Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	re: Ashok Row Kavi [Personally Identifiable Information] [partial] (1 page)	07/00/1998	b(6)
002a. form	re: Data entry form (Personal) (1 page)	07/10/1998	b(6)
002b. envelope	Citizen to Sandra Thurman re: Personal (1 page)	07/08/1998	b(6)
002c. letter	Citizen to Sandra Thurman re: Personal (2 pages)	07/07/1998	b(6)
003. note	Staff response to correspondence (Personal) (1 page)	07/00/1998	b(6)
004. fax	re: Student's application to Georgetown School of Business (Personal) [Personally Identifiable Information] (4 pages)	07/23/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 7/98 [1]

2018-0764-F
jm2077

RESTRICTION CODES

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

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

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

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

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

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11086	Gabrielle	Sigel	7/27/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To
		Sandy

Notes

AIDS Coordination Committee

Sender's Organization	Sender's Street1	Sender's Street2
American Bar Association	740 15th Street, NW	

Sender's City	Sender's State	Sender's Zip
Washington	DC	20005

AMERICAN BAR ASSOCIATION

AIDS Coordinating Committee
740 15th Street, N.W.
Washington, D.C. 20005-1022
202/662-1025
FAX: 202/662-1032

July 21, 1998

Sandra L. Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place, N.W.
Washington, D.C. 20503

Dear Ms. Thurman:

I am writing on behalf of the American Bar Association AIDS Coordinating Committee. One of the members of our Committee, Lane Porter, met you at the Geneva AIDS Conference. As Mr. Porter mentioned to you, the Committee is planning an invitation-only symposium at Georgetown University Law Center on January 22-23, 1999. The topic of the symposium is "HIV/AIDS and The Law: An Agenda for Beyond the Millennium." We will gather some of the most prominent attorneys, academicians, judges, public health professionals, and policy makers practicing in the HIV/AIDS field, to focus on identifying, analyzing, and developing an action plan for new and emerging legal issues as the disease proceeds into the next century. Four broad areas with significant legal issues will be addressed: (1) employment/workplace; (2) international; (3) access to care; and (4) prevention. The format generally will provide for a panel of speakers for each topic, whose presentation will be supplemented and discussed by members of the symposium "audience."

We are hoping that you will be able to participate in the symposium. You would be joining other distinguished speakers, including Dr. Anthony Fauci, Dr. Jonathan Mann, Judge John Kane, Scott Burris, Larry Gostin, Art Leonard, David Webber, and Peggy Mastroianni.

Details of the symposium's agenda are still being planned. Please let me know if your calendar permits you to join us. If so, we would be happy to discuss with you an appropriate role for you to play in the symposium.

Very truly yours,

Gabrielle Sigel
Vice-Chair
AIDS Coordinating Committee

cc: Robert E. Stein,
Chair, AIDS Coordinating Committee

Lane Porter, Jr.

Ashok Row Kavi
Tea
The Four Seasons, Garden Terrace
2800 Pennsylvania Avenue, NW
Sunday, November 9th, 4:30 PM
POCs: Anil Hingorani @ 212 235-2052
Garden Terrace @ 342-0444

I. Purpose

You are meeting for tea at the Four Seasons' Garden Terrace restaurant in order to meet with Ashok Row Kavi. He is India's leading AIDS activist and a nationally aclaimed journalist who has worked tirelessly on behalf of AIDS awareness, as well as gay and lesbian rights.

II. Background

In addition to attending the Human Rights Campaign dinner on the 8th, he will also address the DC Chapter of the National Lesbian and Gay Journalists Association on November 10th. He would like to meet with community leaders, government officials, and funders essential to his continuing work in India.

Mr. Row Kavi's biography is in your briefing book as well as some briefing information on India's HIV statistics. Most experts predict that India will be the epicenter for new HIV infections in the 21st century, and in a society which still marginalizes homosexuals, lesbians and gay men are working against tremendous oddds to achieve acceptance and respect.

ASHOK ROW KAVI, 10 RIVIERA CHS, 15TH.ROAD, SANTACRUZ (W), MUMBAI 400054

WORK HISTORY

Pre-work training at Free Press Journal as trainee reporter, in-charge of film review page and general reporting in 1970. Started as assistant to editor of 'Debonair' in 1971.

The Indian Express, Mumbai: 1974 -- 1981 Started as reporter in Mumbai edition. Specialisation in science, technology and medical reporting.

The Daily, Mumbai: 1981 -- 1982. Launched newspaper along with S.Ramkumar, my senior in Express. Started as senior reporter in India's first morning tabloid. Planned and organised city reporting department. Trained city reporters, wrote a popular city column and organised features for the Sunday edition.

The Free Press Journal: 1982 -- 1984. Designation: Chief Reporter. Complete charge of city reportage. Trained reporters, organised the city reporting department and helped launch Indore edition of FPJ.

The Week/Malayala Manorama: 1984 -- 1989 . Bureau Chief, Western India, based in Mumbai. Five prizes for largest number of cover stories annually, e/g. The Bhopal GasTragedy, The Riddles of Rama, the Antulay Trial etc

Bombay Dost: 1991 onwards. Founder editor of India's first newsletter for sexual minorities and alternative lifestyles and managing director of Pride Publications Pvt.Ltd..

EXPERIENCE IN HIV/AIDS COMMUNICATIONS

(1) I have attended four International AIDS Conferences: in Montreal in 1989, in Amsterdam in 1992, in Berlin in 1993 and in Vancouver in 1996. In Amsterdam and in Vancouver I was offered scholarships for my oral presentations titled as follows

(a) Developing Peer Counselling models in Bombay's Gay Community. (Amsterdam)

(b) STD/HIV Prevention Program in Bombay's Emerging Gay Community and AIDS Outreach in the M-S-M Sector (Vancouver)

(2) Presently working as Communication and Documentation Consultant for the Mumbai Mahanagar Palika (the city government of Bombay) in the HIV/AIDS Cell, ASHA (AIDS,STD Health Action) of the Mumbai Metro Region.

Withdrawal/Redaction Marker
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

(3) Presently working as full-time editor of "BOMBAY DOST", India's only registered newsletter for the gay community 's HIV/AIDS outreach program.

(4) Chairman of The Humsafar Trust, India's first registered NGO working in the HIV/AIDS prevention program in the gay and MSM community in India.

(5) Have published articles on street outreach in gay community in CARC (Centre for AIDS Research and Control), official platform of the Indian Council for Medical Research and have also written articles in the mainstream press on HIV/AIDS in India.

(6) Have helped in communications/media relations at the International Symposium on 'Biomedical,Clinical and Social Research Issues in HIV Infection and their Policy Implications' held in Pune between May 2 and 4, 1995 organised by the National AIDS Research Institute (NARI) and the Harvard AIDS Institute.

EDUCATION

(1) Indian School Certificate in Division I from the Bombay Scottish High School in 1963.

(2) An Honours graduate in Chemistry from Bombay University in 1970

(3) A post graduate diploma in journalism from the Bhavan's School of Mass Communication,Mumbai.

(4) A working diploma in advanced journalism from the International Institute for Journalism in Berlin in 1976.

(5) A summer retreat course in theology /comparative theology from the Ramakrishna Mission and Math.

[001]

BIODATA

(b)(6)

I have travelled all over the world and have excellent communications skills in English. I can read Hindi, Marathi and a little French.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11039	Keith	Mason	7/6/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

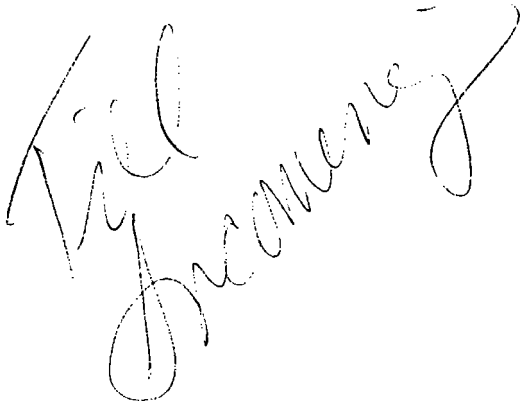
Action Completed	Action Date	Addressed To
		Sandy

Notes

Thank-You Note

Sender's Organization	Sender's Street1	Sender's Street2
Long Aldridge & Norman	303 Peachtree Street	

Sender's City	Sender's State	Sender's Zip
Atlanta	GA	30308



LONG ALDRIDGE & NORMAN LLP
ATTORNEYS AT LAW

June 29, 1998

Ms. Sandy Thurman
Director
White House Office of AIDS Policy
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Sandy:

Thank you for taking the time to have dinner with me last week while I was in Washington. I enjoyed discussing your recent work in the White House with you.

Please let me know if I can ever be of help to you in any way.

Best personal regards.

Sincerely,

Keith W. Mason

KWM/cew

Great job on McLaughlin One on One this weekend!

SUITE 600
701 PENNSYLVANIA AVENUE
WASHINGTON, DC 20004
202.624.1200 TEL
202 624 1298 FAX
DC@LANLAW.COM

SUITE 5300 • 303 PEACHTREE STREET • ATLANTA, GEORGIA 30308
404.527.4000 TEL • 404.527.4198 FAX
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LACOURTE BALAS & ASSOCIES
CORRESPONDANT

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11032	Awa	Coll-Seck	7/2/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

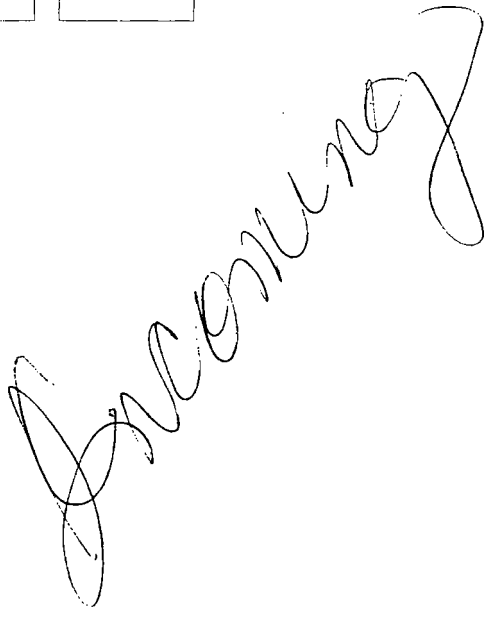
Action Completed	Action Date	Addressed To
		Sandy

Notes

Breakthrough in the area of prevention of HIV transmission from mother-to-child meeting.

Sender's Organization	Sender's Street1	Sender's Street2
UNAIDS	20, avenue Appia	

Sender's City	Sender's State	Sender's Zip
CH-1211 Geneva 27	SD	



PAR AVION
BY AIR MAIL LUFTPOST

PORT PAYÉ
1211 GENÈVE 27

Ms Sandra Thurman
Director
Office of National AIDS Policy
The White House
808 17th Street, N.W., Suite 820
Washington, DC 20006
United States

ONUSIDA
UNAIDS

Programme commun des Nations Unies sur le VIH/SIDA
20, avenue Appia • CH-1211 Genève 27 • Suisse

THUR808 200062025 1698 09 06/30/98
NOTIFY SENDER OF NEW ADDRESS
THURMAN'SANDRA L
736 JACKSON PL NW
WASHINGTON DC 20503-0007

20006-3510 65

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK
Joint United Nations Programme on HIV/AIDS

18 June 1998

Dear colleagues,

Following the recent breakthrough in the area of prevention of HIV transmission from mother-to-child, a meeting on « planning for programme implementation » was organized by UNAIDS in collaboration with two of the six co-sponsoring agencies, WHO and UNICEF. A copy of the meeting statement is attached.

Recognising the urgency of the situation and, at the same time, the fact that it will take time to mobilise new resources for these interventions, the meeting statement recommended that a phased approach be taken in the introduction of such interventions. Such an approach would tailor implementation to utilise fully and immediately existing national and local capacities, with a concrete plan to build on these initial efforts over time. Where the capacity to implement these interventions is limited, it was recommended that efforts should begin immediately to increase capacity, with a plan to introduce these interventions as soon as possible.

It was decided during the meeting to establish mechanisms to co-ordinate and support efforts for accelerated capacity-strengthening and technical development, and to scale up the implementation of interventions to reduce mother to child transmission. Consequently UNAIDS with UNICEF and WHO felt important to begin with setting-up an inventory of ongoing or planned interventions. The aim of such an inventory is to (1) share information; (2) identify the needs in terms of scientific knowledge, operationalisation of interventions, collaborations between various partners, political support; and (3) develop an international agenda to fill-in the gaps.

If you have ongoing or planned activities for the prevention of mother-to-child transmission of HIV in developing countries, we would be grateful if you could take some time to fill in the attached questionnaire and return it by the 10th of July. As soon as they will be available, you will receive the results of this survey and you will be informed of follow-up actions.

Looking forward to hearing from you.

Yours sincerely,

Awa Coll-Seck
Director
Department of Policy, Strategy
and Research

20, avenue Appia • CH-1211 Geneva 27 • Switzerland • Tel: (+4122)791.3666 • Fax: (+4122)791.4187 • e-mail UNAIDS@UNAIDS.ORG

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

Joint United Nations Programme on HIV/AIDS

Inventory of ongoing or planned interventions for the prevention of MTCT transmission

Return questionnaires to:
:

Isabelle de Vincenzi
UNAIDS
20, avenue Appia
CH-1211 Geneva 27
Switzerland
Tel : 41.22.791.46.10
Fax: 41.22.791.41.65
e-mail: devincenzii@unaids.org

Person to contact for further information

Organisation :
Address :
Tel. :
Fax. :
e-mail :

- **Is the intervention :**

❑ Ongoing
❑ Planned ; if yes, is the project :
  ❑ finalized (a copy will be appreciated)
  ❑ not yet finalized

Specify (expected) starting date: .....

- **In which country(ies) ?**

If possible, please specify precise locations and the approximate number of HIV-infected pregnant women to be offered the intervention per year :

- **Expected duration of the intervention**

❑ Pilot project limited in time, specify expected duration : .....
❑ Starting phase of an intervention planned to be sustained in the initial sites
❑ Starting phase of an intervention planned to be sustained and expanded to other sites in the

country

- **Main focus of the intervention**

❑ Providing antiretrovirals

❑ Support for replacement feeding for HIV-infected mothers

❑ Implementation of VCT services for pregnant women

❑ Other interventions : ❑ Micronutrient supplementation

❑ Vaginal lavage

❑ Other : .....

❑ **Other activities included as part of your implementation plans (such as** improvement of ANC attendance, STD care, delivery practices, family planning ...)

- **Partners involved in the project**

	Already Involved	Expected to be involved
❑ Governemental :	❑	❑
❑ NGOs :	❑	❑
❑ UN agencies :	❑	❑
❑ Research institutions :	❑	❑
❑ Bilaterals organisations :	❑	❑
❑ The private sector :	❑	❑
❑ Others :	❑	❑

- **What are the main obstacles to initiate or bring the project to scale ?** (funding, MCH expertise, VCT expertise...,).

- **What kind of support are you expecting from an international initiative ?** (technical guidelines, political support, local collaborations...)

PREVENTION OF HIV TRANSMISSION FROM MOTHER TO CHILD: MEETING ON PLANNING FOR PROGRAMME IMPLEMENTATION

GENEVA, 23-24 MARCH 1998

MEETING STATEMENT

Background

Transmission of HIV from mother to child can occur during pregnancy and delivery, as well as through breastfeeding. Such mother to child transmission of HIV represents a major cause of morbidity and mortality among young children, particularly in developing countries with a high prevalence of HIV infection. Interventions to prevent mother to child transmission of HIV, including recent breakthroughs in antiretroviral therapy, offer immediate opportunities to : (i) save children's lives; (ii) reduce the impact of HIV on families and communities; and (iii) strengthen maternal and child health services.

In addition to the long regimen (ACTG 076) proven effective in 1994, a CDC-sponsored trial in Thailand demonstrated in February 1998 that the use of a shorter zidovudine regimen, which is more feasible and affordable in developing countries, is also effective. This shorter regimen, involving the administration of zidovudine to mothers during the last four weeks of pregnancy and during delivery, has been shown to reduce mother to child transmission by half among women who do not breastfeed. An integrated prevention programme which combines the use of this regimen and the use of safe alternatives to breastfeeding would be effective in reducing mother to child transmission of HIV among breastfeeding populations. Recent cost-effectiveness data suggest that in many developing countries this intervention is comparable to other public health interventions. It is clear that there is an urgent need to begin to implement such interventions to reduce the transmission of HIV from mother to child.

Taking interventions to scale

Any national strategy to prevent mother to child transmission of HIV should be part of broader strategies to prevent the transmission of HIV and STDs, to care for HIV-positive women and their families, and to promote maternal and child health. The ability to make widely available, and as soon as possible, the interventions to reduce HIV transmission from mother to child depends on political will, affordability of the interventions, and the strength of existing human resources and infrastructures. Powerful means of effecting change lie in demonstrating the success of interventions to reduce mother to child transmission of HIV, as well as the costs of not acting to prevent this kind of transmission.

Three factors that affect the affordability of interventions to prevent mother to child transmission are : (i) the cost of drugs; (ii) the cost of safe alternatives to breastfeeding; and (iii) the cost of HIV tests. WHO has added zidovudine for mother to child transmission to the Essential Drug List. Glaxo-Wellcome has recently offered zidovudine at substantially reduced prices. Further negotiations are planned to minimise the cost of each of these components.

Service delivery, including voluntary HIV counselling and testing, represents a further set of costs. In countries with well-functioning health systems, the additional service delivery costs

of interventions to prevent mother to child transmission may be affordable. Other countries may require more substantial investments in order to strengthen their health infrastructure to allow for the incorporation of large scale interventions. Where applicable, traditional health and community support systems should also be fully utilised. Such investments will have a broad beneficial effect on the health sector more generally and should be encouraged.

Optimum Context

The following parameters describe the optimum context in which to implement effectively the interventions necessary to reduce transmission of HIV from mother to child :

- All women should have knowledge about HIV, and should have access to the information necessary to make appropriate choices about HIV prevention and about sexual and reproductive health and infant feeding in the context of HIV.

- HIV counselling should be available for pregnant women and those contemplating pregnancy. Such counselling should address the needs of pregnant women and women living with HIV, including reproductive health issues such as family planning and safe infant feeding. Active referral and/or networking for follow-up counselling, comprehensive care, and social support should be available for the HIV positive woman and her family.

- Pregnant women, and those contemplating pregnancy, should have access to voluntary HIV testing, to test results with the least possible delay, requiring that appropriate laboratory services be available to process such tests, and to counselling.

- All pregnant women should have access to antenatal, delivery and post-partum care, and to a skilled attendant at birth. For the shorter zidovudine regimen to be effective, at least one antenatal visit with follow up is needed before 36 weeks, and preferably before 34 weeks, of gestation. In order to benefit from this intervention, women who access antenatal services prior to 36 weeks should have access to HIV voluntary counselling and testing. Skilled care during delivery is also needed; the shorter zidovudine regimen also involves administration of zidovudine during labour and delivery.

- There should be follow-up of children at least until 18 months, especially for nutrition and for childhood illnesses.

Key principles

The following are some of the key principles that should underpin the implementation of all interventions to prevent mother to child transmission :

- The right to protect oneself from HIV infection, including through : (1) access to full information about HIV, including information on mother to child transmission, information from relevant research, and information concerning one's serostatus; and (2) access to the means of prevention, such as condoms and relevant HIV/STD health services. This requires the integration of HIV prevention, including prevention of mother to child transmission, into existing

systems, e.g. education, health care (including traditional health care), and community and women's development (non-governmental and community-based organisations, traditional community leadership, etc.)

- The right to decide whether or not, and when, to bear a child. This requires access to information about family planning and access to family planning services. It also requires community and family acceptance of a woman's or a family's decisions.

- The right to voluntary/informed consent and confidentiality in HIV testing, counselling and treatment, including choices made in the context of mother to child transmission. This involves training of health care workers, including traditional health care workers, in providing informed consent and protecting confidentiality, and should lead to voluntary, informed, and when possible, supported decision-making on these and related issues.

- The right to an environment which enables women, parents and families to make choices that protect their health and that of their loved ones, and to act upon these choices. This includes reducing stigma and discrimination related to HIV and to mobilising communities for support. It also includes improving access to health care, including voluntary counselling and testing, antiretroviral treatment in pregnancy, treatment for opportunistic infections, and to the conditions necessary to use safe alternatives to breastfeeding.

- The right to ethical research, including research that does no harm, is conducted with informed consent and with the participation of communities in research design and implementation, and involves the dissemination of research results to affected communities.

Unresolved issues

The efficacy of zidovudine in preventing HIV transmission to the child from an HIV positive mother who breastfeeds is currently not known. Zidovudine may provide some degree of protection, although probably less than the protection it provides to infants who are not breastfed. Since the majority of HIV positive women facing transmission from mother to child are women who breastfeed, it is critical to resolve this issue. It is also necessary to learn more about the effect on the morbidity and mortality of infants born to HIV positive women of introducing alternatives to breastfeeding.

Nevertheless, the greatest reduction in mother to child transmission of HIV is likely to occur when an integrated prevention programme is implemented which combines the provision of zidovudine and safe alternatives to breastfeeding. In some countries, it may prove to be impractical to implement simultaneously access to zidovudine and access to safe alternatives to breastfeeding. In these situations, the implementation of one prevention component should not be delayed until the other is feasible. Furthermore, if a woman chooses not to use both zidovudine and safe alternatives to breastfeeding, she should still have access to the intervention of her choice and should be supported to carry out the use of this intervention safely and effectively.

Other unresolved issues involve the efficacy of even shorter regimens of zidovudine than that used in the Thai study, and the efficacy of interventions which do not require knowledge of serostatus, such as Vitamin A supplementation and vaginal cleansing for prevention of mother to child transmission. Results from ongoing research will indicate whether or not these can be proposed as effective interventions on their own, or only as measures complementary to an antiretroviral regimen.

Additional research is also required on issues such as factors influencing the uptake of voluntary testing and counselling, not returning for HIV test results, adherence to the regimen, and acceptance of interventions to prevent mother to child transmission.

The Need for Action and Support

A global effort is needed to promote the updating and scaling up of interventions to prevent mother to child transmission of HIV. Furthermore, there is an ethical imperative to support the introduction of the shorter zidovudine regimen in countries in which trials have been completed, and to encourage the initiation of such interventions in countries which have the capacity and willingness to support them. Recognising the urgency of the situation and at the same time the fact that it will take time to mobilise new resources for these interventions, it is recommended that a phased approach be taken in the introduction of such interventions. Such an approach would tailor implementation to utilise fully and immediately existing national and local capacities, with a concrete plan to build on these initial efforts over time. Where the capacity to implement these interventions is limited, efforts should begin immediately to increase capacity, with a plan to introduce these interventions as soon as possible.

Coordination mechanisms

Mechanisms are being established through UNAIDS, in close collaboration with UNICEF and WHO, to coordinate and support efforts for accelerated capacity-strengthening and technical development, and to scale up the implementation of interventions to reduce mother to child transmission. These mechanisms will facilitate the exchange of information, mobilise resources, help to coordinate research, and resolve remaining policy, programmatic and technical issues. Key actors are presently discussing the nature and functioning of these coordination mechanisms.

NORTHWEST AIDS FOUNDATION

July 10, 1998

Nancy-Ann Min DeParle
Health Care Financing Administration
Department of Health and Human Services
Attn: HCFA - 1913 - IFC
P.O. Box 26688
Baltimore, MD 21207-0488

RE: Medicare Prospective Payment System Implementation

Dear Ms. Min DeParle:

As the largest AIDS service organization in Washington State, we are concerned regarding the impact of proposed rules for the implementation of the Medicare prospective payment system (PPS) on skilled nursing facilities (Federal Register, 5/12/98). In particular, we believe that these changes will dramatically impede the ability of our local skilled nursing facility, the Bailey-Boushay House, to provide quality care for individuals living with AIDS in the Seattle region. We urge you to adopt modifications to these proposed rules which will take into consideration the unique situations and costs posed by HIV/AIDS care.

Prospective payment, while well-intentioned for most nursing homes, is ill-matched with the profile of care received at Bailey-Boushay House. AIDS care requires intensive amounts of skilled nursing hours in comparison to more routine nursing home care. In addition, medications for the treatment and management of AIDS symptoms are complex and costly. The additional nursing care and the very high cost of medications are fundamental aspects of AIDS care. These realities are not considered within the proposed rules for the Medicare prospective payment system.

The financial burden of the proposed PPS rules will prohibit Bailey-Boushay House from caring for individuals with Medicare coverage. Without modifications, Bailey-Boushay's Medicare residents will have to return to other care facilities, including costly hospital in-patient care. This shift would, in effect, result in greater expense to the Federal Government.

When including the PPS rules in the Balanced Budget Act, Congress explicitly identified the importance of addressing the needs of skilled nursing facilities which house patients with extreme medical conditions. The Conference Report says, "It is the intent of the Conferees that the Secretary develop case-mix adjusters that reflect the needs of such patients [those with significant requirements]." After adopting a case-mix reimbursement method for Medicaid nursing home payments earlier this year, the Washington State Legislature exempted Bailey-Boushay House from the change. Instead, a special payment system will be used in recognition of the unique demands with which Bailey-Boushay House is confronted.

In Seattle, we have built a comprehensive continuum of HIV prevention and care services for people living with HIV/AIDS. Bailey-Boushay House plays an integral role in our community's

127 Broadway East Suite 200 Seattle, WA 98102-5786 phone 206•329•6923 TDD 206•323•2685 fax 206•325•2689

response to AIDS. The Northwest AIDS Foundation participated in the development of Bailey-Boushay House because we recognized the need for a special facility that could meet the complex needs of AIDS patients. Bailey-Boushay House, the first skilled nursing facility of its kind in the nation, was built to provide an economic and social solution to the unique needs of people living with AIDS.

The implementation of the PPS for Medicare patients will weaken the integrity of the continuum of care that has been established in the Northwest. The rules will deny Medicaid beneficiaries with AIDS access to cost-effective and specialized care at Bailey-Boushay House. We strongly urge you to adopt modifications to these proposed rules to allow for Bailey-Boushay House to continue to meet the special needs of people with AIDS.

Ms. DeParle, we recognize that the Balanced Budget Act has placed fiscal constraints on the Health Care Financing Administration. However, we believe that this proposal will likely result in greater expense to the Medicare program while adversely impacting people living with AIDS in King County. We would appreciate the opportunity to meet with a representative from your office, together with the Bailey-Boushay House, in order to discuss this important issue.

Please do not hesitate to contact either one of use if we can provide additional information or to arrange a meeting date.

Sincerely,

Terry M. Stone
Executive Director

Steven B. Johnson
Director of Public Policy and Communications

cc: Washington State Congressional Delegation
Sandra Thurman, Director, National Office of AIDS Policy
Governor Gary Locke
Christine Lubinski, Deputy Executive Director for Programs, AIDS Action Council
Christine Hurley, Executive Director, Bailey-Boushay House

July 17, 1998

The Honorable Parris N. Glendening
Governor of Maryland
Annapolis, Maryland 21401

Dear Parris:

Thank you for your letter regarding HIV surveillance systems. I know that public health officials from Maryland have been working diligently to establish systems that increase awareness about the spread of this epidemic while respecting the need for confidentiality.

My Administration recognizes the need to remain flexible in our work with state health officials who are responsible for gathering data on HIV infections and AIDS cases. I have shared your letter with Secretary Shalala, who is currently formulating a policy proposal in this area. I have also asked Sandra Thurman, Director of the Office of National AIDS Policy, to continue to monitor this issue. The concerns you raised will be carefully considered in the crafting of new policies and recommendations.

I appreciate all your good work to address the HIV/AIDS epidemic in Maryland. You have my best wishes.

Sincerely, BILL CLINTON

BC/MWP/RSM/RLM/DC/ddj-efr (Corres. #4028817)
(7.glendening.pn)

cc: Neal Sharma, 97 OEOB
cc: Matt Pitcher, 97 OEOB
cc: Fred Duval, 106 OEOB

980717

WHcc: Secretary Shalala
cc: Sandra Thurman

#266966

STATE OF MARYLAND
OFFICE OF THE GOVERNOR

PARRIS N. GLENDENING
GOVERNOR

ANNAPOLIS OFFICE
STATE HOUSE
100 STATE CIRCLE
ANNAPOLIS, MARYLAND 21401
(410) 974-3901

WASHINGTON OFFICE
SUITE 311
444 NORTH CAPITOL STREET, N.W.
WASHINGTON, D.C. 20001
(202) 624-1430

TDD (410) 333-3098

June 1, 1998

The Honorable William J. Clinton
President
The White House
Washington DC 20500

Dear Mr. President:

The Center for Disease Control's (CDC) plan to issue guidelines recommending that all states adopt a name-based HIV surveillance system concerns me greatly. While I fully support the development of HIV surveillance systems to more accurately track the scope of the HIV epidemic, the CDC should not attempt to limit states by implementing only name-based systems. As Governor of a State whose law requires a non-name based surveillance system, I request that CDC promote a more balanced approach.

In the past three years, Maryland has implemented a non-name based surveillance system. This was done in response to legislation considered and passed by the Maryland state legislature (Health General §18-205, Laboratory Examination Reports). Our Health Department has worked to implement, evaluate and improve our system. The current HIV surveillance system, by unique identifier, has provided the Department of Health and Mental Hygiene with sufficient information to effectively conduct disease surveillance, identify new demographic trends, and appropriately target prevention efforts and limited health resources. Maryland has implemented its system without financial support from the CDC although the Department has requested to use funds from Maryland's surveillance cooperative agreement, including unspent funds.

Maryland and other State public health officials should be allowed to choose an HIV surveillance system based on the needs of our communities. State self-determination has long been the hallmark of our nation's public health efforts and disease surveillance strategies, and has been traditionally supported by the CDC. I request that any CDC guidelines offer support and flexibility to develop HIV surveillance systems with specific outcome objectives,

JUN 9 1998

whether employing name or non-name based systems, in keeping with State self-determination and autonomy. Federal resources should be distributed in support of a range of state-determined surveillance systems that can reach a set of prescribed objectives.

Thank you for your attention to this very important matter. If you have any questions, please feel free to contact me, or have your staff contact my Washington, D.C. office at (202) 624-1430.

Sincerely,

Parris N. Glendening

Parris N. Glendening
Governor

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11035	Helene D.	Gayle, MD.,M.P.H.	7/2/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

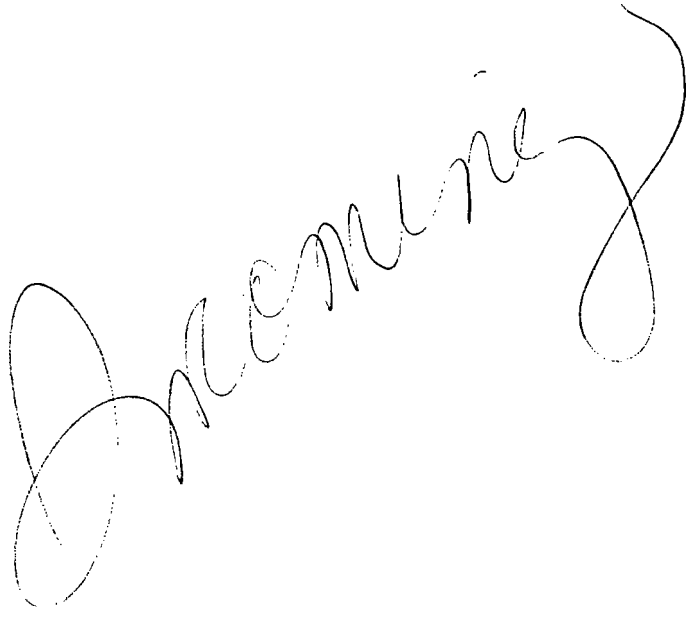
Action Completed	Action Date	Addressed To
		Sandy

Notes

Report of the Northwest Regional Workshop, HIV Prevention Approaches for Alcohol and Drug Use Among Men Who Have Sex with Men, held on Sept. 3-5, 1997

Sender's Organization	Sender's Street1	Sender's Street2
Dept. of Health & Human Ser.	9600 Rockville Pike	

Sender's City	Sender's State	Sender's Zip
Rockville	MD	20849



James W. Pridgen C-060095 (C11275)
Walton Correctional Institution
691 World War II Veterans lane
Defuniak Springs, FL 32433

Mr. This was not sent out

Dear Mr. Pridgen:

Thank you for sharing your concerns about HIV/AIDS in prisons. The rate of HIV infection in prisons is of serious concern, and I applaud your determination to address this issue.

I urge you to contact the following individuals who should be able to provide you with the specific information you requested:

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
1-800-458-5231

The will be able to provide you with a list of organizations doing similar work in the Jacksonville are and in Florida. In addition, you should request information about possible funding sources.

Tom Liberti
State AIDS Coordinator
Florida Department of Health
2020 Capitol Circle SE
Bin A - 09
Tallahassee, FL 32399-1715
(850) 488-9768

Thank you for your thoughts and continued support, and for caring..

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

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Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11092	James W.	Pridgen	7/31/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

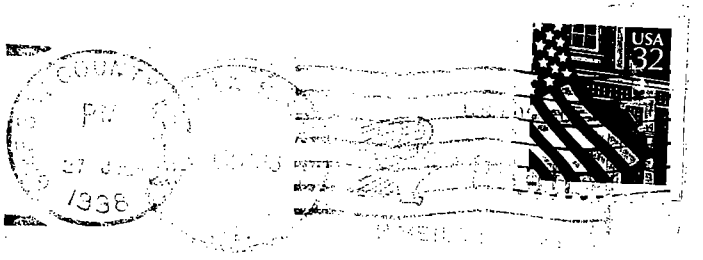
Action Completed	Action Date	Addressed To
		Sandy

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Walton Correctional Institution	691 World War II Veterans La	

Sender's City	Sender's State	Sender's Zip
Defuniok Springs	FL	32433

James W. Pridgen C-060095 (C11275)
Walton Correctional Institution
691 World War II Veterans Lane
Defuniak Springs, Florida 32433



Ms. Sandra Thurman
Director of the White House Office of
National Aids Policy
Washington D.C.

20000/3333

July 25th 1998

Dear Ms. Thurman

Approximately 4.5 percent of inmates that were tested, are injected by the Aids Virus, when they enter the Florida Prison System. This figure is substantially above the documented Statewide average. I have no percentages on women of color, but nationwide based on data collected from 25 States between 1/94 and 6/97, it's 63 percent. Florida is second to New York in documented H.I.V cases, and I am sure black female H.I.V cases in Florida Department of Corrections is higher than 63 percent collected in the 25 target states. Most inmates will return to their community, with their chronic disease to maybe spread, without an controlled helpful environment.

Health Officials in my home town of Jacksonville Florida released data to indicate that in the last six months of 1997, 71 percent of all new documented H.I.V cases were black. We need to advert a Kenya epedemic.

I have a personal interest in H.I.V/Aids Prevention/Treatment, and a Quasi completed proposal to operate a Transitional Living Facility in Jacksonville Florida, for Hv I.V. positive black ex offenders. It will include a Comprehensive Program to establish link to all community resources to avoid Recidivism. Contact will be made with

Department of Corrections at least 90 days before they are due to be released for detail needs assesments. Contact has been made to Jack Kemp. Secretary Housing and Urban Development, via letter.

I need your support, advice, and format for funding sources. Please Help! I have approximately 9 months, or less than 60 days left, if my 3.850 Motion is granted.

Any consideration will be greatly appreciated.

Thank You!

Yours In the Struggle
James W. Pridgen

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

June 30, 1998

Dear HIV Prevention Colleague:

I am pleased to provide you with the report of the Northwest Regional Workshop, *HIV Prevention Approaches for Alcohol and Drug Use Among Men Who Have Sex with Men*, held September 3-5, 1997 in Seattle, Washington. The meeting was jointly sponsored by the following agencies: the Centers for Disease Control and Prevention; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment; the National Institute on Drug Abuse, National Institutes of Health; the Seattle-King County Department of Public Health; the Washington State Department of Health; the Washington State Division of Alcohol and Substance Abuse; and the University of Washington Alcohol and Drug Abuse Institute.

The overall goal of this workshop was to create a forum where researchers; HIV prevention experts; substance abuse prevention and treatment experts; federal, state, and local government representatives; and other interested parties could examine the available information on this population and develop future intervention and research priorities. Approximately 130 participants attended this workshop, which was divided into research presentations and working sessions.

This report focuses on the outcomes of the working sessions where participants were divided into breakout groups to develop recommendations in the areas of epidemiology, HIV prevention interventions, and substance abuse treatment. The report organizes these recommendations into six cross-cutting "Action Items," each of which includes a rationale and suggested implementation steps. It should be noted that these proposed actions represent the advice of the participants during the working sessions; no formal voting or development of consensus among the meeting participants was conducted.

I believe that the workshop helped to bring groups involved in research related to HIV prevention and substance abuse treatment into a closer and more productive collaboration. I hope that you can incorporate these recommendations into your HIV prevention activities. If you need additional copies of this report, they are available through the National Prevention Information Network (NPIN) (formerly CDC National AIDS Clearinghouse) at 1-800-458-5231.

Sincerely yours,

Helene D. Gayle

Helene D. Gayle, M.D., M.P.H.
Director
National Center for HIV, STD, and TB Prevention

Enclosure

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. form	re: Data entry form (Personal) (1 page)	07/10/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 7/98 [1]

2018-0764-F
jm2077

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. envelope	Citizen to Sandra Thurman re: Personal (1 page)	07/08/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 7/98 [1]

2018-0764-F
jm2077

RESTRICTION CODES

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

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

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002c. letter	Citizen to Sandra Thurman re: Personal (2 pages)	07/07/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 7/98 [1]

2018-0764-F
jm2077

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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P3 Release would violate a Federal statute [(a)(3) of the PRA]
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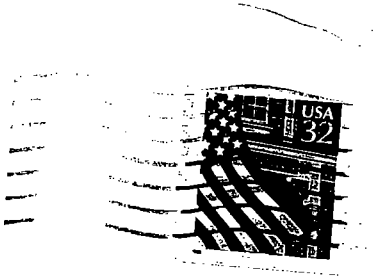
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

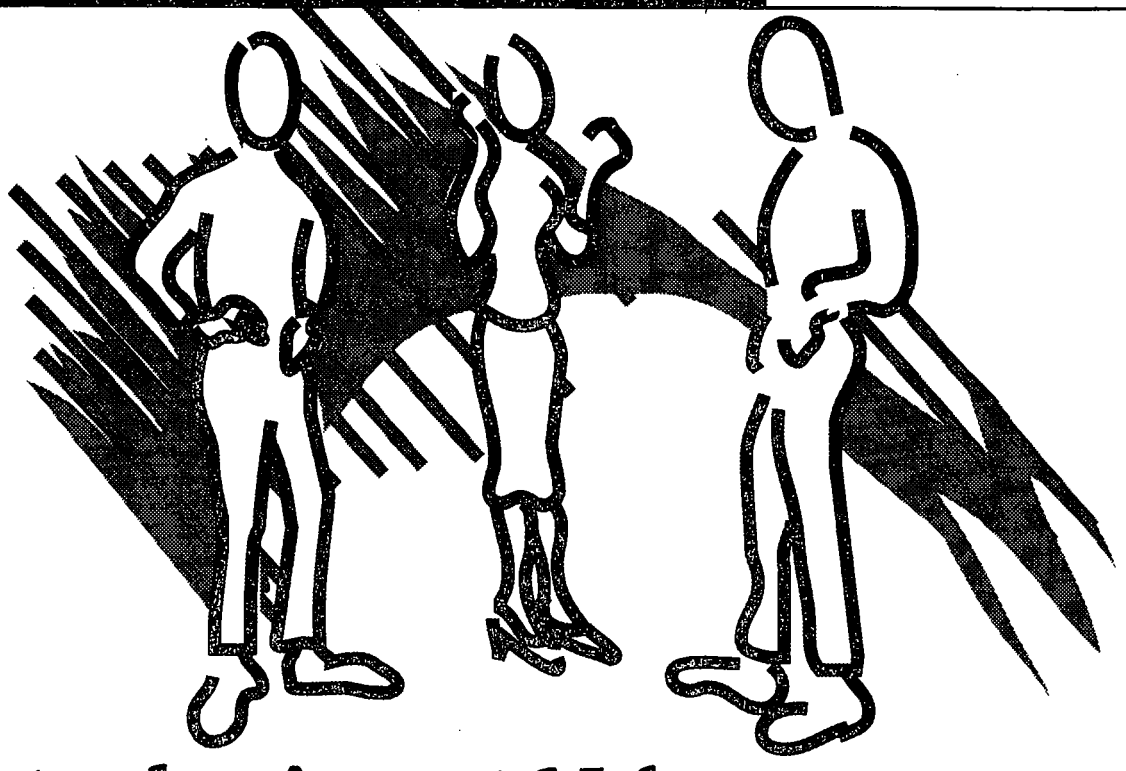
TCPC
12490 NE 7th Ave., #212
North Miami, FL 33161



SANDRA THURMAN
DIRECTOR OFFICE OF
NATIONAL AIDS POLICY
THE WHITE HOUSE
WASHINGTON, DC

20500/0003

THE DR. JOHN T. MACDONALD FOUNDATION
LUNCH AND LEARN WORKSHOP SERIES



Saturday August 15th

"ASK THE DOCTOR"

with an updated report from the Geneva Conference

Join us for a half day educational workshop for the HIV infected & affected community.

Held from 11 am to 3 pm at the Center.

Registration 10:30 am.

Presented by Dr. Alberto Avendano, Education Director of Community AIDS Resources (HCN). The doctor will present an updated report from the Geneva Conference and provide an opportunity to "ASK THE DOCTOR" all the questions that no one has time to answer.

Lots of Q & A time allowed.

There is no charge for this workshop and a free gourmet lunch is included.

Space limited and reservations are necessary. 305-891-2066

THE CENTER FOR POSITIVE CONNECTIONS
SUPPORT & RESOURCE CENTER

12490 NE 7th Avenue, North Miami • 305 891-2066

This mailing sponsored by

POSITIVE VOICES MONTHLY

THE CENTER FOR POSITIVE CONNECTIONS SUPPORT & RESOURCE CENTER

A MONTHLY UPDATE FROM HEADQUARTERS OF THE CENTER FOR POSITIVE CONNECTIONS 8/98

HIV + Low Income Housing

Locktowns' Life Quest is currently accepting applications for residency for low income individuals living with HIV/AIDS. Renovated apartment complexes are located in North Miami. Units are currently available, for one or two persons only (studios &1 bedrooms). The requirements are: that you provide proof of income and residency (copy of social security card, drivers license, state I.D.) & a police report with a 5 year background check. Criteria is: HIV/AIDS and on SSI or SSD, must pay 30% of income in rent, pay own electric bill and they will pay water. For application contact Felicia Heard at (305)628-8981.

Geneva Conference Update & Supper Buffet- Broward

The Wellness Center of South Florida & Community Healthcare invites you to a GENEVA CONFERENCE UPDATE, to be followed by a discussion of new HIV/AIDS treatments. A light Supper Buffet will be served. Will be held on Thursday, August 20 th at 4:00 p.m at Community Healthcare, 2817 E. Oakland Park Blvd, 3rd floor. Ft. Lauderdale. Please RSVP by August 14th, seating is limited! Free transportation is available for anyone!!! ALSO Thurs, Aug 27 th, An Evening of Alternative Medicine 7:30 pm Call Heidi at 954-568-0152 or Gordon at 954-537-4111 ext 5.

"When One Is Infected- All Are Affected"

Living In Faith Ministry. If you are a person living with HIV/AIDS or giving care to family or friends. You are invited to join us so that we can support one another. When: We Meet Every 2nd and 4th Tuesday at 7:00 p.m. Where: Greater Bethel Church, 245 N.W. 8th Street. For more information see or call Rev. Marilyn Usher 317-9102 or Shanita Parker-MacDonald Coordinator .

AIDS Mastery Workshop

A self-empowerment weekend experience. For the HIV infected & affected community. Held August 7-9th. Scholarships available. Sponsored by Special Immunology Services. To register Call Thom Smith at 305-285-2994.

Escape At Sea

Its A Community Affair-Networking Cruise'98. A one day cruise aboard the Sea Escape, Saturday, August 8 th. Sponsored by: Village Mission Services, AIDS Ministry, Singles Ministry, Parents Without Partners, all the above ministries are from A Place Called Hope. There will be entertainment, singing, drama. and more. For more information & tickets contact: Mary Josee Sam (305)892-0747, Joanne Smith (305)447-4951 Ext.220, & Lisa Walker (305)650-8679.

HIV+ & Abuse Drugs/Alcohol?

Do you want to make a change in your alcohol and/or drug use? Free substance abuse counseling available. Residential and\or outpatient setting available. To find out if you are eligible call the Village 305-573-3784

HIV/AIDS Support Groups

Tuesdays-South Miami. Facilitated by Andre Sheldon, MS. Open to anyone HIV+. Complimentary refreshments served. Local transportation can be arranged. Call Sandra 669-1794

Tuesdays- Hialeah. in Espanol from 7-8 pm at Comprehensive Health Network, 1490 W. 49 th Place, suite 410. 820-2015.

Wednesdays- South Beach. . This group is open to everyone who is HIV+ and those who are affected by HIV/AIDS. 1 PM. South Shore Hospital 10th Floor, Rm.1004. Info, call Peter Rossi at 532-6401. To arrange transportation, call the hospital at 672-2100 ext. 3351 if needed.

Monthly Interdisciplinary Grand Rounds at Mercy Hospital

Friday, August 14th, 8 a.m - 9 a.m. Topic: New Treatment Protocols for KS and Lymphomas. Speaker: Manuel Guerra, M.D. Held in the 6th fl. Conference Center, 3663 S. Miami Ave

AIDS Agencies Announce Merger

Health Crisis Network- HCN and Community Research Initiative (CRI), have merged and is now renamed Community AIDS Resource Inc./ CAREsource, South Florida. Rick Siclari of CRI will be the Executive Director.

Attention Norvir Consumers!!!!

Abbott Labs is experiencing manufacturing difficulties with the capsule formulation. Until further notice, oral solution (liquid) will replace your pills. No refrigeration necessary. You may continue to use the bottles that you already have. Shake well. To improve the taste, chase with chocolate milk, Ensure or Advera within one hour of dosing.

A Spiritual Retreat For People With HIV/AIDS. August 14-16th

"Reconciliation in the Face of AIDS- from Isolation to Wholeness" A weekend of discovery & healing as well as giving and receiving love, compassion and support. You will have an opportunity to rest, to share in small groups, to worship, to make new friends, & to explore the sacred space within. An interfaith team of lay and ordained persons brings you this retreat at the Cenacle Spiritual Renewal Center in Lantana, Florida. This Retreat welcomes persons of any religious tradition or No religious tradition. Requested donation for the retreat is $25.00, however, no one will be denied attendance due to economic hardship. Medical issues: A nurse is available, & there will be availability for the storage of special medications &maintenance of any special treatments. Questions? call Rev. Jerry Anderson at 379-4673 or Doug Watson at 573-5139 or (in Broward County) Bobby Gray at (954)765-4610. The application deadline is August 7, 1998.

"AIDS Health Fraud Conference-

Investigate Before You Participate" at the Wyndham Hotel, Biscayne Bay. Thursday August 27th. Dedicated to identifying and exposing fraudulent or unproven AIDS/ HIV treatments that are being marked in Florida. Track A: technical information geared towards healthcare professionals. Track B: will provide valuable information for people living with AIDS and their caregivers. Participant will receive a copy of the Florida AIDS Health Fraud Resource Directory. Held from 8:00 a.m.- 4:00 p.m. Early Registration $35. Late registration $50 (subject to availability). Limited Free Scholarship available to PLWA's. Call Laura Gengler (850) 413-0739. For exhibits and advertising call Harry Stern at (407)-623-1286.

12490 N.E 7th Ave Suite 212 North Miami FL 33161
Phone 305 891.2066 Fax 305 891.5053 Pager 734.9621

SEE YOU ON FORT MYERS BEACH*

for plenty of fun in the sun and on the water

Saturday 22nd and Sunday 23rd

FREE Jet-skiing & Para-sailing

*Sponsored by Rebel Water Sports**

COME OUT AND PLAY WITH US!

We are going to spend the whole weekend on the beach enjoying life.
Consider spending the day, night or the whole weekend.
We have arranged a special room rate of $99
with the Best Western Beach Resort located on the beach.
Efficiency, with two double beds (sleeps four), mini kitchenette, and a ocean view
with balcony, includes continental breakfast.
Call us to sign up and to get more details on the room reservation.

**50 feet south of Ft. Myers Beach Pier in front of Best Western*

THE CENTER FOR POSITIVE CONNECTIONS
SUPPORT & RESOURCE CENTER

12490 NE 7th Avenue, North Miami • 305 891-2066

It's our Big Three...

Three years of providing service and programs to the HIV community!

And we're ready to celebrate.

So join us on Friday, August 14th at Luna Star Cafe

The space is reserved exclusively for us ALL NIGHT from 8 pm to Midnight!

LUNA STAR Cafe

Luna Star is a quaint bohemian Coffee House serving fine coffees, exotic beers and light snacks. Cover charge - $5.00 suggested donation. There will be Door Prizes, Give Aways & Dance Music provided by a live D.J. (we promise this one will show up!)

Call to let us know you are coming.

Bring your family and friends for this celebratory evening.

Luna Star Cafe is located at 775 NE 125th St., N. Miami, 1 block east of the center on the northbound side.

THE CENTER FOR POSITIVE CONNECTIONS
SUPPORT & RESOURCE CENTER

12490 NE 7th Avenue, North Miami • 305 891-2066

This mailing sponsored by ACTION for AIDS

August 1998 Activities

Every Tuesday- 4 th,11 th, 18th, 25th
"Mental Tune-up"
Learn how to silence the mind with tools and techniques on relaxation and meditation
Held from 7 pm to 8:30 pm at the Center. Wear comfortable, loose fitting clothes, bring a yoga mat, blanket or towel & a small pillow. Presented by Larry Lund, former owner of the Third Millennium Metaphysical Center, with over 10 years experience, who just returned from Europe teaching meditation & spiritual survival for people living with HIV & Cancer. **Open to anyone infected or affected by HIV/AIDS. Provided Free of charge.** As always donations, are appreciated

Rx for the mind

Monday 10th
FREE Haircuts Available Again!
Sponsored by Young's Hair Salon from 10 am to 1pm. All services will be made available at their location. (not at the center) Located at 12780 Biscayne Blvd in North Miami. This service is available to the HIV/AIDS community. **Appointments are necessary**

Friday 14th
"Positive Connections 3rd Anniversary Celebration at Luna Star Cafe"
Celebrate with us, 3 years of providing service and programs to the HIV community! Luna Star is a quaint bohemian Coffee House serving fine coffees, exotic beers and light snacks. **The space is reserved exclusively for us ALL NIGHT from 8 pm to Midnight !** Cover charge- $5.00 suggested donation. There will be Door Prize Give Always & Dance Music will be provided by a live D.J. (we promise this one will show up!) Call to let us know if your coming. Please invite your family and friends for this celebratory evening. Located at 775 NE 125th St, N.Miami, 1 block east of the center on the north bound side.

Saturday15th
The Dr. John T. Macdonald Foundation Lunch and Learn Workshop Series. "Ask the Dr-with an updated report from the Geneva Conference"
Join us for a half day educational workshop for the HIV infected & affected community. Held from 11 am to 3 pm at the Center. Registration 10:30 am. Presented by Dr. Alberto Avendano, Education Director of Community AIDS Resources(HCN). The Dr. will present an updated report from the Geneva Conference and provide an opportunity to ask the Dr. all the questions that no one has time to answer. Lots of Q & A time allowed. There is no charge for this workshop & a free gourmet lunch is included. **Space is limited. Please register**

Saturday 22nd & Sunday 23rd
"FREE Jetskiing & Para-sailing" Really!
Sponsored by Rebel Water Sports
Come out and play with us!
Where? on Ft Myers Beach. We are going to spend the whole weekend on the beach enjoying life. Consider spending the day, night or the whole weekend. We have arranged a special room rate of $99 with the Best Western Beach Resort located on the beach. Efficiency, with 2 double beds (sleeps 4), mini kitchenette, & a ocean view with balcony, includes continental breakfast. Call us to sign up and to get more details about the room reservations.

JOIN US!

Friday 28th
Help Wanted stuffing envelopes 3pm at the Center

Friday 28th
"Relax your Body and Soul"
End your busy week by Relaxing at the Turkish Baths, located at The Castle, 5445 Collins Ave. Meeting at 8:00 pm until' ?? First 15 people signed up get in FREE (reg.$18.00 p/p).RSVP.

Saturday 29th
"Bowling"
Join us for a fun night of bowling. From9- midnight Family friends and kids welcome. A group rate will be determined by how many sign/show up. 16 +, we will get free shoes and only pay $2.50 a game! So sign up now ! Located at the West Hollywood Lanes, 296 South State Road 7 corner of Hollywood Blvd & 441 (approx 2 miles west of I-95)

All Activities are held at the Center unless indicated. Reservations are necessary for all events.

PLEASE CALL 305-891-2066

****ATTENTION TRUCK OWNERS AND ABLE BODIED MEN****
We are negotiating a lease & hopefully will be moving soon. We will need your help. Please call the center if you can offer your vehicle and muscles to help with the move.

THE CENTER FOR POSITIVE CONNECTIONS

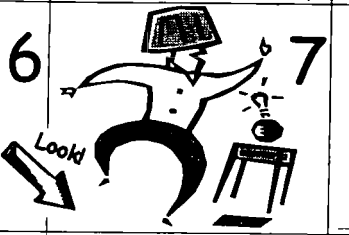
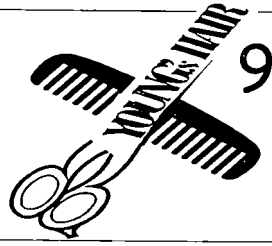
This mailing sponsored by ACTION FOR NUTRITION

98 Aug

S Socials C Counseling
L Educational Lectures M Meetings
G SUPPORT GROUPS (held at address to the right)

The Center for Positive Connections
12490 N.E. 7th Ave, Suite 212
North Miami, FL 33161
305-891-2066 or 888-POS-CONN(ECT)
FAX: (305)891-5053
EMAIL: pozconnect@aol.com
Web Page: www.positiveconnections.org

THE CENTER FOR POSITIVE CONNECTIONS
SUPPORT & RESOURCE CENTER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	New Activities are planned throughout the month after this calendar is mailed out. To get updated information, call 891-2066, and press 1 to access activities line.	**Back to Work Program** **Best Foot Forward** **Resumes, etc.** **Call for Details!**			**October Yardsale** **Now accepting Donations!**	1 **Our Services are available to anyone infected or affected!**
We are a Non-Profit organization. Solely dependent on your Tax Deductible Donations. Please Help us Out. 2	3 G Heterosexual 7 - 9 p.m.	Rx for the mind 4 "Mental Tune Up" 7-8:30 p.m.	C 5 Free Individual Therapy 7-9 p.m. with Deborah Jones, PhD., Med Appointment Necessary.	JOIN US! 6	 7	 8
 9	FREE Haircuts by Young's Hair Salon 10 a.m. - 1 p.m. at their location in North Miami. Appointment Necessary. 10 G Heterosexual 7 - 9 p.m.	11 Rx "Mental Tune Up" 7-8:30 p.m.	 12 G Girl Talk 7:00 - 8:30 p.m.	Cruise Committee Meeting 7:30-8:30 p.m. 13 M	"Positive Connections 3rd Anniversary Celebration at Luna Star Cafe" 14 Space is reserved exclusively for us from 8 p.m. to 12 a.m. Music will be provided by Live D.J. Cover charge of $5. S	Lunch & Learn: "Ask the Doctor" With Dr. Alberto Avendano 11 a.m. to 3 p.m. at the Center. Registration 10:30 a.m. Free Gourmet Lunch provided. Space Limited, please RSVP! 15 L
16 Occupational Therapy Phone consultation available on as needed basis.	17 G Heterosexual 7 - 9 p.m.	18 "Mental Tune Up" Rx 7-8:30 p.m.	C 19 Free Individual Therapy 7-9 p.m. with Deborah Jones, PhD., Med Appointment Necessary.	20 Fund Raising Committee Meeting at 7:30 p.m. at the Center GET INVOLVED! M	 21	FREE Jetskiing & Para Sailing- - REALLY! Come out and play with us! Stay the day, night or weekend on Ft. Meyers Beach. Special rate of $99 at Best Western Resort Call for details! 22 S
23 FREE Jetskiing & Para Sailing Ft. Meyers Beach. S 30	24 Heterosexual 7 - 9 p.m. G August's Birthday Celebration Aug 31 at 9 pm. S 31	Rx 25 "Mental Tune Up" 7-8:30 p.m.	 26 G Girl Talk 7:00 - 8:30 p.m.	G 27 Alternative Therapy Information Exchange Postponed	'Turkish Baths' 7:30 p.m. - ?? 5445 Collins Ave. The first 15 people FREE! (Reg. $18 per person.) RSVP Please! 28 S Help Wanted! Stuffing Envelopes 3:00 p.m.	BOWLING Join us for a fun night of bowling at West Hollywood Lanes. 9 p.m. to Midnight Family, Friends, Kids Welcome! Call for details! 29 S

Coming Next Month: Softball on 12th; Bahama Cruise 18-24th; Social at Luna Star w/Cruise Participants on 21st; Lunch and Learn "Emotional Healing" on 26th; Turkish Baths on 25th and more...
All Activities are held at the Center unless otherwise indicated. Reservations are necessary for all events. Call 305-891-2066

Calendar Designed by Brenda Kirkman

This mailing sponsored by

The AIDS Mastery is a weekend experience of learning as well as giving and receiving love, compassion, and support. The intensive weekend adventure offers participants an opportunity to address fears, recognize hopes, & embrace challenges. The workshop confronts the belief that life is dictated by circumstances and current situations.

This weekend is designed for all of those living with HIV, whether they are infected or affected by the virus. The program offers participants -- including those living with HIV, family members, friends, and professional caregivers -- an opportunity to master their own destiny and discover choices in life. The weekend is about empowerment, self-discovery, and learning to live powerfully in a world with HIV.

What is the AIDS Mastery Workshop?

The AIDS Mastery is a weekend-long retreat to provide a safe and nurturing place for those affected and infected by HIV disease to explore the emotional, psychological and spiritual issues surrounding living with HIV. Through a blend of activities, the experience focuses on ways in which each person can rediscover a sense of his or her own personal power, particularly in times of physical and emotional distress. It's designed to put us in touch with our ability to recognize and embrace the options in our lives while dealing with the specific challenges HIV / AIDS may bring. The workshop has been updated to address some of the newer issues associated with the new HIV treatments and will address survival, medical challenges, increasing abilities as well as treatment outcomes which might not always appear to be successful.

Who should attend?

The workshop is designed for anyone who is infected or affected with HIV. Those who have benefited over the years from the workshop include caregivers, people living with HIV, parents, friends, family members and others who have lost someone or know someone who is living with HIV. The workshop is supportive and affirming for all people regardless of similarities or differences in terms of gender, sexual orientation, age, race, ethnicity and physical challenges. The workshop focuses on self empowerment no matter what the state of your current circumstances.

How is the Weekend Structured?

To create a safe and comfortable environment, enrollment is limited to 25 participants. The workshop begins on Friday evening with registration at 6:30 PM. The program will start at 7:00 PM and continue until 11:00 PM. Saturday and Sunday sessions begin at 10:00 AM and conclude at 7:00 PM. Participants must make a commitment to attend the entire weekend in order to maximize the group experience of the Mastery for all participants. A light meal will be served Friday evening. Breakfast, lunch and dinner will be served on both Saturday and Sunday.

Breaks are taken throughout the weekend to allow participants an opportunity to reflect about the weekend's experiences and to develop supportive relationships.

Who created and sponsors the workshop?

The AIDS Mastery Workshop was created in 1986 by Sally Fisher, an AIDS activist and author of "Life Mastery." The Mastery has spread to more than 35 cities worldwide and is offered in several languages. In Miami, the series of workshops will be sponsored by Special Immunology Services of Mercy Hospital.

When will the Mastery be held?

A total of three workshops have been scheduled.

*Spring Workshop - May 8-10, 1998.
*Summer Workshop - August 7-9.1998.
*Fall Workshop - October 16-18, 1998.

Workshop dates are subject to change

Where will the Mastery be held?

The workshop will be held at Mercy Hospital, 3663 S. Miami Avenue, Miami, Fl. 33133. The hospital is located adjacent to Vizcaya and near Coconut Grove.

REGISTRATION

For more information or to register for the weekend, participants are requested to call Thom Smith, MS at 305-285-2994. Participation in the workshop is limited, and will be available on a first come, first served basis.

Cost

Participants are requested to make a minimum donation of $100. Partial and full scholarships are available for people living with HIV. The cost of the workshop is $200.00 per person, but due to financial support of the program by the hospital, the program has been subsidized. Mercy Hospital is proud to offer these programs at a subsidized rate in order to improve the individual circumstances of those living with HIV.

In memory of her son, Scott Charif, Mr. and Mrs. Charif have underwritten 15 full scholarships for individuals living with HIV or family members. Partial scholarships of $50 for 12 PLWAs have been made available through a donation by Larry Hyer and the United Way of Broward County. Additional scholarships may be available depending on the support of the community. All assistance will be available on a first come, first served basis when resources are available. Information about scholarships may be requested at the time of registration or inquiry.

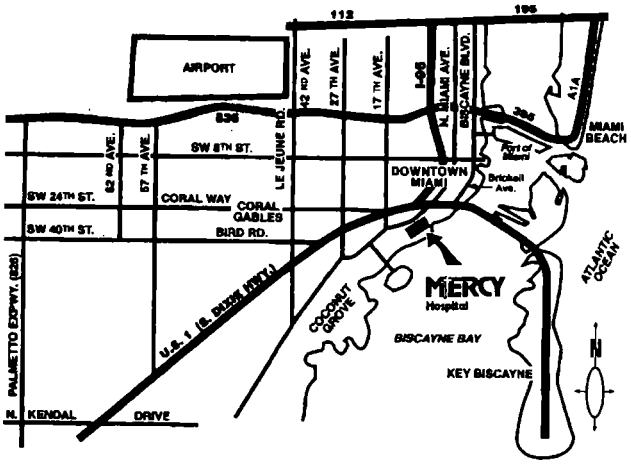
Acknowledgments

Mercy Hospital is able to support these programs due to the generous support of several donors in memory of Jorge Michel, Cindy Westfall-Hamilton, Gabriel Menendez, and Alvaro Funes. Art Donated by Richard Standifer.

Special Immunology Services of Mercy Hospital provides case management, nutritional counseling, financial assistance, educational programs and counseling as well as facilitates access to medical care and treatments for people living with HIV/AIDS. Integral to this mission is Mercy's commitment to providing educational opportunities to empower PLWAs, personal caregivers, and healthcare professionals.

In order to sustain these programs, Special Immunology Services welcomes and encourages contributions to the AIDS Mastery through a special account in the Mercy Foundation (Tax ID 591709438). Donations to this fund will support additional scholarships.

For more information or to discuss future programs, please call Shed Boren, Program Director of Special Immunology Services, at 305-285-2994.



MERCY Hospital

Sponsored by the Sisters of St. Joseph of St. Augustine, FL
3663 South Miami Avenue / Miami, Florida 33133

AIDS Mastery Workshop:
A Weekend Experience

May 8-10, 1998
August 7-9, 1998
October 16-18, 1998

MERCY Hospital

Hank Wallace, Esq.
Write & Speak Like the News
3001 Veazey Terrace, NW
Washington, DC 20008

(202) 966-7866
Fax (202) 966-8080
hwallace@counsel.com
http://members.aol.com/wallaceesq

Thurman

July 30, 1998

Sandra Thurman,
National AIDS Policy Director
750 17th St., NW
Washington, DC 20503

Dear Ms. Thurman,

Choose something new for your White House colleagues who've already had communication training:

- **Journalism Skills for Speechwriters.** Lead with the future (v. background) to focus your thinking, ease writer's block and rivet audiences.

- **Fast Video Training for Strong Speakers.** Read a speech with the ease of a conversation and the power of TV news. Speak spontaneously like the best anchors reporting breaking news.

- **Write & Speak Like the News: The New Business Communication.** Master a practical alternative to bureaucratese for everything from emails to news conferences.

I'll customize your seminars with writing and video examples from your field—including examples volunteered by seminar participants.

In the first minute of training, most clients—including most who start with me as strong communicators—remark on the new life in their words or voice. May I give you such a one-minute demonstration?

Sincerely,

Hank

Encl: reviews—*pre*views, really, of how your White House colleagues will write and speak words worthy of their expertise.

EXPORT-IMPORT BANK OF THE UNITED STATES
811 VERMONT AVENUE NW
WASHINGTON, D.C. 20571
(202) 565-3200
(202) 565-3210 Fax

March 6, 1998

Hank Wallace, Esq.
Write & Speak Like the News
3001 Veazey Terrace, NW
Washington, D.C. 20008

VIA INTERNET RE: "Write Like the News" Seminar A Success At Ex-Im Bank

Dear Hank:

Ex-Im Bank is grabbing headlines and informing audiences with its new "write like the news" style of writing. I just wanted to thank you for your two-day seminar, which has inspired my writing staff to take a new approach to their writing assignments. The results have been: improved news releases and speeches that reach out to audiences with information and crisp writing.

Everyone who attended your class has been working to use the tools you discussed and that has created a renewed atmosphere of excitement in the writing department. The feedback I have received regarding improved speech writing has been immediate and positive. All the writers are experimenting with new and better ways to present Ex-Im Bank information. The techniques you discussed have helped them immensely.

I have forwarded your class notes to Chairman James Harmon and David W. Carter, vice president of Communications. I think both will benefit from reviewing the material and that it will help them understand how we are trying to create written materials that will help them capture their thoughts, while Ex-Im Bank captures headlines with the work it does.

Your preparation for this seminar was an important part of bringing the materials and subject matter home. The staff has commented on how well they liked your use of our own writing samples. The materials and your ability to generate exchanges on all the different topics really reinforced the information your were presenting.

Thanks again for the great seminar.

Sincerely,

Ken Murphy
Senior Writer

United States Department of State

Washington, D.C. 20520

August 12, 1994

Hank Wallace, Esq.
3001 Veazey Terrace, N.W.
Washington, D.C. 20008

Dear Hank:

I think that whenever you're pleasantly surprised by someone, you should share the reasons for that reaction with the person. Hence this letter.

As one of the Ambassador Seminar participants last week, I had initially felt there wouldn't be much use in my attending the media section. After all, for eight years I'd earned my living as a television journalist. You made that a misconception, indeed.

I thought your overall instruction was first-class. Your personal enunciation, phrasing, and delivery (though somewhat accelerated) are models of the improvements that can be made in one's speech patterns.

I would suggest that in future classes, you impress upon those attending that the second and third days will be less academic and more hands-on. There were those in my group who, on the first day, felt that the material was too literary and not readily applicable to their needs.

However, after the following two days in which you and your associate worked with them on-camera, they saw the benefits of the first day and its relation to your holistic approach.

I was impressed with the critical analysis you gave of my twenty minutes or so on tape. Your critique brought back memories of my early training for on-camera work, and the basics I'd learned, practiced, and over time had forgotten--until you quite accurately pointed out my lapses.

Thank you for a pleasant and rewarding experience, Hank. You're good at this business and it was a pleasure to have worked with a professional.

Sincerely,

Carl B. Stokes
Ambassador-Designate
Seychelles Islands

The late Carl Stokes was Cleveland's mayor and presiding judge, and a news anchor on WNBC-TV (New York). Letter shown with Amb. Stokes's permission after his Senate confirmation.

Reviews by seminar hosts. *Please request copies of the full letters.*

#1 of 145

"Your workshop, 'Write Precise as Law, Concise as Journalism' . . . was the highest rated of all 145 workshops held at the National Meeting since we started evaluating . . . Because of our size and reputation, we were able to hire some of the best presenters available. Clearly, with the sold-out registration for your workshop and the highest rating ever, you outranked them all." Danielle J. Battaglia, M.B.A., Director of Education, **American Association for Clinical Chemistry**, Washington.

Tape sales

"During the 40th Annual American Association of Clinical Chemistry Conference . . . of the 25 sessions we audiotaped, your session entitled 'Write Precise as Law, Concise as Journalism' was the #2 best seller. [Your] 'Brief 1 to 100: How to Talk to any Audience' was the #3 best seller." Frank S. Ellis, Director Sales & Marketing, **Infomedix**, Garden Grove, CA.

Reporters, editors

"Enduringly positive feedback on your programs for our reporting and editing staff . . . Some aspects of our sports packaging have been 'fixed' and others are being looked at." Taylor Buckley, Senior Editor, ***USA Today***.

"Brief Briefs"

"Your presentation entitled 'Brief Briefs' before the membership of the Vermont Bar Association during its annual meeting was excellent. Your use of current news articles with outstanding examples added to the professionalism you personified before the group." Charles J. Ochmanski, Executive Director, **Vermont Bar Association**, Montpelier.

Diplomats' spouses

"Your seminar, 'Speak Like the News,' for the spouses of our senior diplomats, received rave reviews . . . you received straight '5's', the top mark . . . As the spouse of a former American ambassador, I just wish I had attended one of your courses earlier." Bonnie Anderson, Deputy Director, Overseas Briefing Center, **U.S. State Department**.

"Wit"

"The Bureau of European and Canadian Affairs held a Budget and Management Workshop in Paris . . . which was highlighted by a full-day seminar, for 75 budget officials from 30 American Embassies, conducted by Hank Wallace . . . Through his innovative use of a live Voice of America newscast, timed perfectly for us to tune in to the newscaster's leadoff story, Hank illustrated how effective it can be to 'lead with the future' . . . A master speaker who instantly puts his audience at ease while commanding their full attention, Mr. Wallace sprinkles his presentation with wit, humor and variation. Who could have guessed that our day with Hank would include illustrative sentences from that very day's International Herald Tribune, and that we too would learn how to prepare ourselves for public speaking." Albert W. Jarek, Supervisory Budget & Management Officer, European and Canadian Affairs, **U.S. State Department**.

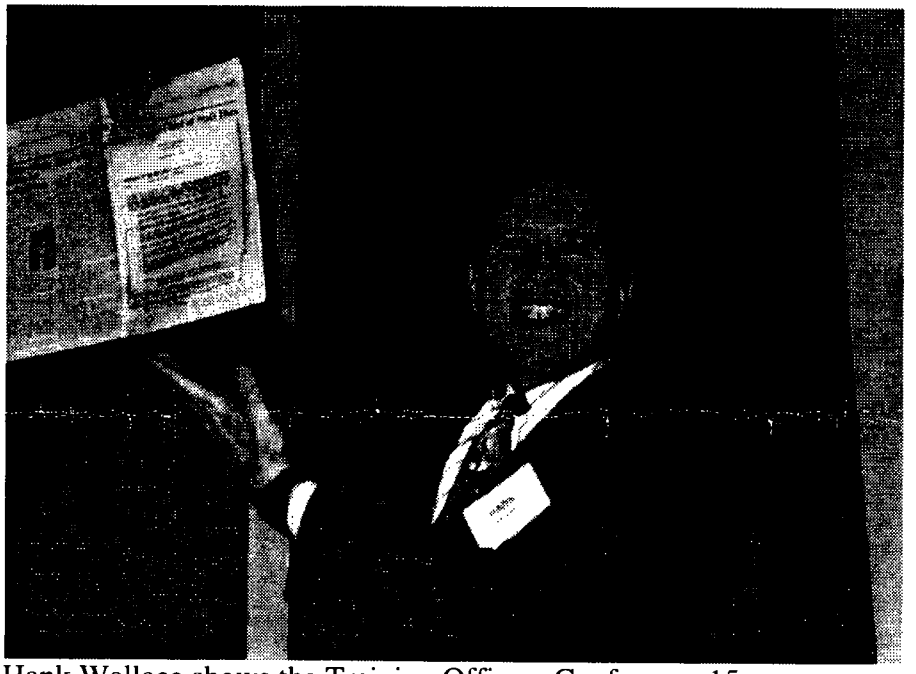
World Bank

"'Lead with the future', your philosophy of placing the most important point up front in a written document and leaving history and background until later, was new to us and excited lively discussion both during and long after the seminar . . . Everybody was happy and enthusiastic about the seminar. As the elected

spokesperson for the more than 20 people who attended the seminar I had the advantage of hearing everyone's opinion regarding the seminar. No negative comments were expressed. Each day we wondered how eight hours could pass so quickly without making us tired. You gave us in three days what would normally be four or five days' worth of information and still we wanted more! . . . I was impressed by how quickly you conveyed to us so many subtle points about English and about how journalism style and legal reasoning apply to writing in the Accounting Department of the World Bank." Jorgen Halberg, Senior Management Systems Officer, **World Bank**.

Sample Write & Speak Like the News: The New Business Communication.

1. Lead with the **future** (v. background) to inform and convince from the start. Delete or defer the dull. Master crisis communication.
2. Add life to your **voice**. Relax your voice instantly. Inflect with authority. Emphasize key words; speed through the rest.
3. Speak your **audience**'s language. Bring technical details alive. Strengthen your supervisory style. Create a "plain-English workplace."
4. Be **positive**. Tackle "wimp words"—even when you must express uncertainty. Correct errors the correct way. Break bad news the good way.
5. **Lay out** logically. Promote the important, demote the mundane.
6. Be **consistent**. Save time scrounging for synonyms.
7. Be **precise**. Distinguish restrictive "that" from descriptive "which."
8. Be **brief**. Nip redundancy and 5 other kinds of wordiness.
9. Choose crisp **verbs**. Distill them from dull nouns. Know when to activate passive verbs. Prefer present tense—often even to express past or future!



Hank Wallace shows the Training Officers Conference 15 ways to strengthen a White House memo printed in that day's *Washington Post*.

Hank Wallace trains lawyers on the Internet's Counsel Connect and is in *Who's Who in the East*. He wrote the FCC's plain-English newsletter, was the law reporter on New York cable TV and is a graduate of Columbia Law School.

30 July, 1998

Chris & Shan Stevenson
405-A Eagle Heights
Madison, Wisconsin 53705

Sandra L. Thurman
Director
Office of National AIDS Policy
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Ms. Thurman:

We are in receipt of your July 6 letter, which was a response to our initial criticism of White House AIDS policy. We appreciate the time you invested in replying to us. Thank you.

We would like to again call into question your advocacy of the policy stated by the Secretary of Health and Human Services, which was then endorsed by President Clinton. We learned through your letter that this was done after consulting several studies done by different scientific organizations. The apparent conclusion was that needle exchange programs decrease HIV infection rates in intravenous drug using populations and at the same time do not increase drug use in the same. Without seeing those reports, we will take your word that the conclusion is accurate.

However, this is not to say that there are other things that can be done which may constitute a wiser, healthier approach. These will not just try to *escape* the consequences of wrong choices, but change the behavior of the drug using population such that they are taught to make correct decisions regarding illegal drug use. (In using the phrase "drug using population", we are meaning those who inject illegal drugs into their systems. This does not include those who are lawfully using drugs for various medical conditions.)

Again we refer to the analogy of the parent trying to teach a child. The wise and understanding parent will not encourage the child to continue to make the same mistake while at the same time try to evade the negative consequences. The parent would without exception try to teach the child to make correct choices so that they will enjoy the good results of such decisions. We have assumed you saw and accepted the argument as a parallel one to the AIDS policy in question, since you did not address this analogy in your return letter.

Why hand out clean needles, which is admitting and allowing the breaking of the law, both moral and civil? The break in logic and reason seems clear. It would be much more advantageous, in effect, to hand out a sheet of paper (in place of a clean needle) that states: "To avoid becoming infected with the HIV virus through using illegal drugs via

dirty needles, the federal government emphatically advises that you stop using illegal drugs in the first place." This is meant to be tongue-in-cheek, however.

What *is* another possible answer? AIDS and drug addiction, to name just the applicable issues, are national problems with roots that tap into the most basic unit of the nation, our homes. If the government is serious about stopping AIDS, drug addiction, etc., we should think how the government can strengthen the home. I suppose that many, if not all, of our social ills are caused by failure in the home. The government needs to be very wise and careful how it tries to correct the nation, if you will. Only governments that promote moral behavior will in the end restabilize the morally strong family unit; and only this institution, collectively with all others in the country, can attain the dream visualized by the signers of the Constitution, "to secure the blessings of liberty for ourselves and posterity."[1] However, those in positions of national policy-making should also realize that a government is handicapped at best in trying to teach the nation morals. Teaching of parents is done most effectively by the churches, social organizations, and schools of the land. Maybe what we need is some sort of wise, father-like figure as the President, to which the electorate has decided to turn for moral guidance, since so many seem to have gone astray from any moral code.

Nevertheless, I understand that there is great pressure felt at the federal level to "fix" the AIDS epidemic, and a host of others ills. Again, care must be used as programs are designed. Perhaps rehabilitation possibilities can be discussed with the addict. Perhaps a mother, father, relative could be contacted. The person's first source of help needs to be from his or her family. If this is not possible, then I think rehabilitation facilities are out there, available to help. In all cases the person will be taught and helped to end the destructive behavior, not to continue in the dangerous habit (and try to avoid the effects by using the government's free needles). I am aware that many of these people are in acute circumstances, but help needs to be provided in a correct, useful way.

In conclusion, we do not believe it is in the nation's best interest, and that of her citizens, to have the federal government endorsing needle exchange programs to prevent HIV infection in the drug using population. In fact, this type of governmental behavior will only worsen the problem. There are many other choices that will help stem the tide of HIV infections in that population, these based on choosing the right instead of allowing and endorsing a wrong choice and trying to avoid the attendant evils.

We are encouraged by your past responsiveness, and look forward to your next letter.

Sincerely,

Chris and Shan Stevenson

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[1] *The Constitution of the United States of America.* (Preamble) 1787.

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. note	Staff response to correspondence (Personal) (1 page)	07/00/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 7/98 [1]

2018-0764-F
jm2077

RESTRICTION CODES

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

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

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

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

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

Mathew

Att: Ms Sandra Thurman
Aids Policy Director —

July 29, 1998

Dear Ms Thurman,

There is a drug - safe and effective - tested on HIV - AIDS
Takes three (3) weeks -
disease - gone — "T" Cells way up!

FDA - NIH is well aware
of the effectiveness of this drug —
If you desire more information
please - call - 603-352-5822

Henry MALACHOWSKI

P.S.
All TOX - studies done 7½ years -
" Efficacy studies done - "7" studies
drug was proven to be safe +
effective - Take AZT + you
are dead — other(3) are junk -
Inc.

ORAL DRUG

THIS IS THE ONLY DRUG THAT ELEVATES "T" CELLS!!!!

PART #2, STUDY #2, All obstructions cleared, (See PART #1, STUDY #1), the drug repaired the malfunct immune system, anti-bodies are produced, the DEGENERNATIVE DISEASES AND INFECTIOUS DISEASES WERE HALTED, RETURNING THE BODY TO NORMAL.

EXH. "2"
BIO. REPORT

TABLE 1

SUMMARY OF PRINCIPAL FINDINGS - TREATMENT GROUP

CONTINUOUS ELEVATION OF WHITE BLOOD CELLS: This was the issue for other clinicians to come in and conduct studies in all cat. of infectious diseases, esp., INCLUDING THE NIH.

	Response	7-days	14 days
1.	Leukocytes	No change	No change
2.	RBC	" "	" "
3.	Confi.	Depressed 52%, P< .001	Depressed 54%, P< .001
4.	Lymphocytes	Elevated 32%, P< .001	Elevated 30%, P< .001
5.	Monocytes	No change	No change
6.	Clasmatocytes	" "	" "
7.	Eosinophils	" "	" "
8.	Basophil	" "	" "
9.	Rel. Viscosity	" "	" "
10.	Confi.	" "	Depressed 24% P< .01
11.	Sugar	" "	No change
12.	Blood Sugar	" "	" "
13.	Mucin Clot.	" "	" "

- CONFIDENTIAL - EFFICACY STUDY #1 of 7, conducted by a University approved by the FDA. BIO. Findings clearly show disease halted.

The pin-point was put on # 3, 4 & 10, all of which was never conducted before. For the first time in history, the degenerative disease was halted, the body was returned to normal.

Nos. 3 & 10 is strictly confidential relative to Para. # 1, is therefore deleted. Related to clinical findings critical to cure.

NOTE: There are other efficacy* studies using different protocols and the resultant findings show relevancy to the above "white blood cells" and their "ties" to infectious diseases. (Now known as HIV/AIDS and Cancer)

Reference to Para # 1: Well over 20M+ studies in support confirmed the effectiveness of this drug against the degenerative disease affecting 60,000,000 Americans. These studies are on-going. As refered to as Plan # 2.

Many critical studies were done in (MICHIGAN / Indiana)* Re: Plan #1 & # 2.

In that portion refered to in Para. # 1, Malachowski offers immunization against this degenerative disease, a first!

* N.J., N.Y., PA., ABROAD & BY THE FDA & NIH.

H. Malachowski
603-352-3522

P. 2

awake beyond awareness

Monday, July 27, 1998

Angie Hendrickson
N3723 N. Military Road
Weyauwega, WI 54983

Dear Angie:

Thanks for writing to the UNAIDS (Joint United Nations Programme on HIV/AIDS) initiative, ***Awake Beyond Awareness: Youth in Partnership with UNAIDS***. As you may know, HIV/AIDS and other sexually transmitted diseases are growing problem for young people today. We need your help -- and the help of young people across the country to stop the spread of this disease and improve the lives of people living with HIV. There are lots of ways you can help. Among the many possibilities are becoming a peer educator and teaching others about HIV/AIDS; volunteering at an HIV/AIDS service organization; or starting a program in your community. You can also get involved in the first national *Awake Beyond Awareness* project, the *Positive Influences* bus tour.

The bus tour,*Positive Influences: Coast-to-Coast* will be co-produced by the **Safe Haven Project**, Inc., a nonprofit organization serving children and youth with AIDS. From October 5 through November 20, a group of HIV-positive youth will travel in a bus to 20 U.S. cities accross the nation. In each city, they will speak with middle and high school students, parents' groups, business organizations, legislators and others -- testifying to what it is like living day-to-day with the disease. Their goal is to empower young people to make decisions that will protect them and to encourage youth to become peer leaders in HIV/AIDS prevention and education. After speaking at school assemblies, the HIV-positive peer educators plan to meet with students in smaller groups and conduct classroom discussions (without teachers or parents, if possible). Two Ugandan youth will also join the bus tour to help explain the impact AIDS continues to have in developing countries around the world. MY SON, BRANDON IN TOUR

You can get involved in the *Positive Influences* in a number of ways, from being a volunteer during the bus tour, to helping after the tour, to buying a T-shirt, to telling your family and friends about *Awake Beyond Awareness* and the *Positive Influences* project. If you want to get involved, fill out the enclosed form.

Right now, we are still organizing the various projects that will be associated with the UNAIDS *Awake Beyond Awareness* initiative. We will keep you informed of other events and activities as they are planned. Please keep sending us your ideas and suggestions -- your energy and commitment are an important part of the fight against HIV/AIDS.

Sincerely,

Heather Natt

Heather Natt
Account Supervisor

27 July 1998

Benford C. Glispie
115 E. Norman Ave. Apt.#2
Dayton, Ohio 45405
(937) 275-8611

Pat Bernhard, R.N.
Ryan White Program Coordinator
Ohio Department of Health
Bureau of Community Health Services & Systems Development
AIDS Client Resources Section
P.O. Box 118
Columbus, Ohio 43266-0188

Dear Pat:

I'm writing you concerning the treatment of African-American clients at the AIDS Foundation Miami Valley. African-Americans make up 48% of the AFMV client base, however, the case management staff does not reflect these numbers. African-American issues are not being addressed by the AFMV or it's case management team. Being an African-American with HIV/AIDS this lack of sensitivity is of great concern to me. I feel that my issues and concerns would be better understood by someone who has had similar experiences as myself.

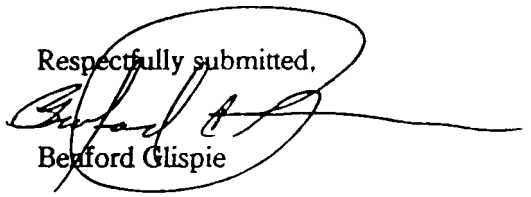
African-American clients of AFMV are continuously being misinformed about funds and the availability of services. Furthermore, I have also observed African-American clients become homeless, have utilities, phone services, and medical necessities discontinued because of the case management team's refusal to act in a timely manner in these areas on behalf of their clients.

Pat I would hate to say that these incidents are racially, sexually, or gender motivated, but I have watched African-American clients be refused services and treated without respect, dignity and honor. This leaves me no other alternative ~~that~~ to think the AFMV is racist toward African-Americans and people of color. It's also sad to say that case management brings to the table bigotry, and bias in decision making.

Pat I am on the Finance Committee of the Ryan White Fund of Dayton, Ohio. To this day not white PWA has come to the finance committee with an appeal. So that's why I must say that prejudice and racism is the main catalyst to case management's decision making. I would hope that the Ohio Department of Health will come up with a vehicle that will track the denials of African-American clients, so it would be fairness in distribution of Ryan White funds, as well as equal treatment of those who receive these funds.

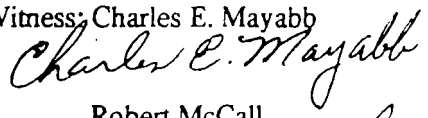
Enclosed you'll find numerous statements about differential treatment of African-Americans, issues of fairness, and the lack of opportunities for African-Americans in employment with the AFMV. Please accept our signatures as authorization of your helping in this endeavor.

Respectfully submitted,

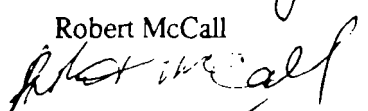


Benford Glispie

Witness: Charles E. Mayabb



Robert McCall



CC: Rhine McLin
Bill Hardy
Jesse Gooding
National Minority AIDS Council
Reliegh Trammell
Tony Hall
Magic Johnson Foundation
Harpo Productions
Benford Glispie
Richard Aleshire
William Ryan
Sen. John Glenn
EEO
EEOC
Sen. Maxine Walters
Justice Department
GAO
Ryan White Consortiona Indianapolis
President Bill Clinton
National Institute of Health
Diana Alexander
NAACP Washington, D.C.
Ohio Department of Health
NAACP Legal Defense
Commission on Civil Rights
National Urban League
National African American Leadership Summit
National Black Caucus of Local Elected Official
Human Rights Campaign
Commission on Civil Right Public Affairs

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11087	Allen	Reese	7/27/98	

☐ Response Required?

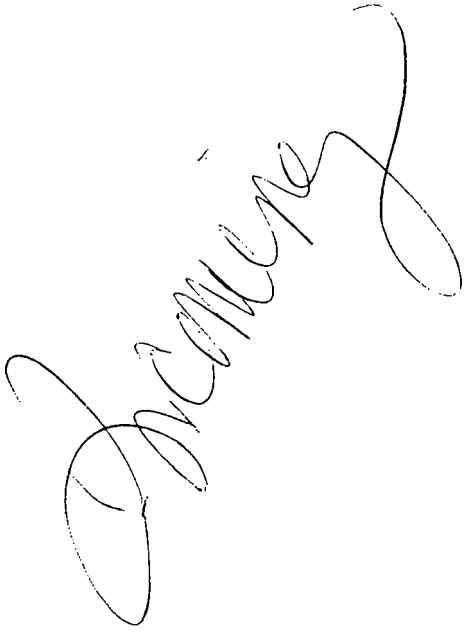
Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To
		Sandy

Notes

Sender's Organization	Sender's Street1	Sender's Street2
AIDS Delaware	P.O. Box 67	

Sender's City	Sender's State	Sender's Zip
Wilmington	DE	19899



AIDS DELAWARE

Working for health in the human family

July 22, 1998

Sandy Thurman
Director
Office of National AIDS Policy
736 Jackson Place
Washington, D.C.

Dear Sandy:

It was an unexpected pleasure to have you join John Baker and myself at our meeting with Todd yesterday. I appreciate the insights that you provided concerning the pending renewal of the Ryan White legislation. The course of action that Todd suggested will be helpful in our efforts to provide the highest possible level of direct service to Delawarians. We are committed to improving the system that exists and we thank you for your guidance and assistance. Through Todd, I will keep you informed of our progress.

Yours truly,

Allen Reese
Executive Director
AIDS Delaware

P.O. Box 67, Wilmington, Delaware 19899-0067
Voice: (302) 652-6776 Fax: (302) 652-5150 AIDS Hotline: (800) 422-0429

NCIH The National Council for International Health

1701 K Street NW, Suite 600, Washington, DC 20006-1503 ♦ Tel. 202-833-5900, Fax 202-833-0075. Internet <ncih@ncih.org> <www.ncih.org>

Sandra L. Thurman
Director
Office of National AIDS Policy
736 Jackson Place,
NW Suite 820
Washington, DC 20503

July 24, 1998

Dear Sandy,

We deeply appreciate your participation at the NCIH reception for US organizations working in HIV/AIDS that was held during the 12th World AIDS Conference in Geneva. As always it was a pleasure to have you as our special guest. We thank you for your insight on building bridges in addressing the global AIDS epidemic. As we all know, the AIDS epidemic will be one of the most critical issues of concern to human kind, at least for the next decade if not longer. It is high time that earnest efforts were made and we are confident that the outcomes of the conference in Geneva were a milestone in the fight against AIDS. We look forward to your continuing active cooperation and help in meeting this challenge. If you would like to join our network of individuals and organizations working in advocacy for global health and HIV/AIDS, we invite you to complete the attached membership forms. We need committed individuals like you to accomplish our goal to make effective changes in international health.

Thank you once again for your time and effort. We look forward to continuing our work together.

Sincerely,

Ron MacInnis/Helen Cornman
NCIH Global AIDS Program

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004. fax	re: Student's application to Georgetown School of Business (Personal) [Personally Identifiable Information] (4 pages)	07/23/1998	b(6)

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

July 21, 1998

Sandra Thurman
Office of National AIDS Policy
Executive Office of the President
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman,

Thanks so much for taking the time to talk with us last month while we were up in Washington. I've included a couple of magazines for you so you won't have to fly back to the South to read what we wrote about you. If you have any questions or need anything from us, feel free to give me a call at (770) 956-1207. Thanks again for your time. Best of luck up there.

Sincerely,

Jeff Kent
Editor, *Symbol* magazine

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Morning

July 21, 1998

Memorandum

To: Pat Ford-Roegner,
Regional Director, Region IV

From: Regional Health Administrator

Subject: HIV/AIDS in Memphis, TN

The purpose of my visit to Memphis, TN, on July 13-14, 1998, was to visit with individuals and organizations engaged with African Americans who are HIV positive or have AIDS. I discussed the issues commonly referred to as "denial" of the epidemic, the availability of information and education programs, as well as clinical service programs for African American women.

Summary:

Behind the phrase "denial" is a spectrum of shame and guilt translating into routine unprotected sexual practices among many African American women. There is considerable cognitive dissonance between these women's recognition that practices should change and effecting those changes. HIV testing is highly centralized within the county health department and AIDS treatment is similarly centralized within "The Med", the primary publicly supported hospital in Memphis. County and state jails are thought to be a key location where the HIV infection is spread from a few to others quickly. Coalitions and collaborative for HIV/AIDS education are active, but are not powerful.

Discussants

I spoke with senior leadership of the county health department, a large community health center (including board members from the community), a drug and alcohol treatment center, an AIDS support organization, the largest family planning organization in the area, plus clinicians both at the community and the university level.

Background:

Memphis/Shelby County reports approximately 200 new AIDS cases per year with a cumulative prevalence of approximately 2000 individuals with AIDS today. About 50 percent are African American men; 13 percent, African American women. 50 percent of all cases are ages 30-39. This same jurisdiction reports approximately 500 HIV positive cases per year with an overall prevalence of more than 3000 cases today. 56 percent are African American men; 23 percent are African American women.

African Americans (55 percent of Memphis; 45 percent of Shelby County) represent 63 percent of AIDS cases and 79 percent of reported HIV cases.

Clinicians also indicate that metro-Memphis has had a very high prevalence of syphilis for many years.

Key Findings and Conclusions:

1. Unprotected sex is commonplace in the African American community. Raising the subject of protection by either partner is seen as questioning the fidelity of the other. While some women will discuss this attitude and its resultant practice, none offer a means by which women or men can be persuaded to change this behavior. Despite the long term consequences, they will not jeoprodize the love and affection, or mere sexual pleasure, of the moment.

2. The jails, in which many African American men spend some "time", are thought by clinicians and health care workers to be sites of significant HIV spread. African American males who engage in assertive, dominant sexual practices in jails do not consider this practice to be homosexuality. African American men believe that homosexuals are weak and receptive to aggressive sexual overtures. Most individuals with whom I spoke believe that those responsible for the state and county jails will make little to no effort to minimize the spread of HIV in the jails. One discussant stated that condoms are considered contraband in most jails.

3. A coalition of organizations engaged in HIV/AIDS information and education activities meets monthly under the auspices of the county health department. Leaders from the county health department and many outsiders believe that this coalition should be led by a private sector organization, but no one has taken responsibility for initiating this change.

4. Many organizations have participated in the HIV-AIDS information and education program planning efforts within Memphis/Shelby County. These local

plans are submitted to the state health department, which then submits them for funding by CDC. All ask for more funding for information and education activities in high risk communities.

5. A coalition of African American ministers has been formed, but observers of this group note the continuing reservations of the religious community to discuss personal sexual practices continues. The churches sense an obligation to extend empathy to those who are ill, but cannot reconcile their traditional beliefs with the requirements for prevention messages which would include explicit discussion of sexual practices and sexual practices outside marriage.

6. All HIV counseling and testing, including venipuncture, must be done at the county health department facilities. One blood bank system can do testing but the results are sent only by mail. Many community leaders express considerable dissatisfaction with this centralized approach to testing and counseling.

7. Almost all AIDS treatment is provided by the Regional Medical Center, generally referred to as "The Med", the publicly supported hospital in Memphis. A forthcoming new policy by TENNCARE will require that all TENNCARE financed HIV-AIDS care will be provided at this medical institution/academic center. Links with community health systems and providers are minimal. Specialists agree that most primary care physicians are inadequately informed about current best medical practices for the early management of HIV infections.

Actions:

1. I will discuss with TN's state epidemiologist the issues of HIV testing and the usefulness of decentralization.

2. Similarly, I will raise with the state epidemiologist the various reports about the jails and the need for testing and preventive measures.

3. The centralization of AIDS clinical services in the Memphis area and other TENNCARE major cities has already been announced by the TENNCARE Medical Director. I see no further action items on this clinical care issue. However, training primary care practitioners about the current best practices and clinical guidelines for management of primary care requirements of HIV patients could be undertaken by the TN AHEC or the HRSA-financed Educational Training Center. I will raise this issue with the Regional HRSA field office and the new Region IV HRSA HIV-AIDS staff person.

4. In follow up correspondence to the County Health Administrator, I will encourage that she identify leadership for the current HIV-AIDS information and education coalition and urge their reconsideration of the HIV testing policies for

Memphis/Shelby county.

cc: K. Gonzalez, M.D., Director, HRSA Southeast Field Office
A. Donahue, D.D.S., OIG
E. Goosby, M.D., OPHS
C. Simpson, Ph.D., OPHS

J. Jarrett Clinton. M.D., M.P.H.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11079	Pat	Christen	7/21/98	

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Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To
		Sandy

Notes

Sender's Organization	Sender's Street1	Sender's Street2
SF AIDS Foundation	995 Market Street, Suite 200	

Sender's City	Sender's State	Sender's Zip
San Francisco	CA	94103

SF AIDS FOUNDATION

SAN FRANCISCO AIDS FOUNDATION 995 MARKET STREET, SUITE 200, SAN FRANCISCO, CALIFORNIA 94103
VISITORS' ENTRANCE: ONE 6TH STREET AT MARKET

July 16, 1998

Sandra L. Thurman
Director
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Sandy:

Many thanks for sharing your important work and insights (and flying to the West Coast), for the Chevron Update. The participants were very pleased with the information they learned, and in fact, several colleagues of attendees have called, asking for notes from the session. We know that the messages that you conveyed about the global realities of the HIV/AIDS as well as the very sobering news the future of Ryan White funding made a huge impression on this audience. Thank you for your frankness.

There is, as you know too well, much still to be done to fight HIV disease. By continuing to provide policy makers, business leaders, philanthropists, community activists and our clients and donors with the most up-to-date information on the changing and evolving course of this pandemic, we can make certain that people with HIV/AIDS have the services, treatment and support they need to live full lives, and we can continue to battle HIV at the most logical point -- before infection -- with hard hitting and comprehensive prevention strategies.

As always, we look forward to many other opportunities to work with you. And again, our deepest gratitude for your generous time commitment.

Sincerely,

Pat Christen
Executive Director

Paul Wisotzky
Board Chair

Office of HIV/AIDS Policy

Office of Public Health & Science
Offfice of the Secretary
200 Independence Avenue, S.W., Room 736-E
Washington, D.C. 20201

Deliver To: Daniel Renfro

Fax: (___) 632-1096

Phone: (___) ___-___

From: Deborah von Zinkernagel
Senior Policy Analyst
Phone: (202) 690-5560
Fax: (202) 690-7560
E-mail: DvonZinkernagel@osophs.dhhs.gov

Date: 7, 17, ___

This fax contains 10 **page(s) + cover**

If transmission problems occur, please call: Shellie Abramson @ (202) 690-5560

Comments: Re:

CAROL MOSELEY-BRAUN
ILLINOIS

3257

COMMITTEES:
BANKING, HOUSING, AND URBAN AFFAIRS
FINANCE
SPECIAL AGING

United States Senate
WASHINGTON, DC 20510-1303

April 30, 1997

MAY 2 AM 11:37

The Honorable William J. Clinton
President
The White House
Washington, D.C. 20500

Dear Mr. President:

An April 23, 1997 article in the Washington Post titled "Medical Group Condemns U.S. AIDS Drug Tests in Africa for Using Placebo" raises some very serious concerns.

The article was based on information released by the Public Citizen Health Research Group. The article reported that the federal government is sponsoring nine medical studies in Africa, Asia, and the Caribbean meant to determine the effects of the brief use of the drug azidothymidine (AZT), or other active drugs, on the mother-to-child transmission of the human immunodeficiency virus (HIV). AZT was found to reduce HIV transmission from mother to infant by two-thirds as part of the Protocol 076 studies in 1993, but the regimens used as part of Protocol 076 may not be feasible in the developing countries. Therefore, the studies that are the subject of the Washington Post article are intended to test alternative regimens.

The problem, however, is that some of the HIV-infected women are being randomly selected to only receive placebos during the studies. According to Public Citizen, this decision will cause at least 1000 children to die unnecessarily from HIV infections.

I am astonished to learn that the Department of Health and Human Services is funding such research, particularly on the eve of the federal government offering an apology to the survivors of the Tuskegee experiments. It is not reasonable to conclude that denying AZT to the participants is consistent with treatment otherwise available in the developing country. The fact remains that we are conducting these studies and we know that AZT has proven results.

MAY 9 13:55

I hope that you will give this matter your immediate attention and ensure that any U.S. funded research provides known effective treatment to all participants.

Yours truly,

Carol Moseley-Braun
United States Senator

CMB:jj

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed, Assistant to the President for Domestic Policy
Sandra Thurman, Coordinator for National AIDS Policy

SUBJECT: International Studies on Reducing Maternal-Infant HIV Tranmission

This memorandum will provide background on the controversy over an ongoing group of U.S.-supported international clinical trials studying options to reduce maternal transmission of HIV in developing countries. A brief overview of current knowledge, the rationale for further research, the World Health Organization position, concerns of domestic public interest groups, and the Department of Health and Human Services' position will be covered. Attached separately are talking points and Q&A's prepared by HHS on the issue.

Perinatal Transmission The World Health Organization (WHO) estimates over 1,000 HIV+ infants are born each day. Women with HIV disease have a 15%-40% risk of transmitting HIV to their baby with each pregnancy. The National Institutes of Health demonstrated that this transmission risk can be lowered to 8.3% by the administration of the drug AZT to women orally during pregnancy and intravenously during labor, and to their newborn infants orally for 6 weeks. This NIH study, known as ACTG 076 - comparing AZT with a placebo - was halted and published in 1994 when these dramatic results were evident. It has become the standard of care to offer all HIV+ pregnant women AZT therapy in the U.S.

An important unanswered research question is at what point during pregnancy or birth do women transmit HIV to their babies -- and if it is necessary to administer AZT over many months to prevent HIV infection in infants. Because many developing countries cannot afford expensive drug therapies for their citizens, pinpointing the critical period in which to administer AZT to prevent perinatal transmission is important so that the greatest number of women could be offered treatment.

Research Study Design Issues The public health leadership of several WHO member countries collaborated with the NIH and Centers for Disease Control and Prevention (CDC) to design and develop research studies to prevent perinatal HIV transmission in countries with limited health care infrastructure and resources. Each research study included an informed consent document outlining the research question, the randomization to an AZT or placebo group, and a detailed description of potential risks study participants may incur. All study protocols were reviewed and approved by the NIH and CDC Institutional Review Boards (IRBs) and the host countries. The political leadership of each host country were also fully informed of the study methodologies and concurred with their implementation.
The first studies proposed by this international collaborative group began in 1993 with funding support from the U.S. (NIH, CDC) and France.

World Health Organization Activity In June 1994, the WHO hosted a meeting of researchers and public health practitioners from the U.S., Europe, and countries in Africa, Asia and the Carribean which have a high incidence of HIV disease. The purpose of the meeting was to examine the results of the NIH ACTG 076 trial in terms of their applicability internationally. The following recommendations were issued from this meeting:

1) Encourage the use of AZT as outlined by the NIH ACTG 076 study in industrialized countries; and

2) Immediate exploration of alternative regimens that could be used to achieve prevention of perinatal HIV prevention in the developing world.

WHO participants established parameters for the conduct of research studies in developing countries. The studies supported by the U.S. and France were consistent with these parameters.

Concerns of Some U.S. Public Interest Groups Dr. Sidney Wolfe of the Public Citizen Health Research Group wrote a long critique of U.S. involvement and support for these international perinatal HIV prevention studies in a letter to Secretary Shalala. The letter was broadly distributed to the media. Key concerns raised were:

- Some research designs include a placebo arm when AZT has proven benefit. Such a research design would never be allowed in the U.S.

- The studies violate major international ethical guidelines, specifically: the World Medical Association's 1975 Declaration of Helsinki; four of the Nuremberg codes for human experimentation; and the International Ethical Guidelines for Biomedical Research Involving Human Subjects designed to address ethical issues in developing countries

- There is no guarantee that women and infants in host countries will benefit from the research knowledge gained

- The lack of appropriate care in host countries does not justify study designs with placebo arms that have no benefit. The standard of care in many countries does not include access to prenatal care, medications, hospital births or intravenous infusions

- Comparison of these studies to the Tuskeegee syphilis study; criticism that IRBs should ensure that risks to subjects are minimized and subjects are not unnecessarily exposed to risk; this is colonialism at its worst

Senator Carol Moseley-Braun (D-IL) has also voiced her concern regarding study designs with a placebo arm when there is a known effective treatment for HIV prevention. She is alarmed that such studies are supported with U.S. funds, and thinks it is inappropriate to continue such funding in face of the apology being offered to the Tuskeegee survivors this Friday.

Department of Health and Human Services The Department of Health and Human Services has conducted a review of the U.S.-funded studies in question and continues to support both the study designs and public health importance of completing them. They are ongoing as of this date. HHS testified to this effect before the House Government Reform and Oversight Committee last week. There was very little discussion of the issue among Representatives present.

In brief, the HHS position maintains:

o The studies address a pressing need in the global control of the spread of HIV, defining interventions that will result in reductions in maternal-infant transmission which can be safely and routinely implemented in the developing world;

o The studies are based on the assumption that the NIH ACTG 076 regimen is not a feasible therapeutic intervention in developing countries due to lack of medical infrastructure and cost constraints; the research design examines options for treatment which are viable and affordable within the medical care delivery systems of the study countries

o All ongoing studies are in full compliance with U.S. and in-country regulations and laws, have gone through extensive in-country and U.S. ethical review processes and an international ethical review, and all studies have strong in-country support; an independent Data and Safety Monitoring Board continues to provide oversight of research findings at regular intervals

o Broadly accepted ethical principles for international research recognize a role for the local standard of care when testing the effectiveness of a new intervention. In the case of developing host countries, the local standard is minimal to no health care access. Studying new research options of AZT administration at specific times during pregnancy offers a new benefit to individuals who would not otherwise have had it, while defining research knowledge that may allow many individuals to benefit if shorter courses of AZT prove effective for HIV prevention. The placebo arm is equivalent to the local standard of care.

Attached are Q&As and talking points which support the HHS position on this issues.