

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19406

FolderID:

Folder Title:

Correspondence - SLT - Incoming - 7/98 [2]

Stack:

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Row:

66

Section:

6

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7

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1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Individual living with HIV to President Clinton re: Life with HIV (Personal) [Personally Identifiable Information] [partial] (2 pages)	07/09/1998	b(6)
001b. envelope	Individual living with HIV to President Clinton re: Life with HIV (Personal) (1 page)	07/11/1998	b(6)
002. note	Peter Hartsock to Sandra Thurman and Sarah Holewinski re: AIDS outreach research painting (Personal) [partial] (1 page)	07/14/1998	b(6)
003. letter	re: Birthday greetings (Personal) [Personally Identifiable Information] (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 [2]

2018-0764-F

jm2078

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

RR. Document will be reviewed upon request.

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

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American Chinese Veterinary Medical Frontiers, Inc.

29 Prospect Street
West Boylston, Massachusetts 01583
Tel: (508) 835-6258 • Fax: (508) 835-4021

July 14, 1998

Ms. Sandy Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place Northwest
Washington, D.C. 20503

Tel: (202) 456-2437

Re: "A National and International Scientific Consortium of Veterinarians, Physicians, and Basic Scientists to Develop Lentivirus Vaccines and Effective Treatments, to Benefit Man and Animal."

Dear Ms. Thurman:

I believe you will be interested in our scientific progress with China since 1983 which is described in the above booklet. It can be summarized on page 6 of the booklet which states, "The American Chinese Veterinary Medical Frontiers (ACVMF) is building this new bridge into the 21st century which is a global initiative for veterinary medicine, joining worldwide with physicians and other scientists to help solve serious and epidemic health problems that effect both man and animal. ACVMF is bringing together some of the best science in the world today and allowing the scientists to work cooperatively and not competitively in order to achieve the ultimate objective which is preventative vaccines and effective treatments. This is our scientific bridge and mission into the 21st century and the peoples of the world deserve this international cooperative potential for a better and longer healthy life."

It is my firm belief that this international scientific initiative that I have developed with China since 1983 can have tremendous benefit for our nation. The above booklet was recently prepared to help in our fundraising and explanation of our programs. Pages 7 through 13 of the booklet describe some of the historical development in my relations with China since 1983. I have observed misunderstandings and misrepresentations that have existed with AIDS since 1984, as well as facts that were known and could have been applied from the equine infectious anemia (EIA) animal model. It is an absolute disgrace and tragedy to think of the human lives and misery that could have been spared, along with huge unnecessary costs.

The Chinese Equine Infectious Anemia (EIA) vaccine was developed by a unique method of attenuation of the virus by passing the highly virulent field strain virus through donkeys, horses, and 125 cell culture passages through donkey leukocyte cells, in addition to donkey dermal cells. The system of passages is still a Chinese secret. This kind of attenuation of a lentivirus to achieve a vaccine that protects and does not infect has never been achieved in the world in spite of the millions and millions of dollars spent. China has agreed to share this knowledge and experience with us.

The National Institute of Allergy and Infectious Diseases and the National Cancer Institute must be commended for their vision and vital help in developing a sound foundation with this American Chinese initiative. This kind of initiative certainly will benefit world health in addition to definite scientific and health benefits to the United States. These programs will also definitely improve relations and cooperation with China, in a friendly, constructive, and creative manner.

Pages 14 through 16 of the booklet describe the efforts that were necessary to finally have the National Institutes of Health (NIH) recognize the program. The NIH interest is in the mechanism of attenuation and the protective immunity. It is important for the molecular biologists to understand the gene deletions and other factors in order to develop other lentivirus vaccines and an AIDS vaccine. We are the only ones to hold this key and as the Program Project is designed with the National Institute of Allergy and Infectious Diseases (NIAID), our only deterrent for progress is funding.

This program with China is a scientific program with respected colleagues, and certainly not primitive scientists as referred to by some American scientific "experts". Some of those critics as far back as 1983, clearly stated that it would be no problem to duplicate the Chinese work independently, and yet in 1998 with millions spent on their grants, there still is no independent discovered vaccine.

If you refer to page 3 of the organizational chart, you can note Core C in China. This is a vital Core. Fortunately, a local foundation recently funded this Core in order that we can prepare the biologics for proper entry into the United States. China considers this vaccine a national treasure and so all of the laboratory cultures and components for the development of the vaccine have been stored in China with security since 1988. This vaccine was in clinical use even before AIDS was recognized as a significant disease.

The enclosed USDA permit outlines the method in which these biologics will enter the United States, through USDA quarantine facilities at Plum Island, New York. China agrees to this protocol.

A combination of NIAID and National Cancer Institute (NCI) are

providing funds for preliminary studies for the Program Project (PO1). Funding for the capital construction and renovation requirements of the Core B are not provided. This cost is about \$2.1 million, but these are extensive facilities that will allow for this to become a national resource, especially for infectious disease studies of this type requiring horses and farm animals. Our plans are that the Program Project will fund the costs of Core A, Core B, and Projects I, II and III over a five year period.

Therefore, our funding requirements are for the capital costs of Core B which are primarily the horse barns to meet all NIH and USDA requirements for infectious diseases amounting to \$2.1 million, and \$125,000 seed funding vitally needed at this time.

There are a number of exciting projects and possibilities that we can add beyond the existing projects I, II and III, and these include equine retroviral vectors for gene therapy and treatment, and antiserums for AIDS especially before the years and time required to have a safe and effective AIDS vaccine in clinical use.

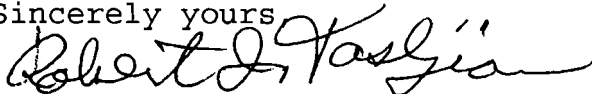
Our experiences with the horse with EIA has made it possible to better understand the total effect of a lentivirus so similar to AIDS. Over two decades ago, we had a complete understanding of the transmission through blood, semen and milk. Those studies were done working with horses in the mud and pastures, not in high tech cutting edge laboratories of today, and yet that information and data has withstood the test of time and is still very helpful and valid. We can offer much help and information to benefit AIDS in areas of transmission, prevention, and treatments.

We have been communicating with the Washington and Boston offices of Senator Ted Kennedy, Senator John Kerry and the Washington and Worcester offices of Congressman James McGovern. They have been supportive and encouraging.

Dr. Hui Wang, a molecular biologist who was sent by the Chinese government in 1993 to help me implement the program, and myself would be available if necessary to meet with you. Your interest, participation, and support would certainly help for this program to enhance biotechnology and AIDS research nationally and internationally.

We look forward to hearing from you.

Sincerely yours

A handwritten signature in cursive script, appearing to read "Robert J. Tashjian".

Robert J. Tashjian, V.M.D.
President

RTJ/cms

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11060	Anna	Woolf	7/13/98	

☐ Response Required?

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

Notes

Request for funding for a clinic. Project for Integrated Medical Skills in Africa

Sender's Organization	Sender's Street1	Sender's Street2
PIMSA	P.O.Box 2229	
Sender's City	Sender's State	Sender's Zip
Port Alfred	AF	6170





PHONE: 046 6243439
046 6250680
FAX: 046 6243439
1998

P O Box 2229
PORT ALFRED
6170

22 June 1998

Sandy Thurman
Office of the National Aid Policy
WASHINGTON D C

Dear Mrs Thurman

I write to you with a request for funding for a clinic of integrated medical skills.

Such a clinic is already in operation but the premises are very small, the facilities limited and financial restraints mean that patients who can afford to pay for their consultations are subsidizing the treatments of those who are unable to do so. The increasing demand for this kind of alternative medicine and non toxic treatment of illness necessitates a larger building in an area which would be more accessible to the majority population group. We have found such a building and the Bathurst Town Council have granted us permission to utilize this facility for nominal rental.

We are seeking funding to buy equipment for the successful operation of this clinic where students will be given in-service training in integrated medical practices and Primary Health Care.

Once the training clinic is established, we would like to initiate a mobile Rural Outreach clinic to serve the Rural and farm communities in the lower Albany area.

Enclosed please find the following:

- * Summary of a proposal to establish a training clinic for integrated medical skills
- * Student training outline
- * A map of the lower Albany area
- * Proposal and budget for the equipping of a fixed clinic
- * Motivation and budget for a mobile outreach clinic

We are negotiating with Ms Cupido of the British High Commission in Cape Town for funding of the Rural Outreach clinic but would like to establish a larger fixed clinic as a pilot project with outreach vehicles acting as satellites.

If your office does not deal with funding proposals perhaps you would kindly forward this proposal to a Trust or Foundation who might be interested in funding this project.

Thanking you in anticipation

Yours faithfully

A handwritten signature in black ink, appearing to read 'A. Woolf'. The signature is fluid and cursive, with a large initial 'A' and a stylized 'Woolf'.

ANNA WOOLF (MRS)

PROPOSAL FOR THE ESTABLISHMENT OF A CLINIC FOR INTEGRATED MEDICAL SKILLS

Herewith a proposal for the establishment of a training clinic where Oriental medical practices will be integrated with standard medical methods, traditional African medicine, acupuncture, homeopathy, manipulation and naturopathy (healing through nutrition).

This clinic would be a step towards fulfilling our country's need to shift back towards indigenous medicine. It would help preserve a culture which utilizes the wealth of medicinal herbs and plants growing all over South Africa. The clinic will be situated within easy access to all communities and consultations and treatments would be free of charge.

The integration of the above traditional and alternative medicines combined in one clinic would form a powerful healing tool which would help to ease the present overcrowding in clinics and hospitals and eliminate the need for expensive medicines. The emphasis of this clinic is on the use of drug free medicines utilizing the principles of homotoxicology.

Initially ten students from the Eastern Cape will be accepted annually for a two year course. At the end of a five year period, sixty practitioners will receive certificates of competency in Primary Health Care and could then register with the Traditional Healers Organisation. This organisation has more than 250 000 members, standardizes training and is at present lobbying for recognition by the Medical Control Board. It also legitimizes a practice and provides control in terms of methods used and malpractice.

When Dr Pretorius returned from the medical conference in Sri Lanka in 1997, the aim of the Colombo open university was to spread Oriental and integrated medicine worldwide and he was encouraged by members of this university to start such a clinic in South Africa.

This type of clinic will obviate the need for expensive medicines which often need further medicines to help the body recover from the effect of antibiotics.

A disease can be treated effectively with an illness specific cure. Acupuncture and homeopathy are accepted sciences in the East and Europe but are not yet part of the Governments's Health Care despite its policy to endeavour to return primary health care to the hands of traditional healers.

25 May 1998

The training of students will form an integral part of the clinic.

The structure of the training courses is as follows:-

- * Training is free or charge
- * Applications for students are sent out and 10 trainees are chosen annually.
- * The applicants are then evaluated by means of a week long preliminary reflexology workshop.
- * The course consists of two years training with an optional third year.
- * The students are required to work in the clinic and attend daily lectures.
- * Training will concentrate on:-
 - Providing relief from pain
 - The effectiveness of indigenous medicines
 - The accuracy of these herbs
(Occasionally fatalities occur when it is not known that a common remedy for importance may cause a heart attack (for example)
 - Proper diagnoses of ailments
 - To what stage of a disease herbal remedies are effective and when a patient should be referred to a medical practitioner or hospital.
- * Topics covered in the first year course are:-
 - General first aid
 - Homeopathy
 - Acupuncture
 - Herbalism
 - Stress management
 - Aids awareness
 - Reflexology
- * On the successful completion of examinations, the students will receive a certificate of competency.
- * They may open their own practices provided they register with the Traditional Healer's Organisation.
- * Apart from falling under this control, the students capacity will be limited to a given schedule of medicines and various protocols and, as the schedules are updated, the students/practitioners will be kept informed.

- * In the second year, ten more first year students are accepted and second year students return on a part-time basis.
- * They will specialize in one or more of the first year topics.
- * They will learn to integrate oriental and traditional medical practices.
- * The students capabilities will be assessed through practical work and written assignments. Topics covered include:

Community involvement in Health Care
Disease control
Mother and child Health
Reproductive Health
Immunization
Nutrition

- * If the students do an optional third year, they will have graduate status. Their training will include:-

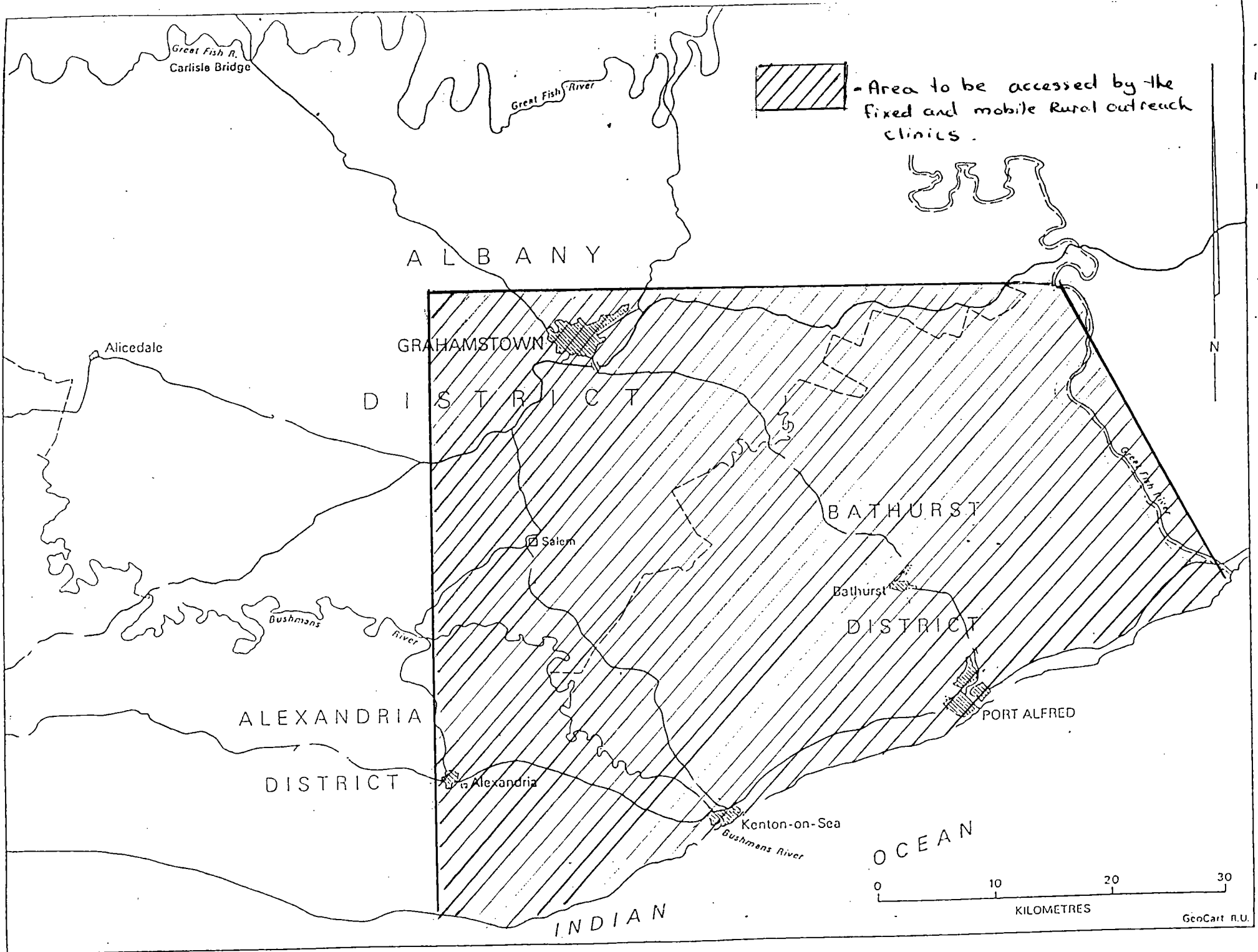
The running of the clinic	Cultural sensitivity
Computer skills	Teamwork
Administrative skills	Strategic management and financial management
- * These skills are to help them in the successful operation of their own practices.
- * Graduates would do supervisory duties in satellite clinics in other areas which this pilot project will spearhead.
- * Refresher courses for past students will be given at regular intervals where they can learn about new developments and share experiences.

The International Health Exchange in London enrolls doctors and medical staff who have gained experience in famines, droughts, refugee camps and war zones and are accustomed to dealing with large numbers.

This clinic has applied for membership and will become part of the International exchange programme.

Foreign consultants have expressed their interest in working in the clinic as consultants. Two of these are Professor Anton Yayasuriya who is the chairman of the Colombo Open University for Medicine Alternative and Prof Mirriam Shibadikar who has a high profile practice in London.

A few foreign, paying students could help to subsidize other students training costs.



PHASE I

MOTIVATION FOR A FIXED CLINIC FOR INTEGRATED MEDICAL SKILLS

The motivation for the fixed clinic for integrated medical skills is, in principle, the same as that of the mobile clinic except that the patients would have to find their own transport to the clinic. The proposed clinic would be centrally situated in the lower Albany area which includes Alexandria, Kenton, Bushmans, Port Alfred, Bathurst, Grahamstown, Sidbury and Paterson. (please see map for location) The primary aims of the clinic will be:-

- * To provide relief from pain
- * To address and supply remedies for afflictions like asthma, arthritics and high blood pressure.
- * To train students in Primary Health Care using indigenous plants and the proper preparation for non toxic treatment of illnesses.
- * Accurate dispensing: although indigenous medicines are effective because of the culture, the accuracy of dispensing these herbs has been lost and there have been many cases of toxicity and even fatalities because of this for example: a common remedy for impotence can cause a heart attack.
- * Proper diagnoses of ailments would form part of the training, and up to what stage of a disease can these things be effective and when should they refer the patient to a medical practitioner or a hospital.

The clinic will run with a minimum staff of one doctor and an administrator who will also be the receptionist and assistant until funding for salaries for a full staff is forthcoming.

Several foreign specialists from Europe have shown interest and some have volunteered their services to assist with the running of the clinic and training of the students.

PROPOSED BUDGET FOR THE ESTABLISHMENT OF A CLINIC FOR INTEGRATED MEDICAL SKILLS

Purchases or construction of an appropriate Venue at current property price	R 180 000.00
Security fence and gates	R 9 000.00
	R 189 000.00

EQUIPMENT

3 Ceiling fans (R199.00 each)	R 597.00
13 Treatment tables including railage	R 7 239.00
4 Polyfrequency lazars	R 8 000.00
2 Complex frequency lazars	R 13 000.00
4 infra red lights	R 2 000.00
1 Potentizer	R 2 000.00
1 Centrifuge	R 18 500.00
Medicines/needles to initiate treatment	R 75 000.00
Bedding/linen/towels/uniforms (300)	R 2 191.00
8 Screens	R 5 320.00
Small refrigerator	R 500.00
Basic kitchen equipment	R 350.00
Waiting room furniture 20 chairs and table	R 4 500.00
Consulting room and reception furniture	R 4 500.00
Standard medical equipment	R 10 000.00
	R 150 697.00

ADMINISTRATION EQUIPMENT

Photocopy machine	R 5 000.00
Computer	R 6 500.00
Fax and answering machine	R 3 500.00
Telephone installation/switchboard	R 350.00
Stationery	R 5 000.00
	R 20 350.00

TOTAL = R360 047.00

Withdrawal/Redaction Marker

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National AIDS Policy Office

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ONAFK
HHS,
ED

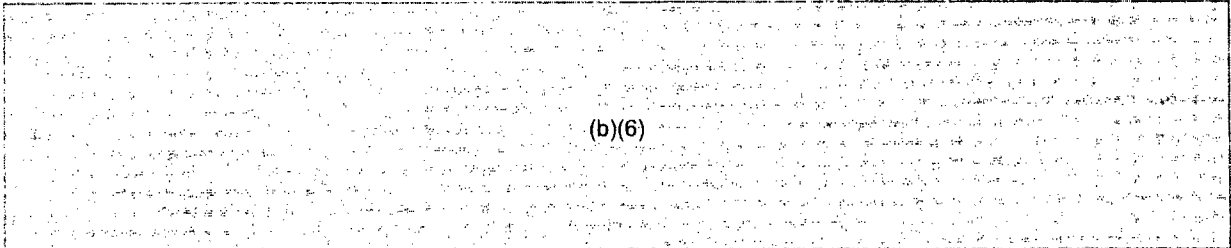
Incoming #4047375

July 9, 1998

6

Dear Mr. President

[0019]



information because I want you to know, who it is that is taking this time to write you. I really don't know how far this letter will go, or if you will personally read it yourself. I only can hope and pray that something comes out of it. That right now in my life, the only thing I have going for me, is the fact that I am able to sit here and express some feelings and finally some honesty to the first President I've seen with a heart.

Let me explain. You see, I believe that I'm a person with a good heart. I tend to love people, yet I can't love myself. I've hurt a lot of people in my life and I can't live with pain. The pain that I've caused people as well as the pain that I inflict on myself.

As I said. My name is Charles. I am a black, gay male living with the disease of being HIV positive, the disease of addiction (crack cocaine) and I also have hepatitis C. I have been in trouble with the law so many times that I don't want to

even began to count.

You see ~~so~~ Mr. President. I'm tired. I'm tired of living like this. I'm tired of getting on breaking laws, tired of jails, drugs and tired of all these suicide attempts I've made ~~on~~ in my life that failed. But most of all Sir. I'm tired of hurting people.

Mr. President my one wish, my only goal in life, my constant prayer would be that I be a productive member of society. That's all I want. There's got to be a reason why God won't let me die. I feel and I know that He has a wonderful plan for me, and I've waited all my life for that plan to come together. Yet I am still tired. I am almost forty years old and I want to ~~make a difference~~.

~~Why am I telling you this? I really~~ can't answer that right now. All I know is that ~~I was lying in my bed and something made me get up and start writing to you.~~ It is now 12:01 am. Normally I'd be watching Jerry Springer, but my life is at stake here. Today I woke up with the will to live. I don't know about tomorrow. I'm a firm believer in God and I know that this letter is part of his plan.

Mr. Clinton You have a lot of wonderful programs that will help me. Been there, done that" yet I still fail, and I'm tired, just ~~how~~ damned tired of failing. I want to be some body, someone who can help someone else. I just want to be a normal

productive member of society. No I'm not crazy or schizo. I just can't seem to reach that good person that I know and feel lives within me.

Like I said. I don't know why I write this to you. I don't even know if you'll read this letter or if you can help me. All I know is I'm sitting pouring my guts out to you. I'm a nobody to you, but I have this gut feeling that this was something I had to do. It's done now. Tomorrow I'll drop this in the mail and it's out of my hands.

I love what you are doing for this country. You are a great President.

Sincerely
Troubled

(b)(6)

P.S. You came to Charlotte at CCCC (Central Piedmont Community College) a ~~few~~^{two} years ago. I was one of the ushers there as well as a student. While you were giving your speech. I just want to reach out and tell you about me, about my life.

President Clinton don't misunderstand this letter. Yes I'm gay, and this not a letter of I love you's, I'm not making a play for you or anything like that. I just felt compelled to write the President of the United States (preferably you) and let you that I exist.

Thanks

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ORDA

Organization and Resource Development Associates

7220 Central SE ~ Suite 2187 ~ Albuquerque, NM 87108
Phone 505.232.7224 ~ Fax 505.232.7250 ~ Email ORDAssocNM@aol.com
Member, National Center for Nonprofit Boards

July 22, 1998

Sandra Thurman
Director, Office of National AIDS Policy
808 17th St NW, 8th Floor
Washington DC 20006

Dear Ms. Thurman:

Greetings from the southwest. I hope you are well and that the weight of your position has not worn you down or stolen your spark.

I spoke with Bob Hattoy the other day and he mentioned that you were interested in learning more about the implementation of managed care/managed cost systems of care for persons with HIV/AIDS. As you are aware, New Mexico is in its second year of this transition.

Now that I am no longer restricted by loyalty to my employer (yes, I have left the position of executive director of New Mexico AIDS Services) I can tell you honestly that while New Mexico's Health Management Alliance (HMA) system has its strengths, it also has serious weaknesses.

I would be pleased to talk to you about contracting with your office to conduct a series of information gathering hearings on New Mexico's HMA system and the plans of other low incidence western states regarding implementation of managed care/managed cost systems of care for persons with HIV/AIDS.

ORDA, based in New Mexico, has the capacity to provide nonprofit support and association management services in the southwest.

Please do not hesitate to contact me should you wish to pursue this idea. I look forward to hearing from you in the near future.

Sincerely,



Hart Roussel

*Sandy -
Hope you are well.
Am waiting for your
visit.*

-NEAC-

Subj: Fwd: CONFERENCE CALL NOTES
Date: 98-07-22 11:11:33 EDT
From: HartRous
To: RFBrewer3, gchastain@iquest.com
To: thinds@nyh.med.cornell.edu, abuna@gorge.net
To: peterlee@cyberstate.inf.net, jmlanj@erols.com
To: csandoval001@sprintmail.com, Sue4cure
To: youngerg@wolfenet.com, Revbillr, CBPark
CC: bruce.gamer@ssa.gov, wolfsong@wyoming.com
CC: RodMitre

Members of the initial Y2K conference planning committee had a conference call on 7/16 to try to articulate the basic structure and context for the Y2K conference in San Francisco. Attached are Anne Grant's notes of the 7/16 conference call. We have another call scheduled for August 20 so please try to get your feedback to Planning Works or Hart before then. (Hope everyone is enjoying the summer break. I'm off to SF for the National Lesbian Gay Health Association Conference 7/27-29 and then Tim and I are taking our vacation in Palm Springs CA the first full week of August. Imagine...we live in the desert and we play in the desert!)

Here are a few summary points which we would like your feedback on.

Articulating a theme: general ideas around the words "community", "worship" and "ministry". So, with these things in mind, please take a whack at a catchy Y2K theme.

Conference tracks: we are recommending that the conference have the following three tracks of 1) Prevention 2) Faith & Spirituality 3) Social Justice & Ministry. Three tracks would allow us to develop as many as 21 workshops under these headings. We don't have to do as many as 21 but three tracks and the schedule give us this capacity.

Track Coordinators: we are looking for volunteers/nominations for people who would be willing to serve as Track Coordinators. Track Coordinators would help to recruit/identify presenters for workshops under their track topics.

Conference Chaplains: we are recommending that Grace Cathedral be invited to provide local Chaplains for the conference as a way of increasing local community participation. Chaplains would also be asked to plan/coordinate morning/noonday prayers and eucharist, etc.

Time for Roundtables/Caucauses: we are recommending that time be built into the schedule for roundtables/caucauses which bring people together informally around affinity topics or by ECUSA region/province.

Forwarded Message:

Subj: CONFERENCE CALL NOTES
Date: 98-07-17 10:54:43 EDT
From: Planwrks
To: HartRous

I'm sure you've already got all this, but here's what I took down:

It was agreed to limit the tracks to three: Prevention, Social Justice and Ministry, and Spirituality and Faith. It was also agreed to encourage opportunities for networking and, as Peter urged, to include as much liturgy as possible, making *community worship* the emphasis.

The schedule should therefore include a time for provincial caucuses. Another recommendation is to make the last workshop of each day a repeat.

It will be important to identify one or more chaplains. Anthony will start the process by identifying local prospects. The chaplains will provide the worship schedule, which should consider morning, noonday, Eucharist, and other services of varying degrees of formality.

Hart will summarize the conference call results in a memo to be circulated to the NEAC board, along with a request for volunteers or nominations for track chairs (Richard Younge being a likely possibility for the Spirituality track) and for chaplains. Peter Lee reported that Jesse Milan had done a terrific job as retreat leader in Kanuga and should have an important role.

Anthony stated a concern that so far the conference agenda is "missing a context?" How do we deal with the epidemic as the millenia turn? What gives the tracks synergy? (What is "the theme?" in Harriet's words) Hart noted that in dealing with this issue there should be a strong emphasis on community in both service and worship contexts. There should be a "good, honest discussion" of what's really going on, the challenge of complacency, the question of whether "we have lost our spiritual energy. Peter said, "We should celebrate all of what has happened as well as face the challenges." Anthony suggested, "It's a bit like the Easter story – transforming losses into action." He also wants to be sure that we acknowledge the role of Bill Swing and Grace Cathedral in confronting the challenge of HIV/AIDS as early as 1986.

It was also agreed that Anne (with everyone's help) should begin identifying prospective funders, and we should get in early with CDC and its faith communities initiative to possibly fund the Prevention track (perhaps with some help from Jesse).

Peter (I think) pointed out that the CDC may push for an emphasis on the interfaith aspects of the meeting. Nevertheless, it should be kept clear that although this is an open conference, it remains a conference presented by and for Episcopalians, who were the first on the front lines of the epidemic.

The next conference call will be scheduled for Thursday, August 20th, again at 9:30 a.m. EDT. Cricket will be invited to join in.

Subj: change of address reminder
Date: 98-07-22 10:48:20 EDT
From: HartRous
To: RFBrewer3, gchastain@iquest.com
To: thinds@nyh.med.cornell.edu, abuna@gorge.net
To: peterlee@cyberstate.inf.net, jmilan@erols.com
To: csandoval@sprintmail.com, Sue4cure
To: youngerg@wolfenet.com, Revbillfr, CBPark

Just a note in case you are unaware. I have separated from New Mexico AIDS Services and am business on my own. So...any NEAC related business (invoices, reimbursements etc) should be sent to my home/office address at:
7220 Central Ave SE
Suite 2187
ABQ NM 87108
FAX 505.232.7250
Ph 505.232.7224

Thanks,
Hart

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11067	Jane	Smith	7/15/98	

☐ Response Required?

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

Notes

National Council of Negro Women, Inc.

Sender's Organization	Sender's Street1	Sender's Street2
Natl. Council of Negro Women	633 Pennsylvania Ave. NW	
Sender's City	Sender's State	Sender's Zip
Washington	DC	20004

Jane E. Smith
National Council of Negro Women, Inc.

7/12

Sandy

I look forward to seeing you again! My schedule did not allow me to attend 6/25 w/ you and Veronica. Please keep me on your lists!

Jane

ORDA: Making America's community based non-profits stronger!

Creating Success for the Successor: Interim Executive Staffing for Organizations in Transition

Each time a nonprofit organization loses its executive, the organization and the Board begin a difficult time of transition. Internal and external environments may have changed significantly since the start of the departing executive's tenure. This is particularly true of organizations whose executives are founders or who have held enduring tenures of five years or more.

An objective interim executive who is not concerned about "surviving probation" and who is obligated exclusively to the board for a defined period of time will have the freedom to assess and address both positive and negative factors which will help create success for the successor.

During the interim, ORDA will provide an interim executive who will work with the board, senior staff, consumers and other stakeholders to assess the organization's strengths and weaknesses, develop and implement plans to address systemic deficiencies, and facilitate the board's executive search process. Each organization is unique and is in its own unique developmental phase at the departure of an executive. ORDA will work with the board and staff to develop a scope of work which addresses the needs of each organization.

ORDA will contract with boards to provide interim executive staffing and assessment services for periods of not less than three

(3) months and not more than nine (9) months. The exact extent of interim executive staffing (i.e., 25% FTE, 50%FTE, etc) will be negotiated to meet the needs of each organization. Additionally, ORDA will facilitate the board's local-regional-national search for a new executive.

Board Assessment and Development: The Key to Nonprofit Mission Success

Few of us would argue that the Board of Directors are the agency's most important volunteers and are critical to success and stability. The board's role as employer of the executive, as fundraising volunteers, and as ambassadors in the community is challenging and often makes recruitment, development and retention difficult. ORDA will work with boards and senior management to assess current board needs, develop ongoing development and retention programs, and think creatively about board recruitment.

Consumer Service Program Development and Quality Improvement

In the private sector, the customer is principle because the customer defines the market to which the private sector responds with the development of marketable goods and services. Nonprofit organizations, driven by passion and vision, develop client and consumer service programs in response to both perceptions of consumer need and funding trends. Often, consumer participation in either the design or ongoing quality

improvement of service programs is lacking and basic "customer service" approaches are rarely employed.

ORDA will work with organizations to assess the level of consumer input, feedback and participation which is critical to mission success and high consumer satisfaction and assist the organization in the development and implementation of consumer feed-back loops for ongoing quality improvement. Consumer input is critical to an organization's capacity for cultural competency.

Grants and Proposal Research & Production

Every nonprofit organization competes for limited resources from the public and private sector. ORDA will help organizations think "outside the box" and develop approaches to enhance the organization's competitive capacity. ORDA will work with organizations to explore potential funding sources which may have been overlooked or never approached because of the degree of difficulty.

In addition to strategic thinking regarding funding sources and approaches, ORDA will also assist organizations in the research, development and production of quality proposals to private and public sector funders.

Association Management Services

Smaller nonprofit associations are often confronted with the costly challenge of maintaining fulltime staff or balancing management tasks amongst the board. ORDA will work with boards of nonprofit associations with budgets under \$500,000 to negotiate ongoing association management services.

Suggested Schedule of Fees

ORDA will work with each prospective client to negotiate a fair and reasonable fee based on the scope of service and the resources available to the organization. Generally, consulting fees will range from \$25 - \$100 an hour depending on the nature of the services requested. Fees for interim executive staffing are payable to ORDA in the same way an organization pays other temporary staffing vendors.*

Each request for ORDA's services is treated individually and negotiated with the final outcome in mind, "making America's nonprofits stronger".

**Interim Executive Staffing: While the fees for this service will reflect the final scope of service negotiated between ORDA and each organization, minimum fees for interim executive staffing at levels above 50% FTE are \$2,000 per month. As a guide, fees for Interim Executive Staffing will approximate the expense related to the permanent executive position.*

ORDA is administered by Hart Roussel, M.A., a professional with over 12 years of nonprofit sector experience, including 6 years as a senior manager and executive director. Mr. Roussel has provided organization and resource development training workshops on local, regional and national levels. Additionally, Mr. Roussel has extensive experience working with Roman Catholic and Episcopal congregations.

~7220 Central SE ~ Suite 2187 ~
~Albuquerque, NM 87108~
505.232.7224 ~ Fax 505.232.7250
For more information contact:
ORDAssocNM@AOL.COM

**Member: National Center for
Nonprofit Boards, National
Episcopal AIDS Coalition**

ORDA

*Making America's community based
nonprofits stronger!*
**Organization and Resource
Development Associates**

Supporting America's community based nonprofit sector through:

- Interim Executive Staffing for Organizations in Transition
- Association Management Services
- Board Assessment and Development
- Mission & Corporate Values Review
- Organizational Capacity Assessment and Planning
- Consumer Service Program Development & Quality Assurance
- Grants and Proposal Research & Production
- Executive & Senior Management Search Consultation

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. note	Peter Hartsock to Sandra Thurman and Sarah Holewinski re: AIDS outreach research painting (Personal) [partial] (1 page)	07/14/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:

Correspondence - SLT - Incoming - 7/98 [2]

2018-0764-F

jm2078

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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RR. Document will be reviewed upon request.

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

July 14, 1998

NOTE TO: SANDY THURMAN AND SARAH HOLEWINSKI
FROM: PETER HARTSOCK

Re: AIDS Outreach Research Painting and related matters

Dear Sandy and Sarah:

I wanted to present you with a color copy of the painting which appears on the special edition of the June, 1998 *Public Health Reports*. The painting, itself, depicts the first federally-funded AIDS/drug abuse outreach research; research which I worked to develop well over 10 years ago. The original outreach research took place in San Francisco (the painting was done in the Tenderloin) and part of it resulted in the development of the first bleach bottles for distribution to injecting drug users (IDUs) as a partial means for helping them to reduce their high risk behavior. Some of the original bleach bottles went right to Dr. Koop.

The painting was done by community health outreach worker (CHOW) Craig Lasha, (b)(6) who worked for and received a Master's of Fine Arts degree and whose father was the lead photographer for *Ebony* magazine for over 30 years. The painting (and a series of outreach project paintings following this one) came about after I spent several days on the streets with Craig and became impressed by seeing paintings he had done hanging with pride in bars, flop houses, etc. I mentioned that he should paint and thus document the outreach work and this he did (painting me into the left hand corner as the person behind the scenes who got the research going).

Later on, I was responsible both for developing the first federally-funded needle exchange research (Yale University) and for developing and administering the National Academy of Sciences evaluation of needle exchange and bleach distribution programs. The original outreach research in San Francisco and all the related obstacles we ran in to were a portent of things to come with needle exchange research.

Hope you both are well.

Best wishes.

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From the TelePort of: 1775 " T " Street, NW Washington, DC

Date: Wednesday, July 15, 1998

Number of Pages: 3

To: Sandra Thurman, White House, Office of the AIDS Policy Director

Fax Number: 456-2438

Memo: •FYI and files. The attached represents the first product of the TAEP Project. There will be a great many more over the coming months. • Bill Arnold, T•II•C•A•N•N/TAEP

incoming

Date: Thursday, July 2, 1998 8:06:27 AM

From: AOL News

Subj: Early Access to HIV Treatments for Underserved...

Early Access to HIV Treatments for Underserved Populations Found to be Cost Effective

- AIDS Activists Applaud New Research That Puts Added Pressure on Government Officials to Expand Treatment Access -

GENEVA, July 2 /PRNewswire/ -- New pharmacoeconomic research presented today at the 12th World AIDS Conference demonstrates that providing early access to AIDS treatment for the poor and uninsured would be cost-effective. This study challenges underlying assumptions supporting current Medicaid requirements that withhold treatment from HIV-infected patients until they exhibit the symptoms of full-blown AIDS. Medicaid is the largest payer of HIV-related medical services in the United States.

Current Medicaid eligibility rules extend health care coverage to HIV-infected patients only after they have suffered an AIDS defining illness or after their CD4 count has declined to below 200. Patients living with the HIV virus but without the symptoms of full-blown AIDS are ineligible and, if unable to gain access to AIDS drugs through other means, must delay treatment until they experience the symptoms of AIDS. Although federally funded state-administered AIDS Drug

Assistance Programs (ADAPs) generally cover the drug costs for patients ineligible for Medicaid, many state programs have experienced financial shortfalls due to rapidly increasing enrollments and per patient costs and, as a result, have responded by restricting access to their programs.

AIDS activists attending the conference characterized the pharmacoeconomic study as a solid first step in the development of a critical policy basis for the expansion of life-saving AIDS drug therapies to the uninsured and underinsured. The research, which was conducted by a consortium of academic researchers, professional pharmacoeconomists, AIDS organizations and research-based pharmaceutical interests called the Treatment Access Expansion Project (TAEP), uses established pharmacoeconomic simulation techniques and data from existing clinical trials (Roche clinical trials NV15182 and NV15355) to draw two conclusions:

-- early initiation of treatment with AIDS drug cocktails delays the progression of AIDS, and

-- providing early treatment (i.e., when the patient has a CD4 count between 200 and 500 and has never experienced an AIDS defining event) would result in prolonged survival and would be cost-effective, when compared to delayed treatment (when the patient has a CD4 count of less than 200 or has experienced an AIDS defining event).

"At the most basic level, our research shows that patients receiving early, aggressive treatment experience increased lifespan," said Gary Rose, T.I.C.A.N.N. (Ryan White CARE Act Title II Community AIDS National Network) public policy director and community liaison with the Treatment Access Expansion Project and a chief researcher on the project. "Moreover, the overall cost of providing patients with this survival benefit is negligible."

In April 1997, Vice President Al Gore directed federal health officials to determine the feasibility of expanding Medicaid coverage to make new AIDS drugs available to the uninsured for early HIV treatment. In December, the Clinton Administration announced that an expansion in Medicaid along these lines would be too costly. "Ability to pay should not have to be a barrier to early intervention for people with HIV," said Daniel Zingale, Executive Director of the AIDS Action Council.

The new pharmacoeconomic study shows that early HIV treatment would increase life expectancy of currently infected asymptomatic patients (patients with a CD4 count between 200-500 and never having experienced an AIDS defining event) by 0.43 years (unadjusted for quality of life). The researchers determined that these gains in life expectancy would result in longer treatment with protease inhibitors and an expected increase in lifetime costs per patient of 2.2%. Ultimately, however, early AIDS treatment is projected to delay progression of AIDS-defining events and prolong survival, at a cost well within the range of generally accepted cost-effective medical interventions.

"This pharmacoeconomic study provides an important addition to any discussion on early treatment," said Dr. John Hornberger, Director of Health Economics in Roche Global Pharmacoeconomic Research. "By delaying the onset of the symptoms of AIDS, early treatment only slightly increases medical-care costs over the first 5 years by \$241 per patient per year."

The principal sponsor of the TAEP pharmacoeconomic study is Hoffmann-La Roche. Roche Laboratories, a subsidiary of Hoffmann-La Roche, markets more than 35 medications in major therapeutic areas including AIDS, oncology, transplantation, infectious diseases, cardiovascular diseases and dermatology.

Treatment Access Expansion Project: TAEP was initiated to develop and disseminate sophisticated pharmacoeconomic models for use by federal, state and local governments and other entities concerned with the budget implications of providing treatment to people living with HIV/AIDS. TAEP consists of a consortium of academic researchers, professional pharmacoeconomists, AIDS organizations and research-based pharmaceutical interests.

T.II.C.A.N.N.: The Ryan White CARE Act Title II Community AIDS National Network (T.II.C.A.N.N.) is a non-profit organization dedicated to initiating and supporting activities that ensure access to care for all Americans living with or affected by HIV.

Roche Laboratories Inc.: Roche Laboratories Inc. is the marketing and sales subsidiary of Hoffmann-La Roche Inc., a leading research-intensive pharmaceutical company. Roche Laboratories markets more than 35 medications in major therapeutic areas including AIDS, oncology, transplantation, infectious diseases, cardiovascular diseases and dermatology.

SOURCE Treatment Access Expansion Project

CO: Treatment Access Expansion Project; Roche Laboratories Inc.; T.II.C.A.N.N.

ST: Switzerland

IN: MTC HEA

07/02/98 09:02 EDT <http://www.prnewswire.com>

Caitlin C. Ryan, MSW, ACSW

33 Adams Street, NW
Washington, DC 20001
202-232-0188
Fax: 202-234-3881
E-Mail: basryan@cpcug.org

July 10, 1998

Dear Sandy,

We haven't had a chance to meet though I've been a great admirer of your work at AID Atlanta and more recently at the National AIDS Policy Office. I was actually the first director of AID Atlanta who did all the lobbying with Fulton County and the city of Atlanta to get initial funding and set up early services and outreach to other communities in the southeast, working with Graham and David and a small crew of dedicated folks. I put a lot of time into building alliances with the professional community and was thrilled when you finally took the helm.

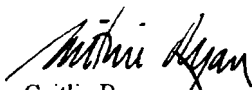
I'm writing today to invite you to speak at an event at the National Education Association on July 20 to launch the first book on health and mental health care for lesbian and gay youth. The event is sponsored by Whitman-Walker Clinic and the NEA Health Information Network and co-sponsored by 23 organizations that serve adolescents and youth and diverse lesbian and gay communities. I'm including a copy of our new book, *Lesbian & Gay Youth: Care and Counseling*, along with some background materials. You'll note that about one-third of the book covers HIV/AIDS and much of it is written in the context of adolescents, in general, since most gay youth seeking health and mental health care are closeted and many are questioning their sexual identity. We spent a lot of time providing background information and practical guidelines to sensitize and help providers feel comfortable offering and providing counseling and testing as a routine part of adolescent care. Lack of access to adolescent-centered counseling and testing remains one of the greatest barriers to prevention and clinical care for all youth, and particularly lesbian and gay youth who are invisible in mainstream health settings.

The book was written as a follow up to the government's first conference on the primary care needs of lesbian and gay youth, which I coordinated with Donna Futterman for the Health Resources and Services Administration in 1994. The conference brought together leading experts in lesbian and gay youth, adolescent health and mental health, juvenile justice and child welfare. As part of the conference, we developed a series of clinical care protocols for primary care, mental health assessment, and HIV-related care which provide a framework for the book, which was written for use in clinical care settings, policymaking, administration and professional training. It was published as an issue of the American Academy of Pediatrics' journal, *Adolescent Medicine* and now by Columbia University Press and has received enthusiastic reviews from providers in a range of disciplines.

Writing these guidelines was the first step in assuring quality care for sexual minority youth but getting them into the hands of providers, advocates and people who can make a difference is essential. By bringing together key mainstream organizations that serve children, youth and families such as the Child Welfare League of America, the National Association of Social Workers, the American Public Health Association and the Health Resources and Services Administration with national lesbian and gay and AIDS organizations, we hope to strengthen their collaborative efforts to increase access and improve the quality of care for all adolescents, and particularly lesbian and gay youth. We're going to be writing a series of grants later this summer to get it into the hands of policymakers and providers who can make a difference and I'd like to follow up with you later to talk about this.

We have planned a small program on July 20 from 7-7:30 pm that includes the sponsoring organizations, HRSA, Donna and myself, the National Youth Advocacy Coalition and lesbian and gay youth. We would be delighted if you could give brief remarks at this very special occasion. Each of us will speak for about 5 minutes. I'll be happy to provide additional information and can be reached at 202-232-0188, and you can also follow up with James Millner at the Whitman-Walker Clinic at 202-797-3590. I look forward to talking with you.

Best wishes,


Caitlin Ryan

Enc.

community
that these
guidelines
get implemented

Providers, for
adolescents in
general
opening the
section - this
is important!

Co-sponsored by

Advocates for Youth

AIDS Action

AIDS Policy Center for Children,
Youth & Families

American Public Health Association

Association of Gay & Lesbian Psychiatrists

Child Welfare League of America

Gay & Lesbian Alliance Against Defamation
(GLAAD)

Gay, Lesbian & Straight Education Network
(GLSEN)

Gay & Lesbian Medical Association

Health Resources & Services Administration

Human Rights Campaign

MetroTeen AIDS

National Association of People With AIDS

National Association of Social Workers

National Black Lesbian & Gay
Leadership Forum

National Gay & Lesbian Task Force

National Latina/o Lesbian, Gay, Bisexual &
Transgender Organization (LLEGÓ)

National Lesbian & Gay Health Association

National Minority AIDS Council

National Network for Youth

National Youth Advocacy Coalition

Parents, Families & Friends of
Lesbians & Gays (PFLAG)

Sexual Minority Youth Assistance League
(SMYAL)

JIM GRAHAM, Executive Director
WHITMAN-WALKER CLINIC
and

JERRY NEWBERRY, Executive Director
NATIONAL EDUCATION ASSOCIATION HEALTH
INFORMATION NETWORK

*invite you to attend an event celebrating publication
of the first comprehensive guide to health and mental health
care for lesbian and gay youth*

LESBIAN & GAY YOUTH: CARE & COUNSELING

by CAITLIN RYAN, MSW, ACSW
& DONNA FUTTERMAN, MD

published by

Columbia University Press

and the official journal of the American Academy of Pediatrics
Adolescent Section, *Adolescent Medicine: State of the Art Reviews*

**on July 20, 1998
from 6-8 PM**

at the NATIONAL EDUCATION ASSOCIATION
1201 16th Street, NW
Washington, DC

Book signing and Reception

RSVP and information contact:

Denise Watkins at 202-797-3569

Special thanks to:

James Millner—Whitman-Walker Clinic

Ellen Ratner—Talk Radio News

Cathy Renna—GLAAD

Sabrina Williams—NEA Health Information Network

The Widmeyer Baker Group

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LESBIAN & GAY YOUTH: CARE & COUNSELING

by CAITLIN RYAN, MSW, ACSW
& DONNA FUTTERMAN, MD
COLUMBIA UNIVERSITY PRESS, 1998

LESBIAN & GAY YOUTH: CARE & COUNSELING is the first comprehensive guide to health and mental health care for lesbian, gay and bisexual youth. Written as a follow up to the U.S. government's first conference on the primary care needs of lesbian and gay youth, which was coordinated by co-authors, CAITLIN RYAN, MSW, ACSW & DONNA FUTTERMAN, MD, this marks the first time that comprehensive peer-reviewed guidelines have been released for practitioners on the health and mental health care of lesbian and gay youth. Initially published as an issue of *Adolescent Medicine: State of the Art Reviews*, the journal of the AMERICAN ACADEMY OF PEDIATRICS ADOLESCENT SECTION, and now by COLUMBIA UNIVERSITY PRESS, the book is an important new resource for providers, parents and advocates.

Designed as a provider's guide for assessment, treatment, prevention and referral, the book is organized into three sections, including an overview of adolescent and lesbian/gay identity development, primary care, mental health, and HIV/AIDS. Information on lesbian and gay youth is presented in the context of adolescents in general so providers can understand the impact of stigma on adolescent development and health and mental health issues. Sample interviews, guidelines for referral, and protocols for mental health, primary care and HIV/AIDS assessment, treatment and prevention help providers "learn the right questions to ask and the right answers to give," as *Library Journal* noted when describing the book in a recent overview of top publications on lesbian and gay youth. A comprehensive resource section provides contact information and references for providers, parents and youth.

The authors—CAITLIN RYAN, MSW, ACSW & DONNA FUTTERMAN, MD—are experts in lesbian and gay health, mental health, adolescents and HIV/AIDS, who have worked on lesbian and gay health issues for more than 20 years and on AIDS issues since the early 1980s. They have developed this guide for use in clinical care settings, policymaking, program administration and professional training.

LESBIAN & GAY YOUTH: CARE & COUNSELING has received enthusiastic reviews from providers in a range of disciplines. Dr. Arthur Elster, Director of the American Medical Association's Department of Adolescent Medicine, has called it "a superb array of scientific information to help improve the health status and well being of a most vulnerable segment of our population." Dr. Anthony D'Augelli, Professor of Human Development at Penn State, has called it "a book that will save lives," while Kevin Jennings, Executive Director of the Gay, Lesbian and Straight Education Network (GLSEN) has called it "an essential resource for every educator and counselor who works with adolescents." And David Harvey, Executive Director, of the AIDS Policy Center for Children, Youth and Families, has described it as "a critical tool in the fight against AIDS" that "establishes the standard of care for all adolescents at risk for HIV infection, and especially lesbian, gay and bisexual youth."

LESBIAN & GAY YOUTH: CARE & COUNSELING is available in paperback and hardcover (at local bookstores or online from Amazon.com or Barnes & Noble Online or directly from Columbia University Press at 1-800-944-8648).

ISBN: 0-231-11191-6 paper \$21
ISBN: 0-231-11190-8 cloth \$45

Webpage: <http://members.aol.com/ouryouth/feat/feat5.htm>

Congress of the United States
Washington, DC 20515

July 6, 1998

*incoming
make copy for
Todd S.*

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

Re: Comments to Rules Implementing PPS for Skilled Nursing Facilities

Dear Ms. Min DeParle:

This letter provides comments to the Health Care Financing Administration's interim final rule implementing the prospective payment system for skilled nursing facilities, as published in the May 12, 1998, Federal Register. Specifically, we express our strong recommendation that these rules should address the needs of extreme outlier facilities such as the Bailey-Boushay House in Seattle, Washington, a facility providing specialized nursing services for patients with AIDS.

The PPS regulations implement Balanced Budget Act provisions which change nursing home reimbursement from cost based to a PPS system. They also consolidate billing for most services (including prescription drug costs) into one global, per diem rate. As published, however, these rules make no accommodation for facilities which provide greatly disproportionate services and medications due to their patients' more acute care needs.

The state of Washington helped create Bailey-Boushay House to provide high quality nursing home care to AIDS patients who would otherwise receive more costly hospital care. The unique and more intense nursing needs and high pharmaceutical costs of such patients make a facility such as Bailey Boushay very different from the traditional SNF's for which the PPS rules were designed. Further, the case mix adjustment system proposed in the regulations was simply not created to address complex and care intensive conditions like AIDS. As a result, applying the new rules without addressing extreme outliers such as Bailey Boushay would reduce the payment for Medicare residents there by nearly 70 percent.

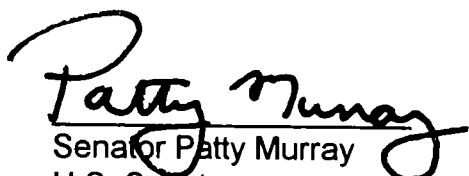
A cut of this magnitude means that facilities such as Bailey Boushay will simply no longer be able to provide care for Medicare patients. This result not only jeopardizes the care these patients need, but will also funnel them into alternative sources of care, primarily toward much more expensive hospitalization. It would seem extremely unwise to adopt a rule that would both reduce care **and** increase the cost of that inferior care.

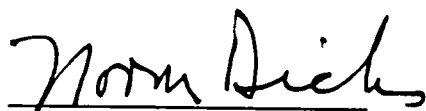
We do not believe that Congress intended the PPS provisions to result in the loss of such services to Medicare beneficiaries. The Conference Report, for example, explicitly identified the importance of addressing the needs of facilities housing patients with extreme medical conditions, such as Bailey Boushay. It states, "*It is the intent of the Conferees that the Secretary develop case mix adjusters that reflect the needs of such patients* [those with significant medication requirements]" (emphasis added). We believe that this is but one demonstration that the Conferees intended that adjustments be made for extreme outliers.

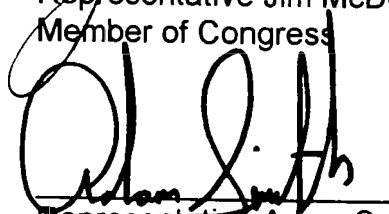
Finally, we note that the state of Washington also adopted a case mix reimbursement method for nursing home payment by the Medicaid program earlier this year. Recognizing its unique needs, the state legislature explicitly exempted Bailey Boushay from the change. Instead, the facility will be paid using a payment system specially adapted to meet the unique needs of its patients.

We again urge you to consider the needs of extreme outlier facilities such as Bailey Boushay, and to reflect these needs through special consideration in the final PPS rule. We appreciate your consideration of this issue, and please let us know if we can provide any assistance in this matter.

Sincerely,


Senator Patty Murray
U.S. Senator


Representative Norm Dicks
Member of Congress


Representative Jim McDermott
Member of Congress

Representative Adam Smith
Member of Congress

cc: Donna Shalala, Secretary, Department of Health and Human Services
Sandy Thurman, Director, National AIDS Policy



July 2, 1998

Ms. Sandy Thurman
Director
White House Office of
National AIDS Policy
808 17th St., N.W., Suite 820
Washington, DC 20006

Dear Sandy:

I wish that I could sit down so as to write this letter. For reasons all too clear to you, this won't be possible for at least another week or so. Nonetheless, let me take a moment to say how great it was to have you on the ride. It was a hundred laughs and hundreds of great memories.

Your presence added a lot to the event as a whole and I personally enjoyed having this time with you. Please convey my regards to Sarah, a woman also of considerable grit.

Enclosed are two sets of application materials for the Sea Gull Century '98. We would love to have you and Sarah join us. Think of it as your first training ride.

Warmest Regards,

Craig Shniderman
Executive Director

AKA Ride #1 196/197/198/199 .



FINE

1 July 1998

NEAC Board of Directors

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The Reverend
Richard G. Younger
Seattle, WA

NEAC Staff

Larry Biddle
Anne R. Grant
Administrators

Ms. Sandra L. Thurman
808 17th Street NW
8th Floor
Washington, DC 20006

Dear Sandy,

I hope that all is well with your busy schedule there in Washington. We all missed your presence in Indianapolis, but I hope that you felt all the good thoughts and prayers that were directed your way.

I write at this time to formally invite you to participate in NEAC's Board of Directors meeting to be held in Atlanta, GA October 9 and 10, 1998. This will be a very special time for us and we will be celebrating the 10th Anniversary of the founding of NEAC. We would very much like for you to be there to help us share in this celebration and hope your calendar will allow you to attend

If you have any questions, please feel free to contact me, we look forward to your being with us in Atlanta!

God bless

Bill

The Rev. C. William Frampton, III

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11064	Rev. C. William	Frampton	7/14/98	

☐ Response Required?

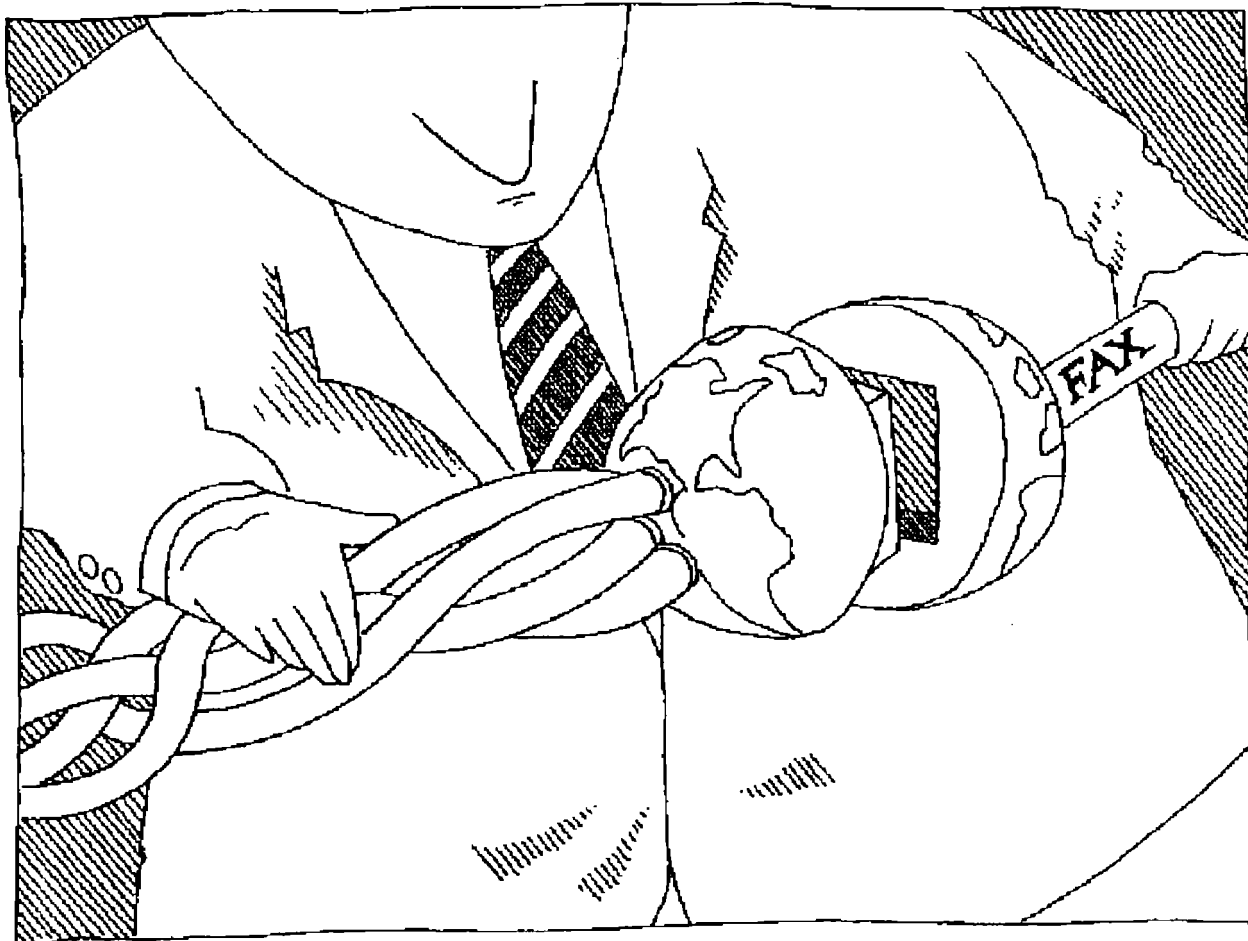
Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		
		Sandy		

Notes

To celebration 10th Anniversary - National Episcopal AIDS Coalition

Sender's Organization	Sender's Street1	Sender's Street2
NEAC	1925 K Street, NW	
Sender's City	Sender's State	Sender's Zip
Washington	DC	20006

FACSys Fax Messaging Gateway



To: Sandra Thurman

From: Kerri Dumas

Fax Number: 4562438

Subject:

Date: July 13, 1998

Pages: 7

Time: 3:19:44 PM

Note:

Meaning

**National Organizations Responding to AIDS (NORA)
MEMORANDUM**

TO: NORA Coalition

FROM: Curt Decker, 202-408-9514
Consortium for Citizens with Disabilities

DATE: July 13, 1998

REASON: **Urgent Sign-on requested by 6:00pm Today**

For those of you who attended the NORA meeting this afternoon this is the sign-on letter that was discussed regarding S. 2266, the State and Local Prison Relief Act. For those of you who could not attend, there is information regarding this bill attached along with the sign-on letter. **Please fax your sign-on to the following fax number : 202-408-9520**

**Please respond to this important by 6:00pm
Monday, July 13, 1998**

_____ Yes, sign us onto the letter

Organization

Contact Name

Telephone Number

E-mail

Fax Number

**Please return to Kurt Decker, 202-408-9514
fax number 202-408-9520**

TO: CCD Members, Friends
FR: Glen W. Sutcliffe, NAPAS
RE: Sign on letter for S. 2266

So far we have 31 signatories, and we would like to have at least fifty...have you signed on yet?

The deadline is today, 6:00 p.m. FAX: 202/408-9520

Thanks to those who have signed on. Please ensure your organization's name is listed correctly.

Many thanks also goes out to the ACLU Foundation's National Prison Project.

If you can join us in delivering the personalized letters to the Senate offices, we'll meet at 8:00 a.m. in the Senate Chef (Hart building). I'm hoping we can get these delivered in time to join the CCD - Education Task Force's weekly meeting at 9:00 a.m., also in the Senate Chef.

Attached is a letter which we hope your organization will sign on regarding S. 2266, the State and Local Prison Relief Act. Although the bill was introduced on July 7th and referred to the Labor, HHS committee, it has been suggested this bill will be attached to the Senate Commerce, Justice, State Appropriations bill sometime in the next two weeks.

S. 2266 would open the debate on the meaning of "public entity." And if passed, the ADA amendments' floodgate would open wide to weaken the most important civil rights legislation for people with disabilities. We cannot allow ANY amendments to the ADA.

Consortium for
Citizens with
Disabilities

Contacts:

Curt Decker (202) 408-9514
Bob Herman (202) 416-7699

July 13, 1998

The Hon. XXX
U.S. Senate
XXX Hart/Dirksen/Russell
Washington, DC

Dear Senator:

The undersigned members of the Consortium of Citizens with Disabilities (CCD) strongly oppose S. 2266, the State and Local Prison Relief Act, which would amend the Americans with Disabilities Act as well as the Rehabilitation Act of 1973. CCD is a working coalition of over 110 national organizations, which advocate for the rights and interests of people with disabilities.

S. 2266 is in response to the recent Supreme Court decision in Pennsylvania Department of Corrections v. Yeskey. In a unanimous decision, the Court ruled that prisoners with disabilities have a right to equal access to essential facilities and services under the disability statutes. And in writing the opinion of the court, Justice Scalia stated: "the ADA plainly covers state institutions without any exception that could cast the coverage of prisons into doubt."

In addition to the plain language of the ADA supporting the Supreme Court's decision, overwhelming evidence establishes the need for legal protection. For example, in a recent article published in New Mobility, a disability culture & lifestyle magazine, Jean Stewart writes of a federal class action suit in which the lead plaintiff was deaf. "Throughout the plaintiff's incarceration she and her co-plaintiffs were denied interpreters, making it impossible for her to participate in or understand grievance, disciplinary and parole hearings, educational classes, and medical or psychiatric appointments. Officials refused to provide or repair hearing aides and denied deaf prisoners TTYs for telephone access."

In other cases, advocates report that inmates with physical disabilities who use wheelchairs are routinely denied adequate access to toilets, showers, appropriate medical care, and early release programs and services on the same terms as other inmates without disabilities. These and other examples prove that inmates with disabilities are serving harsher sentences not because of objective criteria, but because they have a disability. S. 2266 would essentially codify practices that implicate life and death concerns but may or may not be ultimately found to amount to cruel and unusual punishment in violation of the Eighth Amendment of the Constitution.

Finally it is doubtful that in the waning days of the 105th Congress, hearings will be held to justify amending statutes of such monumental social significance. S. 2266 could open the door to other hasty amendments without proper process, and throw into chaos the orderly implementation of the ADA, a law many years in the making and the subject of numerous hearings and legislative compromises.

Senator, we urge you to oppose this bill when it comes to the Senate floor.

Alliance for Rehabilitation Counseling
American Association on Mental Retardation
American Counseling Association
American Family Foundation
American Network of Community Options and Resources
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Child Welfare League of America
Council for Exceptional Children
Epilepsy Foundation
Justice For All
Learning Disabilities Association
Legal Action Center
National Alliance for the Mentally Ill
National Association of Developmental Disabilities Councils
National Association of People with AIDS
National Association of Protection & Advocacy Systems
National Association of School Psychologists
National Association of the Deaf
National Center for Learning Disabilities
National Council for Community Behavioral Healthcare
National Easter Seal Society
National Mental Health Association
National Parent Network on Disabilities
National Rehabilitation Association
NISH
Paralyzed Veterans of America
Rehabilitation Engineering and Assistive Technology Society of North America
TASH
The Arc
United Cerebral Palsy Association

S.2266 -- State and Local Prison Relief Act

In June, the Supreme Court, in a unanimous decision, said that prisons are covered by the Americans with Disabilities Act, and disabled prisoners have a right to equal access to essential facilities and services under the disability statutes.

This week, Senators Thurmond and Helms introduced the State and Local Prison Relief Act -- a bill that would exclude all prisons, jails and juvenile facilities housing physically and mentally disabled children and adults and employing disabled workers from coverage under the ADA and Rehabilitation Act.

Senator Thurmond referred to disabled prisoners seeking special privileges but the reality is that disabled men and women in prisons and jails face dangerous physical obstacles when seeking access to such basic facilities and services as toilets and showers, dining halls, medical clinics, emergency alarms and exits, and rehabilitative programs. For example:

- a semi-quadruplegic prisoner in an Indiana county jail who was confined to a wheelchair and wore colostomy and urostomy bags for removal of his body waste was kept in a jail cell with no running water and only an open drain in the floor to dispose of the contents of his bags for three months although other jail cells with running water were available.

- in a Michigan jail, a bilateral amputee fell into a toilet and onto the floor when he attempted to transfer from his wheelchair because the toilet lacked both handrails and a seat and was set into a narrow stall into which he could not maneuver his wheelchair.

As drafted, the State and Local Prison Relief Act would remove psychiatric and other hospitals housing criminal defendants undergoing competency evaluations, as well as other mentally disabled populations, from ADA coverage.

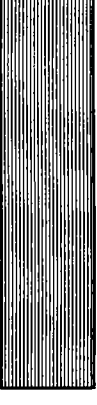
The bill would also remove disabled prison and jail employees from ADA coverage.

We have seen with recent legislation that once prisoners have been successfully targeted, moves are made to limit the rights of other disfavored groups. Once prisoners are exempted from ADA coverage, there is a danger of further restrictions in coverage, perhaps leading to:

- termination of more governmental services now covered under Title II of the ADA and Section 504 of the Rehabilitation Act, such as education, public health services and voting.

- inaccessible treatment centers, group residential and day care facilities, child protection services, hospitals, veterans' programs and developmental centers for persons with retardation.

The bill was introduced on July 7, 1998 by Senator Strom Thurmond. It will probably be added to the appropriations act for the Justice Department when it comes to the Senate floor in July (this month). The final appropriation bill must be passed before the end of September.

*From the TelePort of:*

1775 "T" Street, NW Washington, DC

Date: Wednesday, July 22, 1998**Number of Pages:** 2**To:** Sandra Thurman, White House, Office of the AIDS Policy Director**Fax Number:** 456-2438

Memo: •FYI • Op Ed on importance of funding AIDS Drug Assistance Programs (ADAP) at levels providing adequate access to AIDS treatments in every State. From JACKSON, Miss. "Clarion Ledger". •Bill Arnold, ADAP Working Group (202) 588-1775

[Handwritten signature: Bill Arnold]

The Clarion-Ledger

MISSISSIPPI'S NEWSPAPER

July 22, 1998

ADAP Working Group
1775 "T" Street, NW
Washington, DC 20009

INTERSCIENCE



**LISA
HUDGENS**

Guest columnist

Living with HIV is painful, but without funds, it's hopeless

At some point in our lives, most of us want something we can't have. Either we can't afford it, don't qualify for it or don't make the cut — so we re-order our priorities to get by without it.

But what if your life depends on a medical treatment? How would you feel if you were forced to sit helplessly, fearful of illness and disability, while others got the medicine that adds healthy years to their lives? Thousands of Americans with HIV are living with this problem every day.

I tested positive for HIV, the virus that causes AIDS, eight years ago. I was only 21, and I can't begin to describe the hell my family and I have gone through since then. But at least I had my family's support — both financially and emotionally.

Some less fortunate

Many Mississippians living with HIV disease are not as fortunate. Not long ago, a young woman from a small Mississippi town was kicked out of her family's house after they learned she had AIDS. They burned all of her belongings — including her clothes — in the front yard. Then they burned her car. The woman came to Jackson, with the help of a local social service agency, with only the clothes on her back.

No other disease provokes such hatred and discrimination. That is why so many people living with AIDS must rely on the government for their care.

Soon after my diagnosis, I started attending a support group at my doctor's office. There, I met other people living with HIV and AIDS. Housewives and preachers, grandmothers and truck-drivers — just ordinary folks. One by one, I watched my friends get sick and die. And each time, I imagined I was going to be next.

Each month, thousands of men and women like me ask their doctors to prescribe new drug therapies that have helped others fight back against HIV and reclaim their lives. But they can't have them. These people have had the bad luck to fall between the cracks.

They have either lost or never had access to adequate health insurance (only 18 percent of people living with HIV have private insurance) or they don't qualify for Medicaid.

State AIDS Drug Assistance Programs, or ADAPs, are jointly funded federal/state programs providing access to HIV medications for people with HIV who are uninsured or underinsured. Over the past few years, ADAP programs have become life-savers for many thousands of Americans with HIV.

Some states limit access

But exploding demand and costs have forced many states, especially those that have too many prospective participants and too few dollars, to limit access to their programs.

Substantial increases in federal ADAP funding since 1998 have not been able to help states fully keep up with demands. Available dollars continue to fall short of estimated program needs.

Even with the Mississippi Legislature's recent \$750,000 appropriation, we still have about 190 people on the ADAP waiting list. Current funding proposals still will not meet the need and the demand for access to new life-saving therapies.

Over the past year, people have written letters to the editor at *The Clarion-Ledger*, asking: "Why should we have to care for those people?" I'll be the first to admit that I made some really stupid decisions in high school and college. My lack of knowledge and naivete caused me to become infected with HIV. But blaming us, unfortunately, does nothing to make AIDS disappear. There are more than 5,000 Mississippians living with HIV and AIDS. Ignoring the problem and doing nothing costs us all more money in the long run!

Many people with HIV who have been able to access these therapies are healthier than they've been in years. They look forward to life rather than fearing death, and many of them are even returning to work.

As the environment of AIDS changes, providing funding to ensure access to life-saving HIV therapies becomes not only an appropriate strategy for cutting long-term hospitalization costs associated with AIDS, but a humanitarian obligation as well.

Lisa Hudgens is fund development coordinator at Project Connect AIDS Service Organization.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11078	Terry	Stone	7/21/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To
		Sandy

Notes

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Sender's Organization	Sender's Street1	Sender's Street2
Northwest AIDS Foundations	127 Broadway East Suite 200	
Sender's City	Sender's State	Sender's Zip
Seattle	WA	98102

McMurry

Les J. Leibow
18-27 Hillery Street
Fair Lawn, New Jersey 07410

Sandra Thurman
AIDS Advisor
c/o The White House
1600 Pennsylvania Avenue N.W.
Washington, D.C. 20500



Dear Ms. Thurman:

I am not a doctor or health professional and I do not have HIV, but I have been interested in reading about medicine for many years. I would like to ask you about some "alternative" approaches to the treatment of HIV/AIDS.

An article in JAMA 1996; 275:870-876 (review) summarizes various studies indicating that Lactobacillus acidophilus, bifidobacterium bifidus, Saccharomyces boulardii and other "friendly flora" may be useful to treat some types of infections. In one of those studies, a supplement of S. boulardii was useful to treat diarrhea in AIDS patients much more effectively than placebo (Ann Med Interne (Paris) 1991;142:64-65). Other studies indicated that friendly flora may be useful against rotavirus, C. difficile, antibiotic associated diarrhea, and other pathogens (although the effectiveness may vary depending upon the particular type and strain of friendly flora that is used). Incidentally, friendly flora products are sometimes referred to as probiotics. ... Several other products may also act synergistically to encourage the implantation and/or growth of friendly flora in the human digestive tract. This includes specialized forms of fiber such as oligosaccharides and fructooligosaccharides and several other products. Such products are sometimes referred to as prebiotics. Some studies indicate that prebiotics, either alone or in combination with appropriate strains of friendly flora, may have antimicrobial effects against certain pathogens in the digestive tract, or possibly other therapeutic effects. J Nutr. 1995;125:1401-1412 (Review).

A study found that HIV positive individuals with very low levels of Vitamin B12 often developed the symptoms of AIDS much sooner than those with normal B12 levels. J Nutr 1997;127(2):345-351.

Herbs for Health May/June 1998 had a small article about spirulina. Spirulina is a plant that grows in the water and it is sold as a nutritional supplement. Researchers from Harvard, among others, found that calcium spirulan (extracted from spirulina) inhibits the ability of HIV virus to enter human cells

in vitro. This was reported in AIDS Weekly Plus, May 6, 1996; also see AIDS Research and Human Retroviruses 1996; 12(15):1463-1471.

The Symbiotics LLC Company sells a supplement of bovine colostrum. Their newsletter claims that it naturally contains several antimicrobial and/or immune enhancing ingredients, including immunoglobulins, lactoferrin, cytokines and interferon, possible other therapeutic ingredients. It states "in a recent study in The Netherlands, lactoferrin proved a powerful inhibitor of the HIV-1 virus, the main virus which causes AIDS." Unfortunately, they did not say whether this study was done in humans or *in vitro*, and they did not say where the study was published. The newsletter also mentions several other studies, including some published in reputable journals, although the journal references are incomplete. This includes a study by Dr. Ho and Dr. Lawton in Journal of Pediatrics, 1978, showing that ingredients in bovine colostrum were useful against E.Coli and Candida albicans; a study in Lancet in 1983 showing that bovine colostrum may be useful against rotavirus; a study in Advances in Experimental Medicine and Biology, 1987, showing that bovine colostrum may be useful against Clostridium; and an article by Dr. E.L. Palmer, et al, in Journal of Medical Virology, reporting research by the Centers for Disease Control in Atlanta, showing that bovine colostrum has a wide range of antiviral factors; and various other studies. If you want to contact the company for further details, they are located at 2301 W. Highway 89A, Suite 107, Sedona, Arizona 86336. (Please note I have no financial association to Symbiotics or any products mentioned or implied in this letter.)

Perhaps you are already aware, but I will briefly remind you that it is often difficult to do research on nutritional products because they cannot be patented. If a product is not patented, the sales would be spread thin among many different companies. Each company would make a relatively small amount of money by selling the product. Therefore, no company could afford to do the expensive research required by F.D.A. to prove that the product will treat or prevent an illness. ... Occasionally a company will do a small amount of research on a non-patented product to prove to their own satisfaction that the product works, but not nearly enough to prove it to the F.D.A. There may also be preliminary research by government (Department of Agriculture, N.I.H.), universities, foreign countries, or anecdotal reports, indicating that dozens, perhaps hundreds, of non-patented products might be useful to treat or prevent a variety of illnesses or injuries. However, the money for such research is usually doled out a little at a time and the research usually proceeds slowly. In most cases, such products remain controversial for a very long time, often referred to as

"unproven" or "alternative" ... It is also difficult to do a "double-blind placebo-controlled" study on any product that is easily accessible to the public. Some patients would obtain the real product and refuse to take the placebo. Furthermore, some products may have tell-tale characteristics, such as color, taste, aroma, texture or other characteristics, which might be very difficult to duplicate in an (inert) placebo. If some patients do not receive a placebo to serve as a basis for comparison, there will be doubt about the reliability of the study. ... These obstacles are not insurmountable either. Placebo controlled studies have been done on some nutritional products, possibly other "alternative" products, despite these difficulties. Several other types of studies may also be useful depending upon the circumstances. Nevertheless, these situations have slowed the research on some products.

I hope you will look up the articles I mentioned and consider whether more research needs to be done on the potential use of friendly flora, vitamin B12, spirulina, or bovine colostrum for the treatment of HIV/AIDS or other infections.

Thank you. I look forward to your reply.

Sincerely,

Les J. Leibow

Les J. Leibow

July 15, 1998

P.S. Although very rare, there have been a few reports of potentially serious side effects due to friendly flora supplements. You might want to look up J Infect 1986;12:169-174. Acta Paediatr 1992;81:784-787. J Pediatr Gastroenterol Nutr. 1995;21:113-115. I do not know whether there have been any reports of side effects due to vitamin B12, spirulina or its components, or bovine colostrum or its components. You may want to do a thorough search of the medical and nutritional literature for details on potential side effects, contraindications, proper dosage or other important details.

cc: Anthony Fauci, M.D.

Dorothy A. Keville

◆ PRESIDENT ◆

KEVILLE & ASSOCIATES

7/25/98

Dear Sandy,

It was nice seeing you in Geneva. Since you mentioned that you were going to invite women from corporations to meet with you, I mentioned a book I thought you might be interested in.

I'm sending you a copy of Synchronicity -- the Inner Path of Leadership by Joe Jaworski (son of Leon). It's about leadership & the profound changes required that will be needed in the future. I hope you'll include me in your meetings with other women who want to help bring about changes.

Sincerely,

Dorothy Keville

6 Stockbridge Street ◆ Cohasset, Massachusetts 02025

Tel. 781/383-2608 ◆ Fax 781/383-2667 ◆ dakfive@aol.com

July 13, 1998

Mr. and Mrs. Michael Rudolph
5029 V Street, N.W.
Washington, D.C. 20007

Dear Betty and Michael:

As you begin your new life together, Hillary and I want to wish you the very best. May the coming years bring you abundant happiness, fulfillment, and meaningful experiences in a wonderful partnership as husband and wife.

Our thoughts are with you.

Sincerely,

BILL CLINTON

BC/MS/SH/lynn
P-106

(Corres. #4030627)

cc: Sandra Thurman, 736 Jackson Place

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	re: Birthday greetings (Personal) [Personally Identifiable Information] (1 page)	07/10/1998	b(6)

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National AIDS Policy Office

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Correspondence - SLT - Incoming - 7/98 [2]

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

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

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

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11061	Stephanie	Davis	7/13/98	

☐ 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
Atlanta Women's Foundation	Hurt Building Suite 401	
Sender's City	Sender's State	Sender's Zip
Atlanta	GA	30303

[Handwritten signature]



ATLANTA
WOMEN'S
FOUNDATION

To: Sandy

From: Stephanie 

Date: July 7, 1998

Board of Directors

Elaine B. Alexander

Boyce Ansley

Gwendolyn M. Bookman

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Denise Hipps, Chair

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Sally McDaniel

Pat Mitchell

Helen Smith Price

Judith Taylor

Lisa Tunnell

Ray Uttenhove

Karen Elaine Webster

Susan Wells

Ruth West

Stephanie A. Davis, Director

Got your message. We will appreciate anything you can do on our behalf to endorse this request. Please let me know as soon as you hear anything.

April 24, 1998

Patti Solis Doyle
Special Assistant to the President
Director of Scheduling for the First Lady
Correspondence Office
Old Executive Office Building, Room 18
Washington, DC 20500

Dear Patti:

Last summer I wrote to Mrs. Clinton inviting her to be our featured speaker at the "Numbers Too Big To Ignore" luncheon in November 1998. You responded that it was too soon to make a commitment. It may still be too soon, but I wanted to let you know where we are in our planning and see if you could give me any indication if she could join us.

This past November we held the inaugural luncheon featuring Jane Fonda and Gloria Steinem. The event attracted 1,600 people and raised \$370,000 for grants to organizations changing the lives of women and girls in Atlanta. We made the front page of the *Atlanta Journal and Constitution* the next day and attracted the attention of most major media outlets in Atlanta that day and for many days thereafter. I am enclosing a program book from that event and our most recent annual report so you will have an idea of who we are and what we stand for. I am also sending along an editorial and a Letter to the Editor which I think exhibits our support for the First Lady over the trials she has had to bear these last several months.

Mrs. Clinton was in Atlanta recently on behalf of the Democratic Women's Leadership Forum and several of my Board members spoke to her about coming back to Atlanta in November to speak to a large public gathering on behalf of the Atlanta Women's Fund. We have reserved Friday, **November 13** as the tentative date when we would like to produce this luncheon at the Georgia World Congress Center. Please let me know if you think her schedule will allow this visit and if she would be amenable to considering it. I cannot tell you how much we would welcome her, embrace her, and be strengthened by her presence.

Sincerely,



Stephanie Davis
Director

Cc: Amy S. Conroy, WLF Executive Director

Harm Reduction Alliance

220 Prospect Street PO Box 5413 Manchester, NH 03108
Phone: 800.923.1361 Fax: 603.669.3538 e-mail: dan@nhhra.mv.com

July 23, 1998

Ms. Sandra Thurman, Director
White House Office for National HIV/AIDS Policy
736 Jackson Place
Washington, DC 20250

Dear Ms. Thurman:

My name is Dan Sundquist and I was a member of the group that was arrested in your office this past Monday. I am writing to you in the hope that something positive can come from the action that was taken that day because civil disobedience is not something I take lightly. It is a sad day indeed when loving, caring individuals have to resort to such drastic measures in an attempt to get a simple signature. One simple signature could stop tens of thousands of unnecessary deaths.

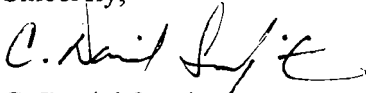
I believe that when you came to Washington to assume this country's highest leadership position in the fight against AIDS/HIV Disease, you took the responsibilities that came with your office very seriously. I also understand that you came to Washington with a great deal of personal experience from working for, and with, people who were infected and affected by this unforgiving disease. A great deal of this experience was enhanced by exposure to the incredible struggles that those living with AIDS/HIV Disease must cope with on a daily basis. The perspective that you brought to Washington was also gained, in part, by the AIDS-related deaths of some of your friends who opened their hearts to you and allowed you access to what is an extremely intimate pain.

I can only imagine how difficult it must be for you to have your authority, and the power of your position as the President's Advisor on AIDS/HIV Disease, negated by someone with limited knowledge of the issue and a strong personal agenda. However, I believe it is critical that you resist this intimidating presence, assert yourself in this situation and fight to regain the respect you deserve. Our time is quickly running out.

I'm confident that the President did not appoint you to your position in the belief that you would not speak your mind and fight for what is right. We need your leadership and we need it now! We need you to be a champion for the scientifically proven and accepted HIV prevention strategy of syringe exchange. In addition, I would like to remind you that we are about to face an explosion of Hepatitis C infections that will surely result in a death toll much larger than AIDS/HIV Disease. Syringe exchange is a key factor in preventing this potential disaster.

I strongly encourage you to speak out and voice your knowledgeable opinions on this issue. You must not be complicit in a policy of inaction driven by those with a dim-witted fear of "sending the wrong message" regarding drug use. You must not sit quietly while people die. Many in the fastest growing groups (minorities, women and children) with injection-related infections never injected drugs.

Sincerely,



C. Daniel Sundquist
Executive Director

MAY-01-88 09:08 FROM:

Fox Washington Bureau
400 North Capitol Street N.W.
Suite 550 Washington, DC 20001
[2 0 2] 8 2 4 - 6 3 0 0



May 1, 1998

via fax

To: Jeff Kamen 202-456-2438
Office of AIDS Policy

From: Natalie Hohn
Producer

We would like to invite Sandy Thurman to be a part of the Juan Williams Washington segment on our show 'Special Report with Brit Hume'. Juan Williams interviews political, cultural and social newsmakers around town and around the country on a variety of topics.

We hope to schedule the interview the week of June 15th, and conduct it in her office or at our bureau. We would also like to get some video of Ms. Thurman practicing for the AIDS Ride, in order to properly tell viewers what the event is all about. For this segment Juan and I would be asking for about 30 minutes of interview time and just 10 - 15 minutes of practice time. We would certainly be able to work around her schedule.

The interview would include a variety of topics, but will be a general profile piece about Ms. Thurman, and we would like to talk about "all the things that make people uncomfortable... sex, death, drugs and money."

You can reach me at (202) 824-6496.

Sincerely,

Natalie Hohn
Producer

**Sandra L. Thurman, Director
Office of National AIDS Policy
'Special Report with Brit Hume'
Fox New Channel
2 - 3:30 PM
June 11, 1998**

Event: You will be appearing on the show: 'Special Report with Brit Hume' to talk about the current state of AIDS and what the Administration is working on. Though this is mostly a profile piece, they will be asking you about a cure, a vaccine, what research is going on, hot topics like the needle exchange decision, and will focus on your participation in the AIDS Ride.

Interviewer: Juan Williams

Dress: Your usual business attire. They didn't recommend anything specific. They also have a professional make-up artist on hand to prep you for the camera.

1:30 PM Car pick up from 736 en route Fox Studios, 400 North Capitol Street (Jeff will be accompanying you to the studio)

1:45 PM Producer Natalie Hohn will meet you up in Suite 550.

2 - 2:30 PM Interview

2:30 PM Car pick up from Fox Studios en route 736 Jackson

Contacts

Natalie Hohn, Producer	P: (202) 824-6496
Jeff Kamen	P: (202) 338-6397

Draft

HHMI: - 301 215 8550 (phone)

May 5, 1998

Dr. Purnell W. Choppin
President
Howard Hughes Medical Institute
4000 Jones Bridge Road
Chevy Chase, Maryland 20815

Dear Dr. Choppin:

Trust this finds you well and enjoying the benefits of a sustained success at the Howard Hughes Medical Institute. I regret not having been in touch of late, but ~~frankly~~ *you have a busy schedule and so - it might be impertune. am always pleased when I read or hear of the many successes at HHMI.*

Recently, a friend of ours, Ms Sandy Thurman relayed that she would very much enjoy making your acquaintance and extending best regards for your efforts at the helm of HHMI.

Sandy is, as you may know, a very committed advocate on AIDS matters and presently serves as Director of AIDS policy at the White House.

Would you please be so kind as to consider a brief - even five minutes or so - get together with Ms. Thurman? Perhaps this could be arranged before the end of June, 1998? I would be pleased to help with the arrangements and also to make the introductions. I suspect a pleasant exchange would be had by all.

In advance, thanks for your consideration. It will be a pleasure to hear from you.

Sincerely,

Margaret L. Petito

** This is original draft request. Obviously, if the President is to be added, I should change the content.*



Howard Hughes Medical Institute

Purnell W. Choppin, M.D.
President

4000 Jones Bridge Road
Chevy Chase, Maryland 20815-6789
(301) 215-8550

May 11, 1993

Ms. Margaret L. Petito
6692 32nd Place, N.W.
Washington, D.C. 20015

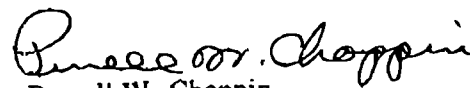
Dear Maggie:

I write to thank you for the lovely flowers that you sent to help us celebrate the dedication of our beautiful new facilities. It was a thoughtful gesture that was much appreciated. We here were very pleased with the events and are of course delighted with our new headquarters and conference center.

I had the privilege of knowing Frank Petito for only a few years, but I know how much he loved the Institute and what it was doing, and I think he would be pleased with the recent developments, including its new home.

With best wishes,

Yours sincerely,


Purnell W. Choppin

PWC/smc

~~Richard~~
Please review
& respond directly
to Tim

Cheri
THE WHITE HOUSE
WASHINGTON

To Sammy
17 Nov 1998
per Ruppert
plwz

MEMORANDUM

TO:

Cheri

DATE:

7/22/98

FROM:

Tim Emrich
Presidential Scheduling
184 OEOP/456-5306

ATTACHED:

☒ Please advise on how to respond

☐ For your information

☐ For your action

☐ As you requested

☐ Please call me regarding the attached

☐ Please prepare response per instructions below

☐ For your approval

☐ For Surrogate Consideration

☐ Please prepare Scheduling Proposal

COMMENTS:

Cheri,

Is this of any interest to OPL?

Thanks,
Jim

CC:

50
Scheduling

COLUMBIA UNIVERSITY
HEALTH SCIENCES DIVISION

OFFICE OF THE VICE PRESIDENT FOR HEALTH SCIENCES
AND DEAN OF THE FACULTY OF MEDICINE

Doc Rec'd

4/8/98

June 19, 1998

*Ltr. Rec'd

Copies For

Misc.

The Honorable William Clinton
President of the United States
White House
1600 Pennsylvania Avenue
Washington, D. C. 20502

OPEN

Dear President Clinton,

This week Columbia scientists Wayne Hendrickson and Peter Kwong, working in collaboration with colleagues at the Dana Farber Cancer Institute, demonstrated with stunning clarity how the HIV virus invades immune cells. We were pleased to send you a photograph, as requested, through your Office of Science and Technology Planning.

This breakthrough reflects what can be achieved through collaborative science, multiple public and private funding sources (including Howard Hughes and NIAID), and cross-disciplinary research. It reflects the message you have been sending throughout your administration that combining strengths produces better science. ~~We would be pleased to have you visit this laboratory~~ to learn more about the research and how it encapsulates a key theme of your presidency.

We would be honored to see you at Columbia.

Sincerely,


Herbert Pardes, M.D.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11095	Anne	DeGroot, M.D.	8/3/98	

☐ 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
Brown University	Box GB-426	
Sender's City	Sender's State	Sender's Zip
Providence	RI	2912

Added
they would like you
to attend
(set deadline)
let me know
thanks!
S



TB/HIV Research Lab

at the International Health Institute

Box G/B-426, Providence, RI 02912 voice (401) 863-3875; fax (401) 863-1243

July 28, 1998

Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503
Phone 202 456 2437

Dear Ms. Thurman,

Please accept this invitation to speak at the Brown University School of Medicine sponsored Current Management of HIV in Corrections conference, Symposium 2 Responding to HHS Guidelines, scheduled for October 23 and 24, 1998, in New York City.

I would like you to participate as a member of a summary panel "Meeting the challenge of HIV and Prison" during the final session of Saturday's symposium on the adaptation of HHS guidelines to correctional care.

It is likely that your honorarium and travel costs for this presentation will be provided by the Brown AIDS program courtesy of unrestricted educational grants provided by Glaxo Wellcome, Roche, Agouron, and Roxanne Laboratories. Dennis Thomas is the BRUNAP contact regarding these arrangements. Funding is not yet entirely in place for this event, so we are unable to give you more specific information at this time. However, we will contact you as soon as funding is guaranteed with a formal letter of invitation. In the meantime, please indicate if you are willing to participate by contacting Paul Nelson at the above phone number and reserve the date.

A draft agenda for the meeting is enclosed. Please let me know if you have any comments or suggestions. I am looking forward to working with you to bring this conference together.

Sincerely,

Anne S. De Groot

Anne S. De Groot, M.D.

cc Barbara J. Niekerk, M.Ed.
Director, Brown CME

Enclosures: as noted

Declined

Added to agenda

*Saturday afternoon
9-11:30 AM*

*(401) 863-3875
(401) 863-1243*

Proposed Conference

Current Strategies for the Treatment and Prevention of HIV in Corrections

**Symposium 1 Friday October 23 1998
Special Focus on HIV Among Incarcerated Women**

**Symposium 2 Saturday October 24 1998
Creating a Consensus: Adapting HHS Guidelines to Correctional HIV Care**

Sponsors:

**Brown University School of Medicine
and the Brown University AIDS Program
HIV Education / Prison Project (HEPP / BRUNAP)**

and

**Yale University HIV/Prison Program
and the Yale University AIDS Program**

Conference Objectives:

In response to accumulating data on HIV pathogenesis, national panels of experts have strongly supported early identification and treatment of HIV infection with combination therapy, in addition to regular monitoring of HIV viral loads, as likely to reduce HIV-related morbidity and progression to AIDS.

The following figures illustrate the urgent need to address the correctional role in detection, treatment, and prevention of HIV: Incarcerated individuals are disproportionately affected by human immunodeficiency virus (HIV). At the end of 1995, 14.7% of female state prison inmates in the Northeast United States were known to be HIV seropositive, as were 7.5% of male state prison inmates for the same region. From 1991 to 1995, the number of total male state prison inmates infected with HIV increased 28%, while the number of female state prison inmates infected with HIV increased 88%.

As many as two thirds of individuals who are incarcerated are first started on HIV treatment while incarcerated. Thus prisons and jails represent a window of opportunity for detecting HIV and engaging hard to reach populations in HIV care. In some settings, the HIV seroconversion rate among individuals who are released from prison and then re-incarcerated has been as high as 6 per cent. Thus correctional settings also provide a critical opportunity to engage extremely high risk individuals in HIV prevention efforts.

However, incarceration complicates access to medications, to medical consultations, and impacts on continuity of care. Where correctional HIV care is adversely affected by these barriers, inmates may be fearful to be tested or treated for HIV infection. This conference will bring experienced correctional HIV providers together for a discussion of effective solutions and adaptations that facilitate the implementation of HIV testing, treatment, and prevention in corrections.

The goals of the first symposium, *Special Focus on HIV among Incarcerated Women* will be:

- 1) to identify gender-related differences in HIV risk, manifestations, and treatment strategies for women,
- 2) to present current approaches to HIV care in regional women's correctional facilities,
- 3) to discuss the treatment of HIV-infected pregnant women and HIV-related gynecological infections,
- 4) to describe gender-specific HIV risk reduction programs, HIV continuity of care programs and discharge planning,
- 5) to discuss the needs and experiences of HIV-infected incarcerated women as mothers and describe programs that address motherhood and incarceration.

Participants will hear experts discuss successful models providing continuity of care for women in the correctional setting, cost-effective alternatives to incarceration of HIV infected women, means of reducing HIV acquisition and transmission, and means of improving adherence to treatment among women at risk of or living with HIV.

The second of the two symposia, *Creating a Consensus: Applying HHS guidelines to Correctional HIV Care*, will be directed toward the establishment of a consensus for HIV treatment in corrections. Goals will include:

- 1) to present current HHS HIV care recommendations;
- 2) to describe and discuss barriers to implementing these guidelines and other forms of HIV care in corrections;
- 3) to identify cost-effective solutions that diminish or remove these barriers.

Participants will hear discussions of current and soon to be implemented ART strategies, viral resistance, adherence, viral load monitoring, guidelines for initiation and continuation of HIV treatment, new regimens including hydroxyurea, medication regimens that facilitate adherence in corrections, and correctional pharmacy cost management.

Poster presentations of successful strategies for the management and prevention of HIV in corrections are encouraged. Abstracts must be no more than 400 words, single spaced, with authors, presenters, affiliations, and source of funding clearly identified in the title. Abstracts for posters must be sent to the Brown University AIDS Program (see below for address) for review by Sept 1, 1998. Poster area will be 6 feet by 4 feet; presenters will be notified of acceptance by Sept 30, 1998.

Symposium 1: Women/HIV/Corrections

<u>Time</u>	<u>Title</u>	<u>speakers and moderators</u>
7:30-8:00	<i>Breakfast</i>	
8:00-8:45	Welcome and Introductory Remarks	Catherine Abate NY State Senator (known for her role in addressing the TB epidemic in NY corrections) Ken Mayer, M.D. Professor of Medicine, Brown University and Director of BRUNAP, member of HEPP, PI in HIVNET and HERS studies, member of AMFAR board Women's Wardens: Roberta Richman (ACI, RI) Elaine Lord (Bedford Hills, NY) Tranice Jackson (Rikers Island, NYC)
8:45-9:30	Why are women at risk?	Speaker: Nancy Mahon, Ph.D., Soros Institute
9:30-10:00	Women and HIV (manifestations)	Kathryn Anastos, M.D. New York City PI: WISE <i>Queens Medical Center</i>
10:00-10:30	<i>Break and Poster Review</i>	
10:30-12:00 Panel	Ob/Gyn/STD and HIV in Women Panel Moderator	Recent Research in NY State Prisons Mary Jo Fink, M.D. Associate Professor of Medicine Albany Medical College
	Horizontal Transmission: The Role of STDs	To be named
	Vertical Transmission Ob and HIV/Prison ...	Mary Jo Fink, M.D.
	HIV and menstrual cycle	To be named
12:00-1:15	<i>Lunch</i>	

1:15-3:15
Panel

**NorthEast Region Program Report
HIV/Incarcerated Women**

Moderator/Introduction Anne S. De Groot, M.D.
Report from the NE
(NEJL criteria for successful program)

MA / MCIF Medical Director, MCIF
or John Noonan, Health Services
MA DOC or designate

RI / ACI women's unit Roberta Richman, Director, Women's
Unit or designate (Anne Spaulding)

CT/York Niantic UCONN or CT DOC representative
Anne Anglim

NY /Bedford hills, Taconic Elaine Lord, (Bedford Hills)
Ms Lang Superintendent for Bayview
or Joe Morales, Deputy Warden,
Bedford Hills Correctional Center

NYC Rikers' women, Rose M. Singer Tranice Jackson M.D, Medical
Center Director, or Director, Rose M Singer
Unit (Rikers Island)
Dr. Richard Daines, St. Barnabas

NJ NJ = CMS or DOC to be invited

PA PA women's facility representative

3:15-3:45

Break and Poster Review

3:45-4:30
Panel

**Special issues for women's
prisons (I) Bringing Programs "In"**

Panel Moderator:
Brenda Smith, Esq.
Women's Law Project
**Opening remarks: the Nature of
the Problem**

Research on the Prevalence of Angela Browne, Ph.D.
Physical, Emotional, and
Sexual Abuse among women
incarcerated in New York State

Models of Care in Women's Unit **Kate DeCou, Ph.d., LICSW**
Deputy Superintendent, HCCC
Director, Women's Unit, HCCC,MA

Report on the Power Dynamic ACI: Roberta Richman
in women's facilities Warden, Women's unit

Creating a Successful Peer-led HIV Liz Mastroiani, LICSW
Prevention Program Bedford Hills Corr. Center, NY
ACE at Bedford Hills:

4:30-5:15

**Special issues for women's
prisons (II) Continuity of Care**

Bringing Women "Out": Moderator : Jennifer Mitty, MD,
Assistant Professor of Medicine,
Brown University/Miriam Hospital
**The Bridge Program: A model of
continuity of care in RI**

Linkage: Obstacles to Success **Joanne Page Esq or Tracy
Gallagher**
Fortune Society
Report of a Successful Linkage
program in New York City

Taking Mothering into Consideration **Ellen Barry, San Francisco**
AID to Incarcerated Mothers
(recent MacArthur Fellow)

Alternative Sentencing **Cynthia Chandler, Atty, Director,**
Women's Positive Legal Action
Network OR NY/NJ Alternate

5:15-5:30

Summary

Closing speaker to be named
Tentatively a team effort:
Nancy Mahon (researcher and policy
advocate), Roberta Richman
(warden) , Liz Mastroiani (for the
inmates)

5:30

Reception

**Symposium 2:
Applying HHS guidelines to Correctional HIV Care**

<u>Time</u>	<u>Title</u>	<u>speakers and moderators</u>
7:30-8:00	OPTIONAL TRIP TO BEDFORD HILLS (hosts: Liz Mastrioani and Elaine Lord)	Bus trip with box lunch to see Bedford Hills programs and facilities
8:00-9:00	Welcome	Jerry Friedland, Yale University Professor of Medicine Division of I.D and Director Yale AIDS Program Directions for Research on HIV in Corrections
9:00- 9:45	Medical and Policy Perspective: What do HIV/AIDS Prisoners Need	Rick Altice Yale HIV/Prison Program Summary of Recent Research on Adherence Need for: accessible HIV testing, counseling, HIV clinics, Medlines, KOP, Methadone, Peer education, Discharge Planning
9:45-10:30	response: Ex-inmate perspective: What do HIV/AIDS Prisoners Need	Ex-inmates with HIV Ada Rivera (NY) Rachel Vasquez (CT) Cochise Robertson El (DC, Blind Faith) Barry Duncan (PA) Debi Cuccinelli (MA) Nora Baez (CT)
10:30- 11:00	<i>Break and Poster Review</i>	
11:00 - 12:30	S/he's Gotta Have it Harm Reduction, Inside and Out	Panel Moderator: Jody Rich, MD Assistant Professor of Medicine Brown University/Miriam Hospital, (Needle Exchange)
Panel A (one of 5)	Biological Barriers: Role in Corrections?	Ken Mayer, M.D. Professor of Medicine Brown Univesrity/Memorial Hospital (HIVNET)
	Behavioral methods	To be Named
	Update on Needles and condoms in Canadian Corrections: A Successful Experiment?	Ralf Jurgens Esq. Canadian AIDS Society
	Safer Sex Can we Talk?	Amber Hollibaugh NY
	Post Exposure Prophylaxis How does it apply to Corrections?	Dawn Smith, M.D. HERS investigator, Center for Disease Control
	Continuting the chain: the Care Van	Joyce Wallace or Priscilla Alexander?FROSTD

11:00 - 12:30	Peer Education in Prison	Panel of Educators and Peers
Panel B (one of 5)		Moderator Michael Poulson, NYC (Training the consumer)
	NY City	WPA / NYC
	PA	Prison Law Project /PA Barry Duncan
	MA	Tim Gagnon/ Kathy McGrath
	NY State	ACE/ or other program
	CT	CPA/Rachel Vasquez
	NJ	NJ??/
11:00 - 12:30	Discharge Planning/ Success Stories	Moderator Joanne Page Esq Fortune Society Panel of Programs
Panel C (one of 5)	NY City	Fortune Society Harlem United Osborne Association ACE Outside Project Return
	PA	Prison Law Project (Nan Letvin)
	MA	Great Brook Valley and SPANN
	NY State	To be named
	RI	Project Bridge
	CT	CPA
	NJ	To be named
11:00 - 12:30	Hepatitis A, B, C Diagnosis and Treatment in the context of HIV/Prison	Anne Spaulding, MD Dr. Larry Scheuler (Seattle WA)
Panel D (one of 5)	Exposure in Corrections?	Dawn Smith/ Steve Jones, CDC
11:00 - 12:30	Current Research on Cost effectiveness in Corrections	Managing the Prison Formulary Ned Heltzer PhD. Prison Health Associates (PA)
Panel E (one of 5)		Reducing HIV costs by adhering to HHS guidelines Betty Rider
11:00 - 12:30	Correctional Officers and HIV Risk (for Correctional Officers and Wardens)	Dawn Smith, M.D. CDC Steve Jones CDC Roberta Richman, ACI RI Ralf Jurgens, Canada Representatives: Prison Officer's Union eg Johnathan Rosen (NYC)
Panel F (one of 5)		

12:30 - 1:30	<i>Lunch</i>	
1:30 (5 min)	Introduction to Afternoon Session Creating a Consensus	Ted Hammett, Ph.D.
1:35 to 2:00	Overview of HHS guidelines	Patricia Klosser, M.D. Associate Professor of Medicine UMDNG HIV unit
2:00 to 2:25	HIV Resistance: Genotype vs Phenotype Recent Research	Rich D'Aquila, M.D., Associate Professor of Medicine Mass General Hospital Division of Infectious Disease
2:25-2:50	Research on Adhering in Prison	Rick Altice, MD Assistant Professor of Medicine Yale University HIV/Prison Program
2:50- 3PM	Special issues for Women	Anne DeGroot, M.D. Assistant Professor of Medicine Brown University/TB/HIV Research Lab/International Health Institute (10 minute summary of Symp 1)
3:00- 3:30	<i>Break and Poster Review</i>	
3:30-4:45	Meeting the challenge of HIV/Prison	Responding to the issues raised during the conference sessions
	Introduction	Moderator, Newton Kendig, M.D. Federal bureau of Prisons
	CDC HIV/Prison working group	John Miles and or Steve Jones CDC working group on HIV/Prison
	NIDA	Dr. Rich Needle
	OAR	Dr. Judy Auerbach
	ONAP	Ms. Sandra Thurman
	HRSA	Dr. Joe O'Neill
4:45-5:30	Wrap up Consensus	Ted Hammett, Ph.D Abt Associates Moderating panel of speakers Future Directions in Research on HIV Detection, Treatment, and Prevention in Corrections
5:30 to 8 PM	<i>Reception and Dinner (Plenary Speaker)</i>	

Ted Hammett

COLUMBIA UNIVERSITY
HEALTH SCIENCES DIVISION
630 WEST 168TH STREET ROOM 2-401
NEW YORK, NY 10032

OFFICE OF THE VICE PRESIDENT
FOR HEALTH SCIENCES
AND DEAN OF THE FACULTY OF MEDICINE

The Honorable William Clinton
White House
1600 Pennsylvania Avenue
Washington, D.C. 20502

