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Correspondence - SLT - Incoming - 10/98 [1]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. note	Peter Harstock to Sandy Thurman re: [Personally Identifiable Information] [partial] (1 page)	10/16/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19398

FOLDER TITLE:
Correspondence - SLT - Incoming - 10/98 [1]

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RESTRICTION CODES

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

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

declined

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Cecil H. Underwood
Governor

October 1, 1998

Joan E. Ohl
Secretary

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

Dear Ms. Thurmond:

Preparations are under way for the 1999 West Virginia State HIV/AIDS Conference to be held May 6th through 8th, 1999, at the Embassy Suites Hotel in Charleston, West Virginia. The Conference Steering Committee has expressed a keen interest in having you be our keynote speaker. They asked that I extend the invitation to you.

Members of our Steering Committee heard your speech in August at the National Leadership Conference to strengthen HIV/AIDS Education and Coordinated School Health Programs. During the speech, you stressed how we are at a "critical moment in time in this Pandemic". We feel that would be an important message to convey, because certainly in West Virginia, the AIDS Pandemic is not over and we are indeed at a critical time in Prevention Education. Your presence would also increase media coverage for the event, and help us in spreading the word.

We are very proud of West Virginia's leadership in Community Based AIDS Prevention, and Comprehensive School Based Health Programs. It is only through early Prevention Education at the community and school level, that we can truly impact the Pandemic.

We would be honored to have you speak at the Thursday morning plenary, either at 10:30 or 11:30 a.m., May 7th, 1999. If you can fit this into your busy schedule, please contact my office. Details about the Conference are being arranged by Ms. Loretta Haddy, at the Division of Surveillance and Disease Control, 1422 Washington Street, East, Charleston, West Virginia 25301. She may be reached at (304) 558-2195, if you have any questions.

Sincerely,

Henry G. Taylor, M.D., M.P.H.
Commissioner

HGT/bem

cc: Loretta Haddy

BUREAU FOR PUBLIC HEALTH
Commissioner's Office
Building 3, Room 518, State Capitol Complex
Charleston, West Virginia 25305-0501
Telephone: (304) 558-2971 FAX: (304) 558-1035

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

October 14, 1998

MEMORANDUM TO ALL INTERESTED PARTIES

FROM: R. Scott Hitt, MD, Chair
Daniel C. Montoya, Executive Director

Presidential Advisory Council on HIV/AIDS Expands Focus on Racial Ethnic Populations

Citing statistics that show the devastating impact that HIV/AIDS is having on African Americans and Latinos, as well as recent action by the Congressional Black Caucus (CBC) and the Department of Health and Human Services to address the needs of these communities, the Presidential Advisory Council on HIV/AIDS at its June meeting unanimously agreed to more fully address the needs of racial and ethnic minority communities by focusing its efforts on six priority objectives in the coming year. This expanded focus on communities of color was adopted as part of the Council's recent strategic planning process.

Recent statistics show that despite accounting for less than 25% of the U.S. population, racial and ethnic minorities comprise some 70% of all new HIV infections, with the majority of new infections occurring in African-Americans and Latinos.

The meetings of the Council will take place on November 16-19 from 8:30 a.m. to 5:30 p.m. at the Madison Hotel in Washington, D.C. The meetings are open to the public and agenda will be furnished upon request at (202) 456-2437.

The Council's Strategic Plan sets the following priority goals:

- Advance the call for a State of Emergency in the African American and Latino communities, including a request that the President convene members of the Black and Hispanic Congressional Caucuses to specifically address HIV issues; and that the President host a White House meeting with key leaders to discuss HIV/AIDS in racial and ethnic communities. The Council also agreed that all future actions by the Council would be reviewed for their impact on racial/ethnic populations;
- Influence, focus and strengthen Centers for Disease Control and Prevention policies and programs related to HIV prevention;
- Monitor and advocate expanded access to care and funding for early-stage intervention therapies;
- Advocate increased appropriations for HIV/AIDS prevention, care-treatment, housing and research programs;
- Further the development and effective implementation by the Department of State of the new U.S. government international strategic plan regarding HIV/AIDS; and
- Advocate increased research on women-centered prevention methods.

###

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Washington, D.C. 20503
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N:\PACHA\STRATEGY\CVRLTR.SP

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS
STRATEGIC PLAN SUMMARY
(10/14/98)

Background: The Presidential Advisory Council on HIV/AIDS (Council) met June 15-18, 1998 in Washington, D.C., devoting a significant portion of the meeting to strategic planning.[1] The objective of the session was to agree on a small number of priority issues for the next year, and the strategies and structures to implement them. Since this Council's currently authorized tenure extends only through July, 1999, the primary focus was on issues that could be either resolved or positively impacted within that timeframe.

Council Mission and Mandate: The Council was established by Executive Order,[2] to provide advice, information and recommendations to the President, his Administration and particularly, the Secretary of Health and Human Services regarding programs and policies affecting or affected by HIV/AIDS. Its mission is to advise the President on what his Administration can and should do to stop the spread of the epidemic; to find a cure and vaccine for HIV; to provide the best possible treatment and care to those who are infected; and to end HIV-related discrimination and intolerance.

Desired Council Accomplishments: Council members would like to aid in the accomplishment of the following results :

1. To have the President consistently engaged as an actively involved leader and advocate on HIV/AIDS issues, who views this work as an important part of his legacy to the nation;
2. To increase public awareness of and responsiveness to specific HIV/AIDS issues;
3. To maximize the Council's impact through appropriate, targeted education and advocacy; and
4. To help the Centers for Disease Control and Prevention (CDC) and other relevant federal agencies streamline their processes to more rapidly, and effectively respond to changes in the epidemic and to institutionalize those changes.

Leadership Role: The Council is uniquely positioned to play a leadership role in raising unpopular issues, ensuring that no affected populations are forgotten, and keeping HIV/AIDS issues in the forefront of Administration priorities.

Need for Achievable Action Items/Objectives: In the past, the Council has addressed a broad range of issues related to HIV/AIDS, offering recommendations and, with the assistance of the Council's Executive Director and Office of National AIDS Policy (ONAP) staff, monitoring progress on those issues. With so many issues being addressed, the Council has often found it difficult to focus Administration attention and action on achieving those objectives the Council considered most important or pressing. By agreeing on a small number of priorities, the Council hopes to develop the strategies

and structures needed to achieve specific results by July, 1999, when the Council's current charter ends. Other issues will continue to receive attention, but primary emphasis will be placed on these priority objectives, which the Council believes to be achievable (i.e., either resolved or positively impacted) in the near-term.

Process for Identifying Issues, Goals, and Objectives: As part of the strategic planning effort, Council members worked as a full Council and in subcommittees and cross-subcommittee small groups to identify, analyze, and prioritize a list of objectives. Working in subcommittees, Council members first identified a number of potential key issues, objectives, and principles that the Council considered deserving of attention during the next year. These priorities were shared, summarized and categorized by MOISAICA, the Council's outside, professional facilitators, and reviewed in cross-subcommittee small groups.

Criteria for Priority Setting: To select key priorities for the next year, the group applied three primary criteria: Achievability (measurable progress towards achieving objectives which can be made by July 1999), Timeliness/Urgency, and Significance. Resource requirements were also considered (commitment for meeting objectives given PACHA members' time, PACHA staff time, and ONAP staff time). In addition, all potential priorities were reviewed with special emphasis on their potential impact on special populations, such as racial and ethnic minorities, women, and youth. Using these criteria, each member was asked to vote for five priority objectives.

Priority Action Items/Objectives: The Council adopted six objectives as the top priorities for Council action during the next year. Each objective was assigned to a subcommittee so that an action plan could be developed for its implementation. Priorities are as follows: (attachment)

1. Work to advance the call for a formal declaration of an HIV/AIDS State of Emergency in the African American and Latino communities (Racial Ethnic Populations Subcommittee, with support from the Discrimination Subcommittee);

2. Focus and strengthen CDC policies and programs related to HIV/AIDS prevention (Prevention Subcommittee);

3. Advocate expanded access for HIV-infected individuals to high quality medical care and treatment by providing adequate funding for therapies and related services, including expansion of Medicaid coverage (Services Subcommittee);

4. Work for higher FY1999 and FY2000 appropriations for HIV/AIDS prevention, research, care and treatment, housing and other HIV/AIDS-related services (Appropriations Subcommittee);

5. Promote further development and effective implementation by the Department of State of the new U.S. government international strategic plan regarding HIV/AIDS (International Subcommittee); and

6. Promote increased attention to women-centered prevention methods (Research Subcommittee).

The Council also agreed on a more comprehensive work plan focusing on three categories of goals and objectives:

- short-term, achievable objectives;
- broad principle or longer-term goals; and
- follow-up to previous recommendations and objectives requiring limited effort.

Implementation Strategies: Responsible subcommittees have completed individual work plans for achieving the priority action item/objective and addressing other objectives included in the broader strategic plan for the Council. The work plan format specifies measurable objective(s) to be accomplished by July 1999; decision maker(s) and decision influencer(s) to be targeted; strategy(ies) to be used to help accomplish the objectives; internal and external timing, including dates or deadlines for action; and special concerns or issues that may affect achievement of each objective. Copies of work plans have been reviewed by the newly formed Executive Subcommittee and will be circulated to all Council members, then used to guide and focus the Council's work during the next year.

Council's Administration and Structure: The Council made refinements to its structure and operating procedures to help ensure the most productive use of Council and staff time. The Council also agreed to establish procedures to assist members who may need help with follow-through on ideas and recommendations, especially with regard to appropriate and effective governmental advocacy. Because the Council is legally a committee, all the subgroups are officially subcommittees. The Council agreed that careful planning and prioritization, improved communications, increased cooperation and collaboration with other entities, and focused efforts to increase funding and in-kind support for Council activities will be required to effectively use and expand Council resources.

Executive Subcommittee: An Executive Subcommittee replaces the Process Subcommittee. It will work to enhance internal communications, coordinate the work of the Council, increase resources, and broaden Council member involvement in follow-through on recommendations.

Racial Ethnic Populations Subcommittee: The name and role of the Communities of African and Latino Descent Subcommittee were changed. As the new Racial Ethnic Populations Subcommittee, it will include members from diverse races and ethnicities. It will be responsible for initiating and providing leadership on issues of race and ethnicity, which will then be addressed by the entire Council and/or by other subcommittees as appropriate. The Council also decided to publicize the changes in structure, focus, and emphasis on racial ethnic communities that were adopted at this meeting, stressing its emphasis on the communities most affected by the epidemic.

1. The Council's strategic planning process was facilitated by a multicultural team from MOSAICA: The Center for Nonprofit Development and Pluralism, a Washington, D.C. based nonprofit organization.

2. The Council was established by Executive Order 12963, dated June 14, 1995, and reauthorized by Executive Order 13009, dated June 14, 1996.

N:\PACHA\STRATEGY\SUMMARY.SP

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

October 28, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20503

Dear Mr. President:

As members of your Advisory Council on HIV/AIDS, we are writing to request that you include in your FY 2000 budget a request to Congress for increased funding for the full HIV/AIDS portfolio.

Thanks to your strong support for increased HIV/AIDS funding, as well as the leadership of the House and Senate Appropriations Committees and Congressional Black Caucus members, the omnibus spending agreement signed into law last week includes substantial increases in HIV/AIDS funding for FY 1999. We want to thank you and others in your Administration who advocated for this funding, which, as you know, includes for the first time ever, more than $110 million in dedicated funding to address HIV/AIDS among African-Americans. We specifically want to thank you for using the visibility and leadership of your office to bring attention to the HIV/AIDS crisis facing communities of color and to urge a renewed national response to fighting the epidemic.

As the growing toll of this epidemic continues to fall disproportionately upon people of color, and historically disenfranchised communities, the nation's financial investment in preventing new infections, caring for those who are living with HIV disease and research must remain vigilant. Despite dramatic progress in reducing the number of AIDS-related deaths, African-Americans, Latinos and other communities of color are not experiencing comparable levels of reduction. These communities, which also have disproportionately high rates of most other chronic diseases, must be targeted with increased resources if we are to achieve your goal of ending racial and ethnic disparities in health outcomes.

As you finalize your FY 2000 budget request to Congress, we urge that you build upon this considerable momentum. As you know, the impact of HIV disease on our nation cannot be rectified or mitigated in a single year or even a few years. In response to the fact that HIV/AIDS is a long-term crisis, which requires a sustained investment, we ask that your FY 2000 budget reflect a commitment to further expand financial support for federal HIV care and treatment, housing, prevention, research and international efforts.

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

- Absent a cure or vaccine, well-targeted and sustained HIV prevention programs and guaranteed access to substance abuse treatment for those who request it are our best hope for stemming the tide of new infections. As you know, the majority of the estimated 40,000 HIV new infections each year are among people of color, gay and bisexual men, and injection drug users and their partners. We request your support for an overall increase in HIV prevention funding at the Centers for Disease Control and Prevention, as well as your support for targeted programs for Latinos and other communities of color, using the African-American initiative as a model.

- Recent federal statistics that show a 47% decline in AIDS-related deaths between 1996 and 1997, demonstrate that ensuring access to health care and HIV drug treatments saves thousands of lives each year. Both the CARE Act (including the AIDS Drug Assistance Program) and Medicaid programs will continue to play a strong role in such successes, and we urge your continued support for full funding and increased access to both programs.

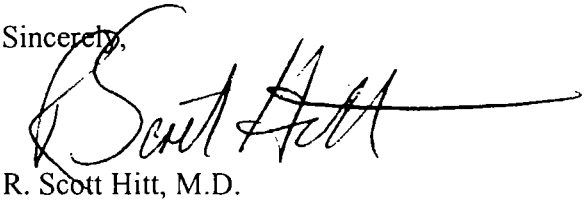
- By stabilizing individuals' lives and facilitating access to consistent care, HIV support services such as those funded through the CARE Act and Housing Opportunities for People with AIDS program improve both the overall health outcomes and quality of life of people living with HIV disease.

- We applaud your commitment to continued increases in funding for the National Institutes of Health, including HIV/AIDS research coordinated through the Office of AIDS Research. The Council is particularly gratified that Dr. Neal Nathanson, Director of the Office of AIDS Research, has identified vaccine development as the nations's number one AIDS research priority, and we strongly urge that substantial new funding be directed toward this global public health imperative. The Council reiterates its strong support for research on microbicides.

- Finally, the United States must continue to play a leadership role in global HIV prevention and treatment efforts, both by sharing its expertise, as well as through its increased financial support for international HIV programs funded through the U.S. Agency for International Development.

Each of the federal programs identified above is critical to the nation's comprehensive approach to HIV/AIDS. Thank you for your consideration of our request.

Sincerely,



R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

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Ms. Regina Aragon
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Michael Rankin, MD
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Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

MEMORANDUM FOR SANDRA THURMAN, DIRECTOR AND TODD SUMMERS, DEPUTY DIRECTOR, OFFICE OF NATIONAL AIDS POLICY

FROM: Daniel C. Montoya, Executive Director

RE: Letter to the President Addressing FY 2000 Budget

Attached is the letter to the President from the Presidential Advisory Council on HIV/AIDS dated October 28, 1998. The letter addresses the Council's concern over the FY 2000 Budget.

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

October 28, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20503

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As the growing toll of this epidemic continues to fall disproportionately upon people of color, and historically disenfranchised communities, the nation's financial investment in preventing new infections, caring for those who are living with HIV disease and research must remain vigilant. Despite dramatic progress in reducing the number of AIDS-related deaths, African-Americans, Latinos and other communities of color are not experiencing comparable levels of reduction. These communities, which also have disproportionately high rates of most other chronic diseases, must be targeted with increased resources if we are to achieve your goal of ending racial and ethnic disparities in health outcomes.

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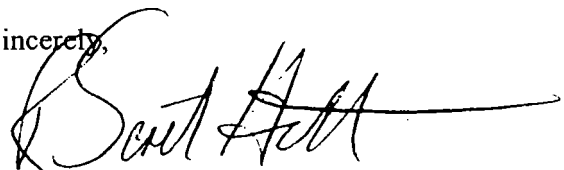
Sincerely,



R. Scott Hitt, M.D.
Chair

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Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
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starring

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with special guest A.J. Jamal

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Tuesday, November 10, 1998

Reception: 7:00 p.m.

Performance: 8:00 p.m.

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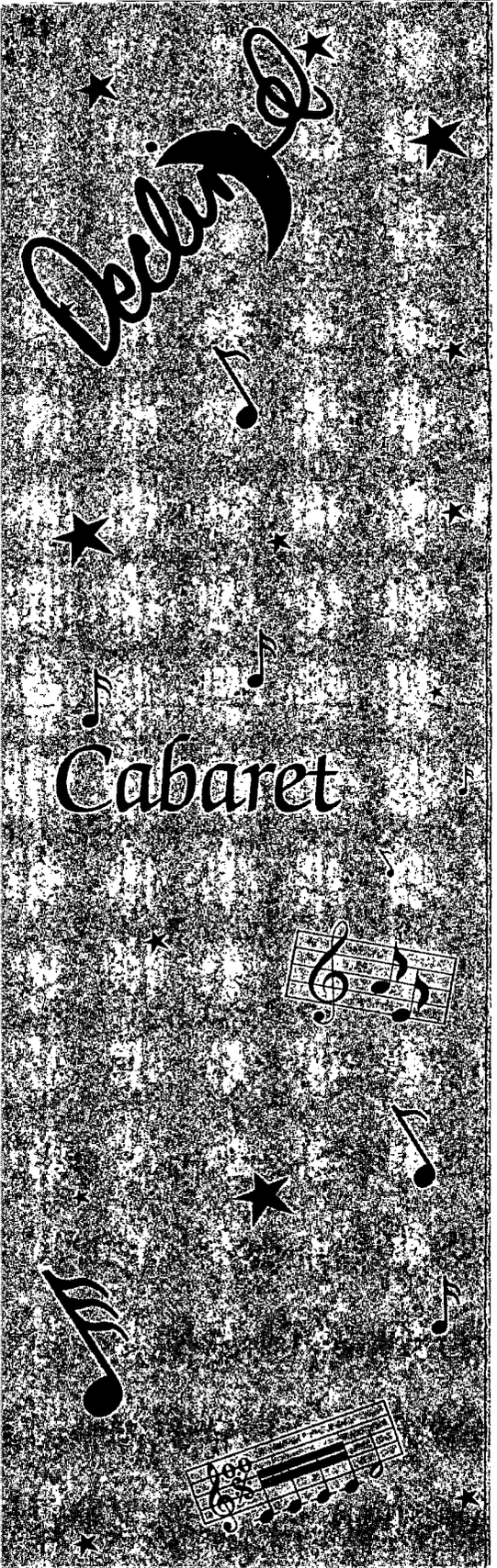

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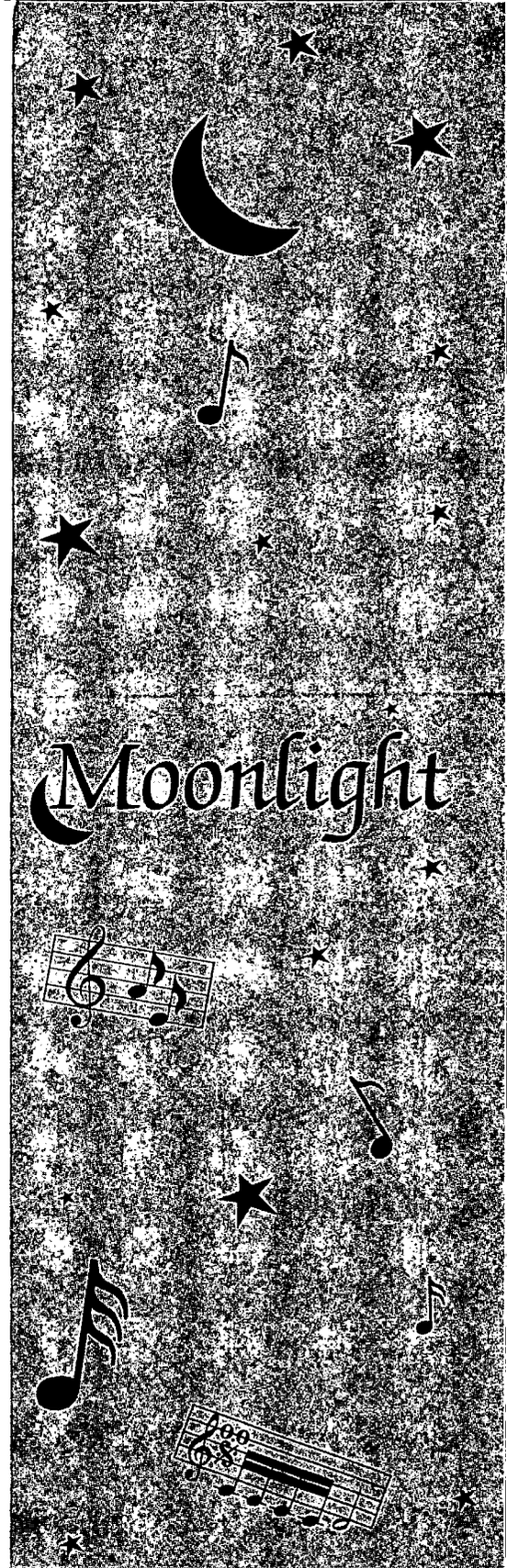

Events Office
Joint Center for Political and Economic Studies
1090 Vermont Avenue, NW, Suite 1100
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Please reply by Monday, November 2, 1998

Yes, I/we will attend *A Moonlight Cabaret* on November 10.
(Please check the appropriate box.)

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- ☐ Star Gazer $ 5,000 Ten tickets; star seating; recognition at event.
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- ☐ Friend $ 200 One ticket.
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Joint United Nations Programme on HIV/AIDS

Telephone line: 41 22 791 4762

Reference: exr/pcb07

Ambassador Sally Shelton-Colby
Assistant Administrator
Bureau for Global Programs
U.S. Agency for International Development
State Department Building
320 21st Street, N.W.
Washington, D.C. 20523

7 October 1998

Dear Ambassador Shelton-Colby,

We refer to the recommendations of the sixth meeting of the Programme Coordinating Board (PCB), which was held in Geneva from 25-27 May 1998, when it was agreed to hold a second *ad hoc* thematic meeting of the Board to take place before the end of the year. Therefore, we now have pleasure in confirming that this meeting will be held in New Delhi, India, from 9-11 December 1998.

On Wednesday, 9 December, an afternoon briefing will be held on the response by the Government of India to HIV/AIDS and the support from the UN System. Registration will take place prior to this briefing. The meeting itself will take place on 10 and 11 December. Simultaneous interpretation will be provided in Chinese, English, French, Russian and Spanish.

We have pleasure in inviting your Government to be represented at this meeting of the PCB. It would be appreciated if you could inform us of the name of your Government's representative, together with any additional member(s) of your delegation, no later than 23 October 1998.

We would further like to inform you that prior to the formal opening of the PCB proceedings, the Government of India has offered to arrange for interested PCB participants, field visits on Tuesday, 8 December. Simultaneous visits will be organized in Mumbai (Bombay), Chennai (Madras) and Calcutta. The visits will provide an opportunity to review State programme efforts focussed on vulnerable populations, including commercial sex workers, STD clinics and NGO outreach projects. Anyone interested in taking part in a field visit should inform us when confirming their participation in the meeting, using the enclosed form. At that time, we will follow up with more detailed information regarding types of projects in each of the venues, transport and hotel arrangements. It is critical that this deadline for response of 23 October be respected as field visits will require the maximum time possible for the necessary arrangements to be made.

cc: Ms Sandra Thurman, Director, Office of National AIDS Policy, The White House, Washington D.C.

Ms Linda Vogel, International Health Attaché, United States Mission to the United Nations Office at Geneva

Permanent Mission of the United States to the United Nations in New York

ENCL.: as mentioned

/cont'd over...

Ambassador Sally Shelton-Colby

A block booking for hotel rooms for all the participants has been made at the Hotel Inter-Continental (formerly Hilton Hotel) at a special reduced rate of US$120 per night; this includes buffet breakfast and local taxes. If your representative and other member(s) of your delegation require a room, it would be appreciated if the enclosed reservation form could be returned to us when confirming your participation, i.e. no later than 23 October. After this date a reservation cannot be guaranteed.

We are enclosing herewith the provisional agenda for the meeting. Other documents are being prepared in English and French and will be despatched to participants during the second week of November.

It should be noted that visa formalities are the responsibility of the traveller and it is advisable to check on visa requirements as soon as possible. However, the nearest Indian Consulate will facilitate the issue of visas on presentation of this letter of invitation. Flight bookings should also be made as soon as possible, as December is a busy time for travel to India.

Participants are also requested to ensure vaccination requirements are in order since very strict entry regulations are in force in India, requiring in particular a yellow fever vaccination for anyone coming from a country where yellow fever is endemic, or for anyone who has recently visited one of these countries or even transitted through.

We look forward to meeting your delegation in December.

Yours sincerely,

Sally G. Cowal
Director, External Relations

20, avenue Appia • CH-1211 Geneva 27 • Switzerland • Tel: (+4122)791.4762 • Fax: (+4122)791.4898 • e-mail UNAIDS@UNAIDS.ORG

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Joint United Nations Programme on HIV/AIDS

Attendance at the second *ad hoc* thematic meeting of the Programme Coordinating Board, 9-11 December 1998, New Delhi, India

** HOTEL BOOKING **

Reservation at Hotel Inter-Continental (formerly Hilton Hotel)
Barakhamba Avenue, Connaught Place, New Delhi
Tel: 91 11 3320101 Fax: 91 11 3325335 e-mail: newdelhi@interconti.com

Special rate of US$120 per single room including buffet breakfast and local taxes, only available for participants at this meeting.

Number of rooms required: .....

Arrival date: ..... Flight N° and arrival time: .....

Departure date and time: .....

Name (s): .....

.....

Capacity (Member(s) / Observer(s)): .....

Government / Organization: .....

Address: .....

.....

Signature:.....

** FIELD VISITS ON 8 DECEMBER **

I/we would like to participate in a field visit: Yes ..... No .....

I/we would like to take part in the field visit to (please circle one only):

Bombay / Madras / Calcutta.

Please return by facsimile to UNAIDS, Geneva, no later than 23 October 1998 to: +41 22 791 4898 or +41 22 791 4188

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ONUSIDA
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Programme commun des Nations Unies sur le VIH/SIDA

Participation à la deuxième réunion thématique *ad hoc* du Conseil de Coordination du Programme, 9-11 décembre 1998, New Delhi (Inde)

** RÉSERVATION D'HÔTEL **

Réservation à l'Hôtel Inter-Continental (ex-Hilton Hotel)
Barakhamba Avenue, Connaught Place New Delhi
Tél. : 91 11 3320101 Télécopie : 91 11 3325335 e-mail : newdelhi@interconti.com

Un tarif spécial de US$120 par chambre simple, buffet petit-déjeuner et taxes locales compris, est réservé aux participants de cette réunion.

Nombre de chambres requises : .....

Date d'arrivée :.....N° de vol et heure d'arrivée :.....

Date et heure de départ : .....

Nom(s) :.....

.....

Fonction (Membre(s)/Observateur(s)) :.....

Gouvernement / Organisation :.....

Adresse :.....

.....

Signature :.....

** VISITES SUR LE TERRAIN LE 8 DÉCEMBRE **

J'aimerais/nous aimerions participer à une visite sur le terrain : Oui..... Non.....

J'aimerais/nous aimerions participer à une visite sur le terrain à (entourer une seule des trois possibilités) :

Bombay / Madras / Calcutta

Veuillez retourner, avant le 23 octobre 1998 au plus tard, le présent formulaire à l'ONUSIDA Genève, par télécopie aux numéros suivants : +41 22 791 4898 ou +41 22 791 4188

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Joint United Nations Programme on HIV/AIDS

UNAIDS/PCB(7)/98.1
2 October 1998

PROGRAMME COORDINATING BOARD

Second *ad hoc* thematic meeting
New Delhi, 9-11 December 1998

Place of meeting: Vigyan Bhavan, New Delhi

Meeting times: 09h00 – 12h30
14h00 – 17h30

Provisional Agenda

Wednesday 9 December (afternoon session)

		Reference documents
-	Briefing on the response by the Government of India to HIV/AIDS and the support from the UN System	

Thursday 10 December

			Reference documents
1.	Opening		
	1.1	Opening of the meeting and adoption of provisional agenda	UNAIDS/PCB(7)/98.1
	1.2	Report by the Executive Director	UNAIDS/PCB(7)/98.2
	1.3	Report by the Chairperson of the Committee of Cosponsoring Organizations	
	1.4	Report by the NGO representative	
2.	Debriefing of optional field visits		
3.	Young people and HIV/AIDS: Strategic Framework		UNAIDS/PCB(7)/98.3

Friday 11 December

4.	UNAIDS Monitoring and Evaluation Plan (Revised: October 1998)	UNAIDS/PCB(7)/98.4
5.	Migration and HIV/AIDS	UNAIDS/PCB(7)/98.5
6.	Next PCB meeting	
7.	Other business	
8.	Adoption of decisions, recommendations and conclusions	

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Programme commun des Nations Unies sur le VIH/SIDA

UNAIDS/PCB(7)/98.1
2 octobre 1998

CONSEIL DE COORDINATION DU PROGRAMME

Deuxième réunion thématique *ad hoc*
New Delhi, 9-11 décembre 1998

Lieu de la réunion : Vigyan Bhavan, New Delhi
Horaire: 09h00 - 12h30
14h00 - 17h30

Ordre du jour provisoire

Documents de référence

Mercredi 9 décembre (séance de l'après-midi)

- Information sur la réponse du gouvernement indien contre le VIH/SIDA et sur l'appui du système des Nations Unies

Jeudi 10 décembre

1. Ouverture

1.1	Ouverture de la réunion et adoption de l'ordre du jour provisoire	UNAIDS/PCB(7)/98.1
1.2	Rapport du Directeur exécutif	UNAIDS/PCB(7)/98.2
1.3	Rapport du Président du Comité des Organismes coparrainants	
1.4	Rapport du représentant des ONG	

2. Compte-rendu des visites éventuelles sur le terrain

3. Les jeunes et le VIH/SIDA : Cadre stratégique — UNAIDS/PCB(7)/98.3

Vendredi 11 décembre

4. Plan de l'ONUSIDA pour le suivi et l'évaluation (révision : octobre 1998) — UNAIDS/PCB(7)/98.4

5. Migrations et VIH/SIDA — UNAIDS/PCB(7)/98.5

6. Prochaine réunion du CCP

7. Autres questions

8. Adoption des décisions, recommandations et conclusions

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

Central Exchange: 791.3666
Direct: 791.4762

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

With the compliments of

Sally G. Cowal
Director, External Relations

address: 20 av. Appia, CH-1211 Geneva 27, Switzerland - Tel: +41.22.791.4762 - Fax: +41.22.791.4188

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11206	Dorothy A.	Keville	10/19/98	

☐ 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
ADAP Working Group	6 Stockbridge Street	

Sender's City	Sender's State	Sender's Zip
Cohasset	MA	2025

Response 7

ADAP

Working Group

An AIDS Drug Assistance Program Advocacy Coalition

1929 18th Str. NW # 1117
Washington, DC 20009
Fax:202/462-0446
Tel:202/462-0260

Co-Chairs
William E. Arnold
Dorothy A. Keville

10/12/98

Dear Sandy.

I attended a Women's Leadership Luncheon last week in Maine which is part of the AIDS Project & is a yearly function.

I thought it might be an idea for your Women in leadership with companies who could come together to work on a project with you.

I hope you're doing well & sure hope the Presidents' budget gets signed, including the $461 M for ADAP for FY'99 out of '99 funds, not forward funding.

Sincerely,

Dorothy Keville

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11201	Edwin	Coleman	10/14/98	

☐ 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
	2215 Highland Dr.	

Sender's City	Sender's State	Sender's Zip
Knoville	TN	37918

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TDD 202-797-3547
FAX 202-797-3504

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WASHINGTON, DC 20009
V/TDD 202-745-7000
FAX 202-745-0238

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2301 M L KING, JR. AVENUE, SE
WASHINGTON, DC 20020
V/TDD 202-678-8877
FAX 202-678-8099

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ARLINGTON, VA 22207
703-237-4900
TDD 703-237-3115
FAX 703-237-5757

SUBURBAN MARYLAND OFFICE
7676 NEW HAMPSHIRE AVENUE
SUITE 411
HYATTSVILLE, MD 20783
301-439-0731
TDD 301-439-0733
FAX 301-439-2983

October 5, 1998

Sandy Thurman
Director
National Office of AIDS Policy
736 Jackson Place, NW
Washington, D.C. 20503

Dear Sandy:

Thank you for joining us for another AIDS Walk Washington. I particularly appreciate your kind introduction of me.

It is always a pleasure to have you with us for this event. And, I think you'll agree that the show of support on Sunday was truly heartening, despite a rather cold and damp day.

Please know that your continued support of Whitman-Walker Clinic, and AIDS Walk is very special to us and accept our thanks for all the work you do on our behalf. We look forward to seeing you again soon.

Sincerely,

Jim Graham
Executive Director

Thanks for your good comments!

FAX

To: Sandy Thurman

cc: Todd Summers

Phone:

Fax: 202-456-2438

Date:

From: *Ernest Hopkins, Director of Federal Affairs*
San Francisco AIDS Foundation
P.O. Box 426182
San Francisco, CA 94142

Phone: *487-3096*
Fax: *487-3089*

Total Pages:

Remarks: ☐ *Urgent* ☑ *For your review* ☐ *Reply ASAP* ☐ *Please Comment*

FYI

Ernie

The lights were on but nobody was home

Former NTFAP staff recount mounting problems, final days

Cynthia Laird

Former NTFAP chair H. Alexander Robinson

by Cynthia Laird

It took some time, but a tenacious caller from the Colorado-based Gill Foundation who phoned the San Francisco offices of the National Task Force on AIDS Prevention (NTFAP) several weeks ago eventually managed to speak with a former employee of the agency. After explaining she was trying to arrange travel for openly gay software developer and philanthropist Tim Gill, who was to be honored by the task force at a reception, she learned some surprising facts: Gill wouldn't be honored, there would be no celebratory event this year, and in fact the agency wasn't even open any longer.

Former NTFAP staffers say that story illustrates the way the agency was allowed to expire without a bang, and with barely a whimper. There was no definite day the agency closed for good; requests are still coming in for technical assistance from agencies across the country; the mail, while it remains unopened, is being forwarded to he home of a former staff person; messages can still be left at NTFAP's old phone number; and the voice mail for Mario Solis-Marich, former chief executive officer of the task force, refers callers to an East Bay number for the West Oakland Community School.

At its height, NTFAP operated a $3.2 million annual budget and had 46 staff members, many of whom represented the gay, lesbian, bisexual, and transgender communities of color served by the agency: Native American, African-American, and Latino/a. But mounting fiscal problems, combined with poor monitoring reports by local and federal agencies, led to an out-of-control deficit that resulted in the agency's downfall this year.

Former line staff of NTFAP met with the *Bay Area Reporter* Monday, September 28 to talk about the final days of the agency and some of the problems that led to its closure,

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FIRST OF TWO SECTIONS

C O

NTFAP

◀ page 1

and to air some grievances. While there is enough blame to go around in terms of what led to the problems, most of the staff interviewed expressed reservations about the leadership of H. Alexander Robinson, former chair of NTFAP's board of directors. Some questioned his ability to be an effective board chair, and said he was more interested in photo opportunities in Washington D.C., where he lives, than with solving the task force's problems or recruiting board members who could help raise much-needed money.

Rise and fall of NTFAP

When well-known AIDS activist Reggie Williams started NTFAP in 1988, serving as its first executive director, it was the dawn of AIDS activism coming from the African-American community. As the agency grew over the years, it started operating local programs, as it provided technical assistance to HIV/AIDS organizations throughout the nation, primarily those serving people of color.

Robinson joined the board three years ago, and brought Solis-Marich aboard as CEO in the spring of 1997.

Last year the agency launched its ambitious "Recreating Our Future" campaign that sought to "bring the resources to bear to end the AIDS epidemic among gay men of color." The goal was to halve the number of new HIV infections among gay men of color, and effectively end the epidemic in these communities by 2002.

NTFAP suspended its three local programs this spring, when a deficit – believed to be around $500,000 – was spiraling out of control and neither corporate funders nor the city would bail out the agency. Solis-Marich went to Mayor Willie Brown's office in the hopes of getting $300,000 to help keep the agency afloat; he was turned down.

"We're between a rock and a hard place," Solis-Marich told the *B.A.R.* at the time. "We have a deficit from years previous to me being here. What happened was there was no system in place to do appropriate tracking, so we needed to put those systems in place."

A city fiscal monitoring report on NTFAP, done in 1997 and covering prior years, revealed that accounting controls were inadequate and many expenses and reimbursements were questionable – and, in at least one case, inappropriate. That expense involved giving an advance of nearly $6,000 in relocation costs to a job candidate who then declined the job. There's no record of the money being repaid.

In March, Dick Pabich, who was then the mayor's HIV/AIDS policy advisor, said one of the concerns the city had with NTFAP was its board of directors. "The composition of the board is largely the same people that have run up the deficit in the first place," Pabich said at the time.

Robinson acknowledged to the *B.A.R.* that the inability to recruit and retain local board members was a major problem for the agency.

Like a fire drill

Erick Brown, who currently works at New Village, a former task force local program aimed at African-American gay and bisexual men that was taken over by the Black Coalition on AIDS when NTFAP's local programs were parceled out to other fiscal agents to keep them going, offered a chilling picture of the final days of NTFAP. New Village and the task force's administration had worked out of the same Market Street office building.

"I was left a duty which I accepted – to close down the office," Brown told the *B.A.R.* He said NTFAP took its toll on Solis-Marich at the end. "The last five days he was holed up in his office with the doors locked," he said. "He did not secure anything. It was a 10-year-old organization. Personnel records could have fallen into the hands of someone who could do some damage. He talked to reporters, but he wouldn't talk with us.

"I got my information about the task force from elevator conversations," Brown continued. "The only thing owned [by the task force] of any great value were the financial department computers, which are in storage."

Brown said he learned from the building superintendent that Solis-Marich left town after loading his computer into his vehicle at a back entrance to the Market Street building in June. Robinson said Solis-Marich has moved to Los Angeles.

Brown said. "When Mario walked out of there, the dust hadn't settled. There were still dishes in the sink – in water. Lights and computers were on.

"It was just like people ran out for a fire drill."

The group that spoke with the *B.A.R.* included Brown, who served as an executive assistant for the task force before he worked at New Village; Islena Faircrest, former grants manager; Eugene Vinluan-Pagal, formerly of the development and communications department; Byron Mason, who was the national community planner; and Al Cunningham, who was the first full-time media coordinator in the early 1990s. Virtually all of them said the task force owes them money, and were critical of Robinson and Solis-Marich's closure of the agency, leaving clients with no advance warning of where to turn for services.

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"I couldn't live with myself if I left the office the way Mario did," said Faircrest, adding that the furniture and other items, such as the volumes of research compiled by the task force over the years, should have been given to other local organizations that could have used the items and the information. "The landlord of the building came in and threw a lot of it away."

Payroll diverted, owed

Faircrest said of NTFAP board members, "They were out of touch with the line staff. The board never met with the line staff." Staff morale was extremely low and the situation was painful for the workers, the group said. "Since I was in the development department I was dealing with sending out [applications for] grants," Faircrest told the *B.A.R.*, recalling how one prospective funder mentioned that the foundation she worked for – and others – were aware of NTFAP's high staff turnover rate, something that didn't instill confidence in potential big money donors.

"We can't fund something so unstable," became a comment Faircrest heard often, from the Academy of Friends, the Horizons Foundation, the Tides Foundation, and others, she said.

"The Gill Foundation grant for $20,000 earmarked for 'Recreating Our Future' was spent on payroll," Pagal said.

According to NTFAP, the Gill Foundation money was to be used to convene a national meeting of public health and policy experts to create a strategic plan for "Recreating Our Future."

Many line staff left the agency when the fiscal problems reached the breaking point this year and the task force was unable to meet its payroll; Mason, Pagal, and Brown were among the ones who hung on until the end. Although Faircrest had left on maternity leave, she, too, is owed money.

"We were doing these trainings across the country for free," said Mason. "Despite all of the things, we really believed in what we were doing."

On July 2, Pagal sent a letter to Robinson requesting that he be paid a total of $5,301.88 in back pay and reimbursements. "The National Task Force on AIDS Prevention has reached a financial and professional impasse," Pagal wrote. "Unfortunately, employees are not immune to NTFAP's financial woes. As a member of the technical assistance and training department (previously known as national programs), I was one of the last remaining employees, continuing to work without a paycheck since May 1. During that period, Mario Solis-Marich, chief executive officer of NTFAP, continually assured the technical assistance and training staff that the Centers for Disease Control and Prevention, our sole source of funding, would soon reimburse the agency for salaries.

"The CDC ultimately never reimbursed NTFAP for salaries," Pagal stated. "On June 15, Mr. Solis-Marich finally laid me off, citing a severe lack of funds and a continually mounting debt. He, however, did not provide me with a much-needed severance check to cover the eight unpaid weeks I worked, my 112 hours of unused vacation/personal time, and an outstanding reimbursement owed to me from October 1997.

"As a member of the board of directors of the National Task Force on AIDS Prevention, you and eight others are fiscally responsible for the agency's financial obligations," Pagal wrote. He sent a copy of his letter to Carole Sillick with the state Department of Industrial Relations, Division of Labor Standards Enforcement.

Robinson told the *B.A.R.* that while he is no longer on the board

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Former NTFAP staff (L to R): Eugene Vinluan-Pagal, Erick Brown, Islena Faircrest with son, Omid, Byron Mason, and Al Cunningham

– his term ended in July – he has referred the matter of employee compensation to other NTFAP board members, who, he said, have entered into negotiations with the CDC regarding the salary issues. Robinson said he does not know the status of those talks.

Who has accountability?

Cunningham said he believes Robinson is more concerned about being "in the corridors of power" than working to make NTFAP viable. "It's a lot easier to go to the next photo op with Bill [Clinton] as opposed to real grassroots work," said Cunningham. "I don't know how he [Robinson] became a poster person for HIV."

The staff also painted Robinson as a micro-manager who ultimately controlled decisions made by Solis-Marich, as well as his predecessors, Stephan Oxendine and Randy Miller. Robinson has denied the charge.

"Stephan was retiring the debt and being micro-managed by Alexander, [getting] at least two phone calls a day. I'm sure it did continue," Brown said. "Mario was a friend of Alexander's and had done consulting work. I was the executive assistant to Mario and he would send us a bill and I'd try to figure it out. He can't get his own billing straight. I've come to the conclusion that I don't blame Mario, he was used as a patsy."

Cunningham said the larger question is the future of agencies run by and for communities of color. "It concerns me, who does have ultimate oversight and accountability? Where does the city and county of San Francisco come into the picture? How did things get to the point where the federal government felt it had to pull the plug?" He said bells should have gone off at the CDC, from which a significant portion of NTFAP's operating funds came, as soon as the initial reports came back that showed deficiencies.

"The decisions task force leaders made were not in the best interest of serving any community they were trying to serve," Cunningham said. "The real issue is dealing with the ongoing issue of the epidemic and African-American and other communities of color. Those who forget the lessons of history are condemned to repeat them." ▼

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105 East 22nd Street
Suite 711
New York, NY 10010
Tel: 212 614-0023
Fax: 212 614-0057
e-mail: NBLCA@aol.com

Promoting Health and Disease Prevention

To: Sandra Thurman, Director
National Office of AIDS Policy

R. Scott Hitt, MD, Chairman
Presidential Advisory Council on HIV and AIDS

From: Debra Fraser-Howze, Co-Chair
Racial and Ethnic Populations Subcommittee

CORR - SLT - Inq. - 10/98

Subject: 10/28 Press Conference

Date: October 28, 1998

I am writing to request that you ensure that specific acknowledgment of the work of the Subcommittee on Racial and Ethnic Populations be included in the remarks of the President, or Vice President as well as Secretary Shalala, in today's press announcement. Acknowledgment from the elected and appointed officials in the administration will support the continued viability of the subcommittee on behalf of the administration and the Council. The tremendous work I put into the success leading to this announcement was due in great part, to render the administration and the Council the benefit from a win-win outcome, in addition to what this initiative represents for my people. To lose this momentum would be totally unnecessary considering the minor adjustments needed in today's event.

I would like Denise to speak, as I said would be my wishes in any meeting with the President on behalf of our community as Denise will put the right face on this initiative for the American public to embrace, as an epidemic that has not gone away, but is expanding.

However, the Black community needs some demonstration that the response, actions and commitment to the sustained viability of this public health crisis has been responded to with some entity established solely for that cause by both the council and the administration, and anyone else who has been selected to advise the planning and direction of the Presidents AIDS related actions in care, services, research and prevention.

I need not tell you that we as a Council, as well as ONAP and the administration, outside of President Clinton himself, do no have positive reputations in communities of color. In some cases, acknowledgment that the Council and ONAP work also in service to Black and Latino America, the primary group infected with HIV, is not existent or remains disparaging. Having gotten closer to the process I understand how some of these perceptions have become inherent, one of the chief reasons is this public lack of acknowledgment of the systems this administration has put in place to serve as an ongoing working response to the

health crisis and emergency in these communities. The other, we have opportunity to jointly remedy and is more immediately important.

I found through this process that the work of the administration far more in keeping with the goals of these communities than ONAP or the Council have been able to adequately portray. The good people in the Department of Health and Human Services , and the officials in the administration have created teams, entities and systems that have worked for some time to get the attention to the crisis in African American communities responded to in a meaningful way. I did not know that and my community certainly had no knowledge of it, and the work and discussions of the Council and ONAP have never indicated the several entities in place to ensure the adequate attention and response could ensue to the health crisis in Black America. The Council has suffered greatly from this, and the lack of African Americans at ONAP and in AIDS throughout the administration has not helped at all. The public has no knowledge that we established the subcommittee on racial and ethnic population in this Black and Brown health crisis, I am convinced that the President has no knowledge of his subcommittee, and outside of the Blacks in HHS, the Secretary would also be devoid of this significant information. Should we not use this ten minute opportunity of good news to inform the American public that the subcommittee does in fact exists?

The council and Administration having jointly taken the steps to create an entity to ensure the viability of the needs of these communities which is an adequate and appropriate response and I might add the expectation from the Black leadership of this nation. In doing so, we have acknowledged the demographic and epidemiological shift in a public health pandemic on which we base the actions being taken today. To do nothing to acknowledge the entity is simply politically deficient and will lack respect for the intelligence of Black America that it deserves and that this administration has made every attempt to demonstrate. It also sends a message indicating wrongly what we can expect from a Gore's ascension to the Pendency.

In addition, actions in place by Black America must continue if a real life saving response is to ever take place that will remedy the racial and ethnic disparities in health in this country. Acknowledgment of the subcommittee demonstrates the administration's willingness to support this work. The use of a quote from the highest ranking members of the administration in acknowledgment of the subcommittee allows the subcommittee to use same in local Black and Latino press to support and confirm grassroots identification with the administration.

I was uncomfortable in writing this because I did not want to give the appearance that I felt you may not have given thought to these issues while helping to develop today's program, However, absent from any request for input from the subcommittee, I felt it necessary to share these concerns. I will be available by cell phone all day and can be reached through my office at (212) 614-0023.

See you this afternoon

CC:HHS

HUMAN RIGHTS CAMPAIGN

COPR - SLT - Incoming - 10/98

Via Facsimile

October 14, 1998

Mr. Erskine Bowles
Chief of Staff to the President
The White House
Washington, DC 20010

Dear Mr. Bowles,

We write to you today to express our thanks for all your work on the omnibus appropriations bill which the Administration is currently negotiating with Congressional leaders. It is our understanding that the language prohibiting unmarried couples from jointly adopting children in the District of Columbia and overly restrictive language on the District's needle exchange program remain unresolved. We know that you have fought to exclude this prohibitive language and urge you to redouble your efforts. These issues are far too important to be used as trade-offs in the negotiations.

Congress has traditionally stayed out of family law, recognizing that state and local governments are better suited to address those issues. The ability of parents and trained professionals to make a decision, on a case-by-case basis, based on the best interests of the child, should be preserved. If passed into law, finding good homes for the 3,600 children in the D.C. foster care system will be even harder. The prohibition sends a chilling message across the country and more children in the District will languish in institutions at great cost to taxpayers when they can have caring, loving homes.

The needle exchange language in the House DC Appropriations bill is a radical departure from previous Congressional action on this issue and Administration policy. If it is included in the final bill, the District will be forced to shut down it's needle exchange program because the language prohibits entities which carry out a needle exchange program from receiving any money in the bill. In effect, the Whitman Walker Clinic will be blackmailed into shutting down its program. To put our concern bluntly, if the language prevails, people will die needlessly.

We understand that the negotiations on this bill have been difficult, to say the least. We further understand that compromise is often necessary to achieve a final outcome. We cannot emphasize enough, however, that these two provisions can not be caught up in those trade-offs. The lives of thousands of men, women, and children in the District of Columbia are literally at stake.

919 18th Street NW, Suite 800 Washington, D.C. 20006
phone (202) 628 4160 *fax* (202) 347 5323 *e-mail* hrc@hrc.org

Thank you again for standing firm against such ill-conceived and deadly public policy.

Sincerely,

Elizabeth Birch
Executive Director

cc: John Podesta
Bruce Reed
Sandra Thurman
Martha Foley
Richard Socarides
Jack Lew
Sylvia Mathews
Minority Leader Richard Gephardt
The Honorable Eleanor Holmes Norton

BIOMEDICAL CENTER

7, Pudozhskaja str., St. Petersburg, Russia 197110 Tel./Fax: 7-812-230-49-59; 7-812-230-48-72
E-mail: biomed@mailbox.alkor.ru ; kozlov@ok1829.spb.edu

FAX: 202 456 24 38
TO: Ms. Sandra Thurman
Director,
White House Office of National AIDS Policy

Dear Sandy,

I apologize for causing you problems with the letter. I understand that people of your level have a lot of political restrictions. The text I sent is only a draft and you can change everything which is not appropriate. The letter can be addressed to Prof. M.P.Kirpichnikov, to Mr. V.A.Knyazhev (Deputy Minister with whom you met in the Ministry of Science during your visit to Russia) or to me. I think this letter could be considered as follow up of your visit to the Ministry of Science and as a polite reply to Mr. Knyazhev's letter sent to you in July.

My meeting with Minister Kirpichnikov was successful. He is a friend and in fact we had scheduled a meeting before he was finally approved as a Minister. We continue our work on application for the World Bank. I will keep you informed.

There will be more meetings with the Minister so your letter will not be late.

Best regards,

Yours,

Andrei Kozlov

Real Hope - Beyond Survival

National Center for Women in Prison (NCWP)

National Center for Women in Prison (NCWP)

Our mission is to promote equity and justice for women and their families, whose lives have been impacted by the criminal justice system.

Donations are welcomed.
NNWP / NCWP is a 501 (c) (3) organization.
Your contribution is tax deductible.

The National Center for Women in Prison (NCWP)

Cordially invites you and your guest to attend its

Gala Grand Opening

Friday, November 7, 1997 beginning at 5:00 p.m.
*1318 Pennsylvania Avenue S.E.
Washington, D.C.

Gala Grand Opening Agenda
5:00-9:00 p.m.

5-9 p.m. Open House and Art Exhibit featuring original paintings and prints for purchase prepared by the Artist Dollner. A percentage of sales will be donated to the National Center for Women in Prison.

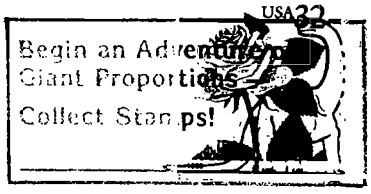
6 p.m. Reception and Buffet at the Caffe Italiano Ristorante 1129 Pennsylvania Avenue S.E. (two blocks from the NCWP)

7 p.m. Presentations honoring the contributions of:

Congresswoman Maxine Waters
Congresswoman Eleanor Holmes Norton
Susan Taylor, Editor-In-Chief, Vice President, Essence Communications
Ellen M. Barry, Founding Member-National Network for Women in Prison

RSVP: By October 29, 1997
(202) 544-9657

*Parking available at Allright Parking
1300 Potomac Ave. S.E.
Potomac Metro (one block away)



Sandra Thurman
Office on Natl. AIDS Policy
808 - 17th St. NW
Eighth Floor
Washington, D.C. 20006

10/98

YOU ARE INVITED TO ATTEND A PRESS CONFERENCE SPONSORED BY THE NATIONAL CENTER FOR WOMEN IN PRISON (NCWP) ON NOVEMBER 7, 1997 AT 10:00 A.M. AT:

THE NATIONAL PRESS CLUB
FIRST AMENDMENT LOUNGE-13TH FLOOR
14TH AND F STREETS NW
WASHINGTON, D.C.

IF YOU PLAN TO ATTEND THE PRESS CONFERENCE PLEASE RSVP (202-544-9492) BY 11/5/97

U.S. Department of Justice

Federal Bureau of Prisons

Washington, DC 20534

October 13, 1998

COPY TS

Mr. Anthony Morena
Reg. No. 03233-068
Federal Correctional Institution, McKean
P.O. Box 8000
Bradford, Pennsylvania 16701

Dear Mr. Morena:

Your letter of July 28, 1998 to Sandra Thurman, Director of the White House Office of National AIDS Policy has been referred to the Federal Bureau of Prisons (BOP) for response. In your correspondence you expressed concerns about the transmission of hepatitis C virus (HCV) to others and your access to drug treatment as a Federal inmate.

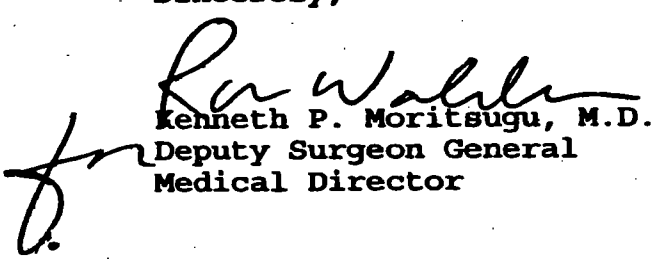
Hepatitis C virus (HCV) is a bloodborne infection that is transmitted primarily through injection drug use, and through transfusions of blood prior to 1992, when screening for HCV infection in blood products was optimized. HCV can also potentially be transmitted by sharing razors and toothbrushes with an infected person and through sexual activity with many partners. Since human immunodeficiency virus (HIV), the virus that causes the acquired immunodeficiency syndrome (AIDS), is transmitted in a similar manner, persons at risk for HCV infection are also at risk for HIV infection. Transmission of HCV can be prevented by avoiding the high risk behaviors associated with infection.

Infection with HCV results in an unpredictable illness. Many infected persons have no symptoms at all and feel well, but 10-20% of persons with HCV infection will develop complications of severe hepatitis (inflammation of the liver) such as cirrhosis of the liver and liver cancer. These severe problems usually develop 20-30 years after a person is initially infected.

Inmates in the BOP who are diagnosed with HCV infection are monitored by health care staff for hepatitis and its related medical problems. Drug treatment for hepatitis C is provided to Federal inmates when medically indicated in accordance with BOP treatment guidelines that are based on National Institutes of Health recommendations. All Food and Drug Administration (FDA)-approved medications for the treatment of hepatitis C are available to Federal inmates.

If you have questions about the transmission of HCV infection to others, the current status of your infection, or whether you would benefit from drug treatment, you should discuss your concerns with the medical staff at FCI McKean. Depending on the severity of your hepatitis, your underlying medical problems, and other relevant factors, you may or may not be a candidate for drug treatment at this time. Medications for hepatitis C have poor to moderate efficacy and significant toxicities. If you are a candidate for drug treatment, you should discuss the risks and benefits of different treatment options carefully with your physician.

Sincerely,



Kenneth P. Moritsugu, M.D., M.P.H.
Deputy Surgeon General
Medical Director

bc: Todd Summers
Deputy Director
Office of National AIDS Policy

725 Fifth Avenue
New York, New York 10022
Phone: (212) 715-72
Fax: (212) 371-7297

Miss Universe Organization

Fax

To: Ms. Sandra Thurman From: Maureen Reidy

Fax: 202.456.2438 Date: 10.20.98

Phone: Pages: 3

Re:

Check out our websites:

www.missteenusa.com
www.missusa.com
www.missuniverse.com

MISS UNIVERSE
1801 CENTURY PARK EAST • SUITE 2100
LOS ANGELES, CALIFORNIA 90067

October 20, 1998

Mr. Chuck Blazer
General Secretary
CONCACAF
725 Fifth Avenue
New York, NY 10022

Via fax 212-308-1801

Dear Chuck,

As we approach the 21st Century, there are many exciting changes taking place here at the Miss Universe Organization. Most notably, our company has taken a new direction and we would like FIFA to be part of this important redefinition.

I recently met with Ms. Sandra Thurman, Director White House AIDS Policy, to discuss an alliance to partner in promoting AIDS education and awareness. I am writing to you to explore the possibility of involving FIFA in this endeavor.

Last year, The Miss Universe Organization was purchased by Donald J. Trump and CBS. This organization, which also has the rights to the Miss USA, Miss TEEN USA and Miss UNIVERSE Pageants, has been supporting women for nearly fifty years. Under this new corporate powerhouse ownership, the future is new and exciting.

As a part of the new executive management team, it is our corporate mission to advance each of the women who compete in these events. In addition to creating opportunities which help our Titleholders achieve their personal and career goals, there is a new commitment to charitable alliances.

Specifically, we have selected AIDS as the official cause of the Miss Universe Pageant. The purpose of this alliance is to: (1) *increase awareness,* (2) *educate the public, and* (3) *raise monies on behalf of AIDS.*

By selecting one official cause for this event, we can make a significant impact. Not only will Miss Universe allocate a significant portion of her time speaking on behalf of AIDS, but each local Titleholder (i.e., Miss Brazil, Miss France) will do so as well. Our idea is to partner with FIFA and have the Miss Universe Titleholders and players from the Titleholder's country

jointly speak to various groups or at certain events to increase awareness and educate the public. We also intend to eventually develop fundraising activities (i.e., athletic event, benefit), in each country as well as in the USA, to raise funds for AIDS. Of course, all engagements would be scheduled according to the players' availability.

Ms. Thurman plans to arrange a meeting in Washington D.C. with the leaders from UNAIDS, the World Health Organization as well as from the major AIDS organizations (i.e., Ryan White Foundation, AmFar). Ms. Thurman hopes to have either the President, First Lady or Vice President appear at the meeting to express their support of such a ground-breaking alliance. Should FIFA be interested in this alliance, we would like you to attend this meeting so that we could jointly present our proposal.

The potential of this alliance between, the Miss Universe Organization, FIFA, UNAIDS, WHO, major AIDS organizations, The White House, CBS and Donald J. Trump is certainly unprecedented and is sure make a significant impact. I sincerely look forward to discussing this opportunity with you and will contact you shortly. In the interim, should you wish to contact me, I can be reached directly at 212-715-7238.

Thank you.

Kind regards,

Maureen J. Reidy
President

CC: Molly Miles, Maeve Moran, Maureen Murray Quinn, Jennifer Rabin, Sandra Thurman

725 Fifth Avenue
New York, New York 10022
Phone: (212) 715-72
Fax: (212) 371-7297

Miss Universe Organization

Fax

To: Sandra Thurman From: Maureen Reidy

Fax: 202.456.2438 Date: 10.21.98

Phone: Pages: 2

Re:

Check out our websites:

www.missteenusa.com
www.missusa.com
www.missuniverse.com

Memorandum

To: Molly Miles

CC: Carl Allison, Marilyn Crawford, Maureen Murray Quinn, Gail Rosenblum, Paula Shugart, Sandra Thurman

From: Maureen J. Reidy

Date: October 21, 1998

Re: **Charity Foundation Alliances**

This afternoon I had a conversation with Ms. Esther Silver-Parker, Corporate Affairs Vice President at AT&T, and President of the AT&T Foundation. Ms. Silver-Parker is also the Chairwoman for the National Aids Foundation, and sits on the board for the "1 in 9" Cancer Organization, along with Senator Alfonse D'Amato.

During our conversation, Ms. Silver-Parker advised that the AT&T Foundation does not specifically get involved in alliances. However, she was very excited about our involvement with AIDS and the National Breast Cancer Organization, and mentioned that both Coca Cola and Pepsi are involved in this sort of thing.

Ms. Silver-Parker will be travelling for the next week, and will be returning on October 30th. I will contact her upon her return to discuss additional sources of funding.

Thank you.

CONFIDENTIAL

ROGER A. GOODEN

4433 Roanoke Parkway, Suite # 1-South, Kansas City, Missouri 64111
Phone (816)-756-1304 Fax (816)-756-3117

Mr. Roger A. Gooden has served four years on the Board of Directors of the National Association of People With AIDS (NAPWA) and recently was elected Chairman of the Board, representing nearly one million people across the nation who are living with HIV/AIDS. Mr. Gooden served as a representative to the Missouri HIV Community Prevention Planning Board representing the greater Kansas City Region. He also served as Chair of the Kansas City Ryan White Title I Planning Council, appointed to the Council by Mayor Emanuel Cleaver, and Co-Chair of the Ryan White Title II Consortia. Gooden has also served as Co-Chairperson of Positive C.A.R.E. of the greater Kansas City , a group of HIV+ persons addressing issues of Care, Advocacy, Research, and Education.

Among Mr. Gooden's achievements, he co-authored an educational program entitled "A Creative Arts Approach to Self Esteem" in the Des Moines, Iowa Public Schools where this program found national acclaim. He founded "Educators, School Employees, and Friends Who Care" which is a San Francisco/Oakland Bay Area organization of elected officials, educators and school personnel addressing the escalation of HIV within the public schools and larger community.

Gooden has been a classroom teacher and former President of the Oakland Education Association in Oakland, California (an urban chapter of the National Education Association) representing nearly 4,000 educators and 60,000 students. He served as a member of the Board of Directors of the two million plus member National Education Association representing the powerful California Teachers Association union. Mr. Gooden served on the National Committee on Human Rights in Washington, D.C., where he participated in the development of the National Education Association's first response to "HIV in the Classroom". Gooden has also served as Executive Director of the National Education Association of Wichita, Kansas and Educational Consultant on alcohol and substance abuse and it's relationship to HIV/AIDS.

Mr. Gooden was honored with the first Individual Human and Civil Rights Award given by the 300,000 plus members of California Teachers Association for his outstanding efforts in human and civil rights. In 1980 he was named "Who's Who In American Politics". Recently, Gooden was honored by the greater metropolitan Kansas City Ryan White Title I Planning Council in appreciation for his outstanding leadership and service and commitment to the HIV/AIDS Community. Gooden was also honored by the Missouri Department of Health Division of Environmental Health and Communicable Disease Prevention, Bureau of HIV/AIDS Care and Prevention Services, in recognition of his dedication and service to the State of Missouri in advocating for people living with HIV/AIDS and the prevention of the spread of HIV.

Gooden presently serves on the Governors Council on AIDS, State of Missouri, and serves on the Board of Directors of the National Council on Alcoholism and Drug Dependence of greater Kansas City. Most of Gooden's life today is dedicated to being of service in helping those who are recovering from addiction and working to end the HIV pandemic.

Mr. Gooden was diagnosed with AIDS in 1987 and has been in recovery from addiction since 1990. He has presented his "life experiences" to thousands of people across the United States.

ROGER A. GOODEN

4433 Roanoke Parkway, Suite #1-South, Kansas City, Missouri 64111
Phone (816) 756-1304 Fax (816) 756-3117

OBJECTIVE

Opportunities/employment where my more than twenty-seven (27) years of experience can be most effectively utilized: Working with teenagers and young adults; addressing solutions to social problems; teaching; representing educators at all levels of the Teachers' Association; employment in corporations; organizing coalitions of educators, community and business leaders; working with city officials and state and federal legislators; opening doors and getting results; and organizational and job training capabilities.

SUMMARY OF QUALIFICATIONS & SKILLS

- Very personable and effective in teamwork organization. Excellent communication skills, creative and energetic, willing to work long hours.
- Use of firsthand on-the-job experience and expertise to originate an idea and following through the entire process of seeing that idea realized.
- Broad and successful experience in organizing employee training programs and in problem solving situations. Experienced in the arbitration of grievances.
- Spokesperson in negotiations, lobbying at all levels of government, participation in policy decision making bodies.
- Knowledge of financial planning and property management including, but not limited to, limited partnerships, mutual funds and retirement investing.
- Administrative responsibilities in property management for low income housing (HUD) for individuals, families and the elderly.
- Specific training in working with at-risk students including, but not limited to, alcohol and substance abuse, AIDS awareness and prevention.
- Building coalitions and partnerships with business, industry, and agencies for the purpose of enhancing and promoting the interest and quality of public education.
- The ability to identify, promote, and include diversity in all organizing and training efforts.

ROGER A. GOODEN

EDUCATION

1974 Post Graduate Certification: Minor in Social Science, Specialty Credential in Psychology, California State University, Hayward, California
1970 Master of Science Degree in Teaching, Drake University, Des Moines, Iowa
1969 Bachelor of Science Degree in Education, Northeast Missouri State University, Kirksville, Missouri

CONTINUING EDUCATION

1993 NEA-CORE Training for Uniserv Directors, Washington, D.C.
1989 Occupancy Specialists Certificate (Property Management, Low Income HUD Housing)
1987 Life and Disability Insurance License, State of California
1971 Licensed Instructor: Parent Effectiveness Training/Couple Communications, Training[teacher Effectiveness Training.

PROFESSIONAL EXPERIENCE

Educational Consultant, Kansas City, Missouri (1995-Present)

- Originated, developed, and administered Positive CARE of Greater Kansas City, an organization of HIV+/PLWAs. P-C.A.R.E.'s mission statement reads: "Positive CARE of Greater Kansas City is dedicated to assisting in the creation of a richer quality of life for HIV+/PLWAs through care, advocacy, research, and education." The overall goal is to empower positive people so that areas of the AIDS efforts will be driven by those most directly affected.
- Specific training in areas of alcohol and substance abuse, AIDS awareness/education/ prevention, gang violence, teenage pregnancy and suicide, and other areas of at-risk issues.
- Numerous HIV+/AIDS presentations to educational institutions, community and civic organizations/agencies and thousands of youth.
- Member, Board of Directors of the National Association of People with AIDS (NAPWA) Serve as Secretary of Executive Committee of NAPWA.
- Extensive federal lobbying for continued funding of Ryan White Care Act, HOPWA (housing), education/prevention (CDC), research (NIH), and Medicaid.
- Presently serving as a PLWA on the Mayor's appointed Steering Committee of Kansas City Ryan white Consortia. Also participating on the Kansas City Region Community Prevention Planning Board.

PROFESSIONAL EXPERIENCE (Cont'd)

Executive Director, National Education Association, Wichita, Kansas (1993-1994)

Primary objective/responsibility was organizing and developing a strong infrastructure for NEA-Wichita that would lead to regaining bargaining rights. Other duties included:

- Evaluated all current activities/committees/task forces in an effort to determine how NEA-Wichita could best be structured to function in an "organizing" mode.
- Developed 'and assisted in implementing membership, organizing plan to gain majority membership status.
- Developed, administered, and implemented a KNEA-NEA funded organizing project for 1993-94 school year.
- Developed and implemented, in conjunction with leadership, plans to maintain and strengthen the faculty representative system.
- Developed strategies to deal with WFT (Federation).
- Developed and implemented a building/person contact system for building visits.

Secondary objectives were to aid and assist NEA-Wichita/KNEA/NEA in fulfilling general organizational goals and objectives:

- Advised and counseled NEA-W President.
- Attended all Executive Committee and Board of Director meetings and served as a consultant resource.
- Advised/consulted with leadership regarding Association trends, programmatic needs, and strategies addressing concerns.
- Served as spokesperson for the Association as needed.
- Assisted in community and political action activities.
- Supervised and evaluated Administrative Assistant.
- Managed NEA-W Uniserv budget.
- Provided counsel, advice, and representation to employment related and professional issues.
- Developed and oversaw the publishing of NEA-W's weekly newsletter.
- Represented the Association at various local, state and national educational meetings.

Educational Consultant, Oakland, California (1991-1993)

- Specific training in areas of alcohol and substance abuse, AIDS Awareness/ Education/Prevention, gang violence, and other areas of "at-risk" issues.
- Developed and conducted numerous workshops and training with identified community educational leaders in the above areas.
- Trained and identified volunteers in practical and emotional support for persons living with AIDS.

PROFESSIONAL EXPERIENCE (Cont'd)

Educational Consultant, Oakland, California (1991-1993) (Cont'd)

- Originated, developed and administered "Educators and Friends who Care" (a coalition of school board presidents, CTA/NEA local leaders, top school administrators, and organizations representing people of color), to address the escalating cases of AIDS in the schools.
- Organized, planned, and administered fundraising efforts for the AIDS Project of the East Bay, Oakland, California.

Teacher, Oakland Unified School District, Oakland, California (1990-1991)

Administrator/Property Manager, The John Stewart Company, San Francisco, California (1989-1990)

Under the direction of the Management Agency, held responsibility for the overall operation of the facility and property including, but not limited to:

- Development of a supportive and nurturing environment for all residents, assuring its sound fiscal management.
- Responsibility for all staff job descriptions and assignments.
- Relating to people and demonstrating sensitivity and exercising good judgment and interest in the targeted clientele (residents, clients, staff).
- Providing leadership in the development of community life and in directing staff, and serving as a liaison with city government, state and federal legislators in the continuation of funding as deemed necessary.

Financial Service Advisor and K-12 Market Development Specialist, United Resources Insurance Services, Inc., State of California (1986-1988)

- Worked with teachers on daily basis advising them on financial planning and benefits.
- Conducted and participated in seminars and workshops for educators (i.e.: W-4, retirement/financial planning, sex equity, tax shelter annuity, new tax reform laws).
- Organized State and National functions with CTA Board of Directors, National Council of Urban Educators Association, and National Staff Organization on behalf of United Resources, Inc.
- Secured various endorsements for United Resources as a financial planning service and assisted in negotiating contracts for numerous associations such as Oakland EA, San Ramon EA, Newark/New Haven EA and Fremont TA.
- Developed, implemented and managed training programs to teach new employees the Association political system, structure and functions.

PROFESSIONAL EXPERIENCE (Cont'd)

Yard Supervisor, Counselor and Program Developer, Four One Five Society, Oakland, California (1986)

- Responsible for the coordination of all sales, public relations and individualized counseling for all participants.
- Developed programs and activities for the non-English speaking participants.

President, Oakland Education Association, Oakland, California (1981-1985)

- Representing approximately *5,000* members, responsibilities included overseeing all aspects of the day-to-day operation and management of the Association. Developed committees, appointed chairpersons, provided assistance in the preparation of the annual budget in excess of one million dollars.
- Extensive experience in the handling and processing of all types of grievances and experience in the arbitration of various grievances.
- Represented the Association as the official spokesperson. Participated in numerous media presentations representing teachers and students on how to improve public education and the problems that teachers and students face.
- Participated in and/or chaired most committees at the local level including crisis organizing, political action, community involvement, grievance processing, bargaining, elections, etc.

Classroom Teacher, Oakland Unified Schools, Oakland, California (1974-1981)

- Contributed hundred of hours to the Association and held numerous elected positions including Vice-President and member of the Board of Directors.
- Represented teachers on various Curriculum and District/City-wide Committees. Also represented teachers at numerous statewide functions and political gatherings. Organized after-school activities for students and worked with student rap groups.

Youth and Outreach Director, West Suburban YMCA, Des Moines, Iowa (1971-1973)

- Organized and administered programs for teens in the Des Moines YMCA service area with three major objectives in mind: to develop a more positive self-concept; to develop communication skills; to aid in career education.

REFERENCES available upon request.

ROGER A. GOODEN
(Addendum)

OFFICES, ACTIVITIES, HONORS AND AWARDS WITHIN AND OUTSIDE THE UNITED TEACHING PROFESSION
(Partial Listing)

LOCAL

Elected Offices

- President, Oakland Education Association (OEA)
- Vice President of OEA
- Member, OEA Board of Directors
- Chairperson, Human Relations Committee
- Chairperson, Crisis Committee
- Chairperson, Bargaining Committee
- Chairperson, Election Committee
- Chairperson, Political Action Committee

Activities

- Committee Member - Bylaws/Standing Rules, Prep Teachers, Special Services, and numerous strategy and task forces
- Member, Bargaining Team
- Member, City and District Committees including: District Title IX Committee, Affirmative Action Hiring, Uniform Curriculum Task Force, and Instructional Strategy Council
- Under my leadership, OEA conducted one of the most successful strikes in California (1983). The entire city was organized in support of teachers.
- OEA's contract language in affirmative action and human/civil rights has been used as model language throughout the state.

Honors and Awards

- WHO (We Honor Ours) Award, Oakland, California
- President's Gavel Award, Oakland Education Association, Oakland, California
- Board of Directors, Marcus Foster Educational Institute, Oakland, California
- Member, Business Round Table, Oakland, California
- Chairman, Ryan White (HIV/AIDS) Title I Planning Council, Kansas City, Missouri
- Co-Chairman, Ryan White (HIV/AIDS) Title II Consortium, Kansas City, Missouri
- Chairman, Positive C.A.R.E. (HIV Advocacy Committee), Kansas City, Missouri
- Award and Recognition by the Kansas City Ryan White Planning Council and Consortium for outstanding leadership and service to the HIV Community, Kansas City, Missouri

ROGER A. GOODEN
(Addendum)

OFFICES, ACTIVITIES, HONORS AND AWARDS WITHIN AND OUTSIDE THE UNITED TEACHING PROFESSION
(Partial Listing)

STATE

Elected Offices

- Chairperson, CTA Civil Rights In Education Committee
- Vice Chairperson, CTA Civil Rights In Education Committee
- Chairperson, Service Center Council (CTA)
- Chairperson, CTA Service Center Council Chairs Committee
- Chairperson, CTA Human Rights Conference Planning Committee
- Missouri Prevention/Care Collaboration Task Force on HIV/AIDS
- Missouri Statewide Advisory Council on Care and Prevention of HIV/AIDS

Activities

- CTA Human Rights Conference Convenor and Moderator
- Member, Teacher Education Committee
- Member, CTA Task Force on Ethnic Minority Representation
- ESP Task Force for California
- Participated in and recruited participants for local CTA/NEA Minority Involvement Programs
- Member, CTA "Far Right" Task Force
- Member, CTA Black Caucus
- Member, CTA Women's Caucus
- Testified before California State Legislature representing CTA
- Actively recruited minorities and developed training programs for local associations and service centers

Honors and Awards

- Recipient, California Teachers Association (CTA) "WHO (We Honor Ours) AWARD"
- Governor's Task Force on Ethnic, Religious and Racial Violence, California
- Recipient, California Teachers Association first individual HUMAN AND CIVIL RIGHTS AWARD
- Certificate of Leadership and Service (9 years), CTA's State Council of Education (CTA's policy making body)
- Recognition Award, Missouri Department of Health, Bureau's of HIV/AIDS Care and Prevention, for "Dedicated Service to the HIV/AIDS Community"
- Governor appointment to the GOVERNOR'S COUNCIL ON AIDS, Missouri

ROGER A. GOODEN
(Addendum)

OFFICES, ACTIVITIES, HONORS AND AWARDS WITHIN AND OUTSIDE THE UNITED TEACHING PROFESSION
(Partial Listing)

NATIONAL

Elected Offices

- NEA Board of Directors
- Delegate to numerous NEA representative assemblies

Activities

- CTA/NEA Congressional Contact Team
- Member, Women's Caucus
- Member, Peace and Justice Caucus
- Participant and facilitator, NEA Human Rights Conferences
- Presenter, NEA RA Human Rights Banquet
- NEA lobbying on Capitol Hill
- 1984 Mondale Slate, 8th Congressional District
- Monitored the NEA Affirmative Action hiring practices of all states (HR Committee)
- Participated in the development of activities of the NEA RA regarding NEA's position against Apartheid
- Made motion on NEA Board regarding activities at the RA for those not able to march on South African Embassy

Honors and Awards

- Appointed by President Mary Hatwood Futrell to NEA's Human and Civil Rights Committee
- Participated and trained In Non-Violent Approach for Social Change, King Center for Social Change, Atlanta, Georgia
- Member, CI'A/NEA Federal Campaign for the continuation of Martin Luther King, Jr. Center
- 1980 Delegate to the Democratic Convention, New York City
- Who's Who in American Politics
- Guest of President Carter at a white House Briefing on Issues Facing the Nation
- Chairman, Board of Directors, National Association of People with AIDS (NAPWA), Washington, DC
- Board of Directors, National Council on Alcoholism and Drug Dependence (NCADD), Kansas City, Missouri

Sandra Thurman

OCT 30 1998

Director, Office of National AIDS Policy
Executive Office of the President
736 Jackson Place N.W.
Washington DC 20503

SUBJECT: TRINATIONAL COLLABORATION ON HIV AFFECTED FAMILIES

Dear Ms. Thurman, Sandy

Thank you for attending the trinational luncheon session held in Geneva on June 28, 1998. Your continued support of the Trinational Collaboration is very much appreciated.

We were pleased to have an opportunity at the luncheon to describe the progress made in the joint initiatives and to demonstrate the benefits derived from the Trinational Collaboration.

The activities in Geneva mark the end of the work of the Trinational Collaboration for the period from July 1996 to June 1998. The governments of all three countries are committed to seeing that the collaboration continues. To this end, we are currently working to develop the plan for the next steps.

Enclosed you will find a report on the luncheon activities. In November, you will be sent a copy of the report that summarizes the work of the Trinational Collaboration from the 1996 Vancouver conference to the 1998 Geneva conference.

We are pleased with the accomplishments of the collaboration made from July 1996 to June 1998. We look forward to continuing this partnership and will keep you informed of developments.

Sincerely,

Elaine

Elaine M. Daniels, M.D., Ph. D.
United States Department
of Health and Human Services

Patricia Uribe, M.D.
CONASIDA

Gerry Bally, M.D.
Health Canada

Ministry of Health

Health Canada Santé Canada

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001. note	Peter Harstock to Sandy Thurman re: [Personally Identifiable Information] [partial] (1 page)	10/16/1998	b(6)

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October 16, 1998

NOTE TO SANDY THURMAN FROM PETER HARTSOCK

Re: Important article in JAMA; letter from Dr. Koop: artificial human blood

Sandy:

Two things:

1. I wanted to make sure you got a copy of the attached article on Neal Nathanson and OAR which just came out in JAMA. A couple of important things to note are (A) the "man of the moon" goal-oriented approach to developing the HIV vaccine and (B) OAR's emphasis on international cooperation.

   Regarding point (A), this approach typifies both how the Russian space program worked and how much of their medical research works as well. The next logical progression of the goal-oriented approach is for two (e.g., the U.S. and Russia) or more countries to work together closely on a focused goal, such as the HIV vaccine. Or, as I have told both the Russians and our U.S. colleagues: if we had worked together in space as we appear to be beginning to work together on the vaccine and other areas of AIDS, we would have landed human beings on Mars by now.

   Regarding point (B), we have a good relationship established between Neal Nathanson and his colleagues and Andrei. Neal and OAR are planning a trip to St. Petersburg to meet with Andrei and his HIV vaccine colleagues from across Russia. Neal is very supportive of U.S.-Russian cooperative efforts and is already giving real support. Additionally, Andrei will be here in December. We hope to be able see you. [001]

   I also wanted to share the attached letter which I received from Dr. Koop (b)(6) (b)(6) (b)(6) You may be especially interested in the section dealing with artificial blood. Dr. Koop is heading the research effort in this area (his Sc.D. is in hematology) and is much closer to developing artificial human blood than I thought was the case. His group just developed an artificial veterinary blood which has been made publicly available and is successful. The news about the artificial human blood is particularly wonderful. As Dr. Koop puts it in his letter concerning the blood: "It never disappoints us clinically and it has so many uses it is just amazing." I can keep you posted on this.

   Best wishes.

C. EVERETT KOOP, M.D.

October 14, 1998

Peter Hartsock
Fax Number: 301-480-4544

Dear Peter:

It was nice to hear from you and thank you for your birthday wishes. I will never forget the day on the Dove and I am grateful to you for the part you played in making it possible.

I am disappointed in the response of the Government, the Military, and the Veterans to Hepatitis C. I told the Secretary of HHS that unless the government gave at least the perception of being more interested in the future of all these infected folks that there would be class action suits that the government would find difficult to handle. Little did I know that the same matter was brewing in Canada and there were so many class action suits against the Canadian Red Cross that they declared bankruptcy.

The hemoglobin based oxygen carrier of veterinary use is on the market under the name of Oxiglobin and is doing very well. We have one more critical, pivotal clinical trial to do with the human product. I sometimes think that these added clinical trials are just delaying actions on the part of the FDA but if there is any justice in the world this ought to be on the market in the year 2000. It never disappoints us clinically and it has so many uses it is just amazing.

When one compares anything with blood it is very difficult. The reason is that the reactions to blood are considered to be "normal" no matter how frequently they occur or how severe they are. If even lesser and fewer reactions occur with that is being compared with blood, any deviation from perfection is considered to indicate a "toxic" substance. This product has been in the making for seventeen years and most of the delay has been bureaucratic.

Although I will keep a presence in Washington, I am moving the major focus of my activities to the Koop Institute in Hanover, New Hampshire. I will be getting a chance of address to you eventually. Moving is always difficult but when you are trying it in your ninth decade it really is the pits.

Sincerely yours,

C. Everett Koop, MD

6707 DEMOCRACY BOULEVARD, SUITE 107, BETHESDA, MD 20817-1129 (301) 493-6603 FAX (301) 493-8160

National Institutes of Health AIDS Research Budget

Area of Emphasis	FY 1995 $ in millions (Actual)	FY 1999 $ in millions (Estimated)	Increase, % (1995-1999)
Therapeutics	462.929	481.722	4
Etiology and pathogenesis	344.303	526.140	52
Natural history and epidemiology	192.624	226.367	17
Behavioral research	170.984	232.737	36
Vaccine research	100.399	179.891	79
Training and infrastructure	46.483	56.228	42
Information dissemination	16.153	17.711	9.6
Total	1.333875 billion	1.730796 billion	30

and which gradually ate away at the immune system, which of course is the main host defense," he said. Existing vaccines work not by preventing infection but by preventing disease, ensuring that the infection will be shorter and milder in vaccinated vs nonvaccinated persons in terms of the amount of pathogen replication and length of infection.

"The infection doesn't spread as far and doesn't kill as many cells, but [the vaccine hasn't] prevented infection," noted Nathanson.

But with HIV, after the immune system nearly eliminates the virus from the body during acute infection, a small residual pool remains and gradually spreads. Thus, a key question is what would happen after vaccination with a candidate AIDS vaccine that works like conventional vaccines, not by preventing infection but by reducing acute HIV infection.

Would vaccinees who subsequently become infected with HIV be able to contain their infection? "Or would the virus persist and eventually break through and kill, as it does in a natural infection [in an unvaccinated individual]?" asked Nathanson.

Another difficulty, which hinders testing a candidate AIDS vaccine's effectiveness, is presented by HIV's long incubation period between infection and onset of symptoms. "In the process of developing a vaccine, you need to do trial-and-error—if one thing doesn't work, you try another," said Nathanson.

With acute illnesses, such as polio or measles, determining whether a candidate vaccine offers the desired protection can be done fairly quickly. HIV, however, has an average incubation period of approximately 10 years.

"Does that mean you have to wait 10 years before you decide whether something is effective or not?" asked Nathanson. "It's much more difficult to get a readout in terms of trying products; you can't run through many products very quickly—it's a daunting problem."

An ethical requirement in AIDS vaccine trial design—to treat vaccine recipients who become infected with HIV—presents another challenge to determining the effectiveness of a candidate vaccine.

"There will be an ethical requirement, at least in the United States and developed countries, to treat them, so you don't know whether someone who was a vaccine breakthrough ever would develop AIDS," he noted. "You won't have a disease outcome to measure, so we're hoping that we can use as a surrogate [outcome] the level of virus replication in, say, the first 6 months after infection."

Man-on-the-Moon Approach

While acknowledging these difficulties, Nathanson and other NIH officials are taking steps to speed vaccine development. One measure, recommended by OAR before Nathanson assumed his post, is the formation by NIH of a new peer-review study section to evaluate vaccine proposals for AIDS and other diseases.

Critics complained that traditionally, such study sections favor basic research over empirical studies, which are important components of vaccine research. The new study section is part of a "putting a man-on-the-moon," applied-research approach, similar to the goal-oriented approach embraced by the pharmaceutical industry.

"We're going to have to be very pragmatic as well as have a good scientific basis," Nathanson said at a press briefing at the 12th World AIDS Conference this summer in Geneva.

The OAR is also placing a new emphasis on animal studies—comparing dozens of vaccine candidates in a series of large-scale, standardized tests in nonhuman primates. The most promising candidates would then be moved forward into clinical trials.

Nathanson predicted that the process of developing a successful vaccine will be an incremental one involving several generations of vaccines, with later candidate vaccines reflecting knowledge gained from trials of earlier versions.

"My view is that the urgency is so great that we need to go into the field with the first product that comes along that looks like it might be even partially effective in terms of protection," he said. "I imagine a wave of vaccines coming along, where the first thing that is fielded is not the final product."

At the moment, however, vaccine researchers don't have a candidate vaccine that has proven both safe and effective in nonprimate research, said Nathanson.

Many scientists believe that to be effective, a vaccine should elicit cell-mediated immunity as well as a vigorous antibody response. Products known to be safe in humans, such as recombinant vaccines that feature a protein component of HIV, don't appear to be very effective, presumably because they elicit only the antibody-producing arm of the immune response.

Some scientists have criticized an experimental vaccine called AIDSVAX, which last summer became the first candidate vaccine to move into wide-scale efficacy testing, because it does not elicit cell-mediated immunity (*JAMA*. 1998; 280:7-8). Four years ago, NIH had declined to sponsor such a trial of an earlier version of this vaccine, although the agency recently announced that it will study immune responses induced by AIDSVAX as part of a collaboration with VaxGen Inc, the South San Francisco, Calif, biotechnology company that is testing the vaccine.

Live Vaccine Setback

"If we're really lucky and it works, that's fine, but if it doesn't work, we'd like to make sure that we learn as much as possible from the trial," said Nathanson.

Other researchers believe that prospects of effectiveness are better for a live-virus vaccine (using an attenuated HIV strain disabled by the removal of some of its genes), which would stimulate both types of immunity. But hopes

for such a vaccine received a severe blow at the Geneva meeting, when researchers reported that monkeys vaccinated with a simian version of such a vaccine developed simian AIDS.

There are some experimental vaccines that studies suggest would be safe and offer at least some degree of protection, noted Nathanson. Perhaps the most promising, he said, are ones that use a poxvirus, such as canarypox or vaccinia virus, into which genetic material from HIV has been inserted. Researchers envision giving such a vaccine as part of a "prime-boost" strategy, using a poxvirus vaccine to evoke a cell-mediated response, followed by a boost with a second vaccine, such as AIDSVAX, to produce an antibody response.

"If prime-boost with canarypox looks at all promising in terms of the immune responses, I think there's a real will to push it forward into phase 3 trials as soon as possible, perhaps sometime in the next 12 to 24 months," said Nathanson.

Intensifying Prevention Research

Until an effective vaccine becomes available, other kinds of prevention strategies will be needed to prevent transmission, particularly in many developing countries, where infection rates have doubled every 5 years. Nathanson said the OAR has a mandate from NIH director Harold Varmus, MD, to "work locally, but think globally."

"We're clearly committed to working on interventions to prevent transmission which would be useful around the world and in developing countries," he said.

Microbicide development is one area that OAR is targeting as a research priority. Because women in many countries and cultures have little or no power to protect themselves from sexually transmitted HIV, an effective and inexpensive "stealth" preventive strategy—such as one involving a microbicide—is urgently needed, say public health experts.

"We're supporting a $25 million progam to look at a variety of new things, including chemical and biological approaches," said Nathanson. "That's clearly going to be a major priority for us."

Behavioral research, studying the behaviors that influence the risk of HIV transmission in a variety of populations, is another area that will receive a big boost in funding in the 1999 budget, from about $171 million in fiscal year 1995 to nearly $233 million, a 36% increase. Prevention programs based on such research have led to changes in sexual behavior (such as increased condom use) and behaviors related to injection drug use (such as decreased needle sharing)—and in some instances, reduced the risk of transmitting HIV.

"No matter what high-tech treatment or prevention [program] you come up with, human behavior plays an important role in making it work," Nathanson observed. One example of the human factor in AIDS intervention, of increasing concern to clinicians treating patients with HAART, is the significant proportion of patients who fail to adhere to their treatment regimen—about 35% after 1 year, according to a study by researchers at the Centers for Disease Control and Prevention, reported at the 12th World AIDS Conference.

"That's in spite of the fact that this is really a life-saving therapy," Nathanson said. The NIH is already supporting research aimed at improving compliance and plans to step up this effort, he added.

However, altering behaviors with an eye to enhancing the success of preventive and therapeutic interventions requires a better understanding of social, ethnic, religious, and cultural aspects of various populations in both developing and industrialized countries, noted Nathanson in a recent article (*Nature Medicine*. 1998;8:879-881).

"Understanding these factors, particularly in minority communities, will have an enormous influence on the successful implementation of all potentially effective preventive or therapeutic interventions," he wrote. "Such interventions include diagnostic testing and counselling, case and contact reporting, treatment seeking and adherence to therapy, needle exchange, breast feeding, and the like."

The OAR's mandate to reach out to the global community includes not only supporting research that is applicable to countries outside the United States but also welcoming the participation of investigators from other countries, noted Nathanson.

"We fund a good many overseas projects, usually collaborations [with US investigators], but there is no absolute restriction—we can fund a grant proposal from, say, Sweden, or any other country," he said. "What I'm interested in, frankly, is where the best research is going on to accomplish our goals."

—by Joan Stephenson, PhD

Changing Clinical Laboratories: Better or Worse?

CLINICAL LABORATORIES are at some risk of becoming an endangered species. The influence of managed care and other health care system changes has made such a substantial impact on clinical laboratories "that they may compromise the traditionally high level of clinical microbiology testing," said Alice Weissfeld, PhD, chair of the American Society for Microbiology's (ASM) Professional Affairs Committee, at a press conference in Washington, DC, last month.

The meeting was held to discuss, before its release at this year's Interscience Conference on Antimicrobial Agents and Chemotherapy, the results of a study the ASM commissioned on the impact of managed care on clinical laboratories. The report, entitled *The Impact of Managed Care and Health System Change on Clinical Microbiology*, was prepared by the Lewin Group, a health care policy research firm in Fairfax, Va.

The study found that downgrading in the qualifications of laboratory personnel, reductions in staff, less antimicrobial sensitivity testing, and less research directed toward developing new products, technologies, and procedures are all associated with managed care, said Weissfeld, who is president of Microbiology Specialists in Houston.

Not all the changes have been for the worse, she said. Some benefits, such as better control of costs and an increase in quality improvement and in the validation of laboratory tests, have also been seen. However, the negative trends reported in the study are of concern "because of their effects on the current practice of clinical microbiology and those that are anticipated into the next millennium."

The survey analyzed the responses of 851 randomly sampled ASM members. Those surveyed were primarily clinical laboratory directors and administrators who were broadly representative of laboratories: hospital laboratories, reference laboratories, and independent facilities.

Survey Results

Among the findings in the report were the following:

- More than 90% of those surveyed reported that a merger or affiliation with another laboratory, or downsizing, had occurred with the advent of managed care; 64% reported a reduction in staff or substitution of staff. In some cases, respondents said the change was an improvement, resulting in better control of costs and increased productivity, but Weissfeld noted that the size of the workforce was also reduced.

 Hortgat

US AIDS Research Office Chief: Intensify Vaccine, Prevention Research

THE OLD ADAGE "an ounce of prevention is worth a pound of cure" is one that the National Institutes of Health's (NIH's) Office of AIDS Research (OAR) and its new director are taking to heart.

The OAR, the entity that sets the scientific agenda for all AIDS research conducted or supported by the NIH, is placing a new emphasis on research for a vaccine and other preventive strategies aimed at curbing the spread of HIV, said Neal Nathanson, MD. During a recent interview in Bethesda, Md, Nathanson, a viral epidemiologist who assumed the directorship of the office on July 1, described his vision of how the $1.73 billion NIH-funded research effort should be directed.

The OAR decides which general areas of research are priorities and then determines the budgets for those programs. "We take the broad program vision, and identify which programs we want to grow and to push," said Nathanson. Then it's up to the various institutes that comprise NIH to develop those programs, review research proposals, and fund the projects that are deemed the most important.

Highest Priority: Vaccine Research

From OAR's point of view, the time has come to give vaccine research a big push.

"Starting from the premise that it's infinitely easier to prevent an infection than to treat it, a vaccine is our single highest priority," said Nathanson. "Since we're concerned not only about the United States but also about the global epidemic, the emphasis has to be, to a great extent, on preventing transmission."

The explosion of HIV/AIDS in developing countries, where more than 90% of infections occur, has heightened the sense of urgency to create a vaccine and other strategies to curb transmission, he said. An estimated 30 million people worldwide are currently infected, and new infections are mounting at the rate of about 16 000 a day, according to a recent report by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The NIH's AIDS research budget for fiscal year 1999 shows funds for vaccine research being increased to $180 million, a nearly 80% boost from 1995 levels, and strong support for other prevention-oriented research. But as Nathanson cautiously pointed out, a new emphasis on vaccine development does not mean that other AIDS research programs will be neglected. Research for HIV/AIDS therapeutics, for example, which has been generously funded in the past, continues to receive vigorous support, with nearly $482 million allocated for fiscal year 1999, a 4% increase from previous levels.

Office of AIDS Research

Neal Nathanson, MD, director of the Office of AIDS Research at the National Institutes of Health

Fortunately, he added, with a booming economy and a Congress favorably disposed toward biomedical research, NIH has the luxury of pursuing and generously supporting many different AIDS research programs simultaneously. "We've got a major therapeutics portfolio, and while it's not my own major focus, that doesn't mean we're ignoring it," he said.

Goals of the therapeutics program include improving highly active antiretroviral therapy (HAART), combination therapy that usually includes a protease inhibitor combined with two reverse transcriptase inhibitor drugs. "We're going to try to find improvements of those drugs, simplify the regimens, and maybe make them less expensive," he said. Other research is aimed at developing novel drugs, such as agents that target integrase (an enzyme used by HIV to replicate itself) or exploit receptors and coreceptors on the cells that HIV infects.

"We also have a big basic science portfolio," said Nathanson. What is still needed, he said, is to look at the epidemic from a new perspective, to focus attention on new interventions for blocking transmission of the virus.

Actually, improvements in AIDS therapies would also be likely to reduce the spread of HIV, noted Nathanson. "HAART basically down-modulates the infection and pushes it into a corner, so that the people who are so treated are much less infectious than somebody who is not treated," he said. Epidemiological studies of heterosexual transmission have shown that transmission rates are markedly higher when people have high levels of HIV during acute infection and after their infection progresses to AIDS.

"That certainly suggests to me that if you can use drug therapy to push down the infection, that will really impact on transmission," Nathanson said.

But for developing countries, the expense of anti-HIV drugs and the lack of medical infrastructure needed to administer these complicated therapies make preventing transmission the only real hope for an impact on the epidemic. "Once infection has occurred, it's not going to be possible in the foreseeable future to provide high-tech, highly expensive kinds of therapies," he said.

A safe and effective vaccine would be the preventive measure of choice. "It's obvious that a vaccine is the most definitive approach, and the most practical in a developing country," said Nathanson, who spent much of his career studying poliovirus, which is now nearing global eradication. "Even in a country that is in civil war, you can declare a 2-day truce, saturate the population, and have a very effective vaccine program—that's been done."

A Daunting Vaccine Challenge

What hasn't been done before is the development of a vaccine against an organism with HIV's properties.

"We've been at it for 15 years and not only have we not gotten very far, we've had some remarkable failures," Nathanson said. An important reason for such failure is that HIV, by its biological nature, is more difficult to protect against than microbes for which successful vaccines exist.

"We've never had to make a vaccine against an infection that was persistent

National Organizations Responding to AIDS (NORA)
MEMORANDUM

TO: NORA Coalition

FROM: Jeannette Sebes, NORA Coordinator
AIDS Action Council, 986-1300 ext. 3030

DATE: October 14, 1998

REASON: **NORA Coalition Meeting, Monday, October 19**

Attached please find the agenda for the upcoming NORA meeting. The meeting will be on Monday, October 19 at 12:30pm. The meeting will be held at the AED, 1255 23rd St., NW, 1st floor conference room. The elections for the new co-chairs will be held Thursday the 15th....so we will have co-chairs for the meeting Monday, but as of today we'll leave it blank. Feel free to call me with any questions. See you Monday.

National Organizations Responding to AIDS (NORA)

Monday, October 19, 1998
12:30pm-2:00pm

Academy for Educational Development
1255 23rd Street, NW
1st Floor Conference Room

AGENDA

I. *Introductions:*

II. *Topic:*

Speaker: Mike Stoto, Institute of Medicine

III. *NORA Working Group Reports*

a. Appropriations

b. Health Access

c. HIV Testing

d. Incarcerated Populations

e. International Issues

f. Prevention

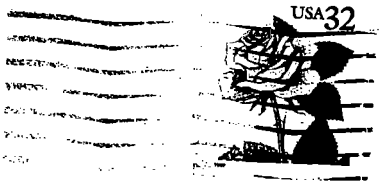
1. Needle Exchange

g. Research

IV. *Other issues and announcements*

a. New Executive Committee Co-chairs

Next meeting will be held on Monday, November 9 at the AED



National AIDS Policy,
736 Jackson Place
Washington DC 20001

Attn: Ms. Sandy Thurmann

10-21-98

Dear Ms. Thurmann,

It was a pleasure meeting you during my visit with Ms. Wendy Fitzwilliam, to DC.

I want to thank you for your time and attentions, and I hope to see you again in the future.

Yours Truly

Rose Pintel

Miss Universe L.P., LLLP
1801 Century Park East
Suite 2100
Los Angeles, California 90067

INTERNATIONAL
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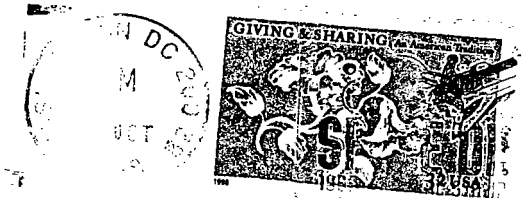

Ms. Sandra Thurman
Director
Office of National AIDS Policy
808 17th Street, N.W., No. 820
Washington, D.C. 20006

NATIONAL AIDS POLICY 20006202 1698 03 10/22/98
NOTIFY SENDER OF NEW ADDRESS
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WASHINGTON DC 20503-0007

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INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

c/o 111 Quincy Place, NE

Washington, DC 20002

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2. _____

3. _____

4. _____

5. _____

6. _____

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- ☐ **SPONSOR** at $1,500 includes the VIP reception, preferred seating for one table of ten guests at the anniversary dinner. You will receive prominent listing in the program. (The tax deductible portion of your contribution is $750.)
- ☐ **PATRON** at $300 per seat includes the reception, preferred seating for the anniversary dinner and special listing in the program. (The tax-deductible portion of your contribution is $225 per seat.)
- ☐ **FRIEND** at $150 per seat includes the reception and anniversary dinner. (The tax deductible portion of your contribution is is $75 per seat.)
- ☐ No, I cannot attend, but wish to enclose a contribution to support ICRW in the amount of $_____.

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Please reply by October 30, 1998

Please make checks payable to ICRW. Please list names of guest/s on the reverse.

ICRW is a not-for-profit organization under section 501(c)(3) of the Internal Revenue Code.

For more information please call (202)636-8743

ICRW

International Center for Research on Women

1717 Massachusetts Ave. N.W., Suite 302
Washington, DC 20036 USA

Re. Thurman,

It would be wonderful to have you with us on November 10th — one part of the evening is going to be a celebration of all those who have joined hands & hearts to fight against HIV/AIDS. I hope to see you there. —geeta