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VaxGen

Donald P. Francis, M.D., D.Sc.
President

Randy —

I presume you are in the loop on this.

Don

ND response needed

VaxGen

1 March 1999

President William Jefferson Clinton
The White House
Washington, DC 20502

Dear President Clinton:

It is my understanding that a celebration honoring those who have volunteered for HIV vaccine trials is being considered by your office for 18 May.

As someone who has worked on AIDS since the beginning of the epidemic and who is now heading up one of the lead companies in the quest for an AIDS vaccine, I support the celebration idea wholeheartedly. In addition, as a volunteer in one of our own trials, I can sense the need for recognition of this small group of pioneers.

Before joining the private sector, I was a career officer with the Centers for Disease Control and Prevention. In that role, I saw first hand the power of vaccines as we eliminated diseases like smallpox and polio from the world. On the other hand, without a vaccine, I have seen the horrors of AIDS as it continues to consume people around the world. With 16,000 new infections everyday worldwide, a vaccine is urgently needed.

We at VaxGen have as our mission the development of a safe and effective HIV vaccine for the world. You, in last year's declaration for an AIDS vaccine, helped add to the social value of that quest. Such social value is essential to carry AIDS vaccine development forward. By recognizing the volunteers who have bravely stepped forward for the clinical experiments, you could both give praise where it is due, and, at the same time, add additional social value to this neglected area of public health.

I would be happy to discuss this matter with you or your staff at any time (650-624-1000).

Sincerely,

Donald P. Francis, M.D., D.Sc.
President

1000 Marina Boulevard, Brisbane, CA 94005-1841 TEL: (650) 624-1000 FAX: (650) 624-1001

fax cover sheets for
telephoned requests for
Meeting info

INVITES: cc's and
bcc's

Stephanie ~ Labels —
Mail to the person that is
checked off

FACSIMILE

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

EXECUTIVE OFFICE OF THE PRESIDENT

736 Jackson Place, NW
Washington, DC 20503
Phone: (202) 456-2437
Fax: (202) 456-2438

TO:	
FAX NUMBER:	
FROM:	Daniel C. Montoya, Executive Director
DATE:	3/8/99
PAGES:	6 (including cover sheet)
COMMENTS:	PACHA March meeting information

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THE IEL POLICY EXCHANGE

THE INSTITUTE FOR EDUCATIONAL LEADERSHIP, INC.

March 19, 1999

Dear Colleague:

I am pleased to invite you to participate in an IEL Policy Exchange seminar, *Early Childhood: Strategies and Tools to Turn Good Ideas into Good Policies.* This seminar will be held on Monday, April 26, 1999 in Room SC-5 of the Capitol Building in Washington, DC from 1:00 p.m. to 4:00 p.m. (Please see the enclosed directions to the room.) We will serve light refreshments. *Invitations are not transferrable.*

This seminar will build on our new publication, *Strategies to Achieve a Common Purpose: Tools for Turning Good Ideas into Good Policies* (enclosed). This report describes Lisbeth Schorr's seven strategies for "scaling up" from small successes, Kathleen Sylvester's policy tool box of "what you can do on Monday," and a Policy Exchange process to apply these strategies and tools to issues important to children and families. We will focus this April seminar on the two strategies that participants ranked highest at a 1998 seminar, where we began to explore this topic.

Lisbeth Schorr is a well-known public policy commentator and author of *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America* and *Within Our Reach: Breaking the Cycle of Disadvantage.*

Kathleen Sylvester, director of the Social Policy Action Network (SPAN), was formerly a journalist with *Governing* magazine.

Our April 26 seminar will give you an opportunity to learn more about—*and then apply*—Schorr's strategies and Sylvester's tools for early childhood programs.

After an introduction and overview, Lisbeth Schorr will discuss the strategy and tools important for "Building a constantly evolving knowledge base about what works and what is promising" (Strategy #7). Much to our surprise, this strategy was the top pick of participants in our 1998 seminar.

Next, Kathleen Sylvester will explore the strategy of "Taking a longer view of change and targeting interventions toward two generations" (Strategy #5), and identify policy tools to implement this strategy.

We will then review several current federal early childhood programs with these two strategies in mind.

1001 CONNECTICUT AVENUE, N.W. ☐ SUITE 310 ☐ WASHINGTON, D.C. 20036 ☐ (202) 822-8405 ☐ FAX: (202) 872-4050
Website ☐ http://www.policyexchange.iel.org policyexchange@iel.org ☐ Email

Seminar participants will then work in facilitated small groups to figure out how to effectively implement these precise strategies using the blunt policy tools at their disposal—for example: outlining how you measure success, who is eligible, what services or benefits get funded, who gets the money (and how much money they get), and so forth. (We'll use a worksheet similar to the one on page 35 in the enclosed *Strategies* publication.)

Finally, the small groups will share the "headlines" of their work with other participants.

Space is limited and invitations are not transferable. **Please mail or fax the enclosed response form as soon as possible, but no later than Wednesday, April 21, 1999.** Your e-mail address is important: if we have it, we'll send you a reminder about the seminar the morning of the 26th!

While you're moving paper around, I urge you to pull out the "Policy Tool Box" center spread of *Strategies to Achieve a Common Purpose* and put it up on your wall for ready reference!

I look forward to seeing you on April 26. Please do not hesitate to call if you have any questions. I can be reached at (202)822-8405, extension 104—or you can call Vanessa Correa at extension 105, or Scott Gates at extension 100.

Sincerely,

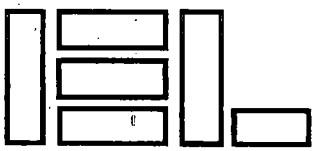
Margaret Dunkle

Margaret C. Dunkle
Director
IEL Policy Exchange

Enclosures

Response Form
How to Get to Room SC-5 of the Capitol Building
Strategies to Achieve a Common Purpose: Tools for Turning Good Ideas into Good Policies

P.S. I urge you to get your very own copy of *Federal Budget Rules: How the Basics Apply to Low-Income Programs*, written by Shirley Ruhe. This policy brief does a wonderful job of explaining how the so-called "technicalities" of the federal budget rules actually determine the options Congress will consider. Shirley is a member of the Policy Exchange Resource Council and cites our work in several of her examples. You can get single copies free from the Urban Institute (Assessing the New Federalism project) by calling (202)261-5687. You can also download copies from the internet: http://www.newfederalism.urban.org/html/pubs.html.



THE INSTITUTE FOR EDUCATIONAL LEADERSHIP, INC.

RESPONSE FORM

Early Childhood: Strategies and Tools to Turn Good Ideas into Good Policies
1:00 p.m. to 4:00 p.m., Monday, April 26, 1999
Room SC-5 of the Capitol Building, Washington, DC

Enclosed are directions to Room SC-5. Please allow 10 minutes to get through the security desk and navigate your way to the room.

Name: _____
Invitations are not transferrable

Title: _____ Phone: _____

Fax: _____ E-Mail: _____
Be sure to give us your e-mail address!

Committee, Department, or Organization: _____

_____

If your position, organization and/or address have changed, please give us your new information.

_____

Check: ___ Yes, I will participate in the April 26 seminar *OR*
___ No, I will not participate

Please help us make this seminar productive by answering the following question:

What specific policy *tools* do you think are most important for each of the following strategies? Why?

For "Taking a longer view of change and targeting two generations" (Strategy #5)? *See pages 12-14 (strategies) and pages 25-26 (tools) of the enclosed* Strategies *publication for ideas!*

_____

_____

For "Building a constantly evolving knowledge base about what works and what is promising" (Strategy #7)? *See pages 15-16 (strategies) and pages 27-28 (tools) of the enclosed* Strategies *publication for ideas!*

_____

_____

Please respond no later than April 21! (202) 872-4050 Fax

1001 CONNECTICUT AVENUE, N.W. ☐ SUITE 310 ☐ WASHINGTON, D.C. 20036 ☐ (202) 822-8405 ☐ FAX: (202) 872-4050
Website ☐ http://www.policyexchange.iel.org policyexchange@iel.org ☐ Email

THE INSTITUTE FOR EDUCATIONAL LEADERSHIP, INC.

3/19/99

HOW TO GET TO ROOM SC-5 OF THE CAPITOL BUILDING

Please allow 10 minutes to get through the security desk and navigate your way to the room

Starting from the East side of the Capitol (the side facing First Street, NE, not the side facing the National Mall), enter the Capitol building at ground-floor level through the Law Library door. (This door is located to the right of the large center stairway, and is marked by a sign that says: "staff and persons on official business.")

If you are not a Congressional staff member, let the security officers know that your "official business" is that you are participating in an IEL Policy Exchange seminar in room SC-5.

Once you are through the metal detectors, make an immediate left.

Turn right just *before* the souvenir stand.

Go around the stand, and through the crypt.

Go down the set of stairs on the opposite side of the crypt.

At the bottom of these stairs, take the second right.

Walk down the hallway until you reach room SC-5, where our seminar is being held.

1001 CONNECTICUT AVENUE, N.W. ☐ SUITE 310 ☐ WASHINGTON, D.C. 20036 ☐ (202) 822-8405 ☐ FAX: (202) 872-4050
Website ☐ http://www.policyexchange.iel.org
policyexchange@iel.org ☐ Email

P N P N P N

National Organizations Responding to AIDS (NORA)

NORA is in the process of updating all of our contact information. Please take a minute to look over this form and reply accordingly. It will help us help you keep up to date on the activities within NORA.

_____ Check here if you would like your organization **removed** from the NORA database.

Please PRINT your correct contact information below:

Full Organization Name: White House Office of National AIDS Policy

Acronym (if applicable): ONAP

Street Address: 736 Jackson Place

City: Washington State: DC ZIP: 20503

Organization Telephone #: (202) 456-2437

Contact Person: Todd Summers or Sarah Holewinski

Contact Person's Title: Deputy Director / Assistant to the Director

Contact Telephone #: Same ↑

Fax #: (202) 456-2438

Contact Person's E-mail: N/A

We **must** have a contact person for each group. The contact person should be the individual who is most likely to attend NORA meetings. *If the contact person should change or if you have any questions about this form or NORA in general, please notify us immediately at:* nora@aidsaction.org.

Please return this page by fax to Jeannette Sebes at AIDS Action at fax number (202) 986-1345 as soon as possible. Thanks!

P N P N P N

VOLUME 113, SUPPLEMENT 1 PUBLIC HEALTH REPORTS JUNE 1998

PUBLIC HEALTH

HIV Prevention with Drug-Using Populations

Current Status and Future Prospects

VOLUME 113, SUPPLEMENT 1, JUNE 1998

PUBLIC HEALTH REPORTS

VOLUME 113, SUPPLEMENT 1, JUNE 1998

PUBLIC HEALTH REPORTS

NORA
NATIONAL ORGANIZATIONS RESPONDING TO AIDS

March 3, 1999

Nancy-Ann Min DeParle, Administrator
Health Care Financing Administration
200 Independence Avenue, SW
Room 314-G
Washington, DC 20201

Dear Ms. DeParle,

On behalf of the National Organizations Responding to AIDS (NORA), we are writing to urge that you approve Maine's request for a Medicaid 1115 waiver to grant life-extending therapies to low-income state residents infected with HIV. We also wish to reiterate our support for a nationwide Medicaid expansion for low-income persons with asymptomatic HIV. NORA is a coalition of over 175 health, labor, religious and professional advocacy groups that represent a broad consensus on HIV and AIDS-related issues policy, and funding levels.

The Maine waiver would provide coverage for life saving medications, office visits, laboratory tests, case management services and hospitalizations. It would give low-income persons with HIV access to highly active retroviral therapy (HAART) which is proven to be both a medically appropriate and cost effective treatment. For example, a cost-benefit analysis from a New England hospital, presented at the 12th World AIDS Conference in Geneva, found that during the period of introduction and availability of HAART, "the total number of patients increased, [but] overall costs remained level and cost per patient per year decreased." Further, Maine's expansion proposes treatment that is consistent with the HIV treatment guidelines issued by the Department of Health and Human Services (HHS) recommending the use of antiretroviral therapy early in the course of HIV infection, before the manifestation of symptoms. Since Medicaid eligibility requirements are incompatible with these clinical guidelines, the Maine waiver will take important steps to bring as many people as possible under the HHS guidelines.

We believe that both the health benefits and cost-effectiveness of early intervention, such as would be provided through the Maine waiver, are convincing arguments that support approval of the Maine waiver as being in the best interest of the government and its people. Therefore, we urge you to support this waiver to expand Medicaid to low-income people with HIV.

Sincerely,

Advocates For Youth

NORA
A coalition convened by AIDS Action Council
1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

AIDS Action
AIDS Legal Referral Panel
AIDS Nutrition Services Alliance
AIDS Policy Center for Children, Youth and Families
American Foundation for AIDS Research
American Medical Student Association
American Public Health Association
American Public Hospital Association
American Social Health Association
Association of Nurses in AIDS Care
Center for Women Policy Studies
Committee for Children
Gay Men's Health Crisis
HIV Managed Care Network
Human Rights Campaign
Mothers' Voices
National Association of People with AIDS
National Association of People with AIDS
National Association of Protection and Advocacy Systems
National Association of Public Hospitals & Health Systems
National Catholic AIDS Network
National Health Care For the Homeless Council
Northern Counties Health Care, Inc.
Project Inform
The National Latina/o Lesbian, Gay, Bisexual & Transgender Organization
Title II Community AIDS National Network

Cc:
The Honorable Donna Shalala
Chris Jennings
John Podesta
Kevin Thurm
David Beier
Sandra L. Thurman

N O R A
NATIONAL ORGANIZATIONS RESPONDING TO AIDS

March 5, 1999

The Honorable Albert Gore, Jr.
Vice President of the United States
Old Executive Office Building
Washington, DC 20501

Dear Mr. Vice President:

On behalf of the National Organizations Responding to AIDS (NORA), a coalition of over 175 health, labor, religious and professional advocacy groups that represent a broad consensus on HIV and AIDS-related issues, policy, and funding levels, we are writing to alert you that the 106th Congress has introduced several bills to permanently ban the direct or indirect use of federal funds for needle exchange programs. Needle exchange is one very important component of a comprehensive prevention strategy and has the ability to both prevent HIV transmission and help move people into alcohol and drug treatment as well as other needed health services.

The legislation Congress has introduced this session threatens quality programs that are connected to comprehensive care, and would have a devastating impact on state and local communities working to prevent transmission of HIV through needle exchange. This new legislation (similar to the funding restrictions imposed on the District of Columbia last year) goes beyond current law and may threaten other sources of federal funding for entities that operate needle exchanges. The new bills challenge the ability of local communities to determine the best public health interventions and contradict the Administration's decision last year that "the best course of action is to have local communities choose to implement their own programs and use their own dollars to fund needle exchange programs..."

We ask you to move swiftly and ensure that all Administration officials understand the severity of this legislation, and that they speak with one voice in opposing it. The confusion which followed the April 1998 decision to defer to states on the issue of needle exchange must not be repeated. Mixed messages from senior officials now will only serve to undermine the positive steps actually taken. The proposed legislation will provide

NORA
A coalition convened by
AIDS Action Council
1875 Connecticut Ave., NW
Suite 700
Washington, DC 20009
202 986 1300
202 986 1345 fax

important opportunities for the Administration to discuss the science of needle exchange. It will be critical for all members of the Clinton/Gore Administration - including General Barry McCaffrey - to support the President's determination that needle exchange programs are a life-saving prevention intervention, and that state and local communities must be allowed to implement them if they so choose. To allow individuals in your Administration who personally oppose these programs to undermine and contradict the scientific determination made by your top public health official is not acceptable. Clear and consistent support for that determination will go a long way towards countering the tendency to let politics, rather than public health, drive public debate on this issue.

Thank you for your consideration of this critical request for assistance. If you have any questions, please feel free to contact Jane Silver, Director of Public Policy at the American Foundation for AIDS Research (AmFAR) and a member of the NORA Executive Committee at 331-8600.

Sincerely,

Miguelina Maldonado
Co-Chair

David Harvey
Co-Chair

cc: John Podesta
Sandra Thurman

CYCLE THE WORLD FOR KIDS AT RISK

CC: Ken /503
from Reverie

Ken,

The KZN cyclists arrived in USA (Los Angeles, Calif.) on Monday, 29 March (this week), to start their Reverie N. American AIDS awareness campaign.

Please click on your choice..

FLASH!

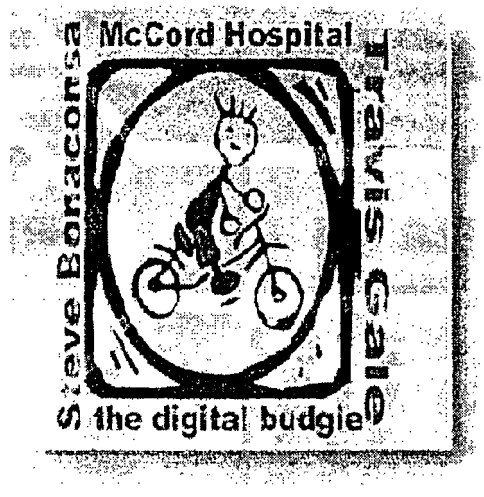
www.budgie.org/aids.htm

CYCLE THE WORLD FOR KIDS AT RISK

A McCord Hospital Outreach Project

CYCLE THE WORLD

for the child victims of AIDS



Background to Our Project

On the 1st January 1999, two young South Africans, Steve Bonaconsa and Travis Gale, set off on a year long cycle tour of the world, to promote awareness of the AIDS plight in their country and raise money for the 'Lily of the Valley Children's Village in rural Kwa-Zulu Natal.

The objective of the 'Lily of the Valley' is to provide a loving, caring environment for orphans and abandoned children living with AIDS, who have inherited the disease from their parents. Their life span is on average about 18 months. However, our little one's, with a few exceptions and contrary to expectations , are thriving in this loving home. It has been discovered that about 50% of the children born to mothers who are HIV positive will sero-convert and lead a normal healthy life.

The aim of this outreach program is to reintegrate the AIDS orphans into their own communities. Adoptive families are sought for these children or alternatively they are placed in the children's village.

Lily of the Valley is a registered Children's Community Care Centre and has permission to cater for 35 children. At present there are 30 kids ranging from 2 months to 7 years. The centre has a staff compliment of 18 Child Care Workers who perform various day, night and weekend duties.

As the moving image guy in the team I was there when Travis and Steve first met the Kids at the Lily. Press here to share a unique and truly uplifting experience with us...(& get a sneak preview of the movie!)

After their epic journey of 21500 km across 4 continents, Steve and Travis will arrive back in Durban on the eve of the breaking of the new Millenium lead up year. The Mayor of Durban, Obed Mlaba, will ride the last kilometres with them, supported by a host of McCord Hospital family members and friends. This dramatic arrival coincide with 2 other great South African Millenium Journeys.
The Drum Millenium Event and The Mavibuye i Africa Chariots both culminate here in Durban in one wham blam ripping celebration of the new age. But what is common to all three, is their solid underlying message of a groundswell of new awareness of Africa, her people and Pain.

As the Drums of our History and the Wheels of our Fortune close in on the first moments of our own Renaissance, two young men will return home in the knowledge that they and those supporting them, have made a difference.

****

Follow the Journey!

Click here to see our LifeCycle Calendar, where you can choose a certain day(s) to experience with the cyclists.

Click here to see a day by day account with full color pix!

****

DO YOU KNOW THE FACTS ABOUT AIDS?

PRESS HERE NOW!

CYCLE THE WORLD FOR KIDS AT RISK

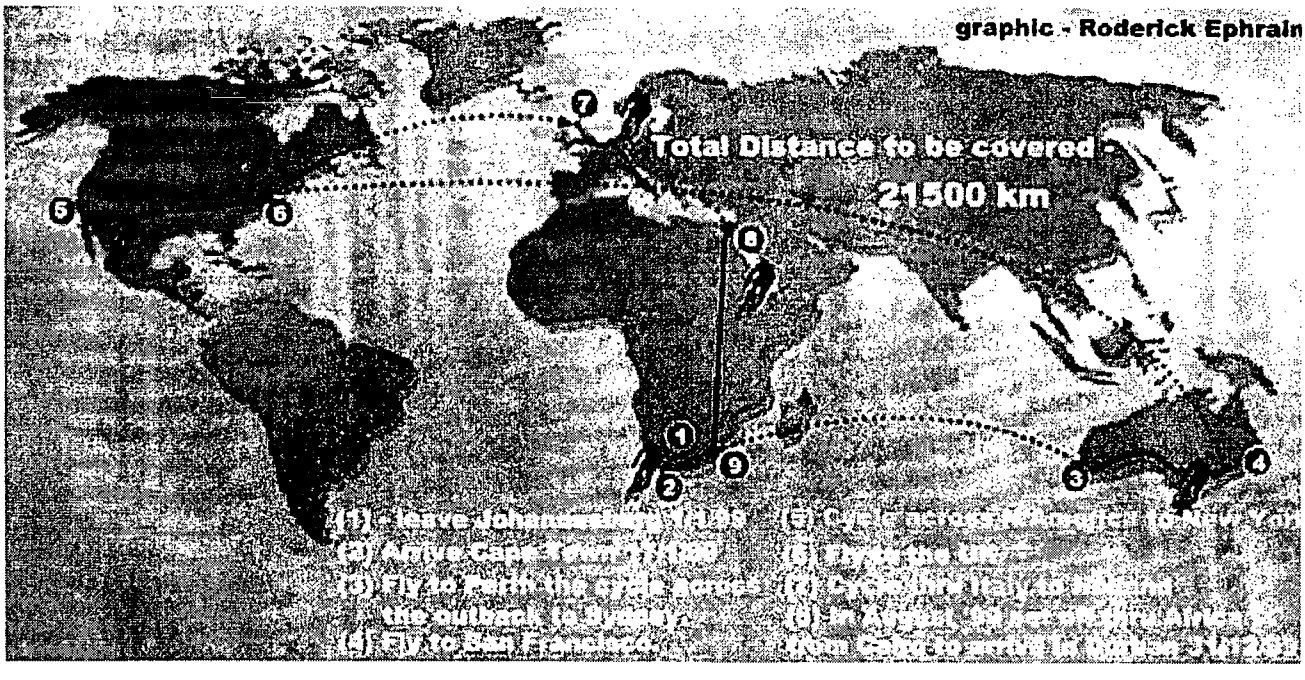
McCord Hospital

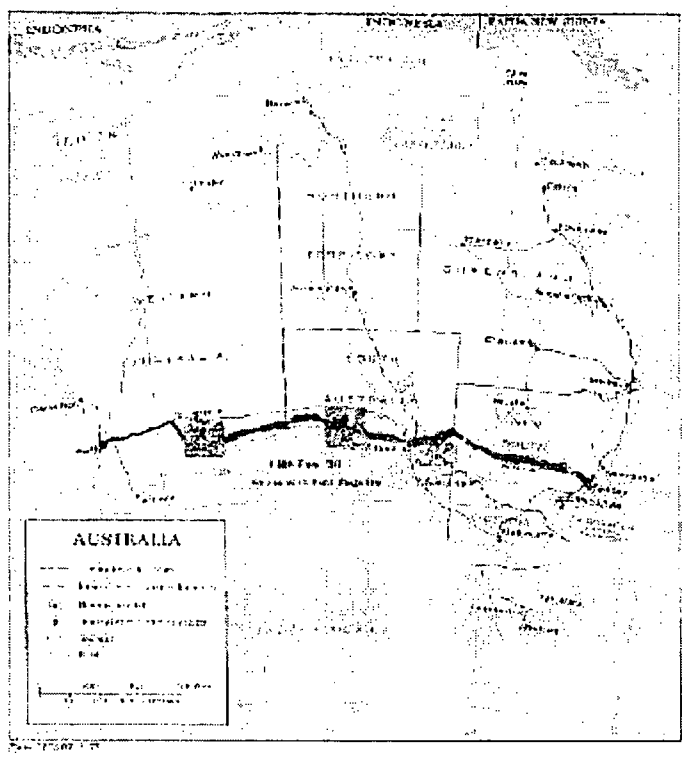
DAY-BY-DAY CALENDAR

Updated regularly

digital budgie

STOP PRESS! ***** latest news!





DO YOU WANT TO KNOW THE FACTS ABOUT AIDS?
PRESS HERE

Dec 27	Dec 28	Dec 29	Dec 30	Dec 31	Jan 01	Jan 02
Jan 03	Jan 04	Jan 05	Jan 06	Jan 07	Jan 08	Jan 09
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Jan 17	Jan 18	Jan 19	Jan 20	Jan 21	Jan 22	Jan 23
Jan 24	Jan 25	Jan 26	Jan 27	Jan 28	Jan 29	Jan 30
Jan 31						

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Feb 27	Feb 28					

Click here to view the Great Nullarbor Adventure through February and March!

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Mar 06	Mar 07	Mar 08	Mar 09	Mar 10	Mar 11	Mar 12
Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18	Mar 19
Mar 20	Mar 21	Mar 22	Mar 23	Mar 24	Mar 25	Mar 26
Mar 27	Mar 28	Mar 29	Mar 30	Mar 31		

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Apr 03	Apr 04	Apr 05	Apr 06	Apr 07	Apr 08	Apr 09
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Apr 24	Apr 25	Apr 26	Apr 27	Apr 28	Apr 29	Apr 30

May 01	May 02	May03	May 04	May 05	May 06	May 07
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May 29	May 30	May31				

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Aug 21	Aug 22	Aug 23	Aug 24	Aug 25	Aug 26	Aug 27
Aug 28	Aug 29	Aug 30	Aug 31			

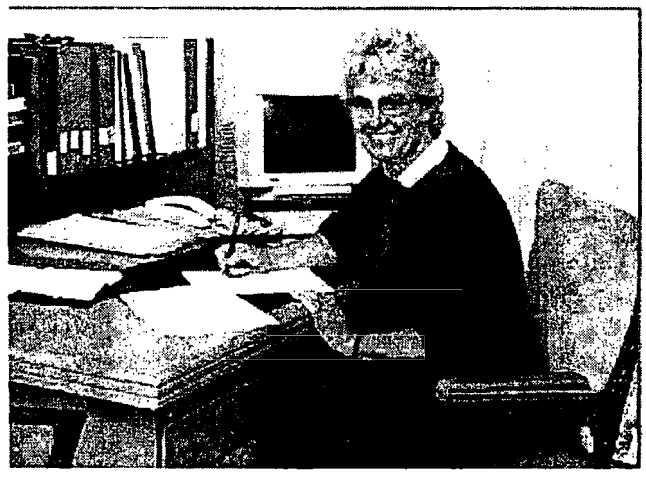
RETURN TO HOMEPAGE

CYCLE THE WORLD FOR KIDS AT RISK

A McCord Hospital Outreach Project

THE McCORD HOSPITAL LINKS PAGE

"The mission of McCord Hospital is to share the Love of Jesus Christ in providing a comprehensive and holistic health service, especially to the underserved, in partnership with surrounding communities."



Dr.Helga Holst - Superintendent of McCord Hospital

"An aspect at McCords Hospital that I have really been pleased with lately, is the way in which our staff have accepted change. They have proved their loyalty to this hospital over and over again, in the past and in the present."

The above two quotes form the pillars on which our VISION 2001 journey is based. We see McCord Hospital as having the potential to play a vital role in the successful implementation of an Urban based District Health System as part of the National Health Plan in the Durban Metropolitan Region. At present we are working on vision for growth which will take us well beyond the year 2001, facilitating community based health care services in partnership with a specific local authority.

The vision of 'Mother McCord' providing community clinics that are staffed and managed by skilled and committed McCords trained people, is the solid foundation on which our Vision is created. It addresses the health needs of an underserved community as well as reinforcing the Christian message of our mission statement.

Factors critical to successfully implementing this Vision are autonomy, funding, holistic patient care, stakeholders' commitment, people development, location and a spiritual attitude to service. But most of all, we need you - for support, feedback and ideas. Whilst our Vision takes us well into the 21st Century, right now we are identifying and consolidating the community with which we are to become involved, in establishing a primary health care service. We are then committed to expand this service as the need arises.

So, please spend some with us now and become a part of our global outreach program. We want you as a friend and supporter, so feel welcome to contact me personally." - Dr Helga Holst (Medical Superintendent)

Please take a virtual trip around our home, meet our Family and experience in some small way what we enjoy every day of our lives! Take a graphic visit to our outlying projects, many in rural Africa, have a closer look at quality medical care, delivered with true Humanity and pop into our Cartoon Corner for a 'sneak through the hospital'!

But Best of all follow the ongoing coverage of our major 'Cycle the World' project and become part of a world phenomenon!

LINKS

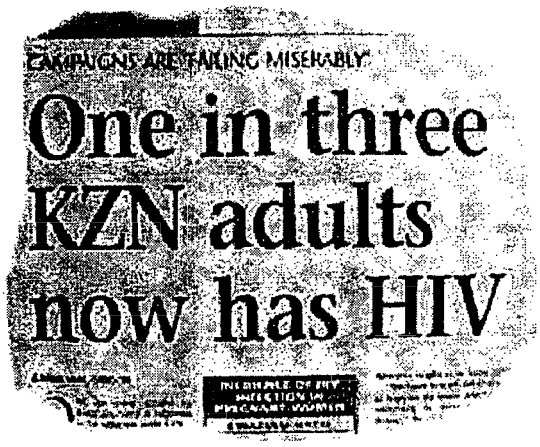
This is a growing list of Internet sites and references to McCord Hospital.
These are being collated as part of our ongoing research and development of the McCord Hospital Family Website.
We trust you will spend a little time getting to know us and become a new member of our global extended family.

1) The RURAL HEALTH BULLETIN (published by Dr. Steve Reid)
http://www.healthlink.org.za/hsl/pubs/ruraldr.htm

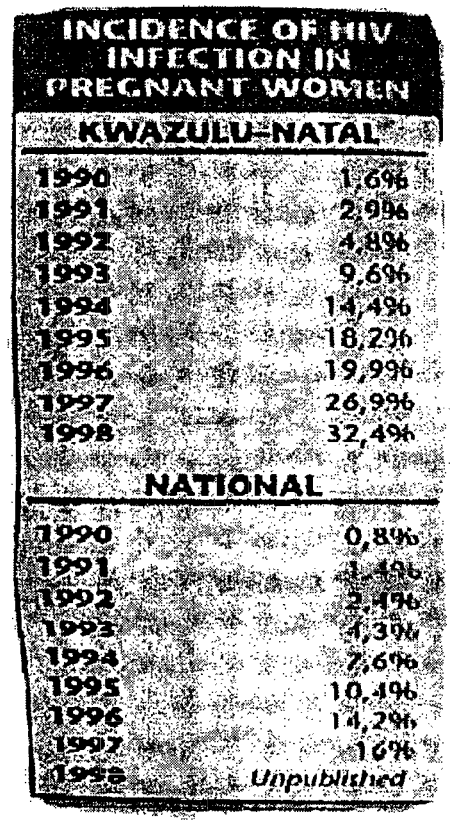
2) Elective Opportunities for Medical Students.
http://views.vcu.edu/amsa/namsa/ihag/newcastle.html

CYCLE THE WORLD FOR KIDS AT RISK

FACTS TRUE


CAMPAIGNS ARE FAILING MISERABLY

One in three KZN adults now has HIV

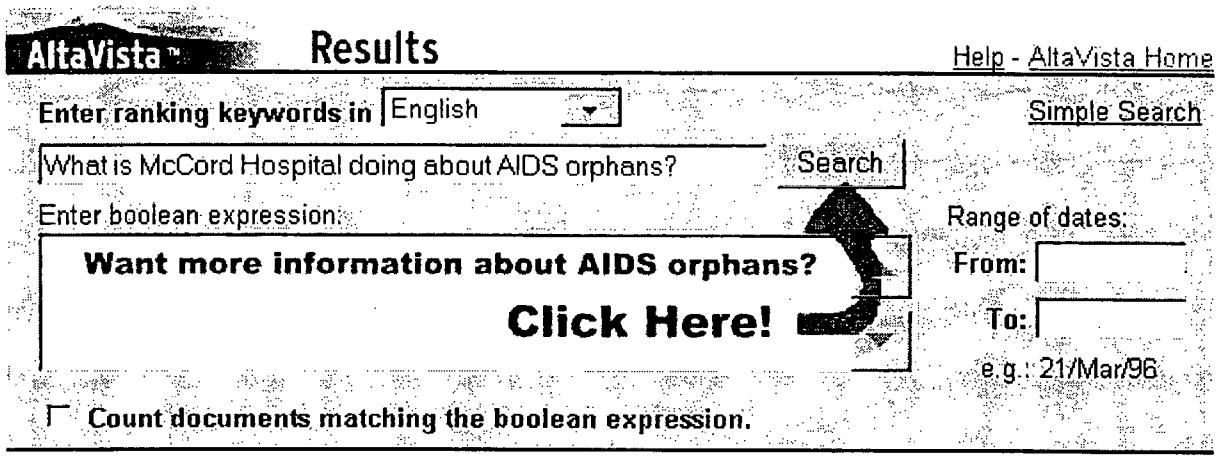


INCIDENCE OF HIV INFECTION IN PREGNANT WOMEN	
KWAZULU-NATAL	
1990	1,6%
1991	2,9%
1992	4,8%
1993	9,6%
1994	14,4%
1995	18,2%
1996	19,9%
1997	26,9%
1998	32,4%
NATIONAL	
1990	0,8%
1991	1,4%
1992	2,4%
1993	4,3%
1994	7,6%
1995	10,4%
1996	14,2%
1997	16%
1998	*Unpublished*

AIDS..ORPHANS..LINKS..STORIES..FACTS..PICTURES..
<to return here please click on the 'BACK' button on your browzer>

*

*



PLEASE JOIN McCORD HOSPITAL IN OUR VISION OF MAKING A DIFFERENCE TO THE LIVES OF THE ABOVE PEOPLE BY GIVING GENEROUSLY.

DEPARTMENT OF HEALTH AND HUMAN SERVICES — Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

Date: March 10, 1999

To: Addressees

From: Acting Director
Office of International and Refugee Health

Subject: International Health Representatives Meeting - **March 18, 1999**

The PHS International Health Representatives' Meeting will be held on Thursday, **March 18, 1999**, from 1:30-2:30 p.m. in the **Parklawn Building, Conference Room 17-05.** The draft agenda is as follows:

Topic

Gore-Mbeki Binational Commission Meeting

Agency Reports

Other Business

Please feel free to invite interested individuals in your office and agency to participate in this meeting.

If you wish to be connected by ENVISION, please contact Loretta Ellison at (301) 443-1774, by 12:00 p.m., Wednesday, March 17.

Gregory Pappas, M.D., Ph.D.

Addressees:

Dr. David Satcher, ASH and SG
Dr. Nicole Lurie, P-DASH
Mr. Norman Prince, PSC
Mr. Thomas Kring, OPA/OPHS
Ms. Barbara Cohen, OPA/OPHS
Dr. Wanda Jones, OWH/OPHS
Dr. Susan Woods, OWH/OPHS
Dr. Jonelle Rowe, OWH/OPHS
Dr. Craig Vanderwagen, IHS
Mr. Bruce Chelikowsky, OSG
Ms. Deborah Queenan, AHCPR
Dr. Stephen Blount, CDC
Mr. George Dines, HRSA
Dr. Gerald Keusch, NIH
Dr. Sharon Hrynkow, NIH
Ms. Georgia Buggs, OMH/OPHS
Ms. Winnie Mitchell, SAMHSA
Ms. Sheila Harley, SAMHSA
Dr. Stuart Nightingale, FDA
Mr. Walter Batts, FDA
Dr. Beth Mazzella, OCN
Dr. Linda Myers, ODPHP/OPHS
Dr. Eric Goosby, AIDS/OHAP
Dr. Elaine Daniels, AIDS/OHAP
Dr. Juan Ramos, NIMH/NIH
Dr. Faye Calhoun, NIAAA/NIH
Dr. Pat Needle, NIDA
Dr. Ruth Hegyeli, NHLBI
Dr. Robert Knouss, OEP
Ms. Jocelyn Mendelsohn, OGC
Mr. Stanley Bendet, ACF
Ms. Marla Bush, AOA

Addressees (cont.):

Ms. Nancy Carter-Foster, DOS/STH
Mr. Neil Boyer, DOS/IO
Ms. Sandy Thurman, NACO
Dr. Francis Notzon, CDC/NCHS
Mr. David Hohman, OS
Ms. Joy Riggs-Perla, AID
Ms. Dale Gibb, AID
Ms. Carol Dabbs, USAID
Mr. Jay Merchant, HCFA
OIRH Staff - AID and Parklawn

EVANS & BLACK
1615 L STREET, NW
SUITE 1220
WASHINGTON, DC 20036

FACSIMILE TRANSMITTAL SHEET

TO: Sandy Thurman
FROM: Judy Black
COMPANY: W.H. Office of AIDS
DATE: 3/12/99
FAX NUMBER: 2456-2439
TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:
SENDER'S REFERENCE NUMBER:
RE:
YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

Great to visit with you! I'll look forward to seeing you in person. I have attached the AIDS statement as we discussed. I'll call you Wednesday with more information.

TELEPHONE: 202•659•0946 FAX: 202•659•4972

STATEMENT ON AIDS CASE
March 10, 1999

Girl Scouts of the USA is committed to being available to every girl everywhere. We have a policy of not discriminating on the basis of disability or illness and this includes AIDs. The girl is currently in a troop in the Adirondack Girl Scout Council and has been with this troop since January.

It is important to know that GSUSA is the national organization, each Girl Scout council is independent and autonomous and carries out operational responsibilities such as the formulation of troops and groups.

We will respond appropriately once we receive a formal charge form the New York State Division of Human Rights.

ROBERT C. BYRD HEALTH SCIENCES CENTER
OF WEST VIRGINIA UNIVERSITY

March 9, 1999

Sandra Thurman
Director
Office of National AIDS Policy
200 Independence Ave., SE, Suite 736E
Washington, DC 20201

Dear Ms. Thurman,

On behalf of Dr. Wesley Farr, we're delighted to confirm your participation in the AIDS in West Virginia 1999 conference. Listed below is the essential information for your presentation. The West Virginia University School of Medicine Office of Continuing Medical Education (CME) is coordinating the logistics and speaker arrangements for this conference. Please note that the following information and forms should be completed and returned no later than **April 10, 1999**:

*Handouts
*Audio/Visual Form
*Registration Form
*Disclosure Form
*Lodging Form

Conference Date and Location:
The conference will take place May 6-8, 1999 at the Embassy Suites in Charleston, WV.

Date and Time of Presentation:
Refer to the attached brochure for when you are scheduled to speak and lecture titles. We do hope you will be able to attend as much of the conference as possible as your informal participation would be a valuable asset to the conference. On the attached brochure please complete and return the registration form by **April 10, 1998**, so we will be aware of how much of the conference you will be able to attend.

Travel and Lodging Arrangements:
Lodging has been reserved for you at the Embassy Suites for arrival on **Thursday, May 6, 1999** and departure on **Saturday, May 8, 1999**. If your lodging dates need to be changed, please contact me (304)293-1952 by **April 10, 1999.** Your room and tax will be placed on the WVU School of Medicine Office of CME master account. However, you will be required to show a major credit card to cover any incidental charges that you/your guest may incur. If you need assistance with your travel arrangements, please contact Kelly at National Travel at 1-800-359-0160. Once you have your travel itinerary scheduled please forward a copy to the CME Office.

Handouts:
We encourage you to prepare materials that can be reproduced for distribution to registrants. Please note that West Virginia University adheres to copyright policies, therefore, we can not reproduce any copyrighted articles unless they are accompanied with the proper authorization or release forms.

Bibliography lists are also strongly encouraged. **Typed materials must be forwarded to the WVU Office of CME by April 10, 1999,** to ensure inclusion in conference packets.

CME Requirements:

To meet CME requirements please sign the enclosed Conflict of Interest Disclosure form, forward a current copy of your CV/Resume, and complete and return the attached Audio/Visual form by **April 10, 1999.**

Target Audience:

The target audience for this conference is physicians (family medicine, internal medicine, obstetrics and gynecology, pediatrics, emergency medicine, infectious diseases, and osteopathic medicine), chiropractors, pharmacists, EMTs, nurses, social workers, other health care providers, clergy, teachers, counselors, and persons affected by HIV/AIDS. The expected attendance is 250.

Course Objectives:

The course objectives are listed in the attached brochure. Please review what the participants should be able to do and know after this course. If you have any questions concerning these objectives, need clarification regarding the expectations of the Committee, or would like to refine the objectives, please contact us.

Again, thank you for accepting our invitation to speak at the AIDS in West Virginia 1999: Education, Prevention, and Treatment. We look forward to working with you to insure that your presentation is well-received and that you fully enjoy the conference experience. If there is anything we can do for you, please do not hesitate to contact me at (304) 293-1952.

Sincerely,

Heidi J. Metheny

Heidi J. Metheny
Conference Coordinator
Office of CME

Enclosures: Reimbursement Policy
Reimbursement Form
Lodging Form
Conflict of Interest Disclosure Form
Audio/Visual Form
Conference Brochure

356 Huntley Drive
West Hollywood, California 90048
(310) 289-1181 – Fax: (310) 289-0504

DBM Associates

Fax

To:	**Ms. Sandy Thurman**	**From:**	David B. Mixner
Fax:	**(202) 456-2439**	**Pages:**	[Click here and type # of pages]
Phone:	(202) 456-1414	**Date:**	03/14/99
Re:	**NAACP AIDS Videos Reception**	**cc:**	0

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

• **Comments:**

Sandy: Hope this is helpful to you. ....David Mixner

March 14, 1999

TO: Sandy Thurman
FROM: David Mixner
RE: AIDS/NAACP Video Reception

Sandy, it was great to see you on my last visit to Washington. Thank you for taking time in the middle of a snowstorm to meet and discuss launching the NAACP AIDS Video Project at the White House. Just wanted you to have the basic background, key fact and players in this effort so you will be able to answer any questions.

BACKGROUND:

In the middle of last year, I felt that it was essential for Gay men to lean their skills and efforts from our years of unfortunate experience from the AIDS epidemic to the newly impacted communities. Hopefully, by doing so, we could help impart important lessons about this horrible epidemic. About the same time, Mr. Julian Bond and Mr. Mfume made combating AIDS in the African-American community a top priority for the National NAACP. I approach two of my top clients TCI (Telecommunications, Inc) and duPont Pharma about working together in a major project to assist the National NAACP in this effort.

I arranged a meeting between Mr. Leo Hindery (CEO of TCI) and Mr. Bond and agreement was reached that such a project was not only exciting but also needed. On January 12th, there was a meeting with representatives of TCI, duPont Pharma, the National NAACP and myself in Baltimore. Ms. Caya Lewis who is in charge of Health Issues for the NAACP is in charge of the Project for the NAACP. At that meeting, it was agreed that the following would happen:

-That TCI and duPont Pharma would finance three AIDS video targeting the African-American community dealing with prevention, treatment, testing and patients rights. One video would address the males, another women and the final one teenagers.
-TCI would make available its numerous resources, provide funds and oversee production. duPont Pharma under the direction of Executive Vice President Laurent Fischer and Marcus Parr would make a direct grant and provide it AIDS network for research and fact-finding. The videos overall would be totally under the direction and ownership of the National NAACP.
-close to a half million dollars will be spent by the two corporations to make these videos
-TCI immediately agreed that each of the videos would be shown on everyone of its cable systems that include Washington, Baltimore,

Pittsburgh, Seattle, San Francisco, Chicago, Portland, etc. guaranteeing from the beginning a wide distribution.
-I then contacted Cable Positive (the cable industries response to AIDS) and they agreed to be a cosponsor of this effort and to distribute over 900 copies to all their key systems, programmers (including such networks as HBO, MTV and BET) and other members of their organization.
-TCI will finance 7000 copies of each video tape (a total of 21,000 copies) for use by the National NAACP so they can send copies to each of their chapters, key AIDS service organizations and prominent churches in the African-American community.

Since that meeting, enormous progress has been made and the following has happen:

-TCI brought on its consultant Glenn Morey of Morey/ Mahoney Advertising to oversee the production under TCI Executive Vice-President Grace deLatour and their media relations person Mark Duke.
-Glenn Morey immediately hired Donna Dewey an Academy Award winning Producer. She won her Best Documentary Short Oscar for "A Story of Healing". Ms. Dewey agreed to produce the three video tapes.
-In Addition, Mr. Mustapha Khan, agreed to become Director. Mr. Khan has a long and distinguished career as an award-winning director including for PBS American Playhouse, Sesame Street, Numbers Alive and prime time specials for HBO.
-weeks of intensive interviews have been conducted around the country in the African-American community to determine what the message needed to be in the tapes.
-shooting has started and the tapes will be completed by June 1st.
-the NAACP is working with its Image Awards people to have African-American celebrities participate in the tapes.

PROPOSAL:

All parties involve, would like to officially launch the "premiere" of these tapes in June so that the publicity and exposure will be widespread by the time of the 90th National NAACP Convention in mid-July. We want to hit hard the mainstream media, specialized press and feature page writers. The story to be told is a compelling one of corporate American, the National NAACP, supported by the gay

PAGE THREE

AIDS community and prominent filmmakers all joining forces to create a major national program to stop AIDS in the African-American community. It is powerful coalition and powerful story.

We would like to have the Administration launch the premiere of these tapes at the White House. We would like to do so because it would guarantee even a greater audience for the distribution of these tapes and also celebrate the power of "community" coming together for a common good. Here is are suggestion for such a reception:

-That the event be held at the White House in June with hopefully the participation of either the President, the First Lady or the Vice-President.
-We would show a five-minute segment comprised of different sections of the videos at the event.
-The President, First Lady or the Vice-President would give a brief presentation on what this project means and the excitement of all these different elements coming together to save lives.
-Mr. Bond or Mr. Mfume would make brief remarks.
-The reception list would include the corporate participants, key officials of the National NAACP, members of the Congressional Black Caucus, leaders of AIDS service organizations, key cable industry leaders from Cable Positive and key Administration AIDS officials.

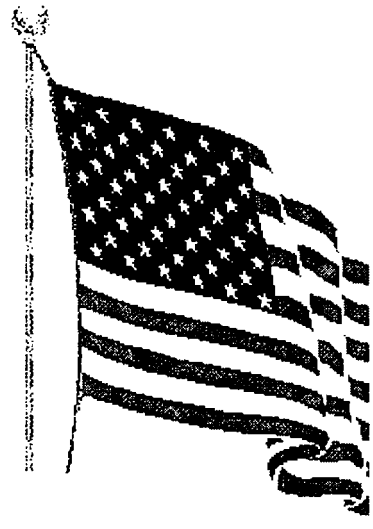
Sandy, this would be an extraordinary event and ensure that millions would see these important tapes. Please let either Caya Lewis or I know what to do to assist you in making this happen.

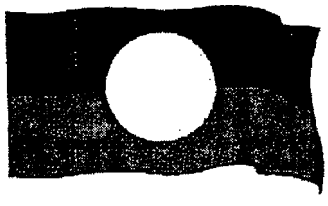
Looking forward to working with you on this effort.

CYCLE THE WORLD FOR KIDS AT RISK

A McCord Hospital Outreach Project

STOP PRESS





from.....to

YES! They're in the US of A!

(and if you're wondering where they came from then press here for your last Australian history less

e-mail received 29/3/99

Howzit Budgie

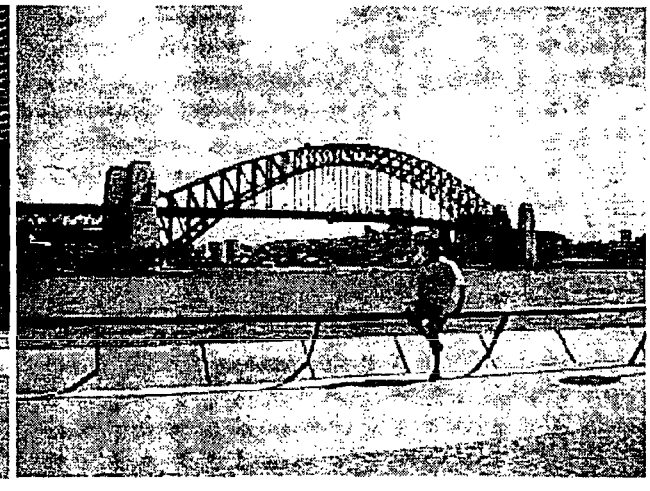
We are in Los Angeles!! We are both very well and are still a bit tired after the Plane Ride. At least t time we had a bit of leg room, but were close to the toilet so had a smell wafting over every so often!

We have just been to the most incredible church service. Steve and I were both culture shocked. The church was huge with a choir four times the size of Mccords choir and even a mini orchestra for the hymns. The Minister is John Macarthur and he is pretty famous throughout the world. it was great an afterwards we went through to the collage students service and had a good time with them, and have a couple of South Africans who are studying here.

Sydney was awesome. Upon arrival we were met by a friend of mines mother Trish Quinn.She and h

Husband, Bill were great to us and We were able to Catch up for they have lived in South Africa for several years. It was great to talk about home with her and living in North Sydney we were able to do all the touristy things.

We walked over the Harbour Bridge, down through the Rocks, which is a large market square. We went across Circular Quay to the Opera House and there are ph of all that. After a couple of Days we went down to Camden. That was awesome for us. It was incredible for Steve an There is a photo of us at Darling Harbour, Sydney!!!



Steve met Sarah for a half hour back in S.A, and while we were in Australia she was always looking for us along the way and making sure we were alright. They gave us a car to drive around in , and ga out their beach house for us to use. They worked in South Africa as doctors and did a lot of work through Mccords, so that was a connection but they were also great Christian people and really made feel like family. It was rather emotional to leave their house and go to the Airport.

There is one of me on a cliff overlooking the coastline where the beach house is where we stayed. The Australian coastline is beautiful and I don't think I will find one so different and Unique in my travels. Even the city beaches have crystal clean water and beautiful beaches. That is why I will probably find myself back in Australia in a couple of years to do some Diving around Australia, cause what I saw I was extremely attracted to and I haven't even seen the great Barrier Reef!

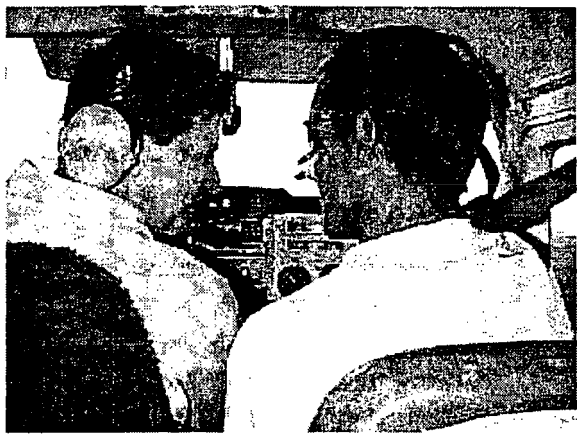
There is a photo of Steve and I with an American woman holding a Camera. She has put us on her website, and we said we would like to make mention of her. She is 51 years old and her mane is Almitra. She is walking around the world exploring different cultures. S is looking not at the differences between cultur but the similarity's and her website is full of good photo's. She is called the Photo Gypsy and inspired us to keep going, and had an impact on

Almitra's Web is http://www.photogypsy.c and her e-mail is pgwbb@ozemail.com.au

This WEBSITE is a MUST to visit - Almitra is making a journey that is in all our hearts - a fascinating call to adventure and self-discovery, full of pictures an well penned stories...a journey you or I can probably never make.....but will always dream of. <budgie>

There are also photo's of communities that we have shared at and ma people in those photo's have pledged to look at the website and make a donation and some gave dolla to us for expenses.

Stevens other dream. To fly a plane. This dream was fulfilled and at Broken Hill we flew. There a some pics with the pilot and him, and as you can see from one of the photo's the plane belongs to t Uniting church.



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e-mail \received from Trevor Faggotter of the Uniting Churc, Peterborough.

"These guys have been wonderful ambassadours or your country, your hospital, and Lord Jesus Christ, and the children they are serving. The story is very moving f us Australians to hear about. Our youth group in the Peterborough Uniting Church were most blessed by their visit. They were kind, polite, fun, warmly human and greatly appreciative of any help given to them.
It is a great minitery and an excellent idea and may it be more fruitful than yo I could ever imagine.
We are doing well in Australia, and need to be awakened from sloth, to see the plight of others beyond our shores.
Thank you.
May the money be raised and blessings flow to the world.
They said they had a head wind to ride into all the way across the Nullarbor of Australia, but as they thought of the kids, they were strengthened to continue.
We all hope they make it safely.
Blessings to you and the work of the hospital!"

Kind regards,

Rev Trevor Faggitter
trevrev@iweb.net.au

****

Mail from USA contd..

I took a couple of pics of the Media and Radio coverage as well, as that has really helped us along the way.

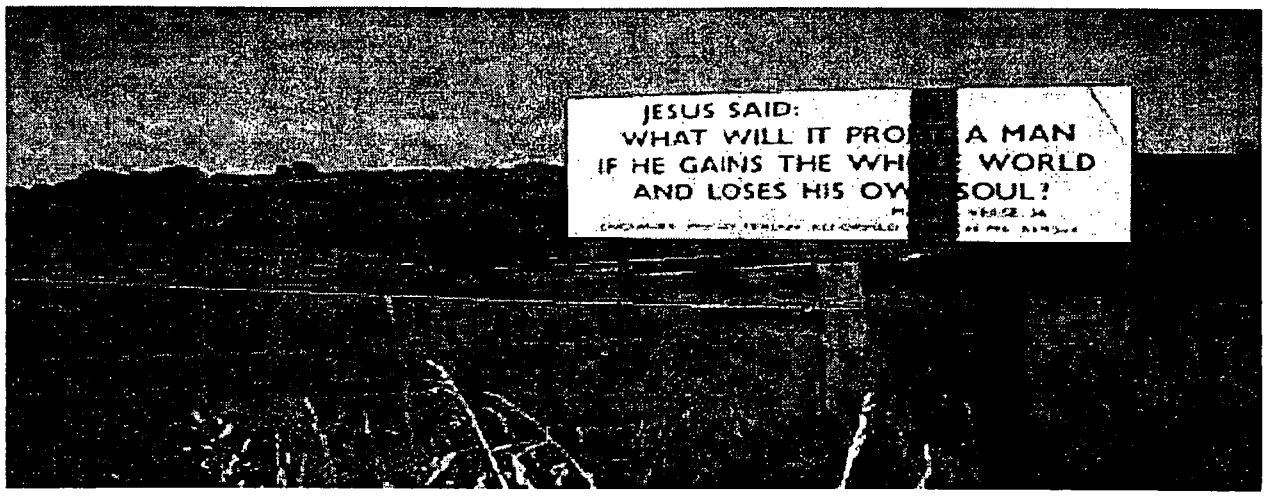
There's a pic of Steve outside one of the small towns that we go through fairly often. We find the hospitality at these small towns are much better than at the towns.

That photo of us high up in the sky was in Katoomba on the skyway having a look at the Blue mountains we had just conquered!!

There is one of me on a cliff overlooking the coastline where the beach house is where we stayed. The Australian coastline is beautiful and I don't think I will find one so different and Unique in my travels. Even the city beaches have crystal clean water and beautiful beaches. That is why I will probably find myself back in Australia in a couple of years to do some Diving around Australia, cause what I saw I was extremely attracted to and I haven't even seen the great Barrier Reef!

Steve and I arrived in L.A but have learned that the true character of a continent or a country lies in t smaller towns and the country side. We experienced Australia in the desert, and in the Small places t we went through. That is where we met the people that not many people will come in contact with, t Shearer's and the farmers and the miners. Those people were the most friendliest and reflected the tru Australian life "No Worries mate" We reckon all Big cities around the world are going to be similar we can't wait to get into the country and experience the U.S.A. Travelling for us is not seeing the site that we all can see, Disney Land etc but rather exploring the culture and seeing what people will only if they go and look for it, and once found you come out with a true understanding of the people and y learn so much about the country and it's culture. Australia was great. We moved through all these to and met wonderful people but the next day we were gone and may not see those people again, but th whole thing remains a terrific memory to both of us, and Australia, the land of Kangaroos, other stra animals, relaxed people and safe havens is over but will always be with us. Here we come U.S.A!!

Thanks for all the hard work Budgie, I appreciate what you and Dave do for us. We are sitting with Doctor Mccords daughter by the way having good conversation.



James 4 vs. 13 - 15 was a great verse about moving through the towns given to us by Trevor Faggoter in Peterborough. a read.

Photo Gypsy's website is www.photogypsey.com and her email is pgwbb@ozemail.com.au Have a read.

I though also you could put both our emails on the site, kind of a Email Travis and Steve column. That would be great!
Thanks again for alles
Look forward to seeing you
Travis

HIV now infects every third person in Kwa-Zulu Natal, every fifth in South Africa.
Welfare services are stretched too far already.
Every weekend lots of people are starting to attend lots of funerals.
Walk down the average lane in an average township and in every 4th or 5th house, a young person dying.

This is not my imagination.
You, me and your best friend in business, we're all affected in some way.
Get up and find how you can help.
YOUR COUNTRY NEEDS YOU!

Back to calendar ....this will be pictorially updated soon!

NEWSFLASH - We are now on major search engines (Altavista etc.)
- Go to www.altavista.com and type in - What is McCord Hospital doing for AIDS orphans?
- Watch this spot for updates on the Kilimanjaro Climb in Sept!
- We will soon be linking up to the official Welfare dept and IMC websit
- In line with its elevated status, this website will soon be going in for a creative workover to make it all the easier for our regular and one off visitors to get around!

PLEEEZE!!! Will all you folk out there who are reading this e-mail me with your impressions and ideas. How can I improve this site so you WANT to keep coming ba We need lots of regular visitors....We are aiming to raise at least R1000 000-00 and global awareness. How would you like to get your contribution to us? Tell your frien What do you want to see or learn about the place the guys visit? Do you want more in on AIDS? Do you like the style...LET ME KNOW!

e-mail budgie at budgie@pobox.com (put CTW in the description)

****

Sandy Hitt Dear

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAR 5 1999

Hello

PACHA
COPY
TO HITT / FROM Shalala

R. Scott Hitt, M.D.
Chair
Presidential Advisory Council on HIV/AIDS
736 Jackson Place, NW
Washington, DC 20503

Dear Dr. Hitt:

Thank you for your letter and the work that you and all the members of the Presidential Advisory Council on HIV/AIDS do on behalf of all people living with HIV/AIDS, their families and communities. As you know, the Clinton Administration is steadfast in its commitment to address the needs of people living with HIV/AIDS and the Council's efforts are key to our collective successes.

I also want to thank the Council for its efforts to focus attention on the important issues you raised in your letter. HIV/AIDS poses very serious public health challenges for many racial and ethnic minority communities, especially those confronting the dual epidemics of substance abuse and other sexually transmitted diseases. I am pleased to report that the Department of Health and Human Services (HHS) continues to make important progress in addressing the HIV/AIDS epidemic overall. We can all celebrate the continued declines in AIDS incidence and mortality due to prevention and treatment advances. We have made real strides in the search for a safe and effective HIV vaccine. Additionally, important steps have been taken to ensure that many more people have access to treatment services and receive appropriate drug therapies. Perhaps most importantly, HHS continues to examine strategies and methodologies to ensure that all people living with HIV/AIDS, especially those living in communities heavily impacted by HIV/AIDS, STDs and substance abuse have the necessary resources to confront the epidemic. To that end, HHS has expanded its efforts to eliminate the disparities that exist between whites and racial and ethnic minorities in HIV/AIDS.

We also recognize that significant work must still be done in addressing this disease. The Department is currently developing a strategic planning process that will guide our current and future efforts. As part of that strategic planning process, we have sponsored a regional/national dialogue on HIV/AIDS through our HHS Regional Directors' offices in an effort to better understand the changing nature of the HIV/AIDS epidemic, particularly as it impacts minority communities and women. In addition, we are examining implications for broad health policies particularly in the following areas: health care access, health disparities, health care safety net services and long-term care and disability coverage. Please be assured that the issues and priorities that were identified by the Council will be given careful consideration, and that we look forward to hearing from members of PACHA on the plan.

Your letter raised a number of specific concerns of the Council as it relates to our efforts to address the special needs of ethnic and racial minority communities, which I am happy to address. The following are specific actions to address your concerns:

- The Centers for Disease Control and Prevention (CDC) is playing a very important role in the Department's efforts to implement both the President's HIV/AIDS initiative developed with the Congressional Black Caucus and his campaign to eliminate racial and ethnic health disparities. I agree there is a pressing need for more effective and efficient prevention programs among high risk racial and ethnic minority populations, and in response to this the CDC has been charged with the responsibility to develop more effective and targeted initiatives to complement their existing prevention efforts. These will include more culturally relevant and targeted outreach, counseling and testing activities, prevention interventions for gay men of color and women of color, and creating linkages with prevention and health care services for incarcerated populations returning to community life, among other initiatives. The CDC, along with other HHS agencies, will be closely monitoring and evaluating the impact of each of the investments supported as part of this CBC initiative.

- The CDC has also developed the Enhancing HIV Prevention in Communities of Color project, designed to support a comprehensive HIV prevention program for reducing the transmission of HIV in African American, Hispanic, Asian American and Pacific Islander, and American Indian and Alaskan Native communities. The focus is on improving internal efforts to deliver effective prevention services to high risk sub-populations that are responsible for the disproportionate impact of HIV in these communities. By assessing the appropriateness of current policies, research, and intervention strategies targeting people of color, the project will identify gaps in these areas that will be targeted for improvement. Measurable outcomes expected from this effort include: 1) greater capacity for prevention in communities of color through more effective cooperative and collaborative partnerships with Federal, State, and local prevention resources; 2) increased and better targeted public and private funding to meet the prevention needs of these communities; and 3) a decrease in the number of new infections in these populations.

- One of the overriding goals of the Healthy People 2010 program remains the *elimination* of racial and ethnic disparities. As you know this challenge requires concerted, consistent efforts by public and private sectors, absent a cure and vaccine. Please be aware that the 2010 objectives are still in draft and subject to change. In response to comments from numerous meetings around the country, we anticipate that there will be revisions to the draft objectives to incorporate the public comments received. I have forwarded your concerns to the drafting committee and have asked for their response to these issues, including your thoughts on sub-populations. Additionally, thank you for your interest in a greater and continuing role for PACHA and the White House Office of National AIDS Policy as this process moves forward.

- The Interim National Minority HIV Plan is currently being revised in light of the significant recent developments in the Federal government's response to the HIV/AIDS epidemic among racial and ethnic minority communities. Specifically, greater attention is being paid to ensuring that the new resources are directed to where they are most needed. I have sent your request for a progress report at your March 1999 meeting to the Office of Minority Health (OMH).

- I am very aware of the FY 1999 Conference report discussion regarding $8 million for OMH to strengthen its role in HIV health care promotion and prevention at the State and local level. The absence of this money in the final FY 1999 appropriation bill is a regrettable oversight. We are working to have this situation corrected.

- The Indian Health Service (IHS) is responsible for providing for the health care of a specific population rather than for preventing and treating a specific disease. IHS fulfills its responsibility not by setting health care priorities for all Indian Country, but through consultation with local tribes in each of 151 Service Units. Tribal consultation is also the method IHS uses to determine priorities for additional funds and most IHS Service Units have not placed as high a priority on HIV/AIDS as they have on other disease/health problems. As a result of this consultation process, IHS does not purchase AIDS drugs on a system-wide basis. IHS does provide technical assistance and support to local communities developing, implementing and evaluating their own HIV service and prevention programs. It functions as a decentralized agency in the unique position of working with largely autonomous tribal organizations in a government-to-government relationship.

- In response to your specific concern, IHS never directly funded an AIDS drug program. Rather, CDC provided funds from 1992 until 1994 for AIDS drugs at a cost of $700,000. When that funding ended, IHS used its own unobligated funds but these were only available for a brief time. Since that time the IHS budget has been flat, and no additional funds have become available.

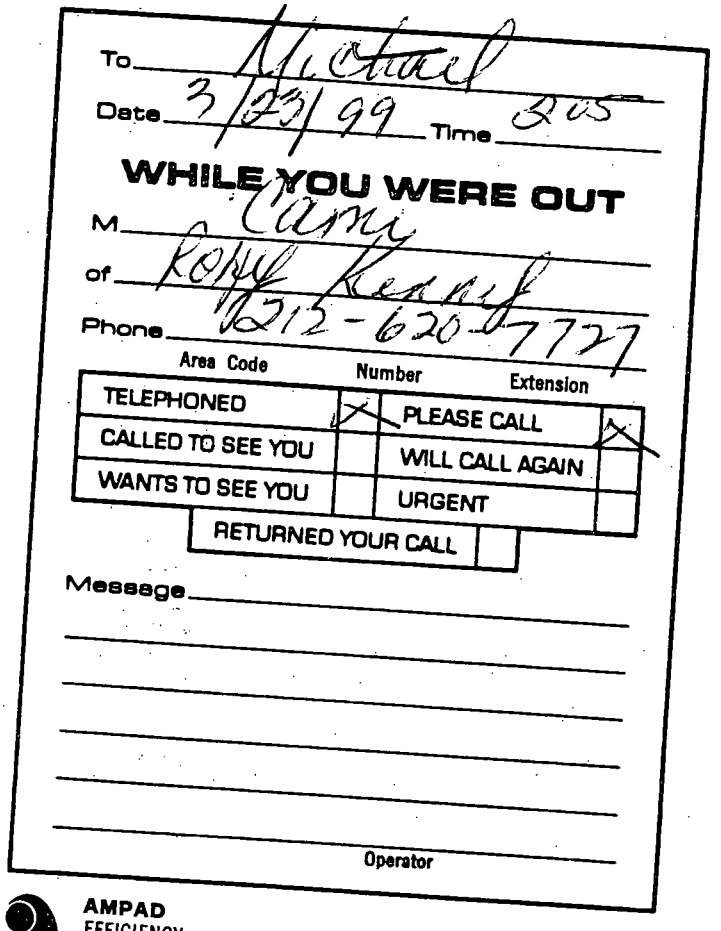
- When the CDC funding agreement ended, IHS negotiated an agreement with the Veterans Administration (VA) to obtain drugs, at substantially reduced cost, for IHS. These included antiretroviral drugs. For those clients who present to Federal facilities for care and treatment, IHS continues to provide appropriate pharmaceutical therapies. For other clients, primarily from American Indian/Alaskan Native Tribes and Urban Indian Programs, IHS is negotiating with the VA to recognize these autonomous programs so that they will be eligible for the same drugs at reduced cost.

- With regards to the AIDS Drugs Assistance Program (ADAP), it is important to note that States are responsible for distributing their ADAP funds. Clearly however, Native American people are entitled to AIDS drugs on the same basis as other U.S. citizens. I am asking that the Assistant Secretary for Health/ Surgeon General look into this matter and report back his findings.

I appreciate the work of the Presidential Advisory Council on HIV/AIDS and the dedication of its members. Please be assured that we share the same goal, to eradicate HIV/AIDS and to improve the health of all Americans by eliminating HIV/AIDS from our communities.

Sincerely,

Donna E. Shalala



To Michael

Date 3/23/99 Time 2:05

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TO:	Bary
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FROM:	Mulrail
DATE:	
PAGES:	_____ (including cover)
COMMENTS:	Please fill out & fax back. or send back w/ passport & photos. Thanks.

AIDS Cuts Life Expectancy in African Countries, Census Bureau

March 18, 1999

Washington - AIDS has cut life expectancy by four years in Nigeria, 18 years in Kenya and 26 years in Zimbabwe -- only a few of the countries where mortality from the disease is having a major demographic impact, the Commerce Department's Census Bureau reported today.

"AIDS results in higher mortality rates in childhood, as well as among young adults where mortality otherwise is low," said Karen Stanecki, a contributing author of the Census Bureau's new report, World Population Profile: 1998. "As a result, AIDS deaths will have a larger impact on life expectancies than on some other demographic indicators in these nations."

The Census Bureau assessment shows 21 countries in Sub-Saharan Africa are significantly affected by AIDS. According to the report, HIV/AIDS epidemics continue to spread in Sub-Saharan Africa, particularly in Botswana and South Africa. Other severely affected countries include Namibia, Swaziland, Zambia and Zimbabwe, where 18 to 25 percent of all adults are HIV-positive.

Seven developing countries in Asia and Latin America also are significantly affected -- Guyana, Burma, Haiti, Cambodia, Honduras, Brazil and Thailand.

In addition to the update on AIDS mortality worldwide, World Population Profile: 1998 provides a comprehensive picture of population size and growth, fertility and mortality levels, and age structure in 227 countries and territories during the next quarter century.

The report also examines trends in family planning likely to play a key role in determining fertility and natural population increases during the coming decades.

Other points from the report:

- The world population will reach 6 billion in 1999.

- Between 1998 and 2025, the world's elderly population (age 65 and over) will more than double while the world's young (under age 15) will grow by only 6 percent.

- Early in the next century, international migration will become more of a critical variable in population growth in the United States and other developed countries, where the balance of births and deaths will otherwise lead to a stable or decreasing population.

- About 96 percent of world population increase now occurs in the developing regions of Africa, Asia and Latin America.

- A child born in Latin America or Asia can expect to live between seven and 13 fewer years, on average, than one born in North America or Western Europe.

- An estimated 120 million married women in the world's developing regions have an "unmet need" for contraceptive services and products, meaning they would like to regulate their fertility but currently are not using any means of contraception.

Data in the report are from the Census Bureau's International Data Base, HIV/AIDS Surveillance Data Base and unpublished tables.

The U.S. Census Bureau, pre-eminent collector and disseminator of timely, relevant and quality data about the people and the economy of the United States, conducts a population and housing census every 10 years, an economic census every five years and more than 100 demographic and economic surveys every year, all of them evolving from the first census in 1790.

Public Information Office *REVISED* 301-457-3030/301-457-3670 (fax)
CB99-53 301-457-4067 (TDD)

Thomas McDevitt (General Information) International Programs Center
301-457-1358

Karen Stanecki (AIDS Information) 301-457-1406

United Nations Children's Fund
HIV/AIDS increasingly claims girls and women

March 10, 1999

United Nations - The following document was released by the United Nations Children's Fund (UNICEF) on 8 March 1999: Girls and women are becoming the principal victims of the rampant HIV/AIDS pandemic in the developing world, the UNICEF said today.

The agency, observing International Women's Day, offered a grim picture of increases in female HIV infection in areas of the world where few resources exist to halt the spread of the deadly virus.

"What was once a predominantly male disease has become a heterosexually-spread pandemic which is now consigning tens of millions of girls and women to a cruel, slow death due to AIDS," UNICEF Executive Director Carol Bellamy said. "Just as we cannot become complacent about HIV/AIDS in the industrialised world, we cannot stand by and permit this incipient holocaust to occur."

Ms. Bellamy said that the spread of HIV/AIDS among girls and women is taking place amid an atmosphere of pervasive gender-based discrimination. Some 73 million girls worldwide are denied the right to education and the majority of the world's one billion illiterates are female. Deprived of the opportunity to receive an education and to participate in their societies as equals to men, millions of girls are relegated to subsistence and domestic chores instead of attending school and building a future. At the same time, the widespread under-valuing of girls and women is evidenced by their denial of access to basic health care. Every minute of every day, a girl or woman dies due to preventable complications of childbirth.

The HIV/AIDS crisis among females is compounded by the fact that girls and women run a greater physiological risk than boys and men of contracting HIV from infected partners. Ms. Bellamy cited the most recent UNAIDS figures, which show a radical increase in the number of females infected with HIV.

Women or girls now account for 43 per cent of the estimated 33 million people worldwide living with HIV/AIDS. In Brazil, in 1984, only one woman was HIV positive for every 99 men infected with the virus. Today, women account for one-fourth of all those infected with HIV. In Africa, the risk for girls aged 15-24 is two to one, compared with boys, in countries where the majority of infections is among the young. In sub-Saharan Africa, infected women now outnumber men six to five. In western Kenya, almost one in four girls between 15 and 19 is living with HIV, compared to only one in 25 boys in the same age group. In Zambia, three times as many girls are infected as boys.

The challenge posed by the spreading HIV/AIDS epidemic among girls and women involves issues of basic human rights and urgently requires adequate services to prevent the spread of HIV, Ms. Bellamy said. "We are faced with age-old cultural values which have subordinated women and denied them the same rights as have been accorded to men. The resulting widespread abuse and discrimination are nowhere more clearly evident than in the chilling fact that huge numbers of socially powerless women are being infected with HIV by their husbands. Hand in hand with the battle to defeat HIV/AIDS, we need to ensure that girls and women are accorded full equality in all areas of life."

HIV infection among females cannot be divorced from sexual coercion and the fact that between 16 and 52 percent of all women worldwide suffer abuse from an intimate partner at least once in their lives, Ms. Bellamy added.

"We need to roll back millennia of gender stereotypes that encourage men to be aggressors and women to submit," she stated. "The more girls and women understand and embrace their rights, the more they make decisions that are beneficial to their health and well-being. The bottom line is that when the rights of girls and women are realised, the benefit extends to all members of society."

The UNICEF chief noted a broad range of additional factors that contribute to the spread of HIV infection among females: tens of thousands of girls and women are sold into marriage, prostitution and slavery every year. There has been increasing incidence of rape of women and young girls during armed conflicts. And sexual coercion of young girls is depressingly common. More than half of the girls questioned in studies conducted in Malawi and Papua New Guinea reported that their first sexual experience was forced upon them when they were, respectively, as young as 13 and 11 years of age.

Where HIV/AIDS has been contained, education and public awareness have been essential components of the preventive strategy. But in many places, there is extreme resistance to even acknowledging the reality of the disease. Ms. Bellamy cited the example, in South Africa, of a woman, Gugu Dlamini, who was stoned to death after revealing her HIV status on World AIDS Day last year.

Nevertheless, Ms. Bellamy added, a potent weapon against the spread of HIV/AIDS is grass roots work such as that being undertaken by UNICEF and several partner organisations in West Bengal on behalf of 8,000 child sex workers in Calcutta. Another is the establishment of youth-friendly health services in many countries where young people provide education and counselling about HIV/AIDS and other reproductive health issues to their peers.

"HIV/AIDS changes everything in the developing world, and how we deal with everything else depends on how we deal with this silent emergency. One clear starting point is to see the truth of the epidemic -- it is spreading and its victims, more and more, are girls and women," Ms. Bellamy said.