Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	re: Kenneth South [Personally Identifiable Information] [partial] (1 page)	01/13/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19398

FOLDER TITLE:
Correspondence - SLT - Incoming - 1/99 [2]

2018-0764-F
jm2090

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

Policy

SAN FRANCISCO AIDS FOUNDATION
P.O. BOX 426182
SAN FRANCISCO
CALIFORNIA
94142-6182

SF AIDS FOUNDATION

PA20DA

SAN FRANCISCO CA JAN 11'99 PB METER 7006807 U.S. POSTAGE 0.33

Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Printed on Recycled Paper

SAN FRANCISCO AIDS FOUNDATION 995 MARKET STREET, SUITE 200, SAN FRANCISCO, CALIFORNIA 94103
VISITORS' ENTRANCE: ONE 6TH STREET AT MARKET

January 8, 1999

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

Dear Mr. President:

I am writing on behalf of the San Francisco AIDS Foundation to request your support for significant funding increases to the full HIV/AIDS program portfolio in the Administration's FY 2000 budget request to the 106th Congress.

The San Francisco AIDS Foundation would like to thank you for the Administration's efforts during the FY 1999 Omnibus Appropriations process, when historic levels of funding for HIV/AIDS programs was achieved, in concert with the House and Senate Appropriations Committees and the Congressional Black Caucus. We would especially like to praise the $156 million HIV/AIDS initiative at the Department of Health and Human Services (HHS) for people of color communities. This new initiative is a critical first step to addressing the disparities in access to quality HIV care and health outcomes that exist for African Americans and other communities of color. As you finalize your FY 2000 budget request to Congress, the San Francisco AIDS Foundation urges you to build on the momentum achieved in FY 1999 with special emphasis targeting traditionally disenfranchised populations like substance users, women of color and gay and bisexual men—who in San Francisco continue to be the overwhelming majority of people living HIV/AIDS. While important progress has been made, the HIV/AIDS epidemic continues to devastate San Francisco and the rest of America in different, but no less challenging ways.

The Cities Advocating Emergency AIDS Relief (CAEAR) Coalition which represents the advocacy interests of consumers, grantees, and community-based providers funded through Title I and Title III of the Ryan White CARE Act has identified community need for an additional $120 million or $625 million for Title I of the Care Act in FY 2000. The 51 eligible metropolitan Title I areas are home to over 74% of all Americans living with AIDS. Welcome decreases in the AIDS death rates have been countered by little to no decrease in the annual number of new HIV infections—especially in women and gay men of color—requiring additional service capacity to meet needs of a growing patient population.

Additionally, the AIDS Foundation supports the request of the National Alliance of State and Territorial AIDS Directors (NASTAD) for $524 million to the AIDS Drug Assistance Program (ADAP) within Title II of the CARE Act—a $63 million increase in FY 2000. As you know, ADAP provides pharmaceutical drug access to low-income, uninsured and underinsured individuals living with HIV/AIDS. It is an essential statewide service that supports states in providing the pharmaceutical treatments identified in the U.S. Public Health Service's "*Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents.*" The $524 million would allow the nation to provide access to an estimated 7,000 new individuals who will access ADAP in FY 2000.

The San Francisco AIDS Foundation also requests that the Housing Opportunities for People with AIDS (HOPWA) program administered by the Department of Housing and Urban Development (HUD) be increased by a minimum of $15 million to $240 million for FY 2000. A recent HHS funded Special Project of National Significance (SPNS) study assessing the impact of HOPWA on health outcomes has identified safe, stable housing as critical to a patient's ability to thrive on HIV drug treatments.

The 179 directly funded Title III Ryan White CARE Act sites request $40 million in new funds for a total of $134 million in FY 2000. In 1997 over 30% of Title I and III clients were new patients requiring complex medical care, including an thorough medical assessment, newly developed diagnostic testing, and stabilizing anti-retroviral and anti-opportunistic infection treatment regimens.

The AIDS Foundation strongly supports a more aggressive leadership role for the United States in worldwide HIV prevention efforts. Vaccine and microbicide development—coordinated through the Office of AIDS Research at the National Institutes of Health—are essential to the ultimate goal of stemming increases in HIV infections. The U.S. should also increase its financial support to international HIV programs funded through the U.S. Agency for International Development (USAID).

At home, the HIV prevention programs, administered by the Centers for Disease Control and Prevention (CDC), should receive increased funding for targeted community-based strategies. We ask that you include these community requests in the Administration's congressional budget request.

I look forward to continuing to work with the Administration to improve the health and quality of life for people living with HIV/AIDS, and I thank you for your consideration of the San Francisco AIDS Foundation's FY 2000 requests for increases to these important programs.

Sincerely,

Ernest Hopkins
Director of Federal Affairs

OFFICE OF AIDS PROGRAMS AND POLICY
600 South Commonwealth Avenue, 6th Floor
Los Angeles, CA 90005
(213) 351-8000

MARK FINUCANE, Director

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012

January 4, 1999

Dear Prospective Proposer:

RE: REQUEST FOR PROPOSALS (RFP) FOR HIV/AIDS PREVENTION AMONG AFRICAN-AMERICANS AND LATINOS IN LOS ANGELES COUNTY

The Office of AIDS Programs and Policy (OAPP) of the Los Angeles County Department of Health Services (DHS) is issuing Request For Proposals (RFP) #99-001 for competitive bidding on January 6, 1999, to support **HIV/AIDS Prevention Among African-Americans and Latinos in Los Angeles County.** The total available funding amount for RFP #99-001 is $248,571, pending notification of final award.

Copies of the above RFPs may be obtained on or after January 6, 1999 at:

Department of Health Services Office of AIDS Programs and Policy
600 S. Commonwealth Avenue, 6th Floor
Los Angeles, CA 90005

To have the above RFP mailed to you, please complete and fax the attached sheet to OAPP - Policy Section at (213) 738-9371 by February 10, 1999. For questions regarding RFP #99-001 and its Proposers' Conference, please contact Alan Wu at (213) 351-8131.

The Proposers' Conference for this RFP will be held at 2:30 p.m. on Wednesday, January 20, 1999 at the above address, Conference Room A. **Parking for the Proposers' Conference will not be validated.**

Proposals are to be submitted to Alvin Ransom at the Office of AIDS Programs and Policy by **12:00 Noon on Wednesday, February 24, 1999.**

Very truly yours,

Charles L. Henry, Director
Office of AIDS Programs and Policy

CLH:aw
hrsa\98006.ltrad

ATTACHMENT

REQUEST FOR PROPOSALS (RFP) #99-001
HIV/AIDS PREVENTION AMONG AFRICAN-AMERICANS AND LATINOS
IN LOS ANGELES COUNTY

JANUARY 1999

FAX REQUEST

DATE: _____

TO: OAPP Policy Section

Fax No.: (213) 738-9371

FROM (Name): _____

Agency Name: _____

Agency Address: _____

_____

Telephone: _____

Fax No.: _____

When requested by fax during normal business hours (8 a.m. - 5 p.m., Monday through Friday, except holidays), copies of the RFP will be mailed the business day after receipt until Wednesday, January 27. Copies requested by fax that are received after normal business hours will be mailed two business days later.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11276	Charles	Henry	1/14/99	

☐ 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
Office of AIDS Programs and	600 S. Commonwealth Ave. 6	

Sender's City	Sender's State	Sender's Zip
Los Angeles	CA	90005

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
OFFICE OF AIDS PROGRAMS AND POLICY
600 SOUTH COMMONWEALTH AVENUE, SIXTH FLOOR
LOS ANGELES, CALIFORNIA 90005

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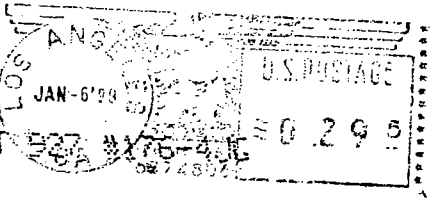


WHITE HOUSE OFFICE OF NATL AIDS PLY
736 JACKSON PL NW
WASHINGTON DC 20503

20503 AUTO

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

January 13, 1999

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

Dear Mr. Thurman:

On behalf of the Joint Satellite Broadcast Workgroup, it is my pleasure to invite you to participate as a member of the studio audience during the satellite broadcast on **Adherence to HIV Therapies: HIV Treatment and Prevention Issues**. This is the third in a series of broadcasts on HIV/AIDS-related topics sponsored by the Department of Health and Human Services.

The 2-hour live broadcast airs on Wednesday, February 24, 1999, from 1:00 to 3:00 p.m. Eastern time. The show is hosted by series moderator, Cindy DiBiasi, and features presentations by Dr. Frederick L. Altice, Yale University AIDS Program; A. Cornelius Baker, National Association of People with AIDS; Dr. John G. Bartlett, Johns Hopkins University, School of Medicine; Drs. Margaret Chesney and Thomas J. Coates, UCSF AIDS Research Institute and Center for AIDS Prevention Studies.

The program will consist of approximately 1 hour of presentations followed by 1 hour of questions and answers, with the questions solicited from the studio and viewing audiences. The studio audience will be comprised of 50 invited Federal and non-Federal guests. The Workgroup is unable to support any travel expenses for this broadcast.

The studio audience is asked to arrive at the FDA broadcast facility in Gaithersburg, Maryland, at least 30 minutes before the broadcast begins and to remain during the entire broadcast. Directions to this facility are enclosed.

Your participation in this exciting event would be greatly appreciated. Please confirm your attendance on the enclosed registration form by February 5, 1999 and fax it to Rose Salton at (301) 468-2245, or confirm by E-mail to rsalton@tech-res.com. If you have any questions, please call me at (301) 443-6364 or send me an E-mail at jkoziol@hrsa.dhhs.gov.

Sincerely,

Juanita Koziol

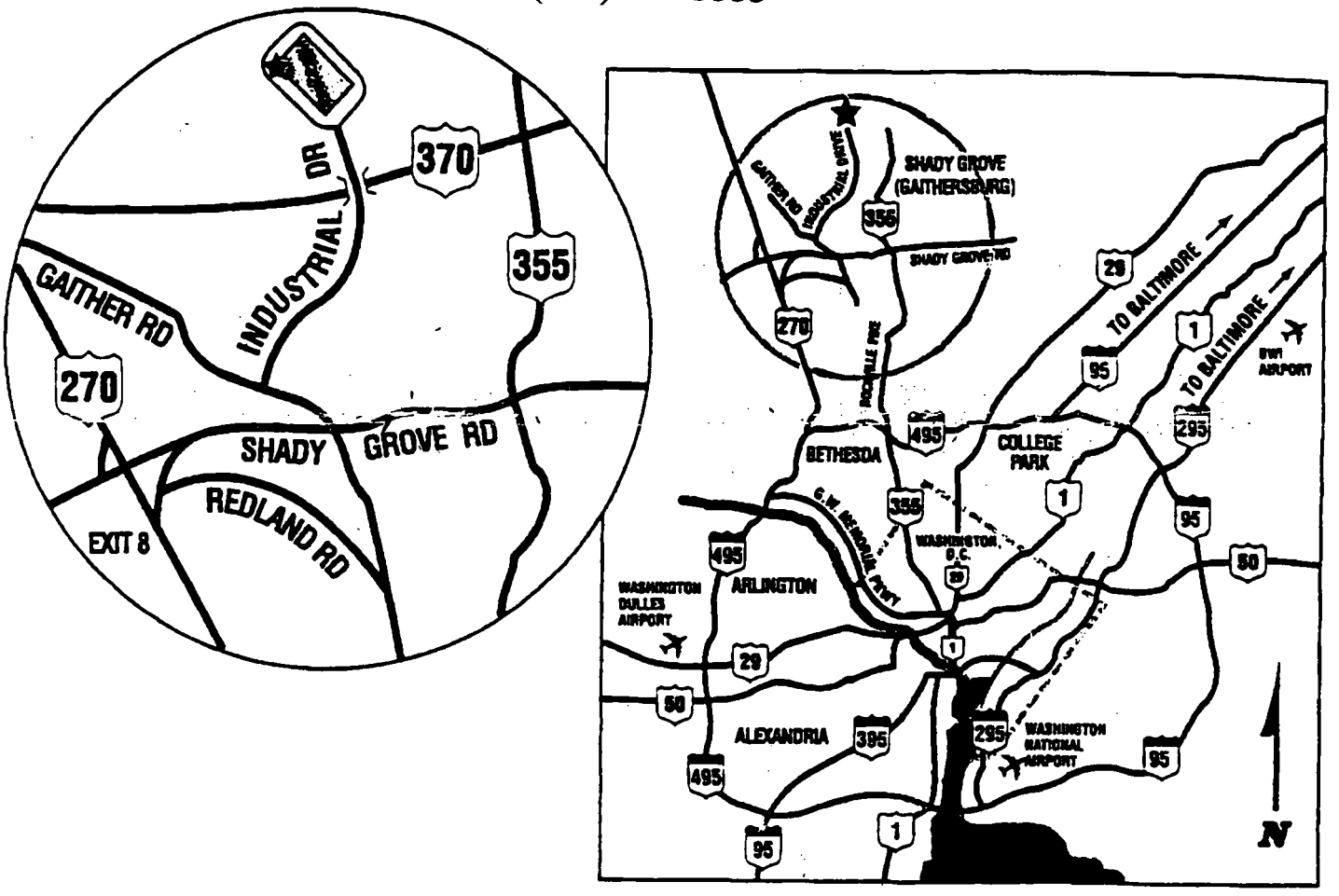
Juanita Koziol, M.S., C.S., R.N.
Chair, Joint Satellite Broadcast Workgroup

Enclosures: Map to FDA Broadcast Studio
Registration Form

CDRH Tech Center

16071 Industrial Drive. Gaithersburg, MD 20877

(301) 827-3555



From the North via I-270: Take I-270 south to Shady Grove Rd. (Exit 8). Turn left (east) at top of ramp onto Shady Grove Road. At third traffic light, turn left onto Gaither Road. Go approximately 0.3 mile to Industrial Drive and turn right. Follow Industrial Drive for approximately 0.5 mile (dead-ends at large white building.) Bear to the left side of the building and drive to the last set of double doors on the right. Enter double doors and check in at guard's desk.

From the South via I-270: Take I-270 north to Shady Grove Road (Exit 8). At end of ramp turn right (east) onto Shady Grove Road. At second light turn left onto Gaither Road. Go approximately 0.3 mile to Industrial Drive and turn right. Follow Industrial Drive for approximately 0.5 mile (dead-ends at large white building.) Bear to the left side of the building and drive to the last set of double doors on the right. Enter double doors and check in at guard's desk.

From Rockville via Route 355: Turn left (west) onto Shady Grove Road. At third light turn right onto Gaither Road. Go approximately 0.3 mile to Industrial Drive and turn right. Follow Industrial Drive for approximately 0.5 mile (dead-ends at large white building.) Bear to the left side of the building and drive to the last set of double doors on the right. Enter double doors and check in at guard's desk.

From Metro: Take the Red Line to the Shady Grove station (last stop on the Red Line). Metro station is approximately 4 miles from Tech Center. Take a taxi to the building (no bus service is available.)

Satellite Broadcast

Adherence to HIV Therapies: HIV Treatment and Prevention Issues

Wednesday, February 24, 1999

1:00 - 3:00 p.m. EST

Registration Form

Please type or print clearly.

Name:	Degree:
Title:	
Department:	Division:
Affiliation:	
Mailing Address:	
City/State/Zip:	
Daytime Phone: ( )	Ext.: FAX Number: ( )
E-mail:	

_____ Yes, I will attend the **Adherence to HIV Therapies: HIV Treatment and Prevention Issues** broadcast

_____ No, I will be unable to attend the broadcast

Please register early as space is limited!

Please return this form by Friday, February 5, 1999, to:

Rose Salton, Conference Coordinator

Technical Resources International, Inc.

3202 Tower Oaks Boulevard

Rockville, MD 20852

Telephone: (301) 770-0610

FAX: (301) 468-2245

E-Mail: rsalton@tech-res.com

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

January 6, 1999

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

Dear Ms. Thurman:

The purpose of this letter is to forward copies of a report on the March 1998 consensus meeting on drug treatment in the criminal justice system and an ONDCP consultation document on the same topic.

The March 1998 consensus meeting underscored that expert opinion is unanimous about the efficacy of demand reduction, especially within the context of the criminal justice system. The meeting's objective was to focus researcher, practitioner, and policy maker attention on the question "How can we most effectively deal with drug-dependent offenders - what works?" Two hundred and thirty experts in criminal justice and treatment, researchers, practitioners, scholars -- including physicians and judges -- joined senior government officials to consider this policy challenge. This meeting reaffirmed the science-based conclusion that the criminal justice system can effectively partner with the drug treatment system to reduce the level of drug use and the attendant criminal behavior of the offender population.

The purpose of the ONDCP consultation document -- *Substance Abuse and the Criminal Justice System* -- is to facilitate discussion on a national policy and direction regarding the reduction of drug abuse among the offender population. This consultation document builds on the results of the March 1998 consensus meeting. Our goal is to develop a series of concrete policy recommendations for a National Summit on *Enhancing Public Safety through Reducing Substance Abuse Among Offenders* this year, with a view to formalizing those recommendations in a resolution that is adopted by federal, state, and local authorities. We look forward to hearing your thoughts on this consultation document by the end of January.

Sincerely yours,

Donald R. Vereen Jr., MD, MPH
Deputy Director

Attachments

LEGAL ACTION CENTER

153 Waverly Place • New York, NY 10014 • (212) 243-1313
FAX: (212) 675-0286 • E-mail: lacinfo@lac.org

January 4, 1999

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

Dear Ms. Thurman:

On behalf of the Legal Action Center, we are pleased to send you the enclosed copy of our newest publication, Welfare As We Know It Now: What New York's New Welfare Laws Mean for People with Criminal Records, Substance Abuse Histories, and HIV/AIDS. In keeping with the tradition of our other educational manuals, we hope it will be useful as service providers and their clients navigate through the new federal and New York state welfare laws.

The manual focuses exclusively on those areas of the welfare system that are most likely to affect persons with histories of involvement in the criminal justice system, histories of alcoholism or substance abuse or persons with HIV/AIDS. For these individuals, the manual offers a comprehensive overview of the laws, regulations, and administrative directives in New York that constitute the new welfare system.

Please feel free to contact us if you would like additional copies of the manual.

Sincerely yours,

Paul N. Samuels
Director/President

Debbie Mukamal
Law Graduate

Enclosure

APIAHF

January 13, 1999

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

Dear Ms. Thurman:

Please find enclosed an Asian and Pacific Islander Statement of Support and Solidarity for Increased Ryan White CARE Act Title I Funding for African Americans and Latinos, signed by nearly sixty Asian and Pacific Islander community leaders from ten states and Washington, D.C. I also am enclosing a fact sheet on Asians and Pacific Islanders and HIV/AIDS issues for your information.

Please do not hesitate to contact me at phone 415/954-9951 or by e-mail at <ibau@apiahf.org> if you have any questions. Thank you for your continued interest and support of HIV/AIDS programs in communities of color.

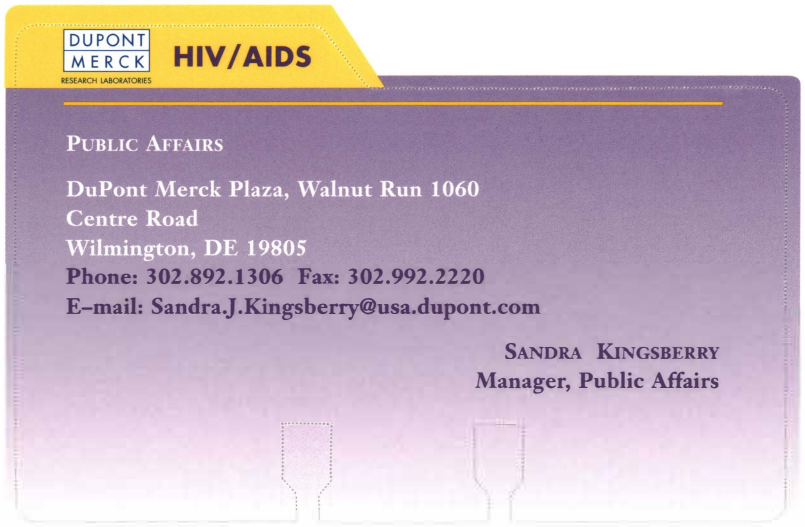
Sincerely,

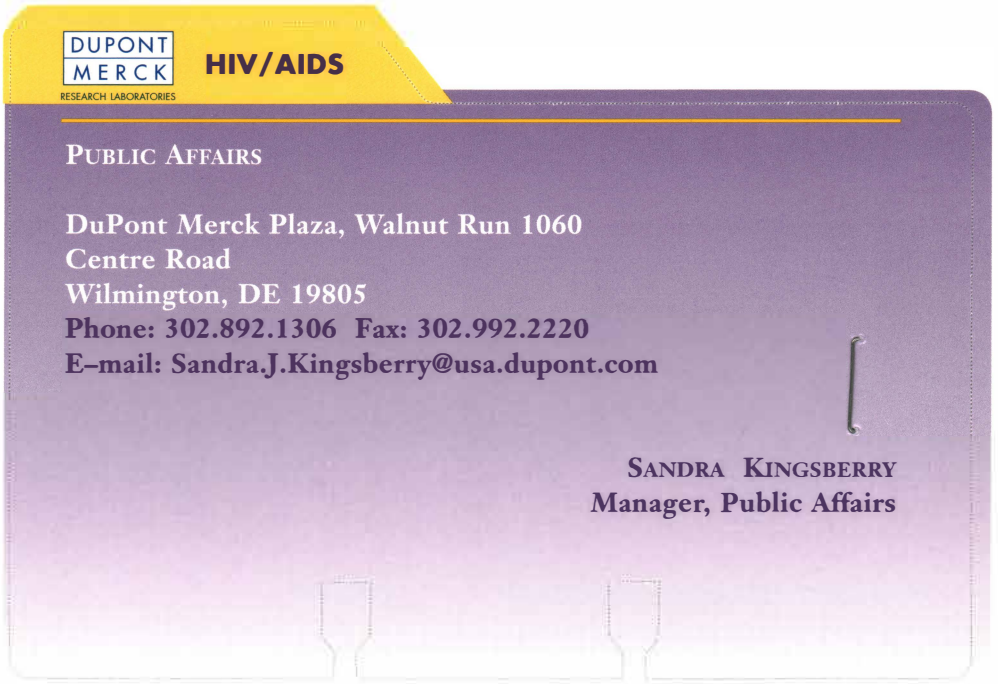
Ignatius Bau

Ignatius Bau
Health Policy Director

942 Market Street
Suite 200
San Francisco CA 94102
415•954•9988
Fax 415•954•9999
E-mail: hforum@apiahf.org
http://www.apiahf.org

Asian & Pacific Islander American
Health Forum
National Advocates for Asian & Pacific Islander Health


DUPONT
MERCK
RESEARCH LABORATORIES
HIV/AIDS
PUBLIC AFFAIRS
DuPont Merck Plaza, Walnut Run 1060
Centre Road
Wilmington, DE 19805
Phone: 302.892.1306 Fax: 302.992.2220
E–mail: Sandra.J.Kingsberry@usa.dupont.com
SANDRA KINGSBERRY
Manager, Public Affairs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Phone: 302.892.1306 Fax: 302.992.2220
E–mail: Sandra.J.Kingsberry@usa.dupont.com
SANDRA KINGSBERRY
Manager, Public Affairs

DUPONT MERCK RESEARCH LABORATORIES **HIV/AIDS**

PUBLIC AFFAIRS

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E-mail: Karen.S.Qualter@usa.dupont.com

KAREN S. QUALTER
Public Affairs Specialist

DUPONT MERCK RESEARCH LABORATORIES **HIV/AIDS**

PUBLIC AFFAIRS

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Centre Road
Wilmington, DE 19805
Phone: 302.992.3816 Fax: 302.992.2220
E-mail: Karen.S.Qualter@usa.dupont.com

KAREN S. QUALTER
Public Affairs Specialist

K e n n e t h T. S o u t h

January 13, 1999

Dear Sandy,

For everything there is a season, and a time for every matter under heaven:
a time to be born, and a time to die; a time to plant, and a time to pluck up what is planted;
a time to kill, and a time to heal; a time to break down, and a time to build up;
a time to weep, and a time to laugh; a time to mourn, and a time to dance;
a time to cast away stones, and a time to gather stones together; a time to
embrace, and a time to refrain from embracing;
a time to seek, and a time to lose; a time to keep, and a time to cast away;
a time to rend, and a time to sew; a time to keep silence, and a time to speak;
a time to love, and a time to hate; a time for war, and a time for peace.

Ecclesiastes 3:1-9

Yes, it is time. A time in my professional life when I feel that I have to make a change, to take on new challenges for the future. I have been thinking, praying and consulting many very dear friends and I've decided to move on from my wonderful term of ministry here.

This June will mark my tenth year at ANIN. It has been a fulfilling time for me. I make this decision not because of any particular issue or certainly not because of any crisis, but because it just seems to me the time is right.

I have given my board three months notice so I will leave here on the 1st of April and be available for new adventures. As I look to the immediate future I send this note to you as a colleague and friend to ask you to keep me in mind as opportunities come to light in your world. You will see my enclosed resume is pretty heavy on experience in the HIV/AIDS epidemic, though I hope potential partners will see much of my experience in management, leadership, development, planning, and organizing as examples of "technology transfer".

I'm proud of my accomplishments here at ANIN, excited about the future, and thank you in advance for keeping me in mind.

Warm regards,

1212 Parrish Drive, Rockville, MD 20851 301.309.8034 (southy2@aol.com)

KENNETH T. SOUTH, M.Div.
1212 Parrish Drive
Rockville, MD. 20851
(301) 309-8034 (southy2@aol.com)

Professional Experience:

AIDS NATIONAL INTERFAITH NETWORK (202) 842-0010
Washington, DC. 6/89-

Executive Director 1/91 -
Responsible for the overall management and operations of this national association of AIDS ministries. Responsible for the management of staff, development, program planning, board relations and networking with other AIDS agencies.

-Fundrasing and Development: Raised over $4 million dollars from government contracts, corporations, foundations and federated giving programs.

-Program development: Coordinated the design and implementation of programs of technical assistance, collaboration and advocacy with staff, advisory committees and the board of directors. Established the Council of National Religious AIDS Networks, the AIDS Interfaith Mobilization program, and produced the *AIDS & Religion in America Convocation.*

-Management: responsible for all aspects of personnel, financial and facility management and planning.

-Creative collaborations: Established strong working relationships between and among, the federal government, national religious denominations, local AIDS ministries, national AIDS organizations and key individuals to accomplish our mission.

-Conferences and Workshops: Co-sponsor and producer for six years of the National Skills Building Conference and three years for the United States Conference on AIDS. Designed and taught numerous workshops across the United States. Keynote speaker at various events.

Director of the Public Policy 6/89-1/91

Represented the religious community in the authorization and appropriations of federal AIDS policy including the Ryan White CARE Act and the Housing Opportunities for People with AIDS (HOPWA) Act. Established the first AIDS Housing Network and published the first AIDS Housing Handbook.

THE CENTER FOR AIDS EDUCATION AND RESEARCH
The Koba Institute, Washington, DC. 3/88-6/89

Principal Investigator: National Institutes on Drug Abuse, three-city AIDS and IV Drug use study in San Juan, Puerto Rico; Laredo, Texas and San Diego, California. Budget over 1 million per year, staff of 40.

Manager: Center's two additional AIDS programs employing staff of 25 and budget of over 1 million. AIDS outreach and education to Blacks and Latinos of DC and IV drug AIDS prevention program.

PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
Washington, DC, 12/87-3/88

Consultant to the Commissioner Dr. Frank Lilly, supported by a national consortium of AIDS service agencies.

AID ATLANTA, Inc.
Atlanta, Georgia 9/84 - 7/87

Executive Director: Guided a volunteer AIDS social service agency from a budget of $40,000

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National AIDS Policy Office

OA/Box Number: 19398

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Correspondence - SLT - Incoming - 1/99 [2]

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

and two part time staff, to an agency of twenty-three and annual budget in excess of two million dollars in three years.

- Established the first AIDS residence in the Southeast.
- Designed and implemented the creation of the Governor's Task Force on AIDS for the Georgia Department of Human Resources.
- Guided the award of the first Robert Wood Johnson Foundation AIDS comprehensive services grant to an community based AIDS social service agency, excess of $1 million.
- Successfully developed the award of a HRSA/ AIDS Services grant in excess of $1 million.
- Managed the day to day operation of the agency with 500 volunteers, 22 member Board of Directors and serving over 300 clients

CHRISTIAN ACTIVITIES COUNCIL
Hartford, Connecticut 6/81 - 8/84

Co-Founder & Manager of a HUD 202 Section 8 Congregate Living facility for low income minority elderly in Hartford's north end.

Manager: project to re-structure an Inner City Community Center.
Guided the first MBO process for this 150 year old agency.

HILL CENTER INC.
Hartford, Connecticut 9/74 - 6/81

Founder & Executive Director: Guided the creation of a multi-service community center from "a card table and a typewriter" to the first community based agency in Hartford to be funded by United Way.

Primary fund-raiser: using multiple income sources such as memberships, benefits, grants and awards, contracts. Took agency from one staff and $5,000 budget to .5 mil budget, 13 staff and United Way funding.

NORWICH STATE HOSPITAL, Norwich, Connecticut 6/73-6/74
ALTOONA GENERAL HOSPITAL, Altoona, Pennsylvania 9/72 -6/73

Residency in Clinical Pastoral Education: day to day counseling of patients, religious resources to staff & crisis counseling in critical care areas.

EDUCATION:

M. Div. Methodist Theological School in Ohio, Delaware, Ohio
1969 - 1972, one year study at New College of the University of Edinburgh, Scotland

B.A.s Salem College, Salem, West Virginia. 1964 - 1969 Major: Human Relations from the American Humanics Foundation. 2nd major in Music Education

Fredonia State Teachers College, Fredonia, New York. 1963-1964 undergraduate work in Music Education.

AFFILIATIONS:

Board of Directors of the American Social Health Association, Board of Directors and Secretary of the National AIDS Network. AIDS Task Force of the American College Health Association, Governor's Task Force on AIDS for the State of Georgia, Board of Directors, Interreligious Health Care Access Campaign. Member, AIDS Resource Committee of the National Hospice Organization. President, Board of Directors, AIDS Medicine & Miracles.

PERSONAL:

date of birth: (b)(6)

[001]

1875 Connecticut Avenue NW
Suite 700
Washington, DC 20009
202-986-1300 x3065 (v)
202-986-1345 (f)

until it's over
AIDS ACTION

Fax

To:	Sandy Thurman / Michael Iskowitz	**From:**	Steven Fisher
Fax:	456-2439	**Pages:**	Three, including cover
Phone:		**Date:**	01/06/99
Re:		**CC:**	

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

• **Comments: FYI**

3 PM
Bishop Sheldon Nays
Rev. Cecile Grey
Sandy
Buck — 301 443-8654
5?-3110 ex. 40
717-738-9111 ex. 1030

CBC
AIDS orphans
Prep A w/ Pres.
ward
India

Minyon Moore
01/19/99 10:22:46 PM

Record Type: Record

To: Sandra Thurman/OPD/EOP

cc:
Subject: meeting w/Dr. Charles (Chuck) Franklin, Jr.

Sandy:

Secretary Herman's fiancee is a medical Dr. and is very interested in getting involved with our AIDS OUTREACH OFFICE. As with anything, he feels we are not scratching the surface of what we could be doing. Can you contact his office and set up a meeting with him.

thanks ------(301) 681-8211.

Daniel C. Montoya

01/22/99 11:57:16 AM

Record Type: Record

To: Sandra Thurman/OPD/EOP

cc:
Subject: "Confronting AIDS": Proposed Presentation of the Main essages

Hey Sandy:

Mead and I ran into each other at an event last week and he told me about your conversation with him, hence the letter below. Do you have any specific ideas that your thinking about regarding a briefing for the Council? Let me know when you get a chance.

dcm
---------- Forwarded by Daniel C. Montoya/OPD/EOP on 01/22/99 11:54 AM ----------

Meadover @ worldbank.org
01/22/99 11:05:37 AM

Record Type: Record

To: Daniel C. Montoya/OPD/EOP

cc: Mainsworth @ worldbank.org, pcollier @ worldbank.org, pdelay @ usaid.gov
Subject: "Confronting AIDS": Proposed Presentation of the Main essages

---

Mr. Daniel C. Montoya
Executive Director
Presidential Advisory Council on AIDS
736 Jackson Place, N.W.
Washington, DC 20503

Dan,

When Sandy Thurman and I met on the Voice of America TV interview show on December 3, she asked that I contact your office to set up a time when Martha and I could come to present the main messages of our book, "Confronting AIDS" to your team. She said that the President Clinton's recent attention to AIDS in developing countries, especially in southern Africa, implies that the issues addressed by our book are increasingly important to the work of the Presidential

Advisory Council on AIDS.

The book entitled "Confronting AIDS: Public Priorities in a Global Epidemic" was published in November, 1997 as the fifth in a series of "policy research reports" of the World Bank. The series is published by the Bank's Development Economics Vice Presidency, which is directed by Joseph Stiglitz, our Senior Vice President and the former chair of President Clinton's Council of Economic Advisors. This book is the first in the series on a health topic. It presents the views of its authors, Martha Ainsworth and myself, and of the research branch of the Bank, but does not define World Bank operational policy.

The intended audience of the book includes decision-makers in ministries of finance, planning and on the staff of national leaders, not primarily health officials. Founded on public economics, the book argues that governments have a fundamental responsibility to prevent HIV infection among those most likely to contract and spread it, while protecting them from discrimination. The book also analyzes the economic causes and consequences of AIDS in developing countries and suggests the appropriate government position towards financing the treatment of AIDS. It proposes strategies and criteria of success for AIDS programs in developing countries, while referring the reader to UNAIDS, USAID, the European Commission and other resources for detailed guidelines on how to implement these strategies. The book is co-sponsored by the European Commission, UNAIDS and the World Bank.

Joseph Stiglitz, Martha, I and other Bank staff have presented the main messages of the book to the press and public in a variety of fora over the last year and are continuing to disseminate its main messages in the developing world in order to support the launch of the translations into French, Spanish, Russian, Vietnamese, Chinese and Japanese. For example, Joseph Stiglitz presented the book's main messages at a special session of the European Parliament on November 24, 1997 and I presented some of the messages to the Keidanren, Japan's National Association of Businesses, on November 26, 1998 and to an AmFAR Symposium on December 1, 1998. Presentations that Martha and I gave in Lima and Abidjan respectively can be viewed on the web by clicking on:

http://www.worldbank.org/aids-econ/confront/present/index.htm

We would be pleased to support the Presidential Advisory Council's efforts in any way consistent with the conditions of our employment at the World Bank. In particular, Martha or I could come over to the Council one day to present the main messages of the book and to discuss them with your staff at your convenience.

I am copying this e-mail to Paul DeLay of USAID, who is familiar with our work and whose division continues to support the web site of the International AIDS Economic Network mentioned above.

Sincerely,

Mead Over and Martha Ainsworth
Senior Economists
Development Research Group

Mead Over
Development Research Group
World Bank, Room MC2-517
e-mail: meadover@worldbank.org
Assistant: Tourya Tourougui
e-mail: ttourougui@worldbank.org
Phone: 1-202-458-7431, FAX: 1-202-522-3230

PACHA MEMBER	APPOINTMENT DATE	RENEWAL
Steven Abel	**1995**	**NO**
Terje Anderson	**1995**	**NO**
Regina Aragon	**1995**	**NO**
Barbara Aranda Naranjo	December 1998	YES
Judith Billings	May 1996	YES
Charles Blackwell	January 1998	YES
Nicholas Bollman	**1995**	**NO**
Jerry Cade	**1995**	**NO**
Lynne Cooper	January 1998	YES
Rabbi Joseph Edelheit	December 1996	YES
Robert Fogel	**1995**	**NO**
Debra Fraser-Howze	December 1995	*YES
Kathleen Gerus	**July 1995**	**NO**
Phyllis Greenberger	**July 1995**	**NO**
Nilsa Guiterrez	July 1997	YES
Bob Hattoy	**1995**	**NO**
Thomas Henderson	December 1995	*YES
Scott Hitt	**1995**	**NO**
Mike Isbell	1996	YES
Ronald Johnson	**1995**	**NO**
Jeremy Landau	**1995**	**NO**
Alexandra Levine	**June 1995**	**NO**
Steve Lew	**July 1995**	**NO**
Miguel Milanes	January 1998	YES
Helen Miramontes	December 1995	*YES
Altagracia Perez	**1995**	**NO**
Rob Rankin	1996	YES
Alexander Robinson	**1995**	**NO**
Debbie Runions	**May 1995**	**NO**
Sean Sasser	July 1997	YES
Benjamin Schatz	December 1995	*YES
Richard Stafford	December 1995	*YES
Denise Stokes	**July 1995**	**NO**
Charles Quincy Troupe	**1995**	**NO**
Bruce Weniger	**June 1995**	**NO**

*Termination in December 1999

raragon @ sfaf.org
02/03/99 11:09:00 AM

Record Type: Record

To: Todd A. Summers, Sandra Thurman

cc:
Subject: Is there absolutely no accountability whatsoever at the CDC?

If the following story reflects the "unbiased" implementation of the CDC guidance that we were promised by HHS and ONAP, this is absolutely unacceptable. I would like to formally request that the Director of the CDC or the Secretary herself write Ron Lewis and the D.C. Director of Health immediately to assure them that DC's funding will not be tied to the district's decision whether or not to use names reporting, and that the Director or Secretary clarify, in writing, that any statements to the contrary by CDC officials are inaccurate and contrary to the draft guidance issued in December.

I would also like to ask what in the hell it will take for HHS to hold CDC officials accountable for their actions?
It is increasingly clear to me that the Administration is not at all prepared to fulfill its commitment to an unbiased implementation of the guidance. The little credibility HHS has left on this topic is quickly fading.

Regina

"Opposition Diminishes to HIV Tracking System"
Washington Blade (01/22/99) Vol. 30, No. 4,
P. 1; Wright, Kai
The District of Columbia appears to be leaning toward a name-based HIV surveillance system. The D.C. Department of Health's community advisory board has voted to recommend a name reporting system, and the director of the Department of Health is expected to make a final decision and begin implementation within six months. Ron Lewis, chief of the D.C. Agency for HIV/AIDS, said the city needs more accurate data on the virus. He added that a federal push for name-based reporting is also affecting the decision, noting that there were concerns that funding would be reduced if an HIV surveillance system is not introduced. The board further recommended that all city-funded HIV testing sites provide the option of anonymous testing, although Lewis said the it is unclear whether the option will be available at every site. A motion to recommend the use of unique identifiers for HIV surveillance in consultation with Maryland did not pass the board. Officials believe that a unique identifier system could increase the financial burden and load by 40 percent to 60 percent annually.

Sandra Thurman 01/08/99 11:31:46 AM

Record Type: Record

To: Virginia Apuzzo/WHO/EOP

cc:
Subject: Staffing for ONAP

It is our understanding that two positions are available, one FTE and the other a detailee. We propose to use these for support functions as opposed to policy-related positions.

Why support?
Because the operations of this office are supported by HUD, that agency is the only one that can provide non-policy staff. Currently, HUD provides for ONAP's operating budget, rent, and one FTE (our receptionist). Previously, some of the agency representatives assigned to this office had provided administrative support in excess of that permitted. The productiveness of our office is substantially diminshed by the lack of adequate support staff because both my deputy and I spend such an inordinate amount of time handling basic administrative tasks (and sometimes not very well!).

Need for agency representatives
We do believe that the policy functions of this office can continue to be adequately met through agency representatives from Federal agencies involved in HIV/AIDS policy. Assistance from the COS office in securing quality staff for temporary assignment here would be most helpful (and has been successful in the past). For example, the assistance with coordinating the HIV vaccine initiative could easily be accomplished by an agency representative from the NIH. Dr. Varmus, Director of NIH has committed to providing one, but a little nudge from the COS would probably speed things along.

Ideally, we would have the following agency rep positions occupied at all times:

- Research Issues (NIH)
- Prevention Issues (CDC)
- Housing Issues (HUD)
- Drug Addiction and Mental Health Issues (SAMHSA)
- Care and Service Issues (HRSA)
- Special Population Issues (HHS)
- International Issues (USAID or State)

Currently, we have only one temporary agency rep, who is scheduled to return to HHS' Office of Minority Health at the end of this month (we've extended his stay 3 times already). Other than that, we have Daniel Montoya (who serves as executive director to the AIDS Council) and Mary May (our receptionist from HUD).

Brief Job Desciptions
One of the two positions would serve as my assistant, providing correspondence, travel, document, and schedule management.

The second position would support my deputy, and secondarily the agency representatives, in many of the same functions. In addition, they would be responsible for managing our central files, library,

and administrative coordination with the Office of Management and Administration.

Please let me know if this is sufficient information or if you have any questions. We really appreciate your help!

The Honorable Senator Jesse Helms
United States Senate
Chairman, Committee on Foreign Relations
Washington,DC 20510-6225

Dear Senator Helms:

Thank you for your letter in which you inquired about the possibility of the U.S. Government providing funding to Nyumbani Orphanage, a Catholic non-profit institution which works in Nairobi. I am familiar with the good work Nyumbani has done over the years in caring for AIDS orphans and in undertaking advocacy on their behalf. Your concern about orphans in Africa is well placed as there will be an estimated 40 million children in Africa who will have lost one or both parents to HIV/AIDS by the year 2010.

I agree with you wholeheartedly that this crisis of children orphaned by HIV/AIDS in Africa is of critical proportions and needs immediate attention. We, too, have observed that many babies, such as the one you mentioned in your letter, test HIV-positive at birth because they carry their HIV-positive mothers' antibodies. Happily, many revert to HIV-negative status at several months of age when the mothers' antibodies wear off. Unfortunately, though, many of their mothers and fathers will die before these children are grown, thus increasing the burden on society and benevolent organizations such as Nyumbani. However, since there is not enough money in the entire USAID budget to provide institutional care for the millions of HIV/AIDS orphans, we are working on other, practical ways to help.

The best way to decrease the numbers of AIDS orphans is, of course, to prevent their parents from contracting HIV. As you know, USAID has undertaken targeted AIDS prevention and education programs in Kenya and many other countries for the past several years. We know that these prevention programs are beginning to

have an impact. In Uganda, for example, data indicate that numbers of people contracting the HIV virus are beginning to decline due, in part, to prevention and counseling programs, many of which are funded by USAID.

Other programs, include helping families care for members who have HIV or AID-related diseases and assisting extended families provide for orphaned children. We also hope to strengthen community-based activities by providing support to a range of respected organizations such as Nyumbani in undertaking networking, advocacy and support to HIV/AIDS prevention and care activities.

I am also happy to report that on December 8, 1998, the USAID/Kenya Mission Director invited to USAID the distinguished Chairman of the Nyumbani Board of Directors, Kenya's former ambassador to the U.S., the Honorable Denis Afande. They discussed the possible collaboration between USAID and Nyumbani, particularly in the context of the community-based care program which Nyumbani has recently begun. They reviewed potential funding sources, including the $10 million orphans' fund proposed by President Clinton, some of which potentially could become available for use in Kenya. They agreed that there is significant scope to work together on activities of mutual interest such as support to help keep orphaned children within the extended family or the community.

USAID/Kenya completed a new HIV/AIDS strategy in July 1998. Father Angelo D'Agostino, the Founder and Medical Director of Nyumbani, participated with over 200 other stakeholders in meetings to discuss new directions for our HIV/AIDS program. As a result of those discussions, a series of new initiatives are underway. These include programs to work with families, communities and institutions to address the needs, including the needs of orphans, which were voiced during the strategy development process. Most of these new initiatives will be in place by April 1999. I hope and fully expect that Nyumbani will be a collaborating partner in undertaking elements of these new initiatives which touch on community-based care for orphans.

In response to the query in your letter, I can state unequivocally that the children in Africa -- including orphans -- are an enormous priority for USAID. We will continue to make every effort to assure their health and well being. We look forward to continuing the dialogue with Nyumbani and the many other deserving community groups and religious organizations in Kenya about how USAID can best respond to their needs.

Thank you and best wishes for the holiday season.

Sincerely,

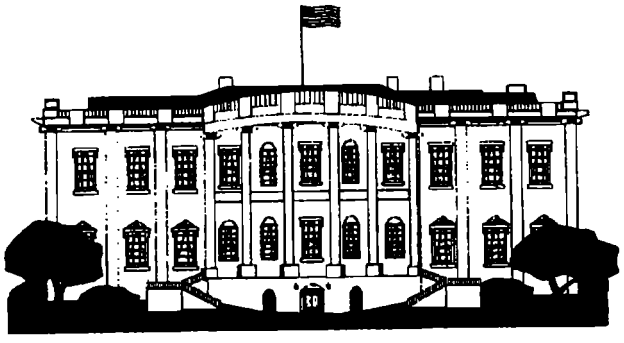
Brian Atwood

EXECUTIVE OFFICE OF THE PRESIDENT

Office of National Drug Control Policy
Washington, DC 20503

Todd + Friends
488 1521

Bob Witeck
789-0330



PUBLIC AFFAIRS

FACSIMILE MESSAGE

-Inomy 1/99

TO: JEFF
ORGANIZATION:
PHONE:
FAX: 338-2965

DATE: **TIME:** **PAGES:** **(Including Cover)**

FROM: **Bob Weiner, Chief of Press Relations**

PHONE: **(202) 395-6618**

FAX: **(202) 395-6730**

COMMENTS: As of 4 Released. Sandy called me to made words Tinker's included. CAN you MAKE CALLS?? MUCH

-Feel free to re-fax to whoever!

Bob

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

NOTICE TO MEDIA

FOR IMMEDIATE RELEASE:
FRI., JAN. 15, 1999

ONDCP Contact: Bob Weiner/Steve Panton (202) 395-6618
AIDS Policy Contact: Jeff Kamen (202) 338-6397

US. DRUG CZAR BARRY MCCAFFREY, AIDS CZAR SANDY THURMAN TO JOIN IN COMMUNITY SERVICE ON MARTIN LUTHER KING DAY; WILL PACK LUNCHES FOR DELIVERY TO PEOPLE WITH HIV AND AIDS: 7:30 A.M., MON., JAN. 18, FOOD AND FRIENDS, 58 L STREET, S.E., WASH., D.C.

McCAFFREY, RETIRED GENERAL, TO FOLLOW WITH TOUR OF SOLDIERS AND AIRMEN'S HOME: 10:00 A.M., 3700 NORTH CAPITOL STREET, N.W.

(Washington, D.C.) -- Following on the President's suggestion for community service the weekend of Martin Luther King Day, U.S. Drug Czar Barry McCaffrey and AIDS Czar Sandy Thurman will pack lunches for delivery to people living with HIV and AIDS and other homebound persons at Washington, DC's Food and Friends, a meals-on-wheels program, at 7:30-9:00 A.M. Monday, January 18. The facility is located at 58 L Street, S.E.

Later Monday (Martin Luther King Day) morning, at 10:00 A.M., McCaffrey, a retired four-star general, will tour the U.S. Soldiers and Airmen's Home, to provide support for the servicemen residing there. The tour will begin at the Main Gate; recommended entry off Upshur Street, N.W.

Both events are open to the press.

In addition to McCaffrey, other ONDCP staff are providing service at a number of metropolitan area facilities this weekend. These include the Whitman-Walker Clinic in Washington, the Carpenter's Shelter in Alexandria, and various clothing drives, county hospitals, book drives, and cancer organizations.

- 30 -

(service.118)

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11286	John	Roberts	1/20/99	

☐ 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
	5086 Sunrise Avenue	

Sender's City	Sender's State	Sender's Zip
Portage	IN	46368

CONGRESSMAN PETE VISCLOSKY
PUBLIC FORUM

CANCER

Wednesday, January 13, 1999
Portage Public Library
2665 Irving Street
Portage, IN 46368
7:30 P.M. - 8:30 P.M.

WHERE TO CONTACT CONGRESSMAN VISCLOSKY

2313 RAYBURN BUILDING
WASHINGTON, DC 20515-1401
(202) 225-2461

215 WEST 35TH AVENUE
GARY, IN 46408
TTY-TDD SERVICE AVAILABLE
(219) 884-1177

PORTAGE CITY HALL
(219) 763-2904

VALPARAISO CITY HALL
(219) 464-0315

INTERNET:
http://www.house.gov/visclosky/

I will conduct a public forum on Wednesday, January 13, 1999. I will speak for a few minutes about what is happening in Washington. Then, I want to answer your questions and listen to any concerns that you might have. I strongly urge you to join me and your neighbors at this forum.

Sincerely,

Pete Visclosky
Member of Congress

If you were not able to come to this meeting, please call Congressman Visclosky to voice your opinion.

ALCOHOLISM AND AIDS

Congressman Visclosky, I will be circulating this petition in Northwest Indiana.

ATTENTION REPRESENTATIVE PETER J. VISCLOSKY, MEMBER OF THE UNITED STATES CONGRESS

JOHN S. ROBERTS OF PORTAGE, INDIANA (219-763-1933), BELIEVES THAT CANCER CAN BE CURED BY SWALLOWING A COMPOUND WHICH IS CHEMICALLY RELATED TO PENICILLIN.

INDEED, ON JANUARY 12, 1980, A SCIENTIFIC ARTICLE APPEARED WHICH DESCRIBED THE VERY POSITIVE RESULTS OBTAINED BY SPANISH CANCER RESEARCHERS WHEN THEY ADMINISTERED THIS COMPOUND TO HUMAN BEINGS.

THE ARTICLE WAS PUBLISHED IN ONE OF THE WORLD'S FOREMOST MEDICAL JOURNALS, 'THE LANCET', PAGES 68-70.

CONSEQUENTLY, TO PROVE WHETHER HE IS RIGHT OR WRONG, WE THE UNDERSIGNED RESIDENTS OF THE UNITED STATES OF AMERICA DO HEREBY REQUEST THAT THE NATIONAL CANCER INSTITUTE REPEAT THE SPANISH RESEARCH, HOWEVER, THIS TIME THE AMERICAN RESEARCHERS WOULD INCLUDE THE SUGGESTIONS PROPOSED BY ROBERTS, NAMELY -

1. INCREASE THE ORAL DOSAGE OF THIAZOLIDINE-4-CARBOXYLIC ACID WHICH IS CHEMICALLY RELATED TO PENICILLIN BECAUSE IT CONTAINS A 'THIAZOLIDINE RING'.
2. PROVIDE 'MEGA-DOSES' OF VITAMIN C
3. PROVIDE 'ABOVE AVERAGE' AMOUNTS OF MAGNESIUM & ZINC & MANGANESE.

(DETAILS WOULD BE PROVIDED BY ROBERTS)

NAME | CITY OR TOWN AND STATE OF RESIDENCE | DATE

(Citizens of Portage, Roberts is host of Cable T.V. Program, 'ALTERNATIVE HEALTH CHOICES', 5:30 P.M., Channel 4, every Wednesday.)

I describe possible cures for CANCER, ALCOHOLISM and AIDS.

CANCER, ALCOHOLISM, AND AIDS

January 13, 1999

The Honorable Peter J. Visclosky
2464 Rayburn Building
Washington, D.C. 20515-1401

Dear Representative Visclosky,

It is my hope that Sandra Thurman, Director, National Aids Policy Office, will ask President Clinton to be empowered to be able to order the National Institutes of Health to conduct a medical clinical trial relative to HIV/AIDS.

If this is effected, I hope Ms. Thurman orders the National Institutes of Health to see if the Aids virus, HIV, can be inactivated in the manner I describe on the attached pages.

If Ms. Thurman chooses not to take this course of action, could we please have the reasoning underlying her decision.

Yours truly,

John S. Roberts

John S. Roberts
5086 Sunrise Avenue
Portage, Indiana 46368
(219) 763-1933

Copies to -

✓ President Clinton, The White House, Attention: Bob Nash (202) 456-1414
Sandra Thurman, Director, National Aids Policy Office,
736 Jackson Place, N.W., Washington, D.C., 20503, (202) 456-2437
Harold Varmus, M.D., Director, National Institutes of Health,
Building 1, Room 126, Bethesda, Maryland, 20892, (301) 496-2433
Members of the Media

The cure for Aids: L-2-Methylthiazolidine-4-carboxylic acid (L-MTCA)

There are very few references in all of the literature of science and medicine to L-MTCA, the cure for Aids.

In my 116 pages of research entitled, AIDS, CANCER, ALCOHOL/SMOKING ABUSE and the Power of NAC (N-Acetyl Cysteine), I said on page 12:

" On Monday, September 15 (1997), at the Indiana University Library, Northwest Campus, Gary, I typed into the computer data base 'MEDLINE' (1966 - 1992) & (1993 - 1997) the following words, and here are the results:

Words or word combinations	Number of articles
Methylthiazolidine and HIV/AIDS	0
Methylthiazolidine	27

Page 21 is an abstract (Unique Identifier 91286603) of an article about a salt of L-MTCA; its title is:

'Methylthiazolidine-4-carboxylate for treatment of acute T-2 toxin exposure'.

The abstract concludes:

"...Therefore, the toxicity and lethality of T-2 toxin may be associated with decreased hepatic glutathione content, since MTCA maintained glutathione content and improved survival."

On page 20 I stated (Abstract No. refers to Unique Identifier):

"Could L-MTCA afford us a 4 pronged attack against HIV? by

1. Elevating glutathione levels (GSH) see pages 5, 21 & 60
2. Restoring apoptosis see page 61
   (again, 1. & 2. assumes that NAC will combine with acetaldehyde to form L-MTCA)
3. Cause the antimyristoylation of HIV's gag proteins by preventing covalent binding? Abstract No. 90204308 (this page) and pages 90 & 91
4. Serve as a protease inhibitor? Abstract No. 96173007 (this page)."

(Page 81) On the title page (attached) of THE CHEMISTRY OF PENICILLIN I attached two references to L-MTCA.

The top right hand, 'Monocarboxythiazolidine Derivatives', is the very first description as to how it was prepared.

Here is the second description as to how it can be prepared; it is found on page 610 of Volume 66 (1958) of the 'Journal of Nutrition'; the title of the article is "THE REPLACEMENT BY THIAZOLIDINECARBOXYLIC ACID OF EXOGENOUS CYSTINE AND CYSTEINE" and the authors are Harold J. Debey, Julia B. Mackenzie and Cosmo G. Mackenzie:

(Page 81) " L-2-Methylthiazolidine-4-carboxylic acid was synthesized by a modification of the procedure described by Cook and Heilbron (THE CHEMISTRY OF PENICILLIN). Six grams of L-cysteine were dissolved in 15 ml of hot water and the pH of the solution was adjusted to 2.5 with hydrochloric acid. Five milliliters of freshly distilled acetaldehyde were added and the reaction mixture was allowed to stand at room temperature for several hours. The solution was then concentrated 'in vacuo' to a heavy syrup. The product was precipitated by the

"addition of absolute ethanol and collected on a sintered glass funnel. The yield, after recrystallization from 95% ethanol, was 2.6 gm. The melting point was 162-163°, in agreement with the value reported by
(Page 81) Cook and Heilbron (THE CHEMISTRY OF PENICILLIN).

* Here is a third way to prepare L-MTCA, the cure for Aids; it is found in 'Agents and Actions', vol. 4/2 (1974), page 126; the title is, 'Protection against Acetaldehyde Toxicity in the Rat by L-Cysteine, Thiamin and L-2-Methylthiazolidine-4-carboxylic Acid; the authors are Herbert Sprince, Clarence M. Parker, George G. Smith and Leon J. Gonzales:

" L-MTCA was prepared by a modification of the method of Debey et al. ("THE REPLACEMENT BY THIAZOLIDINECARBOXYLIC ACID OF EXOGENOUS CYSTINE AND CYSTEINE"). Thirty grams of L-cysteine were dissolved in 250 ml of distilled water (purged of dissolved oxygen by gassing with nitrogen) to form an opalescent solution. Fifteen ml of freshly-distilled acetaldehyde were added (final pH= 5.2), the solution stirred for 10 minutes, heated slowly to 75°C under a reflux condenser, and filtered while hot. The clear filtrate was evaporated to a white slurry (60 ml), warmed, transferred to a beaker with a minimum volume of water, and placed in the refrigerator (4°C) overnight. Next morning the precipitate was filtered, washed with 80% ethanol, and dried to constant weight at 60°C in a vacuum oven. The final product (weighing 32.8 g, approximately 90% yield) was a white amorphous powder with a melting point (determined by Fisher-Johns apparatus) of 162-163°C which was the same as that shown by a custom-made sample of L-MTCA purchased from the Eastman Kodak Company, Rochester, New York and that reported by Debey et al. ("THE REPLACEMENT BY THIAZOLIDINECARBOXYLIC ACID OF EXOGENOUS CYSTINE AND CYSTEINE").

The bibliography of this article made me aware of Chemical Abstract 77242v;
(Page 81) refer to the bottom right hand corner of THE CHEMISTRY OF PENICILLIN.

The Indiana University Medical Library in Indianapolis is trying to find out for me if the company, (Sogespar S. A.), still exits; thus far its search has been unfruitful.

Although my background is not in chemistry, to me, the chemical preparation of L-MTCA appears fairly simple; the only danger involved is that acetaldehyde is extremely flammable and could be explosive.

The Procedure for the administration of L-MTCA to patients with HIV/AIDS

77242v states that the Lethal Dosage amount of L-MTCA for mice is 300-400 mg/kg.

For adults,let's start out by administering 40 mg/kg. For children,let's start out by administering 20 mg/kg.

Let's suppose the adult patient weighs 150 lbs. (68 kg.) - Everyday, at 8:00 A.M, 2:00 P.M. and 8:00 P.M., the patient will swallow 900 mg. of L-MTCA. This is the daily yield of 40 mg/kg. (40mg x 68kg equals 2720 mg).

What happens to L-MTCA in the human body ('in vivo')?

Remember, L-MTCA is composed solely of two compounds -

½ L-cysteine
½ Acetaldehyde.

* LETHAL DOSAGE AMOUNTS:

Acetaldehyde	- LD_{50} in rats:	1930 mg/kg orally
Formaldehyde	- LD_{50} in rats:	800 mg/kg orally
Tac	- LD50 in mice:	400 mg/kg orally
Tylenol	- LD_{50} in mice:	338 mg/kg orally
L-MTCA	- LD_{50} in mice:	300-400 mg/kg subcutaneous

In vivo, could L-MTCA possibly divide and unite, divide and unite, divide and unite, divide and unite, divide and unite, divide and unite, divide and unite?

The following passages are from "COMPOUNDS OF THIOL ACIDS WITH ALDEHYDES" by Maxwell P. Schubert; it is found in 'Journal of Biological Chemistry', Volume 114 (1936), pages 341-350; do they give us a hint that this could happen?:

> "One of their most striking properties is the ease with which they appear to dissociate into their components, aldehyde and thiol,..." page 342
>
> "...Because these compounds dissociate so readily, it could be argued that they are some sort of loose molecular compound to which no particular valence formula can be assigned,..." page 342
>
> " These aldehyde-thiol compounds, because of their reversible formation and dissociation in neutral aqueous solution at room temperatures, are of some biochemical interest. For example, a thiol like cysteine can be masked in the presence of aldehydes so that, although it can react with reagents such as iodoacetic acid, its presence might not be detected by a nitroprusside test. The effect can also be thought of as a 'buffering' of thiol concentration." page 345
>
> " All of these acetylated compounds absorb iodine, but do so slowly that hours are required, whereas the aldehyde addition compounds ($R.CHOH.S.CH_2.CO.NH.C_6H_5$) can be titrated to a sharp end-point in a few minutes." Pages 346-347
>
> " Cysteine forms easily crystallized condensation products with aldehydes. Some evidence is given that these compounds also dissociate readily, but here again acetylation seems to stabilize the compounds..." page 350

Divide and unite, Divide and unite, Divide and unite, Divide and unite - is this what happens to L-MTCA in vivo?

The following passages come from "Occurrence in Human Urine of New Sulphur-Containing N-Nitrosamino Acids N-Nitrosothiazolidine 4-carboxylic Acid and Its 2-Methyl Derivative, and Their Formation", published in the 'Journal of Cancer Research and Clinical Oncology', (1984) 108:121-128, H. Ohshima, et al.:

> " NTCA AND NMTCA were readily formed in vitro following nitrosation at acidic pH of the respective precursor, thiazolidine 4-carboxylic acid (TCA) or of 2-methylthiazolidine 4-carboxylic acid (MTCA). As the latter compounds can be formed by reaction of L-cysteine with formaldehyde or acetaldehyde, respectively, NTCA and NMTCA were also were also formed by reacting L-cysteine with the respective aldehyde and with nitrite at optimal pH (2.5 for NTCA and 4.5 for NMTCA).
>
> Up to 95% of NTCA and NMTCA given orally to fasted rats was recovered as such in urine and faeces within 2 days..." page 121
>
> "...More than 90% of the administered dose was recovered unchanged in the urine within the first 24 h. Trace amounts of the compounds (2% of the dose) were also found in the faecal samples. About 2% of the dose was detected in the urine sample collected within a period of 24-48h; after that, no further elimination was detectable. Thus, about 95% of each of the compounds given was recovered unchanged in the urine and faeces within 2 days." page 123

Divide and unite (½ L-cysteine & ½ acetaldehyde), Divide and unite (½ L-cysteine & ½ acetaldehyde), Divide and unite (½ L-cysteine & ½ acetaldehyde), is this how L-MTCA would manifest itself in vivo?

If this be so, I like to think of L-cysteine as being 'The Stagecoach' and acetaldehyde would be riding 'Shot-gun' doing its damage to HIV (inactivating it).

I have in my possession letters from both the National Institutes of Health and Centers for Disease Control which acknowledge that HIV can be inactivated in the test tube by acetaldehyde.

Assuming that acetaldehyde inactivates HIV in vivo, the ideal, of course, would be to have as much acetaldehyde as possible flowing in the blood of the Aids patient; however, acetaldehyde is extremely toxic.

Could acetaldehyde's toxicity be ameliorated?

* In "Protective Action of Ascorbic Acid and Sulfur Compounds against Acetaldehyde Toxicity: Implications in Alcoholism and Smoking", 'Agents and Actions', vol.5/2(1975), pages 164-173, DR. HERBERT SPRINCE and his associates discovered that NAC (N-Acetyl Cysteine) was one of the compounds which afforded rats 100% protection against a lethal dose of acetaldehyde.

I am assuming that NAC would afford similar protection to human beings.

NAC is the only compound on the face of the earth which has been shown to be effective in alleviating a Tylenol overdose.

NAC can be purchased in health food stores.

Getting back to the procedure -

Everyday at 8:00 A.M., 2:00 P.M. & 8:00 P.M. the Aids patient would swallow a 600 mg capsule of NAC in addition to the 900 mg capsule of L-MTCA. Hopefully, experience will show that NAC provides enough protection against acetaldehyde's toxicity to enable us to increase the dosage for adults from 40 to 100mg/kg. of L-MTCA.

The cure for cancer: Thiazolidine-4-carboxylic acid (Tac)

SARAH RATNER first formulated Tac; see "The Action of Formaldehyde upon Cysteine", 'Journal of the American Chemical Society', Volume 59, pages 200-206.

She described it thusly:

> " Thiazolidine-4-carboxylic Acid - The cysteine hydro-chloride from 30 g. of cystine was dissolved in 100 cc. of water; 22 cc. of commercial 40% formaldehyde (1.1 mole) was added, and the mixture allowed to stand over-night at room temperature. On the addition of 25 cc. of pyridine, crytals soon separated. The whole was diluted with 50 cc. of alcohol and filtered. The product (28.2 g.) was recrystallized from hot water. The resulting long, colorless needles, which melt with decomposition at 196-197°, are insoluable in alcohol, somewhat soluble in cold water, readily soluble in hot water, in acid and alkali."

* GLUTAMINE: "L-glutamine: One of the many amino acids found in proteins, l-glutamine has an incredible reputation among recovering alcoholics. Many report that taken supplementally, the free form (that is, when it is alone and not part of proteins) of l-glutamine can stop the cravings for alcohol within minutes." page 192, SOBER...And Staying That Way by Susan Powter Because it is the only amino acid that can cross the blood-brain barrier - rapidly - j.s.r.

* GLUTATHIONE: N-Acetyl Cysteine is a more stable form of the sulfur amino acid L-cysteine, and is a powerful antioxidant. It is an excellent precursor of glutathione, another major antioxidant. Glutathione is also the precursor, with selenium, of glutathione peroxidase, one of the most important antioxidant enzymes in the body.

** This note applies to the next page. MARTINDALE The Extra Pharmacopoeia states that the danger level of Tac (Timonacic) for children is 30 mg/kg and 60mg/kg for adults. Consequently, for children let's limit the amount to 20mg/kg and 40mg/kg for adults. And besides, you will soon see how I propose to provide 'a buffer' (vitamin C) against Tac's toxicity.

** See THE CHEMISTRY OF PENICILLIN. I have attached a clipping about Thiazolidine-4-carboxylic acid

* Post Script: Ms. Field and Mr. Calloway, I will not burden the following with reference citations; however, I will be glad to provide you with them if you so desire. j.s.r.

1. HIV/AIDS - most people are unaware of the following -

   A. The National Institutes of Health and Centers for Disease Control have acknowledged that the virus which causes AIDS, HIV, can be inactivated in the test tube by the chemical compound, acetaldehyde.
   B. The chemical compound, L-2-methylthiazolidine-4-carboxylic acid (L-MTCA), is composed solely of ½ L-cysteine and ½ acetaldehyde.
   C. 'Chemical Abstract' 77242v (1970) states that L-MTCA was utilized as a 'cough inhibitor'.
   D. Chemically speaking, L-MTCA is easy to make -

      " L-2-Methylthiazolidine-4-carboxylic acid was synthesized by a modification of the procedure described by Cook and Heilbron ('49). Six grams of L-cysteine were dissolved in 15 ml of hot water and the pH of the solution was adjusted to 2.5 with hydrochloric acid. Five milliliters of freshly distilled acetaldehyde were added and the reaction mixture was allowed to stand at room temperature for several hours. The solution was then concentrated 'in vacuo' to a heavy syrup. The product was precipitated by the addition of absolute ethanol and collected on a sintered glass funnel. The yield after recrystallization from 95% ethanol, was 2.6 gm. The melting point was 162-163°, in agreement with the value reported by Cook and Heilbron ('49)." (This procedure is dangerous because acetaldehyde is flammable and could be explosive. j.s.r.)

   E. It is my hypothesis that as it works its way through the body, the acetaldehyde ½ of L-MTCA will inactivate HIV, the AIDS virus.

   A brief recapitulation - if my words prove true, both the cures for cancer and AIDS are related to penicillin because they contain a 'Thiazolidine Ring' -

      Cancer: Thiazolidine-4-carboxylic acid
      ½ L-cysteine & formaldehyde
      AIDS: L-2-Methylthiazolidine-4-carboxylic acid
      ½ L-cysteine & acetaldehyde

      Formaldehyde and acetaldehyde are chemical 'cousins' in that they are 'aldehydes'.

2. Alcoholism - most people are unaware of the following -

   A. The liver requires zinc and vitamin C to properly metabolize alcohol; the key enzyme is alcohol dehydrogenase; refer to the fourth page of my December 19 letter.
   B. The poisonous metabolite of alcohol, acetaldehyde, depletes the body's supply of vitamin B_6; a deficiency of vitamin B_6 could cause pancreatitis, a swelling of the pancreas. The World Book Dictionary, 1973 Edition, Page 1487: "American and Canadian alcoholics frequently develop pancreatitis while European alcoholics seldom do (Science News Letter)."

* Mr. Callaway

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11273	Job	Israel	1/13/99	

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

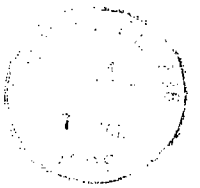
Action Completed	Action Date	Addressed To
		Sandy

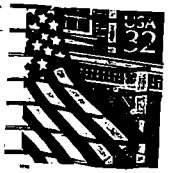
Notes

Sender's Organization	Sender's Street1	Sender's Street2
FCC Coleman	P.O. Box 879	

Sender's City	Sender's State	Sender's Zip
Coleman	FL	33521

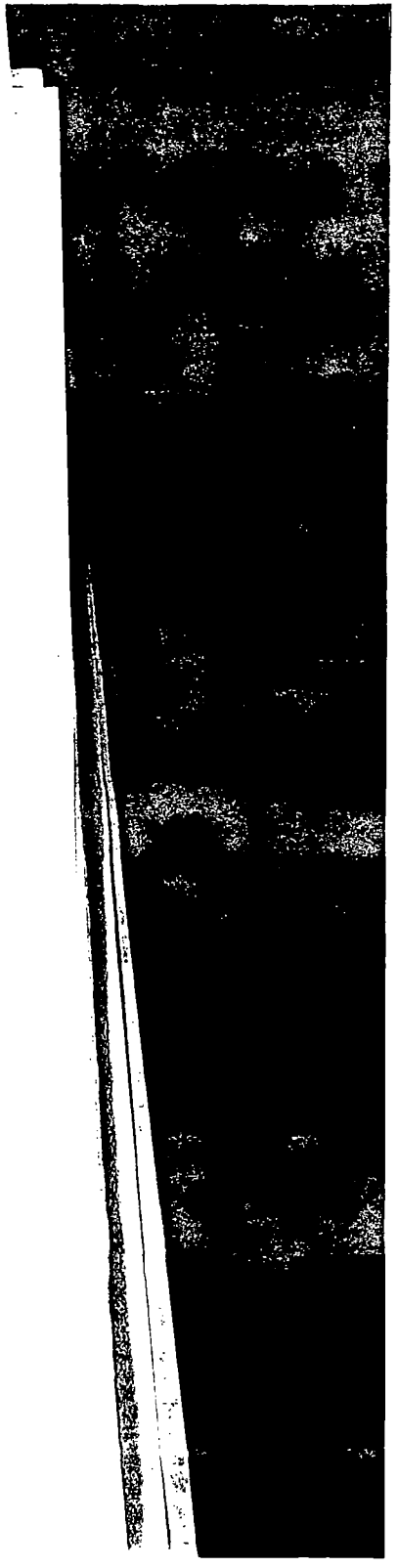
Job Israel 36245-004
FCC Coleman (Low)
P.O. Box 879
Coleman Fl 33521





Mrs Sandra L. Thurman
Director office of National Aids Policy
The White House
Washington

20500/0003



THE WHITE HOUSE

WASHINGTON

January 4, 1999

Jerry W. Ford
Hartzell Lemons
Gregory House Programs
770 Kapiolani Boulevard, Suite 503
Honolulu, Hawaii 96813

Dear Mr. Ford and Ms. Lemons:

Thank you for your letter expressing the concerns raised by the African-American Gay, Bisexual and Transgender Caucus during the U.S. Conference on AIDS in Dallas, Texas.

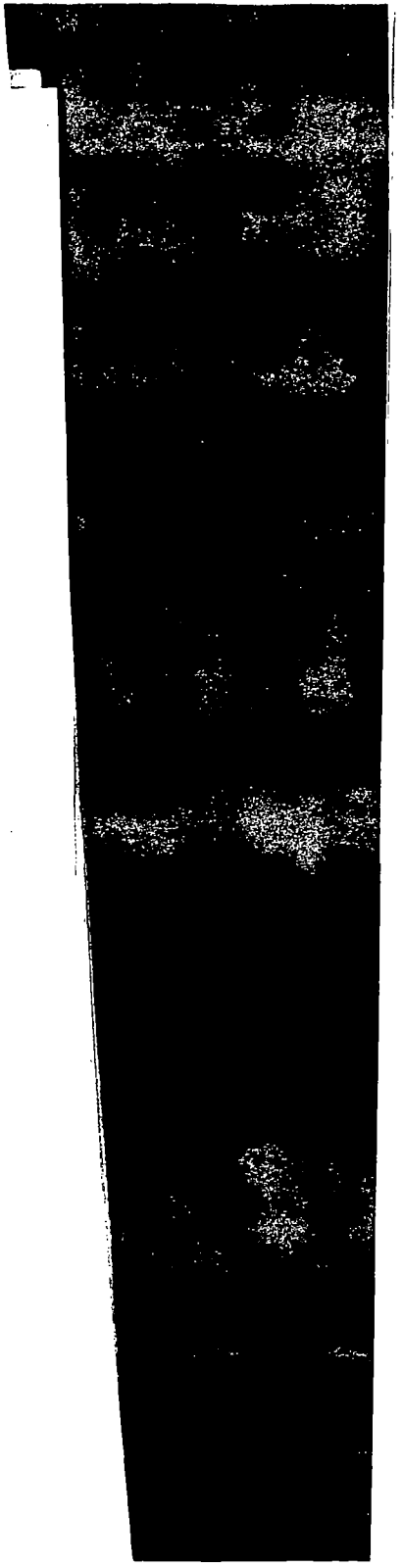
As you know, the U.S. Congress recently passed legislation which provided targeted HIV-related funding for African-American and other minority populations. Congress was very specific, in many instances, as to where new funded was to be targeted, and left leeway for the Secretary of Health and Human Services to target a portion of that funding. Discussions are ongoing on how funding will be distributed. The issues you raised in your letter have already been raised by many individuals, and it is the collective voice which will help ensure that the needs of African-American Gay, Bisexual and Transgendered individuals are addressed more fully than they have been in the past, including enhancing the infrastructure necessary to ensure successful program development, implementation and evaluation for specific populations.

This Administration is committed to addressing the issues raised in your letter, and will continue to work to ensure that they are dealt with at all appropriate levels of government and in the private sector.

Again, thank you for sharing your concerns with the Office of National AIDS Policy. Your continued support of our efforts is greatly appreciated.

Sincerely,

Sandra L. Thurman



THE WHITE HOUSE

WASHINGTON

January 5, 1999

Lorie Anne Davis
425 South Patton Ave.
Rockwood, Tennessee 37854

Dear Ms. Davis:

Thank you for your letter requesting information for inclusion in your resource book.

I suggest you contact the National AIDS Clearinghouse, part of the National AIDS Prevention Information Network. They will be able to assist you with the identification of brochures, posters, and information about local resources for inclusion in your resource book. Their toll-free number is 1-800-458-5231, and their service is free to the public. You may want to specifically ask for information on helping parents speak to their children about HIV/AIDS as well as information specifically targeted to special education students.

Good luck in developing your resource file.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11271	Steh	Berkley	1/11/99	

☐ Response Required?

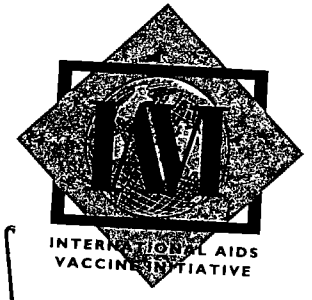
Response Type	Response Date	Responder ID	Responder Name	Action Promised

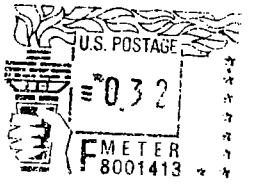
Action Completed	Action Date	Addressed To
		Sandy

Notes

Sender's Organization	Sender's Street1	Sender's Street2
IAVI	810 Seventh Avenue	

Sender's City	Sender's State	Sender's Zip
New York	NY	10019





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

AIDS808 20006202Z2 1698 08 01/05/99
NOTIFY SENDER OF NEW ADDRESS
:WHITE HOUSE OFFICE OF NATL AIDS PLY
736 JACKSON PL NW
WASHINGTON DC 20503-0007

IAVI

810 Seventh Avenue
New York, NY 10019-5818
USA

20006-3910 65

THE WHITE HOUSE

WASHINGTON

January 5, 1999

Victor Montalvo Sanchez
2869 Howard Avenue
San Diego, California 92104

Dear Mr. Sanchez:

Thank you for expressing your concerns regarding HIV and AIDS in the Latino population. I agree with your assessment that we need to do even more to combat AIDS in the Hispanic community and I appreciate your support.

Recently, the President announced a new initiative to address HIV in racial and ethnic communities. Some $165 million in funding specifically targeting minority communities was included in the FY 1999 budget. Clearly this is a step in the right direction. This Administration is committed to ensuring that the resources needed to address the HIV prevention, services, and research needs of all communities are made available.

Your support of our efforts is very much appreciated.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

until it's over
AIDS ACTION

January 6, 1999

President William Clinton
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Mr. President:

For the remaining two years of your Administration, you have a unique opportunity and a criti al public health imperative to complete your hard work in the fight against AIDS by committing o a plan for reinvigorated HIV prevention in the new era of the AIDS epidemic.

You can begin this process by proposing an end to flat prevention funding as well as a signific nt increase in substance abuse treatment spending in your Fiscal Year 2000 budget proposal.

No one can dispute the fact that the Clinton Administration has a great deal to be proud of in tl e fight against AIDS. For the past six years, your administration reversed the neglect and denial that marked the administrations of your predecessors.

Where President Reagan wouldn't utter the word "AIDS" in public, you said "AIDS vaccine," "AIDS care," "AIDS fairness" and "AIDS research" decisively and loudly. Your words translated into the development and deployment of better AIDS drugs and improved access to care.

Where minimal AIDS funding once had to be fought for in protest lines outside the White House, you made better AIDS funding a top priority inside the Oval Office.

Where discrimination was once a chief accomplice to the epidemic, your leadership on AIDS education and your appointment of openly HIV-positive administration officials has reduced stigma and made the lives of those living with HIV/AIDS significantly easier.

Quite simply, your commitment and accomplishments on AIDS care, treatment, anti-discrimination and research are a great achievement of your Presidency. Still, your Administration's failure to adequately address the need for improved HIV prevention remains a missing piece in the battle plan for a full assault on HIV in America.

In addition to flat prevention spending, there have been no ambitious national prevention proposals from the Administration. Now is the time to reverse this trend. While AIDS deaths are decreasing, HIV infection rates are on rise, particularly among young people. Indeed, half of the 40,000 new infections in America each year are among people under 25.

HIV prevention doesn't only save lives, it saves money. If only 4,000 new infections were prevented annually, the money invested in prevention would be saved in future health care cos s.

1875 Connecticut Ave, NW Suite 700 Washington, DC 20009 P 202 986 1300 F 202 986 1345 www.aidsaction org

Last summer, AIDS Action introduced the Virtual Vaccine, a ten-point plan for HIV prevention designed to treat prevention like the vaccine our nation so desperately craves. The plan calls for involvement from all sectors of society: government, corporations, communities and individuals to take responsibility for stopping the spread of HIV.

We hope you will consider all or some of the following steps outlined in the Virtual Vaccine as part of what we believe would be a comprehensive federal action plan for better prevention in the new era of AIDS.

- Increase prevention spending at the CDC by 25 percent in FY2000. Increased funding would end flat prevention spending and could support ambitious new prevention programs.

- Provide substance abuse treatment on request. Nearly a third of all AIDS cases and half of all HIV infections are attributed directly or indirectly to substance abuse. There is no excuse for our failure to ensure that those who want to end their addiction have the resources to do so.

- Launch a new HIV testing campaign to get those at risk for HIV into testing so that they learn their HIV status and get treatment and counseling that protects their own health and the health of others. With nearly 300,000 Americans who are HIV-positive and unaware of their status, a testing campaign has the potential to prevent thousands of new infections.

- Launch a bold and innovative new HIV prevention education campaign through state-of-the-art marketing and online education. A new generation of sexually-active young people think AIDS is "over" and new AIDS drugs are somehow a cure. As a result, unsafe sexual activity is one the rise and fear of HIV is on the decline. A significant and separate part of this campaign should include a plan for reaching minority communities in the midst of an AIDS "state of emergency."

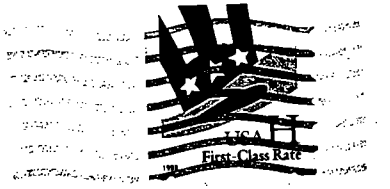
Indeed, reinvigorated prevention is not simply about more funding – it is about leadership and innovation. In your FY2000 budget proposal, you have the opportunity to take a critical first step toward increased funding that can serve as the fuel for a broader plan for better HIV prevention in America.

I have enclosed a copy of our Virtual Vaccine plan for your consideration. Thank you for your time and attention to this matter.

Sincerely,

Daniel Zingale
Executive Director

DR. TED TAYLOR – DENTISTRY
Science-Based, State-of-the-Art
Lifetime Professional Building
300 Elizabeth at Proper Sts.
Green Bay, Wisconsin 54302-1716

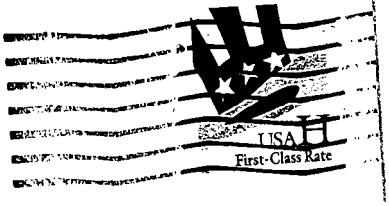


PERSONAL

to .....Sandra Thurman, Director
Office of National AIDS Policy
The White HOuse
Washington, D.C.

20500/0003

Elizabeth Glaser Pediatric AIDS Foundation
1805 15th Street NW, Suite 500
Washington, DC 20005



Ms. Sandy Thurman
Office of National AIDS Policy
736 Jackson Pl
Washington, DC 20503

A decade of progress, a decade of promise

This year marks the Elizabeth Glaser Pediatric AIDS Foundation's tenth anniversary. Today, children with HIV who have access to health care are living longer, healthier lives thanks to progress made this past decade. However, the HIV epidemic still rages. In the U.S. and worldwide, new infections are increasing and women and children are the fastest rising group. As we look toward the next decade, we have great hope that the promising work we fund will result in effective treatments and eventually a vaccine to end this deadly epidemic.

This Notecard Program has been generously underwritten by:

TENET
Tenet Healthcare Foundation

For more information please contact:
Elizabeth Glaser Pediatric AIDS Foundation
2950 31st Street Suite 125 Santa Monica, CA 90405
310-314-1459
http://www.PedAIDS.org
e-mail: info@PedAIDS.org
For credit card donations please call 1-888-499-HOPE

Co-founders - Elizabeth Glaser, Susan Delaurentis, Susie Zeegen

1999 Elizabeth Glaser Scientists

Robert W. Doms, M.D., Ph.D.
University of Pennsylvania

Philip J.R. Goulder, M.R.C.P., D.Phil.
Massachusetts General Hospital

Paul Johnson, M.D.
Harvard Medical School

Julie Overbaugh, Ph.D.
University of Washington

The Board of Directors of the Elizabeth Glaser Pediatric AIDS Foundation
requests the honor of your presence
as we celebrate the awarding of the

1999
Elizabeth Glaser Scientists

Thursday, January 28, 1999

10:00 a.m. press conference at the National Press Club
14th and F Streets, NW, 13th Floor

followed by

11:30 a.m. reception and luncheon at NationsBank Building
730 15th Street NW, 10th floor, Penthouse

This invitation is non-transferable and reservations are limited.
Please RSVP to Prema at the Foundation 202-371-0099

Elizabeth Glaser Scientist Award
A five-year award for outstanding scientists
to conduct research in pediatric HIV/AIDS

The *Elizabeth Glaser Scientist Award* reflects the dynamic qualities for which Elizabeth herself is remembered - a keen sense of mission, unswerving vision and a passion for bringing hope to children with HIV/AIDS. Through these awards, her vision and resolve will continue to inspire researchers to join together and bring an end to pediatric HIV/AIDS.

This is the only named research award developed specifically and exclusively for work with HIV/AIDS, representing the best of both collaborative and individual research. The award is given to leading scientists from the international research community who are selected on the basis of their knowledge, innovation and education.

With the awarding of nineteen scientists to date, the Foundation is building an invaluable network of Elizabeth Glaser Scientists who will continue to impact HIV/AIDS research long after the individual grants have been utilized.

www.howardbrown.org

HOWARD BROWN
HEALTH CENTER

4025 North Sheridan Road, Chicago, Illinois 60613 • 773.388.1600 • Chicago's Lesbian, Gay & Bisexual Health Center

3/9/99

January 14, 1999

Ms. Sandra Thurman
White House National AIDS Policy
808 17th St. NW, Suite 820
Washington, DC 20006

Call + clear at
w/ Sandra ?

Dear Ms. Thurman:

Howard Brown Health Center is beginning its 25th Anniversary Year of service to the gay, lesbian, and bisexual community. This occasion allows us the opportunity to look back at a quarter-century of accomplishments and challenges and, at the same time, plan for the future health care needs of women and men of same-sex orientation.

We are forming a one-year Honorary Committee to help celebrate our Anniversary and we would be very pleased if you could join us. The Committee's mandate is to lend prestige to Howard Brown during this historic year in its history and help get the word out about our past, current, and future role in gay and lesbian health care. We will use the Committee member names on our commemorative letterhead, list the Committee in program books for Howard Brown special events, and ask that you speak of Howard Brown's leadership role in the community when the opportunity arises.

We would like to publicly announce the 25th Anniversary Honorary Committee before February 1st. Toward that end, you may expect a call from one of Howard Brown's Board or staff members to discuss your participation.

Thank you for considering us.

Sincerely,

Paul A. Lutter
President
Howard Brown Health Center Board of Directors

TOUGH TALK INC.

13 Nassau Ave. Freeport, N.Y.11520
Telephone/Fax (516) 623-6039

From the Desk of: **Dale Anthony**

January, 1999

Declined

Sandy Thurman
Director of National AIDS Policy
808 17th Street, NW Suite 820
Washington, DC 20006

Dear Ms Thurman:

The Dale Anthony Bill Of Hope is a document in the spirit of the Bill Of Rights, that represents our local response to the recent "State of Emergency" declaration, as a result of HIV/AIDS in the minority community.

We respectfully request your signature to symbolize your support for this grassroots effort to heighten awareness and mount a unified defense toward the eradication of this pandemic.

Additionally, please consider attending the Long Island Signing Event in the capacity of a keynote speaker.

Enclosed please find a copy of the preamble and articles of the Dale Anthony Bill of Hope and a prospectus of the entire project.

Thank you in advance for your attention, cooperation, and support in this matter.

Sincerely,

Dale Anthony

rsb
enc: 2

TOUGH TALK INC.

13 Nassau Ave. Freeport, N.Y.11520
Telephone/Fax (516) 623-6039

From the Desk of: **Dale Anthony**

The Dale Anthony Bill Of Hope

Prospectus

The Dale Anthony Bill Of Hope is a document in the spirit of the Bill Of Rights that symbolizes Long Island's commitment and response to the President's support of the recent declaration of a state of emergency in the Minority community due to the HIV/AIDS epidemic. It is a commitment of support for those infected and affected by HIV/AIDS.

The life-size document will be taken to Washington, DC to be endorsed and signed by President Clinton, Vice President Gore, AIDS Czar Sandy Thurman, and other key officials in the national war against HIV / AIDS, including Senators Schumer and Monyihan and Long Island Congresspersons: The Honorable Carolyn McCarthy, Peter King, and Gary Ackerman.

The actual document will then be returned to New York to be signed by New York officials including Governor Pataki, Long Island members of the New York State Senate and Assembly, County Executives and legislators, mayors, trustees, judges, school board presidents, commissioners, and clergy.

Both signing events will feature a full colonial escort, and commemorative feathered pens. Each signatory will receive a replica of the final signed scroll ready for framing. The Long Island signing event will be an invitation only celebrity reception in May 1999. Donations will be made to support the Dale Anthony Emergency Relief Fund, Dale House, Tough Talk, and the First Annual Sounding The Trumpet Telethon for HIV / AIDS.

The celebrities requested for the Long Island signing event include John Kennedy Jr, Bill Cosby, and Whitney Houston. AIDS Czar Sandy Thurman and Debra Fraser-Howze, the President and CEO of the National Black Leadership Commission On AIDS, Inc are being sought as featured speakers. John Kennedy Jr., Bill Cosby, Nassau County Executive Thomas S. Gulotta, and Long Island United Way CEO Willie Ed Lowe, have been selected as the national and local honorary chairpersons of the Long Island signing event.

Dale seeks to have the signed, life-size Bill Of Hope document displayed in the nation's capital, in the state capital, and in both counties. This schedule, once finalized, will feature opening reception events that include public recognition for those fighting in the war against HIV / AIDS in local communities.

Preamble to the Dale Anthony

BILL OF HOPE

A Declaration of commitment to the humanity of all infected and affected by HIV/AIDS and of support for the war against HIV/AIDS

"ASK NOT WHAT YOUR COUNTRY CAN DO FOR YOU, ASK WHAT YOU CAN DO FOR YOUR COUNTRY." (JOHN F. KENNEDY)

We the people of Long Island, New York, in the United States of America, being committed to God and to all humanity, recognize and pledge to uphold our obligation to take care of those less fortunate than ourselves and to those that are sick and shut in. Further, in order to stop the spread of HIV/ALDS and to diminish its devastation, this declaration of hope is established to foster love and compassion, and to secure the blessings of good health and well-being for all citizens. In the spirit of John F. Kennedy we ask not what our country can do for us, but rather we pledge to use our personal, political, and professional resources to eradicate this threat against our future generations. Until the Liberty Bell rings again upholding the right of all members of our great nation to live and die with dignity, we the undersigned declare to remain steadfast in this war, until our hope for victory is won.

Article I

The eradication of HIV/AIDS and the threat of HIV/AIDS as we know it, is our highest priority.

Article II

As advances in treatment prolong life, those infected must be productive members of society: able to maintain their dignity, express their talents, practice their professions, and nurture relationships.

Article III

Availability of traditional and alternative medical and pharmaceutical treatment for all infected.

Article IV

The development of a well structured, regulated and cost effective human services delivery system.

Consulate General of the United States of America
29TH FLOOR, DURBAN BAY HOUSE
333 SMITH STREET
DURBAN, SOUTH AFRICA
PHONE: [27] 31 304-4737
FAX: [27] 31 301-8206

2/16/99

Dr. Sandra Thurman
United States Government
Room 216, Old Executive Office Bldg.
Washington D.C., 20520

Dear Dr. Thurman:

The attached document is self-explanatory. The sender, Vivienne Garside, wanted me to give it to you during your visit, but it arrived too late to do so.

We very much enjoyed your visit and look forward to your return.

Sincerely,

Frederic C. Hassani
Consul General

Mbango Valley Association

(Article 21 Company without gain) Reg. No. 84/04943/08
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Mr Frederic Hassani
American Consul-General
DURBAN

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Ref. VoV

Dear Fred

I'm really sorry not to have the opportunity to meet you personally but perhaps I'll be able to have the pleasure when next you're down here.

As arranged, I enclose a document outlining the "Villages for the Vulnerable" concept. The primary emphasis we would like to make is that, yes, Aids orphans are a gigantic problem but they are not the only one and should not be seen in isolation unless you're planning to do just that - isolate them from the rest of community and stigmatise them like the lepers of old. The document itself was written out of concern for the aged and disabled - the communities we work with have added an emphasis on children, especially Aids orphans. This is not an access route to funding but a genuine concern for what they see happening amongst them.

Our suggestion is that, by putting most of the vulnerable people together, you can build a far more cost-effective community where everyone helps everyone else, needing a minimum of staff. The elderly care for the children, including their own grandchildren, who are orphans from Aids, violence etc; the children help with domestic chores; the disabled use the muscle-power of the mentally backward; the mentally backward use the intelligence and skills of the disabled. By the creation of an artificial intergenerational "family", children are given role models other than their peer group and possibly young criminals. By having a larger proportion of adults than would be found in a children-only facility, you create a more normal social situation. By creating micro-businesses, everyone makes a contribution from childhood upwards. By staying in their traditional localities, they remain in contact with whatever's left of their families/friends.

We believe fervently that this breakaway from the traditional institutionalised concept will be a better answer for the children of Africa who are in grave danger of losing their roots, and our belief is supported by the communities we talk to. Funders, however, are mostly locked into Euro-centric answers so we find ourselves having to plea for a broader outlook. Fortunately, African enterprises such as the Nelson Mandela Children's Fund are much more receptive.

I am currently working with two groups who are interested in this concept. Ntokozweni Village Committee is a groups of local people, backed by *Nkosi* Themba Mavundla, who are setting up a village primarily for children and the elderly/disabled in the Izingolweni district. Mkombi Womusa (Ark of Grace) is a group of churchmen who want to set up a facility primarily for children in the urban area of Port Shepstone, using senior citizens and the disabled for staffing. Both these bodies are deeply concerned about Aids victims and their children and have made them a priority for consideration. If funds were available from America, would they be permitted to submit proposals?

Thank you so much for being prepared to pass this on. It is truly appreciated. I do hope the representative's visit was informative and that she takes back a really positive image of our beautiful but struggling country.

Sincerely yours

VIVIENNE GARSIDE
MARKETING MANAGER