AMBASSADOR OF THE UNITED STATES OF AMERICA
OTTAWA, CANADA

Fax:
KEITH MASON - 404-537-4198
SANDY THURMAN - 202-456-2439
TERRIE OLEARY - 202-477-4155

FAX COVER SHEET

EDSIMS - 202-624-1298
RICHARD MAHONEY - 613-783-9640
DAVID HERLE - 613-236-6173

To: _____

_____

Fax #: _____

Date: 12-2-98 # of pages including cover: 7

From: MARYSCOTT GREENWOOD
Office of Ambassador Gordon Giffin
Embassy of the United States of America
100 Wellington Street
Ottawa, Ontario K1P5T1
613-238-5335 ext. 223
613-238-8750 (fax)

Hope all this is OK with everybody.

- S

2

AMBASSADOR OF THE UNITED STATES OF AMERICA
OTTAWA, CANADA

MEMORANDUM

TO: Gordon Giffin
Terrie O'Leary
Ed Sims
Richard Mahoney
Sandy Thurman
David Herle
Keith Mason
Karen Anderson

FROM: Scotty Greenwood 613-238-5335 x223

RE: Dinner on Monday, December 14

DATE: Wednesday, December 2, 1998

After the reception at the University Club in Terrie's honor on Monday, December 14, I propose that we have dinner together at 8:00 at Vidalia (1990 M Street, 202-659-1990). The reservation is in Ed Sims' name. Please let me know if this suits you.

3

TERRIE O'LEARY RECEPTION GUEST LIST

DECEMBER 14, 1998 6:00 P.M. TO 7:30 P.M.

COMPANY	Ttle	FirstName	Last Name	Fax #	YES	NO
Nat'l Geog. Soc.	Mr.	Terry	Adamson	(202) 429-5744	X	
LAN	Mr.	John	Aldridge	(404) 527-4198		
Coca-Cola	Mr.	Bryan	Anderson	(202) 296-0047		
LAN	Ms.	Karen	Anderson	(202) 624-1298	X	
Leadership '98	Mr.	Nick	Baldick	(202) 429-2287		X
Nat'l Soft Drink	Mr.	Will	Ball	(202) 463-8172	X	
Leadership '98	Ms.	Katriece	Banks	(202) 429-2287		
	Mr.	David	Banks	(416) 777-6206		
Cong John Lewis	Mr.	Rob	Bassin	(202) 225-0351		
White House	Mr.	Paul	Begala	(202) 456-2564		X
	Ms.	Michele	Bernard	(202) 293-2642	X	
	Mr.	Tom	Bernes	(202) 623-4712	X	
	Mr.	Michael	Berney	(202) 273-4020		
Delta Airlines	Mr.	Harold	Bevis	(404) 715-4779		
	Ms.	Sandra	Bolger			
	Mr.	Gary	Bond	(202) 974-4344	X	
	Ms.	Mary Pat	Bonner	(703) 916-1712	X	
	Mr.	Ernest	Bower	(202) 289-0519	X	
Bracy Williams	Mr.	Terry	Bracy	(202) 783-5595		
	Mr.	Chris	Brewster	(202) 682-3580		
	Mr.	Ken	Brodie			
	Mr.	Jim	Brown	(202) 783-5595	X	
US Olympic Co	Mr.	Steve	Bull			
	Mr.	Paul	Cantor	(416) 360-6105		
	Mr.	Norm	Carl	(615) 385-0835		
White House	Ms.	Cheri	Carter	(202) 456-6218		
	Mr.	James	Carville	(202) 546-1490		
	Ms.	Jenny	Clad	Roy Neel Guest	X	
	Mr.	Scott	Clark		X	
Can. Embassy	Mr.	Matthew	Clark	(202) 682-7789		
U.S. Senator	Hon	Max	Cleland	(202) 224-0072		
	Mr.	Jacques	Cook	(202) 623-2527		
Gov Miller's	Ms.	Tina	Coria	(404) 656-5947		
U.S. Senator	Hon	Paul	Coverdell	(202) 228-3783		X
White House	Mr.	Greg	Craig	(202) 456-2878		X
	Mr.	Dick	Crawford	(202) 887-8907		
Wall Street Journ	Ms.	Jeanne	Cummings	(202) 862-9266	X	
LAN	Mr.	Buddy	Darden	(404) 527-4198	X	

4

	DECEMBER 14, 1998 6:00 P.M. TO 7:30 P.M.					
	Mr.	Howlie	Davis			
Congr. Office	Ms.	Wendy	Davis	(202) 225-5652		
	Mr.	Dennis	Davison	(202) 624-1298		
	Mr.	Jay	Dunn	(202) 456-6218		
	Mr.	Brad	Dunn	(205) 951-3759		
	Mr.	Fred	Duval	(202) 647-3980		
Sen. Coverdell's	Ms.	Molly	Dye	(202) 228-3783	X	
White House	Ms.	Maria	Echevestc			
Can. Embassy	Mr.	David	Ehinger	(202) 682-7678	X	
White House	Mr.	Rahm	Emmanuel	(202) 456-2983		
	Ms.	Jackie	Falk			
USTR	Mr.	Richard	Fisher	(202) 395-3911, 395-6865		X
	Ms.	Kaz	Flinn	(416) 866-5929	X	
	Ms.	Tina	Flournoy	(202) 338-9459		
	Mr.	Don	Fowler	(803) 771-7442	X	
	Mr.	Paul	Frazer	(202) 682-7678	X	
UN	Hon	Louise	Frechette	(212) 963-8845		X
	Mr.	Doug	Frith	(416) 968-1016	X	
DLC	Mr.	Al	From	(202) 544-5002		
Delta	Ms.	Delores	Gallego	(404) 715-4779		
	Mr.	Alan	Gill	(202) 623-3609	X	
Salt Lk Olymp C	Ms.	Cindy	Gillespie	(703) 426-1853	X	
Fannie Mae	Ms.	Jamie	Gorelick	(202) 752-5980	X	
Treasury	Mr.	Matt	Gorman	(212) 715-6645	x	
DNC	Ms.	Janet	Green	(202) 863-8174	X	
	Mr.	Steve	Grigg	(202) 863-4049		
King & Spalding	Ms.	Cathy	Gwinn	(202) 626-3737	X	
Monsanto	Ms.	Marsha	Hale	(202) 789-2667, 783-2468		
Dept of Transport	Mr.	Jim	Hall			
Leadership '98	Ms.	Karen	Hancox	(202) 429-2287		
United Technolog	Ms.	Ruth	Harkin	(202) 336-7479		X
	Ms.	Diane	Harnell Cohen	(404)352-2803		X
	Mr.	Bob	Harness	(202) 789-2667, 783-2468		
	Mr.	Larry	Harrington			
Earnscliffe	Mr.	David	Herle	236-6173	X	
	Hon	Alexis	Herman	(202) 219-8822		
	Mr.	Mike	Hernon	(202) 863-2348		X
White House	Ms.	Nancy	Hernreich	(202) 456-2883		Maybe
FERC	Mr.	Jim	Hoecker	(202) 208-0151	X	

5

DECEMBER 14, 1998 6:00 P.M. TO 7:30 P.M.							
		Mr.	Robert	Holleyman	(202) 872-5501		
Coca Cola		Mr.	Janet	Howard	(202) 296-0047	X	
		Mr.	Steven	Hudson	(416) 777-6206		
Cong Gephart's O		Mr.	Fred	Humphries	(202) 225-7452		
Dept of Justice		Mr.	Frank	Hunger	(202) 514-4371	X	
		Mr.	Harold	Ickes	(202) 223-0358	X	
Monsanto		Mr.	Bill	Ide	(202) 789-2667, 783-2468		
LAN		Mr.	Logan	Ide	(404) 527-3827		
USTR		Mr.	Don	Johnson	(202) 395-5639		
White House		Ms.	Ansley	Jones	(202) 456-2461		
Goodwork's Inc.		Mr.	Hamilton	Jordan	(404) 605-0638		
Kennedy School		Ms.	Elaine	Kamarck	(617) 496-1722		
Mem of Congress		Hon	Patrick	Kennedy	(202) 225-3290		
Dem Ldrship Cnl		Mr.	Ed	Kilgore	(202) 544-5002		
		Mr.	Russell	King	(202) 737-1568		X
White House		Mr.	Ron	Klain	(202) 456-6212		
Aspen Institute		Mr.	Charles	Knapp	(202) 466-4568		
Strategy Group		Mr.	Peter	Knight	(202) 659-3005, 3010		X
LAN		Mr.	Steve	Labowitz	(404) 527-4198	X	
		Ms.	Carol	Lee	(202) 974-4361		X
		Mr.	Chris	Lehane	(202) 456-2461		
Can. Embassy		Mr.	Matthew	Levin	(202) 682-7678	X	
Congressman		Hon	John	Lewis	(202) 225-0351		
LAN		Mr.	Clay	Long	(404) 527-4198		
		Ms.	Liz	Lubow	(202) 347-8713		
		Mr.	Steve	Lustgarten	(202) 223-9636		
		Mr.	Robert	MacNeil	(703) 998-5707		
Bracy Wms & Co		Ms.	Laura	Madden	(202) 783-5595		
Fraser Milner		Mr.	Richard	Mahoney	(613) 783-9690	X	
		Mr.	Dave	Markey	(202) 463-4197		
Dem Ldrship Cnl		Mr.	Will	Marshall	(202) 544-5002		
White House		Mr.	Goody	Marshall	(202) 456-6704		
LAN		Mr.	Keith	Mason	(404) 527-4198		
		Mr.	Carl	Masters	(404) 527-3827		
White House		Ms.	Sylvia	Mathews	(202) 395-3888		
State Department		Ms.	Marcia	Mayo	(202) 647-4080		
		Mr.	Terry	McAuliffe	(202) 887-0113		
City of Baltimore		Ms.	Debbie	McCarty			
White House		Mr.	Mike	McCurry	(202) 456-2530		
		Mr.	Winston	McGregor			
		Mr.	Mack	McLarty	(202) 822-8106		

6

DECEMBER 14, 1998 6:00 P.M. TO 7:30 P.M.						
Natl Gov Assoc	Ms.	Jennifer	Mello	(202) 624-5313		X
Mercer & Assoc	Mr.	David	Mercer	(202) 293-2642	X	
	Mr.	Richard	Messick	(202) 522-7132		
LAN	Mr.	Kyle	Michel	(202) 624-1298	X	
Monsanto	Mr.	Toby	Moffett	(202) 789-2667, 783-2468		
	Mr.	Powell	Moore	(202) 228-3679		
White House	Ms.	Minyon	Moore	(202) 456-7929, 6218		X
Dewey Square	Ms.	Kiki	Moore	(202) 638-5612	X	
	Mr.	Powell	Moore	(202) 228-3679		
Commerce Dept	Ms.	Melisa	Moss	(202) 625-2230	X	
Dept of Transport	Mr.	Jack	Murray	(202) 366-7952		
	Ms.	Jocelyne	Nadon			
	Mr.	Lawrence	Nagin	(703) 418-5252		
White House	Mr.	Bob	Nash	(202) 456-2259	X	
	Mr.	Roy	Neel	(202) 326-7333	X	
	Mr.	Randy	New	(404) 249-4768		
	Mr.	John	Niehuss	(202) 623-2352		
	Ms.	Wendy	Nishikawa	(202) 293-9111	X	
	Mr.	Walker	Nolan	(202) 508-5786		
LAN	Mr.	Randy	Nuckolls	(202) 624-1298		
King & Spalding	Hon	Sam	Nunn	(202) 626-3737		
	Mr.	Rod	O'Connor	(202) 863-8081		
Patton Boggs/Blo	Mr.	Tom	O'Donnell	(202) 457-6315		
World Bank	Ms.	Terrie	O'Leary	(202) 477-4155	X	
	Mr.	Joe	O'Neil			
	Mr.	George	Peapples	(202) 775-5077		
	Mr.	Tim	Phillips			
	Ms.	Jan	Piercy	(202) 477-2967		
White House	Mr.	John	Podesta	(202) 456-1907		X
	Mr.	Bill	Pollard	(202) 336-7527	X	
	Mr.	Alfred	Pollard	(202) 289-1903		
	Mr.	Ian	Portnoy	(202) 624-1298		
	Mr.	Roger	Pruneau	(202) 522-3525		X
	Mr.	Arnold	Punaro	(703) 734-0815	X	
Moorcroft Quaitat	Mr.	Gord	Quaiattini	(613) 751-4496	X	
	Mr.	Nelson	Raneri	(202) 336-7948		
White House	Mr.	Bruce	Reed	(202) 456-5542		
	Mr.	Ronald	Reeves	(703) 872-5109		
Coca Cola	Mr.	Barclay	Ressler	(202) 296-0047		
	Mr.	Steve	Ricchetti			
Cartwright/Riley	Mr.	Hubert	Riley	(202) 293-9111	X	

7

DECEMBER 14, 1998 6:00 P.M. TO 7:30 P.M.						
SmithKline Beec	Mr.	Burt	Rosen	(202) 452-8489		
Treasury Secretar	Hon	Robert	Rubin	(202) 622-0073		
	Mr.	David	Rudd	(202) 224-4293		
CSIS	Mr.	Chris	Sands	(202) 775-3199	X	
	Mr.	Steve	Sauls	(305) 348-3660		
USTR	Mr.	Peter	Scher	(202) 395-6865		
White House	Ms.	Marcia	Scott	(202) 456-5558	X	
Can Embassy	Mr.	David	Sevigney	(202) 682-7678	X	
	Mr.	Tom	Sheridan			
Dewey Sq. Group	Ms.	Anne	Sheridan	(202) 638-5612	X	
	Ms.	Jackie	Simmons	(202) 624-1298		
LAN	Mr.	Kyle	Simpson	(202) 624-1298		
LAN	Mr.	Edgar	Sims	(404) 527-4198	X	
	Ms.	Lorie	Smith	(404) 463-7477		
White House	Mr.	Craig	Smith	(202) 456-7929		
	Mr.	Robin	Sommers	(505) 986-8445		
Coca Cola	Mr.	Connell	Stafford	(404) 676-8265		X
	Ms.	Marie	Stamp	(202) 682-7789		
	Mr.	Brian	Steck	(416) 867-7061		
	Mr.	John	Stough	(202) 624-1298		
G Tech	Mr.	Don	Sweitzer	(401) 392-0279		
	Mr.	Jeff	Teague			
	Hon	Peter	Teeley	(202) 289-7448		X
State Dept	Ms.	Patsy	Thomasson	(703) 875-5043	X	
White House	Ms.	Sandy	Thurman	(202) 456-2439		
	Mr.	Matt	Towery			
Commerce Dept	Ms.	Mary	Trupo	(202) 219-4247	X	
Motion Pix Assoc	Mr.	Jack	Valenti	(202) 452-9823		X
Can Embassy	Hon	Doug	Waddell	(202) 682-7678	X	
	Mr.	Rogers	Wade	(770) 455-4355		X
Monsanto	Mr.	Jack	Watson	(202) 783-2468		
	Mr.	John	Webster	(416) 229-2478		
Dewey Sqr Group	Mr.	Michael	Whouley	(202) 638-5612		
	Mr.	Mitchell	Willey	(202) 223-8166		
Bracy Williams	Ms.	Susan	Williams	(202) 783-5595		
OPIC	Mr.	David	Wofford	(202) 336-7948		
Delta	Mr.	Scott	Yoahe	(202) 216-0824		x
Goodworks	Mr.	Andrew	Young	(404) 527-3827		
Bell Canada	Mr.	Bruce	Young	(613) 233-1279		

The Honorable Dennis DeConcini

United States Senator, Retired

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Tucson, AZ 85716
520 325 9600

December 11, 1998

To: Ms. Sandra L. Thurman, National AIDS Policy Director
Mr. Mike Iskowitz, Office of National AIDS Policy
202.456.2439

From: Dennis DeConcini
Shannon Davis

Re: AIDS Healthcare Foundation

In reference to the fax sent to you on December 9, 1998, attached is the language from the FY 1999 Omnibus Appropriations Bill, Conference Report to Accompany H.R. 4328, to appropriate $2 million to "conduct a demonstration of residential treatment facilities at the AIDS Healthcare Foundation in Los Angeles."

105TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
105–825

MAKING OMNIBUS CONSOLIDATED AND EMERGENCY SUPPLEMENTAL APPROPRIATIONS FOR FISCAL YEAR 1999

CONFERENCE REPORT

TO ACCOMPANY

H.R. 4328

OCTOBER 19, 1998.—Ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1998

51–500

the HIV/AIDS case rate is more than twice the national case rate of 24.1 per 100,000.

Within the total amount provided, $16,000,000 is for the Center for Substance Abuse Treatment, of which $9,000,000 shall be used for comprehensive residential treatment for women and their children, and $7,000,000 shall be dedicated to treatment programs serving youth and men; and $6,000,000 is for the Center for Substance Abuse Prevention to be targeted to prevention services for African American youth.

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

HEALTH CARE POLICY AND RESEARCH

The conference agreement includes $100,408,000 in appropriated funds as proposed by the House instead of $50,000,000 as proposed by the Senate.

The conference agreement designates $70,647,000 to be available to the Agency for Health Care Policy and Research under the Public Health Service one percent evaluation set-aside as proposed by the House instead of $121,055,000 as proposed by the Senate.

The Henry Ford Health System has a proposal to develop a collaborative, interdepartmental effort focused on the advanced use of patient demographic and clinical data. The agency is encouraged to review the proposal's merits.

The Community Health Assessment and Development Program has a proposal to develop an urban improvement program involving integrated data and outcome measures to health care providers in the northeast Ohio area. The agency is encouraged to review the proposal's merits.

HEALTH CARE FINANCING ADMINISTRATION

PROGRAM MANAGEMENT

The conference agreement makes available $1,946,500,000 for program management instead of $1,942,500,000 as proposed by the House and $1,685,550,000 as proposed by the Senate. The Senate bill assumed that the Administration's user fee proposal would be enacted prior to conference. Included within this amount is $4,000,000 to improve the survey and certification and enforcement process to insure that nursing home residents receive the quality of care required by the Nursing Home Reform Act of 1987. An additional appropriation of $560,000,000 has been provided for this account in the Health Insurance Portability and Accountability Act of 1996.

The conference agreement includes bill language identifying $1,000,000 for the National Bipartisan Commission on the Future of Medicare instead of $600,000 as proposed in both House and Senate bills. The conference agreement also deletes language contained in both bills, but is no longer needed, that directs the Commission to examine the impact health research has on Medicare costs as well as the potential for coordinating Medicare with cost-effective long-term care services.

The conference agreement includes bill language identifying $45,000,000 for the transition to a single Part A and Part B proc-

essing system and Year 2000 century conversion requirements of external contractor systems. The House and Senate bills provided $45,000,000 and $25,000,000, respectively, only for transition to a single Part A and Part B processing system.

The conference agreement includes bill language identifying $2,000,000 of the funds available for research, demonstration, and evaluation activities to continue demonstration projects on Medicaid coverage of community-based attendant care services for people with disabilities which ensure maximum control by the consumer to select and manage their attendant care services. The House bill contained no similar provision.

The conference agreement provides for the Medicare rural hospital flexibility grants program under the Health Resources and Services Administration instead of HCFA as proposed by the Senate. The House bill contained no similar provision.

The conference agreement includes $2,000,000 to support research conducted by the Sinclair School's Tiger Place to develop a comprehensive elderly health care delivery model evaluation.

The conference agreement includes $2,000,000 within research to conduct a demonstration of residential treatment facilities at the AIDS Healthcare Foundation in Los Angeles.

The agency is encouraged to give strong consideration to reclassifying Iredell County, North Carolina to the large urban area of Charlotte-Gastonia-Rock Hill, North Carolina for the purposes of Medicare hospital reimbursement.

The agency is urged to extend the chronic ventilator-dependent unit demonstration at Temple University Hospital for one additional year. It is expected that this project will be permanently authorized after next year and this extension will no longer be needed.

The conference agreement recommends the Secretary base retaining or changing the current requirement of physician supervision of anesthesia services in Medicare on scientifically valid outcomes data. Concern has been expressed regarding HCFA's proposed elimination of this requirement which has been in effect since the inception of the Medicare program. The conference agreement further suggests that the Secretary request the Agency for Health Care Policy and Research to work with HCFA in a design and implementation of an outcome approach that would examine, utilizing existing Medicare operating room anesthesia data, mortality and adverse outcome rates by different anesthesia providers, adjusted to patient acuity, and other relevant scientific variables. This methodology should be developed after consultation with the relevant national professional organizations. Nothing in this report shall be construed as encouraging, discouraging, or delaying HCFA from removing or retaining the current physician supervision requirement.

The conference agreement concurs with language contained in the House report and includes funds to demonstrate and evaluate family and community responses to the care of the elderly.

The Secretary is urged to consider a demonstration program to evaluate the potential savings to the Federal government and the level of quality improvement attainable by using managed care techniques in Federal health care programs relating to clinical lab-

The Honorable Dennis DeConcini

United States Senator, Retired

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Tucson, AZ 85716
520-325-9600

December 9, 1998

To: Ms. Sandra L. Thurman, National AIDS Policy Director
Mr. Mike Iskowitz, Office of National AIDS Policy
202.456.2439

From: Dennis DeConcini
Shannon Davis

Re: AIDS Healthcare Foundation

As you know, the AIDS Healthcare Foundation has been named in report language from the FY 1999 Omnibus Appropriations Bill to receive $2 million to "conduct a demonstration of residential treatment facilities at the AIDS Healthcare Foundation in Los Angeles." This is the same project we discussed when I brought Michael Weinstein and Cesar Portillo from AIDS Healthcare and Shannon Davis from my office in to see you and your colleagues. Thank you for your help to get the $1 million FY 1998 appropriation released from HCFA (Health Care Financing Administration).

As you and I discussed at the recent D'Agostino / Mark Russell fundraiser, we again need your assistance to ensure that this year's funds are distributed to AIDS Healthcare Foundation in accordance with congressional intent. I am happy to provide you with any additional information you require. I look forward to discussing this with you on your return from India. I will be out of the office on December 14 but can be reached at 202.547.4000 for the balance of the week. I look forward to talking with you. Thank you in advance for your assistance.

SLT COPY

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

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

FROM: Daniel C. Montoya, Executive Director

RE: Letter to the President Addressing FY 2000 Budget

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

Please transmit this letter to the President.

Thank you.

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

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

October 28, 1998

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

Dear Mr. President:

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

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

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

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

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

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

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

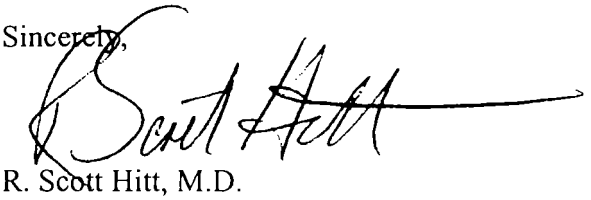
- By stabilizing individuals' lives and facilitating access to consistent care, HIV support services such as those funded through the CARE Act and Housing Opportunities for People with AIDS program improve both the overall health outcomes and quality of life of people living with HIV disease.

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

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

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

Sincerely,



R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

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

(12/16, 3:30 p.m EST)

Presidential Advisory Council on HIV/AIDS
Meeting with the President

December 18, 1998

THEME: SUPPORT, SUPPORT, SUPPORT

WHEN PRESIDENT ENTERS, PLEASE STAND AND APPLAUD

ATTEND THIS MEETING AS A COUNCIL, NOT AS AN INDIVIDUAL

DO NOT SPEND TIME INTRODUCING EACH MEMBER -- THEY WILL HAVE NAME TAGS AND/OR NAME TENTS

Introduction of Council's Chair - Dr. Scott Hitt by Sandra L. Thurman

Introduction by Scott Hitt, M.D.

- Thank the POTUS for the opportunity to meet with him and his staff. Thank him for his leadership, commitment and genuine caring for people living with HIV and AIDS, and for his true commitment for wanting to help end the devastating impact AIDS is having both in the U.S. and the world.

- Speaking for all members, indicate how proud you have been to serve the President and his Administration.

- Thank his staff for being at this meeting, for their past support, and for their commitment to this issue.

- Thank Sandy Thurman, Todd Summers, and any other major official in the room.

- Thank the Council members present for their commitment, leadership and friendship.

- Thank Daniel Montoya for his work as executive director and for his ability to help focus the Council's efforts.

- Acknowledge and thank him for the recent White House events focusing on AIDS,

including the World AIDS Day announcement of new international funding, additional funding to address AIDS orphans, and new funding for vaccine development. These announcements are very important, not only for the funding they provide, but also because of the focus they place on very critical issues.

- Remind him that media reports continue to tell the American public that HIV is manageable, that deaths are down, and that the new treatment drugs are working. What they often fail to mention is that NEW infections continue at about 40,000 a year, that many people do not have access to the new drugs, that many people cannot tolerate the new drugs, and that some 300,000 (?) Americans do not even know their HIV status, and thus can not benefit from the new drugs.

- Indicate that his focus on HIV over the past several months has sent a clear message to the American public that HIV/AIDS is not over. What we need to do now is to build on the momentum he has begun and help ensure his legacy as the one and only President who was not afraid to tackle an unpopular issue because he knew it was necessary and because he knew it was the right and moral thing to do.

- Mr. President, over the past year, this Advisory Council has taken a long and hard look at where the epidemic is heading and what we need to be doing as a nation to address it, and we clearly understand the role that your leadership has and will continue to play.

- In June of this year, the Council adopted as its number one priority the issue of addressing HIV/AIDS in racial and ethnic. Acknowledge his recent focus on racial and ethnic communities and the additional $156 million in funding targeted to these communities that was obtained with the strong leadership of the Congressional Black Caucus and many others **(including the special role that Erskine Bowles played)**.

- Stress that this effort, for what seems to be for the first time, focused the efforts of the African American community on this disease in a way that has not occurred before. It has made a tremendous impact on African American leadership, and now our challenge is to expand this focus to other communities of color and to ensure that racial/ethnic communities have equal access to the $4 billion that the Federal government spends on AIDS each year.

- We believe that this will take additional measures, including better coordination of efforts, not only in the area of vaccine development, but in the running of programs, both in the U.S. and internationally.

♦ PERSPECTIVE BY RABBI EDELHEIT

Mr. President,

We are honored to be here with you so soon after you have returned from Israel, where you prophetically engaged in the making of peace, where you brought the gift of hope to the Land of the Bible. During the week of Hannukah and one week before Christmas, we are all reminded that both religious holidays promise us "light" during the darkest time of the year. As your Advisory Council we want to help you fulfill your vision, to bring forth the light of hope to those living with HIV/AIDS.

HIV/AIDS still darkens the path to the , to which you have prophetically led us; how can we help you illuminate the darkness which hides the path. We must want you that there are some who are in danger of not being able to follow when you lead us across that bridge into the 21st century. How can we be sure that the homeless IV drug user who has no access to clean needles or the newest combination of drug therapies will get to the other side? What do we have to do that will insure that the Hispanic single mother with young children whose Medicaid will not cover her drugs and primary care and also allow her to work and leave the welfare rolls, will get to the other side?

Here is a gift, a Dreidel, the traditional spinning top we play during Hannukah, the four Hebrew letters stand for the statement, Nes Gadol Haya Sham - "A Great Miracle Happened There." Mr. President, we know there will be no great miracle to end HIV/AIDS, so we are here to help revive your vision of zero rate of transmission and equitable access equitable access to care for all persons battling HIV disease? We are here with you especially on this day, when a terrible political darkness has fallen over this city, because we want you to know that we will do what ever it takes to cross that bridge with you into the 21st century.

ISSUE 1: ***Critical Need for Expanded Investment In HIV/AIDS Programs in FY 2000***

Background:

As the President finalizes his FY 2000 budget in the coming weeks, the Council urges that he include in his request to Congress meaningful increases for the complete HIV/AIDS portfolio, including HIV prevention, care and treatment, housing, research and international programs. Together, these five major areas represent a comprehensive approach to ending the pandemic and caring for those living with HIV disease. As the number of persons living with HIV/AIDS in the United States continues to grow, these critical programs require additional funding if we are to successfully achieve the important goal of eliminating racial and ethnic disparities in health outcomes by the year 2010.

The Council is grateful to the President and other Administration officials for their strong and public support for substantial increases in HIV/AIDS funding in FY 1999. Central to this success was the leadership of the Congressional Black Caucus in proposing and advocating adoption of its HIV/AIDS Initiative. The CBC Initiative has focused important attention on the disproportionate impact of HIV disease on African Americans, Latinos and other communities of color. The Council urges the President to use his FY 2000 budget request as an opportunity to maintain and build upon the important momentum established in FY 1999 by supporting the following budget items.

Action Items:

1. Prevention

The Council continues to be concerned by the Administration's historic lack of support for increased funding for HIV prevention efforts. In FY 2000, the Council calls upon the Office of National AIDS Policy to initiate a well-targeted, national HIV testing initiative in order to reach an estimated 30% of persons living with HIV who, because they are unaware of their HIV-status, are at increased risk for passing the virus on to others and are missing out on early care and treatment opportunities. With 50% of new HIV infections currently related to injection drug use, the Council also urges the Administration to continue to expand substance abuse treatment services, and to support other, scientifically sound prevention programs for injection drug users and their partners.

2. CARE Act and ADAP

The Council urges the President to request from Congress adequate and full funding for the AIDS Drug Assistance Program (ADAP) and all other titles of the Ryan White CARE Act, which provide important medical and support services that stabilize the health and lives of individuals with HIV disease and facilitate access to HIV treatment. The Council also requests

that the President request increased funding for the Health Care Financing Administration to cover start-up costs related to expanding Medicaid coverage to low-income individuals with HIV disease, and to avoid forcing disabled individuals, including those with AIDS, to choose between entering the labor force and continued Medicaid or Medicare coverage.

3. Housing

Federal housing programs play a critical role in efforts to stabilize the health of individuals living with HIV. The lack of stable housing, provided through key HUD programs such as the Housing Opportunities for People with AIDS (HOPWA), Sec. 8 and other supportive housing programs, makes it more difficult for homeless persons with HIV/AIDS and those at imminent risk for homelessness to engage in the health care system and adhere to complex HIV treatments.

4. Research

The substantial federal investment in HIV research, to date, has resulted in remarkable treatment breakthroughs that are prolonging the lives and health of thousands of persons with HIV/AIDS. The Council is grateful for the Administration's strong commitment to vaccine research and urges full funding of this global health imperative. The Council reiterates its strong support for research on microbicides.

5. International HIV Efforts

The Council appreciates the President's World AIDS Day announcements related to new global AIDS efforts. In FY 1999, however, the President actually proposed a reduction in USAID funding. It is our hope that the President's FY 2000 budget will reflect the renewed importance of U.S. contributions towards the twin goals of ending this worldwide pandemic and mitigating the health and economic costs associated with it. The Congress' $4 million increase for US AIDS in FY 1999 represents a small, but important step towards a full and appropriate role for the U.S. in global AIDS efforts, and should be expanded upon in FY 2000.

ISSUE 2: ***Critical Need for Expanded Access to Care for People Living with HIV***

Background:

Accessing the principal HIV care coverage programs, (Medicaid and Medicare) in most cases, requires that HIV+ persons be ***already disabled***, even though new treatments offer real hope of delaying or even preventing disability.

-- Current Resource Commitment: For FY '98, the public sector devoted about $7 billion to provision of HIV-related primary care and related services, covering everything from prescription drugs and doctors' visits to case management and housing. With Medicaid and Medicare often unavailable to cover initial care for uninsured HIV+, the burden falls increasingly on relatively smaller programs like Ryan White, HOPWA and ADAP, where disability is not a pre-condition to access.

-- Changed Circumstances: Three factors have refocused attention on the existing HIV care financing and delivery system:

-- New Standard of Care: In 1997, HHS issued new treatment guidelines for HIV, including treatment with combination drug therapy prior to development of symptoms and before substantial deterioration of the immune system resulting in disability.

-- Changing Demographics: CDC estimates that 650,000 – 900,000 Americans have HIV infection. 500,000 know their status. Only 350,000 are in care. Half of all new HIV infections are related to injection-drug use. The AIDS case rate for African Americans is eight times higher than that of whites.

Achieving the President's stated national goal of reducing health care disparities among racial and ethnic groups is further complicated by the changing demographics of the HIV/AIDS epidemic. People with HIV are increasingly likely to be uninsured, impoverished, abusing substances, female and members of racial or ethnic minorities - populations historically underserved by the health care system and requiring culturally appropriate and sensitive care.

-- Declines in Mortality: AIDS-related deaths have declined (44% during first half of '97 compared to '96). AIDS diagnoses are down (12%). ***But the number of people living with HIV is increasing***. Demands on the health care system have changed from a need for more intense end-stage care to a need for services associated with a chronic condition. Additional costs of caring for more HIV + with expensive drugs, however, are often offset by reducing or, at least deferring, the dramatically higher costs associated with the later stages of HIV-disease. As a result, lowered inpatient costs may well compensate for increased outpatient costs.

Status:

In April, 1997, Vice President Gore asked HCFA to evaluate the possibility of expanding access to Medicaid for poor HIV+ individuals prior to their becoming disabled. In response, HCFA/HHS has concluded that, on a national basis, Medicaid expansion cannot be done in a budget neutral manner.

However, the cost-estimate currently being used by HCFA/HHS of $27,000 for annual AIDS-related costs to Medicaid is ***dramatically*** higher than the average cost of care experienced in private HMOs or in the VA (the largest single direct provider of health care for HIV+), which are estimated at $10,000 - $12,000 per year.

Between the first quarter of FY '91 and the fourth quarter of FY '97, the percentage of the Medicaid pharmaceutical budget spent on HIV drugs increased from 0.57% to 5.25%, an almost ***tenfold*** increase. Actual HIV drug expenditures grew from under $20 million in the first quarter of FY '94 to almost $120 million in the second quarter of FY '97. ***HIV drug costs are the single largest component of HIV treatment and care and that segment is growing rapidly.***

HCFA/HHS has suggested that individual states submit 1,115 Medicaid waiver requests proposing expanded HIV+ care and treatment, as an alternative to a national solution. Several states are currently preparing such waiver request proposals. However, three policy issues seriously hamper the ability of states to achieve budget neutrality:

-- Current Administration policy requires finding offsetting cost savings in Medicaid ***only.*** Under that policy, even if expansion results in savings in other federal entitlement (*e.g.*, Medicare, SSI and SSDI) or discretionary programs (*e.g.*, HOPWA and CARE Act), those cannot be counted toward achieving budget neutrality.

-- Current Administration policy limits states to considering only a five-year budget window. A longer time frame, if permitted, might make it more likely that states could achieve budget neutrality.

-- Given the centrality of prescription drugs in the new treatment standard, any successful attempt to develop a cost-neutral strategy must include a reduction in drug prices. In fact, Massachusetts health officials indicate that an additional reduction of approximately 15%, on top of their existing 26% discount, would be necessary to achieve budget neutrality in their waiver program. While drug pricing should not be the only mechanism for achieving expanded-access cost neutrality, the resulting increased volume of federal, state and local governmental drug purchases makes accompanying drug cost reductions clearly both reasonable and essential. Unfortunately, to date no one in the federal government has been willing even to attempt to deal with the issue of drug pricing.

Action Items:

1. The President should direct the Secretary of HHS and the Director of OMB to use a broader range of programs (other entitlement and federal discretionary programs) and a longer budget time frame to determine budget neutrality for the purpose of the 1,115 waiver applications.

2. The President should direct the Vice President to expand his discussions with the pharmaceutical industry to include the cost of HIV-related drugs. All relevant departments should also participate, including Justice and State, to ensure that anti-trust and international concerns are appropriately addressed.

3. The President should include provisions for necessary start-up costs of Medicaid expansion in his FY 2000 budget request.

ISSUE 3: *Need for a National HIV Counseling and Testing Awareness Campaign to be Administered out of the White House Office of National AIDS Policy*

Background:

Treatment guidelines issued by the Public Health Service recommend that doctors begin monitoring their HIV-positive patients and consider initiation of antiviral therapy as soon after infection as possible. The federal government's official treatment guidelines can benefit a patient only if the patient knows that he or she is infected with HIV. Unfortunately, the CDC estimates that one in every three Americans living with HIV, and 50% of all persons with non-symptomatic HIV infection, are ignorant of their HIV status. Because of such poor testing rates, far too many Americans learn that they are infected only when they become seriously ill and after HIV has already seriously damaged their immune system. Clearly, a major national initiative is needed to break through ignorance and denial so more people can take advantage of recent medical breakthroughs. A national media campaign can be effectively undertaken because it 1) may be targeted to reach populations at greatest risk; 2) would receive widespread and bipartisan support; and 3) provides for a public private partnership.

Political Assessment:

HIV testing is being promoted by both liberal and conservative members of Congress and the community. Some of these ideas run contrary to sound public health strategy, which is non-coercive and voluntary. This campaign would allow the President and the Administration to offer a proactive agenda that is moderate, has a high probability of success and has the potential to receive bipartisan support.

Until there is a vaccine and a cure, the most important knowledge an individual can possess regarding HIV is his/her HIV status. Knowing one's HIV status is crucial both to obtaining appropriate care and to preventing further spread of the disease. This effort, if successful, will identify a number of HIV positive individuals who will need to have access to care. Despite current limits on such access for individuals who are already known to be living with HIV, this effort should be undertaken. It will also be important to evaluate the need for expanded HIV and AIDS health care in severely underserved communities.

Action Items:

As stated earlier, this effort would be modeled on the current ONDCP youth drug prevention campaign. ONAP would work with the CDC to develop the campaign, and with the community and private industry partners to provide matching funds (public service announcements and in-kind media buys) in order to mount the campaign.

1. The PACHA recommends that the President direct the White House Office of National AIDS Policy to develop and oversee a national media campaign to encourage more individual

knowledge of HIV status. Building on this "know your status" effort by the CDC, the PACHA recommends that this initiative be administered by ONAP and modeled on the National Youth Anti-Drug Media Campaign currently coordinated by the White House Office of National Drug Control Policy. Through public service announcements and other targeted media messages this broad national campaign would promote the value of HIV testing and counseling and would especially address the severe and ongoing HIV-related health crisis in minority communities.

2. The PACHA proposes new funding in FY '99 to enable ONAP to begin planning for the campaign including identification of potential partners for the campaign. In addition, the PACHA recommends that the President propose to fund this effort in his FY 2000 budget request.

3. PACHA recommends that the Department of Health and Human Services (Centers for Disease Control) be directed to review its current capacity to provide adequate funds for HIV testing and counseling. Based on the available information, if necessary, the CDC should receive an increase in FY '99 funding to ensure the success of this outreach effort.

ISSUE 4: ***AIDS Vaccine Development Progress***

Background:

In May, 1997, the President declared a goal of development of an effective AIDS vaccine within one decade. This announcement had a greater impact than ever imagined, serving to inspire the effort around the world, and also serving to invigorate the scientific community within the United States. The Council expresses its thanks for his courage and vision.

The Council believes that significant progress has been made since the declaration, and applaud the President for his time and sincere effort in the endeavor, and for his commitment of additional funds.

In July, 1995 and March, 1998, the Council passed the following recommendations:

1. Substantive involvement, coordination and collaboration among all relevant federal agencies, the private sector and the international community are critical to the development of an effective AIDS vaccine.

2. Federal leadership at the highest level will be required, through the Office of National AIDS Policy, ensuring that adequate resources are provided for the coordination process necessary to achieve the goal of an effective AIDS vaccine.

3. The Office of National AIDS Policy should ensure the development and implementation of a comprehensive federal plan to achieve the goal of an effective AIDS vaccine.

4. The process of defining the structure and mission of the proposed (AIDS) Vaccine Center at NIH, and the appointment of a director with the highest level of expertise, should proceed promptly.

5. The urgent need for an AIDS vaccine mandates the simultaneous implementation of both basic and empiric scientific approaches.

However, the Council believes serious deficiencies remain which must be addressed if the President's goal is to be reached.

Eighteen months have passed since his declaration. However, the overall administrative mechanism by which to coordinate the efforts of all relevant Federal agencies, regulatory agencies, private industry and the international community has not been accomplished, nor has a comprehensive Federal vaccine strategy been developed. Further, an accomplished vaccine scientist has yet to be appointed to lead the Vaccine Center at the NIH. The Council believes that development of an effective vaccine will require immediate attention to these deficiencies, especially if the goal is to be accomplished within the stated time frame.

Action Items:

1. Urge the President to use the authority of his Office to help recruit an accomplished and vigorous vaccine scientist to lead the AIDS Vaccine Research Center at the NIH.

2. Ask the President to assure that the Office of National AIDS Policy works to coordinate the development a comprehensive federal plan to achieve the goal of an AIDS vaccine.

3. Ask the President to mandate the development of a mechanism to assure the full and on-going coordination of all relevant Federal agencies, regulatory agencies, private industry and the international community, allowing the process of vaccine development to proceed efficiently and as rapidly as possible.

INTERNAL USE ONLY

Anticipated Schedule/Time Line

Time Allotted: 30 Minutes

Introduction of Council's Chair, Scott Hitt, M.D. by Sandra Thurman		1 minute
Welcome/Background by R. Scott Hitt, M.D.		2.5 minutes
Statement by Rabbi Joseph Edelheit		1.5 minutes
Issue 1:	Future Investment in HIV/AID Presenter: Regina Aragon	2 minutes (5 minutes total)
Issue 2:	Access to Care Presenter: Tom Henderson	2 minutes (5 minutes total)
Issue 3:	National Media Campaign Presenter: Alexander Robinson	2 minutes (5 minutes total)
Issue 4:	AIDS Vaccine Development Presenter: Alexandra Levine, M.D.	2 minutes (5 minutes total)
Closing by President		5 minutes
TOTAL		18 minutes (30 minutes total)

Background leading to the questions/ recommendations must be extremely tight; accomplishments should begin the issue (IE. Thank you for you recent announcement of $200 million in AIDS vaccine funding....) Presenters should limit the contextual and background information (especially historical context unless absolutely necessary). It would be appropriate for individuals to say something like, "as a person living with AIDS," or "as someone who has lost XXX friends to AIDS...."

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HOLDING --- International Issue --- Michael Isbell

Mr. President, I'd like to address an issue of great urgency -- American leadership in the fight against the global HIV pandemic. I need not repeat the well-known statistics reflecting HIV's devastation throughout the world, nor is it necessary for me to repeat the many humanitarian, economic and strategic reasons why the United States ought to work to bring the global pandemic under control. As you know, the Council has long urged you to take a global leadership role on AIDS, and we were delighted by your announcements on World AIDS Day two of which focused on additional funding for AIDS orphans and in which you directed Sandy Thurman to do a fact finding mission to South Africa.

As your advisory council, we recommend that you follow up this powerful message to the world with two essential initiatives. First, we recommend that you propose and fight for a substantial increase in funding for international AIDS programs at the Agency for International Development, the CDC, and other agencies. U.S. support for international programs has essentially remained flat in real dollar terms over the last several years, and this must change if we are ever to begin to bring HIV under control in the developing world. Second, the federal programs that deal with AIDS in the developing world are scattered throughout the government. Only the President has the authority and the power to require that these many efforts be effectively coordinated, and we urge you to ensure that this happens.

HOLDING --- Improved HIV prevention, treatment, continuum of care for the incarcerated and for those being released, as well as protection of the public health

Mr. President, there are over 1,083 inmates with HIV/AIDS in federal prisons. Approximately 79% of all inmates are from Black and Latino communities, populations disproportionately affected by AIDS.

Inmates preparing for transition back into the community are asked to sign a "voluntary" treatment waiver form as a condition to participate in a work-release program. This leaves them ineligible after 30-days for subsidies such as Medicaid, Medicare or ADAP while still being under the auspices of the Federal Correctional System, for an indefinite period of time.

- This disparity in access and quality of care, poses serious health risks to the individual,

- There is a potential for treatment failure and development of drug-resistant strains of HIV. This has negative implications for our nations research effort given your 10-year goal of developing an AIDS vaccine, and

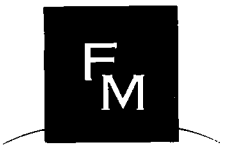
- Informed consent, at the heart of the patients bill of rights we need so much and for which you are calling, is also placed in jeopardy.

Mr. President, we need your help, to address this important public health issue.

- **HOLDING --- Reverend Altagracia Perez**

  - I represents a predominately immigrant, underserved, culturally and linguistically mixed community in Los Angeles.
  - My congregation is a mirror into the future of the AIDS epidemic.
  - In this time of loving, forgiveness, and recommitment to our maker and our neighbor, we must ask ourselves whether we have done enough for our fellow woman or man or whether our efforts must be increased.
  - The Rabbi spoke earlier of the symbolism that the holidays offer us. He said the holidays "promise us light during the darkest time of the year."
  - I remain committed to the fact that I too can shed some light on the darkness that the AIDS epidemic has brought upon us in the United States, and in the world.
  - The AIDS epidemic continues to strike hardest at those least fortunate, those with the weakest voices in our society, and those who for too many years, have been forgotten.
  - It is the role of the Council to speak for those who can not speak, to push for leadership for those who have no leaders, and to open their hearts and fill it with the love of those whose lives have been and will be forever be changed by AIDS.
  - It is also the Council's role to ask that America's leaders, especially the President, continue to push for what is needed, even when it is difficult.
  - On behalf of the Council, I ask the President to continue to show that leadership, especially for racial and ethnic communities, and especially for those in far away countries that most American's don't even know exist.
  - Ask him to continue to be that "light in the darkness" that so many of us strive to see on a daily basis.

cc: Clay Long
Keith Mason



FRASER MILNER
Barristers & Solicitors

DAVID P. SMITH, P.C., Q.C.
CHAIRMAN
Direct Dial (416) 863-4787
david.smith@fraserm ilner.com

December 21, 1998

Mr. Edgar H. Sims, Jr.
Long Aldridge & Norman
One Peachtree Center
Suite 5300
303 Peachtree Street
Atlanta, Georgia
30308

Dear Ed:

Just a note to extend my deepest gratitude to you and your colleagues for your generous hospitality on my recent visit to Washington. It was a pleasure getting to know you and hopefully there will be opportunities for us work together in the future. In the event you or any of your colleagues ever visit Toronto, or any of the other cities in which we have offices, please do not hesitate to contact myself or Richard Mahoney in our Ottawa office. We would be happy to arrange a meeting with lawyers in the firm with whom you might have mutual interests or simply provide you with an office to function out of while in town. We would also like to reciprocate your kind hospitality. I thoroughly enjoyed the dinner which you hosted and I was totally charmed by the gracious lady sitting in between us, as were you!

My very best wishes to you for the holiday season.

mail to Sandy Thurman at White House
F y I

Yours very truly,

David P. Smith, P.C., Q.C.

DPS/alj

c.c. Ambassador Gordon Giffen
Richard Mahoney

Devorah R. Adler
12/07/98 06:38:53 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP, Todd A. Summers/OPD/EOP

cc:
Subject: comments on cdc release

Hello ---

here are my suggestions -- please fix it in whatever way you think is best. I would replace the two paragraphs referring to name based reporting and their recommendations with this paragraph.

thanks -- Devorah

There have been a number of preliminary studies indicating that name-based HIV surveillance systems have lower rates of missing data and less difficulty collecting HIV risk information from infected individuals than surveillance systems using unique identifiers. However, there is currently no evidence suggesting that unique identifier systems cannot be designed and implemented in a manner that consistently provides State public health officials with accurate and reliable data. CDC therefore encourages States to develop a surveillance system that protects the confidentiality and privacy of identifiable health information while providing critical data on the scope of the HIV epidemic. Given the importance of these data for directing services and care to individuals with HIV infection, all States will be required to meet the specified performance criteria to ensure both the quality and confidentiality of the data.

THE KING CENTER

December 1, 1998

Ms. Sandy Thurman
514 D Street, NE
Washington, DC 20002

Dear Ms. Thurman:

The King Center is preparing for the 1999 King Holiday Observance, which will be held January 15-18, 1999. The holiday will mark the seventieth birthday of Dr. Martin Luther King, Jr., the thirty-first annual King Center program and the fourteenth National Holiday in his honor, which is celebrated in over 100 countries around the world.

Please accept this letter as an invitation for you to attend the 1999 King Holiday Observance activities. A schedule of events has been enclosed for your information.

If you require additional information please contact D'Andrea Bidgood in the Public Affairs office at (404) 526-8946. We look forward to your participation and greatly appreciate your continued support. You have my best wishes for continued success and prosperity.

Sincerely,

Dexter Scott King

Dexter Scott King

encl.

THE MARTIN LUTHER KING, JR. CENTER FOR NONVIOLENT SOCIAL CHANGE, INC.
449 AUBURN AVE., NE ATLANTA, GA 30312-1590 (404) 526-8900 FAX: (404) 526-8901
E-MAIL: mlkctr@aol.com WEBSITE: http://www.thekingcenter.com

THE KING CENTER

The 1999 King Holiday Observance

The 1999 King Holiday Observance will mark the seventieth birthday of Dr. Martin Luther King, Jr., the thirty-first Annual King Center Program and the fourteenth National Holiday in his honor. It is celebrated in over 100 countries around the world.

THEME

Remember! Celebrate! Act!
A Day On, Not A Day Off!!

This year's theme reiterates the importance of ***remembering*** Dr. King's work and legacy, ***celebrating*** his birthday as a national holiday and ***acting*** on his teachings and principals of nonviolence and human rights. It also serves as a reminder that the holiday is ***a day on*** which community service initiatives should take place, ***not*** just ***a day off*** from work or school.

EVENTS

***Our Friend, Martin* Premiere**
January 15, 1999
7:30 P.M.

The King Center
Freedom Hall
449 Auburn Ave., NE
Atlanta, GA

On Dr. King's birthday The King Center will have a special screening event of the animated film *Our Friend, Martin* inspired by the life of Martin Luther King, Jr. The animated adventure is a story about two boys from modern times who travel back in time and meet Martin Luther King, Jr. at various points in his life. The first and only animated movie of its kind, *Our Friend, Martin* combines the colorful animation with actual footage of Dr. King's life, and features an all-star cast of vocal talent including Ed Asner, Angela Bassett, Lucas Black, Theodore Borders, Levar Burton, Jessica Garcia, Danny Glover, Whoopi Goldberg, Samuel L. Jackson, James Earl Jones, Ashley Judd, Richard Kind, Dexter Scott King, Yolanda King, Zachary Leigh, Robert Rich'ard, Susan Sarandon, John Travolta, Jaleel White, and Oprah Winfrey.

For More Information Contact: D'Andrea Bidgood (404) 526-8900

The "Our Friend, Martin" Premiere is by invitation only.

The Annual Salute to Greatness Awards Dinner

January 16, 1999
7:30 P.M.

Hyatt Regency
265 Peachtree St., NE
Atlanta, GA

The Annual Dinner is The King Center's primary annual fundraising initiative. The purpose of the dinner is to recognize national and/or international individuals and organizations that exemplify personal leadership and commitment to the legacy and work of Dr. Martin Luther King, Jr.

Honorees: Ossie Davis and Ruby Dee
Artists and civil rights activists

A. D. "Pete" Correll
Georgia Pacific Corporation, Chairman, CEO and President

Co-Chairs: Mr. Jesse Hill
Ambassador Andrew Young

Sponsors: The Procter & Gamble Company, Delta Air Lines, Inc.,
NEA/National Education Association

For Ticket and General Information Contact: Barbara Harrison (404) 526-8911

The Martin Luther King, Jr. Annual Commemorative Service

January 18, 1999
10:00 A.M.

Ebenezer Baptist Church
407 Auburn Ave., NE
Atlanta, GA

The Commemorative Service is the hallmark of the King Holiday Observance. It is the time we encourage the nation and the world to give a day of service in honor of the work of Dr. Martin Luther King, Jr.

Keynote Speaker: Desmond Mpilo Tutu, Archbishop Emeritus of Cape Town, South Africa
1984 Nobel Peace laureate
Currently the Robert W. Woodruff Visiting Professor of Theology at Emory University

For More Information Contact: Barbara Harrison (404) 526-8911

The Commemorative Service is open to the public. Limited seating available. The service will be broadcast by Channel 5 WAGA-TV.

Website: http/: www.thekingcenter.com ***E-mail:*** mlkctr@aol.com

CONGRESSIONAL YOUTH LEADERSHIP COUNCIL

Reply Memorandum

TO:

Michelle Egan
Congressional Youth Leadership Council
1511 K Street, Suite 842
Washington, DC 20005
Phone: 202-638-0008
Fax: 202-638-4257
Email: megan@cylc.org

FROM:

The Honorable Sandra Thurman
National AIDS Policy Director
The White House
Washington, DC 20500

[ ] Yes, I accept your invitation to be a speaker at the National Young Leaders Conference.

I would prefer to participate on the following date:

[ ] ✪Friday, January 22, 1999
[ ] ✪Friday, February 5, 1999
[ ] ✪Friday, February 19, 1999
[ ] ✪Friday, March 5, 1999
[ ] ✪Friday, January 29, 1999
[ ] ✪Friday, February 12, 1999
[ ] ✪Friday, February 26 1999
[ ] ✪Friday, March 12, 1999

If we have not confirmed our acceptance within one week, please call our office.

Staff Contact: Sarah Holewinski
Phone: (202) 395-1441

[ ] No, I cannot participate in the National Young Leaders Conference at this time but would consider a future request.

Comments: _____

[ ] No, I am not interested in participating in the National Young Leaders Conference in the future.

Comments: _____

CONGRESSIONAL
YOUTH
LEADERSHIP
COUNCIL

December 7, 1998

The Honorable Sandra Thurman
National AIDS Policy Director
The White House
Washington, DC 20500

Dear Ms. Thurman:

America's young leaders are the key to our continued growth and prosperity. Every American has a responsibility to help to develop the leadership potential in our nation's youth. It is imperative that we equip the leaders of tomorrow with the attitudes and skills necessary to solve the many challenges that lie ahead. Your past participation in the *National Young Leaders Conference* has inspired many of our students to return to their communities and become more actively involved with issues they are passionate about.

On behalf of the **Congressional Youth Leadership Council**, it is a pleasure to invite you to address the students of our spring *National Young Leaders Conference (NYLC)*. The Congressional Youth Leadership Council is a non-profit organization that focuses on leadership development for outstanding high school juniors and seniors. During their stay in Washington, DC, they will study the three branches of the government, international affairs and the media through student-run simulations and meetings with government officials, policy makers, activists and the press.

Sharing your experiences with the students of the *NYLC* will allow you to reach and inspire the next generation of leaders. Speaking to our students you would also allow you to reach young Americans from almost every one of the fifty states and many other countries.

The National Young Leaders Conference will be held in Washington, DC. We hope you will be able to address our students on one of the dates listed on the following reply memo. We would be honored and delighted if you would be willing to speak to our future leaders.

We look forward to working with you. If you or your staff have any questions, please have them contact Michelle Egan, Conference Coordinator, at 202-638-0008. Thank you for your consideration.

Sincerely,

Kara Figg
Director
National Young Leaders Conference

KGF/mme
Enclosure

1511 K Street, N.W., Suite 842
Washington, D.C. 20005
(202) 638-0008

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11239	Matthew	Crow	12/8/98	

☐ Response Required?

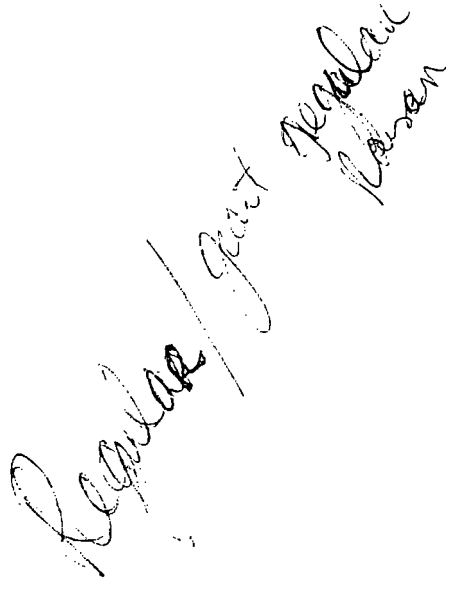
Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To
		Sandy

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Project HOPE	7500 Old Georgetown Rd.# 60	

Sender's City	Sender's State	Sender's Zip
Bethesda	MD	20814



P R O J E C T
HOPE

Project HOPE
7500 Old Georgetown Road, Suite 600
Bethesda, Maryland 20814-6133
(301) 656-7401
Fax: (301) 654-0629

December 3, 1998

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
The White House
Washington, D.C. 20500

via facsimile

Dear Ms. Thurman:

During President Clinton's trip to China, Mrs. Clinton visited Project HOPE's Shanghai Children's Medical Center. Project HOPE was thrilled to be included in the First Lady's itinerary and we were grateful in helping her highlight the needs of China's children. As you will soon be in Africa evaluating child services, I thought it would be helpful to brief you on our activities there.

Since 1989, Project HOPE has been operating several successful HIV/AIDS health education programs in Malawi and Mozambique. In Malawi, we have been conducting education programs in HIV/AIDS prevention, family planning, child survival, Safe Motherhood, maternal anemia, malaria prevention and health care management involving private agricultural estates in nine districts. In Mozambique, HOPE is immunizing children and protecting mothers and newborns from neonatal tetanus, training community members to manage life-threatening diarrhea, educating the population and health care workers about preventing STDs and HIV/AIDS, and promoting child spacing.

Ms. Thurman, I would like to suggest that you consider being our guest at one of the Project HOPE program sites in either Malawi or Mozambique. The incredible challenges that the entire continent faces are exemplified there, but our methods for preventing and treating illnesses are making a difference. At your convenience, I would be happy to have you or your staff briefed on our activities, prior to your trip.

Sincerely,

Matthew Crow
Director, Government
and Corporate Affairs

Project HOPE Health Care Programs

How HOPE Began

Identifiable to many by the S.S. HOPE, the world's first peacetime hospital ship, Project HOPE now conducts land-based medical training and health care education programs on five continents including North America. In 1958, the People-to-People Health Foundation, Inc. and its principal activity, Project HOPE, was founded by William B. Walsh, M.D. The mission of the organization is reflected in the name Health Opportunities for People Everywhere and in a very simple philosophy: Go only where invited, and help people help themselves. Since that time over 5,000 health care professionals and volunteer educators have worked for HOPE. Project HOPE now provides approximately $100 million worth of resources to between 20-30 countries each year.

The Way HOPE Works

To support a program, Project HOPE actively facilitates partnerships between a number of organizations and individuals who make the program a success, combining expertise, both internal and external, to the host country. This may include government departments, health care institutions, health care professionals, and funding organizations. Each program partner agrees to contribute resources and expertise to achieve the designated health outcomes. The specific design and implementation of a program is undertaken by HOPE health care educators working with their host counterparts. Together, they address critical health care needs while educating others about the successful processes and procedures which can be adopted. Project HOPE's emphasis is on efficient, effective solutions for the long term.

The Scope of Health Care Programs

Although immediate humanitarian assistance is often an element of its activities, Project HOPE always stresses long-term, systemic solutions to health care problems. Programs cover the development of health care facilities and all aspects of education for nurses, doctors, engineers, and managers. Education initiatives include: health promotion, disease prevention, health care in the community, specialist hospital services, biomedical engineering, health care management, and policy. Project HOPE founded the *Health Affairs* journal in the U.S., which has a worldwide reputation for authoritative discussion on U.S. and international health policy. The journal is partnered with the Center for Health Affairs which provides research and analysis on health management and policy issues.

HOPE Around the World

The focus for Project HOPE programs is currently: Central and Eastern Europe, the NIS, China, Middle East, Southern Africa, and the Americas. HOPE has experience in over 70 countries around the world, and generally conducts programs in 20-30 countries in any one year.

Resourcing HOPE Programs

Every year HOPE raises approximately $100 million of resources to support programs around the world. Over 90 percent of these resources are spent on programs. Funds are raised from government, multilateral organizations, multinational corporations, private institutions, and the general public. Until recently, fundraising and recruitment of health care professionals has been principally in the U.S., but since 1990, HOPE has developed new operations outside the U.S.: National Boards in Switzerland, Germany, UK, Hong Kong, and Japan.

International Headquarters
Project HOPE
Millwood, VA 22646
(800) 544-4673, (540) 837-2100
Fax: (540) 837-1813

Washington D.C. Office
7500 Old Georgetown Road, Suite 600
Bethesda, Maryland 20814
(301) 656-7401
Fax: (301) 654-0629

Monday 19 April

Dear Sandy,

This is the letter we discussed Sunday night at Maggie Petitat's party. I hope there is still something you can do for this struggling AIDS outreach effort — contacts, advice, etc.

This package contains:

- My December letter to you
- Bishop SSekkadde's letter to me
- The Bishop's outline of his AIDS/HIV initiatives and projects

I was heartened to hear you tell of the work being done in Africa, but it is certainly an uphill battle. If you need more information on this Ugandan project or if I can help in any other way, please let me know via your staff or through Maggie or Mary Lynn.

Thanks for your help.

Marian Ord
202-328-2374

Marian E. Ord
2540 Massachusetts Avenue, N.W.
Washington, D.C. 20008
(202) 328-2374

December 4, 1998

Ms. Sandra Thurmon
Director, AIDS Policy
Jackson Place
The White House
Washington, D.C. 20500

Dear Ms. Thurmon,

I am a member of the Executive Board of NYUMBANI-USA which supports the orphanage for abandoned children of HIV+ parents in Nairobi, Kenya. I gather you visited Fr. D'Agostino and the NYUMBANI Orphanage while on a UN tour of the African region, and attended our annual event this Autumn at the Columbus Club in Washington, D.C.

I understand you are planning a fact-finding mission to Africa to survey the situation and identify sites that are providing assistance to children of HIV+ parents who have been abandoned or who are already orphans. And I would like to bring to your attention such an effort in Kampala, Uganda, in hopes that you could include a visit to them while you are in the East African region.

Recently I met the Anglican Bishop of Namirembe, The Rt. Rev. Samuel B. Sskkadde, who lives in Kampala, and I was pleased and surprised to learn he has established an orphanage and outreach program for children of HIV+ victims. I am under the impression that AIDS programs in Africa, especially for children, are sparce and not generally well supported. So I am happy to identify to you another place in Africa that could only benefit from your attention.

It is with hope and pleasure hope that I give you this information and would be most grateful if you could let me know if your mission could include this struggling but important effort in Uganda. I have enclosed a copy of the Bishop's letter and a resume of his efforts on behalf of child victims of AIDS.

I would be happy to provide any further information you might need and look forward to hearing from you.

Sincerely yours,

Marian Ord

Marian E. Ord

NAMIREMBE DIOCESE

CHURCH OF UGANDA (ANGLICAN)

Bishop: The Rt. Rev. Samuel Balagadde Ssekadde
M.D.A. B.A (SWSA). Dip. Theo.

Tel: Residence 344347 Kampala
Office 271681/4 (All Departments)
Telex: 62014 KANISA UGANDA.

P.O. Box 14297
KAMPALA
(Uganda)

Our Ref:.....

Your Ref:.....

28/10/98

Marian Ord,
2540 Massachusetts Avenue,
NW 202-328-2374
Washington, DC 20008

Dear Marian,

Christian greetings and love from Namirembe.

Thank you for the warm reception accorded to us while in DC. It was also a pleasure to know you better and to discover your particular interest in AIDS/HIV Care.

Please know we are interested in furtheringrelationship with you and deepening communion in areas of theological dialogue and joint witness to the HIV/AIDS care and prevention ministry.

Also let us know the contact person of HIV orphanage(Nyumbani) in Nairobi. We have no doubt he will help inspire further, our commitment to HIV/AIDS care.

See attached all information concerning our involvement with HIV/AIDS.

In Christ,

The Rt. Rev. Samuel B. Ssekkadde,
BISHOP OF NAMIREMBE.

FRIENDS OF THE SICK INITIATIVE - DIOCESE OF NAMIREMBE
HEALTH DAY CARE CENTRE PROJECT
HIV PREVENTION AND AIDS CARE PROJECT
UGANDA - EAST AFRICA

Forwarded to:

Contact Address: Diocese of Namirembe
P O Box 14297
KAMPALA - UGANDA

THE SETTING

It is Sunday afternoon. The worship service ended at 12.00 noon and the Friends of the Sick (Popularly known here as "Good Samaritans") remained in the Church building to plan their evening visits to the sick. After the meeting, they grouped themselves in twos and threes so that they manage to visit every family with a patient or that one recently bereaved. One group knocked gently and waited to be invited before entering the house. The patient smiled and welcomed them to sit on his or bed. They did not do a lot of talking themselves, they mainly listened and encouraged the person to talk about his problems. The person was very weak and the family's coping capacity had been irreversibly diminished, so the Good Samaritans gave all the practical support they could on that day: fetching water, firewood, cleaning the house and washing clothes, bedsheets or dishes. They also gave out to the family some collected items like soap, medicine and food. Then the Good Samaritans asked the sick person and the family members whether they would have liked to pray. The answer was Yes and they prayed together before leaving.

THE SITUATION:

In Uganda today, over 1.5 million people are estimated to be carrying the virus that causes AIDS. During the next five years, one million more may be infected if the present prevention efforts are not increased or at least maintained.

Children have been particularly hit by this disease. Over 400,000 children have been orphaned and many more are sick and dying due to inadequate medical care and feeding. Children orphaned before they are five years have had special feeding problems. They need to eat five or six times a day with diet rich foods but who can do that in the absence of a mother and a father? Who can be responsible since even the extended family members that would have helped in such a situation are dead, dying or just penniless?

Diarrhoea is now the third biggest killer of children in Uganda today and a major cause of child malnutrition. The majority of these diarrhoea - related illness and death occur in families that have been hit hard with AIDS. Poor hygiene, lack of clean drinking water, overcrowding and loss of breast fed milk (due to death of mother) are all more pronounced in the homes affected by AIDS. It is the same case with malaria which is now the leading cause of death among children in Uganda. (It kills almost 800,000 children every year on the continent).

Shelter is an acute problem. Widows and aged grand parents are often unable to manage to keep the mud walls and grass thatched roofs of their homes in good repair. Many families also lack mattresses, blankets and sheets. It is common here for children to sleep on sacks spread on the dirt floor, with only a few torn sheets or traditional back cloths for covering. Children are also desperately in need of foot wear and clothing. Many have no foot wear at all and own one set of tattered clothes. Soap is a luxury which many families cannot afford in their present situation.

EDUCATION:

Ugandans attach high priority to education. But many AIDS orphans are now dropping out of Primary School or not even starting. In one Church Parish in the Diocese (Nsangi Parish) more than 60 orphans are not attending Primary School even when there is a Universal Primary Education Programme where Government pays fees for the first four children in the home. (The Diocese has 57 Parishes of the size of Nsangi). The cost of school uniforms, books, pencils, and other expenses cannot be afforded by their surviving parents or guardians.

HEALTH CARE:

Most AIDS orphans from impoverished families are now more prone to malnutrition and infections. Many cannot access health care. Very young children are particularly at risk especially where the mother have died and are in the care of their grand parents. Many are dying unnecessarily of malnutrition and common illnesses such as diarrohoea, dehydration and respiratory infections. Many of the surviving guardians are themselves in need of medical care. Through prompt treatment with appropriate drugs, most of the common infections could be controlled and lives prolonged. The Good Samaritan teams and home carers also need items like plastic gloves, soap and bleach for sterilizing soiled beddings of sick children and adults.

FRIENDS OF THE SICK:

To respond to the above mentioned challenges among the sick, the orphans and the guardians; the Diocese of Namirembe formed a Health Board to take the responsibility of initiating Task focused, Results oriented and Sustainable programs to stem the tide of HIV infections and promote care for the sick and orphaned. Health Committees were formed in each Parish and in daughter Churches. It is these Health committees that are popularly known as "Good Samaritan" Committees basing on Jesus' teaching of "Who is your neighbour?" (St. Luke Chapter 10:25-37). These friends of the sick provide health and spiritual education and counselling to individuals and families affected by AIDS and to those communities and families with hygiene and sanitation related problems. They work together with other groups to do disease prevention, care and support work in their communities. They do home visiting, teach families to take care of their patients at home and give practical help wherever possible. (The Diocese of Namirembe has per now 57 such support teams at Parish level and with support from Stromme Foundation 24 of

The Diocese of Namirembe is helping local communities to organise themselves to meet Health and Health related challenges exarcebated by HIV/AIDS, Malaria and Cholera. With support first from Tear Fund U.K. and next from Stromme Foundation, the Diocese is assisting these communities with training of local resource people, and in strengthening local community coping mechanisms beyond the traditional extended family. But capacity building takes time. So, in the meantime, we need your support to meet the basic needs that cannot wait. You can pray with and for us and you can join our Friends of the Sick Teams by:

- Sending what you have towards medical care, food, clothing and bedding for the sick and the orphans.
- Paying fees for an orphan.
- Supporting orphans in school with books, pens, uniform and a good meal for lunch or breakfast.

		UNIT	IN US $
B.	DRUGS FOR COMMON AILMENTS		
	Habicet Disinfectant	1 doz	24
	Savlon "	1 doz	24
	Izal "	20 litres	30
	Hydrogen Peroxide	1 doz	15
	Mosquito Net	1 set	8
C.	MALNUTRITION TREATMENT/PREVENTION		
	Maize flour	1 Kg.	0.8
	Rice	1 Kg.	1
	Millet	1 Kg.	0.8
	Potatoes	1 Kg.	0.5
	Peas	1 Kg.	1
	Soya bean/Local beans	1 Kg.	0.9
	Bananas	1 bunch	6.5
	Ground nuts	1 Kg.	1.5
	Eggs	1 tray	3
	Meat	1 Kg.	2.5
	Fish	5 Kg.	6.5
	Liver	1 Kg.	3
	Milk	1 Litre	0.8
	Mango fruit	1 fruit	0.5
	Orange	1 fruit	0.5
	Pineapple	1 fruit	0.3
	Papaw	1 fruit	0.5
	Apples	1 fruit	0.5
	Jack fruits	1 fruit	0.5
	Green vegetables	1	0.5
	Tomatoes	3	0.5
D.	PATIENT AND ORPHAN CARE KITS		
	Mattress with plastic covering	3 1/2 inches	40
	Bed sheets	1 pair	15
	Blanket	1	10
	Protective gloves	1 pair	1.5
	Soap	1 bar	0.7

FRIENDS OF THE SICK INITIATIVE

HEALTH DAY CARE CENTRE
DIOCESE OF NAMIREMBE
HIV PREVENTION AND AIDS CARE PROJECT

SOME OF THE CHILDREN AND GUARDIANS IN GREAT NEED OF SUPPORT AND MEDICAL CARE (PARENTS DEAD OR BEDRIDDEN)

NAME	SEX	AGE	CLASS	GUARDIAN
1. Atego J.	F	17	S. 1	Nakatudde C.
2. Semakula K.	M	7	N	Nassiwa J.
3. Sempagala J.	M	17	S. 2	Nakamanya B.
4. Namata S.	F	7	P. 2	Nanteza C.
5. Mbogo R.	M	13	P. 5	Namirembe R.
6. Nanfuma R.	F	16	S. 1	Mrs.Muwanga
7. Kalibaza S.	M	13	P. 6	Namusoke M
8. Semugooma N.	F	9	P. 1	Semugoma M
9. Lubwama B.	M	16	P. 7	Nkinzi b.
10. Nalugwa D.	F	19	S. 2	Nakimuli D.
11. Nakitende A.	F	15	P. 7	Banyikire J.
12. Kyambadde D.	M	11	S. 3	Nansubuga L.
13. Namulindwa R.	F	14	P. 5	Ssegwano J.
14. Namuluuta A.	F	12	P. 5	Nalumansi M
15. Kalundu P.	F	21	S. 5	Namagembe S
16. Kibirige S.	M	13	P. 6	Kabuye M
17. Settimba S.	M	17	S. 1	Mukasa E.
18. Nansubuga C.	F	23	S. 5	Semanziri N.
19. Senyonjo D.	M	16	S. 2	Nalumansi M
20. Kamya J.	M	14	P. 6	Nabona M.
21. Wanyana F.	F	15	P. 7	Namusoke
22. Nalule D.	F	24	S. 5	Namala R.
23. Namuyomba R.	F	20	S. 5	Namuyomba
24. Nangobane S.	F	15	S. 2	Nabulime J.
25. Kanyerezi P.	M	16	S. 2	Kaggwa J.
26. Talabirwa A.	F	6	P. 1	Naluggya J.
27. Namanda A.	F	12	P. 2	Nabakooza J.
28. Kasule S.	M	10	P. 3	Nalutaaya M
29. Kirunda A.	M	10	P. 4	Nakibuuka D.
30. Bigumirwa B.	M	11	P. 3	Nakamunya A
31. Nansozi V.S.	F	10	P. 4	Lutaya N.

NAME	SEX	AGE	CLASS	GUARDIAN
74. Nantume V.	F	7	P. 1	Bukulu E.
75. Zawedde R.	F	10	P. 4	Nalongo C. N.
76. Ssempijja V.	M	11	P. 1	Nakabugo R.
77. Najjemba G.	F	9	P. 2	Lutaaya G.
78. Zizinga S.	M	11		Bulega F.
79. Mukwaya R.	M	15	P. 7	Nassuna N.
80. Kaweesa V.	M	16	S. 3	Namusoke G
81. Kawooya J.	M	10		Namale V.
82. Kamuddu W.	F	12	P. 7	Mukungirwa
83. Luyiga C.	F	9	P. 1	Nakigudde R.
84. Nakkazi J.	F	10	P. 2	Namuyise M.
85. Nsubuga J.	M.	10		Katerega G.
86. Namugga V.	F	21	S. 5	Nakacwa G.
87. Sebyatika D.	M	13	P. 4	Nabbale R.
88. Kalejja T.	M	15	S. 1	Mukasa F.
89. Nabazira E.	F	11	P. 3	Omumbejja R.
90. Naluwu V.	F	13	P. 6	Kavuma C.
91. Namala D.	F	10	P. 3	Racheal W.
92. Namirembe C.	F	15	S. 2	Ssemanda D.
93. Nansubuga J.	F	10	P. 4	Waseli T.
94. Nansubuga N.	F	14	S.1	Nasejje V.
95. Nanyanzi A.	F	21	S. 3	Nanyanzi E.
96. Nassali R.	F	13	P. 4	Nambooze J.
97. Nassibwa D.	F	17	S. 2	Guluddene S.
98. Ndagire E.	F	17	S. 2	Guluddene S
99. Ntale R.	M	14	P. 6	Wamala S.
100 Nteza H.	M	13	P. 6	Ssengendo A.
102 Ssebata K.	M	18	S. 2	Kaddu D.
103 Ssali G.	M	11	P. 4	Nakibuuka S.
104 Alali A.	M	8	N	Kalunkuuma
105 Ssejoba C. W.	M	6	N	Baseka G.
106 Kaweesa J.	M	13	P. 4	Nalumansi R
107 Katasi D.	F	13	P. 6	Nakibuuka R.
108 Kadoodo C.	F	8	P. 3	Kyamumi J.
109 Kato J.	M	11	P. 4	Nansubuga J.
110 Byayi F.	M	1 2	P. 3	Nabisere S.
111 Gatema H.	M	20	S. 2	Nasuna C.
112 Bukajjumbe R.	M	17	S. 3	Kayizzi C.
113 Buule F.	M	8	N	Bakka B.
114 Bulemu G.	M	19	S. 2	Kasirye M.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11316	Marian	Ord	4/21/99	

☐ 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
	2540 Massachusetts Ave., NW	

Sender's City	Sender's State	Sender's Zip
Washington	DC	20008

INFO SARA

National Taiwan University · College of Medicine · National Taiwan University Hospital, Taipei, Taiwan, Republic of China

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Taipei, Taiwan, R.O.C. (10016)
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國立台灣大學醫學院附設醫院內科
台北市中山南路七號(10016)
電話：(02) 2397-0800分機5011,6575
傳真：(02) 2322-3905

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
808 19th Street, N.W.
Washington, DC 20006
USA

December 16, 1998

Dear Ms. Thurman,

In late February 1999, two important AIDS-related conferences will be held in my country:

Firstly, the Sino-American HIV/AIDS Conference will be held in Taichung, February 25th to 26th, 1999. The conference will involve delegations from Aaron Diamond AIDS Research Center in the United States, at Taiwan's Chung-Shan Medical College;

Secondly, the 5th International Conference on AIDS in Taipei will be held from February 27th to March 1st, 1999. The conference will involve delegations from Pacific Rim Countries. Distinguished specialists like Dr. David D. Ho, Dr. David A. cooper, Dr. Shinichi Oka and Dr. Mark Wainberg are invited.

On behalf of National Taiwan University Hospital, I would like to invite you, in your capacity as one of the most prominent individuals in the fight against HIV/ADS, to visit Taiwan as our guest to attend either or both of these conferences as your schedule permits. You are also welcome to make a speech at whichever conference is convenient for you.

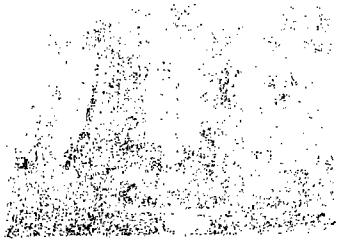
We would of course meet the cost of your round-trip air fare from New York to Taipei, cover your accommodation and transportation expenses while in Taiwan.

Hoping that we might have the pleasure of giving you our hospitality and receiving the benefit of you wisdom I am,

Sincerely yours,

C. Y. C.

Che-Yen Chuang, M.D.



(703) 780-5817

(202) 695-1953

David Yao