Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Leon Ray to National AIDS Policy Office re: Americorps (Personal) [partial] (1 page)	11/16/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19398

FOLDER TITLE:
Correspondence - SLT - Incoming - 11/98 [Folder 1] [2]

2018-0764-F
jm2087

RESTRICTION CODES

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

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

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

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

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

Be careful.
This is his
3rd or 4th letter
to SLT since
I have been here.

I know of no such
meeting.

November 23, 1998

The White House
Office of National AIDS Policy
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500
Attn: Sandy Thurman, AIDS Policy Director

CORRECTED COPY

Dear Ms. Thurman:

The rising incidence of deaths as caused by AIDS among women has inspired the Administration to take a closer look at mobilization of health care along with much needed additional funding sources.

To make sure that there is no duplication of effort you centrally coordinate with all other federal AIDS agencies in making sure that the issue of HIV/AIDS as it impacts on all sub-populations doesn't get out of hand, hopefully!

Tragically, African-American females, between the ages of (15-45) have the greatest infection and death rate as a result of HIV/AIDS. Progressively, turning back the rising tide of this dreadful epidemic in the black community has to be seen as a "national priority" or the whole show becomes a farce. Please comment?

Advanced medication that is ready and accessible to white gay communities for some bizarre reason can't find its way to victims in people of color communities throughout the US this same adverse phenomenon has been documented by Congresswoman Maxine Waters and the Congressional Black Caucus. This contradiction has to be a major discussion item between the National Office of AIDS

SBAC
SBAC
2425 ALHAMBRA BLVD., SUITE F SACRAMENTO, CA 95817-1127, 916 454 4242

Policy. It's reported that you are planning to have a small contingent at a meeting state and national minority organizations who have a background in working with people who have chemical dependency problems.

Our organization, SBAC, (Sacramento Black Alcoholism Center) endorses your efforts in that pursuit, and we would like to participate in the meeting and all future activities that will emanate from the convenement. Let us know directly what is on the drawing board?

Sincerely,

Don M. Clark

Don M. Clark
Executive Assistant

cc: Representative Maxine Waters
Publisher William Lee, Sacramento Observer Newspapers

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11225	Don M.	Clark	12/1/98	

☐ 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
SBAC	2425 Alhambra Blvd. Suite F	

Sender's City	Sender's State	Sender's Zip
Sacramento	CA	95817

Do know about this meeting?

SBAC
SBAC

2425 ALHAMBRA BLVD. SUITE F
SACRAMENTO, CA 95817-1127

SACRAMENTO CA 957 AM PM NOV 1988

32

1

The White House
Office of National AIDS Policy
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20502
Attn: Sandy Thurman AIDS Policy Director
20500/0002

November 6, 1998

Ms. Sandra Thurman
National AIDS Policy Director
Executive Office of The President
736 Jackson Place, NW
Washington, DC 20503

By Fax: 202-456-2439

Dear Ms. ~~Thurman~~ Sandy:

I spoke with your assistant yesterday about the possibility of your joining the Community Research Initiative on AIDS' (CRIA) National Advisory Council. She asked that I fax you a letter describing our request.

The Council is comprised of nationally prominent AIDS scientists, funders, public policy officials, and people living with AIDS (PLWAs) who have consistently and actively promoted the development and use of new, more effective HIV treatments. These are individuals who in turn enthusiastically support CRIA's clinical research and treatment education mission.

We would very much like you to become a member of the Council because of your long-standing commitment to effecting improved HIV healthcare for millions of HIV-positive Americans. As a past Executive Director of a leading non-profit HIV/AIDS service provider, you also understand the important role of an agency like ours in helping PLWAs to realize an improved quality of life.

Although membership on CRIA's National Advisory Council is more symbolic than anything else, because we never ask members to take time out of their busy schedules to participate in our activities, it does represent an important force for promoting CRIA's critical services. Listing important national leaders, such as yourself, as Council members lends an invaluable level of credibility to our agency's mission and programs.

In fact, the only formal requirement for participation as a Council member is allowing us to list your name on CRIA's letterhead. Stephanie French, Vice President of Corporate Contributions and Cultural Programs for the Philip Morris Companies, and Dr. John Bartlett, Director of the Division of Infectious Diseases at Johns Hopkins University Hospital, are just two of the current Council members. Your colleague Ronald Johnson, Acting Executive Director of Gay Men's Health Crisis has served for the past two years, and we will welcome Dr. David D. Ho, Terrence McNally and hopefully yourself, as members in 1999.

Your kind consideration of our request is greatly appreciated, as are all of your efforts on behalf of PLWAs. Please do not hesitate to call me at (212) 924-3934 if you have any questions about our request.

Sincerely,

J Daniel Stricker
Executive Director

It was great to see you in Geneva at the NMAC reception. We need your support

Community Research Initiative on AIDS
275 Seventh Avenue, 20th Floor, New York, NY 10001 (212) 924-3934 Fax (212) 924-3936

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

HIV/AIDS Bureau

Health Resources and
Services Administration
Rockville MD 20857

NOV 27 1998

TO: Director, White House Office of National AIDS Policy

FROM: Director, Division of Service Systems, HAB
THROUGH: Associate Administrator

SUBJECT: Briefing Report on HIV/AIDS Services in Puerto Rico

In accordance with my discussion with you I am forwarding a report entitled "Profile of HIV/AIDS in Puerto Rico" which will help familiarize you with the Health Resources and Services Administration's Ryan White CARE Act funded programs in the Commonwealth of Puerto Rico.

We hope this background information prepared for your upcoming visit to Puerto Rico will provide you with a contextual framework and a historical perspective on key issues facing the Commonwealth that have impacted HIV/AIDS care. Included with the document is a listing of HRSA funded service providers, as well as a HRSA staff assessment of accomplishments and challenges facing these particular grantees.

Please let me know if we can be of further assistance and whether a face-to-face meeting with you is needed. You can reach me on 301 443-6745.

Douglas H. Morgan, M.P.A.

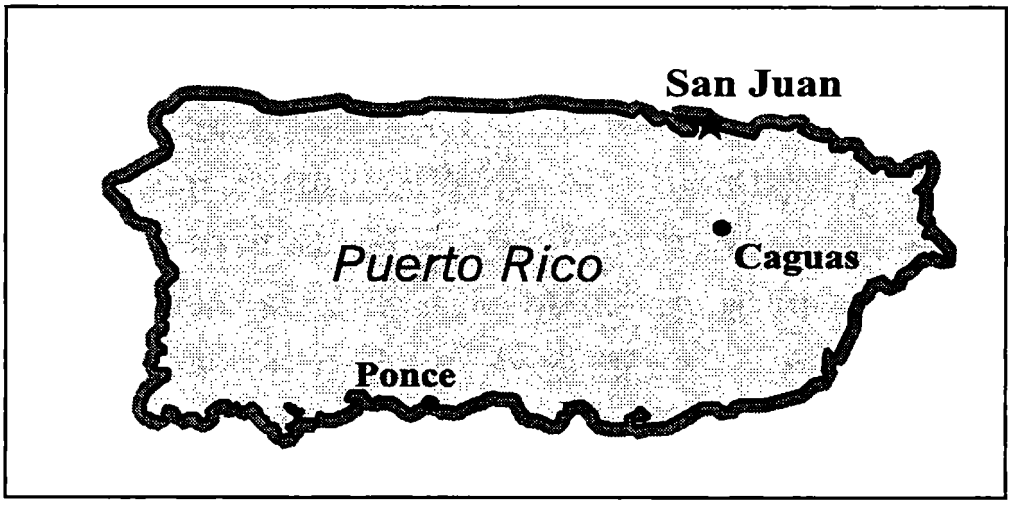
Attachment

Profile of HIV/AIDS in

Puerto Rico

Ryan White C.A.R.E. Act Services

- **AIDS Profile**
- **Economic and Social Indices**
- **Health Indices**
- **Overarching Issues**



Prepared by:
Health Resources and Services Administration
HIV/AIDS Bureau (Jerry Meier, Consultant)

I. Island Overview

The 3.6 million people that inhabit the island of Puerto Rico make it one of the most densely populated islands in the world. There are about 1,000 people per square mile, a ratio higher than any area within the 50 states in the United States. Puerto Rico is one of the larger islands of the West Indies, and the Commonwealth also includes several small islands, such as Culebra, La Mona, and Vieques.

Puerto Rico has experienced a political, economic, social and health transformation in the last 100 years that has brought with it significant changes in both the quality of life and health status of its residents. Historical events that have assisted Puerto Rico's passage from a rural agricultural society to an urban industrial one are highlighted below.

The current Commonwealth status of Puerto Rico has not halted sentiment for other forms of island governance, including statehood and independence. Whether Puerto Rico becomes a state, remains a territory or seeks independence as a sovereign nation is yet to be determined.

SNAPSHOT OF PUERTO RICO HISTORY

- Puerto Rico is surrendered to the United States military authority in 1900 and Puerto Rico became U.S. first unincorporated territory.
- In 1917 Puerto Ricans gain U.S. citizenship and a bill of rights.
- Puerto Rico became a U.S. commonwealth on July 25, 1952.
- The first Health Center is founded in Adjuntas in 1950 and the first Social Security cards were issued.
- In 1997 the U.S. Congress introduced Project Young, to provide a process leading to full self-government for Puerto Rico.
- Hurricane George with 120 mph winds strikes the island in September, 1998, leaving more than 24,000 in shelters. The entire island was left without electricity (99.5%), most without water service (77%). President Clinton declared Puerto Rico a disaster area, authorizing immediate release of federal recovery aid. Damage estimated at $2 billion.

PUERTO RICO'S RELATIONSHIP WITH THE UNITED STATES

- Puerto Rican's are US citizens but can not vote in general elections.
- Puerto Rico is represented by a nonvoting resident delegate in the Congress of the United States. The delegate is elected by Puerto Ricans to a four-year term.
- All federal agencies are represented in Puerto Rico as they are in the US.
- Residents of Puerto Rico contribute to local income taxes but pay no federal income taxes, however they must pay into Social Security and Medicare.
- Puerto Rico and other United States Territories do not receive Medicaid, but they do receive a form of federal assistance and each year HCFA places a new cap on expenditures.

II. Puerto Rico's Economy, Social Structure and Health Care System

A. Economy

Economic development in Puerto Rico has historically lagged well behind that of most mainland states of the United States. Significant improvements have been made in economic conditions since the late 1940s. Growth has occurred largely through stimulation of the manufacturing sector. While the United States has experienced a surge in economic growth, Puerto Rico's economy has seen sustained growth, but at a lower rate compared to the past three years. The economy depends heavily on the tax incentives (known as Section 936) given to US mainland companies and on federal transfers. Puerto Rico is also used to channel loans to other Caribbean and Central American countries under the Caribbean Basin Initiative (CBI). Apparel making is Puerto Rico's leading manufacturing industry in terms of employment, followed by production of electronic goods, processed foods, and chemicals.

KEY ECONOMIC FACTS

- Per Capita Income (1993)-$6,760
- Unemployment Rate (1997) : 13.5% (US average: 4.9%).
- Migration/economic safety valve: many Puerto Ricans migrate to and from the island depending on economic conditions.
- Principal industries: manufacturing.
- Tourism is growth industry contributing about 6.5% to the GDP.
- Some 30% of all expenditures are supported with dollars originating from Washington DC.

B. Social Structure

Puerto Ricans consider themselves American but are fiercely proud of their island and their culture. The great majority of Puerto Rico's inhabitants are of Hispanic background; Spanish is the official language of the Commonwealth. About 80 percent of the people are Roman Catholic. The people of Puerto Rico represent a cultural and racial mix including Taino Indian, Spanish and African ancestry. The most significant new immigrant population arrived in the 1960s, when thousands of Cubans fled from Fidel Castro's Communist state. The latest arrivals to Puerto Rico have come from the economically depressed Dominican Republic.

KEY SOCIAL FACTS

- College education rate: 6th in the world
- Literacy Rate: 89.7%
- Percent of the island's inhabitants living in urban areas: 71%.
- More than one-half of population lives below poverty level.

C. Health Care System

Health care is provided through territorial and municipal primary health clinics, private non-profit hospitals and community based health care centers and private medical practices. Puerto Rico received a total of $167 million of federal medical assistance in Fiscal Year 1998. U.S. Territories do not receive Medicaid and HCFA places a new annual cap on assistance. Unlike Medicaid, the P.R. federal medical assistance program funding level does not change when expenditures increase. A number of problems arise as a result of the federal assistance cap and Puerto Rico's inability to foot the bill for annual health care expenses. In 1993 the government decided to transition to a managed care system called ***Puerto Rico Health Reform*** where the public sector contracted with private insurance carriers to provide health insurance to those previously served by the Puerto Rico Department of Health. The ultimate goal of the Puerto Rico Health Reform initiative is to get government out of the health care business--with the expectation that the entire island will transition into managed care shortly after the year 2000.

KEY HEALTH CARE FACTS

- Health Reform Goal: 73 of the 78 municipalities participating in the Health Reform by mid 1999.
- Health Reform has placed a $25,000 per person annual expenditure cap.
- Employees working in all the hospital institutions(1993): 15,994
- 72 hospitals in operation: 59 general, 7 psychiatric, 5 specialized, and 1 federal hospital (1990)

III. Health Status of Puerto Rico's Residents

Puerto Rico's transformation into the Carribean's economic leader has brought with it changes in morbidity and mortality patterns. Within the new epidemiologic profile, acute infectious tropical diseases coexist alongside chronic degenerative diseases, and the prevalence of cardiovascular diseases and cancer is high. Alcohol abuse and smoking are common and drug consumption is on the increase. Key mortality statistics from 1995 include:

- Heart Disease and malignant neoplasms were the two leading causes of death accounting for 37.8% of all mortality.
- Diabetes mellitus was the third leading cause of death (7.6%).
- Cerebrovascular disease was the fourth leading cause of death (6.0%).
- In fifth place was mortality from HIV infection accounting for 5.1% of deaths.

Tuberculosis, STDs and drug use have been further impacted by HIV infection. These comorbidities, socioeconomic status, a deteriorating health services infrastructure, and availability of health resources are interrelated and present challenges to health care in Puerto Rico.

Puerto Rico Health Facts (1997)

	Puerto Rico	US
Birth Rate (per 1,000 population):	16.6	14.6
% of Births to Teenagers:	20.8	12.8
% of Births to Unmarried Mothers:	45.7	32.4
% Low Birth weight:	10.7	7.5
Infant mortality rate (per/1,000 births) :	12.7	9.8

IV. AIDS Epidemic Overview

According to the Puerto Rico HIV/AIDS reporting system (HARS) 22,635 cases of AIDS were reported as of October 1, 1998. HARS also reported 14,268 deaths due to AIDS, ranking Puerto Rico 4th in the U.S. Some distinctive differences in the epidemic pattern of HIV transmission in Puerto Rico are evident when compared to the United States. While the majority of reported AIDS cases in adult males in the U.S. are homosexual/bisexual men, in Puerto Rico the highest incidence occurs in male injection drug users, accounting for 59% of all confirmed cases, versus 25% for the US. In the last three years the total number of AIDS cases has declined from 2,095 in 1995 to 1,566 in 1997. As of October 30, 1998, 636 cases have been reported.

AIDS Epidemic Profile

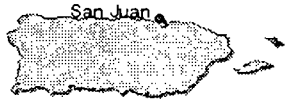
- AIDS cases reported in 1997: 2,040
- AIDS cases by gender: 78% male; 22% female
- Cumulative incidence rate: 53.3 /100,000 (4th in U.S. and Territories).
- AIDS cases due to heterosexual transmission increased fifty-fold (1987-97).
- Women age 25 to 39: HIV/AIDS is leading cause of death (1997).
- Men age 30-49: HIV/AIDS leading cause of death (1997).
- Male AIDS cases attributed to IDU: 55% (1997)
- Male AIDS cases attributed to homosexual contact: 21.1% (1997).
- Female cases attributed to heterosexual contact; 55.5% (1997).
- Cumulative adolescent AIDS cases: 132 (1997)
- Cumulative AIDS cases by fetal transmission: 387 (1997).

AIDS prevalence data is useful in better understanding the general impact in large communities. The most useful information, however is data from the past two years which captures emerging trends in those communities and groups most recently affected.

V. Profile of AIDS in Puerto Rico's Three Most Impacted Metropolitan Areas

In Puerto Rico the municipalities of San Juan, Caguas and Ponce have been impacted the greatest by HIV/AIDS. All three receive HRSA Title I funding as Eligible Metropolitan Areas (EMAs). A profile of these municipalities, their location, history and AIDS profile is provided below.

AIDS Profile



- AIDS cases reported in 1997: 1,323 (78% male, 22% female).
- Heterosexual contact: 29% increase as transmission mode in past 2 years.
- Adolescent infections: 28% increase in past 2 years.
- Female AIDS cases: 23% of all female cases have been reported in the past two years.

In San Juan, the population is just under one million, or a third of the entire island. It is a major port and tourist resort of the West Indies and is the country's financial capital. Many U.S. banks and corporations maintain offices or distributing centers there. San Juan has yet to be included in Puerto Rico's Health Care Reform initiative.

As of March, 1998, San Juan has a total of 13,401 reported cases of AIDS, comprising 64.8% of all cases reported in Puerto Rico. In San Juan , 49.7% of AIDS cases reported in the past two years were IDU and 31.7% were heterosexual contact. A total of 75 AIDS cases among adolescents have been reported to date, with 36% of adolescent cases in females. Pediatric cases total 244 cases through March, 1998 with 28% of these cases reported since April of 1996.

AIDS Profile

- AIDS cases reported in 1997: 402 (72% male, 28% female).
- Heterosexual contact: 32.2% increase as transmission mode in past 2 years.
- Adult (>45 years) infections: 24.3% increase in past 2 years.
- Female AIDS cases: 14.5% increase as transmission mode in past 2 years.

Ponce, with a population of 300,000, is Puerto Rico's second largest city. Called La Perla del Sur, Ponce is an important trading and distribution center, and has a port of entry, Playa de Ponce Port, Puerto Rico's principal shipping port and one of the busiest in the Caribbean area.

As of March, 1998 Ponce has a total of 2603 reported cases of AIDS. Of the three EMAs in Puerto Rico, Ponce reports the highest incidence rate of AIDS (209.7 cases per 100,000 as of June 30, 1996). 59.5% of Ponce's AIDS cases in the last two years can be traced to injection drug use. Pediatric AIDS cases total 64 through March, 1998.

AIDS Profile

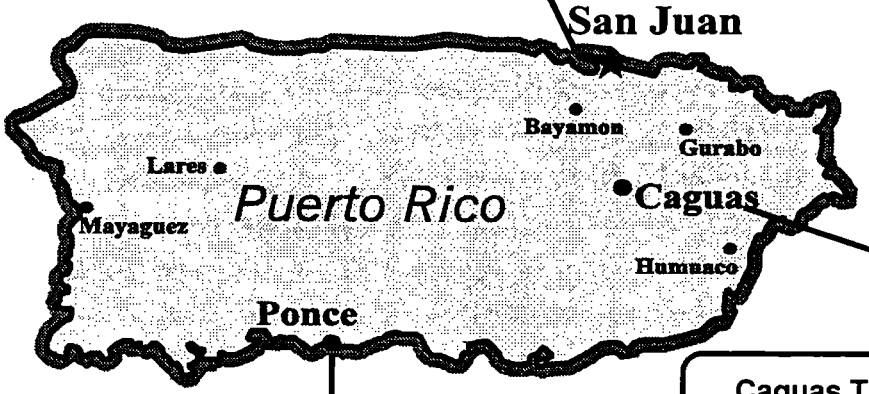
- AIDS cases reported in 1997: 274 (75% male, 25% female).
- Heterosexual contact: 77% increase as transmission mode in past 2 years.
- Adult (>45 years) infections: 38% increase in past 2 years.
- Female AIDS cases: 18% of all cases have been reported in the past two years.

Caguas was founded in January 1, 1775 and has a population of 133,447. The town's economic activities include: diamond cutting, tobacco processing, and the manufacture of leather goods, glass and plastic products, electronic equipment, clothing and bedding.

As of March, 1998 Caguas has a total of 1,636 reported cases of AIDS. The principle mode of HIV transmission is IDU, accounting for 60% of AIDS cases in the past two years. Heterosexual contact is the second leading mode of transmission accounting for 23% of AIDS cases in the past two years. Pediatric AIDS cases totaled 20 through March, 1998.

VI. HRSA/Ryan White CARE Act Program in Puerto Rico (1998 Funding: $36,702,171)

San Juan Title I EMA Program: $11,658,912



Caguas Title I EMA Program: $1,405,917

Ponce Title I EMA Program: $2,200,114

Puerto Rico Title III Programs

- Centro de Salud de Lares (Lares): $567,225
- Migrant Health Center (Mayaguez): $611,850
- Gurabo Community Health Center (Gurabo): $250,750
- Bayamon Epidemiology Center (Bayamon): $500,000
- Puerto Rico Concra (Rio Piedra): $533,209
- Ryder Memorial Hospital (Humacao): $458,076
- Consejo Salud de La Communidad (Ponce): $659,955

Territory Wide Ryan White Programs

- Title II: $16,793,353 (of which $9,264,908 is ADAP earmarked).
- Title IV, Puerto Rico Pediatric AIDS Project (through PRDOH): $533,209
- AIDS Education and Training Center (AETC), University of P.R.: $529,601

VII. HRSA Funded Ryan White Initiatives: Funding Levels, Services & Clients Served

Ryan White Title I Funds provide additional support to Eligible Metropolitan Areas (EMAs) of San Juan (15 towns), Caguas (5 towns) and Ponce (six towns) that are disproportionately affected by the HIV epidemic. In FY 1998, a total of $15,264,912 in Title I funding was awarded to the three Puerto Rico EMAs including:

• HIV/AIDS Therapeutic Medications:	$6,357,860 (42%)
• Ambulatory/Outpatient Medical Care:	$3,808,767 (25%)
• Support Services (e.g., day/respite care and food bank):	$1,078,019 (7%)
• Care/Case Management:	$1,202,365 (8%)
• Substance Treatment & Mental Health:	$1,133,532 (7%)
• Rehabilitative Care, Hospice, and Home Care	$ 731,604 (5%)
• Other (administration, planning council, etc.)	$ 952,765 (6%)

Client utilization levels vary by service. Those services with the highest demand are primary care, HIV/AIDS therapies, nursing services, case management, drug treatment and supportive services, and transportation. Average number of clients utilizing services in 1998:

• San Juan:	3,500
• Caguas:	325
• Ponce:	480

Ryan White Title II provides funding on a formula basis to Puerto Rico as an eligible U.S. territory. Ryan White Title II funding is awarded to the State/Territory entity designated by the governor to administer these funds. In the case of Puerto Rico, funds are administered by the Puerto Rico Department of Public Health. Of the eligible services under Title II funding, the grantee provides funding to ADAP, six consortia and statewide direct services.

The ADAP Program is centrally administered and operates through seven Regional Immunology Clinics (RIC) and 7 community health centers (Title III). In FY 1998, a total of $16,793,353 in Title II funding was awarded to Puerto Rico with $9,264,908 earmarked for AIDS drug therapies. Puerto Rico utilizes an additional $3,437,230 of the Ryan White funds for medications. Of the total award, 76% is budgeted for HIV/AIDS medications. As of October, 1998, a total of 1,335 individuals are enrolled in the ADAP program. Of the remaining award, Consortia services account for $2,974.096 in budget allocations or an estimated 18% of 1998 budget. Consortia services include primary care, dental care, case management, mental health services, rehabilitative care, hospice care and supportive services including direct assistance with financial needs, transportation, housing and food.

Ryan White Title III funds support comprehensive primary care service delivery that is community based. Title III funds are provided to seven public and private non-profit entities for outpatient early intervention services. Four of the centers are federally qualified community health centers and migrant health centers; of the remaining three, one is a health department, one is a community primary care center specializing in HIV/AIDS care, and one is a private not for profit hospital.

Title III services include provision of HIV risk reduction counseling, outreach services, HIV antibody testing, medical evaluation and clinical care. Funding is also provided for antiretroviral therapy and case management. Currently $3,581,065 is provided to the seven community health centers to serve an estimated 3,000 persons annually. Of these funds, $100,000 is targeted to fund the Airbridge Network, a program that coordinates medical assistance and social services for persons with HIV/AIDS that travel frequently between New York City and Puerto Rico.

Ryan White Title IV funds comprehensive family centered care for children, women and their families at seven RICS, using a multi-disciplinary team approach--multiple agencies provide care coordinated by case management. Services provided to adult and pediatric clients include: antiretroviral therapy, prophylaxis for opportunistic infections, prescription drugs, psycho social services, case management, support groups, referrals to speciality care and hospitalization, nutritional counseling and health education. Services are predominantly child focused. An estimated 847 children received clinical care and specialized care during the current reporting period.

The Division of Training and Technical Assistance (DTTA) administers two programs: AIDS Education and Training Centers (AETC) and the Technical Assistance Program.

A) AETC

The AIDS Education and Training Center is located at the University of Puerto Rico Medical Sciences Campus in San Juan. The center provides education and training to primary care providers, mental health and other allied health processionals. The AETC trains health professionals on the diagnosis, treatment and prevention of HIV infection. It also provides complimentary training to the faculty and students enrolled in graduate schools of medicine, nursing, dentistry, mental health, public health and allied health professions. In 1998 the AETC is estimated to provide training to 2,105 participants addressing the areas identified in AETC priorities. It is estimated that 650 providers will have participated in "New Therapies for HIV/AIDS: Clinical Management" training.

Other AETC activities focus on service provider understanding of HIV under Health Care Reform and Title I Planning Council Training. As of May 15, 1998 the Puerto Rico AETC has offered services to 3510 Health service providers, their families and significant others. This figure represents 80% of the projected goal of 4,375 for the year.

B) Technical Assistance Program

The Ryan White CARE Act provides for technical assistance to grantees under all Ryan White titles. Technical assistance needs identified in Puerto Rico have been developed through the coordinated efforts of the HRSA project officer and the grantee. To date 13 technical interventions have been funded totaling $80,511 in expenditures. A sample of technical assistance interventions include:

- Consortia Development: $18,301 (1994)
- Puerto Rico PLWH Training: $5,412 (1995)
- San Juan EMA ADAP: $3,500 (1997)
- Caguas EMA Comprehensive Planning: $6,687 (1997)
- Ponce EMA Planning Council Development: $2,619 (1997)
- Puerto Rico Tri-EMA PLWH Involvement: $1,340 (1998)

VIII. Accomplishments

The Ryan White grantees have had the following accomplishments to report in 1997 and 1998:

1. Title I centralized medications purchasing in order to control costs and increase grantee ability to manage distribution, increase quality control and ensure other payers are billed first.

2. Title II Grantee expanded access to ADAP medications outside of the Regional Immunology Clinics to include seven community health centers receiving Title III funds. Division of Training and Technical Assistance (DTTA) provided technical assistance resources to assist in this effort.

3. Title III grantees increased the number of HIV/AIDS clients on combination therapies, HIV counseling and testing and other early intervention services.

4. Title I and III grantees provided island-wide training and staff development activities in areas such as PLWH involvement, clinical management guidelines, client adherence to medication therapies and quality assurance management. DTTA provided technical assistance resources to assist in this effort.

5. Title IV grantee showed improvement in enrollment of children in clinical trials.

6. A collaborative agreement was developed between the Title IV grantee and the medical assistance program to inform recipients of available counseling, testing and ZDV therapy at public health clinics.

7. Service enhancements were completed across the Ryan White Titles in areas including: provision of specialized medical services; services to substance users; services to women; nutritional services; services for children; and improved data and quality assurance management systems.

8. Across Title participation facilitated the development of a Statewide Coordinated Statement of Need Plan. The plan identified territory wide management needs and coordinated strategies for addressing these needs in Puerto Rico.

9. Coordinated and rapid response across Ryan White Titles to Hurricane George in September, 1998, provided crisis management, emergency food, shelter assistance and medical care to persons with HIV/AIDS in Puerto Rico.

IX. Overarching Issues and Challenges

1. **Organization of Public Healthcare System**: The Medical Assistance Program, Puerto Rico's Medicaid program for the uninsured and under insured, is being replaced by a managed care reform program that has limited benefits for persons with HIV/AIDS and "gatekeeper" controls that may restrict and delay accessibility to needed care.

Low capitation rates and lack of coverage for protease inhibitors will continue to strain the ability of Ryan White programs to provide for a significant amount of the health care needs of persons with HIV/AIDS in Puerto Rico.

2. **Infrastructure Capacity In Managing HIV/AIDS Healthcare Need:** In projections related to medications alone, it is anticipated that an additional $7,703,095 is needed to provide HIV/AIDS medications for over 3,000 persons currently in care. This calculation does not include unmet need of those persons who are not in care.

3. **Shift in Roles and Responsibilities Related to HIV/AIDS Management:** The healthcare reform process has led to increasing changes in Title I, II and III grantees' roles and responsibilities in provision of Ryan White services. Territorial and municipal government offices are in effect reconfiguring local and regional public health service delivery systems. These changes are impacting cohesiveness of RW efforts and the ability of RW grantee staff to coordinate program planning, management and evaluation activities. In the case of Title I programs, local municipal reorganization and the decision to lease public health clinics to managed care entities are creating potential legal and service delivery issues related to accountability and delegation of responsibilities from municipal government to private non-profit entities.

4. **Expeditious Disbursement of Ryan White Funds:** Some grantees, especially in Titles II and IV, are unable to expedite execution of contracts and assure payments to providers in a timely manner. The lack of regularity in fund disbursement to provider agencies has, in turn, affected contractor retention, staff retention, and resulted in a disruption of services. High staff vacancies in key fiscal and data management departments create shortage in staff to monitor contracts and process invoices for payments.

5. **Ability to Project Client Caseload and Related Medications Cost:** Difficulties exist in the management of HIV/AIDS medications budget and in grantee and sub-grantee capacity to plan, forecast and monitor medications expenditures more effectively. Grantees have initiated combination therapy regimens on more clients then their budgets are able to maintain.

6. **Quality Assurance and Monitoring of Contractors:** Many Title I and II grantees are still challenged in their ability to build community based provider skills in service administration, accounting/data management, and quality assurance. Issues with quality of services, lack of coordination of care and mismanagement of Ryan White funds have been an ongoing concern.

7. **Staff Retention:** Title II and Title IV programs are challenged by staff stability and retention. Poor staff retention can be traced to low staff wages and the contractual nature of many of the funded positions, which in turn creates an atmosphere of job uncertainty. Low staff morale results in the inability of programs to retain skilled and committed employees. In addition, many of the Title II staff positions funded through this grant do not have health benefits, which contributes to significant staff turnover.

8. **Translation of HRSA Documents and Resource Materials**: Much has been accomplished in this area due to the efforts of the Division of Training and Technical Assistance. However, there continues to be a lag in the availability and accessibility of materials to guide grantee efforts in areas related to clinical management guidelines, quality assurance activities, consumer involvement, and planning council roles and responsibilities.

9. **Special Population Needs:** The number of clients served by the Title IV program is decreasing while the epidemiological data indicates that more women are becoming infected and are in need of services. For all Titles, the extent of HIV/AIDS healthcare need and subsequently provision of care is unknown for those persons who migrate between the Carribean islands, undocumented residents (especially, persons migrating from the Dominican Republic and Cuba) and those who travel frequently between mainland United States and Puerto Rico.

X. References

1. Puerto Rico HIV/AIDS Reporting System: 10/30/98 Report to Centers for Disease Control and Prevention

2. San Juan EMA 1999 Title I Application, HRSA

3. Ponce EMA 1999 Title I Application, HRSA

4. Caguas EMA 1999 Title I Application, HRSA

5. Puerto Rico USA: Where Great Ideas are Being Put to Work, Provided by the Puerto Rico Federal Affairs Administration, Office of the Governor, Washington DC, Elsa Luis, Director of Federal Proposals Division

6. Division of Community Based Programs, Ryan White Title III and IV Program, HIV/AIDS Bureau, HRSA

7. Division of Service Systems, Titles I and II, HIV/AIDS Bureau, HRSA

8. Division of Training and Technical Assistance, AETC and Technical Assistance Contracts, HIV/AIDS Bureau, HRSA

9. CDC FASTATS, http://www.cdc.gov/nchswww/fastats/puerto.htm

10. Welcome to Puerto Rico, Magaly Rivera (http://www.topuertorico.org/index.shtml)

11. Pan American Health Organization (PAHO), http://www.paho.org/english/whatpaho.htm

12. "Puerto Rico," *Microsoft® Encarta® 98 Encyclopedia.* ©

XI Appendices

- HIV/AIDS Surveillance Report, October 30, 1998
- Listing of HRSA Funded Ryan White Grantees by Title

Acquired Immunodeficiency Syndrome (AIDS)
Casos de SIDA Confirmados en Puerto Rico hasta 10/30/98
Surveillance Report - 10/30/98

Disease Category	Adult/Adolescent * Cases (%)	Adult/Adolescent * Deaths (%)	Pediatric * Cases (%)	Pediatric * Deaths (%)	Total Cases (%)	Total Deaths (%)
PCP	5942 (27)	4718 (79)	136 (35)	87 (64)	6078 (27)	4805 (79)
Other Disease w/o PCP	10704 (48)	7260 (68)	250 (65)	121 (48)	10954 (48)	7389 (67)
KS Alone	437 (2)	301 (69)	0 (0)	0 (.)	437 (2)	301 (69)
No Diseases Listed	5165 (23)	1773 (34)	1 (0)	0 (0)	5166 (23)	1773 (34)
Total	22248 (100)	14060 (63)	387 (100)	208 (54)	22635 (100)	14268 (63)

Age *	Cases (%)
Under 5	292 (1)
5-12	99 (0)
13-19	132 (1)
20-29	4134 (18)
30-39	10186 (45)
40-49	5438 (24)
Over 49	2378 (11)
Unknown	0 (0)
Total	22635 (100)

3. Race/Ethnicity	Adult/Adolescent * Cases (%)	Pediatric * Cases (%)	Total Cases (%)
White, Not Hispanic	39 (0)	1 (0)	40 (0)
Black, Not Hispanic	11 (0)	2 (1)	13 (0)
Hispanic	22192 (100)	384 (99)	22576 (100)
Asian/Pacific Is.	1 (0)	0 (0)	1 (0)
Am. Indian/Alaska Native	0 (0)	0 (0)	0 (0)
Unknown	5 (0)	0 (0)	5 (0)
Total	22248 (100)	387 (100)	22635 (100)

Exposure Category	Adult/Adolescent Transmission Modes** Males (%)	Females (%)	Total (%)
Men who have sex with men	3730 (21)	0 (0)	3730 (17)
Injecting drug use	9616 (55)	1866 (38)	11482 (52)
Men who have sex with men and inject drugs	1660 (10)	0 (0)	1660 (7)
Hemophilia/coagulation disorder	48 (0)	8 (0)	56 (0)
Heterosexual contact	2067 (12)	2831 (58)	4898 (22)
Receipt of blood, components, or tissue	103 (1)	120 (2)	223 (1)
Risk not reported/Other	132 (1)	65 (1)	177 (1)
Total	17356 (100)	4870 (100)	22226 (100)

	Pediatric Transmission Modes Males (%)	Females (%)	Total (%)
Hemophilia/coagulation disorder	9 (4)	1 (0)	10 (2)
Mother with/at risk for HIV infection	180 (88)	197 (96)	377 (92)
Receipt of blood, components, or tissue	10 (5)	7 (3)	17 (4)
Risk not reported/Other	5 (2)	0 (0)	5 (1)
Total	204 (100)	205 (100)	409 (100)

* Classification at time of AIDS dx if patient met the AIDS case definition (otherwise age at first HIV report).
**22 patients were diagnosed with AIDS as adults but have evidence of being HIV infected as children. They are counted as adults/adolescent cases in tables 1, 2, and 3; and as pediatric cases in table 4.

Acquired Immunodeficiency Syndrome (AIDS)
Casos de SIDA Confirmados en Puerto Rico hasta 10/30/98
Surveillance Report - 10/30/98

5. Reported Cases of AIDS and Case-Fatality Rates by Half-Year of Diagnosis.

Half-Year of Diagnosis	Number of Cases	Number of Deaths	Case-Fatality Rate
Before 1983	17	11	65%
1983 Jan -June	18	18	100%
July-Dec	22	21	95%
1984 Jan -June	53	48	91%
July-Dec	73	66	90%
1985 Jan -June	115	88	77%
July-Dec	154	124	81%
1986 Jan -June	212	168	79%
July-Dec	247	207	84%
1987 Jan -June	362	297	82%
July-Dec	463	364	79%
1988 Jan -June	663	520	78%
July-Dec	635	531	84%
1989 Jan -June	789	627	79%
July-Dec	815	652	80%
1990 Jan -June	921	706	77%
July-Dec	960	752	78%
1991 Jan -June	1166	884	76%
July-Dec	1184	900	76%
1992 Jan -June	1238	885	71%
July-Dec	1200	857	71%
1993 Jan -June	1470	1020	69%
July-Dec	1211	789	65%
1994 Jan -June	1154	744	64%
July-Dec	1181	668	57%
1995 Jan -June	1162	621	53%
July-Dec	933	462	50%
1996 Jan -June	1143	464	41%
July-Dec	872	298	34%
1997 Jan -June	851	239	28%
July-Dec	715	149	21%
1998 Jan -June	330	87	26%
July-Dec 30	106	7	7%
Totals	22635	14268	63%

Ryan White Grantees in Puerto Rico

Title I

Caguas
Dr. Ruth Reyes Ramos, Executive Director
Caguas Department of Health
Calle Rafael Cordera Final
Caguas, P.R. 00725

Phone: 787-746-3525 (Dr. Reyes); 787-745-0340 (RW Office)
Fax: 787-258-9614 (Dr. Reyes); 787-286-9560 (RW Office)

Ponce
Luis A. Cruz, Administrator
Ryan White Title I Program/Ponce EMA
La Rambla Shopping Center
360 Avenida Tito Castro, Suite #201-A
Carreter 14 km.3.2
Ponce, P.R. 00731

Phone: 1-787-284-5261;
Fax: 1-787-284-5261;

San Juan
Yvette Perez Toro, Interim Director*
San Juan Department of Health
AIDS Task Force
Avenida de Diego Final, 2nd Piso
Oficina #20, Barrios Moncellos
Rio Piedras, P.R. 00928

Phone: 787-751-6075 or 787-751-4278
Fax: 787-751-9888

Title II

Marisol Cruz Lopez*
Coordinator, Special Projects Section
PASET
Puerto Rico Department of Health
P.O. Box 70185
San Juan, P.R. 00936

Phone: 787-274-5502 (temporary);
Fax: 787-274-5503

Title III

Lares
Gonzalo Maldonado, R.N.
HIV Program Coordinator
Centro de Salud de Lares
Carretera 111,km.1.9
Lares, P.R. 00669

Phone: 787-897-2727
Fax: 787-897-2725

Ponce
Victor M. Rodriguez, M.D., HIV Program Coordinator
Consejo de Salud de la Communidad
Diagnostic and Treatment Center, Playa de Ponce
216 Avenida Hostos, P.O. Box 254, Playa Ponce
Ponce, P.R. 00731

Phone : 787-843-9393, ext. 242
Fax: 787-841-0077

Gurabo
Daisy Perez Melendez, HIV Program Coordinator
Gurabo Community Health Center
P.O. Box 1277
Gurabo, P.R. 00778-0427

Phone: 787-737-1131
Fax: 787-737-2377

Mayaguez
Wanda Acosta, HIV Program Coordinator*
Migrant Health Center., W. Reg./Programa SSIMA
P.O. Box 7128
Mayaguez, P.R. 00680-7128

Phone: 787-834-1470 or 787-805-2900
Fax: 787-834-1470

Bayamon
Tamara Behar, M.D., HIV Program Coordinator
Municipality of Bayamon/Epidemiology Center of Bayamon
P.O. Box 1588
Bayamon, P.R. 00960

Phone: 787-269-5230
Fax: 787-269-5230

San Juan
Rafael Pagan, M.D., HIV Program Coordinator*
Puerto Rico CONCRA
Calle Pelegrina #989
Rio Piedras, P.R. 00925

Phone: 787-753-9443
Fax: 787-753-2894

Humacao
Felicita deJesus Martinez, HIV Program Coordinator*
Ryder Memorial Hospital
Call Box 859
Humacao, P.R. 00792

Phone: 787-852-0768, ext. 4717 or 4609
Fax: 787-852-0768, ext. 3262

* Title III sites recommended for visits

Title IV

Rolando Jimenez Mercado
Coordinator, Pediatric HIV Section
Pavellon 1
Puerto Rico Department of Health
Rio Piedras, Puerto Rico 00936

Phone: 787-274-5591 or 787-274-5595
Fax: 787-274-5503

AETC

Angel Bravo, MPH
Daisy Gely
Puerto Rico AETC
University of Puerto Rico
Medical Sciences Campus
GPO 36-5067 Rm. A-956
San Juan, P.R. 00936-5067

Phone: 787- 759-6528 (D. Gely)
Fax: 787-764-2470

Phone: 787-756-7931(A. Bravo)
Fax: 787-764-4951

New Ryan White Grantees

Title IV Grant for Adolescent Services

Rafael Pagan, M.D., HIV Program Coordinator
Puerto Rico CONCRA
Calle Pelegrina #989
Rio Piedras, P.R. 00925

Phone: 787-753-9443
Fax: 787-753-2894

got up here too
late to respond -
Todd may have
but I do not
know.

M 2

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

Facsimile

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

Fax No: (202) 456 2439

Pages: 1

Ref.: exr

From: Director
External Relations

Date: 16 November 1998

Subject: World AIDS Day

Dear Sandy,

Attached is a declaration by Prime Minister Tony Blair on his support to the World AIDS Campaign. Would it be possible to receive something similar from President Clinton?

Thanks and best wishes,

Yours sincerely,

See you in Durban!

Sally G. Cowal

ENCL.

cc: Dr Ken Bernard, National Security Council, The White House, Washington, DC
(Fax: 202 456 9390)

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

10 DOWNING STREET
LONDON SW1A 2AA

THE PRIME MINISTER

I am delighted to give my support to this year's World AIDS Day and its theme, *Force for Change: World AIDS Campaign with Young People*.

Young people have been particularly affected by HIV and AIDS. Of the 30 million people now living with HIV and AIDS worldwide, at least a third are young people aged 10-24 years. Many young people also live in families affected by HIV, and they too need our support and understanding.

Young people themselves are a powerful force for change, and with their enthusiasm and insight I firmly believe they have a great deal to offer in our fight against the spread of HIV and AIDS. World AIDS Day 1998 provides an excellent opportunity to involve both young people and those who work with them in developing initiatives aimed at preventing the spread of HIV infection.

Tony Blair

1 December 1998

THE HENRY J. KAISER FAMILY FOUNDATION

WORLD AIDS DAY 1998

AN UPDATE ON YOUTH AND HIV

Young People as a Force for Change

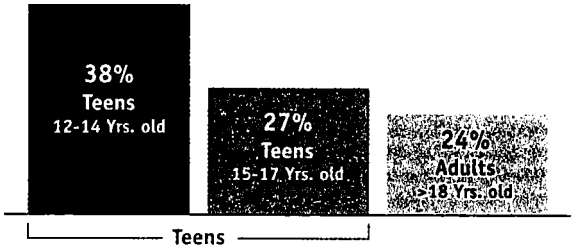
NEW SURVEY DATA ON TEENS

In November 1998, the Kaiser Family Foundation conducted a survey of 517 teens between the ages of 12 and 17.* The results...

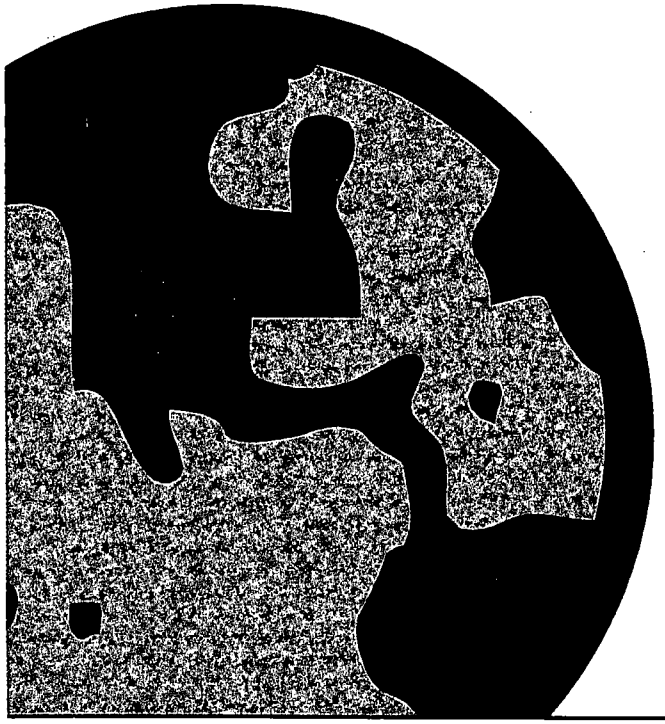
What Teens say about HIV/AIDS:

- Teens express high rates of PERSONAL concern about becoming infected with HIV, higher than adults in the general population. A third are "very concerned" (32%), and 22% are "somewhat concerned" (as compared to 24% and 17% among US adults, respectively).

Younger teens most concerned about getting HIV
Percent who are very concerned...



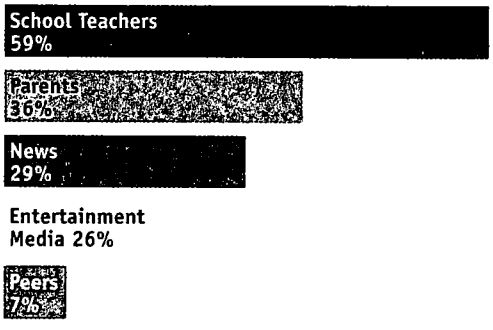
- While rates of personal concern are similar for male and female teens, younger teens, aged 12-14, express higher rates of concern when compared to 15-17 year olds (38% vs. 27%).
- Over a third (35%) of all teens feel that AIDS is a "very serious problem" for people they know.
- Even before leaving their teens, almost one in five young Americans (18%) report personally knowing someone who is living with, or has died from, HIV/AIDS.



Where Teens Get Information about HIV/AIDS:

- Teens say they receive "a lot" of HIV/AIDS information from: School/teachers (59%), Parents (36%), News (29%), and Entertainment media (26%). Peers are not as significant a source of "a lot" of HIV information (7%).
- Teen girls are more likely than boys to cite their parents as a source of "a lot" of information about HIV/AIDS (39% vs. 33%).
- Younger teens, aged 12 to 14, are more likely to cite their parents as a source of "a lot" of information about HIV/AIDS (40%) than older teens aged 15 to 17 (32%), while older teens are more likely to cite school as source of "a lot" of information (63% vs. 55%).

Percent of teens who receive a lot of information about HIV/AIDS from...



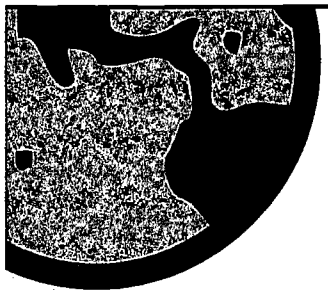
*This nationally representative telephone survey has a margin of error of +/- 4 percentage points.

HIV and Youth: The Facts

- Every hour, two Americans under the age of 20 become infected with HIV. [1]
- Each year, as many as 50% of new HIV infections in the US may be among people under the age of 25. [2]
- About 25% of all people now living with HIV became infected with HIV when they were teenagers. [3]
- The numbers of adolescent AIDS cases in the US have increased more than seven-fold over the past decade. [4]
- Young people are increasingly getting HIV through heterosexual sex, especially young women and minority youth. [5]
- A recent study found that almost two thirds (63%) of 13-24 year olds with HIV are African American. [6]
- Young women, aged 13-19, accounted for about half (49%) of all new AIDS cases in 1997 within this age group. [7]

See back page for footnotes

2400 Sand Hill Road Menlo Park, California 94025 650 854-9400 Fax 650 854-4800 Website:www.kff.org



What are young people doing that puts them at risk for HIV?

They are sexually active... A recent nationwide study of high school students found that: [8]

- Almost two thirds (61%) have had sexual intercourse by the 12th grade.
- One fifth (21%) of 12th graders have had four or more sex partners.
- Almost half (46%) of 12th graders are currently sexually active as are one quarter (24%) of all 9th graders.
- One quarter (25%) of all high school students report using alcohol or drugs during sex, including 33% of 9th graders.

But, young people ARE protecting themselves and engaging in less sexually risky behavior: [9]

- Overall, high school students are less sexually active today, a decrease of 11% since 1991.
- Among sexually active high school students, condom use has increased by 23% since 1991.
- Over half (57%) of sexually active high school students in 1997 reported they used condoms the last time they had sexual intercourse.
- African American students (64%) were significantly more likely than White or Hispanic students (56% and 48% respectively) to report condom use.
- However, while sexual activity among high school students appears to be decreasing over time, this is NOT the case for female students. Similarly, while male students have fewer sex partners compared to a few years ago, female students do not.

Why do young people put themselves at risk for HIV?

Young people's assessment of risk and risk taking is based on a complex web of assumptions, perceived knowledge, and social dynamics. Key factors which influence unsafe sex behavior include: [10]

- "Trusting" a partner not to put them at risk
- "Judging" low HIV/STD risk based on a partner's "clean" appearance
- "Knowing" their partner's sexual history
- Perceiving "monogamy" of partner in a relationship
- Thinking that they or their partner are not in a "high risk" group
- Using alcohol or drugs before and/or during sex
- Being in a relationship with a power imbalance, e.g., differences in age or sexual experience
- Having peers who are less concerned about HIV/AIDS

What young people are doing about HIV

Young people are involved in many HIV/AIDS related activities in their communities, schools, and families, including:

- Participating and organizing peer education programs
- Educating their communities through outreach
- Volunteering their skills and time to help people with HIV/AIDS
- Fundraising for HIV/AIDS services and programs
- Advocating for people with HIV through community activism
- Providing personal support for their friends and family members affected by HIV
- Doing creative work — arts, films, websites, writing — about HIV/AIDS
- Actively planning for the future and articulating goals and dreams
- Having kids of their own and giving them positive messages

Additional Resources:

For, *It's Your (Sex) Life,* a free guide on safer sex, call 1-888-BE SAFE1

For, *Talking With Kids About Tough Issues,* a free booklet for parents, call 1-800-CHILD 44

Footnotes:

[1] Youth & HIV/AIDS: An American Agenda. A report to the President prepared by the Office of National AIDS Policy, March 1996.

[2] Centers for Disease Control and Prevention, CDC Facts: Adolescents and HIV/AIDS, March 1998.

[3] http://hivinsite.ucsf.edu, Kirby, Douglas, The AIDS Knowledge Base: HIV Prevention Among Adolescents, November 1997.

[4] Centers for Disease Control and Prevention, CDC Facts: Adolescents and HIV/AIDS, March 1998; Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 1997 Year-end edition, Vol. 9, No.2.

[5] Rosenberg, S. and R. Biggar, "Trends in HIV Incidence Among Young Adults in the United States", Journal of the American Medical Association, Vol. 279, pp. 1894-1899, June 1998.

[6] Centers for Disease Control and Prevention, "Diagnosis and Reporting of HIV and AIDS in States with Integrated HIV and AIDS Surveillance — United States, January 1994-June 1997", Morbidity and Mortality Weekly Report, Vol. 47, No. 15, April 1998.

[7] Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 1997 Year-end edition, Vol. 9, No.2.

[8] Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance — United States, 1997", Morbidity and Mortality Weekly Report, Surveillance Summary, Vol. 47, No.SS-3, August 1998.

[9] Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance — United States, 1997", Morbidity and Mortality Weekly Report, Surveillance Summary, Vol. 47, No.SS-3, August 1998; Centers for Disease Control and Prevention, "Trends in Sexual Risk Behaviors Among High School Students — United States, 1991-1997", Morbidity and Mortality Weekly Report, Vol. 47, No. 36, September 1998.

[10] Michaels Opinion Research, Center for AIDS Prevention Studies, and the Harvard AIDS Institute, Listen to What America's Kids Are Saying: A Qualitative Research Study.

Office of HIV/AIDS Housing

Office of Community Planning and Development
U.S. Department of Housing and Urban Development
451 Seventh Street SW, Room 7212
Washington, DC 20410-7000

PHONE: (202) 708-1934
TDD: (202) 708-2565
FAX: (202) 401-8939

- INCOMING 11/98

Facsimile Cover

Date: November 9, 1998

Number of pages, including cover: 2

Material sent to: Douglas Argue, Richard Burns & Barbara Warren, Linda Campbell, Cheryl Carter, Donald Chamberlain, Betsy Lieberman, Steve Clark, Lynne Cooper, Glenda Cross-Dvorak, Keith Cylar, Colleen Johnson, Linda Glassman, Ernest Hopkins, Jeff Jacobs, Valerie Jimenez, Marvin Kelly, Kristen LaEace, Ken Lowry, Don Maison, Tim McCormick, Bob Nelson, Joe Pressley, Gina Quattrochi, Randy Russell, Barbara Spaulding, G. Sterling Zinsmeyer, Daniel Montoya, Todd Summers, Sandy Thurman

Comments:

Material sent by: David Vos, Director, HIV/AIDS Housing Office

NOTE: OUR NEW FAX TELEPHONE NUMBER IS (202) 401-8939

Office of HIV/AIDS Housing
Office of Community Planning and Development
U. S. Department of Housing and Development
451 Seventh Street SW, Room 7212
Washington, DC 20410-7000

Facsimile Cover

From: David Vos, Director
Phone: (202) 708-1934 x 4620
FAX: (202) 901-8939 (*new fax number)

Date: November 3, 1998

Material sent to: Several

RE: Date for Meeting with Senior HUD Staff

You are invited to a meeting regarding HIV/AIDS housing issues with Deputy Assistant Secretary Fred Karnas, Jr., and other HUD staff scheduled for:

Friday, November 20, 1998
10:00 - 11:30 a.m., CPD Conference Room 7202
U.S. Department of Housing and Urban Development, Headquarters Office
451 7th Street, S.W. Washington, DC

Agenda items will include an update on items, such as HUD's 1999 budget and congressional directives on the HOPWA program (as requested, $225 million was approved for HOPWA and administrative provisions on state eligibility, technical assistance and environmental assumption authority; Congress requested recommendations to update the HOPWA formula and to cap costs). We may also wish to discuss additional technical assistance activities and any follow-up to the Third National HIV/AIDS Housing Conference, that was held on September 17-19, 1998 in Atlanta, and the Second National Meeting of HOPWA Formula Grantees that was held on September 15-16 in connection with the Atlanta conference.

If you have a particular matter that you would like to add to the agenda, please let me know by Tuesday, November 17th. To assist in planning, please RSVP to the Office by phone at 202/708-1934, fax at 202/401-8939 (* a new fax number) or by email at: David_Vos@hud.gov. In addition, the office moved to Room 7212 at HUD Headquarters.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Substance Abuse and Mental
Health Services Administration
Rockville MD 20857

NOV 2 1998

Sandra Thurman, Ph.D.
Director
Office on National AIDS Policy
Executive Office of the President
736 Jackson Place, NW
Washington, D.C. 20503

Dear Dr. Thurman:

It was a pleasure seeing you last week to discuss our shared concerns about the relationship between HIV/AIDS, substance abuse, and mental health. I truly appreciated the opportunity to get to know your perspectives, interests, and ideas around the issue of HIV/AIDS.

Per our discussion, I have asked Ms. Debbie Crump of my staff to arrange a time for Mr. Westley Clark, new Director of the Center for Substance Abuse Treatment (CSAT), to visit you to discuss CSAT programs and their relationship to HIV/AIDS. In addition, we will be working to identify a staff person to detail to your office to provide additional assistance to you in your work on HIV/AIDS and related issues, such as substance abuse and mental health.

In the meantime, please feel free to contact my office at (301) 443-4795 if you need further information or assistance with any of SAMHSA's programs and activities.

Sincerely yours,

Nelba Chavez, Ph.D.
Administrator

Thank you for your outstanding leadership - look forward to seeing you on Dec 20 Nov

Sarah,

I got to this too late to respond by his Dec. 1 request. What do you want to do?

M²

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Leon Ray to National AIDS Policy Office re: Americorps (Personal) [partial] (1 page)	11/16/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19398

FOLDER TITLE:
Correspondence - SLT - Incoming - 11/98 [Folder 1] [2]

2018-0764-F
jm2087

RESTRICTION CODES

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

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

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

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

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

(PAGE 1)

NATIONAL AIDS POLICY OFFICE
750 17TH STREET NW SUITE 1060
WASHINGTON, DC 20009
NOVEMBER 16, 1998

DEAR: FRIENDS

MY CRUSADE IS TOO TAKE CARE OF AIDS PATIENTS TO HELP THEM LIVE A NORMAL LIFE LIKE EVERY BODY ELSE. I'm AMERICROP MEMBER IN MINNESOTA MOVING TO ORLANDO FOR DECEMBER 1, 1998 I WANT TO CONTINUE ON AMERICROP WHEN I MOVE TOO ORLANDO, FLORIDA FOR DECEMBER 1998 CAN YOU PLEASE HELP ME DO COMMUNITY SERVICE FOR AIDS PATIENTS? I'VE LOST A UNCLE FROM THE AIDS EPIDEMIC IN JANUARY 1997 HE WAS 48 YEARS OLD.

(b)(6)

[001]

HIDS VICTIMS CAN YOU PLEASE CONTACT AMERICROP DIRECTOR NOEL McCAMMAN ABOUT ME DOING COMMUNITY SERVICE FOR AIDS PATIENTS IN ORLANDO, FLORIDA I WILL GIVE YOU THERE ADDRESS TO CONTACT them.

(SINCERLY)

Leon

NOEL MCCAMAN (AMERICORP)

1201 NEW YORK, AVENUE, NW

WASHINGTON, DC 20525

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11222	Leon	Ray	11/27/98	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To
		Sandy

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Americrop member	P.O. Box 244	

Sender's City	Sender's State	Sender's Zip
Rochester	MN	55903

AmeriCorp member
Leon Ray
P.O. Box 244
Rochester, MN 55903

808 National AIDS Policy Office
~~1600~~ 17th Street NW Suite 1060
Washington, DC 20009

AIDS808 20006?011 1698 08 11/21/98
NOTIFY SENDER OF NEW ADDRESS
:WHITE HOUSE OFFICE OF NATL AIDS PLY
736 JACKSON PL NW
WASHINGTON DC 20503-0007

20006/460

ICRW

TWENTY YEARS
OF DEVELOPMENT

November 1998

Dear Friend,

On behalf of the International Center for Research on Women, I am pleased to send to you ICRW's 1997 Annual Report.

Over the past year, we have greatly intensified ICRW's efforts -- through research, technical support, and policy communications and advocacy -- to influence policies and programs in support of women's integration into economic and social development.

We hope you will find ICRW's report of interest. If you would like additional information on a specific area of our work, please let us know.

Sincerely,

geeta rao gupta

Geeta Rao Gupta
President

Enclosure

International
Center for Research
on Women

Ms. Anuradha Rajan, Consultant
F 81 East of Kailash
New Delhi 110 065
Telephone/Fax: 011-91-11-6282825

November 18, 1998

Sandra Thurman, Director
White House Office of National AIDS Policy
808 17th Street, NW
Washington, DC 20006

Dear Ms. Thurman:

Attached to this letter you will find a statement written by Black Gay and Bisexual men who met at the recent United States Conference on AIDS in Dallas, Texas on October 31st, 1998. They met to discuss the HIV/AIDS State of Emergency that exists in the African-American community and to discuss what must be done to turn the tide against increasing HIV infection and death in their (our) communities. The statement, which lists several areas of concern and an opportunity for individuals to affix names and signatures, has been disseminated across the nation. Both Gay and non-Gay individuals have been asked to sign-on to the statement.

The statement and petition, copies of which are attached, was circulated by me:

- at New York City's Prevention Planning Group,
- among members of a Harlem United Gay Men's Support Group, and
- at a recent Gay Men of African Descent Friday night meeting.

Please read the statement and note the names of those who have affixed their names to the petition.

Sincerely,

Joey B. Pressley
Director of
Outreach, Education and Prevention

Administrative Office
123-125 West 124th Street New York, NY 10027
Phone: (212) 531-1300 Fax: (212) 531-0140

Program Office
306 Lenox Avenue New York, NY 10027
Phone: (212) 803-2850 Fax: (212) 803-2899

STATEMENT
(Developed By Black Gay and Bisexual Men At The US Conference On AIDS In Dallas, Texas On October 31st, 1998)

On October 31, 1998, the African-American Gay, Bisexual and Transgender Caucus convened at the United States Conference on AIDS in Dallas, Texas. Our purpose was to discuss the HIV/AIDS State of Emergency that exists in the African-American community and what we must do to turn the tide against increasing HIV infection and death in our community. The first action of the body was to reclaim the activist role and voice of our communities related to HIV/AIDS within and beyond the African American community.

The devastating impact of HIV/AIDS among African American Gay men is well documented by the Centers for Disease Control and Prevention (CDC). However, we all have first hand evidence of the devastation through the deaths of tens of thousands of our lovers, fathers, brothers and friends. In an effort to create positive change in our community we commit to reclaiming the strong history of African American gay activism in HIV/AIDS

In order to save our lives and the lives of other members of the African-American community we demand:

* The inclusion of specific language targeting funding to African American Gay, Bisexual and Transgender people living with and at risk for HIV/AIDS and the indigenous community-based agencies with a history of serving them in the implementation plans and Requests For Proposals (RFPs) developed by the Department of Health and Human Services (HHS) as part of the Clinton Administration's new $156 million African American HIV Initiative spearheaded by the Congressional Black Caucus.

* That indigenous agencies and programs targeting the African American Gay, Bisexual and Transgender communities receive funding that is, at a minimum, consistent with the percentage of Gay, Bisexual and Transgender HIV/AIDS cases at the federal level and in our local jurisdictions.

* That African American Gay, Bisexual and Transgender people are actively recruited as program consultants and to participate in all aspects of the program planning, policy making and implementation of HIV/AIDS program serving African Americans living with and at risk for HIV/AIDS. This would include but not be limited to participation in proposal review panels, advisory committees and councils and working groups.

* That the needs African American Gay, Bisexual and Transgender issues be highlighted in programs and initiatives targeting the African American community.

* That federal, state and local public health officials as well as African American community members stop pitting the needs of African American Gay, Bisexual and Transgender people against injection drug users and women. All of our voices will be essential to stopping new HIV infections in the African American community and ensuring access to services for all

African Americans living with HIV/AIDS. The reawakening of the African American gay voice does not diminish the power or importance of other voices in our community.

* That the African American community acknowledges our presence in all aspects of community life.

We will not be rendered invisible in order to make people comfortable in their homophobia and neglect. We have determined that the continued invisibility and associated stigma targeted against African-American Gay men is tantamount to systematic genocide. We refuse to remain silent while members of our community continue to do without and die.

STATEMENT SIGN-ON SHEET
(Petition)

	PRINTED NAME	SIGNED NAME	MAILING ADDRESS
1.	Joe Pressley	Joey B. Pressley	25 Lafayette Avenue Bklyn, NY 11217
2.	Reggie Shuford	Reginald Shuford Jr	411 Dean St. Bklyn, NY, 11217
3.	Fred Jackson	Fred Jackson	185 Avenue C NYC, 10009
4.	Charlene Cothran		P.O. Box 150 Hall, NY 10706
5.	Neal Collins		187 Prospect Pl, Brklyn N.Y. 11238
6.	Leo R. Ronk		3815 Pauld, Ave Bronx, NY 10469
	Edwards Robinson	Edd Robinson	147 Reeve Terr Plainfield NJ 07062
7.	JAMES JEFFERSON		133-07 230TH ST. Laurelton N.Y. 11413
8.	David Maurice Jones	David Maurice Jones	235 Naples Terrace #4B Bronx, NY 10463
9.			146 N. Elliot WK AA5E BK/MC
10.	MARK TUGGLE		
11.	Darrell Diggins		102-04 N. 109TH ST #1B NYC 10025 235 Naples Terr, 4B, Bronx 10463
12.	Ivery Thomas		206 E. 25, Apt 5B, NYC 10010
13.	Donald Butler		651 W 171 #55 NY NY 10032
14.	Grady McNeal		304 E 116th ST # 1 N.Y. 10029 N.Y.

15. Edward Hill 54 East 129 St 10035 Apt #1C

16. Xonnie Brewton 3571 FosterAU #1F BKLYN. N.Y 11203

17. Damon Grandison 2146 E. Tremont Ave 10462 #5B

18. Bill Johnson 2225 Fifth ave NY 10037

19.

20.

21.

22.

23.

24.

25.

26.

27.

28.

29.

STATEMENT SIGN-ON SHEET
(Petition)

	PRINTED NAME	SIGNED NAME	MAILING ADDRESS
1.	Decourcey Hutson	D. Hutson	426 Grand Ave. BKlyn NY 11238
2.	Lan Richardson	[illegible]	148-05 Roosevelt Ave #515 Flushing NY 11354
3.	Jason D Hunter	[illegible]	PO Box 6004 Bx NY 10451
4.	William Richardson	[illegible]	188-22 119 Ave St. Albans NY 11412
5.	Arthur Walker	Arthur Walker	327 W 43rd St NYC 10036
6.	Don Barden	Donald Barden	914-699-5749
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

STATEMENT SIGN-ON SHEET

PRINTED NAME	SIGNED NAME	MAILING ADDRESS
1. Marqueritte Wilkins	Marqueritte Wilkins	160 W 100 ST N.Y. 1002[illegible]
2. B. Ti Starkman		450 Broome St #5E NY NY 10013
3. Michael Saunders		2 yr. W 14th Street GMHAD 2nd Fl. N-Y 10011
4. Vivienne Formichella		85 Bellone Road New Haven. CT 06511
5. Dan Senkzik	Dan Senkzik	Brooklyn Hospital PATH Center Box 197 121 DeKalb Ave, Bklyn 11201
6. Barbara Cicatelli	Barbara Cicatelli	110 W. 86th St NYC 10024
7. Naomi Fatt	Naomi Fatt	519-10 St, BKLYN, NY 11215
8. Bart Majoor		312 Cypress Avenue, 2nd floor Bronx, NY 10454
9. Gustavo Torres		174 E 104 St. 2nd Floor New York, N.Y 11377
10. George M. Draughn		180 Bay 17th St. - 2R Bklyn N.Y. 11214
11. Daniel Fernandez		550 East 16th Street Brooklyn, NY 11226

STATEMENT SIGN-ON SHEET

PRINTED NAME	SIGNED NAME	MAILING ADDRESS
1. David Nimmons	David Nimmons	803 President St Brooklyn NY 11215
2. Rosalyne Blumenstein	Rosalyne Blumenstein	Gender Identity Project One little west 12th St NY NY 10014
3. Hope A. Barrett	Hope A. Barrett	398 Clermont Ave, #2 Brooklyn, NY. 11238
4. George Bellinger JR	George Bellinger JR	85 Hanson Place Brooklyn, NY 11217-1601
5. ROBERT ZIELONY Ph.D	Robert Zielony	250 West 57th St 1025 New York N.Y 10019
6. RONALD TURNER	Ronald Turner	ATS #551 #1374 NYC 10115
7. SORAYA ELCOCK	Soraya Elcock	255 EASTERN PKWY C14, BKLYN, NY 11238
8.		819 Riverside Dr NY NY 10032
9.		
10.		
11.		

Memo

AIDS & RELIGION IN AMERICA

To: *AIDS & Religion in America* Participant

From: Ken South & ANIN's Team
Date: November 24, 1998
Subject: Convocation Follow-up Materials

Once again a sincere thank you for your participation in the convocation at the Carter Center. This note is a reminder of several things and a request to help us keep the momentum of the meeting growing.

Your expertise, compassion, and willingness to be in the dialog contributed to new thoughts and ideas that we were each able to take away from the experience. We have proven that we can come together from different faith journeys and life experiences, spend time together listening and sharing and return to our place on the planet richer for having had the experience. The challenge to each of us is - how will we each work to impact the HIV/AIDS pandemic after having the experience of the convocation?

Enclosed please find the following:
* a participants list (the one starting with Amir Al-Islam)
* a list of those invited who did not attend
* an editorial from USA Today
* Dr. Michael Merson's list of AIDS myths
* Numbers from Dr. Paul Delay's presentation on "AIDS Around the World"
* Dr. Mary Hunt's second day Reflections will be available on request, please call, email (ANINKEN@aol.com) or fax a request.

ANIN is planning several next steps in response to this event. The final report, produced by the Public Media Center, will be sent in the early part of 1999. We are also planning a envisioning meeting in late January to help with next steps.

It would be very helpful to us if you would be willing to send us a one page personal response to your experience of the convocation, especially in reference to how your religious tradition will make any changes in the future.

This is not the last communication from us, we will be keeping you in touch, please always feel free to contact us at any time.

SOME GLOBAL STATISTICS AABOUT HIV/AIDS

- It is estimated that 100 million people worldwide will have been infected with HIV by 2005.

- There are 6 million new infections per year; just under 50% of these are in women. 90% of these infections are in developing countries. 600,000 of these infections are in infants.

- Most people infected in developing countries will die of HIV-related illnesses. Tuberculosis accounts for 35% of these illnesses.

- Current AIDS funding in the US is about $550 million a year. Annual AIDS funding in most developing countries is between $1 and 30 million, or about $1--4 per person.

The Myths of AIDS

- **We don't/won't have the problem**
- **Condoms don't work**
- **Sex education in schools encourages youth to have more sex**
- **Syringe exchange increases drug use**
- **You can't change sexual behavior**
- **We need to wait for a vaccine**

Busybodies rob kids of childhood

Michael Medved

n an arresting public service an-ıncement that is broadcast on ra- stations across the country, a 3-r-old girl with a sweet, breathy e sings a bizarre variation on a ıiliar lullaby:

lush little baby don't you cry
Vhen all of our friends catch)S and die.
s there AIDS on the windowsill?
Vill it kill Humpty and Jack and

What if Mother Goose goes, too?
)r, even worse, she gives it to !

ın authoritative, motherly voice n explains: "What your children ı't understand about AIDS is what res them the most. So talk with ır child — and start early! Call 1-)-CHILD44 for a free booklet to p you discuss AIDS, sex, violence l other tough issues."

When I first heard this message)adcast on the flagship station for national radio show, I immedi-ly protested to management. No, I ı't believe that preschoolers typi-ly fantasize about their favorite 's dying of AIDS, and I deeply re-ıt an advertisement that uses a erished childhood melody and loved nursery characters to ıke its grim point.

My own 6-year-old, Danny, ows nothing about AIDS — nor)uld he at his age. A 6-year-old esn't need the same information ıt might make sense for a 12-year-l. Despite the urgent, solemn insis-ıce that you must "start early" ıen talking with your child, little ls stand less risk of contracting DS than they do of being struck lightning. Unless they have al-ady contracted the disease from)thers in infancy, or happen to nursery-school intravenous ug users, or are subject to the)st horrendous sort of sexual use from an infected adult, ey needn't fear this partic-ır dread disease.

What, then, is the point of eaking to tiny kids about this bject — with or without the offered booklet?

The public-service ad in ıestion represents just one nall example of the national sault on innocence. At times, nlightened" elements of our ciety seem insanely deter-ined to frighten the young. ıe announced purpose be-nd the "Hush Little Baby" ad, and accompanying messages for print and TV, is to "encourage parents of young children to start talking early about "sex, AIDS, violence, alcohol and drug abuse." The honorary committee behind this effort includes such luminaries as Rosie O'Donnell, Linda Ellerbee and Kobe Bryant of the Los Angeles Lakers.

No one can question the good intentions of these people, but on what basis do they argue for telling children about such "tough issues" a full decade before puberty?

No evidence exists to support the notion that alarming youngsters at an early age about harsh realities makes it more likely that they will ultimately overcome them. Thirty years of school-based sex education, for instance, has proved to be at best a severe disappointment — nowhere producing the promised dramatic reductions in sexually transmitted diseases or youthful experimentation. Rather than acknowledging failure and cutting wasteful spending, educational bureaucrats irrationally insist that we pump more resources into teaching kids about sex and begin that instruction at ever-younger ages.

Anti-drug education has followed the same disastrous pattern. With a half-dozen studies showing that current programs produce pathetic results and do little or nothing to cut rates of juvenile drug use, the federal government now wants to reach children of even preschool age with warnings about illegal substances.

This summer in Atlanta, President Clinton proudly committed $1 billion (to be matched by another billion of private contributions) to place a series of public service announcements. One of two completed TV ads features an intense close-up of an adorable girl, approximately 3 years old, questioned by an unseen grown-up voice:

"Adult Voice: What would you do if a stranger talked to you?

Preschool Child: I wouldn't talk to him because he might be bad.

Adult: Very Good! And what would you tell someone who is playing with matches?

Child: I'd tell them not to play with them because they might start a fire.

Adult: Wow! How come you know so much?

Child: My mommy told me.

Adult: Oh! And what did your mommy tell you about drugs?"

At this point the tiny girl offers only a puzzled expression while the ad provides pained silence, until a somber narrator intrudes: "Your children are listening. Are you talking?"

In an interview with Donna Shalala, secretary of Health and Human Services, I criticized the ad and reminded her that no sane parent should feel obliged to talk to a 3-year-old about drugs. She indignantly insisted the child in the commercial was actually "about 10" and maintained this manifestly absurd contention until I replayed the ad for her and she conceded I may have been right about the age, but not the substance of my complaint. "You can't ever start too early to educate kids about these things," she declared.

Such attitudes add significantly to the forces working to undermine childhood as a brief, innocent time of life in which children can grow and develop with a sense of optimism and security. As author Marie Winn observed in her book *Children Without Childhood*, we have shifted from a "protection" model of growing up to a "preparation" model — despite increasingly abundant evidence that this new approach doesn't work.

In addition to all the other social forces menacing our youngsters, now parents must also conscientiously counteract the efforts of well-meaning busybodies in government and private charities who remain perversely determined to prevent even the smallest kids from flourishing for a few precious years as children.

By Suzy Parker USA TODAY

Film critic Michael Medved hosts a national radio talk show and is co author, with his wife, psychologist Diane Medved, of Saving Childhood. *He is a member of USA TODAY's board of contributors.*

Adaline A. Beard Foundation, Inc.

"funding medical research for Breast Cancer and HIV/AIDS for the African Diaspora..."

Dear Ms. Sandy Thurman,

I was delighted to receive a call from your assistant Sarah Holewinski last week to gain more insight into what the Adaline A. Beard Foundation, Inc. (AABF) represents. The Adaline A. Beard Foundation, Inc., is a 501(c)(3) 509(a) (1) public charity whose primary mission is to provide grant funding for medical research for HIV/AIDS and Breast Cancer in the African-American community nationally.

Since the announcement October, 1998, that the White House is appropriating $156 million to begin an initiative on Minorities and AIDS, I have been making every effort to schedule a meeting to discuss a partnership with AABF and the Minority AIDS Initiative. I have previously faxed over some background information about AABF, and recognize this devastating state of affairs for African-American people is getting worse daily. I am willing to partner with this Minority AIDS Initiative program to make it more comprehensive by including targeted medical research.

AABF has recently, received a commitment from the National Cancer Institute to support our organization with an official representative on the Board of Directors, chairing our first medical symposium which will address these issues, as well as, open discussions of conducting medical research in the near future. Other organizations are gradually joining our Board of Directors and assisting with this effort, as well.

I strongly believe it is important for your office to participate at some financial and political level to initiate the first AIDS research targeted to African-Americans with the Adaline A. Beard Foundation, Inc. The significance will be gaining support from both the scientific and primary care physician community, in recognizing the need for targeted medications based on genetic and molecular differences.

I am available to meet with you and your staff to discuss the possibilities that can link the White House with a deserving cutting-edge organization, while still achieving your internal business objectives.

I look forward to hearing from your office. I may be reached daily @ (800) 362-8616. We are committed to make a difference !

In Community Spirit,

Lauren R. Beard
Founder & President

GREGORY HOUSE PROGRAMS

November 12, 1998

Sandra Thurman
White House Office of National AIDS Policy
808 17th Street, NW
Washington, D.C. 20006

Dear Ms. Thurman:

On October 31, 1998, the African-American Gay, Bisexual and Transgender Caucus convened at the United States Conference on AIDS in Dallas, Texas. Our purpose was to discuss the HIV/AIDS State of Emergency that exists in the African-American community and what we must do to turn the tide against increasing HIV infection and death in our community.

The first action of the body was to reclaim the activist role and voice of our communities related to HIV/AIDS within and beyond the African-American community. The devastating impact of HIV/AIDS among African-American gay men is well documented by the Centers for Disease Control and Prevention (CDC). However, we all have first hand evidence of the devastation through the deaths of tens of thousands of our lovers, fathers, brothers and friends.

In an effort to create positive change in our community we commit to reclaiming the strong history of African-American gay activism in HIV/AIDS. In order to save our lives and the lives of other members of the African-American community we demand:

1. The inclusion of specific language targeting funding to African-American gay, bisexual and transgender people living with and at risk for HIV/AIDS and the indigenous community-based agencies with a history of serving them in the implementation plans and Requests for Proposal (RFPs) developed by the Department of Health and Human Services (HHS) as part of the Clinton Administration's new $156 million African-American HIV Initiative spearheaded by the Congressional Black Caucus.

2. That indigenous agencies and programs targeting the African-American gay, bisexual and transgender communities receive funding that is, at a minimum, consistent with the percentage of gay, bisexual and transgender HIV/AIDS cases at the federal level and in our local jurisdictions.

MICHAEL BURNETT Executive Director
770 Kapiolani Blvd., Suite 503, Honolulu, Hawaii 96813 Phone: 808 592-9022 Facsimile: 808 592-9049

3. That African-American gay, bisexual and transgender people are actively recruited as program consultants and to participate in all aspects of the program planning, policy making and implementation of HIV/AIDS programs serving African-Americans living with and at risk for HIV/AIDS. This would include but not be limited to participation in proposal review panels, advisory committees and councils and working groups.

4. That the needs of African-American gay, bisexual and transgender issues be highlighted in programs and initiatives targeting the African-American community.

5. That federal, state and local public health officials as well as African-American community members stop pitting the needs of African-American gay, bisexual and transgender people against injection drug users and women. All of our voices will be essential to stopping new HIV infections in the African-American community and ensuing access to services for all African-Americans living with HIV/AIDS. The re-awakening of the African-American gay voice does not diminish the power or importance of other voices in our community.

6. That the African-American community acknowledges our presence in all aspects of community life.

We will not be rendered invisible in order to make people comfortable in their homophobia and neglect. We have determined that the continued invisibility and associated stigma targeted against African-American gay men is tantamount to systematic genocide. We refuse to remain silent while members of our community continue to do without and die.

Sincerely,

Jerry W. Ford
Assistant Director

Hartzell Lemons
Assistant Program Coordinator

APLOMB CONSULTING

mmmffaxxxxx.

To: **Sandra Thurman, Director, Office of National AIDS Policy**
Phone: 202-456-AIDS
Fax: **202-456-2438**

From: William Bland – Aplomb Consulting
Phone: 415-421-4528
Fax: 415-421-4544

Date: November 25, 1998
Page 1 of: 6

Attn: The Honorable Donna Shalala, Secretary
United States Department of Health and Human Services

This petition represents the support of the undersigned 151 African-American gay and bisexual men and our allies for the inclusion of specific language and programs targeting African-American Gay and Bisexual men within the new inititative to address the health care crisis of AIDS withinracial and ethnic minority communities.

It is imperative that African-American Gay and Bisexual men be explicitly targeted for HIV/AIDS prevention and CARE services.

Sincerely,

William Bland
Aplomb Consulting
870 Market Street, Suite 441
San Francisco, CA 94102
415-421-4528

cc: The Honorable William Jefferson Clinton, President
The Honorable Dr. David Satcher, Surgeon General
Sandra Thurman, Office of National AIDS Policy

On October 31, 1998, the African-American Gay and Bisexual Men's Caucus convened at the United States Conference on AIDS in Dallas, Texas. Our purpose was to discuss the HIV/AIDS State of Emergency that exists in the African-American community and what we must do to turn the tide against increasing HIV infection and death in our community.

Those present applauded the African-American HIV/AIDS advocacy communities, the Congressional Black Caucus, the Congressional Leadership and the Clinton Administration for their successful collaboration in achieving the historic $156 million HIV/AIDS Initiative targeting services and agencies in the African-American community.

As you know, the Centers for Disease Control and Prevention (CDC) continues to identify AIDS as the leading cause of death in African-American men between the ages of 25-44. The vast majority of those individuals are gay and bisexual. While significant progress has been made in reducing the rate of new HIV infections in the white gay community, infections among African-American gay and bisexuals continue unabated. Due to homophobia in the African-American community and racism in the larger society, funding to initiatives targeting African-American gay and bisexual men's programs has not been well supported. This must change and we ask for your support in addressing this serious neglect.

As the Administration implements the African-American HIV/AIDS Initiative, we request that specific language targeting services and programs to African-American Gay and Bisexual men be included in the implementation plans, program guidance, and Request For Proposals (RFPs) to determine the allocation of these critical resources.

In addition, as the Administration prepares its fiscal year 2000 budget, we strongly urge the Department of Health and Human Services (HHS) to include increased support for targeted funds to the African-American community. In that increased support, it is imperative that African-American gay and bisexual men are targeted for service delivery.

We, the undersigned agree and support the above statement:

1	A. Billy S. Jones; Washington, DC
2	Alan Kaufman, Westwood, Massachusetts
3	Alissa Gardenhire, San Rafael, CA
4	Allan P. Frank,MD Chicago, IL
5	Amanda Houston-Hamilton, SF, CA
6	Amma Hawks, Oakland, CA
7	Ann Kulleseid, San Francisco, CA
8	Anthony Horne, Memphis, TN
9	Barbara Marin, Ph.D., San Francisco, CA
10	Bernard J. Tarver, New York, NY

Petition to support the explicit inclusion of African-American Gay Men in the new initiative addressing HIV/AIDS in racial and ethnic minorities

11	Bill Martin, New York, NY
12	Billie R. Ward, Gautier, MS
13	Bonnie A. Robinson
14	Brett Beemyn, Macomb, IL
15	Brian Chevez-Rowell, San Rafael, CA
16	Cal Domingue, San Francisco, CA
17	Carl Norris, Emeryville, CA
18	Carlos Santiago, Springfield, Ma.
19	Carol Dawson, San Francisco, CA
20	Cedric Maurice, Decatur, GA
21	Chad A. Ludwig, Durham, NC
22	Charles Collins
23	Charles L. N. Tarver, Wilmington, DE
24	Charles Tolbert, Oakland, CA
25	Colin James Gibson, Los Angeles, California
26	Colleen Finkle, Princess Anne, MD
27	Constance L. Barbee
28	D. Drevan Jointer, Duluth, GA
29	Damone M. Burchette, Atlanta, Georgia
30	David A. Donovan, Ph.D.
31	David Byrnes, Medfield, MA
32	David Dove, Washington DC
33	David Herrera, Albuquerque, NM
34	David V. Brooks, Haarlem, New York
35	Dee Dee Nguyen, Los Angeles, CA
36	Derrick Anderson, Ann Arbor, MI
37	Diane Ortiz, San Diego CA
38	Don Chambers, SF, CA
39	Don Reynolds, San Francisco, CA
40	Donald Andrew Agarrat, New York, NY
41	Dondrell Swanson, Minneapolis, MN
42	Dr. John David Dupree, Santa Cruz, CA
43	Drew Metcalfe, Oakland, CA
44	Dwight Strickland, Atlanta, GA
45	Edward Coffey, Poughkeepsie, NY
46	Elaine Jayne, Kalamazoo, MI
47	Elizabeth Cortez, L.A., CA
48	Eugene Vinluan-Pagal, Oakland, CA
49	Evelyn Alicea
50	Faith Ballenger, M. Div. New York, NY
51	Felix L. Armfield, Macomb, Illinois
52	Fermin Garcia, Albuquerque, NM
53	Francis Samleri, MFCC, San Francisco, CA
54	Frank S. Militello, Oakland, CA
55	Fred A. Vanhoose, Ph.D., San Francisco, CA
56	Galen Leung, San Francisco, CA

Petition to support the explicit inclusion of African-American Gay Men in the new initiative addressing HIV/AIDS in racial and ethnic minorities

57 Gary Paul Wright, Newark, New Jersey
58 Gerard Fergerson, New York, NY
59 Gilberto (Gil) R. Gerald, San Francisco, CA
60 Gina De Vries, San Francisco, CA
61 Gregory Victorianne, Chicago, Illinois
62 Guy Madison, Sacramento, CA
63 Heather M. Zenone, Berkeley, CA
64 Hildy Kellman, Atherton, CA
65 James Sabatino, San Francisco, CA
66 Jamie McHugh, San Anselmo, CA
67 Jaray Harvey
68 Jason P. Lorber, San Francisco, CA
69 Jeffery C. Mingo, Berkeley, CA
70 Jelani Mahiri, Oakland, CA
71 Jeremy Norris , Concord, CA
72 Jessea Greenman, Oakland, CA
73 Joey B. Pressley, New York, NY
74 John Alongi, Berkeley, CA
75 John Eric Thomas, Phoenix, AZ
76 John R. Migliaro, Phoenix, AZ
77 Jon Dunbar-Cooper, Silver Spring, MD
78 Joseph R. F. Barna, Durham, NC
79 Joseph Stokes, Chicago, IL
80 Julia D. Stewart, Syracuse, NY
81 June Mire, Metairie, LA
82 Karen L Sadler Univeristy of Pittsburgh, Pa.
83 Karen L. Yanagisako, Oakland, CA
84 Kate Hammer, RN, University of New Mexico
85 Kathryn Carovano, Anchorage, AK
86 Kevin Maxwell, Springfield,Ma.
87 Kim Upchurch, Princess Anne, MD
88 La Tanya D. Washington, Wash., DC
89 Lanette Hall, Tn.
90 Lani Ka'ahumanu, San Francisco CA
91 Larry Britt, Medford, Ma
92 Lawrence Warnow,Rochester,NY
93 Linda Kliphan, Westwood, MA
94 Lindsay Malcolm, Pleasanton, CA
95 Liz Craig, Minneapolis, MN land, CA
96 Louie Holguin, Albuquerque, NM
97 Lourdes M. Suarez, Raleigh, NC
98 Lucy Bradley-Springer, Albuquerque, NM
99 M. (Ron) Wayne Chase, Oakland, CA
100 Margaret Gina Gibbs, Washington, DC
101 Margot Holas Whiteman, Boston, MA
102 Mark Shiner, San Francisco, CA

Petition to support the explicit inclusion of African-American Gay Men in the new initiative addressing HIV/AIDS in racial and ethnic minorities

103	Marnie Aulabaugh, San Francisco, CA
104	Martin E. Mitchell, Chicago, IL
105	Mary-Ann Greanier, Plainville, MA
106	Matais Pouncil, Long Beach, CA
107	Matthew DuBois, Los Angeles, CA
108	Max Mason, Oakland, CA>
109	Mel Tremper, Silver Spring, MD
110	MeriLou Johnson, Denver, CO
111	Michael B. Dunham, Baltimore, MD
112	Michael Krumme, Los Angeles CA
113	Mick Ellis, Washington, DC
114	Nathan L. Linsk, Oak Park, IL
115	Nicholas M. Christiana, Portland, OR
116	Nicholas Marott, Novato, CA
117	Norbert Montoya, Albuquerque, NM
118	Pamela Minarik
119	Patrick A. Tomter, Portland, OR
120	Paul Schaeffer, Edgewood, Nm
121	Peter J. Oates, So. Orange, New Jersey
122	Peter Newman, Ann Arbor, MI
123	Peyton Waggener, Atlanta, GA
124	Pilgrim S. Spikes, Ann Arbor, MI.
125	Reggie Shuford, New York, NY
126	Regina R. Whitfield, MPH, Chicago, Illinois
127	Rev. Claude E. Bowen
128	Richard Jackman, Seattle, WA
129	Robert Cook, Syracuse, NY
130	Robert Mathis, Smyrna, GA
131	Russell Thornhill, Los Angeles, CA.
132	Ruth M. Frey, New York City, NY
133	Ryan D. Canty, Oberlin College, Oberlin, Ohio
134	Sally Jue, Los Angeles, CA
135	Sam Kaufman, Oakland, CA
136	Sandra Jane Graham, Columbine Valley, CO
137	Shawn Fassett
138	Shurron M. Farmer, Washington, DC
139	Stephanie Pisias, Concord CA
140	Steve Hall, San Francisco, CA
141	Steve Lew, San Francisco, CA
142	Susan Taylor-Brown
143	Ta Shaunda Shumpert, Chicago, IL
144	Terry Stewart, Denver, CO
145	Thomas E. Snell, Sunnyvale, CA
146	Vera Hendrix, Oakland, CA
147	Victoria M. Larson
148	Walter Marcantoni, San Francisco, CA

Petition to support the explicit inclusion of African-American Gay Men in the new initiative addressing HIV/AIDS in racial and ethnic minorities

149 Warren Bersing, Middletown, CT
150 William Bland, San Francisco, CA
151 WT Council, Tallahassee, FL

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

November 16, 1998

The Honorable Sandra Thurman
Director
National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman:

The purpose of this letter is to solicit your thoughts as the Office of National Drug Control Policy updates the *National Drug Control Strategy*. Legislation contained in the Omnibus Appropriations Bill for Fiscal Year 1999, which President Clinton signed on October 21 containing the *Office of National Drug Control Policy Reauthorization Act of 1998*, establishes the requirement for ONDCP to transmit a *National Drug Control Strategy* to Congress not later than February 1, 1999. We seek your assistance in constructing a strategy that will lessen drug abuse and its consequences in the United States.

The *Strategy* will include comprehensive, research-based, long-range, quantifiable goals for reducing drug abuse and its consequences in the United States. It also features a *Performance Measures of Effectiveness* system with which to gauge progress toward the *Strategy's* goals and objectives. Finally, the *Strategy* will be supported by a five-year federal drug-control budget projection.

ONDCP's intent is to sustain and reinforce the five goals and thirty-two subordinate objectives of the *1998 Strategy*. Those goals are to:

1. Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.

2. Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

3. Reduce health and social costs to the public of illegal drug use.

4. Shield America's air, land, and sea frontiers from the drug threat.

5. Break foreign and domestic drug sources of supply.

Included is an executive overview of the proposed *Strategy* to help focus your response. We value your input. Please communicate all suggestions in writing or via fax (202) 395-6641 by December 31, 1998. Additional information on drug-control policy is available at the ONDCP website at http://www.whitehousedrugpolicy.gov. We look forward to hearing your thoughts on the future direction of drug policy.

Respectfully,

Barry R. McCaffrey
Director

Enclosures

- Welcome your ideas.
- I owe you lunch--
will update you on our
'99 Budget.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

Office of International Affairs
Washington, D.C. 20201

November 19, 1998

MEMORANDUM FOR MELINDA KIMBLE

FROM: David E. Hohman
Director, OIA

SUBJECT: Draft Report: 1999 U.S. International Response to HIV/AIDS

This is to confirm, as we discussed last evening, how HHS will proceed with providing comments to OES on the subject draft report, as requested in Mr. Pomerance's memorandum of November 16 to the Surgeon General.

Dr. Satcher believes that the report could be an important public health document. For that reason, he has asked that the report be reviewed by relevant HHS offices through the formal clearance process managed by the HHS Executive Secretary. We will make every effort to complete that process by early next week.

We have already provided to OES cleared sections of the report on NIH, CDC, and FDA. Please note that the NIH section to be used is the text I provided to your staff on November 18. Please do not use the text, developed by OES, that was included in the copy of the report provided to Dr. Satcher as an attachment to Mr. Pomerance's memorandum.

I wish to reiterate my request that the Department of State not publish this report until it has been cleared by the Department of Health and Human Services. I will appreciate it if you will provide this assurance to me in writing.

cc: Dr. Satcher
Sandra Thurman, ONAP
Kerri-Ann Jones, OSTP

WHITE HOUSE STAFFING MEMORANDUM

Date: 11/30/98 ACTION / CONCURRENCE / COMMENT DUE BY: ASAP

Subject: WORLD AIDS DAY REMARKS

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☑	☐	NASH	☐	☐
PODESTA	☑	☐	REED	☑	☐
ECHAVESTE	☑	☐	RUFF	☐	☐
LEW	☐	☐	SMITH	☐	☐
BEGALA	☑	☐	SOSNIK	☑	☐
BERGER	☐	☐	SPERLING	☑	☐
BLUMENTHAL	☑	☐	STEIN	☑	☐
FRAMPTON	☐	☐	STERN	☐	☐
IBARRA	☐	☐	STREETT	☐	☐
KLAIN	☐	☐	TRAMONTANO	☑	☐
LANE	☐	☐	VERVEER	☐	☐
LEWIS	☑	☐	WALDMAN	☑	☐
LINDSEY	☐	☐	YELLEN	☐	☐
LOCKHART	☐	☑	KAGAN, E.	☑	☐
MARSHALL	☐	☐	SPECTOR, S.	☑	☐
MOORE	☑	☐	SOCARIDES, R.	☑	☐
			THURMAN, S. →	☑	☐

REMARKS:

COMMENTS TO JORDAN TAMAGNI

RESPONSE:

staffing..WPD 11/13/98

Staff Secretary's Office
Ext. 62702

Draft 11/30/98 9:30pm

PRESIDENT WILLIAM J. CLINTON
REMARKS FOR WORLD AIDS DAY
THE OLD EXECUTIVE OFFICE BUILDING
December 1, 1998

Acknowledgments: Sec. Albright; USAID Director Brian Atwood; Dir., WH Office of National AIDS Policy Sandy Thurman; UNICEF Director Carol Bellamy.

I want especially to thank Amy Slemmer for sharing her story here with us today and for reminding us that we really can think globally and act locally and when it comes to helping families cope with AIDS.

This is a very solemn occasion. While we have much to celebrate here at home in our fight against AIDS and much to hope for, we know that around the world and in the United States, the AIDS epidemic continues to rage, tearing families and lives apart.

Here is our goal, at home and around the world: we must put a stop to AIDS. To do that, we must develop an AIDS vaccine. We must continue to invest in research. And to put a stop to the devastation AIDS causes, we must continue to support families affected by this disease.

A decade ago, AIDS seemed unstoppable. A diagnosis of AIDS was a virtual death sentence. Ignorance, prejudice, and fear about HIV transmission infected our communities, separating neighbor from neighbor. For people with AIDS and the people who love them, every day was a struggle -- for information, for treatment, for funding. I took office determined to change this -- and to do everything in my power to win the war against AIDS.

For nearly six years, we have pursued this goal with single minded purpose. To draw attention to AIDS and to better direct our resources, we created the Office of National AIDS Policy, and we convened the first-ever White House Conference on AIDS. We helped to ensure that people with HIV and AIDS cannot be denied health benefits for their pre-existing condition. We have accelerated the approval of dozens of new AIDS drugs -- helping hundreds of thousands of people with AIDS to live longer, more productive lives.

Working together with members of both parties in the Congress, we have increased our investment for AIDS research to an historic $1.8 billion. This year, we secured $262 million in new funding for the Ryan White CARE Act, which provides medical treatment, medication, and even transportation to families coping with AIDS. This October, we declared that AIDS had reached crisis proportions in the African-American, Hispanic-American, and other minority communities, and we fought for a $156 million initiative to address it.

The results of our efforts have been nothing short of remarkable. In 1996, for the first time in the history of the AIDS epidemic, the number of Americans diagnoses with AIDS has declined. For the first time, deaths due to AIDS in the United States have declined. And for the

first time, hope has begun to rise -- hope that we will defeat AIDS.

But all around us, we see fresh evidence that the AIDS epidemic is far from over -- and our work is far from finished. We see it in the rising numbers of AIDS cases in countries like Zimbabwe, where 11 men, women, and children become infected with AIDS every minute of every day. We hear it in the cries of children orphaned by AIDS -- tens of thousands here in America and tens of millions in developing nations around the world.

We cannot rightly celebrate our progress in the fight against AIDS when so many people are suffering around the world. And with the HIV transmission disproportionately high among our own young people, we know that we cannot afford to be complacent. We must take action.

Last year, at Morgan State University, I declared that we must redouble our efforts to develop an AIDS vaccine within the decade. Today, we are one step closer to meeting that challenge. I am pleased to announce an unprecedented $200 million dollar investment in cutting edge research at the National Institutes of Health to develop an AIDS vaccine. **With this new historic investment in an AIDS vaccine, we are one step closer to putting an end to the AIDS epidemic -- for all people, for all countries, for all time.**

I am also pleased to announce more than $160 million for other new research critical to fighting AIDS around the world -- from new strategies to prevent and treat AIDS in children, to new clinical trials to reduce the transmission of AIDS.

As hard as we are working to stop the spread of AIDS, we must never forget our profound obligation to care for the most heart-breaking victims of this disease: the orphaned children it leaves in its wake. In fact, around the world, and especially in Africa, tens of millions of children have lost their parents to AIDS -- and that number is expected to rise to 40 million in less than 15 years. Some of these children are free of AIDS, others are infected with the disease that robbed them of their parents. But sick or well, too many of these children are left without a parent to protect them, to teach them right from wrong, and to guide them through life.

We cannot hope to restore to these children all they have lost, but we can give them hope for the future -- a foster family, enough food to eat, medical care, and a chance to make the most of their lives in school. Today, I am pleased to announce $10 million in emergency relief funding at USAID to help communities around the world do exactly that. This small step will make a huge difference for thousands of children in need.

I am also directing Sandy Thurman, the Director of the Office of National AIDS Policy, to lead a fact-finding mission to Sun-Saharan Africa, where 90% of all AIDS orphans live. Following this mission, she will report back to me with recommendations on how we can continue to help these children and give them something to hope for.

Eleven years ago, on the first World AIDS Day, we vowed to put an end to the AIDS epidemic. Eleven years from now, I hope we will be able to say that the steps we are taking today led us to that great day. Thank you.

Sandra Singleton McDonald
President

404/346-3922
FAX/404-346-3036

November 10, 1998

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

Dear Sandy:

Congratulations! OUTREACH, INC. is hosting a landmark strategic meeting of planning and dialogue for Executive Directors of African American Community Based AIDS Service Organizations. We are pleased to inform you that fifteen (15) Executive Directors have been chosen to attend this historic *invitation only* meeting because of their extensive experience with providing direct services to African Americans living with HIV/AIDS. We are inviting ten (10) representatives of national organizations that provide HIV/AIDS prevention education and services to this closed meeting and we hope that your schedule will allow your participation. This meeting will be convened in Atlanta, Georgia on December 10-12, 1998. We are asking national representatives to be present at an Executive Director's "solutions-focused" roundtable on Friday, December 11th (9am-12 noon) to give a brief overview of your agency's directions as it relates to the increased incidence of AIDS in African American communities. We would also like to invite you to a dinner with the Executive Directors and pharmaceutical reps Thursday night at The Mansion Restaurant commencing at 7 pm.

This will be the first in a series of six (6) national meetings to be held with the aims of creating a decisive presence and voice that addresses the disparities of increased HIV incidence and morbidity in African American communities nationally. This is crucial at this juncture of African American HIV disease in the United States due to the need for prevention, limited access in medical care settings and the lack of compliance with prescribed medical regimens that may lead to drug resistance/failure. This first meeting proposes to provide infrastructure, support and resource information to Executive Directors of AIDS Service Organizations who provide direct service around issues of the new drug regimens and their implications on our clients.

3030 Campbellton Road, S.W. • Atlanta, Georgia 30311

We look forward to your joining us in Atlanta at this very important beginning of developing African American strategies to respond to this crisis in our communities. **Participants will be provided airline transportation, hotel accommodations, and a small stipend. Please complete the enclosed registration form and return by FAX (deadline Monday November 16, 1998).** Please call Annie Jackson at (404) 346-3922 to arrange you hotel and air transportation. I look forward to seeing you in Atlanta.

Sincerely,

Sandra D. McDonald

Sandra Singleton McDonald
Convenor

SSM/m

MICHIGAN STATE UNIVERSITY

SEMESTER STUDY PROGRAM IN WASHINGTON, D.C.

COLLEGE OF SOCIAL SCIENCE
321 BERKEY HALL
EAST LANSING • MICHIGAN • 48824-1111
PH: 517.355.6672, ext. 137, FX: 517.432.1544

16 November 1998

Dear Ms. Thurman,

Thank you for your contribution to Michigan State University's Semester Study Program in Washington, D.C. The comments we received on your presentation from our students were most positive and indicated that they benefited greatly from the session with you.

We are planning to have a reception for the Semester Study Program students and are also inviting program contributors to attend. This reception will be held on Wednesday, December 2, 1998 in The Ella Smith Lewis House, circa 1880, 301 Maryland Avenue, N.E., Washington, D.C., from 6:30 p.m. until 8:30 p.m. We will send a reminder when we get closer to December (a map is enclosed).

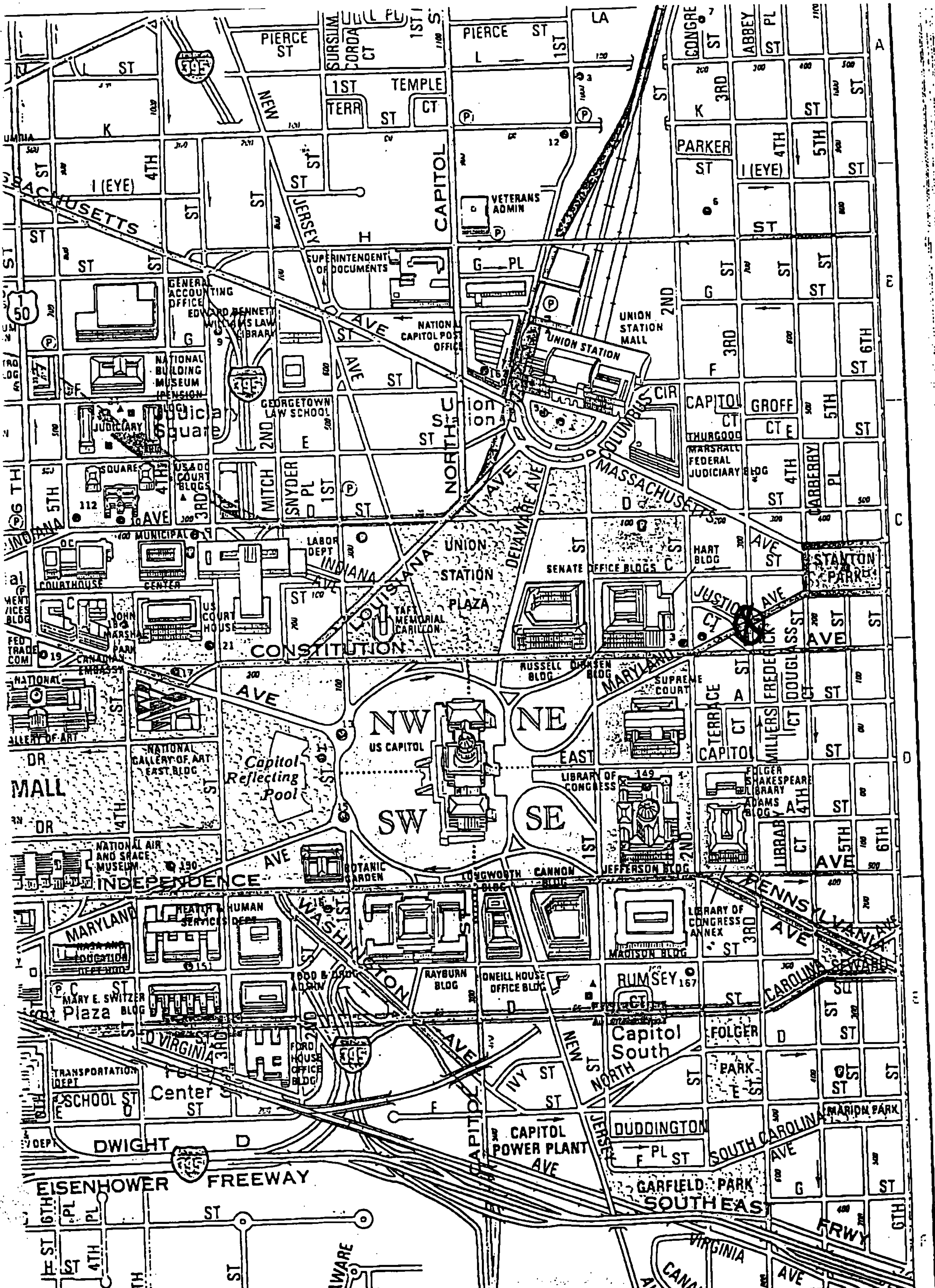
I hope that you will be able to attend this reception so that you have an opportunity to meet several of the deans from the colleges participating in this program along with the MSU staff affiliated with the program, students, and our course instructors.

Please RSVP by Friday, November 20 by calling Diane Hensel at 202-MSU-4000. I look forward to meeting you.

Yours sincerely,

Dan Hester
Program Manager
Semester Study Program in Washington, D.C.

Enclosure



PIERCE ST
PIERCE ST
L PL
1ST
LA
CONGRESS
ABBEY PL
L ST
1ST TERR
TEMPLE CT
NEW JERSEY
K
K ST
3RD
PARKER ST
I (EYE)
I (EYE)
4TH
5TH
CAPITOL
VETERANS ADMIN
MASSACHUSETTS AVE
H
H ST
SUPERINTENDENT OF DOCUMENTS
G PL
GENERAL ACCOUNTING OFFICE
EDWARD BENNETT WILLIAMS LAW LIBRARY
NATIONAL CAPITOL POST OFFICE
UNION STATION
UNION STATION MALL
2ND
6TH
NATIONAL BUILDING MUSEUM (PENSION BLDG)
Judiciary Square
GEORGETOWN LAW SCHOOL
Union Station
NORTH
COLUMBUS CIR
CAPITOL CT
GROFF CT
THURGOOD MARSHALL FEDERAL JUDICIARY BLDG
CARBERRY
F
E
D
E ST
USA COURT BLDGS
MITCH
SNYDER PL
112
INDIANA AVE
MUNICIPAL CENTER
COURTHOUSE
LABOR DEPT
LOUISIANA AVE
UNION STATION PLAZA
DELAWARE AVE
SENATE OFFICE BLDGS
HART BLDG
STANTON PARK
JUSTICE CT
US COURT HOUSE
JOHN MARSHALL PARK
TAFT MEMORIAL CARILLON
FED TRADE COM
CANADIAN EMBASSY
CONSTITUTION AVE
RUSSELL BLDG
DIRKSEN BLDG
MARYLAND AVE
SUPREME COURT
FREDERICK DOUGLASS CT
MILLERS CT
NATIONAL GALLERY OF ART
NATIONAL GALLERY OF ART EAST BLDG
NW
NE
US CAPITOL
EAST CAPITOL
TERRACE
Capitol Reflecting Pool
MALL
SW
SE
LIBRARY OF CONGRESS
FOLGER SHAKESPEARE LIBRARY
ADAMS BLDG
LIBRARY CT
NATIONAL AIR AND SPACE MUSEUM
INDEPENDENCE AVE
BOTANIC GARDEN
LONGWORTH BLDG
CANNON BLDG
JEFFERSON BLDG
PENNSYLVANIA AVE
HEALTH & HUMAN SERVICES DEPT
WASHINGTON AVE
LIBRARY OF CONGRESS ANNEX
MADISON BLDG
FOOD & DRUG ADMIN
RAYBURN BLDG
O'NEILL HOUSE OFFICE BLDG
RUMSEY CT
SOUTH CAROLINA AVE
SEWARD SQ
MARY E. SWITZER BLDG
Plaza
VIRGINIA AVE
FORD HOUSE OFFICE BLDG
Capitol South
FOLGER PARK
TRANSPORTATION DEPT
SCHOOL ST
IVY ST
NEW JERSEY
CAPITOL
MARION PARK
DWIGHT D EISENHOWER FREEWAY
CAPITOL POWER PLANT
DUDDINGTON PL
F ST
GARFIELD PARK
SOUTHEAST FRWY
DELAWARE
CANAL

THE BALM IN GILEAD INC.

HEALING THROUGH PRAYER,
EDUCATION, ADVOCACY & SERVICE

August 11, 1998

Sandy Thurman
Office of the National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Sandy:

After 10 years of speaking to the Centers for Disease Control and Prevention and so many other institutions on why we must engage the Black Church in the fight against AIDS, I am very happy to see the tremendous attention this subject is finally getting.

The Balm In Gilead is the only national organization that works exclusively to mobilize and educate Black churches to become community centers for AIDS education and compassionate care. Over the past years we have received the endorsement and support of every major Black Church denomination and of the Black caucuses of The United Methodist Church, The Episcopal Church, The United Church of Christ, The Evangelical Lutheran Church, The Presbyterian Church, and The Catholic Church.

Recently, Bishop T. D. Jakes, one of the largest names in television evangelism today, endorsed The Balm In Gilead on worldwide television. After speaking at his church, I was invited by Bishop Jakes to be a guest on his television show. The program was viewed by 20 million people worldwide on Trinity Broadcasting Network. The Balm In Gilead has received an abundance of requests for HIV resource material on how to educate and engage the church on HIV issues from around the world as a result of my appearance.

I have enclosed a packet of information for your review. Unfortunately, I was unable to send you samples of all our materials. However, I hope this will give you some indication of our ability to serve the African American church community.

I have attached a listing of our organizational milestones and activities. I want to highlight four activities.

1. Presently we are in the design stages for two publications which will be available this fall:
    a. What Black Pastors Need to Know About HIV and Drugs Abuse
    b. The Black Woman's Guide to Living with HIV

130 WEST 42ND STREET
SUITE 1300
NEW YORK, NY 10036
TEL 212-730-7381
FAX 212-730-2551

2. We are presently in phase II of our development of a Sunday School HIV Prevention Curriculum for Black Churches that the Kaiser Family Foundation funded with a seed grant of $200,000. Dr. Riggins Earl, Professor of Ethics at The Interdenominational Theological Center (ITC) in Atlanta is an advisory consultant on this project. We will begin pilot testing this curriculum in January. Dr. Robert Fullilove, Associate Dean of Columbia University School of Public Health is the evaluator for this and all Balm In Gilead programs.

3. On World AIDS Day, December 1st in New York City, The Balm In Gilead will sponsor *A Black Church Speak Out on HIV*. The purpose of this evening program is to bring attention to what Black churches are and have been doing in HIV and to empower greater involvement. Our confirmed speakers at this time are Dr. Robert Franklin, President of ITC in Atlanta; Bishop John Hurst Adams, Senior Bishop of The AME Chruch and Founder of the Congress of National Black Churches; and Dr. Barbara King, Founder/Pastor of Hillside International Truth Center (Atlanta, GA). We are awaiting confirmation from Bishop T.D. Jakes and Dr. Gardner Taylor, considered the Dean of Black Churches worldwide.

   It is my intent to invite the President and Vice President to be present with us for this important gathering. I would appreciate the assistance of your office to make that happen.

4. The Balm In Gilead is planning its *Third* National Black Church Conference on AIDS for 1999. We are presently seeking funding. In the past the conference has been held in New York City and at Howard University in Washington, DC. We would like to talk to you further about our plans and perhaps work in partnership with your office to assist in your efforts to work with churches in Atlanta. The Balm In Gilead has a strong base in Atlanta. We have 19 network partners around the country that implement The Black Church Week of Prayer for the Healing of AIDS. Atlanta is one of our cities.

Often, those who have not been involved in the past tend to believe that nothing happened before they arrived on the scene. I pray the work of The Balm In Gilead will not go unnoticed now that the echo of our call to mobilize Black Churches is being heard by increasing numbers of decision-makers.

I look forward to hearing from you.

Sincerely,

Pernessa C. Seele
Chief Executive Officer

Organizational Milestones

1989 - The Annual Harlem Week of Prayer for the Healing of AIDS was initiated by Pernessa Seele to educate and mobilize the religious community of Harlem. Through the Centers for Disease Control and Prevention, this program was replicated in six cities and became a national model for engaging Black religious leaders and congregations in addressing HIV/AIDS. The Harlem Week of Prayer for the Healing of AIDS program was the forerunner of the present-day Black Church Week of Prayer for the Healing of AIDS, which is observed nationally.

1992 – The First Black Clergy Summit on HIV/AIDS was convened at The White House by The Balm In Gilead. In partnership with the National Office of AIDS Policy, The Balm In Gilead brought 60 Black religious leaders to the White House to discuss the issues of AIDS in the Black community. The signing of The Balm In Gilead's Clergy Declaration of War on AIDS was the culmination of our day in Washington. Today, throughout the country, this Declaration hangs at the doors of many Black churches, declaring these houses of worship to be safe places for persons living with AIDS as well as centers for AIDS information.

1992 – Black Church Week of Prayer for the Healing of AIDS was implemented as a national program.

1993 and 95 – The Black Church Education and Leadership Training Conference on AIDS draws hundreds of church professionals, AIDS professionals and people living with AIDS.

1996 – "Jessye Norman Sings for the Healing of AIDS," a concert held at The Riverside Church in New York City, was the first major benefit for the organization. It was also the first time world-class Black entertainers came together to support AIDS work in the Black community. Artists included Whoopi Goldberg, Maya Angelou, Toni Morrison, Bill T. Jones, Anna Deavere Smith, George C. Wolfe, Max Roach, Elton John and Jessye Norman.

1996 – The Ford Foundation granted The Balm In Gilead $200,000 for organizational development.

1997 - The Balm In Gilead raises $300,000 from pharmaceutical companies for out-reach programs and publications.

1998 – The Kaiser Family Foundation made a grant of $200,000 to The Balm In Gilead to develop the first HIV prevention Sunday School curriculum for Black Churches. This curriculum will be a major point of entry for AIDS education in Black churches and thus, into the lives of hundred of thousands of Black Americans.

Current Activities Of The Balm In Gilead

The Black Church HIV/AIDS Resource/Information Center

Purposes:

- Develop educational brochures, teaching curriculums and training modules that provide instruction on raising awareness and delivering supportive services to address HIV/AIDS in the Black community.
- Disseminate resource material to local churches, national church denominations, local, state and national agencies and community-based organizations.
- Follow-up and document effectiveness and use through surveys and interviews.

Results:

The Resource/Information Center receives approximately 50 requests per week. Requests are received from churches, universities, state and city health departments, community-based organizations and individuals.

Resource materials:

- Who Will Break the Silence?: Liturgical Resources for the Healing of AIDS
- Though I Stand at the Door and Knock: Discussions on the Black Church Struggle With Homosexuality and AIDS
- The Black Church Guide to HIV Prevention
- The Heart of the Matter (video and training guide)
- Jessye Norman Sings for the Healing of AIDS (video)
- The Black Church Week of Prayer for the Healing of AIDS Planning Guide
- Numerous resources published by other organizations and agencies

Materials in development

- The Black Woman's HIV Resource Book
- The Black Pastors' Guide to Understanding HIV and Drug Use
- Adding AIDS Education to Your Prison Ministry
- HIV Sunday School Curriculum for Black Churches

The Black Church Week of Prayer for the Healing of AIDS

Purposes:

- Facilitate a national week of AIDS education to raise awareness of and support for persons affected by the AIDS virus in the Black community.
- Educate church professionals about AIDS.
- Raise awareness, through a national medical campaign, in the community at-large regarding the Black Church's work against the spread of AIDS.
- Provide a vehicle for CBOs to collaborate with Black churches on AIDS issues in their communities.

Results
Now in its eighth year, this program is implemented in partnership with 19 community-based coalitions specially trained by The Balm In Gilead. It engages approximately 5000 churches working in coalitions or independently.

Training and Conferences
Purposes:
- Facilitate collaboration between ASOs and Black churches.
- Provide training and support to church professionals on addressing HIV/AIDS.
- Provide training and understanding on the complexities of AIDS in the Black community.

Results
- The Black Church National Conference on AIDS: A Call to the African American Community taking place May 1999, in Nashville, TN. This conference will provide training to over 500 Black church professionals and AIDS educators from across the United States.

- Technical Assistance Conference on Developing the Black Church Week of Prayer for the Healing of AIDS
  Now in its third year, this conference is held in September. The conference is designed for network partners of The Balm In Gilead.

- Developing AIDS Ministries within the Black Church
  This one-day training is designed for local churches seeking to develop AIDS programming within their church structure and for the community that they serve.

- The United States Conference on AIDS
  The Balm In Gilead is one of ten national organizations that sit on the development and planning committee of The United States Conference on AIDS to be held in October 1998 in Dallas, TX. The sponsoring agency is The National Minority Task Force on AIDS. During the Conference, The Balm In Gilead runs a training institute.

Sunday School HIV Curriculum Development
Purpose
- To develop resource materials that will enhance the capacity of the Black Church to educate and mobilize their respective communities on the issues of HIV and other sexually transmitted disease.
- To provide a comprehensive tool for teaching AIDS prevention to Black congregates from pre-school through adult.
- To facilitate the Black Church response and participation in activities that combat the spread of AIDS in the Black community.
- To raise awareness in the community at-large of the Black Church leadership response to the AIDS epidemic in the Black community.

Results

- The Balm In Gilead has secured two of the nation's leading public health experts to collaborate on the development of this Sunday School HIV Curriculum. They are: Dr. Robert Fullilove, Associate Dean, Columbia University School of Public Health and Dr. Lorretta S. Jemmott, Director, Center for Urban Health Research, University of Pennsylvania.

- Hundreds of thousands of Americans will receive on-going AIDS education through one of the most respected and effective teaching institutions in America – the Black Church.

- A commitment from six Black church denominations and the Congress of National Black Churches to be represented on the advisory board of this project and to provide a strategy for the usage of the curriculum throughout their respective denominations and member affiliations.

And Their Living Shall Not Have Been In Vain

A Program in Partnership with the Names Project Foundation

Purpose

- Display panels from the AIDS Memorial Quilt in Black Churches, thereby providing an emotional educational tool to facilitate the process of raising awareness about the AIDS epidemic in the Black community.
- Increase the number of quilt panels that commemorate the lives of African Americans who died from AIDS.

Results

Approximately 10 churches in New York City are participating in this program. Each church hosts an AIDS education program during the period when quilt panels are on site.

National Radio Program

Purposes:

- Raise awareness in the community at-large of the Black Church leadership response to the AIDS epidemic in the Black community.
- Educate members of the Black community on HIV/AIDS prevention and treatment issues.
- Facilitate Black Church participation in activities and events that combat the spread of AIDS in the Black community.
- Provide spiritual support and referrals for people and families affected by AIDS.

Results:

"A Message of Hope In This Time of AIDS" was broadcast over WWRL-AM radio in New York City for 12 months in 1996. At the time, WWRL was the largest Black gospel station in the nation. In October 1997, the program debuted on gospel and talk radio stations in Chicago and Detroit followed by a January 1998 debut in Miami.

THE BALM IN GILEAD INC.

HEALING THROUGH PRAYER,
EDUCATION, ADVOCACY & SERVICE

Sandy, FYI!

August 11, 1998

Martin Luther King, III
SCLC
334 Auburn Ave. NE
Atlanta, GA 30312

Dear Mr. King:

At the suggestion of several friends of SCLC, I would like to re-introduce The Balm In Gilead to SCLC. Under the leadership of Dr. Lowery several years ago, The Balm In Gilead received the endorsement of SCLC. It is my sincere hope that in this desperate hour of AIDS in Black America, The Balm In Gilead can once again become SCLC's partner in mobilizing and educating your member churches on the issues of HIV/AIDS.

For the past 10 years I have been speaking to the Centers for Disease Control and Prevention and so many other institutions on why we must engage the Black Church in the fight against AIDS. Therefore, I am very happy to see the tremendous attention this subject is finally getting and that the echo of our call to mobilize Black Churches is being heard by increasing numbers of decision-makers.

The Balm In Gilead is the only national organization that works exclusively to mobilize and educate Black churches to become community centers for AIDS education and compassionate care. Over the past years we have received the endorsement and support of every major Black Church denomination and of the Black caucuses of The United Methodist Church, The Episcopal Church, The United Church of Christ, The Evangelical Lutheran Church, The Presbyterian Church, and The Catholic Church.

The Balm In Gilead is presently developing a Sunday School HIV Prevention Curriculum for Black Churches that the Kaiser Family Foundation funded with a seed grant of $200,000. Dr. Riggins Earl, Professor of Ethics at The Interdenominational Theological Center (ITC) in Atlanta is an advisory consultant on this project as well as Dr. Mary Love, Director of Church School Literature for the AMEZ Church. The project has received the endorsement and support of The Congress of National Black Churches and the National Council of Churches, USA. Each organization holds a seat on our advisory board for this project.

130 West 42nd Street • Suite 1300 • New York, NY 10036
Tel 212-730-7381 • Fax 212-730-2551 • E-mail BalmGilead@aol.com

I will be in Atlanta during the month of September and would like to meet with you to discuss the possibility of SCLC supporting this project.

The objectives of our Sunday School HIV Prevention Curriculum are:

- To develop resource materials that will enhance the capacity of Black churches to educate and mobilize their communities on the issues of HIV;
- To develop resource material within a familiar Christian education context that encourages and facilitates the acquisition and development of Christian discipleship;
- To facilitate the Black church response and participation in activities that combat the spread of AIDS in the Black community.

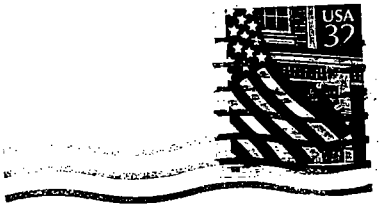
I have enclosed a packet of information on The Balm In Gilead for your review. In addition, I have attached a listing of our organizational milestones and activities. I will call your office next week to schedule an appointment with you in September. If we can be of any assistance to you, please call. I can be reached at (212) 730-7381.

Sincerely,

Pernessa C. Seele
Chief Executive Officer

C: Dr. David Satcher, US Surgeon General
Sandy Thurman, Director of National AIDS Policy

THE WHITE HOUSE

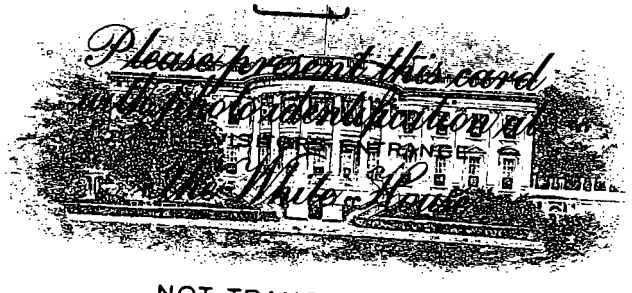


Ms. Sandy Glumman
808 17th Street
Washington, D.C. 20006

Suite 820

On the occasion of

The White House Conference on Hate Crimes



NOT TRANSFERABLE

The President

requests the pleasure of your company

at a breakfast to be held at

The White House

on Monday, November 10, 1997

at nine o'clock

M. Sandra L. Thurman

____ will attend ____ will not attend

the dinner on November 12th.

For information, please call 212 / 685-1095.