Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Concerned citizen to Sandra Thurman re: Views on AIDS (Personal) [partial] (1 page)	01/06/1998	b(6)
001b. envelope	re: Concerned citizen to Sandra Thurman (Personal) (1 page)	01/07/1998	b(6)
002. note	re: Personal comments on AIDS crisis [partial] (5 pages)	05/23/1994	b(6)
003. note	re: AIDS cure (Personal) [partial] (1 page)	12/01/1997	b(6)
004a. form	re: Letter tracking (Personal) (1 page)	11/04/1997	b(6)
004b. letter	Individual living with AIDS to Sandra Thurman re: Funding for Ryan White CARE Act (Personal) [partial] (1 page)	10/27/1997	b(6)
004c. envelope	re: Individual living with AIDS to Sandra Thurman (Personal) (1 page)	10/28/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 1/98 [4]

2018-0764-F
jm2060

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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[0019]

P.S. Before you tag me as a racist, I have black friends with whom I play golf! FACTS ARE FACTS!

(b)(6)

Combat flyer - WW II
N. Afr - Sicily - Italy -
1941 - 45 - 340th Sq.
48th & 5th & Korea

Sandra Thurman
The White House
Washington, DC 20500

6 Jan '98

I accidentally pushed my clicker across the so-called Mental Villain show and heard you say that statistics show that HIV is transmitted by heterosexuals ... but you did NOT show where and by whom these "statistics" came about ... and mental gets in his personal views pushing the "Great" President Clinton's "brilliance" and telling the public that HIV comes from normal sex activity between a man and a woman ... when actually HIV came to this country ... and to the world ... by the African people! ... and by way of abnormal, perverted Sex!!! In the massive efforts by Clinton to garner VOTES during his entire political life, he has coddled homosexuals and lesbians, the perverted transmitters of HIV!! SAD!!

(b)(6)

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. envelope	re: Concerned citizen to Sandra Thurman (Personal) (1 page)	01/07/1998	b(6)

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THEODORE L. TAYLOR, D.D.S.
General Dentistry
300 Elizabeth Street - Lifetime Professional Bldg.
414•437•7750
Green Bay 54302

Tuesday, 6th of
January 1998

Sandra Thurmon, Director
Office of National AIDS Policy
The WHhite House
Washington, D.C.

Dear Sandra,

Having viewed your amazing performance on this morning's tear-jerker television show with Montel Williams and his female AIDS babes, I am compelled to write to you.

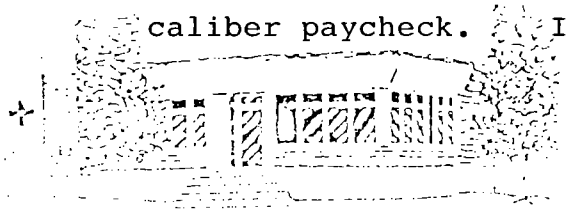
I am enclosing some information that you, in your highly paid position as the director of AIDS Policy, should be made aware of.
If you can just find some time during the coming week, to read carefully the enclosed assortment of articles, letters and essays, then hopefully read Michael Fumento's book, David Horowitz's book, Dr. Leonard Horowitz's book, you will find yourself to be greatly enlightened on the subject.

I have read and listened to numerous authoritative writers and speakers during the past 17 years. As a result, I find that I know much more on this subject than anyone I know personally, and infinitely more than too many presumed "experts" who dispense gross dis- and mis-information.

The explanation of the true etiology of the HIVirus created within the body (rectum) of the receiver of anal intercourse (male or female) was stated clearly by an emminently qualified serologist from Yale University Medical School, who was at the time serving as executive-secretary of the American Assoc. of Blood Banks. Not a theory,.. the truth, THE answer !

Only when viewed in the context of the TRUTH, does any of the HIV/AIDS "epidemic" make any sense at all. For example, WHY does AIDS occur only in the body of the "catcher" and not in the body of the "pitcher" ??
Well, you will not be able to answer even that simple, basic question unless you read and comprehend the enclosed information. You should have enough intellectual curiosity to compel yourself to read with an open mind.

Then you will be qualified to hold your job and draw your big fat DC caliber paycheck. If you need further assistance and guidance, feel free to call me. I will be pleased to serve as your expert adviser.



Sincerely,

Dr. Ted Taylor

enclosures

Dr. Ted Taylor

THEODORE L. TAYLOR, D.D.S.
General Dentistry
300 Elizabeth Street - Lifetime Professional Bldg.
414•437•7750
Green Bay 54302

Tuesday, 6th
January 1998

Dear Ken and Billie P-,

Greetings !... from the Northland of the "Frozen Tundra", Titletown U: I suppose you have had enough of that frozen stuff to last you for the re: of the year. It is still unseasonably WARM around here. The ice fisher- men are dropping thru the ice and the snowmobilers are running their machines (and themselves) right out into the open water !

We haven't had enough snow to have skiers running into the trees. We have not yet lost "the faith" - we will surely get below zero B4 long. Once it arrives, it probably won't last much past Memorial Day.

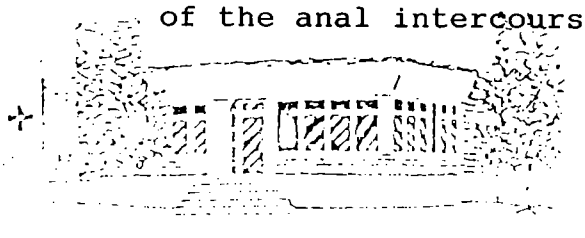
I thoroughly enjoyed breaking bread with you and yours, Joyce, Ron anc his wife and kiddos and Vera - quite a gathering of the clan !

I promised you that I would put together a sampling of assorted information on the subject of HIV/AIDS, formerly known as GRIDS, eh ? Enclosed you will find enough to understand that there is a tremendous amount of mis- and dis-information and plain olde propaganda out there in the mass media. And we thought the otherwise intelligent German people were so propagandized by Hitler/Goebels. We have a bad case of it right here in the good ol' US of A.

As David Horowitz wrote in his recent (Feb'97) book, The Radical Son, the militant AIDS activists have succeeded in subverting the entire U.S. Public Health System. This is more of the hard-to-swallow and digest TRUTH. The evidence is abundant and overwhelming. Be sure to read the enclosed article from The Wall Street Journal. If you want a real eye- opener (and mind-opener !), get his book and read that, too !

As Socrates said, "Don't hate me for telling you the truth !" Others have said the same thing, ex. Gustave Le Bon (enclosed). Even I have said it...

I have read and listened to everything available on this subject durin the past 17+ years. The explanation of the true etiology of the HIVirus created within the rectum of the receiver (the 'catcher', not the 'pitcher of the anal intercourse was stated by an emminently qualified serologist from Yale University Medical School, who was at th time, executive-secretary of the American Assoc.of Blood Banks. Not a theory,.. the truth,the answer



Read it and weep.

Have a Great New Year'998!!

best wishes ... Ted T.

THEODORE L. TAYLOR, D.D.S.

"The masses have never thirsted after the truth. They turn aside from evidence that is not to their taste, preferring to deify error, if error seduces them.

Whoever can supply them with illusions is easily their master;

Whoever attempts to destroy their illusions is always their victim." - Gustave Le Bon

"Nothing worthwhile would be accomplished in life if it were not for the push, developed on an unemotional level, by the driving force we mis-name anger.

It is the same moral outrage that characterized Amos, Jeremiah, Isaiah and Jesus in the face of injustice.

'Nothing great in the world has been accomplished without passion.' - Hegel

Anger actually may have produced more good in society than love.

In losing our sense of indignation, we fail to correct what is correctible and ultimately, all of us share the kind of world we either create or tolerate.

Throughout human history, it has been pressure brought about by good men and women that has dissuaded evil men from action.

The human capability for self-deception is extraordinary. A whole nation can be morally blinded."

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2018-0764-F
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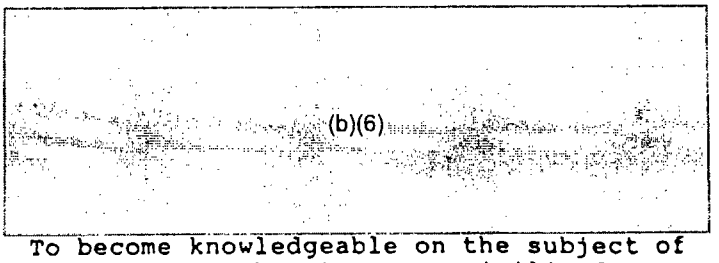

[002]

To become knowledgeable on the subject of this serious threat to our civilized society, I urge that you read the following books:

1) The Myth of Heterosexual AIDS - by Michael Fumento, publ.Regnery-Gateway '90, '93
Read the footnotes for each chapter...

2) Deadly Innocence - by Dr. Leonard Horowitz, publ.Tetrahedron Industries, Inc.,POB-402,Rockport,Mass. 01966 '94

3) The AIDS Cover-Up ? - by Gene Antonio, publ.Ignatius Press, San Francisco '86
note: parts of this book can only be read in half-hour segments.

4) And The Band Played On - by Randy Schilts,publ.Penguin Books'87
note: author is gay w/AIDS,contains much dis-info.,self-serving,but also contains much factual info.

5) AIDS In The Mind of America - by Dennis Altman,publ.Anchor Press,div. Doubleday'86 re.non-medical problems

note: I keep these 5 books in my office library, and when asked or challenged, I have them available for loan. One who fails to read GOOD books has NO advantage over the person who cannot read...

Hopefully, the TRUTH about homosexuals and AIDS will become common knowledge, but only when TRUTH overcomes political dis-information and widely publicized propaganda and lies promoted by Queer Nation and Act Up which is so accepted by the print and other media.

In the meantime, the TRUTH is known and available, tho not in its 100% pure form, in the above 5 books. You still have to "Sift and Winnow"-the motto of the University of Wisconsin.

— Dr. Ted Taylor

Dr. Ted Taylor

ref: "60 Minutes" segment 6-19-94 discloses the falsehoods re. Kimberly Bergolis et al/Dr.Acer fiasco as perpetrated by the CDC..!

THEODORE L. TAYLOR, D.D.S.
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Saturday
7-13-96

Dear Secretary D. Shalala,

I hear all the way from Vancouver, British Columbia, that you and your HHS bureaucracy is going to blow away $100,000,000- (millions) of the US taxpayers' bucks (to be paid for by the next 2 generations) that we do NOT have in the treasury to spend..!

This waste of more big $buck$ is to SUPPOSEDLY develop some new topical medicines to "protect women against AIDS virus infection."

Apparently you do not know that women do NOT become infected by vaginal intercourse, only by RECEPTIVE ANAL INTERCOURSE !!

...ps - also by blood transfusions.
but NOT by IV drug needle sharing!

...your problem is - when you do sift & winnow, you discard the grain and consume the chaff ! (and disseminate it for OUR consumption)

IF and ONLY IF you want to understand the etiology and transmission (rare of the HIVirus, you should read the following:

1) The Wall Street Journal, Wed. May 1st '96, lead story page 1 cont'd. on (full) page 8.
2) The Myth of Heterosexual AIDS - by Michael Fumento, publ.'92 450 pgs. Regnery

For an educated person, you really should take better care of your intellectual and professional integrity ! Remember - "Sift & Winnow"..?! Learn the truth and then you will be able to speak and act on - the TRUTH Otherwise you will keep making EXPENSIVE mistakes like the above $100,000 ooo- dollar boondoggle and .. saying psoriasis instead of cirrhosis !! You need to be reminded from time to time of humbling boo-boos.

If you finish reading the above, I will provide you with my more complete reading list - or the books and article themselves.

Please - sift and winnow,

Dr. Ted Taylor

U.W.'51-BS

Dr. Ted Taylor

THEODORE L. TAYLOR, D.D.S.
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Thursday
27th June
1 9 9 6

Jenny Jones
Sally J. Raphael
Ann Kurth, Mothers' Voices
American "Social Health" Assoc.
U.S.Rep. Helen Chenoweth

Dear Ladies & Gentlemen:

I viewed your AIDS celebration (?) programs last week, and I must say to you that you people (NOT Rep. Chenoweth) are persisting to promote and dispense to the public...

... A SET OF GOVERNMENT LIES (mis-information, dis-information) which constitutes and perpetuates an INFORMATION CAP re. the TRUTH ABOUT HIV/AIDS ...

Each of you needs to do the honorable and right thing, ie. read ..

→ The lead story, page 1 of THE WALL STREET JOURNAL dated Wednesday, May 1st, 1996
(cont'd. to the entire page 8)

You do a terrible disservice to the American public whom you SHOULD BE serving. You bring dishonor to yourselves, your organizations and your associates.

You need to learn, as is explained in the WALL STREET JOURNAL article, that something which you apparently do not want to talk about on your shows,..

"Receptive anal intercourse is known by more and more researchers, and very many researchers, to be the ONLY RISK BEHAVIOR involved in the incidence of HIV/AIDS".
(whether male or female)

also, read..
THE MYTH OF HETEROSEXUAL AIDS - by Michael Fumento
publ. Regnery

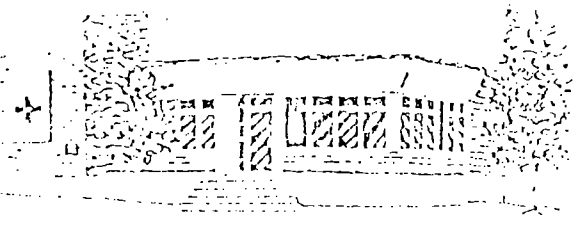
note: blood transfusions and in utero via the placenta from mother to fetus... are the only two other means of transmission. These are not "risk behaviors", however.

also, IV drug use is UNlikely, not proven and not a bona fide risk behavior involved.

Learn and teach - the TRUTH !!

Sincerely,

Dr. Ted Taylor



enclosures

THEODORE L. TAYLOR, D.D.S.
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Sunday
9-09-96

Nancy Brener et al
Natl. Ctr. for Chronic Disease Prevention & Health Promotion
Centers for Disease Control (U.S.Govt.), Atlanta, Georgia

Subject: AIDS-Prevention Programs in Schools
- vs -
The TRUTH about AIDS....!

Dear Nancy et al:

I was interested to read the enclosed article in today's newspaper in which you seem to insist that you .."are definitely moving in the right direction since 1987".

All of this despite the TRUTH of the matter which is:
The CDC has promoted a set of government LIES about AIDS, as explained in the Wed. May 1st issue of The Wall Street Journal.

The TRUTH is also explained in the excellent book, THE MYTH OF HETEROSEXUAL AIDS by Michael Fumento
When (if ever) will you apparatchiks admit and correct your set of Govt. Lies ?? I question whether you people are even capable of speaking the... truth !!

I am sharing this protest with my Congressional (Senators and House Representative) leaders and others in the Congress and Administration... until I see evidence of TRUTHfulness coming from the CDC.

It used to be illegal to "impart carnal knowledge to children." Your so-called AIDS-prevention programs, as with nearly all sex-ed classes, are simply - "imparting carnal knowledge to children". This is especially obnoxious and destructive when imparted to young children in the lower grade school levels...!

The CDC is GUILTY of dispensing gross mis- and dis-information. Your actions should be declared to be immoral, unethical and illegal. You appartachiks and your set of Govt. LIES are despicable and should be prosecuted.

Seriously, Dr. Ted Taylor

enclosures-2

Dr. Ted Taylor

attn: Sandra Thurmon —

Well, well, well !... isn't it wunnerful to see the TRUTH catch up and overtake the liars ?!

The liars have been trying to convince us for years that the AIDS "epidemic" would continue to grow and engulf the entire population - as if it were contagious,.. which we know it is NOT !

As the very limited supply of homosexuals dwindles away, there will be fewer AIDS cases since they represent the greatest number of those who indulge themselves and each other in the ONLY risk behavior involved in the incidence of HIV/AIDS infection which is known to be something called receptive anal intercourse.

Normal, heterosexual people do not as general rule, indulge in this perversity, except when practiced as a means of birth control mainly in primitive and undeveloped 3rd world countries. There are a scant few among the US of A population who do likewise. This accounts for most of the females so infected.

We need to understand that too many infections resulted from tainted blood transfusions; and infants contract it from the infected mother thru the placenta before birth. These are the truly tragic cases.

Well, the liars have had their days full of lying. Now it is time that we understand the TRUTH as explained by authors such as Michael Fumento in his book, The Myth of Heterosexual AIDS, and several others. The homosexuals have done it to themselves and each other until the very limited "epidemic" is seen to be limited mainly to their own demented and depraved kind of sodomists.

AIDS deaths decline in U.S.

First big drop in 15 years; accidents now top killer

By Kim Painter
Gannett News Service

AIDS is no longer the top killer of young U.S. adults. And overall, AIDS deaths fell 26 percent in 1996, the first sustained drop in 15 years, the government reported Thursday.

The encouraging AIDS news is part of a larger report on births and deaths that also confirms continuing declines in teen motherhood and infant deaths.

"The investments we have made in education and prevention programs are paying real dividends," said David Satcher, director of the federal Centers for Disease Control and Prevention, which released the report.

Surpassing AIDS as the No. 1 killer of young people are accidents, the report said. Cancer is No. 3.

The AIDS death decline — foreshadowed by earlier reports covering part of 1996 — is particularly striking, health advocates agree.

The rate fell from 15.6 to 11.6 per 100,000 in one year, the first drop since the epidemic began.

"After 15 years of very bleak news, it's very good news indeed," said Cornelius Baker, executive director of the National Association of People With AIDS, Washington.

But the good news is not evenly spread. While AIDS is no longer the leading killer of all adults ages 25 to 44, as it was for two years, it remains the leading killer of black men and women in that age group.

Also in the report:

- The birth rate dropped 4 percent among teens ages 15 to 19, the fifth straight decline.
- Infant deaths reached a new low of 7.2 per 1,000, due in part to a 15 percent decline in Sudden Infant Death Syndrome.
- Life expectancy reached a record high of 76.1 years.
- Homicides and suicides declined, but remained the second and third leading causes of death for people ages 15 to 24.

The preliminary report is based on data from birth and death certificates.

4-12-97

▶ Female volunteers sought for hormone study/A-3

Reassuring News About AIDS: A DOCTOR TELLS WHY YOU MAY NOT BE AT RISK

BY ROBERT E. GOULD, M.D.

You are a healthy, vital American woman, and just when you've decided to have an active love life, everyone tells you that sex kills. You're cautioned to hold onto chastity for dear life or face the deadly risk of contracting AIDS, the fatal disease. Meanwhile, all about you, policemen, firemen, law-court personnel, health-care workers are donning gloves, masks, outer-space wear—and even with the protective gear, they are afraid of being within spitting distance of a person with AIDS or suspected of carrying the virus.

Where does all this panic leave you? Is the hysteria justified? In my opinion and from objective evidence, the answer is *no*: In all probability, you won't catch the virus by inhaling it, ingesting it, or, more to the point, by having vaginal or oral sex. Even the experts who have come to specialize in the disease admit that the fear of AIDS transmission through vaginal intercourse has been greatly exaggerated, that the epidemic is not spreading through the population in this way, though many authorities had predicted it could. In the words of Dr. B. Frank Polk, an AIDS epidemiologist at the Johns Hopkins School of Hygiene and Public Health in Baltimore, "A number of scientific leaders in AIDS have overstated the risk in the absence of data." And according to Dr. Harold Jaffe, chief AIDS epidemiologist at the Centers for Disease Control in Atlanta, "Those who are suggesting that we are going to see an explosive spread of the virus into the heterosexual population have to explain why this is not happening."

Why it isn't happening, I believe, is that there is almost no danger of contracting AIDS through *ordinary sexual intercourse*, a conclusion I have reached from my own studies and after having gone over most of the published reports on AIDS, visited hospital wards, and talked with leading researchers in virology. Let me be very specific about what I mean by ordinary sexual intercourse. As I define it, it is penile penetration of a well-lubricated vagina—penetration that is not rough and does not cause lacerations (as it might in rape or violently macho thrusting or in the presence of severe vaginismus). Assuming that the genitals of both partners are healthy and intact—that there are no lesions or other openings due to infections—the virus, I contend, will not be transmitted during vaginal sex from an infected person to his or her partner. (Anyone not sure whether she has any open vaginal lesions or infections would, of course, be safer and feel more comfortable with her partner if he were to use a condom.) Nor do I believe there is a danger of AIDS transmission by oral sex or deep kissing or the exchange of body fluids. Although not all experts agree with my conclusions, there is no denying that the only undisputed route of transmission is through direct introduction of the virus into the bloodstream. And I maintain it is the *only* route. Which is why I believe that if the conditions of heterosexual intercourse as I have outlined them are met, a woman is quite safe from contracting AIDS.

To begin with, the secretions of a healthy vagina are very inhospitable to the AIDS virus, so that normal lubrication from one's own secretions not only serves as a preventive measure against lacerations but would also tend to neutralize the virus if present. In other words, if you are aroused, your own body is the best protection against injury. Nature has arranged this so that sex will feel good and be good *for* you.

Then, too, in order to become infected with AIDS, you need a really large dose of the virus, because it is so low-grade. As Dr. Howard Bierman, director of the Institute for Cancer and Blood Research in Beverly Hills, told me, "The AIDS virus should not be likened to hepatitis B [which it often is], because it takes several thousand times the AIDS virus to equal the infective strength of the hepatitis virus."

Last, you should know that the AIDS virus is very fragile, a medical finding frequently downplayed because of the disease's inevitable fatality. But the severity of the disease should not be confused with its degree of contagion, and the fact remains that it is hard, if not impossible, to contract the virus outside of direct entry into the bloodstream.

Let's look at the figures. The latest survey available at press time having to do with heterosexual AIDS victims in the United States puts the number of such cases since June 1981, when the disease was first diagnosed, at 1,375 out of a total of

Dr. Gould is clinical professor of psychiatry and clinical professor of obstetrics and gynecology at New York Medical College, also a psychiatrist and psychoanalyst in private practice. Under the aegis of the New York County branch of the American Psychiatric Association, he serves as chairman of the committee on gay and lesbian issues and is a member of the committee on AIDS.

35,477, or roughly 3 percent. That percentage includes 661 victims with no known cause of the disease but who contracted AIDS in another country (mostly in Africa, where heterosexual transmission of AIDS, according to the survey, "is believed to play a role"). This puts the number of American heterosexual cases at 714 and reduces the 3 percent to some 2 percent. So imprecise are the data that no breakdown as to gender has been published, but even assuming that fully one-half of the 714 are women, the number is further reduced to 357 and the percentage to just 1. Not only is the 1 percent estimate a very small fraction of the whole of AIDS victims but for various reasons people afflicted with AIDS may not give a true history of the source of their infection, so it is not really known how many women even in that tiny percentile fit the category of engaging in ordinary heterosexual intercourse as I have just defined it. To be sure, no researcher with whom I talked could state with certainty that *any* cases of AIDS have occurred through conventional intercourse. That it may occur in this way is a theory yet to be proved.

Anal intercourse is another matter. Because hemorrhoidal vessels are very near the surface of the anus, because the mucosa is delicate, and because the insertion of the penis in an orifice so small and tight is often traumatic, bleeding and/or lacerations may occur. And this is what makes anal intercourse a high-risk activity, regardless of whether the recipient of the penis is a man or a woman, heterosexual or gay.

The other main high-risk activity is intravenous drug use, which may entail injection with a contaminated needle, thereby introducing the virus directly into the bloodstream. (Blood transfusions, previously a source of transmission, are generally thought not to be a risk factor for new cases, since all donated blood is now tested for the AIDS virus. It should be noted, however, that there can be a time lag—sometimes longer than a year—during which the virus, though present in the blood, may not be detected by the test.)

As for another reported method of acquiring the virus, the exchange of body fluids—tears, saliva, semen, secretions from the vagina—there is no documented evidence that anyone has ever become infected in this way. True, the virus has been isolated in these substances, but all the evidence indicates that contact will not result in transmission unless there is ready access to the bloodstream.

Soul, tongue, or deep kissing has also been reported as risky, yet *not one case* of transmission in this way has ever been discovered during the recorded history of AIDS. Furthermore, the clinical observation that the mouth often has open lesions (think of bleeding gums), certainly more than the vagina, only supports the view that the AIDS virus is not very contagious.

What about oral sex? A number of authorities are still calling it risky behavior, yet, again, there are *no* reported cases of AIDS having been transmitted through cunnilingus or fellatio (mouth-vagina or mouth-penis sex). Now suppose your partner did have the virus and you swallowed his semen. What would happen? The virus would be diluted and neutralized by the secretions of your gastrointestinal tract. Of course, one can speculate on the unlikely situation that a person ingesting semen might have an acutely bleeding ulcer through which the virus could gain entry into the bloodstream. A highly improbable situation, to be sure, but it and other equally improbable situations keep me from saying with 100 percent certainty that AIDS could *never* be transmitted by oral sex—or, indeed, that anything is *ever* 100 percent certain.

It has been said that in Africa heterosexual intercourse is a documented mode of transmission of the AIDS virus, the implication being that it is just a matter of time before the disease will spread throughout the world in this manner. As with so many other medical reports, I would recommend this one be viewed with strong skepticism. Cultural differences must be taken into account—which I can attest to from first-hand experience. For six years, the Family Life Division of Manhattan's Metropolitan Hospital offered a three-month course in family planning to nurses from various countries in Africa; I taught the section on sex education. Year after year, the African nurses would confirm that homosexuality, although commonplace among their people, was not talked about or even acknowledged. And not until the very end of the course did the nurses themselves begin to speak openly on the subject. So considering just how reluctant Africans are to talk about their homosexual practices even among themselves, I would question the information reported by African researchers and collected by western researchers regarding AIDS in the African heterosexual community. Given my own experience, it is not farfetched to assume that the data may well reflect infection by homosexual activity (i.e., anal sex).

In addition, the data I gathered concerning heterosexual intercourse in Africa show marked differences from the way it is usually practiced in the United States. Example: Anal intercourse is often used as a means of preventing pregnancy (and the more anal intercourse, the more risk of AIDS). Then, too, many men in Africa take their women in a brutal way, so that some heterosexual activity regarded as normal by them would be closer to rape by our standards and therefore be likely to cause vaginal lacerations through which the AIDS virus could gain entry into the bloodstream. Furthermore, in many areas, clitoridectomy (surgical excision of the clitoris) is still practiced as a tribal custom and the vagina sewn up to insure chastity, so that sex, when it occurs for the first time, often involves serious tearing and lacerations in an organ that has already been scarred and weakened (thus creating access to the bloodstream). Still another factor pertinent to Africa is that family members may all receive injections from a clinic routinely using nonsterile needles and syringes. Infected couples, not knowing this, may therefore mistakenly report contracting the AIDS virus from heterosexual intercourse.

Misreporting in the U.S. is also not uncommon. Not long ago, a published report described men who claimed to have caught AIDS from infected female prostitutes, a group known to have a high incidence of the disease. Yet closer investigation revealed these men had, in fact, contracted the virus through homosexual anal intercourse but found it more palatable to report otherwise.

Promiscuity, incidentally, has been identified as a risk factor among prostitutes, but it would seem to be a risk factor only in the narrowest sense—i.e., the more partners you have, the more likely it is for one of them to engage in anal intercourse or in sexual behavior that will lacerate the vaginal walls, thereby making the woman vulnerable to an AIDS infection (this would be true, too, of women in general, not merely of prostitutes). Since prostitutes comprise a high proportion of IV drug users, it is very likely that drug abuse (i.e., using needles that may carry the AIDS virus) is the source of infection rather than number of partners.

Along with prostitutes, another high-risk group has been identified as "IV drug users and their sexual partners," a phrase that conveys the false impression that an IV drug user passes the AIDS virus on to his or her partner through vaginal intercourse. In truth, the sexual partner of a drug user is often a drug user as well, and it is probably through the needle, not routine intercourse, that the virus is transmitted.

Finally, we are told that there will be many more AIDS sufferers over the next few years. True, but considering the gestation period—typically from one to five years—the increase will reflect mostly the people who *already* carry the virus. Their number is estimated at 1.5 million, with perhaps 25 percent of them eventually developing the disease—although some medical opinion holds that every last carrier will eventually come down with AIDS. In any event, these prospective victims inhabit the known high-risk groups: those who had blood transfusions before there was a screening test for the AIDS virus, gay men who have engaged in anal sex (a practice

[*continued on 204*]

AIDS [*continued from 147*]

now becoming relatively rare even among homosexuals), and IV drug users, who will undoubtedly account for the vast majority of *new* cases.

Can recurrent sexual activity with a person who does carry the AIDS virus cause *you* to develop AIDS? Not if you subscribe to the theory, supported by considerable fact, which I have just put forward: that you don't get AIDS from sexual activity with a man who has the disease or carries the virus unless you engage in anal sex or there is an open lesion in the vagina when you are having vaginal intercourse. Otherwise, you will not be vulnerable to the disease.

If, then, there is so little likelihood and no solid proof of AIDS spreading to women practicing healthy heterosexual intercourse, you have to ask why so few experts are saying so. And I think it is possibly because certain organizations and groups have specific agendas for not acknowledging just how risk-free conventional heterosexual intercourse actually is. Researchers, for one, will receive larger grants and be funded more readily if AIDS is thought not to be largely restricted to the out-groups of IV drug users (encompassing mostly minorities) and homosexual men but rather is believed to include the heterosexual white middle-class population. Many gay organizations, too, are not unhappy with the warnings that the virus is spreading into the larger community—and understandably so, since the warnings not only spur greater efforts to find a cure but also dilute the burden these organizations would otherwise have to bear of AIDS being labeled a gay disease (which it is not; it is only that anal intercourse is such an efficient conduit for the virus). And the media, of course, thrive on disaster reports and so are quick to take up the cry that all of us are in peril.

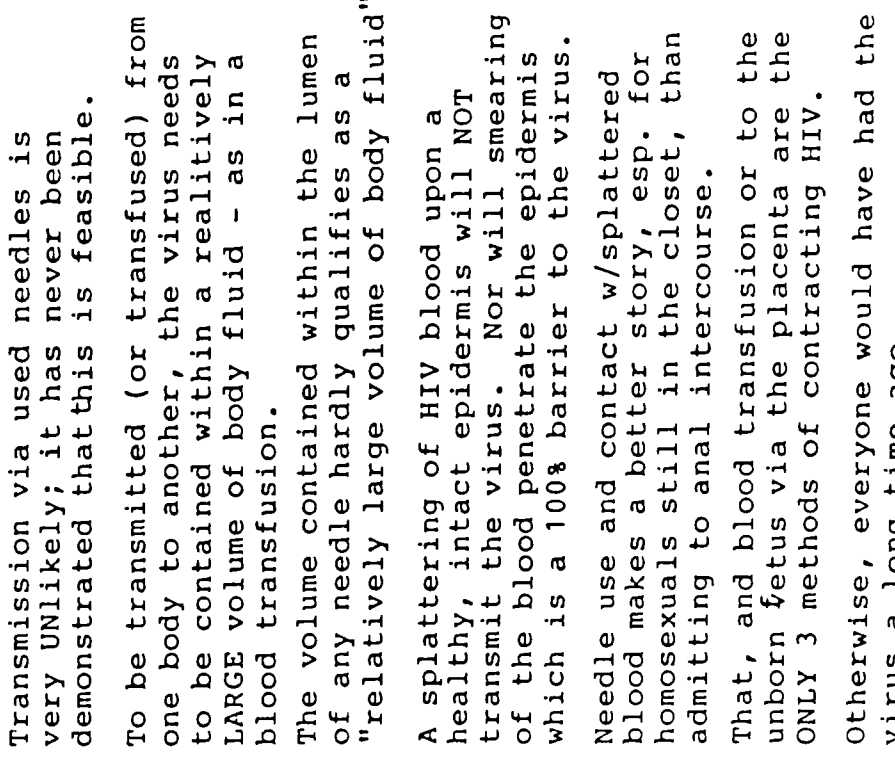
As for government and public-health officials, they feel they must err on the side of extreme caution and thus cover themselves if there is *any possibility* that the virus might be spread through heterosexual intercourse or the exchange of body fluids. As Surgeon General C. Everett Koop says, "As a health officer . . . if I were to spread the word that you don't have to worry about AIDS, I could really besmirch the office of the Surgeon General." And so we are told that chastity is the only sure way of avoiding the disease. You cannot argue with that. Next best is monogamy, after knowing the other person well and taking screening tests for the presence of the virus. Finally, if you are going to be sexually active, the advice is to use condoms at all times.

Some health officials have told me that although they cannot prove transmission of the virus does occur in heterosexual intercourse, they cannot rule out the possibility "and so let's be overly cautious—it can't hurt." But it can. The hurt exists in the continually mounting fear and false alarm that may make it difficult for any of us to enjoy sex.

Irrational fear that AIDS is spreading or soon will spread rampantly through heterosexual intercourse is having enormous repercussions in our society. The most serious: that guilt and fear are again taking hold of people who have learned to be comfortable with their sexuality. Many of us have invested a great deal of time in learning to accept our sexual feelings, to understand that behaving sexually is both natural and healthy. Now, that painfully slow process of education is being rapidly undermined. The door to old feelings of fear, guilt, sinfulness, and immorality is being reopened. We are once again being persuaded that sex is wrong, dirty, bad for us, even deadly.

I don't mean to underestimate or downplay the horror of AIDS, the pain and torment it causes not only the people afflicted with the disease but their family and friends as well. Still, this killing of our sexual selves, I feel, may prove more destructive in the long run than the AIDS virus itself. We need to remember that sex, which can be used in a multitude of ways, some of them destructive, under the right circumstances expresses love, warmth, togetherness, as well as just plain fun.

Through the tumultuous 1960s and the sexual revolution of the '70s, sex emerged as a natural part of our being alive. We need to hold onto that enlightenment. We need to believe we can enjoy sex without fearing that our life is in danger with every sexual encounter. We need to know that despite the scary condom ads on TV, despite the panic, despite the hysteria, sex itself is not and never has been a killer. And this knowledge should give us all the right to continue to behave as fully sexual beings. God and nature made us that way.



Why are so many so disgusted?

Study to look at public's anger, cynicism

By Mike Feinsilber
Associated Press

A study of why Americans are "so cynical, so distressed, so angry, so ticked off about so many things" will begin next year, former Education Secretary William Bennett and retiring Sen. Sam Nunn announced recently.

Bennett and Nunn announced the formation of a 25-member National Commission on Civic Renewal. It will be underwritten by a $950,000 grant from the Pew Charitable Trusts.

The panel will conduct three Washington hearings to take testimony about the breakdown in civic trust. It will also collect studies, issue "inventories of promising civic projects" throughout the country and recommend ways government and civic organizations can "promote civic participation," they said.

Among the educators, foundation executives, clergymen and businessmen on the commission are Cardinal Bernard Law of Boston, former Tennessee Gov. Lamar Alexander; Henry Louis Gates, chairman of Afro-American Studies at Harvard; and Michael S. Joyce, president of the Lynde and Harry Bradley Foundation, Milwaukee.

"I think we need to find out why the citizens of the world's wealthiest, most envied, most powerful country are so cynical, so distressed, so angry, so ticked off about so many things," Bennett said.

At a news conference, Nunn cited the turnout in this year's presidential election — it was the lowest in 72 years — as an indication of a decline in "the quality of public and civic life."

Bennett noted polls pointing to a decline in the trust in government to "do the right thing" and in the belief that other citizens can be trusted. He also singled out the loss of civility in sports, which he said "reflects all too terribly the state of civic society."

"We as Americans cannot remain cheerfully neutral on fundamental questions of right and wrong," Nunn said.

Responding to questions, Nunn, a conservative Democrat from Georgia who is retiring after 24 years in the Senate, praised President Clinton for "speaking out forcefully on the challenge of restoring civic life in America."

But Bennett, who was an adviser to Republican presidential candidate Bob Dole, said he has a more critical view of Clinton. During the campaign he told the Christian Coalition the president was "a man who has difficulty with the truth."

We should be intolerant

HOWARD — I've heard it said many time
that Americans should strive to be a toler-
ant people. I disagree. In fact, I can state
emphatically that our Founding Fathers
were a very intolerable bunch. They knew
that with freedom comes individual respon-
sibility.

A free people bear the responsibility of
their actions and whatever we as a society
tolerate we deem acceptable. Let's look at
what about 30 years of politically correct
tolerance has wrought.

We tolerate television shows such as
Rosanne and *Married With Children* and
then wonder why dysfunctional families are
the norm. We tolerate politicians such as
Russ Feingold defending same-sex marriage
and then wonder why the nuclear family
and the stability that goes with it are relics.

We tolerate teen-agers as they emulate
gang members in their clothing and music
and then wonder why our children don't
respect us as parents. We tolerate role mod-
els in sports such as Dennis Rodman and
then wonder why Junior wants to dress like
Sissy.

We tolerate a welfare state that forcibly
takes money from the producers and gives it
to the nonproducers for doing nothing and
then wonder why generations of poor have
become trapped in hopelessness and despair.

We tolerate a federal government that has
grown more than five times since 1950 and
then wonder why it takes two wage earners
for a family to make ends meet.

We tolerate the taking of more than 1.5
million innocent lives a year through abor-
tion for the sake of a woman's right to
choose and then wonder why our society has
no respect for the sanctity of human life
anymore.

Finally we tolerate, indeed, re-elect a pres-
ident who is described by Democrat Sen.
Bob Kerry as a "liar, an exceptionally good
liar." And then we wonder where all the
good politicians who deserve our respect
have gone.

An immoral, shallow society that has lost
its sense of right and wrong and tolerates
an "anything goes" attitude deserves what it
gets. Considering the present state of our
society as a whole and politics in particular,
perhaps a little intolerance isn't such a bad
thing.

Jeffrey A. Goin, Howard

The TRUTH is finally emerging! With this article, the TRUTH has now risen from 'scant' to now about 85 percent revealed. As more time passes, hopefully, the remaining 15 percent will become widely known. What remains to be told is that the ENZYMATIC reaction occuring at the interface between the semen and the mucosal lining of the rectum (due to strong tissue incompatibility between these 2 tissues) results in the formation or genesis of the HIVirus ... within the body of the receptor otherwise known as the "catcher" - not the "pitcher". Not a theory. It is the answer!

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Health Hazard

AIDS Fight Is Skewed By Federal Campaign Exaggerating Risks

Most Heterosexuals Face Scant Peril but Receive Large Portion of Funds

Less Goes to Gays, Addicts

By AMANDA BENNETT and ANITA SHARPE
Staff Reporters of THE WALL STREET JOURNAL

In the summer of 1987, federal health officials made the fateful decision to bombard the public with a terrifying message: Anyone could get AIDS.

While the message was technically true, it was also highly misleading. Everyone certainly faced some danger, but for most heterosexuals, the risk from a single act of sex was smaller than the risk of ever getting hit by lightning. In the U.S., the disease was, and remains, largely the scourge of gay men, intravenous drug users, their sex partners and their newborn children.

Nonetheless, a bold public-relations campaign promised to sound a general alarm about AIDS, lifting it from a homosexual concern to a national obsession and accelerating efforts to eradicate the disease. For people devoted to public health, it seemed the best course to take.

But nine years after the America Responds to AIDS campaign first hit the airwaves, many scientists and doctors are raising new questions. Increasingly, they worry that the everyone-gets-AIDS message – still trumpeted not only by government agencies but by celebrities and the media – is more than just dishonest: It is also having a perverse, potentially deadly effect on funding for AIDS prevention.

No Allocation for Gays

The emphasis on the broad reach of the disease has virtually ensured that precious funds won't go where they are most needed. For instance, though homosexuals (and intravenous drug users) now account for 83% of all AIDS cases reported in the U.S., the federal AIDS-prevention budget includes no specific allocation for programs for homosexual and bisexual men. And needle-exchange programs, widely seen as among the most effective methods available in fighting infection among drug users, are denied any federal funding.

Much of the Centers for Disease Control's $584 million AIDS-prevention budget goes instead to programs to combat the disease among heterosexual women, college students and others who face a relatively low risk of becoming infected. Federally funded testing programs alone, which primarily serve low-risk groups, account for roughly 20% of the entire budget.

Some scientists charge that tens of thousands of infections a year could be averted if only practical assistance were directed to the right people. Instead of aiming general warnings at non-drug-using heterosexuals, these critics say, the government should use the bulk of its anti-AIDS money to teach homosexual men to avoid unprotected anal sex and to dissuade addicts from sharing infected needles.

"You can't stop this epidemic if you spend the money where the epidemic hasn't happened," says Ron Stall, associate professor of epidemiology at the University of California in San Francisco.

Helene Gayle, who is in charge of AIDS prevention at the CDC, agrees that "increasingly, it is important to shift strategies to meet the epidemic." She says that the CDC, by giving communities more freedom to decide how to spend federal AIDS money, is now seeking to direct more help to those who need it most.

But she defends the CDC's pivotal decision in 1987 to emphasize the universality of AIDS: "One should not underestimate the fear and confusion this disease caused early on," Dr. Gayle says. "We needed to build a base of understanding before we could go for the jugular."

Certainly, powerful political and social forces at work nine years ago made it nearly impossible for health officials to focus attention on those most at risk, a reconstruction of events of that year shows. And though, as Dr. Gayle says, the CDC is now trying to revamp its AIDS-prevention efforts, the same forces that shaped public policy in 1987 are making it difficult for the government to change directions, even now.

Understanding the Risks

By 1987, CDC officials already had a fairly clear picture of where and how AIDS was spreading – and how much risk different groups faced. The disease was proving less likely to be transmitted through vaginal intercourse than many had feared. A major study that was just being completed put the average risk from a one-time heterosexual encounter with someone not in a high-risk group at one in five million without use of a condom, and one in 50 million for condom users.

Homosexuals, needle-sharing drug users and their sex partners, however, were in grave danger. A single act of anal sex with an infected partner, or a single injection with an AIDS-tainted needle, carried as much as a one in 50 chance of infection. For people facing these risks, it was fair to say AIDS was truly a modern-day plague.

(See story on page A8.)

A key player in the CDC's earliest AIDS-prevention efforts was Walter Dowdle, a virologist who was a veteran of the war on herpes and had helped create the CDC's anti-AIDS office in the early 1980s. Like most people in his operation, he

Please Turn to Page A8, Column 1

How the Campaign To Combat AIDS Exaggerated Risks

LIES !!.. Government LIES..!!

"Political Correctness" as defined by Queer Nation & Act Up and the rest of the 'Gay Lobby' has DICTATED to the American public a set of GOVT. LIES known to BE lies by myself and others who have made the effort to READ, listen, study and LEARN the TRUTH .. which is available, but NOT to the public... THE WALL STREET JOURNAL until today (85%)

WEDNESDAY, MAY 1, 1996

- my thanks and deep GRATITUDE to The Wall Street Journal !!

Continued From First Page

understood that AIDS had to be fought hardest in the places it was most prevalent.

But by the spring of 1987, Dr. Dowdle had already been rebuffed repeatedly in efforts to prepare AIDS warnings aimed directly at high-risk groups. TV networks were refusing to air announcements advocating the use of condoms. And Dr. Dowdle had failed in his attempt to disseminate a brochure that mentioned condoms as effective in slowing the spread of AIDS. At the time, all AIDS material had to be cleared by the president's Domestic Policy Council, and the Reagan White House objected to pro-condom messages on moral grounds. The 1986 brochure went into the White House for review and never came out.

Searching for clues about how to proceed, CDC officials began a series of internal meetings at their red-brick headquarters on Clifton Road in Atlanta. They also reached outside for high-powered marketing help, retaining Steve Rabin, then a senior vice president of the advertising giant Ogilvy & Mather. In August, Mr. Rabin, openly gay and deeply committed to the effort, ran focus groups in a half-dozen cities to gauge attitudes toward the disease.

The results were discouraging: In city after city, the focus groups made clear that concern about AIDS hadn't taken hold in much of the country, despite the widely publicized announcement two years earlier that Rock Hudson had the disease. With some exceptions in big cities like New York and San Francisco, homosexuals continued to engage casually in unprotected sex, as did heterosexuals everywhere. The prevailing attitude: It was somebody else's problem.

For gays and drug users, this view was flatly wrong and potentially fatal. Moreover, the focus-group results highlighted a huge policy issue: Would the public support funding for AIDS prevention and research if the majority of heterosexuals believed they and their families were only minimally at risk? Would they be compassionate toward the victims of the disease?

Poll data suggested otherwise. A 1987 Gallup Poll showed that 25% of Americans thought that employers should have the right to fire AIDS victims. In that same poll, 43% felt that AIDS was a punishment for moral decline. In meetings within the CDC, many people, including Messrs. Dowdle and Rabin, expressed particular concern about the growth of housing and job discrimination against people with AIDS.

It was in this environment that the idea of presenting AIDS as an equal-opportunity scourge began to form. Politicians, including Republican Sen. Jesse Helms of North Carolina, were blocking campaigns aimed at gays anyway. And homosexual and minority groups were concerned about being linked too closely with the disease. Some CDC scientists, watching the spread of the disease among heterosexuals in Africa, worried that AIDS might yet make inroads among non-drug-using heterosexuals in the U.S. In any event, CDC officials believed that fighting AIDS was everyone's responsibility, even if everyone wasn't equally at risk of getting it.

"We were drawing on gut instinct," recalls Paula Van Ness, who had come to the CDC after serving as chief executive of the AIDS Project, a community program in Los Angeles. "The aim was, we thought we should get people talking about AIDS and we wanted to reduce the stigma." Earlier, in Los Angeles, she had reached out directly to high-risk groups: "Don't go out without your rubbers!" warned a motherly woman in one announcement the AIDS Project had sponsored. But now, on the national scene, she too felt that such a direct approach was impossible.

Dr. Dowdle, burned by the response to his earlier, more targeted efforts, agreed with his colleagues that the CDC's best bet was to present AIDS as everyone's problem: "As long as this was seen as a gay disease or, even worse, a disease of drug abusers, that pushed the disease way down the ladder" of people's priorities, he says.

After considerable soul-searching and debate, officials fixed on a dramatic approach they believed would do the most good in the long run: a high-powered PR and advertising campaign to spread a sobering yet politically palatable message nationwide.

In subsequent meetings in the summer and fall of 1987, the CDC team developed the idea of filming people with AIDS and building a series of public-service announcements around what they had to say. Subjects wouldn't be identified as gay, and the dangers of intravenous drug use would get little attention.

Early on, the staffers stumbled on their defining slogan when they interviewed the son of a rural Baptist minister. As Ms. Van Ness recalls it, the man said, "If I can get AIDS, anyone can." His remark "wasn't scripted. That's what he actually said." Other similar public-service announcements were prepared, all with the same personal approach. "If you want your audience to be more receptive about this, you had to touch their hearts," Ms. Van Ness says.

The CDC's award-winning campaign, deftly pitched to a general audience, was launched in October 1987 and featured 38 TV spots, eight radio announcements and six print ads. The initial ads steered clear of specific advice on how to avoid AIDS, instead focusing on the universality of the disease and counseling Americans to discuss it with their families.

AIDS among heterosexuals largely settled into a world bounded by poverty and poor health care and beset by rampant drug use.

It wasn't until the spring of 1988, when the government mailed its "Understanding AIDS" brochure to 117 million U.S. households, that the risks of anal sex (and drug abuse) were underlined. But even this brochure accentuated the broader risk; it featured a prominent photo of a female AIDS victim saying that "AIDS is not a 'we' 'they' disease, it's an 'us' disease."

As public relations, the CDC campaign and parallel warnings from other groups proved to be remarkably effective, particularly because these messages were reinforced by various public agencies and the media. According to one poll, during the last three months of 1989, 80% of U.S. adults said they saw an AIDS-related public-service announcement on television.

Millions of people were thus sold and resold on the message: Though AIDS started in the homosexual population it was inexorably spreading, stalking high-school students, middle-class husbands, suburban housewives, doctors, dentists and even their unwitting patients. (a crime!)

In late 1991, Magic Johnson dramatically boosted the perception that everyone was at risk when he announced that his infection was due to promiscuous heterosexual behavior. Talk shows and magazines pursued the theme relentlessly. Even late last year, Redbook magazine—written for a largely middle-class female audience—carried a major story about married women called, "Could I have AIDS?" In it, the author wrote: "My mind automatically telescopes to AIDS every time I get sick."

Meanwhile, the CDC itself was producing research that made clear that heterosexual fears were exaggerated. And some CDC scientists, including then-epidemiology chief Harold W. Jaffe, publicly railed against the everyone-gets-AIDS message and urged that assistance be targeted to those who most needed it. But his opinion, along with the internal research on which it was based, was typically drowned out by the countervailing mass-media campaign.

Fear of AIDS spread—and remains. Gallup surveys show that by 1988, 69% of Americans thought AIDS "was likely" to become an epidemic, compared with 51% a year earlier, before the PR campaign got in full swing. By 1991, most thought that married people who had an occasional affair would eventually face substantial risk.

Yet, as CDC officials well knew, many of the images presented by the anti-AIDS campaign created a misleading impression about who was likely to get the disease. The blonde, middle-aged woman in the CDC's brochure was an intravenous drug user who had shared AIDS-tainted needles, although she wasn't identified as such in the brochure. The Baptist minister's son who said, "If I can get AIDS, anyone can," was gay, although the public-service announcement featuring him didn't say so.

Ryan White, perhaps the epidemic's most compelling symbol, had been diagnosed in 1984, at the age of 13, after receiving a transfusion from an AIDS-tainted blood-clotting agent used in the treatment of hemophilia. Barred by his school, shunned by neighbors, he emerged with his family as a forceful opponent of discrimination against AIDS

Those who KNOW "Magic" J- KNOW he is a LIAR..

patients. But five years before he died in 1990, the availability of a blood test for the human immunodeficiency virus, which causes AIDS, had nearly eliminated the infection from America's blood-products supply. (Similarly, activist Elizabeth Glaser, who spoke at the 1992 Democratic Convention, was infected through a blood transfusion well before AIDS testing began.) ..these are the tragic and REAL VICTIMS of GayPri

Meanwhile, Kimberly Bergalis became famous for a particularly rare case: She and five other Florida patients apparently acquired their infections from their dentist, who later died of AIDS. But although the CDC has tracked down and tested thousands of patients of hundreds of HIV-positive doctors and dentists, that single Florida dentist remains the only documented case in the U.S. of a health professional's passing the virus on to patients. (see **

Research continued to show that AIDS among heterosexuals had largely settled into an inner-city nexus, a world bounded by poverty and poor health care and beset by rampant drug use. AIDS was also on the rise in some poor rural communities. Yet government ads typically didn't address the heterosexual group at greatest risk, a group that a CDC researcher would later define as "generally young, minority, indigent women who use 'crack' cocaine, have multiple sex partners, trade sex for 'crack' or other drugs or money, and have [other sexually transmitted diseases] such as syphilis and herpes."

Though scientists and anti-AIDS activists knew that the government-nurtured fear of AIDS among upscale, non-drug-using heterosexuals was exaggerated, not everyone thought this was a bad thing. Indeed, many credited rampant fear with achieving pro-family goals that no amount of moralizing alone could have accomplished. In a 1991 Gallup Poll, 57% of respondents said they believed that AIDS had already made their married friends "less likely to fool around." Singles reported being less apt to have one-night stands and more reluctant to date more than one person.

Moreover, there was no question that even mainstream heterosexuals bore some risk of AIDS and that greater caution would reduce their already-low rate of infection. "I don't see that much downside in slightly exaggerating [AIDS risk]" says John Ward, chief of the CDC branch that keeps track of AIDS cases. "Maybe they'll wear a condom. Maybe they won't sleep with someone they don't know."

The marketing campaign also appeared to be having another key desired effect: to mobilize support for public funding of AIDS research and prevention. Federal funding for AIDS-related medical research soared from $341 million in 1987 to $655 million in 1988, the year after the CDC's campaign began. (This year, the figure stands at $1.65 billion.) Meanwhile, the CDC's prevention dollars leapt from $136 million in 1987 to $304 million in 1988; $584 million was allocated for 1996.

Even the gay community, though not specifi-

(b)(6)

cally targeted for assistance, began to see the wisdom of the everyone-gets-AIDS campaign. "This was a time of decreases in government funding," according to Jeff Amory, who headed the San Francisco AIDS Office in the 1980s. "Meanwhile, AIDS money was increasing."

It took a while before people realized that much of the money pouring in wasn't reaching the groups most at risk. In 1990, Mr. Amory took part in a telephone survey of about 50 HIV/AIDS groups funded by the CDC. Fewer than 10% even mentioned gay men as among their constituencies. (Mr. Amory died in November, after his interview with this newspaper.)

Meanwhile, the rush to testing meant that people at low risk were using up more and more of the available AIDS-prevention money just to discover they weren't infected. In 1994, 2.4 million tests were administered at government-funded locations, more than 10 times the number in 1985. Only 13% of those tests were given to homosexual or bisexual men (or intravenous drug users.)

As the CDC's biggest single prevention program, AIDS testing in 1995 accounted for about $136 million of the agency's total $589 million AIDS-prevention budget for that year. "It was not efficient or effective in picking up HIV-positive people," says Eric Goosby, director of the HIV/AIDS Policy Office of the U.S. Public Health Service, which oversees the CDC and other health agencies.

Moreover, because treating drug-addiction wasn't directly part of the CDC's mandate, stopping the spread of AIDS among needle-sharing addicts fell "between the cracks," says Dr. James W. Curran, who was director of the anti-AIDS office at the CDC until late last year and is now dean of the School of Public Health at Emory University in Atlanta.

State funding for AIDS prevention—tracking public attitudes toward the disease—was also being directed largely toward low-risk groups, says Patricia E. Franks, a senior researcher at UCSF, who spearheaded a study of California AIDS spending between 1989 and 1992. The study found that while 85% of AIDS cases were concentrated among men who had sex with men, programs targeting this group received only 9% of all state AIDS prevention dollars.

Spending for women, in contrast, grew to 29% of the state money in 1992 from 13% in 1989, even though HIV rates among women of childbearing age held steady at less than one-tenth of 1% from 1988 through 1992.

California health officials say they believe spending on high-risk groups has improved in the past few years. But Wayne Sauseda, director of the California Office of AIDS, concedes that "it's hard to take money away from groups already receiving grants." In California's last three-year state funding cycle, "we were being deluged by proposals from low- and no-risk population groups," Mr. Sauseda says. "We got two proposals for every one from a high-risk group."

Typical of the requests from low-risk groups, he says, were proposals to offer education on college campuses. "No one would say coeds are not at any

In order to successfully transfuse the HIVirus from one body to another, it MUST be contained, thereby protected, within a RELATIVELY LARGE VOLUME OF BODY FLUID. (see *)

* - the tiny, minute volume or body fluid contained WITHIN the lumen or a hypodermic needle, does not qualify as a "relatively large volume of body fluid". Therefore it is unlikely and highly IMPROBABLE that sharing needles transmits the virus. UNPROVEN !

..." says Mr. [illegible] "But in California, that's not our first priority."

AIDS officials in other states report similar frustrations. In 1994, the CDC turned to a community-planning process for dispensing AIDS funds, a system that theoretically allows local people to allocate dollars to groups most in need. But various community planners say it has been tough to redirect the funds, in large part because public attitudes have become so entrenched.

In Oregon, for example, many community AIDS workers "are unwilling to acknowledge that youth who are truly at risk [are] young gay men," says Robert McAlister, the state's HIV program manager. Thus, most of Oregon's AIDS-prevention money is still spent on counseling and testing that primarily serves low-risk individuals. "When Magic Johnson made his statement, we got overwhelmed with clients demanding service," Dr. McAlister says. "You start to cut corners. If we try to serve everybody, we wind up serving everybody poorly."

Having helped shape current attitudes and set AIDS-prevention policies in motion, the Centers for Disease Control finds itself in a serious bind. So far, AIDS has killed 320,000 Americans, according to the CDC. Between 650,000 and 900,000 others are currently infected with the virus that causes the illness.

Overall, rates of new HIV infections appear to be declining from their peak in the mid-1980s. Nonetheless, as many as 40,000 people, mostly gay men, (drug users and their sex partners,) will contract the virus this year alone. Despite this, the CDC aims its current education campaign, called "Respect Yourself, Protect Yourself," at a broad spectrum of young adults, rather than targeting the high-risk groups. A current focus of the campaign is to discourage premarital sex among heterosexuals.

The CDC also has been emphasizing that women constitute a growing proportion of AIDS cases. But close analyses of the data indicate that the vast majority of these victims are drug users or sex partners of drug users. Also, the data partly reflect a statistical quirk: Because the number of infections among gay men has declined, other groups—such as women—now represent a larger percentage of victims. Yet the infection rate among women not in high-risk groups appears to be holding roughly steady.

Meanwhile, unpublished research by the CDC itself concludes that "the most effective efforts to reduce HIV infection will target injecting drug users on the Eastern seaboard, young and minority homosexual and bisexual men, and young and minority heterosexual women and men who smoke crack cocaine and have many sexual partners."

Numerous studies have shown significant behavior changes in gay men who have been counseled by gay-outreach programs. Susan M. Kegeles, a behavioral scientist at UCSF's Center for AIDS Prevention Studies, reports that an eight-month program in Eugene, Ore., reduced (one of) the highest-risk acts, unprotected anal intercourse, by 27% in young gay men. The program used leaders in the gay community to demonstrate and consistently reinforce safe-sex practices.

Other studies have shown that drug users need even more intense behavioral counseling to break their addiction. But "only 15% of active drug users are in treatment on any given day, and there are not enough treatment slots to meet the demand from drug users," according to a report by the federal Office of Technology Assessment. Further, the ban of federal funding for needle exchanges continues, even though most reports conclude that locally funded efforts to distribute sterile needles or needle-cleaning supplies have been effective in reducing the spread of infection.

An epidemiologist at UCSF, James G. Kahn, recently created an academic model which, he says, shows that over five years, $1 million spent in a high-risk population averts 150 infections, compared with two or three infections if the money is spent in a low-risk population. Moreover, he argues that reducing infections in high-risk groups would "almost certainly" benefit low-risk groups by reducing the pool of people who could potentially infect others.

Then there is the separate issue of honesty in government: Shouldn't the public hear the truth, even if there might be adverse consequences? "When the public starts mistrusting its public health officials, it takes a long time before they believe them again," says George Annas, a medical ethicist at Boston University.

Yet many both inside and outside the government fear that speaking more directly about AIDS transmission, and seeking federal programs to match, poses the same dangers it did nine years ago. Congress controls the purse strings, and Sen. Helms, in particular, still monitors every AIDS-related bill. Says a Helms staff member, "We would certainly have a problem" with money going to gay-activist groups or to produce materials that illustrate gay sex acts.

"There is a real concern that funding won't be shifted, it will be cut, that if most people in the U.S. feel they are at very low risk, there will be little support for any AIDS-prevention efforts," says Don Des Jarlais, director of research at the Chemical Dependency Institute of Beth Israel Medical Center in New York. Still, he and many others believe that prevention experts have no choice—and that it is time to fight for programs based on candor. "You can't build a good prevention program on bad epidemiology," he says.

Even back in the 1980s, Stephen C. Joseph, who was commissioner of public health for New York City from 1986 to 1990, blasted the notion that AIDS was making major inroads into the general population.

Today Dr. Joseph, who is assistant secretary of defense for health affairs at the Pentagon, says: "Political correctness has prevented us from looking at the issue squarely in the eye and dealing with it. It is the responsibility of the public-health department to tell the truth." ❖

[redacted] (b)(6)

most AIDS wo[illegible] education, or knowledge. They promote the lies of the Gay Lobby ACTUP & Queer Nation

So-called AIDS "educators" I have met actually PROMOTE homosexuality by ignorance and distributing homosexual magazines such as The Wisconsin Light, The Gay Traveler, Quest, PrideFest's PrideGuide, In Step Mag., the Nat'l.Gay & Lesbian Newsmagazine, The Advocate..thereby promoting the anal sex which causes the incidence of AIDS. Supported as a Red Feather United Fund member !!!

Scientists Hone Knowledge of How Virus Spreads

Scientists once feared that the AIDS would become an epidemic among non-drug-using heterosexuals. Today, there is a broad consensus among experts that it probably won't.

"Over 90% of the population is heterosexual, and most people are at zilcho or very low risk," says Lyle Petersen, until recently chief of the CDC branch that estimates the prevalence of HIV, the virus that causes AIDS.

This doesn't mean heterosexuals shouldn't take precautions, including condom use. Cases have been documented of people contracting AIDS after a single heterosexual encounter. Any individual's risk of contracting a disease is very different, and much more specific, than the overall risk to a large group of people.

For a person to become infected with HIV, scientists believe, the virus must pass from the blood, semen or vaginal secretions of an infected person into the cells or bloodstream of another.

People who share infected needles accomplish that quite readily; in one Connecticut study, as many as 70% of drug-users' needles contained HIV, which could be injected directly into the blood of the next user. Between 1% and 2% of injections with HIV-tainted needles appear to result in infection, according Don Des Jarlais, director of research at the Chemical Dependency Institute of Beth Israel Medical Center in New York.

HIV is also transmitted fairly readily to the receptive partner in anal intercourse, whether that partner is male or female. Scientists believe such transmission occurs largely because the sex practice frequently leads to anal tears and abrasions. Scientists estimate that 0.5% to 3% of such acts with an infected person will lead to infection.

HIV apparently can also infect vaginal cells but, at least in the U.S. and Western Europe, it doesn't appear to do so easily. Studies of couples in which only one partner is infected show that about one in every 1,000 sexual acts results in infection. Women appear to be infected during vaginal sex several times as often as men, although still not, on average, very frequently.

For both men and women, it is much harder to transmit AIDS than to pass on other, less serious sexually transmitted diseases. Some studies suggest that gonorrhea, for example, passes from men to women in as many as 90% of all encounters with an infected person, and from women to men about one-quarter of the time.

There is an insidious link, though, between venereal diseases and AIDS; people with diseases such as syphilis and herpes, which may produce open sores, are much more likely to become infected with AIDS or to transmit the disease to a partner.

Scientists also now believe that most people with HIV are most infectious during two periods: before any symptoms appear and later in the disease, when the person may be very ill. Therefore, many scientists believe, for widespread transmission to take place, infected people have to have sexual contact with a large number of partners in a fairly short period of time.

This is one of the reasons that AIDS spread rapidly among homosexuals in the early days of the epidemic, as gay bathhouses provided the venue for large numbers of sexual contacts. In one San Francisco study published in 1987, for example, nearly 40% of the gay men studied had had 10 or more sexual partners in the previous two years; an additional 25% had had more than 50 partners. Of those reporting more than 50 partners, more than 70% had been infected.

All this also helps explain why AIDS hasn't spread rapidly among non-drug-using heterosexuals in the U.S. but has made bigger inroads in parts of Africa and Asia.

For one thing, prostitution is more widely practiced in the developing world. This means that random heterosexual encounters in which partners may be infected with a venereal disease are more widespread. "Good studies in Thailand show that roughly one in five men reported visiting a prostitute in the last 12 months," says Bruce G. Weniger, a medical epidemiologist at the CDC who has studied the Asian epidemic.

Even when prostitutes aren't involved, the developing world has a higher incidence of venereal disease; in addition, in some areas, local sexual practices lead to tearing of the skin, which contributes to the more-rapid spread of AIDS, many scientists believe.

In the U.S., the use of prostitutes is low by comparison. In a major survey of sexual practices, centered at the University of Chicago, fewer than 1% of the 3,432 people surveyed said they had paid for sex in the previous year. Even those who think the true rate is much higher don't believe it approaches the level found in developing countries. Moreover, in the U.S., outside of drug-using communities, HIV prevalence among prostitutes isn't as high as in developing countries.

The situation, however, is far different in inner-city neighborhoods where drug use is high, access to good medical care is insufficient and trading sex for drugs is relatively common. A recent study of crack users in New York, Miami and San Francisco, for example, found that more than one-third of the women and 15% of the men had a history of syphilis; more than two-thirds of the women had traded sex for money or drugs. More than 40% of the women who recently had engaged in unprotected sex for pay were HIV positive.

But large surveys that systematically exclude drug users and gay men indicate that the spread of HIV infections in the U.S. has either been leveling off or dropping. In a 1992 CDC study at blood banks, which seek to block high-risk individuals from donating, 0.0067% of blood donors were HIV-infected, down from 0.0223% in 1985. Moreover, subsequent research shows that the rate has continued to drop.

Further, says the CDC's Dr. Petersen, who studied the blood-bank results, most of the HIV-positive donors turn out, on investigation, to have engaged in some high-risk behavior.

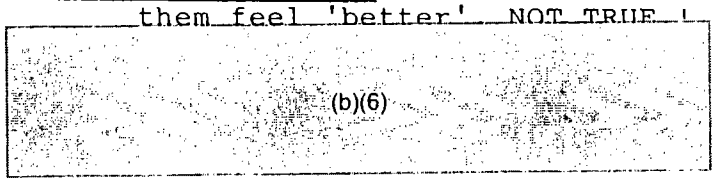
Meanwhile, blood tests of newborns, which indicate the HIV status of the mother, show that the overall percentage of infected women has remained stable nationally for several years, and has actually begun dropping in New York, New Jersey and Florida, three states with very high AIDS rates. Nationally, the HIV-infection rate for women is 1.6 per 100,000 women.

Other surveys support the suggestion that most heterosexuals aren't seriously at risk. The University of Chicago's sexual- practices survey turned up six people out of the 3,432 surveyed who credibly reported themselves HIV positive. Of those six, three were bisexual men, one a woman who injected drugs and one a woman who had had more than 100 lifetime sex partners. (anal sex)

Some scientists argue that the U.S. still faces a big threat from strains of HIV that are much more readily transmitted heterosexually than the strains that exist here today. Max Essex, a professor of virology at Harvard University and chairman of the Harvard AIDS Institute, says his research suggests that such strains are contributing to the extensive heterosexual threat in Africa and Asia.

But after attending a European conference on the topic, Roy Anderson, professor of epidemiology at Oxford University, is unconvinced. "I find it plausible but, as yet, scientifically unsubstantiated" that such strains exist, he says. Even if they do, he adds, they probably won't lead to a heterosexual epidemic in the U.S. or Western Europe.

Male homosexuals make up only 1 to 3 percent of the population (or 2 to 6 percent of the MALE population)...they would like to CLAIM 10 percent ... to make them feel 'better' NOT TRUE !



More and more - and very many researchers have come to the conclusion that receptive anal intercourse (either male or female) is the ONLY risk behavior involved in the incidence of HIV/AIDS infection.

FACTOID: this is the most widely practiced method of birth control in primitive African and other 3rd world countries.

A Question of Odds

Below are rough estimates of the relative risks in the U.S. and Western Europe of various activities that can transmit AIDS. The calculations can't be used as a guide to individual behavior. Risk to any one person depends on many factors that can't be reduced to a single number. Recent research, for example, suggests that the infectiousness of the HIV virus can vary greatly over the life of an infected person; infectiousness is likely to be high both at the very outset of the infection, before symptoms have appeared, and several years later. Also, women may be several times more likely than men to be infected through vaginal intercourse, a distinction that the overall risk figure obscures.

A healthy, intact EPIDERMIS IS A 100 percent barrier to the AIDS virus. Vagina is epidermis !

ACTIVITY	RISK	NOTES AND SOURCES
Vaginal sexual intercourse	**1 infection per 1,000 acts with HIV-positive partner**	Mean per-act risk for unprotected intercourse. *Source: Isabelle de Vincenzi, European Study Group on Heterosexual Transmission of HIV, 1994*
Receptive anal intercourse .the ONLY risk behavior	**5 to 30 infections per 1,000 acts with HIV-positive partner**	With no condom use. *Source: Victor DeGruttola, Harvard School of Public Health, 1989*
Intravenous drug injection with infected needle	**10 to 20 infections per 1,000 needle uses**	*Source: Don Des Jarlais, Beth Israel Medical Center, New York*
Accidental stick in medical setting with infected needle	**3 infections per 1,000 sticks**	*Source: Centers for Disease Control*
Transfusion of screened blood	**1 infection per 450,000 to 660,000 donations**	*Source: Centers for Disease Control/American National Red Cross*

by Michael Fumento

[read - THE MYTH OF HETEROSEXUAL AIDS]

partner does NOT NEED to have the HIV/AIDS virus. Many don't.

..NOT a likely means of transmission. NOT provable. IV drug users are into a LOT of KINKY things, such as receptive anal intercourse.

...highly UN-likely. Latest CDC study disclosed NONE. Sound better to family and friends than admitting to receptive anal intercourse

... THIS is the tragic aspect of AIDS.

Homosexuals are known to donate blood at a rate that is 3 to 5 times higher than the general population.

(6)(b)

AIDS Community Care Team

233 Keawe Street ✦ Suite 226 ✦ Honolulu ✦ Hawai'i ✦ 96813-5405 ✦ Telephone: (808) 521-0077 ✦ Fax: (808) 521-0825

January 6, 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:

The AIDS Community Care Team (ACCT), the consortium of HIV/AIDS services organizations in Hawaii, strongly opposes the proposed 2.25% funding reduction for the CDC's HIV/AIDS prevention cooperative agreements. We do not support the intent to finance administrative needs within CDC at the expense of AIDS prevention efforts. At a time when communities such as ours are becominng more sophisticated in targeting prevention efforts to specific, high-risk groups, more resources, not less, are needed to carry out primary and secondary prevention activities.

Our consortium also does not understand the logic of reducing the cooperative agreements on one hand, and issuing a new competitive preogram for prevention funding on the other. The move carries the risk of hurting small states and low incidence states such as Hawaii.

On behalf of the HIV/AIDS care services community of the state of Hawaii, we urge you to examine this situation further and, if at all possible, to reverse the CDC's decision to reduce cooperative agreement funding. If you have any questions, please do not hesitate to contact us.

Thank you.

Sincerely,

Jon Berliner
Co-Chair

Geoorgette Kennedy
Co-Chair

cc: Sandra Thurman
Cornelius Baker
Daniel Zingale
Paul Kawata

January 6, 1998

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

Dear Madame Secretary:

As organizations concerned with the public health and welfare of individuals in cities and counties across our nation, we are 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. We request the immediate restoration of state and local cooperative agreement base funding to its FY 1997 level.

According to the CDC, this reduction in state and local cooperative agreement awards is necessary to fund growth in agency administrative and overhead costs. While we understand the need for resources to administer programs, we feel this should not come at the expense of local program efforts, especially state and local HIV community planning initiatives. Clearly, we must find a better way to plan for and support CDC's infrastructure.

Congress recognized the importance of the cooperative agreements and instructed CDC—in the House passed FY 1998 committee report—to give priority to funding HIV prevention cooperative agreements with state and local health departments to address the unmet needs identified through the HIV prevention community planning process. We urge the CDC to heed congressional intent and award these new funds as soon as possible.

Thank you for your consideration and hopeful resolution of this matter.

National Association of Counties
National Association of County and City Health Officials
National Alliance of State and Territorial AIDS Directors
The United States Conference of Mayors

cc: Sandra Thurman
David Satcher, MD, Ph.D.
Helene Gayle, MD, MPH
David Holtgrave, Ph.D.

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10435	Bonnie	Pfeifer	1/2/98

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

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

Subject

Support funding of White Act

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

DISHES project inc. for pediatric AIDS

December 30, 1997

Ms. Sandy Thurman
Director
Office of National AIDS Policy
808 17th Street, NW, Room #820
Washington, D.C. 20503

Dear Mr. Agrees:

Thank you for supporting funding for the Ryan White CARE Act, especially Title IV projects that support children youth and families. This year, the White House focused a great deal of attention on the growing needs of youth and pregnant women living with HIV/AIDS. Title IV, as stated in the White House reports, is vital to addressing these needs. We strongly urge you to increase funding for Title IV and all titles of the Ryan White CARE Act.

$25 million in additional Title IV funds are needed to: (1) expand women's HIV care programs; (2) expand youth focused HIV care programs; and (3) expand existing programs. We are grateful for the administration's support in the past, and are confident that this commitment to the lives of infected women, children, and families will continue.

Sincerely,

Bonnie Pfeifer
Founding Director

The DISHES Project, Inc. • 441 Lexington Avenue, Suite 1202 • New York, NY 10017
Phone: 212-697-8363 Fax: 212-697-0046 Email: dishes@intercall.com
http://www.dishes.org

Dimock
Community Health Center

Boston Pediatric AIDS Project
Ms. Sandy Thurman
Director
Office of National AIDS Policy
808 17th St., NW, #820
Washington, DC 20006

Dear Ms. Thurman:

On behalf of the women, children and families served by the Boston Pediatric and Family AIDS Project (BPFAP), I write to urge you to increase funding for Title IV and all titles of the Ryan White CARE Act in the President's FY 1999 budget request. As BPFAP is funded under Title IV of the Ryan White CARE Act, we are well aware of the Administration's commitment to children, youth, and families living with HIV/AIDS. Through Title IV, BPFAP's 15 member agencies provide primary and specialty medical care and support services for children, at-risk youth, women, and families living with HIV and AIDS in the greater Boston area. With women and youth as the fastest growing population infected and affected with HIV in the United States, our program - and Title IV support - is more vital to our community than ever before.

Last year's increase in Title IV funding helped BPFAP to expand its services to include a pediatric HIV evening clinic for school-aged children, and outreach, interpretation, and advocacy for monolingual Latina women at risk for and living with HIV and AIDS. Thanks to Title IV, some HIV-positive children in Boston no longer need to miss school in order to receive primary and specialty medical care. In addition, Latina women unable or unwilling to access HIV/AIDS prevention and treatment services because of cultural and linguistic barriers now have an advocate that can help them link to appropriate services.

This year the White House focused a great deal of attention on the growing needs of youth and pregnant women living with HIV/AIDS. Title IV, as stated in White House reports, is vital to addressing those needs, but increased funding is required to address the HIV epidemic as it continues to affect women and youth, especially women and youth of color. $25 million in additional Title IV funds are needed to (1) expand women's HIV care programs, (2) expand youth focused HIV care programs, and (3) expand existing programs. This additional funding will also support increased primary medical care and clinical research by children, youth, and women with HIV, particularly people of color.

We applaud the Administration's past support for the Ryan White CARE Act, especially Title IV, and strongly urge to you continue that support by increasing funding for Title IV and all titles of the Ryan White CARE Act.

Sincerely,

Maria Copses, Director

FAX TRANSMITTAL FORM

Date: 1/2/98

Number of pages (include cover page) 2

TO: Ms. Sandy Thurman

AGENCY: O N A P

TEL #: ( ) -

FAX #(202) 632-1096

FROM: Mana Capses

DIMOCK COMMUNITY HEALTH CENTER
HIV SERVICES
BOSTON PEDIATRIC AIDS PROJECT
GREEN DOOR PROJECT/SHATTUCK SHELTER
BOSTON WOMEN AIDS INFORMATION RPOJECT
55 DIMOCK STREET
ROXBURY, MA 02119
617-442-8800 X324
FAX/617-442-1702

COMMENTS:

If for any reason you did not receive all of this fax transmittal, please contact: Mana Capses at 442-8800 ext 331

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10434	Jonathan	Weisbuch	1/2/98

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

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

Subject

White funding increase

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

Jonathan B. Weisbuch, M.D., M.P.H.
Director

DEPARTMENT OF
PUBLIC HEALTH SERVICES

December 26, 1997

Ms. Sandy Thurman
Director
Office of National AIDS Policy
808 17th St., NW, #820
Washington, DC 20006

Dear Ms. Thurman:

It has come to our attention that the AIDS Policy Center has requested an additional $20 million increase for Title IV of The Ryan White CARE Act in FY 1999, and is supporting funding increases for the other Titles of the CARE Act, in addition to AIDS housing, prevention and research. The Maricopa County Department of Public Health Services supports the AIDS Policy Center position, and urges you to support funding increases of the The Ryan White CARE Act.

Maricopa County, Arizona, which includes the greater Phoenix metropolitan area, is experiencing significantly increasing rates of HIV infection among women, children, and youth, and an increasing number of affected families. Maricopa County relies significantly on Titles I, II, and III of the CARE Act, and HOPWA, to meet the health, medical, and housing needs of people living with HIV. All these programs are vital and critically needed in our community. As a previous Title IV planning grant recipient, we have documented and quantified the need for special services, particularly access to clinical research, for women, adolescents, and children with HIV.

Thank you for supporting funding for the Ryan White CARE. We strongly urge you to increase funding for all the Titles of the Ryan White CARE Act.

Sincerely,

Jonathan B. Weisbuch, MD, MPH

cc: AIDS Policy Center

Divisions of
Community Health Services • Preventive Medical Health Services • Epidemiology & Data Services
1825/1845 East Roosevelt, Phoenix, Arizona 85006 • (602) 506-6900 • FAX (602) 506-6885 • TTY (602) 506-6784

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10421	Mary	Partlow	12/29/97

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

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

Subject

Funding

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

Mary Collett Partlow, MSW
P. O. Box 125
Ross, CA 94957
(415) 454-2286

December 12, 1997

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

Dear Ms Thurman,

I understand you are in the process of completing the 1999 budget request for Congress. Your support of the Ryan White CARE Act is vital. I want to impress upon you the importance of funding projects that serve women and children with HIV/AIDS. It is especially crucial that attention be given to projects that support increased access to medical care and clinical research. Women and youth are the fastest growing populations infected and affected with HIV. I hope this administration will request that Title IV of the Ryan White CARE Act be given additional funds to serve these populations.

I know from hearing you speak at the APC Annual conference that you understand the needs of women and families. Having been a social worker myself with a Title IV project I can also personally attest to the desperate need for more comprehensive services for these populations. The epidemic hits hard in the most undeserved and disenfranchised communities. The issues the families face are complex. Very basic medical, social, and economic necessities are entangled for these populations and it becomes even more complicated when the political nature of the disease is added in to the mix. Funding for comprehensive medical and social services is vital. Additional funding for Title IV will help local communities begin and expand service delivery and to meet the growing demand.

Thank you for your continued devotion to children, youth, and families.

Sincerely,

Mary Collett Partlow, MSW

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10419	Thomas	Dupre	12/29/97

Addressed To

Thurman, Sandra

Sender's Organization

Diocese of Springfield

Sender's Street1

Sender's Street2

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

Subject

Funding to metro areas

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

Diocese of Springfield
Office of the Bishop
POST OFFICE BOX 1730 – 76 ELLIOT STREET
SPRINGFIELD, MASSACHUSETTS 01101-1730

December 15, 1997

Ms. Sandy Thurman
Director of National AIDS Policy
Executive Office of the President
Domestic Policy Council
Old Executive Office Building, Room 16
Washington, DC 20502

Dear Ms. Thurman:

It has come to my attention that a great injustice is occurring in the Western part of Massachusetts to our friends, families and neighbors who have been diagnosed with HIV. Apparently during the re-authorization of the Ryan White CARE Act in 1995, a new formula for Title 1 monies was passed that effectively eliminated "eligible metropolitan areas" with populations less that 500,000 regardless of incidence rates. Springfield ranks as the 25th highest in the nation for incidence per 100,000 residents.

As the religious leader for the Roman Catholic Diocese of Springfield, I am deeply concerned about our community's ability to provide the necessary emergency relief services to this most needy group of individuals and families without Title 1 assistance. I am writing to you, as our nation's top AIDS policy advisor, to help us right this obvious wrong.

I would be grateful to you for any assistance that you may be able to offer regarding this matter. Thank you in advance for your attention and support to provide essential emergency relief to our HIV community.

Fraternally yours in Christ,

+ Thomas L. Dupré

Most Reverend Thomas L. Dupré
Bishop of Springfield

cc: Mr. Frank Raines, Director of Office of Management and Budget
The Honorable Richard E. Neal
The Honorable Edward T. Kennedy
The Honorable John Kerry
Mayor Michael J. Albano
Mr. John Auerbach, Director, Mass. Dept. of Public Health, HIV/AIDS Bureau
Joseph J. D'Amour, Esquire

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10402	Multi signatures		12/23/97

Addressed To

Sender's Organization

Chicago Area HIV Services

Sender's Street1

Sender's Street2

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

Subject

Funding Title IV

☐ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

attachment

The Chicago Area HIV Services Planning Council

C/O The Chicago Department of Public Health
HIV/AIDS Public Policy and Programs
333 South State Street, Room 200
Chicago, IL 60604

The Honorable William J. Clinton
The White House
1600 Pennsylvania Ave. NW
Washington, D.C. 20510

December 24, 1997

Dear President Clinton:

On behalf of the thousands of people with HIV/AIDS living in the greater Chicago Area and as members of the 9-County Chicago Area HIV Services Planning Council, we are writing to solicit your support to ensure that funding for the Ryan White CARE Act remains a national priority. We also write to urge you to support an increase of $105 million for Title I of the CARE Act in FY 1999, bringing the total amount of funding for Title I to $570 million.

Throughout the Chicago EMA, we are struggling to keep pace and provide services to the large numbers of people in need of primary medical care and related social services. Eighty-seven percent (87%) of AIDS cases diagnosed in Illinois are in the Chicago EMA; between 40% and 50% of people living with HIV in the EMA are uninsured. A summary of our Planning Council's most recent needs assessment indicates that HIV/AIDS service agencies are experiencing an average of a 45% shortage in available financial resources.

We are troubled that you and your Administration failed to recommend appropriate increases in CARE Act funding for FY'98. In addition, some of us recently participated in a CAEAR Coalition meeting with members of your Administration, and were disappointed to learn that AIDS is no longer a priority for you.

Increased funding for the CARE Act is crucial to sufficiently address the needs of uninsured people with HIV/AIDS here in Chicago and across the state and country. As you know, the increasing utilization of protease inhibitors and other costly drugs have placed significant pressure on Title I communities to ensure that access to these drugs is available and continuous. These new therapies cannot be provided outside the context of overall primary care and related socials services. This is particularly pertinent for the newer populations of this epidemic which have traditionally lacked access to health care services, such as poor people of color, women, children and adolescents. These populations require a full range of services beyond primary medical care, such as housing, case management, child care, mental health counseling, substance abuse treatment, and nutritional services.

While the recent decline in AIDS related deaths is good news, this decline is not as explicit for communities of color, women and young people. Increased funding and solid commitment from the Administration can assist these communities in accessing treatment and services. Increased funding for viral load testing and expanding primary care, social services and utilization of those services, all contribute to a national increased need for $105 million for Title I and additional increases for Titles II through V.

With your support, our communities can prolong the lives of people with HIV/AIDS and save the nation millions of dollars in unnecessary hospitalization and other health care costs. Thank you!

cc: The Honorable Donna Shalala, Secretary of Health and Human Services
Josh Gottabum, Executive Associate Director, Office of Management and Budget
Lynn Cutler, Office of Intergovernmental Affairs

Sincerely,

Ellen Weitzman
Consumer

Mark Islam
Associate Director
AFC

Lawrence E. Kamp
Chicago Health Outreach;
HIV Services Council Co-Chair

Midwest AIDS Training + Education Centers

Children's Memorial Hosp
HIV Program Grant/Proj. Coord.

MATEC

Consumer

Consumer

Consumer

Sincerely,

Consumer

Chicago Womens AIDS Foundation

Chicago Dept of Health

Sincerely,

Marianne Zielewicky
Consultant HIV/AIDS Services
Catholic Charities of Chicago

1058 S. Monitor Ave
Chicago, IL 60644

1325 W Estes #411
Chicago, Il 60626

324 N. Austin apt #2
Oak Park IL. 60302

2912 [illegible]
Chicago, Il. 60617

1413 K Street, NW, Suite 700
Washington, D.C. 20005
(202) 789-3565 Fax (202) 789-4277

FACSIMILE COVER SHEET

TO:	Sandy Thurman
FAX#:	(202) 632-1096
FROM:	Tony Teano
TELEPHONE#:	(202) 789-3565
DATE:	December 23, 1997

__5__Page(s) (including this cover).

Note:

Here is the Chicago Area HIV Services Planning Council's letter of December 24, 1997 to President Clinton.

Transmittal Sheet

DATE: 10-20-97 **PAGE 1 of** 2

FROM: Carla Johnson

INFECTIOUS DISEASE PROGRAM
Grady Health System®
Ponce de Leon Center
341 Ponce de Leon Avenue, N. E.
Atlanta, Georgia 30308-2012

Office: (404) 616-2440 Fax: (404) 616-9700

Interim response ?

TO: Sandy Thurman

Fax# 202 632 1096

TELEPHONE#

E-MAIL

COMMENTS:

Thank you.

10/12/97

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

Dear Ms. Thurman,

I am writing to express my support for continued, and increased funding for the Ryan White CARE Act, and the CAEAR Coalition's request for $570 million in FY99 funding for Title I of the CARE Act. I am proud to work in one of the finest, most comprehensive HIV ambulatory care clinics in the country, which owes its very existence to Ryan White funding.

Thank you for your support.

Sincerely,

Carla M. Johnson
Clinical Manager
GHS Infectious Disease Program
341 Ponce De Leon Ave
Atlanta, Ga. 30308

The Circle of Care

260 South Broad Street
Suite 1000
Philadelphia, PA 19102-5076
215.985.2657
Fax: 215.732.0916

January 9, 1998

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

Dear Ms. Thurman:

On behalf of the 780 families affected by HIV/AIDS we serve in Philadelphia, we are writing to thank you for supporting funding for the Ryan White Act. We are particularly grateful for your past support of Title IV since it is this funding which is so necessary to the health and welfare of the women and children we serve.

Like other cities around the country, Philadelphia continues to see a rise in the number of women and children affected by HIV/AIDS. In fact, we project an increase in the number of families in need of services from The Circle during 1998. In Philadelphia, Title IV funds are used to provide HIV prevention, case management, health care, respite care, and many other needed services. These essential services are helping families to stay together, stay well and live longer.

On behalf of the families we currently serve and the families we will be serving tomorrow, please increase funding for Title IV and all titles of the Ryan White CARE Act. You and President Clinton are to be commended for your support of women and children with HIV/AIDS, and we hope that the FY 1999 budget again demonstrates the President's unwavering compassion for women, children and families.

Thank you.

Sincerely,

Virginia Ross
President
Board of Directors

Alicia Beatty
Director

VR/AB:oij

Mr T Mbeki
Executive Deputy President
West Wing
Union Buildings
PRETORIA
0001

Dear Colleague

JOINT STATEMENT ON AIDS FOR RELEASE AT THE BNC MEETING: 23-25.02.98

AIDS is threatening the very fabric of our society. It is however a global problem which affects all nations, albeit to differing degrees.

In order to continue highlighting the importance of a multisectoral, effective and compassionate response to the epidemic, I respectfully request that the attached statement be released jointly by yourself and Deputy President Gore at the forthcoming BNC meeting.

Kind regards

DR N C DLAMINI ZUMA
DATE:

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10401	Steven	Tierney	12/23/97

Addressed To

Thurman, Sandra

Sender's Organization

Hi-Fy

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip
San Francisco		

Subject

Ttle IV funding

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

hi-fy
health initiatives for youth

1242 market street. s.f. ca 94102
tel 415. 487. 5777 fax 415. 487. 5771

Sandy Thurman
Director
Office of National AIDS Policy
808 17th St., NW #820
Washington, DC 20006
via fax: (202) 632-1096

Dear Ms. Thurman:

I am writing to ask you to support increased funding for Title IV of the Ryan White CARE Act for FY 1999, as well as funding increases for other titles of the Ryan White CARE Act. Title IV projects that support confidential social services, primary medical care and access to research for children, youth and families reach 338 sites in 27 states, the District of Columbia and Puerto Rico. Title IV sites serve an estimated 50,000 HIV infected and affected children, youth, at-risk youth, women, men and families. Demand for services has tripled during the past three years.

This year the White House focused a great deal of attention on the growing needs of youth and pregnant women living with HIV/AIDS. Title IV, as stated in White House reports, is vital to addressing these needs. Over 75% of Title IV projects provide direct primary medical care to children, youth, at-risk youth and pregnant women with HIV and AIDS. Medicaid does not fully reimburse Title IV projects for costs of primary medical care. Over 65% of Title IV projects are the principle source of primary medical care for children, youth, at-risk youth and pregnant women with HIV and AIDS living in their geographic areas. Our program, through a collaborative effort of ten different youth-serving agencies within the Project Alliance for the Health of Adolescents framework, provides direct primary medical services and social services to over 200 HIV positive youth in San Francisco. As a Ryan White CARE Act Title IV project I can tell you that our program is vital to our community.

Women and youth are the fastest growing population infected and affected with HIV in the United States and need greater access to Title IV projects. Additional funding for Title IV will support increased primary medical care and participation in clinical research by children, youth and women with HIV, particularly African-Americans and Latinos. I strongly urge you to increase funding for Title IV and all titles of the Ryan White CARE Act.

Sincerely,

Steven Tierney
Executive Director,
Health Initiatives for Youth

Sandy -
Happy Holidays -
I'll see you in 98
for drinks with Todd
Cheers

cc: AIDS Policy Center

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10399	Sarit	Golub	12/17/97

Addressed To

Thurman, Sandra

Sender's Organization

Dominican Sisters Family Health Service

Sender's Street1

Sender's Street2

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

Subject

Increase funding of Title IV

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

No
Comments
pencilled
on these
pages

DOMINICAN SISTERS
FAMILY HEALTH SERVICE, INC.

BRONX ■ SUFFOLK ■ WESTCHESTER
279 Alexander Avenue, Bronx, New York 10454
(718) 665-6557 • FAX (718) 292-9113

December 17, 1997

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

Dear Ms. Thurman:

Thank you for supporting the Ryan White CARE Act, especially Title IV projects that support children, youth, and families. As the Project Director of a Ryan White Care Act Title IV Program in the South Bronx, I can tell you that our program is vital to our community.

This year, the White House focused a great deal of attention on the growing needs of youth and pregnant women living with HIV/AIDS. Title IV, as stated in the White House reports, is vital to addressing these needs. We strongly urge you to increase funding for Title IV and all titles of the Ryan White CARE Act.

In our community, the services we provide are often the only link that infected and affected individuals have with critical medical care and other supports. Last week, I spoke to an HIV-positive mother of seven, who is a member of our client advisory group. She told me that it was the services provided by our agency that enabled her to enter and succeed in drug treatment, be reunited with her children, secure an apartment, and recover her life. She called the staff of our Title IV program her "guardian angels," and said that she prays that the project will continue to serve the community for many years to come.

$25 million in additional Title IV funds are needed to: (1) expand women's HIV care programs; (2) expand youth focused HIV care programs; and (3) expand existing programs. We are grateful for the administration's support in the past, and are confident that this commitment to the lives of infected women, children, and families will continue.

Sincerely,

Sarit Golub
Project Director
Ryan White Title IV Program

cc: AIDS Policy Center for Children, Youth, and Families

November 30, 1997

_____

_____

_____

With this letter I hope to generate some interest in my research.

This is my 30th year of being the Junior High/Middle School Librarian with the Lake Ridge School System, Gary, Indiana. Since 1992, I have also been the System's Library Coordinator.

I did not pay too much attention to HIV/AIDS until November, 1991. Until that time I reasoned, "What can I do about it? I'm not a trained biochemist."

However, in November, 1991, the basketball star, 'Magic' Johnson announced in the media that he was infected with the Aids virus - HIV. For some reason this saddened me greatly; consequently, I began to engage in HIV/AIDS research.

On September 9, 1997, I think I may have 'stumbled upon' a possible cure for cancer (at least, certain kinds).

Years ago, in Spain, a cancer study showed promising results. You can read about it in 'The Lancet', January 12, 1980, pages 68-70 (included in my research).

If I accomplish nothing else with my research, I hope to motivate someone/somewhere to duplicate this Spanish study with one major difference - attention will be paid to the patient's vitamin C consumption; no mention of vitamin C is made in this study; in fact, no mention, whatsoever, is made of diet.

In this Spanish study the chemical, thiazolidine-4-carboxylic acid, was utilized with these results:

> "...Histological studies showed involution and transformation into low-grade malignancies and disappearance of evidence of cancer." (page 68)

Minimal results were achieved when the patients swallowed daily 5mg/kg of the chemical; however, significant results were achieved when the patients received daily by continuous intravenous infusion 20mg/kg of the chemical.

Thiazolidine-4-carboxylic acid is composed of two compounds - L-cysteine & formaldehyde.

In my research I cite studies which would seem to indicate that vitamin C affords protection against the toxicity of formaldehyde.

I hope that someone will duplicate the Spanish study, but this time the patients will be fed 'mega-doses' of vitamin C and will swallow the chemical in dosage amounts of 20mg/kg instead of 5mg/kg.

Might this be practicable and could cancer (at least, certain kinds) be cured in this manner? Only a clinical trial would reveal the results.

To repeat, this is the very least which I hope to accomplish with my research - the initiation of a clinical trial to see if cancer can be cured.

Price of Research	$4.38
Cost of postage	$2.62
Total cost to you	$7.00

John S. Roberts
Post Office Box H
Hobart, Indiana 46342
219-763-1933

(Page 50, on the reverse side, and Page 61p are from my 116 pages of research.)

I hope this letter generates some interest. My own interest in HIV/AIDS was aroused when the basketball star 'Magic' Johnson announced to the media in November, 1991, that he was infected with HIV.

In January, 1993, I got my 'hunch' about acetaldehyde and since that time have mailed my research to well over 100 addresses in the fields of Government, Science, Medicine, The Media & 'The Aids Community'.

Thus far I have elicited the interest of only my immediate family, some associates at work, Mrs. Mary Ann Nickoloff and Dr. Standish.

As you can see from her letter, Dr. Standish needs additional funding before she can proceed with my proposal. I am contributing $500.00. Could you spare at least $5.00 for the benefit of mankind - the possible elimination of AIDS? If so, would you please make out your check to:

BASTYR UNIVERSITY AIDS RESEARCH CENTER

and mail it to: Dr. Leanna J. Standish
Aids Research Center
Bastyr University
14500 Juanita Drive N.E.
Bothell, Washington 98011-4995

COPYING PRIVILEGES - If you think this is a worthy cause, please feel free to make copies of this letter or portions thereof and give them to whomever you wish; however, you do not have the right to make copies of this letter or portions thereof and sell them to whomever you wish.

- This is my advertisement -

* "AIDS, CANCER, ALCOHOL ABUSE and the Power of NAC (N-Acetyl Cysteine). Attention: Director, National Institutes of Health (Bethesda, MD) and the Lake (IN) and Porter (IN) County Medical Societies. Can the pill 'Tac' (thiazolidine-4-carboxylic acid) and vitamin C benefit cancer patients? Can the 'cough drop' - L-MTCA (2-methylthiazolidine-4-carboxylic acid) benefit HIV/AIDS patients? Can dietary supplements such as vitamin B_6 and zinc benefit problem drinkers? I have compiled and sent to you 116 pages of medical research in which I imply that the answer is 'yes' to all four of these questions. If you think my ideas have merit, would you please share this research with your associates and/or patients. Anyone may obtain a copy of this 116 pages of medical research by mailing $7.00 to John S. Roberts, P.O. Box H, Hobart, IN 46342. All profit, after taxes, will be donated to charity."

Now, let's see how NAC can help chronic smokers and chronic drinkers by protecting them against the harmful effects of acetaldehyde. By the way, other substances afforded rats 100% protection against a lethal dose of acetaldehyde, namely: L-Cysteic acid.H_2O and the combination of L-Ascorbic acid & L-Cysteine FB & Thiamin.HCL. See attached - THE SPRINCE TABLES (page 93); focus upon the columns marked 100%.

I wish to pause a moment and ask this question - Does one person out of a million know of the work of Dr. Herbert Sprince?

I purchased SUPER-NUTRITION in August, 1976. On January 15, 1995, I became aware of the overwhelming significance of a sentence which I have underlined; the passage is found on page 128 of SUPER-NUTRITION:

> "...Dr. Herbert Sprince and his associates at the Veterans Administration Hospital in Coatesville, Pennsylvania, used a spectrofluorometer to determine that vitamin C protects against acetaldehyde poisoning - acetaldehyde forms in the blood of alcoholics and heavy smokers and is a powerful initiator of dangerous free-radicals as well as being a cross-linking compound. A combination of certain sulfur amino acids and vitamin C gave 100 percent protection against a standard lethal dose of acetaldehyde in laboratory rats..."

* Revised: AIDS, CANCER, ALCOHOL/SMOKING ABUSE. will include: "Can NAC benefit chronic smokers?"

BASTYR
UNIVERSITY

AIDS Research Center

14500 Juanita Drive N.E.
Bothell, Washington 98011-4995
(206) 602-3180
FAX (206) 602-3079

John Roberts
PO Box H
Hobart, Indiana 46342

July 9, 1997

Dear Mr. Roberts,

I received your letter. Maybe you're on to something important. A small trial perhaps should be done, however, who will write up a detailed proposal with scientific rationale, protocol and budget and who will fund it? Even a small trial would cost $50,000 - $100,000. Bastyr University AIDS Research Center does not have the resources for this project without adequate funding and a lead scientist to make it happen. While the NIH Office of Complementary & Alternative Medicine might be interested, a detailed proposal must be submitted.

So it's back on you. Can you find a scientist willing to work with you in proposal development? Or can you fund raise even $5000 - $10,000 for the Bastyr AIDS Center to develop a proposal for this idea? The funding may be able to be obtained from the NIH, but you are a very very long way from having a detailed trial rationale, design, plan and budget. Clinical trials are hard work to design and plan. I'd be willing to ask one of our staff scientists to work on this with you, if you can come up with minimal funding for that person's time. Typically we require $5000 to begin work on a new idea.

See what you can do. You might have a good idea, but there is hard work ahead in order to evaluate it.

Sincerely,

Leanna J. Standish, ND, PhD

cc: Cherie Reeves, MS, Center Manager

Could Antabuse be administered to children with HIV/AIDS? If so, couldn't a degree of better health be attained if the liver of the child was plugged up, and the child ate an above average amount of fruit. Since acetaldehyde is already present in certain fruits (see page 2), a little bit of acetaldehyde (unmetabolized) should have some positive effect upon inactivating HIV, should it not?

Of course, the more dynamic approach utilizes alcohol.

The start of the procedure will be conservative -

A. First of all let's remember that the liver of the patient is plugged up and will continue to be plugged up with Antabuse throughout the course of the treatment. It might be wise for the patient to avoid all foods containing nitrites; see at the very middle of page 61o

B. Everynight before going to bed the patient will drink one ounce of 10% alcohol.

C. The hope is that this administration could be increased to four times a day; let's say 7:00 a.m., 12:00 p.m., 5:00 p.m. and 10:00 p.m.; the hope, also, is that the patient does not have to drive a car.

D. The further hope is that the percentage of alcohol could be increased to 18%.

E. Dr. Herbert Sprince has shown that certain natural nutrients (see page 93) afforded laboratory rats 100% protection against a lethal dose of acetaldehyde; my guess is that human beings would likewise be so protected.

F. ½ to 1 hour before drinking the ounce of alcohol, the patient will ingest the Sprince Nutrient of his or her choice; in addition, it would be wise if the patient's intake of vitamin C was on the high side to avoid the possibility of damaging stones forming in the kidneys or urinary bladder.

G. If L-cysteine complexes with acetaldehyde to form L-MTCA, the assumption is that this will do no harm toward limiting the effectiveness of the procedure. The assumption is that L-MTCA will be just as effective as unmetabolized acetaldehyde itself in inactivating HIV, the virus which is the root cause of AIDS.

j.s.r. 11/9/97

POST SCRIPT: Ascorbic acid and vitamin C are the same thing. There is some doubt whether vitamin C is able to prevent and/or cure the common cold; however, if my procedures for the treatment of cancer are effected, there should be no doubt, whatsoever, that vitamin C is absolutely essential. (FOR CANCER TREATMENT)

And finally, if I had AIDS I would at the very, very least 'plug up' my liver with Antabuse and force myself to eat a plentiful supply of the fruits listed on page 2; these fruits are not only rich in vitamin C but also contain acetaldehyde.

To conclude - both the National Institutes of Health and Centers for Disease Control have acknowledged that HIV can be inactivated in the test tube by acetaldehyde; it is my hunch that the human body would likewise be so benefited.

j.s.r. 11/15/97

BASTYR
UNIVERSITY

AIDS Research Center

14500 Juanita Drive N.E.
Bothell, Washington 98011-4995
(425) 602-3180
FAX (425) 602-3079

John Roberts
PO Box H
Hobart, IN 46342

Dear Mr. Roberts,

Today I received your recent communication about Imuthiol. I was glad to see that you actually now have some clinical data. What you say sounds interesting. Unfortunately, there is not enough detail on the actual CD4+ counts and clinical symptom change for me to assess how large an effect was produced.

I need to know more about how many patients and the exact baseline and post-treatment immunological and clinical changes. I noted that you present no HIV RNA viral load data. Do you have this data?

Sincerely,

Leanna Standish, ND, PhD
Principle Investigator, AIDS Research Center

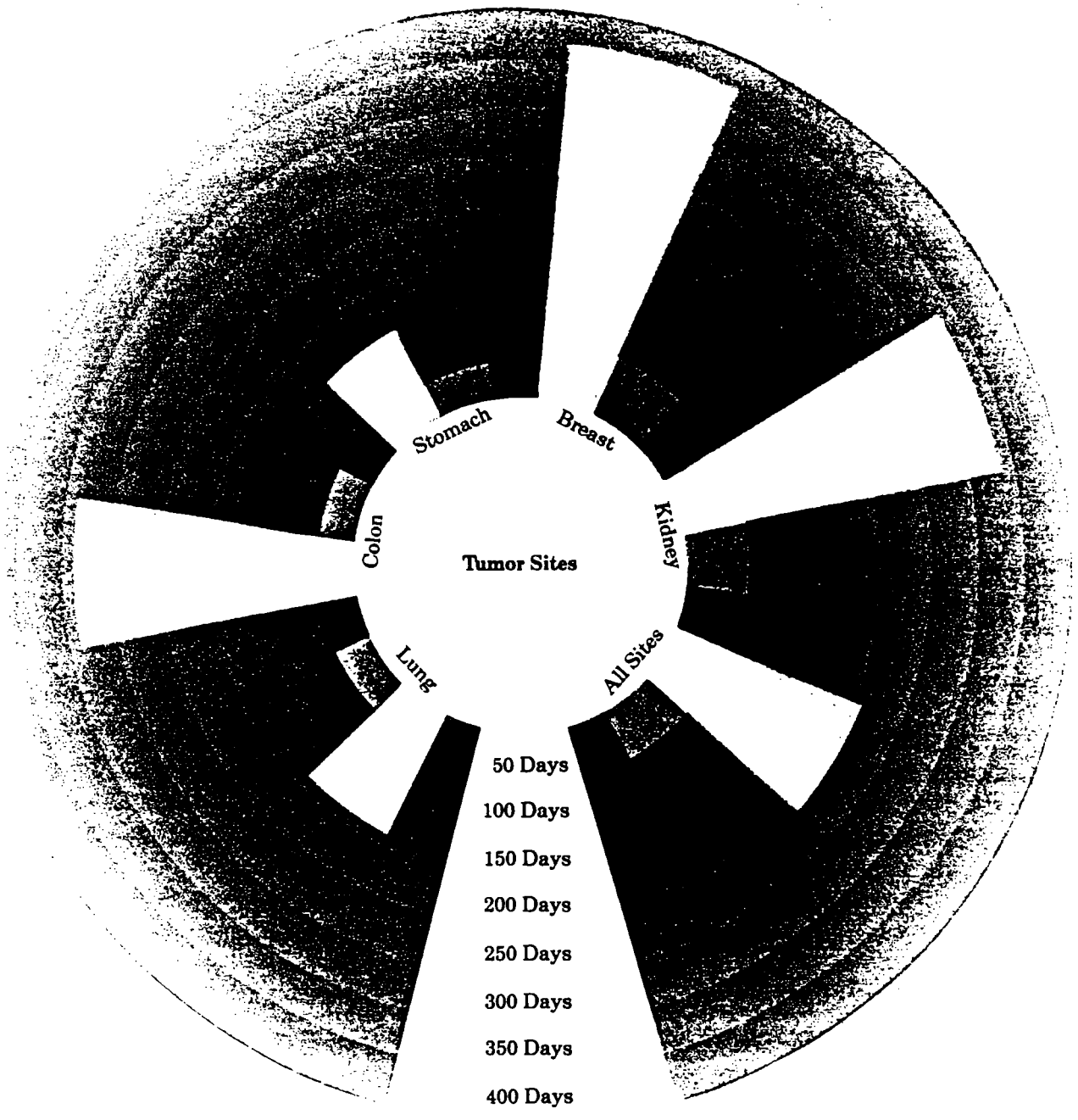
December 13, 1997

Dear Dr. Standish,

I will continue in my efforts to provide you with funding. In the meanwhile you might wish to consider the parameters delineated in 'The Lang Study' (see my pages 62-67). In all of medical literature this is one of the few studies which showed how HIV/AIDS patients showed improvement in their clinical status, and they were not taking AZT and/or 'a cocktail of drugs'. In addition, you might wish to consider steps A. through G. of my enclosed form letter. If 10% alcohol is deemed too dangerous, couldn't the amount be lowered to 5% or even 1%. Something is better than nothing. Please note (see my page 61o) that the Physicians' Desk Reference specifies 50% alcohol to initiate THE ANTABUSE-ALCOHOL REACTION. To repeat, both the National Institutes of Health (NIH) and the Centers for Disease Control (CDC) have acknowledged that acetaldehyde can inactivate HIV in test tube experiments; what do you think the odds are that it will also inactivate HIV in the human body? Yours truly, John S. Roberts

Vitamin C Gives Cancer Patients a Longer Life

Average Survival Time with and without Vitamin C



Scientists compared the survival time of 100 terminal cancer patients given vitamin C with 1,000 similar patients who did not receive the vitamin. They found that "the administration of [vitamin C] . . . to patients with advanced cancer leads to about a fourfold increase in their life expectancy. . . ."

mine formation in the stomach. Nitrosamines are carcinogens (cancer-causing agents) that may be formed when we eat foods treated with sodium nitrate. (Nitrates are added to many processed meat and smoked fish products as preservatives and as flavoring and coloring agents.)

But now evidence suggests that vitamin C can actually prevent the formation of nitrosamines in your stomach, says Dr. Calabrese. It's a natural detoxifying agent, but only if the vitamin is in your stomach at the same time as the nitrate-treated foods. The obvious solution—taking your vitamin C several times during the day with your meals—is practical for more reasons than one.

"Even if you don't eat foods rich

(Taken from UNDERSTANDING VITAMINS AND MINERALS published by the Editors of 'Prevention')

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. note	re: AIDS cure (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 - 1/98 [4]

2018-0764-F
jm2060

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]

[003]

December 1 - World Aids Day - The Aids Day of Compassion and Awareness - I left 10 copies of my research with Mrs. Helen Gutierrez, 'The Herb Lady Health Foods', 1831 E. 37th Avenue, Hobart, IN 46342.

We somehow started talking about cancer. I told her that I had included in my research a copy of a clinical trial which occurred in Spain. In this trial an amazing thing happened - in some of the patients the cancers showed signs of remission after the patients had been administered the chemical, thiazolidine-4-carboxylic acid.

(b)(6)

I told her that the chemical was not available in the United States, but it was available in Mexico, Switzerland and some other countries.

She said that it would be impossible for her brother to go to these countries.

I told her that the chemical was simple to make - it is merely the combination of two compounds - L-cysteine and formaldehyde.

In her store she stocks L-cysteine, and she wondered how she could obtain formaldehyde.

I told her that I doubted whether any physician would prescribe formaldehyde for medicinal purposes.

Then she remembered something which she had read and noted in one of her nutrition books; here it is; it comes from Prescription for Nutritional Healing by James F. Balch, M.D.:

> " Aspartame, the chemical name for NutraSweet, consists of three components: phenylalanine, aspartic acid, and methanol. Because NutraSweet contains methanol, a human specific and highly toxic poison, its safety should be examined.
>
> Methanol is converted to formaldehyde and formic acid - two substances that have a toxic effect on the thymus gland....." page 133

She immediately called (b)(6) him to start 'dosing-up' on on vitamin C because she was coming to see him and was going to administer to him L-cysteine and NutraSweet (In my research I show how vitamin C protects against the toxicity of formaldehyde).

In my research (page 61e) I include a page from a study done by H.J. Debey and associates; these words are found in Debey's study:

> ".....Finally, at physiological pH the spontaneous condensation of formaldehyde and cysteine to form thiazolidinecarboxylic acid is so rapid that when these two compounds are added to mitochondria the metabolism of cysteine is for all practical purposes entirely by way of the thiazolidine. The formation of thiazolidinecarboxylic acid in vivo therefore provides a possible mechanism for the detoxification of of exogenous and endogenous formaldehyde."

It is the hope of Mrs. Gutierrez and myself that L-cysteine will combine with NutraSweet's formaldehyde to form thiazolidinecarboxylic acid.

In my research I show what effect, I think, thiazolidine-4-carboxylic acid (the latest spelling) will have upon cancer cells - it will deprive them of the the ability to absorb water, and consequently they will shrivel, shrink and die.

This is my newest advertisement: "The combination of vitamin C, L-cysteine and NutraSweet - a cure for cancer? An immediate medical clinical trial is necessary."

(PostScript: In my research on page 41 I made a mistake; the correct Minimum Lethal Dose of formaldehyde for a 154 lb. person is 30ml, not 60ml. 30ml is the equivalent of 'a shot' of alcohol. On my page 61j I suggested that 1/30ml/70kg. of formaldehyde be administered to a cancer patient.)

70kg. and 154 lb. are the same.

(On the reverse side is the advertisement which I placed in the Sunday Post-Tribune.)

AIDS, CANCER, ALCOHOL AND SMOKING ABUSE

and the Power of NAC (N-Acetyl Cysteine)

Attention: Director, National Institutes of Health, Bethesda (MD) and the Lake (IN) and Porter (IN) County Medical Societies. Can the 'cough drop' L-MTCA (2-methylthiazolidine-4-carboxylic acid) benefit HIV/AIDS patients? Can the pill 'Tac' (thiazolidine-4-carboxylic acid) and vitamin C benefit CANCER patients? Can dietary supplements such as vitamin B-6 and zinc benefit PROBLEM DRINKERS? Can NAC benefit CHRONIC SMOKERS? I have compiled and sent to you 116 pages of medical research in which I imply that the answer is 'yes' to all four of these questions. If you think my ideas have merit, would you please share this research with your associates and/or your patients. For details as how to obtain a copy of this 116 page medical research, contact John S. Roberts, P.O. box H, Hobart, IN 46342 or call (219) 763-1933.

SOUTH LAKE COUNTY

Sunday Post-Tribune

NORTHWEST INDIANA'S LEADING NEWSPAPER

S November 23, 1997 S

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004a. form	re: Letter tracking (Personal) (1 page)	11/04/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 1/98 [4]

2018-0764-F
jm2060

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004b. letter	Individual living with AIDS to Sandra Thurman re: Funding for Ryan White CARE Act (Personal) [partial] (1 page)	10/27/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 1/98 [4]

2018-0764-F
jm2060

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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RR. Document will be reviewed upon request.

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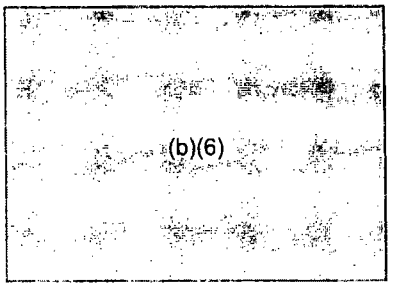
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8)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

[0046]



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

27. October, 1997

Ms. Thurman-

I am a registered voter in Passaic county, NJ and a person living with HIV. I am writing this letter to urge you to support the full requested funding of $570 million for Title I of the Ryan White CARE act.

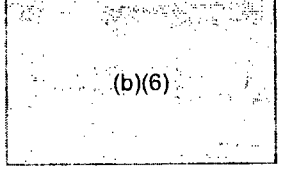
I am currently on state-supported medicaid and the clinic I go to for my primary care relies heavily upon Ryan White monies.

I also work with the pediatric comprehensive care AIDS program of Saint Joseph's Hospital in Paterson, NJ. They rely on Ryan White Title I monies to provide care to over two hundred children.

As more therapies come on line to help improve the health and extend the lives of those of us in the USA with HIV and AIDS, even more funding is needed. The combination drug therapy I am currently on costs in excess of $3000 a month. Maintaining my overall health relies on a Ryan White Title I funded clinic. As we live longer and remain healthier, I realize that costs soar, but the alternative is more costly. Inadequate funding could result in more preventable deaths and more preventable new infections of HIV.

As "AIDS Czar", I trust you will do the right thing, Ms. Thurman, and work to extend Title I of the Ryan White CARE act and fully fund it with the requested $570 million (or more).

Thank you for your time and help.



Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004c. envelope	re: Individual living with AIDS to Sandra Thurman (Personal) (1 page)	10/28/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 1/98 [4]

2018-0764-F
jm2060

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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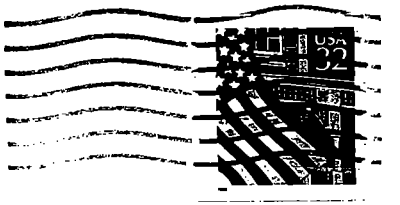
Lawrence Mayhew
7447 Sharp Ave.
St. Louis, MO 63116-3041



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

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10277	Lawrence	Mayhew	10/27/97

Addressed To

Thurman, Sandra

Sender's Organization

Sender's Street1

Sender's Street2

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

Subject

FY1999 Ryan White funding

☑ Response Needed?

Response Type	Response Date	Responder ID
thanks for concern		

Responder Name	Action Promised	Action Complet	Action Date

Notes

Lawrence Mayhew
7447 Sharp Ave.
St. Louis, MO 63116-3041

October 14, 1997

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

Dear Sandy,

Over the past several months, members of President Clinton's Administration have repeatedly stated that AIDS funding remains a priority despite the fact that it is no longer on the short list of protected funding priorities. Unfortunately, there was no evidence of this in the President's FY 1998 budget request for the Ryan White CARE Act.

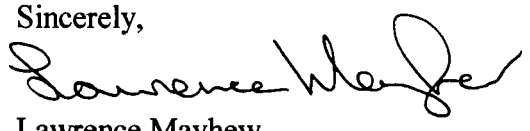
While I applaud the President's call for the development of a vaccine for AIDS within ten years, there are millions of us who will need resources to access treatment and support services during that decade. It has been very difficult this year for members of Congress to support an increase in Ryan White funding when there has been no lead from the Administration.

You are probably much more familiar than I am with the latest statistics regarding AIDS deaths and infection rates. I also know you realize how to translate those numbers into the lives of real people who live with AIDS every day.

It is my understanding that the budget process for FY 1999 has already begun. I am concerned that we will face the same situation next year that we have this year. **I ask you to urge President Clinton to support appropriate increases in all Ryan White CARE Act Programs, particularly $570 million for Title I.**

Please work with the other members of the Administration to develop a FY 1999 budget that reflects the level of increased need demonstrated by areas hit hardest by the epidemic. Let all of us living with HIV/AIDS see, in a tangible way, the Administration's commitment to maintaining AIDS as a funding priority. Thank you for your consideration.

Sincerely,



Lawrence Mayhew

HIV/AIDS ON THE FRONT LINE
Resources and Strategies for Physicians
and Allied Professionals
Annual Conference

12020 Chapman Ave., #339
Garden Grove, CA 92840-3010
TELEPHONE: 714/834-8020
FAX: 714/456-7169

January 8, 1998

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

Dear Ms. Thurman:

Pursuant to my telephone conversation with your assistant, Sarah Holewinski, I am requesting a *"Letter of Welcome"* for the attendees of the ***11th Annual "HIV/AIDS on the Front Line" Conference***. This letter would be read by the moderator of the conference at the opening session and will also be included in the conference syllabus. The conference will be held Wednesday, April 15, 1998 at the Doubletree Hotel in Costa Mesa, California.

For the past ten years, the ***"HIV/AIDS on the Front Line" Conference*** has provided quality education to healthcare professionals and has become one of the most recognized conferences of its kind. Over 700 participants attend from across the nation as well as from other countries. Attendees at the conference include a wide variety of professionals: physicans, nurses, dentists, pharmacists, public safety workers, government officials, health educators, social workers and administrators. In addition, HIV-infected persons wishing to increase their knowledge, also attend the conference. Following is a draft copy of the program brochure that will be sent to a mailing list of over 15,000 next month.

We would appreciate if you would send a *"Letter of Welcome"*. briefly outlining the goals of the Clinton Administration in dealing with this pandemic and offering some words of encouragement to attendees as they continue in their battle against this disease. For your reference, enclosed is a copy of the letter we received from Vice-President Al Gore for the 1997 conference.

On behalf of the Professional Education Committe I want to thank you for your attention to our request. If you or Sarah have any questions, I can be reached at (714) 456-2249.

Sincerely,

Karen Stephens
Conference Coordinator
AIDS Education and Training Center
University of California, Irvine

Encl.

The Pacific AIDS Education and Training Center, University of California, Irvine
and
The Orange County Health Care Agency

Present the Eleventh Annual

HIV/AIDS ON THE FRONT LINE CONFERENCE

April 15, 1998

Doubletree Hotel
3050 Bristol Street • Costa Mesa, California

The conference is presented in affiliation with the Orange County Foundation for Medical Care and made possible, in part, by grants from the Health Resources and Services Administration, U. S. Public Health Service, under Federal Cooperative Agreement No. 5 U69 PE0018-05; and the Universitywide AIDS Research Program, University of California.

7:30 A.M. **REGISTRATION, CONTINENTAL BREAKFAST AND EXHIBITS**

8:15 A.M. **WELCOME AND INTRODUCTIONS**
Donald Forthal, M.D.
Chair, Professional Education Committee
Pacific AIDS Education and Training Center
Assistant Professor of Medicine, University of California, Irvine

8:30 A.M. **OPENING REMARKS**
Stanley C. Lowenberg, M.D., **(Moderator)**
President, Orange County Medical Association

8:45 A.M. **HIV: Yesterday, Today and Tomorrow**
R. Scott Hitt, M.D.
HIV Specialist, Pacific Oaks Medical Group
Chair, Presidential Advisory Council on AIDS

9:45 A.M. **Viral and Immune Features of HIV Pathogenesis**
Jay A. Levy, M.D.
Professor of Medicine, School of Medicine
Research Associate, Cancer Research Institute, University of California, San Francisco

10:45 A.M. **COFFEE BREAK AND EXHIBITS**

11:15 A.M. **MORNING BREAKOUT SESSIONS**

Adherence to Therapy
Glenn J. Treisman, M.D., Ph.D.
Associate Professor, Director of Residency Education
Director of AIDS Psychiatry Services, Johns Hopkins University

HIV Associated Weight Loss: Pathogenesis and Treatment
Eric S. Daar, M.D.
Director, AIDS & Immune Disorder Center, Division of Infectious Diseases, Cedars-Sinai Medical Center
Assistant Professor of Medicine, UCLA School of Medicine

HIV Post-Exposure Prophylaxis: Will We Be Mourning After?
Joshua Bamberger, M.D., M.P.H.
San Francisco Department of Public Health, HIV Post-Exposure Prophylaxis Coordinator
Assistant Clinical Professor, Department of Family & Community Medicine, UC San Francisco

Liver Problems and Hepatitis C
Natalie G. B. Murray, M.D.
Medical Director, Liver Transplant Program, University of California, Irvine

Future of HIV Care Management
Panel: Michael J. Demoratz, M.S.W., L.C.S.W., C.C.M. (Moderator)
Korey Jorgenson, M.D., Laguna Beach Comm. Clinic; Asst. Clinical Professor, UCI Medical Center
Jay K. Fournier, M.S., Family Program & Benefits Counselor, AIDS Services Foundation
Claudette Gravell, R.N.P., Kaiser Permanente Medical Group
Dianna DeVane, M.S.P.H., Special Projects Manager, Medical Affairs, CalOPTIMA

Pediatric HIV
Stephen A. Spector, M.D.
Professor of Pediatrics, Chief, Division of Infectious Diseases
Member, Center for Molecular Genetics & Center for AIDS Research, University of California, San Diego

Primary HIV Infection
James Kahn, M.D.,
Associate Professor of Medicine, University of California San Francisco
Associate Director, AIDS Program, San Francisco General Hospital

12:15 P.M. **LUNCH** *(Included in Registration Fee)*

1:30 P.M. **AFTERNOON BREAKOUT SESSIONS**

Adherence to Therapy
Glenn J. Treisman, M.D., Ph.D.
Associate Professor, Director of Residency Education
Director of AIDS Psychiatry Services, Johns Hopkins University

Adverse Drug Reactions and Drug Interactions of HIV-Related Medications
Christopher Holtzer, Pharm.D.
Clinical Pharmacist, University of California, San Francisco AIDS Program, San Francisco General Hospital
Assistant Clinical Professor of Pharmacy, University of California, San Francisco

HIV Disease in Women: Clinical Aspects
Alexandra Levine, M.D.
Professor of Medicine, Chief, Division of Hematology, USC School of Medicine
Medical Director, USC/Norris Cancer Hospital

Alternative and Complementary Therapies
Darryl M. See, M.D.
Assistant Clinical Professor, Department of Medicine, University of California, Irvine

Disability and Return to Work Issues
Panel: Anita Fitzgerald, R.N., (Moderator), Benefits Counselor, AIDS Services Foundation
Amy Buch, M.A., Director of Health Education, AIDS Services Foundation
Robert Scott Wiley, Esq., Executive Director and General Counsel, Public Law Center

When Antivirals Don't Work - What Next?
Angie Dickson, R.N., Ph.D.
Co-Founder, COMPASSIO

HIV/AIDS: A Basic Review
Hung Fan, Ph.D.
Professor of Molecular Biology & Biochemistry
Director, Cancer Research Institute, University of California, Irvine

2:30 P.M. **BREAK AND EXHIBITS**

2:45 P.M. **HIV Pathogenesis: Implications for Therapy and Prevention**
Robert R. Redfield, M.D.
Professor of Medicine
Associate Director, Institute of Human Virology, University of Maryland, Baltimore

4:15 P.M. **Treating the Virus (NIH and IAS-USA Guidelines)**
Paul A. Volberding, M.D.
Professor of Medicine, University of California, San Francisco
Director, AIDS Program, San Francisco General Hospital

5:45 P.M. **RECEPTION** (Roundtable Discussions, Raffle Drawing, Complimentary Hors d'Oeuvres)

This conference was made possible by the dedicated members of the HIV Planning Advisory Council's Professional Education Committee whose members represent the following organizations:

Orange County Health Care Agency
Laguna Beach Community Clinic
Orange County Social Services Agency
Mothers of AIDS Patients, Orange County
The Center/AIDS Response Program
AIDS Services Foundation
CalOPTIMA
Orange County Foundation for Medical Care
South Coast Medical Center
Orange County Pharmacists Association
Pacific AIDS Education and Training Center, University of California, Irvine

Goals/Objectives

The goal of this program is to offer, medical, education and health professionals and others the opportunity to develop competence and compassion in caring for persons living with HIV disease. The program will provide participants with an opportunity to interface with other attendees and become more knowledgeable about HIV infection and available resources.

Upon completion of the conference, the participants will be able to:

- Identify current HIV infection trends and related issues.
- Understand current HIV/AIDS clinical management and advances in research.
- Assess the societal impact of HIV infection and related diseases.
- Understand issues particular to the management of women, children, and adolescents with HIV/AIDS.
- Understand the risk of occupational exposure to HIV and the means of reducing the risk of exposure and transmission.
- Identify the legal and ethical dimensions associated with HIV/AIDS.

Continuing Education Units

This course has been approved for 7.0 continuing education units:

- California Medical Association (Category I CME Credit)

This is an activity offered by O.C.F.M.C., a CMA-Accredited provider. Physicians attending this course may report up to seven (7) hours of Category 1 credit toward the California Medical Association's Certification in Continuing Medical Education and the American Medical Association's Physician's Recognition Award.

- **Nurses:** The California State Board of Registered Nursing accepts courses approved by the CMA for Category I credit as meeting the continuing education requirements for license renewal. Nurses from states other than California must check with their local State Board for specific continuing education units.

- California State Board of Dental Examiners (#2517)
- California State Board of Pharmacy (AES 1710)
- Orange County EMSA for Certified Paramedics and Mobile Intensive Care Nurses

Continuing education for certified case managers is being applied for through the Commission for Case Manager Certification.

Continuing education for registered dieticians is being applied for through the Commission of Dietetic Registration.

Continuing education for M.F.C.C.s, and L.C.S.W.s is being applied for through the Board of Behavioral Sciences.

Mandatory continuing education for psychologists is being applied for through the California Psychological Association Accrediting Agency.

Conference "Certificates of Completion" will be available to participants of other professional disciplines.

Cancellation Policy

All monies will be refunded, less a $10.00 administrative fee, if cancellation is received in writing before March 25, 1998. After March 25, 1998, no refunds will be made, although you may transfer your registration to another person. Please call (714) 454-1212.

Accommodations

The Doubletree Hotel is offering limited rooms at a special rate of $109.00 for single, $119.00, for double, $129.00 for triple and $139.00 for quadruple occupancy, plus tax (7%). For room reservations, call the Doubletree Hotel at (714) 540-7000. Tell them you will be attending the AIDS conference. Self-parking at the hotel is free of charge. For those flying into John Wayne/Orange County Airport, complimentary shuttle service is available. Reservations must be made by March 31, 1998 to guarantee special rate.

Registration

(Please Print Clearly)

EARLY BIRD REGISTRATION FEES POSTMARKED ON OR BEFORE APRIL 1, 1998 - $100.00
Includes program, syllabus, continuing education credit, luncheon and reception.

REGISTRATION FEES POSTMARKED AFTER APRIL 1, 1998 - $130.00
Includes program, syllabus, continuing education credit, luncheon and reception.

GROUP DISCOUNTS AVAILABLE!

- 20% discount for groups of five or more
- Send all registration forms together with **one check**
- Registrations must be postmarked by April 1st
- No cancellations allowed

Please make checks payable to: **HIV/AIDS on the Front Line**

Send registration and payment to: Front Line 1998
GL Meetings and Conventions
34 Van Gogh Way
Coto de Caza, CA 92679

First Name Last Name Degree

Home Address - Street

City State Zip Code

Affiliation (for your name badge)

Work Telephone Number Home Telephone Number

IF YOU WISH TO APPLY FOR CONTINUING EDUCATION UNITS, PLEASE CHECK APPROPRIATE CLASSIFICATION

☐ Physician ☐ Nurse ☐ Pharmacist ☐ Dentist ☐ Dietician
☐ Certified Paramedic/Mobile Intensive Care Nurse ☐ MFCC/LCSW ☐ CCM
☐ Clinical Psychologist

License Number:_____

Morning and afternoon sessions are listed below. To assist us in space allocation, please *check one session for morning and one session for afternoon* that you plan to attend.

Morning Breakout Sessions

_____Adherence to Therapy
_____HIV Associated Weight Loss
_____Post-Exposure Prophylaxis
_____Liver Problems & Hepatitis C
_____HIV Care Management
_____Pediatric HIV
_____Primary HIV Infection

Afternoon Breakout Sessions

_____Adherence to Therapy
_____Adverse Drug Reaction
_____HIV Disease in Women
_____Alternative & Complementary Therapies
_____Disability and Return to Work Issues
_____When Antivirals Don't Work
_____HIV/AIDS: A Basic Review

Plan to attend the Reception that will feature *"Roundtable Discussions"* with speakers and a raffle drawing for door prizes! _____Yes, I will be attending the reception

For up-to-date conference information and questions regarding the conference, please call (714) 834-8020.

Thanks to the following companies for their support:

Red Ribbon

Abbott Laboratories
GlaxoWellcome, Inc.
Merck & Co., Inc.
Roche Laboratories, Inc.

Corporate

Agouron Pharmaceuticals, Inc.
Bristol-Meyers Squibb, Co.

Major Sponsors

Alza Pharmaceuticals

Sponsors

Gilead Sciences
Pfizer Pharmaceuticals, Inc.
Roxane Laboratories
Scandipharm, Inc.
Stadtlanders

Contributors

Chemtrak

THE VICE PRESIDENT
WASHINGTON

March 31, 1997

HIV/AIDS on the Front Line Conference
12020 Chapman Ave., #339
Garden Grove, CA 92840-3010

Dear Friends:

I am honored to have this opportunity to send my personal greetings to everyone associated with the Tenth Annual HIV/AIDS on the Front Line Conference. While I regret that I cannot be with you in person, I want to offer my best wishes and thanks for the support you are showing to those who are suffering from AIDS and HIV.

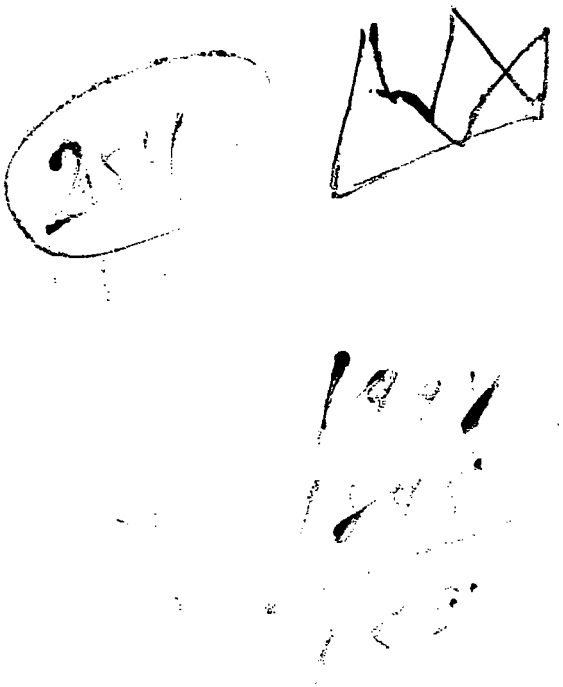
This Administration is pursuing aggressively a four-part strategy to properly deal with the spread of this terrible disease. We support more research, thorough testing, better treatment and improved education. Our society cannot rest until effective treatment and, ultimately, a cure for AIDS are available.

Your continued activism and interest in the battle against AIDS are essential elements in this effort. Please be assured of my strongest possible support for the work you are doing, for each of you, and especially for those you are committed to helping.

Sincerely,

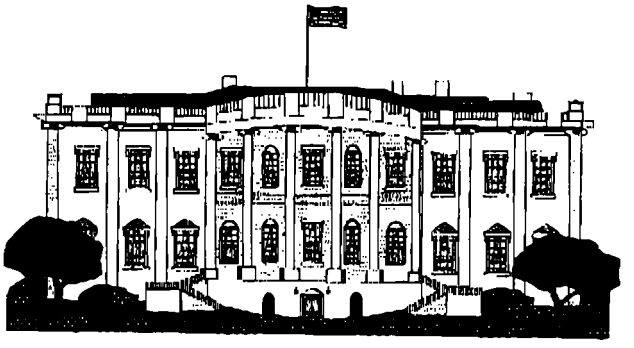
Al Gore

AG/evk



EXECUTIVE OFFICE OF THE PRESIDENT

Office of National Drug Control Policy
Washington, DC 20503



FACSIMILE MESSAGE

TO: **Sandra Thurman**

FAX: **632-1096**

DATE: 1/14/98 **TIME: 2:30 pm** **PAGES: 1 + Cover**

FROM: Janet Crist, Chief of Staff

FAX NUMBER: **395-6732**

OFFICE NO: **395-6708**

COMMENTS: Attached please find ONDCP'S position on needle exchange language that is to be included in the 1999 Budget Appendix.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

January 14, 1998

Jacob J. Lew
Deputy Director
Office of Management and Budget
Old Executive Office Building, Rm. 252
Washington, D.C. 20503

Dear Mr. Lew:

Director McCaffrey has reviewed OMB's recommended changes to the statutory language, which loosen the criteria for the use of Federal funds for needle exchange programs. It is the Director's strong view that these changes could undermine national drug control policy and that such changes in drug control policy are subject to concurrence by the Director of National Drug Control Policy, in consultation with other agency principals.

It is ONDCP's position that sound policy in this area should include the following elements:

- The Ryan White CARE Act retain the complete prohibition on funding;
- The SAMHSA Block Grant retain the two existing criteria
  - Reduce the spread of HIV,
  - Reduce drug use;
- Other HHS programs be subject to the criteria for the SAMHSA Block Grant;
- The Secretary of HHS determine whether criteria are satisfied;
- The Secretary of HHS not establish criteria for the operation of such programs; and
- HHS continue to review the science regarding the satisfaction of both criteria.

To maintain this continuity in policy, ONDCP recommends retention of the following language.

> *"Notwithstanding any other provisions of this Act, no funds appropriated under this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug unless the Secretary of Health and Human Services determines that such programs are effective in preventing the spread of HIV and reduce the use of illegal drugs."*

I hope you find this information helpful.

Sincerely,

Janet L. Crist
Chief of Staff

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10480	Kathleen	Morea	1/22/98

Addressed To
Thurman, Sandra

Sender's Organization
Episcopal Church

Sender's Street1

Sender's Street2

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

Subject
Invitation to speak in CA

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

Jennifer -
these go
along w/ the other
letters from the
CA Episcopal
Church.

The Episcopal Church in the Diocese of Los Angeles

The Bishop's Commission on AIDS Ministry

"To take the Church to the HIV Community and to bring the HIV Community to the Church"

Orange County Network

12 January, 1998

Sandra L. Thurman, Director
White House Office of National AIDS Policy
THE WHITE HOUSE
Washington, D.C. 20505

Dear Ms. Thurman:

We are writing to thank you for your personal ministry and professional efforts on behalf of men, women, and children living with HIV/AIDS.

We hope you will be able to accept the invitation of AIDS Services Foundation to visit Orange County this Spring. Members of our Network were instrumental in establishing the Lay Ministry Program at ASF. Many of us are also committed volunteers in various ASF programs and projects.

AIDS education and awareness in Orange County is making a difference in our communities and churches. It is our hope we will be able to meet you; your role in the Office of National AIDS Policy and with NEAC serves to remind us that day by day our ministry can provide an offering of care, compassion, and advocacy.

Peace,

Kathleen Morea
34256 Camino El Molino
Capistrano Beach, Ca 92624

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10481	Martha	Killefer	1/22/98

Addressed To

Thurman, Sandra

Sender's Organization

Episcopal Church LA

Sender's Street1

Sender's Street2

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

Subject

Invitation to Speak in LA

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

NB: this is same letter from the Church but signed by K. Morea

The Episcopal Church in the Diocese of Los Angeles

The Bishop's Commission on AIDS Ministry

"To take the Church to the HIV Community and to bring the HIV Community to the Church"

Orange County Network

12 January, 1998

Sandra L. Thurman, Director
White House Office of National AIDS Policy
THE WHITE HOUSE
Washington, D.C. 20505

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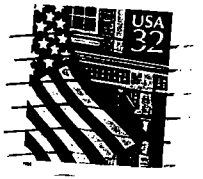
Peace,

Martha Killefer

M. killefer
1917 Yacht Truant
Newport Beach, CA 92660



Sandra L. Thurman, Director
White House Office of National AIDS Policy
THE WHITE HOUSE
Washington, D.C. 20505

NationsBank Center 23rd Floor
P. O. Box 1122
Richmond, Virginia 23208-1122

January 15, 1998

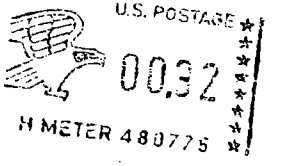
Sandy,

Thanks so much for meeting with me on Monday to discuss possible job opportunities at the White House and in the ASO community. You lived up to all of Manny's billing and I can only hope that I did likewise.

As we discussed, I will be following up with David Zingale and Cornelius Baker about positions at their respective organizations. Any help that you and Manny could give to me for any White House openings would be greatly appreciated.

I dropped Manny a note saying that all of us, including Winston, should get out one evening in the near future. Hopefully we can do it soon.

Take care, RDL



Ms. Sandra L. Thurman, Director
Office of National AIDS Policy
808 17th Street, N.W.
Suite 820
Washington, D.C. 20006

20006+3910