

# FOIA MARKER

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**Collection/Record Group:** Clinton Presidential Records

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**OA/ID Number:** 19406

**FolderID:**

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**Folder Title:**

Correspondence - SLT - Incoming - 12/97 [1]

**Stack:**

**S**

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**66**

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**7**

**Position:**

**1**

# Withdrawal/Redaction Sheet

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                                  | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------------------------------------------------------------------|------------|-------------|
| 001. form                | re: StarterPak order form [Personally Identifiable Information] [partial] (1 page)                             | 00/00/0000 | b(6)        |
| 002. form                | re: Letter tracking (Personal) (1 page)                                                                        | 12/24/1997 | b(6)        |
| 003. letter              | Individual living with AIDS to Sandra Thurman re: Retirement grievance (Personal) [partial] (4 pages)          | 12/15/1997 | b(6)        |
| 004. form                | re: Medical progress (Personal) [partial] (1 page)                                                             | 03/07/1996 | b(6)        |
| 005. letter              | Patricia Fletcher to Individual living with AIDS re: Family Medical Leave Act (Personal) [partial] (1 page)    | 02/14/1996 | b(6)        |
| 006. form                | re: Retirement and insurance (Personal) [partial] (1 page)                                                     | 06/14/1996 | b(6)        |
| 007. form                | re: Retirement and insurance (Personal) [partial] (1 page)                                                     | 07/03/1996 | b(6)        |
| 008. check               | re: Health insurance (Personal) (2 pages)                                                                      | 06/25/1996 | b(6)        |
| 009. letter              | Individual living with AIDS to Group Insurance re: Coverage (Personal) [partial] (1 page)                      | 07/25/1996 | b(6)        |
| 010. letter              | Individual living with AIDS to Blue Cross Blue Shield re: Issues with insurance (Personal) [partial] (2 pages) | 08/09/1996 | b(6)        |
| 011. letter              | Liz Molina to Individual living with AIDS re: Issues with insurance (Personal) [partial] (1 page)              | 05/27/1997 | b(6)        |
| 012. form                | re: Expiration notice for insurance (Personal) (1 page)                                                        | 10/15/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### 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]  
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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 Sheet

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|--------------------------|----------------------------------------------------------------------------------------------------------------------|------------|-------------|
| 013. letter              | Liz Molina to Individual living with AIDS re: Social Security Administration status (Personal) [partial] (1 page)    | 09/30/1997 | b(6)        |
| 014. letter              | Liz Molina to Individual living with AIDS re: Insurance benefits (Personal) [partial] (1 page)                       | 12/02/1997 | b(6)        |
| 015. letter              | Group Insurance to Individual living with AIDs re: Insurance payment (Personal) [partial] (1 page)                   | 12/04/1997 | b(6)        |
| 016. check               | re: South Dallas Health Access (Personal) (1 page)                                                                   | 11/25/1997 | b(6)        |
| 017. letter              | Individual living with AIDS to Kevin Murphy re: Availability of medication (Personal) [partial] (4 pages)            | 12/15/1997 | b(6)        |
| 018. letter              | Individual living with AIDS to Kevin Murphy re: Availability of medication (Personal) [partial] (2 pages)            | 08/28/1997 | b(6)        |
| 019. letter              | Texas Department of Health to Individual living with AIDS re: Assistance for medicines (Personal) [partial] (1 page) | 12/01/1997 | b(6)        |

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National AIDS Policy Office

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December 18, 1997

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

Dear President Clinton:

**Co-chairs**

David Harvey  
AIDS POLICY CENTER FOR  
CHILDREN, YOUTH AND  
FAMILIES

Miguelina Maldonado  
NATIONAL MINORITY AIDS  
COUNCIL

**Executive Committee**

Val Bias  
NATIONAL HEMOPHILIA  
FOUNDATION

Rose Gonzalez  
AMERICAN NURSES  
ASSOCIATION

Byron J. Harris  
NATIONAL ALLIANCE OF  
STATE AND TERRITORIAL  
AIDS DIRECTORS

Christine Lubinski  
AIDS ACTION COUNCIL

Mike Shriver  
NATIONAL ASSOCIATION OF  
PEOPLE WITH AIDS

Jane Silver  
AMERICAN FOUNDATION FOR  
AIDS RESEARCH

Winnie Stachelberg  
HUMAN RIGHTS CAMPAIGN

On behalf of the National Organizations Responding to AIDS (NORA), we are writing to urge you to include in your FY 1999 budget proposal to Congress the funding levels for HIV and AIDS programs outlined in the attached document. As you know, NORA is a coalition of over 175 health, labor, religious, and professional advocacy groups that represent a broad consensus on HIV- and AIDS-related issues, policy, and funding levels.

We appreciate your leadership in responding to the urgent public health needs imposed by this epidemic, including the funding increases your administration actively supported in your first term. We are extremely concerned, however, that the constraints on domestic discretionary spending contained in last year's budget agreement will hinder the ability of your Administration and Congressional appropriators to fund vital programs in the health function of the federal budget. Therefore, it is critical that you advance a comprehensive funding plan in order to clearly demonstrate the Administration's commitment to health programs in general and HIV/AIDS programs in particular.

To continue your strong record, we respectfully ask that you exert stronger and bolder leadership in responding to the rapidly changing HIV epidemic. We ask that you actively support federal funding for needle exchange programs in response to the fact that injection drug users account for one half of new HIV infections. We ask that you support a Medicaid pilot project in response to the HIV treatment guidelines released by the Department of Health and Human Services earlier this year that called for aggressive treatment early in HIV disease progression. Current Medicaid eligibility standards preclude that early treatment for many low-income people with HIV. Your leadership is vital in order to build consensus on these life saving, but politically difficult, policy changes.

Most important, we request inclusion of the funding levels shown on the attached document in your FY 1999 budget request to Congress. As a result of sustained and increased federal investment in HIV-related research, prevention, care, and housing, we are seeing dramatic declines in AIDS deaths, costly hospital admissions, emergency room visits, and incidence of opportunistic infections. But these benefits come at a price and we have an obligation to extend the hope to as many people with HIV as possible. These requests are for the core programs in the HIV/AIDS funding portfolio. Funding needs for all HIV/AIDS programs throughout the federal government will be completed in January.

**NORA**

A coalition convened by  
AIDS Action Council

1875 Connecticut Ave., NW  
Suite 700  
Washington, DC 20009  
202 986 1300  
202 986 1345 fax

*"A coalition of over 175 organizations responding to AIDS with resolve and action."*

Thank you for your consideration of these issues. We look forward to working with your staff as the budget process is completed.

Sincerely,

David Harvey, Co-Chair  
NORA Executive Committee

Miguelina Maldonado, Co-Chair  
NORA Executive Committee

## **FY 1999 FUNDING NEEDS FOR CORE HIV/AIDS PROGRAMS NATIONAL ORGANIZATIONS RESPONDING TO AIDS**

### **AIDS Research at National Institutes of Health (NIH)**

**Request: Commensurate with overall increases for NIH**

The AIDS community has consistently advocated for increases in NIH funding overall with a commensurate rate of increase for AIDS specific research. We strongly support a consolidated budget for the Office of AIDS Research (OAR). However, new money for research at NIH should not come at the expense of other health programs.

### **HIV/AIDS Prevention at Centers for Disease Control**

**Request: \$185 million increase over FY 98 for a total of \$819 million in FY 99.**

The CDC was only one of two major HHS HIV/AIDS accounts that were not funded over the President's request for FY 1998. Leadership from the Administration on HIV prevention is imperative in order to encourage a commitment from appropriators, to implement the President's youth initiative announced on World's AIDS Day, and to address the concerns of the President's Advisory Council.

The recent decline in AIDS death rates must not be viewed as evidence of a smaller epidemic. Despite the success of combination therapies, a "cure" for HIV does not exist. Moreover, the cost of those treatments keeps them out of reach for many people, they must be used indefinitely, and their long-term efficacy is not known. An increased investment is therefore still essential in order to prevent HIV and AIDS in the first place. A comprehensive, well-funded prevention strategy is the centerpiece of an effective and fiscally prudent HIV/AIDS portfolio. That strategy would include community-based HIV prevention initiatives, a national campaign to encourage voluntary HIV counseling and testing, better compliance from community planning groups, and a thorough evaluation of the link between resources and populations at-risk.

### **Housing Opportunities for People with AIDS (HOPWA)**

**Request: \$46 million over FY 98 for a total of \$250 million in FY 99.**

HOPWA is a formula-funded program that gives states and localities hardest-hit by the AIDS epidemic desperately needed resources and decision making authority to meet the local housing needs of people with AIDS. Stable housing is essential if individuals are to have the opportunity to access and to manage complex, but life-prolonging medications. Eight to ten jurisdictions become newly eligible for formula grants based on increases in caseload. At least \$250 million would be needed in FY 99 to prevent cuts in funding to existing jurisdictions. For each \$1 million in HOPWA funds, HUD estimates that an additional 269 individuals and families living with HIV and AIDS will have access to vital housing and housing-related services.

**Ryan White CARE Act: Title I****Request: \$105 million over FY 98 for a total of \$570 million in FY 99.**

Title I provides formula and supplemental grants for the delivery of comprehensive HIV/AIDS medical care and support services to eligible metropolitan areas (EMA) disproportionately affected by the HIV epidemic. Currently 49 EMAs receive Title I funding. That number is expected to increase to 50 in FY 1999. Over 74% of the reported AIDS cases in the United States are in Title I EMAs. With the promise of new treatments, Title I planning councils have demonstrated their unique ability to respond to the changing needs of people living with HIV. Increased longevity associated with the new therapies has led to sustained demand for current services and increased demand for viral load and other diagnostic tests. In response to this growing need, Title I EMAs spent 59% of all Title I funds on primary and specialized medical care, laboratory expenses, and HIV-related medications. Title I funding remains the linchpin that sustains our nations efforts to provide care, relieve the suffering, and prolong the lives of people living with HIV in our nation's cities.

**Ryan White CARE Act: Title II****Request: \$258 million over FY 98 for a total of \$802 million in FY 99.**

Care and Support Services (Request: \$85 million over FY 98)

Title II provides formula grants to provide statewide, comprehensive HIV/AIDS services. State AIDS directors have identified enhanced case management, insurance continuation and purchasing programs, and enhanced primary medical care as high priority needs. States are needing to bolster HIV care services in rural areas as well as transportation to and from care services. A total of \$343 million is needed in FY 1999 to meet growing need.

AIDS Drug Assistance Program (Request: \$173 million over FY 98)

Initial data from July 1996 - July 1997 suggests that state ADAP programs continue to experience about 1,000 additional utilizing clients per month. This figure, however, does not reflect total demand for the program because many states have closed enrollments, capped their programs, or employed other money saving measures to restrict access to state ADAPs. For FY 1999, preliminary projections using the new federal treatment guidelines and increased utilizations, suggest the need for a total ADAP budget of about \$750 million, which includes both state and federal support. Federal support of \$459 million is needed in FY 1999.

**Ryan White CARE Act: Title III****Request: \$36.7 million over FY 98 for a total of \$113 million for FY 99.**

Title III provides grants to existing community-based clinics and public health providers to develop and deliver early and ongoing comprehensive HIV/AIDS services on an outpatient basis. Grantees provide primary medical care in rural and underserved urban areas. In many cases, Title III grantees are the only source of medical care in a given area. A funding increase is needed to ensure that rural and underserved areas have access to critical primary medical care. As more individuals seek new therapies, greater access to medical care is needed to ensure successful therapeutic outcomes.

**Ryan White CARE Act: Title IV****Request: \$20 million over FY 98 for a total of \$61 million in FY 99.**

Title IV provides grants to support pediatric, adolescent, and family HIV/AIDS care programs and the coordination of access for these populations to clinical research programs. With over 330 sites in 27 states, the District of Columbia, and Puerto Rico, over 50,000 HIV infected and affected children, youth, at-risk youth, women, and families are served. Increased funding is needed to expand existing programs and youth-focused programs, and to better target care services for women which now make up over 21 percent of all new AIDS cases.

**Ryan White CARE Act: AIDS Education and Training Centers****Request: \$7 million over FY 98 for a total of \$24.3 million in FY 99.**

The AETC's are the training arm of the Ryan White CARE Act. The AETC's ensure that health care providers have access to the most up to date information and training on clinically competent AIDS care. The advent of the new treatment regimens and the newly developed Public Health Service guidelines for HIV antiretroviral treatment make the role of these federally funded trainers all the more critical. Poor medical management of HIV/AIDS patients can result in drug resistance and premature death.

**Ryan White CARE Act: HIV Dental Reimbursement Program****Request: \$1.2 million over FY 98 for a total of \$9 million in FY 99.**

The HIV Dental Reimbursement Program is a federal-institutional partnership that provides quality oral health care to people living with HIV while simultaneously training new professionals in the delivery of such care. The program partially reimburses dental education clinics for uncompensated care delivered to uninsured and/or indigent persons living with HIV/AIDS. Access to oral health care is a critically important prevention tool because many of the first manifestations of HIV are found in the oral cavity. Last year, this cost-effective program provided over 70,000 individuals with critical oral care.

**Public Health Service Programs**  
(numbers are rounded to the nearest million)

| Agency       | FY 1998 Funding        | FY 1999 President's Request | (+/- over 1998) | FY 1999 NORA Recommendation | NORA (+/- over 1998) |
|--------------|------------------------|-----------------------------|-----------------|-----------------------------|----------------------|
| AHCPR*       | \$146 million          | \$171 million               | + \$25 m        | \$175 million               | + \$29 m             |
| CDC          | \$634 million          | \$632 million               | - \$2           | \$819 million               | + \$185 m            |
| FDA*         | \$924 million          | \$970 million               | + \$46 m        | \$1,135 million             | + \$211 m            |
| HRSA         | \$1,150 million        | \$1,315 million             | + \$165 m       | \$1,578 million             | + \$428 m            |
| HCFA**       | n/a                    | n/a                         | n/a             | \$100 million               | + \$100 m            |
| IHS***       | n/a                    | n/a                         | n/a             | \$19 million                | + \$19 m             |
| NIH          | \$1,607 million        | \$1,731 million             | + \$124 m       | \$1,848 million             | + \$241 m            |
| SAMHSA       | \$1,310 million        | \$1,510 million             | + \$200 m       | \$1,510 million             | + \$200 m            |
| <b>Total</b> | <b>\$5,771 million</b> | <b>\$6,329 million</b>      | <b>+\$558 m</b> | <b>\$7,184 million</b>      | <b>+ \$1,413 m</b>   |

\*The numbers in the chart reflect funding levels for AIDS-specific programs within agencies, with the exception of the AHCPR, and FDA which do not have specific appropriations levels for AIDS programs.

\*\* The FY 99 request for HCFA

\*\*\*The FY 99 request is the NORA recommendation solely for the purchase of AIDS drugs within the Indian Health Service; the FY 98 and President's numbers represent a total number for services within the IHS.

**Department of Housing and Urban Development**  
**Housing Opportunities for People With AIDS (HOPWA)**

| Agency | FY 1998 FUNDING | FY 1999 President's Request | (+/- over 1998) | FY 1999 NORA Recommendation | NORA (+/- over 1998) |
|--------|-----------------|-----------------------------|-----------------|-----------------------------|----------------------|
| HOPWA  | \$204 million   | \$225 million               | +21m            | \$250 million               | +46m                 |

**FAX TRANSMITTAL****DATE:**

12/15/97

**TO:**

Sandy Thurman

**FAX #:****FROM:**

Jon Sheridan

4 PAGES INCLUDING COVER SHEET

urgent!

**DRAFT**

- The most important principle for us to keep in mind as we talk today is that making the determination to allow for needle exchange is the right thing to do from a moral and public health perspective – it will save lives.
- My tenure with the Clinton Administration started with a public commitment that science, not politics would lead our national response to HIV – particularly on needle exchange. As the President's spokesperson, I need to deliver on that message for him and the time is now.
- Let me share something very encouraging with you – there have been no pediatric AIDS cases in San Francisco in two years. This is not a coincidence – San Francisco has the largest comprehensive needle exchange program operating in the country. Our goal should be to duplicate that success at a national level.
- By letting local communities use federal resources to implement the most effective HIV programs possible, this Administration can leave a legacy. We can lead the way in halting this killer among children. Who can imagine this headline in a few years? "No more cases of pediatric AIDS."
- Like the Reagan Administration's dilemma over condom distribution in the early eighties – we are charged with leadership critical to halting AIDS. We cannot fail like they did -- we are living with the deadly results.
- As we sit in this room, AIDS is spreading among injection drug users, their partners and children -- over half of the 40,000-80,000 new HIV infections are related to injection drug use. CDC tells us that injection drug use is indirectly responsible for 63% of AIDS cases among women and over half of pediatric AIDS cases. We will continue to see increases cases among women and children if we do not allow for the most effective HIV prevention measures possible.
- AIDS is no longer just a disease of gay men -- it is increasingly a disease of the poorest, most disenfranchised and hardest to reach population in our country -- and their kids. These individuals and families will have no other alternative than to turn to public assistance for their basic human needs. From a fiscal perspective – we MUST halt AIDS – we cannot underestimate the cost that caring for new cases will be and we cannot tolerate the human toll.
- The AIDS advocacy community has been asking the Secretary to allow for needle exchange funding for years – we are finally at a point where the science is in and supports that request. Despite right-wing efforts to thwart the Secretary's authority, the Congress upheld the authority, making an important distinction between "exchange" and "distribution" of needles, asking the Secretary to issue criteria related to the operation of a needle exchange program and imposing an arbitrary moratorium on federal funding for needle exchange until March 31, 1998.

DRAFT

- The short window of time between now and March 31 would allow us to make a determination on the public health merits of needle exchange – absent a Congressional debate about funding. If Secretary Shalala makes this determination in advance of the Congress's return, then the onus for escalation of the debate rests squarely on the shoulders of the Republican Congress. I will challenge the Congressional opponents of needle exchange to make an argument why halting AIDS among babies is a bad idea.
- Politics runs behind public policy in this country. The right public policy position has clearly been laid out by the Presidential Advisory Council on HIV/AIDS. We will continue to be criticized if we do not take strong steps to curb the AIDS epidemic where it exists today.
- If the Administration is to make the determination on needle exchange - we would take an offensive stance that would be respected and supported by a majority. If we continue silence – silence that is interpreted as support for groups like the Family Research Council – we will be vilified by the public health community. We are wiser to take the high road – isn't one child's life that important? Morally, that is an unchallengeable position and this Administration should pursue it aggressively.
-  Polling data released by the Kaiser Family Foundation indicates that with adequate information and education, Americans support needle exchange by a 71% majority. 61% of Americans think that state and local governments should be allowed by the federal government to decide for themselves whether or not to use federal funds for needle exchange.
- Secretary Shalala has the power to make this decision. She should be empowered to act upon the science. Scientific study after scientific study shows that needle exchange reduces the number of new HIV infections. Six federally funded reports, conducted independently by the National Commission on AIDS in 1991, the General Accounting Office in 1993, the University of California in 1993, the Centers for Disease Control and Prevention (CDC) in 1993, the National Academy of Sciences in 1995 and the Office of Technology Assessment in 1995 are among those scientific studies. There is also a National Institutes of Health report that supports needle exchange. Dr. Satcher is on record supporting needle exchange. Science shows that needle exchange programs can reduce HIV infections by at least one-third and reduce risk behavior by as much as 80%. We funded our evidence. We should stand behind it.
-  The advocacy community has delivered credible support from a broad-based coalition of respected organizations including: the American Medical Association; the United States Conference of Mayors (passed a bipartisan resolution this summer); the American Bar Association; the American Academy of Pediatrics; the American Public Health Association; the NAACP; the American Nurses Association; Mother's Voices; and the list goes on. Major newspapers have written editorials in support of needle exchange – urging us to act, including The New York Times, The Washington Post, The Chicago Tribune, the Seattle Times, the Los Angeles Times, the Detroit Free Press and The Plain Dealer.

**DRAFT**

- I am not suggesting merely passing out needles to addicts. I believe that strong oversight of existing federal resources made available for this purpose should be monitored responsibly. The President's Drug Czar is concerned about needle exchange replacing drug treatment services. As the President's AIDS Czar, I support him and suggest that we limit our focus to HIV prevention funds to avert any supplanting of critical drug treatment services. Additionally, whether or not to fund needle exchange should be up to a local community - it is our job to give them the flexibility to do so.
- If the Secretary does not act now, the Clinton Administration will be vulnerable to attacks from the political left that it lacks the moral conscience to do everything in its power to end the AIDS epidemic. The science supports action. Inaction demonstrates a willingness to kowtow to right wing extremists like the Family Research Council. The Family Research Council spends millions of dollars annually supporting campaigns against us.
- We shall not lose today if we articulate a credible, scientifically based message and a public health perspective. We shall not lose in the future if we are able to say - We did all we could to stop pediatric AIDS.

Gregg Manacherin  
BRM Foundation - ~~BRM~~  
Material & Video HIV Awareness  
Need source for additional  
distribution channels  
for project they develop  
Newest project - target  
Heterosexual (female) audience  
If you have thought on  
how our Govt can be of assist  
in distribution channels for  
our Material - It would be  
appreciated

Send to Aids  
policy - <sup>Person</sup> Make  
note in computer  
that Carolyn sent  
it down  
6

*Videos* *Carver*

# GRM FOUNDATION

President William Jefferson Clinton  
The Whitehouse  
Washington, DC 20500-2000

12-11-97

Dear Mr. President,

Enclosed find materials on the GRM foundation. Our mission is to prevent pain and suffering through awareness. We are self funded, and not seeking contributions. I need to source additional distribution channels for the projects we develop. The newest project targets heterosexual (female) HIV awareness, as I feel that this area is largely untouched.

If you have any thoughts on how our government can be of assistance in expanding our distribution channels for our materials, it would be appreciated.

Respectfully,

  
Greg Manocherian  
Founder

P.S. I appreciate all you have done during your Presidency to help improve our wonderful country.

# GRM FOUNDATION

The GRM Foundation was established in 1994 for the purpose of preventing pain and suffering through education. Our focus has been the prevention of HIV/AIDS and eating disorders, though we hope to expand our mission to include other areas of concern. Inspiration to form the foundation stemmed from a variety of experiences that had a profound impact on Greg Manocherian.

Our concept is to create provocative awareness campaigns in order to alter peoples behavior. We choose to be avant guard as we are a small foundation without the necessary recourses to aggressively blanket our messages.

The first project we embarked on involved HIV/AIDS awareness and prevention. A poster was created conveying a strong message regarding the consequences of unsafe sex. It offered the Center for Disease Control's HIV/AIDS 800 number for help and information. It is presently displayed in over 17,000 high schools and colleges nationwide. In addition to the poster, we sourced and distributed over 2,000 HIV/AIDS awareness videos.

Our second project was the creation of a poster aimed at raising eating disorder awareness (anorexia nervosa, bulimia, etc.). The concept presents an unsettling image married to powerful copy, as well as phone numbers to source helpful information and support. We are in the process of distributing 20,000 copies to high schools and colleges nationwide.

Our third project again involved HIV/AIDS awareness and prevention. "JUST WEAR IT" is a sticker that plays off Nike's JUST DO IT campaign, both visually and conceptually. We have printed 1,000,000 stickers, and delivered them to various organizations to distribute on an individual level. People can take free stickers and place them (bumper, locker, hallway, etc) as a reminder to use condoms for prevention of HIV-AIDS/STD's/ unwanted pregnancy.

Presently, the GRM Foundation has a new project on its agenda: an HIV-AIDS awareness/prevention video, based on the life of Ali Gertz. We believe that this story is meaningful as Ali Gertz was a young, attractive, wealthy, etc. Park Avenue teenager who contracted HIV heterosexually and died.

As a result of the reception to the HIV/AIDS and anorexia posters, our new projects have the engine in place to source national educational institutions.

The GRM Foundation is self supporting.

*I used to drink a lot and I  
wouldn't remember  
what I did.  
But then I tested  
HIV positive  
and it all  
came back  
to me.*  
*- Suzanne  
W.*



WHEN DRINKING, DRUGGING OR THE HEAT OF THE MOMENT LEADS TO UNSAFE BEHAVIOR, STOP AND THINK. WHILE ABSTINENCE IS THE BEST PROTECTION, USING A LATEX CONDOM EVERY TIME ALSO OFFERS EFFECTIVE PROTECTION FROM HIV, THE VIRUS THAT CAUSES AIDS. IF YOU USE I.V. DRUGS, CLEAN YOUR WORKS. FOR MORE INFORMATION ON HIV PREVENTION OR AIDS TREATMENT CALL THE CENTERS FOR DISEASE CONTROL'S NATIONAL HIV AND AIDS HOTLINE AT: (800) 342 AIDS

**GRM FOUNDATION**

**AIDS  
ACTION  
COMMITTEE**

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# Protection Productions

Presents

**"POSITIVE"**

an AIDS Awareness film for teens

**Discussion Guide**

Distributed by the GRM Foundation, Inc.

# Positive

## "Positive" Issues

Is the movie true to life?

Which of the characters do you relate to? Why?

Did Kurt's message make you feel as though everyone is at risk for HIV (when practicing risky behaviors?)

What did the sister mean when she said, "you don't have to have sex with a lot of people , to have sex with a lot of people."

Was Marina's reaction to not wanting to use a condom understandable?

Whose responsibility is it to use a condom?

What could Mark and Marina have done to prevent getting HIV?

Do you consider Marina/Mark/ Valerie (Ex-girlfriend) to be typical of someone with HIV?

How is Marina's life going to change?

## AIDS Issues

What is the difference between HIV and AIDS?

What are the ways you can contract the virus?

What are the ways to protect yourself from contracting the virus?

Are your peers willing to use condoms?

If not, how could you convince them?

Do you feel you are at risk?

Who should get tested?

What are the advantages in knowing you are HIV positive?

## **HIV Infection & Aids --- The Epidemic : Your Killing Each Other !**

"Despite the fact that most people know how to prevent it, HIV infection continues to spread. Too many people continue to take chances and too many of them become infected. Sadly everyone infected with HIV will very likely develop AIDS."

Antonio Novello,  
Former Surgeon General of the United States

What started approximately fifteen years ago with a few isolated cases, AIDS—acquired immunodeficiency syndrome—is now the epidemic of this generation. In fifteen short years, AIDS has become a leading killer of men and women 15 - 44 years old.

Adolescents are a special concern. More and more adolescents are becoming infected with HIV. For all the publicity that HIV infection and AIDS receives, most young people seem to be ignoring the warnings. Believing it happens to other people not them!

But the facts don't lie: of the more than 206,000 cases of AIDS reported to the federal Centers for Disease Control and Prevention by the end of 1991, 20 percent were people 20 to 29 years old. What is particularly disturbing about these numbers is the large number of people in their twenties who have it. The importance of this fact is that HIV infection can remain silent and symptomless for 10 years. This means that many of the 20-29 year olds who have AIDS today became infected as teenagers. Between 1989 and 1991, there was a 70 percent increase in the numbers of AIDS cases in teens.

**Among people aged 15-24, AIDS is the sixth leading cause of death nationally.**

**" The fact of the matter is that the casual attitude of teenagers about sexual intercourse is slowly killing them."**

Other reasons why we must acknowledge the adolescent risk for HIV infection:

...sexual initiation is occurring earlier than it did a generation ago.

...by age 20, 68 percent of all females and 86 percent of all males are sexually active.

...by their senior year, 25 percent of high school students have had at least four sexual partners

...fewer than 50 percent of teens report having used a condom the last time they had sex.

...one in four sexually active adolescents has a sexually transmitted disease each year.

# Positive

...more than one million adolescent pregnancies occur each year, at least 50 percent of these are thought to begin when one or both partners are high from alcohol or drugs.

Clearly, adolescents—and large numbers of them —are engaging in behavior that put them at risk for HIV infection. It is important that teens know how the HIV virus works in the body, so that they will understand why certain behaviors put them at risk.

The teen years are often a time of experimentation with alcohol, drugs and sex. Teenagers don't believe they will become infected with HIV because they rarely see people their own age who have AIDS.

**Teenagers need to wear a latex condom if they engage in sexual intercourse.**

The HIV virus can enter the bloodstream directly when an infected person and a non-infected person exchange any bodily fluids including blood, saliva and semen during intercourse, foreplay; or by sharing needles or syringes while using drugs.

In the body, the HIV virus targets white blood cells called T4 cells. T4 cells are an important part of a person's immune system, because they coordinate the body's defense against infection. This is what makes HIV so dangerous—it attacks the cells that are most important in fighting off infections. It enters the T4 cells and slowly begins destroying them. They force the T4 cells to start making copies of HIV. T4 cells actually become tiny factories producing nothing but HIV, and the cells die in the process.

These new cells go on and attack other T4 cells. More and more cells are destroyed and the person's immune system gets weaker and weaker. Without a working immune system, a person's body cannot fight back against other viruses, fungi and cancer cells. These infections and cancers are what actually kill a person with AIDS, not HIV itself.

HIV can be in a person's body for years before it causes illness. It may take ten years for the destruction of the T4 cells with no outward sign of disease. That means it is impossible to tell by looking at people whether they have been infected with HIV. But people infected with HIV can pass the virus along to others, and because they don't look or feel sick—no one will know.

It is hoped that young people will adopt the same concept and philosophy as the SADD mission: "If the problem of AIDS among young people lies with the young people, then the solution also lies with them," and attack the issue head on.

**While abstinence is the best protection, using a latex condom everytime also offers effective protection from HIV, the virus that causes AIDS. Protect Yourself and Live.**

## ACTIVITIES

1. Create an AIDS and HIV information bulletin board at a convenient location in the school.
2. Conduct an AIDS and HIV poster contest through the school art department. Display the posters in stores and libraries throughout the community.
3. Seek out a local agency that works with AIDS patients. Request a speaker from the agency to conduct awareness sessions for students and staff.
4. Research the prevention efforts in your school and community regarding AIDS and HIV. Meet with the health department in the school to share your information.
5. Create some radio public service announcements and approach the local stations for air time.

**For more information about AIDS call the Center for Disease Control at  
1 -800-342-AIDS**

# Positive

## Evaluation Form

Protection Productions and the GRM Foundation, Inc. would appreciate knowing how you use "Positive," and how it works for you. Please answer the following questions and send this form to the GRM Foundation at 3 New York Plaza, 18th Floor New York, NY 10004.

Your Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Program Use(s) \_\_\_\_\_

Type of Group/Class \_\_\_\_\_

Age \_\_\_\_\_ Number of Times Shown \_\_\_\_\_

Other Uses \_\_\_\_\_

Correlation with curriculum \_\_\_\_\_

How did the audience respond? \_\_\_\_\_

Is the discussion guide helpful? \_\_\_\_\_

Recommendations for improvement? \_\_\_\_\_

How would you rate this film? \_\_\_\_\_

|      |   |         |   |           |
|------|---|---------|---|-----------|
| 1    | 2 | 3       | 4 | 5         |
| poor |   | average |   | excellent |

Comments and general impressions \_\_\_\_\_

\_\_\_\_\_

**Elizabethe C. Payne**

4622 Ingersoll  
Houston, Texas 77027  
HM: 713-623-4030  
WK: 713-512-3400 EXT 772.

Sandra Thurman  
808 17th Street NW  
8th Floor  
Washington DC 20006  
FAX 202-632-1096

*Send a letter*

12-16-97

Dear Sandy,

Well, you said if an opportunity arose in Houston...

From January 22 through February 15 (Wednesdays-Sundays), one of only two equity theatres here in Houston is premiering a new play, Ascendancy, by Gary Bonasorte set in an AIDS treatment center. The characters in the play are diverse and the theme is hopeful. Several AIDS agencies here want to use this play as a venue to stress the point that there is hope, but the "battle is far from won." The theatre has opened its doors to the AIDS community to highlight the issues, and the search is on for the most effective use of this opportunity.

Seminars from AIDS 101 to cutting edge treatment issues will be offered before various performances, and a % of each performance will go to an agency dealing with HIV issues. To that end... (HERE COMES THE REQUEST...) If your highly taxed schedule could fit in a trip to Houston during the play's run, that would certainly stress the importance of the message. If the dates are possible, we would, of course, fly you to Houston etc... and depending on your available time, organize with church/ local agencies (like HRC) to maximize the impact of the Czarina's presence. Having you speak before a performance of the play would be grand, and it offers a bit of a different arena. Let me know if you can squeeze it in.

I just finished taking my exams for grad school, and giving exams at Episcopal High School. I am now grading 75 essay tests in Philosophy of Ethics and Old Testament. My fried brain is looking forward to a holiday rest. I hope that all is well in DC. You seem to still be getting rave reviews in the print! Thanks again for hosting the DC meetings in October. Perhaps I will see you in Miami for the January NEAC meeting??

All the best.  
Elizabethe

P.S. How was political bar hopping in Atlanta? Too funny.

## **Fax Cover Sheet**

|              |                   |               |              |
|--------------|-------------------|---------------|--------------|
| <b>DATE:</b> | December 22, 1997 | <b>TIME:</b>  | 2:40 PM      |
| <b>TO:</b>   | Sandra Thurman    | <b>FAX:</b>   | 202/632/1096 |
| <b>FROM:</b> | Elizabeth Payne   | <b>PHONE:</b> | 713/623/4030 |

**Number of pages including cover sheet: 2**

**Elizabeth C. Payne**

**4622 Ingersoll  
Houston, Texas 77027  
HM: 713-623-4030  
WK:713-512-3400 EXT 772.**

Sandra Thurman  
808 17th Street NW  
8th Floor  
Washington DC 20006  
FAX 202-632-1096

12-16-97

Dear Sandy,

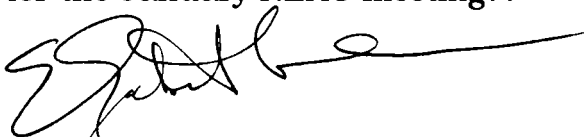
Well, you said if an opportunity arose in Houston...

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Seminars from AIDS 101 to cutting edge treatment issues will be offered before various performances, and a % of each performance will go to an agency dealing with HIV issues. To that end... (HERE COMES THE REQUEST...) If your highly taxed schedule could fit in a trip to Houston during the play's run, that would certainly stress the importance of the message. If the dates are possible, we would , of course, fly you to Houston etc... and depending on your available time, organize with church/ local agencies (like HRC) to maximize the impact of the Czarina's presence. Having you speak before a performance of the play would be grand, and it offers a bit of a different arena. Let me know if you can squeeze it in.

I just finished taking my exams for grad school, and giving exams at Episcopal High School. I am now grading 75 essay tests in Philosophy of Ethics and Old Testament. My fried brain is looking forward to a holiday rest. I hope that all is well in DC. You seem to still be getting rave reviews in the print! Thanks again for hosting the DC meetings in October. Perhaps I will see you in Miami for the January NEAC meeting??

All the best.  
Elizabeth



P.S. How was political bar hopping in Atlanta? Too funny.

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## **Clinton Presidential Records Digital Records Marker**

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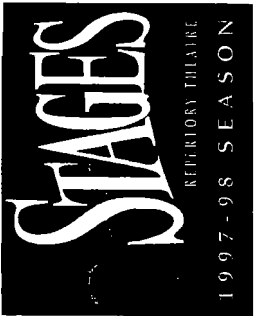
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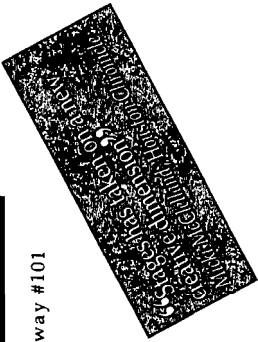
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7 1 3 / 5 2 7 - 8 2 4 3

**FOX NEWS CHANNEL*****FAX Cover Sheet***

1211 Avenue of the Americas, Concourse L, New York, NY 10036  
(212) 301-3000

**To:**JEFF KAMEN**Company:**NAT'L AIDS POLICY**Phone:**202-632-1090**Fax #:**201-632-1096**From:**ALYSA VASAPOLLI**Phone:**212-301-3275**Fax #:**212-301-4221**Message:**PLEASE PASS ON TOJEFF KAMEN!THANKS!



1211 Avenue of the Americas, C-1  
New York, New York 10036-8795

December 8, 1997

Office of National AIDS Policy  
808 Seventeenth Street N.W.  
Suite 820  
Washington, D.C. 20006  
Attn: Jeff Kamen  
Press Office, Director

*804-6369*

Dear Mr. Kamen,

We are thrilled to have Sandy Thurman join us for "Fox On Health" on Thursday, December 11, 1997.

As far as the content of the show, the primary focus is asking "why is it taking so long to find a cure for AIDS?" I know Ms. Thurman has much insight into why, at one point, we felt we were getting closer to the "magic pill" and now it may be years. Or are we closer than we think?

I can certainly fax the exact questions to your office Wednesday afternoon for Ms. Thurman's review.

In addition to Ms. Thurman's appearance, we will also be joined by Dr. Anthony Fauci. There is also a possibility that researcher, Dr. Robert Buckheit will be a guest. If this poses any problems, please advise me. (Dr. Fauci and Dr. Buckheit are aware that Ms. Thurman will be on our show.)

Thank you very much for your assistance in pulling together this interview. We are very much looking forward to having Ms. Thurman on our show again.

Sincerely,

*Alysa Vasapalli*  
Alysa Vasapalli  
212-301-3275



212-301-3000

1211 Avenue of the Americas, 17th Floor  
New York, New York 10036-8795I am Jeff  
9:40 - 10 AM

November 13, 1997

Office of National AIDS Policy  
808 Seventeenth Street N.W.  
Suite 820  
Washington, D.C. 20006  
Attn: Jeff Kamen  
Press Office, Director

Dear Mr. Kamen,

We would like to formally request a live interview opportunity with Ms. Sandra Thurman for a "Fox On Health" special we are preparing Monday, December 8, 1997. The focus of this show is: AIDS -- How far are we from finding a cure? This presentation will be the kick-off show for "Health Alert Week," a Fox News Channel effort to increase health consciousness on a variety of topics.

Recently, we reported the promising results that triple drug cocktails are making in controlling the HIV virus...but how does this affect our ever finding a cure? How we are progressing on the vaccine front? And, how are the lives of those with HIV and AIDS improving? These are some of the areas we'd like to touch on with the help of Ms. Thurman.

If Ms. Thurman is available, we would need to arrange to get her to our Washington, DC Bureau at 400 North Capital Street N.W. (Suite 550) by about 9:00am on December 8th. As you may recall from Ms. Thurman's last appearance, "Fox On Health" airs live Monday through Friday, from 9:40am -10:00am.

I do look forward to your reply to my request, and hope Ms. Thurman would like to join us for this important show.

Thank you very much.

Sincerely,

Alysa Vasapolli  
Associate Producer  
Fox On Health



1211 Avenue of the Americas, 17th Floor  
New York, New York 10036-8795

December 1, 1997

Office of National AIDS Policy  
808 Seventeenth Street N.W.  
Suite 820  
Washington, D.C. 20006  
Attn: Jeff Kamen  
Press Office, Director

F-11, Sarah

Dear Mr. Kamen,

This is to *confirm* our request for a live interview opportunity with Ms. Sandra Thurman for a "Fox On Health" special on AIDS. I would like to inform you that this special, which was previously scheduled for Monday, December 8, 1997, has been changed to *Thursday, December 11, 1997*. As you will recall, the focus of this show is: AIDS -- How far are we from finding a cure? This presentation will be the kick-off show for "Health Alert Week," a Fox News Channel effort to increase health consciousness on a variety of topics.

As I mentioned in my previous request, much news focus has been on the promising results that triple drug cocktails have been making in controlling the HIV virus...but does this bring us any closer to ever finding a cure? Is a vaccine in our immediate future? To what extent are the lives of those living with HIV and AIDS improving? These are a few of the areas we'd like to focus on with the help of Ms. Thurman.

Just to reiterate, if Ms. Thurman is available, we would need to arrange to get her to our Washington, DC Bureau at 400 North Capital Street N.W. (Suite 550) by about 9:00am on *Thursday, December 11th*. ("Fox On Health" airs live Monday through Friday, from 9:40am -10:00am. This special will be hosted by news veteran and "Fox On Health Weekend" anchor, Carol Iovanna.)

We hope Ms. Thurman's schedule allows for her appearance on this important health show. I am eagerly awaiting your confirmation.

Thank you.

Sincerely,  
  
Alysa Vasapolli  
Associate Producer  
Fox On Health

## Family AIDS Network, Inc.

MARY FISHER, FOUNDER

1611 N. Kent Street, Ste. 1003  
Arlington, VA 22209  
703 / 243-8242  
703 / 243-8377 fax

*Administrative Center*  
678 Front Street NW  
Grand Rapids, MI 49504  
616 / 451-2361  
616 / 451-9180 fax

December 8, 1997

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Florida

To: Sandy Thurman, White House Office on AIDS Policy  
via fax: 202.632.1096  
Attn: Sarah Holewinski

From: Steve Gunderson, Managing Trustee  
Ann Cullen, Project Manager  
Family AIDS Network

Re: "THE FIRST WASHINGTON EVENT FOR WOMEN AND AIDS"

A FUNDRAISING LUNCHEON TO BENEFIT THE FAMILY AIDS NETWORK

TO BE HELD ON WEDNESDAY, JANUARY 28, 1998

THE J.W. MARRIOTT HOTEL  
1331 Pennsylvania Avenue, NW  
Washington, DC 20005

Mary Fisher, founder of the Family AIDS Network, has asked us to invite you to attend and participate in "The First Washington Event for Women and AIDS". We would very much like you to join us as an Honorary Co-Host for this event. As an Honorary Co-Host we would use your name on our invitation, due to be printed tomorrow if everything goes according to plan. We would also hope that you would be able to join us at the luncheon, but understand that at this time it may be too early for you to commit to attending.

Four news anchors have been invited to serve as co-hosts for the luncheon activities. Jane Pauley of NBC, Deborah Roberts of ABC (a member of the Family AIDS Network Board of Directors), Susan Molinari of CBS and Judy Woodruff of CNN. (As of this date all but Jane Pauley have agreed to serve.)

The schedule for the luncheon is currently envisioned to be:

# ONAP Letter Tracking

|                                                      |                   |                  |               |  |
|------------------------------------------------------|-------------------|------------------|---------------|--|
| Letter ID                                            | Writer First Name | Writer Last Name | Received Date |  |
| 10479                                                | Leon              | Ray              | 1/21/98       |  |
| Addressed To                                         |                   |                  |               |  |
| Thurman, Sandra                                      |                   |                  |               |  |
| Sender's Organization                                |                   |                  |               |  |
|                                                      |                   |                  |               |  |
| Sender's Street1                                     |                   |                  |               |  |
|                                                      |                   |                  |               |  |
| Sender's Street2                                     |                   |                  |               |  |
|                                                      |                   |                  |               |  |
| Sender's City                                        | Sender's State    | Sender's Zip     |               |  |
|                                                      |                   |                  |               |  |
| Subject                                              |                   |                  |               |  |
| Housg for people living w/AIDS                       |                   |                  |               |  |
| <input checked="" type="checkbox"/> Response Needed? | Response Type     | Response Date    | Responder ID  |  |
|                                                      |                   |                  |               |  |
| Responder Name                                       | Action Promised   | Action Complet   | Action Date   |  |
|                                                      |                   |                  |               |  |
| Notes                                                |                   |                  |               |  |
|                                                      |                   |                  |               |  |

~~Get some  
advice from  
Bob on~~  
Talk w/ Todd about  
advances in AIDS Housg<sup>2</sup>  
Nply briefly to Mr. Ray

(PAGE 1)

AIDS CZAR FLEMING  
1600 PENNSYLVANIA AVE NW  
WASHINGTON, DC 20500  
JANUARY 13, 1998

DEAR: MS FLEMING

JUST RECENTLY I'VE WROTE TO HABITAT FOR HUMANITY INTERNATIONAL TO ENCOURAGE them to build homes for VICTIMS WITH AIDS. ON JANUARY 29, 1997 I'VE LOST MY UNCLE FROM AIDS WHICH REALLY SHOCK ME I WROTE TO SECOND LADY TIPPER GORE IN FEBRUARY 1997 TO ENCOURAGE THE CLINTON ADMINISTRATION TO PUT MORE MONEY TO FIGHT AGAINST AIDS. I KNOW JUST RECENTLY PRESIDENT CLINTON AGREED TO PUT MORE MONEY FOR AIDS BUT MY MAIN CONCERN IS HOUSING FOR PEOPLE WITHS AIDS AND FIGHTING DISCRIMINATION FOR PEOPLE WITH THE AIDS VIRUS. I'M ASKING YOU TO PLEASE ENCOURAGE PRESIDENT CLINTON TO CREATE A CIVIL RIGHTS BILL TO PROTECT VICTIMS WITH AIDS.

(PAGE 2)

THERE IS TOO MANY DISCRIMINATION FOR  
PEOPLE WITH AIDS AND I'VE SEEN IT  
AGAIN PLEASE HELP ME AND MANY  
OTHERS THIS IS IN MEMORY OF HIM.

MEMORY  
WAYNE J. DANIELS  
(1948-1997)

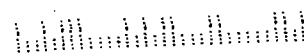
(SINCERLY)

Leon King

LEON RAY  
8031 BRANCH, DR  
NEW ORLEANS, LA 70128



AIDS CZAR FLEMING  
1600 PENNSYLVANIA AVE NW  
WASHINGTON, DC 20500



# ONAP Letter Tracking

|                                                      |                   |                  |               |  |
|------------------------------------------------------|-------------------|------------------|---------------|--|
| Letter ID                                            | Writer First Name | Writer Last Name | Received Date |  |
| 10418                                                | Michael           | Fitzgerald       | 12/29/97      |  |
| Addressed To                                         |                   |                  |               |  |
| Thurman, Sandra                                      |                   |                  |               |  |
| Sender's Organization                                |                   |                  |               |  |
| Attorney                                             |                   |                  |               |  |
| Sender's Street1                                     |                   |                  |               |  |
|                                                      |                   |                  |               |  |
| Sender's Street2                                     |                   |                  |               |  |
|                                                      |                   |                  |               |  |
| Sender's City                                        | Sender's State    | Sender's Zip     |               |  |
|                                                      |                   |                  |               |  |
| Subject                                              |                   |                  |               |  |
| Surgeon General post                                 |                   |                  |               |  |
| <input checked="" type="checkbox"/> Response Needed? | Response Type     | Response Date    | Responder ID  |  |
|                                                      |                   |                  |               |  |
| Responder Name                                       | Action Promised   | Action Complet   | Action Date   |  |
|                                                      |                   |                  |               |  |
| Notes                                                |                   |                  |               |  |
|                                                      |                   |                  |               |  |

?

**MICHAEL S. FITZGERALD**

*Attorney at Law*

---

*3345 Sandy Reef Court  
Melbourne Beach, Fl. 32951  
Phone: 407-264-6761  
Fax: 407-727-8992*

December 17, 1997

Sandy Thurman  
Director  
Office of AIDS Policy  
750 17th Street N.W.  
Suite 1060  
Washington, D.C. 20503

Dear Ms. Thurman:

How not having a Surgeon General is affecting HIV/AIDS prevention messages from being disseminated, thereby compromising the safety and well being of our Nation's populace.

I recently discovered in my lobbying efforts to get a third Surgeon General warning placed on alcoholic beverages pertaining to HIV/AIDS, that in order to get this warning added, it is necessary for the Surgeon General of the United States to make a recommendation to the Secretary of the Treasury to bring this request before Congress. Because we have not had a Surgeon General for over two years, this avenue whereby the Surgeon General makes a recommendation to the Secretary of the Treasury simply is not available.

Having conducted studies bearing out my hypothesis that there is a direct correlation between alcoholic beverage consumption, promiscuous sex, and HIV/AIDS transmittal, and having written to several leading authorities in HIV/AIDS prevention, including Dr. Richard Marlink of the Harvard AIDS Institute, and Patricia Fleming, former Director of the Office of National AIDS Policy, who concur with my findings (letters enclosed), I find that I am in a dilemma due to the fact that the legislation which governs adding or deleting Surgeon General warnings for alcoholic beverages, is contingent upon our Nation having a Surgeon General who can make this recommendation to the Secretary of the Treasury, who in turn can bring this recommendation before Congress. Knowing that such a request would be highly contested by the alcoholic beverage dispensing industry, such a bold maneuver to add an additional warning pertaining to alcohol consumption and the increased risk of HIV/AIDS transmittal due to clouded judgment, could never be done by an Acting Surgeon General. The fact that I have written several times to Dr. Audrey F. Manley without ever getting a response bears this out.

Given the severity of the HIV/AIDS epidemic, and given the fact that every available means necessary must be used to get out the message about HIV/AIDS prevention, in order to help stem the tide of this viral terror, it is tragic that the political posturing of certain members of Congress have bogged down the Surgeon General's office to the point where it can not perform the functions for which it was established.

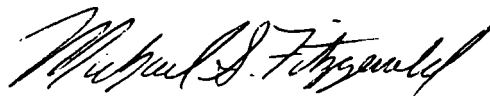
It is my hope that perhaps this information can be brought to light, because the fact that we do not have a Surgeon General, contrary to what some people in Congress may think, is seriously affecting the safety and well being of our Nation.

As the Director of Office of National AIDS Policy for the White House, I would appreciate it immensely if you brought it to the attention of the President, that not having a Surgeon General is affecting HIV/AIDS prevention messages from reaching people who are at serious risk for exposure. As things stand right now, we might not have a Surgeon General for many years to come, and it is about time someone brought this shortcoming to the attention of the American public.

If you should have any questions pertaining to this matter, or have any interest in seeing the study which I conducted which bears out the fact that upwards to 60% of all first time sexual encounters between two people is precipitated by alcoholic beverage consumption, please feel free to contact me.

Thank you for your time and concern.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Michael S. Fitzgerald". The signature is fluid and cursive, with a large, stylized initial "M".

Michael S. Fitzgerald

enclosures

THE WHITE HOUSE

WASHINGTON

MAY 14 1996

Michael S. Fitzgerald, Esq.  
Chairman, Legislative Affairs  
Central Brevard County Branch  
National Association for the  
Advancement of Colored People  
P.O. Box 516  
Cocoa, Florida 32923

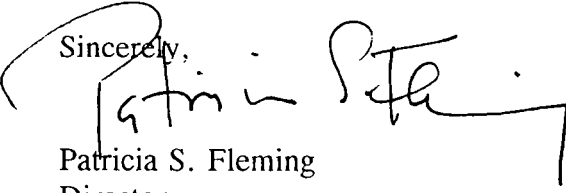
Dear Mr. Fitzgerald:

Thank you for your recent letter describing an initiative to expand the warning on alcoholic beverages to include an HIV and AIDS prevention message.

Alcohol and other drugs play a role in lowering a person's inhibitions and judgment leading to high risk sexual behaviors. Furthermore, drinking alcohol excessively can damage the immune system which can make a person more vulnerable to HIV infection. That is why it is important for everyone to know that it is not only the use of injecting drug use which leads to HIV infection. The use of any drug can place a person at risk. I have and will continue to share this oft-forgotten piece of information with relevant officials.

I appreciate your attention to this important issue.

Sincerely,



Patricia S. Fleming  
Director  
Office of National AIDS Policy

n:\Fitzgerald

# Harvard AIDS Institute

May 1, 1996

Michael S. Fitzgerald, Esq.  
Chairman, Legislative Affairs  
Central Brevard County Branch  
National Association for the Advancement of Colored People  
PO Box 516  
Cocoa, FL 32923

Dear Mr. Fitzgerald:

We applaud your efforts to bring attention to the increased risk of acquiring HIV infection associated with consumption of alcoholic beverages and subsequent clouded judgment. As an individual, I can personally write in support of specific opinions or efforts to our elected or appointed government officials, but before that would occur, may I inquire if this is an effort of only the Central Brevard County Branch of the NAACP or a national effort of the organization?

As executive director of the Harvard AIDS Institute, I can tell you that only rarely does Harvard, as an institution, get involved in specific policy issues nationally, unless they might affect the free exchange of knowledge, which is what an institution of higher learning is all about.

In the face of AIDS and its disproportionate impact on our communities of color in the United States, this standard policy of non-involvement for the University may not apply to the urgent need for national attention to these dire circumstances. In the fall, we hope to host a leadership summit on this broad and difficult subject. To this end, it would be helpful to know more about the anti-AIDS efforts of the NAACP and if this letter writing campaign is specific to your branch or a national effort.

I look forward to hearing more.

Sincerely,



Richard Marlink, M.D.

cc: M. Cooper

Max Essex, DVM, PhD  
Chairman

Richard Marlink, MD  
Executive Director



Neil Rudenstine, PhD  
Chairman  
Policy Board

Maurice Tempelman  
Chairman  
International Advisory Council

# ONAP Letter Tracking

|                                                      |                   |                  |               |  |
|------------------------------------------------------|-------------------|------------------|---------------|--|
| Letter ID                                            | Writer First Name | Writer Last Name | Received Date |  |
| 10410                                                | Richard           | Kirshenbaum      | 12/24/97      |  |
| Addressed To                                         |                   |                  |               |  |
| Thurman, Sandra                                      |                   |                  |               |  |
| Sender's Organization                                |                   |                  |               |  |
| Kirschenbaum Bond and Partners                       |                   |                  |               |  |
| Sender's Street1                                     |                   |                  |               |  |
|                                                      |                   |                  |               |  |
| Sender's Street2                                     |                   |                  |               |  |
|                                                      |                   |                  |               |  |
| Sender's City                                        | Sender's State    | Sender's Zip     |               |  |
|                                                      |                   |                  |               |  |
| Subject                                              |                   |                  |               |  |
| Proposed 2nd annual funding                          |                   |                  |               |  |
| <input checked="" type="checkbox"/> Response Needed? | Response Type     | Response Date    | Responder ID  |  |
|                                                      |                   |                  |               |  |
| Responder Name                                       | Action Promised   | Action Complet   | Action Date   |  |
|                                                      |                   |                  |               |  |
| Notes                                                |                   |                  |               |  |
| attached a video on questions and on meth disaster   |                   |                  |               |  |

**kirshenbaum bond & partners**

|                              |              |     |              |
|------------------------------|--------------|-----|--------------|
| MAIN<br>LINE                 | 212 633 0080 | FAX | 212 463 8643 |
| 145 sixth avenue new york ny |              |     | 10013-1515   |

**December 19, 1997**

**Sandy Thurman  
Executive Director  
The White House Office of National AIDS Policy  
808 17th Street N.W. Suite 820  
Washington, D.C. 20006**

**Dear Sandy:**

**It was a pleasure speaking with you recently about the first-ever advertising industry AIDS fund-raiser, the Madison Avenue Sellout. The September event was tremendously successful and raised more than \$100,000 for AIDS-related services.**

**Our efforts this year have led us to already begin planning the Second Annual Madison Avenue Sellout, so it can be even bigger.**

**I have been thinking of a number of ways your office could get involved in the fight against AIDS on a local level with the Madison Avenue Sellout. I hope we can speak soon about this.**

**As I may have mentioned, our agency is also continually involved in a number of other community service projects including: David Geffen's *God's Love We Deliver*, the United States Postal Service's *Operation Santa Claus* and the Partnership For A Drug-Free America.**

**I thought you may be interested in "Questions," our latest television spot for the Partnership, which I have enclosed. As you probably know, the U.S. Government is backing national anti-drug efforts with \$1 billion over the next few years. We're very excited that our provocative anti-methylamphetamine spot was recently selected as one of 14 spots in their paid-advertising pilot initiative. Their 13-week flight begins in February will receive heavy air play in so-called "meth disaster markets." I hope you find it interesting.**

**Have a wonderful Holiday Season. I hope to have the opportunity to speak with you soon. Meanwhile, please feel free call me at 212/337-4010.**

**Best Wishes,**



**Richard Kirshenbaum  
Co-Chairman**

**Enclosure**

Richard Kirshenbaum  
Founder | Chief Creative Officer

Jonathan Bond  
Founder | Chief Executive Officer

William Oberlander  
Managing Partner | Executive Creative Director

Steve Klein  
Managing Partner | Media Director

Nigel Carr  
Managing Partner | Brand Planning Director

Rosemarie Ryan  
Managing Partner | President

# ONAP Letter Tracking

|                                           |                   |                  |               |
|-------------------------------------------|-------------------|------------------|---------------|
| Letter ID                                 | Writer First Name | Writer Last Name | Received Date |
| 10417                                     | Moritz            | Farbstein        | 12/24/97      |
| Addressed To                              |                   |                  |               |
| Thurman, Sandra                           |                   |                  |               |
| Sender's Organization                     |                   |                  |               |
| Self                                      |                   |                  |               |
| Sender's Street1                          |                   |                  |               |
|                                           |                   |                  |               |
| Sender's Street2                          |                   |                  |               |
|                                           |                   |                  |               |
| Sender's City                             | Sender's State    | Sender's Zip     |               |
|                                           |                   |                  |               |
| Subject                                   |                   |                  |               |
| Parasitic infestation re HIV              |                   |                  |               |
| <input type="checkbox"/> Response Needed? | Response Type     | Response Date    | Responder ID  |
|                                           |                   |                  |               |
| Responder Name                            | Action Promised   | Action Complet   | Action Date   |
|                                           |                   |                  |               |
| Notes                                     |                   |                  |               |
| with attachments                          |                   |                  |               |

Thank you  
for the information.  
You should contact  
NIH's Office of  
AIDS Research

## MORITZ FARBSTEIN

11946 Barkman Drive  
St. Louis, MO 63146-5476  
Voice Mail: (800) 927-2527 Ext. 05122

Home: (314) 432-8046  
Email: mfarbstein@aol.com  
Home Page: <http://members.aol.com/MFarbstein>

Dear friend,

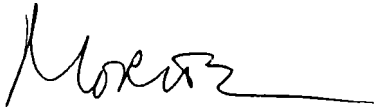
Recent research suggests that HIV is carried and spread by a single parasite, the intestinal fluke (*Fasciolopsis buskii*); and that the immune system complications of AIDS are related to the parasitic infestation of the thymus gland where T cells are activated.

I feel that this information is too important to ignore. Please take time to read the materials I have enclosed. You may know someone else who should see this.

The parasites are not susceptible to commonly prescribed drugs, but they can be easily killed using natural herbal remedies. The mainstream medical profession is not generally trained to recognize or diagnose a parasite infestation. There are medical laboratories that specialize in this — it behooves anyone with HIV/AIDS to be tested for the presence of these parasites.

Feel free to call for discussion, and for information on herbal parasite remedies.

Best regards,

  
*Moritz Farbstein*

P.S. —  
Check out the article on parasites in  
the October 1997 issue of National  
Geographic magazine!!

*Sandra,  
Perhaps you  
know someone who  
should have this  
information!*

# How Parasites Cause Cancer and HIV

By Dr. Hulda Clark, Ph.D., N.D.

---

Though conventional wisdom has it that cancer is not like other diseases, that it is a fire that cannot be controlled or contained, that the cancerous organ must be radiated or cut out -- nothing could be more wrong. All cancers are alike and all are caused by a single parasite [*fasciolopsis buskii*, intestinal fluke], the same parasite that also causes HIV and AIDS. If you kill the parasite, the cancer stops immediately and the tissues return to normal. You must have this parasite in order to get cancer or AIDS.

Usually, the *fasciolopsis buskii* parasite lives harmlessly in the small intestine where it does little harm, save for the occasional case of colitis, Chronn's Disease or irritable bowel syndrome. Most of the time, parasites are expelled out of the bowels. But when the parasite is able to invade other parts of the body such as the liver, uterus or kidneys, it can cause cancer if the host body is unable to properly process isopropyl alcohol, or common rubbing alcohol.

People with propyl alcohol in their body are unable to trap and kill the parasites when they enter the liver and other tissues. Consequently, the parasites multiply and the hatchlings start to make little balls inside themselves, called redia, and they start to reproduce themselves - 40 redia can each make 40 more redia - all from one egg. Multiplying continues at a hectic pace as does maturation until the redia develop tails (and become cercariae) so they can swim through the body looking for a place to attach themselves. Once they do, the tails disappear and they develop cocoons. When there are mature parasites in the liver, a new growth factor called orthophosphotyrosine (one of more than two dozen "cancer makers" present in cancerous tissues) appears and the cells divide. When the human cells divide, you have cancer.

The *fasciolopsis* parasite works in a similar way when causing AIDS, except benzene is the key toxin, and the thymus, (located under the breast bone just before the thymus gland) not the liver, is the sensitive organ.

Ordinarily, the thymus makes T blood cells that battle invaders. But if benzene (an extremely toxic, but carefully regulated solvent for destroying grease and oil) is allowed to enter the body and accumulate in the thymus gland, the parasites can run rampant right in the center of your immune system.

If you eat the tiniest bit of benzene, it goes directly to your thymus; rub it on your skin and it will be in your thymus a half minute later. Though your white blood cells eat it up, no tissue can have benzene in it without being damaged -- especially the center of your body's immune system. Once the liver or organ is polluted by propyl alcohol or benzene, it is difficult for the body to rid itself of the parasites which allows the parasite to produce millions of eggs right in the body, in the cervix or lungs or anywhere in which the tissue lets them in.

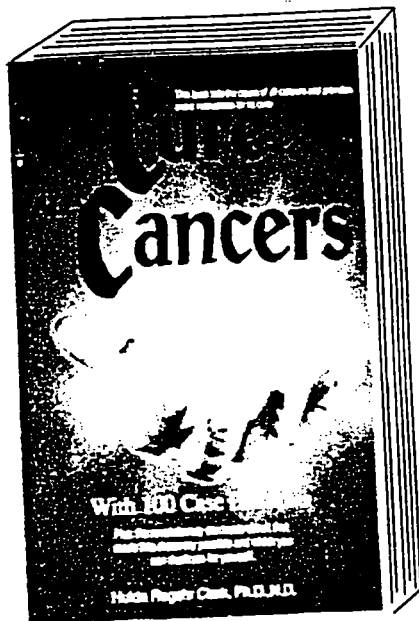
Once the parasites are in, it is hard for the different organs to purge them (and very difficult for the body to handle all the new toxins that invade the body as a result of the parasites).

There is good news, but to recover from cancer or AIDS you must kill the parasites, stop letting propyl alcohol or benzene into your system, flush out metals and common toxins and clean up your thymus gland.

# BOOK REVIEWS

PROMOTION PUBLISHING  
800-231-1776

## The Cure for All Cancers



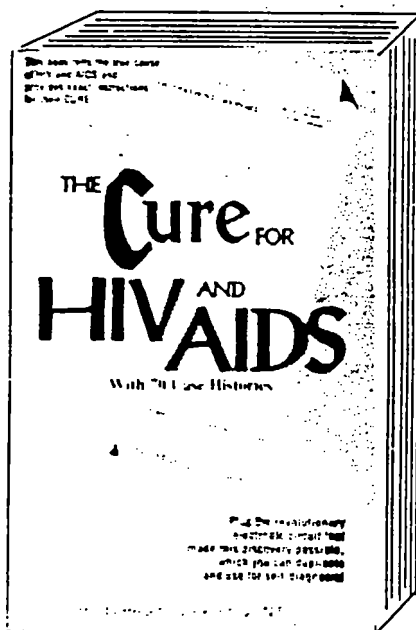
©1993 by Dr. Hulda R. Clark, PH.D., N.D.  
500 pages -100 case histories

"Parasites cause cancer when their eggs hatch in our body. The young parasite cells produce a special growth hormone (*ortho-phospho-tyrosine*), as does all new life, which causes their cells to grow-and-divide rapidly."

"This growth hormone penetrates adjacent human cells and causes them to grow-and-divide rapidly too. Now the host has cancer. This is the primary cause of cancer. All others are secondary."

"To cure cancer we must purge our bodies of all life cycles of the parasite simultaneously. Destroy hormone-producing young, eggs, and egg-laying adults. No single chemical or herb effectively kills all three."

## The Cure for HIV And AIDS



©1993 by Dr. Hulda R. Clark, PH.D., N.D.  
430 pages -70 case histories

"The HIV virus is not a human virus. It is a virus of a parasite which lives in our body. When they take up residence in our Thymus gland they disrupt our immune system. This is the primary cause of the AIDS condition"

"The cure for HIV infection, the AIDS condition and many degenerative diseases is to purge parasites from our body."

"Three common herbs used in combination for 20 days will kill all life-cycles of over 100 kinds of human parasites..."

Dr. Hulda R. Clark

*Twin Press, Inc.*

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## **SUMMARY: The Cure for All Cancers, and The Cure for HIV and AIDS**

The human species is now heavily infested with the fluke family of parasites, particularly the intestinal fluke *Fasciolopsis buskii*, but also the sheep liver fluke *Fasciola hepatica*, the pancreatic fluke *Fasciola hepatica*, the pancreatic fluke of cattle *Eurytrema pancreaticum*, and the human liver fluke *Clonorchis sinensis*. This increase is due to the establishment of a new "biological reservoir" in cattle, fowl and household pets. In the presence of solvents, these flukes can complete their entire life cycle in the human body, not requiring a snail as an intermediate host, as they usually do. These solvents are isopropyl alcohol, benzene, methanol, xylene, toluene and others which occur as residues in our foods and pollute our body products such as toothpaste, mouthwash, lotions and cosmetics. These solvents are also contaminants of animal feed, and thus are responsible for establishing this new reservoir or source of infection.

Different solvents accumulate preferentially in different organs. Isopropyl alcohol accumulates in the liver, resulting in completion of the life cycle of *Fasciolopsis* in the liver. This establishes stimulant, ortho-phospho-tyrosine. Ortho-phospho-tyrosine and perhaps other growth factors are produced in the human host organs, possibly for the parasites' own use, inadvertently including the human tissue in its sphere of influence. The presence of an adult fluke in the liver signals the production of ortho-phospho-tyrosine in a distant organ. This organ appears to be chosen on the basis of metal concentration (carcinogens), enabling mitosis to proceed.

The difference between persons who accumulate isopropyl alcohol and those who metabolize it promptly is the presence of aflatoxin B in the former. The coincidence of aflatoxin B and isopropyl alcohol in the liver results in the formation of human Chorionic Gonadotropin (HCG). HCG becomes widespread throughout the body and is followed by ortho-phospho-tyrosine formation. Aflatoxins are contaminants of our foods.

Vitamin C assists in detoxification of aflatoxin B. This may explain the observations of Linus Pauling and others that vitamin C can eradicate some cancers.

In a similar way, the solvent benzene accumulates preferentially in the thymus gland, which leads to completion of the life cycle of these flukes in the thymus. This establishes AIDS (Acquired Immune Syndrome) due to interference with thymus functions, such as production of T cells. This allows HIV to establish itself, its preferred tissues of colonization being the thymus and penis in the male and the thymus and vagina in the female. The HIV virus has not yet permanently established itself, that is, mutated into a human virus, since it disappears within 24 hours after the last fluke stage has been destroyed. This is described in a companion book by the same author, *The Cure For HIV and Aids*.

Removal of all solvents from the patient's lifestyle and destruction of all fluke stages as well as elimination of undercooked beef, turkey and chicken in the diet results in quick recovery, generally less than one week, both from cancers of all kinds and HIV infection. Both cancers and HIV/AIDS could be eradicated in a very short time by clearing our food animals and household pets of fluke parasites and by monitoring all food and feed for solvents. Stopping the consumption of aflatoxin and other mycotoxins must also be done.

Since developmental states of the intestinal fluke are found in blood, breast milk, the saliva, semen, and urine and can be seen directly in these body fluids using a low power microscope, it follows that this parasite can be sexually transmitted and also transmitted by kissing on the mouth and breast feeding. However, the recipient would develop cancer only if isopropyl alcohol were accumulated in his or her body, as a result of aflatoxin consumption.

Much of the technical information was obtained with a device known as a "dermatron." The methods used are discussed in "How To Test Yourself". A simple circuit is also described which can be built by a novice and allows anyone to reproduce my results.

Hulda Regehr Clark, Ph.D., N.D.  
The Cure For All Cancers 1993

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# ARE YOU CLEAR OF PARASITES?

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by Dr. Ross Anderson

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Volume 1 Issue 1

March 1996

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## **CLEAR™**

**I** believe, the single most undiagnosed health challenge in the history of the human race is parasites. I realize that is a pretty brave statement, but it is based on my 20 years of experience with more than 20,000 patients.

In order to substantiate my belief, I'd like to present you with some facts. I'm sure, that by the time you're finished reading this document, you'll be convinced of the parasite challenge and of the need for a fail-safe natural parasitic cleansing method.

The signs of parasites in the human body

- itchy ears, nose, anus
- men: sexual dysfunction
- forgetfulness
- slow reflexes
- gas and bloating
- unclear thinking
- loss of appetite
- yellowish face
- fast heartbeat
- heart pain
- pain in the navel
- eating more than normal but still feeling hungry
- blurry or unclear vision
- pain in the back, thighs, shoulders
- lethargy
- numb hands
- burning sensation in the stomach
- women: problems with the menstrual cycle
- drooling while sleeping
- damp lips at night
- dry lips during the day
- grinding teeth while asleep
- bed wetting

## **Everybody Is Sick**

In North America today, almost everybody is ill. If you look at your family, friends, and co-workers, and question them very carefully (because so many people deny there is anything wrong with them), you will find that virtually everybody has a health challenge, many of which are significant. How many of the people you know over the age of 45 are on blood pressure medication or medication of some sort, to balance their blood sugar - perhaps even on insulin? How many people do you know in their 20's and 30's, who are suffering from chronic fatigue, and many of them may not even know it because they **think** they are normal? They think it's normal to have to go to bed at 8:30 p.m. every night, and it's normal to sleep until 1:00 p.m. in the afternoon on Saturday, just to get through the weekend. How many people do you know in their 40's and 50's that have recently died of cancer?

It's hard to imagine a situation that has reached this kind of a degraded health potential in what we call the age of technology, a time when we are supposed to have all the tools necessary to stay healthy. In reality, the health of the North American population is deteriorating. We may be living longer, but we are not living healthier, and the quality of life for the average North American over the age of 45 has decreased significantly in the last 10 years.

So how has the situation gotten to this point? Well, there are many factors involved, but one of the most significant is the existence of parasites in the human body. Parasites do not only occur in Third World countries. They are in every country of the world.

## **The Parasite Menace**

What exactly is a parasite? A parasite is an organism that lives off the host, the host being you or me. The parasite lives a parallel life inside our bodies, feeding off either our own energy, our own cells or the food we eat, or even feeding off the health supplements we use.

In recent medical studies, it has been estimated that 85% of the North American adult population has at least one form of parasite living in their bodies. Some authorities feel this figure may be as high as 95%.

The immediate question that comes to mind when people are informed of this situation is: How can a parasite possibly live in my body and I don't even know it is there? The answer to this is simple. The purpose of a parasite is to not make itself known. A smart parasite lives without being detected because if it is detected, of course, something is going to be done to eradicate it. If you think parasites are stupid, think again. They are highly intelligent organisms, not intelligent in the same way humans are, but they are intelligent in their ability to survive and reproduce, which is of course, the purpose of any organism on this planet. It sounds pretty simple, doesn't it? And in some ways it is, but, it can make life for humans very complicated.

So how can a parasite exist in the body without making its presence known? If you know how to read the body and how to interpret its signals, then the presence of a parasite can be determined quite easily. However, if you accept that it is normal to have low energy levels, health challenges, skin rashes, pains, frequent colds, flu and constipation (the list is endless for the things parasites will cause), then you may never question whether you have parasites.

In the book, "Animals Parasitic in Man," by Geoffrey Lapage, he states: "There is no part of the human body, nor indeed, any part of the bodies of the hosts of parasitic animals in general, which is not visited by some kind of parasitic animal at some time or another, during their life histories." This means parasites can occur anywhere in your body. No organ is immune from their infestation.

## **Parasites Hard To Detect and Hard To Get Rid Of!**

If you were tested by a doctor for parasites, chances are the results would come back negative. Does this mean you do not have parasites? Unfortunately medical testing procedures only catch about 20% of the actual cases of parasites. Over a 1,000 species of parasites that can live in your body, tests are available for approximately 40 to 50 types. This means doctors are only testing for about 5% of the parasites and missing 80% of those. This brings the ability to clinically find parasites down to 1%.

Now, if I had a 1% chance of winning in the stock market, I don't think I would invest!

Once you've established that you do have parasites, taking drugs to get rid of them may not always work. This is because a drug will often drive a parasite from one organ of the body to another. It's like people moving to better climates to make their living conditions more pleasant, or birds flying south for the winter.

The book, "Medical Parasitology," by Markell and Voge, points out that therapy to remove entire tapeworms from the small intestine is only successful if the whole worm is expelled. If the head remains, the entire worm will grow back.

## **Parasites Eat Human Bodies**

How, then, do you determine if you have parasites? In order to understand how this is determined, you have to understand what a parasite does. A parasite eats, lays eggs and secretes. Sounds pretty simple, doesn't it? First let's look at the "eats" part. Depending on the kind, parasites will eat different things. Some parasites love sugar, for instance. If you are a person who craves sugar, you may have a sugar loving parasite. In fact, parasites are known to be one of the causes of diabetic tendencies and blood sugar discrepancies. These parasites live off the food that goes into your body. They exist mainly in the digestive tract, but can be found in the liver, as well as throughout the body.

Other parasites actually get their nutrition directly from the cells of the body. They can literally attach themselves anywhere and suck nutrition out of the cells. These parasites are significantly more dangerous because they can travel to places in the body where they can do a lot more damage than a parasite living exclusively in the digestive tract.

As if it wasn't bad enough to have an uninvited guest living in your body, the parasites eat your nutrients before you do! They get the best nutrients, and you get the scraps and leftovers. They grow healthy and fat, yet your organs and skin starve for nutrition. What's more, parasites can remain in your body for 10, 20 or even 30 years.

To illustrate the longevity of parasites in the human body, consider this example. In 1979, a British study reported on 600 former prisoners from World War II. These men had been stationed in the Far East. Thirty

years after the war, 15% were still infected with a parasite called Strongyloides that they had contracted during the war. This means you could have eaten meat 10 years ago that was contaminated and still be hosting the tapeworms or other types of parasites that were in that meat.

## Parasites Reproduce Quickly

Let's now look at the way parasites reproduce. First of all, we need to understand that there are two major categories of parasites: *Large parasites*, which are primarily worms and *small parasites*, which are mainly microscopic in size, including what are called protozoa and amoebae. Despite their almost invisibility, small parasites can be dangerous. Microscopic parasites can get into your joints and eat the calcium linings of your bones. This can lead to arthritic tendencies. They can also eat the protein coating on your nerves (the myelin sheath) and this can cause a disruption in the nerve signal from the brain. One type of tiny parasite which infects the colon is called Entamoeba Histolytica. This type of infection can also be found in the liver, the lungs, and the brain. The disease is called *amebiasis*, and is often transmitted via contaminated food or water.

*Large parasites*, which are the worm type, are usually large enough to be seen by the naked eye. Some can be up to 10, 12 or even 15 inches long and in most cases cannot travel to other parts of the body, other than the digestive tract. Although, in tropical countries there are cases of worms actually burrowing out of the digestive tract into blood vessels and muscles of the body, where they can do significantly more damage. This is incredibly rare in North America. It never ceases to amaze me, when I hear an adult passing a worm in total amazement, that they could have had such a creature living inside of their body for possibly years.

The *smaller organisms*, the protozoas and amoebas, can function almost like a bacteria by traveling through the bloodstream to virtually any part of the body. They reproduce without laying eggs and behave more like an infection in the body than do the larger parasites.

The *larger parasites* are worms which reproduce by laying eggs. Eggs are deposited in the intestinal tract, where they stick to the walls of the intestines. When the eggs hatch, the young feed on the food that we eat and eventually grow into adults. The adults then repeat the process. The *smaller parasites* reproduce without the process of laying eggs. They reproduce by

duplicating themselves in a manner similar to bacteria or viral reproduction.

## Parasites Secrete Toxins

The third thing that parasites do is secrete. All organisms secrete something, whether it be lubricants, waste materials, protective liquids for warding off viruses, bacteria and other harmful organisms, or secretions to help attract food. No matter what the secretion is -- the secretion can be a toxin of the host organism. Simply put, the secretions from parasites in our bodies are poisons and toxins that our bodies are forced to deal with by increasing the process of detoxification.

Anyone who has experienced food poisoning or dysentery will tell you how debilitating these toxins can be. Once on vacation in Mexico, I lost 12 pounds in 12 hours. I could not walk and was totally delirious. Within two days of the parasite leaving my body, I was back to my regular weight and feeling perfectly normal. This of course, is an extreme case of a very high level of toxins from an acute parasitic infection.

On the other end, a chronic parasitic infection secreting low levels of toxins can create an extremely stressed immune system which may allow varied health challenges to develop. When the immune system is stressed over a long period of time, it of course, becomes weak. When the immune system becomes weakened, our bodies become susceptible to infections of other kinds. This can be an extremely dangerous situation in this day and age because we are exposed to more viruses than ever before. Also, they are changing and adapting at a very fast rate as are the bacteria, many of which are now resistant to antibiotics and other artificial measures that are used to combat them.

A healthy immune system is one of the primary sources of energy in the human body. People with a weakened immune system tend to feel tired all the time - some people refer to this as Chronic Fatigue Syndrome. If this sounds like you or someone you know, you may want to seriously consider the possibility of a depleted immune system caused by chronic parasitic infection.

## Parasites Create Toxic Overload

If parasites secrete toxins into our bodies that the bodies have to neutralize, and we happen to be one of those people who drinks alcohol, smokes cigarettes, eats junk

food and breathes polluted air, the extra stress and strain on the body's cleansing system can be enough to push the body into what we call toxic overload.

Toxic overload occurs when the four cleansing systems of the body have been pushed too far by an overload of toxins in the body. Parasite toxins in the body are one more thing a toxic body does not need. There are four cleansing systems of the body: the lungs, kidneys, skin and bowel. With toxic bowel syndrome, the excess of toxins absorbed from a clogged bowel goes to the liver. The liver is then overburdened, eventually unable to cope with the toxic load and the toxins start to spill into the bloodstream. Once this happens, the kidneys, lungs and skin have to take over the job of cleansing and they too become challenged in their ability to remain healthy. So you see, parasites can be one of the most damaging health factors threatening the world today.

## **Many Types Of Worms: Many Types Of Damage**

The following are some descriptions of just a few worms that can get into your body and cause disease and toxicity.

**"The Essentials of Medical Parasitology"** by Thomas J. Brooks, says, "The tapeworms are among the oldest parasites of the human race. Indeed, some species have become so well adapted to live in the human intestine that the host (man) may be entirely asymptomatic." This means you may have a tapeworm and not appear to have any symptoms.

The fish tapeworm is the largest of the human tapeworms, reaching the length of 33 feet or more. There can be 3,000 to 4,000 segments in one worm. It can produce more than 1,000,000 eggs a day. This type of infestation can cause anemia because of interference with vitamin B12, says Dr. Brooks in his book. Also, the weight challenges of some people can be directly attributed to tapeworms. This is especially true of weight loss programs that don't work. The person may be hosting a tapeworm which is eating all the food and making the person constantly hungry. Tapeworms can also cause water retention.

Besides tapeworms from beef, pork and fish, there is also a type of dog tapeworm you can get when dogs lick your face or hands.

Pinworms are very infectious and can cause a lot of itchiness in the anal area. "The worms deposit their eggs mostly at night, contaminating pajamas and bed linen," writes Dr. Brook. "The eggs are readily transported through the air, and it is not uncommon to find them in every room of the house....complications are much more common in women than in men". Pinworms can also be found in the vulva, uterus and fallopian tubes because the female worm loses her way while trying to return to the anus after depositing her eggs.

Another type of roundworm that can be present in humans is whipworms. These insidious creatures actually inject a digestive fluid which converts the colon tissue into liquid which the worms suck up. Dr. Norman Stoll, a former worm expert at the Rockefeller Institute for Medical Research, estimated that the roundworm infects about 644 million people in the world. This was in the 1940s and there are no doubt a lot more people infected with roundworm now! Dr. Brooks believes nutritional deficiencies are seen in heavy roundworm infections.

Hookworms bite and suck on the intestinal wall, which can cause bleeding and necrosis (death of the tissue). In severe infections, iron deficiency becomes a therapeutic problem because of all the iron that is lost to the hookworm. Dr. Brooks says that, "hemoglobin levels as low as 15% of normal have been seen in patients with severe, long-standing hookworm disease. One species of hookworm in America is called "Necator Americanus," which means, "American Murderer."

## **How Do We Get Parasites?**

So how do we get parasites? Well, let's have a careful look at this. If 85% to 90% of the adult population have parasites, and the parasites' goal in life is to live and reproduce, then the parasite needs to find a new place to live when its host perhaps isn't going to be around anymore. As I mentioned earlier, parasites are not stupid, and their sole goal in life is to live and reproduce at our expense.

Here is a list of ways parasites can get into your body: shaking hands, sharing someone else's soda can, kissing (even on the cheek), intimate sexual contact and believe it or not, you can get parasites by inhaling dust which contains the dried form of these organisms. You can get parasites from drinking the water of any of the thousands of lakes, rivers, streams and creeks

in North America. *Giardia Lambia*, which causes *Giardia*, is very common, for example. You can get parasites from eating meat. Do you really think government inspectors are able to inspect every animal that goes to the slaughterhouse? Another source of parasites is salads. Dr. Brooks estimates that the overall incidence of *E. Histolytica* in the United States is between 3.9% and 10%

The distressing thing about parasites is that if you get rid of them, you can easily be reinfected. Married couples tend to have them together, and if one person is treated for the parasitic infection, they are often reinfected by their spouse. It is extremely important that both be treated at the same time, and in many cases, the children should be treated along with their parents.

A patient once said to me, "If parasites are so easy to catch, then why doesn't everyone have them?" The funny thing is, almost everybody does.

## **Light At The End Of The Tunnel**

If you find all this information about parasites, how difficult they are to detect and eliminate, cause for despair, take heart -- there is a light at the end of the tunnel. I have discovered over the last 20 months, how to effectively cleanse the digestive system and rebuild the body with two wonderful products: **HARMONY** and **EXPERIENCE**. But I was faced with the dilemma of dealing with the potentially devastating world-wide parasite challenge of parasites every day in my clinic. After practicing for over 20 years, I have been searching for a safe, simple economical solution.

With the knowledge that over 1,000 types of parasites exist, I wanted to find a product which would kill the parasitical infection in three stages: infant, intermediary and adult. After using over 100 different parasite cleansing programs, I was still in search of a solution that could actually work on all kinds of parasites, not just 5 or 6 types. Most of these programs were either too expensive or too harsh on the body, with very minimal results in eliminating parasites.

A few months ago, I learned Awareness Corporation was field testing a 600-year-old Eastern recipe containing 11 natural herbal ingredients. When I heard about the **CLEAR™** Recipe from Awareness, I was excited. I have had a great deal of success with their other two products: **Harmony** and **Experience**. **Harmony** is a superfood to strengthen and nourish the body. **Experience** helps to

cleanse the digestive system and restore its natural bowel function. With this solid testimony, I knew that **CLEAR™** would be equally successful in dealing with the next step of cleansing: *Clearing* the parasites out of the body.

The results, in my personal life and with patients in my clinic, have been incredible. Mary is my patient who has suffered with chronic fatigue for years. After 2 years of treatment she has significantly improved, but was still suffering from numerous food allergies, chemical sensitivities and periodic bouts of severe fatigue lasting for 2 days. After a period of 3 months on **CLEAR™**, she has regained the ability to eat virtually everything that she previously had eliminated from her diet. She now has more energy than she has had in years and states that as far as she is concerned, her problem is completely corrected.

Another patient of mine, Robert, has been suffering from regular bouts of severely painful joints that would last 3 to 4 days which virtually disabled him. He had also numerous digestive disorders and was developing obvious sensitivities to a number of foods. After starting on **CLEAR™**, he went through 2 weeks of what I call "clearing" which is a detoxification of the digestive tract. At the end of 2 weeks he noticed that his joints no longer bothered him. He has had no recurring episodes of pain and he no longer reacts to foods. He is almost finished with his 3 month "clearing" and considers himself completely well.

A lady by the name of Georgia suffered from colitis for many years and was on a steady road to where many colitis victims find themselves. After starting on **CLEAR™** she noticed an immediate decrease in her symptoms and over a period of 3 months has had a complete turn-around in the progression of her problem. She is now able to eat almost anything she chooses, as opposed to almost nothing before. In addition, she has gained back much of the weight she lost from her health challenge and sees the future as very bright.

My recommendation is that everyone should use the **CLEAR™** 90 day parasite cleanse. I often hear the common statement, "I am healthy, I don't have parasites". One lady claimed this and I replied, "Everyone has some form of parasites which they may not be aware of. Therefore, if you want to reach the next level of vibrant health, get rid of the parasites". I challenged her and she decided to try the **CLEAR™** product. After only two days on the product, she noticed a poking sensation in her lower abdomen, and felt a

wiggling sensation in one of her legs. The next day she passed an 8 inch worm and since then, has passed many different sizes and types of parasites. *Remember, most parasites are not noticeable to the human eye.* To overcome this major challenge in our society today it is vital that parasites be openly discussed. Given what I know now about **CLEAR™**, I am confident that it works and is a safe solution.

**\*\* Note:** All the above patients are using **HARMONY** and **EXPERIENCE** with **CLEAR™** reassuring them that the bowel is functioning correctly, and the body is nourished.

I have seen major health challenges "clearing up" in just 30 to 90 days, and Awareness Corporation has appropriately chosen the name "**CLEAR™**" for their new product. I highly recommend this *100% natural organic food*. This product produces results! Other practitioners with whom I have shared the products are amazed with their results. I personally believe this is the greatest contribution to health in the world today.

The **CLEAR™** parasite cleanse is a 90-day program with a recommended usage of once or twice annually. Everyone needs this product, whether you have definable symptoms: or are asymptomatic (meaning you have parasites but no symptoms). My recommendation is, you need this cleansing process to reach your optimum health potential. This product can even be used on your pets! (they sleep and play with your children)

*If you love your family and friends, share this product with them. Get rid of their worst enemy, parasites, and stop their health from being robbed. And remember, the greater your illness, the greater the number of parasites that could be living in your body.*

For more information, please call or write:

**Moritz Farbstein**  
**800-927-2527 x5122**

**mfarbstein@aol.com**

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                         | DATE       | RESTRICTION |
|--------------------------|---------------------------------------------------------------------------------------|------------|-------------|
| 001. form                | re: StarterPak order form [Personally Identifiable Information]<br>[partial] (1 page) | 00/00/0000 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

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

# StarterPak Order Form

## VIP's & Distributors



3300 North Central Avenue, Suite 2350, Phoenix, Arizona 85012  
 24HR Live Order Entry: 1 800 69 AWARE Distributor Services: 1 602 265 2234 (8:30am - 4:30pm)  
 Fax Order Entry: 1 800 257 9333 or 602 265 8825 (24hr to order these products)

**No need to pre-register, automatically registered on first order, VIP PAK™ sent out with first order**

[001]

**awareness™**  
CORPORATION

|                                |  |                                                                                  |  |                                          |  |          |  |                         |  |      |  |
|--------------------------------|--|----------------------------------------------------------------------------------|--|------------------------------------------|--|----------|--|-------------------------|--|------|--|
| <b>Customer Information:</b>   |  | New Sign-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | If yes, Sponsor name: MORITZ FARBERSTEIN |  | ID#      |  | (b)(6)                  |  | DATE |  |
| NAME (LAST, FIRST, MIDDLE)     |  |                                                                                  |  |                                          |  | VIP ID # |  | Phone Number (required) |  |      |  |
| STREET ADDRESS (NO P.O. BOXES) |  |                                                                                  |  |                                          |  |          |  |                         |  |      |  |
| CITY                           |  |                                                                                  |  | STATE                                    |  |          |  | ZIP CODE                |  |      |  |

|                            |  |  |  |       |  |      |  |                         |  |  |  |
|----------------------------|--|--|--|-------|--|------|--|-------------------------|--|--|--|
| <b>Ship To:</b>            |  |  |  |       |  |      |  |                         |  |  |  |
| NAME (LAST, FIRST, MIDDLE) |  |  |  |       |  | ID # |  | Phone Number (required) |  |  |  |
| STREET ADDRESS             |  |  |  |       |  |      |  |                         |  |  |  |
| CITY                       |  |  |  | STATE |  |      |  | ZIP CODE                |  |  |  |

|                                                                                                                                                                                                          |  |  |  |  |  |           |  |             |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-----------|--|-------------|--|--|--|
| <b>Method of Payment</b>                                                                                                                                                                                 |  |  |  |  |  |           |  |             |  |  |  |
| PLEASE CHECK ONE: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> Check by Fax <input type="checkbox"/> (attach form) |  |  |  |  |  |           |  |             |  |  |  |
| CREDIT CARD #                                                                                                                                                                                            |  |  |  |  |  |           |  | EXPIRY DATE |  |  |  |
| PRINT NAME                                                                                                                                                                                               |  |  |  |  |  | SIGNATURE |  |             |  |  |  |

|                                                                                                                                                                        |  |                                                                                                        |                                                                             |                                                                                  |                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Order single bottles and/or choose from these StarterPaks™:                                                                                                            |  | <b>Cleanse StarterPak</b><br>1 bottle of Harmony<br>1 bottle of Experience<br>1 bottle of Family Clear | <b>InchLoss StarterPak</b><br>1 bottle of Imagine<br>1 bottle of Experience | <b>Adult Nutrition StarterPak</b><br>1 bottle of Harmony<br>1 bottle of Complete | <b>Children's Nutrition StarterPak</b><br>1 bottle Harmony<br>1 bottle Dinomals |
| All StarterPaks Come pre-boxed with the following: 10-minute instructional Audio, a Tip sheet and the Advanced Product Knowledge Booklet! (Cleanse and InchLoss ONLY!) |  |                                                                                                        |                                                                             |                                                                                  |                                                                                 |

| Description                         | Unit Price | Item Code | Quantity | Total |           |
|-------------------------------------|------------|-----------|----------|-------|-----------|
| Cleanse StarterPak                  | \$ 139.95  | US 7812   |          |       |           |
| InchLoss StarterPak                 | \$ 97.95   | US 7822   |          |       |           |
| Adult Nutrition StarterPak          | \$ 69.95   | US 7832   |          |       |           |
| Children's Nutrition StarterPak     | \$ 59.95   | US 7842   |          |       |           |
| Harmony (single bottle)             | \$ 37.00   | US 1212   |          |       |           |
| Experience (single bottle)          | \$ 37.00   | US 1222   |          |       |           |
| Clear (single bottle 30.4oz)        | \$ 27.00   | US 1232   |          |       |           |
| Imagine (single bottle)             | \$ 34.00   | US 1242   |          |       |           |
| Family Clear (single bottle 30.4oz) | \$ 69.95   | US 1252   |          |       |           |
| Dinomals (single bottle)            | \$ 34.95   | US 1262   |          |       |           |
| Complete (single bottle)            | \$ 24.95   | US 1272   |          |       |           |
| SUB-TOTAL                           |            |           |          |       |           |
|                                     |            |           |          |       | SUB-TOTAL |

**SUB-TOTAL**

Handling Charge + \$ 3.00

Add 7% Arizona only

Surcharge orders under \$60 + \$ 3.50

**TOTAL DUE \$**

Prices include all shipping charges. All VIP Orders are sent via ground service as of October 1, 1997. A surcharge applies for Air Service. Ask Your Order Operator for details.

0015-B 10/15/97 item code: 3142

Minimum \$60 purchase on first order ONLY. For all orders thereafter an additional \$3.50 surcharge will be added to orders under \$60 Copyright © 1999 Awareness Corporation, Phoenix, Arizona

# Withdrawal/Redaction Marker

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| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                           | DATE       | RESTRICTION |
|--------------------------|-----------------------------------------|------------|-------------|
| 002. form                | re: Letter tracking (Personal) (1 page) | 12/24/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- 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)]

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

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| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                         | DATE       | RESTRICTION |
|--------------------------|-------------------------------------------------------------------------------------------------------|------------|-------------|
| 003. letter              | Individual living with AIDS to Sandra Thurman re: Retirement grievance (Personal) [partial] (4 pages) | 12/15/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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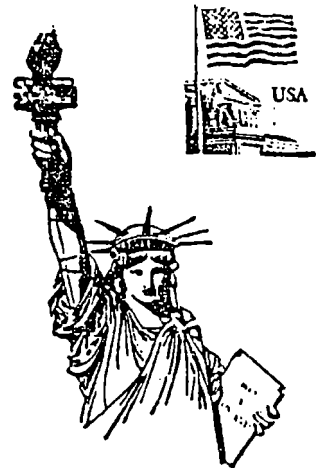
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December 15, 1997

[003]



THE UNITED STATES

VIA U.S.  
PRIORITY MAIL

Honorable Czar Sandy Thurman  
Federal AIDS Policy Director  
National AIDS Policy  
CDC - National  
Suite 820  
808 17th Street N.W.  
Washington, D.C. 20500

**RE: GRIEVANCE / COMPLAINT / APPEAL**  
**AGAINST:** Employees Retirement System of Texas  
COBRA Medical Insurance Canceled  
Patient SSN (b)(6)  
HealthSelect - BCBS of Texas  
TDH Health Code D-07175-H

Dear Honorable Sandy Thurman:

I request your immediate intervention in regards to ensuring that the Employees Retirement System of Texas reinstates my COBRA Medical Insurance coverage (Blue Cross and Blue Shield of Texas-HealthSelect). THIS GRIEVANCE, COMPLAINT, AND APPEAL HAS BEEN ALSO ROUTED TO THE COMMISSIONER OF THE TEXAS DEPARTMENT OF INSURANCE AND THOSE CC'd BELOW.

I have put-up a long, hard continuous battle with the Employees Retirement System of Texas (ERS of Texas) and Blue Cross and Blue Shield of Texas. In July 1996, my insurance was canceled because the Employees Retirement System of Texas lost my initial enrollment form. I had to appeal their mistake and decision at that time by proving that I needed medical coverage, payments were being made, the enrollment form had been signed by me and mailed to ERS of Texas, AND that the cancellation resulted in fault not of my own. (REFER TO THE ENCLOSED DOCUMENTS).

PAGE 2

ATTN: Honorable Czar Sandy Thurman  
Federal AIDS Policy Director

RE: GRIEVANCE / COMPLAINT / APPEAL

AGAINST: Employees Retirement System of Texas  
COBRA Medical Insurance Canceled  
Patient SSN [REDACTED] (b)(6)  
HealthSelect - BCBSofTexas  
TDH Health Code D-07175-H

DECEMBER 15, 1997

In May 1997, I was informed that my COBRA Medical Coverage would expire unless I requested an extension provided that the Federal Social Security Administration determined and approved my disability under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. (COPY OF LETTER ENCLOSED).

In September 1997, I received notification (copy enclosed) that my request for an extension and continuation of my COBRA medical insurance coverage had been approved for an additional 11 months which would have covered me until my Medicare started (provided by the grace and mercy of the Lord that he allows me to live that long). I was overwhelmed with joy and excitement. However, I was still extremely very leery of the actions and decisions made by the Employees Retirement System of Texas since it works extremely close with Blue Cross and Blue Shield of Texas which is known for horrible treatment of its policy holders, it pre-existing clauses and its denial of certain claims. However, the Employees Retirement System of Texas and Blue Cross and Blue Shield of Texas are "responsible" for its own actions and decisions.

On Tuesday, December 2, 1997 at 12:15 P.M. CST, I received a telephone call from Liz Molina, Lead Direct Pay Auditor, with the Employees Retirement System of Texas. She apologized for the enormous error she has caused by informing me that I was approved for an extension and continuation of COBRA medical coverage as she, Ms. Molina had stipulated in her letter to me dated September 30, 1997 (copy enclosed). Even though my premium payments increased 150%, South Dallas Health Access, Inc., continued to pay the new premium (REFER TO ENCLOSED CORRESPONDENCE TO SOUTH DALLAS HEALTH ACCESS, INC.) I told Ms. Molina that I had the intuition that this was going to happen which is why I had took measures in August 1997 to seek assistance through the Texas Department of Health regarding paying for my badly needed medications (REFER TO ENCLOSED DOCUMENTS). However, the Texas Department of Health "DOES NOT"

PAGE 3

ATTN: Honorable Czar Sandy Thurman

Federal AIDS Policy Director

RE: GRIEVANCE / COMPLAINT / APPEAL

AGAINST: Employees Retirement System of Texas

COBRA Medical Insurance Canceled

Patient SSN [REDACTED] (b)(6)

HealthSelect - BCBSofTexas

TDH Health Code D-07175-H

DECEMBER 15, 1997

pay for ALL of my medications nor the expenses incurred to see a physician.

As I asked Ms. Liz Molina, "Now what am I to do, about paying for my medications AND visits to see my private doctor, Kevin F. Murphy, M.D., who specializes in HIV/AIDS treatment and is one, if not the best doctors in the nation"? Doctor Murphy saved my life in 1996 and continues to with his knowledge, experience, expertise, and the help and grace of God. I would rather NOT see any other doctor other than Doctor F. "Kevin" Murphy, M.D.

The Employees Retirement System of Texas should be forced to reinstate my COBRA medical coverage since they have continued to make massive mistakes which has and is jeopardizing my health and my life. I need medications and medical treatment now (see related correspondences enclosed) which I advised Ms. Molina; her reply, "Sorry. See if the Federal Social Security Administration can go back and determine you were disabled in June 1997 instead of September and we, (ERS of Texas), may be able to help you"! I was placed on FMLA (Family Medical Leave) by my doctor and employer February 14, 1996 for the same medical disability for which the Federal Social Security Administration indicates became effective September 1, 1997. During the course of the Federal Social Security Administration's determination and approval of my Social Security Disability Income, I was hospitalized for a week, went to the emergency room several times, and lived a life of horror and hell especially when turning to agencies, organizations, and individuals who should have helped me without hesitation. The Employees Retirement System of Texas NOR Blue Cross and Blue Shield of Texas has offered conversion coverage to an individual policy. Ms. Liz Molina's comment on the subject of conversion coverage, "you wouldn't want that (conversion coverage) because its very expensive and Blue Cross and Blue Shield of Texas take different approaches to policyholders like you (referring to me) considering your situation (HIV disease) and medical needs."

PAGE 4

ATTN: Honorable Czar Sandy Thurman  
Federal AIDS Policy Director

RE: GRIEVANCE / COMPLAINT / APPEAL

AGAINST: Employees Retirement System of Texas

COBRA Medical Insurance Canceled

Patient SSN (b)(6)

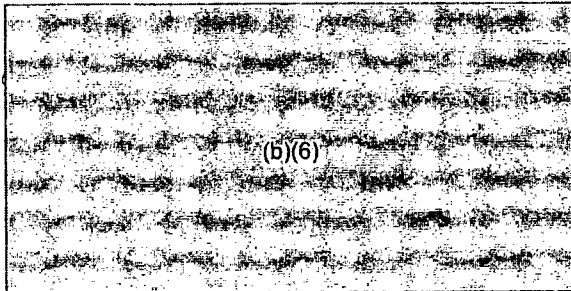
HealthSelect - BCBSofTexas

TDH Health Code D-07175-H

DECEMBER 15, 1997

I can be reached at the telephone numbers and post office address provided within the contents of this correspondence. I look forward to hearing from you.

Your immediate attention, time, patience, understanding, and indeed cooperation are indeed gratefully acknowledged.



PATIENT

cc: Shelia Beckett, Exec. Dir., ERS of Texas-Austin, Texas  
Doctor F. Kevin Murphy, M.D., Dallas, Texas  
Honorable Donna Shalala, Health & Human Services, Washington  
Commissioner Patti Patterson, TX Dept. of Health-Austin  
Commissioner Elton Bomer, TX Dept. of Insurance-Austin  
Director, Special Health Resources of East Texas-Longview  
Shanda Harvey, South Dallas Health Access, Inc-Dallas  
Blue Cross and Blue Shield of TX Headquarters-Austin

Enclosures

ROKM/slm

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                      | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------|------------|-------------|
| 004. form                | re: Medical progress (Personal) [partial] (1 page) | 03/07/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of patient (b)(6)                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [004]                                    |                                                                                                                                                                                      |
| HISTORY                                                                                      | (a) When did symptoms first appear or accident happen?<br>September 28, 1989                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | (b) Has patient ever had same or similar condition?<br><input type="checkbox"/> Yes If "Yes" state when and describe<br><input checked="" type="checkbox"/> No Not prior to 09-28-89 |
|                                                                                              | (c) Is condition due to injury or sickness arising out of patient's employment?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          | (d) Name and addresses of other treating practitioners<br>N/A                                                                                                                        |
| DIAGNOSIS                                                                                    | (a) Diagnosis (including complications and subjective symptoms) Acquired Immune Deficiency Syndrome Virus<br>(b) If Pregnancy, estimated date of delivery Mo. N/A Day N/A 19 N/A<br>(c) If Delivered, date Mo N/A Day N/A 19 N/A <input type="checkbox"/> Normal delivery <input type="checkbox"/> C-Section<br>(d) If disabled prior to delivery, please state the extenuating circumstances preventing the employee from working.<br>N/A<br>(e) Objective findings (Including current x-rays, EKG's, laboratory data and any clinical findings)<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                                                                                                                                                                                      |
|                                                                                              | (f) Date of first visit (b) Date of last visit (c) Frequency<br>-10-26-93 3/6/96 <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Other (Specify) Weekly since 02-15-96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                                                                                                                                                                      |
| TREATMENT                                                                                    | (d) Nature of treatment (Including surgery and medications prescribed, if any)<br>Patient takes about 12 different prescribed medications. SURGERY will be in 3/96 or 4/96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                                                                                                                                      |
|                                                                                              | (a) Has Patient <input type="checkbox"/> Recovered? <input type="checkbox"/> Improved? <input checked="" type="checkbox"/> Retrogressed? (b) Is patient. <input checked="" type="checkbox"/> Ambulatory? <input type="checkbox"/> House confined?<br><input type="checkbox"/> Unchanged? <input checked="" type="checkbox"/> Bed confined? <input type="checkbox"/> Hospital confined?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                                                                                                                                                                      |
| ACCOMMODATION                                                                                | (c) Has patient been hospital confined? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give Name and Address of Hospital<br>Confined from _____ through _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                                                                                                                                      |
|                                                                                              | (a) Functional capacity (American Heart Ass'n.) (b) Blood Pressure (last visit)<br><input type="checkbox"/> Class 1 (No limitation) <input type="checkbox"/> Class 2 (Slight limitation) <input checked="" type="checkbox"/> Class 4 (Complete limitation) 110/70<br><input type="checkbox"/> Class 3 (Marked limitation) systolic/diastolic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                                                                                                                                      |
| IMPAIRMENTS                                                                                  | (a) Physical impairments (*As defined in Federal Dictionary of Occupational Titles)<br><input type="checkbox"/> Class 1 - No limitation of functional capacity; capable of heavy work*; no restrictions. (0-10%)<br><input type="checkbox"/> Class 2 - Medium manual activity* (15-30%)<br><input type="checkbox"/> Class 3 - Slight limitation of functional capacity; capable of light work* (35-55%)<br><input type="checkbox"/> Class 4 - Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*) activity. (60-70%)<br><input checked="" type="checkbox"/> Class 5 - Severe limitation of functional capacity; incapable of minimum (sedentary*) activity. (75-100%)<br>Remarks:<br>(b) Mental impairments (if applicable)<br>(a) Please define "stress" as it applies to this claimant.<br>(b) What stress and problems in interpersonal relations has claimant had on job?<br><input type="checkbox"/> Class 1 - Patient is able to function under stress and engage in interpersonal relations (no limitations).<br><input type="checkbox"/> Class 2 - Patient is able to function in most stress situations and engage in most interpersonal relations (slight limitations).<br><input type="checkbox"/> Class 3 - Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations).<br><input type="checkbox"/> Class 4 - Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitations).<br><input checked="" type="checkbox"/> Class 5 - Patient has significant loss of psychological, physiological, personal and social adjustment (severe limitations).<br>Remarks: |                                          |                                                                                                                                                                                      |
|                                                                                              | (a) Was patient totally disabled when ceased work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>(b) Provide dates you certify patient as totally disabled Mo. 2 Day 13 19 96 thru Mo _____ Day _____ 19 ____<br>Disability applies to Patients' Job <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Any other work <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                      |
| PROGNOSIS                                                                                    | (c) When do you expect a fundamental or marked change in the future? <input type="checkbox"/> 1 Mo. <input type="checkbox"/> 3-6 Mos. <input checked="" type="checkbox"/> 1-3 Mo. <input checked="" type="checkbox"/> Never Applies To: <input type="checkbox"/> Patient's Job <input type="checkbox"/> Other Work<br>MAY be able to return to work ???                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                      |
|                                                                                              | (a) Is patient a suitable candidate for occupational rehabilitation? Patient's Job <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any Other Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (b) Can present job be modified to allow for handling with impairment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                                                                                                                                                      |
| FOLLOW-UP                                                                                    | (c) When could trial employment commence? Date: unknown <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time Patient's Job Any Other Work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                      |
|                                                                                              | (Limitations, Therapy, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                                                                                                                                      |
| REMARKS                                                                                      | Severe limitations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                                                                                                                                                                      |
|                                                                                              | Name (Attending Practitioner) Print Degree Telephone<br>DAVID BRAND M.D. (214) 520-1810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                      |
| Street Address City or Town State or Province Zip Code<br>3514 Cedar Springs DALLAS TX 75219 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Signature of Practitioner Date<br>3/7/96 |                                                                                                                                                                                      |

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                               | DATE       | RESTRICTION |
|--------------------------|-------------------------------------------------------------------------------------------------------------|------------|-------------|
| 005. letter              | Patricia Fletcher to Individual living with AIDS re: Family Medical Leave Act (Personal) [partial] (1 page) | 02/14/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

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

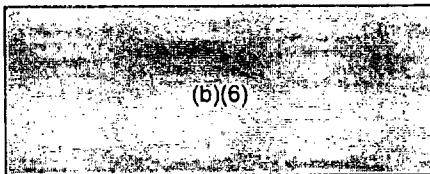
Texas  
Department  
of  
Human Services

COMMISSIONER  
Burton F. Raiford

P.O. BOX 6107  
TEXARKANA, TEXAS 75505  
(903) 832-8411

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FEBRUARY 14, 1996



[005]

This is to notify you that your leave beginning February 14, 1996, will be counting towards your 12 weeks of Family Medical Leave Act (FMLA) pending receipt of medical documentation.

Enclosed is a 4034 form. Please ask your physician to complete and return in the postage paid envelope enclosed.

Thanks,

*Patricia Fletcher*  
Patricia Fletcher/af

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                              | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------------------|------------|-------------|
| 006. form                | re: Retirement and insurance (Personal) [partial] (1 page) | 06/14/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### 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]
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- 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]
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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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# EMPLOYEES RETIREMENT SYSTEM OF TEXAS

## TERMINATION/COBRA ELECTION FORM

|              |                                |            |
|--------------|--------------------------------|------------|
| Employee SSN | Employee Name: Last, First, MI | Agency No. |
|--------------|--------------------------------|------------|

(b)(6)

### Section A: Loss of Coverage (to be completed by Benefits Coordinator)

All Dates Must Be Entered as MM-DD-YYYY

Reason for Loss of Coverage: T ☐ Termination of Employment (No Gross Misconduct) T ☐ Reduction in work hours below 50%  
 G ☐ Termination of Employment (Gross Misconduct) (Higher education only)  
 T ☐ Expiration of maximum period of leave-without-pay D ☐ Death

Date of Loss of Coverage 05 / 31 / 96 Date Coverage Terminated 05 / 31 / 96

Both Dates Must Be Within The Same Month

### Section B: Verification of Notice (to be completed by Benefits Coordinator)

|                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Notice Mailed To _____<br>or<br>Notice Received By _____<br>Employee's Signature _____<br>Coordinator's Signature _____ | Date Mailed <u>6/10/96</u><br>Date of Receipt _____<br><u>05/31/1996</u><br>Date of Notice (MM-DD-YYYY) |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

The reverse side of this form contains important information on your right to continue coverage. Please read it carefully.

### Section C: Applicant Information (must be completed by the applicant)

|                                                   |     |     |               |           |
|---------------------------------------------------|-----|-----|---------------|-----------|
| Name of Person Electing Coverage: Last, First, MI | SSN | Sex | Date of Birth | Telephone |
|---------------------------------------------------|-----|-----|---------------|-----------|

(b)(6)

### Section D: Election to Continue Coverage (must be completed by the applicant)

THE APPLICANT MUST BE INCLUDED IN EACH LEVEL OF COVERAGE SELECTED.

I want to continue: ☐ Health Only

☒ Health and Dental

Level of Health Coverage: MO ☒ Member Only MS ☐ Member & Spouse\* MC ☐ Member & Children\* MF ☐ Member & Family\*  
 SO ☐ Spouse Only SC ☐ Spouse & Child(ren)\* CO ☐ Child(ren) Only

Level of Dental Coverage: NO ☐ None MO ☒ Member Only MS ☐ Member & Spouse\* MC ☐ Member & Children\* MF ☐ Member & Family\*  
 SO ☐ Spouse Only SC ☐ Spouse & Child(ren)\* CO ☐ Child(ren) Only

\*You must complete Section E below.

### Section E: Dependents to be Covered (must have had coverage selected above on "Date Employment Terminated")

| Dependent's Name (Last, First, MI) | Dependent's SSN  | Date of Birth (MM-DD-YYYY) | Relationship | Sex | Health | Dental |
|------------------------------------|------------------|----------------------------|--------------|-----|--------|--------|
| <del>_____</del>                   | <del>_____</del> | <del>_____</del>           | S C X        | M F | Y N    | Y N    |
| <del>_____</del>                   | <del>_____</del> | <del>_____</del>           | S C X        | M F | Y N    | Y N    |
| <del>_____</del>                   | <del>_____</del> | <del>_____</del>           | S C X        | M F | Y N    | Y N    |
| <del>_____</del>                   | <del>_____</del> | <del>_____</del>           | S C X        | M F | Y N    | Y N    |

### Section F: Eligibility Information (must be completed by the applicant)

THIS SECTION MUST BE COMPLETED - Note: Fraudulent statements may be cause for expulsion from the program.

Is any person wanting continued coverage entitled to Medicare benefits? ☒ No ☐ Yes \_\_\_\_\_  
 Name of Person

Is any person wanting continued coverage covered by any other group health plan? ☒ No ☐ Yes \_\_\_\_\_  
 Name of Person

If yes, is that person subject to a pre-existing conditions limitation or exclusion under that other group health plan? ☐ No ☐ Yes \_\_\_\_\_  
 Name of Person

(b)(6)

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                              | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------------------|------------|-------------|
| 007. form                | re: Retirement and insurance (Personal) [partial] (1 page) | 07/03/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F  
jm2056

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(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]

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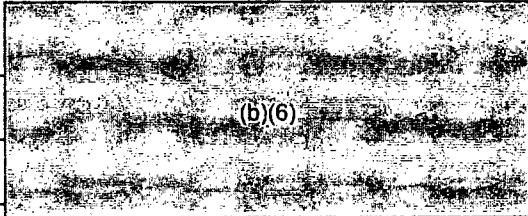
CHARLES D. TRAVIS  
EXECUTIVE DIRECTOR

JAMES A. ADKINS  
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EMPLOYEES RETIREMENT SYSTEM OF TEXAS

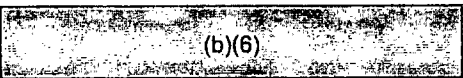
July 3, 1996

18TH & BRAZOS STREETS  
P. O. BOX 13207  
AUSTIN, TEXAS 78711-3207  
(512) 476-6431



[007]

RE: Premium Payment for Insurance Coverage, SSN: \_\_\_\_\_



We are returning the enclosed payment to you for the reason indicated below:

- \_\_\_ A premium payment can not be accepted with the election form. You will receive an enrollment form to be returned with your payment.
- XXX \_\_\_ You must submit a signed enrollment form with the initial premium payment. Due to this delay, your payment amount may need to be adjusted. Please check the amount due as of this date.
- \_\_\_ Your insurance premium will be deducted from the monthly annuity payment you will receive from the Teacher Retirement System (TRS).
- \_\_\_ The check is not signed.
- \_\_\_ Late premium payment for \_\_\_\_\_ can not be accepted. Coverage was cancelled due to non-payment effective \_\_\_\_\_.
- \_\_\_ Coverage expired effective \_\_\_\_\_.
- \_\_\_ The premium amount due as of this date is \_\_\_\_\_.
- \_\_\_ A post dated check can not be accepted.
- \_\_\_ A new COBRA election form needs to be completed.
- \_\_\_ Unable to locate account without a Social Security Number.
- \_\_\_ Other \_\_\_\_\_

If you have questions regarding this information, please contact our Telephone Service Center at (512) 867-3193 or 1-800-541-5806.

Retiree/Direct Pay Unit  
Group Insurance Division

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                             | DATE       | RESTRICTION |
|--------------------------|-------------------------------------------|------------|-------------|
| 008. check               | re: Health insurance (Personal) (2 pages) | 06/25/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F  
jm2056

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------------------------------------------------|------------|-------------|
| 009. letter              | Individual living with AIDS to Group Insurance re: Coverage<br>(Personal) [partial] (1 page) | 07/25/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]  
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]  
P3 Release would violate a Federal statute [(a)(3) of the PRA]  
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financial information [(a)(4) of the PRA]  
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and his advisors, or between such advisors [(a)(5) of the PRA]  
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personal privacy [(a)(6) of the PRA]

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of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C.  
2201(3).

RR. Document will be reviewed upon request.

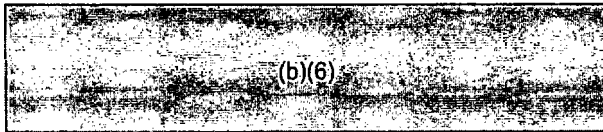
Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]  
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an agency [(b)(2) of the FOIA]  
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b(9) Release would disclose geological or geophysical information  
concerning wells [(b)(9) of the FOIA]

South Dallas Health Access  
1906 Peabody Avenue  
Dallas, Texas 75215-2898  
214-421-7848

July 25, 1996

Group Insurance  
P.O.Box 13207  
Austin, TX 78711



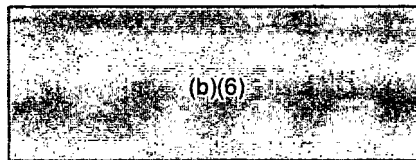
[009]

Enclosed is a premium payment totaling \$192.88 for the following month coverage: August 1, 1996 through August 31, 1996, as follows:

| <u>Month</u> | <u>Premium Type</u> | <u>Premium Payment</u> |
|--------------|---------------------|------------------------|
| August       | Medical             | \$187.71               |
|              | Dental              | \$5.17                 |

Total: \$192.88

You will receive the next premium payment on or before September 1, 1996. Thank you for your help. Should you need additional information, please contact:



\*\*\*\*\*  
Month(s) Remaining:  
Cobra Expires:  
\*\*\*\*\*

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                                  | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------------------------------------------------------------------|------------|-------------|
| 010. letter              | Individual living with AIDS to Blue Cross Blue Shield re: Issues with insurance (Personal) [partial] (2 pages) | 08/09/1996 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- 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]

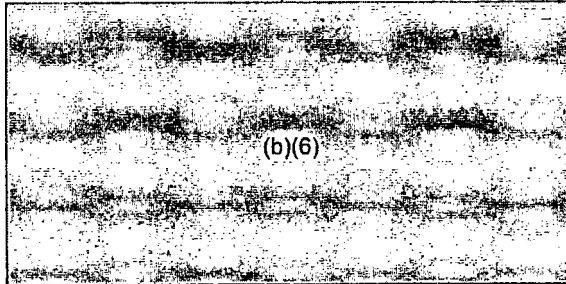
C. Closed in accordance with restrictions contained in donor's deed of gift.

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]
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- 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]



[010]

August 9, 1996

Attn: COBRA Insurance Division  
Blue Cross Blue Shield of Texas  
9600 Great Hills Trail  
Suite E-100  
Austin, Texas 78759-6301

RE: Group Insurance

(b)(6)

Dear Blue Cross Blue Shield of Texas:

I've received several notices indicating my insurance has been cancelled (refer to enclosed copies). My insurance was still in effect throughout the month of June 1996 since I was taken off the State of Texas payroll in June according to my conversation with my employers benefits coordinator, Ms. Stacy Sikes, Human Resource Services Benefits Coordinator, with the Texas Department of Human Services, Region 04, Regional Administration, Paris, Texas, (903) 737-0291.

Blue Cross and Blue Shield of Texas is also in violation of my rights to fair insurance coverage for not offering me the opportunity to elect COBRA coverage after my resignation with the Texas Department of Human Services. Under Texas law, I had 30-45 days to convert my coverage to COBRA. On June 14, 1996, I completed the appropriate paperwork to "continue" coverage through COBRA Election (a copy of the ERS COBRA Election Form is enclosed).

I left Dallas, Texas on July 2, 1996 due to the fact that my Aunt [REDACTED] (b)(6) who helped my mother raise me was in critical condition and was asking for me. Upon my return to Dallas, Texas on August 3, 1996, I discovered a letter in my mailbox from the Employees Retirement System of Texas (ERS) with a insurance check (number [REDACTED] (b)(6)) in the amount of \$192.88. I immediately notified ERS of Texas and they assured me that there was "NO" problem with my insurance coverage.

On August 5, 1996, I was informed that my Aunt had passed away at Longview Regional Hospital in Longview, Texas. I had to immediately return home (East Texas-Gilmer/Longview) to make funeral arrangements.

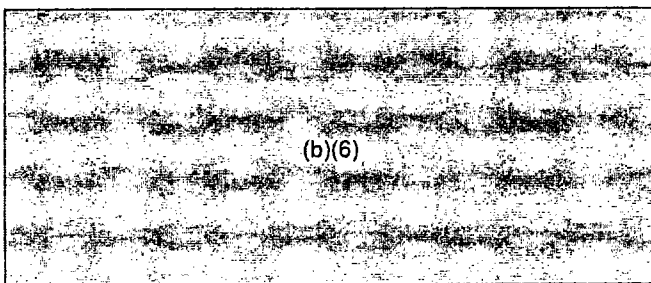
Dealing with my own terminal illness, health problems, personal matters and business matters is a great burden and to make situations worse, I have to handle serious family matters such as my Aunt's funeral and her estate.

My monthly premium payments are sent to ERS of Texas by Mr. Ben H. Standifer, Financial Services Manager, South Dallas Health Access, Inc., Insurance Account, 1906 Peabody Avenue, Dallas, Texas 75215-2898, (214) 421-7848.

I've enclosed copies of all documents routed to the Employees Retirement System of Texas. If you have any questions and/or need additional information, please feel free to contact me

[REDACTED] (b)(6)

Your understanding, cooperation, time, patience, and indeed assistance regarding this matter are gratefully appreciated and acknowledged.



cc: Ben H. Standifer, South Dallas Health Access, Inc.  
Employees Retirement System of Texas, Austin, Texas  
Tom Phillips, HRS Director, TX Dept. of Human Services-Austin  
Stacy Sikes, HRS Coordinator-TX Dept of Human Services-Paris  
Commissioner, Texas Dept. of Insurance-Austin, Texas  
Cheryl King, Policy Development, Federal Health and  
Human Services Administration-Washington, D.C.  
Theresa M. Moyed, Attorney at Law and Executive  
Director of Dallas Legal Hospice, Dallas, Texas

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                        | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------------------------------------------------------------|------------|-------------|
| 011. letter              | Liz Molina to Individual living with AIDS re: Issues with insurance<br>(Personal) [partial] (1 page) | 05/27/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### 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]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
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BOARD OF TRUSTEES

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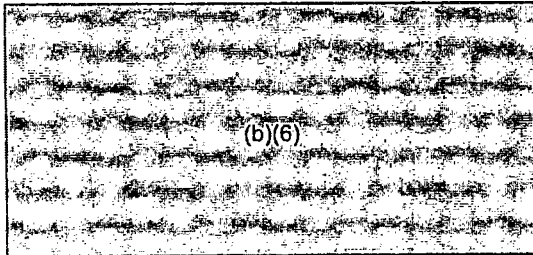
SHEILA W. BECKETT  
EXECUTIVE DIRECTOR

JAMES A. ADKINS  
DEPUTY EXECUTIVE DIRECTOR

EMPLOYEES RETIREMENT SYSTEM OF TEXAS

18TH & BRAZOS STREETS  
P. O. BOX 13207  
AUSTIN, TEXAS 78711-3207  
(512) 476-6431

May 27, 1997



[011]

This letter is in response to your request for information regarding the continuation of your health insurance coverage after the expiration of your initial 18 months of continued coverage under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985, (COBRA).

If you have been certified as disabled by the Social Security Administration (SSA) under title II or title XVI of the Social Security Act, you may be eligible for up to 11 additional months of continued coverage under COBRA. The premium for the continuation of coverage after your initial 18 months of COBRA coverage will be figured at 150% of what an active employee would pay. For example, if you are eligible, the premium amount for the coverage you currently have would be \$276.05. If you have received a disability determination from the SSA, please submit a copy of your Social Security Award Letter to the Employees Retirement System (ERS) before the end of your initial 18 months of coverage so that eligibility for an extension may be determined.

If you have not received a disability determination from the SSA, you will need to contact your current health carrier for information regarding conversion to an individual policy effective December 1, 1997. Our records indicate that you are currently covered under HealthSelect and will therefore need to contact Blue Cross/Blue Shield directly at 1-800-338-2227. Be sure to indicate that you have been receiving benefits as a COBRA participant and are requesting information regarding a conversion policy.

If you have any further questions regarding this information, please contact the Direct Pay Unit at 1-800-541-5806 or (512) 867-3193.

Sincerely,

A handwritten signature in cursive script that reads "Liz Molina".

Liz Molina, Direct Pay Auditor  
Retiree/Direct Pay Unit  
Group Insurance Division

LM:lm

cc: Member File

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                           | DATE       | RESTRICTION |
|--------------------------|---------------------------------------------------------|------------|-------------|
| 012. form                | re: Expiration notice for insurance (Personal) (1 page) | 10/15/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F  
jm2056

### 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]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                                        | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------------------------------------------------------------------------|------------|-------------|
| 013. letter              | Liz Molina to Individual living with AIDS re: Social Security<br>Administration status (Personal) [partial] (1 page) | 09/30/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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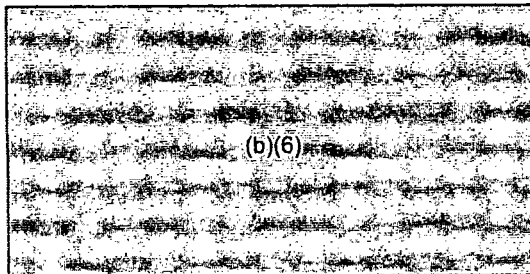


**EMPLOYEES  
RETIREMENT  
SYSTEM OF TEXAS**

SHEILA W. BECKETT  
EXECUTIVE DIRECTOR

September 30, 1997

FRANK J. SMITH  
CHAIR  
CAROLYN GALLAGHER  
VICE-CHAIR  
BILL BARTON  
PAMELA A. CARLEY  
MILTON HIXSON  
JANICE R. ZITELMAN  
BOARD OF TRUSTEES



[013]

We have received the documentation which indicates you have been certified as disabled by the Social Security Administration. Under the provisions of the Omnibus Budget Reconciliation Act of 1989, once your initial eighteen (18) months of COBRA coverage have been completed, you will be eligible to continue your health coverage for up to eleven (11) additional months or until you become eligible for Medicare benefits, whichever comes first.

Our records indicate that your initial eighteen (18) month period will end November 30, 1997. Provided your premium payments are current, you will receive new payment coupons **after** this date. Please be aware that the new premium will be 150% of what an active employee would pay. For example, the current rate for the coverage(s) you will have is \$282.68.

If you have any questions regarding this information, please contact our Telephone Service Center at 1-800-541-5806 or (512) 867-3193.

Sincerely,

Liz Molina, Direct Pay Auditor  
Retiree/Direct Pay Unit  
Group Insurance Division

LM:lm

cc: Member File

*Celebrating 50 years of service: 1947 - 1997*

18TH & BRAZOS STREETS ★ P.O. Box 13207 ★ AUSTIN, TEXAS 78711-3207 ★ (512) 476-6431

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                     | DATE       | RESTRICTION |
|--------------------------|---------------------------------------------------------------------------------------------------|------------|-------------|
| 014. letter              | Liz Molina to Individual living with AIDS re: Insurance benefits<br>(Personal) [partial] (1 page) | 12/02/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]  
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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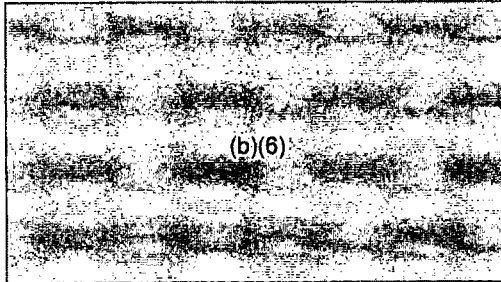


December 2, 1997

**EMPLOYEES  
RETIREMENT  
SYSTEM OF TEXAS**

SHEILA W. BECKETT  
EXECUTIVE DIRECTOR

FRANK J. SMITH  
CHAIR  
CAROLYN GALLAGHER  
VICE-CHAIR  
BILL BARTON  
PAMELA A. CARLEY  
MILTON HIXSON  
JANICE R. ZITELMAN  
BOARD OF TRUSTEES



[014]

This letter will confirm our conversation on this date regarding your eligibility for an extension of your insurance benefits under the provisions of the Omnibus Budget Reconciliation Act of 1989, (OBRA).

Due to an error on my part, you were incorrectly notified that you would be eligible for an extension of your insurance benefits for an additional eleven (11) months or until you begin receiving Medicare benefits, whichever came first. Unfortunately, in order for you to be eligible for the extension of benefits, it was necessary for you to have been certified as disabled by the Social Security Administration (SSA) before or during the first 60 days of your original 18 months of continuation coverage under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985, (COBRA).

The SSA Notice of Award letter that you submitted to our office indicates that you were not determined to be disabled by the SSA until September 1, 1996. Since the effective date of your COBRA coverage was June 1, 1996, the September 1 determination date is more than 90 days later making you ineligible for the disability extension. Therefore, your continuation coverage in the Uniform Group Insurance Program (UGIP) has been cancelled effective November 30, 1997, which was the expiration date of your original 18 months of coverage under COBRA.

I apologize for this error and any inconvenience it may have caused you. If you have any questions regarding this information you may contact me at 1-800-541-5808 or (512) 867-3235.

Sincerely,

Liz Molina, Lead Direct Pay Auditor  
Retiree/Direct Pay Unit  
Group Insurance Division

LM:lm

cc: Member File

*Celebrating 50 years of service: 1947 - 1997*

18TH & BRAZOS STREETS ★ P.O. BOX 13207 ★ AUSTIN, TEXAS 78711-3207 ★ (512) 476-6431

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                         | DATE       | RESTRICTION |
|--------------------------|-------------------------------------------------------------------------------------------------------|------------|-------------|
| 015. letter              | Group Insurance to Individual living with AIDs re: Insurance payment<br>(Personal) [partial] (1 page) | 12/04/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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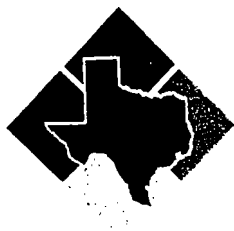
C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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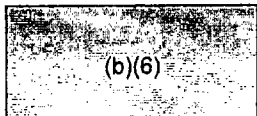


**EMPLOYEES  
RETIREMENT  
SYSTEM OF TEXAS**

SHEILA W. BECKETT  
EXECUTIVE DIRECTOR

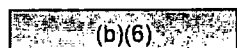
FRANK J. SMITH  
CHAIR  
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VICE-CHAIR  
BILL BARTON  
PAMELA A. CARLEY  
MILTON HIXSON  
JANICE R. ZITELMAN  
BOARD OF TRUSTEES

December 4, 1997



[015]

RE: Premium for Insurance Coverage, SSN:



We are returning the enclosed payment to you for the reason(s) indicated below:

- \_\_\_\_\_ A premium payment can not be accepted with the election form. You will receive an enrollment form to be returned with your initial premium payment.
- \_\_\_\_\_ You must submit a signed enrollment form with the initial premium payment. Due to this delay, your payment amount may need to be adjusted. Please verify the amount due as of this date.
- \_\_\_\_\_ Your insurance premium will be deducted from the monthly annuity payment you will receive from the Teacher Retirement System (TRS).
- \_\_\_\_\_ The check is not signed.
- \_\_\_\_\_ Late premium payment for \_\_\_\_\_ can not be accepted. Coverage was cancelled effective \_\_\_\_\_ due to non-payment.
- \_\_\_\_\_ Coverage expired effective \_\_\_\_\_. No further payments are due on your behalf.
- \_\_\_\_\_ Premium amount due as of this date is \_\_\_\_\_.
- \_\_\_\_\_ A post dated check can not be accepted.
- \_\_\_\_\_ A new COBRA Election Form needs to be completed.
- \_\_\_\_\_ Unable to locate account without a Social Security Number.
- \_\_\_\_\_ Unable to determine purpose for payment.
- \_\_xxx\_\_ Coverage expired 11/30/97.

If you have questions regarding this information, please contact our Telephone Service Center at (512) 867-3193 or 1-800-541-5806.

Retiree/Direct Pay Unit  
Group Insurance Division

*Celebrating 50 years of service: 1947 - 1997*

18TH & BRAZOS STREETS ★ P.O. Box 13207 ★ AUSTIN, TEXAS 78711-3207 ★ (512) 476-6431

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                      | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------|------------|-------------|
| 016. check               | re: South Dallas Health Access (Personal) (1 page) | 11/25/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F  
jm2056

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                             | DATE       | RESTRICTION |
|--------------------------|-----------------------------------------------------------------------------------------------------------|------------|-------------|
| 017. letter              | Individual living with AIDS to Kevin Murphy re: Availability of medication (Personal) [partial] (4 pages) | 12/15/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F  
jm2056

### 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]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

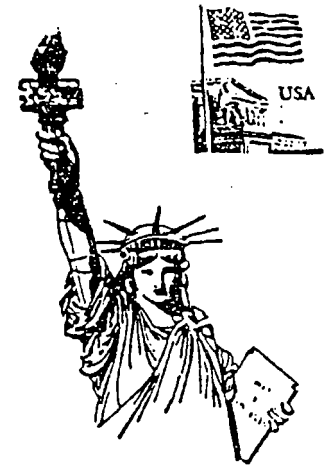
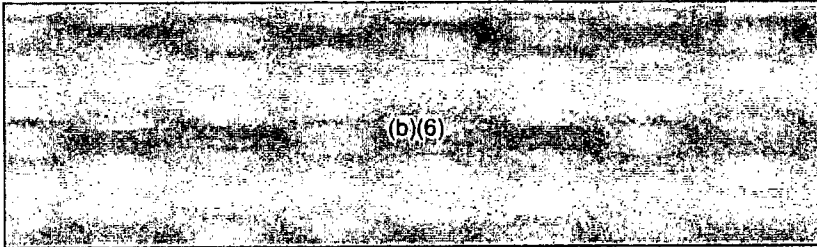
RR. Document will be reviewed upon request.

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

December 15, 1997

[017]



THE UNITED STATES

VIA U.S.  
PRIORITY MAIL

Doctor F. Kevin Murphy, M.D.  
3515 Cedar Springs Road  
Dallas, Texas 75219  
(214) 522-4211  
FAX (214) 522-7580

**RE: COBRA MEDICAL INSURANCE COVERAGE**

Patient SSN (b)(6)  
HealthSelect - BCBSofTexas  
TDH Health Code D-07175-H

Dear Doctor Murphy:

I appeal to you and ask for your assistance in obtaining my medications which are crucially needed. I ran out of my medications on November 28, 1997.

I called the Texas Department of Health during the week of November 24, 1997 and spoke with a gentleman who informed me that I would be approved and added back on the Medication Program effective Monday, December 1, 1997 and that I should call back on that day.

On Monday, December 1, 1997, I spoke with a young lady, Tandalia, with the Texas Department of Health 1-800-255-1090. She informed me that I was only approved for 5 generic medications (SMZ-TMP-Bactrim DS; Acyclovir-Zovirax; Lamivudine-3TC/Epivir; Zidovudine-AZT, Retrovir; Nevirapine-Viramune). On the same day (12/1/97), I hand-delivered a list of my medications with Don Novak, Pharmacist at Medical Plaza Pharmacy, 701 East Marshall Avenue, Suite 102, Longview, Texas 75601, (903) 757-3477. On Tuesday, December 2, 1997, I spoke with John Allen my Representative with the Texas Department of Health who informed me that your office would need to send the Texas Department of Health documented proof (lab test, etc.) to justify my need for

PAGE 2

ATTN: Doctor F. Kevin Murphy, M.D.

RE: COBRA MEDICAL INSURANCE COVERAGE

Patient SSN [REDACTED] (b)(6)

HealthSelect - BCBSofTexas

TDH Health Code D-07175-H

DECEMBER 15, 1997

diflucan. Furthermore, without "ANY" warning, to make matters even worse, on Tuesday, December 2, 1997, Ms. Liz Molina, Lead Direct Pay Auditor with the Employees Retirement System of Texas canceled my COBRA medical insurance coverage. (Blue Cross and Blue Shield of Texas-HealthSelect). SEE COPY OF SEPARATE CORRESPONDENCE REGARDING SUCH MATTER. However, since my COBRA medical insurance coverage has been canceled, **DO I NEED TO CANCEL MY SCHEDULE APPOINTMENT WITH YOU ON, Tuesday, December 18, 1997?**

On Wednesday, December 3, 1997, the new pharmacy, Medical Plaza Pharmacy which I am now "required" to use advised me that your office would need to call in my prescriptions. I notified your office the same day.

Moreover, not only do I need the medications that the Texas Department of Health will pay for but I also need: MIDRIN CAPSULES; Prilosec; Invirase; Trimethoprim; Amitriptyline; Prozac (40 mg); Diflucan; and Drysol.

On Thursday, December 4, 1997, I met with Blane with Special Health Resources of East Texas, Main Office-Downtown, 323-B North High Street, Longview, Texas 75601, (903) 234-8808. I met with Blane to update my client records and to advise Special Health Resources of East Texas of my dilemma and to request and appeal to Special Health Resources of East Texas to pay of the medications that the Texas Department of Health would not pay for.

I would have notified you much sooner than now, but I have been extremely ill and the stress from all of this has been enormous causing me to become more withdrawn and depressed which you have been providing treatment for. As I've stated, I have been ill and my condition is getting worse as a result of not having my medications and the termination of my COBRA medical insurance coverage. I have filed a grievance against the Employees Retirement System of Texas with the Texas Department of Insurance regarding my insurance. I am waiting on Special Health Resources of East Texas regarding covering payment of my badly needed medications not covered by the Texas Department of Health.

PAGE 3

ATTN: Doctor F. Kevin Murphy, M.D.

RE: COBRA MEDICAL INSURANCE COVERAGE

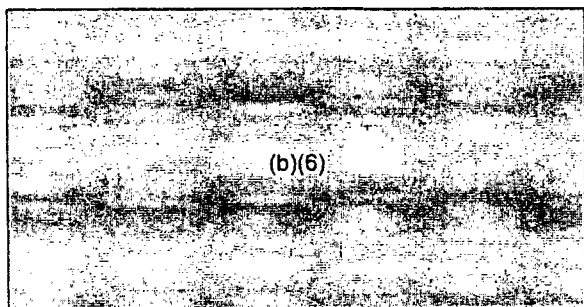
Patient SSN (b)(6)  
HealthSelect - BCBSortexas

TDH Health Code D-07175-H

DECEMBER 15, 1997

Thank you Doctor Murhpy for all the help that you have shown, given, and provided me. Whatever assistance, help, and/or advice you can offer will be enormously appreciated.

Your immediate attention, time, patience, understanding, and indeed cooperation are indeed gratefully acknowledged.



PATIENT

cc: Commissioner Patti Patterson, TX Dept. of Health-Austin  
Commissioner Elton Bommer, TX Dept. of Insurance-Austin  
Director, Special Health Resources of East Texas-Longview  
Don Novak, Pharmacist, Medical Plaza Pharmacy-Longview  
✓Honorable Czar Sandy Thurman, AIDS DIR., Washington, D.C.  
Honorable Donna Shalala, Federal Health & Human Services  
Shanda Harvey, South Dallas Health Access, Inc-Dallas  
Blue Cross and Blue Shield of TX Headquarters-Austin

Enclosures

ROKM/slm

Primary Pharmacy: Medicare Plaza

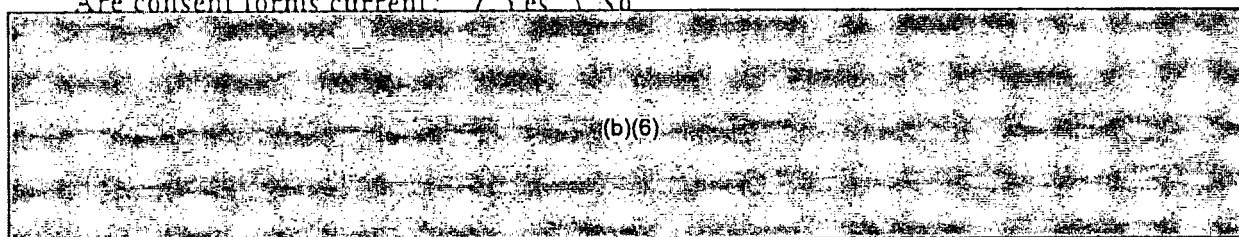
Last dental check up: 1993

Last doctor visit: Oct 1997 Next visit on: Dec. 18 1997

Current Needs: Circle all that apply, develop new service plan for each need.

- |                                                                     |                                                        |
|---------------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. Medical care                 | 10. Mental/Emotional health sves                       |
| <input checked="" type="checkbox"/> 2. Dental care                  | <input checked="" type="checkbox"/> 11. Legal services |
| 3. Housing Assistance                                               | 12. Help with medical bills                            |
| <input checked="" type="checkbox"/> 4. Insurance premium assistance | 13. SSI/SSDI Other income                              |
| 5. Transportation                                                   | 14. Return to work                                     |
| <input checked="" type="checkbox"/> 6. Food Bank                    | 15. Child care while at work or school                 |
| <input checked="" type="checkbox"/> 7. Help with medication costs   | 16. Interpretation/Sign Language                       |
| 8. Substance abuse services                                         | 17. Other: _____                                       |
| <input checked="" type="checkbox"/> 9. Case management              | 18. Other: _____                                       |

Are consent forms current? ☒ Yes ☐ No



Client Signature

Date

Beai Naramore

Case Coordinator

12-4-97

Date

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                                             | DATE       | RESTRICTION |
|--------------------------|-----------------------------------------------------------------------------------------------------------|------------|-------------|
| 018. letter              | Individual living with AIDS to Kevin Murphy re: Availability of medication (Personal) [partial] (2 pages) | 08/28/1997 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

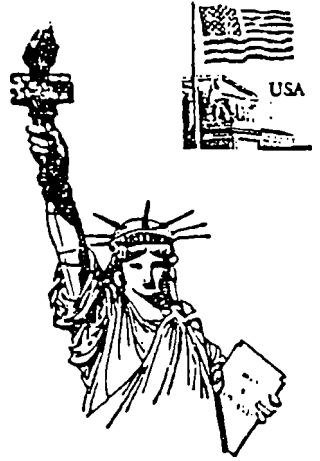
RR. Document will be reviewed upon request.

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

August 28, 1997

Attn: MSJA  
Texas Department of Health  
1100 West 49th Street  
Austin, Texas 78756-3199



RE: HIV/STD Medication Program  
TDH Code Number D07175H

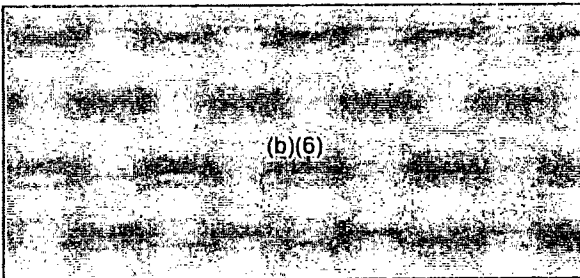
THE UNITED STATES

Dear Doctor David R. Smith c/o MSJA:

I appeal to you and the Texas Department of Health in approving my enclosed application for assistance with the medications listed on the enclosed page.

My application in July 1996 was approved and I have enclosed a copy of the correspondence I received from the Texas Department of Health. Furthermore, please be advised of my current and correct address and telephone number noted above.

Your immediate attention, time, patience, understanding, and indeed cooperation regarding this matter are gratefully appreciated and acknowledged.



[018]

cc: Cheryl King, Policy Development, Federal Health and  
Human Services Administration-Washington, D.C.  
Theresa M. Moyed, Attorney at Law and Executive  
Director of Dallas Legal Hospice, Dallas, Texas  
Commissioner Elton Bomer, TX Dept. of Insurance, Austin

ROKM/slm

Enclosures

PAGE 2

TX DEPT OF HEALTH

ATTN: MSJA

DR. DAVID R. SMITH

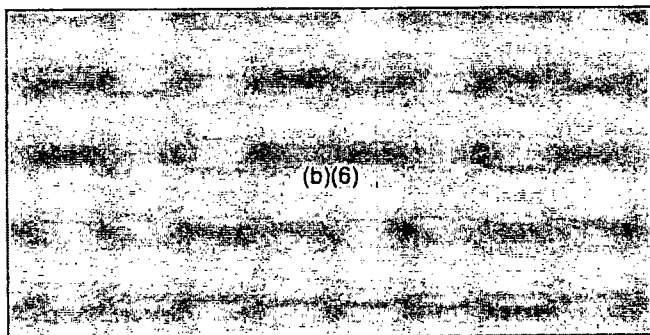
TDH CODE NUMBER D07175H

August 28, 1997

| <u>NAME OF MEDICATION(s)</u> | <u>MILLIGRAM(s)</u> | <u>QUANTITY</u> |
|------------------------------|---------------------|-----------------|
| ✓Viramune / 2 per day        | 200mg               | 60 TABS         |
| Prilosec / 1 daily           | 20 mg               | 30 CAPS         |
| Invirase / 12 per day        | 200 mg              | 360 CAPS        |
| Trimethoprim / 1 per day     | 200 mg              | 30 TABS         |
| Amitriptyline / 1 nightly    | 50 mg               | 30 TABS         |
| ✓Epivir / 2 per day          | 150 mg              | 60 TABS         |
| ✓Retrovir / 2 per day        | 300 mg              | 60 TABS         |
| ✓Bactrim / 1 per day         | ds tab              | 30 TABS         |
| ✓Zovirax / 4 per day         | 800 mg              | 120 TABS        |
| Prozac / 3 per night         | 10 mg               | 90 CAPS         |
| Prozac / 1 per day           | 20 mg PULV          | 30 CAPS         |
| Neuronitin / 1 nightly       | 300 mg              | 30 CAPS         |
| -Diflucan / 1 per day        | 100 mg              | 30 TABS         |
| Drysol / apply nightly       | 76 ml               | 37.5 cc         |

None of my medications are generic. Even with private insurance, I co-pay nearly half of my social security disability check for my medications. Hopefully, getting back on the Texas Department of Health's HIV Medication Program will help me immensely.

Thank you for whatever assistance and/or help you may be able to provide.



# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|--------------------------|---------------|------|-------------|
|--------------------------|---------------|------|-------------|

|             |                                                                                                                         |            |      |
|-------------|-------------------------------------------------------------------------------------------------------------------------|------------|------|
| 019. letter | Texas Department of Health to Individual living with AIDS re:<br>Assistance for medicines (Personal) [partial] (1 page) | 12/01/1997 | b(6) |
|-------------|-------------------------------------------------------------------------------------------------------------------------|------------|------|

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19406

### FOLDER TITLE:

Correspondence - SLT - Incoming - 12/97 [1]

2018-0764-F

jm2056

### RESTRICTION CODES

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## Texas Department of Health

Patti J. Patterson, M.D.  
Commissioner of Health

Carol S. Daniels  
Deputy Commissioner for Programs

Roy Hogan  
Deputy Commissioner for Administration

Randy P. Walgren  
Deputy Commissioner for Health Care Financing

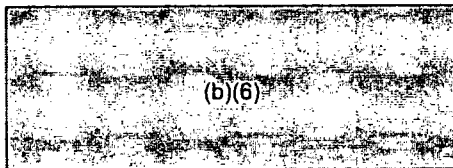
Bureau of HIV & STD Prevention  
1100 West 49th Street  
Austin, Texas 78756-9987  
(512) 490-2505  
Fax # (512) 490-2534  
<http://www.idh.state.tx.us>

**HIV/STD Medication Program**  
**(512) 490-2510 - Fax (512) 490-2503**  
**1-800-255-1090**

HIV/STD Epidemiology Division  
(512) 490-2545 - Fax (512) 490-2536

HIV/STD Health Resources Division  
(512) 490-2515 - Fax (512) 490-2534

Pharmacy Division  
(512) 458-7500 - Fax (512) 458-7489

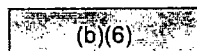


[019]

Your application for assistance with the following medication(s) through the Texas HIV Medication Program has been APPROVED for

SMZ-TMP (Bactrim DS)  
Acyclovir (Zovirax)  
Lamivudine (3TC) (Epivir)  
Zidovudine (AZT, Retrovir)  
Nevirapine (Viramune)

You have been assigned the following Texas Department of Health code number:



This code number allows the pharmacy named below to order your medication(s) from a wholesale source. You must have your prescriptions filled at this pharmacy.

MEDICAL PLAZA PHARMACY  
701 E. Marshall #102  
Longview, TX 75601

MEDICAID: No

Your Medicaid status is indicated above. You must utilize all three of your Medicaid slots before obtaining medications from our program. The pharmacy has the option of charging non-Medicaid patients \$5.00 for each prescription filled; no prescription fee will be charged for Medicaid recipients. Please call TDH immediately at (512) 490-2510 or 1-800-255-1090 should your status change while enrolled in this program.