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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19406

FolderID:

Folder Title:

Correspondence - SLT - Incoming - 1/98 [2]

Stack:

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7

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1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Letter tracking (Personal) (1 page)	01/22/1998	b(6)
001b. letter	Individual living with AIDS re: Husband with AIDS (Personal) [partial] (1 page)	00/00/0000	b(6)
001c. envelope	re: Individual living with AIDS to Hillary Clinton (Personal) (1 page)	11/24/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 1/98 [2]

2018-0764-F

jm2058

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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

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

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date	
10493	David - Miguelina	Harvey - Maldonado	1/29/98	
Addressed To				
Thurman, Sandra				
Sender's Organization				
NORA				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
☐ Response Needed?		Response Type	Response Date	Responder ID
Responder Name	Action Promised	Action Complet	Action Date	
Notes				
This letter addressed to Mr. McCaffrey cc: ST				



January 26, 1998

General Barry McCaffrey
Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20006

Dear Director McCaffrey:

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

NORA

A coalition convened by
AIDS Action Council

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

On behalf of the National Organizations Responding to AIDS (NORA), we are writing to urge you and your office to support secretary Shalala's authority to make public health and scientific determinations regarding needle exchange and policy decisions regarding the use of federal funds for these programs. 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 urge you to support both needle exchange programs and access to drug treatment as critical components of the nation's comprehensive HIV prevention strategy. Half of all new HIV infections are attributed to injection drug use. The cost associated with preventing an individual from joining the roughly thirty thousand women, children and men a year who needlessly become infected with HIV through injection drug use is only a dime (the cost of a new syringe). The cost for life-saving medical treatment for someone infected with HIV is well over a hundred thousand dollars a year.

There is overwhelming scientific evidence to confirm that needle exchange programs reduce the risk of HIV transmission and do not increase the use of illegal drugs. A 1997 National Institutes of Health consensus panel, as well as public health organizations, including the American Medical Association, has endorsed needle exchange programs as an important and effective HIV prevention intervention. Given the endorsement of needle exchange programs by such reputable organizations, you and Secretary Shalala should send a clear public health message that needle exchange programs can prevent HIV transmission.

We agree that needle exchange programs should not be funded at the expense of drug treatment. Our advocacy for HIV/AIDS prevention incorporates SAMHSA treatment strategies and prevention interventions. As a component of a comprehensive prevention plan, needle exchange programs would only be funded in jurisdictions where there is community support. Furthermore, over 95% of needle exchange programs make referrals to drug treatment and other health and social services.

AIDS is still the number one killer of African-Americans and Latinos aged 25-44. As the face of the epidemic changes so must our strategies. These underserved populations would benefit greatly from the availability of needle exchange programs in order to address their need for HIV prevention and provide a link to other health care services. As Secretary Shalala concluded in her February 1997 report to the Senate Labor-HHS Appropriations Subcommittee, "overall these studies [scientific literature on needle exchange programs] indicate that needle exchange programs can have an impact on bringing difficult to reach populations into systems of care that

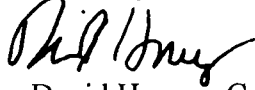
"A coalition of over 175 organizations responding to AIDS with resolve and action."

offer drug dependency services, mental, health, medical and support services.”

Given the widespread support for needle exchange as an HIV prevention tool and given the urgent need that clearly exists, we strongly urge you and Secretary Shalala to send a clear public health message that needle exchange programs can prevent HIV infection.

Thank you for your consideration of this important public health issue. Do not hesitate to contact us if you have any concerns or questions.

Sincerely,



David Harvey, Co-chair
NORA Executive Committee



Miguelina Maldonado, Co-chair
NORA Executive Committee

cc: Secretary Donna Shalala
Mr. Erskine Bowles
Mr. Bruce Reed
Mr. Rahm Emmanuel
Ms. Maria Echaveste
Ms. Sylvia Matthews
Mr. Chris Jennings
Mr. Don Gips
Mr. Kevin Thurm
Ms. Sandy Thurman

MEMORANDUM

TO: Sandra Thurman
White House Office of AIDS Policy

FROM: Keith Cylar
Housing Works, Inc.

DATE: January 27, 1998

RE: Housing Works' Notice of Claim to the New York City Comptroller

I am writing to update you on the status of Housing Works' lawsuit against the New York City Human Resources Administration (HRA) and a Notice of Claim which we have filed with the New York City Comptroller's Office.

As you are well aware, Housing Works is a minority-controlled, community-based, nonprofit agency providing housing, health care, advocacy, job training, and vital supportive services to homeless New Yorkers living with HIV and AIDS. Our mission is to reach the most vulnerable and under served among those affected by the AIDS epidemic: people who, in addition to struggling with homelessness and AIDS, are also burdened with chronic mental illness and/or chemical dependence. Housing Works has designed a comprehensive range of services to assist our clients in gaining stability, security, and independence so that they can live longer, healthier lives with hope and dignity.

As you may know, Housing Works' dispute with the New York City Human Resources Administration originally arose out of our negotiations with HRA for operating funding for our newly constructed East 9th Street and East New York residential facilities:

- After we successfully challenged a City demand that a US Department of Housing and Urban Development (HUD) grant for the projects be used to offset City funding, we were informed by HRA that they could go no further without an audit of our scatter site contract. Though the scatter site program received a "clean" opinion from HRA's auditor in August 1997, HRA challenged \$500,000 in program billings (out of \$12 million total billings). Housing Works has repeatedly demonstrated the validity of the challenged billings. However, each time requested records were provided, HRA raised the evidentiary hurdle. Meanwhile, HRA has used the challenged billings as an excuse for refusing to move forward with a promised extension of the Scatter Site contract, and refusing to reimburse Housing Works for over \$1 million in program costs incurred since July 1st.
- From July-October 1997, Housing Works continued to provide housing, utilities, case management and other program services to HRA's clients housed in the program in response to HRA personnel's repeated representations that the promised one-year contract extension would be processed and that Housing Works would be reimbursed for program rents and other costs. As late as October, HRA was still referring clients to the program, approving new staff for the program, requiring submission of program reports and otherwise acting as if the contract were in place. It was not until October 22, 1997, following the filing of a Notice of Claim with the City Comptroller demanding reimbursement of program costs, that HRA stated -- in a press release -- that the contract would not be extended due to unsubstantiated allegations of poor fiscal record keeping.

Over the past two and a half months, Housing Works has worked closely and cooperatively with the Comptroller's Office in their efforts to conduct an audit of our disputed Scatter Site Housing contract (which spans only a four-month period). While we understand that this audit must be an exhaustive one, and while we are prepared to continue providing all necessary documentation and records to facilitate its completion, *it is quite difficult for us to understand why a determination about certain*

17 - 22nd

27 - 29th

fixed and indisputable expenses for which we are demanding reimbursement (such as payroll) cannot be agreed upon and released immediately.

We realize that there are "less easily verifiable" program expenses for which Housing Works billed HRA and for which we are seeking reimbursement, and that the Comptroller may not yet be prepared to make a ruling on these allocated costs. However, while the Comptroller's Office busies itself with the minute details of each expense, Housing Works is reaching a crisis point with respect to cash flow.

Until now, we have been able to manage cash flow through a variety of mechanisms including stretching out payables, leaving job vacancies open, etc. But our end-of-month payroll may be delayed by as much as one week and our cash flow situation is becoming more critical each day. We estimate that the fixed expenses which we are urging the Comptroller's Office to reimburse us for immediately may be as much as \$400,000-\$500,000. Needless to say, receipt of these funds would alleviate our short-term cash flow emergency, and would enable us to avoid layoffs, continue to provide the life-saving services our clients need, and pursue a more long-term solution to the damages caused by the City's breach of contract and tortuous interference.

For your information, in addition to filing a Notice of Claim with the Comptroller, Housing Works has undertaken a variety of activities to resolve the short- and long-term financial and programmatic difficulties caused by HRA's refusal to reimburse us for services we rendered as part of our Scatter Site Housing Program for the period July through October 1997 (the contract ended in June).

- We have commenced an Article 78 proceeding.
- We have filed a lawsuit against the City's HRA for breach of contract and tortuous interference, and various other claims under the Charter and State Constitution.

(NOTE: The lawsuit against HRA seeks immediate restoration of clients' benefits lost as a consequence of HRA's actions, payment of rental arrears to prevent eviction, payment of program costs and other injunctive relief and damages. Housing Works has won a Temporary Restraining Order compelling HRA to stop damaging housing programs operated by Housing Works and to restore benefits lost by program residents as a direct result of the City's improper actions. The Temporary Restraining Order was upheld in the Court of Appeals. This has kept our clients in their apartments and has preserved our relationships with landlords.)

- We have transferred all clients formerly served through the Scatter Site contract into other programs so that they can continue to receive the support they need.

After seven years, Housing Works' conviction remains that a home to call one's own, a diverse and comprehensive range of supportive services, and a safe, healing community form the foundation upon which individuals can transform their lives. I am confident that you will continue to support Housing Works' efforts to provide for the most vulnerable of those affected by the AIDS epidemic.

Please do not hesitate to contact me at (212) 966-0466 x 275 or to page me at (800) 759-8888 PIN# 46335 with any questions or concerns you might have about this ongoing situation.



FACSIMILE

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

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

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

TO:

Deborah

FAX NUMBER:

(212) 962-5378

FROM:

Todd Summers

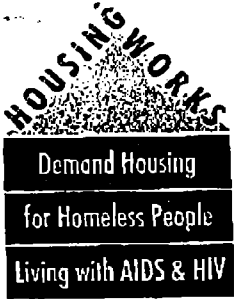
DATE:

2/9/98

PAGES:

3 (including cover sheet)

COMMENTS:



HOUSING WORKS, INC.
594 Broadway, Suite 700, New York, NY 10012
Tel: [212] 966-0466 * Fax: [212] 966-0869

FAX COVER SHEET

TO: Sandy Thurman
FAX: 202-632-1096
FROM: Kev
DATE: _____
PAGES: 4
(Including cover sheet)

COMMENTS:

Alan Hevesi (212) 669-2508
Controller
THANKS -
Claim # = 97LW025356

Note:

Amended Oct 16, 97
Nov 12, 97
If you have any questions regarding this fax, please don't
hesitate to call us at [212] 966-0466.

Our fax # is [212] 966-0869.

(404) 639-8002



EMBASSY OF THE UNITED STATES OF AMERICA

PRESS RELEASE

26 January 1998

USAID LAUNCHES A SEVEN YEAR HEALTH CARE PROJECT WITH THE DEPARTMENT OF HEALTH

The United States Agency for International Development (USAID) will launch a seven year, R 240 million primary health care project with Health Minister Dr. Nkosazana Zuma. The EQUITY in Integrated Primary Health Care Project, a partnership between the U.S. government and the South African Department of Health, will initially focus on the Eastern Cape province. The launch will take place at 10h00 on Tuesday, January 27 at Grey's Hospital in King William's Town.

The EQUITY project was designed in close collaboration with the South African government and the Department of Health and complements their strategy of making affordable primary health care available to all South Africans. The main goal of the project is to create a more effective, efficient, equitable and affordable health care system in South Africa.

As part of the launch, USAID will be providing 23 vehicles to the Eastern Cape Health Department. The vehicles will allow district health managers to get into the hard-to-reach areas of their districts to provide supervision and support to the health care workers on the ground.

"We are pleased to be working in the Eastern Cape and are proud to be able to provide health care assistance, primarily to women and children, in the rural communities," said USAID Mission Director Aaron Williams.

Management Sciences for Health (MSH), which will provide advisory services to the project, is a non-profit institution with over 25 years experience in working with governments worldwide in implementing health and family planning programs. "I am pleased to be participating in this launch as important progress is being made by the South African government in correcting inequities in the provision of health services to the historically disadvantaged population," said MSH President Dr. Ronald O'Connor.

"The ultimate success of this project will be seen through its contribution to improved life expectancy and reduced infant and child mortality rates, stabilization of HIV / AIDS prevalence rates and a decrease in TB cases in South Africa," said USAID Mission Director Williams.

For information about the USAID programs in South Africa, please contact Susan Wolfe at 012-323-8869. For information about the launch, please contact Ileana Fajardo at 0401-95-1310.

1/26/98

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date	
10485	multi names		1/26/98	
Addressed To				
Thurman, Sandra				
Sender's Organization				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
Reduction in funding fy98				
☒ Response Needed?		Response Type	Response Date	Responder ID
Responder Name	Action Promised	Action Complet	Action Date	
Notes				
approx. 20 letters addressed to D. Shalala cc: SThurman				

January 20, 1998

The Honorable Donna E. Shalala
Secretary
U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

I am writing to convey my concern and dismay regarding reductions in FY 98 HIV prevention funding to state and local health departments resulting from an administrative tap on programs implemented by the Centers for Disease Control and Prevention (CDC). I request that these cuts be restored and that CDC follow congressional intent and increase funding to state and local health departments to meet the HIV prevention needs identified through HIV prevention community planning.

CDC has said there would be a 2.25 percent reduction in FY 98 cooperative agreement awards. State and local health departments have been notified of their reduced funding levels. In addition, and also of great concern to states, new funds that are likely to be made available to state and local health departments from the \$17.5 million increase in FY 98 funding for HIV prevention will be awarded through a competitive process. Under this scenario, it is possible that not all jurisdictions would be eligible to apply for supplemental funding and not all jurisdictions applying would necessarily be funded.

According to CDC, reductions in cooperative agreement awards is necessary because of the administrative tap on all CDC programs. Again this year, it is anticipated that about \$30 million will be cut from CDC programs to fund administrative costs including the Office of the Director and other program and support activities. Of the total CDC-tap amount, the Division of HIV/AIDS Prevention - Intervention, Research, and Services (DHAP-IRS) expects its share to be about \$7.5 million of which approximately \$6 million will come from cutting state and local HIV prevention cooperative agreements by 2.25 percent.

HIV/AIDS Surveillance and Sexually Transmitted Disease awards are also being cut because of the administrative tap. I am extremely concerned about CDC's administrative costs - how they are accounted for, how the tap is derived, and whether or not the HIV/AIDS programs are being disproportionately affected. Furthermore, I am strongly opposed to any reduction in support for state and local HIV prevention cooperative agreements. Such a reduction is unconscionable in a year when the CDC HIV prevention program experienced growth of \$17.5 million.

(OVER)

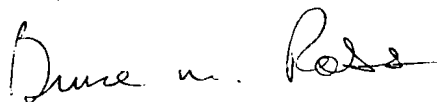
To compound the issue further, CDC's intent to require state and local health departments to compete for that portion of the \$17.5 million increase in HIV prevention that eventually is made available is extremely problematic. First, continuation funding at the final FY 97 level must be assured before the idea of a competition should be entertained. Second, it is extremely inefficient and damaging to our HIV prevention efforts to cut awards and then require jurisdictions to spend enormous amounts of time and energy developing competitive applications for what ultimately might be a very limited amount of funding.

For these reason, I request your assistance in working with CDC to resolve their administrative problems in an open and honest way, to restore state and local HIV prevention cooperative agreements to their final FY 97 level, and to expedite the award of new HIV prevention dollars intended for HIV prevention programs administered by state and local health departments.

These cooperative agreements are the cornerstone of our nation's HIV prevention strategy. With the advent of community planning, we have improved the science base for our programs, broken down barriers between government and members of affected communities, and increased the targeting of our efforts to reach those at highest risk for infection. We must not jeopardize this progress through unpredictable and arbitrary administrative taps and funding decisions.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,



cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
Sandra Thurman
Cornelius Baker
Mike Shriver
Daniel Zingale
Paul Kawata
Tom Liberti
Congressional Offices

January 20, 1998

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200 Independence Avenue, S.W.
Washington, D.C. 20201

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According to CDC, reductions in cooperative agreement awards is necessary because of the administrative tap on all CDC programs. Again this year, it is anticipated that about \$30 million will be cut from CDC programs to fund administrative costs including the Office of the Director and other program and support activities. Of the total CDC-tap amount, the Division of HIV/AIDS Prevention - Intervention, Research, and Services (DHAP-IRS) expects its share to be about \$7.5 million of which approximately \$6 million will come from cutting state and local HIV prevention cooperative agreements by 2.25 percent.

HIV/AIDS Surveillance and Sexually Transmitted Disease awards are also being cut because of the administrative tap. I am extremely concerned about CDC's administrative costs - how they are accounted for, how the tap is derived, and whether or not the HIV/AIDS programs are being disproportionately affected. Furthermore, I am strongly opposed to any reduction in support for state and local HIV prevention cooperative agreements. Such a reduction is unconscionable in a year when the CDC HIV prevention program experienced growth of \$17.5 million.

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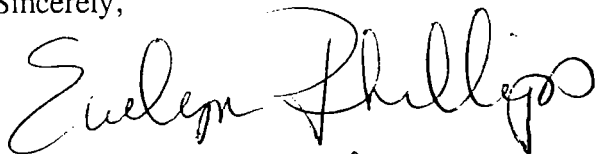
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For these reason, I request your assistance in working with CDC to resolve their administrative problems in an open and honest way, to restore state and local HIV prevention cooperative agreements to their final FY 97 level, and to expedite the award of new HIV prevention dollars intended for HIV prevention programs administered by state and local health departments.

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Sincerely,



5268 cord are
for the 32209

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
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Cornelius Baker
Mike Shriver
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*BERTHA L. DICKINSON
3109 WEST 45 ST.
JACKSONVILLE FLA 32209*

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Fred Carey
2719 Hendricks Ave
Jacksonville, FL 32207

cc: Joshua Gotbaum
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Helene D. Gayle, MD, MPH
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Cornelius Baker
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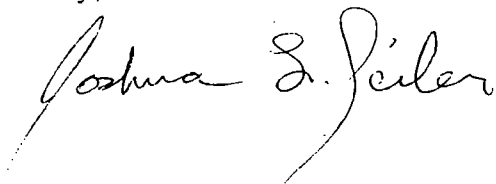
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Thank you for your consideration. I look forward to hearing from you.

Sincerely,

A handwritten signature in cursive script, reading "Joshua S. Feiler". The signature is written in dark ink and is positioned below the word "Sincerely,".

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
Sandra Thurman
Cornelius Baker
Mike Shriver
Daniel Zingale
Paul Kawata
Tom Liberti
Congressional Offices

January 20, 1998

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Sincerely,

Friedrich E. Mick
Treasurer
People With Aids Coalition
2257 Riverside Ave
Jacksonville FL 32204
904-387-2992

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
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Vicki R. Witzing
1640 Jefferson St.
Tav. FL 32209

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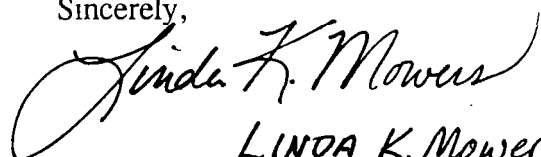
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LINDA K. Mowers
2043 Pompano Parkway
Orange Park, FL 32073
904-272-3862

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Richard Miller
7752 Rushmore Court
Jacksonville, Florida
32244-6444

cc: Joshua Gotbaum
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Robert A. Carter
803 Wood Hill Dr.
Jacksonville, Florida 32256
904-646-0980
Fax - 904-996-8034

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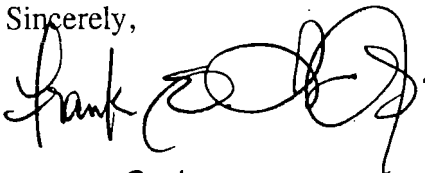
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Sincerely,

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4334 Buckman St
Jacksonville, Fl 32206

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
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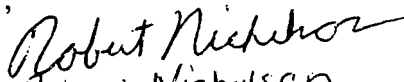
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Robert Nicholson
726 S Argyle Corners Dr. E.
Jacksonville, FL 32244
904-772-4314

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Thank you for your consideration. I look forward to hearing from you.

Sincerely,

Philip Slaughter p/w4 (Rel)
Paul, F/A 32206

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
Sandra Thurman
Cornelius Baker
Mike Shriver
Daniel Zingale
Paul Kawata
Tom Liberti
Congressional Offices

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311 FRANKLIN AVE.
JACKSONVILLE, FL 32218

cc: Joshua Gotbaum
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Helene D. Gayle, MD, MPH
Sandra Thurman
Cornelius Baker
Mike Shriver
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Sincerely,

Kerry Daniel Sweet
P.O. Box 41043
Jax., FLA. 32203
(904) 723-5441
or 571-9111

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
Sandra Thurman
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Mary D. Stokes.
Jacksonville, Fla.
904 928-9955

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
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DOUG DEGENHARDT
1452 INGLESIDE AVE
JACKSONVILLE, FL.
32205

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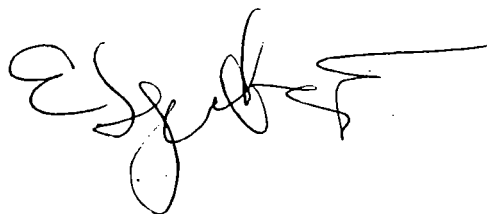
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ERNIE LIGHTFOOT
3580 Pell Mall apt #803
JACKSONVILLE FL 32257

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
Sandra Thurman
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Nelson De Jesus

3580 Fall Mall Dr.
JAX, FL. 32257 APT 802

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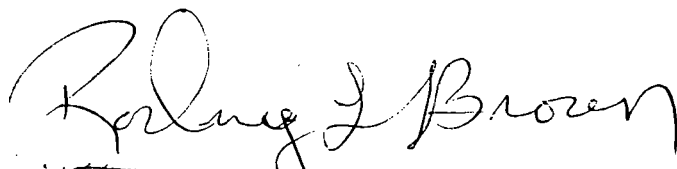
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~~4832~~ 4832 N. main st #62
Sax, IL 32206

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Debra Green
5254 Sunderland Road
Jacksonville, FL 32210

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According to CDC, reductions in cooperative agreement awards is necessary because of the administrative tap on all CDC programs. Again this year, it is anticipated that about \$30 million will be cut from CDC programs to fund administrative costs including the Office of the Director and other program and support activities. Of the total CDC-tap amount, the Division of HIV/AIDS Prevention - Intervention, Research, and Services (DHAP-IRS) expects its share to be about \$7.5 million of which approximately \$6 million will come from cutting state and local HIV prevention cooperative agreements by 2.25 percent.

HIV/AIDS Surveillance and Sexually Transmitted Disease awards are also being cut because of the administrative tap. I am extremely concerned about CDC's administrative costs - how they are accounted for, how the tap is derived, and whether or not the HIV/AIDS programs are being disproportionately affected. Furthermore, I am strongly opposed to any reduction in support for state and local HIV prevention cooperative agreements. Such a reduction is unconscionable in a year when the CDC HIV prevention program experienced growth of \$17.5 million.

(OVER)

To compound the issue further, CDC's intent to require state and local health departments to compete for that portion of the \$17.5 million increase in HIV prevention that eventually is made available is extremely problematic. First, continuation funding at the final FY 97 level must be assured before the idea of a competition should be entertained. Second, it is extremely inefficient and damaging to our HIV prevention efforts to cut awards and then require jurisdictions to spend enormous amounts of time and energy developing competitive applications for what ultimately might be a very limited amount of funding.

For these reason, I request your assistance in working with CDC to resolve their administrative problems in an open and honest way, to restore state and local HIV prevention cooperative agreements to their final FY 97 level, and to expedite the award of new HIV prevention dollars intended for HIV prevention programs administered by state and local health departments.

These cooperative agreements are the cornerstone of our nation's HIV prevention strategy. With the advent of community planning, we have improved the science base for our programs, broken down barriers between government and members of affected communities, and increased the targeting of our efforts to reach those at highest risk for infection. We must not jeopardize this progress through unpredictable and arbitrary administrative taps and funding decisions.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

Corene Haines
4320 Sunbeam Rd. #1117
Jacksonville, Fla.
32257

(904) 880-8509

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
Sandra Thurman
Cornelius Baker
Mike Shriver
Daniel Zingale
Paul Kawata
Tom Liberti
Congressional Offices

January 20, 1998

The Honorable Donna E. Shalala
Secretary
U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

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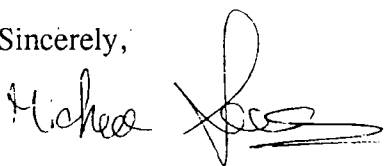
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Thank you for your consideration. I look forward to hearing from you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Michael R. Jones", with a stylized flourish at the end.

cc: Joshua Gotbaum
David Satcher, MD, Ph.D.
Helene D. Gayle, MD, MPH
Sandra Thurman
Cornelius Baker
Mike Shriver
Daniel Zingale
Paul Kawata
Tom Liberti
Congressional Offices

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date	
10484	multi names		1/26/98	
Addressed To				
Thurman, Sandra				
Sender's Organization				
Sender's Street1				
Sender's Street2				
Sender's City	Sender's State	Sender's Zip		
Subject				
funding for RWhite CARE Act				
☒ Response Needed?		Response Type	Response Date	Responder ID
Responder Name	Action Promised	Action Complet	Action Date	
Notes				
approx. 20 letters sent to WJC cc: Sandy				

January 20, 1998

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

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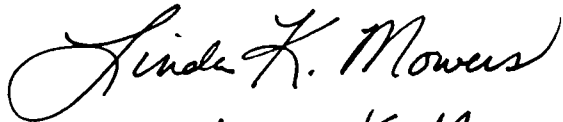
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(OVER)

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People both infected with and affected by HIV are eagerly waiting for your strong leadership.

Sincerely,

A handwritten signature in cursive script that reads "Linda K. Mowers".

LINDA K. Mowers
2043 Pompano Parkway
Orange Park, FL 32073
904-272-3862

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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President of the United States
The White House
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Washington, D.C. 20500

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Sincerely,

Robert Nicholson - Registered Democrat
7265 Argyle Corners Dr. E.
Jacksonville, FL 32244

904-772-9314

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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

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Sincerely,


2719 Hendricks Ave.
Jacksonville, FL 32207

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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

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Sincerely,

Abraham R. Carter
803 Wood Hill Drive
Jacksonville, Florida 32256
Phone # 904-646-0880
Fax # 904-996-8037 registered nurse
illmacula

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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The White House
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Sincerely,

Vicki Hitzing
7379 Colony Cove Ln.
Jax., FL 32277

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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Sincerely,

Frederick C. Mich

Treasurer

People With Aids Coalition

2257 Riverside Ave.

Jacksonville Fl. 32204

904-387-2992.

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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Sincerely,

Bertha L. Dickinson
3109 West 45th St
Jacksonville Fla. 32209

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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President of the United States
The White House
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Sincerely,

Christine Mitchell

Christina Mitchell
Jacksonville, Florida

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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The White House
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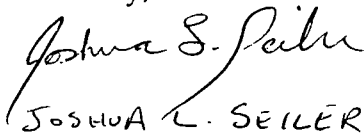
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Sincerely,

A handwritten signature in cursive script that reads "Joshua S. Seiler".

JOSHUA L. SEILER

JACKSONVILLE, FLORIDA

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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Sincerely,

Dwight M. Ross - Democrat
10800 Old St. Augustine Road #204
Jacksonville, FL 32257

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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President of the United States
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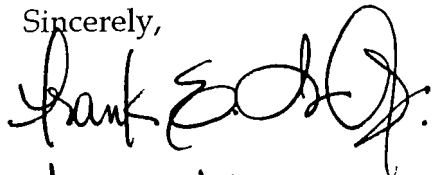
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These people need a solid commitment from your Administration to assist them in accessing treatment and primary health care services; funding Title I of the Ryan White CARE Act at \$570 million in Fiscal Year 1999 would be the tangible expression of your commitment to a sound and compassionate HIV/AIDS policy.

People both infected with and affected by HIV are eagerly waiting for your strong leadership.

Sincerely,


Jacksonville, FL

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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

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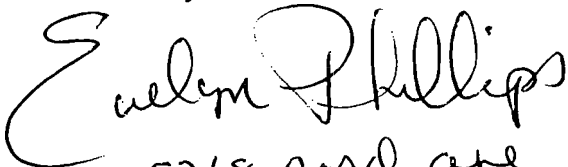
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Sincerely,


5268 cord are
get the 32209

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

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The White House
1600 Pennsylvania Avenue, N.W.
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Sincerely,

Frankie Slaughter PWSA (Rept)
540 W 23rd St
JAX, FL 32206

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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President of the United States
The White House
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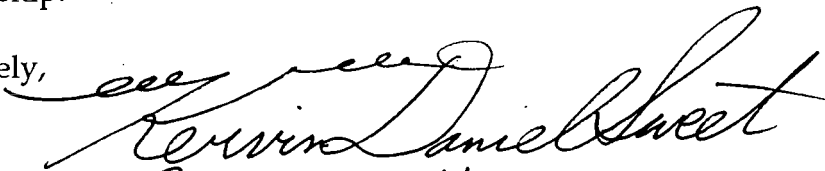
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Sincerely,


P.O. Box 41043
Jacksonville, Fla. 32203
(904) 723-5441
571-9111

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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Sincerely,

Maryd. Stokes

1462 CLASSIC OAK CT

Jacksonville, FL 32225.

904 928-9955.

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
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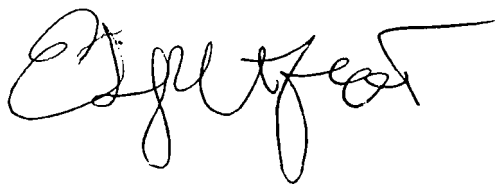
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Sincerely,

A handwritten signature in black ink, appearing to read "Ernie Lightfoot". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

ERNIE LIGHTFOOT
3580 PALL MALL DR APT 803
JACKSONVILLE, FL
32205

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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President of the United States
The White House
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Sincerely,



DOUG DEGENHART
1452 INGLETSIDE AVE
JACKSONVILLE, FL.
32205

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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Sincerely,

Nelson de Jesus

3580 Fall Mall Dr.
Apt. 803
Jax, FL. 32257

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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The White House
1600 Pennsylvania Avenue, N.W.
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Sincerely,

Rodney J. Brown
4832 N. Main St #62
San Jose, IL 37206

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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Sincerely,

Debra Green

5256 Sunderland Rd

JAX, FL 32210

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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Sincerely,

Corene Haines
4320 Siskiyew Rd. 1117
Jacksonville Fla.
32257

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

January 20, 1998

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Sincerely,

Richard Miller
7752 Rushmore Court
Jacksonville, Florida
32244-6444

cc: The Honorable Donna Shalala
Lynn Cutler
Joshua Gotbaum
Sandra Thurman
CAEAR Coalition

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Letter tracking (Personal) (1 page)	01/22/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 1/98 [2]

2018-0764-F
jm2058

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]

THE WHITE HOUSE
WASHINGTON

1. 16 98
DATE

MEMORANDUM

FOR:

NAP

FROM:

SUE J. SMITH *SP*
DIRECTOR, AGENCY LIAISON

SUBJECT:

REFERRAL OF CASEWORK

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

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

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

Thank you for your help.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Individual living with AIDS re: Husband with AIDS (Personal) [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 - 1/98 [2]

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~~HE FFA~~
ONAP(?)

[0016]

Hello, my name is (b)(6) and I wondered if I could take a couple of minutes of your time to tell you about my life. I am a 38 year old widow and a mother of an 8 year old girl named (b)(6), living in Fairview, New Jersey.

I lost my husband in 1994 to a disease known to all as AIDS. You see, my husband was a good man, a decent provider and a great father. We were married for ten years, so you can imagine our horror when in the summer of 1991 we found out he had AIDS. After the shock somewhat set in, I had my daughter and myself tested. There was a bitter sweet outcome, my beautiful, blond hair, blue eyed daughter had tested negative and we both thanked "God" for all his goodness. I on the other hand was diagnosed HIV Positive and today I have full blown AIDS.

Along with my husband, tried to reason where and how could have this happened to us. We learned that my husband had contracted the disease from a relationship prior to me. His girlfriend at the time has since passed away.

I stayed by my husband's side as I watched him go through pain and suffering no human should ever go through no matter what their mistakes might be. He worked as a mechanic in a machine shop till he no longer physically could and he passed away just weeks later. We did have insurance through his work, but can you imagine the bills.

daughter at the time was about to turn four. I was told that she was covered through social security with insurance but that all expired when she started to attend grade school, and today we both have no coverage.

The first few years of my marriage, my husband and I were childless. I worked in a sewing factory. You see I was an immigrant and that was the only job I could get. My husband was an American and plowed turn, and still do today, he was my only family in this beautiful country. As soon as my daughter was born I was a stay at home mom, because we could afford it at the time and we were happy. Today I could barely make ends meet. I don't qualify for any of the government programs including food stamps, but it is so hard to have the strength to live and fight for life when everywhere you turn the doors are being shut on you.

I try to understand and read about the new medicines that are available for AIDS victims, but none of those are available to the poor like me. I try to live in hope, because that's all I have. I often wonder if I will ever live to see this disease controlled and will I be one of the lucky ones to reach this new medicine.

Today, I ask you, from the bottom of my heart, to please look into my case and see if you could please help my daughter to carry on to her mother a little longer. I want so badly to see her graduate high school, and be a beautiful woman that I know she will be. It's just her and I against the world.

I am enclosing a picture of us. Please write us back and keep us in your prayers, God Bless You! ; Thank You.

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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Letter ID	Writer First Name	Writer Last Name	Received Date
10476	Trudy	Weiss	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			
☒ Response Needed?	Response Type	Response Date	Responder ID
Responder Name	Action Promised	Action Complet	Action Date
Notes			
highlights on budget cutting at FDA			

January 16, 1998

Trudy Weiss
1017 Rescobie Court
Schererville, IN 46375

IMPORTANT INFORMATION

Office of National AIDS Policy
808 17th Street NW
Suite 820
Washington, D. C. 20006

Dear Staff:

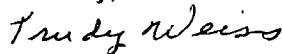
Are you aware the FDA's Center for Biologics Evaluation and Research (CBER) is planning to cut 100 medical scientists at a time when the President and many members of Congress are expressing a need for more medical research? The budget is being cut by nearly \$8,000,000, a small sum for government budgets, but a 50 % cut in the budget for AIDS research. The medical research program which supports the work of the regulators for AIDS related drugs will be decimated. The scientists are demoralized. The most competent scientists are looking for new jobs.

There are two sides to this story. It seems the Acting Deputy Commissioner, Michael Freedman, believes there is no need for regulators of new drugs and procedures to be involved in the cutting edge of molecular biologics or to do supportive medical research. Rather desk bound regulators can do just as good a job. Regulators should have more time for faster regulatory work to produce faster approvals. Industry fees should not go for research. Additionally, the same or similar research is being done elsewhere.

The other side of the story involves some important questions. Shouldn't the best medical scientists evaluate and review vaccines which will be put in the arms of every child and every HIV positive person. Will the FDA keep and attract the most highly trained and competent scientists? Isn't supportive research needed? How will the budget cut affect the annual identification of new world flu strains? Who made the decision to change the thrust of CBER? Was this a closed door decision? Was there a public discussion? How influential was industry? Can there be duplication of original research?

Did you know that the virus which caused the once most common form of meningitis (H influenza Type B) was discovered at CBER and as a consequence this form of meningitis has virtually been eliminated? CBER is replete with important discoveries. It may also be in need of reform. Some research may be substandard. **But please**, let's not throw out the baby with the bath water. **Isn't it time to investigate?**

Sincerely,



Trudy Weiss
Retired First Grade Teacher

I am enclosing a copy of an editorial that appeared in *Science*, Vol. 776, 13 June 1997. Because my copy is extremely difficult to read, I retyped it with a few unidentifiable words marked by a series of periods. Also I am sending a similar letter to the *Washington Post*, *The New York Times* and *The Wall Street Journal* as well as Donna Shalala, a few members of Congress and some T. V. programs. Please do not use my name as it could make it difficult for my source of information.

FDA Under Siege: The Public at Risk by David Korn (Mr. Korn is professor of pathology at Stanford Medical School)

Since its earliest incarnation in 1906, The Food and Drug Administration (FDA) has linked its regulatory responsibilities with the conduct of original research. During the past year, a subcommittee of FDA Science Board reviewed the agency's intramural science program. Its report, delivered in March 1997, rigorously supported in principle the importance of strong intramural research to the regulatory (mission) of the FDA, but was severely critical of the existing program. While preparing its report, the subcommittee became aware of at least six comparable reviews of the FDA's intramural research since 1959, all of which contain similar findings and recommendations. This history is disturbing and raises two questions: Why does the FDA need an intramural research department and why has the program consistently failed to meet expectations? In answer to the first question, the subcommittee presented three major arguments. First, a strong base of intramural research creates a climate of science and scientific communication within the FDA that enhances the recruitment and retention of high quality scientific staff. Second, it creates a platform from which agency staff can interact as regulated knowledgeable, and impartial with the external scientific community, especially with the regulated industries. Third, it plays an important role in informing review and regulatory activities particularly in areas of rapidly advancing science and technology that cannot be met dependably from the extramural community in a manner that is cost effective, competent, and free from conflict of interest.

The report recommends organization and operational changes that echoes those proposed in past reviews and suggests that under normal budget circumstances its recommendations could be implemented largely by reallocation of existing resources.....apply to proved efficiencies, consolidations, and the elimination of substandard research. However, the FDA is clearly not operating under normal budget circumstances. The agency's budget has been essentially flat in constant dollars since 1994, even in the face of its.....regulatory complexity and workload. Therefore, not only are the recommendations of the subcommittee in jeopardy, but the very survival of the intramural research program as well as the principal of science based regulation that has guided the FDA for over 90 years.

The FDA budget is under severe pressure, but not only because of balanced budget targets. The agency has become the object of heated political and industrial distrust over a host of issues ranging from tobacco to pace of regulatory review. Politically visible champions of the FDA have been scarce, and the agency's budget easy target. Since 1993, an increasing fraction of its funding has come from the Prescription Drug User Fee Act of 1992 (PDUFA). These funds are restricted to the support of activities that expedite review of human drug application and enable the agency to meet progressively tighter measures of performance. The FDA appropriation excluding the PDUFA funds has actually declined in constant dollars by about 10 percent since 1994 and will continue to decrease in the balanced budget agreement. Under PDUFA, the FDA was permitted to use a small fraction of the restricted funds to support research activities that were deemed to be "related to the human drug review process," but in current discussions of PDUFA authorization, this modicum of interpretive license has been eliminated. As one immediate consequence, the FDA faces a loss of about 100 research positions.

This further restriction of PDUFA funds is symptomatic of a much deeper problem, which brings us to the question of why previous effort to enhance the FDA's intramural research program have consistently failed. They failed because of inadequate scientific level leadership, inadequate advocacy for science within the agency and its parent department and congressional appropriations insufficient to meet both regulatory responsibilities and the sustenance of strong intramural research. The conjunction of a steadily increasing regulatory workload with insufficient appropriations will inevitably lead to erosion of the agency's research base. But in this time of unprecedented rapid advancements in science and technology and their translation into new classes of medical products, such a course of action is extremely shortsighted. It threatens to degrade the quality of regulatory performance and compromise the FDA's capacity to protect the health of the U. S. public.

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EDITORIAL

FDA Under Siege: The Public at Risk

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The report recommends organizational and operational changes that echo those proposed in past reviews and suggests that under normal budget circumstances, its recommendations could be implemented largely by reallocation of existing resources freed up by improved efficiencies, consolidations, and the elimination of substandard research. However, the FDA is clearly not operating under normal budget circumstances. The agency's budget has been essentially flat in constant dollars since 1994, even in the face of increasing regulatory complexity and workload. Therefore, not only are the recommendations of the subcommittee in jeopardy but also the very survival of the intramural research program, as well as the principle of science-based regulation that has guided the FDA for over 90 years.

The FDA budget is under severe pressure, but not only because of balanced budget targets. The agency has become the object of heated political and industrial distrust over a host of issues ranging from tobacco to the pace of its regulatory review activities. Politically visible champions of the FDA have been scarce, and the agency's budget has been an easy target. Since 1993, an increasing fraction of its funding has come from the Prescription Drug User Fee Act of 1992 (PDUFA I). These funds are restricted to the support of activities that expedite review of human drug applications and enable the agency to meet progressively tighter measures of performance. The FDA appropriation excluding the PDUFA funds has actually declined in constant dollars by about 10 percent since 1994 and will continue to decrease under the balanced budget agreement. Under PDUFA I, the FDA was permitted to use a small fraction of the restricted funds to support research activities that were deemed to be "related to the human drug review process," but in current discussions of PDUFA reauthorization, this modicum of interpretive license has been eliminated. As one immediate consequence, the FDA faces a loss of about 100 research positions.

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David Korn

The author is professor of pathology at Stanford Medical School and an elected scholar in residence at the Association of American Medical Colleges, and chaired the Science Board subcommittee on FDA Research.



UNAIDS

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Joint United Nations Programme on HIV/AIDS

Telephone line: +41 22 791 4716

Reference: exr

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

19 January 1998

Dear Sandy,

It was great to see you in Washington this week. Peter and I are both grateful for your support and appreciative of your wisdom in dealing with difficult characters!

I hope your trip to South Africa was relevant and fascinating. Please let us know if we can be of assistance in providing briefing materials or oral briefings for the President or Vice President as they prepare to travel to areas of the world affected by the epidemic.

You mentioned your plan to establish a U.S. Business Council on AIDS. Please find enclosed some materials on the Global Business Council which we have established and on business activities in support of work on HIV/AIDS. As you see, South Africa has also established a business council which is associated with the Global Business Council. We would very much welcome a decision by the U.S. Business Council to be similarly affiliated.

I look forward to working together with you on many occasions this year. As soon as our planning meeting on the World AIDS Campaign regarding young people has taken place at the end of January, we will be in touch about coordinating plans and activities.

With best wishes.

Yours sincerely,

Sally G. Cowal
Director
External Relations

ENCLS.



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Joint United Nations Programme on HIV/AIDS

The Global Business Council on HIV/AIDS

The private sector has an important stake in the global response to HIV/AIDS, especially as the epidemic affects the customers, communities and workforces upon which businesses rely. Businesses also have important expertise and resources to offer to the international effort to fight HIV/AIDS. For these reasons, it is important that companies take an active role in the response to HIV/AIDS, especially in partnership with the public sector and NGOs as appropriate.

UNAIDS is working together with companies committed to the response to HIV/AIDS to catalyse an effective and strong corporate response to HIV/AIDS. One part of this effort is the establishment of The Global Business Council on HIV/AIDS. This Council will act as an advisor and, above all, as a catalyst for the broader response to HIV/AIDS world-wide. Furthermore, the Council is a business initiative. While it will work with and advise UNAIDS, the Council will be a separate, independent body addressing business responses and business needs in the global response to HIV/AIDS.

In recognition of the important role business can play in the response to HIV/AIDS, President Nelson Mandela of South Africa has graciously agreed to become the Honorary President of the Global Business Council on HIV/AIDS. Sir Richard Sykes, Chief Executive of GlaxoWellcome, is the first Chairman of the Global Business Council. Thus, the very creation of the Council itself shows the partnership between the public and private sectors vital for an effective response to HIV/AIDS.

In joining the Global Business Council, member companies can:

- learn from each others' experiences with the impact of HIV/AIDS as well as exchanging appropriate experiences with other issues which can help in the response to HIV/AIDS;
- advise UNAIDS on the global response to HIV/AIDS at the highest level;
- take visible, positive action as one of the foremost companies helping their stakeholders (customers, employees, and communities) face the challenges posed by the HIV/AIDS epidemic;
- cooperate with each other as appropriate on projects involving the national and/or local response to HIV/AIDS, including cooperating with national business councils.

The Council will be made up of a small, select, core group of ten to fifteen companies characterized by their commitment to HIV/AIDS causes, their excellent reputations as corporate citizens and their ability to mobilize and inspire their colleagues in their response to HIV/AIDS. Membership of the Council will come from varying industry sectors and be very international, representing different geographical regions. The Council members will be represented at the highest corporate level (CEO or President level) who will come together for a meeting once a year. In addition, respected international public figures will be invited to serve as honorary members and advocates for a strong global response to HIV/AIDS.

UNAIDS and the leadership of the Global Business Council are already making the business world aware of the need for a strong business response to HIV/AIDS in partnership with the public sector and are considering companies for membership in this select Council. For example, at the 1997 Annual Meeting of the World Economic Forum in Davos President Nelson Mandela told the business and political leaders assembled there that

“the challenge of AIDS can be overcome if we work together as a global community. Let us join hands in a caring partnership for health and prosperity as we enter the new millennium.”

Following President Mandela’s address, Sir Richard Sykes unveiled the idea of a Global Business Council on HIV/AIDS, declaring that

“an effective global programme of prevention and care requires a new solution, a novel public health approach that builds on partnerships between public and private sectors at national and international levels.”

The example set by the creation of the Global Business Council is already motivating greater participation of the private sector in the response to HIV/AIDS in Africa, Asia and Latin America through catalysing public/private sector partnerships in these regions.

It is this new kind of approach cited by Sir Richard which the Global Business Council embodies and which can serve as a model of further, effective mobilization among all sectors of society to fight the epidemic of HIV/AIDS. Only by working together can we make an effective response to HIV/AIDS, indeed the greatest challenge of our age.



AIDS Services Foundation Orange County

Main Office
James R. "Bud" Warren, M.D. Center
17982 Sky Park Circle, Suite J
Irvine, CA 92614-6408

714 253-1500

January 16, 1998

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Ms. Sandra Thurman, Director
OFFICE OF NATIONAL AIDS POLICY
808 17th Street, Suite 820 NW
Washington, DC 20006

Dear Ms. Thurman:

On behalf of the many hundreds of clients of AIDS Services Foundation, as well as the Board of Directors and professional staff, this is to thank you for your ongoing support of people living with HIV/AIDS. I am writing at this time to let you know of a pressing policy issue.

Today, I have forwarded more than 50 letters to President Clinton about disability entitlement reform. These letters were compiled through ASF's **Speak Up!** program, which provides a mechanism for connecting clients with elected officials and policy makers about issues that impact their lives. I have also forwarded copies of these letters to Members of Congress on behalf of their constituents.

The focus of this letter-writing campaign was the need for reform of disability entitlement regulations. Our desire is that previously disabled and partially disabled individuals be free of the constraints contained within the current system of outdated disability regulations filled with disincentives. ASF shares in the optimism of clients whose health profile permits them to consider resuming their working careers and professions. We also share in their concern for their own well-being. A potential reduction in a person's Medicaid benefits is a frightening and powerful back-to-work **disincentive** for a person with AIDS who is enjoying better health.

Now that the policy makers of this nation have considered and enacted welfare reform, it is time to consider disability reform for the millions of disabled Americans who seek an opportunity for self-reliance, independence and freedom. I can speak on behalf of hundreds of our clients who are boldly stepping forward from a devastating illness and are simply asking the government to fix an

Ms. Sandra Thurman, Director
Office of National AIDS Policy

January 16, 1998
Page Two

entitlement system that needs repair. People living with HIV and AIDS -- along with many others with disabilities -- deserve the opportunities afforded to all Americans. Please express these concerns to Health and Human Services Secretary Shalala, to the members of the President's Council on AIDS, and to leaders in the Congress. It will take the hard work and cooperation of everyone to accomplish this reform. I assure you that the results of this effort will benefit this nation and its citizens well into the 21st century.

Thank you for considering this request and for extending friendship to ASF. We look forward to seeing you in this area in the coming months.

Sincerely yours,



Thomas J. Peterson
Public Policy Coordinator



DRAFT

Example of acknowledgment letter from Director Thurman

Dear Mr. Peterson:

This is to thank you and your many colleagues for expressing their concerns about the issue of disability entitlement reform. I am as concerned as you are that we fix a disability program that seems to disregard individuals' efforts at regaining their independence. The back-to-work movement among people living with HIV and AIDS is a direct by-product of some of the recent successes in HIV treatment. I believe that it is absolutely crucial at this time that we recognize and reward the courageous efforts of a community of people living with HIV and AIDS. History demands that we take prompt, bold action on the issue of disability reform.

(Insert information that may relate to other current legislative or policy issues about HIV.)

Please be assured, Mr. Peterson, that your message has been heard in Washington. Above all, please convey to the clients of AIDS Services Foundation that this office remains committed to providing access to care and treatment for people living with HIV and that we join you in the fight against AIDS. Thank you for working on behalf of Americans living with HIV.



AIDS Services Foundation Orange County

Main Office
James R. "Bud" Warren, M.D. Center
17982 Sky Park Circle, Suite J
Irvine, CA 92614-6408

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January 23, 1998

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Executive Director

Priscilla B. Munro, M.S.

Ms. Sarah Holinski
OFFICE OF NATIONAL AIDS POLICY
808 17th Street, Suite 820 NW
Washington, DC 20006

Dear Sarah:

I am enclosing herewith a copy of the letter I sent to President Clinton this past week. I included in the package to the President 55 letters from our office which support efforts at reforming the federal disability entitlement system.

I have also enclosed a letter to Director Thurman from our office which describes this effort. You suggested that I include a draft response to assist your office in generating an acknowledgment. I have included both of these documents with this letter.

Thank you for being available to my office and the clients of AIDS Services Foundation. I look forward to meeting you when I am in Washington for AIDSWATCH '98 on May 4th and 5th, 1998.

Sincerely yours,

Thomas J. Peterson
Coordinator of Public Policy



AIDS Services
Foundation
Orange County

Thomas J. Peterson
Public Policy

714 253-1500
714 253-1538 Direct Line 714 852-1185 FAX
17982 Sky Park Circle Suite J Irvine, CA 92614-6408

February 11, 1998

Thomas J. Peterson
Coordinator of Public Policy
AIDS Services Foundation Orange County
17982 Sky Park Circle, Suite J
Irvine, CA 92614-6408

Dear Mr. Peterson:

Thank you and ^{your} many colleagues for expressing their concerns about the issue of disability entitlement reform. I am as concerned as you are that we fix a disability program that seems to disregard individuals' efforts at regaining their independence. The back-to-work movement among people living with HIV and AIDS is a direct by-product of some of the recent successes in HIV treatment. I believe that it is absolutely crucial at this time that we recognize and reward the courageous efforts of community of people living with HIV and AIDS. History demands that we take prompt, bold action on the issue of disability reform.

Please be assured, Mr. Peterson, that your message has been heard in Washington. Above all, please convey to the clients of AIDS Services Foundation that this office remains committed to providing access to care and treatment for people living with HIV and that we join you in the fight against AIDS. Thank you for working on behalf of Americans living with HIV.

Sincerely,

Sandra L. Thurman
Director

n:/ Jen/Disastea

ONAP Letter Tracking

Letter ID

10473

Writer First Name

Marc

Writer Last Name

Treadwell

Received Date

1/16/98

Addressed To

Thurman, Sandra

Sender's Organization

Dir of Psychodrama Moreno Institute

Sender's Street1

Sender's Street2

Sender's City

Sender's State

Sender's Zip

Subject

training/counseling

☒ Response Needed?

Response Type

Response Date

Responder ID

Responder Name

Action Promised

Action Complet

Action Date

Notes

Marc Treadwell MS., TEP
Director of Psychodrama, Moreno Institute
259 Wolcott Ave.
Beacon, NY 12508-3711

Dear Sir or Madam,

Enclosed is a proposal for an ongoing HIV/AIDS training/counseling group. This group would learn and work psychodramatically as well as sociometrically. There is a great need in this country to take better care of the ill and especially those with the AIDS virus. I have given much thought to this program and am confident that it can help many people to feel hopefully a little better psychologically and give strength and peace at the same time. I would like to build a network of groups using this model and am meeting with persons in Los Angeles, Chicago and New York City to discuss just how that might be possible AND to hear if others feel there would even be a need. I feel there is a need but I very much want to receive feedback from others working in the field of HIV/AIDS and also from clients themselves. I do hope that this interests you who are reading it and would love to hear from you. Any help or guidance you could offer would be greatly appreciated. Thank you.

Sincerely,



Marc Treadwell

This came
in 1976
I didn't
log in.

Marc Treadwell, TEP & The Moreno Institute

***Proposal for a one-year program designed to work psychodramatically
and sociometrically with persons involved with the HIV/AIDS issue.
For both professionals and clients***

WHAT IS PSYCHODRAMA?

Psychodrama characteristically occurs within a group. Each participant elects a time when he or she feels ready to have his/her personal psychodrama guided by the Director and assisted by the group. During a psychodrama the protagonist receives unqualified attention to explore whatever basic issues or problems she or he wishes to, the participant will often decide the depth, duration and extent of the exploration. The Director then helps the journey along with the use of different psychodrama techniques. The mode is spontaneous improvisation. The objective is insight and catharsis. The basic difference between this form of therapy and the primarily verbal modalities is that psychodrama both encourages and provides a direct vehicle through which the individual actually re-experiences central issues of his/her life or in fact experiences that which may never have happened, but in dreams, and has effected his/her life. Instead of talking about the problems the protagonist is plunged again into the midst of his/her emotional reality, as if for the first time. It is here that the true power of psychodrama lies. It is here that we are then able to 'change' some parts of our own realities.

The realizations that can take place in the psychodramatic experience, are often so immediate, so vivid and intense, as to bring about new awareness to old situations or relationships, and quite often courage to change existing behavioral patterns. Another important aspect is that because of the spontaneous real enactment, the group is developing a life of its own. The intimacy and trust, which develop, provide a secure context within which further explorations of inter-personal feelings are possible. There are moments when one recognizes the resonance of

one's own struggle, and pain, and one's own joy with the unfolding drama of someone else.

There are times when the entire group -without speaking - is aware that basic, mythic archetypes of human experience are suddenly visible, illuminated, and made concrete before them. And it is at those times that psychodrama fulfills the original, ancient function of drama;

The healing and elevating of the human spirit as a religious and communal experience.

PROPOSAL FOR A PSYCHODRAMA TRAINING COURSE FOR PERSONS INVOLVED WITH HIV/ AIDS CLIENTS and the CLIENTS THEMSELVES

The intent of this training proposal is to present a practical and theoretical introduction and application for a sociometric method which would heighten the impact of the good work already being done by so many people working in the gay community and with HIV and AIDS clients as a whole. Sociometry, as developed by Dr. J.L. Moreno is the science of relationships and how they impact our lives. Techniques, which make graphically, clear the areas of an individual's life in which social connections are strong, weak, negative, positive, or neutral; and then, the method of healing those relationships is the thrust of the training. This work offers exceptional diagnostic information for professionals, valuable personal information as well so that the clients may be empowered to change their lives or at least seek further help to change.

TRAINING PLAN

After a general demonstration, which would be open for the public at large, a training process would be established to meet both general and specific training needs. Three areas of sociometric training would be offered:

ROLE REVERSAL

The next training instrument is the practice of "role reversal", the primary technique of psychodrama. Role reversal enables one to see and feel ones own behavior through the perception of another, a critical juncture in the process of self-development.

Being in the role of the other, taking on the qualities of the other and attempting to speak and feel as the other allows us to expand the roles in which we live our own lives. Through this, we develop judgement, balance and skill in the authentic navigation of our behavior in our environment. This training/counseling group offers wonderful opportunity to learn the value of this technique for encouraging and supporting clients in examining relationships in their lives, and how to expect the deepest and most effective healing.

ORGANIZATION, EVALUATION AND COMPLETION

This training/counseling as it is presented here is seen to be a one-year course. The group would begin Friday evenings and last until Sunday afternoon. These weekends would take place approximately every five weeks. The size of the training/counseling group would not exceed 15 persons and remain a closed entity. Participants are expected to sign up for and attend all meetings.

The cost for each member is \$65.00 per day. (3 days x 65.00 = \$195.00) Because this is a program that should reach as many persons as possible the rates are very flexible. I do not want people excluded from taking part because of financial difficulties. Therefor discussion is encouraged concerning each member's ability to pay.

Upon completion of the course of training participants will receive a predetermined number of hours toward certification, in accordance with the training rules of the American Board of Group Psychotherapy and Psychodrama. These training hours are appropriate toward a variety of certification programs, including CAC, MSW, and CP.

SOCIAL ATOM DEPICTION

A Social Atom is a pictorial view of a person's life influences. It may or may not include members of the biological family but always includes all significant entities- living or deceased. As a tool for learning, staff as well as clients will be asked to depict and discuss, within a safe context, their own personal social atom (to begin to become familiar with this tool).

Being able to observe, discern and self-diagnose important relationships and forces within a person's present framework is essential to being able to determine the course of ones life and direct ones future. This provides tools for those working in the profession to provide help, an. exceptionally "user friendly" way to offer help, and tools for ones own development. In this phase, group members will "go deeper" into the meaning and implication of the positive, negative and neutral relationships in the social atom.

THE EMPTY CHAIR

The next phase of training introduces two psychodramatic techniques, which make the theory and diagnostics usable in every day life. The first is the empty chair*. This technique brings focus to a particular person or relationship. Participants will be offered communication skill training in the engaging of important others from within their social atom. This initial phase of the technique serves as role training, an emotional clearing, and an unburdening. Again all group members will learn through action exactly what this encounter can produce and eventually staff professionals will learn to facilitate this powerful technique with their clients.

*Empty chair was developed by J.L. Moreno and Zerka Moreno, as part of a process of self-development, which includes role reversal. Fritz Perls, founder of Gestalt Therapy made use of the empty chair as a central part of Gestalt. Perls was a student of Dr. Morenos. This training teaches the original complete empty chair process.

ABOUT THE DIRECTOR/GROUP LEADER

Marc Treadwell, MS, TEP, is a psychodramatist who is certified as Director of Psychodrama from the Swedish Moreno Institute, Norrkoping, Sweden, and has been one of the main teachers at that Institute as well as the Norwegian Psychodrama Institute in Oslo, Norway for the past 19 years. He was trained in New York, England and Sweden and was then certified by the Swedish Moreno Institute. He has lead groups and continues leading groups in many countries in Europe as well as starting up the Moreno Institute in Beacon, NY. Marc has been active in running men's and gay men's groups and has much experience leading psychodramas dealing with the HIV/AIDS issue.

For further information, discussion and organization concerning this program please fill out the form at the bottom and send it to:

Marc Treadwell/ Moreno Institute

259 Wolcott Ave.

Beacon, NY 12508-3711

Tel: 914-838 4668

Fax: 914-838 4688

E-mail: mtreadwell@prodigy.net

Name: _____

Address: _____

Tel: _____ Fax: _____

E-mail _____

Identification with HIV/AIDS issue: _____

Date: _____ Signature: _____