

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19394

FolderID:

Folder Title:

Correspondence - SLT - Incoming - 9/97

Stack:

S

Row:

66

Section:

6

Shelf:

6

Position:

2

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Letter tracking (Personal) (1 page)	09/08/1997	b(6)
001b. letter	Individual living with AIDS to Sandra Thurman re: AIDS Task Force (Personal) [partial] (1 page)	08/27/1997	b(6)
002a. form	re: Letter tracking (Personal) (1 page)	09/02/1997	b(6)
002b. letter	Individual living with AIDS to Sandra Thurman re: Corporate America and AIDS (Personal) [partial] (1 page)	08/12/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:

Correspondence - SLT - Incoming - 9/97

2018-0764-F

jm2053

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]

UNIVERSITY OF CALIFORNIA, SAN DIEGO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

HIV NEUROBEHAVIORAL RESEARCH CENTER
2760 5TH AVENUE, SUITE 200
(619) 543-5029

SAN DIEGO, CALIFORNIA 92103

September 4, 1997

Sarah Holewinski
Office of National AIDS Policy

Dear Sarah:

In response to your request in recommending a San Diego charity which Sandy might consider making a gift in lieu of the \$1,000.00 honorarium, I'm sending along a copy of the brochure for *Christie's Place*. This local organization does wonderful work for women, children, and families affected by AIDS. Also, they operate on a shoestring. I'll mail you a brochure.

I'll be delighted to pick up Sandy at the airport on Saturday 9/27. We'll drive to my home. Sandy will have time to relax or work and then I've organized a small informal dinner with some of our investigators here at the HIV Neurobehavioral Research Center. I'll make sure Sandy arrives at her hotel at an early hour if she chooses.

I am arranging an informal reception to meet local community leaders --- hopefully at the same hotel -- for Sunday between 2 & 4 (pending your OK) and then drive Sandy to the airport. We will reimburse RT airfare and any food expenses Sandy might incur.

Best wishes,

A handwritten signature in dark ink, appearing to read "A. Mattison".

Andrew M. Mattison, Ph.D.
Associate Clinical Professor
Departments of Psychiatry and
Family & Preventive Medicine

P.S. I can't FAX the
colored brochure so I'll
simply mail it to you



FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

808 17th Street NW, Suite 820
Washington, DC 20006

Phone: (202) 632-1090
Fax: (202) 632-1096

TO:

Toby Donenfeld

FAX NUMBER:

456-6231

FROM:

Todd Summers

DATE:

September 9, 1997

PAGES:

4 (including cover sheet)

COMMENTS:

See e-mail.

Draft Text of Video Introduction by Vice President Gore at the U.S. Conference on HIV/AIDS

In the past year, we have seen a major advance in our ability to treat people infected with HIV. New types of drugs and new ways to combine therapies offer people an opportunity to live longer and better lives. But, our battle against AIDS is far from over. The new drugs are not a permanent solution and, even at best, they do not work for everyone. Nor does everyone have equal access to the drugs and the critical medical and social supports needed to make them work.

If we are to realize the promise that these new treatments provide, we must not only ensure that every American has equal access to them, we must also learn how to maximize their safety and efficacy. This will demand a continued commitment to clinical research and to the education of doctors, community-service providers, and people living with HIV and AIDS.

The next phase of the HIV clinical research process calls for an unprecedented collaboration between government, industry and community. Only by working together can we understand how these new therapies can best be used to better the lives of people living with HIV.

This is why, earlier this year, I met with people who went on to form the Forum for Collaborative HIV Research. This public/private partnership brings together leading AIDS researchers, pharmaceutical companies, patient advocates, government agencies and health-care providers to tackle the challenges posed by the advances in therapy. We must now learn how to manage patients on long-term therapies, to better understand drug resistance, and to find ways to assist people as they struggle to adhere to the complex demands of using these new therapies.

The role of community-based service providers and educators in this challenge is critical. You are the bridge between these new scientific developments and the needs of patients. With your able assistance, people with HIV will have better access to treatments and get the support and education they need to make these therapies more effective.

I thank you for your hard and courageous work. Your assistance and participation in these new research efforts and in the Forum for Collaborative HIV Research will be key to their success. Together, we can look forward to a day when the worldwide horror of AIDS is finally and fully behind us.

Draft Text of Video Introduction by Vice President Gore at the U.S. Conference on HIV/AIDS

In the past year, we have seen a tremendous leap forward in our understanding of HIV and a major advance in our ability to treat people infected with this terrible virus HIV.-
Combinations New types of drugs and new ways to combine therapies offer people an opportunity to live longer and better lives.- But, our battle against AIDS is not far from over.- If we are to realize the promise that these new treatments provide, we must not only ensure that people have access to them, we must also learn how to use these The new drugs safely are not a permanent solution and effectively, even at best, they do not work for everyone.- This requires a continued commitment Nor does everyone have equal access to clinical research the drugs and to the education of doctors, patients, the critical medical and community-service providers social supports needed to make them work.

The next phase of HIV clinical research call for a collaboration between government, industry If we are to realize the promise that these new treatments provide, we must not only ensure that every American has equal access to them, we must also learn how to maximize their safety and community heretofore unseen efficacy. Only by working together can we understand how these new therapies can best be used to better the lives of people with HIV.- This will demand a continued commitment to clinical research and to the education of doctors, community-service providers, and people living with HIV and AIDS.

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The role of the community-based service provider providers and educator educators in this challenge can not be underestimated is critical.- You are the bridge between these new scientific developments and the needs of patients. Without you With your able assistance, people with HIV will not gain sufficient have better access to treatments, nor will they and get the support and education that is essential if they need to make these therapies are to be more effective.-

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AIDS is just a terrible memory finally and fully behind us.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	3804	
CONNECTION TEL		94566231
CONNECTION ID	OVP DOMESTIC POL	
ST. TIME	09/09 11:07	
USAGE T	00'57	
PGS.	2	
RESULT	OK	



FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

808 17th Street NW, Suite 820
Washington, DC 20006

Phone: (202) 632-1090
Fax: (202) 632-1096

TO:

Tory Donnelly

FAX NUMBER:

456-6231

FROM:

Sandy Thurman

In the past year, we have seen a major advance in our ability to treat people infected with HIV. New types of drugs and new ways to combine therapies offer people an opportunity to live longer and better lives. But, our battle against AIDS is far from over. The new drugs are not a permanent solution and even at best, they do not work for everyone. Nor does everyone have equal access to the drugs and medical support needed to make them work. If we are to realize the promise that these treatments provide, we must not only ensure that people have access to drugs and medical care, but we must also learn how to maximize the safety and effectiveness of the new drugs. This requires a continued commitment to clinical research and to the education of doctors, patients, and community-service providers.

The next phase of HIV clinical research calls for an unprecedented level of collaboration between government, industry and community. Only by working together can we understand how these new therapies can best be used to extend the lives of people with HIV. This is why, earlier this year, I met with people who went on to form the Forum for Collaborative HIV Research. This public/private partnership brings together the leading AIDS researchers, pharmaceutical companies, patient advocates, government agencies and health-care providers to tackle the challenges posed by the advances in therapy. We must now learn how to manage patients on long-term therapy, better understand HIV drug resistance, and find ways to assist people as they struggle to adhere to the complex demands of using the new therapies.

The role of community-based service providers and educators in meeting these challenges can not be underestimated. You are the bridge between these new scientific advances and the practical needs of patients. Without you, people with HIV will not gain sufficient access to treatment, nor will they get the support, education and care that are essential if these therapies are to be effective. I thank you for your hard and courageous work. Your assistance and participation in these new research efforts and in the Forum for Collaborative HIV Research will be a key to its success. Together, we can look forward to a day when the worldwide horror of AIDS is finally and fully behind us.

Record Type: Record

To: Daniel C. Montoya/OPD/EOP, Philip G Dufour/OVP @ OVP, Sandra Thurman/OPD/EOP, Sarah A. Bianchi/OPD/EOP

CC:

Subject: Draft video script for VP for the NMAC HIV Conference 9/18

The VP is taping a video for the US Conf on HIV/AIDS tomorrow. He video will be shown before David Barr from the Forum for Collaborative HIV Research speaks. David prepared this draft. Please make edits and get it back to me ASAP.

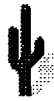
Draft Text of Video Introduction by Vice President Gore at the U.S. Conference on HIV/AIDS

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The next phase of HIV clinical research calls for an ~~unprecedented level of~~ collaboration between government, industry and community ~~to achieve success~~. Only by working together can we understand how these new therapies can best be used to ~~better extend~~ the lives of people with HIV. This is why, earlier this year, I met with people who went on to form the Forum for Collaborative HIV Research. This public/private partnership brings together the leading AIDS researchers, pharmaceutical companies, patient advocates, government agencies and health-care providers: ~~together, they will be able to~~ tackle the challenges ~~posed by the advances in therapy. We must now we face~~ learning how to manage patients on long-term therapy, ~~better understanding~~ HIV drug resistance, and finding ways to assist ~~people as they struggle to be adhering to the complex demands of using the new therapies, together~~.

The role of ~~the~~ community-based service providers and educators in ~~meeting these~~ challenges can not be underestimated. You are the bridge between these new scientific ~~development advances~~ and the practical needs of patients. Without you, people with HIV will not gain sufficient access to treatments, nor will they get the support, ~~and~~ education ~~and~~ care that is ~~an~~ essential if these therapies are to be effective. I thank you for your hard and courageous work. Your assistance and participation in ~~these~~ new research efforts and in the Forum for Collaborative HIV Research will be a key to its success. Together, we ~~can look~~

~~forward to a day will see a day when the worldwide horror of AIDS is just a terrible~~
~~memory finally and fully behind us.~~



Toby Donenfeld @ OVP

09/08/97 06:19:34 PM



Record Type: Record

To: Daniel C. Montoya/OPD/EOP, Philip G Dufour/OVP @ OVP, Sandra Thurman/OPD/EOP, Sarah A. Bianchi/OPD/EOP

cc:

Subject: Draft video script for VP for the NMAC HIV Conference 9/18

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The role of the community-based service provider and educator in this challenge can not be underestimated. You are the bridge between these new scientific developments and the needs of patients. Without you, people with HIV will not gain sufficient access to treatments, nor will they get the support and education that is essential if these therapies are to be effective. I thank you for your hard and courageous work. Your assistance and participation in this new research efforts and in the Forum for Collaborative HIV Research will be a key to its success. Together, we will see a day when the horror of AIDS is just a ~~terrible~~ memory.

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AMERICAN FOUNDATION FOR

AmFAR

AIDS RESEARCH

PUBLIC POLICY OFFICE

1828 L Street, N.W., Suite 802

Washington, D.C. 20036

(202) 331-8600

FAX: (202) 331-8606

FACSIMILE COVER SHEET

DATE:

9/25

TO:

Todd

FROM:

X

Jane Silver

Scott Sanders

Jim Oleson

TOTAL # OF PAGES:
(INCLUDES COVER)

MESSAGE:

David Baltimore vaccine
meeting on Tuesday.

DRAFT 09/25/97

NATIONAL INSTITUTES OF HEALTH**AIDS Vaccine Research Committee****Bethesda, Maryland****September 30, 1997****AGENDA****Hyatt Regency
Bethesda, Maryland****Chesapeake Suites****September 30**

8:00a.m.	Committee Activities - Future Activities (SOTA, Madrid Plans, San Francisco Workshop Innovation Grants	Dr. Baltimore
8:45 a.m.	Report on Issues in the Design of HIV Vaccine Trials: "Virus Load as a Vaccine Trial Endpoint" Meeting	Dr. Fast
9:00 a.m.	Innovation Grants: Rounds 1 and 2 Discussion	Dr. Heilman AVRC Committee
10:00 a.m.	Break	

NEUTRALIZATION SESSION

10:15 a.m.	Introduction and Background	Dr. Baltimore Dr. Richman
10:30 a.m.	Review of Neutralization Assay Methodology and Neutralizing Antibody Responses in Primary Infection and Long-term Non-Progressors	Dr. Montefiori
11:15 a.m.	Neutralizing Antibodies to HIV-1 Primary Isolates and Their Anti-viral Activity <i>in vivo</i>	Dr. Burton
12:00 a.m.	Neutralizing Antibodies and How to Generate Them	Dr. Moore
12:45 p.m.	Generation of an Effective Antibody Response	Dr. Mascola
1:30 p.m.	Adjournment	

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10182	Paul	DeLay	9/29/97
Addressed To			
Summers, Todd			
Sender's Organization			
Health Technical Services Project/ USAID			
Sender's Street1			
North Kent St.			
Sender's Street2			
Suite 1104			
Sender's City	Sender's State	Sender's Zip	
Arlington	VA	22209	
Subject			
Working Group Meeting			
☒ Response Needed?	Response Type	Response Date	Responder ID
Responder Name	Action Promised	Action Complet	Action Date
Notes			

*Evelyn Lierman
619-3375
Lucy Hagan*

*BS Thomas USDA
AG World AIDS Day
Dec 10-11-30
Anthony
Faber
720-8247*

*AIRTRAN
800-825-8538
6:35 pm
8:55 am
268-*

*\$ 116
\$ 116*

*11 am → 12:45
8:55 → 10:55*



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

September 25, 1997

Tod Summers, Deputy Director
White House Office of National AIDS Policy
808 17th St, NW Suite 820
Washington, DC 20006

Dear Colleague,

Because of your commitment to, and interest in, participatory approaches to HIV/AIDS work, and in keeping with our shared commitment to participatory planning and implementation of programs, the HIV/AIDS Division, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U. S. Agency for International Development's (USAID) would like to invite you to a two day working group meeting to share the best examples of this approach. The seminar will be held in Washington, D.C. on October 20 and 21, 1997. Participants are being invited from the public and private sectors and from U.S.-based and international programs. We anticipate that the two days will be highly interactive and will provide an opportunity to exchange experiences. The specific purpose will be to gather and synthesize experiences and lessons for the participatory management of HIV/AIDS programs.

This working group meeting continues in the USAID HIV/AIDS participatory spirit which has sponsored a series of participatory events. To redefine the G/PHN Strategic Objective, USAID

- sponsored the August, 1995 HIV/AIDS Prevention Conference in Washington, DC, where technical experts met to debate such topics as: prevention and care linkages, behavior change interventions, and bridging differences among stakeholders;
- received hundreds of responses to a questionnaire surveying a vast range of Stakeholders including National AIDS Control Program Managers and NGOS;
- organized Town Meetings in Kampala, Chiang Mai, Santiago, Jerusalem, and Washington, DC which provided a forum for stakeholders to exchange ideas on HIV/AIDS issues and concerns in the local and global contexts; and

- implemented a priority setting workshop, during which 65 stakeholder participants met to define USAID's Comparative Advantage in responding to the HIV/AIDS pandemic.

This participatory approach to developing an G/PHN HIV/AIDS strategy came to a successful conclusion in June, 1996, and the new program is now beginning.

We anticipate that this working group meeting will also further a dialogue that has begun between U.S. domestic organizations and international organizations working in HIV/AIDS programs in a participatory manner, and hope you can join us for this event.

Please let us know if you will be able to attend by filling out the attached form and faxing it to Caroline Curtis, HTS, (703) 516-9188 or emailing your response to hts@htsproject.com by October 6, 1997.

Sincerely,

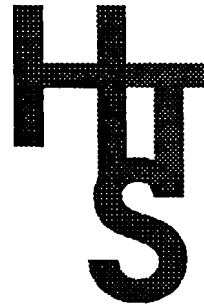


Paul R. DeLay
HIV-AIDS Division
Office of Health and Nutrition
Center for Population, Health, and Nutrition
Bureau for Global Programs, Field Support,
and Research

RETURN FACSIMILE

**To: Caroline Curtis
Health Technical Services
(HTS) Project**

Fax: (703) 516-9188



Health Technical Services Project

**1601 North Kent Street, Suite 1104
Arlington, VA 22209-2105 USA**

Phone (703) 516-9166

FAX (703) 516-9188

Name: _____

Title: _____

Organization: _____

Check one of the following:

_____ Yes, I will be able to attend the Participatory Strategies in HIV/AIDS Programs Workshop, October 20, 21, 1997, in Washington, DC..

_____ No, I will not be able to attend the workshop

If you will be able to attend the workshop, please fill in the following information:

Mailing Address: _____

Direct Phone Number: _____

Direct Fax Number: _____

e-mail: _____

The meeting will be held at

Loew's L'Enfant Plaza

480 L'Enfant Plaza, SW

Washington, DC 20024-2197

If you are a non-local participant, a member of the HTS staff will call you upon receipt of this confirmation fax to arrange travel and accomodations.

We look forward to seeing you at the meeting.

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10166			9/25/97
Addressed To			
Parris, Carmena			
Sender's Organization			
General Services Administration			
Sender's Street1			
Sender's Street2			
Sender's City	Sender's State	Sender's Zip	
Subject			
cc: of letter re: restrooms			
☐ Response Needed?	Response Type	Response Date	Responder ID
	None		
Responder Name	Action Promised	Action Complet	Action Date
Notes			



General Services Administration
National Capital Region
Washington, DC 20407

SEP 15 1997

Ms. Lynn F. Osman
Vice President
The Riggs National Bank of Washington, DC
808 17th Street, NW
9th Floor
Washington, DC 20006

RE: Noncompliance of Public Restrooms, 8th Floor
808 17th Street, NW.
GS-11B-70337 "neg"

Dear Ms. Osman:

During recent discussions with our client agencies currently occupying the 8th floor of the above referenced building, it was brought to our attention that the public restrooms on that floor currently do not comply with the Uniform Federal Accessibility Standards (UFAS) or the Americans with Disabilities Act (ADA) as required by the lease.

A call was placed to your architectural consultant, Mr. Michael Cahill of Gensler to confirm in fact that the above was correct. Mr. Cahill explained that the lack of accessible restroom facilities on the eighth floor was addressed prior to the initial tenant buildout for the Executive Office of the President, Office of the National AIDS Policy Director and the United States Office of Consumer Affairs by concluding that accessible facilities on the seventh floor would meet the requirements of ADA. This conclusion was reached without consultation with the General Services Administration (GSA) staff.

In accordance with the lease, Attachment L, Lessors Handicapped Accessibility Certification,

"As part of the rental consideration, the offeror agrees to take the appropriate corrective action to ensure that this building will fully comply with the Uniform Federal Accessibility Standards, without exception, before any Government acceptance of space."



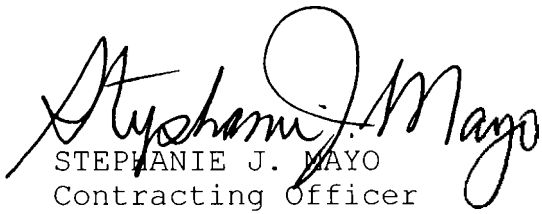
The Uniform Federal Accessibility Standards Section
4.1.6.3(c)(ii) states:

"Where substantial alteration occurs to a building of facility, then each element or space that is altered or added shall comply with the applicable provisions of 4.1.1 to 4.1.4 of 4.1 Minimum requirements, except to the extent where it is structurally impracticable. The altered building or facility shall contain:

At least one toilet facility for each sex on each substantially altered floor, where such facilities are provided, complying with 4.22, Toilet Rooms; and 4.23, Bathrooms, Bathing Facilities, and Shower Rooms."

A copy of this standard is enclosed for your information. I am available to discuss how the space will be altered for compliance. I can be reached at (202) 708-5867. Thank you for your cooperation in this matter.

Sincerely,


STEPHANIE J. MAYO
Contracting Officer
Customer Service Branch
Realty Services Division (WPEMF)

Enclosure

Cc: Ms. Debra Church, Executive Officer *Suite 300*
United States Office of Consumer Affairs

Ms. Carmena Parris, Executive Officer
Executive Office of the President, Office
Of the National AIDS Policy Director

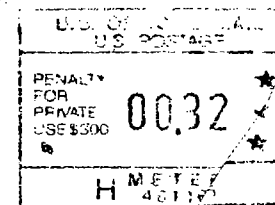
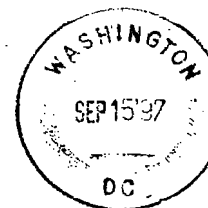
GENERAL SERVICES ADMINISTRATION

CORRES. SYMBOL WPENF
WASHINGTON, DC 20407

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

126

Ms. Carmena Parris, Executive Officer
Executive Office of the President, Office
Of the National AIDS Policy Director



ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date	
10161			9/25/97	
Addressed To				
Parris, Carmena				
Sender's Organization				
Professional Office Enterprises				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
Bill for lamp(s)				
☒ Response Needed?	Response Type	Response Date	Responder ID	
	Payment			
Responder Name	Action Promised	Action Complet	Action Date	
Notes				
Action taken 9/25/97 @				

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10134	dale	anthony	9/22/97
Addressed To			
Thurman, Sandra			
Sender's Organization			
tough			
Sender's Street1			
talk			
Sender's Street2			
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Responder Name	Action Promised	Action Complet	Action Date
Holewinski, Sarah			
Notes			

*Snd mayor
or
thank you
for sending the
SS letter
forwarded to WAI personnel
for consideration
↑
individuals
point are handled*

JAMES A. GARNER
MAYOR



99 NICHOLS COURT
HEMPSTEAD, NEW YORK 11550
(516) 489-3400
FAX: (516) 483-4313

INC. VILLAGE OF HEMPSTEAD

September 16, 1997

**Ms. Sandy Thurman
White House Aids Czar
1600 Pennsylvania Avenue
Washington, D.C. 20018**

Dear M. Thurman:

I serve the community of Long Island which has some of the highest incidences of HIV/AIDS cases in the nation. During the course of my tenure, I have encountered a young man living in the community who is worthy of a recommendation to your "Aids Task Force".

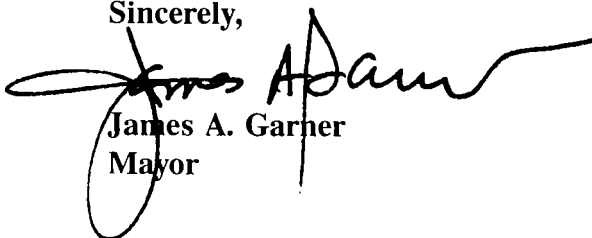
DALE ANTHONY has worked diligently to see that those suffering with HIV/AIDS receive available healthcare and social services. Dale devotes the majority of his personal time, energy, and finances to share the message of "HIV/AIDS Education, Awareness and Prevention" often revealing his own Aids diagnosis in his public address to members of the community. A frequent guest speaker, Dale Anthony, often visits many of the schools throughout the district in an effort to reach the youth who are "At Risk".

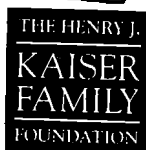
This young man is also a community activist and has often addressed the County Legislators during public assembly. He has also managed to serve on numerous boards.

**Black Leadership Commission on Aids - Advisory Board
Five Towns Community Center - Advisory Board
Ryan White Title I Planning Council
Nassau County HIV Commission - Advisory Council
People With Aids Coalition - Board of Directors
New York City/New York State People with Aids - Advisory Board**

I am certain that a person of Dale Anthony's character would indeed be an asset to your Aids Task Force. It is my pleasure to refer him to you for consideration.

Sincerely,


**James A. Garner
Mayor**



456-5529
Sandy,

SOPHIA W. CHANG, M.D., M.P.H.
DIRECTOR,
HIV/AIDS PROGRAMS

Per our phone conversation
Looking forward to seeing you
on Tuesday.

Sophia

**PUBLIC KNOWLEDGE AND ATTITUDES ABOUT HIV/AIDS
SURVEY II**

**PRINCETON SURVEY RESEARCH ASSOCIATES FOR
THE KAISER FAMILY FOUNDATION**

FINAL QUESTIONNAIRE

September 17, 1997

Job #97050

N= 1,200 national adults age 18 years or older
800 African American adults (separate sample)
800 Latino adults (separate sample)

Quotas: 50% male, 50% female

Field dates: September 17-October 19, 1997

INTRODUCTION: Hello, my name is _____ and I'm calling for Princeton Survey Research. I'd like to ask a few questions of the **YOUNGEST MALE** age 18 or older, who is now at home. **(IF NO MALE AT HOME NOW:** Then, may I speak with the **OLDEST FEMALE** age 18 or older who is now at home) **(REPEAT INTRODUCTION IF RESPONDENT DID NOT ANSWER THE TELEPHONE)** We're conducting an important national survey on health issues and **(IF GP SAMPLE:** would very much like to include your views...**/IF BLACK OR LATINO SAMPLE:** would like to include the views of a broad range of people...)

ASK Q.S1 FOR BLACK AND HISPANIC SAMPLES; GP SAMPLE GO TO Q.1

S1. In order to do this, I'd like to first ask a few questions about your background...Which of the following best describes the place where you live? Is it... **(READ)**

- 1 A large city,
- 2 A suburb of a large city,
- 3 A small city or town, OR
- 4 A rural area?
- 9 Don't know/Refused **(DO NOT READ)**

2

S2. Are you of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

- 1 Yes – GO TO Q.S3
- 2 No – GO TO Q.S4
- 8 Don't know – GO TO Q.S4
- 9 Refused – GO TO Q.S4

ASK Q.S3 IF HISPANIC OR LATINO (Q.S2=1)

S3. Is your background mainly Mexican, Puerto Rican, Cuban, or some other Hispanic or Latino nationality? (**PROBE BEFORE ACCEPTING "MIXED" OR A NON-HISPANIC NATIONALITY: What ONE Hispanic or Latino nationality group do you MOST identify with?**)

- 1 Mexican
- 2 Puerto Rican
- 3 Cuban
- 4 Other (**SPECIFY**)
- 5 Mixed (**VOL.**)
- 8 Don't know
- 9 Refused

S4. What is your race? Are you white, black, Asian or some other race?

- 1 White – GO TO INSTRUCTIONS FOR FAILED SCREENERS
- 2 Black or African American –GO TO INSTRUCTIONS FOR FAILED SCREENERS
- 3 Asian – GO TO INSTRUCTIONS FOR FAILED SCREENERS
- 4 Other or mixed race – GO TO INSTRUCTIONS FOR FAILED SCREENERS
- 9 Refused – GO TO INSTRUCTIONS FOR FAILED SCREENERS

INSTRUCTIONS FOR FAILED SCREENERS:

HISPANIC SAMPLE: IF Q.S2 IS NOT CODE 1, ASK R: "What is your age?" DO NOT RECORD RESPONSE. THEN SAY: "That completes the interview. We've already spoken to enough people with your background. Thank you very much for your cooperation."

BLACK SAMPLE: IF Q.S4 IS NOT CODE 2, ASK R: "What is your age?" DO NOT RECORD RESPONSE. THEN SAY: "That completes the interview. We've already spoken to enough people with your background. Thank you very much for your cooperation."

3

- *1. My first question is... What do you think is the MOST urgent health problem facing this nation TODAY? (OPEN-END. DO NOT READ LIST OF PRE-CODED ANSWER CATEGORIES. WAIT FOR REPLY BEFORE PROBE) Is there another health problem you think is almost as urgent? (RECORD ANY ADDITIONAL RESPONSE)

01 AIDS
02 Cancer
03 Drugs
04 Elderly
05 Health care -- access
06 Health care -- cost
07 Health insurance/The uninsured
08 Heart

98 Other (SPECIFY)
99 Don't know/Refused

* Asterisk indicates a trend question.

ASK Q'S 2-3 OF FORM 1 ONLY (RANDOM HALF SAMPLE); FORM 2 GO TO Q.4:

- *2. Now I'd like you to think about the way the problem of AIDS is affecting THIS COUNTRY today. Do you think the problem of AIDS is ABOUT THE SAME as it has been, that the country is MAKING PROGRESS in this area, or that the country is LOSING GROUND?
- 1 About the same
2 Country making progress
3 Country losing ground
9 Don't know/Refused
- *3. Thinking about the way AIDS is affecting YOUR LOCAL COMMUNITY today, is the problem of AIDS ABOUT THE SAME as it has been, is your community MAKING PROGRESS, is your community LOSING GROUND, or has AIDS never been a problem in your community?
- 1 About the same
2 Community making progress
3 Community losing ground
4 Never been a problem
9 Don't know/Refused

ASK Q'S 4-5 OF FORM 2 ONLY; FORM 1 GO TO Q.6:

4. Now I'd like you to think about the way the problem of AIDS is affecting **THIS COUNTRY** today. Do you think AIDS is a more urgent problem for the country than it was a few years ago, is it a less urgent problem, or is it about as urgent as it was?

1 More urgent
2 Less urgent
3 About as urgent
9 Don't know/Refused

5. Thinking about the way the problem of AIDS is affecting **YOUR LOCAL COMMUNITY** today, do you think AIDS is a more urgent problem for your community than it was a few years ago, is it a less urgent problem, is it about as urgent as it was, or has AIDS never been a problem in your community?

1 More urgent
2 Less urgent
3 About as urgent
4 Never been a problem
9 Don't know/Refused

ASK ALL:

- *6. How serious a problem do you think AIDS is for people you know? For people you know, do you think AIDS is...(READ)

1 A very serious problem
2 A somewhat serious problem
3 Not too serious a problem, OR
4 Not a serious problem at all?
9 Don't know/Refused (DO NOT READ)

- *7. Bearing in mind the different ways people can be infected with H-I-V, the virus that causes AIDS--how concerned are you, personally, about becoming infected with HIV? Are you...(READ)

1 Very concerned
2 Somewhat concerned
3 Not too concerned, OR
4 Not at all concerned?
5 Already have AIDS/HIV (VOL.) -- GO TO Q.9
9 Don't know/Refused (DO NOT READ)

5

8. Are you **MORE** concerned about becoming infected with HIV than you were a few years ago, **LESS** concerned, or about as concerned?

- 1 More concerned
- 2 Less concerned
- 3 About as concerned
- 9 Don't know/Refused

ASK ALL:

*9. Do you, yourself, have any sons or daughters aged 21 years or younger?

- 1 Yes
- 2 No -- **GO TO Q.12**
- 9 Don't know/Refused -- **GO TO Q.12**

ASK Q's 10-11 OF PARENTS W/ CHILDREN AGED 21 AND UNDER (Q.9=1):

*10. How concerned are you about a son or daughter becoming infected with HIV? Are you...(READ)

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not too concerned, OR
- 4 Not at all concerned
- 5 Son or daughter already has AIDS/HIV (VOL.) -- **GO TO Q.12**
- 9 Don't know/Refused (**DO NOT READ**)

11. Are you **MORE** concerned about a son or daughter becoming infected with HIV than you were a few years ago, **LESS** concerned, or about as concerned?

- 1 More concerned
- 2 Less concerned
- 3 About as concerned
- 9 Don't know/Refused

ASK ALL:

12. Do you think AIDS is a major threat to public health in this country TODAY, or is NOT a major threat to public health?

- 1 Major threat
- 2 Not a major threat
- 9 Don't know/Refused

ASK Q'S 13-14 OF FORM 1 ONLY; FORM 2 GO TO Q.15:

13. I'm going to read a list of groups in your LOCAL COMMUNITY. For each one, please tell me how much you think they are doing to help fight against AIDS. As far as you know, how much are (INSERT FIRST ITEM--ROTATE) doing to help fight against AIDS? Is this group doing a lot, some, only a little or nothing at all? How much do you think (INSERT NEXT ITEM--ROTATE) are doing?

- a. Local church or religious leaders
- b. Local government and political leaders
- c. Local public schools
- d. Local health care providers, such as doctors, health clinics and hospitals

CATEGORIES:

- 1 A lot
- 2 Some
- 3 Only a little
- 4 Nothing at all
- 9 Don't know/Refused

14. And how about those outside of your local community . . . As far as you know, how much is (INSERT ITEMS IN ORDER) doing to help fight against AIDS-- a lot, some, only a little or nothing at all?

- a. Your state government
- b. President Clinton
- c. The federal government

CATEGORIES:

- 1 A lot
- 2 Some
- 3 Only a little
- 4 Nothing at all
- 9 Don't know/Refused

ASK Q'S 15-16 OF FORM 2 ONLY; FORM 1 GO TO Q.17:

15. I'm going to read a list of groups in your LOCAL COMMUNITY. For each one, please tell me your IMPRESSION of how much this group cares about the fight against AIDS and makes it a priority. First, what about... (INSERT FIRST ITEM-- ROTATE)--is it your impression that they care a lot about the fight against AIDS, some, only a little or not at all? How much do you think (INSERT NEXT ITEM--ROTATE) care?

- a. Local church or religious leaders
- b. Local government and political leaders
- c. Local public schools
- d. Local health care providers, such as doctors, health clinics and hospitals

CATEGORIES:

- 1 A lot
 - 2 Some
 - 3 Only a little
 - 4 Not at all
 - 9 Don't know/Refused
16. And what is your impression of how much those outside of your local community care about the fight against AIDS and make it a priority . . . (First/Next) (INSERT ITEMS IN ORDER)--do you think (it/he) cares a lot about the fight against AIDS, some, only a little, or not at all?
- a. Your state government
 - b. President Clinton
 - c. The federal government

CATEGORIES:

- 1 A lot
- 2 Some
- 3 Only a little
- 4 Not at all
- 9 Don't know/Refused

ASK ALL:

17. As far as you know, over the past year, has the number Americans dying from AIDS-related causes increased, decreased, or stayed about the same?
- 1 Increased
 - 2 Decreased
 - 3 Stayed about the same
 - 9 Don't know/Refused

*18. Please tell me whether you think each of the following statements about AIDS is true or false -- OR if you don't know whether it's true or false. The first one is...(READ AND ROTATE)

- *a. Any person with the AIDS virus can pass it along to someone else during sexual intercourse
- *b. There are drugs available to treat AIDS or the AIDS virus which can lengthen the life of a person infected with AIDS
- *c. There is a vaccine available to the public that protects a person from getting AIDS
- *d. There is no cure for AIDS at present

ALWAYS ASK ITEM e BEFORE f; ROTATE AS A PAIR

- *e. A pregnant woman who has the AIDS virus can give it to her baby
- *f. A pregnant woman who has the AIDS virus can take certain steps to reduce the risk of her baby being born infected

ALWAYS ASK ITEM g LAST:

- g. AIDS is one of the leading causes of death for Americans aged 25 to 44.

CATEGORIES:

- 1 True
- 2 False
- 9 Don't know/Refused

19. Next I have a question about the tests now widely used to determine whether someone has been infected with HIV, the virus that causes AIDS. As far as you know, how soon after possible exposure can today's tests determine, with confidence, that someone has NOT been infected with HIV? Is it... (READ)

- 1 Within one week
- 2 Between one week and one month
- 3 Between one month and five months, OR
- 4 Between six months and one year?
- 9 Don't know/Refused (DO NOT READ)

ASK Q.20 OF FORM 1 ONLY; FORM 2 GO TO Q.21:

20. Next, I'd like to read you several different proposals that have been made to stop the spread of HIV. Please tell me whether you favor or oppose each one. Do you favor or oppose...? (INSERT--READ AND ROTATE)

- *a. Requiring mandatory HIV testing of all health care professionals
- b. Requiring mandatory HIV testing of all pregnant women
- *c. Requiring mandatory reporting to health officials of the names of people who test positive for HIV
- *d. Requiring health officials to attempt to notify past sexual or needle-sharing partners of people who test positive for HIV
- e. Requiring mandatory HIV testing of all newborn babies

ALWAYS ASK ITEMS f LAST:

- *f. Requiring mandatory HIV testing of everyone in the United States

CATEGORIES:

- 1 Favor
- 2 Oppose
- 9 Don't know/Refused

ASK ALL:

*21. We'd like your impression of how much progress has been made in AIDS TREATMENT in this country since the disease was first identified. (First,) how much progress do you think has been made in...(INSERT ITEMS, IN ORDER) a lot, some, only a little, or no progress?

- a. Keeping people who have AIDS alive longer
- b. Finding a cure for AIDS

CATEGORIES:

- 1 A lot
- 2 Some
- 3 Only a little
- 4 No progress
- 9 Don't know/Refused

10

22. Now I have a few questions about the new combination drug treatments for people with HIV and AIDS. As far as you know, do these new drug treatments... **(READ)**
- 1 Offer people a permanent cure?
OR
 - 2 Allow people to feel better for a longer period of time?
 - 3 Never heard of (VOL.)
 - 9 Don't know/Refused **(DO NOT READ)**
23. As far as you know, are the new drug treatments effective in helping nearly all people who take them, most people, about half, less than half, or very few people?
- 1 Nearly all
 - 2 Most
 - 3 About half
 - 4 Less than half
 - 5 Very few
 - 9 Don't know/Refused
24. How many of those with HIV and AIDS who want the new drug treatments do you think are now actually getting these drugs? Would you say... **(READ)**
- 1 Nearly all
 - 2 Most
 - 3 About half
 - 4 Less than half, OR
 - 5 Very few?
 - 9 Don't know/Refused
25. About how much do you think it costs PER MONTH to give someone with HIV or AIDS the new combination drug treatments? Is the average cost of the drugs about... **(READ)**
- IF RESPONDENT NAMES A RANGE OR DIFFERENT AMOUNT, ASK:** Which of these categories comes CLOSEST to the actual cost?
- 1 \$50 per month
 - 2 \$100 per month
 - 3 \$500 per month, OR
 - 4 \$1,000 per month?
 - 9 Don't know/Refused **(DO NOT READ)**

11

ASK Q.26 OF FORM 2 ONLY: FORM 1 GO TO Q.27:

26. Next, I'd like to read you several different proposals that have been made to stop the spread of HIV. Keeping in mind the new drug treatments for HIV, please tell me whether you favor or oppose each one. Do you favor or oppose...? (INSERT--READ AND ROTATE)

- *a. Requiring mandatory HIV testing of all health care professionals
- b. Requiring mandatory HIV testing of all pregnant women
- *c. Requiring mandatory reporting to health officials of the names of people who test positive for HIV
- *d. Requiring health officials to attempt to notify past sexual or needle-sharing partners of people who test positive for HIV
- e. Requiring mandatory HIV testing of all newborn babies

ALWAYS ASK ITEMS f LAST:

- *f. Requiring mandatory HIV testing of everyone in the United States

CATEGORIES:

- 1 Favor
- 2 Oppose
- 9 Don't know/Refused

ASK Q.27 OF FORM 1 ONLY: FORM 2 GO TO Q.28:

27. Now I'd like you to think about ALL the money the federal government now spends on AIDS. In general, do you think the federal government spends too much money on AIDS, too little money or about the right amount?

- 1 Too much money
- 2 Too little money
- 3 About right
- 9 Don't know

ASK Q.28 OF FORM 2 ONLY: FORM 1 GO TO Q.29:

*28. Compared with the amount of money the federal government spends on other health problems, such as heart disease and cancer, do you think federal spending on AIDS is too high, too low or about right?

- 1 Too high
- 2 Too low
- 3 About right
- 9 Don't know

ASK ALL:

29. Please tell me whether you think the federal government should or should NOT be spending money in each of the following areas. (First,) should the government be spending money for...(INSERT ITEM--READ AND ROTATE)
- HIV and AIDS education and other prevention activities
 - Making the new combination drug treatments available to more people infected with HIV
 - Research to find more effective treatments for people infected with HIV
 - Research to find an AIDS vaccine to prevent people from becoming infected with HIV

CATEGORIES:

- Yes, should spend money
- No, should not spend money
- Don't know/Refused

**ASK Q.30 IF FAVOR MORE FEDERAL SPENDING IN MORE THAN ONE AREA
(CODE 1 TO TWO OR MORE ITEMS IN Q.29 a-d)**

30. You said the government should be spending money in the following areas... (READ SHORT VERSIONS OF RELEVANT ITEMS LISTED BELOW)? Which ONE do you think should be the TOP priority for federal AIDS spending?

- a. HIV and AIDS education and other prevention
- b. Making the new AIDS drug treatments more available
- c. Research to find better AIDS treatments
- d. Research to find an AIDS vaccine
- Other (VOL.--SPECIFY)
- Don't know/Refused

ASK Q.31 OF FORM 1 ONLY; FORM 2 GO TO Q.32:

31. As you may know, the new combination drug treatments for HIV are very expensive. In general, do you think the government should be spending money to help HIV-infected people with lower incomes pay for the new treatments, OR that the government can't afford such a costly new spending program at this time?

- Government should be spending money
- Can't afford costly new spending program
- Don't know/Refused

ASK Q.32 OF FORM 2 ONLY; FORM 1 GO TO Q.33:

32. As you may know, the new combination drug treatments for HIV are very expensive. In general, do you think the government should be spending money to help HIV-infected people with lower incomes pay for the new treatments, OR that this financial responsibility should be left to HIV-infected individuals and their families, regardless of their income level?

- 1 Government should be spending money
- 2 Responsibility should be left to individuals and their families
- 9 Don't know/Refused

ASK ALL:

*33. We're interested in what information people like you need about HIV and AIDS prevention. Please tell me which, if any, of the following you need more information about. (First,) do you need more information about..?(INSERT ITEM. ROTATE START)

- a. The proper way to use condoms
- b. What to discuss with partners about sex
- c. What to discuss with children about AIDS prevention
- d. Testing for HIV
- e. Where to go for help if exposed to HIV

CATEGORIES:

- 1 Yes
- 2 No
- 9 Don't know/Refused

ASK Q.34 IF "YES" (CODE 1) TO TWO OR MORE ITEMS IN Q. 33; ALL OTHERS GO TO Q. 35:

*34. In which ONE of these areas is it most important for you to get more information?
(READ SHORT VERSIONS OF RELEVANT ITEMS LISTED BELOW)

- 1 a. Proper way to use condoms
- 2 b. What to discuss with partners about sex
- 3 c. What to discuss with children about AIDS prevention
- 4 d. Testing for HIV
- 5 e. Where to go for help if exposed to HIV
- 6 Other (VOL.--SPECIFY)
- 9 Don't know/Refused

ASK ALL:

***35. Do you think the major television networks should or should NOT accept advertising from condom manufacturers for broadcast?**

- 1 Should
- 2 Should not
- 9 Don't know/Refused

***36. When movies and television shows deal with sexual relationships, do you think there ought to be more references to condom use, or do you think enough references are already included?**

- 1 Ought to be more references to condoms
- 2 Enough references to condoms now
- 3 Movies/TV shows shouldn't deal with sex/condoms (VOL.)
- 9 Don't know/Refused

37. Next, I'm going to read you some statements about HIV and AIDS and ask how much you agree or disagree with each one. (First,) do you completely agree, mostly agree, mostly DISagree or completely disagree with this statement... (READ AND ROTATE)

- a. By now, all adults in this country should know how to protect themselves from HIV infection
- b. Adults who become infected with HIV today should be held more personally responsible for their circumstances than those who were infected years ago
- c. Adults who become infected with HIV today should have to pay more of their medical bills themselves than those who were infected years ago.

CATEGORIES:

- 1 Completely agree
- 2 Mostly agree
- 3 Mostly disagree
- 4 Completely disagree
- 9 Don't know/Refused

ASK Q.38 OF FORM 1 ONLY; FORM 2 GO TO Q.39:

38. Do you favor or oppose needle exchange programs, which offer clean needles to I-V drug users in exchange for used needles, to help stop the spread of HIV?

- 1 Favor needle exchange
- 2 Oppose
- 9 Don't know/Refused

ASK Q.39 OF FORM 2 ONLY; FORM 1 GO TO Q.40:

39. Some people favor offering clean needles to I-V drug users in exchange for used needles because it helps reduce the spread of HIV. Others oppose needle exchange programs because they feel these programs send the message that it's okay to use illegal drugs. Which comes closer to your own view?

- 1 Favor needle exchange
- 2 Oppose
- 9 Don't know/Refused

ASK ALL:

40. If you knew that needle exchange programs included drug treatment referrals for I-V drug users, would you be more likely or less likely to support these programs—or wouldn't it make much difference?

- 1 More likely
- 2 Less likely
- 3 Wouldn't make much difference
- 9 Don't know/Refused

41. In general, do you think federal government money should or should NOT be used to support needle exchange programs?

- 1 Should
- 2 Should not
- 9 Don't know/Refused

16

*42. Regardless of whether you personally support needle exchange programs, in general, how effective do you think these programs are in reducing the spread of HIV? Do you think they are... (READ)

- 1 Very effective
- 2 Somewhat effective
- 3 Not too effective, OR
- 4 Not at all effective?
- 9 Don't know/Refused (DO NOT READ)

43. As you may know, an in-home test to accurately test for HIV infection is currently available. To use this method, you take a blood sample from your finger and send it to a laboratory for testing. You receive the results by calling a confidential telephone number. Have you, personally, ever used this type of in-home test for HIV?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

*44. How likely would you be to use this type of in-home HIV test (IF Q.43=1, ADD: again)? (READ)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat Unlikely, OR
- 4 Very unlikely?
- 8 Don't know (DO NOT READ)
- 9 Refused (DO NOT READ)

- *45. Now I'm going to read you some different sources of news and information about AIDS. As I read each one, please tell me whether you, yourself, got any news or information about HIV or AIDS from this source, IN THE PAST MONTH. (First,) did you get any information about HIV or AIDS from...? (INSERT FIRST ITEM--ROTATE) What about...? (INSERT NEXT ITEM--ROTATE)

ALWAYS ASK ITEM a BEFORE b. ROTATE AS A PAIR

- a. Television news programs
- b. Television entertainment programs

ALWAYS ASK ITEM c BEFORE d. ROTATE AS A PAIR

- *c. Radio talk or call-in shows
- *d. Other radio programming
- *e. Newspapers
- *f. Magazines
- *g. Street signs or billboards
- *h. Family members, friends or acquaintances
- *i. Materials distributed at work
- *j. Materials distributed at church or by a religious organization
- *k. Your doctor or another health care provider
- *l. Materials available from the local health department or another local government agency
- *m. Materials distributed by AIDS organizations or advocacy groups
- n. The Internet, or a computer online service

CATEGORIES:

- 1 Yes, got information
- 2 No, didn't get information
- 9 Don't know/Refused

ASK Q.46 IF "YES" (CODE 1) TO TWO OR MORE ITEMS IN Q. 45; ALL OTHERS GO TO Q.47:

46. From which ONE of these sources did you get the MOST information about HIV and AIDS in the past month? (RE-READ RELEVANT ITEMS IF NECESSARY)

- 01 a. Television news programs
- 02 b. Television entertainment programs
- 03 c. Radio talk or call-in shows
- 04 d. Radio programming
- 05 e. Newspapers
- 06 f. Magazines
- 07 g. Street signs or billboards
- 08 h. Family members, friends or acquaintances
- 09 i. Materials distributed at work
- 10 j. Materials distributed at church or by a religious organization
- 11 k. Your doctor or another health care provider
- 12 l. Materials available from the local health department or another local government agency
- 13 m. Materials distributed by AIDS organizations or advocacy groups
- 14 n. The Internet, or a computer online service
- 15 Other (VOL.-SPECIFY)
- 99 Don't know/Refused

47. All in all, how much news coverage of HIV and AIDS have you personally seen or heard on television, radio, in newspapers and other media during the LAST YEAR OR SO... (READ)

- 1 A lot of news
- 2 Some news
- 3 Only a little, OR
- 4 None at all?
- 9 Don't know/Refused (DO NOT READ)

ASK Q.48 IF GOT SOME NEWS (Q.47=1,2,3,9); ALL OTHERS GO TO Q.49

48. And in the LAST YEAR OR SO, have you seen or heard a lot of news, some news, only a little, or none at all specifically about new combination drug treatments for HIV?

- 1 A lot of news
- 2 Some news
- 3 Only a little
- 4 None at all
- 9 Don't know/Refused (DO NOT READ)

19

49. Do you think recent news coverage gives people the impression that AIDS is a more urgent problem than it was a few years ago, a less urgent problem, or is about as urgent as it was?

- 1 More urgent 26%
- 2 Less urgent 28%
- 3 About as urgent 45%
- 9 Don't know/Refused 1%

50. We'd like to know a little more about where you get information about HIV and AIDS. Have you ever talked with a doctor or health care provider about HIV or AIDS?

- 1 Yes
- 2 No -- GO TO Q.55
- 9 Don't know/Refused -- GO TO Q.55

ASK Q.51 IF EVER TALKED TO H.C. PROVIDER ABOUT HIV/AIDS (Q.50=1):

51. Have you ever talked with a doctor or health care provider about THE RISKS OF BEING INFECTED WITH HIV?

- 1 Yes
- 2 No -- GO TO Q.53
- 9 Don't know/Refused -- GO TO Q.53

ASK Q.52 IF TALKED WITH H.C. PROVIDER ABOUT RISKS (Q.51=1):

52. The last time you talked about this topic, did you bring it up, or did the doctor or health care provider bring it up?

- 1 Respondent
- 2 Doctor or health care provider
- 9 Don't know/Refused

ASK Q.53 IF EVER TALKED TO H.C. PROVIDER ABOUT HIV/AIDS (Q.50=1):

53. Have you ever talked with a doctor or health care provider about GETTING TESTED FOR HIV?

- 1 Yes
- 2 No -- GO TO Q.55
- 9 Don't know/Refused -- GO TO Q.55

ASK Q.54 IF TALKED WITH H.C. PROVIDER ABOUT TESTING (Q.53=1):

54. The last time you talked about this topic, did you bring it up, or did the doctor or health care provider bring it up?

- 1 Respondent
- 2 Doctor or health care provider
- 9 Don't know/Refused

ASK ALL:

*55. Do you personally know anyone who now has AIDS, has died from AIDS, or has tested positive for HIV?

- 1 Yes
- 2 No
- 9 Don't know/Refused

Now I have just a few background questions so we'll know something about the people taking part in the survey...

56. I'm going to read you a list of things some people do about government or politics. Many people haven't done any of these things. As I read each one, please tell me if this is something you have done **IN THE PAST 12 MONTHS**. (First,) in the past 12 months have you...(READ AND ROTATE)

- a. Contacted a member of Congress or a U.S. Senator
- b. Attended a public meeting on town or school affairs
- c. Worked in the campaign of a political candidate or party
- d. Wrote a letter to a newspaper that was published
- e. Been interviewed or quoted by the media about an important issue
- f. Served as an officer of some club or organization
- g. Served on a local committee, such as school board or community council
- h. Made a public speech
- i. Helped organize a group or event in support of a particular cause

CATEGORIES:

- 1 Yes
- 2 No
- 9 Don't know/Refused

21

D1. What is your religious preference? Are you Protestant, Roman Catholic, Jewish, or some other religion?

- 1 Protestant (Baptist, Christian, Episcopal, Jehovah's Witness, Lutheran, Methodist, Presbyterian, Seventh Day Adventist etc.) – GO TO QD3
- 2 Roman Catholic – GO TO QD4
- 3 Jewish – GO TO QD4
- 4 Other religion
- 5 No religion/Atheist/Agnostic (VOL.) – GO TO QD4
- 9 Don't know/Refused

D2. Do you consider yourself a Christian?

- 1 Yes, consider self Christian
- 2 No -- GO TO QD4
- 9 Don't know/Refused -- GO TO QD4

D3. Would you describe yourself as a born-again or evangelical Christian, or not?

- 1 Yes
- 2 No
- 9 Don't know/Refused

ASK ALL:

D4. In politics TODAY, do you consider yourself a Republican, Democrat or Independent?

- 1 Republican
- 2 Democrat
- 3 Independent
- 4 Other Party (VOL.)
- 5 No party (VOL.)
- 8 Don't know
- 9 Refused

22

D5. Would you say your views in most political matters are very liberal, somewhat liberal, moderate, somewhat conservative, or very conservative?

- 1 Very liberal
- 2 Somewhat liberal
- 3 Moderate
- 4 Somewhat conservative
- 5 Very conservative
- 8 Don't know
- 9 Refused

D6. What is the last grade or class that you COMPLETED in school? (DO NOT READ)

- 1 None, or grade 1 to 8
- 2 High school incomplete (grade 9-11)
- 3 High school graduate
- 4 Business, technical or vocational school after high school
- 5 Some college, but no four-year degree
- 6 College graduate, four-year degree
- 7 Post-graduate or professional schooling after college
- 8 Don't know
- 9 Refused

D7. How old are you?

_____ years

- 98 98 or older
- 99 Refused

ONLY ASK D8a, D8b AND D9 OF GP SAMPLE RESPONDENTS; SKIP HISPANIC AND BLACK SAMPLE RESPONDENTS TO D10

D8a. Are you of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

- 1 Yes
- 2 No -- GO TO D9
- 8 Don't know -- GO TO D9
- 9 Refused -- GO TO D9

D8b. Is your background mainly Mexican, Puerto Rican, Cuban, or some other Hispanic or Latino nationality? (**PROBE BEFORE ACCEPTING "MIXED" OR A NON-HISPANIC NATIONALITY: What ONE Hispanic or Latino nationality group do you MOST identify with?**)

- 1 Mexican
- 2 Puerto Rican
- 3 Cuban
- 4 Other (**SPECIFY**)
- 5 Mixed (**VOL.**)
- 8 Don't know
- 9 Refused

D9. What is your race? Are you white, black, Asian, or some other race?

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Other/mixed race (**VOL.**)
- 8 Don't know
- 9 Refused

D10. Last year, that is in 1996, what was your total family income from all sources, **BEFORE** taxes? Just stop me when I get to the right category.

- 01 Less than \$10,000
- 02 \$10,000 to under \$20,000
- 03 \$20,000 to under \$25,000
- 04 \$25,000 to under \$30,000
- 05 \$30,000 to under \$40,000
- 06 \$40,000 to under \$50,000
- 07 \$50,000 to under \$75,000
- 08 \$75,000 or more
- 98 Don't know (**DO NOT READ**)
- 99 Refused

I have just a few more questions. Let me remind you that this a completely confidential interview and that there are no right answers...

D11. In general, how comfortable would you be, personally, working with someone who has HIV -- very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Somewhat uncomfortable
- 4 Very uncomfortable
- 8 Don't know
- 9 Refused

*D12. In general, how comfortable are you, personally, being around homosexuals -- very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Somewhat uncomfortable
- 4 Very uncomfortable
- 5 Never around homosexuals (VOL.)
- 8 Don't know
- 9 Refused

*D13. Have you, yourself, ever been tested for HIV, that is, the virus that causes AIDS? (IF YES, ASK: Was that in the last 12 months or not?)

- 1 Yes, tested within past 12 months
- 2 Yes, tested but prior to this year
- 3 No, never tested - GO TO D15
- 8 Don't know -- GO TO D16
- 9 Refused -- GO TO D16

ASK D.14 IF EVER TESTED (D13=1,2):

D14. The last time you were tested, did you discuss your test results with a doctor, other medical professional, or counselor?

- 1 Yes -- GO TO D16
- 2 No -- GO TO D16
- 8 Don't know -- GO TO D16
- 9 Refused -- GO TO D16

ASK D15 IF NEVER TESTED FOR HIV (D13=3)

D15. What is the main reason you haven't been tested for HIV? Is it that... (READ CHOICES 1-5 IN ORDER)

- 1 You don't like needles or giving blood,
- 2 You're not sexually active,
- 3 You're married or in a monogamous relationship,
- 4 You're afraid you'll test positive for HIV, OR
- 5 Some other reason? (SPECIFY)
- 8 Don't know (DO NOT READ)
- 9 Refused (DO NOT READ)

ASK ALL:

D16. As you may know, HIV tests are now being developed that would not require using a needle or taking blood. For example, one new test for HIV would place a sponge inside your mouth for just a few minutes. How likely would you be to use an HIV test that does not require using a needle or taking blood? (READ)

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat UNlikely, OR
- 4 Very UNlikely?
- 8 Don't know (DO NOT READ)
- 9 Refused (DO NOT READ)

D17. RECORD RESPONDENT'S GENDER:

- 1 Male
- 2 Female

END OF INTERVIEW: THANK RESPONDENT: That completes the interview. Thank you very much for your time and cooperation. Have a nice day/evening.

THE DATA SET SHOULD INCLUDE THE FOLLOWING:

- * URBAN/SUBURBAN/RURAL
- * TELEPHONE NUMBER, INCLUDING AREA CODES
- * SAMPLE IDENTIFIER (GP, AFRICAN-AMERICAN, OR LATINO)
- * NUMBER OF CALLS TO COMPLETE INTERVIEW
- * RECORD RACE OF INTERVIEWER
- * RECORD LANGUAGE IN WHICH INTERVIEW CONDUCTED

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date	
10124	alex	weinerman	9/16/97	
Addressed To				
Thurman, Sandra				
Sender's Organization				
mcCann healthcare, inc.				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
aids vaccine				
☒ Response Needed?		Response Type	Response Date	Responder ID
		thanks	10/15/97	
Responder Name	Action Promised	Action Complet	Action Date	
intern				
Notes				

McCANN HEALTHCARE, INC.

September 9, 1997

Ms. Sandra Thurman
1600 Pennsylvania Avenue
Washington, D.C. 20006

Dear Ms. Thurman:

I was very interested in learning of your position as a leader in the effort to combat AIDS. You might be interested in a communication I sent to the President (copy enclosed). I received a reply thanking me for my interest, but was very disappointed that no mention was made of my suggestion for an AIDS vaccine.

There is much general comment on the need for an AIDS vaccine, and how unfortunate it is that the search has been unsuccessful. My suggestion for use of an HIV epitope has actually been reported to be successful. (See enclosed abstract of a report published in Nat. Med.) This type of vaccine can also be used as a therapeutic agent. It can result in destruction of HIV-invaded cells. That effect is due to the cytotoxic T cells that propagate with use of the vaccine.

Perhaps such an agent could prove very effective if used alone. However, it should provide significant complementary action to the specific anti-HIV drugs. It should have few, if any, side effects. If by its use the expensive drugs could be administered in much-reduced dosage, cost and side effects could substantially be reduced.

I hope you have great success in your assignment.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Alex Weinerman', with a stylized, cursive script.

Alex Weinerman
Senior Vice President
Director of Scientific Affairs

McCANN HEALTHCARE, INC.

May 20, 1997

President Clinton
1600 Pennsylvania Avenue
Washington, D.C. 20006

Dear Sir:

Your support for further research for an AIDS vaccine is most encouraging.

You may be interested to learn that there has been some encouraging work already done in this area. Enclosed please find the abstract of a report indicating a successful effort with a vaccine for preventing the infection¹. The vaccine consists of a part of an HIV protein, called an epitope, that when administered produces a significant increase in so-called cytotoxic T lymphocytes which destroy HIV invaded cells.

An epitope is a small part of an antigen protein. It is an immune reactive part that is a key factor in the production of an immune response. Since it consists only of about 8 to 10 amino acids, it may be conserved intact if there is a mutation that results in a change in the structure of the protein.

You can see from my enclosed correspondence with Merck and Genentech² that I have been trying to develop interest in this concept. The enclosed reply from Merck is rather astonishing³. They did use the epitope technique in studies with monkeys. They used an epitope of a simian immunodeficiency virus (SIV). They got an encouraging immune response, an increase in cytotoxic T lymphocytes. But then they misapplied it. They tested it for protection against infection with a cell-free virus. Cytotoxic T lymphocytes will not work against a cell-free virus. The African study cited above involved natural infection in which most of the virus is present in invaded cells. The vaccine could, and in this case did, work to prevent infection.

Much of the vaccine work, so far, has been with attempts to develop an antibody response to the virus. Since most of the viral particles are present in blood cells, it is unlikely that such a vaccine can have much of an effect.

Of course, there is still much work to be done to determine the best conditions for use of an epitope vaccine. However, at least there is already some evidence that such a vaccine might work.

This type of vaccine may not only be an effective preventative, it may also be an effective therapy since it produces destruction of HIV-invaded cells.

It probably could work effectively in combination with one or more of the anti-HIV drugs now available.

Sincerely yours,



Alex Weinerman
Senior Vice President
Director of Scientific Affairs

Hepatitis B Virus Strains With Mutations in the Core Promoter in Patients With Fulminant Hepatitis

Objective: Fulminant hepatitis B can be induced by hepatitis B virus (HBV) strains with mutations in the precore region that cannot encode hepatitis B e antigen (HBeAg). Such mutations are rarely seen in HBV DNA clones from patients with fulminant hepatitis B in the United States and France. Thus, the other mutations in HBV strains causing fulminant hepatitis B need to be identified.

Design: Retrospective clinical, serologic, and molecular biological studies of patients with fulminant hepatitis B.

Setting: University and city hospitals in Japan.

Patients: 43 patients with fulminant hepatitis B.

Measurements: The precore region coding for a part of the HBeAg precursor and the core promoter regulating the transcription of pre-core messenger RNA were sequenced in HBV DNA clones.

Results: A point mutation from G to A at nucleotide 1896 in the precore region was detected in 519 (98%) of 529 HBV DNA clones from 38 patients. Two point mutations in the core promoter, from A to T at nucleotide 1762 and from G to A at nucleotide 1764, were detected in all 130 clones from the remaining 5 patients, who did not have mutations in the precore region, and in 20 (63%) of 32 clones from a patient with chronic hepatitis B who had transmitted HBV to 1 of these other 5 patients. Mutations in the core promoter were also detected in clones from 26 (68%) of the 38 patients with the precore mutation at nucleotide 1896. Neither HBeAg nor antibody to HBeAg was detected in 37 (90%) of the 41 patients tested.

Conclusions: In Japan, fulminant hepatitis B is closely associated with HBV strains that do not produce HBeAg because of mutations in the precore region, which affect translation of HBeAg, or because of mutations in the core promoter, which affect transcription of the HBeAg coding region.

(1996;122:241-245) Shunichi Sato et al. Reprint requests to Makoto Mayama, Immunology Division, Jichi Medical School, Tochigi-Kan 329-04, Japan.

NAT MED

New York, NY

HIV-Specific Cytotoxic T-Cells in HIV-Exposed but Uninfected Gambian Women

A crucial requirement in the rational design of a prophylactic vaccine against the human immunodeficiency virus (HIV) is to establish whether or not protective immunity can occur following natural infection. The immune response to HIV infection is characterized by very vigorous HIV-specific cytotoxic T-lymphocyte (CTL) activity. We have identified four HIV-1 and HIV-2 cross-reactive peptide epitopes, presented to CTL from HIV-infected Gambians by HLA-B35 (the most common Gambian class I HLA molecule). These peptides were used to elicit HIV-specific CTLs from three out of six repeatedly exposed but HIV-seronegative female prostitutes with HLA-B35. These women remain seronegative with no evidence of HIV infection by polymerase chain reaction or viral culture. Their CTL activity may represent protective immunity against HIV infection.

(1996;159:44) Sarah Rowland-Jones et al. Molecular Immunology Group, Institute of Molecular Medicine, John Radcliffe Hospital, Headington, Oxford, England OX3 9DU.

Liposome-Mediated CFTR Gene Transfer to the Nasal Epithelium of Patients With Cystic Fibrosis

We report the results of a double-blind, placebo-controlled trial in nine cystic fibrosis (CF) subjects receiving cationic liposome complexed with a complementary DNA encoding the CF transmembrane conductance regulator (CFTR), and six CF subjects receiving only liposome to the nasal epithelium. No adverse clinical effects were seen and nasal biopsies showed no histological or immunohistological changes. A partial restoration of the deficit between CF and non-CF subjects of 20% was seen for the response to low Cl^- perfusion following CFTR cDNA administration. This was maximal around day three and had reverted to pretreatment values by day seven. In some cases the response to low Cl^- was within the range for non-CF sub-

jects. Plasmid DNA and transgene-derived RNA were detected in the majority of treated subjects. Although these data are encouraging, it is likely that transfection efficiency and the duration of expression will need to be increased for therapeutic benefit.

(1996;129:46) Natsuko J. Caplan et al. Department of Biochemistry and Molecular Genetics, St Mary's Hospital Medical School, Norfolk Place, London, England W2 1PG.

ANN SURG

Philadelphia, Pa

Prognostic Factors Predictive of Survival for Truncal and Retroperitoneal Soft-Tissue Sarcoma

Objective: The authors identified prognostic factors relevant to clinical outcomes (especially survival) in truncal and retroperitoneal soft-tissue sarcoma.

Summary Background Data: These results can be used to optimize surgical management and select patients most likely to benefit from novel therapeutic strategies in future trials.

Methods: A retrospective analysis was performed of a prospectively compiled database of 183 consecutive patients with truncal and retroperitoneal sarcomas seen at the Brigham and Women's Hospital and the Dana Farber Cancer Institute between 1970 to 1994.

Results: For truncal sarcoma, multivariate analysis showed that high-grade histology was associated with an eightfold increased risk of death compared with low-grade histology ($p = 0.001$). In addition to grade, gross positive margin of resection ($p = 0.001$), microscopic positive margin ($p = 0.023$), and tumors greater than 5 cm in size ($p = 0.018$) were important independent prognostic factors for survival. In this series, postoperative radiation therapy for truncal sarcoma was associated with a 2.4-fold decreased risk of death compared with truncal sarcoma patients receiving no adjuvant radiation therapy, having adjusted for the other prognostic factors ($p = 0.030$).

In contrast, for retroperitoneal sarcoma, multivariate analysis showed that high-grade and intermediate-grade histology were associated with a five- to sixfold increased risk of death compared with low-grade histology ($p = 0.009$). In addition to grade, gross positive margin of resection ($p = 0.001$) and microscopic positive margin ($p = 0.004$) were important independent prognostic factors for survival in retroperitoneal sarcoma. Patients who received either preoperative or postoperative chemotherapy for retroperitoneal sarcoma had a 4.6-fold ($p = 0.002$) and 3-fold ($p = 0.010$) increased risk of death, respectively, compared with patients receiving no adjuvant chemotherapy, having adjusted for the other prognostic factors.

Conclusions: The histologic grade and the margin of resection are prognostic for survival in both truncal and retroperitoneal soft-tissue sarcoma. Tumor size was an independent prognostic factor for truncal sarcoma, but not for retroperitoneal sarcoma. Postoperative adjuvant radiation was beneficial to overall survival for truncal sarcoma. In this series of patients receiving a heterogeneous mixture of chemotherapeutic regimens—either as preoperative “neoadjuvant” therapy or as postoperative “adjuvant” therapy, there were no beneficial effects on survival compared with nonrandomized patients not receiving chemotherapy.

(1996;221:185-196) Samuel Singer et al. Division of Surgical Oncology, Brigham and Women's Hospital, 75 Francis St, Boston, MA 02115.

SCIENCE

Washington, DC

Numbers and Ratios of Visual Pigment Genes for Normal Red-Green Color Vision

Red-green color vision is based on middle-wavelength- and long-wavelength-sensitive visual pigments encoded by an array of genes on the X chromosome. The numbers and ratios of genes in this cluster were reexamined in men with normal color vision by means of newly refined methods. These methods revealed that many men had more pigment genes on the X chromosome than had previously been suggested and that many had more than one long-wave pigment gene. These discoveries challenge accepted ideas that are the foundation for theories of normal and anomalous color vision.

(1996;287:1013-1016) Matthew Neitz and Jay Neitz. Departments of Ophthalmology and Cellular Biology and Anatomy, Medical College of Wisconsin, 8701 Watertown Plank Rd, Milwaukee, WI 53226.

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date	
10115	Helen/Ron	Cornman/MacInnis	9/15/97	
Addressed To				
Thurman, Sandra				
Sender's Organization				
National Council for International Health				
Sender's Street1				
1701 K St.				
Sender's Street2				
Suite 600				
Sender's City		Sender's State	Sender's Zip	
Washington		DC	20006	
Subject				
International panels				
☒ Response Needed?		Response Type	Response Date	Responder ID
NUS TS				
Responder Name		Action Promised	Action Complet	Action Date
Notes				

12 September 1997

Ms. Sandra Thurman
Office of National AIDS Policy
750 15th Street, NW
Suite 600
Washington, DC 20503

Dear Ms. Thurman:

We are writing to thank you for taking time to meet with us on August 21, 1997. We value the continued relationship between The National Council for International Health and the Office of National AIDS Policy, and are very excited about our upcoming joint projects. Please keep us informed of the events you are planning around World AIDS Day as the date is approaching quickly.

Additionally, we wish to formally present to you information concerning the international panels and reception that have been planned for the US Conference on AIDS next week in Miami Beach, Florida. A brochure detailing the specifics of the different events is enclosed. Patsy Fleming and we believe that attendance and interest would increase with your public support of the international events. We are hoping you would mention the panels during your keynote address at the conference and if time permitting elaborate on the White House's support of international AIDS programs. *

Any support that you can provide for us is truly appreciated. Once again, thank you for your continued support and interest, and we look forward to seeing you next week in Miami!

Sincerely,



Helen Cornman
AIDS Program Officer



Ron MacInnis
AIDS Program Officer

Attachment:
Conference Brochure

The Global Response to AIDS

At the US Conference on AIDS, September 18-20, 1997, at the Fountainbleau Hotel, Miami Beach, Florida.

In many parts of our world, the AIDS epidemic is just beginning!

Learn and share with women and men from around the globe who are working in HIV/AIDS prevention, care, treatment, and advocacy programs. Three specially designed panels at the US Conference on AIDS will bring you closer to understanding how community organizations and international agencies are addressing the AIDS pandemic.

Thursday, September 18, 1997

"VOICES FROM AROUND THE WORLD"

An International Dialogue

9:30 am - 12:00 pm

Eden Roc Hotel (next door to Fountainbleau Hotel)
4525 Collins Avenue, Miami Beach (Mona Lisa Room)

Panelists from four countries will address their work in HIV/AIDS prevention, care, and treatment. Learn about community outreach in Haiti, popular perceptions of HIV/AIDS in South Africa, and the resource constraints that hamper effective HIV/AIDS programs in developing countries.

Moderator, Patsy S. Fleming

Former Director of the White House Office of National AIDS Policy

Presenters:

Claudette Francis, Trinidad and Tobago
Caribbean Epidemiological Center

Ricardo Garcia, MD, MPH, Colombia
Former Director of the Colombian National AIDS Control Program

Maryse L'Amour, Haiti

AIDS/STD Counselor, LaFossette Health Center

Josianne Loredon, Haiti, Social Worker

ABA SIDA/PRODEVA (AIDS Coalition in Haiti)

Mercy Elizabeth Makhelemele, South Africa

S.Africa Association of People Living with HIV/AIDS

End 1996 global estimates

Persons living with HIV / AIDS	22.6 million
New HIV infections in 1996	3.1 million
Deaths due to HIV / AIDS in 1996	1.5 million
Cumulative number of HIV infections	29.4 million
Cumulative number of AIDS cases	8.4 million
Cumulative number of deaths due to HIV / AIDS	6.4 million



UNAIDS

Joint United Nations Programme on HIV / AIDS

1996 ESTIMATES

Friday, September 19, 1997

GENEVA HERE WE COME! GETTING INVOLVED IN THE LARGER AIDS MOVEMENT

9:00 am - 12:00 pm, Fountainbleau Hotel (Imperial 5 Room)

World AIDS Conferences are an opportunity for AIDS Service Organizations around the world to impact the direction of the global response to AIDS. Learn about events planned by community organizations for the next World AIDS Conference to be held in July 1998, in Geneva, Switzerland - and discuss how you and your organization can participate in the larger AIDS movement by being involved in other international exchanges.

Presenters:

Victor Barnes, Associate Director for International HIV

Prevention, Centers for Disease Control

Ken Morrison, Community Liaison Coordinator
The 12th World AIDS Conference

Renee Saunders, South Africa Resident Mission
United States Agency for International Development

Saturday, September 20, 1997

THE GLOBAL AIDS PANDEMIC & THE WORLD'S RESPONSE

9:30 am - 11:30 am

Fontaine Room
Fountainbleau Hotel

Two of the world's largest organizations working today to address AIDS around the world are the United States Agency for International Development (USAID) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Learn and discuss the role of these organizations with several experts on their work.

Moderated by, Paul Boneberg

Global AIDS Action Network

Presents:

Paul De Lay, MD, Director, HIV/AIDS Division

US Agency for International Development

Patricia S. Fleming, consultant NCIH/UNAIDS

Former Director, Office of National AIDS Policy

Jairo Pedraza, North America Representative

Global Network of People Living with HIV and AIDS

NGO Representative to the UNAIDS Programme



Former "AIDS Czar" Patsy Fleming will participate in the Global Response to AIDS workshops at the US Conference on AIDS

National Minority AIDS Council
and the
The Global AIDS Program of
the National Council
for International Health (NCIH)

Invite You to
the

**INTERNATIONAL
WINE & CHEESE RECEPTION**

Friday, September 19, 1997
at the
US Conference on AIDS

6:30 pm - 8:00 pm
Friday, September 19, 1997
Club Atlantic Room
(overlooking the ocean)
Fountainbleau Hotel
Miami Beach, Florida

Hosted by:

Patricia S. Fleming
*Former Director of the White House
Office of National AIDS Policy
with conference guests from Canada,
Colombia, Haiti, Mexico, South Africa,
and Trinidad & Tobago*

- free -

The National Council for International Health (NCIH) Global AIDS Program serves a unique international network of non-governmental organizations by educating and providing advocacy on issues affecting the populations most affected by the HIV/AIDS pandemic. The goal is to facilitate understanding and communication between AIDS service organizations and HIV/AIDS programs that benefit the men, women, and children of the developing countries of Africa, Asia, Latin America, and the Caribbean.

The National Minority AIDS Council (NMAC) is dedicated to using all of its resources on a national level to help develop leadership in minority communities to address issues of HIV/AIDS. NMAC is the only national AIDS organization dedicated solely and specifically to minority communities. NMAC sponsors award-winning conferences including The US Conference on AIDS, Our Place At the Table, and the Prevention Summit. NMAC also works to provide technical assistance, prevention education campaigns, and advocacy projects. For more information on NMAC, write to 1931 13th St., NW, Washington, DC 20009-4432; tel: 202-483-NMAC; fax: 202-483-1135.

United States Conference on AIDS is the largest annual gathering of AIDS service providers in the country. The conference is presented by a diverse partnership of 12 national AIDS organizations representing the unique face of community-based AIDS organizations responding to AIDS across this country.

For further information about the international workshops held at the US Conference on AIDS, or the National Council for International Health Global AIDS Program contact Helen Cornman or Ron MacInnis at NCIH, 1701 K Street, NW, Suite 600, Washington, DC 20006; tel: 202-833-5900; fax: 202-833-0075; or e-mail: <ncihalds@ncihalds.org>.

"voices from around the world..."

**The Global Response
to AIDS
at the
US Conference on AIDS**

**September 18 - 20, 1997
US Conference on AIDS
Fountainbleau Hotel
Miami Beach, Florida**



NCIH NATIONAL COUNCIL
FOR INTERNATIONAL HEALTH

1701 K STREET, N.W. SUITE 600
WASHINGTON, DC 20006

Ms. Sandra Thurman
Office of National AIDS Policy
808 17th Street, NW
Suite 820
Washington, DC 20006

]

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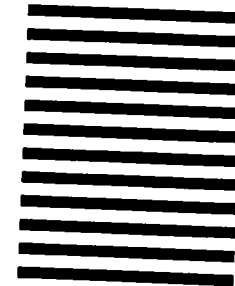
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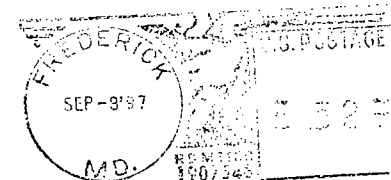
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		9/24/97	
Responder Name	Action Promised	Action Complet	Action Date
Notes			

Ref to Sarah-
(TS)



September 3, 1997

Ms. Sandra Thurman
White House Office on AIDS Policy
808 17th Street, NW, 8th FL
Washington, D.C. 20503.

Dear Sandy:

As you know the AIDS National Interfaith Network has been awarded a grant from the Ford Foundation to conduct an *AIDS & Religion in America Convocation*. This historic event will be held at the Carter Presidential Center in Atlanta, Georgia from November 8th to 11th, 1998. The event is co-sponsored by: The Interfaith Health Project of the Carter Presidential Center, the American Academy of Religion, the Centers for Disease Control and Prevention and the Ford Foundation.

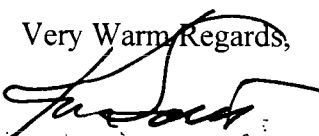
The event will be by invitation only. The guest list will be limited to two hundred and fifty persons and will include the top leadership of national religious groups, the religious press, the editors of religious publications, the AIDS reporters from the mainstream press, and a selection of theologians, scholars and philosophers. The purpose of this gathering is to raise the level of understanding with these persons and to increase the level of publications about AIDS in the religious community. A special feature of this event is a proposed "roundtable" with the heads of religious denominations and President Carter to urge a stronger commitment to the epidemic.

The event will be conducted through a series of different venues including, plenarys, panel discussions, formal debate, a "fish bowl" and keynote presentations at luncheons and dinners.

The Convocation Planning Committee and the AIDS National Interfaith Network would be very pleased if you would be willing to be the keynote speaker at the evening banquet on Tuesday, November 11, 1998 at the Hyatt Regency Hotel. The theme for the evening will be *The Federal Response to the Epidemic*. The event will be open to the public to give people from the AIDS and religious community an opportunity to participate in, at least a portion, of the Convocation.

Your response at your earliest convenience would be appreciated.

Very Warm Regards,


Rev. Ken South
Executive Director

Can't Commit

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10094	Richard	Lugar	9/8/97
Addressed To			
Thurman, Sandra			
Sender's Organization			
United States Senate			
Sender's Street1			
Sender's Street2			
Sender's City	Sender's State	Sender's Zip	
Washington	DC	20510	
Subject			
Invite to high school in IND.			
☒ Response Needed?	Response Type	Response Date	Responder ID
	cc of letter to	9/24/97	
Responder Name	Action Promised	Action Complet	Action Date
	John Mose		
Notes			

RICHARD G. LUGAR
INDIANA

306 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510
202-224-4814

COMMITTEES:
AGRICULTURE, NUTRITION, AND FORESTRY
CHAIRMAN
FOREIGN RELATIONS
SELECT COMMITTEE
ON INTELLIGENCE

United States Senate

WASHINGTON, DC 20510-1401

September 4, 1997

Ms. Sandra Thurman
Director
Office of National AIDS Policy
The White House
Washington, D.C. 20500

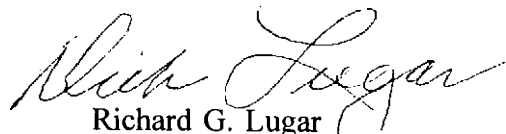
Dear Ms. Thurman:

I am forwarding to you a copy of a letter from John W. Moser, Executive Director of the Jay County (Indiana) AIDS Task Force, which originally was mailed to you on August 27, 1997. This letter invited you to address a group of high school students in Indiana during AIDS Awareness Week, scheduled during early April 1997.

As you plan your schedule for 1998, I strongly encourage you to consider this request. I am confident that your insight into the AIDS issue will be beneficial to the students of Jay County. I hope that you will have the opportunity to attend this important event.

Thank you for your consideration of this invitation.

Sincerely,



Richard G. Lugar
United States Senator

enclosure

RGL/kkn

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Letter tracking (Personal) (1 page)	09/08/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:

Correspondence - SLT - Incoming - 9/97

2018-0764-F
jm2053

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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Individual living with AIDS to Sandra Thurman re: AIDS Task Force (Personal) [partial] (1 page)	08/27/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:

Correspondence - SLT - Incoming - 9/97

2018-0764-F

jm2053

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]

Jay County AIDS Task Force, Inc.

P.O. Box 1233
Portland, IN 47371
(219) 997-6788

AIDS HelpLine and
Information
1-800-997-6790

August 27, 1997

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

Dear Ms. Thurman:

I am an AIDS patient and founder of the Jay County AIDS Task Force, Inc. in Portland, Indiana. Three years ago President Clinton allowed Patsy Fleming to travel to Indiana to support my efforts of fund raising and educating rural communities in Indiana. There is not much attention or support given to rural areas dealing with AIDS. I serve on many statewide committees in order to raise awareness to the needs of rural AIDS communities.

Each year I present an event called AIDS AWARENESS WEEK at our local high school, Jay County High School.

I would very much like to have you come and speak to the 1200 students and then on the same day speak at a fund-raising luncheon or dinner. The fund-raising part of my invitation will draw people from Indianapolis, Bloomington, Ft. Wayne, the entire State of Indiana. With that in mind I ask that I be your only event in Indiana two months before and two months after the following event dates. We want to hear your most recent thoughts and comments concerning AIDS issues.

At this time the schedule is flexible and I am able to give you your choice of days, April 6, 7 or 8, 1998. Please let me know your preference. I am working with other speakers and arranging television interviews, etc. therefore we need to lock-in a date for you real soon.

I will personally take care of your travel arrangements as I can get very good discount rates locally. I will provide your lodging and meals. Do you require any type of stipend? Your presence and attention is needed in rural Indiana. Awaiting your response.

Sincerely,

[Redacted signature box with (b)(6) notation]

Jay Co. AIDS Task Force, Inc.
P.O. Box 1233
Portland, Indiana 47371
219/997-6788
FAX: 219/726-8143

[001b]

only LOVE can



TRANSFORM



ONAP Letter Tracking

FILE COPY

Letter ID	Writer First Name	Writer Last Name	Received Date
10080			9/4/97
Addressed To			
Sender's Organization			
Bell Atlantic			
Sender's Street1			
Sender's Street2			
Sender's City	Sender's State	Sender's Zip	
Subject			
☒ Response Needed?	Response Type	Response Date	Responder ID
Responder Name	Action Promised	Action Complet	Action Date
Parris, Carmena		✓	9/5/97
Notes			
Carmena -- Is this ours? This was addressed to Ashley Raines			

ONAP Letter Tracking

FILE COPY

c

Letter ID	Writer First Name	Writer Last Name	Received Date	
10075			9/4/97	
Addressed To				
Parris, Carmena				
Sender's Organization				
The Washington Blade				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
renewal notice				
☒ Response Needed?	Response Type	Response Date	Responder ID	
Responder Name	Action Promised	Action Complet	Action Date	
Parris, Carmena		✓	9/5/97	
Notes				
This correspondence was addressed to the office of Nat. AIDS Policy (DPS9)				

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date	
10086	Jeremy	Murphy	9/4/97	
Addressed To				
Thurman, Sandra				
Sender's Organization				
Safe Date Club				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
☒ Response Needed?	Response Type	Response Date	Responder ID	
Responder Name	Action Promised	Action Complet	Action Date	
Notes				
Response may be required...				

ONAP Letter Tracking

FILE COPY

Letter ID

10053

Writer First Name

Barbara

Writer Last Name

Boxer

Received Date

9/2/97

Addressed To

Thurman, Sandra

Sender's Organization

US Senate

Sender's Street1

Sender's Street2

Sender's City

Sender's State

Sender's Zip

Subject

Genevieve Clavreul

☒ Response Needed?

Response Type

Response Date

Responder ID

Responder Name

Action Promised

Action Complet

Action Date

9/2/97

Notes

Notify Senator Boxer that the situation has been rectified...

THE WHITE HOUSE
WASHINGTON

September 2, 1997

Honorable Barbara Boxer
Member of Congress
112 Hart Senate Office Building
Washington, DC 20510-0505

Dear Representative Boxer:

Thank you for your letter on behalf of Dr. Genevieve Clavreul, who had written to request a meeting with me. Subsequent to her letter, a meeting has been arranged.

Our office believed that a response had been sent to her earlier correspondence, but apparently it was not received. A letter has gone out to Dr. Clavreul apologizing for the error.

Should you have any further questions with respect to this issue, please feel free to contact me or Todd Summers, my Deputy Director at (202) 632-1090.

Very truly yours,

A handwritten signature in black ink, appearing to read "Sandra L. Thurman", followed by a small circular mark containing a star.

Sandra L. Thurman
Director
Office of National AIDS Policy

United States Senate

HART SENATE OFFICE BUILDING
SUITE 112
WASHINGTON, DC 20510-0505
(202) 224-3553
senator@boxer.senate.gov
<http://www.senate.gov/~boxer>

COMMITTEES:
APPROPRIATIONS
BANKING, HOUSING, AND
URBAN AFFAIRS
BUDGET
ENVIRONMENT
AND PUBLIC WORKS

August 27, 1997

Ms. Sandy Thurman, Director
Office of National AIDS Policy
808 17th Street, NW
8th Floor
Washington, DC 20006

Dear Ms. Thurman:

I recently received the enclosed correspondence from my constituent, Genevieve M. Clavreul, requesting a meeting with you in September.

Any assistance you can provide in this matter would be greatly appreciated.

Thank you for your consideration.

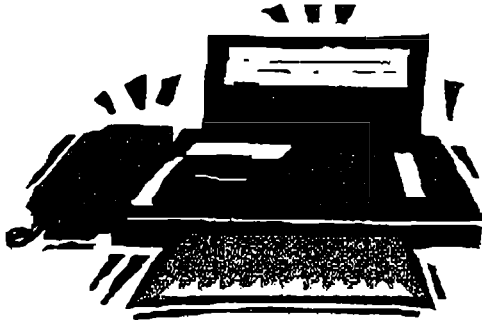
Sincerely,



Barbara Boxer
United States Senator

BB/mb
enclosure

FROM GENEVIEVE'S FAX TO



FROM: Geneviève M. Clavreul, Ph.D.
PHONE: (626) 398-8585
FAX: (626) 398-5664

YOUR FAX

August 26, 1997

TO: Senator Barbara Boxer
FAX: (415) 956-6701

8 Pages including this header.

Message:

PLEASE DELIVER TO SENATOR BOXER

This transmission is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and then return the original message to us at the address below by the U.S. Postal Service. Thank you.

PO BOX 867
Pasadena, CA 91162-0867

Geneviève M. Clavreul, Ph.D.

PO Box 867

Pasadena, CA 91102-0867

(626) 398-8585

August 25, 1997

Senator Barbara Boxer
112 Hart Senate Office Bldg.
Washington DC 20510-0505

Via Facsimile

Dear Senator Boxer:

I write to you as a constituent and request your assistance in resolving a matter which is of great concern to me.

As you may remember I have been intimately involved in HIV/AIDS care and research since the beginning of this devastating disease. I have worked closely with both city, county, state, federal agencies, and as well with officials on the international level in the promotion of both human rights and health care issues. When President Clinton announced his appointment of Ms. Thurman as the news AIDS Czar, I looked forward to the opportunity to meet, speak, and work with her in the battle against HIV/AIDS.

After meeting with her briefly at the National Conference on Women and AIDS held in Pasadena, California earlier this year and again at AIDSWatch held in Washington DC, Ms. Thurman suggested that I make an appointment to meet with her when I was next in Washington DC. I followed up with her request and due to scheduling conflicts with her schedule we were unable to meet and she request that I again contact her office for an appointment when I was next in Washington DC.

Again, I followed her suggestion and called her office to schedule an appointment to meet with her. At that time Mr. Montoya, of her staff, asked that I submit my request via facsimile, as well as send a copy of my curriculum vitae and other related materials, which I did. I received no response to this request, nor the subsequent follow-up telephone calls. I have sent numerous correspondence and made additional telephone calls in order to confirm an opportunity to meet with her. To date, no telephone call, facsimile, or written response to these request have been received.

B. Boxer
Page 2 of 2

I have become gravely concerned at her ability to manage her responsibilities as AIDS Czar, when she or her staff cannot respond to correspondence or telephone calls -- that the more serious issues of HIV/AIDS must go similarly ignored by Ms. Thurman and her staff.

I am now asking for you to intervene on my behalf. My request, as you can see by the attached copies of correspondence, go unrecognized. I ask you to personally request that Ms. Thurman either meet with me (I will be in the Washington DC area from Monday, September 15th through Friday, September 19th) or call me at my office (626) 398-8585 prior to my departure for Washington DC.

Thank you for your assistance with this matter.

Sincerely,



Geneviève M. Clavreul, Ph.D.

attach.: copy of 8/25/97 letter sent to S. Thurman
 copy of 7/2/97 letter sent to S. Thurman
 copy of 6/13/97 letter sent to S. Thurman
 copy of 5/19/97 letter sent to S. Thurman
 copy of 5/15/97 fax sent to S. Thurman



Geneviève M. Clavreul, Ph.D.
PO Box 867
Pasadena, CA 91102-0867
(626) 398-8585

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW
8th Floor
Washington DC 20006

August 25, 1997
Via Facsimile

Dear Ms. Thurman:

I write to you today with great concern. I have sent numerous communications and telephone calls to you, and to date have not received a response from either your staff or **you**. I must say that your behavior and lack of response is inexcusable!

I have made several attempts to schedule a meeting with you. I have been and still am very active in both AIDS care and research, and have requested the opportunity to meet with you. I have grown concern that your failure to even make a courteous response is an ill-omen of your intent to serve the people of this nation who are living with HIV/AIDS. who care for patients living with HIV/AIDS, and who are attempting to discover new treatments and a cure for HIV/AIDS.

I will be in Washington DC to attends meetings from Monday, September 15th until Friday, September 19th. I hope that we will have an opportunity to meet sometime during my stay. Whether or not you are able to meet or speak with me during this time **a response is requested**. As a professional and a **public servant** -- this is the very least that is expected of you.

Putting your head in the sand regarding my requests will not make my requests or me "go-away". I have asked for and expect a response from you personally.

Sincerely,

Geneviève M. Clavreul, Ph.D.

cc: President Bill Clinton
✓ Senator Barbara Boxer
Congressman Tom Coburn
Senator Diane Feinstein
Congressman James Rogan
Donna Shalala, Ph.D.
Congressman Henry Waxman

**Geneviève M. Clavreul**

PO Box 867

Pasadena, CA 91102-0867

(818) 398-8585

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW, 8th Floor
Washington DC 20006

July 2, 1997
Via Facsimile

Dear Ms. Thurman:

I am writing to you today to express my concern regarding the lack of response from both your office staff and yourself.

When we met at AIDSWatch '97 and at the National Women's Conference in Pasadena, you suggested that I should contact your office to schedule an appointment with you so we could continue our discussion. At your suggestion, I called your office on May 14th to request an appointment, and was informed by Mr. Montoya of your staff that this request had to be made in writing. I followed his request and sent a written request to your office via facsimile on May 15th, regarding the possibility of scheduling an appointment for June 5, 1997. I received no response back from either Mr. Montoya or yourself regarding my request for scheduling a meeting with you.

As you may remember, I followed-up with your offices regarding an appointment at your request. At the time of our meeting at AIDSWatch '97 I shared with you my excitement at your appointment to the position of AIDS Czar, and the hope that perhaps strides towards making a difference would occur. I know that you find the time to have frequent contact via conference call with a group of HIV-positive individuals, as well as AIDS Activists, and I applaud your jumping into the fray -- however the polite thing to do when a call is placed to you, or a written communication is received by you is to respond; if not personally, at least through your staff.

I must conclude that a lack of response from you is that things are business as usual, and I now find myself in the position of having to acknowledge the original criticism made by the many activists that President Clinton's appointment of you was a mistake. I have left message at your office for your on the dates and times list below:

Friday, May 16, 1997 at 6:44 AM
Monday, May 19, 1997 at 7:52 AM
Friday, June 6, 1997 at 7:37 AM
Wednesday, June 18, 1997 at 7:54 AM
Tuesday, June 24, 1997 at 7:53 AM
Tuesday, July 1 at 7:18 AM and at 6:01 PM

I am not accustomed to such a lack of professionalism, as has been displayed by your staff, and ultimately you. If this is how you plan to "do business" then the fight against HIV/AIDS continues to be a low priority -- especially for the AIDS Czar. I hope that you find the time to address my concerns and original request.

Sincerely,

Geneviève M. Clavreul, Ph.D.

cc: President Clinton



Geneviève M. Clavreul
PO Box 867
Pasadena, CA 91102-0867
(818) 398-8585

June 13, 1997

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW, 8th Floor
Washington DC 20006

Via Facsimile

Dear Ms. Thurman:

On May 19th, at the request of your aide, Mr. Montoya, I sent a letter to schedule an opportunity to meet with you. You may remember that at our meeting at the National Women Conference on AIDS held in Pasadena, CA in May, you suggested that the next time I was in Washington DC I should call your office so we could meet.

Therefore, I was surprised to find that my letter sent to you by fax has yet to be answered by yourself or a member of your staff. I will be returning to the Washington DC area on July 13th. Perhaps your staff will be able to schedule some time for us to meet. However, I hope that this time I will have a response from your office regarding the scheduling of our appointment. I can be reached at (818) 398-8585, if you should have any questions.

Sincerely,

Geneviève M. Clavreul, Ph.D.



Geneviève M. Clavreul
PO Box 867
Pasadena, CA 91102-0867
(818) 398-8585

May 19, 1997

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW
8th Floor
Washington DC 20006

Via Facsimile

Dear Ms. Thurman:

I am writing to you today at the request of your scheduling staff. I received your response to my request for an appointment while I was in Washington DC last week, and I can understand that given the short notice for you and your already growing list of obligations and meetings that last week just wasn't the best of times. However, when I called this morning to attempt to schedule a meeting for my next trip to Washington DC, I was surprised to be given instructions that my request should be in writing with an explanation of my reason for the meeting.

I will be in Washington DC to attend a meeting on June 5th, so as your staff person request I would like to requested an appointment for either Wednesday, June 4th or Friday, June 6th. As we discussed at AIDSWatch '97 and at the National Women's Conference in Pasadena, it would be advantageous for the two of us to set aside some time to meet and continue our discussion.

I have attached some articles and letters regarding my work and involvement in the fight against HIV/AIDS. Please do not hesitate to call me if you have additional questions.

Sincerely,

Geneviève M. Clavreul, Ph.D.

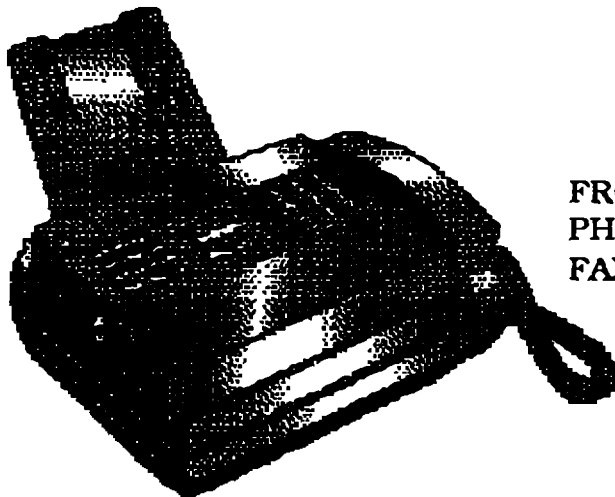
GMC/cme

encl.: letter from Dr. Gallo (2)
articles (11)

AIDS Experts and Clinicians are Settling in for the Long Haul
Health Experts Share Research Findings at AIDS Summit
WIN-AIDS Creates Hi-tech Network for Linking Researchers, Clinicians
Who Do You Trust?: Self-Appointed Experts Further Confuse the Issues
Surrounding HIV
Lesbians and AIDS -- The Overlooked Statistics
Minimizing the Impact of AIDS on the Nursing Shortage
Batling the Body Snatchers
Are Women and Children Expendable? -- The Untold Dangers of HIV and
Breastmilk
A Future with AIDS: Prolonging the Quality of Life -- A Treatment Tool for
RNs, Part 1
AIDS Workers Going for Computer Link
Misdirection: AIDS Research, the Government and AmFAR
AIDS -- Has the Human Species Met Its Match?



FROM GENEVIEVE'S FAX TO



FROM: Geneviève M. Clavreul
PHONE: (818) 398-8585
FAX: (818) 398-5664

YOUR FAX

May 15, 1997

TO: Ms. Sandy Thurman
PHONE: (202) 632-1090
FAX: (202) 632-1615

1 Pages including this header.

Message:

PLEASE DELIVER TO MS. THURMAN

Sandy:

I wanted to inform you that I will be staying an extra day in the DC area, I will returning to Los Angeles on Saturday, May 17th. I hope that this additional day will afford us an opportunity to meet. I can be reached via my cellular telephone at (818) 426-8626, and even though this is a California area code, it roams while I am out of state.

Geneviève
GMC/cme

This transmission is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and then return the original message to us at the address below by the U.S. Postal Service. Thank you.

PO BOX 867
Pamona, CA 91102-0867

ONAP Letter Tracking

FILE COPY

Letter ID	Writer First Name	Writer Last Name	Received Date	
10052	Congressman James E.	Rogan	9/2/97	
Addressed To				
Thurman, Sandra				
Sender's Organization				
Congress				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
Genevieve Clavreul				
☒ Response Needed?	Response Type	Response Date	Responder ID	
Responder Name	Action Promised	Action Complet	Action Date	
Notes				
Notify that the situation has been rectified...				

THE WHITE HOUSE
WASHINGTON

September 2, 1997

Honorable James E. Rogan
Member of Congress
199 So. Los Robles Avenue, #560
Pasadena, CA 91101

ATTN: Linda Bonar, Staff Assistant

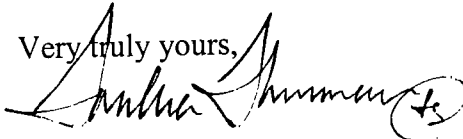
Dear Representative Rogan:

Thank you for your letter on behalf of Dr. Genevieve Clavreul, who had written to request a meeting with me. Subsequent to her letter, a meeting has been arranged.

Our office believed that a response had been sent to her earlier correspondence, but apparently it was not received. A letter has gone out to Dr. Clavreul apologizing for the error.

Should you have any further questions with respect to this issue, please feel free to contact me or Todd Summers, my Deputy Director at (202) 632-1090.

Very truly yours,

A handwritten signature in black ink, appearing to read "Sandra L. Thurman", with a stylized flourish at the end.

Sandra L. Thurman
Director
Office of National AIDS Policy

Congress of the United States
House of Representatives
Washington, DC 20515-0527

August 26, 1997

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW
8th Floor
Washington, DC 20006

Dear Ms. Thurman:

My constituent, Dr. Genevieve Clavreul, has written to me in regards to her inability to schedule a meeting with you or to receive a response to her many letters, faxes and phone calls. A copy of her letter and pertaining documentation are enclosed.

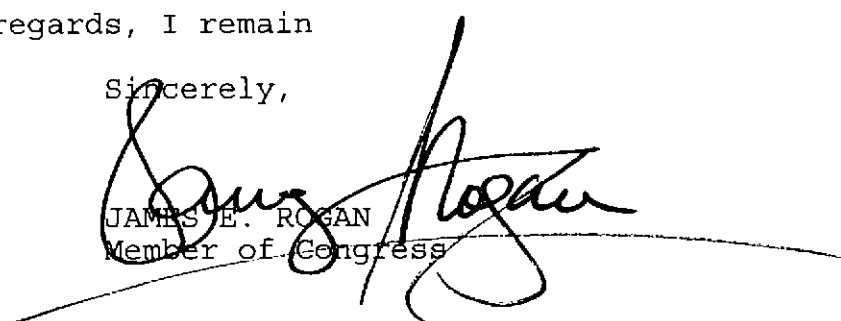
It would be greatly appreciated if you would look into this matter and respond in writing to my District Office in care of my Staff Assistant, Linda Bonar. The address is 199 So. Los Robles Avenue, #560, Pasadena, CA 91101.

If the fax is more convenient for you, the fax number is 626/577-5581.

Thank you for your kind attention to this matter.

With best personal regards, I remain

Sincerely,


JAMES E. ROGAN
Member of Congress

JER:lb

Enclosure

Geneviève M. Clavreul, Ph.D.

PO Box 867

Pasadena, CA 91102-0867

(626) 398-8585

August 25, 1997

Congressman James Rogan
199 South Los Robles Avenue
Suite #560
Pasadena, CA 91101

Via Facsimile

Dear Congressman Rogan:

I write to you as a constituent and request your assistance in resolving a matter which is of great concern to me.

As you may remember I have been intimately involved in HIV/AIDS care and research since the beginning of this devastating disease. I have worked closely with both city, county, state, federal agencies, and as well with officials on the international level in the promotion of both human rights and health care issues. When President Clinton announced his appointment of Ms. Thurman as the new AIDS Czar, I looked forward to the opportunity to meet, speak, and work with her in the battle against HIV/AIDS.

After meeting with her briefly at the National Conference on Women and AIDS held in Pasadena, California earlier this year and again at AIDSWatch held in Washington DC, Ms. Thurman suggested that I make an appointment to meet with her when I was next in Washington DC. I followed up with her request and due to scheduling conflicts with her schedule we were unable to meet and she request that I again contact her office for an appointment when I was next in Washington DC.

Again, I followed her suggestion and called her office to schedule an appointment to meet with her. At that time Mr. Montoya, of her staff, asked that I submit my request via facsimile, as well as send a copy of my curriculum vitae and other related materials, which I did. I received no response to this request, nor the subsequent follow-up telephone calls. I have sent numerous correspondence and made additional telephone calls in order to confirm an opportunity to meet with her. To date, no telephone call, facsimile, or written response to these request have been received.

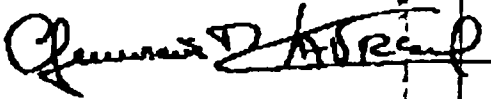
J. Regan
Page 2 of 2

I have become gravely concerned at her ability to manage her responsibilities as AIDS Czar, when she or her staff cannot respond to correspondence or telephone calls -- that the more serious issues of HIV/AIDS must go similarly ignored by Ms. Thurman and her staff.

I am now asking for you to intervene on my behalf. My request, as you can see by the attached copies of correspondence, go unrecognized. I ask you to personally request that Ms. Thurman either meet with me (I will be in the Washington DC area from Monday, September 15th through Friday, September 19th) or call me at my office (626) 398-8585 prior to my departure for Washington DC.

Thank you for your assistance with this matter.

Sincerely,



Genevieve M. Clavreul, Ph.D.

attach.: copy of 8/25/97 letter sent to S. Thurman
 copy of 7/2/97 letter sent to S. Thurman
 copy of 6/13/97 letter sent to S. Thurman
 copy of 5/19/97 letter sent to S. Thurman
 copy of 5/15/97 fax sent to S. Thurman



Geneviève M. Clavreul, Ph.D.

PO Box 867

Pasadena, CA 91102-0867

(626) 398-8585

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW
8th Floor
Washington DC 20006

August 25, 1997

Via Facsimile

Dear Ms. Thurman:

I write to you today with great concern. I have sent numerous communications and telephone calls to you, and to date have not received a response from either your staff or **you**. I must say that your behavior and lack of response is inexcusable!

I have made several attempts to schedule a meeting with you. I have been and still am very active in both AIDS care and research, and have requested the opportunity to meet with you. I have grown concern that your failure to even make a courteous response is an ill-omen of your intent to serve the people of this nation who are living with HIV/AIDS, who care for patients living with HIV/AIDS, and who are attempting to discover new treatments and a cure for HIV/AIDS.

I will be in Washington DC to attend meetings from Monday, September 15th until Friday, September 19th. I hope that we will have an opportunity to meet sometime during my stay. Whether or not you are able to meet or speak with me during this time **a response is requested**. As a professional and a **public servant** -- this is the very least that is expected of you.

Putting your head in the sand regarding my requests will not make my requests or me "go-away". I have asked for and expect a response from you personally.

Sincerely,

Geneviève M. Clavreul, Ph.D.

cc: President Bill Clinton
Senator Barbara Boxer
Congressman Tom Coburn
Senator Diane Feinstein
Congressman James Rogan
Donna Shalala, Ph.D.
Congressman Henry Waxman

**Geneviève M. Clavreul**

PO Box 867
Pasadena, CA 91102-0867
(818) 398-8585

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW, 8th Floor
Washington DC 20006

July 2, 1997
Via Facsimile

Dear Ms. Thurman:

I am writing to you today to express my concern regarding the lack of response from both your office staff and yourself.

When we met at AIDSWatch '97 and at the National Women's Conference in Pasadena, you suggested that I should contact your office to schedule an appointment with you so we could continue our discussion. At your suggestion, I called your office on May 14th to request an appointment, and was informed by Mr. Montoya of your staff that this request had to be made in writing. I followed his request and sent a written request to your office via facsimile on May 15th, regarding the possibility of scheduling an appointment for June 5, 1997. I received no response back from either Mr. Montoya or yourself regarding my request for scheduling a meeting with you.

As you may remember, I followed-up with your offices regarding an appointment at your request. At the time of our meeting at AIDSWatch '97 I shared with you my excitement at your appointment to the position of AIDS Czar, and the hope that perhaps strides towards making a difference would occur. I know that you find the time to have frequent contact via conference call with a group of HIV-positive individuals, as well as AIDS Activists, and I applaud your jumping into the fray - however the polite thing to do when a call is placed to you, or a written communication is received by you is to respond; if not personally, at least through your staff.

I must conclude that a lack of response from you is that things are business as usual, and I now find myself in the position of having to acknowledge the original criticism made by the many activists that President Clinton's appointment of you was a mistake. I have left message at your office for your on the dates and times list below:

Friday, May 16, 1997 at 6:44 AM
Monday, May 19, 1997 at 7:52 AM
Friday, June 6, 1997 at 7:37 AM
Wednesday, June 18, 1997 at 7:54 AM
Tuesday, June 24, 1997 at 7:53 AM
Tuesday, July 1 at 7:18 AM and at 6:01 PM

I am not accustomed to such a lack of professionalism, as has been displayed by your staff, and ultimately you. If this is how you plan to "do business" then the fight against HIV/AIDS continues to be a low priority - especially for the AIDS Czar. I hope that you find the time to address my concerns and original request.

Sincerely,

Geneviève M. Clavreul, Ph.D.

cc: President Clinton



Geneviève M. Clavreul
PO Box 867
Pasadena, CA 91102-0867
(818) 398-8585

June 13, 1997

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW, 8th Floor
Washington DC 20006

Via Facsimile

Dear Ms. Thurman:

On May 19th, at the request of your aide, Mr. Montoya, I sent a letter to schedule an opportunity to meet with you. You may remember that at our meeting at the National Women Conference on AIDS held in Pasadena, CA in May, you suggested that the next time I was in Washington DC I should call your office so we could meet.

Therefore, I was surprised to find that my letter sent to you by fax has yet to be answered by yourself or a member of your staff. I will be returning to the Washington DC area on July 13th. Perhaps your staff will be able to schedule some time for us to meet. However, I hope that this time I will have a response from your office regarding the scheduling of our appointment. I can be reached at (818) 398-8585, if you should have any questions.

Sincerely,

Geneviève M. Clavreul, Ph.D.



Geneviève M. Clavreul
PO Box 867
Pasadena, CA 91102-0867
(818) 398-8585

May 19, 1997

Ms. Sandy Thurman
Office of National AIDS Policy
808 17th Street NW
8th Floor
Washington DC 20006

Via Facsimile

Dear Ms. Thurman:

I am writing to you today at the request of your scheduling staff. I received your response to my request for an appointment while I was in Washington DC last week, and I can understand that given the short notice for you and your already growing list of obligations and meetings that last week just wasn't the best of times. However, when I called this morning to attempt to schedule a meeting for my next trip to Washington DC, I was surprised to be given instructions that my request should be in writing with an explanation of my reason for the meeting.

I will be in Washington DC to attend a meeting on June 5th, so as your staff person request I would like to requested an appointment for either Wednesday, June 4th or Friday, June 6th. As we discussed at AIDSWatch '97 and at the National Women's Conference in Pasadena, it would be advantageous for the two of us to set aside some time to meet and continue our discussion.

I have attached some articles and letters regarding my work and involvement in the fight against HIV/AIDS. Please do not hesitate to call me if you have additional questions.

Sincerely,

Geneviève M. Clavreul, Ph.D.

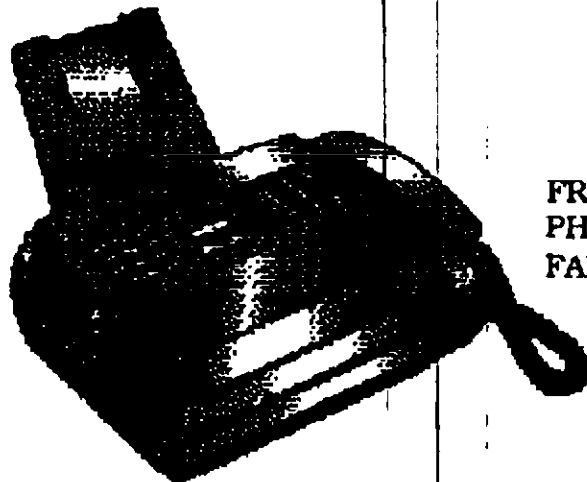
GMC/tmc

encl.: letter from Dr. Gallo (2)
articles (11)

AIDS Experts and Clinicians are Settling in for the Long Haul
Health Experts Share Research Findings at AIDS Summit
WIN-AIDS Creates Hitech Network for Linking Researchers, Clinicians
Who Do You Trust? Self-Appointed Experts Further Confuse the Issues
Surrounding HIV
Lesbians and AIDS - The Overlooked Statistics
Minimizing the Impact of AIDS on the Nursing Shortage
Batting the Body Snatchers
Are Women and Children Expendable? - The Untold Dangers of HIV and
Breastmilk
A Future with AIDS: Prolonging the Quality of Life - A Treatment Tool for
RNs, Part 1
AIDS Workers Going for Computer Link
Misdirection: AIDS Research, the Government and AmFAR
AIDS - Has the Human Species Met Its Match?



FROM GENEVIEVE'S FAX TO



FROM: Geneviève M. Clavreul
PHONE: (818) 398-8585
FAX: (818) 398-5664

YOUR FAX

May 15, 1997

TO: Ms. Sandy Thurman
PHONE: (202) 632-1090
FAX: (202) 632-1615

1 Pages including this header.

Message:

PLEASE DELIVER TO MS. THURMAN

Sandy:

I wanted to inform you that I will be staying an extra day in the DC area, I will returning to Los Angeles on Saturday, May 17th. I hope that this additional day will afford us an opportunity to meet. I can be reached via my cellular telephone at (818) 426-8626, and even though this is a California area code, it roams while I am out of state.

Geneviève
GMC/cme

This transmission is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and except from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and then return the original message to us at the address below by the U.S. Postal Service. Thank you.

PO BOX 867
Pasadena, CA 91102-8667

ONAP Letter Tracking

FILE COPY

Letter ID	Writer First Name	Writer Last Name	Received Date
10064	Stephen	Gendin	9/2/97

Addressed To

Sender's Organization

Community Perscription Service

Sender's Street1

Sender's Street2

Sender's City

Sender's State

Sender's Zip

Subject

Brochures

☐ Response Needed?

NO
TS

Response Type

none

Response Date

Responder ID

Responder Name

Action Promised

Action Complet

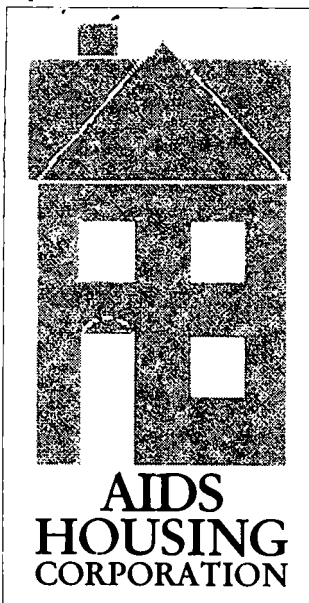
Action Date

Notes

ITS card TD

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10054			9/2/97
Addressed To			
Thurman, Sandra			
Sender's Organization			
AIDS Housing Corporation			
Sender's Street1			
Sender's Street2			
Sender's City	Sender's State	Sender's Zip	
Boston	MA		
Subject			
Job Posting			
☐ Response Needed?	Response Type	Response Date	Responder ID
NO	none		
Responder Name	Action Promised	Action Complet	Action Date
Notes			
NR needed - (TS)			



JOB POSTING

Executive Director

AIDS Housing Corporation

The AIDS Housing Corporation, a non-profit organization dedicated to developing housing options for people living with HIV disease and AIDS, is seeking qualified candidates for the position of Executive Director. The Executive Director is responsible for the overall management of the corporation, including implementation of policies developed in conjunction with the Board of Directors, day-to-day administration of the organization, strategic planning, active participation in the building of bridges with various communities and constituencies, financial oversight and general program implementation.

Qualifications: A Masters Degree (or equivalent) in Public Administration, Business Administration or a related field as well as 3 years of increasing responsibility in the management of a non-profit or supported housing development; or at least 5 years of increasing responsibility in the management of a non-profit or supported housing development. Strong commitment to the needs of persons living with HIV/AIDS or the homeless as evidenced by previous paid or volunteer work with human service or advocacy organizations.

Essential requirements are strong interpersonal skills, superior analytical ability, experience with public speaking, ability to motivate staff and team build, attention to detail and follow-through. Basic business computer skills are necessary.

To apply send cover letter and resume by September 26th to:

Search Committee
c/o AIDS Housing Corporation
95 Berkeley Street, Suite 305
Boston, MA 02116-6229

Board of Directors

President

Lisa Boyd

Vice President

David Fernandez

Treasurer

Imtiyaz Hussein

Clerk

Jim Ferris

Walter Bachelder

Michael Barry

Michael Cronin

Robert Greenwald

Connie Hagerty

Hilary Jones

Cyndi Koebert

Michael Martinez

Mike Pacheco

Robert Zackin

Staff

*Interim Executive Director &
Senior Project Manager*

Marie Herb

Project Managers

Linda Goldman

Holly Grant

Soni Gupta

Kristina Hals (*on leave*)

Intern

Karen Moore

Office Manager

Winthrop Booth

Address

95 Berkeley St., Suite 305

Boston, MA 02116-6229

(617) 451-2248 voice

(617) 451-2011 fax

E-mail: info@ahc.org

Web: www.ahc.org

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. form	re: Letter tracking (Personal) (1 page)	09/02/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:

Correspondence - SLT - Incoming - 9/97

2018-0764-F
jm2053

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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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002b. letter	Individual living with AIDS to Sandra Thurman re: Corporate America and AIDS (Personal) [partial] (1 page)	08/12/1997	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:

Correspondence - SLT - Incoming - 9/97

2018-0764-F

jm2053

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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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.

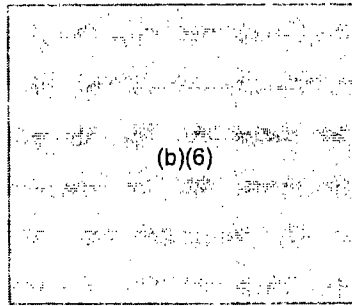
Freedom of Information Act - [5 U.S.C. 552(b)]

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]
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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]



POCCAA

1652 FRANKLIN ST.
DENVER, CO 80218
TEL 303-321-7965
FAX 303-321-6841



[002b]

August 12, 1997

Sandra L. Thurman
Director Of The Office Of National Aids Policy
Address
City, State or Province Postal Code

Dear Sandra Thurman,

I'd like to first say to you it was wonderful meeting you, while you were in our city of Denver. And hope that your stay was a pleasant one.

However after conversing with you and Sue Giseler, I have new questions and concerns. I know that the President would like to see as many people living with HIV/AIDS as possible return to the work force. But my concerns are that Corporate America is not ready to work along side someone who has Aids. I speak not only of my own experiences, but of the many others that I have head and seen in doing my volunteering in the HIV/AIDS arena.

At present I am involved in the first law suit I have ever been in. It's over my lose of employment due to my HIV statues. I find it very angering that after being treated so badly on the job. Now I must be treated as less than human for standing up and saying NO Corporate America regardless of my HIV status I am somebody and I don't have to take this type of treatment. I stand up not just for me but for anyone who might find themselves in a similar situation.

Some back round: On January 6 1995, I lost my job after my employer found out that I was HIV positive. They had actually found out in September of 1994, and had tried for month to convince me to resign. But because my health was and has remained good. And the fact that I could not afford to quit my job. They fired me on January the 6th of 1995. That was followed by a lot of mistreatment. They also disclosed to others my HIV status. Making it almost impossible for to return to the field of work in which I was employed. For the first time in my life I felt as though the only way to resolve this was by legal means. After having gone through my disposition in which even the events of my childhood were more focused upon, then the events of that happened between September of 1994 and January of 1995. Much of this is what is being used to try to detour me from continue in my charges filed against my former employer. Somewhere in my heart I want to believe that there is some fairness in America. I want to know that America can even be a fair place for me. I want to know that if a person or persons does something to someone else that know matter who they are rich or poor, black or white, HIV+ or HIV- they will be treated the same.

I'm writing you hoping that if you have any ideas of how situations like this can be better handled I personally would like to hear from you. I do want to believe that President Bill Clinton really does want to change things. I believe that every man who has taken that office has wanted in his heart to make change in America. Changes for the better.

Sincerely,

(b)(6)



SAN FRANCISCO AIDS FOUNDATION

P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

October 31, 1997

Dear Colleague:

As you know, there has recently been a great deal of discussion about the need for improved HIV surveillance, with much of the debate focusing on the issue of names reporting. In the upcoming months, the U.S. Centers for Disease Control and Prevention (CDC) is expected to issue guidelines encouraging all states to implement an HIV reporting system, and will most likely give preference to a name-based system. After the first of the year, we also expect the introduction of state legislation to mandate reporting of HIV cases by name to public health officials in California.

In anticipation of these potential developments, the San Francisco AIDS Foundation recently issued the enclosed position statement on HIV surveillance and reporting. We hope that you will read it though, and that it will inform your own thinking about this important policy debate.

In summary, while the Foundation agrees that there is a need for improved HIV data -- *if* this information is in fact used to better plan for future service needs and to target and evaluate prevention efforts -- we continue to disagree strongly that HIV *names* reporting is necessary to accomplish this goal, particularly given the potential negative repercussions associated with this type of reporting system. We believe that another HIV reporting system could be developed -- such as reporting via a unique identifier code -- that would not raise the same public health and privacy concerns associated with HIV names reporting. In addition, we absolutely reject the popular misconception that names reporting is necessary in order to improve access to new treatments.

Other advocacy organizations, including the National Association of People with AIDS (NAPWA), AIDS Action Council, AIDS Action Committee of Boston and the American Civil Liberties Union (ACLU) have recently issued similar statements because of concerns about names reporting.

Based on our position statement, the Foundation will advocate adoption of local, state and national surveillance systems that provide useful data while minimizing any potential harm to individuals living with HIV. If you have additional questions, please feel free to contact the Public Policy Department at (415) 487-3080.

Sincerely,

Regina Aragón
Deputy Director for Public Policy



EXECUTIVE SUMMARY OF THE HIV SURVEILLANCE AND REPORTING POLICY STATEMENT OF THE SAN FRANCISCO AIDS FOUNDATION

Changes in the epidemic have led many public health officials to express increasing concern that existing AIDS surveillance efforts are becoming outdated. This has often resulted in the call for some type of HIV reporting system.

The San Francisco AIDS Foundation acknowledges there is a need for improved HIV data, if this information is used appropriately to better plan for future service needs, target and evaluate prevention efforts, and inform resource allocation decisions. **However, we strongly disagree that HIV *names* reporting is necessary to accomplish these goals, and we do not believe that the benefits of names reporting outweigh the potential negative repercussions associated with this type of surveillance system (such as the possibility that some individuals would be deterred from seeking HIV testing and/or treatment under such a system).**

Any system that is developed should meet the goals of HIV surveillance and the criteria by which HIV surveillance systems should be evaluated that are outlined below. Non-names based surveillance systems that may be able to meet these goals and criteria, such as reporting systems that utilize unique identifiers, must be more aggressively examined in an unbiased fashion as a viable alternative to HIV names reporting.

Goals and Appropriate Uses of HIV Surveillance Data

We believe that HIV surveillance should only be designed to help meet the following goals:

- Better determine and understand the demographic and risk profiles of the current epidemic;
- Plan for future health care and social service needs;
- Track new incidence of HIV in order to target prevention efforts;
- Evaluate overall efficacy of prevention efforts;
- Inform rational resource allocation.

Any HIV surveillance system that is developed should include specific mechanisms to ensure that surveillance data is utilized to meet these goals. In addition, although certain activities are worthy goals of HIV testing and treatment programs—such as linking individuals to care and treatment or identifying additional individuals who have possibly been exposed to HIV—these are not appropriate uses of HIV surveillance data. HIV reporting will not make treatment more available or accessible and is not needed to conduct effective partner notification.

Criteria That Should Be Utilized to Evaluate HIV Surveillance Efforts

The Foundation believes there are reasonable and appropriate criteria that must be met to justify the use of any particular HIV surveillance system. Specifically, an HIV surveillance system should:

- Not create a disincentive to testing and/or treatment;
- Produce information that is actually utilized for planning and evaluation purposes in a manner that has the potential to improve the community's health;
- Not violate confidentiality and/or civil rights and should include strong enforcement and penalties for disclosure of information;
- Not come at the expense of resources for treatment/services;
- Respect individual choice with respect to name disclosure.

Only by meeting these criteria will a system provide sufficient benefit to outweigh any potential negative or damaging consequences. A mandatory name-based reporting system would run counter to several of these criteria and should under no circumstances be required or encouraged. Other systems that do not rely on names, such as some type of unique identifier system, should be pursued if it is determined that such a system also meets these criteria.

Unique Identifier Reporting Must Be Examined as a Viable Alternative

The primary HIV surveillance system that is considered a potential alternative to names reporting is unique identifier reporting. Under such a system, an HIV-infected individual would not be reported by name to public health officials, but rather by some form of a unique code that could not be traced back to the person. Many have argued that the data regarding the effectiveness of unique identifier systems show that these systems are inadequate and that names reporting is the only viable HIV surveillance system available. The Foundation disagrees with this conclusion. We do not believe that unique identifier reporting systems have been judged fairly in the national debate regarding HIV surveillance systems. Specifically:

- Unique identifier systems have not been funded adequately.
- The evaluation of the current unique identifier systems has not taken into account the fact that these systems are relatively new.
- The standard used to judge unique identifier systems has been set unnecessarily high. Absolutely complete and accurate data is not needed to analyze broad trends in the epidemic.
- The fact that many states have implemented names-based reporting does not provide a legitimate rationale for opposing unique identifier reporting (in fact, approximately 75% of individuals living with HIV reside in states that do not report HIV cases by name).

The Foundation believes that if public health officials commit to providing proper attention and time to developing such a system, a reporting mechanism could be developed that would provide adequate and necessary surveillance data while greatly reducing the public health and privacy concerns related to name based reporting.

In conclusion, the Foundation agrees that improved HIV surveillance data, if used appropriately, could benefit people living with HIV. However, collection of this data must be done in a manner that minimizes the potential for harm to these same individuals. We will continue to work to establish a system that meets both of these important goals.

For a copy of the complete, seven-page position statement, please contact the San Francisco AIDS Foundation Public Policy Department at (415) 487-3080.



HIV SURVEILLANCE AND REPORTING POLICY STATEMENT OF THE SAN FRANCISCO AIDS FOUNDATION

Introduction

Changes in the epidemic have led many public health officials to express increasing concern that existing AIDS surveillance efforts are becoming outdated. Because new treatment options are thankfully slowing or stopping disease progression in many individuals living with HIV, greater numbers of individuals are not progressing to AIDS. These individuals are therefore not being reported systematically to public health entities (since in California and many other states, only AIDS cases are reportable). As a result, some public health officials have argued that AIDS case data are becoming less indicative of both the number and the demographics of individuals who are actually HIV-infected. Often, this has led to the call for HIV names reporting, whereby all individuals living with HIV would be reported by name and other identifying information to their local and/or state health departments.

The San Francisco AIDS Foundation acknowledges there is a need for improved HIV data, if this information is used appropriately to better plan for future service needs, target and evaluate prevention efforts, and inform resource allocation decisions. **However, we strongly disagree that HIV names reporting is necessary to accomplish these goals, and we do not believe that the benefits of names reporting for people living with HIV outweigh the potential negative repercussions associated with this type of surveillance system (such as the possibility that some individuals would be deterred from seeking HIV testing and/or treatment under such a system).**

Although the Foundation remains strongly opposed to mandatory names reporting, other HIV surveillance and/or reporting systems may be available or developed that could provide better data regarding the HIV epidemic without having the potentially negative impact of names reporting. This could include some type of HIV reporting by unique identifiers, in which an individual is assigned a unique and confidential code that is reported, expanded use of seroprevalence and seroincidence studies, or some other type of surveillance mechanism.

The remainder of this document outlines what we believe are the goals and appropriate uses of HIV surveillance systems, as well as criteria that should be used to judge any HIV surveillance system that is implemented. Non-names based surveillance systems that may be able to meet these goals and criteria, such as reporting systems that utilize unique identifiers, must be more aggressively examined in an unbiased fashion as a viable alternative to HIV names reporting.

Goals and Appropriate Uses of HIV Surveillance

We believe that HIV surveillance should only be designed to help meet the following goals:

- **Better determine and understand the demographic and risk profiles of the current epidemic.** Relying exclusively or primarily on AIDS reporting and surveillance makes it difficult to obtain a current "snapshot" of the HIV epidemic, and this is becoming even more problematic as fewer individuals are progressing to AIDS. However, it should be noted that HIV reporting data would be limited in that it would only provide information on those who self-select to be tested at a site where they are reported to government officials and/or those who seek health care for their HIV status. This data would in no way provide comprehensive information on all individuals who are HIV-infected.
- **Plan for future service needs.** The data gathered through HIV surveillance have the potential to provide community planners, leaders, and advocates with information to better assess and plan for upcoming healthcare and support service needs for people living with HIV/AIDS.
- **Track new incidence of HIV in order to target prevention efforts.** Ideally, HIV surveillance data could help us to better identify who is currently becoming infected (i.e. which risk behaviors and/or populations) and identify new trends in the epidemic, so that prevention efforts could be more quickly directed to those individuals at greatest risk for infection.
- **Evaluate overall efficacy of prevention efforts.** Surveillance information could also be used to help in broadly assessing the effectiveness of HIV prevention strategies. If HIV surveillance demonstrates that HIV infections are continuing to increase in a community, this may indicate a need to re-evaluate, alter and/or expand prevention efforts.
- **Inform rational resource allocation.** This data and its ability to assist in planning for future needs and targeting and evaluating prevention efforts could also be used to better inform resource allocation decisions. Surveillance data has the potential to inform both HIV-specific decisions (e.g., to determine funding for different HIV-specific services or for particular HIV-affected populations) and to inform broader, non-HIV specific funding decisions (e.g., determining spending for HIV and/or health care broadly as compared to other services or issues).

Any HIV surveillance system that is developed should include specific mechanisms to ensure that surveillance data are utilized to meet these goals. Far too often, surveillance systems have been developed that do nothing more than collect data, but are never actually used in a meaningful way to plan for improved service delivery or to inform the resource allocation process. It is unacceptable to collect this data without it clearly being used to meet goals that will benefit individuals living with HIV/AIDS. If the data collected through an HIV surveillance and/or reporting system are not actually utilized for these purposes or fail to meet these goals, the

surveillance system should be terminated and any resources being used to implement such a system should be redirected to other urgent health care needs.

In addition, the Foundation believes that the goals listed above are the *only* legitimate and justifiable goals of HIV surveillance. Other ways in which HIV surveillance information could be used have been identified, such as increasing direct access to HIV care and treatment and identifying additional individuals who have possibly been exposed (e.g. partner notification efforts). Although these are worthy goals of HIV testing and treatment programs, the Foundation does not agree that these are appropriate goals for HIV surveillance. Specifically:

- **HIV surveillance and/or reporting will not make treatment more available or accessible.** Instead, adequate funding levels of HIV care and treatment services are needed to expand access to new HIV treatments. San Francisco serves as an exemplary model for getting individuals tested and into early treatment and care not because of any sort of HIV reporting system, but because the City has assured adequate funding for these services. HIV surveillance or reporting will not in any way expand or improve access to care services.
- **HIV reporting is not needed to conduct effective partner notification.** Partner notification programs are already in place throughout California without any type of HIV reporting. If an individual is offered counseling on how to tell his or her previous partners about possible exposure to HIV or given the opportunity to have the local health department notify these partners, there is no need to have the initial case reported to the government. In fact, HIV reporting by name could actually *discourage* partner notification efforts because some individuals might be more reluctant to provide information about their partners if they know that their own name is going to be reported to a governmental entity.

Surveillance and reporting efforts have also been justified or used in extraordinarily inappropriate ways that actually harm or punish people living with HIV/AIDS. Specifically, HIV surveillance or reporting systems must be designed so that they can never be utilized to: (1) quarantine those with HIV; (2) penalize and/or criminalize individuals accused of transmitting or exposing others to HIV; or (3) assist in coercive efforts to mandate use of HIV treatments. In addition, these systems should never be used to create and/or maintain a perception the government is appropriately and adequately responding to the epidemic. HIV surveillance and/or reporting funding should in no way replace current prevention efforts or care and treatment services.

Finally, some have argued that HIV should be reportable in order to ensure that standard public health tools are applied to HIV. The Foundation does not believe that this justification, in and of itself, is a necessary or important goal. Unless applying standard public health tools to HIV actually meets the appropriate goals of HIV surveillance that are identified above, there is not an inherent value to applying these tools. Furthermore, these public health tools have not proven themselves to be unilaterally effective in stemming the spread of other diseases and their usefulness must be evaluated in regards to each particular public health issue. Any system that is implemented should be designed in a way that acknowledges both the strengths and weaknesses of "traditional" surveillance systems and public health methods.

Criteria That Should Be Utilized to Evaluate HIV Surveillance Efforts

As noted above, the Foundation agrees that improved surveillance efforts have the potential to improve HIV prevention efforts as well as care service delivery and planning. However, we also recognize that these same systems can have negative consequences for people living with HIV and those at risk for HIV infection, such as deterring individuals from seeking testing and/or treatment, shifting resources from other HIV services into surveillance, and violating individuals' confidentiality and/or civil rights. It is absolutely critical that we examine the trade-offs between obtaining better data and possible negative impact of this process. Thus, there must be a careful examination of any surveillance or reporting system that is proposed.

The Foundation believes there are reasonable and appropriate criteria that must be met to justify the use of any particular HIV surveillance system. Specifically, an HIV surveillance system should:

- **Not create a disincentive to testing and/or treatment.** Several studies have shown that some HIV reporting systems (in particular, names reporting) may reduce people's willingness to get tested. Given that an estimated one-third of those believed to be HIV-infected have never been tested, surveillance systems should not in any way discourage individuals at high risk for HIV infection from being tested. Specifically, anonymous testing must remain accessible and available to anyone who would prefer this testing option. Anonymous testing must be accessible geographically (i.e., individuals should not have to travel great distances to obtain anonymous testing), at convenient hours (including times in which individuals are not working), and should be provided free of any charges or fees.

However, the availability of anonymous testing is not sufficient to address these concerns. Some individuals might get tested anonymously, find out that they were HIV infected and then avoid treatment because of fear of being reported to the government when accessing the health care setting. In light of the treatment options that now exist, it is more important than ever that individuals be encouraged to seek HIV testing and early treatment. Any HIV surveillance system that is developed must also minimize individuals' concerns so that they are not discouraged from seeking early care and treatment. Mandated reporting by name would be the most likely system to increase individuals' reluctance to seek treatment.

- **Produce information that is actually utilized for planning and evaluation purposes in a manner that has the potential to improve the community's health.** As discussed in the goals section, it is absolutely critical that this surveillance data actually serve an important public health role in providing useful and timely information that is used to inform community planning and target and evaluate prevention efforts. If a surveillance system does not prove to be useful in this regard after its implementation, this data collection exercise should be stopped. Specifically, this data should clearly provide individuals living with HIV and those at risk for HIV infection with meaningful information to make decisions for themselves and should be used to ensure adequate availability of care and treatment services for people living with HIV.

In addition, surveillance data should provide useful and timely information that is accessible to the community (i.e., the data should be shared and widely distributed within the community). If the data is not timely or accessible, it will not provide sufficient benefit to people living with HIV to justify such a system.

It should also be noted that such data does not have to be 100% accurate and complete to provide useful information in discerning trends in the epidemic and planning for future service needs. Even with the most accurate data on AIDS cases, there is often a significant time lag between the AIDS diagnosis and the report to public health officials. Incomplete or imperfect data will certainly provide more information than we now have available, which would greatly help in determining broad trends in the epidemic. Accurate trend data is the most important information needed in order to conduct thoughtful planning.

- **Not violate confidentiality and/or civil rights and should include strong enforcement and penalties for disclosure of information.** Surveillance systems have the potential to be used for inappropriate purposes, such as utilizing lists to demonstrate knowledge of HIV status when attempts are made to punish individuals accused of exposing others to HIV infection. Although health departments have generally been extremely careful with this type of information, these departments could be compelled by legislative mandate or judicial order to surrender HIV case reports. For example, a recent United States Department of Health and Human Services proposal could lead to expanded law enforcement access to medical records. It is possible that this could include public health records, such as HIV case reports. In addition, although breaches by public health officials have been rare, they have occurred (most dramatically in Florida in 1996), and greatly increase community and individual concerns regarding confidentiality and privacy.

Given the possibility of potential breaches in confidentiality, as well as the strong incentives of HMOs and other managed care entities and insurers to obtain such lists, it is critical that any system that is implemented make every effort to minimize—if not eliminate—the possibility of such disclosures. Any sort of named reporting of HIV infection clearly violates this principle and greatly increases the possibility for breaches and/or legislative mandate to disclose who is HIV infected. Finally, in order to minimize the potential for disclosure there should be extensive and enforceable penalties applied to anyone who tries to inappropriately access health department HIV case information or any health department personnel who disclose an individual's HIV status.

- **Not come at the expense of resources for treatment/services.** Although increased data could potentially be useful for planning and evaluation purposes, its benefit will be eliminated if resources for care or prevention services are re-directed to fund surveillance systems. Although surveillance data may be useful, it in no way supplants the need for adequate funding for HIV prevention and care services. In addition, the government must not use expenditures on HIV surveillance to indicate that something is being done to fight the epidemic. Counting cases is not equivalent to responding to the epidemic.
- **Respect individual choice with respect to name disclosure.** Any HIV surveillance system that is developed should provide individuals with the option not to have their names or other identifying information reported to the government. By ensuring this choice, the system will

reduce the potential for deterrence to testing and/or treatment as well as the likelihood of misuse of the information, thus minimizing the potential for negative consequences. This also helps to ensure that individuals living with HIV and those at risk for HIV infection have some control over the information that is available about them and minimizes the invasiveness of such surveillance systems. Given the mistrust of government in today's society, particularly among disenfranchised populations, individuals must be allowed to decide for themselves if they want identifying information provided to governmental entities.

Simply guaranteeing the availability of anonymous testing does not address this concern. If a names reporting system were instituted, individuals would have no control over the disclosure of their name when they accessed early treatment. The system must respect individuals' decisions about their names being reported or disclosed to public health authorities at not only the point of HIV testing, but also when individuals seek HIV care services.

Thus, mandatory names reporting should under no circumstances be required or encouraged. Other systems that do not rely on names, such as some type of unique identifier system that also meets the other criteria listed above, should be pursued if it is decided that HIV surveillance data is necessary and will be utilized in a manner that promotes the community's health.

The Foundation will remain opposed to any HIV surveillance system that does not meet the above criteria. Only by meeting these criteria will a system provide sufficient benefit to the community to outweigh any potential negative or damaging consequences.

Unique Identifier Reporting Must Be Examined as a Viable Alternative

The primary HIV surveillance system that is considered a potential alternative to names reporting is unique identifier reporting. Under such a system, an HIV-infected individual would not be reported by name to public health officials but rather by some form of a unique code that could not be traced back to the person. These types of systems use letters or numbers to represent data elements such as race, gender, and date of birth, which create a code with a high degree of uniqueness. Theoretically, this code is unique to the individual for whom it is developed (so that no one else is reported with the same identifier), and would be easily replicated every time the person is reported, thus ensuring an unduplicated count of HIV cases.

Unique identifier reporting has been seen as a potential compromise between those who strongly believe that better HIV data is needed and those who have strong public health and privacy concerns regarding HIV names reporting. Unfortunately, the experience with unique identifier reporting for HIV infection has been rather limited in the United States. Only two states—Maryland and Texas—have implemented such systems, and these have only been in place since 1994. Because these systems are the only ones that exist in the nation, they have been carefully scrutinized and compared to HIV names reporting systems in other states. Many have argued that the data regarding the effectiveness of these systems are not promising and have shown that these systems provide less complete information than that provided through names based reporting. This has led many to conclude that names reporting is the only viable HIV surveillance system available.

The Foundation disagrees with this conclusion. We do not believe that unique identifier reporting systems have been judged fairly in the national debate regarding HIV surveillance systems. Specifically:

- **Unique identifier systems have not been funded adequately.** While the CDC provides funding to states to implement names based reporting, relatively little financial support has been provided for unique identifier systems by either federal or state governments. Lack of resources has limited the ability to implement a system that is as effective as possible.
- **The evaluation of the current unique identifier systems has not adequately taken into account the fact that these systems are relatively new.** Both Texas and Maryland began implementing their systems in March of 1994, only a little over three years ago. The relative youth of these systems must be kept in mind when evaluating their effectiveness. These systems are bound to improve over time. To the extent that evaluations of these systems have shown potential problems, this information can and should be used to improve and build upon the existing systems and/or to assist in crafting new and better systems.
- **The standard used to judge unique identifier systems has been set unnecessarily high.** As noted above, absolutely complete and accurate data is not needed to analyze broad trends in the epidemic. Although the completeness of information provided by unique identifier reporting has not been as high as name-based reporting, it would certainly provide much more information than we currently have about emerging trends in the epidemic. This new data will significantly improve our ability to plan for upcoming health care and social service needs and appropriately target and evaluate prevention activities.
- **The fact that many states have implemented names-based reporting does not provide a legitimate rationale for opposing unique identifier reporting.** Some have argued that because 28 states currently require HIV names reporting, all other states should follow suit to ensure that there is a consistent reporting mechanism across the country. However, it is estimated that 75% of individuals living with HIV infection reside in states that do not require HIV case reporting by name. A national system must be designed to meet the legitimate public health needs of all states—including those with the largest percentage of people living with the disease.

The presumption that name-based reporting is the only effective system and the easiest to implement has led many to reject unique identifiers or other possible systems out-of-hand. The Foundation believes that if public health officials commit to providing proper attention and time to developing such a system, a reporting mechanism could be developed that would provide adequate and necessary surveillance data while greatly reducing the public health and privacy concerns related to name based reporting.

In conclusion, the Foundation certainly agrees that improved HIV surveillance data, if used appropriately, could benefit people living with HIV. However, collection of this data must be done in a manner that minimizes the potential for harm to these same individuals. We will continue to work to establish a system that meets both of these important goals.

Bob Chapman

1500 Bay Road, #1282
Miami Beach, FL, 33139

Telephone 305-672-2121 / securebob@aol.com
Fax 305-672-6026

September 4, 1997

**Ms Sandy Thurman
Director
White House Policy on AIDS**

Dear Sandy:

My apologies for the seemingly impersonal correspondence, but my handwriting is like Sanskrit.

I've been intending to communicate with you since you're appointment to congratulate you. I wanted to wait until the fanfare deflated so it would stand out. But, I waited longer than anticipated. Spoke with Amed yesterday and I finally obtained a good number for you.

I was estatic to hear of your appointment to this important position. It makes me feel more comfortable someone of your caliber and commitment is in that position. I also know how frustrating it can be, so towards that end, I hope my support, moral and otherwise, helps. I don't have to tell you that I'm willing to do anything down in this neck of the woods to help you out. Just call upon me should you need anything. It's free and it will be a while before you overdraw your account in my book.

Hope to be in D.C. in a few weeks. If so, I will call you. Even if schedules don't work out, it would be nice to chat with you when you have some time.

Please give my regards to Jackie and whomever else you see. You're in my thoughts.

Once again, congratulations! And good luck. I just hope you do well enough to put yourself out of a job soon.

**Love ya,
Bob**



September 19th, 1997

Ms. Sandra Thurman
Director of The White House
Office of National AIDS Policy
808 17th Street, NW, Suite 820
Washington, DC 20006

Barry Jay Bruder
Joy Bruder
Co-Founders

Dear Sandra:

It was such a pleasure meeting you last Monday, and discussing The Safe Place with you. Nothing would please me more than to see you, President Clinton and Mrs. Clinton surrounded by all those precious children. After nearly six years of movement to this point, I cannot tell you how gratifying it was just to be with you and to be able to share of our mission.

Board of Directors

Attached you will find a copy of the letter that I sent to President and Mrs. Clinton. Thank you again for taking time to listen, and bless you for all that you and your staff do for all the children and their families.

Barry Irvin R. Ph.
Chair

Sincerely,

Rev. Janet Bregar
Vice-Chair

Paul A. Strabala
Treasurer

Barry Jay Bruder
Founder
The Safe Place for Pediatric AIDS

Robert R. Alford
Chief Financial Officer

Jeffrey Cristol
Secretary

Barry Jay Bruder
Executive Director

1313 North Vine Street . Los Angeles, CA . 90028 . 213.993.1642 .

P.O. Box 492075
Los Angeles, California
90049
Tel: 310.285.5545



September 19th, 1997

President Bill Clinton
Office of The President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

I am the founder of "The Safe Place", a small, non-profit enterprise in Los Angeles, which is dedicated to serving very young children with HIV by mainstreaming them into pre-school. We provide tuition and training for families and staff so that these kids have a shot at what every child deserves: A chance to develop a healthy love of learning in a school environment, a "safe place" where they are not ostracized because of their health, but are treated with respect and warmth and given an opportunity to have a fun, "normal" childhood. At our pilot school, in Hollywood, a dozen children with HIV/AIDS are mainstreamed in with 80 children who are not infected. After some initial resistance from some families and staff, our program is now a huge success. As we start our third year, over 100 children are on a waiting list and we are in the process of trying to raise money to expand the program to other schools, and to before and after school programs.

Barry Jay Bruder
Joy Bruder
Co-Founders

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Paul A. Strabala
Treasurer

Robert R. Alford
Chief Financial Officer

Jeffrey Cristol
Secretary

Barry Jay Bruder
Executive Director

On a trip to Washington last week, I had the good fortune to meet with Sandy Thurman, who shared my enthusiasm for this project and was kind enough to offer her support and assistance. As you no doubt know, in 1996, 678 AIDS cases were reported in children under 13. We are doing what we can to fight the ostracism that seems to follow this disease, so we can give these very young children a healthy start in school.

I would like to invite you and Mrs. Clinton to come and take a look at our program on your next trip to Los Angeles. Your commitment to the needs and welfare of the children of this country is commendable, and your rapport with even our youngest citizens is unmistakable. Our little pre-school is a terrific place, and I know you would be impressed with the children we serve there. They are the finest example of the future of this country - loving, accepting, and learning as they go. They are also lovely and hilarious and a wonderful reminder of the great potential of youth. You might be prevailed upon to dispense a piggy back ride or two, but seeing these kids in action is usually well worth it.

I assume that your trips to the West Coast may become more frequent, now that you have a Freshman in the family who might want a visitor now and then. I hope you will consider a visit to our school, as well.

Thank you for your activism on behalf of America's children. Our future depends on it.

Sincerely,


Barry Jay Bruder
Founder

The Safe Place for Pediatric AIDS

1313 N. Vine Street. Los Angeles, CA 90028 . 213.993.1642

P.O. Box 492075
Los Angeles, California
90049
Tel: 310.285.5545



The HIV COALITION

1471 Business Center Drive, Suite 500, Mt. Prospect, IL 60056 847-391-9803 FAX 847-391-9826
Robert K. Fickes - Executive Director

September 26, 1997

Sandra Thurman
White House Office
of National AIDS Policy
808 17th St., NW, Suite 820
Washington, DC 20006



ROBERT K. FICKES
Executive Director

The HIV COALITION

1471 Business Center Drive
Suite 500
Mount Prospect, IL 60056

(847) 391-9803
Fax (847) 391-9826
E-Mail: hivco@theramp.net

Dear Ms. Thurman:

On behalf of the Board of Directors of HIVCO-The HIV Coalition, I am pleased to extend an invitation to you to join us as we celebrate our 10th year of service to the HIV community in the Chicago area on Friday evening, October 17, 1997, in Long Grove, Ill., a community northwest of Chicago.

In addition to the stature you would lend to this milestone occasion, we believe your attendance would be most fitting for a second reason: at the event, we are honoring our co-founders, the Junior League of Evanston-North Shore and the Cook County Department of Public Health. Given your association with the Junior League and, in turn, the Junior League of Evanston-North Shore's founding role and long-time involvement with HIVCO, we feel your presence would demonstrate the value you and your Office place in leading community collaborations and partnerships at the local level.

I will be in touch with you during this coming week to learn your response.

Sincerely,

Robert K. Fickes

Robert K. Fickes
Executive Director

*To Shirley Gray, President
Board of Directors*

Enclosures



The HIV COALITION

1471 Business Center Drive, Suite 500, Mt. Prospect, IL 60056 847-391-9803 FAX 847-391-9826
Robert K. Fickes - Executive Director

"A Picture of Hope for AIDS"

"A Picture of Hope for AIDS" is the 10th anniversary benefit celebration for HIVCO-The HIV Coalition, an organization of healthcare professionals, educators, AIDS service providers, persons living with HIV/AIDS, and community and business leaders serving the north and northwest suburbs of Chicago.

The event takes place on Friday evening, Oct. 17, 1997, at the Studio of Long Grove in Long Grove and features the U.S. premier of the works of noted artist Alan Wolton in an exhibit titled "The Romance of Italy."

HIVCO was founded in 1987 through a cooperative initiative of the Junior League of Evanston-North Shore and the Cook County Department of Public Health and is the oldest and largest provider of HIV education, information and referral, and nutrition services in the suburbs of Chicago.

The most notable program supported by the benefit is HIVCO's Hand-to-Hand Food Program, which serves 160 clients living with HIV/AIDS in four counties surrounding Chicago. Contributions also provide funds for There Is Hope: Learning to Live with HIV, HIVCO's award-winning self-help book for the HIV community.

Corporate support for this benefit has been received to date from Walgreens, Abbott Laboratories, Hoffman LaRoche, Glaxo-Wellcome Co., Agouron Pharmaceuticals, Bristol-Myers Squibb and Apria Healthcare.

9/24/97

HIVCO

1471 Business Center Drive, Suite 500
Mt. Prospect, IL 60056

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[
Sandra Thurman



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Jo Rose, Cook County Department of Public Health - Administrative Vice President
Dean Hokel, Northwest Community Healthcare - Fund-Raising Vice President
Don Mountz, American Red Cross - Secretary
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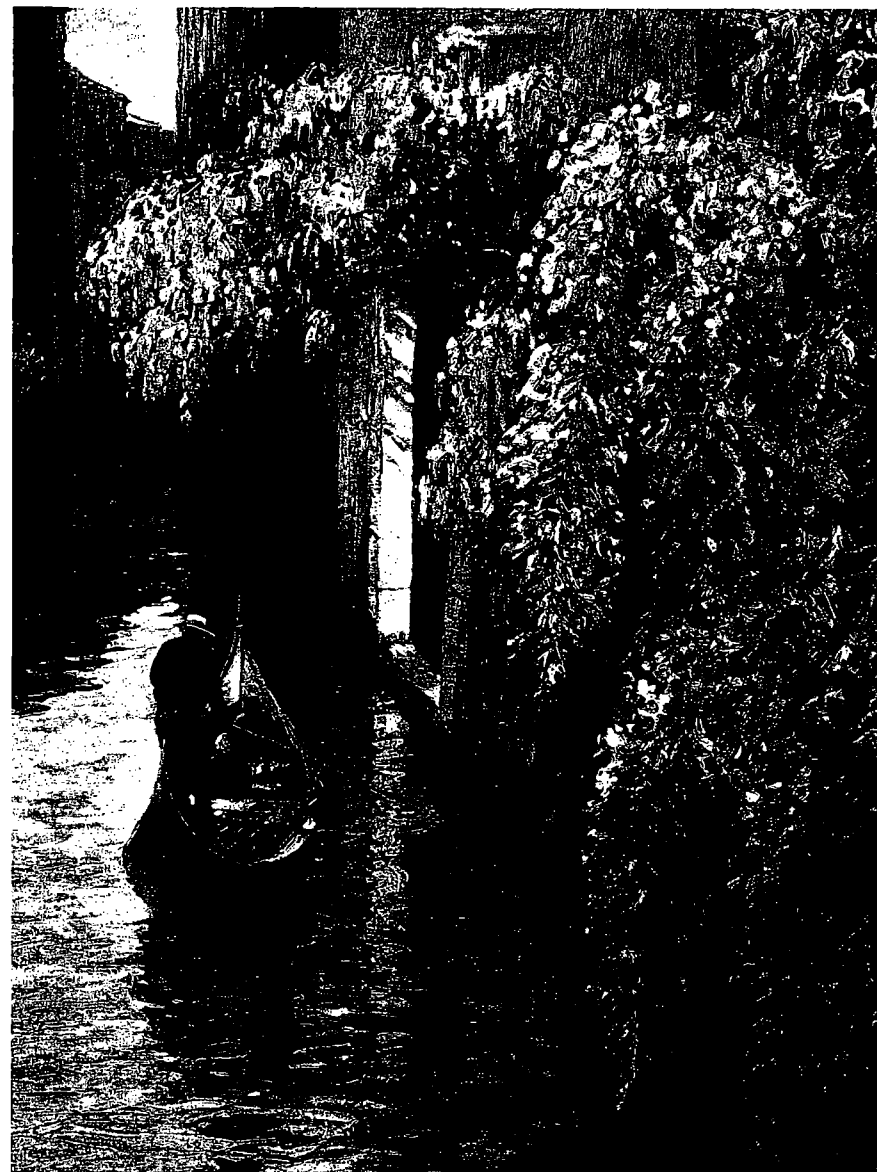
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The HIV Coalition and The Studio of Long Grove

present

“A Picture of Hope for AIDS”



Featuring the new works by Alan Wolton in an exhibit,
“Wisteria Canal”



With this invitation, please take a few moments to learn how The HIV Coalition (HIVCO) operates within your community.

HIVCO is an organization of healthcare professionals, educators, AIDS service providers, persons living with HIV/AIDS, and community and business leaders. The focus of HIVCO's work is to provide programs and coordinate initiatives to meet needs in HIV care and prevention in the Chicago suburbs.

Founded in 1987 through a cooperative initiative of the Junior League Of Evanston-North Shore and the Cook County Department of Public Health, HIVCO is the oldest and largest sole provider of HIV education, information and referral, and networking services in the suburbs of Chicago.

Most noteworthy of the programs your dollars support is our Hand-to-Hand Food Program, which serves 150 clients monthly in four counties surrounding Chicago. Your contribution also provides funding for the publication: "There Is Hope, Learning To Live With HIV," HIVCO's award-winning survival guide for persons living with HIV/AIDS. Since 1993, this resource manual has been published in three editions.

As we celebrate 10 years of service, we reaffirm our commitment to bring high-quality programs to the HIV community.

Thank you for your warm support.

HIVCO Board of Directors

HIVCO and the Studio of Long Grove

invite you to a gala evening in celebration of HIVCO's 10th anniversary and in recognition of our founders, the Junior League of Evanston-North Shore and the Cook County Department of Public Health.

U. S. Premiere Exhibit
"A Romance Of Italy"
Alan Wolton

- ▼ Special-Edition, Signature Print By Alan Wolton
- ▼ Open Bar
- ▼ Delectable Dinner Hors d'oeuvres
- ▼ Fabulous Sweets
- ▼ Silent Auction
- ▼ Live Auction
- ▼ Founders appreciation awards presentation
- ▼ Proceeds from studio art sales to benefit HIVCO and its programs

"A Picture of Hope for AIDS"
Friday October 17, 1997
6:30 p.m. to 10:00 p.m.

at

The Studio of Long Grove, 360 Historical Lane, Long Grove, IL 60047



Vine Apple Blossom

40" x 36"



Toscana Dawn

30" x 48"



The Rose Bush

48" x 60"

ALAN WOLTON OPA

ARTISTIC HONORS

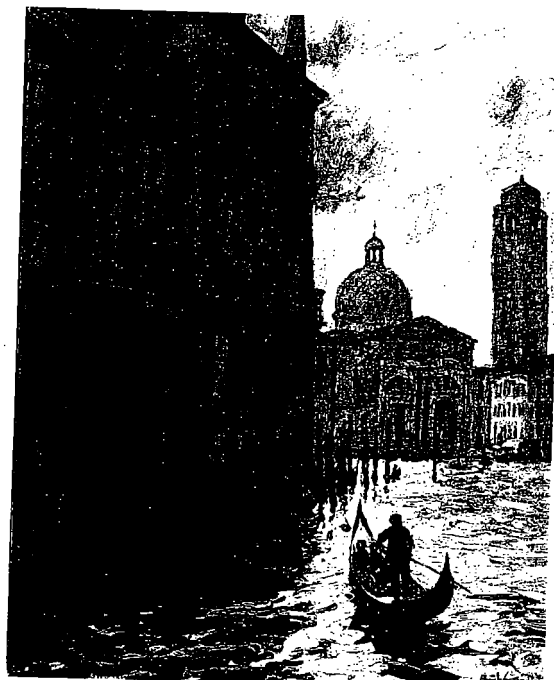
EXHIBITIONS

- Royal Academy of London
- Royal Society of British Artists
- Royal Institute of Oil Painters
- The Paris Salon
- Johannesburg, South Africa
- Sante Fe, New Mexico
- Taos, New Mexico
- Long Grove/Chicago, Illinois

AFFILIATIONS

- Charter member of the Society of American Impressionists
- One of twelve Hall of Fame Signature honorees at the founding of the Oil Painters of America
- Plein Air Painters of Northern California

CLINTON LIBRARY PHOTOCOPY



Grand Canal

28" x 36"



Florence Showers

50" x 72"



Italian Irises

40" x 72"



Five Star Wistaria

60" x 48"

To: Sarah
From: Todd A. Summers *TS*
Subject: Meeting with SLT and Martin Delaney
Date: September 2, 1997

MEMORANDUM

Sarah -

Can you reserve an hour on the evening of the 7th or 8th with Sandy and Martin Delaney, founder of Project Inform? It should be after 5:30 as he will be in meetings all day both days. If neither date is available, he can stay and do something on the 9th but would need to know ASAP if that's necessary. I'd also like to attend, so book me in as well.

You can confirm with him or Jeff Bloom or Ann Donnelly (415) 558-8669. *ex. 220*

Thanks.