Chapter 1

The basic concept

The bright idea

The whole idea grew out of a meandering thought about the fragmented condition of the rural communities in the Lower South Coast of KwaZulu Natal. These poor people had been hit by violence, Aids, immigration to seek work, family breakup, multiple illegitimate births - you name it, they had been through it. The result was that very few families were complete and that those left behind were usually the ones who could least manage on their own.

With the rising crime rate and the breakdown of old family values came also the parasites - stronger, younger people, men and women, who made the old, disabled and children their easy targets. Disgustingly, those they abused were often their own family members. Somewhere, somehow, the pattern had to be broken.

The Mbango Valley Association, for whom I work, concerns itself with all aged and disabled persons, irrespective of race, creed or income. The government had just warned us that subsidy cuts for welfare work, particularly for the aged, were imminent and that the old tradition of 'ubuntu', where the community took over the care of people in trouble, would have to be invoked. But effectively there was no community! It was about this time that the picture slowly started to form in my head of a place where old people and their equally vulnerable dependants could be safe.

Having the luxury of committed, experienced and creative colleagues, we were able to sound the idea out time and again as it expanded and developed.

What we ended up with

At this point I must emphasise that just about everything in a Village is optional and at the discretion of the Villagers. What makes it work is encapsulated in our definition:

> A Village is a *sustainable* micro-community where vulnerable persons can live in *independence, peace* and *security* with opportunities to *earn an income*.

The key words in this process are in italics. Without these factors, the Village stands little chance of surviving in a macro-community that is fighting for its own existence.

We wanted to create a place where people who had been treated as 'non-persons' could regain self-respect through what they

could achieve given the opportunity. A man without the use of his legs is limited in what he can do; partner him with a man who is fit but mentally backward and you have a fully operational unit. The trick is to facilitate and support, not to take away the independence of the Villagers. A Village is therefore not primarily a place for the frail, although this can be built in later if the Villagers so wish.

There is one very important point: we believe strongly that the Villages offer a new hope for the vulnerable. Hopefully, by the time you read this booklet, you will believe this too. But no community leader should decide to set up a Village without talking first to the people he hopes to serve, and they should be an integral part of the planning process. Without them, you are guessing at what they really want and need. Without their co-operation from the beginning, you may very well sit with a white elephant. Further, action without consultation and involvement does the very thing we're trying to avoid - it increases the dependence of people who are crying out to be free. By their very disabilities, the vulnerable can seldom be completely independent of help; let them do every single thing they can. It is their right. The Villages for the Vulnerable concept is no place for sentimental 'do-gooding'.

CHAPTER 2

PEOPLE

I have stated that the Villages are for the vulnerable and suggested, as an example, the aged and disabled. It is important for the controlling body to define at the very beginning just who they regard as vulnerable. The temptation is to include everyone who is ill, old or in dire straits, which is just impossible. At least 90% of the residents must be fit enough to make a meaningful contribution to the upkeep of the Village, as discussed in Chapter 6.

So who do you accept? As a suggestion I give the following:

The reasonably fit aged
The non-frail disabled
The rehabilitated blind
The deaf
The mentally retarded, provided they are able to perform tasks under supervision
The mentally ill who are under treatment and able to function in open society

The question of children is a difficult one. If the Village so chooses, it can decide to have an orphanage or to admit dependent children of those people who qualify to become Villagers. However, a word of warning. If children are accepted as dependants and the Villager concerned dies, what happens to the child if the Village does not have a orphanage? This is something that must be sorted out before the child comes in, not when the matter has reached crisis level.

The same situation also has to be thought through when dealing with other dependants, and when facing the subject of frail care. It is a reality of life that old people grow older; those who have had a lifetime of inadequate health care are likely to fade more quickly. Whilst no frail person should be accepted into the Village until adequate facilities are up and running, those who have become frail whilst there will have to be cared for and frail care is essential in future planning. In the meantime, a home care scheme can be developed in consultation with your *nompilo*(see Chapter 5).

Contrary to expectations, the vast majority of the older people we spoke to were adamant that they did not want to be with their families, nor did they want their families living with them. In order to fall in with this wish and to break the pattern of exploitation, it is important to have a ruling that residents may be visited but that overnight stays are forbidden or limited. It should also be clear that right of admission to the Village is at the discretion of the Villagers

and that anyone who misbehaves or acts to the detriment of a Villager may be barred by the residents committee or the controlling body. (Every decision or ruling must put the whip back in the hand of the Villagers).

What, then, of the families of the disabled? It is of the utmost importance that this unity be preserved, and wives, husbands and children kept together. However, it must be made clear that this has three provisos:

* that all ablebodied members of the family make a contribution toward the running of the Village, probably in the form of sweat equity. Even school children are able to do this;
* that, should the disabled person die or leave for any other reason, the remaining family members must leave to make space for new Villagers. This should obviously be done with tact and sensitivity;
* able-bodied children must leave once they have finished their schooling, unless the Village decides to employ them formally.

In order to fit them for a life out of the protected environment, it is my personal belief that able-bodied residents should also be able to take part in entrepreneurial and skills training opportunities. It would be completely against the objectives of the Village for any resident to become institutionalised.

It must also be emphasised that there is no intention of removing vulnerable people from the area and friends they have known all their lives. For this reason, the controlling body should include people from outside the Village and every effort should be made to involve the greater community in activities and volunteer programmes. There is also every reason for Villagers to remain in touch through church attendance, entertainments, family occasions, etc.

CHAPTER 3

LAND

Because the Village layout must be wheelchair-friendly, it would obviously be an advantage for the land to be as level as possible. However, it is also important that it be situated in the macro-community it serves for the reasons outlined before, so one has to cut one's coat according to the cloth.

It is therefore absolutely essential for the strategic planning for a specific Village be done in fine detail before any legal documents are signed or land bought. One needs to know how many people need to be accommodated, then how they will earn a living. Do they need land for small scale farming or a factory? Will they garden to supplement food supplies? What markets are there to purchase produce or products? How much land do you need to support one adult, one child, one baby? Are you going to have a vehicle? Will it need garaging? How many cattle/goats/sheep will the land hold? Do we want to expand in the future? Is there room for it? This subject is discussed in more detail in Chapter 7.

It is as well to have a discussion with the Department of Agriculture about the soil and climate and what it is suitable for before committing yourself to anything. If you plan to feed the Villagers from gardens, remember that their strength will not be up to forking over heavy clay ground, and their water supplies are probably going to be insufficient to cope with porous, sandy soil.

When every question has been interrelated and answered, one is in a position to go back and decide whether the land in question is suitable for the envisaged plan.

Just keep it in mind that every building and site must have wheelchair paths and gradual slopes. Even when not confined to wheelchairs, the elderly and disabled battle with steps and steep slopes.

CHAPTER 4

ACCOMMODATION

So now we're building homes for elderly and disabled persons who are leading independent lives. What do we need as a minimum?

In units for single people, all that is needed is a bedsitter with kitchen space and a toilet/bathroom. This can be fitted very comfortably into an area of 20 sq m. A married couple would be more comfortable in a one-bedroom unit with kitchen area and bathroom/toilet, totalling 45 sq m. A family would probably need a two- or even three-bedroom unit, taking up 60 to 70 sq m. What is decided upon depends on the policies adopted by the Villagers.

What is important to remember is that dormitories are a no-no for single accommodation as they reduce independence. However, cluster housing is perfectly acceptable in order to reduce building costs.

At this point I'd like to address the question of the standard of housing. It is perfectly true that many of the people who are accepted as Villagers will have been living under the most wretched of circumstances. However, I believe that a great deal of psychological damage will be done by building with sunbaked brick and expecting the Villagers to use communal toilets. I urge controlling bodies to design adequate facilities and to use solid materials. The objective is, after all, to set a standard that will engender pride and responsibility and hopefully set a standard for the entire macro-community.

Where the controlling body will have to make a policy decision is: do we build as many solid shells as we can afford, and improve them later (e.g.ceilings now or later?), or do we build fewer homes, but as fully as possible? This is a very subjective decision; if you decide on the first choice, I'd like to make a pitch for putting in a time limit about the improvements, e.g. improve phase one before starting phase two, or within two years. Otherwise they'll end up on that very long list of 'things to do tomorrow'!

I'm also a great believer in avoiding an 'institutional' look. Cheerful colours cost the same as utilitarian ones, and imagination is free. We're building homes, not jails! Invite the local schools to paint murals, or a local artist, or do them yourselves. Why not? It could be the start of a whole new career!

Your strategic planning will also have told you what service buildings you're going to need. It makes complete sense to use a building for more than one purpose and to ensure that it

works for a full day, every day. However, be kind to those working in the Village and don't expect the bookkeeper to be thrown out of her office so that it can be used as a clinic or pension point, if she needs it every day! If she doesn't need it every day, of course, that's another matter.

The placement of buildings is often dictated by the layout of the grounds or by existing structures. However, it would be a good simple principle to keep service buildings in one area, preferably central, with room to expand. Houses can then be close to open lands which gives them expansion room as well.

When designing your buildings, remember that <u>every room and facility must be wheel-chair friendly.</u> This means that you must allow for extra passage and access space, particularly around beds, in toilets and shower cubicles, and anywhere you have a corner or bend to be negotiated. While we're mentioning ablutions - most older or disabled people find showering easier than bathing, provided there's a plastic chair or seat for them. The shower should not have a lip that has to be stepped over; rather let the floor be continuous with a slope down towards the drainage hole. A 'floating' rail will allow for a curtain to protect the rest of the room from the spray. An inexpensive grab rail is an important safety measure in the shower and next to the toilet.

Talking of toilets, the ideal is obviously an indoor flush toilet. However, if there is insufficient water for this, there are a number of designs, such as the 'phungaluthu', that will suffice. Wherever possible, adapt them to be contiguous with the house; the old and disabled don't deserve to have to go outside on cold, rainy nights, nor is it a safe practice for persons with mobility problems.

Another point to remember is the height of cupboards and shelves and to check wheelchair access to washbasins.

In colder areas, some sort of floor covering makes an enormous difference to temperatures that aggravate pain levels. What the covering is, of course, depends on finances and who is to be living there. If it is accommodation for the frail (which we hope you can get to in the future), stick to PVC tiling or lino as many very frail persons are incontinent. Warning: don't use PVC in homes which use open flame lighting, cookers or heaters. When PVC heats above a certain level it releases lethal chlorine gas which asphyxiates long before flames can get to a victim.

Electricity should be used for lighting at least and preferably electricity or gas for cooking. Safety and cleanliness are the watchwords here, as well as saving the physical effort of collecting and chopping wood. Eskom's outreach into the community is making electricity a more

affordable option, and wind and diesel generators can fill in where Eskom has not yet reached.

A steady water supply is a boon and lucky is the Village that is sited near to a strong river. However, do not forget the humble water tank, which can collect thousands of litres of rainwater a year.

CHAPTER 5

SERVICES

To know what has to be built in the Village layout, we have to know what services have to be supplied. To know what services have to be supplied, we have to know what the problems are. The chances are that transport and mobility will be at the root of most.

The ultimate is, of course, for the village to have a minibus of its own because there will be a multitude of uses, from marketing produce to taking people to hospital. However, this is a luxury to begin with and it would be a more cost effective idea to make friends with a local taxi owner who would give a reduced rate (perhaps free?) for any transport needed. But put a vehicle of your own into the long-term budgeting, because as the Village grows, so will your need for transport. In your building layout, include at least a place for a garage which will increase the security and lifespan of your vehicle when you get one.

The health of your Villagers will be very important for ongoing sustainability. Set aside a room that can be used as a clinic for visiting nurses and welfare organisations, and for your on-site community health worker (nompilo). Who's that, did I hear you say? She (or he) is a Villager who has been trained to take care of the community's basic health needs, working in close collaboration with the local clinic sister. She (or he) is a Villager in her own right and is close at hand to help when there is no doctor or nurse.

Now, what about pensions? If your Village has a vehicle, do you need to have a pension point? Most definitely, yes. Only in this way can you ensure that your Villagers have the minimum of waiting, can wait in reasonable comfort and, most important of all, can have the protection of numerate and literate neighbours to assist them when dealing with dishonest officials. What will a pension point need? Parking for a vehicle and the use of an office would be greatly appreciated.

And, yes, you do need an office. A teensy weensy one attached to a larger building would be fine, but you must have a place where the records of the Village can be kept carefully, where your nominated bookkeeper/treasurer/secretary can work undisturbed, where your committee can meet and where money can be kept under lock and key. Don't neglect this. An organisation that is under careful control and can be answerable for what it does is much more likely to receive repeat funds from donors. We'll cover this more fully in Chapter 7.

Let's talk about safety and security for a bit. One of the major reasons for vulnerable people to band together is to ensure that they are no longer the prey of criminals, vandals, abusers and exploiters. "United we stand" becomes their motto as they look out for each other. But what reasonably-priced steps can they take to increase their security?

Firstly, the village can be surrounded by a hedge of yuccas, prickly pear, Kei apple - anything that is extremely uncomfortable for an intruder to get through. Secondly, get a watchdog or a flock of geese - perhaps the geese because then you'll have eggs as well! Thirdly, limit your number of entrances and exits to one or two; perhaps one road gate and one pedestrian gate. Lock the gates at night and lend residents a key to the pedestrian gate if it's needed. Make the gates high and uncomfortable so they can't be climbed over.

Put a sign up that this is private property and that right of admission is reserved. Appoint one Villager (the fittest) to be in charge of security and let him make friends with your nearest police officers. If you're very far from any police station, perhaps there are some local tough guys you can get on your side, to call on if there is any physical attack. If someone comes in and tries to make trouble, get him ejected as quickly as possible. This means, of course, that you should have a telephone in a secure place (speak to Telkom about a callbox). Ask the police to come in and inspect your premises while they're being built and to give you advice on how you can improve security.

Unfortunately, every Garden of Eden has its snakes, and there is no guarantee that there will be no petty theft among Villagers themselves. Every home should have a sturdy lock on the door and built-in cupboards should be similarly protected.

Safety, of course, includes prevention of injury. Pathways must therefore be as gentle as possible, wide enough for wheelchairs, non-slip and with handrails on any steepish slope. Steps should be avoided but, where necessary, must have handrails from top to bottom.

Probably the most important needs will stem from small businesses because without them your Village will not survive. You will need a training/work centre with its own toilets, and an ongoing training programme which will ensure that every Villager gets the chance to learn a marketable skill. This means that you need to appoint a Villager who will be able to run the programme, get hold of trainers and make arrangements for marketing. You will also need to set aside land for food gardens, market gardening and small stock farming, appoint people to be in charge of these and see that they're trained. We'll discuss these things more fully in Chapter 6.

Regrettably, buildings and pathways have a tendency to get damaged after a while and ongoing maintenance is essential. You will hopefully have an ex-builder amongst your Villagers who would be able to be in charge of this sort of thing, otherwise you will have to send someone for training.

CHAPTER 6

INCOME GENERATION

When villages are established in well-to-do areas, income generation is not a problem because the people living there have bigger incomes and can afford to pay for what they want. In rural areas, incomes are seldom more than a government old age pension which is barely sufficient to cover the most basic needs. It is therefore essential for the Village to find other ways to sustain itself and, of course, the Villagers themselves would love to have an increased personal income.

The first principle that must be established is 'how will the money be distributed?' If we want both the Village and its individual Villagers to profit, we have the choice of letting all the income go to the Villager who then pays for his services and accommodation at the going rate, or the money can go to the Village which gives a percentage to the resident and keeps the rest to support the Village. There may be a compromise between the two but I can assure you of one thing - you will <u>never</u> find a solution that won't be argued against by one side or another! That's human nature, I'm afraid.

Personally, I support the concept of the money going to the Village with a good percentage going to the individual. This has a number of advantages; group marketing, a steady income for the Village which enables them to look after those who become too frail to contribute much, a sufficient income for the individual to encourage him to produce well.

Another principle that should be established is access by Villagers to produce grown or raised in the Village. Should it be freely distributed to all who live there, or should they buy it at reduced prices? If the Villagers favour free access, then the garden/farm itself should belong to the Village and the workers be paid from profits.

Once the principles of the market system of the Village have been established, it is time to look very carefully at what you are actually planning to do. The disabled generally prefer handwork as being more easily accomplished but this also has some definite limits. Firstly, an entire team of people doing the same thing will only be profitable if you have a mini-factory on the go which will produce to deadlines and has a regular order to supply. This requires a great deal of discipline and order and a *strong* workshop manager.

The alternative is to have not more than one or two people trained in a particular craft, each of which will have been selected for its marketability. The production of traditional bead-, clay- and basketwork, for instance, has its market in

the tourist industry and needs to have an outlet not too far distant. If there is someone in the Village who can cater, consideration can be given to having tourist buses brought to the Village for traditonal food and crafts.

More mundane crafts would be those which serve the local macro-community, such as dressmaking, radio repairs, cobbling, photography, etc. It must be stressed that it is perfectly within the philosophy of independence for a Villager to set up a business outside the Village and go in and out every day if this can be accomplished. It is simply a matter of coming to some financial arrangement whereby the Village still gets some profit from the business. It is also perfectly within bounds for a resident to work at home rather than in the workshop if they so prefer.

In order to keep costs down as much as possible, it makes sense for the Village to have a food garden for its own use, which can be expanded to serve the local macro-community if there is a demand. As well as traditional favourites such as cabbage, sorghum and pumpkins, it would be a very healthy move to grow soya bean and introduce it into local diets. There are also a number of small stock projects that can be considered; chickens for eggs and meat, rabbits, bees, canerats and (if water is available) barbels.

A different slant to agriculture would be given by the introduction of the South American leucendra or the indigenous ?, both trees which grow at a phenomenal rate (2 - 4 metres per annum), are edible by both humans and stock, and can supply a large amount of firewood. Another long term project would be the growing of a muti garden to supply herbalists locally and nationally. If there is an urban centre not too far distant, cut flowers and fruit are a good option. Just how far agricultural projects could be taken depends entirely on the current knowledge, physical fitness and future trainability of the Villagers and, naturally, the suitability of the soil.

faidherbia albida

One must also not overlook the growing of craft material such as vitiver and other grasses for basketwork, 'tandjies' for beadwork, etc. Sources of clay should also be protected.

CHAPTER 7

MANAGEMENT AND STRATEGIC PLANNING

I don't think it's possible to stress the value of strategic planning sufficiently. You will only know what you are going to do and how when you have been through this exercise. As this may be new to some of you, I'm going to spend a little time explaining what I mean.

A strategic planning exercise is when the roleplayers in a project come together with a facilitator to ask themselves questions about what they're thinking of doing. They may say "We're thinking of starting a village for the vulnerable people in our community. Is this the right thing to do? How will they benefit? What will happen if these people move from where they are living now? What problems will that cause?"

They carry on and on asking questions about every aspect of the project until they understand exactly what has to be taken into consideration. Then they start to make decisions. Who will come into the Village? How will they make a living? Where do we look for money? If necessary, take days to do this in order to examine every question.

The next step is to work out what has to be done to put their decisions into action and, very important, who will do it and by when. This is called 'prioritising'. They will also know through this what will happen at the next stage and the next.

If you have never taken part in a strategic planning exercise before, you can see from this that it is very important - especially when you're planning on behalf of a whole group of people. If your facilitator is good, he/she will help you to ask the questions that will give you the information you need to make decisions. A facilitator should never tell you what to do. That is your decision. However, if your facilitator is also a consultant, he/she can give you options - "Under these circumstances, you could try this or this or this..." The decision must still be made by the group.

From the moment you make the decision to undertake the project, you need to set up a temporary management structure. At some stage the project will outgrow what you're doing or need a change but in the meantime you've got to have control at every step of the way. So what are you going to do? Set up a committee, of course.

Who do you need on a committee? The chairman, naturally, and a secretary and a treasurer and some members. They may need training in their duties before you begin. And think ahead.

Who are you going to need to run your Village once it opens? Someone to do the books and keep the correspondence, someone in charge of maintenance, someone in charge of gardens, a nompilo, perhaps someone in charge of training - it depends on what you want to do. So doesn't it make sense to try to include these people right from the beginning? If you are truly consulting with the people who are going to become Villagers, you should have an idea of who is available and what they can do. Look how well it fits:

A Chairman	becomes a	Village Manager
A Treasurer	becomes a	Bookkeeper
A Secretary	becomes a	Clerk
A Committee member (building)	becomes a	Maintenance Officer
A Committee member (health)	becomes a	Nompilo
A Committee Member (gardens)	becomes a	Gardens Supervisor
A Committee Member (training)	becomes a	Training Co-ordinator
A Committee Member (applications)	becomes an	Admitting Officer

Etcetera, etcetera and so forth! With a careful handover in some of the positions (like chairman and secretary/treasurer) you can keep the same continuity of management right from the start. The important thing is to put every aspect of the project under the care of a specific person, give him/her the opportunity to become expert in it, give him/her the chance to use that expertise, and expect them to deliver the goods. People normally work as hard as they're expected to, so always demand a high standard!

CHAPTER 8

FUNDRAISING

Raising funds for your Village should not be that difficult because you have all the buzzwords on your side. "Rural", "disadvantaged", "disabled", "aged", "women", "empowerment" - these are very persuasive when approaching grantmakers.

However, grantmakers are also becoming very careful about the people to whom they give money. There are certain things you must prove in your proposal, and these are sustainability and accountability.

'Sustainable' means that your Village, once started, will be able to keep itself going on its own resources. This doesn't mean that you can't ask for donations for improvements or capital items, but you must be able to cover your own running costs from rents or from businesses.

'Accountable' means that you can show where every penny given to you has been spent and that it has been spent for the correct purpose. If you are granted money to put in a water supply and you use it for a new vehicle without consulting the donor, you may well be asked to return the money! To be accountable you must have a good bookkeeping system. It doesn't have to be difficult but all your records must be kept very carefully with a receipt for every transaction.

A proposal is a document that you send to a grantmaker, asking him for money. It tells him who you are, what the problem is and what you are doing to fix it. You put in a budget for what you need and then *ASK for a specific donation*. Many funds are never awarded because they grantmaker doesn't know what is wanted from him! The Southern Africa Institute of Fundraising runs one-day courses on writing proposals and it would be a very good idea for at least one person from your committee to attend them. This person should be able to write English well. This is not an interference with your right to speak your own language; it's just practical. Your donor may be French or Danish or Japanese and you stand a better chance of getting your money if he doesn't have to look for a translator for an African language.

A word of warning; don't start spending money until you have a letter of commitment. Better still, wait until the cheque arrives because some donors take a long time to get their money through even when it's been promised.

CHAPTER 9

GETTING GOING

So, now you've planned every tiny detail of your Village. You know how you're going to get the land, how you're going to pay for it, who's going to live there, who's going to run it, how people will earn a living, how the Village will sustain itself - you've worked out every small point. What next?

Firstly, make sure each and every member of your committee knows exactly what he or she has to do and has received whatever help or training they need. It's also a good idea to make sure that the members of the committee understand exactly what the others are doing so that they don't try to do something to be helpful, and actually get in the way.

Then , let's work from the ground up - literally! Do you have to undertake earthworks, build roads, clear land? That will be your number one job. Then the buildings; what will you need first? Perhaps a block with your clinic, office and training room (with toilets, remember!) and one or two homes for the Villagers who will be involved with the first stage of the Village. And what about starting a business right now? Building needs blocks; if you can obtain a contract to train young men from the local area to make and build with cement blocks, you might even make a profit whilst building what you need! And they benefit by learning a new skill which they can turn into employment or a business.

Carry on with building your houses and allocate the first to those Villagers who are able to help set up the Village. I suggest that people who are too disabled to undertake heavier work could be admitted to the Village later on unless their circumstances make it urgent. I'm not suggesting for a minute that their contribution is not important; just that people who can lay out gardens and build chicken runs are more urgently needed at this stage of the project. The exceptions are your bookkeeper and your training co-ordinator. They will be needed from the beginning.

Once you have the basic personnel and the stronger persons in residence, you can bring in those who will be supporting themselves with handwork skills. Your training co-ordinator will be ready to help them to get going and your Village should be up and working sooner than you think!

CHAPTER 10

OUTSIDE HELP

Did this all sound a little bit too easy? I hope not because it will really be a great deal of work, but you will be able to accomplish it if you take it in bite-sized pieces.

An important thing to remember is that there is help available. Find yourself a good facilitator/consultant and work closely with him/her. If other people offer you help, this is fine, but always make sure that your consultant is there as well. This is not because I want to protect the consultant but because you can land in a lot of trouble if one person says 'go right' and the other person says 'go left'. If the consultant knows what he or she is doing, there will a very good reason for the advice or guidance you have received. If the consultant seems to be leading you into trouble, fire him! You will have built his salary into your budget and have the right to get the best help you can.

There will, in any event, be other experts working on the project. Your consultant will probably be a project manager, but this doesn't mean he's an expert on electricity or water or land drainage. What he should be able to do is help you to put all the advice together into a sensible plan.

Remember that, unless you can talk them into volunteering, all consultants and contractors have to be paid. This isn't too bad in the planning phase but should be avoided when it comes to running the Village because of the extra expense. However, you may find that you need a fit person on your staff for special duties, such as a driver. If you have suitable people among them, the ideal would be to employ a family member already in the Village, because they're on the spot 24-hours a day, and are committed to the place. Unfortunately, this is not an ideal world!

You should now have enough information to help you to decide whether you want to try the project or not. I hope you do because it will make such a huge difference to the lives of the neglected people of your community, and it will set an example to able-bodied people as well as the aged and disabled of other communities. Good luck!

Children in Distress

CINDI

Networking for children affected by AIDS
(Supported by the Nelson Mandela Children's Fund)
Affiliated to the Pietermaritzburg & District Community Chest F/R No 06/600087/000/9

CO-ORDINATING OFFICE : c/o Youth for Christ, 1 Durban Road, Pietermaritzburg 3201
P O Box 1659, Pietermaritzburg 3200. Tel. 0331-452970. Fax 0331-451583. E-mail yfc@pmb.lia.net

1 February 1999

Ms Sandy Thurman
Office on National AIDS Policy
736 Jackson Place
Northwest
WASHINGTON DC
USA

Dear Sandy

Warm greetings from Pietermaritzburg - where the temperature today is 39degrees!

We hope that you arrived home safely, and thank you for spending time with the CINDI partners. We enjoyed being able to introduce you to the people who are doing the work in Pietermaritzburg, and hope that you took some positive memories back to Washington.

Please convey our gratitude to your entourage for their interest, and we hope to be able to welcome them back one day in the not too far distant future.

Kind regards

Yours sincerely

THEMBA BLOSE
Development Co-ordinator

AND

YVONNE SPAIN
Admin Co-ordinator

Avid 'ea: de' ay l ave a p lse or disea se c es

John Roberts thinks he has disease cures. But without an advanced degree, no one believes him.

BY DAVID ALTENHOF
Staff Writer

Think you've heard it all on TV talk shows? Make room for this: A Portage cable talk-show host thinks he has a cure for cancer, AIDS and alcoholism.

John Roberts has been searching for remedies for these diseases since 1991.

He has even enlisted the help of U.S. Rep. Peter Visclosky.

Still, no one seems to be listening.

Roberts, a librarian at Lake Ridge Middle School in Gary for 30 years, has no formal medical training. He finds ideas by reading medical studies, encyclopedias and health books, he said.

Letters from Roberts to health officials generally go unanswered.

The few responses he receives are "like manna from heaven."

"It's so frustrating," Roberts said. "You don't get any responses from anyone."

The responses he does get are often negative. One letter from the Department of Health and Human Services in January 1993 stated: "I can guarantee you that what you suggest would not be helpful."

• Roberts has mailed stacks of letters over the years. The stack this year alone is several inches high, with some letters more than 90 pages long.

His crusade to find a cure for AIDS began in 1991, after basketball player Magic Johnson tested HIV positive.

Roberts isn't a big basketball fan. "It just sort of saddened me that he had HIV," he said.

Johnson also has not replied to Roberts' letters. "The envelopes come back to me undelivered," he said.

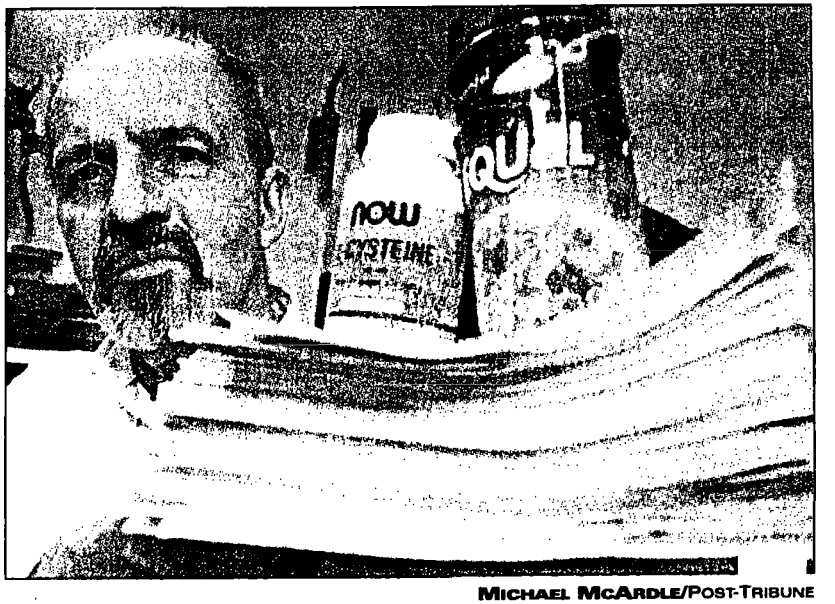
The mail list also includes the Office of the Surgeon General, the National Institutes of Health, the Lake and Porter County Medical societies, university professors and former baseball player Darryl Strawberry.

Visclosky recently forwarded two of his letters to the National Institute of Health and the National AIDS Policy Office. Neither organization has responded.

"We did not endorse that study in any way," said Visclosky's press secretary, Chip Lewis. "Usually, we'll forward any request to the appropriate channels."

Roberts also spreads his message through public-access cable television in Portage. "I'm the self-proclaimed Surgeon General of Lake and Porter counties."

Please see Cures, Page B2



MICHAEL MCARDLE/POST-TRIBUNE

John Roberts of Portage holds a stack of letters he has sent to various government health organizations. He is trying to convince someone to run tests on his possible discovery of a cancer cure made from Equal sugar substitute and L-Cysteine tablets.

"SUNDAY POST-TRIBUNE"
'Porter County' Section
February 14, 1999
John S. Roberts
Portage, Indiana
(Northwest Indiana)
(219) 763-1933

Cures

Roberts wants someone to try out his ideas

Continued from Page B1

Marc Morrisette, general manager of Time Warner CATV in Portage, said nearly anyone who asks can get a cable show unless it contains pornography or advertisements.

The 'cures'

The answer for cancer, Roberts believes, is thiazolidine-4-carboxylic acid, which he says is related to penicillin.

He bases this belief on a January 1980 article in the British medical journal, The Lancet. The study indicated that the drug reduced tumors at high doses.

By increasing the dose and combining it with various vitamins to reduce toxicity, cancer can be cured, Roberts said.

Alcoholism, he said, may be caused by a deficiency of certain vitamins. His letters to the Surgeon General insist that warning labels be added to alcoholic beverages saying that proper metabolism of alcohol requires the ingestion of above-average amounts of zinc, vitamin B6 and vitamin C.

Atilla Tuncay, a professor of organic chemistry at Indiana University Northwest, said he met with Roberts.

Roberts' show

What: "Alternative Health Choices"

When: 5:30 p.m. Wednesdays

Where: Channel 4 in Portage

"He's definitely interested in the matter. He does a lot of reading, goes to the library," said Tuncay. "I have no ideas on the cure he's talking about."

A science teacher at Lake Ridge Middle School, Mary Ann Nickoloff has taken interest in Roberts' AIDS research.

"I'm very cautious; I'm not proclaiming anything," she said. "If you're not a Ph.D. or and M.D., who do you present these ideas to?"

February 6, 1999
(morning)

A Cure for Cancer?
A Cure for HIV/AIDS?
A Cure for Alcoholism?
MAYBE

Watch John S. Roberts
Portage (Indiana) Cable T.V.
Channel 4, Wednesday, 5:30 P.M.

TO: MS. THURMAN

CANCER - Today, in our world, a tragedy of profound import and consequence is occurring.

In November, 1997, and throughout 1998, and even last month in a letter addressed to Congressman Visclosky, I alerted the foremost medical agency in the United States of America, the National Institutes of Health (NIH) that an article had been published in 1980 which described cures for various kinds of cancer.

Only one chemical was needed to effect the cures - Thiazolidine-4-carboxylic acid. The article also calls this acid, 'Thioproline'.

The article does not mention it, but this acid is chemically related to penicillin because it contains a 'Thiazolidine Ring'.

Here are some passages from the article:

> "...Histological studies showed involution and transformation into low-grade malignancies and disappearance of evidence of cancer." Page 68
>
> " No toxicity was observed and all regimens were equally well tolerated. Most patients had a feeling of well-being and there was no nausea, vomiting, myelo-depression, or central-nervous-system symptoms. No changes in pulmonary, cardiac, hepatic, or renal functions were found..." Page 69
>
> " Thioproline seemed to be completely nontoxic over a wide range of doses, and had considerable antitumour effect in epidermoid carcinoma of the head and neck. Definite signs of activity were observed in epidermoid carcinoma of other regions and in other solid tumors, such as breast, renal, ovary, thyroid and parotid cancer." Page 69
>
> " Reverse transformation seemed to affect only tumour cells, since no effect was observed in the normal skin, mucosae, or other epithelial tissues. The selective character of this action explained the absence of toxicity of thioproline treatment." Page 70

The article was published in one of the world's foremost and prestigious medical journals, 'The Lancet', January 12, 1980, pages 68-70.

I have suggested to the NIH that the clinical trial described by the article should be repeated, only this time, a couple of my ideas should be incorporated which would enable the cancer patient to swallow an increased dosage of the acid.

No definitive reply yet from the NIH. The tragedy continues.

HIV/AIDS - Today, in our world, a tragedy of profound import and consequence is occurring.

Both the NIH and Centers for Disease Control (CDC) have acknowledged that the virus which causes Aids, HIV, can be inactivated in the test tube by the chemical compound, acetaldehyde. I am assuming that acetaldehyde would also inactivate HIV in the human body.

Last year and even last month in a letter addressed to Congressman Visclosky, I alerted Sandra Thurman, Director, National Aids Policy Office ('The Aids Czar') that a 'cough inhibitor' exists which is composed of ½ L-cysteine and ½ acetaldehyde.

L-2-Methylthiazolidine-4-carboxylic acid is the name of this cough inhibitor. It is abbreviated, 'L-MTCA'.

This acid, too, is related to penicillin because it has a 'Thiazolidine Ring'.

I have suggested that Ms. Thurman order the NIH to do a clinical trial to see if L-MTCA could inactivate HIV in human beings.

No definitive reply yet from Ms. Thurman. The tragedy continues.

ALCOHOLISM - Today, in our world, a tragedy of profound import and consequence is occurring.

Last year and even last month in a letter addressed to Congressman Visclosky, I alerted the Surgeon General of the United States of America, David Satcher, M.D., Ph.D., that there is an imperative need for drinkers of alcoholic beverages to consume above average amounts of zinc, vitamin B_6 and vitamin C.

Last month I pointed out that alcohol should not be looked upon as simply 'alcohol'; its poisonous metabolite, 'acetaldehyde', must be taken into account.

I have irrefutable proof that acetaldehyde is

> "...a highly toxic intermediate of alcohol metabolism..."
> and
> "...toxic (and severely so) to a wide variety of human organ systems at exceedingly low dose levels..."

On April 16, 1993, Russell F. Mankes, Ph.D., Associate Professor, The Albany Medical College, Albany, New York, wrote these words to me; in his letter Professor Mankes also states: "...my area of expertise lies in Toxicology, specifically alcohol."

Again, my research highlights the intrinsic need of above average amounts of zinc, vitamin B_6 and vitamin C to be included in the diet of anyone who drinks alcohol.

The World Book Encyclopedia defines the duties of the Surgeon General thusly:

> " Surgeon General of the United States serves as the nation's chief health adviser. The Surgeon General commissions research concerning major health concerns and issues warnings to the public about health dangers..."

I would be willing to bet that not one person in a million who drinks alcohol is aware of the fact that alcohol turns into poisonous acetaldehyde.

I will continue to proclaim that Surgeon General Satcher will be DERELICT IN HIS DUTY unless he orders the warning label on all containers of alcoholic beverages to include a third warning, namely:

" (3) Proper metabolism of alcohol requires the ingestion of above average amounts of zinc, vitamin B_6 and vitamin C."

No definitive reply yet from Surgeon General Satcher. The tragedy continues.

Cancer - healing comfort could, perhaps, be just moments away; however, unfortunately, the tragedy continues.

HIV/AIDS - healing comfort could, perhaps, be just moments away; however, unfortunately, the tragedy continues.

Alcoholism - my research has provided irrefutable evidence that anyone who drinks alcohol MUST consume above average amounts of zinc, vitamin B_6 and vitamin C. In addition, it would be a good idea for above average amounts of L-glutamine and N-Acetyl Cysteine (NAC) to be consumed. In her book, SOBER...And Staying That Way, Susan Powter points out that L-glutamine, "...can stop the cravings for alcohol within minutes". And in my research I highlight a laboratory experiment with rats which showed how they were afforded 100% protection against a lethal dose of acetaldehyde, the poisonous metabolite of alcohol. (with NAC)

NAC is the only substance known to provide alleviation to a Tylenol overdose.

Throughout 1998 and in January, 1999, I sent this information to our top health officials in the Washington, D.C. area. No definitive response from anyone yet.

Yours truly,

John S. Roberts

John S. Roberts
Post Office Box H
Hobart, Indiana 46342
(219) 763-1933

Copies to -

President Clinton, The White House, Attention: Bob Nash,(202) 456-1414
Ms. Sandra Thurman, The White House, Director, National Aids Policy, (202) 456-2437
Representative Peter J. Visclosky,(202) 225-2461
David Satcher, M.D., Ph.D., Surgeon General of the U.S.A, (202) 690-7694
Harold Varmus, M.D., Director, National Institutes of Health, (301) 496-2433
Professor Mankes, The Albany Medical College, (518) 445-5303
Mrs. Lin Ballew, St. Jude Children's Research Hospital, (901) 495-3300

Post Script -

This afternoon I received in the mail copies of letters which Congressman Visclosky sent on my behalf to Mr. Nash, Ms. Thurman and Dr. Varmus; however, I note that one was not sent to the Surgeon General.

* I wish to reiterate that I also expect to receive a response from Dr. Satcher.

j.s.r.

* Perhaps this is too presumptuous of me. Perhaps I should say that responses from Ms. Thurman, Dr. Satcher and Dr. Varmus should be directed to my Congressman, Representative Peter J. Visclosky.

j.s.r.

February 1, 1999

Sandy,

Thanks again for taking the time to visit us in Zambia. Please do come again!

I hope that the rest of your trip went well and that the things we pouched back to you arrived intact.

Attached is the article I mentioned to you at the airport.

All the best.

Walter North

Engineers
Chingola

for this.
'Unfortunately the company made

'In the past, a main reason for the large wage bill was the retention

Sara, 'you have to invest in your own future.'

free lunch!'

Post BAG . . . The column YOU write

Contrast... Luo, Render

Dear Sir,

In your Tuesday issue (*Post* January 26), you published two contrasting photographs, one on the front page and the other on page two, showing two prominent women attending the inauguration of the pedestrian crossing bridge.

The front page photo was captioned "A Zambian beauty" in the person of the Minister of Health Nkandu Luo listening to President Chiluba. On page two, there was the American Ambassador to Zambia Arlene Render ". . . glued to *The Post* newspaper".

For me these two photographs had a distinct story to tell about the integrity of the two women if the saying "What you wear tells what you are" is anything to go by.

If the two photos were placed next to each other while withholding the names and titles of the persons they are displaying, and a stranger was asked to pick out the Minister of Health, I am sure one would point at Ambassador Render who appeared as she always does: erudite, feminine graceful and unassuming - true qualities of any eminent woman.

Conversely, if the same stranger was asked as to which one of the two women in the photographs was a non-reformed Tasintha recruit (sex worker) or Tshala Mwana's dancing queen, one would point at the Minister of Health because of the indecent and flamboyant manner Luo generally dresses.

Women are certainly free to dress as they please. But those who accept high public office must sometimes sacrifice their tastes according to their status and as occasions may dictate.

Wearing clothes at official functions which expose nudity on slight bending or crossing one's legs reflects badly on the person concerned and those who appoint them to such offices. Maybe they are the best they have.

Moreen Mubanga, Ndola

Luo - could be mistaken for a Rhumba dancing queen

Render - always erudite and graceful

Policemen's allowances

Dear Sir,

I am concerned about the non-payment of allowances to police officers who graduated on December 17 last year from Lilayi Police College.

The officers have not been paid their allowances since March 1998 and are now beggars. The in-charge has failed to address the matter, all they did was to address the graduating officers promising them the matter was being resolved.

It appears that the money meant for their pay has been diverted into personal projects. The salaries have accumulated to about K850,000.

Graduate, Lilayi

Right to reply

This occasional column is for people or organisations named in The Post who, in the editor's opinion, deserve an opportunity to tell their side of the story.

Letters should be addressed to the Editor and sent to The Post, P/Bag E352, 1st Floor, Kanjombe House, Cha Cha Cha Road, Lusaka. They should give the author's name which will be withheld on request. Short letters have a better chance of being published. The Editor reserves the right to edit letters for publication.

Political Science Department

OREGON STATE UNIVERSITY

307 Social Science Hall, Corvallis, Oregon 97331-6206

Telephones: (541) 737-6238; FAX: (541) 737-2289
e-mail: Robert.Sahr@orst.edu

Robert C. Sahr, Associate Professor

January 8, 1999

Sandra Thurman
Director, National AIDS Policy
Domestic Policy Council Office
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear Ms. Thurman:

I enclose a survey that provides you an opportunity to state candid and confidential views about the press and the presidency during a time of intense media scrutiny. Because of your work in the Clinton Administration, I hope you will take a few minutes to add your insight based on direct experience.

Several weeks ago I sent similar versions of this survey to national samples of journalists and presidential/media scholars. I recognized recently that I was not getting the judgments of those who experienced that media coverage "from the inside." That is the purpose of this survey.

I have selected your name from various editions of *National Journal's The Capital Source* and other lists. Due to the small size of the Administration sample, **your participation is very important to ensure that the survey produces valid results**.

⇒ **Experience suggests that most people complete the questionnaire in less than 20 minutes.**

The goals of the survey are to examine media portrayals of various individuals, factors that affect media coverage of President Clinton, and views about the media in relation to contemporary issues. The results will be published in academic journals and other publications and will be available to scholars, journalists, and the public.

Be assured that **all responses are absolutely confidential**. No record will be kept that will connect individuals to their responses. Nor will any list be kept that identifies those who respond. The number on this page and on the cover page is only to enable you to access the web site if you choose to respond that way and to remove your name from a list of those to be sent reminders.

If you would like a copy of the results, please write your name and address on a **separate card** that you return with the completed questionnaire **or** send me an **e-mail request**. **Do NOT identify yourself on the questionnaire itself**. I hope to complete a preliminary report in March 1999. This project is supported by a grant from the Oregon State University Office of Research.

I appreciate your taking time to respond and would welcome any comments, questions, or suggestions.

Sincerely,

Code number: C-234

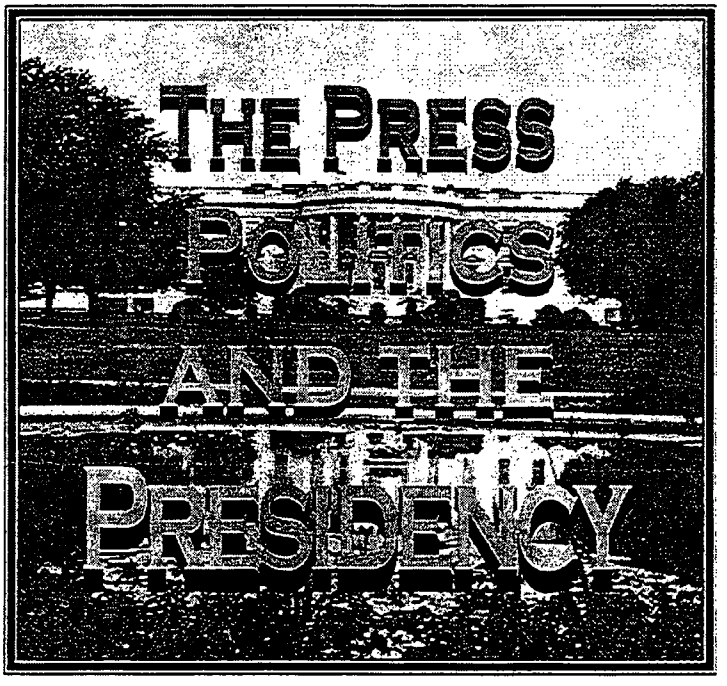
Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

A Survey About



Views from the Clinton Administration

Directions: For each question either circle a number or write a brief response. If you prefer not to answer a particular question, or you have insufficient basis to form a judgment, please leave the item blank. Many of the statements included in this questionnaire reflect partisan orientations and take sharply divergent views on similar topics. They depict various points of view and **do not necessarily represent the views of the researchers**.

Some questions used in journalist surveys are omitted, so the numbers are not precisely consecutive.

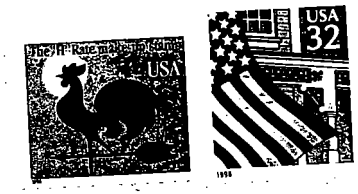
Even if you decide not to answer some questions or sections, please return the questionnaire because your responses are important to produce a valid survey.

If you prefer to answer electronically, go to http://www.orst.edu/Dept/pol_sci/fac/surveyc.htm and follow the instructions stated there.

If you choose to answer on these pages, please return the completed survey in the enclosed envelope to:
Political Science Department, ATTN: Robert Sahr,
307 Social Science Hall, Oregon State University, Corvallis, OR 97331-6206
Or fax to: (541) 737-2289; ATTN: Robert Sahr

Use this number if you answer electronically: C-234

Funded by a grant from the Oregon State University Office of Research



Political Science Department
Oregon State University
Attn: Robert Sahr
307 Social Science Hall
Corvallis OR 97331-6206

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Thursday, December 3rd
9:00 pm

EXILE
INDUSTRIAL LOUNGE
117 West 70th Street
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(212) 496-3272

Men's Health.

$25 DONATION INCLUDES TWO COMPLIMENTARY BEVERAGES

202-456-2439

MEMO

To: Sandy Thurman
From: Susan Ramsey
Subject: Tipper Gore, Reporting and Big Jim
Date: January 22, 1999

Call Phil Dufour

Can you re-contact Tipper Gore? Kellie hasn't heard back since the funeral of Al's father. Her office seemed happy to set an interview up but may have forgotten with everything going on out there.

Kellie asked me to pass on the following:

"Bill Would End Secrecy of HIV Tests"
Topeka Capital-Journal Online (01/22/99); McLean, Jim

A bill introduced into the Kansas legislature on Thursday would eliminate anonymous testing for HIV and would require people testing positive to be reported to the Kansas Department of Health and Environment. The bill was proposed by State Rep. Melvin Neufeld (R-Ingalls), who unsuccessfully proposed a similar bill last year. While many AIDS advocates opposed the previous bill, a number have expressed support for the new measure, noting that people in the AIDS community had input into the new legislation and that the bill promises strict confidentiality. Over 2,000 people in Kansas have been diagnosed with AIDS since 1981, and the Centers for Disease Control and Prevention estimates that there are between 6,000 and 9,000 HIV-infected people in the state.

And last, but certainly not least, got an e-mail from Jim Polsfut (Kellie and I call him "Big Jim") saying he sent you an e-mail. Have you checked your e-mail this week? ♡ NO

good luck on your upcoming trip!

Susan

SIECUS 1964 35 YEARS 1999

sexuality information and education council of the united states

January 15, 1999

Sandra Thurman
Office of National AIDS Policy
808 17th Street, 8th Floor
Washington, DC 20006

Dear Ms. Thurman:

SIECUS is pleased to invite you to its *National Colloquium on the Future of Sexuality Education*. The colloquium will be held on April 5, 1999 at the Parker Meridian Hotel, 118 West 57th Street in New York City from 8:30 a.m. to 5:15 p.m. The National Colloquium is being held in conjunction with the celebration of SIECUS' 35th Anniversary

Nearly a decade ago, SIECUS sponsored *Sex Education 2000: A National Colloquium on the Future of Sex Education*. Participants developed goals for sexuality education by the year 2000. One of these goals was calling for the formation of the National Coalition to Support Sexuality Education (NCSSE), which has now grown include 117 prominent national organization members. Since *Sex Education 2000*, however, the climate for sexuality education in America has changed. On one hand, interest in sexual health issues has increased among policy makers and media. While this attention has helped to foster public discussion about and support for sexuality education, it has also promoted virulent attacks on sexuality education and the organizations that support it.

As a result, SIECUS believes that it is time to hold another colloquium to examine the broad array of issues facing the field. The colloquium will provide a critical opportunity to assess the current status of sexuality education in the United States, evaluate successes and failures in promoting comprehensive sexuality education, and strategize about the work that needs to be accomplished to advance sexuality education programs in the United States. It will also provide the hundreds of colloquium participants the opportunity to network and share experiences and viewpoints.

Enclosed is the agenda for the colloquium. The agenda includes sessions on the current status of sexuality education, the release of a major new report on the

130 West 42nd Street • Suite 350 • New York, NY 10036-7802 • Phone: 212/819-9770 • Fax: 212/819-9776 • Email: siecus@siecus.org
1638 R Street, N.W. • Suite 220 • Washington, DC 20009 • Phone: 202/265-2405 • Fax: 202/462-2340

federal welfare reform abstinence-only-until-marriage education program, a town forum discussion about key issues in sexuality education, and future visions of sexuality education for the next decade. All colloquium participants will have opportunities to contribute their perspectives on these issues – through question and answers periods, town forum discussions, and electronic voting technology.

The cost of the colloquium is $75 until February 28, and $125 after that date. There will be no registrations the day of the conference. This conference is invitation-only; if you would like to send a representative in your place, please call Monica Rodriguez, SIECUS Director of Education at (212) 819-9770, ext. 305. Please complete the enclosed registration form and return to SIECUS by February 28.

To make hotel reservations, please contact the hotels directly. A block of hotel rooms has been reserved at Le Parker Meridien, 212/245-5000, until March 10 at a special group rate of $260/per night. Additional rooms have been reserved at the Holiday Inn Midtown located at 440 West 57th Street (between 9th and 10th Avenues), 212/581-8100. These rooms are available on a first-come, first-served basis until March 15 at the rate of $155/per night. Please make your reservations early.

At the end of the day, SIECUS will be celebrating our 35th Anniversary with a special anniversary reception. SIECUS hopes that you will be able to participate in this unique colloquium and to join the SIECUS Board of Directors, staff, and supporters at the 35th Anniversary Reception to be held immediately following the colloquium. I look forward to seeing you there!

Sincerely,

Debra W. Haffner, MPH
President and CEO

SIECUS 1964 35 YEARS 1999

sexuality information and education council of the united states

National Colloquium on the Future of Sexuality Education – Tentative Agenda

8:30 am – 9:30 am **Registration**

9:30 am – 9:45 am **Welcome**

9:45 am – 11:00 am **What is the Current Status of Sexuality Education?**
Debra W. Haffner, MPH
SIECUS President and CEO

11:00 am –11:15 am **Break**

11:15 am –12:15 pm **Abstinence-Only-Until-Marriage Education: Report of the First Year of Implementation**
Daniel Daley
SIECUS Director of Public Policy

12:30 pm –2:00 pm **Luncheon**
Sandra Thurman, Director, Office of National AIDS Policy --- (invited)

2:15 pm – 4:15 pm **Sexuality Education Town Forum**
Panelists:

Verna Eggleston, Executive Director
The Hetrick-Martin Institute for Gay and Lesbian Youth

Joni Foster, HIV/AIDS Education Coordinator
Maine Department of Education

Stephen Friedman, Vice President for Public Affairs
MTV

Felix Gardon, Outreach Coordinator
SIECUS

Magan Hallman, Outreach Worker
New Beginnings for Youth

Jerald Newberry, Executive Director
National Education Association, Health Information Network

Isabel Stewart, President
Girls Inc.

4:15 pm – 5:15 pm **Future Visions of Sexuality Education for the Next Decade**
Panelists:

Michael Carrera, Executive Director
National Adolescent Sexuality Training Center
The Children's Aid Society

Pemessa Seele, Founder/CEO
The Balm in Gilead

Nadine Strossen, President
The American Civil Liberties Union

5:30 pm – 7:30 pm **SIECUS' 35th Anniversary Reception**

130 West 42nd Street • Suite 350 • New York, NY 10036-7802 • Phone: 212/819-9770 • Fax: 212/819-9776 • Email: siecus@siecus.org
1638 R Street, N.W. • Suite 220 • Washington, DC 20009 • Phone: 202/265-2405 • Fax: 202/462-2340

Registration Form

Name:_____
(as it will appear on nametag)

Title: _____

Organization:_____

Address: _____

_____

Telephone: _____ Fax: _____

Email: _____

Enclosed is payment for:

❑ *National Colloquium on the Future of Sexuality Education*.....$75.00
(Registration is $125.00 after February 28.)

❑ SIECUS 35th Anniversary reception $35.00

Total Enclosed: _____

Method of payment (payable to SIECUS):

❑ Check ❑ Money Order ❑ Government Purchase Order ❑ Credit Card

Type of Credit Card:

❑ American Express ❑ Discover ❑ Mastercard ❑ Visa

Account Number: _____ Expiration Date: _____

Cardholder Name: _____ Cardholder Signature: _____

Please let us know of any special needs you have:

Return by February 28, 1999 to:

Colloquium Registration, SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036
Questions? Call Monica Rodriguez at 212/819-9770, ext. 305

6/11 no further response

Mailed to Carol the FLOTUS invite + cover Journal of rec from SLT. Thanks!

Miller, Zeichik and Associates, Inc.
Event Production ! Campaign Management ! Fundraising

Los Angeles
323 957 0077
323 466 2418 *fax*

New York
212 807 9255
212 807 6429 *fax*

San Francisco
415 392 9255
415 392 8707 *fax*

January 19, 1999

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

VIA FAX & US MAIL

Dear Sandy:

It was a pleasure seeing your recently in Washington, DC. Thank you for hosting such a lovely reception for AIDS Action Council and Foundation Board members.

As you know, I have the privilege of producing the AIDS Walks in Atlanta (thanks to you), Boston, Chicago, Los Angeles, New York and San Francisco. This letter is to request your assistance in securing the First Lady's appearance in a television public service announcement to be aired throughout the country this year, in support of these and other crucial AIDS Walk events.

In the past Patti LaBelle, Matthew Broderick and Elton John have all appeared in AIDS Walk public service announcements with great results. Given the First Lady's popularity and commitment to helping people with HIV and AIDS (as well as the Clinton Administration's leadership on the issue as a whole), her appearance in the AIDS Walk PSA's would be a tremendous boost to AIDS service organizations across America.

We are asking your help in inviting the First Lady to appear in the 1999 AIDS Walk PSA. Mrs. Clinton's appearance in one 30 second public service announcement could assist in raising more than $20 million to help people with HIV/AIDS. Should the First Lady agree to appear in the 1999 AIDS Walk PSA, we would immediately begin to draft copy for her approval and coordinate around her schedule for the most convenient time to film.

On behalf of all the AIDS service organizations we serve, we would be most grateful for your kind assistance. In the near future I will be telephoning you to follow up on this matter. In the meantime, should you have any questions, please feel free to contact me in my New York office at (212)807-9255.

Thank you for all you do on behalf of people with HIV/AIDS and the organizations that serve them. I look forward to speaking with you again soon.

Sincerely,

Craig R. Miller

Sandy called will fax to you for AIDS walk ~R.U.

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

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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 WHITE HOUSE

WASHINGTON

29 Jan 99

DATE

MEMORANDUM

FOR: O NAACP

FROM: SUE J. SMITH
DIRECTOR, AGENCY LIAISON

SUBJECT: REFERRAL OF CASEWORK

I am forwarding the attached letter to your office for appropriate action. Please send us a copy of your written response or your telephone report along with the writer's original correspondence and envelope to the following address:

Ms. Sue J. Smith
Director, Agency Liaison
Room 6, OEOB
The White House
Washington, D.C. 20502

If you have any questions, call my office at 202/456-7486.

Thank you for your help.

GLOBAL HEALTH
COUNCIL

January 15, 1999

The Honorable William Jefferson Clinton
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear President Clinton:

The *New York Times* recently reported the death of Gugu Dlamini in South Africa. A 36-year-old mother, Ms. Dlamini died last December 22 as a result of the beating she received by neighbors in her own home. They had accused her of having brought shame to their community in the outskirts of Durban by openly revealing on December 1 -- World AIDS Day-- that she was infected with HIV.

Ms. Dlamini worked as a volunteer for the National Association of People Living With HIV/AIDS (NAPWA) of South Africa. According to the United Nations, three million people in South Africa have the infection. In KwaZulu-Natal, the province most affected by the illness, and where Ms. Dlamini lived, up to 30 percent of the adult population lives with HIV/AIDS.

On Monday December 21, Ms. Dlamini was physically attacked by a man, who ordered her to keep silent like other people living with HIV/AIDS. Although she requested help from the police, they did nothing. That same night, a group tore down her house and she was brutally stoned and hit with sticks. She died the following day.

In spite of the scourge of the epidemic in South Africa and other countries across Africa, Asia, the Caribbean and Latin America, people living with HIV/AIDS are afraid to reveal their condition due to the hostility they know they will have to face.

The murder of Ms. Dlamini not only shows the profound discrimination that people living with HIV/AIDS suffer in many countries, it is also a reflection of the flagrant violence that primarily affects women around the world, both inside and outside their homes, without assistance from authorities when this is requested.

Mr. President, we urge you to publicly condemn the killing of Ms. Dlamini. In preparation for the White House Office of National AIDS Policy's upcoming visits to African countries on an HIV/AIDS fact finding mission, we are writing to urge you to raise human rights issues of those infected with HIV in your discussions.

We hope that you and other senior U.S. officials will raise these issues with South Africa's leaders and with leaders of other countries, and that you will publicly indicate that human rights concerns of those 30 million men, women and children around the world living with HIV/AIDS are on the agenda in your talks.

1701 K Street, NW ■ Suite 600 ■ Washington, DC 20006-1503 ■ Tel (202) 833-5900 ■ Fax (202) 833-0075
50 Palmer Court ■ White River Junction, VT 05001 ■ Tel (802) 649-1340 ■ Fax (802) 649-1396
<ghc@globalhealthcouncil.org> ■ <www.globalhealthcouncil.org>

The Global Health Council is working to promote effective responses to the global AIDS pandemic both here in the United States and around the world. The Council's 3,000 partner organizations and individuals hail from academic institutions, research facilities, medical and public health associations, community-based organizations, international relief agencies, United Nations programs, and activist networks. **We are all steadfastly committed to the promotion and protection of the human rights of all the world's citizens regardless of their health status.** We condemn the murder of Gugu Dlamini.

If additional information would be helpful, we would be happy to work with members of your staff.

Sincerely,

Nils Daulaire, MD, MPH
President

cc: Hillary Rodham Clinton
Secretary of State Madeleine Albright
Assistant Secretary of State Karl Inderfurth
Assistant Secretary of State Harold Koh
Theresa Loar, Senior Coordinator for International Women's Issues
Samuel Berger, National Security Advisor
Dr. Ken Bernard, National Security Advisor
Sandra L. Thurman, Director, Office of National AIDS Policy

encl. *NY Times* article, Monday December 28, 1998

Neighbors Kill an H.I.V.-Positive AIDS Activist in South Africa

By DONALD G. McNEIL Jr.

JOHANNESBURG, Dec. 27 — A volunteer working to persuade South Africans not to discriminate against H.I.V.-infected people was beaten to death last week by her neighbors, who accused her of bringing shame on their community by revealing that she was H.I.V.-positive.

The killing scared other anti-AIDS advocates, who said it proved what they have said for years — although three million South Africans are infected with the virus that causes AIDS, nearly all are afraid to admit it because of the hostility they face.

The slain woman, Gugu Dlamini, 36, a volunteer field worker for the National Association of People Living With H.I.V./AIDS, went public on World AIDS Day, Dec. 1, speaking about her H.I.V. infection on Zulu-language radio and on television.

Since then, according to nurses who knew her, she was repeatedly threatened by neighbors in her township of KwaMashu, outside Durban, who said she was giving their community a bad reputation. Last Monday, she was punched and slapped by a man who told her that many others who were sick kept quiet about it.

South Africa has the world's fastest-growing AIDS epidemic, according to the latest U.N. AIDS reports, and KwaZulu-Natal, where Ms. Dlamini lived, is the worst-hit province, with 30 percent of adults infected.

Although Ms. Dlamini called the police that day, they did nothing, friends told a local newspaper. That night, a mob attacked her house and stoned her, kicked her and beat her with sticks. She died the next day.

"She was a nice, bright woman, and now her child is an orphan because of AIDS," said Mercy Makhalemele, a Durban-area administrator for the association. "But not because she died of it. Because she was trying to exercise her constitutional right to freedom of speech."

Prudence Mabele, the first black South African woman to admit being H.I.V.-positive, said she was threatened many times after coming forward in 1994. She moved out of her township into downtown Pretoria largely out of fear, she said. A gay San Francisco group wrote letters to her local police station then, and it seemed to help. "But I just don't know if people should come out now," she said today.

Kevin Osborn, a former local leader of the association, said he thought the killing would "put the cause of people with AIDS two steps back."

Ms. Makhalemele said she was not sure, thinking it might galvanize anger in the small activist community.

They have an uphill task. The head of the association, Peter Busse, said last month that fewer than 100 of the country's 3 million infected people were completely open about it.

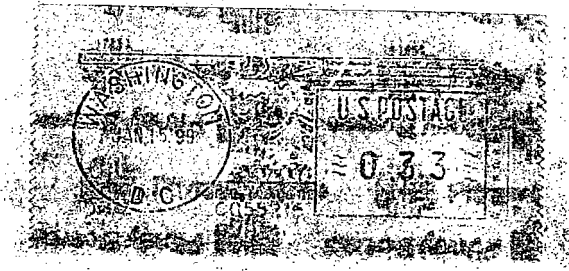
"When something like World AIDS Day comes around, we have trouble finding 20 people to go on television and radio shows," he said.

Ms. Dlamini's death is not going to galvanize much right now. American-style activism about AIDS does not exist in South Africa, and all the association's chapters are closed for Christmas-summer vacation.

"I'm waiting for Jan. 4. to make a big hoo-hah about this," Ms. Mabele said. Ms. Makhalemele said she hoped to have a protest march in Ms. Dlamini's memory by late March.

A spokesman for the KwaZulu-Natal health department called the attack "sheer stupidity" and Deputy President Thabo Mbeki, who promoted AIDS awareness in his Christmas message to the nation, said: "It is a terrible story. We have to treat people who have H.I.V. with care and support, and not as if they have an illness that is evil."

GLOBAL HEALTH
COUNCIL
1701 K Street, NW
Suite 600
Washington, DC 20006-1503



The Honorable William Jefferson Clinton
1600 Pennsylvania Ave., NW
Washington, DC 20500