FOIA Number: 2018-0764-F

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 - 10/97 [Folder 1]

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	6	2

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Donald Hitchcock to Paul Yandura re: White House tour [Personally Identifiable Information] [partial] (1 page)	10/02/1997	b(6)
002. form	re: Registration form [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
003a. form	re: Letter tracking (Personal) (1 page)	10/29/1997	b(6)
003b. letter	Individual living with HIV to Sandra Thurman re: Ryan White Care Act (Personal) [partial] (1 page)	10/24/1997	b(6)
004a. form	re: Letter tracking (Personal) (1 page)	10/29/1997	b(6)
004b. letter	Individual living with HIV to Sandra Thurman re: Ryan White Care Act (Personal) [partial] (1 page)	10/24/1997	b(6)
005a. form	re: Letter tracking (Personal) (1 page)	10/15/1997	b(6)
005b. form letters	Individuals living with HIV/AIDS to President Clinton re: CARE Act funding (Personal) [partial] (39 pages)	09/26/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

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]

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10280	Ann	Cramer	10/28/97

Addressed To

Thurman, Sandra

Sender's Organization

Women's Forum of Georgia, Inc.

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

Nov. breakfast meeting

☑ Response Needed?

Response Type	Response Date	Responder ID
rsvp		

Responder Name	Action Promised	Action Complet	Action Date

Notes

Ann Cramer
President
Shirley Franklin
Vice President/Treasurer
Martha Ezzard
Secretary

Members
Judy Anderson
Juanita Baranco
Jean Bergmark
Paula Bevington
Veronica Biggins
Mary Brown Bullock, Ph.D.
Elizabeth Plunkett Buttimer
Sharon Campbell
Rosalynn Carter
Pin Pin Chau
Johnnetta B. Cole, Ph.D.
Karon Cullen
Kay Davis, Ph.D.
Jocelyn Dorsey
Nathalie Dupree
Gail Evans
Barbara Faga
Aida Perez Flamm
Pat Ford-Roegner
Fay Gold
Kay Hamner
Judy Hanenkrat
Beverly Harvard
Glenda Hatchett
George Ann Hoffman
Valerie Jackson
Ingrid Saunders Jones
Maritza Keen
Coretta Scott King
Luella Klein, M.D.
Barbara LeBey
Marchant Martin
Susan May
Ellen Meyer
Joyce Pair, Ph.D.
Alice Parsons
Rebecca Paul
Alicia Philipp
Bianca Quantrell
Alexis Scott Reeves
Judith Sans
Ruth Schmidt, Ph.D.
Anne Rivers Siddons
Betty Lentz Siegel, Ph.D.
The Honorable Georganna T. Sinkfield
Jane Smith, Ed.D.
Betty Smulian
Julia Sprunt
Ann Stallard
Cathey Steinberg
Rev. Martha Sterne
Betty Talmadge
Sandy Thurman
Sheila Tschinkel
Cynthia Tucker
Allison Vulgamore
Jackie Ward
Evonne Yancey

Amanda Brown-Olmstead
Holly Gardner
Liane Levetan
Past Presidents

WOMEN'S FORUM OF GEORGIA, INC.

In affiliation with the International Women's Forum, Inc.

The Georgia Connection
October, 1997

NOTE FROM ANN:

Greetings to each of you! What a bountiful harvest with the fabulous crop of new members. It will be a joy to welcome them to our meeting in November and to incorporate them into our chapter! At our meeting, in addition to hearing from Maritza and Aida, we will have the report from the international meeting and news from each of you!! Best and blessings to you!!

Fondly, Ann

November Breakfast Meeting
Wednesday, November 12, 1997
7:30 - 9:00 a.m.
Latin American Association
2665 Buford Highway * Atlanta, GA 30324
Phone: 404-638-1800

Join hosts Aida Flamm and Maritza Keen, and your fellow IWF members, for an informative discussion on ***"Atlanta's Hispanic Community: Demographics, Issues and Challenges."***

Please RSVP to the Women's Forum of Georgia office by Friday, November 7th. You may fax your response to 770-642-8580 or call 770-649-9957.

DIRECTIONS TO THE LATIN AMERICAN ASSOCIATON:

Traveling North on I-85. Exit on Buford Highway (exit #28) and continue on this road until you see Pancho's Restaurant on the right hand side. We are the second building past Pancho's Restaurant next to the Trane building.

Traveling South on I-85. Take Cheshire Bridge/Lenox Road exit (#30) and make a right on to Buford Highway. We are next to the Trane building.

Mailing Address: P.O. Box 500846 • Atlanta, Georgia 31150
Delivery Address: 803 Wedgewood Way • Atlanta, Georgia 30350
Phone: (770) 649-9957 Fax: (770) 642-8580

Holiday Party!!
December 10, 1997 - 5:00 to 7:00 P.M.
Capital City Club

Hold that date!

IWF Spring Conference 1988:
The Female Millennium

Mark your calendar for the IWF Spring 1988 Conference, to be hosted by Forum UK and held April 30 through May 2 in London. The twin-program theme will embrace discussions of global relevance and enrichment in the context of UK and Continental European issues.

Send Us Your News . . . For the Georgia Connection!

Please submit your news items (promotions, honors, achievements, etc.) or articles to the Women's Forum of Georgia office by the first of each month. We all want to celebrate with you!

Fax Response to 770-642-8580

_____ I will attend the November 12 meeting

_____ I will be unable to attend the November 12 meeting

Name: _____

Thank you!

Volunteer Opportunities!!

The Women's Forum of Georgia is seeking volunteers for committees and upcoming activities. If you are interested in participating, please complete this form and return it to the Women's Forum office.

Dine Arounds

We are planning dine arounds for March, 1998 and need members to volunteer their homes. You won't have to do all the work! The Women's Forum will provide funds for a caterer.

_____ I would be happy to host a dine around in March, 1998

Committees

We would like to involve as many members as possible in committee work. Please indicate which committees you would be interested in working on. Please list your first, second, and third choice.

_____ Membership Committee

_____ Projects/Programs Committee

_____ Budget/Finance Committee

_____ Meetings Committee

_____ Bylaws Committee

Name: _____ Phone: _____

Fax form to (770) 642-8580 or mail to
Women's Forum of Georgia, P.O. Box 500846, Atlanta, GA 31150

INTERNATIONAL WOMEN'S FORUM - GEORGIA CHAPTER
Minutes of September 17, 1997

The Georgia IWF met for breakfast and business at 7:30 a.m. at the Woodruff Arts Center. Member hosts were Ellen Meyer, president of the Atlanta College of Art and Allison Vulgamore, president of the Atlanta Symphony.

Forum president Ann Cramer welcomed all and allowed time for members' sharing of latest projects, personal and professional news. Cramer announced that she has appointed the following members to the Georgia Chapter IWF Board of Directors: Juanita Baranco, Veronica Biggins, Amanda Brown-Olmstead, Jocelyn Dorsey, Nathalie Dupree, Martha Ezzard, Shirley Franklin, Beverly Harvard, Barbara LeBey, Liane Levetan, Joyce Pair, Betty Siegel, and Cathey Steinberg.

She also announced that the new by-laws, distributed to members, have been updated and officially approved by the board. Thanks are due to Barbara LeBey, Joyce Pair, and the by-laws committee.

Amanda Brown-Olmstead, chairman of the nominating committee, reviewed the nominations process. She also presented the list of 24 1997 nominees. Brown-Olmstead noted that the committee asked for nominations to be submitted last April. Subsequently, all names submitted were discussed by the committee. Twenty one names were agreed upon by the committee and three additional added by board consensus. The final list of 24 was approved by the board September 4. Each nominee will receive a personal phone call and formal letter of invitation.

Ellen Meyer presented a smashing update of the College of Art's rise to national recognition and graciously led a tour of the current exhibit after the meeting. Allison Vulgamore wowed members with her own impressive a capella rendering of "Music in the Air" and discussed the symphony's trials and triumphs.

The next meeting will be held November 12. Members attending the annual IWF meeting in San Francisco will report on convention activities.

Respectfully submitted,

Martha Ezzard, Secretary

Women's Forum of Georgia Financial Report - 09/30/97

DATE	DEPOSITS	CHECKS	CHARGES	BALANCE	COMMENTS
12/95				$13,043.19	
1/96				$13,043.19	
2/96		$3,570.00		$9,473.19	IWF DUES
3/96				$9,473.19	
4/96	$2,000.00			$11,473.19	DUES
5/96	$1,800.00			$13,273.19	DUES
6/96	$2,100.00			$15,373.19	DUES
7/96	$600.00			$15,973.19	DUES
8/96	$1,600.00	$100.00		$17,473.19	DUES REFUND
9/96	$700.00			$18,173.19	DUES
10/96	$1,400.00	$798.95		$18,774.24	DUES
11/96				$18,774.24	
12/96				$18,774.24	
1/97				$18,774.24	
2/97		$2,000.00			IWF-MENTORING-133
		$5,150.00			IWF-DUES-134
		$291.50		$11,332.74	FRANKLIN-GIFT-135
3/97		$65.00			MESSAGE WORLD-136
		$784.80		$10,482.94	AMA-FEB/MAR-136
4/97	$400.00			$10,882.94	DUES
		$523.71		$10,359.23	AMA/APR-138
		$134.72		$10,224.51	BELLSOUTH-139
		$67.74		$10,156.77	BELLSOUTH-140
		$3.11		$10,153.66	AT & T-141
		$250.66		$9,903.00	ABOA-142
5/97		$642.82		$9,260.18	AMA-MAY-144
6/97	$5,000.00			$14,260.18	DUES
		$659.18		$13,601.00	AMA-JUNE-145
		$38.16		$13,562.84	FRANKLIN'S-146
		$10.30		$13,552.54	AT & T-147
		$4.35		$13,548.19	AT & T-148
		$165.78		$13,382.41	HORIZON GRAPHICS-149

Women's Forum of Georgia Financial Report - 09/30/97

		$158.50		$13,223.91	BELLSOUTH-150
		$5.00		$13,218.91	ASAP COURIER-151
		$26.01		$13,192.90	ABOA-152
	$1,600.00			$14,792.90	DUES
7/97	$400.00			$15,192.90	DUES
	$1,000.00			$16,192.90	DUES
	$1,200.00			$17,392.90	DUES
		$62.87		$17,330.03	BELLSOUTH-153
		$95.94		$17,234.09	HORIZON GRAPHICS-154
		$82.39		$17,151.70	SANDRA STOCKMAN-155
		$568.59		$16,583.11	AMA-156
		$22.47		$16,560.64	FRANKLIN'S-157
8/97	$600.00			$17,160.64	DUES
		$574.94		$16,585.70	AMA-158
9/97	$600.00			$17,185.70	DUES
		$18.52		$17,167.18	FRANKLIN'S-159
		$541.22		$16,625.96	AMA-160
		$125.81		$16,500.15	BELLSOUTH-161
	$200.00			$16,700.15	DUES
		$26.65		$16,673.50	ABOA-162
	$1,000.00			$17,673.50	DUES

WOMEN'S FORUM OF GEORGIA, INC.
In affiliation with the International Women's Forum, Inc.
P.O. Box 500846
Atlanta, Georgia 31150

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

20006X3910

Oct. 15, 1997

NOTE TO SANDY THURMAN FROM PETER HARTSOCK

Re: European Union Concerted Action on AIDS Plenary Meeting

I just returned from the European Union (EU) Concerted Action on AIDS Plenary Meeting in the Netherlands, where I represented the U.S.

I also had participating in the meeting my top grantees who are involved in the economic analysis and mathematical modeling of AIDS interventions. I have been collaborating with the EU for a number of years and put on a special satellite conference on advanced quantitative measurement of the AIDS epidemic following the 1992 World AIDS Conference in Berlin. We are planning a special conference following Geneva in 1998 which will deal with the economic analysis of AIDS interventions.

We are also planning to increase EU-U.S. collaborative research efforts in AIDS.

The head of the EU Concerted Action, Dr. Hans Jager, is completing the report summmarizing the past three years' EU work and plans for the future, including plans for joint work with the U.S.

Dr. Jager is planning to come to the U.S. to hold briefings on the EU work when his report is completed after the first of the year. I would certainly like to have you and your colleagues briefed.

I also want to have you briefed by my grantees who are conducting the largest economic analysis anywhere of AIDS interventions. These grantees represent Yale, Stanford, and UCSF. By the way, my grantee from Stanford, Dr. Margaret Brandeau, met with Hillary Clinton at Stanford and told her about our AIDS intervention economic analysis work.

Please let me know if you would like to be briefed by the head of the European Concerted Action on AIDS when he comes to Washington.

For your interest, I am sending by mail the EU's brand new publication on the epidemiology of AIDS in Europe. The book has been autographed to you by the author.

Lastly, the European Union Concerted Action on AIDS plans to start working with our Russian colleague, Dr. Andrei Kozlov.

Hope you are well.

National Institutes of Health
National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane Room 9A-53
Rockville, Maryland 20857

FACSIMILE MESSAGE COVER SHEET

Date: Oct. 16, 1997

Following are 2 pages including this cover. If any part of this message is received poorly or missing please call us immediately on the number listed below.

To: Name: Ms. Sandra Thurman, Director
Organization: National Office of AIDS Policy
FAX Tel No.: (202) 632-1096
Tel No.: (202) 632-1090

[redacted]

From: Name: Dr. Peter Hartsock
FAX Tel No.: (301) 480-4544
Tel No.: (301) 443-6720

[redacted]

ATTENTION: SARAH

Please see attached on European Union Concerted Action on AIDS and cooperation with the U.S.

Oct. 15, 1997

NOTE TO SANDY THURMAN FROM PETER HARTSOCK

Re: European Union Concerted Action on AIDS Plenary Meeting

National Institutes of Health
National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane Room 9A-53
Rockville, Maryland 20857

FACSIMILE MESSAGE COVER SHEET

Date: Oct. 16, 1997

Following are 2 pages including this cover. If any part of this message is received poorly or missing please call us immediately on the number listed below.

To: **Name:** Ms. Sandra Thurman, Director
Organization: National Office of AIDS Policy
FAX Tel No.: (202) 632-1096
Tel No.: (202) 632-1090

[redacted]

From: Name: Dr. Peter Hartsock
FAX Tel No.: (301) 480-4544
Tel No.: (301) 443-6720

[redacted]

ATTENTION: SARAH

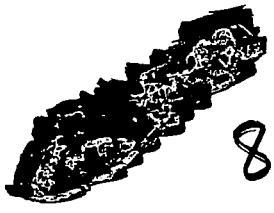
Please see attached on European Union Concerted Action on AIDS and cooperation with the U.S.

110 Greene Street, Suite 303
New York, New York 10012-3832
(212) 219-8180 or (888) INFO-NHF
Fax (212) 966-9247
Web Site: www.infonhf.org

National Hemophilia Foundation

Since 1948

CFC #0543



833.0085

October 20, 1997

Sandra L. Thurman
Director
Office of National AIDS Policy
750 - 17th Street, NW, Room 600
Washington, DC 20503

Dear Ms. Thurman,

On behalf of the National Hemophilia Foundation we are requesting the opportunity to brief you on the progress of the Ricky Ray Hemophilia Relief Act of 1997 (H.R. 1023/S. 358). The Office of AIDS policy has played a significant role in supporting the hemophilia community in its efforts to pass this vital legislation. With likely consideration of the bill by the House of Representatives before the end of this session, your continued assistance in guiding the Administration's policy on this matter is essential to the bill's success.

The Ricky Ray Act has 254 co-sponsors in the House and 34 co-sponsors in the Senate. The bill is scheduled for mark up by the full House Judiciary Committee on October 28, 1997 and the Senate Labor and Human Resources Committee has scheduled a hearing for October 30, 1997. We would like to meet with you as soon as possible. I will contact your office to schedule a convenient time.

Sincerely,

Val D. Bias

Val D. Bias
National Hemophilia Foundation

What will Stu ask you?
12 Shuttle
Meet w/ him Friday morning 10:15
4 times 4 hour time line

National Hemophilia Foundation
Since 1948

110 Greene Street, Suite 303
New York, New York 10012-3832
(212) 219-8180 or (888) INFO-NHF
Fax (212) 966-9247
Web Site: www.infonhf.org

CFC #0543

October 20, 1997

Sandra L. Thurman
Director
Office of National AIDS Policy
750 - 17th Street, NW, Room 600
Washington, DC 20503

Dear Ms. Thurman,

On behalf of the National Hemophilia Foundation we are requesting the opportunity to brief you on the progress of the Ricky Ray Hemophilia Relief Act of 1997 (H.R. 1023/S. 358). The Office of AIDS policy has played a significant role in supporting the hemophilia community in its efforts to pass this vital legislation. With likely consideration of the bill by the House of Representatives before the end of this session, your continued assistance in guiding the Administration's policy on this matter is essential to the bill's success.

The Ricky Ray Act has 254 co-sponsors in the House and 34 co-sponsors in the Senate. The bill is scheduled for mark up by the full House Judiciary Committee on October 28, 1997 and the Senate Labor and Human Resources Committee has scheduled a hearing for October 30, 1997. We would like to meet with you as soon as possible. I will contact your office to schedule a convenient time.

Sincerely,

Val D. Bias
National Hemophilia Foundation

AIDS WALK ATLANTA
SUNDAY•OCTOBER 19•1997

Ms. Sandy Thurman
Director of National Office of AIDS Policy
Old Executive Office Building
Room 470
Washington, DC 20006

Dear Sandy:

I want to thank you for your sponsorship of this year's AIDS Walk Atlanta and summarize our plans for the day of the event, Sunday, October 19th. After reading this letter, please complete the following RSVP form and return by fax to the AIDS Walk office at (404) 877-9496 or RSVP to Steve Balfour at (404) 876-9255

- You and a guest are invited to the VIP/Sponsors' luncheon on the morning of the AIDS Walk at 11:30 a.m. The luncheon will be held in the American Legion Hall. The hall is located at 1071 Piedmont Avenue, next to the Piedmont and 12th Street entrance to Piedmont Park (see enclosed map). Cameras are not allowed into the luncheon.

- Please **RSVP as soon as possible**, so that we may add your name to the list for prime reserved parking. Due to space limitations we are only able to accommodate one car per sponsor.

- It is important that you arrive at the park no later than 11:45 a.m., as AIDS Walk related street closures and traffic will make it difficult to get to the reserved parking lot after that time

- At 1:00 p.m. you will be escorted to the stage for the Opening Ceremony. Other members of your party will be seated in the reserved section of the audience.

- The Opening Ceremony will conclude at 2:00 p.m., at which time the AIDS Walk begins. Please fell free to join the Walk if your schedule permits.

We look forward to receiving your RSVP form at your earliest convenience. Thanks for your support of this important event.

Sincerely,

Tony

Anthony J. Braswell
Executive Director
AID Atlanta

Sandy,
Hope you will be with us!
XOXO, PATCH

BENEFITING AID ATLANTA AND 14 OTHER AIDS SERVICE AND EDUCATION PROVIDERS

P.O. BOX 78212, ATLANTA, GA 30357-6425 • (404) 876-WALK • FAX (404) 877-9496

Produced by Miller, Zeichik and Associates, Inc./Craig R. Miller, Producer

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Donald Hitchcock to Paul Yandura re: White House tour [Personally Identifiable Information] [partial] (1 page)	10/02/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

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]

WINDOW CORPORATION
PUBLIC RELATIONS • MARKETING • PUBLIC AFFAIRS

Sent via facsimile 202-632-1096

October 2, 1997

Paul Yandura
Office of National AIDS Policy
750 Seventeenth Street, Northwest
Suite 600
Washington, DC 20503

Dear Paul,

I am requesting the honor of a tour of the White House on Wednesday evening, October 22, 1997 for the following visitors and myself.

They are gay business professionals traveling from Atlanta, Georgia to visit with their representatives in Congress as well as national gay and lesbian leaders. They are all elected board members and/or officers of the Atlanta Executive Network, a lesbian and gay professional organization. Michael Aycock and Barry Baker are personal friends of Sandy Thurman.

Ronald Moore is General Manager of the Hewlett Packard Operation in Atlanta. John Lee is CEO and Owner of Air One, Inc. Michael Aycock is former Dean of Medicine of Emory University. His partner, Barry Baker, is a practicing physician.

SANDY DID YOU AGREE TO THIS? P.

In addition to their tour of the White House, Michael and Barry are hoping that Ms. Thurman can have lunch with the group on Wednesday, October 22nd (preferred) or Thursday, October 23rd.

Ronald Moore **Barry Baker**

(b)(6)

James Michael Aycock **John Lee**

(b)(6)

Thank you for your assistance.

[001]

Best regards,

Donald

Donald Hitchcock

(b)(6)

1901 L Street NW, Suite 604
Washington, DC 20036
(202) 223-0554
Fax (202) 223-0558

815 North Mansfield
Los Angeles, CA 90038
(213) 962-5956
Fax (213) 962-7677

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. form	re: Registration form [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

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]

The White House Conference on Hate Crimes

Registration Form

Section A:

1. SANDRA L. THURMAN
   Name
2. Director
   Title
3. White House Office of National AIDS Policy
   Organization

Section B:

808 17th St. NW Suite 820
Address Line 1

Address Line 2 (use for longer addresses)

Washington DC 20006
City, State Zip

Home Phone _____ Home FAX _____

202 632-1090. _____
Office Phone Office FAX

X *Please check here if we may release your name, organization and office phone number and address.*

Section C:

1. Please indicate any special assistance you will require for attending the conference.

2. Please check here to request a Kosher lunch.

☐

3. Please check here to request a vegeterian lunch.

☐

Section D:(For Security Purposes)

Date of Birth: (b)(6)

Social Security Number: (b)(6)

Your invitation is non-transferrable. Please Return this Form by November 3, 1997 to The White House Conference on Hate Crimes, Room 149, Old Executive Office Building, Washington, D.C. 20502, or by Facsimile (202) 456-6682. Please call (202) 456-6350 with any questions.

X I WILL be able to attend.

[002]

☐ I WILL NOT be able to attend

THE WHITE HOUSE

WASHINGTON

October 27, 1997

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

Dear Ms. Thurman:

On behalf of the President, I would like to invite you to participate in the White House Conference on Hate Crimes, on Monday, November 10, 1997.

The conference will emphasize positive actions we can all take to prevent hate crimes and to make certain they are treated seriously when they do occur. A diverse group of Americans will come together for the conference. We hope to take advantage of your wide experience to help us find solutions.

The day will begin with a welcoming breakfast at the White House, hosted by President Clinton. A separate invitation for the breakfast will be sent to you. Immediately following the breakfast, buses will be provided to transport conference participants to George Washington University for registration and commencement of the conference itself. The President, Vice President, Cabinet Secretaries, and members of the Administration will also participate in the conference. The sessions will last all day, and lunch will be provided. Participants will be transported to a reception immediately following the conference.

In order to attend, you must RSVP by both calling (202) 456-6350 and returning the enclosed registration form by Monday, November 3rd. Please return the form to The White House Conference on Hate Crimes, Room 149 OEOB, Washington, DC 20502 or FAX to (202) 456-6682. If you have materials which you would like to share with other conference participants, please inform us by November 3rd. If you have any questions, please call (202) 456-6350.

Thank you for your interest in this important issue facing our nation. We hope to see you on November 10th, and are looking forward to a successful conference.

Sincerely,

Maria Echaveste
Assistant to the President and
Director of Public Liaison

GAY MEN OF COLOR CONSORTIUM-L.A.

1169 N. VERMONT LOS ANGELES, CA 90029/ 213.660.9680 FAX 213.660.6279

October 31, 1997

Donna Shalala
Secretary of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Ms. Shalala,

The Gay Men of Color Consortium/Los Angeles (GMOCC) is encouraging you to endorse the "Recreate Our Future" campaign sponsored by the National Task Force on AIDS Prevention. As gay men of color continue to be over represented in HIV and AIDS numbers and underrepresented politically, endorsement from your office of the campaign can be a major step forward in stemming the number of infections among gay men of color.

The Gay Men of Color Consortium was created in 1990 to respond to the unique needs of gay men of color in regards to HIV and AIDS. The GMOCC member agencies include the Asian Pacific AIDS Intervention Team (APAIT), Bienestar-Latino AIDS Project (BIENESTAR), National Black Gay and Lesbian Leadership Forum/AIDS Prevention Team (APT), and Minority AIDS Project (MAP).

Gay men of color continue to be the most impacted group in the AIDS pandemic. In Los Angeles County gay men make up 65%, 75% and 85% of the cases in the African American, Latino and Asian Pacific Islander communities respectively. 54.5% of the cases in Los Angeles County are people of color. Past history has shown us that in order for HIV prevention campaigns to be successful, it has to be targeted to a particular community and even more important indigenous to that community. The National Task Force based on it's staff and history is indigenous to the gay men of color communities, and is in the best place to launch a successful national HIV prevention campaign.

Given the extreme need in the gay men of color communities endorsement of the "Recreating Our Future" by your office is critical. The GMOCC urges you to give your full support to the campaign.

I would appreciate a response in writing to know when we can expect endorsement of the campaign from your office. Thank you for attention regarding this urgent matter.

Sincerely

Shawn Griffin
Project Coordinator

cc: Sandy Thurman

HIV NEWSLINE

REPORTING RECENT ADVANCES IN THE DIAGNOSIS AND TREATMENT OF PATIENTS WITH HIV INFECTION

EDITOR-IN-CHIEF

PAUL A. VOLBERDING, M.D.
Director, AIDS Program
San Francisco General Hospital

ADVISORY BOARD

JUDITH A. ABERG, M.D.
Assistant Professor of Medicine
UCSF AIDS Program
San Francisco General Hospital
San Francisco, CA

VICTORIA A. CARGILL, M.D., M.S.
Associate Professor of Medicine
Case Western Reserve University School of Medicine
Cleveland, OH

MOLLY COOKE, M.D.
Professor of Medicine
UCSF Medical School
San Francisco, CA

W. DAVID HARDY, M.D.
Associate Professor of Medicine
Center for AIDS Research and Education
UCLA School of Medicine
Los Angeles, CA

HAROLD A. KESSLER, M.D.
Professor of Medicine
Department of Medicine and Immunology/Microbiology
Rush Medical College
Chicago, IL

HARVEY J. MAKADON, M.D.
Associate Professor of Medicine
Harvard Medical School
Medical Director, Ambulatory Services
Beth Israel Hospital
Boston, MA

WILLIAM G. POWDERLY, M.D.
Associate Professor
Division of Infectious Diseases
Washington University School of Medicine
Clinical Trials Unit
St. Louis, MO

MICHAEL S. SAAG, M.D.
Associate Professor
Division of Infectious Diseases
Department of Medicine
University of Alabama
Birmingham, AL

CATHERINE M. WILFERT, M.D.
Professor
Division of Infectious Diseases
Department of Pediatrics
Duke University Medical Center
Durham, NC

EXECUTIVE EDITOR

EDWIN BAYRD

15 October 1997

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

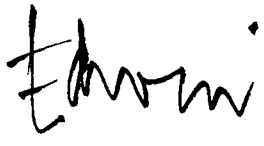
Dear Ms. Thurman:

As Gilda Radner used to say, "It's always something." For an increasing number of people with HIV infection, the "something" these days is multidrug-resistant TB. An old scourge in a new form, tuberculosis presents a particular clinical challenge to practitioners who treat patients with HIV disease—especially if those patients are taking one of the protease inhibitors at the time their TB is diagnosed. To assist physicians and patients alike in dealing with this new "something," we have devoted most of the enclosed issues of *HIV Newsline* and *AIDS Care* to the diagnosis and treatment of tuberculosis, particularly its multidrug-resistant form. Both publications carry the C.D.C.'s new guidelines for chemotherapy in patients coinfected with TB and HIV.

You will note that the December issue of each publication will include a special update, "The Next Generation of Antiretroviral Agents." If that title sounds familiar, it should: We published the first of Hal Kessler's articles on this topic just last June. The fact that we need to update that material so soon is good news indeed—it means that there are now more therapeutic options for clinicians and their patients. Which means there is also more hope.

Paul and I hope that you will find time to read the case management study in this issue of *HIV Newsline*. Paul often says that there is nowhere in all of medicine where the interface between cutting-edge research and clinical practice is as close as it is in the field of HIV treatment—and in their comments on the case of Joan J., a patient few clinicians would have considered a candidate for antiviral therapy two years ago, our three contributors, Jim Kahn, David Hardy, and Howard Libman, demonstrate just how accurate Paul's observation is.

Cordially,



Edwin Bayrd
Executive Editor

EB:ek
Encls.

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10201	Frank	Lostumbo	10/1/97

Addressed To

Thurman, Sandra

Sender's Organization

National Council for International Health

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

meeting on 10/3/97

☐ Response Needed?

Response Type	Response Date	Responder ID
none		

Responder Name	Action Promised	Action Complet	Action Date

Notes

NCIH National Council for International Health

1701 K Street NW, Suite 600, Washington, DC 20006-1503 ◆ Tel. 202-833-5900, Fax 202-833-0075, Internet <ncih@ncih.org> <www.ncih.org>

September 23, 1997

Dear Sandra:

Thank you for your participation in our brainstorming session to be held next Friday, October 3, 1997, from 9:30 to 1 p.m. Dr. Piot, and his team at the UNAIDS offices in Geneva have expressed interest in meeting with US-based non-governmental organizations to discuss ways of exploring alliances for better communication and collaboration.

Our brief working sessions next Friday will allow us a first opportunity to brainstorm together on how collaboration and communication mechanisms can be established to integrate US organizations more fully into the global response to the AIDS pandemic.

We are looking forward to seeing you, and hope you will enjoy the opportunity to meet and interact with such a distinguished group of representatives of US organizations working both at home and around the world to battle AIDS.

The sessions will be held in the 2nd floor hall of the American Red Cross building, 430 17th St. NW, Washington, DC. Should you have any questions, please call us at 202-833-5900.

Sincerely,

Frank Lostumbo	Helen Cornman	Ron MacInnis
President	Program Officer	Program Officer

NCIH is a non-profit 501(c)(3) membership organization founded in 1971 by the:
▼ American Association of Medical Colleges,
▼ American Dental Association,
▼ American Hospital Association,
▼ American Medical Association,
▼ American Nurses Association,
▼ American Public Health Association,
▼ American Society of Tropical Medicine & Hygiene,
▼ Association of Schools of Public Health,
▼ National Council of Churches, and the
▼ National Medical Association.

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10210	Bill	Paul	10/3/97

Addressed To

Thurman, Sandra

Sender's Organization

Office of AIDS Research

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

Resignation letter

☐ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

NATIONAL INSTITUTES OF HEALTH
OFFICE OF
AIDS
RESEARCH

William E. Paul, M.D.
Director

Building 31, Room 4C02
31 Center Drive
MSC 2340
Bethesda, MD 20892
TEL: 301 496 0357
FAX: 301 496 4843
E-Mail: wepaul@nih.gov

October 2, 1997

Ms. Sandra Thurman
Director
Office of National AIDS Policy
Executive Office of the President
808 17th Street, N.W., Eighth Floor
Washington, DC 20006

Dear Sandy:

Almost four years ago, HHS Secretary Donna Shalala and NIH Director Harold Varmus honored me with the opportunity to serve as the Director of the Office of AIDS Research (OAR). The time has now come for me to relinquish the responsibilities of this position and return to laboratory science as part of my commitment to the search for a safe and effective HIV vaccine.

As you know, I believe that such a vaccine is an urgent global public health imperative. I also believe that the development of an effective HIV vaccine will provide the foundation for the discovery of vaccines for other life-threatening illnesses. The new NIH intramural Vaccine Research Center, whose creation I proposed to Dr. Varmus, provides an unprecedented opportunity to make progress toward an HIV vaccine. I hope to have the opportunity to work within its framework to contribute to this goal.

I leave the OAR with a true sense of accomplishment. I am extremely grateful for the support and assistance my staff and I received in these efforts from the Administration, the Congress, the NIH leadership, our scientific colleagues, and the representatives of the AIDS community. With this help, we have reexamined our research priorities, shifted resources and set a new scientific agenda, providing optimism that further improvements in treatment can be achieved and that the development of a safe and effective vaccine is feasible.

We instituted a new and effective process to gather the most innovative ideas from the broader scientific community. We emphasized involvement of the most respected and thoughtful scientists from outside the NIH, including many who had not previously brought their scientific expertise to bear on this epidemic, as well as our valued colleagues who represent the AIDS community. The legislative authorities of the OAR gave us the ability to redirect and redistribute resources to address the scientific priorities.

In every budget of my tenure, the proportion of funding for research on basic aspects of HIV, on the immune system, and on the mechanisms of disease has been increased and a greater emphasis has been placed on investigator-initiated science. Between FY 1994 and the FY 1998 President's request, the number of research grants has increased by 50%. This has encouraged innovation from a wider group of investigators and has resulted in great progress, not only toward the development of better treatments, but also in providing the basic information necessary for vaccine development.

We asked a distinguished group of scientists and advocacy group members to conduct a comprehensive review of NIH-sponsored HIV/AIDS research. The report of this group, known as the "Levine Report," provides a blueprint for restructuring the NIH AIDS science program to streamline research, strengthen high-quality programs, eliminate inadequate programs, and ensure that the American people reap the full benefits of their substantial investment in AIDS research. Indeed, the Report has had a significant effect on almost every aspect of AIDS research in setting the scientific agenda, refocusing priorities, and shaping the AIDS research budget.

We have developed a Prevention Science Agenda, as the Report recommended, combining research on behavioral interventions with biomedical modalities such as topical microbicides, female-controlled barriers, methods to prevent mother-to-child transmission, and prevention and treatment of sexually transmitted diseases.

The changes that we have implemented in the area of vaccine research have enormous potential significance, not only for AIDS but for other diseases as well. David Baltimore is now leading this effort; he has gathered a group of outstanding scientists to serve with him. The OAR has made a major financial investment in AIDS vaccine research. When the FY 1998 appropriation bill is complete, I anticipate that the total for vaccine research will represent more than a 40% increase over the funds available in FY 1996, a sign of our deep commitment to this effort. Finally, as I mentioned above, some months ago, I presented to Harold Varmus my concept for an intramural NIH vaccine research center. I am very pleased that this concept is moving forward; the FY 1998 budget contains funds for the construction of the Center on the NIH campus.

I believe the accomplishments of the OAR during the period I have been its director have been significant, but my departure must not be interpreted to indicate that I believe the OAR's work is done or that its mandate is any less important. In fact, it is quite the contrary. Formidable obstacles lie ahead, not only for my successor, but for all of us dedicated to finding solutions to the challenge posed by HIV. We must find better modalities of treatment and develop strategies to avoid drug-resistance. We must find solutions, both in the form of therapies and prevention methods, that will be useful and available to everyone, including those in developing nations. Above all, we must find a preventive vaccine.

I wish to particularly acknowledge the dedicated efforts of the staff of the OAR and their invaluable role in the accomplishments of the OAR during my term as director. I am confident that their efforts will be critical to the contributions that the OAR will continue to make in the fight against HIV/AIDS.

Please accept my very heartfelt thanks for your support of the Office of AIDS Research and for your assistance to me in our efforts during these past several years. I can assure you of my continued and unwavering commitment to our mutual goal of preventing and curing AIDS.

Yours sincerely,

Bill

William E. Paul

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10199	Carolyn	Branson	10/1/97

Addressed To

Thurman, Sandra

Sender's Organization

American Red Cross

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

thanks for meeting

☐ Response Needed?

Response Type	Response Date	Responder ID
none	10/15/97	

Responder Name	Action Promised	Action Complet	Action Date

Notes

American Red Cross

National Headquarters
Jefferson Park
8111 Gatehouse Road
Falls Church, VA 22042-1203

September 23, 1997

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

Dear Sandy:

Belated thank you for taking time to meet with Susan Livingstone and me. We appreciated having the chance to update you on American Red Cross HIV/AIDS prevention education efforts around the country and to offer our assistance in any way we can help.

Our 1400 chapters and military stations, our Statewide HIV/AIDS Networks (SWANs), and our thousands of volunteer and paid staff provide multiple grass roots possibilities. So, please let us know what we can do.

Unfortunately, Susan Livingstone is no longer with the Red Cross. We miss her greatly, but look forward to working with our new vice president, Mark Robinson.

As promised, we are sending several Red Cross HIV/AIDS materials for your library under separate cover. At your request, an extra copy of our *Facts Book* is included for your personal library. (We are updating the *Facts Book* this year, and will forward a revised copy when it is available.)

We also would love to brief all your staff at your convenience as we discussed, either here in Falls Church or at your office. I will be the contact person [(703) 206-7429] to arrange for the briefing. Again, our thanks for meeting with us.

Sincerely,

Carolyn

Carolyn Branson
HIV/AIDS Program
Manager

Help Can't Wait

[redacted]
Franklin Zavala-Velez

900 West Avenue Apt. 323, Miami Beach, FL 33139
TEL/TTY (305) 534-4750 FAX (305) 538-4944

White House
Office of National AIDS Policy
Ms. Sandra Thurman, Director

Dear Sandra,

My wife and I enjoyed the reception in Miami Beach. Lori was happy to finally meet you. We hope to meet with you again soon. Currently I am working on two projects, Managed care and returning to work as well as my work for the Deaf and Hard of Hearing. Enclosed is a copy of the phote we took together.

Sincerely,

Lori A. Zavala

Franklin and Lori Zavala

It was great to see
you in Miami ~
Thanks for the photograph
Keep up the good work

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10225	Maurice	Call	10/16/97

Addressed To: **Thurman, Sandra**

Sender's Organization: Personal

Sender's Street1: 2976 Sunny View Dr.

Sender's Street2:

Sender's City	Sender's State	Sender's Zip
Palm Springs	CA	92262

Subject: 9/15/97 CAEAR mtg.

☑ Response Needed?

Response Type	Response Date	Responder ID
Acknowledgment		

Responder Name	Action Promised	Action Complet	Action Date

Notes:

Dear Maurice —

Thank you so much for your kind letter.

You ~~assessment was correct~~ are absolutely right. I have been in the trenches of the AIDS epidemic for a long time, almost 13 years. It is always an inspiration to me to have an opportunity to meet with people who are working hard to make ~~a difference in the world~~ things better for themselves and others.

Blah. Blah

Thanks and please come by

September 20, 1997

Ms. Sandy Thruman
Office Of National Aids Policy
750 17th. Street NW Suite 600
Washington, DC 20503

Dear Ms. Thurman,

I being a member of the California delegation, would first like to apologize for having to excuse myself early from the CAEAR coalition meeting of September 15, 1997. Though I was unable to attend the entire meeting, I was extremely pleased with what I did hear. Being at the grass roots level, one often feels forgotten by those on the Hill. When watching C-Span, I would always see the Hill as a place millions of miles away. Not so much geographically, but in abstract from my life and the lives of those like myself. After a few moments into our meeting Ms. Thurman, I felt as if you had been here. I may not know your history with the AIDS epidemic, but I knew you understood. I had been told earlier that day that "Transportation and the Environment was of more importance then AIDS". Some didn't need to say anything, their eyes said it all. I knew I was wasting their time.

Just from the short time I spent with you that day, I felt as if you had been here in the trenches. I felt that not only were you going to get the increases that the Bill needed, but your willingness to fly back up from Miami just to attend the two hour hearing on needle exchange said a lot about your sincerity. Many will fight for the fashionable AIDS victim, few are willing to say a word in defense a IV drug user. What I want you to know Ms. Thurman Is, I am truly comforted to know that you are the one watching the store. May God send someone to Bless your life as You have Blessed ours.

Respectfully

Maurice Call
PO Box 434
Palm Springs, Ca.
92262

Good company on a long journey
makes the way the shorter...
Izzac Walton

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10251	Steven	Koonin	10/20/97

Addressed To: **Thurman, Sandra**

Sender's Organization: CalTech

Sender's Street1:

Sender's Street2:

Sender's City | Sender's State | Sender's Zip

Subject: thanks

☐ Response Needed?

Response Type | Response Date | Responder ID

Responder Name | Action Promised | Action Complet | Action Date

Notes: Not

loved being there
great forum
thanks for having
me

SJ

THE CALIFORNIA INSTITUTE OF TECHNOLOGY

Pasadena, California 91125

Steven E. Koonin
Vice President and Provost
Professor of Theoretical Physics

(818) 395-6336
FAX (818) 795-1898

October 15, 1997

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

Dear Ms. Thurman:

On behalf of Caltech I would like to thank you for serving as the panel moderator of Caltech's Fourth Annual Biology Forum, "The Quest for a Cure: AIDS Research at the Millennium." Your willingness to travel across the country to be here for this annual event is very much appreciated.

We also thank you for bringing your experience and expertise to our campus. Your involvement helped make the event a success.

Yours sincerely,

Steven E. Koonin

SEK:mb

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10276	Kim	Gladstone	10/27/97

Addressed To: **Thurman, Sandra**

Sender's Organization: Wayne State University

Sender's Street1:

Sender's Street2:

Sender's City | Sender's State | Sender's Zip

Subject: congrats on appointment

☐ Response Needed?

Response Type	Response Date	Responder ID
none		

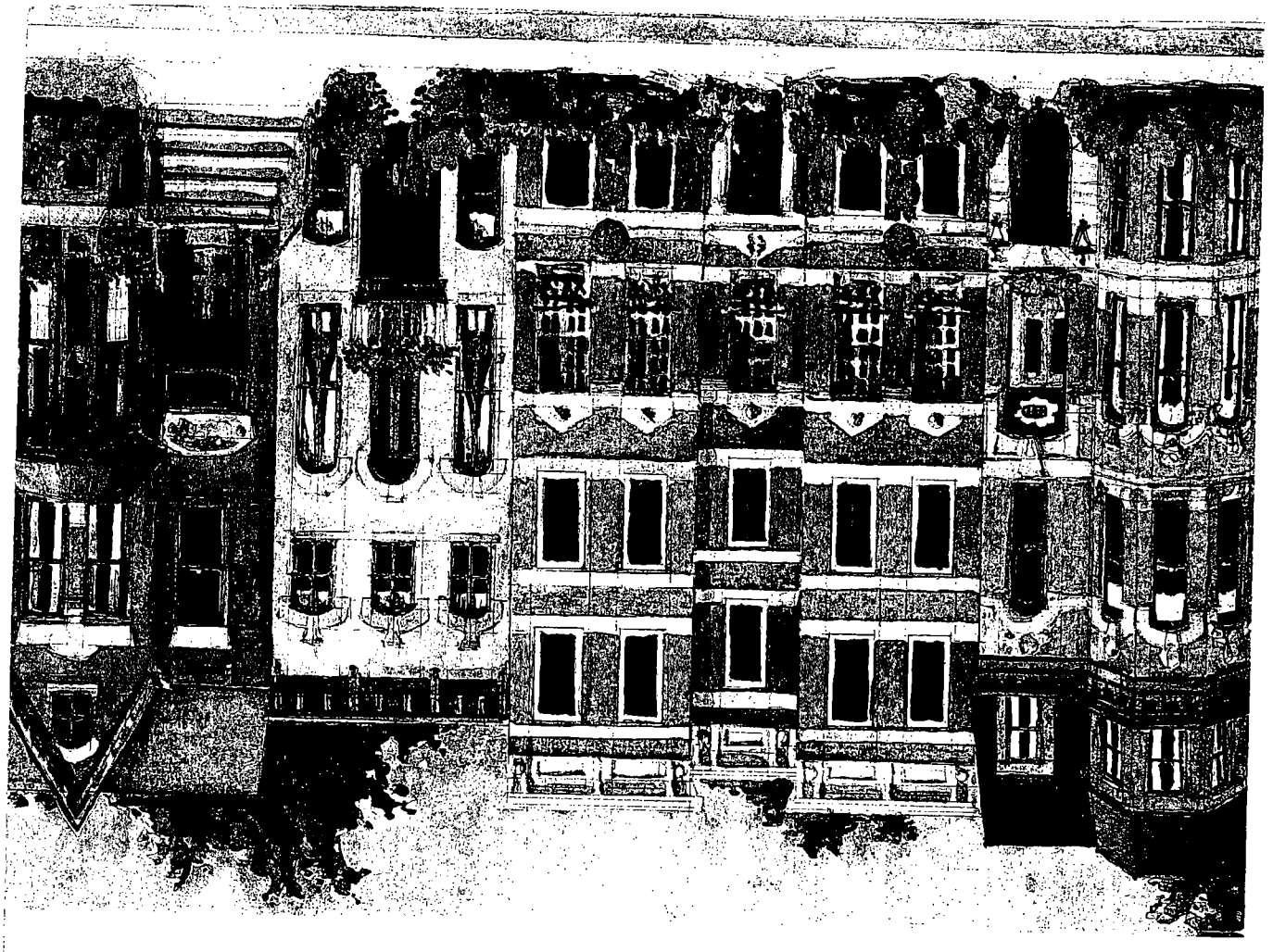
Responder Name	Action Promised	Action Complet	Action Date

Notes:

Dear Kim,

Thanks so much for your note. Don't feel bad about writing late — I am still writing thank you notes from my April appointment! I would love to see you when I get to Michigan. I don't have plans that take me in that direction any time soon but I hope to get there eventually & I'll let you know. I hope all is well with you.

Best regards. S P



A Hedie Wozniak Design
From
Recycled Paper Greetings®

© RPG

USA 1.85

Made in the USA

09779
0 42823 10185 4

CDN 2.35

AO-097792

CLINTON LIBRARY PHOTOCOPY

Sandy -

Better late than never - Congratulations on your appointment. I've had the best intentions of writing, but you know how time flys. I have been able to keep up through Kevin and he tells me things are going great.

Also wanted to say, if in your travels you make it up to Michigan I'd love to take you to dinner.

Best of luck - Kim Gladstone.
(Kevin's friend)

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10248	Mitch	Skandalakis	10/20/97

Addressed To
Thurman, Sandra

Sender's Organization
Board of Commissioners of Fulton County

Sender's Street1
Fulton County Government Center

Sender's Street2
141 Pryor Street, SW Ste. 10032

Sender's City	Sender's State	Sender's Zip
Atlanta	GA	30303

Subject
HIV/AIDS Funding

☐ Response Needed?

Response Type	Response Date	Responder ID
letter	12/2/97	

Responder Name	Action Promised	Action Complet	Action Date

Notes

Response please
We have worked with Congress to secure an increase of 15% for Ryan White CARE Act in a budget year when most programs were being cut

BOARD OF COMMISSIONERS OF FULTON COUNTY
FULTON COUNTY GOVERNMENT CENTER
141 PRYOR STREET, S.W.
SUITE 10032
ATLANTA, GEORGIA 30303

MITCH J. SKANDALAKIS
CHAIRMAN

FULTON COUNTY

TELEPHONE 730-8206
AREA CODE 404

FACSIMILE
730-4754

30 September 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

I am writing to you today to request that federal funding for HIV/AIDS programs remains a national priority for your administration.

I understand that the Office of Management and Budget is currently preparing your FY 1999 budget, and I urge your support for adequate increases for all programs of the Ryan White CARE Act in FY 1999. In particular, I ask you to include $570 million for Title I of the CARE Act (an increase of $120 million over FY 1997 Title I spending). It is imperative that the figures for Title I increase as the demand for services increases.

In addition, as FY 1998 House/Senate Appropriations conferees meet in the next few days, I urge your strong support and active assistance to secure the highest possible funding levels for all Titles of the CARE Act, including an additional $21.7 million for Title I and $132 million for the AIDS Drug Assistance Program.

In my capacity as Chairman of the Board of Commissioners of Fulton County I serve as the Chief Elected Official of the Atlanta Eligible Metropolitan Area for purposes of the administration of programs developed and supported under the auspices of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. As such, I have seen first hand the importance of the CARE Act funds to the Atlanta community in our effort to provide care for our Citizens living with HIV disease.

Of the **17,495** reported cases of AIDS in the State of Georgia as of March 31, 1997, Metropolitan Atlanta comprises **12,514** cases. Fulton and DeKalb Counties alone account for more than **10,624** of the reported cases of AIDS in Georgia.

In addition to the reported cases of AIDS, it is estimated that the rate of HIV infection is 3.1:1 (i.e., there are approximately **38,793** Persons Living with HIV disease in addition to the 12,514 actual cases of AIDS).

Through Title I funds, we have been able to develop a continuum of care for the medically indigent which is both compassionate and cost-effective. We have seen that our clients have fewer emergency room visits and fewer hospital stays, which results in cost savings to the public health system. Our clients are living longer and remaining in the work force for longer periods of time.

If adequate funding is not secured for Title I of the CARE Act, the burden of care for our HIV infected Citizens falls back on our local governments -- the property owners of Fulton and DeKalb Counties, who support the Fulton-DeKalb Hospital Authority (Grady), would once again have to assume a disproportionate share of the cost for caring for our nation's HIV infected population. The result is that our overburdened public health system may be incapable of meeting the needs of the AIDS epidemic, and will also be paralyzed in responding to all of our other health needs.

Thank you for your consideration of these important issues.

Sincerely,

Mitch J. Skandalakis

cc: Franklin Raines, Director, Office of Management and Budget
Donna Shalala, Secretary, Department of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Director, Office of National AIDS Policy

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10249	Ginny	Lipke	10/20/97

Addressed To
Thurman, Sandra

Sender's Organization
Emory School of Medicine

Sender's Street1
Division of Infectious Diseases

Sender's Street2
341 Ponce de Leon Ave.

Sender's City	Sender's State	Sender's Zip
Atlanta	GA	30308

Subject
Ryan White Funding

☐ Response Needed?

Response Type	Response Date	Responder ID
letter	11/30/97	

Responder Name	Action Promised	Action Complet	Action Date

Notes

Note —
Thanks for writing —
I was involved in the initial drafting of the Act and have actively advocated for increased funding every year —
This admin remains committed to working hard to see that PWA's in this country

EMORY UNIVERSITY
SCHOOL OF MEDICINE
Department of Medicine

Ginny Lipke, R.N., A.C.R.N.
Clinical Research
Division of Infectious Diseases
Ponce De Leon Center

341 Ponce de Leon Ave.
Atlanta, Georgia 30308

Phone (404) 616-9738
Beeper (404) 650-6167

THE ROBERT W. WOODRUFF HEALTH SCIENCES CENTER

Dear Ms Thurman
as an R.N. in Georgia I'm writing to you to please support more funding for the Ryan White Care act. We are working harder than ever to keep people with Aids alive longer and in doing so we need more money for A.D.D. Drug Assistance Programs. If Aids is a priority to your administration, I am watching + waiting for some tangible proof to assure P.W.A. will not go without the medicines they need. Sincerely, Virginia Lipke R.N. ACRN
Emory University.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003a. form	re: Letter tracking (Personal) (1 page)	10/29/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

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
003b. letter	Individual living with HIV to Sandra Thurman re: Ryan White Care Act (Personal) [partial] (1 page)	10/24/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

RESTRICTION CODES

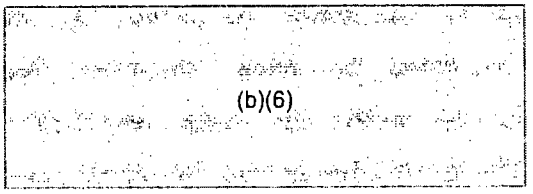
Presidential Records Act - [44 U.S.C. 2204(a)]

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]



[0036]

October 24, 1997

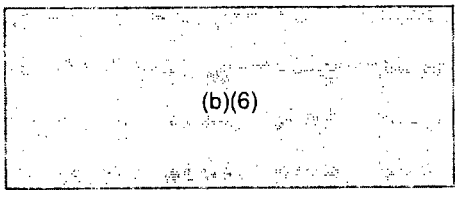
Sandy Thurman
Director
Office of National AIDS Policy
808 17th Street, NW
Washington, DC 20503

Dear Director:

As a registered voter in Warrington, Pennsylvania, and an individual with HIV, I am writing to ask you to support to fully fund the Ryan White Care act and that you support the CARE Coalition's request for $570 million in FY'99 for Title 1 of the Care Act

I would like to thank you in advance for your support of this important funding.

Sincerely,



Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004a. form	re: Letter tracking (Personal) (1 page)	10/29/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

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
004b. letter	Individual living with HIV to Sandra Thurman re: Ryan White Care Act (Personal) [partial] (1 page)	10/24/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

RESTRICTION CODES

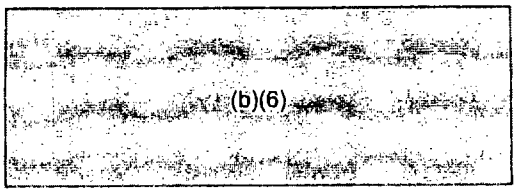
Presidential Records Act - [44 U.S.C. 2204(a)]

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]



[0046]

October 24, 1997

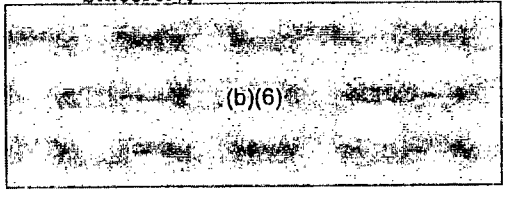
Sandy Thurman
Director
Office of National AIDS Policy
808 17th Street, NW
Washington, DC 20503

Dear Director:

As a registered voter in Warrington, Pennsylvania, and an individual with HIV, I am writing to ask you to support to fully fund the Ryan White Care act and that you support the CARE Coalition's request for $570 million in FY'99 for Title 1 of the Care Act

I would like to thank you in advance for your support of this important funding.

Sincerely,



ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10285	Wayne	Grinwis	10/29/97

Addressed To
Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject
request to support funding

☐ Response Needed?

Response Type	Response Date	Responder ID
letter	11/30/97	

Responder Name	Action Promised	Action Complet	Action Date

Notes

October 24, 1997

Sandy Thurman
Director
Office of National AIDS Policy
808 17th Street, NW
Washington, D.C. 20503

Dear Director Thurman,

I am writing to reiterate to you, as well as your office, the serious implications of underfunding our nation's efforts to provide emergency AIDS relief to the 49 metropolitan areas that are serving an increasing number of people living with HIV and AIDS. The decline in AIDS death means that more people are living with AIDS, and they are living longer. These people require ongoing, expensive medical care and support services to remain healthy and productive, contributing members to society.

I fully support efforts to appropriately fund the Ryan White CARE Act as well as the CAEAR Coalition's request for $570 million in FY '99 funding for Title I of the CARE Act.

As a member of the Bucks County AIDS Network (BCAN) and as a registered voter in Chester County, PA, thank you for taking the time to listen to my position on the issue of AIDS funding.

Respectfully,

Wayne M. Grinwis

Wayne M. Grinwis

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10227	Richard	Tafel	10/16/97

Addressed To

Thurman, Sandra

Sender's Organization

Log Cabin Republicans

Sender's Street1

1633 Q St., NW Suite 210

Sender's Street2

Sender's City	Sender's State	Sender's Zip
Washington	DC	20009

Subject

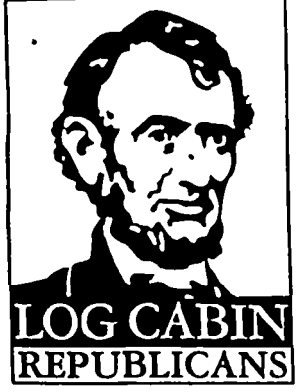
ADAP

☑ Response Needed?

Response Type	Response Date	Responder ID
letter	11/30/97	

Responder Name	Action Promised	Action Complet	Action Date

Notes



LOG CABIN REPUBLICANS

1633 Q St., N.W., Suite 210 Washington, DC 20009

phone **(202) 347-5306** • ***fax*** **(202) 347-5224** • ***email*** **logcabin@cais.com**

September 5, 1997

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

Dear Mr. President:

On behalf of Log Cabin Republicans, I am writing to you to urge you in the strongest possible terms to join the effort in support of the AIDS Drug Assistance Programs (ADAP) funded through the Ryan White CARE Act. ADAP has become a lifeline for thousands of people with AIDS, providing them with access to breakthrough drug therapies that can save and extend their lives today. Without those therapies, people with AIDS face an almost certain death. With the new drugs, they have a hope of survival.

With the introduction of these new breakthrough drugs in 1996, demand for them has predictably skyrocketed. Those who are underinsured yet do not qualify for Medicaid rely on ADAP to access these drugs, and the increased demand has strained ADAPs to the breaking point across the nation. The need has outpaced the funding, and Congress has repeatedly provided additional and emergency funding to meet that need. However, your last two budgets sent to Congress have not been helpful in this effort. Your 1997 budget provided too modest an increase in funding, and, to the shock of people with AIDS, your 1998 budget contained no increases at all. Congress moved ahead in both budgets to provide funding well above your figures. The ADAP crisis is serious, Mr. President. Some states have been forced to resort to placing applicants into a lottery, or have simply shut down their programs. In America, at this time, this is intolerable.

In 1992, before a gathering of gay and lesbian activists in California, you said emotionally that you wished you could wave your hand and make HIV disappear. You campaigned in 1996 as a champion for people with AIDS. Yet, as the greatest breakthrough in the AIDS epidemic to date occurred, and the fruits of that breakthrough became available to the public, you have done little or nothing to help save the lives of these thousands of people who desperately need access to these drugs.

Mr. President, it is essentiai that you publicly call for a $132 million increase in ADAP funding for Fiscal Year 1998. We face a serious problem that you have the potential to help correct. We have an appropriations bill close to completion, and a specific funding problem with a solution on the table which the leadership is supporting, and the White House has been silent. In fact, some Members of Congress are seeking to attack these AIDS funding increases, and are using your no-increase budget figures on ADAP as justification for their efforts. It is critical for you get involved today, for the sake of so many people with AIDS whose lives hang in the balance, and publicly request the increase immediately.

Sincerely,

RICHARD TAFEL
Executive Director

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10247	Vivian	Creacy	10/20/97

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

9674 Silvermoon

Sender's Street2

Sender's City	Sender's State	Sender's Zip
San Antonio	TX	78250

Subject

Dental Clinics - AIDS pts.

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

THE WHITE HOUSE

WASHINGTON

10.17.91

DATE

MEMORANDUM

FOR: ONAPC

FROM: SUE J. SMITH SJS
DIRECTOR, AGENCY LIAISON

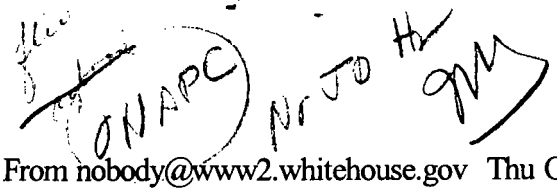
SUBJECT: REFERRAL OF CASEWORK

I am forwarding the attached letter to your office for appropriate action. Please send us a copy of your written response or your telephone report along with the writer's original correspondence and envelope to the following address:

Ms. Sue J. Smith
Director, Agency Liaison
Room 6, OEOB
The White House
Washington, D.C. 20502

If you have any questions, call my office at 202/456-7486.

Thank you for your help.



From nobody@www2.whitehouse.gov Thu Oct 2 02:18:46 1997
Date: Thu, 02 Oct 1997 02:14:15 -0400
From: Vivian Creacy <Raven7772@aol.com>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
Apparently-to: president@WhiteHouse.GOV
To: president@WhiteHouse.GOV
Errors-to: The Postmaster <postmaster@www2.whitehouse.gov>
Reply-to: Vivian Creacy <Raven7772@aol.com>
Message-id: <199710020614.CAA22613@www2.whitehouse.gov>

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

[Connection Information]

CLIENT: ww-ta05.proxy.aol.com[152.163.205.105]
BROWSER: Mozilla/2.0 (compatible; MSIE 3.0; AOL 3.0; Windows 3.1)
URL: http://www2.whitehouse.gov/WH/Mail/html/Mail_President.html

[Sender Information]

PERSONAL-NAME: Vivian Creacy
EMAIL-ADDRESS: Raven7772@aol.com
ORGANIZATION:
RELATIONSHIP:
STREET-ADDRESS: 9647 Silvermoon
CITY: San Antonio
STATE-PROVINCE: Texas
ZIP-CODE: 78250
COUNTRY: USA

[Message Information]

PURPOSE: Seek assistance from the White House
TOPIC: Health Care
AFFILIATION: Veteran
SUBJECT: Dental Clinic for Aids Patients

[Message]

Dear President Clinton,
tonight on our local news they spoke of a local dental clinic, Rines (Rynes?) Dental Clinic, San Antonio Tx. This is a clinic that is government funded where aids patients can recieve free dental care. I quess its a one of a kind--they are specially set up to treat aids patients and the possible contamination involved in the process.

They are in danger of losing their funding. The reason was not given, but regardless these patients need your help--where would they go for treatment? Please help them to remain open.

Is there something you can do for them?

Respectfully

Vivian

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005a. form	re: Letter tracking (Personal) (1 page)	10/15/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

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
005b. form letters	Individuals living with HIV/AIDS to President Clinton re: CARE Act funding (Personal) [partial] (39 pages)	09/26/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/97 [Folder 1]

2018-0764-F
jm2054

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]

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,

[redacted]
(b)(6)
Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

[0056]

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

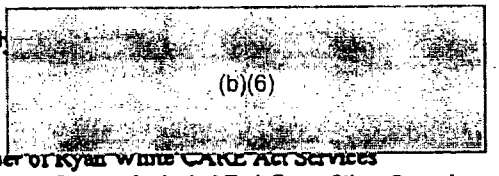
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

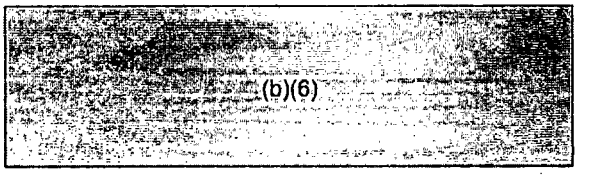
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

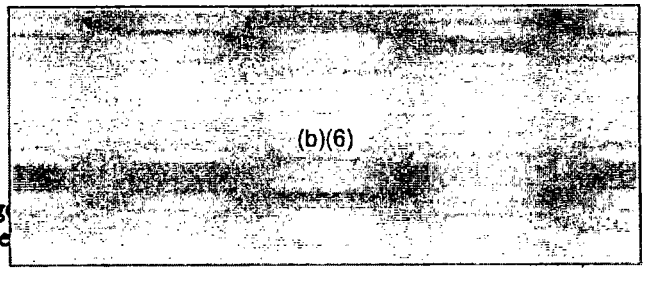
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budg
Donna Shalala, Secretary of Health and Human Se
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

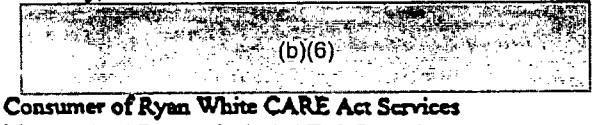
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

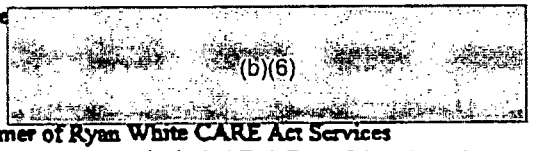
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincere



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

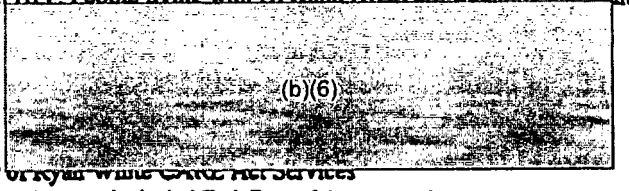
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

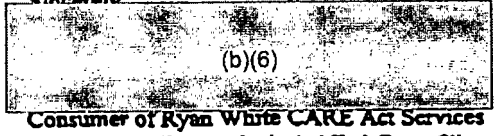
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title 1 spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

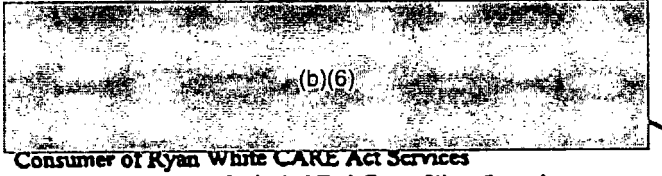
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

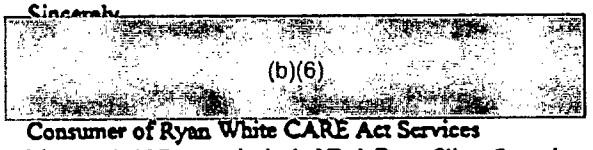
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

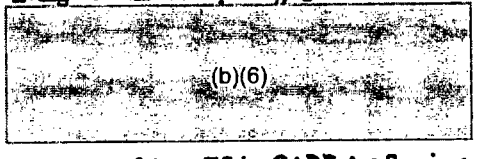
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Long Beach, CA.

Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

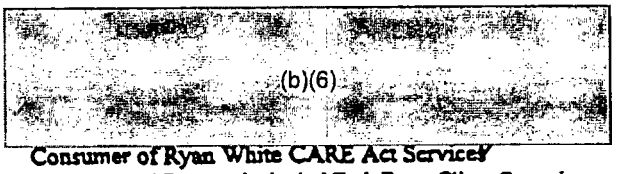
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

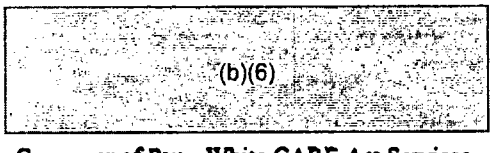
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

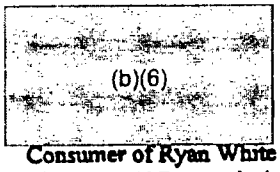
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

(b)(6)

Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,

(b)(6)

Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

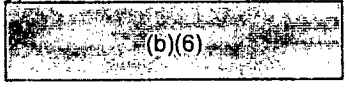
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

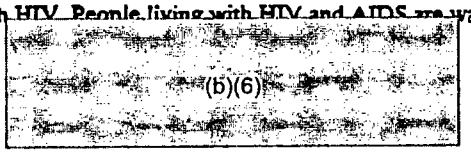
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

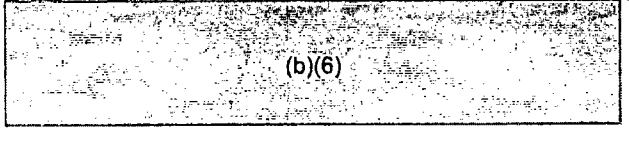
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

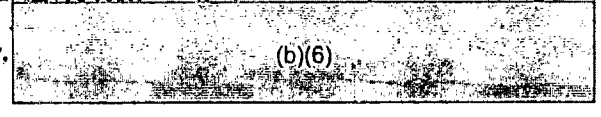
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

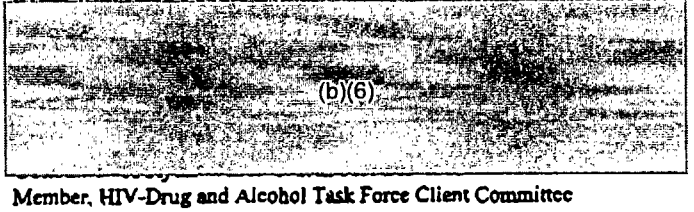
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

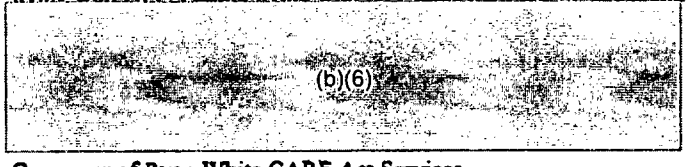
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

(b)(6)

Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

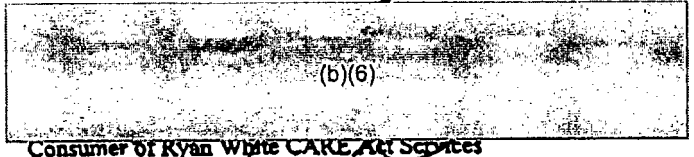
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

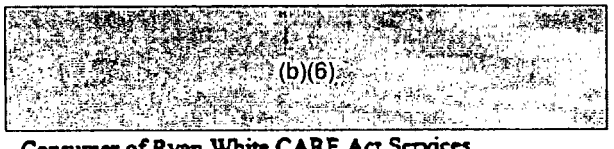
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

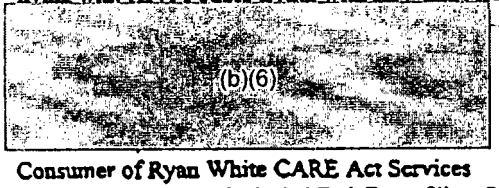
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV/ People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

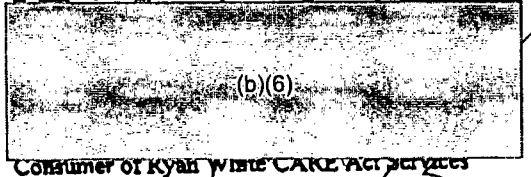
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

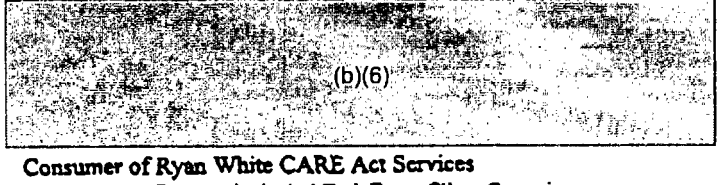
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

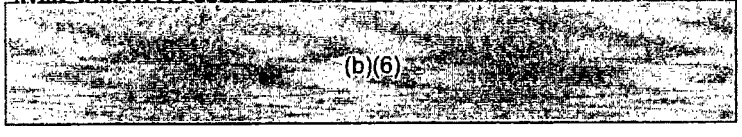
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

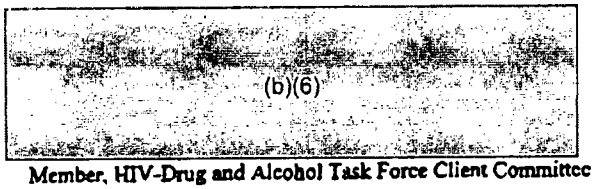
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

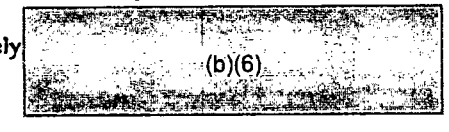
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,

(b)(6)

Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

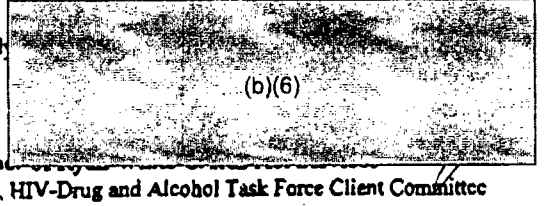
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer Advisory Board
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

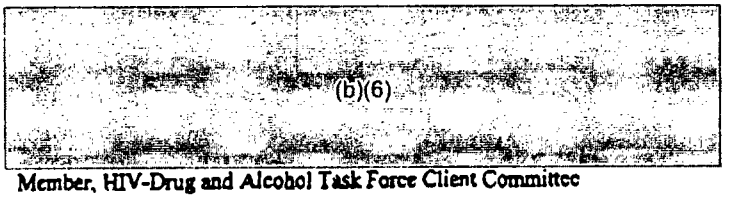
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

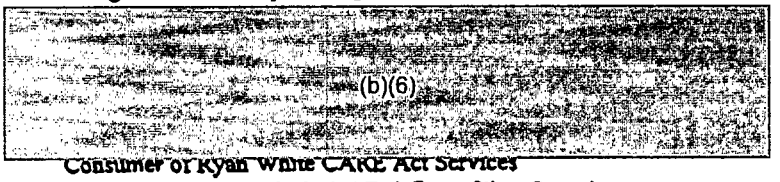
I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

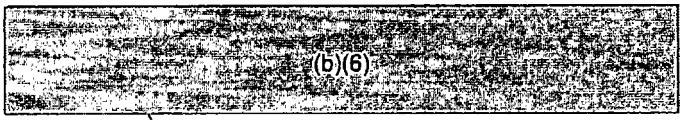
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

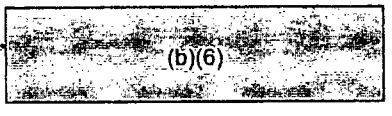
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,

(b)(6)

Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

I am a person living with HIV/AIDS. I write to you today to request your support in my efforts to ensure that funding for programs for people living with HIV disease and AIDS remains a national priority. I am distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, I believe, was woefully inadequate. I am particularly concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

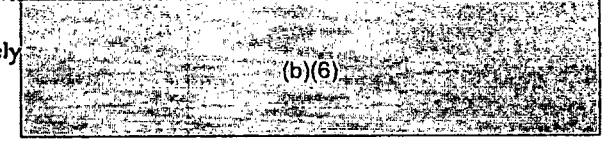
You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill, specifically the $21.7 million request.

As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title I spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS that AIDS remains a priority for you and your Administration. I urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

Sincerely,



Consumer of Ryan White CARE Act Services
Member, HIV-Drug and Alcohol Task Force Client Committee

cc: Franklin Raines, Office of Management and Budget
Donna Shalala, Secretary of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

Sandy - cut p.3 - this is not entitlement program what money is no deficits + no excuse!

MORNING EDITION

SEPTEMBER 30, 1997

Medicaid and Hispanics

BOB EDWARDS, HOST: This is MORNING EDITION. I'm Bob Edwards.

Starting tomorrow, the federal government will offer $24 billion, allocated under the new budget, for children's health insurance. The money will be spent by the states over the next five years.

Many states plan to spend part of their share of the money on outreach programs to enroll these children in Medicaid. About a third of the nation's 10 million uninsured children are eligible for federal health benefits under Medicaid, many are Latinos.

States now are considering how to help families overcome the barriers of illiteracy and language, as NPR's Vicky Que reports.

VICKY QUE, NPR REPORTER: Every day at Children's National Medical Center in Washington, DC, kids without health insurance show up in the emergency room.

DR. BEN GITTERMAN (PH), HEAD OF COMMUNITY CLINICS, CHILDREN'S NATIONAL MEDICAL CENTER: It's a very real problem.

QUE: Dr. Ben Gitterman runs the hospital's community clinics.

GITTERMAN: They're fearful of coming in for preventive care, until a condition gets severe enough that they actually need it.

QUE: Often their parents take them to the emergency room, because federal laws require hospitals to see everyone, even patients who can't pay.

GITTERMAN: We're writing off tremendous amount of debts. We're writing off a large amount of theoretically-generated income. You can call it charity provision, you can call it written-off expenses, you can call it whatever you want. And what does that do? That affects the bottom line and that affects our ability to provide extensive services for everyone.

QUE: Last year, Children's National Medical Center ended up paying for $40 million worth of care out of its own pocket.

Across the nation, nearly a third of all uninsured children could be receiving health benefits under Medicaid, the government's health insurance program for the poor.

Sarah Shuptrine (ph) of the Southern Institute on Children and Families says the main reason parents don't sign their kids up is they don't know their children are eligible.

SARAH SHUPTRINE, SOUTHERN INSTITUTE ON CHILDREN AND FAMILIES: See, it's not very long ago that in the United States a family had to be eligible for welfare to get Medicaid. That only changed in 1986.

QUE: Since then, the program has expanded to include low-income people, even if they weren't eligible for welfare.

The rules for eligibility differ from state to state, so families get confused. But some parents simply choose not to enroll their kids. That's especially true among Latino families.

According to the U.S. Census Bureau, while 14 percent of the nation's children are Hispanic, they account for roughly a third of the country's uninsured children.

Juan Ramagosa (ph), the director of La Clinica del Pueblo (ph), a public health clinic in Washington, D.C., says among Latino immigrants, the problem is fear. Ramagosa, who's from El Salvador, says 40 percent of their children seen at the clinic were born in the United States and are eligible for Medicaid.

JUAN RAMAGOSA, DIRECTOR, LA CLINICA DEL PUEBLO (VIA TRANSLATOR): Many of the parents do not want to apply for this help. First, many don't know about Medicaid and about the rights of the children. And second, they are very afraid. The parents worry that applying for federal aid for their children will somehow affect their immigration process; it will be held against them when they try to become U.S. citizen.

QUE: Immigration officials say legal immigrants who enroll their children in Medicaid aren't penalized when they apply for citizenship. Ramagosa says he tells patients this over and over again, but they're still afraid.

And it's not just immigrants. Many poor Latino-American families don't enroll their children in Medicaid because they consider being on federal assistance embarrassing.

MARIA RANGO (PH), MEXICAN-AMERICAN MOTHER: Don't make a mess.

MARIA RANGO'S DAUGHTER: OK.

QUE: In Houston, Texas, Jackie (ph) and Jennifer (ph) Rango are making tuna sandwiches for dinner as their mother Maria supervises. The girls are second-generation Mexican-Americans.

When Jackie, who's 10, broke her ankle at school recently, a hospital social worker told the Rangos that Jackie and her sister were probably eligible for Medicaid. The girl's father, Gilbert Rango (ph), a window installer, is unable to work due to a severe foot injury. Still, he refuses to enroll them in the program.

GILBERT RANGO, WINDOW INSTALLER: I don't want no pity from nobody, you know, (Unintelligible) like that. So, I'd just rather go out and work all day and all night try to provide, you know, for my family instead. But it's kind of hard. It just—you lose confidence in yourself sometimes. I mean it feels, you know, it feels weird, like trying to beg for help, you know, or, you know. It just—you don't feel right.

QUE: The family has been living off Maria's salary. She works six hours a day as a school bus attendant and earns little more than minimum wage. Recently, the Rangos sold their car to pay the rent, which was in arrears.

Dr. Michael McKinney (ph), Texas's health and human services commissioner, says Gilbert Rango's reluctance is common, especially among Latino fathers. McKinney calls this the macho effect.

DR. MICHAEL MCKINNEY, TEXAS STATE HEALTH AND HUMAN SERVICES **COMMISSIONER:** I don't know what else to call it but that the males' interest in being strong, in having a good strong family. They are, in fact, less likely to reach out to government.

QUE: But since about 500,000 of the 1.3 million uninsured children in Texas are Hispanic and are eligible for Medicaid, McKinney says the problem obviously isn't just pride. So, he says the state is considering ways to reach more Hispanic families.

One possibility is allowing parents to sign their kids up at community centers and churches instead of going into state offices.

For Maria Rango, that's not enough. Against her husband's wishes, she skipped a day of work and she and her daughter took three buses to get to the nearest Medicaid office. Then after standing in line for two hours, she was given an application form she couldn't complete.

MARIA RANGO: I don't understand that, a high school graduate, God I didn't even graduate. I don't understand all these big words. I don't. And I have to try to figure out what it's saying. I have to ask my little girl, the 10-year-old girl, what's this word mean, huh, I mean, what is it?

QUE: Again, Texas Health and Human Services Commissioner Michael McKinney:

MCKINNEY: We try to write at a level that is understandable, whether it's in Spanish or in English. I think there's always going to be a need for a certain population to have the questions explained to 'em. And we have, we have some real good people who do that. We need to do more of that, probably.

QUE: Had Maria Rango completed the forms, the next step would have been a face-to-face interview with a caseworker who would have asked a list of questions. Among them: how much money does a family have in the bank? Do they have a car? That's because, in addition to income requirements, the State of Texas also evaluates a family's assets when determining eligibility for Medicaid.

Most states have eliminated these tests for pregnant women and infants. But some still refuse benefits to older children whose families, for example, own a car.

Sarah Shuptrine of the Southern Institute on Families and Children says with the new money for children's health insurance, states should consider dropping additional means tests.

SHUPTRINE: This is something from a public policy standpoint that we need to face up to, and that is that people need an automobile to be able to get to work, to get to school, to get children to child care, to get to health care.

QUE: And with more parents going back to work under welfare reform, she says states should simplify their enrollment procedures, allow parents to sign their children up over the telephone or through the mail, so they don't have to take off work.

But Texas HHS Commissioner McKinney says states can't afford to make the process too easy for families.

MCKINNEY: If you get too good at it, you can't afford it. And I mean it is, it is—that sounds bad to say, but it's a tightrope.

QUE: Texas's share of the new federal money is about $2.5 billion over the next five years. The state's matching code is roughly one dollar for every three federal dollars. But McKinney says his state can't afford to come up with the money needed to get all of the federal contribution. So, he figures Texas will only be able to help about half of its uninsured children.

Vicky Que, NPR News, Washington.

<**Dateline**: Vicky Que, Washington, DC; Bob Edwards, Washington, DC>

<Guest: >

<**High**: NPR's Vicky Que reports that many of the uninsured children eligible for federal health benefits under Medicaid are Latinos. Under the new budget that provides $24 billion for children's health insurance, many states will have to change their welfare programs and consider how to help families bridge illiteracy and language barriers.>

<**Spec**: Medicaid; Hispanics; Welfare; Minorities; Health and Medicine; Children; Insurance; Government>

Copy: Content and programming copyright © 1997 National Public Radio, Inc. All rights reserved. Transcribed by Federal Document Clearing House, Inc. under license from National Public Radio, Inc. Formatting copyright © 1997 Federal Document Clearing House, Inc. All rights reserved. No quotes from the materials contained herein may be used in any media without attribution to National Public Radio, Inc. This transcript may not be reproduced in whole or in part without prior written permission. For further information please contact NPR's Business Affairs at (202) 414-2954>

<End-Story: **Medicaid and Hispanics**>

TKG

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

FFY 1995

MEDICAID MANAGED CARE AND EPSDT

Sandy:
Here are two OIG reports which Tell the same tale of NCFA M.A. non-delivery — this time to kids. Maybe we can do something about it?

T.

JUNE GIBBS BROWN
Inspector General

MAY 1997
OEI-05-93-00290

EXECUTIVE SUMMARY

PURPOSE

This inspection examines the extent to which Medicaid managed care providers deliver Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to Medicaid children.

BACKGROUND

Under EPSDT, State Medicaid agencies must provide eligible children services that include comprehensive, periodic health assessments beginning at birth and continuing through age 20. All medically appropriate immunizations are required. Age appropriate assessments must be provided at intervals following defined periodicity schedules.

State Medicaid agencies have turned to managed care to rein in escalating health care costs, difficult to do in a fee-for-service environment, while ensuring health care access for Medicaid enrollees. Medicaid managed care has grown exponentially. Between 1983 and 1995, Medicaid managed care enrollment increased from 750,000 to 9.8 million and now includes over 400 managed care plans.

FINDINGS

Fewer than one in three Medicaid children enrolled in managed care plans receive timely EPSDT services. Six of ten receive none at all.

Based on our review, we estimate that only 28 percent of Medicaid managed care children receive all of the EPSDT screens called for by the periodicity schedule used in their State. Sixty percent of Medicaid managed care children do not receive any EPSDT services called for in the States' periodicity schedules. Older adolescents receive significantly fewer required EPSDT services than other children. We find no significant differences in EPSDT performance between health maintenance organizations and primary care case management plans, or between large or small managed care plans. We find there is no difference in EPSDT performance if a break in managed care enrollment occurred.

Most of the visits Medicaid children make to managed care plans are sick visits. In our review of medical records, when children made sick visits to managed care providers, only the symptoms that generated the sick visit were treated, with very few exceptions. There were few visits treating conditions discovered as a result of a previous EPSDT screen.

Children receive significantly more EPSDT services from Medicaid managed care plans when states inform the managed care plans which children are due for EPSDT.

A comparison of the EPSDT results in Michigan and Nevada to the others in our sample

shows that there is a very strong statistical difference in managed care plan performance. These States identify children currently due for EPSDT screens to their managed care plans and closely monitor EPSDT performance by managed care plans for these children. In our sample, 54 percent of the Medicaid children enrolled in these plans received all of their EPSDT services compared to 19 percent of those enrolled in other managed care plans.

RECOMMENDATIONS

The Health Care Financing Administration should revise their EPSDT reporting requirements and data collection to emphasize the number of children who receive all of their EPSDT screens in a timely fashion.

Current EPSDT reporting methods obscure the low EPSDT rates we found, especially for adolescents. The Health Care Financing Administration (HCFA) should revise their EPSDT data collection so States identify children of different ages who receive all of the required EPSDT screens. The HCFA and the States should monitor the age groups to determine where progress is being made and where additional efforts are required. This revision will improve EPSDT data collection for both fee-for-service and managed care programs.

The Health Care Financing Administration should encourage States to actively notify managed care plans of enrollees due for EPSDT exams and to follow up if EPSDT services are not rendered shortly thereafter.

Our study dramatically demonstrates the value added to EPSDT performance when States continue to track and monitor plan performance at the individual patient level.

The Health Care Financing Administration should work with States to ensure timely managed care EPSDT reporting.

Current State EPSDT reports to HCFA do not distinguish services rendered by managed care plans. The HCFA collects combined managed care EPSDT and fee-for-service EPSDT information from States annually. In 1994, HCFA surveyed the States and discovered that States collect EPSDT data from managed care plans in inconsistent ways.

All managed care plans should report EPSDT services to States in a timely and uniform manner. At present, managed care plans subcontract with numerous individual providers. Consequently, reporting of EPSDT services is inconsistent, not always timely, and underreporting may occur. Without consistent reporting of EPSDT data, determining whether States meet participation goals becomes problematic.

The Health Care Financing Administration should emphasize to States the need to define and clarify EPSDT requirements in their Medicaid contracts with managed care plans.

Our study confirms the findings of earlier studies pointing out the lack of contractual specificity regarding EPSDT in States' Medicaid contracts with managed care plans.

AGENCY COMMENTS

We received comments from HCFA and the Acting Assistant Secretary for Health. Their comments are included in Appendices B and C respectively. Both fully agree with the recommendations. The Acting Assistant Secretary for Health suggested additional recommendations. These additional suggestions are quite consistent with the recommendations in our report. We suggest that HCFA consider them in developing their implementation plan.

We made appropriate revisions to the report based on their technical comments.

TABLE OF CONTENTS

INTRODUCTION

PURPOSE

This inspection examines the extent to which Medicaid managed care providers deliver Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to Medicaid children.

BACKGROUND

EPSDT

Congress created the EPSDT program in 1967 to provide initial and periodic examinations and medically necessary follow-up care for Medicaid-eligible children.

The Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) expanded EPSDT to cover most Medicaid-eligible children under age 21. In July 1990, the Health Care Financing Administration (HCFA) established participation goals for EPSDT requiring that States screen 80 percent of eligible children by 1995. Medicaid provides health care coverage for more than 20 million children. In 1992, the Assistant Secretary for Planning and Evaluation estimated that less than half of Medicaid eligible children receive any Medicaid reimbursed services in a given year.

Under EPSDT, State Medicaid agencies must provide eligible children services that include comprehensive, periodic health assessments beginning at birth and continuing through age 20. All medically appropriate immunizations are required. Age appropriate assessments, known as "screens,"[1] must be provided at intervals following defined periodicity schedules. Additional examinations are also required whenever anyone suspects the child may have a health problem. Medicaid also covers treatment for all medically necessary services discovered during EPSDT screening. Preventive, restorative and emergency dental care is also covered by EPSDT.

Medicaid Expenditures for Children

Poor children and their parents comprise 73 percent of the Medicaid population, but account for only a third of Medicaid expenditures. The balance is spent on the aged and disabled. Overall, the younger Medicaid patients require less care and less costly services than the aged and disabled, and very little long-term care.

State Medicaid agencies have turned to managed care to rein in escalating health care costs, difficult to do in a fee-for-service environment, while ensuring health care access

---

1 *States must provide for medical, vision, hearing and dental screens. An EPSDT medical screen must include: a comprehensive health and developmental history, including a physical and mental health assessment; a comprehensive unclothed physical; appropriate immunizations; laboratory tests, including lead blood level assessment appropriate for age and risk factors, and; health education, including anticipatory guidance.*

for Medicaid enrollees. The Federal Government encourages the switch to managed care by approving Medicaid experiments in some States that require Medicaid recipients enroll in managed care plans.

Medicaid Managed Care

Medicaid managed care has grown exponentially. Between 1983 and 1995, Medicaid managed care enrollment increased from 750,000 to 9.8 million. In 1983, less than one percent of Medicaid enrollees were covered by managed care programs. By 1995, Medicaid managed care covered nearly 1 in 3 Medicaid recipients. Between 1993 and 1994, an additional 3 million Medicaid recipients joined managed care programs, a 1 year rise of 63 percent, and in 1995 almost 4 million more Medicaid enrollees had managed care health care coverage. By June 1995, 44 States, Puerto Rico and the District of Columbia had contracted with 403 Medicaid managed care plans to serve almost 10 million recipients.

what's source of data?

Managed care aims to reduce unnecessary services, lower health care costs, increase access to services and monitor the quality of medical care provided to its beneficiaries. At one type of managed care plan - a health maintenance organization (HMO), "gatekeepers" direct patients to needed care, usually within the managed care plan.[2] The HMOs receive a contracted amount from the State, a fixed capitated rate per member, to provide for the health care of its Medicaid members. The HMOs do not submit individual claims for payment for services rendered to the State. Roughly 75 percent of Medicaid recipients in managed care belong to HMO-type plans.

A second type of managed care program, Primary Care Case Management (PCCM), also uses a gatekeeper to refer patients for necessary services. The PCCMs are reimbursed a fixed amount for case management services only. Individual medical services are billed on a fee-for-service basis by the individual provider of services.

Although some basic tenets of managed care - to provide preventive medical services and education - mirror those of the EPSDT program, some factors work against Medicaid managed care plans delivering EPSDT services to Medicaid children. Managed care plans receiving a capitated rate have a financial incentive to deliver fewer services. Since EPSDT candidates are generally healthy, not providing required preventive and/or educational services can represent a short term way for managed care plans to avoid expenses at minimum risk. To discourage these tendencies, some States build EPSDT performance measures into their contracts with managed care plans. In addition, Federal, State and managed care plan quality assurance activities work to ensure that managed care plans and providers fulfill their contractual obligations to deliver appropriate medical services.

The on-again, off-again nature of welfare and Medicaid entitlement is at odds with

---

[2] *Other types of managed care plans - Prepaid Health Plans and Health Insurance Organizations - are similar to HMOs. For the purpose of this evaluation, we treat these types of managed care organizations like HMOs.*

managed health care delivery. Some patients are enrolled for very short periods of time and do not receive any services from their managed care plan. Some managed care plans or Medicaid patients may not see any benefit in establishing a medical relationship that will be short-lived. Likewise, many Medicaid patients use the emergency care system for their health care needs and are unfamiliar with preventive approaches that managed care plans use.

Documenting EPSDT Services in a Managed Care Setting

In 1991, the Office of Inspector General issued a report entitled "Early and Periodic Screening, Diagnosis, and Treatment - Performance Measurement" OEI-07-90-00130, that found, among other EPSDT reporting problems, that children enrolled in Medicaid managed care plans were considered to have received their EPSDT services strictly on the basis of their enrollment. Since that time, HCFA changed their policy and now requires that States report specific EPSDT encounter data for children covered by managed care plans as well as fee-for-service.

In 1994, HCFA reported that States capture EPSDT data from its capitated plans in different ways. Some States require HMOs submit "dummy" claims which their systems would process for tally purposes. Two States require different reporting standards depending on the capabilities of the HMO to provide data. Massachusetts reconciles HMO reported amounts by auditing a sample of medical records. States rely on PCCMs to report EPSDT services accurately to ensure prompt payment for services.

Annually, HCFA collects combined managed care EPSDT and fee-for-service EPSDT information from States on Form HCFA-416. This report emphasizes the ratio of EPSDT encounters to the total EPSDT eligible population. The HCFA-416 does not capture the number of Medicaid managed care children who received all of the EPSDT visits required by the State for that year. Also, since States report combined managed care EPSDT and fee-for-service EPSDT information to HCFA, no definitive comparisons of EPSDT performed by fee-for-service providers and managed care programs exist.

EPSDT and Managed Care Contracts

State contracts with managed care plans often do not specify EPSDT requirements. A 1995 Children's Defense Fund study of 100 Medicaid 1991 managed care contracts found that less than half delineated EPSDT responsibilities. In September 1996, HCFA issued *Integrating EPSDT and Medicaid Managed Care*, which also indicates that some State contracts with managed care plans do not adequately spell out what EPSDT services are required. This HCFA report cites the managed care contract with States as the blueprint for patient care, and recommends that States define and specify EPSDT program requirements. By mandating managed care plan performance in the State contract, managed care plans would be more likely to specify similar EPSDT details when contracting with individual providers.

Managed care plans who contract with individual providers must rely on those providers

for accurate data. A University of North Carolina study of EPSDT services in North Carolina indicated many problems with providers' inaccurate reporting of services. A managed care plan in Wisconsin reported to us that 1 of 5 providers they audited had EPSDT documentation problems.

SCOPE AND METHODOLOGY

This inspection analyzes how well Medicaid managed care plans deliver timely EPSDT services to children. We did not examine managed care services to children with special health care needs. There are several studies of this area already proposed or underway. Likewise, we did not focus on specific EPSDT requirements like immunizations, which has been studied extensively.[3] We make no comparisons of the individual managed care plans sampled in this inspection.

Data Gathering

We base our findings on data we collected from several sources, including interviews with State and managed care officials, and a review of a national sample of medical records for children enrolled in managed care programs. We used SAS and SUDAAN quantitative software plans to assist in our analysis and projections.

We interviewed State personnel and Medicaid managed care plan managers for the plans chosen in our sample. These interviews focused on access and barriers to providing EPSDT, including outreach and transportation activities, EPSDT contractual arrangements, and reporting and verifying services.

Sampling Procedures

We examined medical records for a national sample of children covered by Medicaid managed care plans.

To draw the sample, we first stratified managed care plans treating Medicaid-enrolled children as of January 1, 1994 into two groups - PCCM model and HMO model. These two strata then were further stratified into two more strata - Medicaid enrollees of 50,000 or more, and less than 50,000 Medicaid enrollees. We compiled our stratified list using HCFA data published in the "Medicaid Managed Care Enrollment Report" as of June 30, 1994.

We then randomly selected six plans from the large HMO strata, and two from the small HMO strata. Two large PCCM plans and two small PCCM plans were also randomly selected for a total of twelve plans from all strata. This sampling methodology ensured that we have accurate representation from both large and small plans, as well as

---

[3] *An April, 1996 Office of Inspector General report, "Children's Dental Services Under Medicaid: Access and Utilization" (OEI-09-93-00240) focused on EPSDT dental services.*

adequate representation from PCCM-type models for comparison purposes. The 12 managed care plans in the sample represent 10 different States.

The 12 plans selected in the sample provided us with the names of all children in their plans who met the criteria of being in Medicaid and under age 21, and who were enrolled in their plan for any period of time between January 1, 1994 and December 31, 1995. From each plan, we randomly selected 30 names, a total sample of 360 children. Twenty-two children were subsequently dropped from the sample when we found they had less than 4 months of managed care enrollment and had received no EPSDT services. Final projections were based on the remaining 338 children in the sample.

To account for the sampling plan and provide results that accurately reflect the distribution of cases in the population studied, all percentages in the report reflect the proper weighting of the data. This will also be true of the totals presented. When we present sample based results, we identify them.

Reviewing the Medical Records

To examine the extent of EPSDT services actually being performed, we reviewed the medical records for this sample to see if EPSDT was reported accurately, whether EPSDT services were provided in line with periodicity schedules, and to make a national projection of EPSDT services rendered. We did not address issues of quality of care. In instances where rendering of EPSDT services was in doubt based on the medical records, we credited the services as having been rendered. We credited EPSDT as being performed whenever screens were performed or if subsequent treatment resulting from EPSDT screens took place.

We reviewed the managed care medical records and the State's fee-for-service data for each child for at least 6 months prior to ~~and after~~ the study period. In this way, if the EPSDT services fell outside of our study timeframe, we would credit them as being performed. By reviewing the fee-for-service billings, we were able to credit any EPSDT services rendered out of plan.

During the study timeframe of 1994 and 1995, children might require multiple EPSDT services depending on their age and the State's periodicity schedule. For example, an infant requires six EPSDT screens the first year of life in most States. But a 17 year old may require an EPSDT visit annually or less frequently, depending on the State. Our analysis accounted for these variables. In determining the age of the child, we used the age as of January 1, 1995. If not enrolled on that date, we used the age at the period of coverage.

Other Data Gathered

We also conducted interviews with 27 physicians randomly chosen from the plans' directories. We limited these interviews to ~~pediatricians~~, family practitioners and internists since these providers would most likely be the primary physicians for children

receiving EPSDT. The physician discussions covered contractual arrangements with the managed care plan and knowledge of the EPSDT (or by its local name) program.

We contacted all States to obtain copies of any standard contract they use with Medicaid managed care providers. We analyzed these contracts to determine the extent of EPSDT-specific requirements.

Our review was conducted in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

Fewer than one in three Medicaid children enrolled in managed care plans receive timely EPSDT services. Six of ten receive none at all.

Based on our review, we estimate that only 28 percent of Medicaid managed care children receive all of the EPSDT screens called for by the periodicity schedule used in their State. Another 12 percent of children enrolled in managed care receive some, but not all of the EPSDT services they should. Sixty percent of Medicaid managed care children do not receive any EPSDT services called for in the States' periodicity schedules.

When we separate these data into age cohorts, we estimate older adolescents enrolled in Medicaid managed care receive significantly fewer required EPSDT services than other children.

Age of Child	Receive all EPSDT	Receive some EPSDT	Receive no EPSDT
Birth - age 5	30%	22%	48%
ages 6 - 14	32%	1%	67%
ages 15 - 20	14%	0	86%
all ages	28%	12%	60%

Our results approximate those recently found by the Oregon Medical Professional Review Organization (OMPRO) in a review of Washington Medicaid managed care EPSDT performance. The OMPRO used the Medicaid Health Plan Employer Data and Information Set (HEDIS), a voluntary standardized performance measurement tool for managed care plans, to review immunizations in infants, and EPSDT screens for 4-6 years old and 12-21 years old. They found that 26 percent of the 4-6 year old children and 16 percent of the adolescents received EPSDT services in a 12 month period.

We tested for other variables that might affect delivery of EPSDT services. We find no significant differences between HMO and PCCM plans or between large or small managed care plans. We find there is no difference in EPSDT performance if a break in managed care enrollment occurred. Besides the age of the child discussed above, the only variable that is significant is the State's EPSDT monitoring, which is discussed in the next finding.

The mean age of the children in the sample is 7 years. The sample averaged 16 months enrollment in Medicaid managed care. The children averaged 2.75 visits (including .8

EPSDT services) to the managed care plan during the study period.

Medical Record Reviews

Most of the visits Medicaid children make to managed care plans are sick visits, based on our review of medical records. In a few exceptions, we found these visits were expanded to become full EPSDT services. But in most cases, only the symptoms that generated the sick visit were treated. Likewise, we found few visits treating conditions discovered as a result of a previous EPSDT screen.

As could be expected, documentation of EPSDT services varied greatly between States, managed care plans, and providers. Frequently, we found more complete EPSDT documentation when providers used preprinted forms that detail the appropriate services for a child at a given age. These forms correspond to the State's periodicity schedule and are usually provided by the managed care plan to individual providers. One plan color-coded the forms to make each age cohort distinctive in order to alert the provider that different services, tests, guidance and observations are required for each age group.

However, many medical records failed to detail all of the EPSDT components. Lead testing was absent from many records. Frequently, vision and dental examinations do not appear to be performed, although in some States, dental services are not part of the managed care contracts. If health education, growth and development and anticipatory guidance for the child to the responsible adult were provided, they were seldom part of the medical record. One managed care plan said that in a capitated environment, there are few incentives for providers to provide the full range of services. Another managed care plan pointed out that with capitated payments, there was little incentive to report EPSDT services timely.

The philosophy of some States and managed care plans may work against EPSDT services being provided. One managed care plan explained it is the parent's responsibility to ensure their children receive all the necessary screens. In that plan, individual physicians do not know what families have chosen them as their primary care provider until that family makes an appointment for services. One State said that using primary care physicians as gatekeepers is a way to ease the physician community into accepting managed care.

State Contracts

As stated in our background, studies show that States vary widely in emphasizing EPSDT in their managed care contracts. Our survey tends to confirm these earlier findings. Forty-one States responded to our request for contract information. Nine of these States do not contract with any managed care plans for services to Medicaid children. We found 13 States spell out managed care EPSDT responsibilities in detail in their contracts with managed care plans, and Oregon does the same without mentioning EPSDT by name. Three States are in the process of revising their managed care contracts. The other States' managed care contracts mention the EPSDT requirement without providing

specific detail.

Efforts to Promote EPSDT

Medicaid providers face many obstacles in attracting Medicaid patients for non-emergency health care. Barriers include the on-again, off-again nature of Medicaid coverage, transient addresses and phone numbers, the high number of "no-show" appointments, and convincing parents of the need for preventive care for healthy children. Some States specifically require managed care plans to provide transportation to patients and conduct outreach activities to overcome some of these barriers.

In addition to sending reminder postcards and phone calls to parents and providing needed transportation to EPSDT exams, managed care plans and individual providers have taken many innovative steps to foster EPSDT screens and treatments. One Nevada physician distributes coupons for McDonald's "Happy Meals" to every parent who brings in a child for an EPSDT screen. He reports buying more than 500 coupons this year. The restaurant sells the coupons to him at a bulk discount rate. Another physician provides drug store discount coupons for those receiving their EPSDT exams. One managed care plan held a lottery to win a "big wheel" bicycle. Chances to win this prominently displayed prize were distributed when children came for their EPSDT screens.

Providers routinely distribute promotional material including EPSDT refrigerator magnets, coloring books, and coupons for baby shoes and diapers. Managed care plans may send a nurse for a personal home visit to newborns. While most of these attractions are aimed at infants and small children, one managed care plan is starting a teen health plan.

Managed care plans and school-based health centers are beginning to work together. Some States require or encourage coordination between managed care plans and school-based health centers, community health centers and local health departments in an attempt to bring health care services to hard-to-reach populations.

Children receive significantly more EPSDT services from Medicaid managed care plans when States inform the managed care plans which children are due for EPSDT

Two States in our sample, Michigan and Nevada, identify children who are currently due for EPSDT screens to their managed care plans. Michigan notifies their plans by an electronic file transfer listing all of the children due that month. The State requires each plan to respond for each child by electronic file transfer by month's end.

For children enrolled in Nevada's PCCM, the State sends a listing of children due for EPSDT screens to the PCCM, who sends notices to the responsible adult for the child advising of the need for EPSDT testing. They follow up as appropriate. If the State has not received a bill for EPSDT services within 3 months, phone calls to the responsible

adult are made.

A comparison of the EPSDT results in these States to the others in our sample shows that there is a very strong statistical difference in managed care plan performance.

Managed Care State	received all EPSDT	received some, not all EPSDT	received no EPSDT
Michigan/Nevada	54%	7%	38%
All Others	19%	13%	68%
Total :	28	12	60

Administratively, a large State and a small State, have adapted EPSDT monitoring to their State's environment. Michigan's monitoring affects capitated managed care plans, while Nevada's tracks PCCM performance. The approaches they take, while basically the same, vary in terms of the number of children to be monitored and the systems sophistication of the States and managed care plans.

RECOMMENDATIONS

The managed care philosophy stressing preventive services now to avoid costly expenses later for medical care complements EPSDT program objectives. Medicaid managed care plans are potentially very conducive to delivering EPSDT services. Managed care plans serve as a medical home and as gatekeeper to medical care and emphasize prevention and wellness for millions of children. Capitated plans especially feature many advantages over individual providers in being able to provide outreach and transportation to clients. They benefit from economies of scale and a steady funding stream. However, many of our findings indicate that managed care plans have not yet realized their full potential in providing EPSDT services.

The Health Care Financing Administration should revise their EPSDT reporting requirements and data collection to emphasize the number of children who receive all of their EPSDT screens in a timely fashion.

Current EPSDT reporting methods obscure the low EPSDT rates we found, especially for adolescents. The HCFA should revise their EPSDT data collection so States identify children of different ages who receive all of the required EPSDT screens. This revision will improve EPSDT data collection for both fee-for-service and managed care programs. The HCFA and the States should monitor the age groups to determine where progress is being made and where additional efforts are required.

States currently report only the number of children receiving at least one screen during the defined time period. Since the EPSDT requirements vary with State and age, revised reporting data should identify not only the number of children who receive an EPSDT screen, but also the number of EPSDT screens those children should be receiving. Presently, EPSDT reporting presents data in a way to suggest that most children receive EPSDT services. One State advised us that reporting HCFA-416 data "always shows us over 100 percent. We've been stuck at 52 percent forever." This anomaly occurs because current reporting overemphasizes the greater number of required medical services provided to very young children.

We support States using Medicaid HEDIS as a measurement tool to evaluate the nature of EPSDT services performed in managed care settings. States should be encouraged to evaluate both HMO and PCCM type plans. Our study shows that more than half the children enrolled in Medicaid managed care plans receive no EPSDT services, regardless of plan type.

The HCFA should encourage States to actively notify managed care plans of enrollees due for EPSDT exams and to follow up if EPSDT services are not rendered shortly thereafter.

Our study dramatically demonstrates the value added to EPSDT performance when States continue to track and monitor plan performance at the individual patient level. In some States, this responsibility may belong at the County level, but regardless, the technique should be emulated. The techniques used in Michigan and Nevada could serve as models for States to identify the children due for, and receiving timely EPSDT screens. Beginning in 1997, Virginia's Medicaid Management Information System will notify PCCMs twice annually of children due for EPSDT exams.

The HCFA should work with States to ensure timely managed care EPSDT reporting.

The breakout of managed care EPSDT services from fee-for-service is important. The HCFA needs specific data to determine whether managed care is living up to its promise of access and care to children, who represent more than half the total Medicaid population.

Current State EPSDT reports to HCFA do not distinguish services rendered by managed care plans. The HCFA collects combined managed care EPSDT and fee-for-service EPSDT information from States annually. Immunization records may lag behind as well. In 1994, HCFA discovered that States collect EPSDT data from managed care plans in inconsistent ways.

All managed care plans should report EPSDT services to States in a timely and uniform manner. At present, managed care plans subcontract with numerous individual providers. Consequently, reporting of EPSDT services is inconsistent, not always timely, and underreporting may occur. Without consistent reporting of EPSDT data, determining whether States meet participation goals becomes problematic.

The HCFA should emphasize to States the need to define and clarify EPSDT requirements in their Medicaid contracts with managed care plans.

Our study confirms the findings of earlier studies, including HCFA's, pointing out the lack of contractual specificity regarding EPSDT when States contract with managed care plans to provide Medicaid services. In omitting EPSDT programmatic details from managed care contracts, States have less leverage in persuading managed care plans to deliver timely EPSDT services and fewer ways to evaluate individual plan performance. The HCFA needs to continue working with States to provide examples of effective contracts.

AGENCY COMMENTS

We received comments from HCFA and the Acting Assistant Secretary for Health. Their comments are included in Appendices B and C respectively. Both fully agree with the recommendations. The Acting Assistant Secretary for Health suggested additional recommendations. These additional suggestions are quite consistent with the recommendations in our report. We suggest that HCFA consider them in developing their implementation plan.

We made appropriate revisions to the report based on their technical comments.

APPENDIX A

VARIANCE TABLE

VARIANCE AND ESTIMATED CONFIDENCE INTERVALS

	Estimate	Standard Error	95% Confidence Interval	
			Lower Limit	Upper Limit
Medicaid managed care children who receive all required EPSDT services	28.10%	8.30%	11.83%	44.37%
Medicaid managed care children who receive some required EPSDT services	11.52%	1.79%	8.01%	15.03%
Medicaid managed care children who receive no required EPSDT services	60.38%	13.37%	47.01%	73.75%

APPENDIX B

HCFA COMMENTS ON DRAFT REPORT

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

DATE: APR 29 1997

TO: June Gibbs Brown
Inspector General

FROM: Bruce C. Vladeck
Administrator

SUBJECT: Office of Inspector General (OIG) Draft Report: "Medicaid Managed Care and EPSDT," (OEI-05-93-00290)

We reviewed the above-referenced report that examined the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services Medicaid children enrolled in managed care plans receive.

Our detailed comments on the report recommendations are attached for your consideration. Thank you for the opportunity to review and comment on this report.

Attachment

Comments of the Health Care Financing Administration (HCFA)
on Office of Inspector General (OIG)
Draft Report: "Medicaid Managed Care and EPSDT,"
(OEI-05-93-00290)

OIG Recommendation

HCFA should revise its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) reporting requirements and data collection to emphasize the number of children who receive all of their EPSDT screens in a timely fashion.

HCFA Response

We concur. HCFA convened a workgroup of representatives from the public and private sectors to assess and recommend changes to the current EPSDT reporting and data collection tool, the HCFA-416. The workgroup will focus on, among other issues: (1) developing an instrument that will collect more consistent, meaningful data from states regarding the furnishing of EPSDT services, especially services provided under managed care arrangements; (2) reviewing the effectiveness of periodicity schedules that vary by state to determine if there is a better way to measure each state's participation goal against the actual periodicity requirement in the state; and (3) determining if Health Plan Employer Data and Information Set (HEDIS) measures will be a useful tool in measuring EPSDT services in managed care settings.

It should be noted the current HCFA-416 collects data that identifies children of different ages. It also uses the periodicity schedule of the American Academy of Pediatrics to measure the number of screens children should be receiving in order to adjust the figure (i.e., 6 screens for the less than 1 year old, 50 screens for the 15-20 years old who should receive one every other year).

OIG Recommendation

HCFA should encourage states to actively notify managed care plans of enrollees due for EPSDT exams and follow-up if EPSDT services are not rendered shortly thereafter.

HCFA Response

We concur. We will address this as part of the follow-up activities resulting from George Washington University's recently released study of Medicaid managed care contracts, or as part of the Medicaid Managed Care Team's outreach efforts.

OIG Recommendation

HCFA should work with states to ensure timely managed care EPSDT reporting.

HCFA Response

We concur. This issue has been an ongoing concern of HCFA and will be addressed by the workgroup mentioned above.

OIG Recommendation

HCFA should emphasize to states the need to define and clarify EPSDT requirements in their Medicaid contracts with managed care plans.

HCFA Response

We concur. In addition to encouraging states through ongoing technical assistance, HCFA will continue to encourage states through its review and approval of new and existing waivers to include specific EPSDT programmatic requirements in their contracts with managed care programs.

Technical Comments

Page 2, Paragraph 1 - The enrollment figures published in the (1995) Medicaid Managed Care Enrollment Report contain double counts. The figures have been revised to estimate unduplicated figures. As a result, total Medicaid managed care enrollment as of June 30, 1995, is estimated to be 9.8 million, or 29.4 percent of the total Medicaid population. This 9.8 million figure represents a growth of about 2 million beneficiaries from the previous year.

HCFA recently published the 1996 enrollment figures. The total Medicaid managed care enrollment as of June 30, 1996, is reported to be 13.3 million (see HCFA's Home Page on the World Wide Web for the full report).

The reference to managed care plans to which people are being enrolled should be changed to managed care programs. The term programs more accurately describes the variety of systems into which people are enrolling. Of the 403 Medicaid managed care arrangements in 1995, 48 are primary care management programs and 355 are some form of managed care organization.

Page 2, Paragraph 2, first sentence - We suggest the following to replace the first sentence: "Managed care aims to reduce the utilization of services that are not medically necessary, lower health care costs, increase access to services, and provide a vehicle to better monitor the quality of care provided to beneficiaries."

Page 2, Paragraph 3 - Managed care plan is more accurately managed care program.

Page 2, Paragraph 4 - Quality assurance activities at the Federal, state government, and plan levels are designed to ensure Medicaid beneficiaries are provided access to the services to which they are entitled and that providers and managed care organizations are fulfilling their contractual obligations. This point should be made more clearly in the discussion of fraudulent activities.

Page 3, Paragraph 1 - Mention should be made that the contracts discussed in the 1995 Children's Defense Fund study were from 1991. Since that time, increased attention has been focused on child health, which is likely reflected in newer contracts. In the second sentence, please change showed to indicated, since no contract language was provided in Integrating EPSDT and Medicaid Managed Care.

Page 4, Paragraph 2 - Managed care plan is more accurately managed care program.

Page 7, Paragraph 3 - The Medicaid HEDIS was issued by the National Committee for Quality Assurance, not HCFA.

Page 9, Paragraph 4 - Federally Qualified Health Centers (FQHCs) have protections not realized by school-based health centers, community health centers, and local health departments. States are required to provide Medicaid beneficiaries with access to FQHCs, which is not the case for the other entities. Either this distinction should be clear, or FQHCs should be removed from this provider list.

Page 9, Last Paragraph - Nevada has a Health Maintenance Organization program, which means the state pays managed care organizations a capitated fee to provide a defined set of services to the Medicaid beneficiaries enrolled in the plans. In the description of Nevada's approach, mention is made of bills not being received by the state. In a capitated situation, bills are never received by the state. Please clarify Nevada's approach.

It would be useful if the OIG report indicates what age groupings would provide more useful information than those currently used.

It would be more accurate if the report used managed care program rather than managed care plan.

APPENDIX C

ASSISTANT SECRETARY FOR HEALTH COMMENTS ON DRAFT REPORT

Assistant Secretary for Health
Office of Public Health and Science
Washington D.C. 20201

MAR 27 1997

TO: June Gibbs Brown
Inspector General

FROM: Acting Assistant Secretary for Health

SUBJECT: OIG Draft Report: "Medicaid Managed Care and EPSDT"
OEI-05-93-00290

Thank you for the opportunity to review and comment on the initial draft inspection report: "Medicaid Managed Care and EPSDT", OEI-05-93-00290. The study makes an important contribution to the evolving knowledge of the use of managed care plans in providing necessary preventive and treatment services to Medicaid recipients.

I have limited my comments to two specific areas: (1) Report Findings; and (2) Additional Recommendations. Overall, I agree fully with your recommendations and have included several clarifications and additional recommendations for your consideration. I look forward to your final report.

Report Findings

1. Under the EPSDT benefit, a State must provide general screening, vision, hearing, and dental services at intervals which meet recognized standards of medical and dental practice, and at other intervals, as necessary, to determine the existence of certain physical or mental health conditions. Screening services include: comprehensive health (physical and mental) and developmental history; a comprehensive physical exam; appropriate immunizations; laboratory testing; and health education and anticipatory guidance.

   The OIG study did not report on differences between managed care (HMO) primary care case manager (PCCM) beneficiaries within the above mentioned EPSDT categories. It would be useful to further stratify the data into distinct categories within the report, such as general health, vision, dental, and hearing, in order to assist policy makers in distinguishing areas of least compliance or greatest improvement.

2. The study was basically an evaluation of a beneficiary's clinical medical record. In this case, there exist several limitations:

   First, it is not clear to what extent the States separated the items and services in the EPSDT package and allowed for providers of partial screens.

Was the study limited to managed care or PCCM providers that were under contract, or otherwise expected, to provide the full array of EPSDT services? If not, what procedures were used to determine additional services acquired by beneficiaries outside of the designated provider or plan?

Second, various preventive screenings are not well documented and are difficult to identify in the medical record. For example, health education and counseling are commonly not documented in the medical record during clinic visits, especially for sensitive or illegal activities. This does not, however, indicate a total absence of these services. The recommendation of collecting future data on a standardized EPSDT reporting form, including areas of health education, counseling, and anticipatory guidance, for all Medicaid beneficiaries (under 21) would solve this reporting problem.

3. Interestingly, no statistical differences were observed between managed care and PCCM beneficiaries. I would have hypothesized that PCCM providers had a higher rate of success due to the financial and treatment incentives inherent in the fee-for-service reimbursement system. This finding raises issues related to the effect/s of the State or the individual in the acquisition of such services. The managed care plan and State bear direct responsibility in providing many of these enabling services.

As part of your evaluation of efforts used by providers to increase patient compliance, were you able to evaluate the use of transportation services, location of provider, or accessibility of services that may adversely effect access to services?

Additionally, it is our understanding that each State Medicaid program is required to inform eligible individuals and their families (including foster families) of the availability of EPSDT services within 60 days of Medicaid eligibility determination and annually thereafter. This communication is to be given on what and where EPSDT services are available, and how to obtain them. Were you able to determine the State's compliance with sending beneficiary information to EPSDT eligible participants?

4. The States selected for the study are far below the EPSDT participation goal set by the Secretary, as directed by OBRA 1989. The goal set for each State, by 1995, was to provide 80 percent of the annual screening services recommended for each age group (under 1, 1-5, 6-14, and 15-20) by the American Academy of Pediatrics.

Given the study findings, what are we to conclude about the State's ability to use managed care programs (HMO or PCCM) for the provision of preventive services among high risk populations? Does HCFA need to hold the State in greater compliance with EPSDT services, when enrolling Medicaid beneficiaries into managed care programs, as a condition of federal waiver approval?

Additional Recommendations

1. The advantages of managed care, as part of the introductory paragraph of the Recommendation's section, have yet to be realized or demonstrated; specifically, outreach programs, transportation services, and stressing preventive services to avoid "costly expenses later" for medical care. I recommend revisions based on our current state of knowledge on these issues.

2. In Recommendation #1, require additional data reporting within specific categories of EPSDT services for each age group. These categories include: complete physical exam; vision and hearing; dental; developmental and behavioral screening; procedures (laboratory and immunizations); and health education and anticipatory guidance.

3. In Recommendation #2, the State must continue to notify beneficiaries of the availability of EPSDT services, how to obtain them, and transportation and scheduling assistance. Additionally, if the State contracts services to partial providers, they must develop a mechanism to collect EPSDT data from all sources of care; thus, demonstrating compliance with providing the full range of EPSDT services.

4. In Recommendation #3, the development and implementation of a standardized reporting form is vital to the State's and HCFA's efforts in monitoring participation goals. The lack of meaningful health information is further complicated by the loss of Medicaid reimbursement claims files through the use of capitated payment programs. This form should include the broad range of services available to eligible beneficiaries, as discussed above. Implementation of such a form should be linked to HCFA's 1915(b) or 1115 Demonstration waivers.

5. In Recommendation #4, in addition to requiring the use of well-defined, enforceable EPSDT contract language, managed care providers need to demonstrate linkages with other EPSDT providers if they are not providing the full range of EPSDT services. These linkages, or referral sites, need to be included in the benefits and educational information distributed to beneficiaries during plan enrollment.

6. As demonstrated by this study, the failure of managed care plans and PCCM providers to provide mandatory EPSDT services requires increased review and monitoring by HCFA, especially among States with mandatory Medicaid managed care enrollment via 1915(b) or 1115 waivers. These States should be held at previously established 80 percent participation goals as part of the terms and conditions of initial and ongoing waiver approval. States must be able to demonstrate the capacity to develop and implement data collection mechanisms that report on EPSDT services among a range of provider sites.

Jo Ivey Boufford, M.D.

PLM/Kyle

HIV-Drug and Alcohol Task Force

Chairs

Mark Casanova Daryl Flynn Loretta Menchaca Suzi Rodriguez

Steering Committee

Mark Briggs Dick Browne Danny Jenkins Anna Long, Ph.D. Percy Magee
Mireya Medrano Stephen Mitchell Meredith Portnoff Cathy Reback, Ph.D.

Memorandum

DATE: October 1, 1997

TO: Honorable William J. Clinton
President of the United States
The White House

FROM: Chris Wade, Administrative Assistant: HIV-DATF

RE: Letter of Response from Clinton Administration

CC: HIV-DATF Co-Chairs

Enclosed you will find letters from *consumers of services, concerned community members, and service providers* of the HIV-Drug and Alcohol Task Force (HIV-DATF) of Los Angeles County. The HIV-DATF has been an advisory group to the Los Angeles County Commission on HIV Health Services since 1989.

Please respond to us regarding your efforts in keeping HIV/AIDS a national priority.

Please direct your response to:

HIV-Drug and Alcohol Task Force
Attention:Chris Wade, Administrative Assistant
18646 Oxnard Street
Tarzana, CA 91356

Your immediate response will be anxiously awaited.

HIV DRUG AND ALCOHOL TASK FORCE

Chairs

Mark Casanova Daryl Flynn Loretta Menchaca Suzi Rodriguez

Steering Committee

Mark Briggs Dick Browne Danny Jenkins Anna Long, Ph.D. Percy Magee
Mireya A. Medrano Stephen Mitchell Meredith Portnoff Cathy Reback, Ph.D.

September 26, 1997

The Honorable William J. Clinton
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Mr. President:

We write to you today on behalf of the HIV-Drug and Alcohol Task Force (HIV-DATF), a member of Cities Advocating Emergency AIDS Relief (CAEAR) Coalition. The HIV-DATF is an association of advocates, concerned individuals, and nonprofit private and public organizations devoted to the provision of responsive HIV/AIDS treatment, drug/alcohol treatment and other support services for drug and alcohol users and recovering persons throughout Los Angeles County. The HIV-DATF works intimately with the Office of AIDS Programs and Planning, the Alcohol and Drug Programs Administration and the Los Angeles County Board of Supervisors to address the service needs of our constituents. The CAEAR Coalition is a national coalition of community members who come together with a sense of urgency to advocate on behalf of cities and localities served by Title I of the Ryan White Comprehensive AIDS Resources Emergency Act.

We write to you today to request your support in our efforts to ensure that funding for programs for people living with HIV disease and AIDS remain a national priority. We are distressed that you and your Administration failed to recommend appropriate increases in CARE Act funding for Fiscal Year 1998. The Administration's budget request for FY '98, we believe, was woefully inadequate. We are partially concerned that your proposed increase for Title I was far below the expressed needs of CARE Act Title I metropolitan areas. In recent meetings with members of your Administration, people living with HIV representing the CAEAR Coalition were disappointed that your representatives failed to assure them that AIDS remains a budget priority for you.

An advisory group to the Los Angeles County Commission on HIV Health Services since 1989
1010 South Flower Street, Fifth Floor, Los Angeles, CA 90015
Phone: (213) 744-0724 Fax: (213) 748-2432

You have repeatedly stated that AIDS is a priority for your Administration. Despite the fact that AIDS, along with other critical domestic programs, was removed as a budget priority during the recent budget negotiations with Congress, we expect AIDS to remain a funding priority for your Administration. The good news will be short lived if we in any way retreat from our national commitment to providing the necessary resources for health care and the related support services needed to ensure that people living with HIV remain healthy, productive and contributing members of society.

Please support the highest possible funding for all Titles of the CARE Act in the House and Senate version of the FY '98 Labor, Health and Human Services and Education Appropriations bill. As you prepare your FY '99 budget request to Congress, we ask that you request Congress to provide increases for all Ryan White CARE Act programs. In particular, we strongly urge you to include a request for Title I funding for FY '99 in the amount of $570 million. This would provide a $120 million increase over the FY '97 Title 1 spending.

Your budget request is the tangible means of reassuring people living with HIV/AIDS and that AIDS remains a priority for you and your Administration. We urge you and your administration to answer this challenge to our nation with all the passion and resources required to bring hope to Americans living with HIV. People living with HIV and AIDS are watching and waiting for your leadership.

We thank you for your consideration.

Member
HIV-DATF

cc: Franklin Raines, Office Management and Budget
Donna Shalala, Department of Health and Human Services
Bruce Reed, Assistant to the President
Sandra Thurman, Office of National AIDS Policy

CW:cw