FOIA Number: 2018-0764-F

# FOIA MARKER

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**Folder Title:**
Correspondence - SLT - Incoming - 3/98 [3]

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# Withdrawal/Redaction Sheet
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 001. letter | Tom Sheridan to Sandy Thurman re: Private political association (1 page) | 04/02/1998 | Personal Misfile |

**COLLECTION:**
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

**FOLDER TITLE:**
Correspondence - SLT - Incoming - 3/98 [3]

2018-0764-F
jm2064

**RESTRICTION CODES**

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
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# NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

March 25, 1998

The Honorable William Jefferson Clinton
1600 Pennsylvania Avenue, NW
Washington, DC 20500



Dear Mr. President:

On behalf of those who are responsible for administering the HIV prevention and care programs in every state and territory of this nation, we write to convey our unequivocal support for the expression of "no confidence" by the Presidential Advisory Council on HIV/AIDS concerning the Administration's commitment and willingness to achieve the goal of reducing the number of new HIV infections.

As stated in our December 19, 1997 correspondence, the preponderance of scientific data demonstrate the efficacy of needle exchange programs—as a part of a larger comprehensive HIV prevention program—in reducing HIV transmission among injecting drug users, their sexual partners and their children, while not increasing drug use. Therefore, we are extremely disheartened by the Administration's continued inactivity regarding the lifting of this federal ban. Jurisdictions wishing to use federal funding for the purpose of implementing needle exchange programs are at a critical juncture in the HIV epidemic. As you know, racial and ethnic minorities are disproportionately effected by HIV disease and substance abuse. In light of this, the Administration's inaction undermines the credibility of your stated goal of reducing racial and ethnic health disparities and is unacceptable.

While we agree with General McCaffrey's efforts to provide unambiguous anti-drug messages to the nation's youth, in this public health battle against drug abuse and HIV, we must use every scientifically proven measure to ameliorate casualties in our war against these twin epidemics. If you concentrate solely on substance abuse and allow people to contract HIV and die, you have still lost this war. For those of us on the front lines of battle, our common goals are to stop drug abuse by breaking addiction and to salvage individuals from a hastened death by preventing the transmission of HIV. We ask you to join us in these common goals. To do anything less sends a message to the nation that the Administration prefers allowing the further spread of a fatal disease for the promotion of a desirable yet narrow and simplistic message on substance abuse. This ignores the basic fact that many needle exchange programs have proven effective in assisting individuals to enroll in drug treatment programs.

We urge your immediate action on this matter. It is essential to ending the HIV epidemic.

Sincerely,

Randall S. Pope
Chair

Julie M. Scofield
Executive Director

Attachment

cc: Sandra Thurman, Director, Office of National AIDS Policy
General Barry McCaffrey, Director, Office of National Drug Control Policy

NASTAD
444 North Capitol Street, NW, Suite 339 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

# NASTAD

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS


**Action to Reduce the Transmission of HIV and Other Diseases Through Increased Access to Sterile Needles and Syringes**

WHEREAS, the National Alliance of State and Territorial AIDS Directors (NASTAD) is aware of and recognizes that:

I. HIV, hepatitis B and C, and other diseases are transmitted from one person to another by the transfer of blood through injection materials;

II. transfer of blood through injection equipment and other injection materials is responsible for HIV transmission among injection drug users;

III. recent data estimates that approximately 50% of all new HIV infections in the 96 largest U.S. metropolitan areas are occurring among injection drug users;

IV. some states have taken action to remove legal barriers to the use of clean injection equipment and have documented reductions in needle sharing as a result;

V. overwhelming evidence shows significant reductions in needle sharing among injecting drug users participating in needle exchange programs; and

VI. needle exchange programs provide an effective link to drug treatment and other social services.

WHEREAS, the current Secretary of the Department of Health and Human Services has declared, "needle-exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infections in communities that choose to include them."

WHEREAS, the National Institutes of Health Consensus Statement concluded that research showed that needle exchanges are effective in reducing HIV infection and that the ban on federal funding should be lifted.

WHEREAS, the American Medical Association's report, "A Physician's Guide to HIV Prevention," encourages doctors to advise their injection drug using patients to "use a new needle and syringe each time drugs are injected."

WHEREAS, according to the North American Syringe Exchange Network, as of December 1996, 114 needle exchange programs are operating in 28 states and Puerto Rico.

WHEREAS, NASTAD also recognizes the need for states to have the flexibility to utilize federal funding to support state and locally identified HIV prevention priorities.


444 North Capitol Street, NW, Suite 339 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

THEREFORE BE IT RESOLVED, that NASTAD calls upon the Secretary of the Department of Health and Human Services to recommend to the Congress the removal of the prohibition on federal funding for the support of state and local needle exchange programs by certifying that needle exchange programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs.

BE IT FURTHER RESOLVED, that NASTAD calls on state and local legislative bodies to increase access to sterile needles and syringes through needle exchange programs; to deregulate possession of needles, syringes and associated injection equipment as drug paraphernalia; to increase access to sterile syringes via sale by pharmacies; and to increase access to drug treatment for those individuals ready for such treatment.

BE IT FURTHER RESOLVED, that NASTAD encourages each state health department to work with pharmacy boards and local law enforcement agencies to change local laws which would increase access to sterile injection equipment.

BE IT FINALLY RESOLVED, that NASTAD will work with other national organizations to influence national policy regarding the importance of sterile needle and syringe availability as an HIV prevention strategy.

Approved April 29, 1997

JERRY CADE, MD

Dr. Donna E. Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Room 615F
Washington, DC 20201

March 20, 1998

Dear Madame Secretary:

I am extremely concerned about the current trend in national policy which would permit reporting of HIV infection by name. My own background is heavily entrenched in public health. I came to Nevada in 1981 to repay the National Health Service Corps for helping me complete medical school. I stayed in Nevada when my Public Health Service obligation was completed in large part because no one at that time was taking care of People with HIV Disease. I understand the need for good surveillance data as a mechanism for effectively treating the people involved in any epidemic. I think that the Centers for Disease Control and Prevention (CDC) has performed an outstanding service for this nation and the world.

As you are aware, Nevada is one of the states that does report HIV infection by name. First, I want to applaud our state and local health authorities for carefully guarding this information and using it extremely judiciously. Furthermore, the health district has helped ensure that those persons who are HIV-infected are informed about their disease and introduced to treatment. Their partners are tested and if indicated appropriate therapy is initiated. Clark County (Las Vegas) has a good, comprehensive health care delivery system for People with HIV Disease, so I am grateful for the multiple times that I believe that the health department's intervention has helped ensure that People with HIV/AIDS receive medical intervention early in the course of their infection.

Despite these benefits of reporting HIV infection by name, I am extremely concerned about a national policy which codifies this system. The potential for abuse is too great, and the necessary safeguards are simply not in place to assure us that this information will not be misused by those not intricately involved in the public health system.

Discrimination against People with HIV/AIDS is not a historical phenomenon. Nor, are we assured that the Americans with Disabilities Act, which we all hoped would solve this problem, will protect those who are HIV positive and not yet clinically ill and disabled. Indeed, with improved life expectancy, the opportunities for abuse are potentially greater.

I provide the medical care for a large number of HIV-infected individuals in Las Vegas, Nevada. Most of these women and men receive all of their care locally; however, a not insignificant number of my patients travel to California for their laboratory work because California does not require reporting of HIV infection by name. (In Nevada, T-cells are also reportable.) HIV negative partners of these individuals likewise travel to California for testing, so that they will not be reported to the local health authority. And, many individuals still choose not to be tested at least in part because they do not want anyone to have this information.

APPOINTMENTS
**702.877.8669**
OFFICE
**702.877.8600**
AFTER HOURS
**702.877.8600**

2300 WEST
CHARLESTON BLVD.
SUITE 259
LAS VEGAS, NEVADA
89102

MAILING ADDRESS
PO BOX 15645
LAS VEGAS, NEVADA
89114-5645

*LambdaHealthCare*

I know that those who are proposing a names reporting system often point out how few individuals this system deters. Unfortunately, I think those individuals who don't want their names reported are also reluctant to participate in surveys. My experience with patients and friends who are at high risk for HIV can only lead me to assume that a names based reporting system is a potential deterrent for a significant number of individuals.

We have the tools to accomplish our task of a good national surveillance program while continuing to assure the anonymity of our patients. Since this approach would capture those individuals who are reluctant to have their names reported, I cannot help but think that it would be preferable, more complete and more compassionate.

If there is anything I can do to assist in this process, please let me know.

Sincerely,

Jerry Cade, MD

cc: Helene Gayle, MD
Eric Goosby, MD
Sandra Thurman, Director, ONAP
Daniel Montoya, Executive Director, PACHA
Soctt Hitt, MD, Chair, President's Advisory Council on HIV/AIDS

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HIV NATIONAL AIDS UPDATE CONFERENCE SAN FRANCISCO

April 2, 1998

The Honorable Sandra Thurman
Director, The White House Office of AIDS Policy
808 17th Street, Suite 800
Washington, DC 20006

Dear Ms. Thurman (Sandy):

On behalf of the Planning Committee for the 10th National AIDS Update Conference, I want to thank you for your participation and in helping to make the Conference an enormous success. Your plenary presentation was one of the highlights of the Conference and the follow-up session was outstanding. The professional dedication and thoughtfulness that you demonstrated in assisting us is extremely appreciated as we are all aware of your busy schedule.

I hope that we will have the opportunity to work with you again in the future and should you have any questions or comments, please feel free to contact me.

Sincerely,

Cliff Morrison
Program Director
10th National AIDS Update Conference
584 Castro Street, Suite 602
San Francisco, CA 94114

Tel: 510/645-1245
fax: 510/645-1246

McCORMACK & ASSOCIATES
•EXECUTIVE SEARCH CONSULTANTS•

March 23

Dear Sandy,

Thanks for agreeing to support our event at Columbia for the Humsafar Trust. We don't know if we shared this article on Ashok with you which appeared while he was here in L.A. It may be of interest.

JOSEPH A. McCORMACK

Ashok Row Kavi

# Publisher Helps Cultivate India's

Humsafar Trust is the only one that targets gay men.

"We're nowhere in the American consciousness and we don't seem to exist for the Indian government either," he says.

During his visit to Southern California, the expansive headquarters of organizations such as AIDS Project Los Angeles and the Los Angeles Gay and Lesbian Center must have presented a stark contrast to the hard-scrabble facilities of the Humsafar Trust, which occupies a 6,000-square-foot space in the heart of Bombay. Through the center, the Trust collects data on HIV, provides a drop-in center for gays, and operates a help line, which receives 50 to 70 calls a week. They are currently seeking grants for training street counselors to work with male prostitutes. The center's space, provided by an unusually receptive city government, was chosen after a two-year search. "Boy, was it a mess," Kavi recalls in a *Dost* (Friend) article. "It had been locked up for three years and there was a layer of pigeon shit and rat-droppings six inches thick! There were rats as big as rhinoceros running around pretending we were the vermin." Volunteers made it habitable and now, sparsely furnished

# Burgeoning Gay Movement

by TRACY SYPERT

shok Row Kavi has been described as the Larry Kramer of India.

Like Kramer, Kavi is a writer, he's gay and is one of his country's pioneering AIDS activists. But that, says Kavi, is where comparisons to the combative founder of ACT-UP end. "I come from a very, very old society" he says. "I'm very wary of going on destructive binges without creating things or putting new things in their place. If I were to die tomorrow or next week I'd like to be known for the infrastructure I've left behind."

At age 50, the Bombay native has made a good start on that goal by founding the Humsafar Trust, India's first registered AIDS-service organization for gay men, and by launching *Bombay Dost*, India's only registered publication for the gay community. Kavi was in Southern California recently to attend the National Gay and Lesbian Task Force's Creating Change Conference in San Diego, to network with members of gay groups from Asia and the Pacific region, and to raise money for the Humsafar Trust.

AIDS came late to the continent of Asia—some 10 years after it first began ravaging the Americas, Europe and Africa. But with the spread of the disease leveling off in those areas, India appears to be the new Ground Zero in the global battle against AIDS. The World Health Organization estimates that by the year 2000, 1 million people in India will have AIDS and 5 million will be HIV positive. Despite its portrayal as a primarily heterosexual disease outside of the West, gay and bisexual men in India have been hit hard by AIDS, Kavi says. Based on Humsafar's own research, he estimates that the infection rate among the urban gay community in India is comparable to the rate for female prostitutes, which is about 60 percent. Yet, of more than 100 registered AIDS organizations in India, with a few chairs and tables, filing cabinets, bulletin boards and racks of gay literature, the center stands as a testament to the homosexual community in a country that often renders gays and lesbians invisible.

With *Bombay Dost*, Kavi is helping expand that visibility throughout India and other Asian countries. In 1990, he put together a group of journalists to publish the magazine for people of "alternative" sexualities. Under Indian law, all publications sent through the mail must be registered with the government, and winning that registration took 1 1/2 years. Now, in its sixth year, the magazine provides news, political commentary, literature, gossip, pictures of sexy hunks and letters from adoring readers. It recently added a special section for lesbians, many of whom had claimed they were not well represented in its pages. The magazine is published in English, a reasonable compromise considering the multilingual character of India. (The rupee, India's dollar, bears script in 13 different languages.) Each issue runs at 30 to 50 pages and the glossy covers feature the work of gay artists. "It started out printing 600 copies and now we print 4,000 to 5,000 copies," Kavi says. Because paper is considered a luxury item in India and taxed accordingly, the publication is expensive and each copy changes hands repeatedly. Kavi estimates their readership at 25,000. "We get letters from all over Asia and many from the West as well, from people who fled India

because the pressure to marry is so great."

Being gay in India is quite different from in the West, says Kavi, who "came out" at age 12. Sex between men is prevalent, according to Kavi, who estimates that some 50 million Indian males regularly have sex with other men, while maybe 15 million have sex primarily with men. "Sex is available everywhere. High-quantity sex. You can go places and score with up to 15 or 20 people," he says, wistfully adding: "We used to do that in the old days."

But for all the sexual activity, a gay identity has been slow to develop—partly because gays there haven't faced the same kind of overt discrimination that has existed in the United States. In Western religions, sex is viewed as bad and there is a direct confrontation between the soul and sexuality, Kavi says. In Hinduism, the battle is to transcend, not to destroy, sexuality. As a result, gays in India aren't so much a feared minority, sought out for persecution, as they are simply ignored. "Gay sex is not sex [in India]. It's mischief," Kavi says.

The country does have a 150-year-old law that criminalizes gay sex and carries a 10-year prison sentence. It has only once been used against adults for consensual sex. Its greater impact is as a tool to keep gay men fearful and compliant. Activists charge that police use the threat of prosecution to keep gay men quiet in the face of police brutality, which often includes rape, torture and blackmail. Even that law, established under British rule in the 19th century, has its origins in the West. For the most part, however, if a man is married with a family, his other activities are considered inconsequential. "A lot of people don't take gay sex seriously," Kavi says. "In India the word for men who have anal sex is 'gandu,' which also means idiot."

While many gays in the United States leave their families and head for "gay ghettos," gay men and women often end up staying in their childhood homes in India, where public and private housing agencies give priority to married, heterosexual couples. "[Gays] are the children who get left behind to care for the parents. They are more traditional and conservative. ... Gay life as you see it in the United States, organized around a community, doesn't exist. It would be unusual for gay men to live together as a couple. In India, the stress has always been on family. [In the United States] it is on individual liberty."

As a child, Kavi never questioned his sexual orientation. "I used to think being gay was natural," he says. "I used to have sex with my football team captain. I got the shock of my life when I learned it wasn't [considered] natural." At age 12, he told his father he was gay. His father not only accepted it, but began providing his son with gay literature within a few weeks. "He didn't make me think I was a freak," Kavi

recalls. "I never saw homophobia in that man or my mother either."

Kavi attended Bombay University and graduated with a degree in chemistry in 1970. He went on to earn post-graduate degrees in journalism. He worked as a reporter and editor at several newspapers in India. After his sexual orientation became an issue at one newspaper, he decided to leave and founded *Bombay Dost*. He began to focus on HIV after attending his first of four international AIDS conferences in 1989 in Montreal. "I remember hearing about AIDS there and thinking, 'It's going to be a hell of a thing when it comes to India because there's no infrastructure to deal with it.'"

In addition to his positions at Humsafar Trust and *Bombay Dost*, Kavi currently works as a communication and documentation consultant for the Bombay city government's HIV/AIDS department.

There is a big need for education about HIV prevention in India, Kavi says. Condoms, for instance, are viewed mainly as a way to prevent pregnancy, not as protection against sexually transmitted diseases. An illiteracy rate of 50 percent further complicates the education process. Additionally, the society's harsh view toward persons with AIDS keeps many in the closet. "The stigma attached to it is automatic. If a man gets it and dies of AIDS the wife is immediately thrown out of the house." As for treatment, Kavi says the long-term outlook is bleak. Protease inhibitors and other drugs developed in the West haven't been extensively studied in Indians and Asians, he says, and

## 'Gay sex is not

**sex [in India]. It's mischief.'**

***—Ashok Row Kavi***

failure rates for those taking the drugs are high. Even if they worked well, their cost—about $500 a month, the average yearly income in India—means very few can afford them.

Despite the many challenges, Kavi holds out hope that in responding to its AIDS crisis, India's gay community will make advances similar to those seen in the United States. "Something interesting is happening," he says. "All over Asia they say the epidemic is heterosexually transmitted, but all the people at the head of these [AIDS] organizations happen to be gay, so there's this infrastructure being built."

As India's gays unite, expect Kavi to remain at the head of the movement. As one of India's first gay spokesmen, Kavi has already been on the receiving end of a systematic hate campaign in the media as well as phone calls full of obscenities and nasty threats.

"I really get into a lot of trouble because I'm not politically correct," he says, pausing a moment before adding mischievously: "See, I am Larry Kramer."

*To contribute to Humsafar Trust, please contact Joseph A. McCormack at McCormack & Associates, 213/549-9200. To subscribe to* Bombay Dost, *send a money order, made payable to Pride Publications Pvt. Ltd., to 105 Veena-Beena Shopping Centre, Opposite Bandra Station, Bandra (West), Bombay 400 050, India. Subscriptions are $25 for four issues.*

# LUIS E. ALIER

333 CARPENTER AVENUE
NEWBURGH NEW YORK 12550
TELEPHONE (914) 561-5672
PAGER (914) 455-7201


March 20, 1998

Ms.S.Keener
Commissioner of Orange County Residential Services
P.O. Box 59
Gunral Rd.
Goshen N.Y. 10924

Dear Ms. Kanner,

I applaud your recent achievement of housing our senior population in Orange County. It was a long overdue necessity, that many people spoke about but nobody acted on until you were able to take action. Again I thank you for all your effort.

I'm sure you are aware that the population of people living with HIV is increasing as I write. This exceptional group of people do their best to live as long a possible, as healthy as possible, and as independently as possible. I am also sure you realize, this population has many of the same needs as the senior population, but at a much earlier age.In Orange County there is a dire need for the same type of housing for all people living with HIV when they lose their independence.

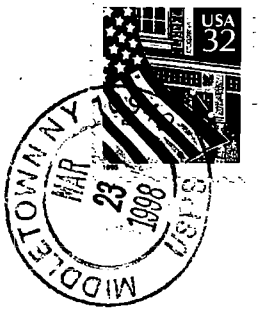
The medical community has made great strides in care and treatment of persons infected with the HIV virus. Their life expediency is now increased to 20 possibly 30 years after the initial exposure to the HIV virus. This is all good but the end or the last few years of their lives still come with all the deficits. Most of the people in this population become wheelchair bound, and dependent in many other ways. So their needs are very similar to the senior population as far as housing needs go. I would like to see a residential housing facility similar to the senior facility for the HIV positive people in Orange County.

Thank You,

Luis Alier
HIV/AIDS Advocate

XC:COUNTY EXECUTIVE
JOSEPH RAMPE
XC:STERLING ROCAFORD
FAMILY HEALTH CENTER OF NEWBURGH
XC:SANDRA L. THURMAN
ASST. TO. PRESIDENT BILL CLINTON
OFFICE OF NATIONAL AIDS POLICY

*Luis E. Alier*
*333 Carpenter Avenue*
*Newburgh, NY 12550*




Ms. Sandra L. Thurman
Assistant To The President
Director Of The White House
Office Of National Aids Policy
1600 Pennsylvania Avenue
Washington D.C. 20500

# Data Entry Form

| Letter ID | Writer First Name | Writer Last Name | Received Date | Subject |
|---|---|---|---|---|
| 10633 | Luis | Alier | 3/26/98 | |

☐ 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 |
|---|---|---|
| | | |

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

March 26, 1998

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

Dear Sandy:

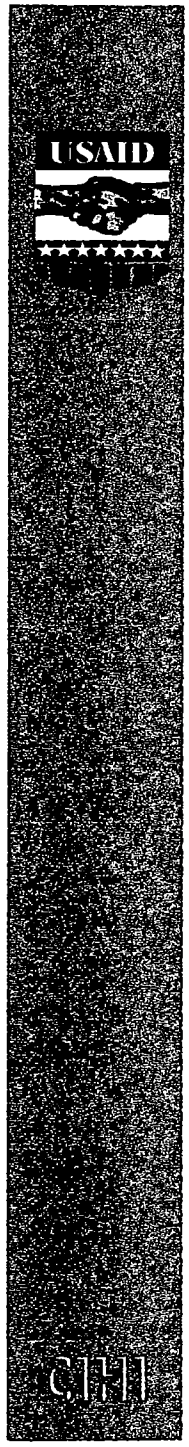
I am enclosing a handout from a recent internal USAID meeting on South Africa and the development of the HIV/AIDS project. The handout contains recent data from the annual South African Antenatal Clinic survey. As expected, the HIV prevalence rate among women of reproductive age has increased from 14.2 % in 1996 to 16% in 1997. You will also notice other disturbing trends at the provincial level.

I will call to discuss other developments in South Africa. Have a good weekend.

Sincerely,

Alex Ross, MSPH
Senior Public Health Advisor
USAID Bureau for Africa &
USDHHS Office of the Secretary/OIRH

Enc.




# South Africa Country Team Update on HIV/AIDS

March 19, 1998

# SOUTH AFRICA COUNTRY TEAM UPDATE ON HIV/AIDS
# MARCH 19, 1998
# 3:30 - 5:00 PM, ROOM 8.07C

MEETING OBJECTIVE: TO REVIEW AND DISCUSS OVER-ACHING ISSUES AND CONCERNS IMPACTING ON USAID/SOUTH AFRICA'S NEW HIV/AIDS INITIATIVE.

AGENDA:

THE SETTING

OVER-ARCHING ISSUES

THE EPIDEMIC

RESPONSE TO THE EPIDEMIC

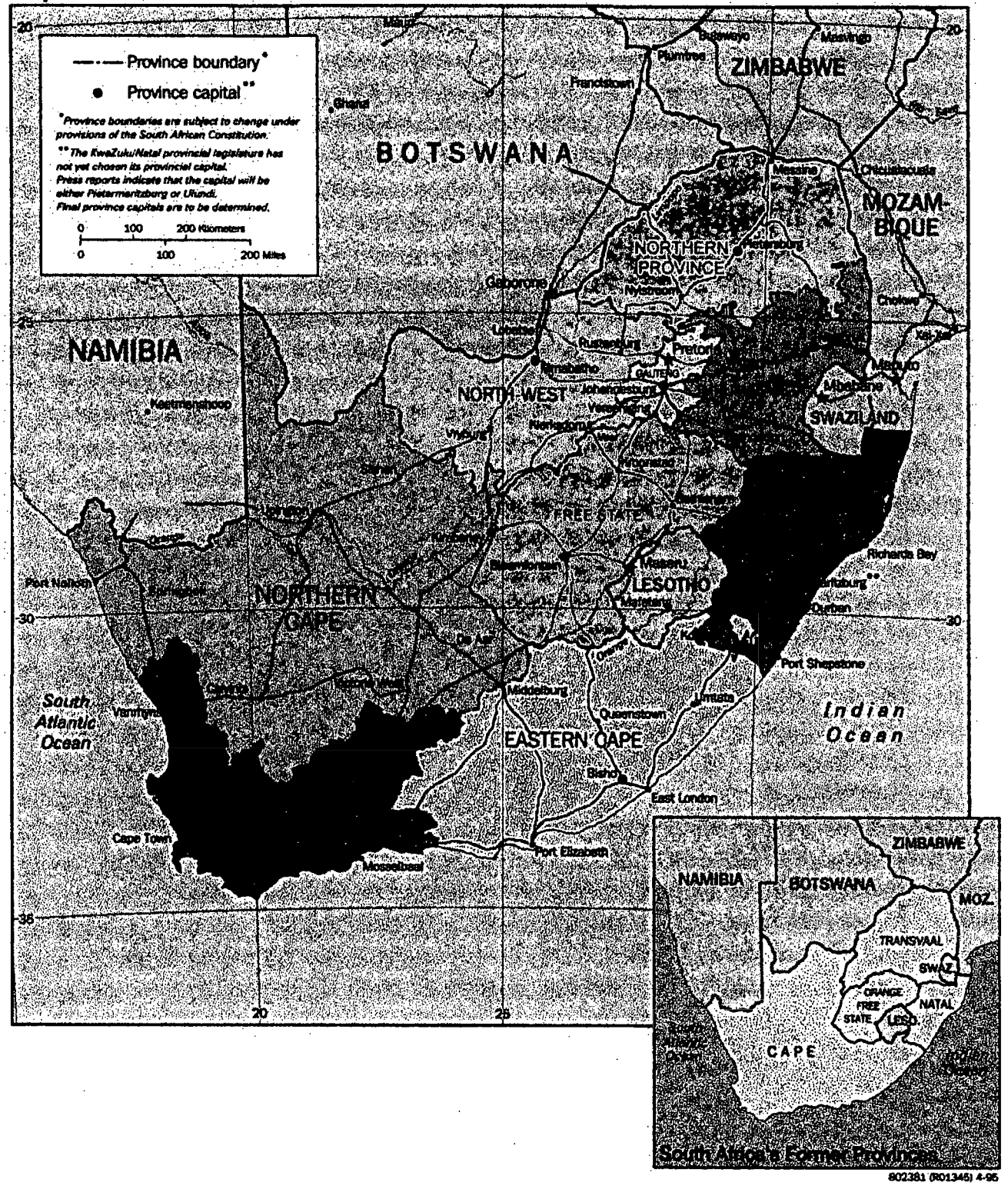
THE SOUTH AFRICA NATIONAL STD/HIV/AIDS ASSESSMENT

THE DESIGN OF THE CAPACITY PROJECT

THE GORE-MBEKI BINATIONAL COMMISSION

LESSONS LEARNED

# Republic of South Africa




802381 (R01345) 4-95

**Child's play: Controversy is brewing around a new indigenous version of the popular educational programme Sesame Street**

# Questions about local Sesame Street

**Philippa Garson**

Elmo should expand his cookie-baking skills to include detective work and do some off-set sniffing around, given the brewing controversy around *Sesame Street*, the pre-school television production in which he stars.

Questions are being raised in the United States Congress about whether the R25-million granted by USAid to the Children's Television Workshop (CTW) to produce an indigenous version of *Sesame Street*, in partnership with the SABC and the Department of Education, was money well spent and whether in fact South African education and broadcasting authorities had any choice in the matter.

Clearly irked by insinuations of being a sitting duck for US-based profiteers, the education department has rejected as "devoid of any truth" the suggestion that the project was "foisted on to South Africa".

Deputy Director General Ihron Rensburg said the department was "determined that it will not be dictated to by USAid and US funding, nor by CTW".

While acknowledging that the initiative came from CTW, Rensburg said the project fulfilled the department's plan to provide cost-effective education to pre-schoolers via the broadcast medium.

In one of its biggest acquisitions, the SABC's educational broadcasting wing bought the rights to broadcast a generic "culturally neutral" version of *Sesame Street*. Called *Open Sesame*, the programme is dubbed into Zulu and Sotho and broadcast in the mornings to children who are theoretically watching the programme at home or in pre-school. But just why CTW — in conjunction with the education department and the SABC — now needs to make an "indigenous" version is less clear.

Certainly the importance of early childhood educare and mother-tongue learning cannot be disputed, and using "edutainment" on the tube to teach small children in poorly resourced environments also makes good sense. But whether toddlers stand to benefit that much more from "culturally specific" animated creatures is less certain.

Also uncertain is how much other South Africans will benefit from the localised venture. Whether the partnership will create local jobs and impart some much-needed skills remains to be seen.

According to one US-based columnist, the money could have been put to better use on basic school resources. The making of a home-grown version is perhaps a cynical ploy to market *Sesame Street*'s fuzzy-toy paraphernalia to South African consumers, he suggests.

CTW has broadcast its hit show to 90 countries and made 17 indigenous co-productions, so the South African experience won't be a first. But surprisingly little appears to be known about just what the production "partnerships" will involve.

Rensburg said the department was "determined" that the initiative would be jointly managed and "driven by South Africans so that it can address our South African needs. We expect the same reciprocity from CTW."

He added that merchandising and the sale of indigenous materials, which would lead to long-term sustainability of the local version, were being discussed with CTW.

Education television head Nicola Golombik said inquiries around the nature of the partnership were "legitimate questions" which needed to be answered.

"As part of their grant, they are required to work in partnership with the education department and the SABC. We don't have a formal relationship with them and we don't yet know what this relationship will be," she said.

Golombik added, however, that she had no doubt of the critical intervention being made by the programme in the under-resourced and under-funded area of early childhood educare.

"We can't underestimate early childhood development as a learning area. The drop-out rate in grade one is astonishing and is leading to a whole symptomatic process of failure throughout the education system.

"There is an international body of research which says that TV and radio can play an important role in early learning. And CTW has been recognised as a world leader in this field," said Golombik, adding that the local version would still draw a great deal from CTW's "international library", which would keep costs down.

"They have produced the kind of animation we would never have been able to produce locally. To develop a totally indigenous version ourselves would cost 20 times more than it now costs to broadcast the generic version," she said.

091-202-216-3373

# Role of donor countries under revie

Political Correspondent, Sapa

The government is in the process of reviewing donors' relationships with the country - particularly that of the US Agency for International Development (USAid) in the light of a damning report that claims the agency interfered in South African policy.

Speaking ahead of next week's SA-US Bi-National Commission (BNC) to be held in Pretoria, Director-General in Thabo Mbeki's office the Reverend Frank Chikane said while the issue was not on the agenda for the commission, it was nonetheless of concern.

"Foreign Affairs was asked to do a review of our relationship with USAid . . . we received the report and have applied our minds to that. We've had discussions with officials and representatives from the US and USAid and there are certain proposals which will trigger a process to deal with our relationship with USAid," he said.

The issue of foreign donor clout in the country's policy came to the fore in a recent US Congress report, which accused USAid officials of extreme and unqualified meddling in South Africa's policy-making.

Mr Chikane said it was necessary to review the relationship with USAid in terms of "reprioritisation of what needs to be done".

Part of this review included a proposal that foreign nationals involved in aid projects did not necessarily have to come from the donor country.

"The South African Government's position – for all foreign donor organisations – is that consultants and foreign nationals should be engaged only if such a skill does not exist in the country and that the use of foreign nationals should not be restricted to the particular country (donating the funds)," he said.

"A country which wants to assist us must then do it according to the way in which we believe is the best to meet our needs and that even the engagement of personnel should be our prerogative."

The BNC will be hosted by Mr Mbeki and US Vice-President Al Gore at the Presidential Guest House from Wednesday until Friday and will include site inspections by the two leaders of a school in Ga-Rankuwa and the CSIR to see Globe, an international science education programme, in operation on Thursday.

The BNC meets twice a year, alternating between the US and South Africa, to discuss co-operation in a variety of fields. Launched in 1995, the BNC has swelled to eight committees in which officials from agriculture to defence, water affairs, education, housing, science technology, health, energy trade and investment meet

During his visit, Mr Gor also travel to Cape Town t President Mandela and wil two "one-on-one" meeting Mr Mbeki.

● President Bill Clinton rive in Cape Town on Marc a two-day visit before spen full day in Johannesburg.

The White House has president will visit Ghana, I South Africa, Botswana, an gal "to highlight the new l nership with Africa and e promote human rights and future conflicts."

3/10/148 Bus Day

# Independence key to education TV

The partnership between SA's education department, the US Agency for Development Aid and Children's Television Workshop was criticised in a recent column by Washington correspondent Simon Barber. The department's deputy director-general, **Ihron Rensburg**, responds.

THE second in a set of commentary notes of Simon Barber on the nature of the transactions that led to the emerging partnership between the education department, USAid and Children's Television Workshop (CTW) leaves the department with no alternative but to reject his version of events and to offer its own.

The decision to work with USAid — and, consequently, the CTW — was taken after lengthy discussions within the education department, and followed consultations with the early childhood development sector. Important discussions with the SA Broadcasting Corporation (SABC) within the context of consolidating a partnership in educational broadcasting also prefaced the development of a partnership in educational broadcasting.

In this regard, the department is expected to make important policy decisions on how to discharge its education and training responsibilities for the 0-6 years age group and their parents and service providers.

It is worth noting that the department's policy distinguishes between those in the age groups 0-5 and 5-6. This is so because of our constitutional obligation to provide education opportunities for five- to six-year-olds as the foundation year of 10 years of compulsory general education.

## Pilot programme

Furthermore, in the instance of the latter group, the department and its provincial counterparts have launched a national early childhood development year pilot programme with about 2 000 nongovernmental service providers.

This was launched to test new curricula and funding policies and models, practitioner training and practitioner and service provider accreditation.

Education broadcasting will in future play an important role in programmes which are directed at practitioners, learners and their parents. As part of the process to develop a broader educational broadcasting service (with the SABC), the department discussed with the early childhood development sector its needs and how to use the broadcasting medium to address them. The discussion included the possibility of developing an SA version of the highly successful Sesame Street.

Our partnership with USAid and the CTW, combined with radio and television programmes, developed and flighted with the SABC, represents a first step along these lines.

Accordingly, the locally adapted and dubbed Sesame Street joins our locally developed Dumani, and will be incorporated in the popular children's brands Tube and Yo TV to increase its reach and effectiveness.

Dumani is aimed at the 6-9 age group and is a first for SA directed at this target audience. It has proved successful not only because it is educationally sound but also because it is an entertaining blend of live action, documentary and drama.

It is important to acknowledge that the CTW independently expressed an interest in working in SA, in particular to develop a local version of Sesame Street.

This is reflected in their discussions with players in the electronic media in education forum and the early childhood development sector.

Given this policy agenda and the possibilities, the department took the view that it would enter into the arrangement based on key nonnegotiable criteria which included the need for such a collaborative project to be led and driven by South Africans.

To suggest that the department was not fully supportive of this development and that "USAid pushed the Sesame Street project onto SA" is simply devoid of any truth and should be exposed as such.

The message is clear.

The department is also determined that it will not be dictated to by USAid and US funding, nor by the CTW. During our discussions with the SA role players, it was emphasised that this development, which holds tremendous potential, must be driven by South Africans so that it can address our needs.

As noted in the grant agreement between USAid and the CTW, a partnership between the CTW and the department must be established for the transaction of the agreement. We are determined that this initiative will be jointly managed and expect the same reciprocity from CTW.

Our discussion with the CTW also revolves around the role of merchandising and sale of indigenous materials that will provide the basis for the long-term sustainability of the Sesame Street format, and we believe that a suitable arrangement will be found to achieve our common goals.

## Learning support

While Barber takes great care to nit-pick the process, and in doing so suggests that the department was being led up the garden path by USAid, the department suggests that he refuses to appreciate the ability of South Africans as independent-minded global citizens.

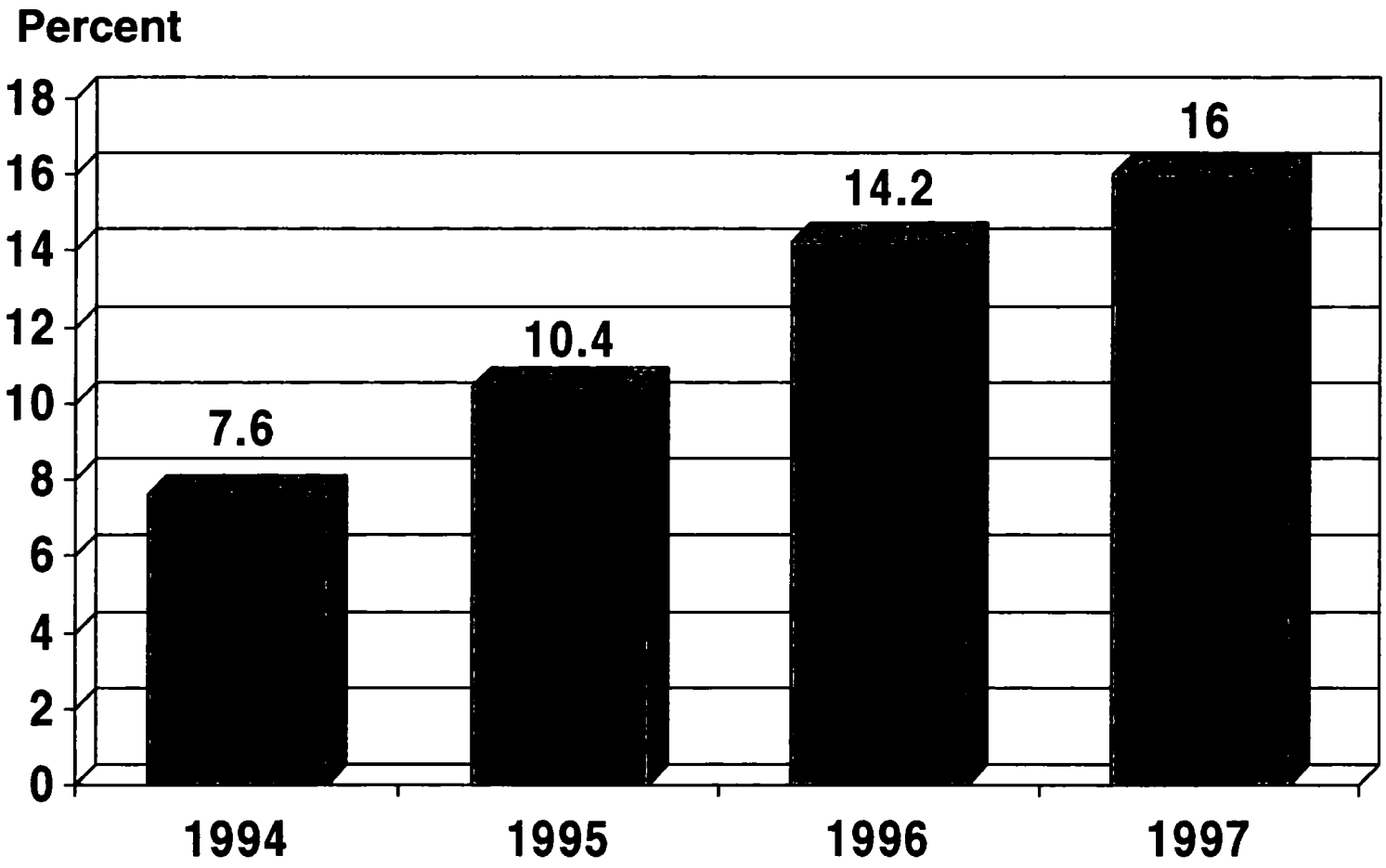
Part of this is the ability to recognise when there are good educational programmes that will support learning in SA.

Another part is to ensure that any support we receive does not undermine our ability to achieve sustainable and continuous improvement in the performance of our learning system and its learners.

It is our responsibility as South Africans to find long-lasting solutions to our problems and that is what we are determined to do.

# HIV Seroprevalence Among Women in South Africa, 1994-97

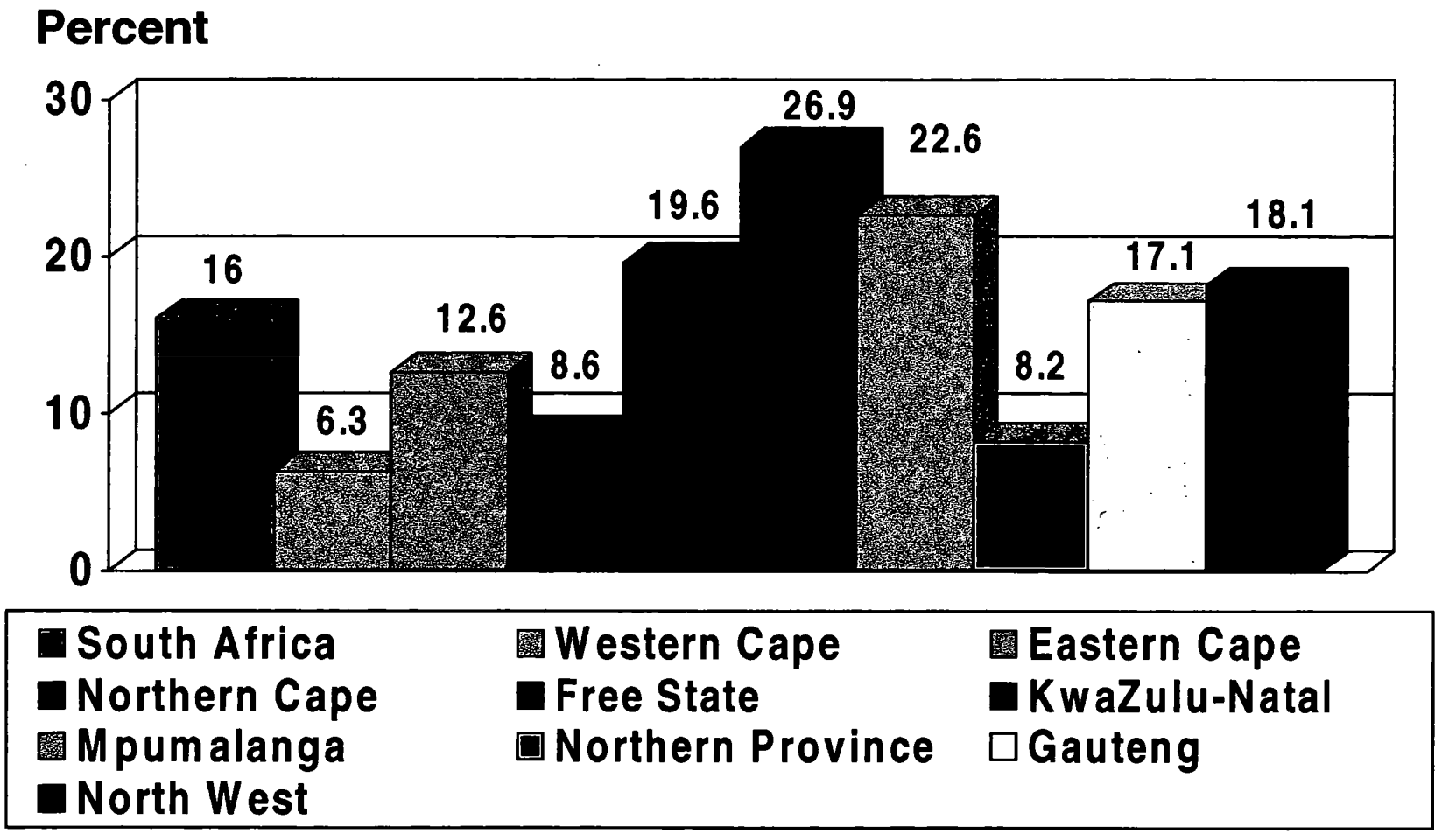
## Findings from National HIV Surveys of Women Attending Antenatal Clinics of the Public Health Services in South Africa




Source: 1994-96 data are from Epi. Comments, Vol. 23, Dec.96/Jan.97, Dept. of Health, Republic of South Africa. 1997 data are draft from the Dept. of Health, Republic of South Africa (courtesy of Dr. Olive Shisana), March 1998.

# HIV Seroprevalence Among Women in South Africa by Province, 1997

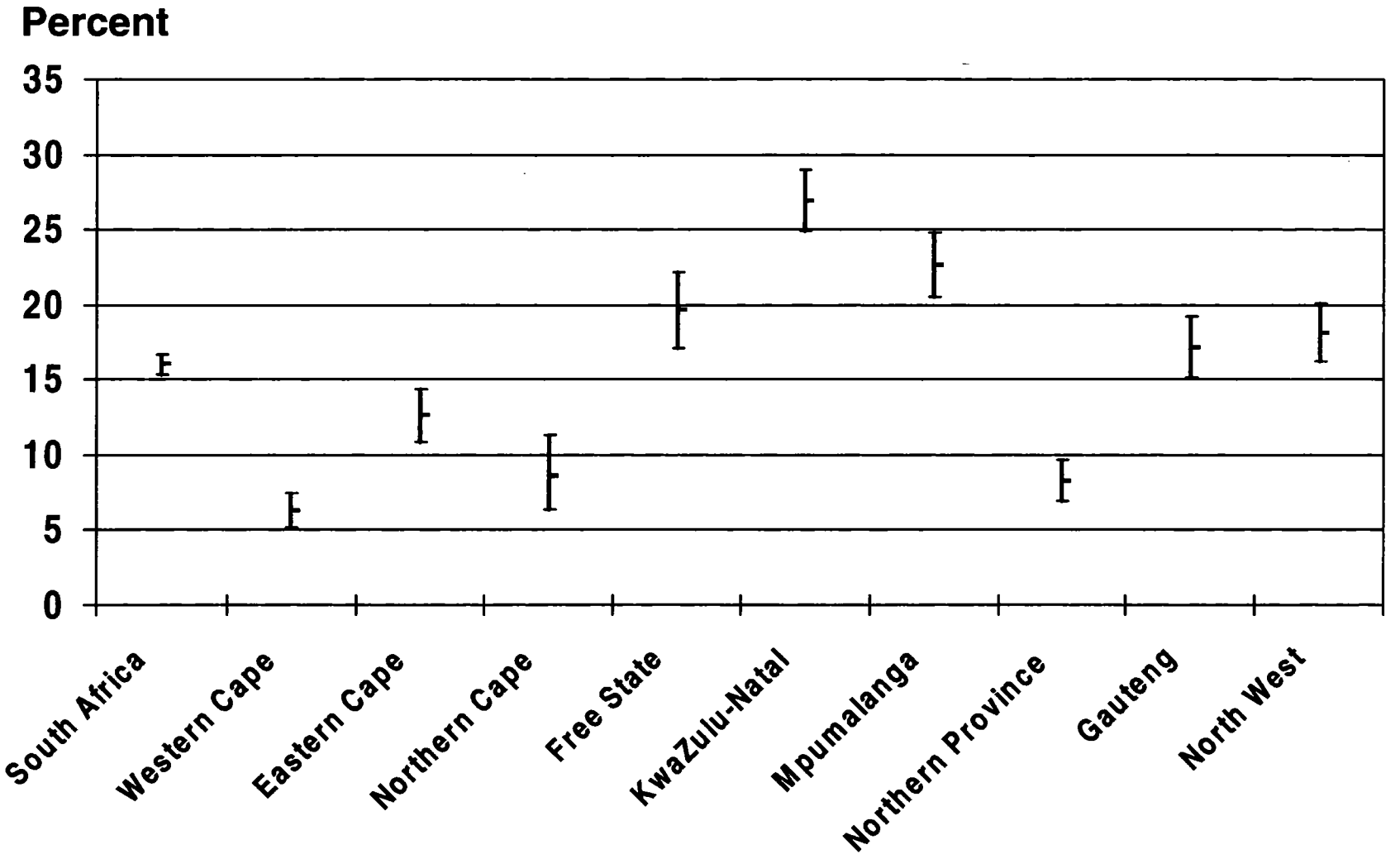
## Findings from the Eighth National HIV Survey of Women Attending Antenatal Clinics of the Public Health Services in South Africa




Source: 1997 data are draft from the Dept. of Health, Republic of South Africa (courtesy of Dr. Olive Shisana), March 1998.

# HIV Seroprevalence Among Women in South Africa, 1997

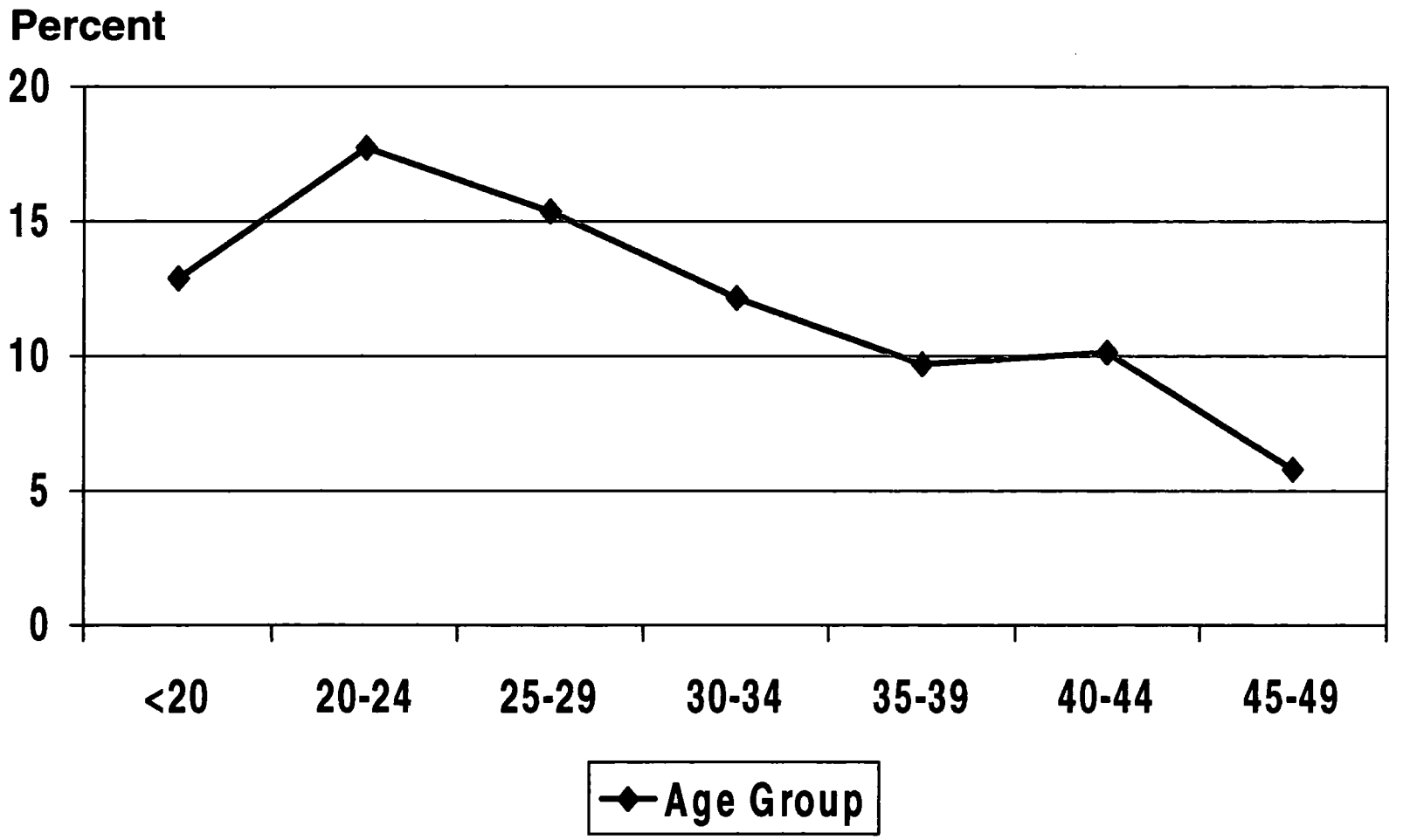
## Findings from the Eighth National HIV Survey of Women Attending Antenatal Clinics of the Public Health Services in South Africa (high/low bars represent 95% confidence intervals)




Source: 1997 data are draft from the Dept. of Health, Republic of South Africa (courtesy of Dr. Olive Shisana), March 1998.

# HIV Seroprevalence Among Women in South Africa by Age Group, 1996

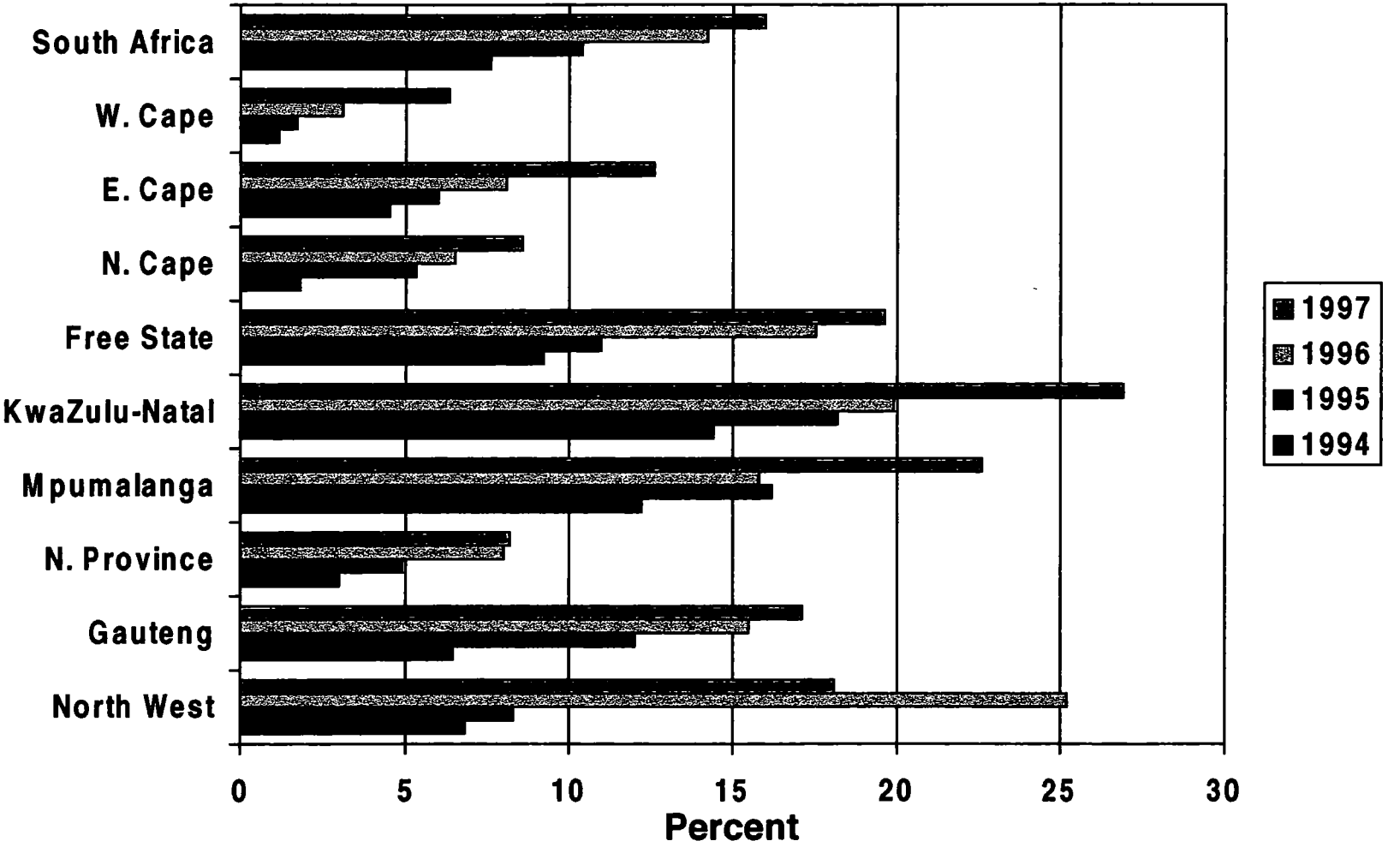
## Findings from the Seventh National HIV Survey of Women Attending Antenatal Clinics of the Public Health Services in South Africa




Source: Epi. Comments, Vol. 23, Dec.96/Jan97, Dept. of Health, Republic of South Africa.

# HIV Seroprevalence Among Women in South Africa by Province, 1994-97

## Findings from National HIV Surveys of Women Attending Antenatal Clinics of the Public Health Services in South Africa

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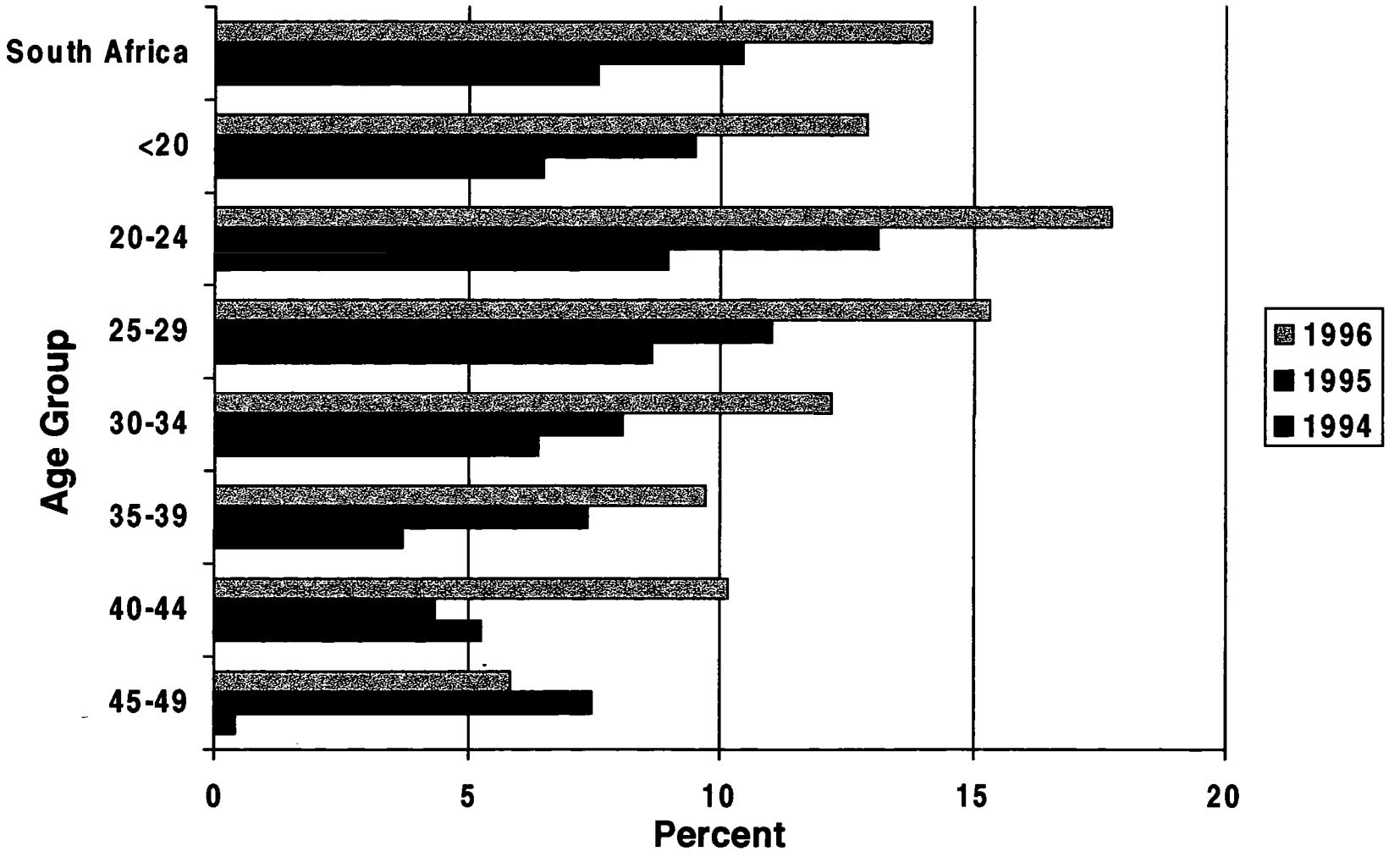
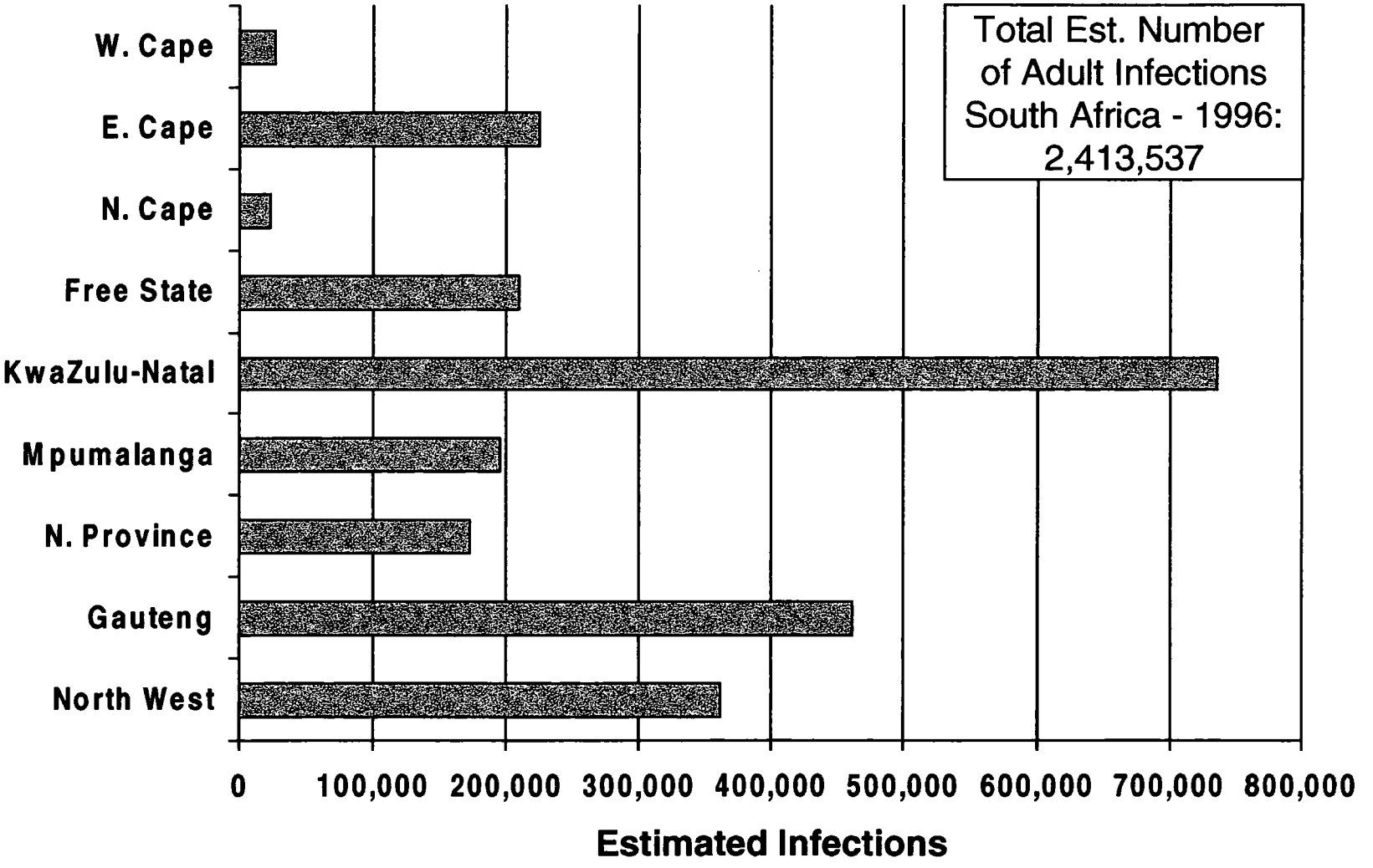



Source: Epi. Comments, Vol. 23, Dec.96/Jan97, Dept. of Health, Republic of South Africa.

# Estimated Number of HIV-Infected Adults in South Africa by Province, 1996

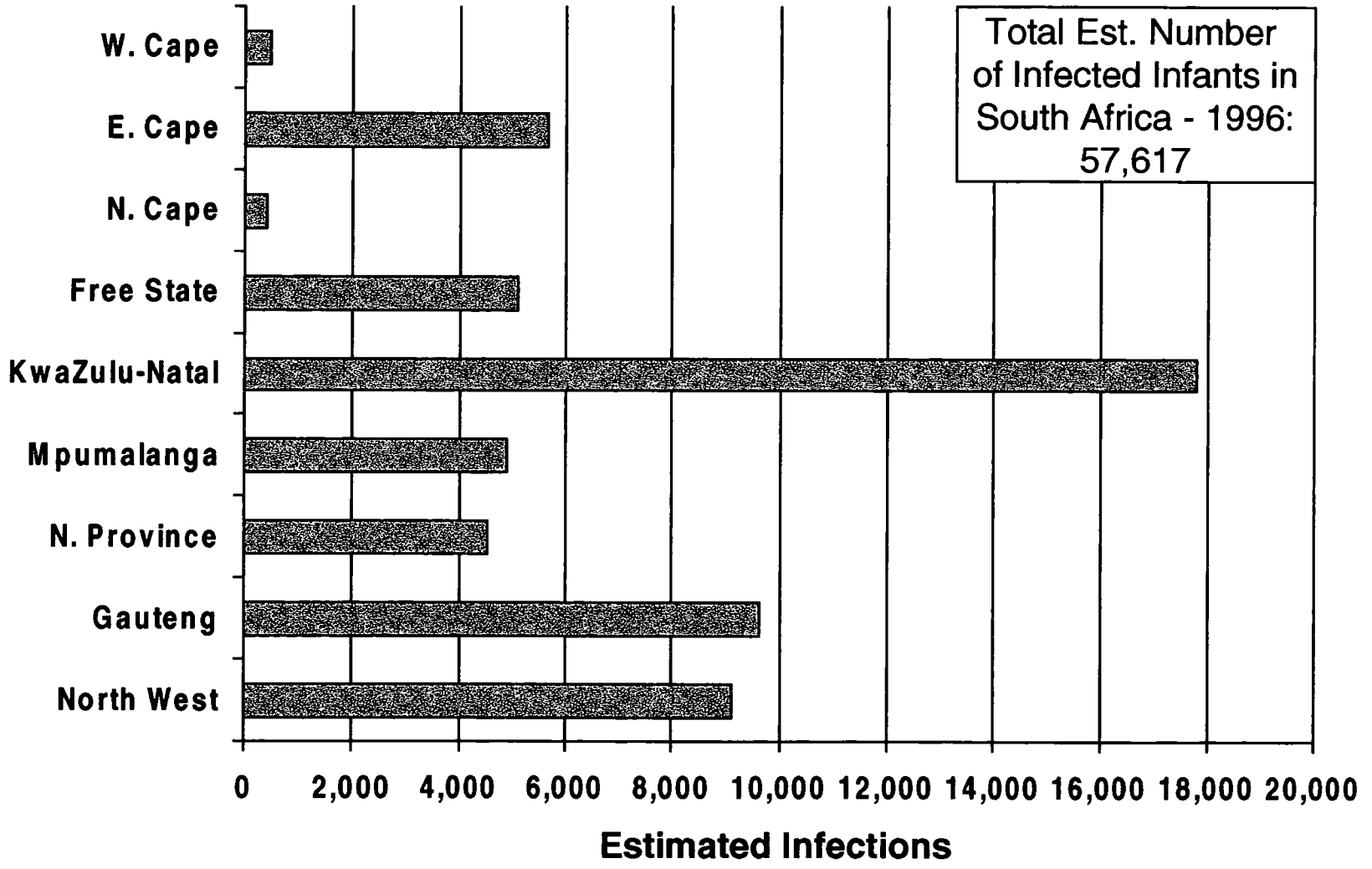
## Findings from the Seventh National HIV Survey of Women Attending Antenatal Clinics of the Public Health Services in South Africa




Source: Epi. Comments, Vol. 23, Dec.96/Jan97, Dept. of Health, Republic of South Africa.

# Estimated Number of HIV-Infected Infants in South Africa by Province, 1996

## Findings from the Seventh National HIV Survey of Women Attending Antenatal Clinics of the Public Health Services in South Africa




Source: Epi. Comments, Vol. 23, Dec.96/Jan97, Dept. of Health, Republic of South Africa.

PROVIDING KNOWLEDGE
TO STIMULATE
THE GROWTH OF DREAMS

Protect Your Kin
Please Pitch In

*"Why Can't We Be Friends ?"*

EDUCATION FOR
CHILDREN FOUNDATION

**Marvin J. Rosenthal * (619) 563-1429**

*P. O. B. 6015, San Diego., Calif., 92166-6015*


03/03/1998

3 copies sent?

President Bill Clinton
The White House

North Atlantic Treaty Organization
Autoroute deZaventem
B-1110
Brussels, Belgum

Dear President Clinton and AmbassadorVershbrau,

I have been on a one man crusade against illicit drug abuse for thirteen years owing to a personal reaction to a stimulus whereby I was put out of business by a treacherous Methamphetamine Hydrochloride (SPEED) freak who, as an employee of an industrial sewing machine repair company, stole my sewing machine and sold same in Mexico to support his habit.

When I learned of the joint entities of the U. N. and the I. O. C.'s establishment of June 26 to be" Illicit Day against Drug Abuse and Illicit Trafficking" it gave me an inspiration to establish the "Sports Against Drugs" program, with the youths of the world in mind.

I have formulated a program that, although somewhat radical, I feel will have a positive impact on the approach of this discerning dilemma with many concepts that should, if implemented, be successful in helping to curb this despicable problem.

I would very much like to have the U.S. and NATO join hands with the U.N. and the I.O.C. in concurrence of June 26 to be "International Day Against Drug Abuse and Illicit Trafficking" to unite and form a coalition that will have the power and capability to strive for a positive impact with regards to possible solutions to assist in curbing this situation through education.

After thirteen years of participation, as a one man operation in canvas and upholstery work I have taken my endeavor to its limit un-assisted. I am proposing an international effort to strive for success against this social plague and the material I have enjoined enclosed within encompasses many radical but necessary aspects that I feel are needed to help curb the dilemma. I hope you gentlemen approve and as I close I hope you both are in concurrence.

Sincerely,

Marvin J. Rosenthal

Marvin J. Rosenthal

# Don't Put Your Head


# In The Trap!!!

*"Why Can't We Be Friends?"*

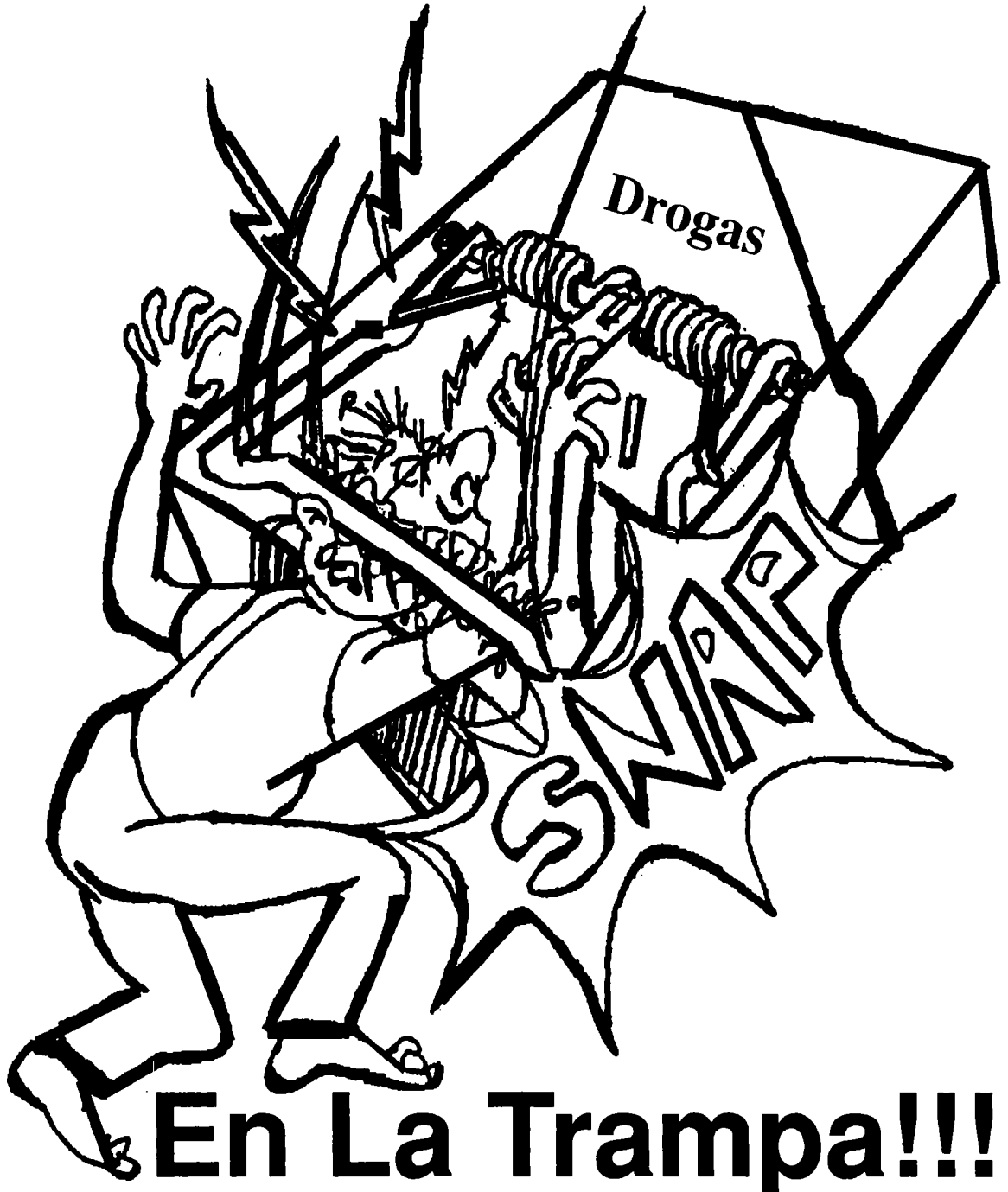
**EDUCATION FOR CHILDREN**

Providing Knowledge to Stimulate The Growth of Dreams



**(619) 563-1429**

# No Ponga La Cabeza




# En La Trampa!!!

*"Porque No Podemos Ser Amigos"*

**EDUCACION PARA NIÑOS**

**Promoviendo Conocimiento A Estimular El Crecimiento De Sus Sueños**



**(619) 563-1429**

Proposed

# "Sports Against Drugs Bill"

author
Marvin J. Rosenthal
P. O. Box 6015
San Diego, Calif
92166-6015
phone/fax (619) 563-1429


PROVIDING KNOWLEDGE TO
STIMULATE THE GROWTH OF DREAMS


Senator Barbara Boxer
Hart Senate Office Building
Suite 112
Washington, D.C.
20510-3553

02/13/1998

Re: "Sports Against Drugs Bill"

Dear Senator Boxer,

I am deeply concerned over the state of affairs of our topsy-turvy world and as you know I have conceived a many resolutions that if implemented, I feel, would have a positive impact with regards to the future of our seriously defaced earth, the continued degradations people have imposed upon their fellow men, and worst of all the endangerment of our most valuable asset, children.

On June 26, 1990 the United Nations (UN) and the International Olympics Committee (IOC) in a caucus ordained that date to be, "International Day Against Drug Abuse and Illicit Trafficking". From that ordainment I have devised and named the "SPORTS AGAINST DRUGS BILL". I am hoping that you will spearhead this proposed bill through the U. S. Legislative bodies for consideration to be amended into the Constitution of the United States as the "SPORTS AGAINST DRUGS ACT".

My latest endeavor is to have the U.S.A. and NATO join hands in concurrence with the U.N., I.O.C. in the Ordainment of June 26 th. as "International Sports Against Drugs Day" and further bring this significant honorarium to world wide public notice in the form of a **"SPORTS AGAINST DRUGS TELETHON" every June 26 th.**

Owing to the immense delicacy of these controversial matters I feel by the power of the position you have as a Senator of the United States that you are able to help me achieve my dream of the June 26, "Sports Against Drugs Telethon" to become a reality in conjunction with of all world powers, and that we can create a dynamic, positive result that will have an upswing in the intelligence of future generations.

I am pursuing this effort with this interest in mind, concerning the safety, prosperity, education, and the protection of the world's children and their naive innocence and to educate their parents with greater enhanced programs which they, as parents of school children should be aware of. For some reason, many parents fail to follow up on this very imperative matter.

In addition to the "Sports Against Drugs Telethon" which should commence to be broadcast from six am to six pm. My proposals additionally encompass the "Sports Against Drugs Bill" to include the following. More should be added or some deleted.

1) Lowering the drug abuse standards of our educational systems to pre-school and elementary schools.

2) Anyone convicted of introducing naive kids under the age of consent to illicit drugs or indulging in child mollestations should be executed. (suggestion to me).

3) The first three weeks of each semester are hectic and confused. At the end of the first month of each new semester, the following Saturday there should be a "Sports Against Drugs Seminar". All student attendance is mandatory and they must be accompanied by at least one parent. Guest speakers to be teachers, civic leaders, sports figures, law enforcement agents (all levels ROTATE throughout the school year), military representatives a National Guard Color Guard all in parade dress to exude pride and dignity.

4) Throughout all school years at the end of each month all schools should have "Sports Against Drugs Seminars" for the last class, on the last Friday with at least one parent in attendance. The students get a colored check off sheet during registration time where all seminars are certified. The sheet also includes a parent attendances check off section and must attend three seminars each, every semester. Non compliance is met with penalties in form of community service time for all infractioners. Sample sheet included.

5) June 26 th. be declared an international observed holiday. Whether 26 th. is a school day or week end schools, civic centers, auditoriums, arenas and stadiums open their doors to the internationally broadcast "Sports Against Drugs Telethon" where food, snacks, drinks, souvenir add specialties such as hats, T shirts, key chain fobs, coffee and sports bottles, posters, etc. are available for sale with the "Sports Against Drugs Owl Logo" imprinted. School kids get a half price "Sports Against Drugs Day" T shirt when their check off sheet is certified for them and at least one parent. Each country holds its own "Sports Against Drugs Telethon."

6) Parents supervise an appointed time each day for their children after school play time and before dinner when the students/kids open up the dictionary randomly and casually scan those two pages and if a particular word arouses curiosity, study that one. This is an excellent way to enhance all children's vocabularies and intelligence, and also serves to replace idle time that could otherwise get wasted watching television.

7) Proceeds, after expenses from all participating countries and homeland communities go to: orphanages, in form of mass purchased food, clothes, educational materials and sporting goods and financial endowments to Children's Hospitals and Child Abuse Crisis Centers, United Way, Red Cross and my own foundation of thirteen years.

8) Formulate an "International Sports Against Drugs Commission" to be conducted as any other committee to oversee the entire "Sports Against Drugs Proposition" and to carry on all of the duties required to create such an important, more...Paramount, necessary activity to educate a world. Naturally foreign ambassadors from are urged to participate in this commission to create better world harmony.

9) Teachers should be trained to look for signs of the influence of illicit drugs. They should look for such as "dead give away signs" like over dilated pupils - a sure sign of Methamphetamine Hydrochloride (SPEED), the worst of them all. Students, showing radical differentiations in the appearance of their pupils, on a day that particular student has dilated eyes should be submitted for a drug test, with parental consent if necessary, and if tests prove positive the student should be judged accordingly. Perhaps periodic drug screening might be implemented.

12) Any street gang member convicted of participating in drive by shooting, endangering not only the life of their target, but also the lives of innocent by standers should be executed regardless of their age. If a person of any age group is bold enough to intentionally take a life violently, rape or armed robbery once, is more than likely apt to repeat the same offence and that scenario should be culled immediately in order to provide society the harmony needed.

14) During scholastic events equipment, in competition or not, such as wrestling mats, parallel bars or any common use sporting equipment be lightly scrubbed down with disinfectant between competitors to protect the health of the remaining users of that equipment and their families and the general health of the populations of the world. This will cut down spreading infections.

**We must consider and protect our children and their naive innocence** with the thought that we, the experienced, must inform our children, the inexperienced to avoid the dangers which they will face as they grow older while they are the most susceptible which is between infancy and 13 years old. EDUCATION IS THE KEY.

Drug smuggling and prostitution are the oldest professions and will never be eliminated owing to the fact that it is big business overseen by big time businessmen. For every good person there is a bad one. It is the nature of the beast. First EDUCATE. If they choose to go awry, attempt to REHABILITATE them. If rehabilitation fails ELIMINATE the problem, and relieve the expense of the over burdened, honest, hard working tax payers.

During World War Two we had a great visionary, General Hap Arnold who, after seeing the infamous "Triumph of the Will" in 1934 about the Nazi Nuremburg Rallies, thought it of great significant value to our nation to produce films in order to inspire our country to fight for freedom.

After the showing of his first film "Winning Your Wings", starring Jimmy Steuart, produced by General Arnold's inspiration 150,000 men enlisted. Then they started making training films such as "Ditch or Crash and Survive where ever, health and Venereal Disease educational films, both live and animated.

Out of that concept General Arnold became so enthused by the power of educational films that he established the "First Army Air Corps Motion Unit" (nick named "Hollywood Commandos") and from there began the film documentation of War. Oddly enough the "Hollywoow Commandos" was also or comissioned on June 26 th., commanded by Jack Warner, of Warner Brother's Studios.

Jack Warner was solicited by General Arnold and commissioned as Lt. Colonel. Soon to follow were the Combat Camera Men to be trained by the "First Army Air Corps Motion Picture Unit" and the eye of the camera then changed the concepts of war.

It is in General Arnold's honor I dedicate the "Sports Against Drugs Bill" with the vision that part of the "Sports Against Drugs Bill Program" initiate the production of anti drug, violence, sex, pride, dignity, hygiene and success training films to be shown in all schools and cartoon shows for the kiddies. Establish a "Sports Against Drugs Motion Picture Unit". The enclosed "Don't Put Your Head In The Trap" poster put to color, printed and distributed to schools everywhere.

Solicit and enjoin all drug abuse programs such as Dare, Sane, Partnerships for a Drug Free Environment, Elks, Moose type of service organizations, the Labor Unions, and Professional Sports Organizations, Parent Teachers Associations, etc. We are all here together. We need to all work together as a united network dedicated to increasing the outreach capability of the "Sports Against Drugs Program" with the worlds future condition of well being at stake.

I hope my outlines and your line of thinking parallel on these matters and that you will take this hand off and carry the ball through the end zone for many international touchdowns.

Sincerely,

Marvin J. Rosenthal

Marvin J. Rosenthal
Executive Director

P. S. Other notable occasions which occurred on June 26 are in:
1934 President Franklin D. Roosevelt signed the "Federal Credit Union Act."
1959 Opening of the St. Lawarance Sea Way.
1990 Anniversary of the defeat of the United States Flag Desecration Act.

cc: United States President Bill Clinton,
United Nations - Ambassador Koffi Annan
International Olympic Committee - Secretary General Juan Antonio Samaranch
North Atlantic Treaty Organization - Secretary General Manfred Worner
Fox Television Network - President David Hill to possibly be the official broadcaster of the "Sports Against Drugs Program."
Mr. John Madden one of the strongest role models of our youth to be the Master of Ceremonies.

_____School

address

"Sports Against Drugs Seminar" Attendance check off sheet

Student_____class_____

Fall Semester

September: Date_____, Signed_____
October: Date_____, Signed_____
November: Date_____, Signed_____
December: Date_____, Signed_____

Winter Semester

January: Date_____, Signed_____
February: Date_____, Signed_____
March: Date_____, Signed_____

Spring Semester

April: Date_____, Signed_____
May: Date_____, Signed_____

June26: **"Sports Against Drugs Day Telethon"**

Date_____, Signed_____

Summer School

July: Date_____, Signed_____
August: Date_____, Signed_____

Mother

Date_____, Signed_____
Date_____, Signed_____
Date_____, Signed_____

Father

Date_____, Signed_____
Date_____, Signed_____
Date_____, Signed_____


AIDS Services
Foundation
Orange County

**Thomas J. Peterson**
Public Policy

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

**AIDS Services Foundation**
**Orange County**

# ***TRANSMITTAL MEMO***

| *TO:* | *FROM:* |
|---|---|
| Ms. Sandra Thurman, Director<br>OFFICE OF NATIONAL AIDS POLICY<br>808 17th Street, Suite 820 NW<br>Washington, DC 20006 | Thomas J. Peterson<br>Public Policy Department<br>AIDS SERVICES FOUNDATION<br>17982 Sky Park Circle, Suite J<br>Irvine, CA 92614 - 6408 |
| *DATE:*<br><br>Tuesday, March 03, 1998 | *SENDER'S DIRECT PHONE NUMBER:*<br><br>714 / 253 - 1538 |

***DESCRIPTION OF ENCLOSURES:***

- Article from *Los Angeles Times*, Monday, March 2, 1998

***COMMENTS:***

I am forwarding this article to your office to show the impact that a program such as ***Speak Up!*** can have on a group of citizen - activists who are committed to helping others. I know that you will be proud to know about the kinds of *"grass-roots"* activism that have *"taken root"* here at ASF. We are very proud of Joe.

I want to thank you for seeing me on short notice last week when I was in Washington. We have always felt that we have such a great friend in your office. I have conveyed your concern and commitment to the people in our agency.

Please let us know about your availability to be in the Orange County area in April - May so that we can design an event around your appearance here. I know that Roger Johnson is committed to bringing your message to this area.

In addition, a number of clients and I will be traveling to Washington for ***AIDS*WATCH '98** on **May 4 and 5, 1998** to conduct some direct advocacy efforts with members of Congress. I look forward to seeing you at that time.

## Profile: Joe Filia

**Age:** 36

**Hometown:** Anaheim

**Residence:** Anaheim

**Education:** Studies at Cal Poly Pomona; training in animal health care.

**Background:** Began working at animal hospitals at age 16; animal health technician at Del Rio Animal Hospital, Fullerton, 1977-79; worked for numerous veterinarians and pet stores in Southern and Northern California, 1979-1989; opened Tustin pet store called Pets West, 1989; closed business in 1992 because of illness

**AIDS Activism:** Client volunteer at AIDS Services Foundation Orange County (ASF); ASF public policy committee member, involved in lobbying efforts and letter-writing campaigns through 11-year-old organization's Speak Up! program to encourage legislation regarding workplace rights and other issues; helped create World AIDS Day resolution calling for end to AIDS discrimination, adopted by county Board of Supervisors in December 1997; member, HIV Planning Council of Orange County, appointed by Board of Supervisors in January to a two-year term

**On AIDS and employment:** "I want to be a productive member of society. The government has paid all this money to help me get better, yet there are no real back-to-work programs out there for people like me. It's hard to find an understanding employer."

Source: Joe Filia; Researched by RUSS LOAR / For The Times

Joe Filia, who volunteers at AIDS Services Foundation in Irvine, was appointed to a two-year term on the county's HIV Planning Council by the Board of Supervisors.

Photo by CHRISTINE COTTER Los Angeles Times

LA Times 3-2-98

**In Person**

# Having AIDS — and a Future

By RUSS LOAR
SPECIAL TO THE TIMES

Joe Filia learned he was HIV-positive in 1985, not long after the first tests for the virus that causes AIDS were made available to the public.

For the next six years he lived secretly with the knowledge that his life could soon be over, while the world debated the moral and medical implications of the disease.

"I didn't tell anybody. I thought I was dead. I lived in fear every single day that I would become sick and somebody would find out. I did not take any drugs or go to a doctor until six years later, when I became extremely ill," said Filia, a 36-year-old Anaheim resident who lost a successful pet store in 1992 after the disease took hold. "I felt like the situation was out of my control."

But new combination drug treatments have allowed Filia to make the journey from outcast to activist. As a volunteer with AIDS Services Foundation Orange County, Filia meets with county political leaders to encourage their support for prospective legislation that would help those with AIDS return to work.

Now he is fighting for more than survival. He wants his life back.

"I had sold everything I owned, step by step, to survive. I went to a free clinic, I signed up for SSI [federal Supplemental Security Income], and that's when Medicaid kicked in. It was hard to go from owning my own business to living on $429 a month. But I'm lucky. I have friends who help me."

In January, Filia was appointed to a two-year term on the county's HIV Planning Council by the Board of Supervisors.

"It's been a big step for me, going from a person who was afraid to tell anybody about what was happening to me, to doing this. It helps that I really believe in what I'm doing, that there's a real need for people like myself who have actually received the benefits of the medical breakthroughs and the programs like ASF, to speak out," said Filia, one of several volunteers who work under the direction of Tom Peterson, the foundation's public policy coordinator.

After 14 years as an animal health care technician for veterinarians and pet shops, Filia and a partner opened a pet store called Pets West in Tustin in 1989. The store did well, but two years later the disease that had stayed dormant for so long sent him to the hospital. His doctor told him he could not work around animals any longer. The danger to his weakened immune system from bacteria carried by the variety of pets in his store was too great.

"I'd been sick constantly," he said. "It started out with pneumonia and moved to some of those 'mystery' diseases that they were never able to quite come up with a diagnosis on. They never really came up with a solution, and I was told several times that I wasn't going to make it. But my body was somehow able to fight whatever was going on."

In 1995, Filia began taking a combination of newly emerging AIDS drugs. It took almost a year for him to feel positive effects from the medications. A year later, he added on new drugs called protease inhibitors.

"I am one of the lucky ones that this has worked for," he said. "They do not work for everybody. I take about 21 pills a day. Within a couple months I actually began to feel better, which is unusual. I had been completely bedridden, and I got a second chance. But I realize that at any point, this could all change. We don't know exactly how long these drugs will work. It depends on the individual.

"I'm hoping they continue to make medical advances that will give people a little bit more encouragement to continue to take the drugs, to give them hope for a better future," Filia continued. "You can get really tired of having to take so many pills each day, having everything in your life so timed out. And they make you feel like you have a touch of the flu, every hour of every day of your life."

The federal Centers for Disease Control and Prevention reported in February that deaths from AIDS-related symptoms fell 44% during the first half of 1997, compared to the year before. In Orange County there were 36.9% fewer AIDS deaths for the same period, according to the Orange County Health Care Agency. Like so many others with AIDS who were not expected to survive, Filia said his life is still in limbo.

He is well enough to work part time, but he can't risk losing SSI or Medicaid by earning a part-time salary. He takes $15,000 worth of pills a year to fight the virus, and that does not include other medical costs. Finding an employer willing to hire someone like himself with AIDS, offer adequate health insurance and allow the flexibility to work the hours his illness requires has proved impossible so far, he said.

"Society has made some advances, but not nearly enough," he said. "I'd love to go to work and get a job and go back to being just an everyday, average Joe. But there's so many roadblocks ahead of me. It's still very hard to think about the future."

# Funders Concerned About AIDS

File Inventory

# "Building Strategic Partnerships to Fight Global HIV/AIDS"

## March 12-15, 1998

## White Oak Conservation Center

**Introduction**

As Funders Concerned About AIDS (FCAA) enters its second decade, the organization has renewed its commitment to international work. "Building Strategic Partnerships to Fight Global HIV/AIDS" exemplifies that commitment as well as the unique role FCAA can play as a convener of international groups. Held at White Oak Conservation Center March 12-15, the meeting was designed to give participants an opportunity to share information, exchange ideas, and network with each other.

**"Overview and Trends of HIV/AIDS"**

To provide a common starting place, Karen Stanecki, chief of the U.S. Bureau of the Census' Health Sciences Branch, launched the meeting with a discussion of the epidemic's current status and future trends. In 1997, UNAIDS estimated that 30.6 million people were living with HIV/AIDS. Ninety percent live in developing nations, with sub-Saharan Africa the hardest hit. The good news? Decreases in HIV-prevalence in Thailand and Uganda show that concerted efforts by governments and nongovernmental organizations (NGOs) can have an impact.

The epidemic traces a different trajectory in different parts of the world. In Uganda, Zambia, and Zimbabwe, for instance, the epidemic took off quickly; in Cameroon, the epidemic's trajectory was much flatter. No country can afford to be complacent, however: The epidemic didn't strike South Africa until the early 1990s, then took off. Although Asia has some hot spots like Cambodia, Burma, and Vietnam, not a lot is happening in other Asian nations such as the Philippines and Indonesia. The limited data available from India show that the epidemic can vary even within national borders.

**Key Points:**

The epidemic varies country by country and even within countries.

We need to know more about why we aren't seeing declines in countries where the epidemic has

stabilized.

We need better and more complete data. Researchers have very limited data from vast areas of the world, including India and China. And there was some debate about whether surveillance of antenatal clinics was the most effective way to monitor the epidemic's movement.

**"Lessons Learned from Historical Trends in HIV/AIDS Funding"**

Stuart Burden, senior program officer at the MacArthur Foundation, shared his experiences with this 20-year-old private foundation. Viewing HIV/AIDS in the broader context of reproductive health and rights, the foundation began its HIV/AIDS work in 1991 by funding existing NGOs interested in adding HIV/AIDS prevention to their agendas. The foundation's rules of thumb include being flexible in funding, working with people with HIV/AIDS, and funding individuals as well as organizations.

Ben Plumley, manager of a program called Positive Action at Glaxo Wellcome, described how the pharmaceutical company found itself involved in HIV/AIDS funding. Once the company had accepted it had a responsibility to fund programs, it moved into an implementation phase that now involves working primarily with community-based groups on prevention and care activities. In contrast to its early days of working with whoever shouted the loudest, the company now works with organizations that have demonstrated effectiveness.

**Key Points:**

A central dilemma is whether funding should be HIV/AIDS-specific or merged with other areas. Some participants argued that HIV/AIDS work would lose its identity and effectiveness if it were merged with other areas. Others argued that merging HIV/AIDS with other topics gives funders a way to win approval for this often-controversial area and to double their effectiveness. The Levi Strauss Foundation, for instance, is fulfilling its social justice goals as well as its HIV/AIDS goals with a Japanese project protecting the human rights of marginalized HIV-positive Japanese.

Personal messages work best. In Nigeria, for instance, the MacArthur Foundation is funding a

lecture series led by a former minister of health whose brother died of AIDS. The foundation hopes this prominent individual's willingness to speak openly will break through Nigerians' denial that AIDS can happen to them. The foundation is now grappling with the issue of how to bring personalized messages to large numbers of people in culturally diverse areas.

Foundations must fund administration as well as programs, since grantees can't fulfill their missions without things like salaries, rent, and fax machines.

Involving people living with HIV and AIDS is critical to a program's success. But funders need to reach out to previously overlooked partners as well. Religious groups are one such potential partner, especially since grassroots religious groups may have moved far beyond organized religion's public positions. The military is another potential partner. The Ford Foundation, for instance, is piloting a program that brings soldiers and commercial sex workers together in prevention activities.

Evaluation procedures need to change. It's no longer enough to talk about the number of condoms distributed; funders must now show how prevention-related behavior changed and how quality of life for people living with AIDS improved as a result of interventions.

**"Current Best HIV/AIDS Practices and Interesting Innovations"**

Asking a series of provocative questions about basic terms like "effective" and "cost-effective," Jeffrey O'Malley, executive director of the International HIV/AIDS Alliance, gave examples of programs that work. Promoting self-help is key. A program in Senegal, for instance, integrates condom social marketing with peer education; condom sales help the small organization involved sustain itself financially. In Morocco, an income-generating program for women who have moved to urban areas features group discussions that begin with general concerns, move on to relationships, and end up with sexual health.

Wendy Roseberry, senior advisor for HIV/AIDS in the World Bank's Africa Section,

offered the multilateral perspective. Noting that the Bank's HIV/AIDS interventions are both effective and cost-effective, she cited condom promotion, HIV testing and counseling, sexually transmitted disease (STD) care, and girls' education as examples. However, these best practices are not universally applicable. And funders often forget that prevention is the most cost-effective approach. Funders' obsession with vaccines and anti-viral therapies is evidence of their denial of the power of the mind.

Sally Cowal, director of external relations at UNAIDS, focused on what an expanded response to HIV really means. Crucial factors include knowledge about the epidemic in general and its manifestation in specific areas, political commitment, programs targeting young people, expanded access to technology and best practices, multisector mobilization, and access to care. Improved access to testing and counseling is crucial, especially since 98 percent of people with HIV don't know they have it.

**Key Points:**

Funders must re-examine what they really want to achieve. For instance, funders say they want to reduce exposure to HIV yet focus primarily on one intervention—delaying sexual initiation—instead of using the full range of interventions, such as preventing nonconsensual sex. In the area of care, people have reified combination therapy as a goal in itself when simpler interventions, such as antibiotics, antifungals, and pain relief, would have a greater impact on quality of life.

Similarly, funders need to re-examine the notion of cost-effectiveness. Peer-to-peer group discussions, for instance, are expensive but can effect change that lasts beyond the program. Funders must also emphasize that modest prevention efforts can have big pay-offs. A Global Business Council on AIDS workplace prevention program, for instance, found that a single HIV prevention pays for the program's entire cost for a year.

Best practices are not universally applicable. Funders must make different cases for different

audiences in different settings.

Funders should focus on the prevention/care continuum rather than just focusing on prevention.

Funders should focus on reducing vulnerability rather than reducing risk behaviors. Sixty to 80 percent of African woman, for instance, are infected by their only sexual partner.

Community mobilization and peer-to-peer activities are the most effective approaches. The involvement of people living with HIV and AIDS is also key.

Funders should focus on more than individual behavior change. They should strive to create an "enabling environment" that makes it easier for people to adopt change. In Brazil, for instance, the Ford Foundation is working with soap opera writers to develop prevention messages.

Funders should use the term "good practices" instead of "best practices," which suggests state-of-the-art status and documented results. In fact, bad stories may be a more effective way to increase funding than success stories. The fact that AIDS now has more impact on life expectancy than any other single factor grabs attention in ways that success stories can't, for instance.

**"Challenges in Funding Best Practice HIV/AIDS Programs"**

Richard Woo, executive director of the Levi Strauss Foundation, explained how the company has lived up to its mission of responsible commercial success. Noting that the company's involvement in HIV/AIDS was prompted by its employees' interest, he discussed how the company offers cash contributions, employee voluntarism, access to facilities, product donations, technical assistance, and corporate leadership to help local communities. In keeping with the company's slogan of "Always original," the company funded small-to-medium U.S. cities with Levi factories in the 1980s and now applies that strategy to the international level. Despite the inherent tension between making a profit and being responsible, the company is willing to take sewing machine operators off the floor for HIV prevention education.

Charles Lyons, president and chief executive officers of the U.S. Committee for UNICEF, focused on challenges to funding HIV/AIDS work. The organization navigates by the light of the 1990 Summit for Children, for instance, yet the summit doesn't mention HIV/AIDS. Policy constraints, such as the organization's opposition to breast milk substitutes, make it difficult to fight against vertical transmission. UNICEF must also respond to other national priorities, such as malaria prevention. In addition, available funds are at an all-time low because of reduced contributions and the lost strength of the dollar. The organization's current emphases include vertical transmission, counseling and testing, and assistance to AIDS orphans.

Carol Levine, director of the United Hospital Fund's Families and Health Care Program, discussed the often-ignored topic of AIDS orphans. One constraint she faces is the reluctance of women's groups to work as children's advocates. She also stressed that efforts may have unintended consequences. The fund helped get a law passed that would make it easier to appoint temporary guardians for children, for instance. Its effort to provide stability ended up making it harder for poor grandmothers to apply for foster care status, depriving the family of economic resources.

**Key Points:**

In the face of declining AIDS deaths and more effective therapies in the U.S., funders may be reluctant to continue their funding. Funders must fight against the idea that the epidemic is over and keep an international perspective in mind.

Corporations respond to a business rationale for getting involved in HIV/AIDS funding, such as the epidemic's impact on the marketplace, labor supplies, and health-care costs. Thus, there's a need to find data that will grab the corporate world's attention. Also, because corporations find HIV/AIDS terminology daunting, there's a need for simpler language.

Because funds are limited, funders should focus on using what there is more efficiently and be

flexible when shifting discretionary funds from one program to another. Also, money isn't the only resource. Other assets include human resources, technology, and in-kind donations.

**Comments: The South African Case**

Olive Shisana, director general of South Africa's Department of Health, offered a closer look at one country's experiences. Noting that the country has enjoyed other public health successes, she explained that the country has not succeeded with HIV/AIDS. With the epidemic moving faster than expected, the country now has 1,500 new HIV infections a day. Contributing factors include a lack of political commitment, women's lack of empowerment, poor health services, confusing prevention messages, a high rate of sexually transmitted diseases, lack of recreational activities for young people, prostitution, poverty, moral breakdown, and superstition. The epidemic's impact on the country has been devastating. The World Bank estimates, for example, that the epidemic will result in a one percent reduction in the country's Gross Domestic Product (GDP).

**"How to Create a Bigger and Better Pot?"**

Marjorie Muecke, program officer at the Ford Foundation, began by discussing the advantages private foundations enjoy. For instance, their sense of daring and willingness to take risks allow them to go where big spenders won't. Partnerships give them a way to make their resources go even farther, however. Seeking a synergistic effect, the foundation works with advocacy groups, new partners like the military, development funders, governments, corporate funders, and other private foundations buoyed by the strong stock market.

Paul DeLay, chief of HIV/AIDS in USAID's Bureau of Global Programs, discussed constraints from a bilateral perspective. Noting that USAID's flatlined HIV/AIDS budget is losing to inflation, he said that any additional HIV/AIDS money comes out of some other

program. This zero-sum game makes exploring ways of making the most of existing resources even more important. A key task is educating Congress and other policy-makers about the true cost of HIV/AIDS work. Prevention activities like condom distribution, testing and counseling, and other activities are in line with immunizations, prenatal care, and other activities, for instance, yet is unpopular. Congress may not realize the true cost implications of more popular activities like mother/child interventions. A year's supply of breast milk substitute in Haiti, for instance, is $900.

José Lladós, manager of donor and corporate relations at UNAIDS, focused on ways of mobilizing resources. Funders need to do a better job of advocacy, developing messages for two or three key audiences. They need to build the capacities of NGOs, persons living with AIDS, and others. And they have to involve new partners, especially the corporate sector. Pepsico's revenues are equivalent to Morocco's GDP, for instance. And General Motors' employers, suppliers, and dependents number 8.5 million people.

**Key Points:**

Funders must find ways of addressing the perception that funding is a zero-sum game in which giving extra funding to HIV/AIDS means taking funding away from other priorities. Finding ways to incorporate HIV/AIDS goals into other program areas and forming partnerships to make existing resources go farther are two possible solutions.

Funders need to know and take advantage of each sector's special strengths. Private foundations, for instance, have limited resources but tremendous flexibility. Bilaterals, on the other hand, have greater resources but move more slowly.

Money isn't the only resource. Funders should reconceptualize the idea of resources to also include human, technological, and political resources, for instance. People living with HIV and AIDS, for instance, are a crucial resource.

Minimizing overhead helps maximize resources. The Ford Foundation, for instance, has no deadlines and only minimal paperwork. The foundation also tries to give grants for longer periods to enhance grantees' ability to focus on their missions rather than on proposal-writing.

Funders need a better way to coordinate their activities.

**Conclusion**

These five sessions gave participants the basic building blocks they needed to address several key questions. Once the presentations were over, participants split into working groups to explore ways of increasing partnerships with the corporate sector, expanding and maintaining HIV/AIDS funding, and developing partnerships with other funding organizations.

*Agenda*

**Funders Concerned About AIDS Meeting**
**"Building Strategic Partnerships to Fight Global HIV/AIDS"**
**March 12-15, 1998**
**White Oak Conservation Center, Florida**

Thursday, March 12
Arrival at White Oak

7:00 Cocktails in the Big Game Room
**Welcome and Introductions**
Jim Smith, Executive Director, The Howard Gilman Foundation
Paul DiDonato, Executive Director, Funders Concerned About AIDS
Warren Feek, Director, The Communication Initiative

**Overview and Trends of HIV/AIDS:**
**Karen Stanecki, Chief, Health Sciences Branch,**
**U.S. Bureau of the Census**

Dinner in the Great Hall

Friday, March 13

8:00-9:00 Breakfast in Big Game Room

9:00-9:15 **Objectives and Outcomes**
Paul DiDonato, Executive Director, Funders Concerned About AIDS

9:15-11:00 **Session One: Lessons Learned from Historical Trends in HIV/AIDS Funding**
What have been the stages in funding international HIV/AIDS work? Through those stages, what have we learned about identifying effective programs, partners and recipients? What have we learned about contracting, disbursing and evaluating? What are the "rules of thumb" that have emerged for funding agencies?

Moderator: Jim Smith, Executive Director,
The Howard Gilman Foundation
Panelists:
Stuart Burden, Senior Program Officer, The MacArthur Foundation
Ben Plumley, Positive Action Manager, Glaxo Wellcome
Desmond Cohen, Director, HIV and Development Program, UNDP

Key Point Summarizers:
Vinnie McGee, Vice President, The Irene Diamond Fund
Carlos Cardenas, Senior Advisor for Reproductive Health, CARE

11:00-11:30 Coffee Break

11:30-1:00 **Session Two: Current Best HIV/AIDS Practices and Interesting Innovations**

Which interventions to address HIV/AIDS have proved most effective and in what context do they work best? Which interventions have proved most cost effective? Which types of groups/organizations have proved most effective and reliable? What two emerging, and as yet unproved, responses to HIV/AIDS deserve particular attention and why?

Moderator: Omwony-Ojwok, Director General/Coordinator NAP
Uganda AIDS Commission Secretariat

Panelists:
Jeff O'Malley, Executive Director, International HIV/AIDS Alliance
Wendy Roseberry, Senior Advisor, HIV/AIDS, Africa Section,
The World Bank
Sally Cowal, Director of External Relations, UNAIDS

Key Point Summarizers:
Jane Hughes, Associate Director, Population Sciences Divison,
The Rockefeller Foundation
Jairo Pedraza, North American Representative,
Global Network of People Living with HIV and AIDS (GNP+)

1:00-2:15 Lunch Buffet at the Lake Lodge

2:15-3:15 **Session Two Continues**

3:15-3:30 Coffee Break

3:30-5:30 **Session Three: Challenges in Funding Best Practice HIV/AIDS Programs**

From a funder or resource allocation perspective, how do we allocate resources to reflect the changing nature of both the epidemic and "best practices"? How do we reconcile AIDS trends with internal organizational constraints? How do we keep in touch with emerging and innovative thinking and practice?

Moderator: Peter Lamptey, Senior Vice President, AIDS Program
Project Director, IMPACT, Family Health International

Panelists:
Richard Woo, Executive Director, Levi Strauss Foundation
Charles Lyons, President and CEO, U.S. Committee for UNICEF
Carol Levine, Director, Families and Health Care Program,
United Hospital Fund

Key Point Summarizers:
Sarah Costa, Program Officer, Brazil, The Ford Foundation
Kim Hamilton, Program Officer, The Howard Gilman Foundation

7:30 Cocktails in the Big Game Room and Dinner in the Cafeteria
**Comments: Olive Shisana, Director General, Department of Health, South Africa**

Saturday, March 14

8:00-9:00 Breakfast in the Big Game Room

9-10:30 **Session Four: How to Create a Bigger and Better Pot?**
How can we improve our efficiency and effectiveness in the use of existing financial resources? Which are the best potential new targets for attracting additional resources? What strategies and arguments work best for expanding the HIV/AIDS allocations of current funders? In order to argue for more resources, what two pieces of data, not presently available, do we need?

Moderator: Peter van Rooijen, Executive Director,
Dutch AIDS Foundation

Panelists:
Marjorie Muecke, Program Officer, The Ford Foundation
Paul DeLay, Chief, HIV/AIDS, Bureau of Global Programs, USAID
Jose Llados, Manager, Donor and Corporate Relations, UNAIDS

Main Point Summarizers:
Richard Brown, Director of Community Relations, Texaco
George Brown, Vice President of International Programs,
The Population Council

10:30-11:00 Coffee Break

11:00-1:30 **Concluding Session: The Way Forward**
**Working Group Assignments**
Moderator: Warren Feek, Director, The Communication Iniative

a. Consider the five main pieces of information to emerge from the presentations and discussions.
b. Develop and agree upon five major messages for funding agencies to emerge from this event, with a rationale for these choices.

1:30-4:00 **Basket Lunch and Tour of the White Oak Conservation Center**

4:00-7:30 Free Time at White Oak

7:30 Cocktails and Dinner Outside at the Pavilion

Sunday, March 15

8:00-8:45 Breakfast in the Big Game Room

8:45-9:30 **Working Groups Conclude Presentations**

9:30-10:30 **Working Groups Present Recommendations**

10:30-11:00 Coffee Break

11:00-12:30 **The Way Forward Continues**
Discussion of the Main Messages and Proposals

12:30 Farewell Lunch at the Lake Lodge

Funders Concerned About AIDS Meeting
"Building Strategic Funding Partnerships to Fight Global HIV/AIDS"
March 12-15, 1998
White Oak Plantation, Florida

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# Report on the Global HIV/AIDS Epidemic

DECEMBER 1997

UNAIDS | Global HIV AIDS and STD Surveillance | WHO

Surveillance of HIV/AIDS and STDs is conducted as a joint effort of UNAIDS and WHO. The data in this report have been compiled by the *UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance* in collaboration with National AIDS Programmes.

# Global summary of the HIV/AIDS epidemic, December 1997

| | | |
|---|---|---|
| **People newly infected with HIV in 1997** | **Total** | **5.8 million** |
| | Adults | 5.2 million |
| | *Women* | *2.1 million* |
| | Children <15 years | 590 000 |
| **No. of people living with HIV/AIDS** | **Total** | **30.6 million** |
| | Adults | 29.5 million |
| | *Women* | *12.1 million* |
| | Children <15 years | 1.1 million |
| **AIDS deaths in 1997** | **Total** | **2.3 million** |
| | Adults | 1.8 million |
| | *Women* | *820 000* |
| | Children <15 years | 460 000 |
| **Total no. of AIDS deaths since the beginning of the epidemic** | **Total** | **11.7 million** |
| | Adults | 9.0 million |
| | *Women* | *4.0 million* |
| | Children <15 years | 2.7 million |
| Total no. of AIDS orphans[1] since the beginning of the epidemic | | **8.2 million** |

[1] Defined as HIV-negative children who lost their mother or both parents to AIDS when they were under the age of 15.

# Regional round-up

It is becoming increasingly clear that, although almost every country is touched by HIV, the virus spreads very differently in different parts of the world. There are even important differences in patterns of spread in different communities and geographic areas within the same country.

## Regional HIV/AIDS statistics and features, December 1997

| Region | Epidemic started | Adults & children living with HIV/AIDS | Adult prevalence rate[3] | Cumulative no. of orphans[4] | Percent of HIV-positive adults who are women | Main mode(s) of transmission[5] for adults living with HIV/AIDS |
|---|---|---|---|---|---|---|
| **Sub-Saharan Africa** | late '70s - early '80s | 20.8 million | 7.4% | 7.8 million | 50% | Hetero |
| **North Africa & Middle East** | late '80s | 210 000 | 0.13% | 14 200 | 20% | IDU, Hetero |
| **South & South-East Asia** | late '80s | 6.0 million | 0.6% | 220 000 | 25% | Hetero |
| **East Asia & Pacific** | late '80s | 440 000 | 0.05% | 1 900 | 11% | IDU, Hetero, MSM |
| **Latin America** | late '70s - early '80s | 1.3 million | 0.5% | 91 000 | 19% | MSM, IDU, Hetero |
| **Caribbean** | late '70s - early '80s | 310 000 | 1.9% | 48 000 | 33% | Hetero, MSM |
| **Eastern Europe & Central Asia** | early '90s | 150 000 | 0.07% | 30 | 25% | IDU, MSM |
| **Western Europe** | late '70s - early '80s | 530 000 | 0.3% | 8 700 | 20% | MSM, IDU |
| **North America** | late '70s - early '80s | 860 000 | 0.6% | 70 000 | 20% | MSM, IDU, Hetero |
| **Australia & New Zealand** | late '70s - early '80s | 12 000 | 0.1% | 300 | 5% | MSM, IDU |
| **TOTAL** | | **30.6 million** | **1.0%** | **8.2 million** | **41%** | |

## ❒ Infection reaches unprecedented levels in sub-Saharan Africa

Sub-Saharan Africa is the region with the fastest-moving epidemic. The African epidemic has also been the most underestimated one up to now (see box on page 12). Now thought to have fully two-thirds of the total world number of people living with HIV, sub-Saharan Africa as a whole has reached the unprecedented level of 7.4% of all those aged 15 to 49 infected with HIV.

Unprotected sex between men and women accounted for most of the 3.4 million new HIV infections estimated among adults in sub-Saharan Africa in 1997. In addition, high fertility combined with poor access to information and services for the prevention of mother-to-child transmission resulted in some 530 000 infected children being born to mothers with HIV – around 90% of the world total.

Although heterosexual transmission accounts for most infections throughout Africa, levels of infection vary widely across the continent.

---

3 The proportion of adults living with HIV/AIDS in the adult population (15 to 49 years of age).

4 Orphans are defined as HIV-negative children who lost their mother or both parents to AIDS when they were under age 15.

5 MSM (men who have sex with men), IDU (injecting drug users), Hetero (heterosexual transmission).

worryingly clear: sexually transmitted diseases (STDs) have shot up in recent years, and there are no suggestions that the upward trend will be broken.

In India, infection rates, at under 1% of the total adult population, are still low by the standards of many countries, although well over 10 times higher than in neighbouring China. Surveillance is patchy, but all indications are that between 3 and 5 million people in India are living with HIV. Even at the bottom of that range, India is the country with the largest number of HIV-infected people in the world.

Recent testing of pregnant women in Mumbai shows infection rates around 2.4% in 1996. In Pondicherry, the rate among pregnant women is around 4%. Among truck drivers in the southern state of Madras, HIV infection quadrupled from 1.5% in 1995 to 6.2% just one year later. In the northeastern state of Manipur, where the epidemic took off quickly among male drug injectors, some drug clinics were registering HIV rates of as high as 73% in 1996.

There is limited information about HIV infection in other parts of south Asia, but it is clear that many people are having unprotected sex with non-monogamous partners. A recent study among sex workers in Bangladesh showed that 95% had contracted genital herpes, mostly from their clients, while 60% had syphilis.

Rates of HIV infection remain low in several southeast Asian nations. In Indonesia, Malaysia, the Philippines and Singapore, for instance, infection rates are well under 1%. However, other countries in the region show much higher levels of HIV spread. The reasons for these differences are not entirely clear. Nor is there any assurance that currently low rates will remain low, given the widespread occurrence of risk behaviour including commercial sex and, in some places, drug injecting.

Thailand, which has experienced what is probably the best-documented epidemic in the developing world, is continuing to produce evidence of a fall in new infections, especially among sex workers and their clients. These are the groups who have accounted for the majority of the some 750 000 persons currently infected, representing 2.3% of the adult population. The decrease in new infections is the outcome of concurrent and sustained prevention efforts aimed at increasing condom use among heterosexuals, boosting respect for women, discouraging men from visiting sex workers, and offering young women better educational and other prospects to discourage their entry into commercial sex. HIV rates among Thailand's injecting drug users have stabilized at a relatively high level (around 40%), and a survey among men who have sex with other men in northern Thailand reported low AIDS awareness and condom use.

Elsewhere in southeast Asia the picture is mixed. It is bleakest in Cambodia, where 1 in 20 pregnant women, 1 in 16 soldiers and policemen and 1 in 2 sex workers tested positive in sentinel HIV surveillance. While condom use has grown very rapidly (condom sales have risen from virtually nothing to around a million units a month in the space of under three years) commercial sex remains very common: in a recent survey three-quarters of respondents in the military and the police force and two-fifths of male students said they had visited a sex worker in the last year. Viet Nam and Myanmar are also seeing a rapid spread of HIV. In Myanmar, HIV infection among sex workers rose from 4% in 1992 to over 20% in 1996, while two-thirds of injecting drug users are infected. Among pregnant women in the general population, an estimated 2% are infected.

The potential for sexual spread also exists. In Russia, Belarus and Moldova, new cases of syphilis rocketed from very low levels in the late 1980s to well above 2 per 1000 population by 1996, with continuously increasing trends. An untreated sexually transmitted disease not only makes HIV (when present) spread much more easily from one partner to the other but is important as a marker of potential HIV spread because it has the same transmission route – unprotected sex (intercourse without a condom).

### ❒ AIDS is falling in the industrialized world

The growing gap between the developed and the developing world concerns not only the scale of HIV spread but mortality from AIDS. In North America, Western Europe, Australia and New Zealand, newly-available antiretroviral drugs are reducing the speed at which HIV-infected people develop AIDS.

In Western Europe evidence suggests that new AIDS cases will drop by around 30% in 1997 compared with 1995, before antiretroviral treatment became available. The fall is greatest in countries in which infection has been concentrated in homosexual men, in whom HIV rates began dropping 5-10 years earlier. This shows that the decline in AIDS cases is often the combined result of better prevention and better treatment. Only in Portugal and Greece, where unsafe drug injecting is the main mode of transmission, are new AIDS cases still showing substantial rises compared with a year ago.

In the United States, newly-published figures indicate that the first-ever annual decrease in new AIDS cases – 6% – occurred in 1996, and an even bigger decrease is expected in 1997. Again, the largest fall – a drop of 11% – was in homosexual men, the very group which sought and benefited from the most open exchange of information about the risks of unprotected sex in the early years of the epidemic. In some disadvantaged sections of society, however, AIDS continues to rise. Among African-Americans, new AIDS cases rose by 19% among heterosexual men and 12% among heterosexual women in the USA in 1996. In the Hispanic community, there were 13% more cases among men and 5% more among women than a year earlier. This is partly because these communities may find it hard to access the expensive new drugs that could stave off the onset of AIDS. It is partly, too, because prevention efforts in minority communities, where transmission is often through heterosexual intercourse and drug injecting, have been less successful than in the predominantly well-educated and well-organized white gay community.

It is estimated that 30 000 Western Europeans were newly infected with HIV in 1997. Antiretroviral treatment given to women during pregnancy and the availability of safe alternatives to breastfeeding kept mother-to-child infection low – it is estimated that fewer than 500 children under the age of 15 were infected with HIV in 1997. North America estimated it had around 44 000 new HIV infections in 1997. As in Western Europe, transmission from mother to child was low, with fewer than 500 new cases.

## *AIDS wipes out gains in life expectancy and child survival*

AIDS is systematically cutting down life expectancy in the countries where the disease is most common. The gains achieved over the last few decades in much of the developing world will in some places be cancelled out by HIV. Life expectancy in Botswana rose from under 43 years in

## ❒ High infection rates and risk behaviour among some young people

In most parts of the world, the majority of new infections are in young people between the ages of 15 and 24, sometimes younger. In one study in Zambia, over 12% of the 15 and 16-year-olds seen at antenatal clinics were already infected with HIV.

Girls appear to be especially vulnerable to infection, but Uganda has recently shown encouraging evidence that in some city sites infection rates have halved among teenage girls since 1990. Even there, however, the rates remain unacceptably high, with up to 1 pregnant teenager in 10 testing HIV-positive. That rate is six times higher than in boys of the same age.

In South Africa, the proportion of pregnant 15-19-year-olds infected with HIV rose to 13% in 1996 from around half that level just two years earlier. In Botswana the infection rate stood at 28% for the same group in 1997. In Maharashtra state in India, where the epidemic is in its early years, some 3.5% of pregnant teenagers tested HIV-positive in a recent study.

What is abundantly clear is that some young people all over the world engage in risky sexual behaviour. In Mongolia, there has been a recent jump in sexually transmitted diseases in children under 15, indicating that they are exposed to unprotected intercourse. One study shows that since 1994, STDs in those under 15 have shot up more than ten-fold. In Namibia, 37% of 12-18-year-olds reported that they had had sex, nearly half of them with more than one partner. Most said that they believed their own partners had had other partners, too. In Tanzania, 12% of teenage males and 37% of 20-24-year-olds reported that they had multiple sex partners in the last year. In Mali, 2 out of 5 sexually active boys in their teens said they last had sex with a prostitute or casual partner. In the United States, some studies indicate that genital herpes has jumped more than four-fold among white teenagers since the 1970s, with close to 1 in 20 now infected. Among white Americans in their 20s, the rate is 1 in 7.

Sometimes, young people know of the risks of unprotected sex but feel AIDS could not possibly happen to them. In Malawi, most young men and women know how HIV is transmitted and how it can be prevented. When asked, however, many said they felt invulnerable to the virus. Some 90% of teenage boys said they were at no risk or at minimal risk of infection, even though nearly half of them reported at least one casual sex partner over the last year, and condom use was low.

Even in countries such as Thailand – which has been among the most successful in encouraging young people to adopt safer sexual behaviour and has been rewarded by seeing a marked fall in both HIV infection and other STDs – there are groups of young people that fall through the net, such as those living on the street.

## ❒ More education translates into lower risk

In many countries, young people are denied access to education about HIV including safe behaviour skills, or are unable to buy condoms or attend STD clinics. This is usually because older adults believe such education and services will actually encourage young people to increase their sexual activity.

In fact, the reverse is true according to a newly-published UNAIDS review of data from four continents. Good-quality sex education helps delay first intercourse and leads to lower levels of teenage pregnancy and STDs. In the years after Switzerland launched an active and very open

Since the epidemic is concentrated in the developing world, a conservative estimate might suggest that 9 out of 10 infected people in the world do not know their HIV status. At current estimates, that would suggest there are over 27 million people in the world today who have no idea they are infected.

There are many reasons why HIV testing and counselling for those who want to know their infection status should become part of the broad package of interventions used for AIDS prevention, care and support. Increasingly, ways are being found to delay symptomatic HIV disease including the late stage called AIDS, and to prevent or treat the infections which afflict people whose immune systems have been damaged by the virus. Not all of these treatments are prohibitively expensive. The earlier people know they are infected, the greater the opportunity for them to access treatment – or put pressure on their communities and countries for improved access, where this is inadequate. Another benefit would flow to individuals and their families. The earlier individuals are aware of their infection, the better they can make informed and responsible decisions about childbearing, transmission to spouses or partners, and plans for their family's welfare after they fall ill or die.

Perhaps the most important benefit of self-knowledge is that it helps unmask the invisible epidemic and permits a genuine community response. The experience of the past decade shows that as long as HIV spreads silently and unnoticed, it remains at best a theoretical threat to people and does not get taken seriously. If individuals become aware of their infection early on, while they are still relatively healthy, this would give them the time and energy to support one another as well as alert their community to the epidemic, helping others avoid the disease or cope with its consequences.

However, these benefits to individuals, families and communities are realistically achievable only where people feel safe enough to find out whether they are infected. Efforts by governments and civil society to combat rejection and discrimination directed at people with HIV are vital.

### ❒ Where did the differences appear?

To see how much of the new total was due to a rise in new infections and how much due to underestimates of previous levels, UNAIDS recalculated the totals for 1996 using the new estimation methods. The results showed that previous estimates were correct for most of the world.

The difference was found largely in sub-Saharan Africa. While the number of people living with HIV/AIDS there was originally estimated at 14 million in 1996, new information shows that the regional total at that time was probably closer to 18.6 million, as against 20.8 million in 1997. New infections in 1996 would, on the basis of current information, have been estimated at 3.8 million in Africa alone.

### ❒ Why was infection in Africa underestimated by so much?

At the time the regional model for sub-Saharan Africa was constructed, few countries had much reliable data and some, notably Nigeria and South Africa with their large populations, had virtually none. The country with the best surveillance system was Uganda, and that showed that infection rates were beginning to level off, with new infections dropping in younger age groups. This was taken as a model for the whole region.

Unfortunately, the epidemic in other countries has not followed the pattern seen in Uganda. In many, infection rates have continued to climb beyond the levels thought possible in 1994, when data for the regional models used for previous estimates were collected.

### ❒ Are the new estimates definitive?

The figures given in this report each represent a best estimate out of a range, rather than a precise number. UNAIDS and WHO believe that these new estimates are as accurate as is possible to generate with available data. But there is much that is still not known about HIV. More information about the course of infection, its impact on fertility and mortality, and the transmissibility of different strains of the virus will change some of the assumptions made in the current models. A clearer picture of current levels of infection, particularly for countries with large populations and inadequate data such as India, will improve future estimates. And the efforts governments and communities put into changing the course of the epidemic in their countries should have an impact on the rate of new infections and so on estimates and projections.

UNAIDS and WHO will continue to improve estimation methods as new information becomes available.

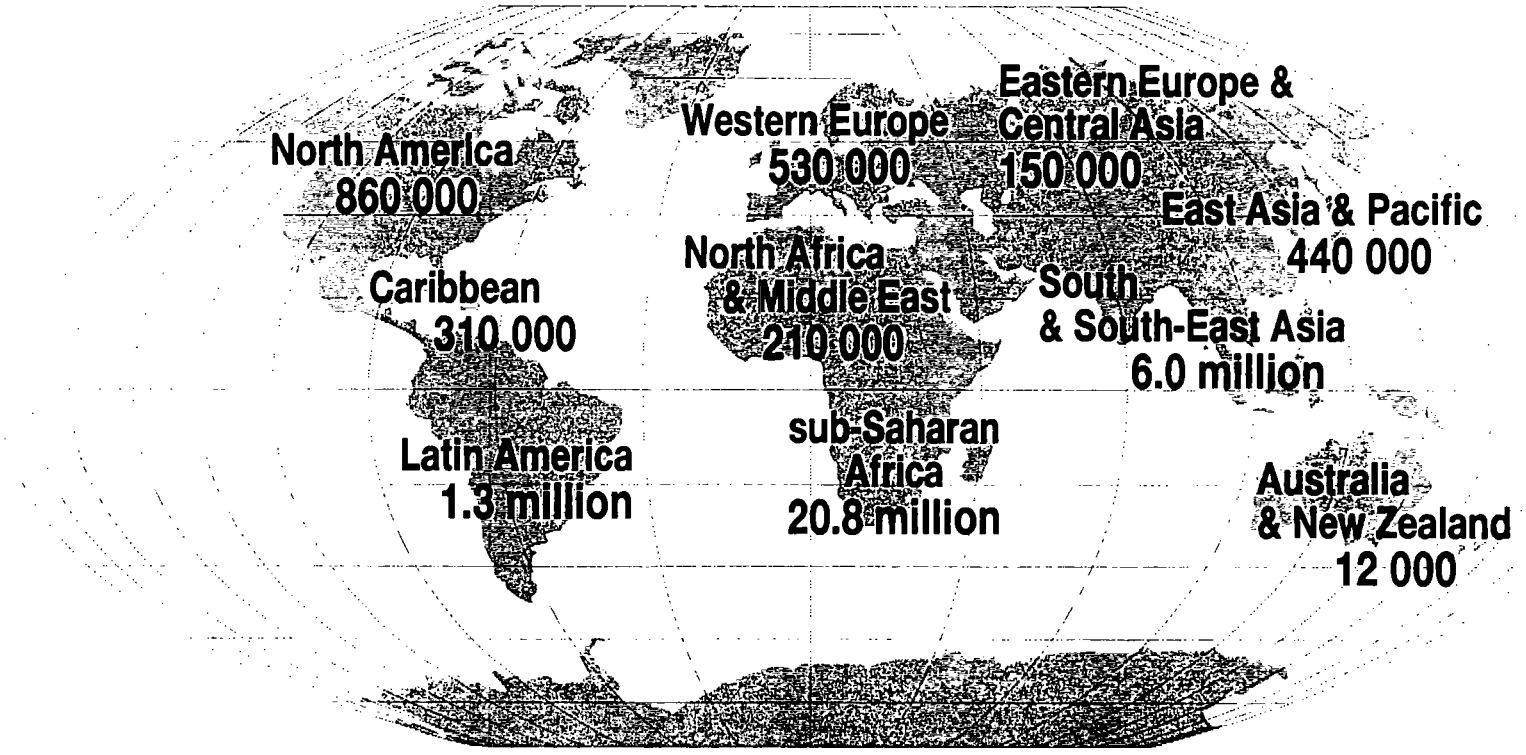
# End-1997 global estimates
## *Children and adults*

| | |
|---|---|
| **People living with HIV/AIDS** | **30.6 million** |
| **New HIV infections in 1997** | **5.8 million** |
| **Deaths due to HIV/AIDS in 1997** | **2.3 million** |
| **Cumulative number of deaths due to HIV/AIDS** | **11.7 million** |



UNAIDS | *Global HIV/AIDS and STD Surveillance* | WHO

# Adults and children estimated to be living with HIV/AIDS as of end 1997

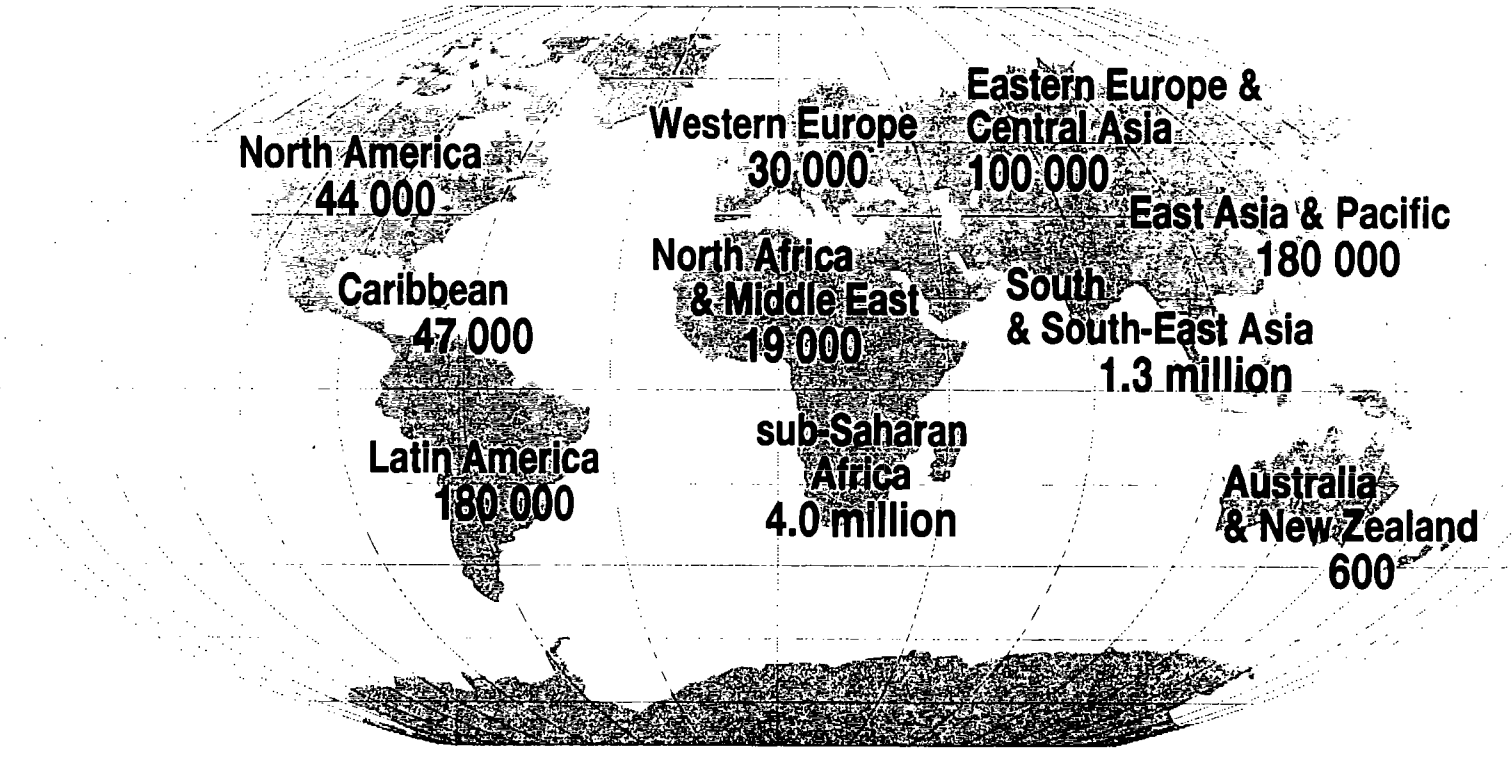



## Total: 30.6 million



UNAIDS | Global HIV/AIDS and STD Surveillance | WHO

# Estimated number of adults and children newly infected with HIV during 1997

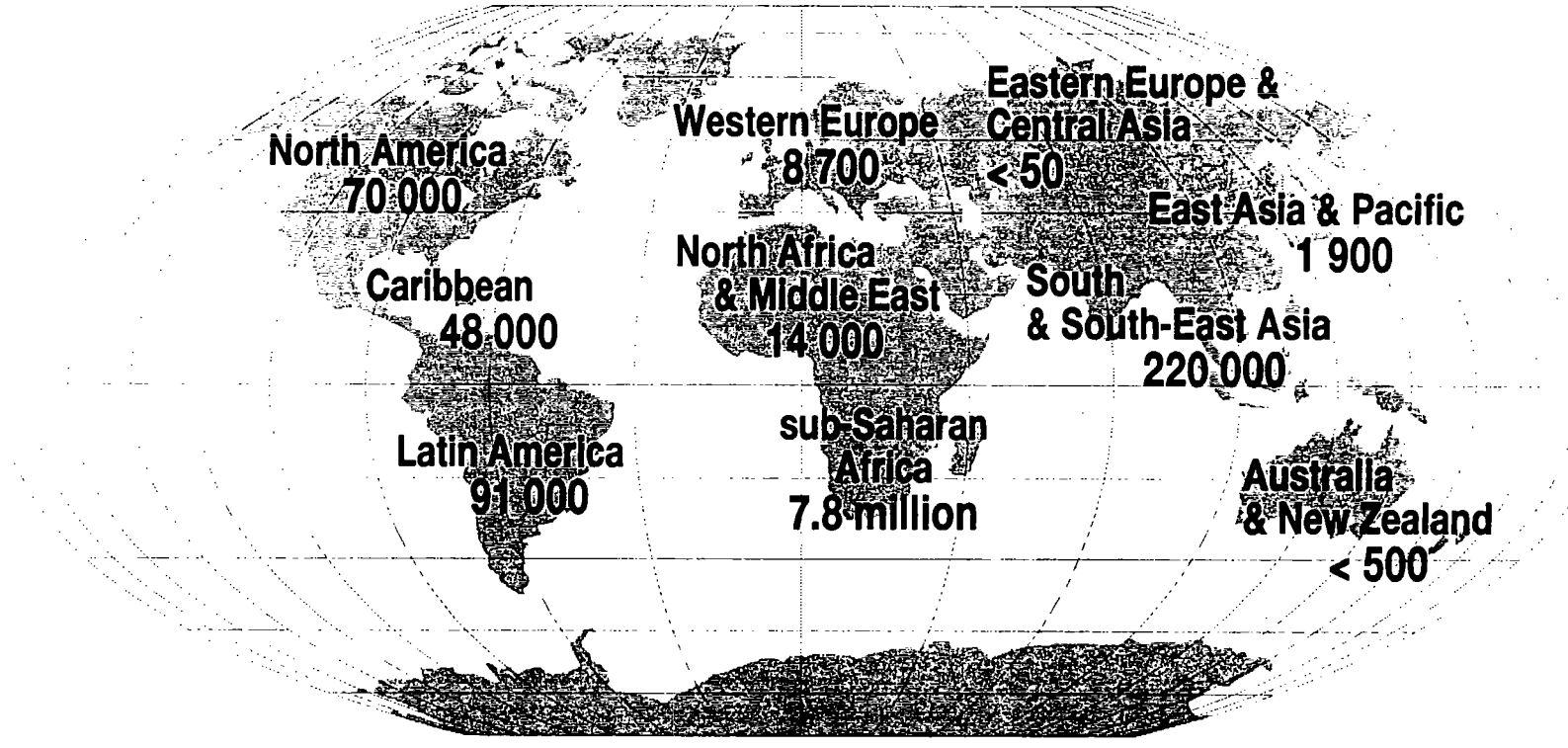



## Total: 5.8 million



UNAIDS Global HIV/AIDS and STD Surveillance | WHO

# Cumulative number of children estimated to have been orphaned* by AIDS at age 14 or younger



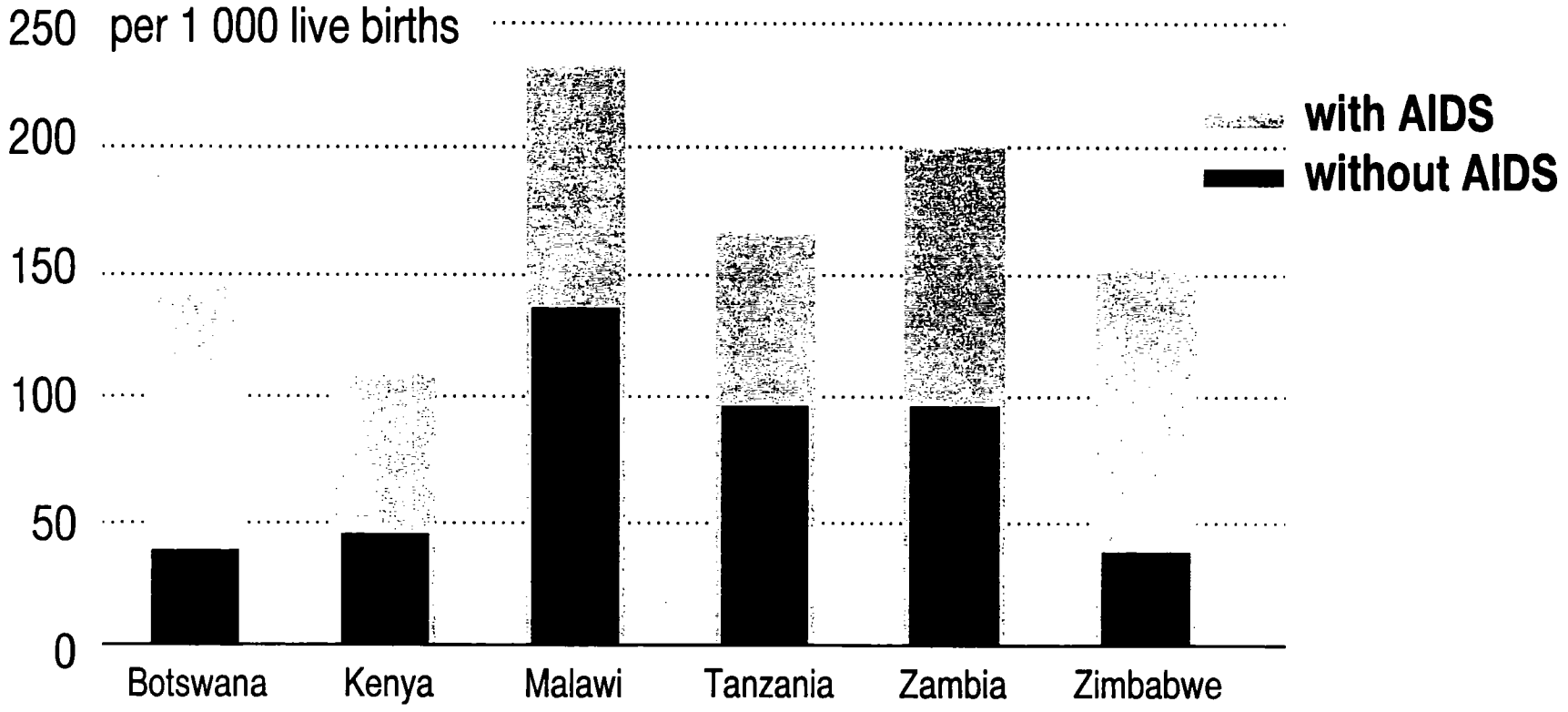

## Total: 8.2 million

FSE/3 – 1 December 1997

** Orphans are defined as HIV-negative children having lost their mother or both parents due to AIDS*

UNAIDS Global HIV/AIDS and STD Surveillance | WHO

# Estimated impact of AIDS on under-5 child mortality rates – *Selected African countries, 2010*

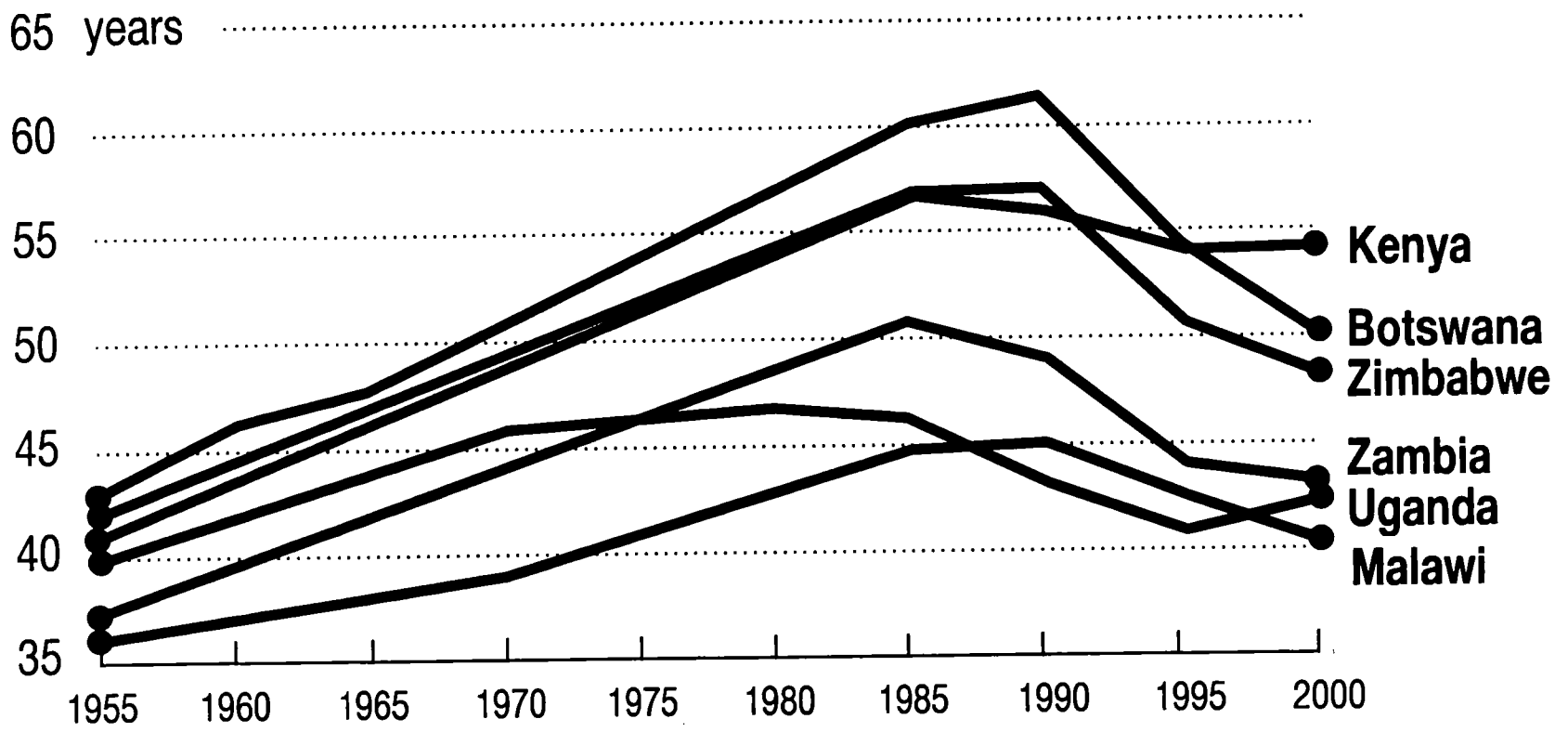



*Source:* US Bureau of the Census



UNAIDS *Global HIV/AIDS and STD Surveillance* WHO

# Projected life expectancy at birth
## *Selected sub-Saharan countries*




*Source:* World Population Prospects: The 1996 revision, *United Nations Population Division, 1996*

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FUNDERS CONCERNED ABOUT AIDS

*Mobilizing Philanthropic Leadership and Resources in the Fight Against HIV/AIDS*

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Apple Computer, Inc.

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Vice President
The James Irvine Foundation

**Vivian L. Beetle**
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Betty Wilson
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March 11, 1998

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

File Completed

Dear Sandy and Todd:

I am pleased to inform you that FCAA's Board of Directors has chosen Senator Ted Kennedy as the recipient of the 1998 Funders Concerned About AIDS Humanitarian Leadership Award. Each year we give this award to an individual, organization, special group, or an event for national work that has resulted in making the general public more aware of and responsive to HIV/AIDS. It is presented at our Annual Program and Awards Reception by Dot Riddings, President of the Council on Foundations (COF), the day before the COF Annual Meeting begins. This year our reception is on Sunday, April 26th from 5 PM to 7 PM.

Our letter to Senator Kennedy as well as information about this award, the FCAA Annual Reception, and the Council on Foundations meeting in Washington, DC is enclosed.

At FCAA, we believe that it is critical to acknowledge the obvious and important links between the public and private sectors in funding HIV/AIDS programs and creating compassionate and progressive AIDS public policies. This is why we attempt to work so closely with your office. And, we hope this award to Senator Kennedy will help in this effort as well.

Aside from giving you both a "heads-up" on this, the FCAA Board and I would greatly appreciate any efforts you could make in urging Senator Kennedy to accept this award in-person at our reception. If you can be of assistance, please give me a call at 212-573-5533. Thank you for your attention.

Sincerely,

Paul A. Di Donato
Executive Director

enclosures

FUNDERS CONCERNED ABOUT AIDS

*Mobilizing Philanthropic Leadership and Resources in the Fight Against HIV/AIDS*

**Fred Silverman**
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Kimberly A. Hamilton
The Howard Gilman Foundation
Tullia Hamilton
The St. Louis Community Foundation
Jane Hughes
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Ted Lord
Pride Foundation
Nancy Mahon
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Vincent McGee
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Len McNally
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Betty Wilson
The Health Foundation of Greater Indianapolis, Inc.

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March 10, 1998

Honorable Ted Kennedy
United States Senate
315 Russel Senate Office Building
Washington, D.C. 20510

Dear Senator Kennedy:

It is with great excitement that we announce your selection as the recipient of the 1998 Funders Concerned About AIDS Humanitarian Leadership Award for your tireless efforts to combat the HIV/AIDS epidemic. Many congratulations!

Funders Concerned About AIDS (FCAA) is the national association of private foundations, corporate giving programs, and public charities organized to mobilize the philanthropic response to HIV/AIDS. (Please see enclosed description.) Each year we give this award to an individual, organization, special group, or an event for national work that has resulted in making the general public more aware of and responsive to HIV/AIDS. (Please see attached description and list of past awards recipients.)

This year we made our selection from a pool of over twenty candidates who were nominated for this award. Your outspoken leadership role on HIV/AIDS since the start of the epidemic, your compassion to help people living with the disease, and your outstanding Congressional record exemplifies the spirit and the essence of this award. We are very honored to have selected you as our recipient.

A main criteria for being the Humanitarian Leadership Award recipient is accepting the award *in-person* at our annual Program and Awards Ceremony. We hope that you will be able to join us at this reception which is being held in conjunction with the Council on Foundations meeting, the largest annual gathering of private philanthropic sector, in Washington D.C. (please see enclosed information). We will also be giving out our annual R.A. Radley AIDS Grantmaker Award at that time to honor a private grantmakers who has exhibited exceptional and innovative approaches to HIV/AIDS grantmaking.

The reception is scheduled for Sunday, April 26th, from 5 pm to 7 pm, at the Washington Hilton Hotel and Towers, and we expect over 300

grantmakers to be in attendance. Normally, the program portion of the reception runs from 5:30 pm to 6:30 pm.

Please call Paul Di Donato, Executive Director, at (212)573-5533 if you have any questions and, hopefully, to inform us of your acceptance of the Humanitarian Award and attendance at our Annual Reception.

We look forward to hearing from you, and once again, congratulations!

Sincerely,

Fred Silverman
President, Board of Directors

Paul A. Di Donato
Executive Director

enclosures

# Funders Concerned About AIDS
# 1998 Council on Foundations Activities

**Sunday, April 26**
**5:00 to 7:00 pm**

*1998 Humanitarian Leadership Award and R.A. Radley AIDS Grantmaker Award Reception*

Join us once again for the eleventh annual Humanitarian Leadership Award to recognize an individual, organization, or event which has increased public awareness and compassion for people living with HIV/AIDS, and to present the fourth annual R.A. Radley AIDS Grantmaker Award for creative and strategic grantmaking in the fight against AIDS. There will be a brief program during the reception.

Presenters: To be announced.

**Tuesday, April 28**
**3:00 to 4:30 pm**

*Call for Sessions: "What If...? Implications of HIV/AIDS As A Manageable Disease."*

AIDS is undergoing its most dramatic and controversial paradigm shift ever. New advances hold the promise of AIDS becoming a manageable disease. Yet the epidemic is not over. If the promise is real, what are the implications? How do we address the complacency created by exaggerated claims of "a cure?" Learn about ongoing and new needs; explore new intellectual and programmatic challenges; and dialogue about new opportunities for collaboration and leadership in the fight against AIDS.

Presenters: Peter A. Selwyn, Associate Director, Yale AIDS Program, Associate Professor of Medicine, Epidemiology, and Public Health, New Haven, CT
Mark D. Smith, President and CEO, California HealthCare Foundation, Oakland, CA
Sandra L. Thurman, Director, White House Office of National AIDS Policy, Washington, DC

Moderator: Paul A. Di Donato, Executive Director, Funders Concerned About AIDS, New York, NY

**To be announced:**

FCAA willl hold a meeting between HIV/AIDS policy makers and public funders and HIV/AIDS grantmakers to discuss emerging policy issues and areas of conflict and overlap between public and philanthropic funding of HIV/AIDS programs.

# *HUMANITARIAN LEADERSHIP AWARD*

***Request for Nominations***

Established in 1988, the **Funders Concerned About AIDS Humanitarian Leadership Award** is presented each year at a special reception prior to the Council on Foundations annual conference.

The Award honors an individual, organization, special group, or an event for **national** work that has resulted in making the general public more aware of and responsive to AIDS in at least one of the following ways:

- increased education, compassion, and understanding about AIDS
- increased financial support
- increased volunteerism
- increased community efforts

Selection criteria will focus on leadership, humanitarianism, impact and effect of the work, effort, or accomplishment. The award is intended for an individual, organization, special group, or event of national and/or international scope.

***Past recipients include***:

**1988** The CBS television series, ***Designing Women***, for "Killing All the Right People": a special episode that focused on AIDS with compassion and reason, emphasizing the importance of educated responses and celebrating the dignity and courage of persons living with AIDS.

**1989** The ***NAMES Project***, sponsor of "The Quilt": the international memorial to those who have died of AIDS, illustrating its human toll, serving as a positive and creative means of expression for those whose lives have been touched by the epidemic, raising vital funds, and encouraging support for people with AIDS and their loved ones.

**1990** ***HEARTSTRINGS***, The National Tour: an uplifting evening of song, dance and hope which played in 30 cities, educating its audiences and generating over $3.6 million in financial support for AIDS in the host communities.

**1991** ***Jeanne and Ryan White*** for sharing their story and opening their lives so that others may learn. Jeanne continues their mission to comfort, educate and encourage compassionate responses to AIDS.

**1992** The ABC television series, ***Life Goes On***, for its ongoing and realistic portrayal of an HIV-positive teenager. The series drew a large teen and adult audience, raising awareness of the epidemic, and strove to break down stereotypes.

**1993** ***Arthur Ashe, Jr.*** for speaking eloquently and widely on HIV/AIDS and evoking empathy and action from many sectors of society.

**1994** ***Philadelphia***: the first non-television commercial film produced on the subject of AIDS. Millions of movie-goers world-wide became better informed and learned about the importance of understanding and compassion.

**1995** ***Bunim/Murray Productions*** for MTV's "The Real World" which brought Pedro Zamora's life story home to thousands of young Americans.

**1996** Footware and accessory designer, ***Kenneth Cole***, for his leadership in corporate philanthropy and for dedicating a portion of his company's advertising campaign to national public awareness on the importance of and support for AIDS research.

**1997** ***Levi Strauss & Co.*** for its outstanding leadership in the global corporate community and for building its commitment in the fight against AIDS upon a strong belief in social responsibility and a sound business rationale.

The FCAA Executive Committee serves as the Humanitarian Leadership Award Selection Committee.

NATIONAL RURAL HEALTH ASSOCIATION

**MEMO**



**To:** **National Initiative on Rural HIV/AIDS Planning Committee**
**Sandy Thurman; Dr. Joe O'Neill; Terry Anderson; Joan Halloway;**
**Pat Taylor; Martha McKinney; David Berry; and Rosemary McKenzie**
**From:** **Darin Johnson**
**Government Affairs Director**
**Re:** **Southwestern Conference on Rural HIV/AIDS**
**Date:** **March 30, 1998**

---

First, thank you for agreeing to serve on the planning committee for the National Initiative on Rural HIV/AIDS. The National Rural Health Association (NRHA) is very excited about this initiative and the potential it has in generating increased awareness about the impact on this epidemic in rural and frontier communities. Your assistance and expertise will help to make all aspects of the initiative a success, and I look forward to working with you. Attached is an overview of the four major components of the initiative.

Our first task at hand is planning the content of the Southwestern Conference on Rural HIV/AIDS: Issues in Prevention and Treatment. The conference is scheduled to take place September 10-12, 1998 in Albuquerque, New Mexico. A tentative conference timetable is attached for your review.

**There will be a conference call of the committee to begin developing the conference on Tuesday, April 14, 1998 at 2 p.m. est.** Please call the teleconference number listed below two to three minutes prior to the call. If you are unable to participate on the call, please contact Doretha Harris at (202) 232-6200 so that she can cancel unused lines that would otherwise be billed to the NRHA.

| | |
|---|---|
| **Teleconference Number:** | **(888) 243-0819 (Toll Free)** |
| **Confirmation Number:** | **808514** |
| **Moderator:** | **Darin Johnson** |

The major HIV/AIDS issues we plan to focus upon at this year's conference include: Native Americans; seasonal and migrant farm workers; border health; undocumented workers; a physician track (treatments and protocols); and models that work. With these issue areas in mind, please take a few moments to think of some specific sessions we could develop for the conference and potential speakers from the Southwest.

Donna M. Williams
Executive Vice President

*NATIONAL OFFICE*
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Telephone (816) 756-3140
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*WASHINGTON, D.C., OFFICE*
1320 19th Street, N.W., Suite 350
Washington, D.C. 20036-1610
Telephone (202) 232-6200
Fax (202) 232-1133
E-mail: dc@nrharural.org

In addition, I have attached a list of the sessions that were held at last year's Southeastern Conference on Rural HIV/AIDS. Please take a look at that list and select those sessions you believe we should include in this year's conference and potential speakers preferably from the Southwest that could present at those sessions. Martha McKinney will brief the group on the conference call on what sessions received the most favorable evaluations at last year's conference.

We also need to be thinking of general session speakers. It is our intent to invite Dr. Scott Hitt back to present at the general luncheon session on Friday which would coincide with our provider track on Friday. We are currently reserving the Saturday general session for a presentation from the National Task Force on Rural HIV/AIDS on the recommendations it develops prior to the conference. That means we need to come up with an opening speaker. If you have any thoughts on a dynamic and outstanding speaker, please be ready to share them with the group.

Lastly, any ideas or assistance you can give us in securing both public and private funding streams would be helpful. We have already received sponsor commitments from HRSA's HIV/AIDS Bureau and the Federal Office of Rural Health Policy. In addition, a number of pharmaceutical companies have pledged their support for the initiative and the conference.

# J & E ASSOCIATES, INC.


CORPORATE OFFICE

1100 Wayne Avenue
Suite 820
Silver Spring, MD 20910
(301) 495-0400
(301) 495-8984 FAX

REGIONAL OFFICES

*Florida*
4110 Southpoint Blvd.
Suite 229
Jacksonville, FL 32216

*Virginia*
1540 Airport Road
Suite 105
Charlottsville, VA 22911

*Washington*
1420 5th Avenue
Suite 2220
Seattle, WA 98101


April 3, 1998

Sandra Thurman
National Aids Policy Office
808 17th Street, N.W.
8th Floor
Washington, DC 20006

Dear Ms. Thurman:

On behalf of the National Health Service Corps (NHSC), J & E Associates, Inc. (J & E) would like to thank you for agreeing to serve as a speaker at the 25th Anniversary Conference to be held at the Renaissance Washington DC Hotel, 999 Ninth Street, Washington, DC, April 24-25, 1998.

J & E is pleased to provide logistics and conference management support services for this conference. Please complete the enclosed registration form and speaker questionnaire. Mail or fax the forms to J & E as soon as possible.

Additionally, please submit a brief personal profile to be used during the introductory remarks prior to your session. This profile should include how you would like your name to appear on the agenda and how you would like to be introduced. Also we need a copy of your current resume and curriculum vitae.

Once again, thank you for agreeing to serve as a speaker for the NHSC 25th Anniversary Conference. I am confident that your input will assist in making the conference a great success. If you have any questions or concerns, please do not hesitate to contact me at (301) 495-0400 or 1-800-646-5317, ext. 309.

Sincerely,

Lisa A. Gail
Conference Manager

Enclosure

COMMUNITIES In Need

EARS

CLINICIANS Who Care

# NATIONAL HEALTH SERVICE CORPS

## 25th Anniversary Conference
## April 24-25, 1998
## Washington, DC

## SPEAKER QUESTIONNAIRE

**Name:** _____

**Presentation Topic(s):** _____

**Presentation Date(s)/Time(s):** _____

1. Will you require any audiovisual equipment? Please check all that apply.

❑ Overhead projector
❑ 35mm slide projector without carousel
❑ Screen ___12' ____10' ____ 8'
❑ Flip chart with markers
❑ Cordless laser pointer
❑ 25"/27" color video receiver
❑ VHS ½-inch video cassette recorder/player
❑ LCD panel projection
❑ Cordless handheld microphone
❑ Tabletop microphone
❑ Wireless lavaliere microphone
❑ Podium with microphone
❑ Standing microphone

2. Please indicate the seating style/arrangement requested for your session. (Please note that requests are not guaranteed.)

❑ Theatre style (chair only)
❑ Schoolroom style (chair & table)
❑ Chevron
❑ U shaped
❑ Crescent
❑ Rounds of _____4 _____8 _____10
❑ Hollow square
❑ Circle of _____ chairs

Other special needs:

_____

_____

3. Handouts. (*We must receive any materials that you would like to have copied and distributed no later than April 3, 1998.*)

❑ Yes, I will be sending other materials. ❑ No, I will not be sending other materials.

4. Do you need someone to assist you with your presentation? If yes, please indicate the type of assistance required.

❑ Yes ❑ No

_____

_____

5. Please submit the following items to J & E Associates three weeks prior to your presentation.

❑ Bio ❑ Résumé/curriculum vitae ❑ Presentation summary

6. At the request of the National Health Service Corps (NHSC), some presentations may be audiotaped or videotaped. Please sign the following release which grants permission to audiotape or videotape your presentation.

I, _____, hereby authorize and assign permission for J & E Associates, Inc., and the National Health Service Corps to record and copy my presentation(s) as delivered at the NHSC 25th Anniversary Conference, April 24-25, 1998, in Washington, DC.

I affirm that to my knowledge none of the material presented in my presentation infringes upon the copyright or right of privacy of others, and that material which references the work of others will be properly credited to that source. Further, I will not misrepresent, libel, or slander any other person, facility, service, or product during the course of my presentation. If such affirmation is breached, I will indemnify and hold harmless J & E Associates, Inc., and the National Health Service Corps, its employees, and its representatives.

_____ _____

Signature Date

**Please fax the registration form and this questionnaire as soon as possible to:**

**J & E Associates, Inc.**
**1100 Wayne Avenue, Suite 820**
**Silver Spring, MD 20910**
**Attn: Lisa Gail, Conference Manager**
**(800) 646-5317, ext. 309 or Fax to (301) 495-9723**

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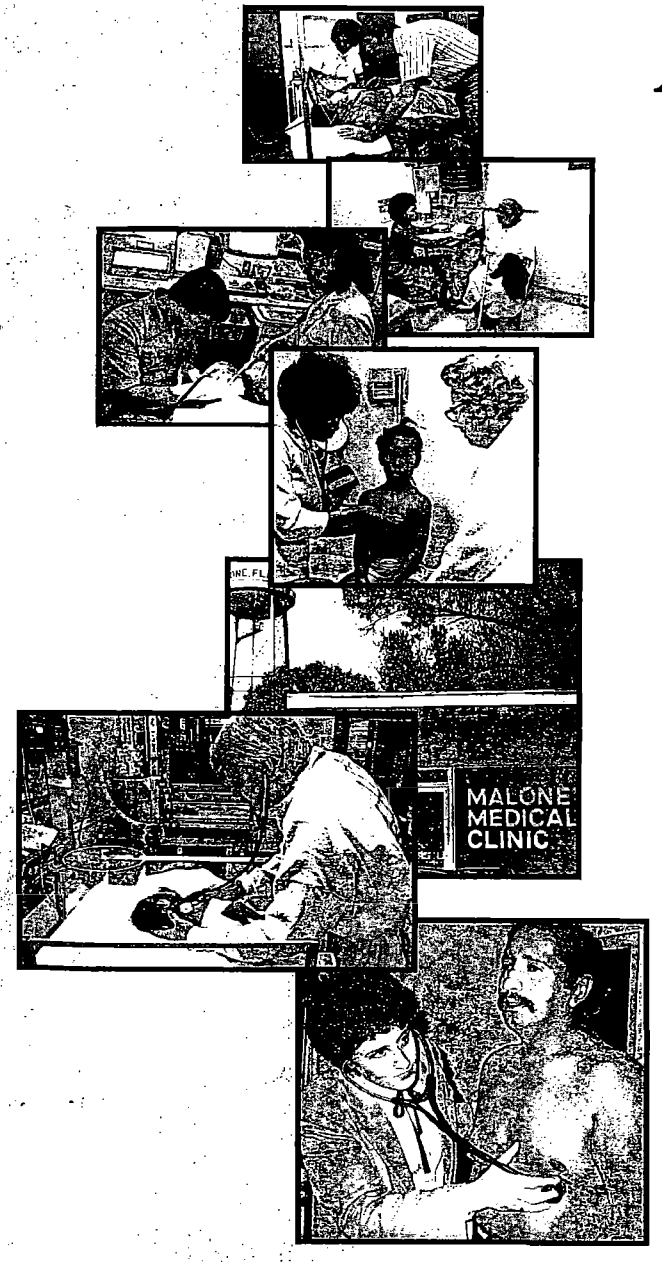


# ACCESS IN ACTION:

## *Expanding the Capacity to Care*

## National Health Service Corps 25th Anniversary Conference

*COMMUNITIES In Need*

25 NATIONAL HEALTH SERVICE CORPS YEARS

*CLINICIANS Who Care*

U.S. Department of Health and Human Services
HRSA
Health Resources & Services Administration

**Renaissance Washington DC Hotel • Washington, DC • April 24-25, 1998**

BPHC
*The People We Serve... The People We Are*

# FAX COVER SHEET

TEL # (301) 762-2295

FAX # (301) 762-5244

FROM: [signature]

DATE: 3/24/98

TELEPHONE #:

TO: Ms. Sara Bolensky

FAX: 202 632 1096

Number of pages including this cover sheet: 1+C

MESSAGE:

Sara - Thanks!

Regards,

[signature]

1792 Milboro Drive
Rockville, Maryland 20854
(301) 762-2295 (301) 762-5244 Fax
March 24, 1998

The Honorable Sandy Thurman
Director - Office of National AIDS Policy
The White House
Washington, D.C.
ATTEN: Ms. Sara Holinsky

Dear Ms. Thurman:

This letter follows-up in writing an invitation extended to you through The Reverend Ted Karpf to be the principal speaker at the "Update on HIV/AIDS Policy and Practice" Session during the 25th Anniversary Conference of the National Health Service Corps. The Session will take place:

1:00 pm to 2:30 pm
Friday, April 24, 1998
Renaissance Hotel
Washington , D.C.

The National Health Service Corps of the U.S. Department of Health and Human Services, is celebrating its 25th Anniversary with a Conference focusing upon current policy and clinical issues of delivering primary care in underserved community settings. The Session on HIV/AIDS serves to update both practitioners and community leaders alike on the current issues and advances in the policy, epidemiology and practice encompassing illness, treatment and hope. We would like you to give a 30 minute presentation on these issues from the perspective of your Office.

Jesse Milan, J.D., new Director of the Centers for Disease Control's HIV/AIDS Clearinghouse in Silver Spring, Maryland, will follow your presentation with an update on CDC activities in patient information and dissemination. Depending upon your schedule, we would like to have you stay for a question and answer period with the audience towards the end of the session. Media will be present during the Sessions.

Your participation would be much appreciated and valued by the attendees. Thank you for considering this opportunity. Please do not hesitate to contact me if further information is required. We will work with Ms. Holinsky to coordinate the logistics of your participation.

With kindest regards,

Samuel Lin M.D., Ph.D.
Rear Admiral and Assistant Surgeon General (Ret), USPHS
(on behalf of the NHSC 25th Anniversary Planning Committee)

**Edward Pfeffer**

3010 Stoney Vista
San Antonio, TX 78247
E-mail: pfeffere@aol.com

210-979-0734
210-495-6817
Fax: 210-496-5097

March 24, 1998

Ms. Sandy Thurman
Director, Office of AIDS Administration
808 17th St. NW, 8th Floor
Washington, DC 20006

Dear Sandy:

It has been a long time since we've last seen each other or spoken and I hope this communication reaches you in spite of the previous messages and faxes which probably have not.

I'm sorry you were unable to attend Bill McKenzie's memorial service. You were missed. It has been nearly a year; difficult to believe. Following Bill's passing, many changes have occurred in my life including the decision to leave the military and completion of my Masters degree. It has been a busy period and a productive one.

I'm enclosing copies of two different resumes. One is mine and the other is Colonel Paul Dodd's who is now retired. Paul is a good friend who has worked to revitalize a support group for HIV/AIDS patients at Brook Army Medical Center in San Antonio. He is a Chaplain by trade and will complete his Ph.D. in pastoral counseling in the next few weeks.

I am actively involved in a career search as is Paul. I will leave service as of April 12th and am available for work as of that date. I request that you review the enclosed resumes for consideration of possible employment with your office and to pass them to others whom you deem appropriate for networking purposes and possible.

My commitment is to financial integrity personally and professionally. I'm eager to work in an environment that embraces change, encourages creativity, and develops leaders. I envision this in either a Fortune 500 / 100 International firm or in a National firm that is heavily involved in financial planning. If not directly involved in providing financial services (corporate/personal), estate planning, trust management, or similar services, I want to be in a position that requires use of these skills and distinctions.

If I can clarify any of the above and information on the resumes please feel free to contact me at 210-979-0734. After April 6, 1998 my phone will become 210 495-6817. You may also reach me at my e-mail address: pfeffere@aol.com.

Again, many thanks for your contribution to my development!

Sincerely,

Encl 2