Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Data entry form (Personal) (1 page)	08/24/1998	b(6)
001b. letter	Citizen to Sandra Thurman re: Personal views on AIDS (Personal) [partial] (1 page)	08/14/1998	b(6)
002a. form	re: Data entry form (Personal) (1 page)	08/03/1998	b(6)
002b. envelope	Inmate to Sandra Thurman (Personal) (1 page)	07/28/1998	b(6)
002c. form	re: Inmate requests for medical assistance (Personal) [partial] (2 pages)	07/19/1998	b(6)
002d. form	re: Inmate requests for medical assistance (Personal) [partial] (1 page)	07/07/1998	b(6)
002e. letter	Inmate to Sandra Thurman re: Request for medical assistance (Personal) [partial] (2 pages)	07/28/1998	b(6)
003. resume	re: Barbara Aranda-Naranjo [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
004. letter	Individual living with HIV to Sandra Thurman re: Stigma of HIV (Personal) [partial] (2 pages)	08/00/1998	b(6)
005a. form	re: Data entry form (Personal) (1 page)	08/27/1998	b(6)
005b. letter	Citizen to Sandra Thurman re: Personal (2 pages)	08/22/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 8/98 [1]

2018-0764-F
jm2079

RESTRICTION CODES

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

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

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

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OKR
8/98

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

MEMORANDUM FOR SANDRA THURMAN, DIRECTOR AND TODD SUMMERS, DEPUTY DIRECTOR

FROM: Daniel C. Montoya, Executive Director

RE: Letter to the President Addressing HIV/AIDS and Medicaid

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS discussing the need for earlier Medicaid services to those with HIV/AIDS dated August 19, 1998.
Please transmit this letter to the President.

Thank You.

736 Jackson Place, NW
Washington, D.C. 20503
Telephone: (202) 456-2437
Facsimile: (202) 456-2438

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

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

Dear Mr. President:

On August 3, 1998, Congressmen Richard Gephardt and Congresswoman Nancy Pelosi along with 66 of their colleagues sent a letter to Health and Human Services Secretary Donna Shalala "urging her to expand Medicaid to low-income people who are HIV-positive but have not yet developed symptoms of HIV disease." New research released at the 12th World AIDS Conference in Geneva this past June provides strong evidence that early treatment of HIV infection is both medically beneficial and cost effective.

Over the past year, there has been deep concern over the Administration's lack of progress in allowing more low-income Americans with HIV access to new AIDS drug therapies. On April 10, 1997, Vice President Gore asked the Health Care Financing Administration to study the feasibility of expanding Medicaid to provide earlier Medicaid coverage for HIV-infected people. As recent as December 9, 1997, Vice President Gore stated that he was "extremely disappointed" that this could not be done, while stressing that "this Administration understands the urgency of finding innovative ways to ensure that all people with HIV benefit from the promise of new and effective treatments." Your Advisory Council has recommended such expansion since December 1996, and has supported the Administration's efforts to date to make this important medical treatment available to those who can least afford it.

We urge you to support Congress's efforts by directing the Secretary of Health and Human Services to expand Medicaid eligibility for life saving therapies for people with HIV disease. We know that this is the right thing to do.

Sincerely,

R. Scott Hitt, M.D.
Chair

736 Jackson Place, NW
Washington, D.C. 20503
Telephone: (202) 456-2437
Facsimile: (202) 456-2438

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Mr. Tonio Burgos
Jerry Cade, MD
Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
Mr. Bob Hattoy
Mr. B. Thomas Henderson
R. Scott Hitt, MD, Chair
Michael Isbell, JD
Mr. Ronald Johnson
Mr. Jeremy Landau
Alexandra Mary Levine, MD
Mr. Steve Lew
Mr. Miguel Milanes
Ms. Helen Miramontes
Rev. Altagracia Perez
Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: The Honorable Nancy Pelosi
The Honorable Richard Gephardt

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

MEMORANDUM FOR SANDRA THURMAN, DIRECTOR AND TODD SUMMERS, DEPUTY DIRECTOR

FROM: Daniel C. Montoya, Executive Director

RE: Letter to the President Addressing HIV/AIDS Issues in Racial and Ethnic Populations

---

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS dated August 19, 1998. The letter addresses three issues: the National State of Emergency in AIDS and Public Health, the Black and Hispanic Congressional Caucuses and also a meeting with key community leaders to address HIV/AIDS in racial ethnic populations.
Please transmit this letter to the President.

Thank You.

736 Jackson Place, NW
Washington, D.C. 20503
Telephone: (202) 456-2437
Facsimile: (202) 456-2438

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

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

Dear Mr. President:

On behalf of the Presidential Advisory Council on HIV/AIDS (Council), we urge you to address three very important health-related requests. The first is a call for a "National State of Emergency in AIDS and Public Health"; the second is a meeting with the Black and Hispanic Congressional Caucuses; and finally a meeting with key community leaders to address HIV/AIDS in racial ethnic populations.

During our June Council meeting, we unanimously voted to support the call by the Congressional Black Caucus for the declaration of a "National State of Emergency in AIDS and Public Health" in communities of African descent. Given the impact of HIV and AIDS in all communities of color, we have expanded our call to include all racial and ethnic populations. When compounded with the long term existing health problems of these communities, fueled by epidemic proportions of substance abuse, sexually transmitted disease and other chronic and fatal health conditions, we urge you to support this declaration of a "state of emergency" as allowed under current federal law to address a disease that is devastating entire communities.

As part of this call, we request that you convene a meeting with the Black and Hispanic Congressional Caucuses to discuss the "state of emergency," and host a White House meeting with key leaders from communities of color to specifically address HIV/AIDS in these communities.

Your goal to "reduce new infections until there are none by the year 2000," is laudable. However, we believe it can only be accomplished through serious, new measures being taken within Black and Latino communities which have been plunged into a public health crisis fueled by HIV/AIDS. We must go beyond the traditional legislative remedies and move forward with you mission to end racial and ethnic disparities in health. Your leadership in bringing nationally recognized coalitions together to specifically address this issue is needed.

Sincerely,

R. Scott Hitt, MD
Chair

736 Jackson Place, NW
Washington, D.C. 20503
Telephone: (202) 456-2437
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Presidential Advisory Council on HIV and AIDS

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Mr. Robert Fogel
Ms. Debra Fraser-Howze, Co-Chair, Subcommittee on Racial and Ethnic Populations
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
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Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: Members, Congressional Black Caucus
Members, Congressional Hispanic Caucus

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001a. form	re: Data entry form (Personal) (1 page)	08/24/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 8/98 [1]

2018-0764-F
jm2079

RESTRICTION CODES

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Citizen to Sandra Thurman re: Personal views on AIDS (Personal) [partial] (1 page)	08/14/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 8/98 [1]

2018-0764-F
jm2079

RESTRICTION CODES

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(b)(6)

August 14, 1998

Ms. Sandra Thurman, Director
National Office of AIDS Policy
Washington, DC

Dear Ms. Thurman:

Rather than complaining about "conservatives" and trolling for votes for the Clinton Administration and the Democrat Party, you would be better advised to encourage legislators and the public to deal with the real source of HIV/AIDS-deviate behavior including,especially,male homosexual conduct, needle sharing and prostitution. This is not a liberal vs conservative issue. It's a matter of facts and of life and death.

Needle exchange programs have had poor results. And these days condoms are known to all over the age of 10. Those would need to use them don't pay much attention to advertising or to authority figures. Anyhow, teachers should devote themselves to school subjects and not to condoms, etc.

One sure way to reduce the incidence of HIV/AIDS is to change the behavior of those who are the most vulnerable.

You could be working to change laws, regulations, policies and attitudes across the nation which prevent public health officials from doing their jobs and treating HIV like any other deadly, communicable disease. You could be targeting young male homosexuals who are notoriously irresponsible and promiscuous. You could be encouraging local officials to stamp out IV drug use, prostitution and bath houses, which are returning in some jurisdictions.

Moreover you could be using your office as a "bully pulpit" and as a focal point to work on changing the attitude of our society toward acceptance of homosexual behavior which is the main source of HIV. Notice I didn't say "homosexuals" since it's the conduct or practice not the individual which is the problem.

I know that I am writing in vain since homosexuals are big supporters of the Democrat/Socialist Party. And due to that,HIV/AIDS is the only disease with "civil rights". But speaking of rights, how many of the tens of thousands of young men who have died of AIDS, including two of my acquaintances, due to the lobbying of the Gay Lobby for "privacy" would have traded a bit of privacy for life? Most, I'd wager. And how many more will die because of the wrong-headed and immoral actions of those who support our current policies towards this deadly disease?

I know that you think that you are doing good. And I know that your intentions are good and that your heart is in the right place. But this is not a matter of heart or good intentions. We are playing with the lives of millions and ignoring realities of human behavior and of sound public policy. I urge you to take another point-of-view under consideration.

(b)(6)

[0016]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. form	re: Data entry form (Personal) (1 page)	08/03/1998	b(6)

COLLECTION:
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National AIDS Policy Office

OA/Box Number: 19406

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. envelope	Inmate to Sandra Thurman (Personal) (1 page)	07/28/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

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2018-0764-F
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002c. form	re: Inmate requests for medical assistance (Personal) [partial] (2 pages)	07/19/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 8/98 [1]

2018-0764-F
jm2079

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U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE July 19, 1998

TO: Mr. Church., Health Administrator Assistant. Health Services.
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

On July 7, 1998, I submitted a Inmate To Staff Request to, Clinical Director, Dr. Olson - requesting that I be treated with the newly approved medication/ vaccine by the Food and Drug Administration, for the potentially deadly strain of liver disease - hepatitis C. Dr. Olson stated in his response that the newly approved medication has not been approved for B.O.P. use at this time, and he

(Use other side of page if more space is needed)

will continue to follow my liver disease in clinic. Dr. Olson did not specify whether any attempt is being made by him, or by anybody else in the Health Services Department in regard to obtaining the approval which would allow the dispensation of this much needed and necessary medication/vaccine for this potentially deadly - "wide spread" - liver disease. **Please see attached continuance**

(b)(6)

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) [002C] DATE _____

_____
Officer

Original - File
Copy - Inmate

BP-148(55)

ATTACHED CONTINUANCE OF REQUEST TO MR. CHURCH. HEALTH SERVICES ADMINISTRATOR.

JULY 19, 1998

I have been diagnosed as having this liver disease since 1991. Throughout monitoring of my blood since 1991 - via - present date, 1998, my Direct & Total bilirubin, and my SGOT/SGPT readings - CONSISTENTLY - show HIGH - above the normal reference ranges.

Depending on what test are run - the reference range for total bilirubin should not exceed 1.2. SGOT - not to exceed 45. SGPT - not to exceed 50. My readings have not been within normal ranges since 1991.

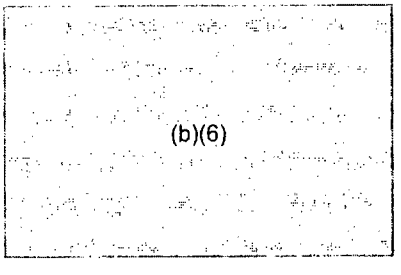
I have three (3) request to you - which are:

(1). I am requesting that I be treated with this medication/vaccine.

(2). I am requesting to know if the Health Services Administration is in the process of acquiring approval from the Department within the B.O.P. who requires this approval.

(3). I am requesting the name of the person, and the address of the department within the B.O.P. who I can contact regarding any questions I have pertaining to this medication/vaccine approval.

I write this request to be treated with this medication - out of concern for my health - and out of concern for the health and safety of anyone who is subject to being infected with this disease now and in the future, by being in contact with me, and with any other individual who has this disease, and especially with concern to the broad consequences and implications that can easily and unexpectedly derive form this potentially deadly strain of liver disease.



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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002d. form	re: Inmate requests for medical assistance (Personal) [partial] (1 page)	07/07/1998	b(6)

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National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
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2018-0764-F
jm2079

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Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE July 7, 1998

TO: Dr Olson Clinical Director
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Recently, I have been provided with information that the Food and Drug Administration has approved a medication/vaccine for hepatitis C. Through my research, I have discovered that very positive results have been achieved regarding the liver damage reverting to normal, or almost normal conditions when treated with this medication/vaccine. I have been diagnosed ~~(Use other side of page if more space is needed)~~ as having hep C since 1991, and the readings - throughout blood test monitoring consistently show high - Direct & Total bilirubin, and high SGOT/SGPT. Because of the fact that I do have hep c, and because of the consistency of these high readings and because hep c is a potentially deadly strain of liver disease that can very easily and unexpectedly turn into a life and death

(b)(6)

DISPOSITION: (Do not write in this space) [002d] DATE 7/15/98

The new medication has not been approved for BOP use at this time. We will continue to follow you in clinic.

Officer

Original - File
Canary - Inmate

BP-148(55)

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE July 7, 1998

TO: ______________________________

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Situation, I am requesting that I be treated with the recently approved and successful medication/vaccine.

Thank You.

(Use other side of page if more space is needed)

NAME: ______________________ No.: ____________

Work assignment: ______________________ Unit: ____________

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE ____________

____

Officer

Original - File
Canary - Inmate

USP LVN

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OCTOBER 1986

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002e. letter	Inmate to Sandra Thurman re: Request for medical assistance (Personal) [partial] (2 pages)	07/28/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
Correspondence - SLT - Incoming - 8/98 [1]

2018-0764-F
jm2079

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)]

b(1) National security classified information [(b)(1) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

July 28, 1998

Ms. Sandra Thurman
Director of the
White House Office
National AIDS policy
1600 Pennsylvania Ave
Washington, D.C. NW 20500

[002e]

Dear Ms. Thurman,

My name is (b)(6) At the present time, I am an inmate at the F.C.I. McKean and I hope this does not dissuade you from reading my letter.

First, I commend you on your efforts towards prevention of deadly diseases. I do not know if you are focused only on AIDs prevention or disease prevention - in general. I hope it is the latter. I would like to give my opinions on theses diseases and hopefully it will be of some assistance. Also, there may be a possibility that you will consider my opinions.

I have hepatitis C - which is a potentially deadly strain of liver disease, and a cause for me to be concerned about my health and anybody else's health who I will be in contact with when I am released, and who I am in contact with on a daily basis. This disease can be spread numerous ways.

There is no doubt that there are strong connections in as much as a infected hepatitis C individual being more at risk as contacting aids - then it would be for a person who is not already infected with a disease.

I cannot think of a better place then prison - to kick start prevention efforts against potentially deadly diseases - especially since this particular disease is so wide spread in prisons. The problem is staring us right in the face and there are astronomical numbers of infected people who are (in a manner of speaking) quarantined, and ready to begin the successful treatment which has recently been approved by the Food and Drug Administration.

Most prisoners are going to leave prison with this disease and if it

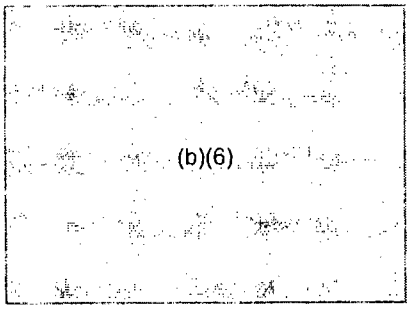
is continued to be allowed to refuse the proper treatment because of expense, and if the authorities continue to deny the proper treatment of providing this newly approved medication/vaccine - then they are disregarding the severe risks/consequences of this disease towards the welfare of public health.

I am probably able to write you a book regarding what I am going through attempting to receive this treatment, but instead, I am attaching two request that I submitted to the Clinical Director and Assistant Health Administrator at F.C.I. McKean. The request speak for themselve. One response says it has not been approved for use in the B.O.P., and I have not received a response from the Assistant Health Administrator as of the date of this letter.

I hope this letter can help in some way, and I'd like to ask you if you would consider contacting whoever/whatever department it is in the B.O.P that requires their approval before allowing doctors to administer this much needed prevention medication. Possibly you can encourage them to provide this treatment.

I also would appreciate if your office would provide me with the name of the person, and the address of the department which requires this approval.

Respectfully,



Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11147	Argene	Carswell	8/25/98	

☐ 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
American Nurses Association	600 Maryland Ave., SW	

Sender's City	Sender's State	Sender's Zip
Washington	DC	20024

Daniel -
Thoughts on
how to respond?
S

AMERICAN NURSES ASSOCIATION

600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024-2571
202 651-7000 • Fax 202 651-7001
http://www.nursingworld.org

Beverly L. Malone, PhD, RN, FAAN
President

Argene Carswell, JD, RN
Executive Director (Interim)

August 17, 1998

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20050

RE: Nomination for Presidential Advisory Council on HIV/AIDS

Dear Ms. Thurman:

I write on behalf of the American Nurses Association to nominate Barbara Aranda-Naranjo, PhD, RN, to serve on the Presidential Advisory Council on HIV/AIDS.

Dr. Aranda-Naranjo is eminently qualified to serve on the Council as an individual distinguished not only in providing care to individuals with HIV/AIDS, but also in conducting much needed research on families living with HIV infection. Barbara Aranda-Naranjo, PhD, RN, is an Assistant Professor at the School of Nursing at the University of Incarnate Word, San Antonio, Texas. She holds the Brigadier General Dunlap Professional Research Chair in Nursing. She is also a Clinical Associate Professor in the Department of Pediatrics at the University of Texas Health Science Center in San Antonio and is currently the co-principle investigator on two Health Resource and Service Administration (HRSA) funded Special Projects of National Significance (SPNS) grants. These projects focus on developing an infrastructure for families living with HIV infection in South Texas and in determining the seroprevalence in migrant workers.

Dr. Aranda-Naranjo has worked with women, children, and families living with HIV infection in South Texas for the past 12 years. She has advocated for families dealing with HIV infection not only on the local level, but at the state and national level too. She has published numerous articles and presented throughout the country and in Mexico on the psycho social issues for families dealing with HIV infection. She is a highly qualified individual who would bring substantial expertise regarding HIV/AIDS, particularly with respect to women, children and families, to the Council.

The American Nurses Association (ANA) is the only full-service professional organization representing the nation's registered nurses through its 53 constituent associations. ANA believes that Dr. Aranda-Naranjo's extensive background in nursing and HIV/AIDS are crucial to the Council's work. She has clearly demonstrated her commitment to improving health care for women, children, adolescents and families living with HIV infection in rural South Texas and would be willing to serve on the Presidential Advisory Council on HIV/AIDS. ANA strongly recommends her appointment to this Council.

Sincerely,

Argene Carswell, JD, RN
Executive director (Interim)

G:\GREL\RIG\HIVTST.GRP\NARANJO.WPD

Enclosure

cc: Beverly Malone, PhD, RN, FAAN
President

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. resume	re: Barbara Aranda-Naranjo [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:
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CURRICULUM VITAE

BARBARA ARANDA-NARANJO

15485 Miller Road, St. Hedwig, TX 78152
Home Phone: (803) 782-1462

A. Personal

(b)(6)

[003]

B. Educational History

1. Formal

College/University *Degree*	*Major*	*Dates*
University of Texas Health Science Center at San Antonio San Antonio, TX	Nursing	1979 BSN
University of the Incarnate Word San Antonio, TX	Nursing	1988 MSN
University of Texas at Austin, School of Nursing Austin, TX	Nursing (Psychiatric/Mental Health Nursing With A Community Focus)	1997 Ph.D

C. Professional Experience

1997-Present

Assistant Professor, General Lillian Dunlap Professorial Chair in Nursing, College of Nursing, The University of the Incarnate Word, San Antonio, TX.

1997-Present

Nursing Service Coordinator, Providence Home and Family Services, Inc., San Antonio, TX.

1997-Present

Senior Research Nurse Consultant, South Texas AIDS Center for Children and Their Families, San Antonio, TX.

1992-Present

Clinical Associate Professor, University of Texas Health Science Center at San Antonio, Department of Pediatrics, San Antonio, TX.

1993-1997

Assistant Professor, University of Texas Health Science Center at San Antonio, School of Nursing, San Antonio, TX.

1989-1992

Clinical Faculty, University of Texas Health Science Center at San Antonio, Department of Pediatrics, San Antonio, TX.

1988

Nursing Faculty, University of the Incarnate Word, San Antonio, TX.

D. Publications

Books and/or chapters

Aranda-Naranjo B. (1998) Cultural Sensitivity and Competency in working with Communities, Partnership Perspectives (in press).

Amodei, N., Madrigal, A., Catala, S., **Aranda-Naranjo B.**, & German, V. (1997) Stress in Families of HIV-Positive Children Living in South Texas. Psychological Reports,81,1127-1133.

Aranda-Naranjo B. (1996) A critique of the Transtheoretical and Harm Reduction Models to Patient Education. Journal of the Association of Nurses in AIDS Care, 7, 34-35.

Aranda-Naranjo B., et al. Faculty/Steering Committee for IIHS, USPHS, HRSA, Division of Nursing Special Project # D10NU30137-01 Nurses & AIDS/HIV, Prevention & Care for the Underserved. 1993-1995.

Aranda-Naranjo B., et al. Faculty for HIV Task Force, American Nurses Association. Peer Support for the HIV-Positive Nurse, A Guide for the Development of Programs and Materials. December, 1993.

Papers published or in press

Aranda-Naranjo B. Culturally Diverse IIIV Populations: Hispanic, Handbook of HIV Nursing and Symptom Management (In Press).

Aranda-Naranjo B., et.al. (1994). Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs. Conference for Substance Abuse Treatment (CSAT), Division of Clinical Programs' Women and Children's Branch activities. Washington, D.C.

Aranda-Naranjo B., et.al. Nursing and HIV/AIDS. The HIV Task Force 1992-1994, American Nurses Association. 1994.

Aranda-Naranjo B. The effect of HIV on the family. (1993). Aids Patient Care, (7) 2 27-29.

Mangos J., Doran T., **Aranda-Naranjo B.,** Rodriguez-Escobar Y., Scott A., Setzer J., Sherman J., Kossman S. Pediatric AIDS: Adolescence, Delinquency, Drug Abuse, and AIDS. Texas Med 1990; 86(July):100-103.

Mangos J., Doran T., **Aranda-Naranjo B.,** Rodriguez-Escobar Y., Scott A., Setzer J. Pediatric AIDS: Psychosocial Impact. Texas Med 1990; 86(Jun):40-42.

Mangos J., Doran T., **Aranda-Naranjo B.,** Rodriguez-Escobar Y., Scott A., Setzer J. Pediatric AIDS: A Systematic Approach to Patient Management. Texas Med 1990; 86(Apr): 40-42.

Mangos J., Doran T., **Aranda-Naranjo B.,** Rodriguez-Escobar Y., Scott A., Setzer J. Pediatric AIDS: Impact on Health Systems. Texas Med 1990; 86(Mar):58-61.

Mangos J., Doran T., **Aranda-Naranjo B.,** Rodriguez-Escobar Y., Scott A., Setzer J. Pediatric AIDS: Prevention of HIV Infection in Infants and Children. Texas Med 1990; 86(Feb): 46-49.

Mangos J., Doran T., **Aranda-Naranjo B.,** Rodriguez-Escobar Y., Scott A. Pediatric AIDS: Treatment and Outcome of Patients. Texas Med 1990; 86(Jan): 40-43.

Mangos J., Doran T., **Aranda-Naranjo B.,** Rodriguez-Escobar Y., Scott A. Pediatric AIDS: Clinical Presentation and Diagnosis. Texas Med 1989; 85(Dec): 32-34.

Mangos J., Doran T., **Aranda-Naranjo B.,** Rodriguez-Escobar Y., Scott A. Pediatric AIDS A New Health Problem on

the Horizon in the State of Texas. Texas Med 1989; 85(Nov):34-36.

Aranda-Naranjo B. The South Texas Children's AIDS Center. A special unit for a growing problem. Reg Nurse Adv, June, 1989.

E. Research

1. Co-Principal Investigator – "La Frontera: HIV and the Border/Migrant Families of South Texas" -- HIV Service Model for border migrant and seasonal farmworkers. Health Resources Service Administration of the Department of Health and Human Services.

   Grant is $2.175 million for the period 10/1/96-9/31/01.

   Purpose: To form a collaborative partnership of organizations with skills in provision of HIV services to migrant farmworker families to engage in education, needs assessment, training and evaluation and systems integration in South Texas and during migration.

2. Co-Principle Investigator, Special Projects of National Significance (SPNS) Grant
   "Salud y Unidad en la Familia"—Health Resources and Services Administration

   Grant is $1,028,457 for the period of 10/01/94 to 09/30/97.

3. Research Consultant, Ryan White Title IV: Grants for Coordinated HIV Services and Access to Research for Children, Youth, Women, and Families—Maternal and Child Health Bureau.

   Grant is $1.452 million for the period of 08/01/94 to 07/31/97

4. Pediatrics AIDS Demonstration Project
   Pediatric Acquired Immune Deficiency Syndrome (AIDS) Health Care Demonstration Project - "The South Texas AIDS Center for Children and Their Families"

National

1. Source: Health Resources Service Administration of the Department of Health and Human Services.
   Title: "La Frontera: HIV and the Border/Migrant Families of South Texas" -- HIV Service Model for border

migrant and seasonal farmworkers.
#BRH 970173-01

Period: 10/1/96-9/31/01
Costs/Total: $2,175 million.
Role: Co-Principal Investigator

2. Source: Department of Health and Human Services (HRSA)
Special Projects of National Significance (SPNS)
Grant
Title: "Salud y Unidad en la Familia"
["Health and Unity in the Family"]
#BRU 900119-01-0
Period: 10/94 - 09/97
Costs/Total: $411,162 (3 years)
Role: Co-Investigator

3. Source: Bureau of Maternal and Child Health, Department of Health and Human Services, Public Health Service
Title: Pediatric Acquired Immune Deficiency Syndrome) (AIDS) Health Care Demonstration Project - "The South Texas
AIDS Center for Children and Their Families"
#MCH-P06009-07-0
Costs/Total: $660,000 (current year)
Role: Assistant Director

State

1. Source: Texas Department of Health
Title: Pediatric Spectrum of Disease
Period: 1991 - Present
Costs/Total: $37,000
Role: Co-Principal Investigator

2. Source: Pediatrics AIDS Foundation
Title: Emergency Assistance Program
Period: 1993 - Present
Costs/Total: $6,000
Role: Principal Investigator

3. Source: Texas Department of Health HIV Services
Ryan White State Funds
Title: Nursing Care and Case Management

Period:	1993 to present
Costs/Total:	$18,913
Role:	Co-Investigator

F. Awards/Honors

1. Texas Association of School Nurses President's Award, November, 1994.
2. De Mujer a Mujer Award, Mujeres Project, March 25, 1993.
3. Nurse Imagemaker Award, Sigma Theta Tau, Inc., November 1992.
4. Texas Nurses Association, District 8, Nurse of the Year Award, May 1992.
5. Texas Nurse of the Year Award presented by The Texas Nurses Association, April 1, 1992.
6. University of The Incarnate Word, 1991 Alumnae of Distinction for Professional Achievement.
7. Assistant Secretary for Health "Certificate of Commendation," October 4, 1989, "for selfless dedication, compassionate service and outstanding leadership in providing nursing care to people with HIV infection and AIDS".
8. Outstanding Graduate Nursing Student, University of The Incarnate Word, San Antonio, TX, 1987-1988.
9. Honor Graduate, University of The Incarnate Word, San Antonio, TX, May 1988.

G. Professional Activities

1. Current Professional and Scientific Organizations and Societies

Year	Organization
1986-present	American Nurses Association
1986-present	Texas Nurses Association, District 8
1987-present	National Hispanic Nurses Association
1993-present	Member Sigma Theta Tau, Austin Chapter
1993-present	Association of Nurses in AIDS Care
1995-present	Board Member of the Texas Nurses Association

2. Past and Current Positions and/or Offices Held in Professional Organizations

Year	Organization
1996-2000	Centers for Disease Control Directors Advisory Board
1996-1999	Southwest Mental Health Center Board Member
1994-1998	AIDS Advisory Committee of the Health Resources and Services Administration
1994-1998	"HIV/AIDS Education and Training for Psychiatric/Mental Health Nurses" Steering Committee. American Nurses Foundation, Washington, D.C.
1994-1998	Board Member of the Texas Nurses Association
1990-1993	Committee on Practice/District 8 Co-Chairman
1989-1990	Hispanic Nurses Public Relations Committee Chairman
1986-1989	Southwest College Health Association
1988-1989	San Antonio AIDS Alliance Board Member
1985-1986	American Diabetes Association

4. Community Activities

Year	Activity
1989-present	Hispanic AIDS Committee (HACER) Voting Board Member
1986-present	Faculty Adjunct for the Center for Health Policy, Minority Mentorship Program
1993-present	N.E. School District Task Force
1993-1995	President of Texas Nurses Assn., District 8
1993-1994	Member of the Young Adult Literacy League, San Antonio, Texas
1993-1994	Catechism Instructor - 5th grade - Blessed Sacrament Church, San Antonio, Texas
1992-1994	American Nurses Association HIV Task Force Member
1990-1993	Texas Department of Health AIDS Advisory Board
1987-1989	American Red Cross CPR Instructor

H. Presentations

"Sustaining Our Communities, Sustaining the Passion,"
Community-Campus Partnerships for Health: Building

Sustainable Futures Together, San Francisco, CA, April, 1997

"Improving Community Health Through Better Interaction Of The Public And Private Sectors," CDC, Atlanta, Georgia, April 8, 1997.

"HIV/AIDS: Critical Issues for Women and Children"' Amarillo Area HIV/AIDS Consortium Professional Symposium, Amarillo, Texas, November 3, 1995.

"Train the Trainer Program," Nurses and AIDS/HIV Prevention and Care for the Medically Underserved, New York City Department of Health Nurses, New York, New York, October 18, 1995.

"Access to and Provision of Care and Services for Women and Children with HIV," Co-Chair of Work Group, United State Public Health System, sponsored by CDC, Atlanta, Georgia, July 11-12, 1995.

"HIV, Mental Health and Women," South Texas AIDS Training, Corpus Christi, TX., June 2-3, 1995.

"Practical Approaches to Working with Diverse Populations," Georgia Baptist Medical Center, Atlanta, Georgia, May 11, 1995.

"Culture & Ethnicity: Do They Really Matter?," "Families Living with HIV/AIDS," "Pedi AIDS: A Multidisciplinary Approach," "The Challenge to Care for Families in Crisis," presented at the HIV/AIDS 1994: 8th National Nursing Conference in New Orleans, LA, October 6-8, 1994.

"Policy Impact on the Nurses Role in Managing HIV Services" presented at the 3rd Annual HIV/AIDS Advanced Nursing Management Conference in Los Angeles, September 16, 1994.

"SIDA Hoy y Manana en la Familia" presented to the Nursing School in Saltillo Coahuila, Mexico May 28, 1993.

"Working with Hispanic/Latino Adolescents: From stereotypes to guidelines" presented at Adolescents living with AIDS/HIV: Ethnic and Cultural Perspectives Conference, New Orleans, October 30, 1992.

August 6, 1998

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

Dear Ms. ~~Thurman~~ Sandy:

It was good to see you in Geneva. To assure that you have your own copy, I am pleased to send you this published copy of the *Scientific Blueprint for AIDS Vaccine Development*. The purpose of the *Blueprint* was to analyze the current global vaccine research and development situation, catalog the players and their activities, document the major gaps in vaccine product development, and finally map out a detailed global strategy that we believe has the best potential to find an AIDS vaccine within ten years. The *Blueprint* was a major focal point of the 12thWorld AIDS Conference in Geneva, where it stimulated critical discussion on the current state of global vaccine research and development.

The *Blueprint* documents the urgent global need for a vaccine. It highlights and praises the recent increase in attention and resources devoted to AIDS vaccine research, yet points out that parallel increases in clinical research and product development are necessary. It underscores the urgent need for new models of international collaboration and emphasizes that developing countries should become full partners in AIDS vaccine development efforts. International vaccine product development teams are key vehicles for accomplishing this collaboration. They will advance promising vaccine approaches as quickly and as safely as possible, using research, manufacturing, and clinical-trial expertise from industry and academia in developed and developing countries. IAVI is now assembling the first of several such teams, which we plan to launch with combined support from governments, corporations, foundations, pharmaceutical companies and individuals.

In a very short time, IAVI and our partners have expanded collaboration across industrial, governmental, and academic lines to bring the best minds and experience to the task of accelerating the AIDS vaccine effort. We appreciate your vital support and interest as we continue to build momentum for this unprecedented effort.

As always, we invite your responses and questions. Please let us know if we can forward copies to others.

Sincerely yours,

When are we to dine together again?

Seth Berkley, M.D.
President

Encl.

IAVI

810 Seventh Avenue • New York, NY 10019-5818 • USA
phone (212) 655-0201 • fax (212) 843-0480
http://www.iavi.org

AIDS Action Foundation

Memo

To: Office of Sandy Thurman

From: AIDS Action Foundation

CC:

Date: 08/04/98

Re: misdirected letter

We received this letter today at AIDS Action Foundation and are forwarding it to your office. Ms. Thurman is the addressee. We are confident that you will give it the attention that it deserves.

Much Thanks.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	Individual living with HIV to Sandra Thurman re: Stigma of HIV (Personal) [partial] (2 pages)	08/00/1998	b(6)

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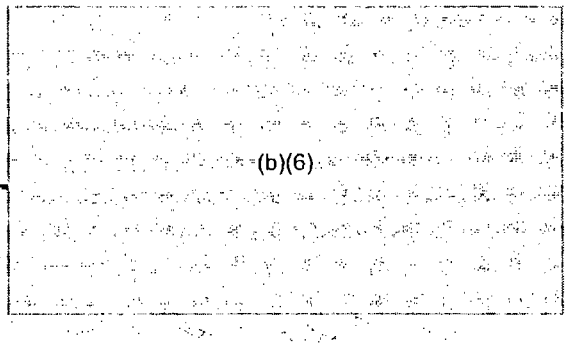
[004]



Dear Ms. Thurman,

You are my last hope!
Please in the name of God help me.
I am replaced by Howard County Govt and my Co-workers "out" me because of my HIV status.
Consequently, I've lost my Mother, family and home because the news that I was Gay and have HIV devastated my family.
My mother died in Feb 11, 1998 and I was not even allowed to see my mother before she died.
The home I was raised in was taken away from me and I am currently sleeping in a friend basement trying to get legal rep. to help me!

These people destroyed my life and left me to die alone

Howard Co. Sat by id did not respond in a timely and responsible manor, and allowed the harassment & continue until it was to late.

I lived one (1) year in my car because I had nor where to go.

I've enclosed the articles that where written about me.

Please help me,

God Bless You

(b)(6)

Ma c es af er s r gg e w o c e

BY MARIA ARCHANGELO

■ Police have launched an internal investigation into the death of an intoxicated Virginia man whom officers arrested here on charges of child abuse.

A Jessup family's Christmas Eve celebration started with gifts and feasting but ended with drinking, violence and the death of a 24-year-old Virginia man after he was arrested by county police.

Police are investigating the death of Jose Inez Melendez of Alexandria, who stopped breathing in an ambulance on his way to Howard County General Hospital for treatment of an injured arm, police said. According to police, Melendez's arm was injured when he resisted being arrested by two county police officers who responded to a child abuse report.

The police were called to the home on Vert Drive at 11:30 p.m. by Melendez's relatives, who said he had been drinking heavily and had thrown his 18-month-old son across the room, injuring the boy's face and head.

Melendez's nephew, who owns the mobile home, said Melendez had become angry after drinking several beers and an entire bottle of whiskey by himself.

"He wanted to go outside," said the nephew, who asked not to be identified. "When I tried to stop him, he got mad. He picked the kid up and threw him. We were all afraid for the kids. Everybody was crying."

The nephew said his wife called police while the children hid in a back bedroom and Melendez wreaked havoc in the living room.

When two officers arrived and saw the injured child, they attempted to arrest Melendez, the nephew said.

"They asked him to put his hands against the wall, but he wouldn't do it," said Melendez's nephew.

Melendez, who weighed more than 200 pounds, fought with the officers, banging into furniture, breaking a baby swing and the legs from a nearby sofa, the relatives said.

After the struggle, the officers were able to subdue Melendez and handcuff his arms behind his back. One of Melendez's arms was twisted, the nephew said, and he begged the officers to release it.

The officers did release the arm when Melendez was face down on the floor. Then, said the nephew, an officer kicked Melendez in the back of the head, causing him to vomit.

Police spokesman Sgt. Gary Gardner said he could not comment on the police officers' actions in arresting Melendez because the matter remains under investigation.

According to preliminary medical reports, Melendez had a blood-alcohol level of .34. The legal standard for intoxication is .10. Melendez also had traces of marijuana in his bloodstream.

Investigators and family members now await the results of an autopsy to determine the cause of Melendez's death.

The case has raised the specter of police brutality in the Latino community. The Latino Task Force, a civil rights lobbying group based in Washington, has expressed concern over the handling of the arrest and a Spanish-language radio station in suburban Washington has called for a thorough investigation of the police actions.

Melendez's family members also are upset that the police did not tell them Melendez had died. According to officials, he was pronounced dead at the hospital at 12:53 a.m. after several attempts to revive him.

Detectives remained at the mobile home until 6 a.m., but relatives did not learn of the death until Melendez's wife returned from the hospital about the same time with their son, who had been treated for his injuries and released.

During those several hours, Melendez's nephew, his nephew's wife and his brother were interviewed extensively by investigators.

"When his wife came back from the hospital, she told us he was gone," the nephew said. "We asked the detective if it was true and he said yes. They never even told us."

Family members said they hope to have their many questions about the arrest answered as soon as possible. They are preparing to take Melendez's body to his native El Salvador for burial.

The police involved in the arrest remain on duty pending the outcome of the investigation, Gardner said.

PHOTO BY JAY CLARK

Flakey behavior Camille Colley, 7, and her sister Triana, 11, slide down a hill at the Roslyn Rise townhouse complex in Columbia, taking advantage of the light snowfall this week. Bringing up the rear is their friend Derris Moore, 12.

Harassment continues, county worker says

BY BARBARA FRYE

More than a year after he first complained that he was being harassed by coworkers because he has AIDS, an employee at Howard County's sewage treatment plant in Savage says the harassment continues.

Steve Jared, who asked that his real name not be used, said about two months ago a fellow employee gained access to his confidential personnel file and made copies of it.

The file contains Jared's record of sick leave, annual leave and doctor's certifications for times when he was out sick. He explained that such files are kept in unlocked employee mailboxes at the plant, and privacy is protected under an "honor system."

A supervisor found the file in the employee's possession and the employee was transferred and demoted, Jared said.

But Jared said the chronic harassment is at the hands of one employee, who he said drew a large phallus with Jared's name under it on a window in the plant's basement last month. Jared said Bob Funk, a superintendent at the plant, found the graffiti and is investigating. Funk, citing personnel regulations, said he could not comment.

Jared has worked at the plant for three years, but the harassment started last year after he transferred to a different work area for health reasons. He said he had told his supervisors about his infection soon after he was hired, in order to protect other workers.

Apparently assuming that he is homosexual, someone wrote the word "homo" on a bottle of pesticide marked with Jared's initials. Two men at the plant started to taunt him with veiled references to his illness. After Jared angrily confronted the men, all three received reprimands and an AIDS awareness workshop was held at the plant.

When a third coworker joined in the harassment, Jared filed a complaint in November 1992 and the worker was suspended for a day.

Jared has taken his case all the way to County Executive Charles Ecker. He said he has been on seven job interviews with other county agencies in the last six months, but has not gotten any offers.

Ecker said he has offered Jared a chance to transfer without going through the interview process, but Jared declined.

William Herndon, the county's acting personnel administrator, would not discuss Jared's case, but said, "in every case that I'm aware of" the county has investigated complaints of harassment from county employees on the job. He added, though, that if there are no eyewitnesses to harassment, or if the perpetrator is not caught in the act, it's difficult to get to the bottom of a complaint. "People do not (commit) these types of cowardly acts publicly."

egacy of AIDS: Harassment

Keller

Often, he says, a fire is raging in his throat.

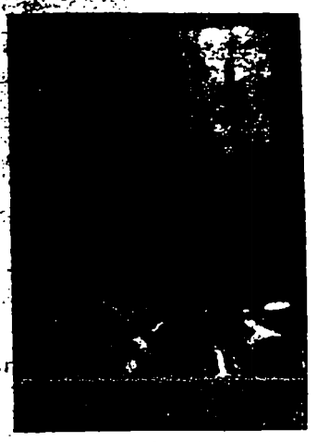
Sick with AIDS, he is susceptible to the herpes virus in a way healthy people are not. It produces painful sores up and down his gullet.

So "Steve Jared" — who asked that his real name not be printed — takes pills that allow him to swallow and medicine to fight the virus.

But a far more bitter pill, according to Jared, is the harassment that has come with his job at the county's water treatment plant in Savage.

For months, he says, he has been harassed because of his disease and because he is assumed to be a homosexual. Despite county policies forbidding harassment and guaranteeing fair treatment to people with AIDS, the worker says he has been taunted, ridiculed and threatened on the job.

And while he concedes that two of his former tormentors now leave him alone, apparently as a result of official action, he is angry and frustrated because he feels the harassment has continued.



Staff photo by Rich Riggins

Taking a variety of medications has become a daily ritual for this county employee with AIDS, but the harrassment he has experienced at work has also been a bitter pill, he says.

Sharing a burden

Jared says he told supervisors and co-workers at the Savage plant about his infection soon after he was hired three years ago.

He told them to protect their health.

"I have a conscience," he says. "You can nick and cut yourself [using tools] ... and somebody could have gotten my blood on them," exposing that person to the AIDS virus.

And at first, telling was sharing a burden. One supervisor "took the news hard." Another told Jared quietly that "we'll deal with the problem" and was true to his word.

But then, for health reasons, Jared transferred to another work detail at the plant.

That's when his problems began, he says. A scrawled "homo" appeared on a bottle of pesticide marked with Jared's initials. Then two of his co-workers began singing a playground dirge when he was within earshot: "The worms crawl in, the worms crawl out; into the stomach and out the mouth."

Eventually, Jared, who was losing weight because of his illness, angrily confronted the two men. All three received reprimands, and county officials agreed to hold an AIDS awareness workshop at the plant.

But the harassment did not stop, according to Jared. A third co-worker threatened Jared obliquely, impugned another plant employee who had befriended Jared and made lewd gestures in Jared's presence.

Fed up, Jared filed a formal complaint against the man last November. As a result, the man was suspended from work without pay for a day, a judgment he has since appealed.

Jared hoped the suspension would end the harassment. But two weeks ago, he found his initials and three expletives written on a piece of equipment.

Earthly things

Before taking his job with the county government, Jared did social service work for the federal government. A graduate of Howard High School here, he went west in the '70s to study at a mining college. There, he developed his skills as an amateur archaeologist and paleontologist.

He no longer has the energy to pursue the hobby — "I read," he says, shaking his head — but the walls and surfaces of his tiny room announce his longtime passion for earthly things. There are handsomely framed arrowheads, a lead-colored meteorite from Arizona and an ancient adz.

From the top of a metal locker Jared carefully hands down the fossilized skull of a peccary, a piglike mammal. He found it at Calvert Cliffs in southern Maryland, he says, back when he was "a redneck kid." Very fine specimen of its kind, he says.

He will leave it to the Smithsonian. The arrowheads go to the Howard County library "to educate kids." He knows he must think of such things before it is too late.

One day five years ago he couldn't think at all. The mind he had been busy filling with exotic pursuits like paleontology and orchid-growing went blank when he learned he was HIV positive. He had had no inkling: he had assumed both his marriage and a subsequent relationship had been monogamous.

Somehow, he got into his car and drove to the house where he now lives with his elderly aunt. He sat in a field and wept for three hours. He says it took him another year to leave his bedroom.

He needed health insurance, his aunt had to have help with her medical bills. It was time to rejoin the living.

A legacy

Jared applied for jobs and landed one with the county. It didn't much matter what the job was and in some ways he got lucky, he says.

"If it weren't for the constant aggravation, harassment there at the plant, I would like my job. I really would," he says softly. The gardening he does at the plant is "therapeutic," and without exception his supervisors have been supportive.

But when Jared talks about the harassment and the inability of officials higher up to end it, his voice sinks to a furious hush. He admits that along with the arrowheads and the fossils, he views his battle against harassment as a kind of legacy. "I don't want anyone to go through what I have," he says.

He faults the county's personnel department for being slow to respond to the problem, although he acknowledges that the incidents involve complicated issues of competing rights that may take time to resolve. But time is exactly what he does not have.

"The way I see it," he says, "before I get any relief from this, I will either be on permanent disability or I will be dead from" brain disease caused by the herpes.

Jared has tried to speed up the adjudication process by going over the heads of the personnel officers, addressing a letter to County Executive Charles Eckert. When that failed to yield action, he says, he turned to the county's Human Rights Commission — which is barred from investigating complaints by a county employee against the local government.

He then filed a complaint with the state human rights agency, but he has heard nothing in reply. More recently, he has written both President Bill Clinton and his wife, Hillary Rodham Clinton.

Both County Administrator Raquel Sanudo and William Herndon, assistant director of personnel for the county, say confidentiality rules prohibit them from talking about Jared's case. However, Herndon defends the actions of his office generally. "There has never been an accusation of harassment or a charge of discrimination that did not get fully investigated," he says.

He points out that while a single incident of harassment can cost a county worker his job, even a one-day suspension is a serious matter and can, should another incident occur, lead to termination.

Herndon also cites workshops held recently at the plant on sexual harassment and AIDS awareness as evidence that problems are not waved away. At the same time, he concedes that some behaviors are slow to change.

"I don't think [personnel officers] want to take any point of action because ... they are treading on new ground they've never had to break before," Jared says.

Both men acknowledge there are other county employees infected with the AIDS virus, although neither has numbers.

"I'm aware of a few," says Herndon.

"I'm the tip of the iceberg," counters Jared.

had expressed concern for her safety shortly before her death.

When the children became concerned about the whereabouts of their mother, Calhoun began calling relatives. Gladys Calhoun was found about an hour later in the back yard by her brother, who came to the home after he learned she was missing, the prosecutor said.

Calhoun told police that throughout the evening he maneuvered the children away from the back yard so they wouldn't find their mother's body.

Defense attorney Jonathan Scott Smith said sentencing guidelines for voluntary manslaughter suggest a sentence of three months to four years.

Calhoun, who remains free on his own recognizance, has maintained custody of the children since his arrest.

1211 Avenue of the Americas, C-1
New York, New York 10036-8795

FOX NEWS channel
A UNIT OF FOX TELEVISION

August 24, 1998

Do this Something that we are Scheduling

Jeff Kamen
White House Office of National AIDS Policy
f: 202-456-2439

Serena Fong
The Crier Report
Fox News Channel
1211 Ave. of the Americas, lvl c-1
New York, NY 10036
o: 212-301-3783

Dear Mr. Kamen:

Thank you very much for speaking with me this afternoon regarding setting up a possible interview with Ms. Sandra Thurman sometime in the near future. As I had mentioned during our conversation, while we would have to touch upon the impact the Clinton investigation has had on domestic policy and the Office of National AIDS policy, we would also discuss the important work that Ms. Thurman has done, as well as take a look at the disease and what has been done to combat it.

The television program itself is an hour long show that tapes from 2pm to 3pm Monday through Friday, and broadcasts from 10pm to 11pm in the evenings on the Fox News Channel. The Fox News Channel broadcasts to over 30 million homes 24 hours a day, seven days a week.

The Crier Report is a news and information show that covers a variety of topics, including news events, feature stories, and personalities in the news and entertainment industry. While the show originates from New York City, we have the capability to do satellite interviews from virtually anywhere in the country.

Please call me regarding any arrangements we can make for an interview with Ms. Thurman, or if you have any other questions. My telephone number is 212-301-3783. I look forward to speaking with you soon.

Sincerely,

Serena Fong

Serena Fong
The Crier Report

1200 19th Street N.W., Washington D.C. 20036
202-296-4333 telephone
202-785-1070 fax

Sam & Harry's

Fax

To:	Sara Holwinski	**From:**	Bill Wemick
Fax:	202-456-2439	**Pages:**	3 including cover
Phone:	202-296-4333	**Date:**	08/17/98
Re:	Sandy"s memoirs	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Sara- Thanks for taking the time to speak with me today. I know your schedule is hectic and free moments are precious. I am glad that you share my enthuslasm for this project.. I think it is most important that Sandy move ahead with this as quickly as possible. As bright and charming as we know she is, her story's marketability is really now and not later. John Greenya is a quality fellow and a talented writer and I would encourage Sandy to interview him. However should the chemistry not be right , it is my hope that she will make another selection as quickly as possible. Thanks again. Please stop in and say hello.

Fondly,

JOHN GREENYA
suite 200
1146 19th St., N.W.
Washington, D.C. 20036
202/659-0683 (FAX) 202/659-1931

EDUCATION: B.A. Marquette University, 1960
The Georgetown University Law Center, 1960-62
M.A. The Catholic University of America, 1966

EMPLOYMENT: 1964-1968: Instructor in English, The George Washington University, Washington, D.C.
1968-present: free-lance writer

EXPERIENCE:

Publications: *Business Week, Ladies Home Journal, People, The Saturday Review, The New Republic, Washingtonian, Regardie's, The Washington Lawyer, Woman's Day,* among others, also various newspapers: *The Chicago Tribune, The Milwaukee Journal, The Dallas Times Herald, The Los Angeles Times, The New York Times, USA Today, The Washington Post (Book World, Outlook, Style, and Business),* among others.

Books: sole author: POWER TO THE PUBLIC WORKER (R.B. Luce) THE REAL DAVID STOCKMAN (St. Martin's), BLOOD RELATIONS (HBJ), and four novels for juveniles.
collaborations: FOR THE DEFENSE (Atheneum) and CLEARED FOR THE APPROACH (Prentice-Hall), with F. Lee Bailey, MAXINE CHESHIRE, REPORTER (Houghton-Mifflin), with Maxine Cheshire, ARE YOU TOUGH ENOUGH? (Coward, McCann), with Anne Burford, THE NEXT PRESIDENT (*U.S. News & World Report*), with [Sir] David Frost, LAW AND JUSTICE IN THE REAGAN ADMINISTRATION (Hoover), with William French Smith, and P.S., A MEMOIR (St. Martin's) with Pierre Salinger, among others.

Movie: *Calendar Girl, Cop, Killer?, The Bambi Bembenek Story,* an ABC Movie of the Week (based on my *Washington Post Style* section article on Bembenek).

Miscellaneous commercial projects: speeches, annual reports, congressional testimony, corporate white papers, etc. (details on request). + 1st Annual Report, 1992, of the AIDS ACTION COUNCIL.

JOHN GREENYA

A free lance writer for more than 25 years, John Greenya is the author or co-author of 15 books, including: BLOOD RELATIONS, The Exclusive Inside Story of the Benson Family Murders (HBJ), a Literary Guild Selection; THE REAL DAVID STOCKMAN (St. Martin's Press); FOR THE DEFENSE, by F. Lee Bailey with John Greenya (Atheneum); THE NEXT PRESIDENT, by David Frost with John Greenya (*U.S. News & World Report*); PS, A MEMOIR, with Pierre Salinger (St. Martin's in the USA and Denoel in France); and, most recently, AUGUSTINE'S TRAVELS, by Norman A. Augustine, Chairman & CEO of Lockheed Martin (AMACOM Books, October, 1997.)

Among his other collaborations are: MAXINE CHESHIRE, REPORTER, by Maxine Cheshire with John Greenya; ARE YOU TOUGH ENOUGH? By Anne Burford with John Greenya; CLEARED FOR THE APPROACH, by F. Lee Bailey with John Greenya; and LAW AND JUSTICE IN THE REAGAN ADMINISTRATION, by U.S. Attorney General William French Smith.

A former member of the English faculty at The George Washington University, Greenya studied law for two years at The Georgetown Law Center. He writes frequently about the law and legal topics (He has contributed articles to *The Washington Lawyer*, the magazine of the District of Columbia Bar Association, for 13 years) as well as about true crime, business, and politics. A frequent book reviewer, his most recent reviews for The Washington Post's *Book World* section include THE RUN OF HIS LIFE, by Jeffrey Toobin; WITHOUT A DOUBT, by Marcia Clark; and THE BLACK O, by Steve Watkins (Sunday, October 12, 1997).

In 1992, his Washington Post *Style* section articles on Lawrencia ("Bambi") Bembenek became an ABC Movie of the Week. His book BLOOD RELATIONS has been optioned for a television movie. His most recent *Style* section article ran on Sunday, October 5, 1997 ("CANNED," about the $26.6 million judgment against Miller Brewing Co. involving an episode of the Seinfeld show).

John Greenya is also a public speaker, and an occasional guest on radio and television programs. In 1993, he initiated the "Friends of the Nantucket Atheneum" lecture series with a lecture entitled, "True Crime -- Why We Read It, Why We Write it," and in August of 1996, he and Pierre Salinger gave a joint lecture (on the writing of Salinger's memoirs) for the same organization.

Suite 200 1146 19th St., N.W. Washington, D.C. 202/659-0683
FAX 202/659-1931 E-mail Author X@aol.com

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

27 Aug 98

Dear Sandy,

Welcome back from France. Hope you had a great time.

I wanted to share this Preface to a manuscript by Dr James Curtis. I have read his work, which he hopes to publish, and it is compelling reading.

He rejects needle exchange as a solution, but I do not bring it to your attention for that reason. Instead, I do so because of his strong voice on the subject of AIDS and the Afro-American community.

Sincerely,
Jim McDonough

PREFACE

PROTECTING BLACK PEOPLE FROM AIDS

Why do I feel compelled to write this book ? Because I am a black physician, a psychiatrist, director of psychiatry and addiction services at the New York City's Harlem Hospital Center in Central Harlem which has one of the highest rates of HIV/AIDS in the nation. We are sixteen years into the AIDS epidemic and I have become convinced that the public health establishment will not or cannot provide equal protection to the black population in this country because our interests and needs do not coincide with the interests or needs of more affluent constituencies which are also vitally threatened by this deadly virus. However, despite the fact that we are a minority group, and still live out our lives under the shadow of institutionalized racism, black people as individuals, as families, as members of churches and other powerful social groups do have within ourselves the power to save ourselves from this plague. We can no longer wait to be saved by other social groups, rather we must take the initiative to bring about corrective preventive action.

I have been fascinated to observe the manner in which the HIV/AIDS epidemic has thrown into high relief a series of moral shortcomings: failures at the level of individual responsibility for one's behavior, negligence and feigned blindness

to the needs of the helpless and the weak by social agencies responsible for safeguarding the public's health, and governmental dereliction of duty. As Chairman of Harlem Hospital Center's Ethics Committee, I have had a front row seat in viewing this horror show over these past several years. As a staff member in New York City's public hospital system, I have experienced the force of an unwritten rule that one must not call into question official policies concerning HIV/AIDS. The official dogma of the AIDS establishment is that all we need to do to prevent HIV/AIDS is to give away free condoms and sterile needles to sexually promiscuous persons and injection drug users. In this book I am deliberately breaking this code of silence, in order to advance the mission of serving the unmet needs of our poor and defenseless citizenry.

The public health establishment refuses to make a straightforward and legal statement that HIV infection is a communicable, sexually transmitted disease which is fatal if left untreated. The public health establishment does not warn that infected persons simply should not have sex relations or share needles with uninfected persons. The American public is being taught to believe what we need is simply more tolerance, that free condoms and free needles for drug addicts will make for safe sex and safe intravenous drug abuse. One hundred years from now historians will look back on all this in utter disbelief.

Blacks suffer disproportionately from the ravages of the human immunodeficiency virus (HIV) infection which progresses to its fatal end stage known as Acquired Immune Deficiency Syndrome (AIDS). African Americans are just under 12 percent of the United States population but account for 40 percent of all people with AIDS. Although blacks are six times as hard hit as whites, medical and public health policy and practice have been shaped almost exclusively to protect the interests of whites. HIV/AIDS in many essentials manifests itself as an entirely different epidemic among blacks as compared to whites.

In whites HIV/AIDS is primarily spread by men who have sex with other men. Not surprisingly the well-organized homosexual community has largely dictated the funding and the direction of prevention, treatment and research programs. On the contrary among blacks HIV/AIDS is usually spread from man to woman and has the potential of becoming primarily a heterosexually transmitted disease. Intravenous drug use and contaminated needle sharing between addicts, as well as sexual promiscuity associated with the use of crack cocaine and other drugs, are the usual percursors to infection. Most women have become infected by male sex partners, and these women pass it on to their unborn infants; and all of these are matters which have no relevance for the homosexual community.

In sub-Saharan Africa, which has three-fourths of all the HIV/AIDS cases in the world, this plague routinely is spread from men to women through heterosexual intercourse; the disease is simply the deadliest of all known sexually transmitted diseases. As black Americans we must at once open our eyes and organize to keep this heterosexual disaster from happening here.

Never before has a disease been caught up in so much political controversy and debate. Since the disease first struck, I have been closely involved in a set of controversies which will be presented in this book. My position often differs sharply from that held by black or white members of the AIDS establishment who prefer a one-size-fits all approach to AIDS prevention. Chapter One describes the basic facts on HIV/AIDS and presents the mechanisms of this disease. In Chapter Two we see the connection between the gay liberation and counter culture movement and the emergence of the HIV/AIDS epidemic. Chapter Three discusses ways to protect mothers and babies from AIDS. Chapter Four presents the case against needle exchange which has gained a huge amount of press coverage and parades itself as a cheap and simple way to protect black people from AIDS. Chapter Five outlines the steps necessary to assure that black people obtain an equal opportunity to receive the new but expensive treatments which have recently turned HIV/AIDS into a treatable disease. Chapter Six gives us the African experience

with the HIV/AIDS plague which is literally destroying several of the new African nations so recently freed from colonial oppression. Since HIV/AIDS in Africa is already a heterosexually transmitted disease, we have much to learn about the possibilities and limitations of short-term and long-term measures to control this lethal plague on that continent. Black Americans should be playing more of a leadership role in mobilizing the biological, political, and world moral leadership which can stop this awesome disease both here and abroad. Throughout all chapters I have tried to give guidance to blacks; whether an individual, a parent, a drug addict, or a prisoner - each person has tremendous power to control his or her own destiny. To individual black physicians, nurses, social workers, teachers, and most of all ministers and political leaders - each of you has the power to set a personal example of leadership concerning how to protect yourselves, your families, and others who look to you for hope and guidance.

Despite the fearsome aspect of this deadly virus we must realize that the virus itself does not have a mind of its own; viruses have neither motive nor purpose. The HIV/AIDS virus can be a force either for good or evil, an eventuality which only we as human beings will determine, by the way that we as individuals and groups deal with this virus. For these reasons I conclude that while this virus presents a threat to black Americans, it also presents an opportunity for us to

enhance and strengthen our community in the process of defending ourselves from annihilation . It will be for us to determine whether HIV/AIDS will be a blessing or a curse for our people. The AIDS virus will expose also inevitably the extent to which institutionalized racism makes us especially vulnerable to this newest life or death threat.

When all is said and done, we can, as a black community, mount a self-protective campaign to put an end to the irresponsible and rampant sexual promiscuity which not only causes AIDS, but which rains down upon our people a shower of other sexually transmitted diseases, of unwanted premature pregnancies, a trail of wrecked marriages and broken homes. Among all developed nations, the United States as a whole, black and white, leads all others in its epidemic of sexually transmitted diseases including HIV/AIDS. The black American contribution to this problem should receive our special attention, and should require our special action because for us the stakes are very high. It is ludicrous to believe a condom will save us from these problems.

Similarly, the runaway national problem of drug abuse, another disaster, destroys the lives of relatively more blacks than whites, and is a quagmire in which relatively more blacks are permanently trapped, because our safety net is

neither as wide nor as strong as it is for other more dominant social groups. Drug abuse is the major comorbidity of HIV/AIDS disease among blacks. The threat of HIV/AIDS should force black Americans to take a forthright stand against the incremental legalization of addictive drugs, which combines with this deadly virus to destroy the physical, psychological, social and spiritual vitality of our families and communities, and drains away our human dignity. We need more than a needle to deal with this American tragedy.

In writing this book I have benefitted from the helpful guidance and support of several persons who have enhanced the message I wanted to convey by reading the manuscript in whole or part and offering valuable comments.

They are:

FREEDOM *

(Last Stanza)

They are slaves who fear to speak
For the fallen and the weak:
They are slaves who will not choose
Hatred, scoffing, and abuse
Rather than in silence shrink
From the truth they needs must think;
They are slaves who dare not be
In the right with two or three.

James Russell Lowell (1819-1891)

*** The Complete Poetical Works of James Russell Lowell. Cambridge Edition, seventh printing 1925 Houghton Miflin Company, Boston**

Stanzas on Freedom, last stanza, p 55

JLC/bms

retyped 7/31/98: corrected 8/12/98

Childhelp USA®

Combating Child Abuse Across America

Childhelp USA
15757 N. 78th Street
Scottsdale, AZ 85260

Dear Partner in Prevention and Treatment,

Childhelp USA is one of the oldest national organizations dedicated to the prevention, treatment and research of child abuse. Childhelp USA's national Child Abuse Hotline operates 24 hours a day, seven days a week, and is accessible from all fifty states, Canada, Guam, Puerto Rico, and the U.S. Virgin Islands. The Hotline provides crisis intervention, information and referral to agencies and services which range from adult survivor treatment to domestic violence shelters, child abuse evaluations to substance abuse rehabilitation programs, local health services to national prevention resources. We are available to fellow professionals for consultation and information, as well as to the general public.

Your agency has been listed within our national database in the past. In an effort to remain up-to-date and to refer accurately to your services, we are requesting that you complete the enclosed questionnaire and return it to Childhelp USA at your earliest convenience via fax or mail. Please feel free to contact Childhelp USA should you desire more information. Also feel free to share Childhelp's name and number with colleagues or agencies. We are always interested in expanding the range of services we can provide for callers from your area.

Thank you for your time and cooperation.

Sincerely,

S.E. Putzier
Resource Manager
Childhelp USA National Child Abuse Hotline

CHILDHELP USA RESOURCE SURVEY

Date: _____

GENERAL INFORMATION

Name of Agency/Person: _____

If private practice, please list credentials: _____

Director/Supervisor: _____

STREET ADDRESS: _____

_____

MAILING ADDRESS: _____
(if different)

_____

ADMINISTRATIVE / BUSINESS PHONE: _____

Fax #: _____ E-Mail: _____

Website: _____ Hours of Operation: _____

Answering Machine / Voice Mail After Hours: ☐ YES ☐ NO

GENERAL INFORMATION #: _____

SERVICES

Are your services offered ☐ FREE ☐ Sliding Scale ☐ Fee (please indicate)

_____

What is the scope of your services? ☐ Metropolitan ☐ County

☐ State ☐ National

Do you have any restrictions as to provision of services? ☐ YES ☐ NO

If YES, please explain: _____

Do you provide services/resources for the visually impaired? ☐ YES ☐ NO

Do you provide services/resources for the hearing impaired? ☐ YES ☐ NO

Do you have a TDD/TTY line? ☐ YES ☐ NO If yes, please list: _____

Which of the following services to you provide? (Please check box)

COUNSELING:

- ☐ Individual
- ☐ Family
- ☐ Group — Issues: _____
- ☐ Divorce
- ☐ Child/Adolescent — Ages: _____
- ☐ Abuse Issues — ☐ Adult ☐ Child
- ☐ Perpetrator: — ☐ Adult ☐ Juvenile
- ☐ Gay/Lesbian
- ☐ Multiple Personality/Dissociative Disorders
- ☐ Ritualistic Abuse
- ☐ Substance Abuse
- ☐ Rape/Sexual Assault
- ☐ Eating Disorders
- ☐ Inpatient
- ☐ Psychological Testing
- ☐ Abuse Evaluation — Specify: _____

Other: _____

DOMESTIC VIOLENCE:

- ☐ Crisis Counseling
- ☐ Shelter
- ☐ Legal Assistance
- ☐ Victim Advocacy
- ☐ Child Care
- ☐ Outpatient Support Groups
- ☐ Elder Abuse

Other: _____

YOUTH SERVICES:

- ☐ Runaways
- ☐ Teen Parenting
- ☐ Residential Treatment
- ☐ Independent Living
- ☐ Shelter
- ☐ Drop-In Center
- ☐ Prevention Programs: ☐ Gangs ☐ Drugs ☐ Abuse ☐ Delinquency ☐ Cults ☐ Other

Other: _____

LEGAL:

- ☐ Custody
- ☐ Victim Advocacy
- ☐ CASA/Guardian Ad Litem
- ☐ Children's Rights
- ☐ Parent/Grandparent Rights

Other: _____

SUPPORT AND EDUCATION:

- ☐ Welfare
- ☐ Food
- ☐ Transportation
- ☐ Medical
- ☐ Career Counseling
- ☐ Parenting
- ☐ Child Care
- ☐ Clothing
- ☐ Housing
- ☐ AIDS/HIV
- ☐ Vocational Training
- ☐ Legal Assistance
- ☐ Maternal/Child Health
- ☐ Information and Referral
- ☐ Support Groups:

(Please indicate group format and issue addressed):

_____

_____

_____

Literature: ☐ Written ☐ Audio ☐ Visual

Other: _____

HOTLINE: ☐ YES ☐ NO

If yes, indicate #: _____

Hours of Operation: _____

Scope of Operation: ☐ City ☐ County ☐ State ☐ National

Languages Available: _____

Services Provided:

- ☐ Crisis Counseling
- ☐ Direct Crisis Intervention
- ☐ Information and Referral

Other: _____

Who answers your Hotline?

- ☐ Trained Volunteers
- ☐ Trained Employees
- ☐ Degreed Professionals

Other: _____

Please write a brief mission statement:

_____

_____

_____

_____

Would you like to receive information about CHILDHELP USA? ☐ YES ☐ NO

Thank you for your time. Please add CHILDHELP USA to your mailing list.

CHILDHELP USA NATIONAL CHILD ABUSE HOTLINE
15757 N. 78th Street
Scottsdale, AZ 85260
602-922-8212 (Administrative) 602-922-7061 (Fax)
800-4-A-CHILD (Hotline) Website - www.childhelpusa.org
800-2-A-CHILD (TDD/hearing impaired)

Childhelp USA®
15757 North 78th Street
Scottsdale, Arizona 85260

National Volunteer Center
Attn: Director
736 Jackson Place
Washington, DC 20503

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005a. form	re: Data entry form (Personal) (1 page)	08/27/1998	b(6)

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2018-0764-F
jm2079

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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b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005b. letter	Citizen to Sandra Thurman re: Personal (2 pages)	08/22/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19406

FOLDER TITLE:
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2018-0764-F
jm2079

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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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]

URGENT FAX

RUSH TO: Sandra Thurman, White House, Office of the

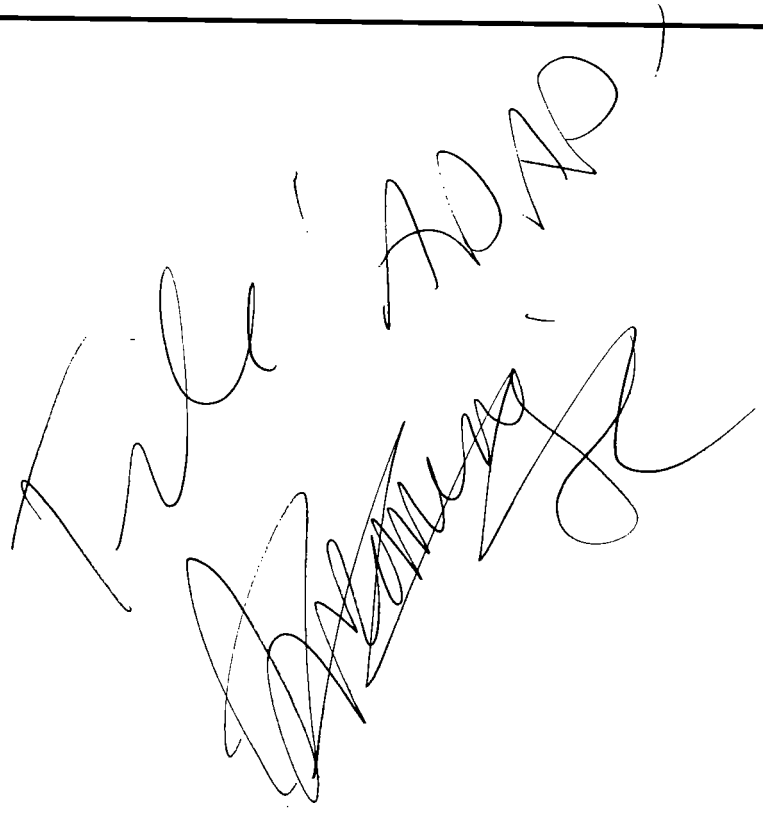
FAX: 456-2439

FROM: 1775 " T " St. NW DC Station.#2

PAGES (INCLUDING THIS COVER): 4

•FYI• Cost effectiveness, summary of HAART AIDS treaments from Geneva. •Bill Arnold, The ADAP Working Group

Monday, August 24, 1998



HIV Therapy and Prevention: Economics and Cost-Effectiveness

By Richard Moore, M.D.

The efficacy of combination antiretroviral therapy in the treatment of HIV disease continued to be well-demonstrated at the 12th World AIDS Conference in reports from a number of clinical trials and observational studies in clinical practice. These drugs are relatively expensive, however, and a number of researchers have been assessing the costs and cost-effectiveness of antiretroviral therapy and other treatments used in the HIV-infected patient. Many of these analyses have been conducted in Western countries with high per capita incomes.

Several studies of the cost and cost-effectiveness of HAART in North America were presented. In the largest of these studies, Lawrence Deyton of the U.S. Department of Veterans Affairs showed a substantial decline in inpatient utilization and costs, with a 37% decrease in the number of hospital admissions and a 41% decrease in the number of hospital days [Abstract 42429]. During that same period, there was a 38% increase in the number of clinic visits and an overall net savings of approximately $18 million in 1997 compared to the previous year. These data were based on over 59,000 patients seen through December 1997 at 173 VA medical centers across the United States.

A series of smaller studies also reported decreased cost of hospitalization offsetting the increased costs of pharmaceuticals: James Rawlings - Yale-New Haven Hospital [Abstract 42430], Nicola Ostrop - Alberta [24123], David Schneider - Vancouver [Abstract 24121], John Gill - Calgary [Abstract 24126], Peter Ruane - Los Angeles [Abstract 24136], Steven Johnson - University of Colorado [Abstract 42211], Donna Gallagher - Boston [Abstract 32405], Mi Chen - Sacramento [Abstract 12264], and Bill McMurchy - Toronto [Abstract 24127]. Typically, the costs of antiretrovirals have increased 2- to 3-fold over the past 2-3 years while the cost of hospitalization declined by an amount that offset much of the increase in antiretroviral costs. The greatest change in direct medical care costs tended to occur in patients with the lowest CD4 counts. In a late breaker, data were presented by Aslam Anis from Vancouver which modeled the cost-effectiveness of HAART in a cohort of gay men who had been followed as part of the Vancouver Lymphadenopathy AIDS Study [Abstract 24377]. There was an 11% improvement in 12-month survival and an increase in costs from $4,484 to $11,823 from 1993 through 1996. The incremental cost-effectiveness ratio was as low as $30,000 per year of life saved, projecting survival gains over several years and allowing for an exponential decline in antiretroviral effectiveness. An analysis by this author and colleagues at Johns Hopkins suggested that over the first 1-1/2 years since its introduction, HAART has actually been cost-saving per case of AIDS avoided with only modest increased costs per year of life gained [Abstract 24380]. This was based on data showing a decrease in medical care costs occurring over the past 2 years (Tables 1 and 2).

Table 1: Percentage of Medicaid Payments by Service Category

Category	1993-1995	1996-1997
Inpatient	52%	35%
Outpatient	19%	21%
Pharmacy	19%	35%
Community Services	6%	1%
Emergency Room	2%	3%

Table 2: Mean Monthly Medicaid Payment by Payment Category and CD4+ Lymphocyte Count (cell/mm3)

CD4 Category	All	<50	50-200	200-500	200-500
1996-97 Payments	$1456	$2143	$1251	$976	$976
1993-95 Payments	$1629	$2631	$1297	$1214	$1214

These latter two analyses suggest that, at least in North America, HAART regimens have a cost-effectiveness that is well within the range of currently funded and reimbursed therapies for the treatment of other diseases. Still another analysis presented by John Hornberger, Roche Pharmaceuticals and The Title II Community AIDS National Network (T•II•C•A•N•N) suggests that the cost-effectiveness of using early HAART(initiated when CD4 is between 200 and 500 cells/mm3 or the HIV RNA is>10,000 copies) would yield a cost-effectiveness ratio of $23,700 U.S. per quality-adjusted year of life saved [Abstract 44243].

James Kahn from the Institute for Health Policies Studies at UCSF presented his model of expanding the U.S. Medicaid system to provide wider access to combination antiretroviral therapy [Abstract 44241]. This additional enrollment of over 37,000 individuals would lead to 5,200 fewer deaths and 6,700 fewer people progressing to AIDS or early death. The expansion would increase total life years by 14,500 over 5 years, and although total federal costs for the expansion would be $1.3 billion, these would be off-set by decreased federal expenditures of $765 million due to slowed progression to AIDS and decrease in use of the AIDS Drug Assistance Program and other programs. A relatively modest reduction of Medicaid prices for HIV drugs would result in budget neutrality.

Studies of cost-effectiveness of various interventions for opportunistic illness were also done. David Paltiel of the Yale School of Medicine conducted a cost-effectiveness modeling analysis of three alternative CMV prevention strategies in patients with CD4 counts less than 50 cells/mm3. He compared no CMV prophylaxis, targeted CMV prophylaxis based on a single PCR test, and general oral ganciclovir prophylaxis without a PCR test performed [Abstract 44242]. Relative to no CMV prevention, targeted CMV prophylaxis using PCR had an incremental cost-effectiveness of $90,000 per quality-adjusted life year (QALY) gained. The cost-effectiveness was over $900,000 per QALY for non-targeted ganciclovir prophylaxis. His conclusion was that universal CMV prophylaxis was not warranted, although targeted prevention might warrant consideration. In an analysis by Kenneth Friedberg from Boston Medical Center, cost-effectiveness of alternative clinical strategies to prevent M. avium complex disease in AIDS patients was assessed [Abstract 44238]. Azithromycin prophylaxis, begun after the CD4 count has declined to less than 50 cells/mm3, was found to be the most cost-effective MAC prophylaxis strategy with an incremental cost-effectiveness ratio of $27,000 per quality-adjusted life year compared to no MAC prophylaxis. Other prophylaxis options with rifabutin, clarithromycin, or combination therapies had substantially inferior cost-effectiveness ratios. The cost-effectiveness of INH preventive therapy for HIV-infected people in sub-Saharan Africa was assessed by Henry Sachs from the Mount Sinai School of Medicine in New York [Abstract 13278]. INH preventive therapy decreases the life-time incidence of TB by 36%, extends life expectancy by 0.8 years, and costs $36.00 U.S. per life year saved.

Studies were also performed evaluating the cost-effectiveness of preventive programs. In an analysis by Nancy Meagher from the University of British Columbia Department of Health Care and Epidemiology in Vancouver, it was found that approximately 9,200 cases of HIV could be averted through prevention investment [Abstract 44246]. This would amount to just over $80,000 being spent for every case averted which compares to a cost of over $150,000 to treat a patient with HIV. The authors pointed out that prevention demonstrates a multiplier. Because secondary or tertiary infections would also be prevented, the total number of cases averted would continue to rise. In a study from the CDC, it was estimated that counseling and testing would save almost $700,000 per 10,000 individuals with a calculated cost per case prevented of $18,350 for partner notification and $27,140 for counseling/testing [Abstract 44248].

The impact of managed care on HIV was assessed as well. Judith Steinberg from the East Boston Neighborhood Health Center described the development of a community-based, capitated managed care program for HIV patients in Boston [Abstract 42401]. The decline in hospital days and admissions was well documented, and it was concluded that an integrated managed care model that preserves HIV specialty care can be an efficient and practical approach to community-based capitated HIV care. Terry Winter reported on an assessment of the Kaiser Permanente HIV services delivered in Santa Rosa, California, which also demonstrated a decrease in hospitalization, use of the emergency room, and need for psychiatric services when a multidisciplinary team

was created to manage HIV-infected patients following a clinical care path [Abstract 42417].

Several analyses are now coming from the developing world highlighting the difficulties in achieving access to these drugs. For example, a study by Jorge Lopez showed that the increased cost of pharmaceuticals was not being off-set by a decrease in inpatient costs in countries such as Mexico, where the cost of hospital care is much less than in countries such as the United States or Canada. This author showed that the microeconomic impact of costs on affected families with HIV can be disastrous without subsidization [Abstract 24137]. An analysis was presented by Robert Hogg from the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, Canada [Abstract 42283]. This study estimated the potential direct cost of making triple combination antiretroviral therapy widely available to HIV-infected adults in countries throughout the world. To treat 25% of the HIV-infected population in the world would cost over $36 billion U.S. The greatest financial burden would be on sub-Saharan Africa, where drug costs would easily exceed 50% of the gross national product in several countries. In the Americas, countries such as Haiti would have per capita drug costs as high as 18% of the GNP. The financial impact on Asia would be somewhat less, although costs could be as high as 7% of the GNP in Cambodia. In Europe and North America, drug costs would be less than 0.1% of the GNP. Calculations show that the potential market for the world-wide sales of antiretroviral therapy would only start to shrink in size with a price subsidy or reduction of approximately 90% or more. These authors recommended that pricing policies be seriously examined in the light of resources available. Finally, a study from Stephen Forsythe of Liverpool presented an economic model to assist policy makers in decisions regarding the economic benefits of combination antiretroviral therapy in developing countries [Abstract 44245]. His analysis emphasized the problems of access and the less favorable cost-effectiveness ratios seen in developing countries.

In summary, HAART is proving to be not only effective but cost-effective in the developed world. In the developing world, however, the widespread use of these therapies is limited by their high cost and poor cost-effectiveness.

Edited from Dr. Richard Moore's Johns Hopkins University) summary of the Geneva cost effectiveness data, it's on the Hopkin's Web Site at
http://hopkins-aids.edu/frames/index_report_toc.html

Relayed FYI and ADAP background information. 24 August, 1998

•Bill Arnold, The ADAP Working Group (202) 588-1775

HOPE for the Poor

South Africa

Association incorporated under s21

24 August 1998

To: Sandra Thurman
Office of National AIDS Policy
The White House
Fax: 091-202-456-2438

From: Dr. Mark Ottenweller
Director for Africa
HOPE worldwide
Fax: 011-2711-476-9389

File Document

Sandra,

I would like to thank you for interest in the people of Africa and your assistance to our efforts to support them during the AIDS epidemic. We believe that the Soweto HOPE Model for community-based support and prevention will have significant impact on people all over Africa. We would like to develop partnerships with U.S.-based donors and agencies to further expand our work. We have contacted Dr. Paul Delay and other contacts that you recommended during our discussions. Please let me know if you have any other recommendations or suggestions.

We would be interested in hosting any U.S. dignitaries who would be visiting major cities in Africa. You mentioned that Jesse Jackson would be visiting South Africa later this year. We would certainly like to host him and his delegation for a visit to Soweto.

Any other contacts, recommendations or recognition that you could provide would be very beneficial to the people of Africa in their fight against AIDS. Despite a few limited successess, millions of Africans and their children are dying of AIDS. We would like to help them as much as possible. The people of Soweto would like to thank you for help and your concern.

Sincerely,

Dr. Mark Ottenweller

102 LAK House 4 Fir Dr Northcliff Tel:(011) 476-5614 Fax: (011) 476-6304 P.O. Box 3393 Northcliff 2115
Directors: P.M.M. Selepe; W.J.P. du Plessis; T.A. Ziegler(U.S.A.); N.E. Honey; A.G.A. Schlee; J.L. Pretorius; R.G. Pretorius
Registration no: 95/01141/08

HIVNEWSLINE

REPORTING RECENT ADVANCES IN THE DIAGNOSIS AND TREATMENT OF PATIENTS WITH HIV INFECTION

24 August 1998

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

Dear Ms. Thurman:

The 12th World AIDS Conference—which drew more than 9,000 clinicians, researchers, epidemiologists, public-health officials, advocates, activists, and journalists to Geneva, Switzerland, last month—convened under the rubric "Bridging the Gap." That theme was chosen by the organizers of the conference to emphasize the disparity between the quality of care provided to people with HIV by developed nations, where combination antiretroviral therapy has become standard care, and by developing nations, where even palliative care is often unavailable.

What the organizers of the 12th World AIDS Conference termed a gap in healthcare delivery is, in fact, a chasm—and one that will, in all likelihood, remain unbridgeable for decades to come. The contrast between developed nations and developing ones is the most obvious gap in the quality of healthcare provided to people with HIV, but it is by no means the only one. You do not have to leave the United States to find disturbing disparities in the way HIV infection is treated; gaps exist right here. Gender and geography, race and risk factor, education and economics, all affect the quality of care that people with HIV infection receive in this country. And these are gaps that we *should* be able to bridge.

It is these bridgeable gaps that Paul Volberding addresses in his editorial in the enclosed issue of *HIV Newsline*. In particular, Paul underscores the critical role that our four-year-old publication plays in closing the information gap that exists between experts on HIV infection and less well informed healthcare providers.

As Paul notes, "*HIV Newsline* is the only publication of its kind that it sent free of charge to every care provider in the country who treats people with HIV infection—even if the provider's practice includes only a few seropositive individuals." As such, our publication serves a unique and essential purpose: it provides practitioners who are on the periphery of HIV treatment with clear, concise, up-to-the-minute information on the accurate diagnosis and effective treatment of HIV infection. Our field research indicates that for many of these physicians *HIV Newsline* has become a primary source of readable, relevant, reliable information on HIV—just as it is for better-informed care providers across the nation.

Cordially,

Edwin Bayrd
Executive Editor

P.S. No, we didn't forget to enclose your advance copy of the August issue of *AIDS Care* in this envelope. There is no August issue of our sister publication, but you will be getting a special double issue of *AIDS Care* in October, one wholly devoted to the subject of women and HIV disease.

EB:ek
Encl.

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HIVNEWSLINE

REPORTING RECENT ADVANCES IN THE DIAGNOSIS AND TREATMENT OF PATIENTS WITH HIV INFECTION

Volume 4, Issue 4 • August 1998