

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19406

FolderID:

Folder Title:

Correspondence - SLT - Incoming - 2/98

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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Data entry form (Personal) [partial] (1 page)	02/18/1998	b(6)
001b. letter	Individual living with AIDS to President Clinton re: Personal story [partial] (2 pages)	01/13/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 2/98

2018-0764-F

jm2061

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]

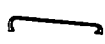
C. Closed in accordance with restrictions contained in donor's deed of gift.

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]

CORR 
Scheduling
5/98

Rabbi Joseph A. Edelheit

February 24, 1998

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

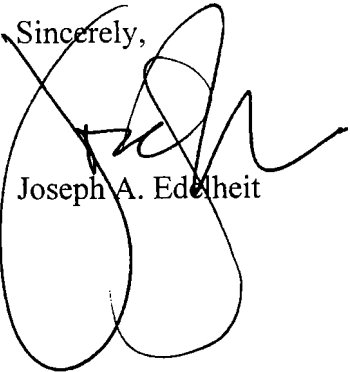
Dear Sandy,

I hope you remember my asking you about coming to Camp Heartland when we last met in Washington. We are now preparing for this summer and I want to repeat our invitation to you to come to camp and share with us as we open this summer our new permanent home in Willow River, Minnesota, where we hope to house several hundred children living with HIV/AIDS. We had spoken in a some what joking fashion about you coming and being a "counselor" with the kids. We know how busy your world is, but if you do have a few days and want to just be Sandy with these amazing kids, let us know and we will make this happen to fit your schedule. We have invited the President, Mrs. Clinton, the Vice President, Mrs. Gore, and Chelsea. Our hope is that at least one person can come from the "White House" in order to illuminate how important this cause is to America.

We would appreciate anything you can do to add yet another voice in assuring the scheduling office that a visit to Camp Heartland will do more to affirm the humanity of these children and their families than anything else. I look forward to seeing you on March 15, and pray that we might make time to talk about camp at that time.

Thank you for your continued support of this amazing place and these incredible children.

Sincerely,



Joseph A. Edelheit

GEORGIA WOMAN OF THE YEAR COMMITTEE, INC

Steering Committee, Board of Directors
Georgia Woman of the Year Committee, Inc.

Dear Friend,

It is time for us to get together to make a selection of the nominee for the 1998 Georgia Woman of the Year. We have received a number of suggestions throughout the year, resulting from announcements in the Commission on Women newsletter, and we still have the information on those wonderful women who were suggested last year.

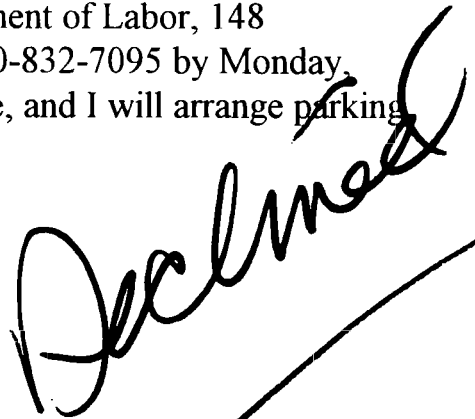
We have established a tradition by having two such successful events in 1996 and 1997, honoring Rosalynn Carter and dr. Betty Siegel, who were certainly worthy of that honor. We must continue in that tradition. Because of our success, and because the event needed to be separate from the Georgia Commission on Women, we incorporated the Committee in 1997, and have now requested non-profit status. I am serving as agent for the Committee, and you are on the Board. We will review our status, and our funds, as we plan for this year's event. Therefore, this meeting will serve as a meeting of the Board of Directors and the Steering Committee, and this letter is your official notice. Please make every effort to attend, because we need your input.

The meeting will be Wednesday, February 18, 1998 at 2:00 p.m. in the Conference Room, 6th Floor, Georgia Department of Labor, 148 International Blvd. NE Atlanta 30303. Call 770-832-7095 by Monday, February 16th, to let me know if you will come, and I will arrange parking.

Sincerely,



Nellie D. Duke, Chair
Georgia Woman of the Year Committee, Inc.
P.O. Box 1288
Carrollton, GA 30117





Georgia Commission on Women

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Rep. Nan G. Orrock

ADMINISTRATIVE ASSISTANT

Vaunita Cohen

To: All Commissioners, Georgia Commission on Women
From: Nellie Duke

The February meeting of the Georgia Commission on Women will be Wednesday, February 18, 1998, from 10:00 a.m to 12:00 noon. The meeting will be in the regular meeting place, the Senate Hearing Room on the Mezzanine between the 3rd and 4th Floors, unless (like last month) we are "bumped" for Senate business. In that case, we will be on the 1st Floor again, probably in Room 123. If we know in advance, we will call everyone. If not, it will be posted on the door of the Senate Hearing Room, and the 1st Floor rooms. To keep from climbing the stairs, you might check 1st Floor first.

It is time to select the honoree for "1998 Georgia Woman of the Year", and the meeting of that committee will be the same afternoon, 2:00 pm Wednesday, February 18th, while we are already in town. Those members who have indicated membership on the Steering Committee should certainly be present, and, of course, everyone is invited. In addition to Commission members, there are 15 members from outside the Commission who also serve on the Committee, and on the Board of Directors of the "Georgia Woman of the Year Committee, Inc". Each will have a vote in the selection process. The meeting will be in the Conference Room of the Georgia Department of Labor, 6th Floor. If you are going to be present, it is important that you let us know by Monday, February 16, 1998, so that we may arrange parking.

We still do not have an Administrative Assistant, just getting by with part time help. The Executive Committee is receiving resumes at this time, and will try to have someone by the end of February. The update of the legal resource guide is ready for printing, should be available by the end of this month.

Congratulations to all those who participated in any way in the 3rd Georgia Summit for Women & Girls at Clark Atlanta University. It was a great success, thanks to you, and the wonderful people at Clark Atlanta (including our own Brenda Cole). There will be positive repercussions from that event for a long time. Thanks to you for your support of the Legislative Breakfast, also very successful, and the WIN Sports Banquet on February 4th, where we presented the "Georgia Sportswoman of the Year" Award.

I'll look for you at the meeting, Wednesday, February 18th, at 10:00 a.m.

February 3, 1998

GCW

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10587	Madam/Messrs	Chesney, Coates, et al	2/23/98	Inv. to workshop 4/17-4/20

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			SThurman	
Action Completed	Action Date	Addressed To		

Notes

--

Sender's Organization	Sender's Street1	Sender's Street2
UCSF		
Sender's City	Sender's State	Sender's Zip
SF		

Decline
done 3/4/98 glee.



AIDS RESEARCH INSTITUTE (ARI)
University of California San Francisco (UCSF Box 0886)
74 New Montgomery, Suite 600
San Francisco, CA 94105

Tel: (415) 597-9203
Fax: (415) 597-9213
Email: ARI@quickmail.ucsf.edu

February 12, 1998

Dr. Sandy Thurman
Office on National AIDS Policy
808 17th Street NW, Suite 820
Washington, DC 20006

Dear Dr. Thurman:

We are writing to invite you to participate in a **Fogarty Workshop on International HIV/AIDS Prevention Research Opportunities on April 17-20, 1998, in San Francisco.**

This workshop is being hosted by the AIDS Research Institute (ARI) at the University of California, San Francisco (UCSF) and the Fogarty International Center at the National Institutes of Health (NIH).

The purpose of the workshop is to identify priority prevention research that combines biomedical, behavioral and social interventions for HIV in developing countries. The results of this research must be clearly applicable to developing countries and must be affordable within limited resources. The emphasis will be on research approaches that are best conducted in the developing world. The workshop will attempt to integrate the most recent results for HIV prevention research with practical issues in specific countries in an effort to identify the next best opportunities for interventions and research.

The outcome of the workshop will be made available to educational institutions, health authorities, foundations and non-governmental organization in both developed and developing countries. The findings will also be placed on the World Wide Web with an opportunity to receive widespread feedback from the global HIV/AIDS community.

Because this workshop is being cosponsored by NIH, CDC and USAID, it is our hope that your agency will be able to assume travel costs associated with your participation. If you are able to join us for this important workshop, please take the following two steps:

- First, let us know as soon as possible by contacting Elizabeth Longstreth, UCSF ARI, 74 New Montgomery St., Suite 600, San Francisco 94105. She may be contacted at (415) 597-9203 (phone); (415) 597-9213 (fax); or elongstreth@psg.ucsf.edu (e-mail). We must hear from you by **Thursday, February 26.**
- Second, make your hotel reservation at the Hyatt Embarcadero by calling (415) 788-1234. When you call the Hyatt, make sure to mention that this is in association with the HIV/AIDS Workshop. To assure your place at the Hyatt, you must make a reservation by **Tuesday, March 17th.**

Thank you for your consideration of this request. We look forward to working with you to help set priorities for international HIV/AIDS prevention research.

Sincerely,



Margaret Chesney, Ph.D., Co-Director
UCSF Center for AIDS Prevention Studies



Ken Bridbord, M.D., Director
Division of International Training
and Research
Fogarty International Center



Thomas J. Coates, Ph.D., Director
UCSF AIDS Research Institute



Steve Morin, Ph.D., Director
UCSF AIDS Policy Research Center



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

Important Message

To: Sarah
Fax: 202/632-1096
From: Tony Teano
Date: February 20, 1998
Pages: _1_ (including cover sheet)

NOTE:

Dear Sarah:

I hope this missive finds you doing well.

As I mentioned in my voice mail message to you, the CAEAR Coalition's Executive Committee would appreciate an opportunity to meet with Sandy Thurman in Washington, D.C., on Tuesday, March 10th and Wednesday, March 11th.

I hope that Ms. Thurman's schedule will permit about an hour for this appointment. Please call or fax me with your reply, and let me know of any details that you may need.

Thanks, Sarah! Have a great weekend.

-Tony

-Tony

T. Teano

PAREXEL

1101 King Street, Suite 600, Alexandria, VA 22314
Telephone: (703) 739-0200
Fax: (703) 683-2239

February 9, 1998

Ms. Sandra Thurman
Director
White House Office of National AIDS Policy
c/o Sarah Holewinski

Dear Sandy,

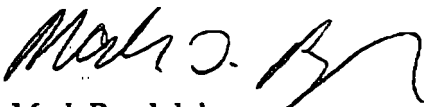
I am pleased to invite your participation in the third annual 1998 ADAP National Educational Forum, to be held April 5-7, 1998 at the **ANA Hotel, 2401 M Street, N.W.** in Washington D.C.

This meeting, the largest and most comprehensive to specifically address ADAP and related issues will bring together over 150 participants, who are senior officials representing state ADAPs. Presentations will be made by internationally recognized clinicians, state and federal policy makers, and national HIV/AIDS organizations. The program provides an update to participants while facilitating an exchange of practical program management information and development of strategies to address the many issues facing ADAPs.

We would welcome your active participation by providing **opening remarks and welcoming** the attendees on **Monday April 6, 1998 from 8:30 to 9:00 a.m.** This will be a significant opportunity to frame the conference in the context of overarching national AIDS policy initiatives to be discussed later during the meeting.

Please call me at 703-535-5045 with any questions that you may have. I look forward to your participation in this important conference.

Best Wishes,



Mark Randolph
Senior Project Manager

6-50-830
6th Reception
Angelo
Site
DAP

10 YEARS

NATIONAL AIDS FUND

Leaders in the Fight Against AIDS.

MEMORANDUM VIA FAX

TO: Office of National AIDS Policy
ATTN: Sarah LEWINSKY

FAX: 632-1096

TOTAL PAGES: 1

FROM: Douglas A. Glick

DATE: February 9, 1998

RE: Atlanta Community Partner Meeting

TODD

COMMENTS:

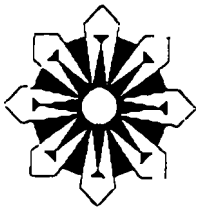
Thanks for your call. We would like Sandy to speak at a luncheon on Thursday, March 19, at 12:00 noon. She, along with Judith Billings from the Presidential Advisory Council, would be speaking to approximately 75 grant makers from our Community Partnerships throughout the country. We would like her to talk about the President's commitment to the issue, current administration policy initiatives, and, most importantly, what unique role can and should private sector philanthropic leadership play in the HIV/AIDS epidemic from this point forward.

Ms. Billings would speak on her role with the Presidential Advisory Council and as a woman living with AIDS. Remarks would be 10-15 minutes from each of them and 15 minutes for a question and answer session.

If you or Sandy need any further information to schedule this commitment or for her remarks, please feel free to call me. I look forward to hearing from you at your earliest possible convenience.

Thank you.

1400 I Street, NW, Suite 1220, Washington, DC 20005
(202) 408-4848
(202) 408-1818 fax



Michigan Statewide Community Planning Group for HIV Prevention

February 20, 1998

Helene D. Gayle, MD, MPH
Director
National Center for HIV, STD and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-07
Atlanta, Georgia 30333

*File -
Name response*

Dear Dr. Gayle:

On December 12, 1997, Michigan's Statewide Community Planning Group (SCPG) for HIV Prevention sent correspondence to Dr. Satcher which outlined our serious concerns regarding the reduction in FY98 CDC cooperative agreement funding and disposition of FY98 supplemental funding for HIV prevention. As of today, no response has been received.

This letter is to reiterate our strong objection to the reduction in FY98 HIV prevention cooperative agreement funding especially in a year during which funding for HIV prevention to the CDC increased.

It is also extremely disturbing that, as of the date that this correspondence was prepared, the CDC has not yet awarded FY98 supplemental funds. Further the SCPG finds it unacceptable that the CDC is proposing to award these resources through a competitive process.

At a time when we are trying to make forward progress building partnerships to sustain quality HIV prevention programming, examining the impact of proposed revisions to the community planning guidance and planning for FY99, we will be forced to refocus our attention and energies to disposition of FY98 supplemental funds.

Under the recently proposed funding scenarios, Michigan may likely receive little more under a competitive funding process than was cut as an administrative tap from the FY98 prevention award. The FY98 cooperative agreement application submitted by the Michigan Department of Community Health was clearly responsive to priority prevention needs identified through the community planning process. The budget associated with this application was reflective of the final FY97 award level. Quite simply, why should Michigan, or any other state have to recompute for funds which were part of our base award?

Michigan has recently completed a statewide HIV prevention services request for proposals

c/o HIV/AIDS Prevention & Intervention Section, Michigan Department of Community Health
P.O. Box 30195, Lansing, Michigan 48909
Telephone: (517) 335-8371 Fax: (517) 335-9611

(RFP). Resource allocation decisions under this RFP were guided by the prevention priorities identified by each of Michigan's eight community planning groups. This is the first time that all HIV prevention resources have been competed since the implementation of community planning in 1994. Michigan's community planning group members invested a tremendous amount of time and energy into developing a process by which these resources would be distributed in a manner which was both responsive to regional prevention priorities and was fair and objective. Funding requests under this RFP exceeded \$8.2 million. Awards made under this RFP were predicated on receipt of federal funding at the final FY97 level. The reduction in FY98 base funding seriously compromises our ability to address priority needs.

Finally, we are aware that CDC is considering requesting applications which are based on addressing all well-documented unmet needs. Funding requests should, under this scenario, reflect resources needed to address all unmet needs rather than simply the amount of resources which will be available through competitive process for FY98 supplemental resources. This process is, quite frankly, circular given the short time frame for submitting applications and the fact that applications for FY99 funding will be due in less than six months. Further, it is not responsive to congressional intent and offers nothing more than a budgeting shell game at the expense of community planning. We feel congressional oversight may be needed to correct this dysfunctional budgeting process.

Continued delays in awarding funds coupled with cumbersome and ill-timed application procedures only serve to undermine the community planning process by disrupting annual workplans and timelines and forcing community planning groups to turn their focus away from thoughtful planning and implementation.

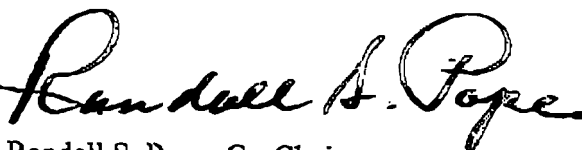
Michigan's SCPG respectfully requests that you focus your attention immediately to addressing these concerns by restoring HIV prevention cooperative agreement funding for FY98 to the final FY97 level and expediting award of FY98 supplemental funds through a formula non-competitive process.

This action on your part will reaffirm our trust in the partnerships which have been built through the community planning process.

Sincerely,



Harry Simpson, Co-Chair



Randall S. Pope, Co-Chair

cc: David Holtgrave
Sandra Thurman
Nancy Pelosi

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10550	Naina	Dhingra	2/9/98	Interest in ONAP

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Sender's City	Sender's State	Sender's Zip

*File
no response*

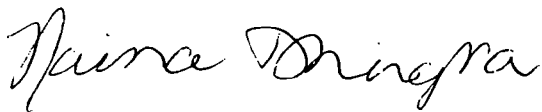
Naina Dhingra
295 Shady Hill Road
Fairfield. CT 06430
SilverNKD@aol.com

February 5, 1998

To whom it may concern;

I read about your organization in the American Association for World Health newsletter. I am very interested in the services you provide and the work you do. I would appreciate it if you could send me your newsletter, brochure, catalog or any other items to the address above. Thank you very much.

Sincerely,

A handwritten signature in cursive script that reads "Naina Dhingra". The signature is fluid and matches the printed name below it.

Naina Dhingra



Love Heals

The Alison Gertz Foundation for AIDS Education

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

13 February 1998

Dear Ms. Thurman,

At the suggestion of Victoria Leacock, I am writing to provide you with a copy of the educational film *Ali Gertz: In Her Own Words*. As you may know, Victoria directed this 19 minute documentary, which covers the last four years in the life of the late AIDS activist Alison Gertz (1966-92). We at Love Heals, the Alison Gertz Foundation for AIDS Education intend to distribute the film (accompanied by a lesson plan) to be shown to students in secondary schools nationwide.

Love Heals' speakers bureau has shown *Ali Gertz: In Her Own Words* over the past year as part of its school-based educational presentations for young people on HIV/AIDS prevention. Students who have experienced the film's intimate view of a young woman living with and eventually dying from full-blown AIDS have been extremely responsive. One student who saw the film wrote: "Seeing the physical effects of the disease has so much more of an effect...because it is often hard to fathom the emotional aspect of AIDS when someone merely tells you about it..." The film has been praised by Mary Fisher and recommended by the New York City Board of Education for use in all its high schools' HIV/AIDS education programs.

We at Love Heals (which was co-founded shortly after Ali's death in 1992 by her three best friends, including Victoria) would like to collaborate with the Office of National AIDS Policy in our effort to bring film to a nationwide audience of youths. Victoria and I would welcome the opportunity to discuss this vital HIV/AIDS prevention initiative -- known as The In Her Own Words Project -- with you further. I hope that you'll contact Love Heals soon at 212-371-1335 in this regard.

Thank you very much for your time. I look forward to hearing from you.

Sincerely,

Louis Dorff
Executive Director

cc: Victoria Leacock
encl.

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Robert D. Raymond
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RayVac Plastics Decorators, Inc.

Florence Robinson
North Baton Rouge Environmental Association

Claudine Schneider
Former Congresswoman

Victor Shee
Former President
EarthJustice Legal Defense Fund

Sally G. Shuler
Deputy Director for External Relations,
Development and Outreach
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United Nations

Clinton A. Vince
Co-Chairman
Vetter-Lupfert-Bernhard-McPherson & Hand

Robert E. Wages III
President
Oil, Chemical & Atomic Workers
International Union



Consensus

A review of activities at The Keystone Center

Winter 1998

Volume X, Number 2

Kathy Prosser New President of The Keystone Center

The Keystone Board of Trustees selected Kathy Prosser to serve as the new President of The Keystone Center. Kathy assumed the Presidency in October. She most recently served as Secretary for the U.S. Section of the International Joint Commission, a joint U.S.-Canada panel established to resolve border environmental issues. Prior to that, Kathy was Director of the Indiana Department of Environmental Protection for eight years. Kathy's accomplishments also include founding the Environmental Council of States (ECOS), an association of state environmental directors. She was selected by *Governing* magazine as one of ten "Outstanding Public Officials in 1996" and was chosen by the National Council of State Governments to receive the Toll Fellow scholarship for excellence in state government.

Kathy's selection reflects The Keystone Center Board's strong belief that The Center is poised to capitalize on its past accomplishments and reputation, and move to make even more contributions in the arenas of environmental education; the facilitation and mediation of environmental, energy, and scientific public policy issues of national and international significance; and the fostering of leaders in these areas from private, public, and non-profit organizations throughout the country.

Kathy's career and experience has allowed her to develop and demonstrate the leadership and management skills that will serve to advance every aspect of The Center's goals. In addition, her experience in environmental public policy has allowed Kathy to



experience the 'Keystone process' and be one of its biggest champions. Kathy brings a commitment to expand ways in which science and scientists can be better connected to public policy debates and discourse.

Dr. Walter Quanstrom, Chairman of The Center's Board, said, "The Keystone Center is fortunate indeed to find someone

of Kathy Prosser's outstanding background to assume the role of President. Through her experience in negotiation and consensus-building, particularly with regard to the environment, Kathy has demonstrated the capacity to advance every aspect of The Center's goals and operations. Because of her in-depth understanding of public policy and the political process, and her respect for science and scientists, Kathy is well qualified to lead The Keystone Center into the new millennium."

In accepting the position, Kathy Prosser noted: "I am committed to further developing and implementing the Board and staff's shared vision for The Keystone Center. TKC has and will be a unique and leading organization dedicated to the teaching and use of critical thinking and consensus building as necessary skills through which important public policy issues can be addressed at the local, national, and international levels. While The Center has done much good and groundbreaking work in the past, it will do even more in the future."

Dialogue Group Seeks Consensus on Disposal of Stockpiled Chemical Weapons

In early 1997, the U.S. Senate ratified the Chemical Weapons Convention, an international treaty mandating all endorsing countries to destroy their chemical weapons stockpiles by 2007. Currently, the U.S. has 31,000 tons of chemical agent stockpiled at nine sites awaiting disposal. To date, the Army, regulators, and community members living near these sites have not been able to reach a general consensus on appropriate disposal methods and have been divided over whether the Army's incineration plan is the best method of destruction.

In the Defense Authorization Act for Fiscal Year 1997, Congress provided \$40 million for the Assembled Chemical Weapons Assessment (ACWA) Program to identify and demonstrate two

or more alternatives to the baseline incineration process for the demilitarization (destruction) of assembled chemical weapons at the stockpile sites. President Clinton, in a February 27, 1997 letter to William Cohen, Secretary of Defense, stated "I am committed to going the extra mile to explore whether there may be safer and more environmentally sound alternatives to incineration."

From the very start of the ACWA Program, DoD, regulators, and community activists have agreed that it is necessary "to do business in a different way." Given their common goal of destroying these weapons in a safe and effective manner, a diversity of individuals and interests requested the involvement of The Keystone Center

Utah HIV Prevention Community Planning Committee
Kelly Byrnes, Co-Chair Veronica Thomas, Co-Chair Elect
288 North 1460 West
Salt Lake City, Utah 84116

February 24, 1998

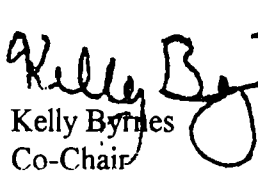
Helene Gayle, MD MPH Director
National Center for HIV STD and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton RD Mailstop 3-07
Atlanta, Georgia 30333

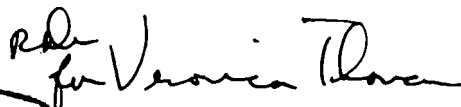
Dear Dr. Gayle:

Congress allotted an additional 17 million dollars in funding for HIV/AIDS prevention for fiscal year 1998. It has been brought to our attention that these funds will not be filtered through the HIV Prevention Community Planning Committees. We had hoped to use the additional funding for HIV disease prevention, intervention and education programs.

We would like to know what is planned for the 17 million dollars. We anxiously await your reply.

Very Truly Yours,


Kelly Byrnes
Co-Chair


Veronica Thomas
Co-Chair Elect

CC: Sandra Thurman, Office of National AIDS Policy
Cornelius Baker, National Association of People With AIDS
Mike Shriver, National Association of People With AIDS
Daniel Zingale, AIDS Action Council
Paul Kawata, National Minority AIDS Council
Julie Scofield, NASTAD



DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

FEB 27 1998

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

Dear Ms. Thurman:

The individual who has overall program responsibility within the Department of the Treasury for HIV/AIDS issues has changed. In the future, please address correspondence to:

Kay Frances Dolan
Deputy Assistant Secretary for Human Resources
Room 2128
Department of the Treasury
Washington, DC 20220.

Any questions that your staff may have may be directed to Hank Reddick, of the Office of Personnel Policy, at 202-622-0735.

Sincerely,

Ronald A. Glaser
Acting Director
Office of Personnel Policy

THE WHITE HOUSE
WASHINGTON

February 2, 1998

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
Executive Office of the President
750 17th Street, N.W.
Washington, D.C. 20502

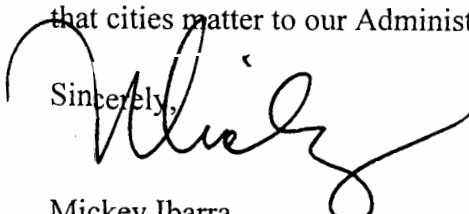
Dear Sandra:

I want to thank you for addressing the U.S. Conference of Mayors Winter Meeting.

Your address helped inform the nation's mayors of the President's efforts to revitalize America's cities. As you know, this constituency consistently and strongly supports President Clinton.

We appreciate your efforts to help us deliver the message that cities matter to our Administration.

Sincerely,


Mickey Ibarra
Assistant to the President
and Director of Intergovernmental Affairs



February 3, 1998

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

Dear Sandy,

On behalf of myself, Chris Segar, and the entire team at MS&L, I wanted to say thanks for taking the time to appear in our news film on Friday. I think that the Reconstruction project is very important and it is great to see Roche couple with a community-based organization on a project that is so cutting edge. I think the interview went very well and you looked and sounded great. If you do hear of any future information on mortality in addition to the stunning news of yesterday, please give us a heads up and feel free to give either Chris (212-213-7124) or myself a call.

I'm also glad we had the time to catch up and I spoke with Jimmy Loyce today and passed along your regards. Let me know about that baby shower. I've always wanted to go to one. And even if I don't see you before, I hope to get to see you at the AIDS Action award event.

Again my thanks Sandy – and take care.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Senak".

Mark Senak
Sr. Vice President

cc: Jeff Winton
Wendy Lund
Chris Segar

6500

Wilshire Boulevard

Suite 1900

Los Angeles,

California

90048

Telephone:

[213] 782-6600

Fax:

[213] 782-6601



6033 West Century Blvd.
Suite 260
Los Angeles,
CA 90045

Phone: 310.258.0850

Fax: 310.258.0851

Email: caaf4kids@aol.com

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EXECUTIVE DIRECTOR

Catherine Brown

February 26, 1998

Sandra Thurman

Special Assistant to the President

Director Office of National AIDS Policy

808 17th Street N. W., Suite 820

Washington, D. C. 20006

Dear Sandy:

Sarah Smith Orr joins me in thanking you for the opportunity to participate in the round table briefing with Vice President and Mrs. Gore. It was an honor for the Children Affected by AIDS Foundation (CAAF) to join our colleagues in speaking for a more aggressive national strategy to address the impact of AIDS on children and youth.

CAAF remains dedicated to the advocacy of children affected by AIDS as demonstrated most recently by our board's decision to sponsor the National Conference to be hosted by the AIDS Policy Center for Youth, Children and Family in May, 1998.

We welcome the opportunity to assist the Office of National AIDS Policy and remain committed to participating in events that bring the issues of children affected by AIDS to the forefront.

Sincerely,

Joe Cristina
Board Chair

JC:sl

cc: S. Smith Orr
C. Brown

February 3, 1998

Dear Colleague:

At a meeting held last October, we gathered to brainstorm and discuss potential areas of collaboration between global and US domestic AIDS programs. The meeting was organized by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the National Council for International Health (NCIH). At that time we agreed to provide follow up activities and information, and each person at the meeting agreed to take some key questions back to his/her organization for debate, discussion, and recommendation.

The theme of this year's World AIDS Conference is 'Bridging the Gap', so it is appropriate that we are undertaking this discussion on how to keep the global response to the devastating AIDS pandemic from remaining riddled with gaps. Your continued role in this discussion on North-South cooperation is important. We will propose a follow-up meeting of organizations in May of this year, and are looking forward to your participation.

Please review the attached report of the meeting and share it with your colleagues. Should you have any questions or comments, do not hesitate to contact myself or Helen Cornman. Please return the attached questionnaire by fax at (202) 833-0075. Thank you again for your participation.

Sincerely,



Ron MacInnis
Global AIDS Program

Attachments

1. Have you been able to discuss with your colleagues/board your organization's willingness to participate in global HIV/AIDS issues?

☐ yes

☐ no

2. In which ways would your organization be interested in getting involved?

☐ Cooperative exchanges

☐ Conference participation

☐ Advocacy

☐ Publishing articles in your newsletter on International HIV/AIDS issues

☐ Fundraising for International Programs

☐ Other _____

3. In which of the following upcoming events/activities would you be interested in participating?

☐ Congressional Briefings on International HIV/AIDS issues

☐ NCIH Annual Conference-*Mobilizing Communities & Constituencies for Global Health*

☐ World AIDS Day 1998 planning committee meetings

☐ Special Events/Discussions on International HIV/AIDS issues

☐ Meetings with UNAIDS staff

☐ Meetings with USAID staff

☐ Advocacy sign-on letters

☐ National Organizations Responding to AIDS (NORA) International Working Group meetings

4. Who should be the contact person(s) for future communications concerning global HIV/AIDS issues?

5. Who from your organization will be attending the World AIDS Conference in Geneva?

Please return this by fax to NCIH at (202) 833-0075. Thank you.

Addressing the US NGO/PVO* response to the global AIDS pandemic in collaboration with UNAIDS

October 3, 1997

Meeting Summary

It is clear that the United States plays a leadership role in fighting the AIDS pandemic around the world - not only through funding - but in technical expertise in research, behavior change and prevention programs, HIV care and treatment, and most importantly, advocacy efforts that motivate government leaders to strengthen their efforts to bring an end to the devastation of HIV/AIDS.

On October 3, 1997, the Global AIDS Program of the National Council for International Health (NCIH) sponsored a half-day meeting to discuss the role of United States-based AIDS Service Organizations (ASOs) in addressing international HIV/AIDS and to promote greater collaboration between US organizations and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The 36 people in attendance represented a variety of non-governmental, international and domestic organizations, as well as several US government health programs, and the UNAIDS program. The meeting was developed to identify the specific perspective of domestic agenda organizations and the perspective of international agenda organizations. During the meeting each group of represented organizations had an opportunity to brainstorm on key areas of promoting greater collaboration and participation both in the response to global AIDS pandemic and in collaboration with UNAIDS.

There were three key messages at the end of our discussions.

First, each individual at the meeting needs to take the issue of international collaboration back to their organization's planning board to determine whether, and in what manner, their organization wants to be involved in building international linkage programs into their agenda. For domestic agenda organizations, this is a crucial decision. For international agenda organizations, the question is how to build stronger linkages with the UNAIDS program (both centrally and in the field), and how to build collaboration with domestic ASOs.

Secondly, UNAIDS needs to strengthen its communication efforts with the US nongovernmental community - those working domestically and internationally. The information UNAIDS is able to provide, from global epidemiological indicators to best practices documents and timely issues concerning ethics and political will, is vital in allowing US-based organizations to be better tied into the global leadership efforts of UNAIDS.

** / PVO, Private and Voluntary Organization, is a legal term to define a non-governmental organization that meets legal requirements to receive funding from and implement overseas activities on behalf of the United States Agency for International Development (USAID).*

Thirdly, that an approach of solidarity is the best way to address the global pandemic. Each organization's expertise is vital, but no individual organization's scope of work will succeed alone. Building the links is necessary, and the US has some of the best expertise necessary to develop sound prevention, care, and treatment programs in HIV/AIDS.

This summary is not a verbatim account of the meeting. It reflects the content of the discussions. It is written to allow interested organizations to use as a tool for internal discussion with their board and staff members to determine whether further interest in collaborating in international HIV/AIDS programs and with UNAIDS is of importance to their organization.

Should you have any questions or comments on this report or on the meeting held October 3, 1997, please contact Ron MacInnis, Director of the Global AIDS Program at the National Council for International Health, 1701 K Street, NW, Suite 600, Washington, DC 20006; tel: 202-833-5900, ext. 209; fax: 202-833-0075; e-mail: <ncihids@ncihids.org>.

Statement of Purpose

Historically, many global programs, including United Nations Programs, leave the United States out of their targeted geographical regions, as if the US were not part of the same globe. This reasoning has it that the US, as a donor country in the context of global economic development, is not in need of services provided by global health and development organizations. This reasoning would also imply that US-based non-government organizations working in HIV/AIDS have nothing to profit from global exchange.

In the context of the AIDS pandemic, these ideas have been challenged on a daily basis. Much of what has been achieved in the US in helping to reduce the stigma and fatality rates due to AIDS are the results of worldwide cooperation on a variety of AIDS prevention, research, and care-focused projects. And, the rest of the world, particularly the developing countries of Africa, Asia, the Caribbean, Eastern Europe, and Latin America, are watching closely how the US responds to the AIDS epidemic not only within our own borders, but in our outreach efforts to them.

The rest of the world is also watching on television and listening on radio programs in their corners of the world about how AIDS fatalities are on the decline in the US, and how hope is coming alive for many persons living with HIV/AIDS in the United States. While the devastation of the AIDS epidemic ravages through Africa and Asia, this news that is spawning hope in the US is once again providing frustration and despair for those places in the world where economic constraints mean death for 23 million HIV-infected men, women, and children. The epidemic that started the first true global partnership at addressing a single disease, and that brought together partners from around the globe, is becoming an issue of the haves vs. the have nots. How will we, US non-governmental organizations working in HIV/AIDS programming and policy, respond to this ever widening global gap?

The Joint United Nations Programme on AIDS (UNAIDS) and the United States Agency for International Development (USAID) are the two main mechanisms by which the US Congress channels its outreach efforts in response to the global AIDS epidemic. While USAID's mission of providing AIDS prevention services to select countries around the world works on a fairly fixed agenda, there are efforts at coordinating the NGO response among the international NGO (or "PVO") community. UNAIDS' role as a coordinating mechanism for the United Nations system's response to AIDS has components that may be able to offer opportunities for enhancing the involvement and interaction of US organizations in its global coordination of prevention, care, research, and treatment for HIV/AIDS.

Meeting Objectives and Design

The meeting was organized by the Global AIDS Program of the National Council for International Health (NCIH), with collaboration and support from the Joint United Nations Programme on HIV/AIDS (UNAIDS). It was held at the American Red Cross Building in Washington, DC, on October 3, 1997, from 9:30 a.m. to 1 p.m.

NCIH and UNAIDS have entered into a collaborative venture to raise awareness among US-based AIDS Service Organizations (ASOs) of global AIDS issues, and the role of UNAIDS in this area. The purpose is to garner the support of ASOs on global issues and expand their understanding of the complexities of, and necessity for, north-south collaboration in an effective response to the global AIDS pandemic. The venture is also designed to encourage US-based ASOs to themselves join in the global response. This will be achieved through a variety of efforts including educational advocacy, media communication, conference and meeting participation, and through special events like this that promote dialogue and exchange on strengthening the US involvement in global AIDS.

The meeting held October 3, 1997, fits into the collaborative venture as a mechanism for information exchange between UNAIDS, the NCIH Global AIDS Program, and the invited organizations. Those invited to participate were a sample of 32 US organizations working in HIV/AIDS prevention, care, and advocacy programs - half were from organizations working domestically and half were organizations with internationally-focused programs. There were also representatives from the United States Agency for International Development (USAID), the Department of Health and Human Services, the Office of National AIDS Policy, and the Centers for Disease Control and Prevention. These governmental institutions have been working in close collaboration with nongovernmental and community-based organizations around the world in addressing HIV/AIDS prevention, care, and treatment issues.

The participants were divided into two groups to brainstorm around the following questions designed to achieve recommendations for action:

Group 1 (Domestic agenda AIDS Service Organizations) ASOs

- What are our expectations/fears about getting involved in international/global AIDS issues?
- What role can UNAIDS play in complementing the work of ASOs?
- What should be the strategy for greater collaboration with UNAIDS?

Group 2 (International agenda AIDS Service Organizations) PVOs

- What are our expectations of UNAIDS?
- How can our organizations best collaborate with UNAIDS in the field?
- How can internationally focused organizations build linkages with domestic ASOs?
- What should be the role of UNAIDS in the United States?

Group 1 - Domestic ASOs

Group Leader, Dr. Peter Piot, UNAIDS

Moderator, Patsy Fleming, NCIH-UNAIDS collaborative project

Participants

Helen Cornman, National Council for International Health

Jane Silver, American Foundation for AIDS Research

David Harvey, AIDS Policy Center for Children, Youth, and Families / NORA

Scott Harrison, Executive Director, AIDS National Interfaith Network

Cornelius Baker, Executive Director, National Association of People Living with HIV/AIDS

Alice Blair, American Red Cross

Miguelina Maldonado, National Minority AIDS Council / NORA

Adele Mora di Puma, External Relations Director, Mother's Voices

Paul Boneburg, Executive Director, Global AIDS Action Network

Helen Crowley, Population Services International

Todd Summers, White House Office of National AIDS Policy

Cliff Cortez, USAID HIV/AIDS Division

Marsha Martin, Special Assistant to the Secretary, Dept. of Health and Human Services

Eric Goosby, Director, Office of HIV/AIDS Policy, Dept. of Health and Human Services

Calle Almedal, NGO Liaison Officer, UNAIDS

Jairo Pedraza, UNAIDS Program Control Board, North American NGO Representative

Strategies

1. UNAIDS needs to clearly articulate the role of the NGO Liaison Office and make that role known to domestic and international AIDS groups.
2. UNAIDS needs to identify existing groups, networks, task forces working internationally - and use them to begin contact.
3. Disseminate UN technical papers to US organizations.
4. Look at advocacy - how can domestic organizations take the skills they have raising money on Capitol Hill and translate that to the international agenda? Focus on the National Organizations Responding to AIDS (NORA) coalition as a tool to this end.
5. Set up a North America center for UNAIDS.
6. Develop more local (US) champions for UNAIDS - similar to a speakers bureau.
7. Domestic groups need to put the issue on the agenda for their board to decide whether there is interest in exploring possibilities of working on international issues in some capacity.

Question 1 - What are our expectations/concerns in getting involved in international/global AIDS issues?

Promoting integration of domestic and international issues / programs

To articulate ideas and strategies on how to get international issues integrated into ASO agendas.

Full-plate syndrome

ASO representatives expressed their concern about expanding their already overburdened agenda by adding international issues. Many said they want to help but needed more guidance in how to do so.

Said one participant, "We need to look at the relationship between our groups and international groups as reciprocal. There are many common issues among communities of color in the US and international groups. US groups have experience in working with communities of color and this experience can be extended to developing relationships with international organizations."

Information sharing

It was agreed that information sharing between domestic and international groups is a good place start. It was suggested that organizations like NCIH create opportunities for US and international groups to come together more often to build relationships. An example of this type of relationship building occurred on the domestic level when substance abuse groups and ASOs got together.

ASOs recently approached about international issues

One participant said this meeting was quite timely as his and many other domestic AIDS organizations were approached by the media and lobbying groups regarding the ethical concerns on clinical trials in Africa. He said he was totally caught off guard, because he had no extensive knowledge or experience in this area. His point was that greater communication and collaboration can build stronger and coordinated responses.

Question 2 - What role can UNAIDS play in complementing the work of ASOs?

Information dissemination and networking

UNAIDS technical papers need to be better disseminated to create a voice to support specific issues, for example, a vaccine fund. When dialogue is created here in the US on vaccines, it is important to have the developing world perspective. It was suggested that UNAIDS has a role in providing the information to US ASOs that allow them to be more comfortable responding to global issues (whether in journalist queries or in lobbying efforts).

It was also pointed out that the international work of West Coast NGOs is very much ignored.

Agenda setting and advocacy

Sometimes domestic groups have no choice but to get involved with international issues. One strategy is to become strong advocates for international issues and foreign aid. It was agreed that advocacy is a lesser problematic issue than information and networking. ASOs are skilled in advocacy, but are currently lacking the basic tools of advocacy for global issues - information, information, and information. The process is as follows: one, get information, two, create connections, and three, advocate in Congress.

It was suggested that ASOs first identify 3-4 issues important to international groups, and then identify 3-4 issues important to domestic groups and see where the common ground is. It was discussed that spokespersons are needed for international HIV/AIDS issues, and the US role in addressing global AIDS - and that we need to create a movement, not just prop up individuals.

Question 3 - What should be the strategy for greater collaboration with UNAIDS?

UNAIDS needs to put ASOs on their mailing list and make sincere efforts to build relationships/contact which includes: developing a strategy for liaising with US-based ASOs, maintaining regular communication (fax, e-mail, post) with ASOs, identifying areas of affinity where ASOs can be of use to UNAIDS strategic objectives (i.e. as technical assistance, lobbying, skills exchange, etc.).

ASOs need to identify whether they are interested in pursuing international agenda.

Group 2

Group Leader - Sally Cowal, UNAIDS

Moderator, Victor Barnes, CDC

Participants

Ron MacInnis, National Council for International Health

Rebecca Gilad, Academy for Educational Development

Carol Kauffman, American Red Cross

Katherine McKaig, CARE

Sam Avrett, International AIDS Vaccine Initiative

Elaine Murphy, Program for Appropriate Technologies in Health / NCIH

Gail Goodridge, FHI/AIDSCAP

Pam Norrick, President, International Center for Research on Women

Andrew Fisher, International Programs Director, Population Council

Frank Lostumbo, National Council for International Health

Janet Livingstone, Population Services International (PSI)

Nancy Pendarvis Harris, John Snow Inc./ Family Planning Services

Caroline Curtis, Health Technical Services

Holly Dempsey, USAID HIV/AIDS Division

Rafael Mazin, Regional Advisor on AIDS, PAHO

Question 1 - What are our expectations of UNAIDS?

1. To identify/define the role of the NGO liaison office at UNAIDS and determine how the office relates to the work of US PVOs
2. To participate in regular communications with PVOs: a basic list of who works at UNAIDS to who is responsible for the creation of best practices documents.
3. To provide an ongoing forum of discussion on the global AIDS pandemic
4. To work to increase global visibility of pandemic in order to create awareness and support.
5. Keeping virus on the map and on the political agenda.
6. To expand leadership: to speak outside of health forum and address AIDS in conjunction with development issues.

Question 2 - How can our organizations best collaborate with UNAIDS in the field?

1. By helping to define best practices and share with UNAIDS, and have UNAIDS best practices disseminated widely in the field.
2. By receiving UNAIDS indicators on HIV/AIDS in the field.
3. UNAIDS can participate in providing technical support to cooperative field projects.
4. We can inform UNAIDS of NGO programming in HIV/AIDS.
5. UNAIDS needs to work to maintain open dialogue with field PVOs and NGOs.
6. Keep UNAIDS in touch with broad community approach to addressing HIV/AIDS.
7. Provide unique perspective to general south-south/north-south discussion.
8. Through PVO participation in planning/UN in-country theme groups on HIV/AIDS.

Question 3 - How can internationally focused organizations build linkages with domestic ASOs?

1. Link international programs and lessons learned.
2. PVOs can function as an interface or broker for exchange opportunities.
3. Determine issues in the US that are similar to other country environments: look at how to approach the issues in mutually collaborative fashion.

Question 4 - What should be the role of UNAIDS in the United States?

1. To sponsor dialogue in the US on the global pandemic.
2. Keep international focus on pandemic in discussions with US organizations.
3. Help rebuild UN status in the US.
4. Create list-serve to communicate ideas, particularly amongst NGOs/PVOs.

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NATAP

REPORTS

January 1998 Vol. 1/ Issue 3

National AIDS Treatment Advocacy Project

Jules Levin Publisher
Larry Cohen Editor

NATAP, 580 Broadway Suite 403, New York, NY 10012, 1-888-26-NATAP (212) 219-0106 fax 212 219-847 e-mail: info@natap.org www.natap.org

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Prepared and Written by Jules Levin

Includes Reports from IDSA, Hamburg, and ICAAC Conferences

More detailed reports are housed on NATAP's web site. The web site has moved.

We are pleased to announce that the new address is www.natap.org.

Resistance Supplement

Report from NATAP NYU Forum on Resistance and Cross-resistance

Expanded Access Programs see back cover

- DMP-266: 1 800 998-6854 see page 13
- 1592U89: 1 800 501-4672 see page 9, 33
- PMEA or Adefovir: 1 800-Gilead-5 see page 24

Information about these drugs is contained in this issue. Please read the articles with specific attention to resistance before making a treatment decision.

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Newly Uncovered Viral Reservoir

In a recently published article in *Science*, Dr Robert Siliciano of Johns Hopkins University discussed his findings of a viral reservoir of post integrated proviral DNA persisting in resting CD4 memory t-cells. These cells are in a reversible state of non-productive infection but can be capable of producing infectious virus if stimulated by antigen. He said that the frequency of these cells and their decay rate are important to evaluating the effect on the potential for eradication.

Using a sensitive assay he found the frequency of these cells to be extremely low. The replication competent integrated proviral DNA was found in <.01% of resting CD4+ t-cells. He took a lymph node biopsy of 14 individuals and found that the frequency of these cells are not different in the blood and the lymph node. This is important because it may allow researchers to make implications about lymph tissue proviral DNA just by taking a peripheral blood sample. Lymph tissue biopsies can be difficult to perform. He ran an independent assay, a virus culture, because there was thinking that all the DNA was not competent to reproduce virus. His findings were confirmed that some DNA is competent to reproduce virus.

In order to determine the decay rate of these cells, Siliciano entered into a collaboration with clinical researchers to see if this reservoir persists in individuals who have been on long term highly active anti-retroviral therapy (HAART). For this

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letter sent to Gotbaum, Shalala, Satcher

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Fla HIV/AIDS Community Plng

Sender's Street1

Sender's Street2

Sender's City

Tallahassee, Fl

Sender's State

Sender's Zip

Florida HIV/AIDS Community Planning Group

T.E.A.M.

Together Everybody Achieves the Mission

February 10, 1998

David Satcher, M.D., Ph.D., Director
Centers for Disease Control and Prevention
1600 Clifton Road, Mailstop D-14
Atlanta, Georgia 30333

Dear Dr. Satcher:

The Florida Community Planning Group is writing to convey our concerns regarding recent reductions in the FY 98 HIV prevention funding to state and local health departments resulting from an administrative tap in programs implemented by the Centers for Disease Control and Prevention. According to the CDC, a 2.25 percent reduction in the FY 98 cooperative agreement award is necessary to maintain administrative and support service costs. At the same time, there was a \$17.5 million increase in FY 98 funding for HIV prevention. We request that these cuts be restored and CDC follow congressional intent and increase funding to state/local health departments to meet HIV prevention needs identified through the community planning process.

Specifically, the Florida Community Planning Group expended a vast amount of time and resources in developing our statewide HIV prevention plan based on an anticipated level of funding. This tap will disproportionately impact the state of Florida, as Miami/Dade County represents the second highest incidence of AIDS in the nation. Further, five other eligible metropolitan areas exist in our state alone.

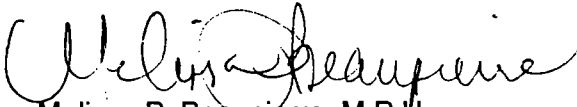
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These cooperative agreements are the cornerstone of our nation's HIV prevention strategy. Since inception of community planning, we have established methods to guide interventions, bridged the gap between government and persons infected/affected by HIV, and enhanced our efforts to target persons at highest risk for infection. Administrative taps and decreases in funding only jeopardize our process.

David Satcher, M.D., Ph.D.
Page 2

Thank you in advance for your prompt reply.

Sincerely,



Melissa P. Beaupierre, M.P.H.
Department Co-chair
Florida Community Planning Group

Sincerely,



David Waldron
Co-chair
Florida Community Planning Group

cc: Helene D. Gayle, M.D., M.P.H., Director
National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention

Sandra Thurman, Director
Office of National AIDS Policy

Cornelius Baker, Executive Director
National Association of People with AIDS

Mike Shriver, Director of Public Policy
National Association of People with AIDS

Daniel Zingale, Executive Director
AIDS Action Council

Paul Kawata, Executive Director
National Minority AIDS Council

Florida HIV/AIDS Community Planning Group

T.E.A.M.

Together Everybody Achieves the Mission

February 10, 1998

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

Dear Ms. Shalala:

The Florida Community Planning Group is writing to convey our concerns regarding recent reductions in the FY 98 HIV prevention funding to state and local health departments resulting from an administrative tap in programs implemented by the Centers for Disease Control and Prevention. According to the CDC, a 2.25 percent reduction in the FY 98 cooperative agreement award is necessary to maintain administrative and support service costs. At the same time, there was a \$17.5 million increase in FY 98 funding for HIV prevention. We request that these cuts be restored and CDC follow congressional intent and increase funding to state/local health departments to meet HIV prevention needs identified through the community planning process.

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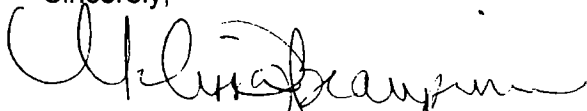
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The Honorable Donna E. Shalala
Page 2

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Department Co-chair
Florida Community Planning Group

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David Waldron
Co-chair
Florida Community Planning Group

cc: Helene D. Gayle, M.D., M.P.H., Director
National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention

Sandra Thurman, Director
Office of National AIDS Policy

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National Association of People with AIDS

Daniel Zingale, Executive Director
AIDS Action Council

Paul Kawata, Executive Director
National Minority AIDS Council

Florida HIV/AIDS Community Planning Group

T.E.A.M.

Together Everybody Achieves the Mission

February 10, 1998

Joshua Gotbaum, Executive Associate Director
Executive Office of the President
Office of Management and Budget
Old Executive Office Building
17th Street and Pennsylvania Avenue, NW
Washington, DC 20503

Dear Mr. Gotbaum:

The Florida Community Planning Group is writing to convey our concerns regarding recent reductions in the FY 98 HIV prevention funding to state and local health departments resulting from an administrative tap in programs implemented by the Centers for Disease Control and Prevention. According to the CDC, a 2.25 percent reduction in the FY 98 cooperative agreement award is necessary to maintain administrative and support service costs. At the same time, there was a \$17.5 million increase in FY 98 funding for HIV prevention. We request that these cuts be restored and CDC follow congressional intent and increase funding to state/local health departments to meet HIV prevention needs identified through the community planning process.

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Mr. Joshua Gotbaum
Page 2

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Melissa P. Beaupierre, M.P.H.
Department Co-chair
Florida Community Planning Group

Sincerely,



David Waldron
Co-chair
Florida Community Planning Group

cc: Helene D. Gayle, M.D., M.P.H., Director
National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention

Sandra Thurman, Director
Office of National AIDS Policy

Cornelius Baker, Executive Director
National Association of People with AIDS

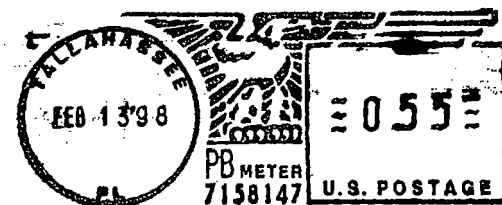
Mike Shriver, Director of Public Policy
National Association of People with AIDS

Daniel Zingale, Executive Director
AIDS Action Council

Paul Kawata, Executive Director
National Minority AIDS Council



1317 Winewood Boulevard
Tallahassee, FL 32399-0700



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

20006X3310 63



Data Entry Form

Letter ID

10553

Writer First Name

A. Gene - H. Alexander

Writer Last Name

Copello - Robinson

Received Date

2/10/98

Subject

description of the CAEAR

☐ Response Required?

Response Type

Response Date

Responder ID

Responder Name

Action Promised

Action Completed

Action Date

Addressed To

Notes

This was sent to Dr. Fox at HRSA

Sender's Organization

Cities Advocating Emerg AIDS

Sender's Street1

Sender's Street2

Sender's City

Sender's State

Sender's Zip



**CITIES ADVOCATING
EMERGENCY AIDS RELIEF**

January 27, 1998

Claude Earl Fox, M.D., M.P.H.
Acting Administrator
Department of Health and Human Services
Health Resources and Services Administration
Parklawn Building, Room 14-05
5600 Fishers Lane
Rockville, MD 20857

David Satcher, M.D., Ph.D.
Director
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333

Dear Drs. Fox and Satcher:

We write to you today on behalf of the Cities Advocating Emergency AIDS Relief Coalition (CAEAR Coalition). The CAEAR Coalition is a national organization dedicated to ensuring an adequate federal response to the critical needs of people living with HIV served by Title I and III of the Ryan White CARE Act.

The CAEAR Coalition
1413 K Street N.W., Suite 700
Washington, D.C. 20005

202 789 3565
202 789 4277 fax

Executive Committee

Ernest Hopkins, *Chair*
Suzi Rodriguez, *Vice Chair*
Robert Rybicki, *Treasurer*
Jacqueline Muther, *Southern*
Marc Halpert, *Southwestern*
Rex Sandborg, *Midwestern*
A. Gene Copello, *Northwestern*
Matthew McClain, *Mid-Atlantic*
Paul DiDonato, *At-Large*
Shawn Griffin, *At-Large*
Kathy Cerra, *At-Large*
Luanna Clark, *At-Large*

**Administrator of
Federal Affairs**

H. Alexander Robinson

**Governmental Relations
Representative**

The Sheridan Group

To this purpose, we seek to inform Congress and the Administration about the needs of HIV-infected Americans living in our nation's urban, suburban and rural areas, and about ways in which those needs can be met through responsive and innovative community-based planning and decision-making. Among CAEAR Coalition members are representatives of CARE Act Title I Planning Councils and grantees, Title III grantees, community-based organizations and consortia, people living with and affected by HIV, civic and business leaders, lesbians and gay men, members of religious organizations, government representatives, local public health officials, and members of the HIV service providing community.

Since the beginning of the HIV epidemic, public health officials have used epidemiological tools to monitor and track the effect and extent of the disease. The reporting of persons with AIDS by name (AIDS surveillance) has formed the cornerstone of this system.

Access to care and to new medical advances that delay the onset of symptoms and reduce death rates have so altered the epidemic that collecting data on only those persons with advanced HIV disease (AIDS) is now inadequate to track the epidemic. A national surveillance system that identifies individuals earlier in their infection with HIV could provide our public health and HIV service providers with better tools to track the process of the epidemic and to meet HIV service challenges.

A number of private and nonprofit national organizations, as well as the National Center for HIV, STD, and TB Prevention at the Centers for Disease Control and Prevention (CDC), have voiced their support for a national standard of name-based HIV reporting. Not surprisingly, these recommendations have engendered a heated debate in our communities. Some groups oppose any form of name-based reporting. Some groups believe an HIV surveillance system using unique identifiers (UIs) would be best. Still, others support a named-based system.

There is an emerging consensus that a national HIV surveillance system is needed, and that the use of HIV case reporting data would provide valuable information; this information would be meaningful to public health planners, and it would be critical to producing accurate cost estimates for HIV care. In particular, members of the CAEAR Coalition are interested in the potential impact that an HIV surveillance system may have on the distribution of state and federal funding to provide care for people living with HIV. We believe that many significant questions that have serious implications remain either unasked or unanswered.

To address these important questions, the CAEAR Coalition established an HIV Surveillance Task Force. The Task Force developed a set of questions that we believe are important for the HRSA and the CDC to consider in the debate about a national HIV surveillance system. Following are some questions regarding the possible impact an HIV surveillance system may have upon our members that we would like the HRSA and the CDC to address:

- What steps has the CDC taken to design (or assist states to design) a unique identifier system for HIV surveillance and what was the outcome of this undertaking?
- What effect would the anticipated name-based HIV surveillance system have on high-risk individuals as they consider taking an HIV test?
- In states that use HIV case reporting, are there differences in the number of persons living with HIV who are receiving care versus the estimated total number of persons believed to have HIV? Who and how will these new measures be enforced?
- What measures will the CDC propose to ensure a strong national standard of HIV confidentiality protections?
- How will the CDC assist communities facing technological and resource challenges in establishing an effective HIV surveillance system?
- What steps will the CDC take to ensure the continued availability of anonymous HIV testing in each state?
- Is HIV name reporting shown to have a positive effect on a person's access to HIV care at an earlier stage in their disease?
- Given the advances in treatment of HIV, what steps will the federal government take to encourage people to find out their HIV status and to get into care as early as possible?

- What HIV care advantages do the CDC and the HRSA project if HIV reporting becomes standard?
- Has the HRSA examined the potential impact of HIV surveillance and the use of HIV case reporting on the allocation of CARE Act resources? If so, what are they?
- Has the HRSA developed any projections on the increased need for financial resources that HIV care reporting may bring? If so, what do those projections show? Will HIV case data be used to allocate CARE Act resources?
- Presuming that people will come into HIV care at an earlier stage in their HIV disease process, will the availability of HIV case data justify increased CARE Act funding?
- What is the projected date, if any, that the CDC and the HRSA would commence using HIV case data for the allocation of resources?
- Currently, about 30 states have HIV surveillance systems; however, the States with the highest number of persons living with AIDS, and presumably HIV, are not among them. Have the CDC and the HRSA considered planning for a transition period that will allow these states to successfully enter the new era of HIV case reporting?

We hope you will agree that these are important questions. We request the opportunity to discuss these questions as well as other issues related to a national standard for HIV surveillance that have engaged our communities in thoughtful discussions.

If you would like additional information, or to schedule a meeting to explore a format to discuss these issues, please contact H. Alexander Robinson at (202) 789-3565. We look forward to your reply in the near future.

Sincerely,



A. Gene Copello, Ph.D.
Executive Director, Northeast Florida AIDS Network
Chairman, CAEAR HIV Surveillance Task Force



H. Alexander Robinson
Administrator of Federal Affairs
CAEAR Coalition

xc: Joseph F. O'Neill, M.D., M.P.H.
Helene Gayle, M.D., M.P.H.
Eric Goosby, M.D.
Sandy Thurman
R. Scott Hitt, M.D.

COPY

1625 Upshur Street, N.W.
Washington, D.C. 20011-5314
February 20, 1998

Dr. Michael A. Friedman
Acting Commissioner
U.S. Food and Drug Administration
Parklawn Building, Room 14-71
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Friedman:

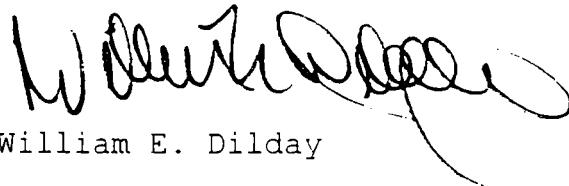
I am concerned that regulations being prepared by the U.S. Food and Drug Administration for blood, tissue, and sperm banks may further prohibit homosexual men from donating or storing sperm, even in cases where a homosexual man has tested negative or nonreactive for all sexually transmitted diseases or is willing to be retested at the conclusion of a six-month period before sperm could be released from a bank.

My understanding is that the regulations that the FDA is considering are based on Centers for Disease Control and Prevention guidelines dating back more than ten years to 1987 and which require a five-year abstinence period for homosexual men. As you know, more than a decade ago, HIV tests were much less sophisticated and the window of sero-conversion, which is about three months, was not known.

I encourage you to carefully and personally review any regulations prepared by the FDA on this matter and to ensure their necessity, medical soundness, and non-discrimination.

With every good regard, I am,

Most sincerely yours,

A handwritten signature in black ink, appearing to read "William E. Dilday", with a large, sweeping flourish at the end.

William E. Dilday

COPY

1625 Upshur Street, N.W.
Washington, D.C. 20011-5314
February 20, 1998

Dr. David Satcher
Director
Centers for Disease Control and Prevention
200 Independence Avenue, S.W., Room 716-G
Washington, D.C. 20201

Dear Dr. Satcher:

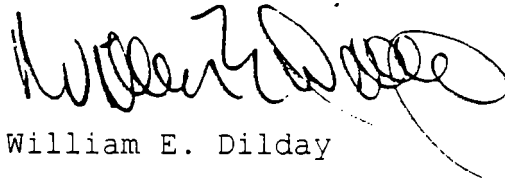
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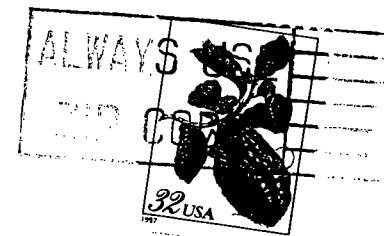
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William E. Dilday

William E. Dilday
Scott J. Oliphant
1625 Upshur Street, N.W.
Washington, D.C. 20011-5314



The Honorable Sandra L. Thurman
Director
White House Office of National AIDS Policy
808 17th Street, N.W., Room 820
Washington, D.C. 20006

20006-3310 63



NORA
NATIONAL
ORGANIZATIONS
RESPONDING
TO
AIDS

February 13, 1998

The Honorable Donna Shalala
 Department of Health and Human Services
 200 Independence Avenue, SW
 Room 615F
 Washington, DC 20201

Co-chairs

David Harvey
 AIDS POLICY CENTER FOR
 CHILDREN, YOUTH AND
 FAMILIES

Miguelina Maldonado
 NATIONAL MINORITY AIDS
 COUNCIL

Executive Committee

Val Blas
 NATIONAL HEMOPHILIA
 FOUNDATION

Rose Gonzalez
 AMERICAN NURSES
 ASSOCIATION

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

Christine Lubinski
 AIDS ACTION COUNCIL

Mike Shriver
 NATIONAL ASSOCIATION OF
 PEOPLE WITH AIDS

Jane Silver
 AMERICAN FOUNDATION FOR
 AIDS RESEARCH

Winnie Stachelberg
 HUMAN RIGHTS CAMPAIGN

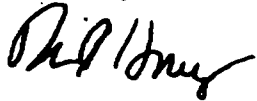
Dear Madam Secretary:

On behalf of the National Organizations Responding to AIDS (NORA) Coalition, we are writing to urgently request an opportunity for members of NORA and the public health community to meet with you on the issue of needle exchange. NORA is a coalition of over 175 health, labor, religious and professional advocacy groups that represent a broad consensus on HIV and AIDS-related issues, policy and funding levels.

NORA congratulates you and the Department of Health and Human Services (DHHS) on the successful Senate confirmation of Dr. David Satcher as Surgeon General and Assistant Secretary for Health. Many of us endorsed Dr. Satcher's nomination and worked with Senate offices in assuring that Dr. Satcher's confirmation was a success. We have been pleased to have such a strong public health advocate in this influential position.

We request this meeting at your earliest convenience the week of February 16-20, 1998. If you or your staff require additional information, please do not hesitate to call David Harvey at 202-785-3564 or Miguelina Maldonado at 202-483-6622.

Sincerely,



David Harvey, Co-chair
 NORA Executive Committee



Miguelina Maldonado, Co-chair
 NORA Executive Committee

cc. Dr. Eric Goosby
 Dr. David Satcher
 Mr. Kevin Thurm
 Ms. Sandra Thurman

NORA

A coalition convened by
 AIDS Action Council

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

Ly
395-45-62
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**GEORGE MEANY CENTER
FOR LABOR STUDIES, INC.
BOARD OF TRUSTEES**

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John J. Sweeney
President
AFL-CIO

Secretary-Treasurer

Richard L. Trumka
Secretary-Treasurer
AFL-CIO

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Linda Chavez-Thompson
Executive Vice President
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Communications Workers
of America

Edward J. Cleary, President
New York State AFL-CIO

Dorothy Sue Cobble
Associate Professor
Labor Studies and
Employment Relations Department
Rutgers, The State University

Douglas H. Dority
International President
United Food and Commercial
Workers International Union

Sandra Feldman
President
American Federation of Teachers

Robert A. Georgine
President
Building and Construction Trades
Department, AFL-CIO

Thomas P. Glynn
Chief Operating Officer
Partners HealthCare System, Inc.

Joe L. Greene, President
American Federation of
School Administrators

Frank Hanley, General President
International Union of Operating
Engineers

Gloria T. Johnson, Director
Department of Social Action
International Union of Electronic,
Electrical, Salaried, Machine and
Furniture Workers

Gerald W. McEntee
International President
American Federation of State,
County and Municipal Employees

A. L. Monroe, President
International Brotherhood of
Painters and Allied Trades of the
United States and Canada

David Weil
Professor, School of Management
Boston University

Heijia L. Wheeler, Provost
Montgomery College

Executive Director

Susan J. Schurman
George Meany Center
for Labor Studies, Inc.



February 27, 1998

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

Dear Sandy:

Just a note to express our sincere thanks for taking time from your busy schedule to join us at the George Meany Center for Labor Studies. To say that you and your office has been responsive greatly understates the case. I am unaware of any invitation to a White House official receiving a response, a positive one at that, in 24 hours.

As I think you could tell by the reaction of the members of the audience, we appreciated that passion you bring to your mission and your willingness to welcome us as partners in fighting the AIDS pandemic.

It was such a pleasure to meet you. I hope we will be able to find the time to get together soon. Again, many thanks.

Sincerely,

Susan J. Schurman
Executive Director

SJS:mm

opeiu #2 afl-cio

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10599	Joel	Greenspan	2/27/98	Inaugral Meeting

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			SThurman	
Action Completed	Action Date	Addressed To		

Notes

Book includes on THE HIDDEN EPIDEMIC ... Meeting time 3/23 and 3/24 in DC

Sender's Organization	Sender's Street1	Sender's Street2
HHS CDC		
Sender's City	Sender's State	Sender's Zip
Atlanta		

write letter of thanks



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

February 24, 1998

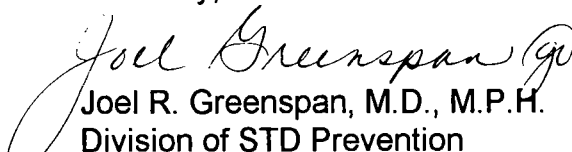
Dear Colleague:

We are looking forward to the inaugural meeting of the National STD Action Forum on March 23 and 24, 1998, in Washington, D.C.

The Hidden Epidemic: Confronting Sexually Transmitted Diseases, published by the Institute of Medicine last year, is a wonderful reference for beginning the work of the Forum. I encourage you to familiarize yourself with this work before we meet. We will send out an agenda and additional background material before the meeting.

I look forward to meeting you next month. Please contact me or Ms. Glenda Vaughn at (404) 639-8260 if we can assist you in any way prior to the 23rd of March.

Sincerely,


Joel R. Greenspan, M.D., M.P.H.
Division of STD Prevention
National Center for HIV, STD, and TB Prevention

Enclosure

To : Sandy Thurman, Office of National Aids Policy

Dear Women's Forum of Georgia Member:

Mark your calender for the evening of **Monday, March 9**. Our chapter will have its first dine-around in homes of our members.

Modeled after the dine-arounds held during our two IWF international conferences, this evening provides a wonderful opportunity for us to get to know each other better. We understand chapter dine-arounds are held in several IWF cities such as New York, Washington, and Chicago and, like the national conference, are the most popular of IWF events. We will have the same dinner, coordinated by our celebrity chef Nathalie Dupree, so that no matter where you end up for dinner, our menu will be delicious. The best news is that our chapter treasury will pick up the tab.

Please sign up for the dine-around on the fax-back form below or call Sandra Stockman at (770) 649-9957. Each dinner will be seated so your RSVP must be on time (February 20) and firm. Any no-shows will be billed \$35.00 for the cost of the dinner. We will send you a confirmation notice and location of your assigned dine-around. Hopefully, this will be the start of a new tradition with our chapter and a great way to bring our newest members into our "family".

Please call Sandra if you have a question and do send your form back right away for a very special evening.

Many, many thanks!! I look forward to seeing you.

Ann Cramer
President

FAX RESPONSE TO (770) 642-8580

_____ I will attend _____ I am unable to attend

Name: _____

**ALSO, MARK YOUR CALENDAR FOR OUR FORUM ON AFFIRMATIVE ACTION
ON THURSDAY, FEBRUARY 26, FROM 4:30 TO 8:30 P.M. AT SPELMAN COLLEGE.
WENDY JOHNSON, EXECUTIVE DIRECTOR OF THE SOUTHERN REGIONAL
COUNCIL, WILL DISCUSS "NEW INTERRACIALISM IN THE SOUTH."
DETAILS TO FOLLOW!!**

PROPOSED 1998 CALENDAR / IWF GEORGIA CHAPTER

AGENCY	DATE	TIME / LOCATION	CONTACT
Forum on Affirmative Action	February 26	4:30-8:30pm Spelman College	Shirley Franklin Martha Ezzard
Dine Arouds	March 9	Member's homes	Natalie Dupree
IWF 1998 Global Conference	April 29 - May 2	London	
Spring Retreat	Possibly the weekend of June 19 - 21	Possibly at Smithgall Woods Helen, GA (John Erbele 706-878-3087)	Holly Gardner Marchant Martin
Business Meeting	September 15	IBM Corporate HQ 411 Northside Pkwy	Ann Cramer
Annual National Meeting	September 23 - 25	New Orleans (Can we schedule a train?)	
Finance/Investing Breakfast	November 5	8:00 - 9:00am Commerce Club	Judy Anderson Kay Hamner
Gospel Christmas	December 5	Reception then Matinee Performance Woodruff Arts Center (Include spouses and significant others)	Veronica Biggins Allison Vulgamore

which operates as a per se rule as to all people with a certain impairment, it follows that there must be some impairments which are always disabilities.²⁹ Similarly, the ADA prohibits prohibits discrimination against a non-disabled individual because of a "relationship or association" with an individual who has a disability. 42 U.S.C. Section 12182(b)(E). It does not make sense to require a particularized assessment of a person completely unknown to the covered entity.

Critically, an insistence on particularized proof after the event of discrimination would subvert the statute's clear non-discrimination and public health purpose. The undisputed purpose of the ADA is to "provide a clear and comprehensive national mandate to end discrimination against people with disabilities." (findings and S.Rep. at 2). Since one could never know until after the fact whether an individual had a disability, a "clear and comprehensive mandate would hardly exist. Moreover, Congress determined that coverage of all people under the ADA was critical to public health efforts to combat the spread of the epidemic. The House Report noted that:

²⁹ In the legislative history, Congress was explicit about the provisions of the ADA which required an individualized, case-by-case assessment. For example, Congress was explicit that the determination of reasonable accommodation is a "fact-specific case-by-case approach" and must be determined on "particular facts." See Senate Rep. at 31. Similarly, Congress was explicit that the determination of "direct threat" "must be made on a case-by-case basis ...[and] requires a fact-specific individualized inquiry..." Senate Report at 27. Although each of the committee reports discusses the definition of "individual with disability" in depth, none of the committee reports discuss the need for a particularized assessment of whether an individual has a "disability."

As long as discrimination occurs, and no strong national policy with rapid and effective remedies against discrimination is established, individuals who are infected with HIV will be reluctant to come forward for testing, counseling and care. This fear of potential discrimination...will undermine our efforts to contain the HIV epidemic and will leave HIV-infected individuals isolated and alone.

House Report at 31, quoting Report of the President's Commission on the Human Immunodeficiency Virus.³⁰

As then-Surgeon General C. Everett Koop testified to Congress, "[i]f counseling [about HIV prevention] and testing are to work most effectively, individuals must have confidence that they will be protected fully from HIV-related discrimination." See Americans with Disabilities Act of 1988: Hearings Before the Senate Comm. on Labor and Human Resources, 101st Cong. 367 (1989).³¹ If the legality of discrimination depends upon an uncertain particularized inquiry, that confidence cannot exist.

Moreover, requiring a particularized assessment will often lead to absurd results. For example, a dentist would be able to discriminate against some people with HIV, but not others, even though there is no distinction between the infectiousness of the

³⁰See also Statement of Senator Moynihan, 135 Cong.Rec. S10794 (Sept. 7, 1989) (citing the importance of ending discrimination, including for public health reasons, and noting that ADA covers "people with a diagnosis of HIV infection").

³¹This remains as true today as at the time the ADA was enacted in 1990. See Battling HIV on Many Fronts, 337 New England Journal of Medicine No. 11, 779-781 (September 11, 1997) (declaring that current public health strategies are "most likely to succeed as part of an overall strategy that incorporates protection against discrimination...[and noting that the] prejudices, fears and legacy discrimination associated with the infection have deep roots in society."

ECRA

Facsimile

To: Sarah@Fax: 202/632-1096From: Chip Heath
Special Projects CoordinatorDate: 27 Feb 98Pages: 2 including this cover page**Message:**

Please phone me on Monday 2 March

Episcopal Caring Response to AIDS
733 15th Street, NW
Suite 315
Washington, DC 20005
voice: 202/347-8077
fax: 202/628-0234

*Sarah -
We're not going
to be able to assist
in planning this -
find out if SLT made
any commitments -
Todd*

ECRA

TAS &
Sandy will
be in California
Can you attend in
the place?

Memorandum

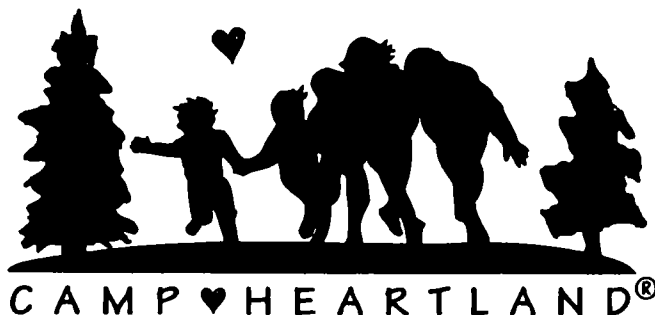
To: AIDS Service Organizations,
Washington Metro Area
From: Chip Heath
Episcopal Caring Response to AIDS
Ken South
AIDS National Interfaith Network
Date: 27 February 1998
Subject: World AIDS Day Observance

Every year the Washington metropolitan area religious community has offered some sort of service in response to the AIDS crisis. Many of you may recall one of the Healing Services that were held at Washington National Cathedral since the beginning of the epidemic. Last year a Service of Celebration and Healing was held at Church of the Epiphany in an effort to link this annual event with World AIDS Day (which is always on December 1st).

As members of the AIDS Service providers in the Washington metropolitan area, your input in planning this event is important. You are therefore invited to attend an informal brainstorming session to discuss the 1998 World AIDS Day Service on Monday, 23 March 1998 at 7:00 p.m.. The meeting will be held in the DC Care Consortium conference room, which is located at 733 15th Street, NW, Suite 620. The meeting will include an overview of past services and an evaluation of the 1997 event. This meeting is open to anyone interested in discussing this year's observance.

Too?

Please let us know if you are planning to attend by phoning the ECRA office on 202/347-8077, ext. 12. We hope to see you on the 23rd.



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Terry Grogan
Camp Director

**CAMP PACIFIC
HEARTLAND**

David Gale
Founder & Chairman

BUILD A CAMP FUND

Paul & Linda Molitor
Co-Chairs

February 17, 1998 *

Ms. Sandy Thurman
Director, White Office of National AIDS Policy
808 17th St. NW Suite 820
Washington D.C. 20006

Dear Ms. Thurman,

Rabbi Joseph Edelheit, a member of the President's Advisory Council on HIV/AIDS and a member of the CAMP HEARTLAND Board of Directors, has suggested that I write to you to invite you to our camping facility this summer. Whether you visit for a day or stay for an entire week and serve as a camp counselor, you could meet with dozens of HIV impacted children from throughout the United States and other countries, and tour our unique facility.

CAMP HEARTLAND is the largest children's HIV camping and care program in existence. Since 1993, over 1400 children from 30 states, Canada and the United Kingdom have participated in our camping programs housed at various rental facilities throughout the country. This upcoming July, CAMP HEARTLAND will make history by welcoming the first campers to The CAMP HEARTLAND CENTER in Willow River, Minnesota located 50 miles south of Duluth. Once developed, this gorgeous 80 acre facility will become the world's first year-round camp, conference, HIV education, and foster care center for children with AIDS and their families. The CAMP HEARTLAND CENTER will welcome upwards of 1000 HIV impacted children every year.

Your visit would provide hope and inspiration to all of our campers, lend support to the CAMP HEARTLAND effort, and provide a wonderful opportunity for you to meet with an incredible group of inspiring children. We operate camp sessions throughout the month of July and would welcome a visit at any time. I have enclosed the dates for all of our camp sessions.

On behalf of the children of CAMP HEARTLAND, I thank you for your consideration.

Very Best Wishes,

Neil Willenson
Founder and President



"A Place of Unconditional Love and Acceptance"

Corporate Office: CAMP HEARTLAND, Inc.® • 3326 E. Layton Ave., Cudahy, WI 53110
414/744-1118 • FAX: 414/744-3844 • Client/Student Line: 800/724-4673 • E-mail: camp1@execpc.com
Home Page: <http://www.digital.com/info/camp>



Memo

To: Ms. Sandy Thurman
From: Neil Willenson, Founder and President
Date: February 16, 1998
Re: Camp Dates for 1998

I am pleased to share with you the confirmed camp dates for 1998.

The CAMP HEARTLAND CENTER in Willow River, Minnesota

Proposed Ribbon Cutting and Grand Opening Friday, June 26

Staff Training: Tuesday, June 30 thru Saturday, July 4
Staff Down Time: From Noon on July 4 thru 4:00 pm on Saturday, July 5

Camp Session One: Monday, July 6 thru Sunday, July 12
Staff Down Time: From 8:00 pm on July 12 thru 4:00 pm on Tuesday, July 14

Camp Session Two: Wed., July 15 thru Tuesday, July 21
Staff Down Time: From 8:00 pm on July 21 thru 4:00 pm on Thursday, July 23

Camp Session Three: Friday, July 24 thru Thursday, July 30
Wrap Up: Friday, July 31 thru Noon on Sunday, August 2

VETERANS PARK in Milwaukee, Wisconsin

Family Reunion: Thursday, August 6 Proposed

CAMP PACIFIC HEARTLAND at Camp Hilltop in Malibu, California.

Staff Training: Wed., August 12 thru Friday, August 14

CAMP SESSION: Saturday, August 15 thru Friday, August 21
Wrap Up: Saturday, August 22 thru Sunday, August 23

MARKETPLACE

WEDNESDAY, AUGUST 3, 1994 B1

PHILANTHROPY

How a Determined Young Man
Built a Camp for AIDS Children

By MATT MURRAY

Staff Reporter of THE WALL STREET JOURNAL

At 7 a.m., after four hours of sleep, Neil Willenson sweeps through his summer camp, bursting into cabins and hugging children.

Eleven-year-old Ryan Chedester stumbles out of bed, his stack of hair mussed, his eyes half closed. "Ryan, you up?" Mr. Willenson asks. "Hi, Noodle," the boy mumbles, using Mr. Willenson's camp nickname. Mr. Willenson checks his Mighty Morphin Power Rangers watch; he still has to cement plans for a campfire and a field trip, and check archery targets and the swimming pool.

It could be any morning at any summer camp. But at this camp, in Blairstown, N.J., half the children have AIDS or HIV, the virus that cause AIDS. (The other half come from families in which a parent or sibling is sick or has died from AIDS.) So Mr. Willenson, who is 23 years old, must also get many of his campers to the infirmary for their AZT and DDI.

At the same time, he's grieving. Adam Russell, a 14-year-old who attended the camp last year, died of AIDS at home in Romeo, Mich., on the first day of camp this year. "My heart broke when I heard about Adam," Mr. Willenson says. But he must be composed. "My job is getting kids to breakfast, making sure they get their medicine."

An activist since his teens, Mr. Willenson has devoted the last two years to getting this camp, called Camp Heartland, up and running. For staff, he has recruited dozens of young people, most of them college students who work for free. They and Mr. Willenson counter the pop-culture image of their generation as "slackers" who care only about their own bitterness and the antics on "Melrose Place." Says Mr. Willenson, "Those are stereotypes from a bunch of 40-year-olds sitting around saying, 'Oh, today's youth.'"

Camp Heartland grew from Mr. Willenson's friendship with Nile Wolff, a boy in his hometown of Mequon, Wis., and his mother, Dawn, both of whom have AIDS.

In early 1993, Nile was squeezed out of a California AIDS camp, Camp Sunburst, because of space. "Even if Nile is going to live to be only 10, he deserves to have a childhood," Mr. Willenson says. So Mr. Willenson, an avid camper and former camp counselor, decided to start his own.

Mr. Willenson was not a novice at charity work or at networking: He founded a charity for the homeless at 15 and, two years later, ran an unsuccessful race for the Wisconsin State Assembly. But camp season was just seven months away.

Mr. Willenson spent weeks researching other camps at the library. His father gave him office space, a fax and a phone at his warehousing and trucking company. He called doctors, charities, newspapers, community leaders and companies, seeking advice, staff, funds and publicity. For money, he dipped into his Bar Mitzvah savings and borrowed from family and friends. He packed his calendar with speeches and soon was putting in 16-hour days.

Doctors and AIDS organizations weren't much help. "Within our community and in Wisconsin, there was skepticism about his plans, I think in part because Neil was so young and also because he really did not come with much background in the AIDS epidemic," says Doug Nelson, executive director of the AIDS Resource Center of Wisconsin. "He made real believers out of a lot of people who were wondering, 'Can this fellow really pull this off?'"

Says Mr. Willenson: "There were days when I felt like I had been mugged because people had been so negative and so rude and so condescending because I was 22. Doctors would say, 'There's no way this camp would ever work' and hang up on me."

Undaunted, in four months, Mr. Willenson raised \$60,000, half from friends and students who had heard him speak, the rest from companies such as Miller Brewing Co., which gave \$5,000, and Harley-Davidson, which donated \$3,000. Camp for 75

Please Turn to Page B3, Column 5

THE WALL STREET JOURNAL WEDNESDAY, AUGUST 3, 1994 B3

How a Determined Young Man
Built a Camp for AIDS Children

Continued From Page B1

children was held in August at a rented Wisconsin site.

For medical help, Mr. Willenson relies on volunteer nurses and local hospitals and is looking for a full-time doctor. Problems range from campers not being picked up at the airport on time to young counselors overwhelmed by emotion. Because many young people haven't confronted their own mortality, working with AIDS patients can be especially hard on them.

"These kids may ask hard questions about death, questions that you may not have answers for," says Geri Brooks, a family therapist and founder of Camp Sunburst, a one-week program in Petaluma, Calif., for families and children with AIDS. "It takes a person who is comfortable with himself to recognize that it's OK not to have all the answers."

This summer, about 250 children, ranging in age from five to 17, will attend Camp Heartland's two week-long sessions. The camp pays all costs, including transportation, on a shoestring budget of \$200,000 by taking advantage of discounted camp goods and donated plane tickets and rides.

Long, hot days here start with flag-raising at 7:50 a.m., move on to arts and crafts, canoeing and games of "Capture the Flag," and end late in the evening with a

campfire or a dance party. Two, three, four times a day, campers troop into the hot, cramped infirmary for pills or injections of AZT, DDI and other drugs.

At camp, Ryan Chedester can swim, loiter in art class or chase Mr. Willenson and other campers during a water fight. Ryan, a hemophiliac who contracted AIDS through a blood transfusion, takes about 10 different medications as many as four times a day. But here, no one frets when he races around or protests when he wants to lie down.

The second day of camp, Mr. Willenson arranges to plant a red sunset maple for Adam, an avid gardener. Most campers are kept inside eating dinner; their boisterous chatter can be heard in the background while about 15 of Adam's closest friends, including Ryan, silently circle the delicate young tree.

The sky threatens rain as Mr. Willenson begins. "This will go on living for many, many years," he says. "And so will our memories of Adam." One by one, each person says a few words, then shovels some dirt by the tree. When it is his turn, Ryan, looking down, says, "He was my best friend." By the end, many are wiping away tears.

Only Mr. Willenson is smiling. He pats Ryan on the back. Confidently, he says, "I think Adam likes it."

OPTIONS

(1) PLAY DEFENSE

- o Reiterate that Congress has laid out the criteria
- o Administration has added the legality provision, as well as strict linkages to treatment
- o Add a FLAT BAN to the SAMHSA reauthorization going forward now that absolutely, visibly draws a wall around drug treatment funds
Sends a symbolic message for the General
- o Say that Congress can add further considerations if they want to for FY99

(2) Goal : Ensure effectiveness of federal dollars targeted to the HIV epidemic among injection drug users, and eliminate fears of competition with drug treatment dollars

- o Declare HIV a public health emergency
- o In localities wanting to move forward with federally supported needle exchange programs, the locality needs to put forward an implementation plan that demonstrates to the federal government the linkages between drug treatment and medical care for the population

February 1, 1998

FILE
NEAC

To: NEAC Board

From: Harriet

Re: Greetings and a recent request

Hi! Hope you are each doing okay?! It was really good to be with each of you in Miami - and I am awaiting word from those who are researching our potential meeting site for June - to know where we will be together again!

What follows is a summary of what came out of recent conversations I had with Gretchen Kimsey, the wife of our good bishop, Rusty Kimsey. I am very grateful for their presence in my life - and their continued support of what NEAC does.

They will be going to Lambeth this summer, so of course receive much material. Briefly, she asked if it were at all possible, in our role, to put together a paper/piece/ comments..... or what ever we felt was appropriate in the way of comments to be directed to those in attendance at Lambeth that would encourage them to deal with the issues of justice that surround HIV/AIDS, noting that it is a MUCH bigger issue, particularly to those from other countries than the homosexual or same sex blessings/marriage and that we need to continue to keep these things in perspective. By way of explanation, from amny points of view, Gretchen is a long time admirer of John Spong, but she has huge amounts of anxiety about the way he is going about the homosexual issue with regards to the diversity that is represented at Lambeth.

I do not know if it is our place to do anything. I do not know if we would have consensus on a statement. I just felt, that because she is going and she came to me with this request, that I needed to share with each of you. If we were to do anything, we would need to get on with our conversation ASAP - it is not something that we can wait until the June meeting, as I would assume that if we want any kind of statement from NEAC to be a part of any materials at Lambeth we may already be coming up on a deadline. ?? Anyone have any reactions?

2/1/98

I sent this to all of those NEAC Board members to whom I could via email - Snail mail goes to DeLasmet, Frampton, Ferguson and Thurman - If any of you are now on email -PLEASE send me your address - it takes ALOT less time - when you don't jhave to make copies and address envelopes !

YOU HAVE NO IDEA how radical this is for me to be making this request - ones persepctive can change awfully fast, I have found!!

Especially, if you are basically lazy!

Take care of yourselves - and do stay in touch! H

Sandy - You may be sure we missed you in Miami - But - We are so grateful for your day to day work & presence in a tough job.

THE WHITE HOUSE
WASHINGTON

13 Feb 98

DATE

MEMORANDUM

FOR:

NAP

FROM:

SUE J. SMITH
DIRECTOR, AGENCY LIAISON

SUBJECT:

REFERRAL OF CASEWORK

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

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

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

Thank you for your help.

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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001a. form	re: Data entry form (Personal) [partial] (1 page)	02/18/1998	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 2/98

2018-0764-F

jm2061

RESTRICTION CODES

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

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

P1 National Security Classified Information [(a)(1) of the PRA]
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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

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

RR. Document will be reviewed upon request.

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

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10576	Sue	Smith	2/18/98	Casework

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			SThurman	

Action Completed	Action Date	Addressed To

Notes

Contains letter for assistance from (b)(6)

Sender's Organization	Sender's Street1	Sender's Street2
Sender's City	Sender's State	Sender's Zip
Bensalem	PA	

Robert Soliz

① Prez supports AIDS -
state increases in
funding since 1993

② Refs to ITNSA,
the Ryan White program
may be able to help.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Individual living with AIDS to President Clinton re: Personal story [partial] (2 pages)	01/13/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 2/98

2018-0764-F
jm2061

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financial institutions [(b)(8) of the FOIA]
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concerning wells [(b)(9) of the FOIA]

1/30/98
Jimmie
Agha

ACFA
NAP

[0016]

(b)(6)

1-13-98

Hon. President Clinton:

I just want to start my letter today just saying God bless you. I wrote few others to you but none were enclosed is an article I cut from newspaper, and my big question is the same, when we're going to have 1, 2, 3 they bring put people with aids or HIV & at side. It's being a lot of discrimination. I have aids I am strong & sensible. I never in my life use drugs except the drugs I am taking to help me live. I have adrenal gland exstirpated. My kidneys cost, not properly. Some times I go to the Pharmacy, and I can't even get the medications on time because the Gov. place is not covering the medicine. But I bring seeing people who are taking drugs for the our problems as sour, valium per se, and they pay for people who really do not care to take free pills and selling them to make money to use strong drugs in the street. Why this system.

I request a long time ago, a chance to have the opportunity to move out of here but it being impossible. My only income is \$11.40 a month from SSI, and food stamps. With this money I pay rent, electric, tel. and all the other expenses. I have my younger daughter in High School, and sometimes I do not have money left to give her, a new pair of shoes that she need, or a stem to be use in school. She want to be in the Air Force, she want to be a pilot. I want to help her but how, and when. I don't know. My oldest son is a police officer, my other daughter is at Black Mountain Community College, to become a teacher.

My other son was killed at New York City at the age of 19 at New Year's day in 1990. I move here to L.A. to give my children a better future. I was an abuse wife. I mean my ex husband use to hit me up every week, he was mentally ill and he was an alcoholic. I being trying to do the best, as I can do with my small form. For this reason, I am writing you asking, even that I know how this letter can end in the basket with out reading. Please, Please, I am requesting you, Mr. President. Please things before I die.

1. Make my daughters dream come true and be the best pilot in the Air Force.

2. I want to live in a better place, with out worries.

They may increase my rent to \$506. dollars a month and that amount is too much for me. I can't work, because I am disabled. Sometimes I try, I being honest with people and they say no, they can't help me. I am trying to get something to do, in my apartment, work and make extra money, but I do not have strength. This disease is real, painful, its destructive. Its discrimination. Where I live is not public transportation and if I call a taxi it will cost me 30.00 dollars to go to my doctor. My month is my bus. If I don't pay for bus, they cancel my license, if I don't have a license I can't be able to go to my doctor. How can you help, us. We are people sick & get infected by blood transfusion, or maybe my my ex. ~~to work my master~~ I am not responsible for having this disease of AIDS. I do not want any more.

I know I being sick since 1991. maybe was from before, we don't know. But I know I am near the end with my hand tie up. I need to help my daughter, I want to leave this complex where is infected with drugs, with people stealing your cars, and take the other things you have.

Please help, us, I need, my president now. I don. Clinton: we need you. When I say we need you I mean us, people with aids HIV and those who are affected with from members. I don't know in what, or how, but we need your help.

I want you to know, that my english is not the greatest, I just want to see grade in PR, and this letter bit I leave with my children. Maybe you can't understand. Please show us you love helping us. I will like to have a program - place, where us, people affected and infected out go and do something, to stop waiting for the end of us, doing nothing. Please help me to organize something in this community. To teach and educate people, who are ignorant, teens, and to see if is any way to reduce discrimination. I know I can help, in some way. but, I need information. to give others, I need, money, to rent, a place, make a group meetings, etc. Please help me and help others. Sorry for my little handwriting and errors. and Thanks and

your truly

Clinton to Seek More Money for AIDS Drugs

By ROBERT PEAR

WASHINGTON, Dec. 29 — President Clinton has decided to seek a substantial increase in Federal spending for treatment of people infected with the virus that causes AIDS, primarily to help them pay for potent but costly new drugs, White House officials said today.

The request includes a 35 percent increase in spending for "AIDS drug-assistance programs," which help pay for the new medications known as protease inhibitors.

White House officials said that Mr. Clinton would request at least \$385 million for such programs in the next fiscal year, up from \$285 million this year, and \$167 million last year.

The request has a big political dimension. Federal health officials said that the Administration and Vice President Al Gore in particular were eager to address the concerns of advocacy groups that focus on AIDS and gay rights.

Mr. Gore raised the expectations of these groups in April, when he said the Administration intended to expand Medicaid to cover people who had been infected with H.I.V., the virus that causes AIDS, but had not become severely ill. He said the cost of the new drugs could be offset by savings in the amounts spent for other medical care, especially hospital care.

But Administration officials later concluded that the proposed expansion of Medicaid would be too expensive. So they looked for other ways to help buy the new drugs, which appear to block development of the disease. The drugs can cost \$12,000 to \$15,000 a year for one person.

Under current Federal rules, if people develop AIDS and become disabled, they can qualify for Medicaid. The new drugs often prevent

disability, but people are typically unable to obtain the drugs under Medicaid until they become severely ill. The new drugs are recommended as a way to slow progression of the disease and avoid disability.

In a report chiding the Administration earlier this month, the President's Advisory Council on H.I.V./AIDS said, "The current Medicaid eligibility criteria are in direct contradiction to the recommended standard of care for the treatment of H.I.V. disease."

The money for AIDS drug-assistance programs is part of a larger sum provided under the Ryan White Care Act for treatment of people who have AIDS or H.I.V.

This year, Congress earmarked \$1.15 billion for such treatment, including medical care and social services. White House officials said Mr. Clinton would seek an increase of \$165 million, or 14 percent, raising the total to slightly more than \$1.3 billion in the fiscal year that begins on Oct. 1, 1998.

The figures do not include money for research on AIDS or for efforts to prevent transmission of the virus. Federal experts say that more than 40,000 Americans are infected with H.I.V. each year.

Disclosure of the President's decision illustrates how the White House hopes to reap favorable publicity from increases in Federal spending within the framework of this year's balanced-budget agreement. In the past, Mr. Clinton and his predecessors tried, with little success, to prevent the disclosure of such details before they sent their budget requests to Congress. But the White House has evidently concluded that it has more to gain by disseminating some of the data now.

Sandra L. Thurman, director of the White House Office of National AIDS

Policy, said: "These are very good increases, given the current fiscal climate and the fact we are operating under a balanced-budget agreement. The numbers affirm the Administration's commitment to the fight against AIDS."

Daniel Zingale, executive director of AIDS Action, an advocacy group, welcomed the President's request for additional money.

But Mr. Zingale said: "The AIDS drug-assistance program is not a long-term solution and is not a substitute for changes in Medicaid eligibility. It provides the drugs, but not the basic health care and services that must accompany the drugs to make them effective."

"We still hope to get changes in the Medicaid law and eligibility rules, so we can demonstrate that early treatment saves lives and money."

At a dinner held by AIDS Action in April, Vice President Gore said the Administration wanted to expand Medicaid to provide drugs to people newly infected with H.I.V.

"Our view is that getting these drugs to people earlier won't cost more in the long run," Mr. Gore said. "It may even save money."

The Vice President asked the Federal Health Care Financing Administration to "report back to me in 30 days" on expanding Medicaid. But the report took longer, and the answers were not what Mr. Gore wanted to hear.

Federal health officials estimated that the proposed expansion of Medicaid would cost the Government \$1.5 billion to \$4.5 billion over five years, depending on the people covered. The lower figure assumed coverage of those with incomes under the poverty level (\$7,890 a year for an individual.) The higher figure assumed coverage of those with incomes up to three times the poverty level.

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Joseph
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Ms Carmen Lozada

Apt 133-04
2500 Knights Rd
Bensalem, PA 19020-3410

*1/11
19020*



*President B. Clinton
White House
Washington D.C.*

February 24, 1998

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

Thanks so
much for the lunch
greatly appreciated
your friendship



Dear Sandy,

AIDS Action
Committee of
Massachusetts, Inc.

I am writing to thank you again for taking time to have lunch and talk to many of the players in the fight against AIDS in Massachusetts.

The group was pleased to meet someone from within the Clinton administration who is working hard to address the needs of people living with HIV and AIDS. It is clear that you know the bold and innovative steps necessary to continuing the fight against AIDS such as needle exchange. The understanding and support of needle exchange programs that you voiced gives great hope that we will finally move beyond the fear around these vital programs and toward ending the spread of new infections through intravenous drug use.

I've enclosed copies of peices that appeared in the *Boston Herald* and *Bay Windows* newspapers regarding the event.

We look forward to continuing our work with you as we respond to the needs created by the AIDS epidemic until it's over.

Sincerely,


Larry Keisler
Executive Director

F.S. Keep on Keeping On!

131 Clarendon Street
Boston, MA 02116

617.437.6200
TTY 617.437.1394
Fax 617.437.6445

AIDS Action Hotline
MA: 1.800.235.2331
TTY 617.437.1672

Youth Only AIDS Line
MA: 1.800.788.1234

AIDS czar rips Cellucci condom stance

Herald 2-14-98

By MICHAEL LASALANDRA

The nation's AIDS czar yesterday blasted acting Gov. Paul Cellucci's apparent opposition to the distribution of condoms in the public schools.

"I was stunned," said Sandra Thurman, director of the White House Office of National AIDS Policy. "We look to Massachusetts

for leadership on public health issues. This signifies a backward step. It's unfortunate."

Cellucci said Tuesday that he does not support condom availability in the public schools.

In comments to the media prior to the state Board of Education meeting, he said, "I don't think we should distribute condoms. If students are already sexually active, then that is a determination that local schools and parents should make."

On Wednesday, a Cellucci spokesman said the comments did not represent a change of position by the acting governor and that he has always believed the decision on condoms should be made by local schools and parents.

Thurman, who spoke to a group of AIDS activists in Boston yesterday, told the Herald that studies have shown that condom distribution does not encourage sexual activity but can prevent the spread of AIDS and other sexually transmitted diseases, as well as prevent unwanted pregnancies.

Cellucci's comments appear to be "politically driven," she said.

"The truth is that young people are engaging in sex and we have to protect them," she said. "We can't stick our heads in the sand."

Bay Windows 2/19/98



White House AIDS policy advisor Sandra Thurman speaks to a group of Boston-area AIDS service workers and managers Feb. 13 at the AIDS Action Committee.

'AIDS Czar' makes stop in Boston

Needle exchange and funding top agenda

by Fred Kuhr
Bay Windows staff

Needle exchange programs and AIDS funding were among those issues addressed by federal "AIDS czar" Sandy Thurman while in Boston last week.

Thurman, whose official title is director of the White House Office of National AIDS Policy, spoke at the offices of the AIDS Action Committee of Massachusetts February 13 in front of almost 100 of the state's leading AIDS advocates—and the Clinton administration's opposition to needle exchange was definitely on their minds.

"Why is it so difficult for a second-term president to fund needle exchange programs?" one of the frustrated advocates asked Thurman during a question-and-answer session after her talk.

Thurman explained that while she and other members of the Clinton administration advocate for funding for such programs, the president also has advocates on the other side of the issue who are in opposition—particularly those who work on the "war on drugs."

"And you must realize that the president will suffer a backlash no matter what is decided on this is-

Continued on page 14

White House 'AIDS Czar' meets with Boston-area service providers

Continued from page 1

sue," Thurman said in response to another questioner. "He's going to have to manage that backlash from both sides."

Thurman's talk, however, was not limited to needle exchange programs. Co-sponsored by AIDS Action and the Boston AIDS Consortium, she addressed issues ranging from the president's current AIDS budget, expanding access to treatment, and the global AIDS epidemic.

First, Thurman highlighted her boss' fiscal year 1999 budget, which includes many increases she and others have praised — such as the 14 percent increase in programs under the Ryan White CARE Act bringing that total up to \$1.3 billion.

"I am excited about where we are in this country at this moment on issues of funding," said Thurman. "These are significant increases, particularly in the year of the balanced budget."

Although admitting that she is "disappointed" by the money set aside for prevention efforts — level-funding except for \$5 million targeting minority communities through the president's race initiative — Thurman said she will challenge Congress to up the ante.

"We've always sat at the \$5 table; we've never been at the \$100 table before," said Thurman. "We must make sure that we hold on to these proposed increases, and best them."

Thurman also talked about access to treatment, particularly proposals to expand Medicaid to include more people with AIDS.

Although this has been a project of Vice President Al Gore's, Thurman admitted that the task of Medicaid expansion has been "more difficult than originally thought."

Thurman then spoke of the need to "integrate services" with those for people with other diseases. While praising agencies created to fight AIDS, she said they leave room

for criticism from those fighting other ailments.

"We have to look at ways to integrate services without losing the integrity of programs built for the long haul," said Thurman. "We must look at how to work more closely with other communities, such as the women's community, the disabled community and the civil rights community."

On the issue of the global epidemic, Thurman said that the U.S. must begin to look at the disease from a broader perspective.



PHOTO: MARYN HUMPHRIES

"We must exchange knowledge and technology with our colleagues around the world — and not just with politicians and scientists, but at the community level," said Thurman. "Our urban and rural communities have more in common with the third world than we'd like to think."

Thurman spoke the most in-depth, however, on the topic of needle exchange programs — which allow intravenous drug

users access to clean needles in order to lower the risk of HIV transmission.

Thurman said she has been an advocate for such programs throughout her career — which began in the 1980s as a volunteer of the agency she would end up heading, AID Atlanta, the oldest and largest AIDS service organization in the southeast U.S.

When she arrived at the White House, however, she realized "it's not as easy as all that anymore."

She joked that she was "outed" as a

"I still believe that we must look at *all* viable options, including needle exchange," said Thurman. "And the science is pretty clear on this. Needle exchange programs reduce the risk of HIV transmission without increasing the use of drugs."

proponent of needle exchange once she was part of the Clinton administration.

"I still believe that we must look at *all* viable options, including needle exchange," said Thurman. "And the science is pretty clear on this. Needle exchange programs reduce the risk of HIV transmission without increasing the use of drugs."

Although dealing with some White

House officials on this issue has been difficult, Thurman reported that progress has been made in the last few months.

"The White House can now talk about this. That wasn't true just a few months ago," said Thurman.

She added that the issue is not as much of a "hot potato" with Congress either.

Although Thurman did not bring up the controversial issue of HIV surveillance during her talk, the issue came up during questioning.

Thurman acknowledged that no one seems to be at odds over the growing sense that all new cases of HIV-infection need to be reported to state governments in order to better track the progression of the epidemic.

The controversy swells, however, with the issue of how these cases should be reported — by name or by anonymous unique identifiers.

While Thurman said that names should not be used, she added that the federal Centers for Disease Control and Prevention in Atlanta, which is pushing for names reporting, "has not been a supportive partner in this process."

Thurman won applause from the audience while recounting a recent meeting she had with CDC officials. "You gotta help me with this," she quoted herself in her trademark southern drawl. "Why is it I can ride a camel through the desert up to the ATM machine, stick my card in, put in a unique identifier and get out my life savings, but you say we can't do [HIV surveillance] without name reporting?"

When asked if a time will come when Ryan White CARE Act funding will no longer be necessary, Thurman said that some have pondered the long-term appropriateness of that federal funding source.

"Is it appropriate now? Absolutely," said Thurman. "But we just don't know down the road." ▼

Data Entry Form

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10571	Marea	Murray	2/17/98	Councilor Kelly of Boston

✓ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			S.Thurman	
Action Completed	Action Date	Addressed To		

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Sender's City	Sender's State	Sender's Zip

Tip as incoming NRN

January 13, 1998

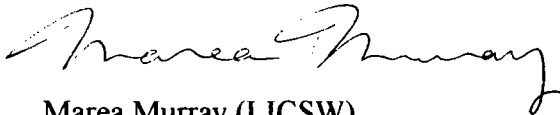
Ms. Sandra Thurman
AIDS Policy Advisor
Old Executive Office Building
Washington D.C. 20000

Dear Ms. Thurman:

The enclosed article, penned by the recently re-elected Boston City Council President Jim Kelly is a reflection of what we have to deal with out here in the trenches...STILL. While I cannot write to you in my official capacity, as Director of HIV Services at South Boston Community Health Center, I can alert you to this dangerously misinformed and terribly influential man as a concerned AIDS activist, voter, social worker, citizen...

Believe me, this is not Councilor Kelly's first volley on AIDS. He has ignored our previous attempts to meet with him. He retains his public forum "City Hall [sic] Forum" and purports to represent not only South Boston and Chinatown, but also the heavily gay, Latino and African American South End. Should you feel like writing him in *your* official capacity, I'd be most appreciative!

Sincerely,



Marea Murray (LICSW)

P.S. I've also enclosed
samples of health promotion/
HIV prevention brochures
we've published called
"Keeping Healthy in America"
in Albanian, Polish & now
Haitian Creole!

KEEPING HEALTHY IN AMERICA

In the United States health care system there is great emphasis on prevention, including preventing the spread of sexually-transmitted diseases like Acquired Immune Deficiency Syndrome (AIDS) which is caused by the Human Immunodeficiency Virus (HIV).

It is usually recommended that adults see a doctor or other medical provider one time a year for a "physical" or an examination of the body to make sure all is well. Chest x-rays may be ordered to detect tuberculosis. It is important also to know your family's health history, for example if someone died from cancer or had high blood pressure, their children might be predisposed.

HOW TO STAY HEALTHY

It is routine in America for women who are having sex to have an internal exam and a pap smear (test for abnormal cells on the opening to the womb) as well as a breast exam.

Women and men who are sexually active are advised to have tests for sexually-transmitted diseases (STDs). Often a person doesn't know s/he is infected and may pass the infection on to a sex partner. If you get treatment early, some STDs like Chlamydia, Gonorrhea, Syphilis and Vaginitis can be treated and cured.

Some STDs are not *curable*: Herpes, Genital Warts (HPV), HIV, the virus causing AIDS, and Chronic Hepatitis --but they are **treatable**. So is Tuberculosis. Now Hepatitis vaccines are also available. Ask your health care provider about them.

Using condoms or other latex barriers with water-based lubricants when having sex is the best way to avoid being infected.

3 & 4 Panels show how to use these & other latex barriers

HOW YOU CAN GET HIV

By having sex without a condom or other barrier with someone who has HIV. *A person may not know s/he has HIV.* Anal and Vaginal Sex without a condom are the riskiest.

By sharing needles, including for medications, with someone who has HIV. This can happen if syringes are used by more than one person.

A mother who has HIV may pass it to her baby before it is born, during delivery or by breastfeeding. Recently in America women who know they have HIV can decide whether to take a drug called AZT which can protect a baby from getting HIV. HIV testing is not part of routine prenatal bloodwork so, again, you'll need to ask.

Overindulging in alcohol, marijuana and other drugs may affect your judgment and ability to practice safer sex.

Get counseling about an HIV test if you are serious enough about a partner to go without condoms, or if you want to have a baby.

COMMON MYTHS ABOUT HIV/AIDS

Because a person is "dirty," a foreigner, a drug addict, a homosexual or a prostitute doesn't necessarily mean they have HIV.

Dentists, do not spread AIDS. All health care professionals should make sure their equipment is clean and use latex gloves and other hygienic tools to keep from spreading any viruses.

Back page.

Remember, you do not have to have insurance or a lot of money or even speak English to access health care.

For more information about health care, including HIV/AIDS, smoking cessation, alcohol/drug abuse, contact these resources in your area:

Produced by the HIV Services and Interpreter Services Departments at South Boston Community Health Center with funding provided by:

Jan. 8, 1998



City Hall Column

by Jim Kelly

Aids Educational: Real Simple

A few weeks ago, the city began a new AIDS Awareness campaign. Conducted in conjunction with the AIDS Action Committee of Massachusetts, the campaign, in addition to utilizing 15 billboards across the city, calls for group discussions and the distribution of written material aimed at Boston public school students.

On a national level, President Clinton directed all federal agencies to target teenagers between the ages of 15 to 21 for AIDS education. According to a report in the Washington Times, the President indicated that he wants these programs implemented by the Fall of 1998, with greater emphasis on condom use, discussions of abstinence, and the distribution of clean needles to drug addicts. Although the plan does not seek funding for either condom or hypodermic needle distribution, the President is hoping to get funding for these controversial measures at some time in the future. This, according to Bob Lederer, editor of the Poz magazine, a publication that focuses on AIDS awareness.

During the past twelve years much has been written and said about the AIDS epidemic. A lot of the controversy surrounding the debate centers around the lack of personal accountability on behalf of those most responsible for its spread, who, according to every reliable report are still (1) young gay males and (2) infected drug users and their partners. AIDS is not infecting the general heterosexual population, where the risk of AIDS from non-drug using male/female transmission is about one in five million.

What is most troubling about the epidemic is that AIDS, like syphilis, is probably one of the most avoidable infections in the world. Like

syphilis, AIDS is behavior dependent. A change in behavior can literally wipe it out forever. Yet, as Sheryl Gay Stolberg wrote in a recent issue of the New York Times, "a central feature of gay urban life [is] sex clubs, bathhouses and weekend-long drug parties where men may have relations with a dozen partners a night." Indeed, the very conduct which has claimed so many lives is once again on the rise among gay males 20-years and older, according to a study by Dr. Linda Valleroy of the U. S. Center for Disease Control and Prevention. And this trend is not likely to change soon. As gay activist, Michael Thomas, an English professor at Rutgers University and co-founder of a group called, "Sex Panic", said, "It is an absurd fantasy to expect gay men to live without a sexual culture when we have almost nothing else that brings us together." It should be noted in fairness that this view is not shared by all gays. Larry Kramer, founder of ACT-UP, writing in a recent edition of the New York Times, observed, "Shamefully, not one AIDS organization or national gay and lesbian group has been willing to speak out and condemn or even criticize what Sex Panic is saying.... There is a growing understanding that we created a culture that in effect is murdering us, and that if we are to remain alive it's time to redefine homosexuality as something far greater than what we do with our genitals."

In spite of the fact that many in the gay community reject altering dangerous life-style practices, money spent on AIDS research has increased dramatically. Two years ago the government spent \$2.5 billion on AIDS. Last year the figure was \$7 billion. Should we demand that those engaged in high risk behavior act more responsibly?

Again, absolutely! Why? If for no other reason that AIDS spending is deflecting needed research money from other diseases which claim far more lives. In his book, "The Myth of Heterosexual AIDS", Michael Fumento notes, "AIDS research has now drained cancer research to a point where the National Cancer Institute's ability to fund promising new research proposals is less than at any time in the past two decades."

Here are the facts: Total AIDS deaths in the United States actually fell from 43,115 in 1995 to around 32,000 in 1996. Compared to the number of deaths attributable to cancer in the same year, 538,455, and heart disease, another 737,563 per year, AIDS is not as costly in terms of human life - even if just as deadly. The fact is more people in the United States die of cancer or heart disease in a single month than die of AIDS in two years. Given this, we need to make some critical decisions about how we spend limited research dollars, and what we expect of those who that money is being spent to help.

As for AIDS education in our schools, there is no need for the kind of two-month long push we are now engaged in. Nor should we be adopting outrageous propaganda campaigns being offered by "Sex/Aids" education experts, like the awareness book "Risky Times", which was distributed in Swampscott schools to students as low as in the sixth grade. When parents discovered that the book contained very graphic and detailed instructions

on safe sex, the program was immediately halted. My question is, why was it even started? There's really no need to go beyond a simple explanation, since few heterosexual teens are at risk of contracting AIDS. In the age groups where a great deal of the most controversial proposals exists, 13 to 18 years of age, there were 217 tragedies in 1996. Over 10,000 youths died of cancer in that same age bracket for the same year.

Given all this, and the amount of money we are asked to spend annually to combat AIDS, the city should target its AIDS message to the two groups most likely to be infected, gays and drug users. There is simply no need to adopt controversial AIDS/Sex Education programs aimed at non drug using heterosexual teens, because they are least at risk. The message to gays, if they don't already know, is this: high risk behavior is irresponsible and can result in AIDS, and AIDS causes death. As for the heterosexual population, the message should be just as clear. If you engage in sex with an AIDS infected partner who is on drugs, you could become infected with AIDS yourself, and AIDS causes death. Beyond that, I can't think of a single reason to go into any more detail.

As for the practice of indoctrinating teens with material about the gay lifestyle, asking students to make moral judgements, passing out "how to" manuals on sex for their review, or distributing condoms on school property, I fail to see how this contributes anything.

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