1997 01:52:26 -0400
From: David Compas <dave4map@pe.net>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
Apparently-to: president@WhiteHouse.GOV
To: president@WhiteHouse.GOV
Errors-to: The Postmaster <postmaster@www2.whitehouse.gov>
Reply-to: David Compas <dave4map@pe.net>
Message-id: <199705200552.BAA20348@www2.whitehouse.gov>

Comments: This message scanned by SCAN version 0.1 jms/960226

[Connection Information]

CLIENT: lasierra.pe.net[205.139.56.102]
BROWSER: Mozilla/3.01Gold (Win16; I)
URL: http://www.whitehouse.gov/WH/Mail/html/Mail_President.html

[Sender Information]

PERSONAL-NAME: David Compas
EMAIL-ADDRESS: dave4map@pe.net
ORGANIZATION:
RELATIONSHIP:
STREET-ADDRESS: 8289 Whispering Tree
CITY: Indian Hills
STATE-PROVINCE: CA
ZIP-CODE: 92509
COUNTRY:

[Message Information]

PURPOSE: Register disagreement with a position
TOPIC: Social Issues
AFFILIATION: Private Citizen
SUBJECT: Aids

[Message]

The recent news reports indicate that you have declared a national goal of developing an Aids vaccine within the next 10 years. WHY????

As you and I and everyone knows Aids is a fully preventable problem! Where is the need for a vaccine? All that needs to be done is for people to stop doing the behaviors that cause the susceptibility to get HIV! In this time of budget cutting there is no need for any special programs or goals on this problem. There is already way to much money and time and effort spent on this problem. All we need is responsible

behavior! THATS ALL THATS NEEDED.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. form	re: Correspondence routing slip (Personal) (1 page)	06/23/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 6/97 [1]

2018-0764-F
jm2045

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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

Freedom of Information Act - [5 U.S.C. 552(b)]

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. letter	Individual with chronic disease to President Clinton re: AIDS vaccine (Personal) [partial] (1 page)	06/02/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 6/97 [1]

2018-0764-F
jm2045

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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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)]

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

(b)(6)

June 2, 1997

[005]

The President of the United States,
William J. Clinton
The White House
Washington, DC 20500

Dear Mr. President:

This letter refers to your commencement address at Morgan State University on May 19, 1997. In that speech you pledged $17 million dollars in addition to the $131 million which the federal government spent on AIDS research in 1996. In that speech, you drew a parallel between the United States being committed to discovering an AIDS vaccine by the year 2007 with President Kennedy's historical pledge to have a man on the moon before the end of the 1960's. Kennedy's pledge, subsequently achieved in record time, you further noted, was additional incentive for your Aids pledge. What a lofty comparison - the space frontier and the scientific one! Unfortunately, the scientific frontier you have chosen for this noble comparison represents only a small percentage of your constituents - a very small percentage, indeed. Yes, what about the rest of us? We deserve an end to our misery. We, too, need a vaccine. We, too, need a cure. We, too, need your pledge to help us.

Those of us who are stricken with a chronic disease are, too often, so beaten down by it that, in fact, we remain voiceless. We cannot shout about our abiding sadness and pain. We may not walk - let alone march. We can no longer work and, because of that, have not only lost our self-esteem, but the respect of others. We are often shut away in our homes (if we are lucky) or, more likely, confined to nursing homes to suffer in silence untold physical and emotional abuse. We cannot rally, or march, or protest. Because of this, we are totally ignored. Yet, we ***are*** here. This country is not supposed to award government aid to the ***highest profile*** special interest group, whether deserving or not, just because it has successfully gotten the most media attention. This is eminently unfair and is ***definitely not*** "the American way." The fairest way to allocate research dollars is first, to ascertain the numbers of Americans stricken by a particular illness and then to proceed accordingly - very straightforward and simple. New statistics, however, are necessary because the current, accepted ones are wrong. For instance, the statistics on multiple sclerosis, my disease, are totally erroneous because it is ***deliberately under reported***, i.e., MS is a young adult's disease. Victims become more and more disabled the longer they have it. However, its early stages are likely to go undetected, even by a physician, although the victim is aware of problems. When the MS atrocity happens, the victim is in the process of building a career and going from job to job (the only place where health insurance is ***linked).*** Admitting to a ***"pre-diagnosed condition"*** at such a crucial time means no coverage or no job. This phenomenon translates, literally, into ***millions of "closet" multiple sclerosis victims*** for which there is no accounting. Yet, they are out there and deserve our government's help as much as any other group - high profile or not.

I would like to ask that your statistics for MS be updated to reflect the ***millions*** of sufferers who have, because of the the circumstances I have described above, found it necessary to ***deliberately conceal*** this fact. Only then, armed with new, ***accurate*** data, can research dollars be ***justifiably*** appropriated, i.e., apportioned according to meaningful ***percentages*** and ***not,*** as is now being done, to the ***"squeakiest wheel."***

I await your reply at your earliest convenience.

(b)(6)

FILE COPY

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3852

Date Rcvd: 06-18-97

From: Hamid Shirvani
Queens College

Staff Action:

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

Assigned To: Dawn

RCVD: _____ **DONE:** 6/19/97

Recommendations/Instructions:

To Support Staff: _____

Date of Response: 6/19/97

n:\corresli

THE WHITE HOUSE

WASHINGTON

June 19, 1997

Hamid Shirvani, Ph.D.
Vice President for Graduate Studies and Research
Queens College of
The City University of New York
65-30 Kissena Boulevard
Flushing, New York 11367-1597

Dear Dr. Shirvani:

Thank you for taking the time to discuss the new Center for Molecular and Cellular Biology at Queens College of The City University of New York.

The President is committed to fighting AIDS and his proposed budget for fiscal 1998 continues our vital investments in AIDS research, prevention, treatment, and housing. Given the President's AIDS Vaccine Initiative, I know that the Center for Molecular and Cellular Biology will benefit research on biological investigations of the HIV virus. It is sure to be one of the leading research centers in the world dedicated to finding a cure for HIV/AIDS, as well as improving the delivery to patients of more promising therapeutics for HIV infection and other chronic infectious diseases.

Today we have real reason for hope and optimism. New drugs are showing promising results in halting the progress of HIV. That hope and optimism have come about by dedicated researchers at institutions much like your new Center at Queens College. I know that the new Center at Queens College is sure to play a key role in the effort's to combat this devastating disease.

We are very pleased that Queens College has taken the initiative to work closely with the Administration in the timely and efficient development of the research Center. Given the leadership by the State, County and overall New York community in the fight against AIDS, I am confident that, together, we can make a substantial difference in the lives of those people living with HIV/AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

QUEENS COLLEGE
THE CITY UNIVERSITY OF NEW YORK
FLUSHING, NEW YORK 11367

HAMID SHIRVANI
VICE PRESIDENT FOR
GRADUATE STUDIES AND
RESEARCH

718 997-5503
718 997-5493 FAX
ham@qc.edu

June 13, 1997

Honorable Sandra L. Thurman
Director
Office of National AIDS Policy
808 17th Street NW, 8th Floor
Washington, DC 20006

Dear ~~Honorable Thurman~~ Sandy:

Thank you for your kind hospitality during our meeting on Wednesday, June 11. I was inspired by our conversation regarding a potential collaboration between your office and the Center for Molecular and Cellular Biology at Queens College, The City University of New York (CUNY).

As per our discussion, enclosed is a draft letter and correspondence addresses for Governor George Pataki, CUNY Chancellor W. Ann Reynolds and CUNY Board of Trustees Chairwoman Anne Paolucci indicating your support of this project. Endorsement of the Center by each of these individuals is a key component in the successful construction of our new Center building. Therefore, a letter to each person indicating your valuable support would be greatly appreciated.

I reiterate that I am very excited to work with you towards our mutual goal in fighting HIV/AIDS infection and the devastating effects of this disease. I will send you the draft letter of invitation to the First Lady on Monday.

Once again, many thanks for your support with this initiative and your kind effort on our behalf.

Best regards,

HS/sb

Enclosure

DRAFT

June 13, 1997

The Honorable George E. Pataki
Governor of the State of New York
The Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Pataki:

On behalf of the White House Office of National AIDS Policy, I write today to express my support of the new Center for Molecular and Cellular Biology at Queens College of The City University of New York.

Scheduled to open its doors in late fall 1999, the Center for Molecular and Cellular Biology will focus on biological investigations of the HIV virus. It will be one of the leading research centers in the world dedicated to finding a cure for HIV/AIDS, as well as improving the delivery to patients of more promising therapeutics for HIV infection and other chronic infectious diseases.

As you are undoubtedly aware, the treatment, cure, and development of a vaccine for HIV/AIDS infection is a top priority for the Clinton Administration. Toward this end, President Clinton increased the National Institute of Health (NIH) budget for AIDS research by $17 million, and it is estimated that NIH will spend approximately $470 million in the area of therapeutic research in fiscal year 1997.

The Center at Queens College will play a key role in the White House's effort to combat this devastating disease. Therefore, we are offering our full support of this project. In addition, we will work very closely with Queens College in the timely and efficient development of the Center.

In encourage you to support this initiative, as well. Particularly, your endorsement holds significant value given the influence and current efforts of the New York community in the fight against HIV/AIDS infection. I am confident that, together, we can make a substantial difference in the lives of those citizens who are living with HIV/AIDS.

Sincerely,

Sandra L. Thurman
Director

c: Hamid Shirvani
Vice President, Queens College

Please forward Governor Pataki's letter to the following two individuals as well:

Dr. Anne A. Paolucci
Chairwoman of the Board of Trustees
The City University of New York
535 East 80th Street
New York, NY 10021

Dr. W. Ann Reynolds
Chancellor
The City University of New York
535 East 80th Street
New York, NY 10021

Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G3839

Date Rcvd: 6-12-97

From: Joseph F. O'Neill
HRSA

Staff Action:

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

Assigned To: Sarah

RCVD: _____ **DONE:** ✓

Recommendations/Instructions: Send DCN

Whether or not SLT is able to go. (You have the Denver Summit)
Daniel would like to attend.

To Support Staff: _____

Date of Response: June 18, 1997

n:\corresli

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

JUN 6 1997

Ms. Sandra Thurman
Director
Office of National AIDS Policy
8th Floor
808 17th Street, N.W.
Washington, D.C. 20006

Dear Ms. Thurman:

I am inviting you or your designee to attend the Health Resources and Services Administration (HRSA)/Indian Health Service Technical Assistance (TA) partnership meeting on Friday, June 20, from 8:30 a.m. to 5:00 p.m. The meeting will be held at the Double Tree Hotel, 1750 Rockville Pike, Rockville, Maryland (telephone: 301 468-1100).

The intent of this meeting is to increase access to HIV-related services for Native Americans by improving the access to Ryan White funding opportunities for Native American-focused organizations engaged in the provision of medical and support services to people affected by HIV/AIDS.

If you have any questions about the meeting, please call Robert Soliz, HRSA AIDS Program Office, at 301 443-4588.

I look forward to seeing you on June 20.

Sincerely,

Joseph F. O'Neill, M.D., M.P.H.
Director, HRSA AIDS Program Office
Acting Associate Administrator
Bureau of Health Resources Development

FILE COPY

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3809

Date Rcvd: 06-02-97

From: Patricia Todd — 205-322-4197 ex. 111

Birmingham AIDS Outreach, BAO

Staff Action:

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

Assigned To: _____

RCVD: _____ **DONE:** _____

Let ST know I am declining

Recommendations/Instructions:

Hold — Decline

Transfer to Daniel

To Support Staff: _____

Date of Response: _____

n:\corresli

BAO

BIRMINGHAM

AIDS

OUTREACH

May 29, 1997

Ms. Sandy Thurman
Director
National AIDS Policy
808 17th Street NW
Suite 820
Washington, DC 20006

Dear Sandy:

I am writing to ask you to attend the Alabama AIDS WALK on Sunday, October 19th. We would like for you to be our special quest and help us educate our community about the impact of HIV in the Birmingham area.

This will be the seventh year we have held an AIDS WALK that has raised over $400,000 for BAO and other local AIDS service organizations. This year we will be holding a special event the night before the WALK to build support. We would also like for you to keynote that event on Saturday, October 18th.

I know that this will be a very busy time for you as you adjust to your new responsibilities. I was so please to hear that you were appointed to this position. I meet you several times at AIDS conferences while you were Director of AIDATLANTA. I feel good knowing that a southerner is looking out for us!

We hope that you will be able to join us this year for the Alabama AIDS WALK. Please let me know if you need additional information. I look forward to hearing from you.

Sincerely,

Patricia Todd
Executive Director

POST OFFICE BOX 550070 BIRMINGHAM, ALABAMA 35255 205-322-4197

Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G 3872

Date Rcvd: 6-26-97

From: Jaime Boone

Staff Action:

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

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions: ~~400~~ 850-906-0737

Please call her w/ phone #:
1-800-342 AIDS
He can order them through this

June 17, 1997

Ms. Sandy Thurman
The White House
Office of National AIDS Policy
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Thurman,

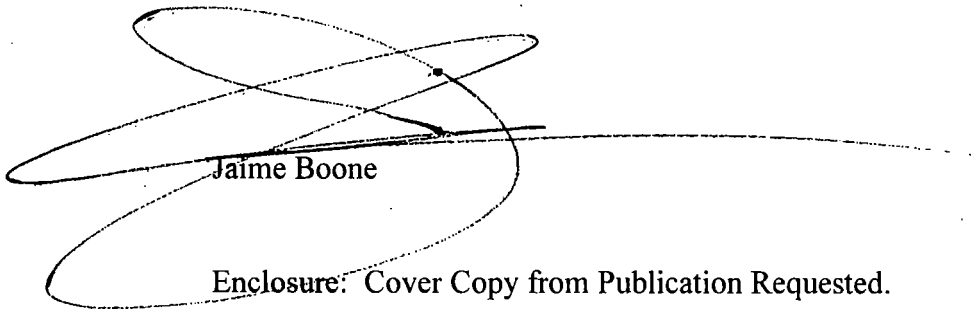
I am a volunteer at a local AIDS Service Organization in the North Florida Panhandle. I recently saw a free publication produced by the White House: THE NATIONAL AIDS STRATEGY and it"s appendices

I would appreciate if you could send me 12 publications each for my group. I would be happy to pay for any shipping charges involved. Thank you in advance for your cooperation.

My name and address:

Jaime Boone
6536 Alan A Dale Trail
Tallahassee, FL 32308

Fondly,



Jaime Boone

Enclosure: Cover Copy from Publication Requested.

The White House

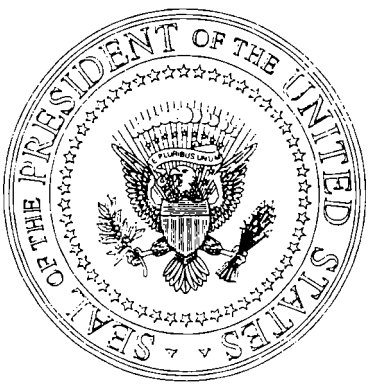
1600 Pennsylvania Ave
Washington, DC 20500

Attn: Ms. Sandy Thurman
Office of National AIDS Policy

THE NATIONAL AIDS STRATEGY

& Appendences

1997



Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G-3814

Date Rcvd: 06-03-97

From: Sophia W. Chang, MD, MPH
Kaiser Family

Staff Action:

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

Assigned To: Michael

RCVD: _____ **DONE:** 7/7

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff: _____

Date of Response: 7/7 - 6/16

n:\corresli

THE WHITE HOUSE

WASHINGTON

June 16, 1997

Sophia Chang, MD, MPH
Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025

Dear Sophia,

Just a quick note to tell you how nice it was to see you again. As fellow participants in the first CAEAR meeting too many years ago, we have a special connection!

I appreciated your willingness to be of assistance in issues relating to those historically underserved in our nation. Your expertise will be very helpful to us as we try to sort out the extraordinarily complex interchange between health care and HIV into the next century.

The Kaiser Foundation has a long and distinguished history, which will undoubtedly be enhanced by your work. I look forward to working with you all over the coming months!

Very truly yours,

Sandy

THE HENRY J. KAISER FAMILY FOUNDATION

May 21, 1997

Ms. Sandy Thurman
Special Advisor to the President
White House Office of National
AIDS Policy
808 17th Street, NW 8th Floor
Washington, DC 20074

Dear Sandy:

It was a pleasure to meet you and Daniel Montoya. Thank you for taking the time to meet with me so early in your tenure. HIV policy issues have changed since those first months of Ryan White CARE implementation, but perhaps not as profoundly as we'd hoped.

I look forward to continuing our communication and hope to develop future public and private partnerships to address HIV issues, particularly for populations which have been historically underserved.

Please feel free to contact me if I can be of any assistance, especially in providing you with background policy information, as new models of HIV care and financing continue to emerge.

Sincerely,

Sophia W. Chang, MD, MPH

SWC/mb

2400 Sand Hill Road Menlo Park, California 94025 415 854-9400 Fax 415 854-4800
Washington, DC Office: 1450 G Street, NW, Suite 250 Washington, DC 20005 202 347-5270 Fax 202 347-5274

Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G3818

Date Rcvd: 06-05-97

From: Martin Delaney
Project Inform

Staff Action:

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

Assigned To: Michael

RCVD: _____ **DONE:** 7/7

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff: _____

Date of Response: 7/7

n:\corresli

THE WHITE HOUSE

WASHINGTON

June 16, 1997

Martin Delaney
Founding Director
Project Inform
1965 Market Street, Suite 220
San Francisco, CA 94103

Dear Marty,

Thank you very much for taking the time to prepare the briefing information on the Glaxo 1592 issues. Your candor is appreciated.

I also wanted to thank you for your perspective on the role of the ONAP Director. You are well aware of the difficult balancing act that one must play to maintain credibility with the community and influence within government. I will commit to you to working on behalf of people living with HIV disease and AIDS to the upmost of my ability, and making the most of my support from the President and the community to that end.

Project Inform will be an active partner with this office. I am counting on your long history of groundbreaking work on behalf of those we both serve as a source of guidance and wisdom.

Very truly yours,

Sandy

P.S. Come visit us when you next find yourself in D.C. —

PROJECT inform

We were unable to successfully fax this to you on 6/4.

Sandy Thurman
Director, National Office of AIDS Policy

June 4, 1997

Dear Sandy,

Thank you for taking part in the conference call yesterday on the Glaxo drug. Your involvement is good for everyone. Since I didn't have much time to participate on the call, I wanted to pass on my own synopsis of the issues and what can be done about them. It may differ slightly from other things you may have heard on the call.

What are the real issues?

People can speculate endlessly about Glaxo's motives or how this relates to their patents, why they took so long in developing the drug in the first place, or why so little progress was made since last year. This gets us nowhere. The reality we must face is the situation as it exists today. At this moment, the company has a profound interest in resolving the current dispute and making the drug available as quickly as possible. They don't need to be convinced that it's needed or the right thing to do. If they could throw a switch to make tons of it appear tomorrow morning, they would. Motivation is not the issue.

Nothing can change the current timetable for producing enough drug to feed a large expanded access program (5 -10,000 people or more). A program of this size requires consistent production with an output measured in metric tons. This requires a huge commitment of resources, planning, materials acquisition, facilities, personnel, etc. All of that has already taken place and the soonest it will produce more drug than is needed for the clinical trials is, at best, near the end of the year. That's if everything goes right. Further problems are possible that could delay that date for a few more months. They're not holding drug back, although they are guilty of planning it this way.

There is little reason to dispute their claim that they encountered a major problem during scale-up last fall. A community effort to knock-off the drug hit the same snag in the chemistry. After Vancouver, Glaxo was determined to get the drug out the door as fast as they could because it was in their own best interests to do so. The production problem blew all their plans to hell. I believe they made some major mistakes when the problem occurred however, and this contributed to the problems faced today. They rigidly stuck to a plan to shift all production over to the large scale processes, and put everything on hold until the related problems were solved. It would have been smarter to continue running the small and medium scale production processes they had already mastered. The reluctance to do this was both a financial decision and one of general management practice. In a normal drug development process, it would have been the right choice. In this situation, it was the wrong choice. Nonetheless, it created the reality we're stuck with today.

A second factor which legitimately concerns them is the limited human safety data. They have good safety data on only about 150 people, most of whom were in early stages of HIV disease and quite healthy. Despite community perceptions, neither Glaxo nor anyone else is

1965 MARKET ST., SUITE 220 SAN FRANCISCO, CA 94103 **415•558•8669** FAX 415•558•0684

NATIONAL HOTLINE 800•822•7422 INTERNET http://www.projinf.org

in a position to say how safe this drug is, especially in advanced patients. As an example, remember the ddI experience. The drug was shown to be very safe in the first 200 or so early stage patients in phase 1 trials, with no life-threatening side effects. When the drug was released for expanded access to some 10,000 people, most in advanced disease, it quickly caused life-threatening pancreatitis in nearly 10% of users. Many died of pancreatitis before the problem was recognized and measures were taken to watch for it. There is no way to rule out something like this happening with 1592. I agree that there is no side effect worse than death from AIDS, but our doctors don't "cause" the deaths from AIDS. They, and the manufacturers, quickly get blamed (or sued) when a drug causes unnatural death. Although some view 1592 as "just another nucleoside analogue," the reason there is so much interest in it is because it is the most potent drug by far of this type ever used in AIDS. The premature deaths which surfaced with ddI haunted the drug's reputation for years even though they were perhaps somewhat more excusable because there was absolutely nothing else available to people at the time. Today, there are 14 major drugs available for the treatment of HIV plus several more in clinical trials.

On a related point, we in the community are probably overestimating the potential benefits of the drug. Every new drug looks incredibly potent and non-toxic until large numbers of people start using it. One of the things we've learned, but seem to be overlooking, is that rushing this drug to huge numbers of people who can't use it properly won't do much good for anyone. We know from the science that it shouldn't simply be dumped on top of another failing treatment regimen. People who can't initiate its use along with at least one other new, previously unused drug would be better off waiting if they possibly can. Even in seriously ill people, it is often more important to use a new drug wisely than it is to use it NOW. We should have learned that lesson with 3TC, which was ultimately misused and wasted by thousands of people.

All things considered, Glaxo is nervous about making a sudden, giant leap in the number using the drug, especially since those involved will be the sickest of the sick. It is not unreasonable to seek a graduated increase in the numbers, rather than jumping up to 10,000 advanced stage patients.

So what can (or should) be done?

After speaking extensively with Glaxo about this today, I believe it may be possible to re-start the small/ medium scale production processes used earlier. These could run in parallel with the new large scale-up process for the next 6 months. This will be very difficult and expensive to do, since it is far outside Glaxo's current planning process. They will have to divert resources and spend far more for every milligram produced. It will be complicated from a regulatory viewpoint as well, since the FDA will have to validate the product, literally, a batch at a time. But it can be done and Glaxo knows it. We recognize that this won't produce instant supplies, but if they start now, they can certainly produce some additional drug earlier than the end of the year (because they will try to dispute this, they must be pinned down precisely on this point).

Ron Baker and I have intensely encouraged Glaxo to assess the feasibility and costs of doing this. We expect a report back in a few days. Ideally, they could announce that they have started this effort and that some undetermined additional amount of drug will become available as quickly as is humanly possible. Then, in July, they can begin getting a legitimate assessment of the level of need that meets the criteria for compassionate access already laid out (this is not, however, a solution capable of meeting the needs of the expanded access program expected in 1998). Community people believe the numbers are vastly larger than Glaxo thinks. I really don't know. Nobody really knows. As activists, we sometimes fail to make distinctions between people who desperately need the drug and people whom we think would benefit from it. Both sides need to get some real world numbers, and that will only happen when people start to register for the program. Until then, everyone is literally making the numbers as we go along.

If Glaxo were to at least signal that it will move beyond the rigid limitations they've been holding, I think it will make a big difference and may make it possible for community people to accept what's possible rather than what we choose to "demand." Until now, they've given us nothing but a brick wall of "no's." If the real world registration is only moderately larger than they had planned, a stream of additional small/medium scale production batches should help bridge the gap until year's end when the big process takes over.

This is where I think you can personally make a huge difference. However logical we may be with these arguments, it's going to take serious pressure to get Glaxo management to agree to a solution of the type I've outlined. They don't want to do it, it will cost too much, and to some degree, it's a diversion from their primary mission of running the studies needed to get the drug approved. They will raise every argument in the book against it (though I don't think they will deny that it is possible). But Glaxo management made some of the decisions that led to the mess people find themselves in and thus have a responsibility to help get people through these next painful 6 months. After that, the problem takes care of itself through the profit motive. The additional pressure of your high level presence on this issue may be just the heavy feather needed to sway the argument. You need to assert the unacceptability of anything less.

Personally, I don't think we should try to box Glaxo in by demanding any specific number of slots for the program – in fact it was a mistake for them to put numbers on this in the first place. Certainly, nothing can conceivably supply drug for 10,000 people before years end. But adding a few thousand, as determined by the real world numbers we'll get when the registration starts, is feasible, even if painful for them.

I urge you to stay involved, to lean on Glaxo management, and when necessary, to also lean back on the community in support of a "reasonable" solution even if it is one that doesn't make every single person completely happy.

I hope you find this discussion useful.

Sincerely,

Martin Delaney

Founding Director, Project Inform

1965 MARKET STREET, SUITE 220 SAN FRANCISCO, CA 94103 **415-558-8669** FAX 415-558-0684

NATIONAL HOTLINE 800-822-7422 INTERNET http://www.projinf.org

INFORMATION, INSPIRATION, AND ADVOCACY FOR PEOPLE LIVING WITH HIV/AIDS

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G 3866

Date Rcvd: 6/23/97

From: Denise Conn - E-mail to TOTUS

Staff Action:

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

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

n:\corresli

From nobody@Whitehouse.GOV Mon May 19 11:17:13 1997
Date: Mon, 19 May 1997 11:13:43 -0400
From: Denise Conni <Kingbio@aol.com>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
Apparently-to: president@Whitehouse.GOV
To: president@Whitehouse.GOV
Errors-to: The Postmaster <postmaster@Whitehouse.GOV>
Reply-to: Denise Conni <Kingbio@aol.com>
Message-id: <199705191513.LAA26196@www2.whitehouse.gov>

Comments: This message scanned by SCAN version 0.1 jms/960226

[Connection Information]

CLIENT: ww-th24.proxy.aol.com[152.163.213.20]
BROWSER: Mozilla/2.0 (Compatible; AOL-IWENG 3.0; Win16)
URL: http://www.whitehouse.gov/WH/Mail/html/Mail_President.html

[Sender Information]

PERSONAL-NAME: Denise Conni
EMAIL-ADDRESS: Kingbio@aol.com
ORGANIZATION: Bio-Tech Imaging, Inc.
RELATIONSHIP: Summer Intern
STREET-ADDRESS: 5320 Spectrum Dr. Suite E.
CITY: Frederick
STATE-PROVINCE: Maryland
ZIP-CODE: 21703
COUNTRY: United States of America

[Message Information]

PURPOSE: Seek assistance from the White House
TOPIC: Science or Technology
AFFILIATION: Other
SUBJECT: AIDS Policy

[Message]

Dear Mr. President,

My name is Denise Conni and I am currently interning for Bio-Tech Imaging, an AIDS research company.
My task is to find information on grant programs, research projects, and any information that might be useful. I read an article about your Advisory panel and would also like any information that might be available, on this too.

Sincerely,

THE WHITE HOUSE

WASHINGTON

September 15, 1997

Denise Conni
Bio-Tech Imaging, Inc.
5320 Spectrum Drive, Suite E
Frederick, MD 21703

Dear Ms. Conni:

Thank you for your E-mail to the President regarding HIV/AIDS research. As Director of the Office of National AIDS Policy I have been asked to respond.

Within the National Institutes of Health (NIH), the Office of Grants Inquiries in the Division of Research Grants serves as the source of information on grant programs and application procedures. The publication, NIH Extramural Programs: Funding for Research and Research Training, describes the grants, cooperative agreements, and contracts available to scientists working outside the NIH. A copy of this publication (NIH Publication Number 88-33) may be ordered from:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Bethesda, MD 20892

Your letter also requested information regarding the Presidential Advisory Council on HIV/AIDS. I have included an overview of the Council. Should you desire addisional information regarding the Council, please feel free to contact Mr. Daniel Montoya at 202/632-1090.

Again, thank you for your E-mail. I know that the President appreciates the trust and confidence you have shown in him by writing.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

enclosures

For Immediate Release June 14, 1995

EXECUTIVE ORDER

- - - - - - -

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

By the authority vested in me as President by the Constitution and the laws of the United States of America, I hereby direct the Secretary of Health and Human Services to exercise her discretion as follows:

Section 1. Establishment. (a) The Secretary of Health and Human Services (the "Secretary") shall establish an HIV/AIDS Advisory Council (the "Advisory Council" or the "Council"), to be known as the Presidential Advisory Council on HIV/AIDS. The Advisory Council shall be composed of not more than 30 members to be appointed or designated by the Secretary. The Advisory Council shall comply with the Federal Advisory Committee Act, as amended (5 U.S.C. App.).

(b) The Secretary shall designate a Chairperson from among the members of the Advisory Council.

Sec. 2. Functions. The Advisory Council shall provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS. The functions of the Advisory Council shall be solely advisory in nature. The Secretary shall provide the President with copies of all written reports provided to the Secretary by the Advisory Council.

Sec. 3. Administration. (a) The heads of executive departments and agencies shall, to the extent permitted by law, provide the Advisory Council with such information as it may require for purposes of carrying out its functions.

(b) Any members of the Advisory Council that receive compensation shall be compensated in accordance with Federal law. Committee members may be allowed travel expenses, including per diem in lieu of subsistence, to the extent permitted by law for persons serving intermittently in the Government service (5 U.S.C. section 5701-5707).

(c) To the extent permitted by law, and subject to the availability of appropriations, the Department of Health and Human Services shall provide the Advisory Council with such funds and support as may be necessary for the performance of its functions.

more

Sec. 4. General Provisions. (a) Notwithstanding the provisions of any other Executive order, any functions of the President under the Federal Advisory Committee Act that are applicable to the Advisory Council, except that of reporting annually to the Congress, shall be performed by the Department of Health and Human Services, in accordance with the guidelines and procedures established by the Administrator of General Services.

(b) This order is intended only to improve the internal management of the executive branch, and it is not intended to create any right, benefit, or trust responsibility, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, it officers, or any person.

WILLIAM J. CLINTON

THE WHITE HOUSE,
June 14, 1995.

# # #

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

PURPOSE

The Secretary of Health and Human Services is charged in Titles XXII - XXVI of the Public Health Service Act with responsibilities for conducting a variety of activities in connection with the prevention and cure of HIV and AIDS and for ensuring that those infected with HIV or AIDS are provided with quality care.

AUTHORITY

Executive Order 12963, dated June 14, 1995, as amended by Executive Order 13009, dated June 14, 1996. The Council is governed by provisions of Public Law 92-463, as amended, 5 U.S.C. Appendix 2, which sets forth standards for the formation and use of advisory committees.

FUNCTION

The Presidential Advisory Council on HIV/AIDS shall provide advice, information and recommendations to the Secretary regarding programs and policies intended to promote effective prevention of HIV disease, advance research on HIV disease and AIDS. The functions of the Council shall be solely advisory in nature. The Secretary shall provide the President with copies of all written reports provided to the Secretary by the Advisory Council.

STRUCTURE

The Council shall consist of not more than 35 members, including the Chair, appointed by the Secretary. Members shall be selected by the Secretary from among authorities and others with particular expertise in, or knowledge of, matters concerning HIV and AIDS.

Member shall be invited to serve for overlapping four-year terms; terms of more than two years are contingent upon the renewal of the Council by appropriate action prior to its termination. Members shall serve after the expiration of their term until their successors have taken office.

Temporary subcommittees consisting of two or more members of the Council may be established as needed to address specific issues. Subcommittees shall make preliminary recommendations for consideration of the full council. The Department Committee Management Officer will be notified upon establishment of each subcommittee, and will be provided information on its name, membership, function, and estimated frequency of meetings.

Management and support services shall be provided by the Secretary through an appropriate office.

MEETINGS

Meetings shall be held at the call of the Chair, with the advance approval of a full time Government official, who shall also approve the agenda. A Government official shall be present at all meetings.

Meetings shall be open to the public except as determined otherwise by the Secretary; notice of all meetings shall be given to the public. Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and Departmental regulations.

COMPENSATION

Members of the Council shall serve without compensation but may, to the extent permitted by law, be paid per diem and travel expenses as authorized by Section 5703, Title 5 U.S. Code, as amended.

ANNUAL COST ESTIMATE

Estimated annual cost for council, including per diem and travel expenses for members but excluding staff support is $280,000. Estimate of annual person-years of staff support required is one (1), at an estimated annual cost of $70,000.

REPORTS

In the event a portion of a meeting is closed to the public a report shall be prepared which shall contain, as a minimum, a list of members and their business addresses, the council's functions, dates and places of meetings, and a summary of council activities and recommendations made during the fiscal year. a copy of the report shall be provided to the Department Committee Management Officer.

TERMINATION DATE

Unless renewed by appropriate action prior to its expiration, the Presidential Advisory Council on HIV/AIDS will terminate on July 27, 1999.

APPROVED:

July 24, 1997
Date

Secretary

Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G 3833

Date Rcvd: 6-10-97

From: Robert Cooper

Staff Action:

Reviewed By Sandy: ✓ Reviewed By: _____

Assigned To: Daniel

RCVD: _____ DONE: 6/13

Recommendations/Instructions:

Thank you for writing letter

See G 3687

No letter - already sent one

To Support Staff: _____

Date of Response: N R

n:\corresli

Sample letter mailed to school Parent Associations in the Ontario - Pomona area of California.

1350 North Third Ave.
Upland, CA 91786
(909) 982-6446
June 1997

To someone who cares about children and teenagers,

Traditional government approaches are particularly bad at solving problems rooted in human behavior, such as drug abuse, teen pregnancy, and violence.

World War I accelerated national prohibition. There was fear of the loss of manpower because of intemperance and the loss of food used in the manufacture of alcohol, but needed to supply our army and our allies. Bootleggers, much like today's ant-traffickers, soon overcrowded our prisons. Crime bosses grew wealthy and powerful by operating chains of "speak-easys" and did not hesitate killing anyone who stood in their way.[1]

As soon as Prohibition ended, Joseph Kennedy made a fortune from the liquor trade and became a powerful "role model" for his sons, grandsons, and the alcoholic lifestyle.[2]

During World War II, our government cooperated with the alcohol industry and shipped heavy glass bottles of beer, along with food and emergency supplies needed by the GIs. Our young military men were programmed to reward themselves and to answer stress with alcohol. If a non-drinking wife of an officer did not wish to hold back his promotions, she learned to drink cocktails with the wives of higher ranking officers. Receiving the GI Bill, many returned to our colleges and universities and encouraged the coeds to follow their binge-drinking behavior. Many became the parents, teachers, coaches, and school administrators for the "baby boomers." The "baby boomers" tended to follow that GI drinking behavior, but many of them generalized to other drugs also.

Experts in treating cocaine and crack users estimate that 95% have histories of alcohol consumption prior to taking illegal drugs.[3]

With only 5% of the world's population, we are now consuming about 50% of the world's illegal drugs. Teenagers are the least likely group to use illegal drugs. The group from 35 to 44 has the highest rate of drug-related deaths, 5 times that of the 18 to 19 year olds.[4]

The United States, in marketing and distributing alcohol products and cigarettes, is viewed as the largest force in increasing drinking and smoking problems everywhere, while Mexico now has the world's single most powerful illegal drug-trafficking group. Cartels spend $500 million a year in bribes. They buy any official they can — and kill those they can't. Mexican drug-traffickers are turning increasingly to U.S. officials who might be bribed. Unless Americans curb their appetite for drugs, all of our solutions will be nothing more than expensive Band-Aids. Mexican President Ernesto Zedillo has declared that drug trafficking is his country's No, 1 security threat.[5]

President Clinton has stated, "We in the United States know we have to reduce our demand...The fate of Mexico and the United States are inevitably intertwined."[6]

Having gained political strength by confronting the tobacco industry, President Clinton targeted liquor-distillers' television adds. "Liquor has no business with our kids." He found it hard to explain why he stopped short of a regulatory ban, and he did not touch the television advertising of beer and wine.

Distillers cried "hypocrisy" and maintained there was no difference between hard liquor's harm and the dangers from drinking beer. They pointed out that $2.5 billion worth of beer commercials have saturated the airwaves since Clinton took office.

Karolyn Nunnally, Pres. of M.A.D.D., stated, "Alcohol is basically alcohol. When beer is the No.1 alcoholic beverage of choice among our youth, it just doesn't make sense that these beer ads would not be targeted too."

Former Senator George McGovern, who recently lost his daughter to alcoholism and is a spokesman for the National Council of Alcoholism and Drug Dependence, agreed that beer and wine ads posed a greater threat to young people. He stated, however, that he understood the reality Clinton faced in taking on the broadcasters, the advertising, and the liquor industries.

The Federal Communications Commission sought official inquiry but remained deadlocked. Liquor advertising is a "legal and factual no-mans land — one that only Congress can effectively cross. Congress, not the FCC, is the duly elected representative of the people."[7]

Washington remains silent on alcohol advertising. In the 1996 elections the Democrats raised $128 million in soft monney for campaign financing, while the Republicans raised $140 million. The hospitality industry, including the liquor distillers, were quite generous with soft money for both major parties.

It is the rare politician who will place long-term national interest ahead of short-term interests in regard to campaign financing.[8]

Nancy Reagan's Just Say No members pledged to just say no to alcohol and other drugs and encourage others to do the same. Meanwhile, Nancy made sure the White House was well stocked with California's finest wines so that she could welcome family, friends, and political leaders with a cocktail hour.

President Reagan initiated a summit discussion about combatting international drug trafficking. As children of the world watched on television, the leaders of the free world toasted one another with champagne.[9]

President Bush visited our local schools to observe how well CASA (Citizens Against Substance Abuse) was helping to protect our students. After school the community leaders honored President Bush with a cocktail party.

Although Winston Churchill, Franklin Roosevelt, and Joseph Stalin were heavy drinkers, British Field Marshal Montgomery toasted them with a glass of milk, and set an exammple for all British military forces and countrymen.

Gujarat, a state on India's western coast, has persisted with prohibition for decades. Gujaratis are proud to follow the teetotalling example set by their native son, Mohandas Gandhi, who led their nation to independence from the British in 1947.[10]

The Gorbachevs served fruit juice when they invited the Reagans for dinner because Gorbachev was trying to cut down vodka consumption in the Soviet Union.[11]

Former Surgeon General Koop gained strong federal support when he confronted the cigarette industry, but when he began to focus on alcohol problems he was ostracized by the Washington power structure and resigned.[12]

Kristine Gebbie, Clinton's 1st AIDS Czar, concluded that the Federal Government must address the impact of alcohol use in the transmission of HIV. She resigned in July, 1994.

Patsy Fleming, Clinton's 2nd AIDS Czar, also knew that the use of alcohol was a critical issue that we must address if we are going to stop the the spread of AIDS. Patsy did not return for Clinton's second term.

Sandy Thurman was selected to be Clinton's 3rd AIDS Czar. Clinton stated that Sandy "speaks the truth unvarnished...She tells it like it is...She won't hold back in this office.[13] (Don't hold your breath!)

President Clinton has set the target of developing an AIDS vaccine within the next ten years, but meanwhile HIV continues mutating and becoming more resistant to therapies.[14]

Alcohol use in adolescents is a strong predictor of both sexual activity and

unprotected sex. RU-486 may greatly reduce the number of unwed mothers and alter the abortion debates, but it will do nothing to reduce the 12 million new STD cases each year or halt the spread of AIDS.

In 1987, about 14% of the adolescents diagnosed with AIDS were female. By June, 1996, females accounted for 46% of the adolescent AIDS cases. Eighth grade girls now consume as much alcohol and other drugs as the 8th grade boys. More than 1/3 of the 9th grade girls have seriously considered suicide within the past year. Turning to alcohol and other drugs does not help you through difficult or uncomfortable times. It will just make things worse.[15]

Fourteen and fifteen year old girls should be the cheerleaders of our nation and carefully protected from sexual abuse and AIDS.

While AIDS deaths are declining among men, more women are dying. Their infections are often missed as their disease follows a course different from men. The "AIDS cocktail" leaves the immune system in women "not quite normal." We may be seeing an ever-increasing epidemic of AIDS-related cancers.[16]

As many AIDS patients live longer, they will need more help, not less. In June 1996, there were 223,000 with the disease, a 65% increase over 1993. Their "AIDS cocktails" alone will cost an estimated $14,000 to $20,000 per patient every year, and it is still difficult to walk into a doctor's office and be treated for AIDS.[17]

When U.S. AIDS patients die, their leftover pills (AZT) are often taken to Mexico and given to HIV infected Mexicans. With our patients now living longer, there are fewer AIDS pills available in Mexico. More people in Mexico are coming in with prescriptions that can't be filled. Their "macho" culture associates AIDS with homosexuality and responds with denial. Mexico doesn't collect AIDS statistics. Morticians will not prepare AIDS corpses, and caskets remain closed. "The taboo against even talking about it is unbelievable."[18]

How many people will cross our borders seeking the "AIDS cocktail"?

D.A.R.E. now operates in about 70% of our school districts.[19]

Recent studies show that drug use is up dramatically from 5 years ago in the Inland Valley and nationwide. School districts are looking at replacing D.A.R.E. with other drug prevention programs.[20]

Home Drug Testing Kits are being marketed so that parents can test their teenagers for drug use, thus providing them a reason to say no to their friends who want them to use drugs.[21]

Sex, drug, and character education can be built around a school curriculum, but they are made real by what students see in the behavior of those who communicate the message. Character education embraces responsibility while our television culture (teleculture) sends a conflicting message: "If it feels good, do it." The real challenge is getting all who influence children to examine their own behavior. We must be responsible, as individuals, for our own behavior. It is doubtful that school programs will prove successful if they seek to teach children lessons that adults have not yet learned.[22]

Programs may breed confusion and mistrust in youngsters who hear the message condemning tobacco, alcohol and other drugs — yet see their parents and others using these substances.[23]

Lines are more important than laws in preserving a culture. Parents teach children where lines are so that they will know how to behave. Schools teach students where the lines are so they will become good citizens. There are even lines for political leaders.[24]

If we, as individuals, want our young people to refrain from the use of alcohol and other drugs, and save sex for marriage; we also must draw the line and refuse to cross it.

Moslem leaders in Paris find they can not attain high political or administrative positions because they refuse to drink alcoholic beverages with the leaders of that city. They might find the same problem in many areas of our own country. The use and promotion of alcoholic beverages is a serious source of friction between the United States and the Moslem World.

We have heard the phrase, "youthful idealism." We must tap that idealism and involve young people in the planning of prevention programs.[25]

Peer pressure should be a very positive force, not a force for gang banging.

To protect children, young people of Pomona want the city to pass a city ordinance which bans alcohol ads on billboards.[26]

In an effort to curb "binge drinking" among college students, some national fraternities plan to make every chapter house alcohol free and ban alcohol from their property. The nation's 26 national sororities already live in alcohol free houses.[27]

Perhaps it is time for women to assume much greater leadership within all levels of government.

Teaching moderation and responsible consumption baits the hook for those who no longer consider themselves children. Clever alcohol ads break down restraint and promote impulse. "Liberate the real you from the bonds of civilized society!"[28]

Some people may nibble at the bait. It usually takes adults 5 to fifteen years to become alcoholics; however, many senior citizens become alcoholics after retirement or after the loss of a spouse. A teenager can become as alcoholic in just six or eight months.[29]

Franklin Roosevelt, the president who ended Prohibition, could not stop his drinking and smoking even when he knew he was shortening his own life. He died at age 63.

The California Council on Alcohol Problems Board of Directors has approved exploration of a "Clergy Renewal Center" where ministers with addiction problems can find "strength and restructuring" for their lives.[30]

Perhaps some day religious leaders of all faiths will unite to confront the AIDS epidemic and the problem of substance abuse and addictive enslavement.[31] (Read Isaiah 28)

Students, parents, teachers, and political leaders need to reflect upon their own behavior. Our behavior has a profound influence upon others, especially those who love and respect us the most. The more individual freedom we enjoy, the more individual responsibility we must assume. The drug war must be won within individual homes by individual family members. Just say no to one drink - the first one - and encourage others to do the same.

Many local, state, and federal political leaders listen carefully to the hospitality industry, the broadcasters, the advertisers, and the Beer Drinkers of America because they wish to win elections. They need to hear from students, parents, Parent Associations, and the voters of America.

Write letters or phone your thoughts and feelings to those who represent you in government. Write letters to the editor of your local paper and other major newspapers. Let your voice be heard.

Please help,

Robert Cooper

Robert Cooper

Office of
National AIDS Policy

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From: Bonnie Pfeifer
Dishes Project, INC

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To Support Staff: _____

Date of Response: 8/11/97

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THE WHITE HOUSE

WASHINGTON

August 11, 1997

Ms. Bonnie Pfeifer
Founding Director
DISHES Project, Inc.
441 Lexington Ave. Suite 1202
New York, NY 10017

Dear Ms. Pfeifer:

Thank you for the letter of congratulations on my recent appointment. It is with great excitement, and a sense of awesome responsibility, that I embark upon this challenge to help steer the course of this nation's AIDS policy.

I salute the good work that DISHES has done on behalf of those living with HIV and AIDS, and look forward to working with you in the future.

Best of luck in the work you do, and thanks again for your kind offer of support.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Rec'd AC
MAY 20 1997

DISHES project inc. for pediatric AIDS

5.22.97

Dear Sandy:

It was a pleasure and an honor to meet you during my stay in D.C. for the AIDS Policy Center annual conference. Congratulations on your new position. I look forward to your leadership during these trying times as we face the many challenges surrounding our issues.

Please feel free to call on me on behalf of DISHES or APC if I can be of any assistance to you or Daniel.

I've enclosed a DISHES press kit to introduce you to the work we do. Please check out our award winning web site, too.

I look forward to meeting again in the future.

Respectfully,

Jamie Zuniga

FOUNDING DIRECTOR

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