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COLLECTION:
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National AIDS Policy Office

OA/Box Number: 19398

FOLDER TITLE:
Correspondence - SLT - Incoming - 5/99 [2]

2018-0764-F
jm2093

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
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RR. Document will be reviewed upon request.

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

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

MAY 2 1 1999

TO: Director, Office of National AIDS Policy

FROM: Director, Office of AIDS Research, NIH

SUBJECT: Assignment of Dr. Paul Gaist as Agency Representative to the Office of National AIDS Policy

This is to confirm our recent discussions concerning the assignment of Dr. Paul Gaist, one of my senior scientific staff members, as an agency representative to the Office of National AIDS Policy.

Dr. Gaist and Mr. Todd Summers of your office have been in communication with each other to determine a start date for Dr. Gaist's assignment and to discuss possible areas of responsibility and projects that he may undertake. As per your request, Dr. Gaist will provide direct support to you and your Office, focusing on behavioral and prevention science and policy issues, both domestically and internationally. In addition, Dr. Gaist will respond to other assignments as necessitated by the requirements of your office. Briefly, some of the activities discussed by Dr. Gaist and Mr. Summers are:

- Prepare briefings for key Government representatives to discuss improving cross-agency communication and partnership on HIV prevention research and program efforts;
- To advise the Director, ONAP, on behavioral and prevention science and policy issues as they arise;
- To serve as a resource for both contacts and content on HIV research issues;
- Work with the Presidential Advisory Council on HIV/AIDS to address issues, as they might arise, regarding behavioral and social science aspects of HIV prevention and AIDS treatment;
- To provide insights and potential strategies for enhancing cooperation/collaboration with domestic and international health organizations on issues and efforts related to HIV prevention;

- Develop briefing materials, talking points, analyses and overviews for the Director and Deputy Director, ONAP, as needed; and

- Serve as a resource and liaison for NIH-related issues.

I will be assigning Dr. Gaist to your office for a period of time not to exceed seven months. The assignment will begin on June 7, 1999 and run through December 31, 1999. You and I can discuss any extensions of Dr. Gaist's tenure there as you determine your needs for his assistance.

Thank you very much. I am happy to have this opportunity to provide assistance and additional expertise to your office as we work together in our battle against HIV and the AIDS pandemic. Please call me if you have any questions.

Neal Nathanson, M.D.

Margaret L. Petito
6008 34th Pl. NW
Washington, DC 20015-1607

May 12, 1999

The Hon. Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Pl., N.W.
The White House
Washington, D.C. 20500

Dear Sandy,

For all you do, thank you!

The NYUMBANI gang so enjoyed your talk and your company the other evening at my home - so informative and just great.

Personal thanks from me for your letter of April 26 to the Conference on Bishops regarding their African policy advisor position. Your kind words of support mean so much! Even Fr. D'Agostino sent along a very generous letter. To be sure, I am not necessarily hopeful of securing this position. Even D'Ag opined that the Conference typically hires former AID males.... hmmm. That is not me.

However, I will keep "you posted." And to be sure, hope to see you sooner rather than later. Please do not forget the 9-27-99 Event with Mark Shields - fun! I think D'Ag will be around town the end of May - great!

All the very best,

Maggie Petito

MEDICAL EDUCATION FOR SOUTH AFRICAN BLACKS

May 3, 1999

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

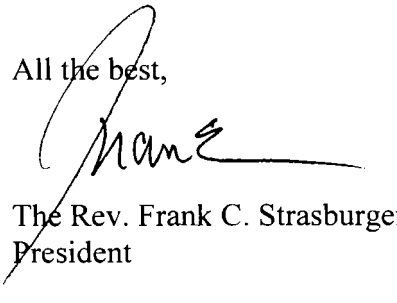
Dear Sandy,

Just a note to say how much I enjoyed getting together with you last week. You stimulated in me some important thinking on MESAB's potential role in the South African AIDS crisis, and I look forward to refining some of that as our Board considers the possibilities.

While we were talking, I started to ask you what got you into this whole field in the first place, but something you said launched us into another direction, and the opportunity slipped by me. Some time soon, I hope we're able to get together again, and that question will be at the top of my agenda. You're commitment and dynamism make you the ideal person for your position, one where you're virtually always fighting uphill with at least one hand tied behind your back. Just remember, there's an invisible army behind you—not terribly well armed, to be sure, but growing in number and resolve.

So, as the saying goes, keep on keeping on. And we'll hope that the leadership begins to catch on, because you are obviously right—that's where the battle has to be won.

All the best,



The Rev. Frank C. Strasburger
President

120 ALBANY ST. SUITE 810 NEW BRUNSWICK, NEW JERSEY 08901-2163
TEL: (732) 745-1292 FAX: (732) 745-9794 E-Mail: mesab@mesab.org Website: http://www.mesab.org

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: **Pat Christen**	FROM: Cheryl Bauerle
COMPANY:	DATE: May 5, 1999
FAX NUMBER: 415-487-3059	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 415-487-3050	
RE:	

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

NOTES/COMMENTS:

The original is being sent by Fed Ex today. Please call me if you have any questions.

Thank you!

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

THE WHITE HOUSE

WASHINGTON

May 5, 1999

Dr. Eric Goosby
Director, Office of HIV/AIDS Policy
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC

Dear Eric:

On behalf of the President, the Vice President, and all of us within the Administration working to end the AIDS crisis, let me extend to you our sincere and heartfelt congratulations on your receiving the James R. Harrison Award.

Many of us joined in the struggle to stop AIDS have worked at your side, seen your dedication, felt your conviction, and witnessed your action. Even when the burden of public service weighed heavy, you chose to continue your efforts on behalf of those living with AIDS and those lying in its path.

Though we may not always be able to understand the fine points of genotypes and phenotypes, rest assured that we have always trusted that you did -- and would be able to lead the rest of us in the right direction. With that same spirit, you have always--without hesitation--helped many struggling to understand their own personal health needs at the same time as you struggled to help the nation find its way in this epidemic.

As a teacher, as a mentor, as a doctor, leader, and philosopher, you have never failed to keep your focus on real people and real issues. Perhaps more importantly, as a friend to all of us, you have shown us how boundless compassion and intelligence can be brought together to give true meaning to the term "public service."

Congratulations. It is a great honor for all of us to join in thanking you for the incredible contribution you have made, and will continue to make, in the fight against AIDS.

Very truly yours,

Sandra Thurman
Director
Office of National AIDS Policy

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*** TX REPORT ***
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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

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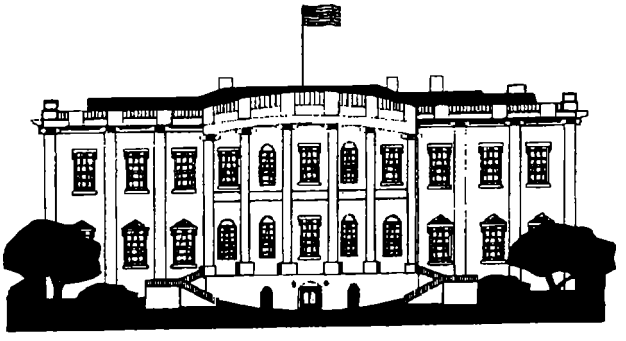
NOTES/COMMENTS:

The original is being sent by Fed Ex today. Please call me if you have any questions.

Thank you!

EXECUTIVE OFFICE OF THE PRESIDENT

Office of National Drug Control Policy
Washington, DC 20503



PUBLIC AFFAIRS

FACSIMILE MESSAGE

TO: Sandy Thurman
ORGANIZATION:
PHONE:
FAX: 62939

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

FROM: **Bob Weiner, Director, Office of Public Affairs**

FAX NUMBER: **202-395-6730**

OFFICE NO: **202-395-6618**

COMMENTS:
FYI
Regards
Bob

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

FOR IMMEDIATE RELEASE
Friday, May 21, 1999

CONTACT: Bob Weiner
(202) 395-6618

WHITE HOUSE DRUG CZAR ISSUES STATEMENT ON MARIJUANA FOR MEDICAL RESEARCH

(Washington, D.C.) – General Barry R. McCaffrey, Director of the White House Office of National Drug Policy, issued the following statement today following the announcement by the Department of Health and Human Services' Guidance for the Provision of Marijuana for Medical Research.

"ONDCP endorses the Department of Health and Human Services' (HHS) decision to facilitate further research into the potential medical uses of marijuana and its constituent cannabinoids. Such research will allow us to better understand what benefits might actually exist for the use of cannabinoid-based drugs, and what risks such use entails. It will also facilitate the development of an inhaler or alternate rapid-onset delivery system for THC or other cannabinoid drugs. Advisors to both the National Institutes of Health and the Institute of Medicine (IOM) have concluded that such research is warranted. This decision underscores the federal government's commitment to ensuring that the discussion of the medical efficacy and safety of cannabinoids takes place within the context of medicine and science.

Continued strict regulation of cannabis is essential. Until we fully understand the ramifications of allowing cannabinoid-based medicines, such uses must only be part of clinical studies to expand the body of scientific understanding. In short, we need to be sure that as we examine cannabinoid-based drugs for possible medical benefit that we do not contribute to increased abuse of this psychoactive substance.

We look forward to working closely with the Department of Health and Human Services to promote bonafide clinical research and to ensure appropriate medical access to drugs and substances that are deemed safe and effective for medical use in treatment."

- 30 -

National Organizations Responding to AIDS (NORA)

Monday, June 7th, 1999
12:30PM-2:00PM
Lunch
American Nurses Association
600 Maryland Avenue, SW
Suite 100 West

Tentative Agenda

I. *Introductions:* Terje Anderson & Rose Gonzalez, Co-chairs of the NORA Executive Committee

II. *Topic:* Sex Workers and HIV
Speakers: Melissa Ditmore & Helen Cornman, The Network for Sex Worker Project (NSWP)

III. NORA Working Group Updates

a. Appropriations
b. Ryan White Care Act Reauthorization
c. Health Access
d. Incarcerated Populations
e. International Issues
f. Prevention
g. Needle Exchange
h. Research
i. Youth

IV. Other Issues and Announcements:

- Next meeting will be Monday, **July 12th at Human Rights Campaign, 919 18th Street, NW, 7th Floor**

- Please feel free to e-mail questions and concerns regarding NORA to: nora@aidsaction.org

National Organizations Responding to AIDS (NORA)

Fax Memorandum

To: NORA Coalition Members

From: Jeannette Sebes, NORA Coordinator
AIDS *Action*

Date: May 27, 1999

Re: **Sign-on letter**

Attached is a letter regarding **The Early Treatment For HIV Act**. Please read the letter and respond by **COB Thursday, June 3rd**. Please ***e-mail* your sign-on request to**:

nora@aidsaction.org

include your organization's name as you would like it to appear on the letter, your name and your contact information.

Please also note the change of address for AIDS *Action*. As of May 31st AIDS *Action*'s (as well as NORA's) new address will be:

1906 Sunderland Place, NW
Washington, DC 20036

Our new number will be available by calling our old number.

Thank you.

May 27, 1999

(to all members of Congress except sponsors):

Dear:

On behalf of the National Organizations Responding to AIDS (NORA), we are writing to urge that you support The Early Treatment for HIV Act (S. 902/H.R. 1591). This bill would give states the option to expand Medicaid coverage for low-income individuals living with asymptomatic HIV disease - making it possible for these individuals to receive primary health care and effective drug therapies before they progress to full-blown AIDS. 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.

This legislation would provide access to care that is consistent with the Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents 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, this measure will take important steps to bring as many people as possible under the HHS guidelines.

As AIDS patients become sicker, their Medicaid covered treatment costs double. According to a 1997 study published in the *Journal of Acquired Immune Deficiency Syndrome*, average monthly costs to Medicaid of treating patients increase more than two-fold as a patient's CD4 count declines. A 1999 study of patients from the Johns Hopkins HIV Service also showed a significant decrease in Medicaid payments for patients using combination antiviral therapy. Access to early antiretroviral therapy could save the expensive use of federal Medicaid resources by keeping individuals healthier.

We believe that both the health benefits and cost-effectiveness of early intervention, such as would be provided through early treatment, is in the best interest of the government and its people. Therefore, we urge you to support this Medicaid expansion to low-income people with HIV.

Sincerely,

May 20, 1999

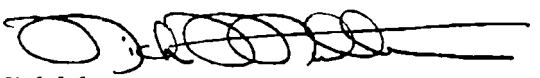
To: Cheryl Bauerle
The White House Fax: (202)456-2439
Fm: Nick Mottern
Coalition for Creative Solutions
212 Nelson Avenue
Peekskill, NY 10566
(914) 788-0336

As we discussed yesterday, I am sending you the requests for investigations that we have submitted to the Departments of Justice and Housing and Urban Development.

We would appreciate any help you might give in encouraging these agencies to undertake the inquiries.

Thank you for your help.

Sincerely,



Nick Mottern

CCS

Coalition for Creative Solutions

N1 Kissam Road Peekskill, NY 10566

Coordinator: Georgia Svolos (914) 736-6506

March 28, 1999

Cynthia Schwimer, Comptroller
Office of the Comptroller
U.S. Department of Justice
810 Seventh Street NW
Washington, DC 20531.

Dear Comptroller Schwimer:

On behalf of the Coalition for Creative Solutions and the Committee for Justice, I am requesting that you examine the use of all Justice Department grants to the Peekskill Police Department for the last 20 years.

We are making this request because we believe that there is the possibility that:

1. Grants may not have been used for their intended purposes.
2. The advisory process for grants may not have been honored, particularly with respect to the views of African-Americans.
3. Police have not had a long-term policing plan which has broad community support and participation and in which Justice Department grants can provide help with unique or novel programs. Rather it appears that the grants may have been used to help cover general police expenses.
4. There is a need for evaluation of the effectiveness of the grants and their impact on the African-American and the possible use of moneys for racial profiling.

Our concerns were stimulated by a recent situation in which the City Council appointed five all-white men to an advisory board to consider the use of a $39,717 block grant from the Justice Department. Not only was the board not representative of the community, but it did not meet to make a recommendation for use of the grant until after the city council had accepted the grant. At the same time the grant was accepted, it appears that the police had a $500,000 line item in their budget that was carried over from the previous year and that was not fully committed. (We enclose a copy of a letter to the Justice Department regarding the handling of the advisory aspect for the grant and the reply.)

We ask that the Justice Department not only investigate the three issues raised above but also determine which individuals and firms may have been paid with Justice Department grants and determine whether there were any conflicts of interest in awarding contracts using the grant money.

Referring to all the above, we ask that your office: (a) identify any instances in which there appears to be a violation of any Federal law or regulation in the handling of any Justice Department grant to Peekskill over the last 20 years; (b) recommend prosecution or remedial action; (c) recommend steps to prevent further violations.

We realize that the investigation we are requesting will require considerable time and resources. However, we believe it is essential to ensure that Justice Department grants are used as intended and that they contribute to a democratic application of the law.

Sincerely,

Georgia Svolos
for the Coalition for Creative Solutions
and the Committee for Justice

CCS

Coalition for Creative Solutions

N1 Kissam Road Peekskill, NY 10566

Coordinator: Georgia Svolos (914) 736-6506

March 28, 1999

Ruth Ritzema
Acting Special Agent in Charge
Office of Inspector General
U.S. Department of Housing and Urban Development
26 Federal Plaza
New York, New York 10278/00698

Dear Acting Special Agent Ritzema:

On behalf of the Coalition for Creative Solutions and the Committee for Justice, I am requesting that you conduct an audit and investigation into the use of all U.S. Department of Housing and Urban Development grants to public agencies in Peekskill over the last 20 years.

Our areas of concern include, but are not limited to, the following:

I. Grants provided to the Peekskill Housing Authority.

We ask that you investigate:

A. Possible Misuse of Grants. Currently, the City of Peekskill is attempting to use money from the Housing Authority to pay for the installation of police video surveillance cameras outside Housing Authority property. The funding source cited is the 1998 Comprehensive Grant. However, the grant proposal makes no mention of surveillance cameras outside Housing Authority property.

There are reports of "gifts" to the city government over the last few years including: $5 million to the city parks and recreation department; money to erect a massive steel fence around a park across the street from the Bohlman Towers (operated by the Housing Authority); money for bicycles for police patrols throughout the downtown and for police communications; money for the expansion of the Kiley Youth Center, a city-owned recreational facility.

We believe that the practice of giving "gifts" from the Housing Authority to the city government extends over a number of years, with adverse effects to tenants of public housing. Tenants report they were told, for example, that there would be money for computers for training youth, but nothing was forthcoming. It is reported that renovations and appliances have been promised and not materialized. As noted below, tenants have not been directly informed of how Housing Authority money is being spent and have no way of monitoring what is being done in their name.

We ask that you audit for the last 20 years, each grant from the Department of Housing and Urban Development to the Peekskill Housing Authority to determine exactly what the money was spent for and who were the beneficiaries.

B. Efforts to Render Tenants Powerless. There is evidence that tenants of public housing in Peekskill have no part in the decision-making of the Housing Authority and are deprived of information they would need to monitor and influence Housing Authority decisions.

The Housing Authority has yet to set up a tenants advisory board in accordance with the Public Housing Reform Act of 1998. The tenants associations have not been active, and there is a report that the Housing Authority has acted to prevent the tenants of the various public housing sites from joining to form a single organization. Tenants have said they fear reprisals from the Housing Authority if they attempt to organize. Tenants have no real power and are mustered by the Housing Authority only for the purposes of getting grant money. Once the grant has been obtained, tenants are of no concern.

Evidence of this proposition can be found in the 1998 Comprehensive Grant application. The meeting of Bohlman Towers tenants convened by the Housing Authority on June 3, 1998 for the purposes of fulfilling application requirements was attended by six tenants out of 144 families. Although, the Housing Authority announced in March, 1999 that it would

"give" $44,000 of the 1998 Comprehensive Grant to the city government for police surveillance cameras, the grant application shows that not one tenant mentioned a need for camera surveillance on or off Housing Authority property. On February 26, 1999, the same day that the Housing Authority answered a Freedom of Information Act request by the Coalition for Creative Solutions to view the 1998 Comprehensive Grant application, it sent a letter to Bohlman tenants asking their opinion about police surveillance cameras.

Tenants have said they do not see the grant applications, that there is no way for them to know how the grant money is being spent, that they cannot get a copy of rules and regulations governing housing; requests for information mark the person making a request as a troublemaker. Tenants have said they fear reprisals from the Housing Authority for asking questions about where and how money is being spent by the Housing Authority or in advocating to meet their needs. It appears that relatively simple requests such as starting evening programs for youth are denied without recourse.

The dis-empowerment of Housing Authority tenants is a long-standing problem. We ask that you investigate,through confidential interviews with tenants and review of Housing Authority documents, to what degree tenants have been able to monitor the disposition of grant money over the last 20 years; to what degree they have met on a regular basis, been successful in organizing and progressed in their involvement.

C. Favoritism to Housing Authority Officials. There are reports of the following:

1. The use of Housing Authority money to purchase a bus for the Housing Authority from Mt. Olivet Church in Peekskill where the Housing Authority executive director was a deacon.

2. Preference for the chair of the Housing Authority board in getting to move into a Housing Authority home; and preference for her daughter who is also a Housing Authority employee.

We wish to make it clear that these reports have not been confirmed, but we ask that you investigate any conflicts of interest and favored treatment that may have occurred within the Housing Authority or in the use of Housing Authority funds over the last 20 years.

D. Control of the Housing Authority Board by the city government. It appears that through appointments to the Housing Authority board, the city government has over time achieved virtually total control over the work of the Housing Authority. We believe that this has been the central factor in the reported "gifts" of Housing Authority money to the city, and that the Housing Authority funds may have become effectively a contingency fund for the city government.

We ask that you examine the process of selection for the Housing Authority board over the last 20 years to determine whether HUD guidelines have been followed in making board appointments. In addition, we ask that you examine all communications between the Housing Authority and the city government to determine to what extent the board has acted properly regarding city requests and recommendations.

II. Low-cost housing grants and other grants. We believe that Peekskill has received money from HUD for low-cost housing that may have been diverted for use in developing homes for artists, whom the city is trying to attract to Peekskill. We do not have documentation to support this contention. Nor do we have a listing of the full range of HUD grants that have been given to the City of Peekskill in the last 20 years. We believe we would have limited success in getting this kind of information given the difficulty we have encountered in getting the City to respond fully to far less complex Freedom of Information Act requests.

We ask that you review low-cost housing grants and other HUD grants over the last 20 years to identify who were the beneficiaries and to what degree conflicts of interest may have been involved in contracting for services with grant funds.

Referring to all of the above, we ask that your office: (a) identify any instances in which there appears to be a violation of any Federal law or regulation in the handling of any HUD grant to Peekskill over the last 20 years; (b) recommend prosecution or remedial action; (c) recommend steps to prevent further violations.

We recognize that responding positively to our request will involve a substantial commitment of HUD resources, and we do not make the request lightly. We believe that the investigation we are requesting is essential to ensuring that HUD resources are used to benefit those intended. Without such an investigation, we anticipate HUD grants will continue to reinforce the concentration of political and economic power in Peekskill, to the disadvantage of those HUD intends to benefit.

Sincerely,

Georgia Svolos
for the Coalition for Creative Solutions
and the Committee for Justice

VIA FAX

TO: DR. SANDRA THURMAN

FROM: VaxGen, Inc.

ATTN:

TO: FAX PHONE#: 2024562439

Job Number: 02229008-005-124-0121
TIME: Tue May 18 10:13:42 1999

2 pages including cover sheet

VaxGen

(BW)(CA-VAXGEN) VaxGen, Inc. Celebrates AIDS Vaccine Day; Events Around the Country Honor Volunteers

Business Editors/Health and Medical Writers

BRISBANE, Calif.--(BW HealthWire)--May 18, 1999--In honor of the Second Annual AIDS Vaccine Day, VaxGen, Inc. would like to thank the volunteers in our Phase III clinical trials of AIDSVAX(TM).

Their invaluable contribution to HIV vaccine research is helping bring us closer to our goal: developing a safe and effective vaccine to prevent HIV, a virus that infects an estimated 16,000 people a day worldwide.

On May 18, 1997, President Clinton issued a challenge to the world to develop a safe and effective vaccine to prevent HIV by the year 2007 -- projecting it as one of the first and most significant medical advances of the new millennium. These comments inspired the declaration of an annual event designed to recognize the compelling need for the advancement of HIV vaccine research.

"We at VaxGen are proud to honor our clinical trials volunteers who are lending their bodies to science in order to help develop an HIV vaccine," said Donald Francis, M.D., President of VaxGen. "As a volunteer, myself, in one of our own trials, I recognize the critical role volunteers play in vaccine research and I would like to recognize the contribution made by this small group of pioneers."

VaxGen is currently conducting two large-scale Phase III clinical trials of its AIDSVAX vaccines, one in North America and one in Thailand. The North American trial will eventually include over 5,000 volunteers at risk of contracting HIV through sexual transmission and is currently being conducted at 58 clinics. The Thai trial will eventually include 2,500 volunteers at high-risk of contracting HIV from intravenous drug use. The trial is being conducted at 17 drug treatment clinics in Bangkok.

People interested in volunteering for the trial may call toll free (877) 6-VAXGEN for further information.

VaxGen, Inc., headquartered in Brisbane, CA, is developing preventive vaccines for worldwide use against HIV.

Additional information is available on our web site at: www.vaxgen.com

--30--

CONTACT: VaxGen, Inc.
Nicole Lynch, 650/624-1065

Bundy Productions

A Communications Agency

May 24, 1999

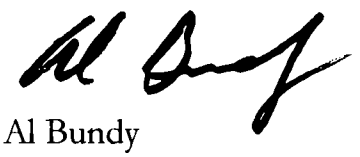
Sandra L. Thurman
Director, Office of National AIDS Policy
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Thurman:

It was indeed a pleasure meeting you at the African-African-American Summit in Accra, Ghana. I'm really going to need your support in collecting the AIDS information we discussed. I will call you in the next two weeks. I also hope to visit you in the White House soon. I can be reached at 973-761-9648.

Best wishes.

Sincerely,



Al Bundy

Video Production, Publicity and Promotions

50 Osborne Terrace ~ P.O. Box 25302 ~ Newark, NJ 07101 ~ (973) 648-0561

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at:

Lambdaletters.org

6212 Silverton Way
Carmichael, CA
95608-0752

☎ (916) 965-6851
Lambdalp@aol.com
FAX (916) 965-1081

April 30, 1999

The Hon. Bill Clinton, President
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear President Clinton:

I urge that you forcefully oppose any legislation to permanently ban the use of federal funds to support clean needle and syringe exchange programs.

AIDS has been mounting a war against American citizens. The battles with AIDS have been block to block warfare, fought in the heart of America, in cities and towns all across this nation. The casualties from this war have been devastating, resulting in a tragic number of deaths and disabilities among America's populace.

Considerable progress has been made in the war against AIDS. However, we are failing badly in our efforts to halt the spread of HIV among intravenous drug users. One of the chief reasons for that failure has been our reluctance to use clean needle and syringe exchange programs to combat the spread of HIV among these drug users.

Fighting this battle without clean needle exchange programs means we are fighting AIDS with one hand tied behind our back. As Secretary of Health and Human Services Donna Shalala has said, clean needle exchange programs are effective in reducing the spread of HIV among intravenous drug users and these programs do not promote or encourage the use of drugs.

Current law temporarily bans the use of federal dollars to fund clean needle and syringe exchange programs. Legislation now pending in Congress would make that ban permanent. I urge you to oppose this legislation and to make it clear that it would be vetoed if it was passed by the Congress.

Sincerely,

Boyce Hinman

Boyce Hinman
Administrator

cc Secretary Donna Shalala
✓ Sandra Thurman

National Investment and Savings Cameroon

1201 BLD DE LA LIBERTE AKWA
B.P. 987 DOUALA TEL 42-06-65 FAX 42-06-55
E-MAIL NIS.CAM@CAMNET. CM

INTRODUCTION OF N.I.S. - CAMEROON

- HISTORY
- FUNCTION
- PRODUCTS
- SECURITY
- REPUTATION
- FINANCES

HISTORY

- *Established in March 1997 with registration number LT/CO/28/97/1702, National Investment and Savings (NIS) Cameroon is a Cooperative Savings and Loans Financial Institution. It is governed by law n°.92/006 of 14/08/92 and by Prime Ministerial decree of application n°.92/455/PM of 23/11/1998.*

- *NIS - Cameroon commenced its operations in July 1997 at Douala, with a branch and Head Office . In October 1997, the South West Regional Office in Kumba opened its doors and that of the Tombel Branch in April 1998. Today, we are functioning in MENJI, MAMFE, EKONDO TITI, and MUYUKA additionally. The network therefore count some seven branches.* We already have plans to expand to Bamenda and Yaounde before the year end.

THE FUNCTIONING OF NIS

- *The supreme decision making body of NIS-Cameroon is its Board of Directors headed by a Chairman.* We have a Supervisory committee which supervises all the operations and a credit committee for important amounts. These Committees are made up of shareholders directly.

- *Akintola Williams, a subsidiary of Deloitte Touche Tohmatsu International are auditors for NIS - Cameroon. They send their audit reports directly to the Board of Directors.*

- *The head of central Administration of the Institution is the GeneralManager, who for now is Mr. TANYI Robinson, a law graduate and professional in Banking and Finance. He has an outstanding banking experience, and has served in the capacity as Banking Manager for the last 18 years. He is also a renowned consultant in economic and business disciplines.*

- *He is ably assisted by a qualified staff strength of 80 variously trained in banking, micro-financing and other related fields.*

PRODUCTS

- *Our banking services to the public include:*
- *Savings accounts*
- *Business accounts*
- *Salary accounts (private)*
- *Agro - project financing accounts*
- *Liberal profession accounts*
- *Fixed deposit accounts.*

Our Packages to :

1. ***COMPANIES*** *: We grant overdrafts, short term advances, discount bills, pre-finance contracts, perform Import/Export financing, working capital financing, the issuance of bid bonds, advance payment and performance guarantees, counselling, etc. We also represent Western Union International financial services in the receipt of funds from abroad as well as have agency arrangements with Thomas Cook for the sale of Travellers cheques*

2 ***EXPORT DEPARTMENT:*** *NIS provides international fund transfer services via swift as well as documentary collection consistent with international standards of quality and delivery. NIS manages relationships between NGO's and international funding institutions e.g. Bread for the World.*

SECURITY

All funds deposited are insured with a reputable insurance company. Money in our installations or in transit are equally insured. We operate a life insurance cover for all loans disbursed and a guarantee fund for deliquent advances through All Life Insurance Company, Gras Savoy and CCAR. All our installations are protected and insured. -Our network is computerised and our expansion is based on our pre-established Cyber business plan. *NIS-Cameroon is presently functioning in the following branches: Douala, Kumba Regional Head Office, Tombel, Mamfe, Ekondo-Titi, Menji Muyuka and very soon in Yaoundé and Bamenda.* which makes us notorious.

NIS-Cameroon began operations with a registered variable share capital of one billion)1.000.000.000) frs CFA.

Total initial investment in materials and equipment cost approximately 250 million frs. CFA as at today. We operate within the laid down norms of our institution but our partnership and affiliations vary. based on the objectives we assign to ourselves.

CORRESPONDENTS

1. *Standard Chartered Bank Local and International*
2. *Amity Bank, Correspondent for City Bank*
3. *Commercial Bank of Cameroon (CBC) Correspondent for C.C.F. Paris*
4. *All the three banks have overseas connections.*

INTERNATIONAL FINANCING INSTITUTIONS

They include:

(1) *African Development Bank (ADB) through SOWEDA with whom NIS has signed a protocol agreement for micro-financing the rural sector estimated at above 3 billion in cash and in kind through out the South West Province.*

(2) *World Bank sponsored food security program through FIMAC (Government of Cameroon)*

(3) *Bread for the World sponsored micro-credit program for OIC graduates.*

INTERNATIONAL PROFESSIONAL LINKS

1. *SACO - Canada*
2. *BESO - London*

We receive retired executives from this two institutions to strengthen our institution professionally at different period.

INTERNATIONAL PAYMENT MEANS

(1

CORPORATION *for* SUPPORTIVE HOUSING

June 2, 1999

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

Dear Sandra,

It is with bittersweet mixed emotions to let you know that my last day as CEO of CSH was May 5th. I leave my post with feelings of great pride and accomplishment for the contributions made by CSH over the past 8 years. I am also extremely confident that with Jack Krauskopf at the helm, CSH will only scale greater heights.

I am most anxious, however, to remain in touch with the many wonderful people I have come to know during my tenure at CSH. Please call, write and E-mail. My forwarding address (for now) is:

336 Central Park West
Apartment 6B
New York, NY 10025
e-mail: jsandorf@aol.com

Please allow me to thank you again for your support and partnership with CSH.

Sincerely,

Julie

Julie Sandorf

JS:rc

50 Broadway, 17th Floor, New York, NY 10004
Phone: [212] 986-2966 Fax: [212] 986-6552

McCORMACK & ASSOCIATES
•EXECUTIVE SEARCH CONSULTANTS•

June 23, 1999

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

Dear Sandy:

We are pleased to announce the successful placement of two outstanding candidates in high-profile national searches.

First, please join us in congratulating **Elliot Johnson** on his appointment to the position of **Executive Director** of the **Whitman-Walker Clinic, Washington, D.C.** Elliot was formerly the administrator for HIV/AIDS outpatient services for the Los Angeles County-University of Southern California Medical Center, and will assume his new position at Whitman-Walker full time in August. Elliot is an openly gay, African-American healthcare innovator, who has been widely praised by the leadership of such organizations as the LA Gay & Lesbian Center and the Los Angeles County Department of Health Services, for his ability to develop close relationships between county healthcare authorities and minority and religious communities.

We also want to congratulate **Morgan Olsen** on his appointment to the post of **Vice President – Business & Finance** at **Southern Methodist University, Dallas, Texas.** For the past four years Morgan has been Vice President, Business Affairs, for the 10,500-student campus of Eastern Illinois University, one of nine universities and twelve campuses in the State of Illinois system. He will assume his new post at SMU later this summer.

Our thanks to everyone who provided valuable assistance during these searches. We are once again delighted to have placed two highly skilled candidates with diverse backgrounds in positions of significant responsibility.

Sincerely,

Joseph A. McCormack

5042 WILSHIRE BOULEVARD SUITE 505
LOS ANGELES, CA 90036
(323) 549-9200

WOMEN'S INFORMATION NETWORK

June 15, 1999

Sandra Thurman
Director, National AIDS Policy
The White House Domestic Policy Council
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman:

On behalf of the Women's Information Network (WIN), we would like to thank you for participating in WIN's Tenth Annual *Women Opening Doors for Women* event on June 3, 1999. We have received positive feedback from dinner party attendees, all of whom truly appreciated the opportunity to meet you and learn from your expertise.

This year's *Women Opening Doors for Women* was a tremendous success. Over 500 women were able to seek advice and learn from women of achievement like you in their chosen careers. Year after year, one thing never changes: the dinner party speakers ultimately determine the popularity of the event, and your contribution has helped to make this WIN's best event to date.

Women Opening Doors for Women is WIN's premier networking event and our best opportunity for reaching out to professional women in the Washington DC region. With over 20 career-specific networks and committees, WIN's objective is providing our members with the resources they need to succeed. WIN maintains a comprehensive job bank/career center; publishes a monthly newsletter, *The WINning Slate*; maintains a member-exclusive email listserve; and offers over 20 educational and networking programs each month.

We thank you again for supporting WIN and for giving young women the information they need to make smart career decisions. We look forward to continuing to work with you to promote the professional success of Washington's young women.

Best Regards,

Alyssa Farber
WIN Chair

Elissa Leopold
Event Chair

1800 R Street NW, Suite C-4
Washington, DC 20009
Tel. 202.347.2827
Fax 202.347.1418
info@winonline.org

MEDISPHERE COMMUNICATIONS, INC.

June 22, 1999

Sandra Thurman
Director
White House Office of National AIDS Policy
736 Jackson Place
Washington DC

Dear Sandy:

On behalf of The National Association of People with AIDS, thank you for participating in the video news release for the 1999 National HIV Testing Day. As promised, here is the final piece, which will be sent to television reporters around the country to encourage news stories on the importance of HIV testing. As you see, the video new release tells the story of National HIV Testing Day and includes sound bites from you and other experts, to provide television reporters with options for developing a story.

We will keep you posted on the news stories that result from the video news release.

Best Regards,

Doug Stroup
Senior Vice President

Liz Panos
Senior Counselor

Enclosure

41 Madison Avenue New York, New York 10010 Phone (212) 213-4211 Fax (212) 679-7695

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NYUMBANI NEWS

Spring 1999

Dear Friends of Nyumbani,

The year started off very auspiciously by our signing an agreement with ARC International who would subsidize our community based program up to 100 children. We are already indebted to Global Alliance for Africa for subsidizing 60 such children who are all in the extremely poor category and are cared for by an extended family member whom we identify, train and monitor. This program has won the attention of the USAID and we are - at last - looking forward to getting some help from them, thanks to the intercession of some significant Senate committee members. The current census of residents is 66.

We have had some extraordinary volunteers of late. Sister Sheila Salmon who is an HIV/AIDS home care R.N. specialist from Cleveland was with us for three months. She lived with the 5 Indian sisters who live in the residence built for them right on the grounds. Three are RNs and two are trained teachers. They are planning to provide a sister administrator whom we sorely need. Sister Sheila has developed a taste for curry!

On February 14th, during our Sunday Mass celebration, Caroline, our 12 year old girl, died after 4 months of suffering which we tried to mitigate as much as possible. She came to us on Good Friday, 1993 with her younger brother George who died 3 years ago. Caroline was very bright. She read beautifully at Mass each Sunday and won the admiration of many - even some from the Pilgrim Community in Ireland who came to see her twice, the last a few days before her death. The funeral and burial was attended by all the children and a sizable number of extended family whom we had never seen before.

The British Airways personnel are still our most loyal and fruitful supporters, about 12 crew members came along with two of our oldest helpers, Chris Lowthian and Helen Mann. They also brought a well known magician, Alfonso Rios, who entertained the children on the premises, at a local mall and at the American Club. As a result of the proceeds from the American Club show, a check for 70,000Kshs (US $1,200) was presented. [if you want, I will send a photo of the event].

Finally, I was invited to go to Dar-es-Salaam to establish a "Nyumbani-in-Tanzania". The Presidential invitation was brought by a Tanzanian social worker who inspected Nyumbani then presented the proposal to us. While they would use the name (which is registered and trademarked in Kenya) they would not obligate us to any support except consultative. I made the first trip on April 9-10.

Once again, I can't thank you all (the Board and annual donors in the U.S.) enough for the support which we have needed critically to find the water, install the 50 KV generator, buy food and medicines, pay salaries, etc. etc. The grace of God who has a special care for these children, will surely bless you for being the instruments of His Providence.

Yours sincerely,

A. D'Agostino, SJ, M.D

Angelo D'Agostino, SJ,MD

Founder & Medical Director

Name _____

Address _____

_____

Enclosed please find my contribution of $_____.

Make check payable to: COGRF, Inc.
Feel free to include a note to Father D'Agostino and it will be forwarded to him.

NYUMBANI Orphanage is a project of the Children of God Relief Fund, Inc., a 501(c)(3) tax-exempt organization registered in the State of New York as a not-for-profit corporation. Employer Identification Number: 13-3615655. Contributions are tax-deductible.

NYUMBANI Orphanage
c/o Barbara Boggs Associates Inc.
1726 M Street, NW
Suite 200
Washington, DC 20036

file

AIDS POLICY CENTER | For Children, Youth, and Families **FAX**

918 Sixteenth Street N.W. • Suite 201 • Washington, DC • 20006

Phone: (202) 785-3564 • Fax: (202) 785-3579

TO: Cheryl Bauerle

FAX: 456-2438

FROM: JEFF KULLGREN
jkullgren@aidspolicycenter.org

DATE: 5/24/99

TOTAL PAGES: 9

SUBJECT: Closing Plenary at Capitol Triangle

COMMENTS: Here is the information we spoke about along with some other sheets that may help with any further talking points you are looking for. Please contact me or David Harvey at one of the two contact numbers on the memo with any additional questions. Thank you!

AIDS Policy Center
For Children, Youth & Families

MEMORANDUM TO PARTICIPANTS, VOICES '99 CLOSING PLENARY

From: David Harvey, Jeff Kullgren

Contact: Renaissance Washington, D.C. Hotel, (202) 962-4396
David Harvey's Cell Phone, (202) 486-3564

SUBJECT: Logistics, Tuesday, May 25, 1999

Please note the following logistics for the Voices '99 closing plenary scheduled for Tuesday, May 25, 1999 from 3:30 to 4:30 p.m. at the Capitol Triangle

1) We expect approximately 80 participants from the Voices '99 conference to attend.

2) The closing plenary includes the dedication of two murals, one from the International AIDS Conference, and one new mural created at the Voices '99 conference.

3) AIDS Policy Center will videotape; we expect additional members of the media to attend.

4) Please limit your remarks to 5 minutes. See attached sheet for talking points.

918 Sixteenth Street, NW
Suite 201
Washington, DC 20006
Tel. (202) 785-3564
Fax (202) 785-3579
E-mail: info@aidspolicycenter.org

AIDS Policy Center
For Children, Youth & Families

TALKING POINTS

- "I am proud to be here to help dedicate this new mural in honor of the millions of people living with HIV around the globe and in the United States."
- "I solute the Congressional Black and Hispanic Caucuses for their vitally important work on HIV and AIDS. I also want to thank Mildred Williamson and David Harvey of the AIDS Policy Center for Children, Youth & Families for organizing this event."
- "We have much to do. Congress must expand its efforts to address the epidemic in the United States and globally."
- Add additional items if desired.

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Fax (202) 785-3579
E-mail: info@aidspolicycenter.org

BARBARA LEE
9TH DISTRICT, CALIFORNIA

COMMITTEES:
BANKING AND FINANCIAL SERVICES
INTERNATIONAL RELATIONS

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(202) 225-2661
☐ 1301 CLAY STREET
SUITE 1000 N
OAKLAND, CA 94612
(510) 763-0370

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DISTRICT DIRECTOR
ROBERTA CLIFT BROOKS
ASSISTANT DISTRICT DIRECTOR

Congress of the United States
House of Representatives
Washington, D.C. 20515-0509

May 19, 1999

ATTEND THE RALLY TO MARK BLACK & HISPANIC CAUCUS HIV/AIDS INITIATIVES!

Dear Colleague:

We hope you will join us for an event that is being organized as part of Voices '99 -- the annual conference of AIDS Policy Center for Children, Youth & Families. The event is scheduled from 3:30-4:30 PM on Tuesday May 25, 1999 at the Capitol Triangle. Constituents from throughout the United States and members of the national media are expected to attend the event.

The purpose of the ceremony is to call attention to the rising rate of HIV infection in communities of color in the United States and globally. During the ceremony, a mural reflecting the Voices '99 theme, "renewing the commitment" will be dedicated by Xavier Cortada, a nationally known artist from Miami, Florida.

As you know, fighting HIV and AIDS in communities of color in the United States and globally, as well as increasing resources for minority-based AIDS initiatives, remains a high priority for members of the Black and Hispanic Caucuses. We sincerely hope that you will be able to attend the ceremony to lend your voice to the Congressional commitment to these efforts.

For more information and to RSVP, please contact Jeff Kullgren at AIDS Policy Center (202-785-3564). Thank you.

Sincerely,

Barbara Lee
Member of Congress

Donna M. Christian-Christensen
Member of Congress

Members of Congress to Speak at May 25 AIDS Ceremony on Capitol Hill

Contact: Jeff Kullgren of AIDS Policy Center, 202-962-4396

News Advisory:

White House Director of the Office of National AIDS Policy Sandy Thurman will unite with Members of Congress and AIDS Policy Center for Children, Youth & Families at a rally to mark HIV and AIDS initiatives. They will be calling for increased resources for minority-based AIDS programs, including an increase in federal funding and a continued call for declaration of an "AIDS state of emergency" in communities of color.

Keynote speakers include Representative Barbara Lee (D-CA) and Delegate Donna Christian-Christensen (D-VI). All Members of Congress have also been invited to deliver brief remarks.

Well-known artist Xavier Cortada will unveil a mural that was created at Voices '99 – the annual conference of AIDS Policy Center for Children, Youth & Families.

Date: Tuesday, May 25, 1999
Time: 3:30 – 4:30 p.m.
Place: Capitol Triangle* (near the Southeast corner of the Capitol Building), Washington, D.C.

*In case of inclement weather, the event will be held in the Dirksen Senate Office Building, Room 124.

FACTS ABOUT HIV/AIDS
And Women, Children, Youth and Families

AIDS continues to decimate American families, neighborhoods and communities, despite a growing public perception that the epidemic is "over." Rates of new HIV infections are believed to be particularly high among women and youth.

WOMEN

- The Centers for Disease Control estimates that about 52,000 women were living with AIDS at the end of 1997. Because of the seven to ten year delay between HIV infection and AIDS, the total number of women living with HIV disease is much higher.
- The proportion of new AIDS cases attributed to women tripled from 7% in 1985 to 23% in 1998.
- AIDS is the leading cause of death among African American women ages 25-44.
- As many as 120,000 American children will have lost their mothers to AIDS by the year 2000.

CHILDREN

- Perinatal HIV transmission – transmission from mother to child – now accounts for virtually all new HIV infections in children.
- Through December 1998, perinatal HIV transmission resulted in approximately 7,700 cases of AIDS in children. Children of color are disproportionately represented among these AIDS cases: 61% are African American and 23% are Latino.
- Between 1992 and 1996, perinatally acquired AIDS cases declined 43%, a result of the increasing use of the drug zidovudine with HIV positive women and their infants. In 1997, this trend continued with a 30% decline.

YOUTH

- The HIV epidemic is increasingly young. It is estimated that at least one American teenager is infected with HIV every hour of every day.
- Through December 1998, approximately 28,000 Americans ages 13 to 24 had been diagnosed with AIDS. Many more are infected with HIV.
- Youth of color are over-represented among youth with AIDS. African Americans and Latinos account for 63% of AIDS cases among youth ages 20 to 24.
- At especially high risk for HIV are young people of color, gay youth, and homeless and runaway youth.

AIDS Policy Center for Children, Youth & Families
918 Sixteenth Street, NW, Suite 201 • Washington, DC 20006
202-785-3564 • 202-785-3579 fax • info@aidspolicycenter.org

FEDERAL HIV/AIDS PROGRAMS: FY 2000 Funding Summary

(Numbers in Millions)

FEDERAL HIV/AIDS PROGRAM	FY 99 Final	FY 2000 President's Request	FY 2000 Need
Centers for Disease Control and Prevention: **HIV Prevention**	$657.8	$667 (+$10)	$842 (+$184.2)
Health Resources and Services Administration: **Ryan White CARE Act (total)**	$1,411.6	$1.511 (+$100)	$1,720 (+$308.4)
• Title I	$505.2	$521 (+$16)	$625 (+$119.8)
• Title II : Care Services	$277.3	$287 (+$10)	$332 (+$54.7)
• Title II: AIDS Drug Assistance Program	$461	$496 (+$35)	$544 (+$83)
• Title III	$94.3	$130 (+$36)	$134 (+$39.7)
• **Title IV**	**$46**	**$48 (+$2)**	**$61 (+$15)**
• Title V: AIDS Education and Training Centers	$20	$20 (+$0)	$25 (+$5)
• Title V: Dental Reimbursement	$7.8	$8 (+$0.2)	$9 (+$1.2)
National Institutes of Health: **HIV/AIDS Research**	$1,792.9	$1,833.8 (+40.9) (+2.3%)	
Substance Abuse and Mental Health Services Administration: **Substance Abuse Prevention & Treatment Block Grant**	$1,585	$1,615 (+$30)	$1,885 (+$300)
Department of Housing and Urban Development: **Housing Opportunities for People with AIDS**	$225	$240 (+$15) (+6.6%)	TBA

AIDS Policy Center for Children, Youth & Families
918 Sixteenth Street, NW, Suite 201 • Washington, DC 20006
202-785-3564 • 202-785-3579 fax • info@aidspolicycenter.org

History & Conference Mission

In 1994, AIDS Policy Center began a conference for both providers and consumers who wanted to work in partnership to learn more about HIV and AIDS program and policy issues. The conference mission was unique in that it brought together care providers, researchers, advocates, families and youth living with HIV and AIDS to work toward common goals. Participants attended from a network of programs funded under the Pediatric/Family AIDS Demonstration Program, administered by the Maternal & Child Health Bureau. 1994 turned out to be a pivotal year in the history of this program. At the end of the conference, participants took to the halls of Congress to advocate for the protection of the demonstration program within Title IV of the Ryan White CARE Act and won!

Since 1994, the annual conference has expanded to focus on broad HIV/AIDS care, prevention and research program and policy issues. Under the sponsorship of Children Affected by AIDS Foundation in 1998, AIDS Policy Center launched a new annual meeting format to rave reviews. Titled VOICES, the format attempts to minimize barriers between consumers, providers, speakers and other attendees through "talk show" and debate formats so that everyone gets a chance to express their views. In addition, for training and orientation opportunities, pre-conference forums were added for families and youth.

AIDS Policy Center is deeply grateful for the continued sponsorship of Children Affected by AIDS Foundation for Voices '99. This year, the Center is pleased to offer a clinical track organized by the National Pediatric & Family HIV Resource Center. We are also pleased that the National Association of AIDS Education & Training Centers will be present at Voices '99, and that the Pediatric AIDS Clinical Trial Group has contributed to our program. Last but not least, we are grateful for the support extended by Determined Involved Super-rolemodels Helping to End Suffering (DISHES) and Broadway Cares/Equity Fights AIDS for underwriting our reception and exhibit hall opening.

MISSION

The mission of Voices '99 is to create a forum for active learning, networking and sharing of information between consumers, providers, administrators, policy-makers and advocates who are concerned about the thousands of children, youth, women, and families who are affected by HIV and AIDS. The objectives for Voices '99 includes providing clinical and treatment updates, sponsoring debates on current public policy issues, and advocating for the needs of our community.

Special Note:

VOICES '99 moves to Capitol Hill today! Meet in the hotel lobby at 8:00am for shuttle service to the Dirksen Senate Office Building. All morning sessions will be held in the Dirksen Senate Office Building Room 124. If you miss the shuttle service please refer to your Hill Visit packet for metro map directions.

Tuesday, May 25, 1999

7:30am-6:00pm
Child Care Open (Pre-Registered Only)

8:00am
Travel to Capitol Hill
Meet in lobby for shuttle service

8:30am
AIDS POLICY CENTER TOWN HALL MEETING
Location: Senate Dirksen Building, Room 124

Join the Board of Directors and staff of AIDS Policy Center for an interactive discussion about the priorities for the policy and program work of APC. Tell us what issues are most important to you! From the Town Hall meeting to the Halls of Congress your VOICES will be heard!

Facilitators: Mildred Williamson, MSW, *President*

Steven Tierney, Ed.D., *Vice President*

9:30am
PLENARY: Raising our Voices in '99

Byllye Avery
Founder, National Black Women's Health Project
Cape Cod, MA

U.S. Representative James Clyburn (D-SC)
Chair, Congressional Black Caucus
U.S. House of Representatives
Washington, DC

Dorothy Mann
Chair, APC Government Affairs Committee
Philadelphia, PA

10:30am
Capitol Hill Teams Meet

11:15am
Capitol Hill Appointments

3:30pm-5:30pm
CLOSING PLENARY
Renewing the Commitment

This closing plenary will take place on the Capitol grounds. Listen for details about the exact location of the event on Tuesday morning. Members of Congress will deliver remarks and we will dedicate the Voices '99 mural to people living with HIV and AIDS. Attend and lend your voice to renewing the commitment!

U.S. Delegate Donna M. Christian-Christensen (D-VI)
Chair, Congressional Black Caucus Health Brain Trust
U.S. House of Representatives
Washington, D.C.

U. S. Representative Barbara Lee (D-CA)
U.S. House of Representatives
Washington, D.C.

Sandra Thurman
White House Office of
National AIDS Policy
Washington, D.C.

5:30pm
Conference Adjourns

STATE OF GEORGIA
OFFICE OF THE GOVERNOR
ATLANTA 30334-0900

Roy E. Barnes
GOVERNOR

Robert S. Kahn
CHIEF OF STAFF

May 20, 1999

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

Dear Sandy:

Thank you for your recent letter. I also apologize for trading phone calls. Things get hectic around here on a daily basis.

As to the request for discretionary funds submitted by the Georgia Law Center on Homelessness and Poverty, I am pleased to tell you that we are approving this request.

Please do not hesitate to call if I can be of assistance to you in the future.

Sincerely,

Bobby Kahn

/ch

May 26, 1999

Mr. Michael A. Diz
Five West Lawn
Charlottesville, Virginia 22903

Dear Michael:

Congratulations on your graduation from the University of Virginia.

I am proud to commend you for having reached this important milestone in your life. I encourage you to act on your idealism, to deepen your educational experiences, and to maintain the courage of your convictions.

America needs your energy, creativity, and determination. I applaud you for taking responsibility for your future.

Hillary and I send you best wishes for every continued success.

Sincerely,

BILL CLINTON

BC/SL/RLM/MAH/lynn (Corres. #4350945)
P-109

cc: Sandra Thurman, OPD, 736 Jackson

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RR. Document will be reviewed upon request.

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

May 26, 1999

Ms. Renuka H. Kher
4110 Seymour Drive
Troy, Michigan 48098

Dear Renuka:

Congratulations on your graduation from Emory University.

I am proud to commend you for having reached this important milestone in your life. I encourage you to act on your idealism, to deepen your educational experiences, and to maintain the courage of your convictions.

America needs your energy, creativity, and determination. I applaud you for taking responsibility for your future.

Hillary and I send you best wishes for every continued success.

Sincerely,

BILL CLINTON

BC/SL/RLM/MAH/lynn (Corres. #4350943)
P-109

cc: Sandra Thurman, OPD, 736 Jackson Place

Office of HIV/AIDS Policy

Office of Public Health and Science
Office of the Secretary
200 Independence Avenue, S.W., 736E
Washington, D.C. 20201

Deliver To: Miss Sandy

Fax: ( ) 456-2439

Phone: ( )

From: Deborah von Zinkernagel
Deputy Director for Policy
Phone: (202) 690-5560
Fax: (202) 690-6584
E-mail: (202) DvonZinkernagel@osophs.dhhs.gov

Date: ____/____/____

This fax contains 1 page(s) plus cover

If transmission problems occur, please call: Shellie Abramson @(202) 690-5560

Comments: Don't miss for you
anyone to work with

NANCY PELOSI
8TH DISTRICT, CALIFORNIA

2457 RAYBURN BUILDING
WASHINGTON, DC 20515-0508
(202) 225-4965

DISTRICT OFFICE:
FEDERAL BUILDING
450 GOLDEN GATE AVENUE
SAN FRANCISCO, CA 94102-3460
(415) 556-4862
pl.nancy@mail.house.gov
http://www.house.gov/pelosi

Congress of the United States
House of Representatives
Washington, DC 20515-0508

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HUMAN INTELLIGENCE, ANALYSIS, AND COUNTERINTELLIGENCE

CONGRESSIONAL WORKING GROUP ON CHINA, CHAIR

AT-LARGE WHIP

April 22, 1999

Pat Christen
Executive Director
San Francisco AIDS Foundation
P.O. Box 426182
San Francisco, CA 94142

Dear Pat:

Thank you for acknowledging the outstanding contribution of Dr. Eric Goosby by presenting him with the James R. Harrison Award.

Eric's dedication and leadership on AIDS dates back to the chaotic days of the late 1980's at San Francisco General Hospital. His outstanding medical care combined with extraordinary compassion helped San Francisco General earn its reputation as the "model for HIV care" in the nation. When we were writing the CARE Act, we used many of the components of that model as a guide for national policy development.

Eric has brought the same dedication and commitment HIV/AIDS work in Washington. His efforts at the Department of Health and Human Services has quietly but effectively keep this administration focused and committed to HIV issues.

In my experience, Eric has at times been the sole barrier between good decisions and bad. He has consistently reminded his colleagues in the Administration, as well as in the medical profession, that the advent of new drug therapies is an empty promise without adequate funding to deliver them to the people who need them.

Eric's dedication to AIDS patients is obvious in his continuing medical practice at DC General Hospital for AIDS patients who don't have primary or specialist care. I have not met a more dedicated, focused, honest and earnest doctor. Eric has always put the patient first, whether it was in caring for their clinical needs or advocating major policy positions. He hasn't always won, but he keeps trying. That is what separates the involved from the committed.

Thank you again for acknowledging Eric's tremendous contribution in the fight against HIV and AIDS.

Sincerely,

NANCY PELOSI
Member of Congress

Eric Goosby, MD
Director, Offfice of HIV/AIDS Policy
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Dr. Goosby (?Eric),

I want to congratulate you on your selection to receive the SF AIDS Foundation's James R. Harrison Award for lifetime achievement, recognizing your many years of dedicated service in the battle against HIV/AIDS. During your leadership at the White House and currently as Director of the Office of HIV/AIDS Policy at HHS, your expertise has always been joined with a deep understanding and compassion for the lives of each individual and family affected by AIDS. I appreciate both your ongoing contributions, and the standard of excellence you represent in the delivery of HIV/AIDS care.

Sincerely,

Memorandum for Sandra Thurman, Director and Todd Summers, Deputy Director

DATE: May 2, 1999

FROM: Rusty Bennett

CC: Daniel Montoya, Executive Director
Cheryl Bauerle
Sara Holewinski
Renuka Kher

RE: April 30, 1999, HUD Meeting with Members of HIV/AIDS Housing Community

1. The meeting began with introductions (See attached attendance sheet) and an update of HUD Activities and its FY 2000 HOPWA budget given by Cardell Cooper, Assistant Secretary for Community Planning and Development, along with Fred Karnas, DAS, and David Vos, Director of the Office of HIV/AIDS Housing. Assistant Secretary Cooper emphasized the continued collaboration between HUD and its community partners through continued dialogue, by utilizing the skills of local Community Builders, and through HUD's Best Practices Awards.

2. Assistant Secretary Cooper and other HUD staff entertained questions from the housing community. Gina Quattrochi, Executive Director of Bailey House and President of the National AIDS Housing Coalition (NAHC) outlined the following NAHC recommendations:
   - **HOPWA Budget:** Lobby Congress for $60 million increase to HOPWA for FY 2000 ($500 million represents the true need). Oppose a decrease in program spending to balance the budget.
   - **HOPWA Formula Change:** Continue to work with Congress to develop a mutually beneficial solution to the HOPWA formula. NAHC supports a formula which:
     - accounts for persons living with HIV/AIDS;
     - accounts for need in rural and urban areas;
     - reflects need in high incidence areas;
     - does not decrease funding in areas that are currently being funded;
     - keeps 10 percent for HOPWA competitive
     - keeps 1 percent for HOPWA technical assistance
     - does not cap or create a threshold which will not allow jurisdictions in need to obtain HOPWA formula funds.

     NAHC will submit an official letter to HUD outlining their specific position on all aspects of the formula change. It has been requested that upon receipt of the letter from NAHC, a copy will be sent to this office.
   - **Community Planning:** NAHC is concerned about community planning not working as HUD intends. Such problems identified are lack of comprehensive planning, community partnerships, and failure to address issues such as homelessness, poverty, loss of housing, and high rental markets.
   - **Other Issues:** The group asked HUD to consider: Removing renewals of Shelter Plus Care within the Continuum of Care. HUD is currently addressing this issue. The

group informed HUD of the potential impact of welfare reform on individuals seeking to qualify for HIV/AIDS housing. It is believed that if individuals do not qualify for welfare assistance they will not meet the eligibility standards for HIV/AIDS housing.

3. **Gail Williamson, Section 811:** The group expressed their concerns that HUD was not doing enough to strengthen the Section 811 projects. Also, the group asked about using drug elimination money with Sec 811 projects. Gail responded that currently the statute does not allow this money to be used with Sec. 811, but HUD is working to correct this problem.

4. **Dr. Kim Hamlett, VA:** Announced the conference, "Improving HIV Care and Prevention Into the 21st Century: Integrated Care for the Multiply Diagnosed", hosted in collaboration with the VA, HUD, HHS, Office of National AIDS Policy, and the Office of National Drug Policy. The conference will be held in Washington DC, June 28-29 at the Omni Shoreham Hotel.

5. **Deputy Assistant Secretary Fred Karnas and Director David Vos:** Concluded the meeting by announcing the completion of this year's report to Congress. Fred responded to concerns voiced by the group around the HOPWA formula changes suggesting that any change could have tremendous impact of the program. Fred also highlighted HHS's Policy on Ryan White CARE Act Transitional Housing stating the policy seems flexible and community input has been positive. Fred concluded the meeting by reminding the group of the June 2, 1999 deadline of HOPWA competitive applications.

Handouts:

1. Agenda and Draft HOPWA Formula Revisions
2. HIV/AIDS Bureau: Housing Policy – Final Draft (March 31, 1999); HHS Ryan White CARE Act
3. Overview of 1999 HOPWA TA Competition
4. The Washington Blade, April 30, 1999: "House Members Call for AIDS Program Audit"
5. HOPWA Allocation Chart
6. CDC Surveillance Report; July 98 – June 98
7. Office of HIV/AIDS Housing, HUD Invitation letter
8. Conference Brochure: Improving HIV Care and Prevention Into the 21st Century: Integrated Care for the Multiply Diagnosed

Attachment: Attendance Sheet

APRIL 30, 1999
HUD AND HIV/AIDS HOUSING COMMUNITY MEETING ATTENDEES

LAST NAME	FIRST NAME	ORGANIZATION	PHONE
Argue	Douglas	The Damien Center	308-630-0125
Bennett	Rusty	HUD	202-708-1934
Carter	Cheryl	Metropolitan Residential Services	614-291-7160
Clark	Stevem	Professional Dev. Group	309-674-2200
Cooper	Lynne	Doorways	314-535-1919
Cross-Dvorak	Glenda	Bridges in consciousness	775-827-6788
Cylar	Keith	Housing Works Inc.	212-966-3096
Davidson	Barbara	HUD	202-708-1934
Ford	Jerry	Gregory House Prog.	808-592-9022
Foster	Georgia	Think Life, Inc.	954-525-6169
Glassman	Linda	CARES, Inc.	518-489-2312
Hamlett	Kim	VA	202-273-8929
Harre	David	HUD	202-708-1934
Johnson	Colleen	AIDS Project LA	923-993-1351
Kelly	Marvin	Del Norte Neighborhood Dev.	303-477-4774
Kyle	LaShawn	Women's Collective	202-265-6222
Nalls	Patricia	Women's Collective	202-483-7003
Nystrom	Cynthia	Mont. Co., MD	301-946-1054
Poindexter	Priscilla	HUD	202-708-1934
Quattrochi	Gina	Bailey House	212-633-2500
Reyes-Jimenez	Valerie	Housing Works	212-966-0466 x165
Roman	Nan	Natl. All to End Homelessness	202-483-7003
Russell	Randy	AIDS Task Force of Alabama	205-324-9822
Sullivan	Albert	NAPWA	773-854-4521
Warren	Barbara	Lesbian and Gay community Services Center	212-620-7310
Williamson	Gail	HUD	202-708-2866
Zinsmeyer	Sterling	Praxis Housing Initiative, Inc.	212-293-8404

should be this page 7

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

MAY - 6 1999

Ms. Sandra Thurman
Director
Office of National AIDS Policy
The White House
736 Jackson Place, N.W.
Washington, D.C. 20503

Dear Ms. Thurman:

The global nature of the AIDS epidemic underscores the critical need to ensure that the international HIV research effort is well-informed and coordinated. Toward that end, the National Institutes of Health (NIH) is establishing the International AIDS Research Collaborating Committee to (1) enhance and promote international collaboration in HIV research; (2) develop a coordinated international HIV research effort, including biomedical, behavioral, and social science studies; and (3) provide a forum for information exchange..

We invite you to serve as an *ex officio* member of this committee. The first meeting will be held at the NIH campus on **Thursday, May 13, 1999, from 2:00 until 3:30 p.m. in the Lawton Chiles International House (Stone House/Building 16).** At this initial meeting, we will discuss the goals of the Collaborating Committee and how it can best serve its membership. In addition, Dr. Keusch has agreed to describe his recent visit to China and his discussions with scientists there. This will provide the opportunity to initiate our discussion of ongoing and potential opportunities for AIDS research in China.

The Collaborating Committee will be co-chaired by the Directors of the Office of AIDS Research and the Fogarty International Center. The membership will include representatives from the NIH institutes with the most substantial international HIV research portfolios and a representative from the NIH bioethics community. *Ex Officio* members will include representatives of relevant DHHS offices and Op/Divs, other federal agencies and departments, (such as the Department of Defense and U.S. Agency for International Development), the White House Office of National AIDS Policy, the National Security Council, the Joint United Nations Programme on HIV/AIDS, relevant UN agencies, the World Bank, and appropriate international organizations. A list of proposed members is attached.

We hope that you will be able to participate on this committee. In addition, for this and future meetings, you should feel free to have appropriate staff accompany or represent you. Please advise Ms. Linda Reck in the Office of AIDS Research of your participation on this committee. She may be reached at 402-8655 or by email at reckl@od.nih.gov.

We look forward to seeing you or your representative at the meeting and to our productive efforts together.

Neal Nathanson, M.D.

Gerald R. Keusch, M.D.

Attachment

International AIDS Research Collaborating Committee

Co-Chairs

Director, Office of AIDS Research
Director, Fogarty International Center

Members

Director, National Institute of Allergy and Infectious Diseases
Director, National Cancer Institute
Director, National Institute of Child Health and Human Development
Director, National Institute of Dental and Craniofacial Research
Director, National Institute on Drug Abuse
Director, National Institute of Mental Health
Director, Office of Protection from Research Risks
Director, Vaccine Research Center

Ex Officio Members

Office of International Affairs, DHHS
Office of HIV/AIDS Policy, DHHS
Centers for Disease Control and Prevention, DHHS
Food and Drug Administration, DHHS
Department of Defense
U.S. Agency for International Development
U.S. Census Bureau
National Security Council
Office of National AIDS Policy
Office of Science and Technology Policy
World Bank
UNAIDS

To Sonny Durham
for R Cr

Richard Jenkins

THE WHITE HOUSE

OFFICE OF LEGISLATIVE AFFAIRS

HOUSE LIAISON

–FAX COVER SHEET–

DATE: 5/26

TO: OPL

FAX: 456-2439

FROM:

___ CHUCK BRAIN
___ AL MALDON
___ DARIO GOMEZ
___ LISA KOUNTOUPES
___ BRODERICK JOHNSON
X JANELLE ERICKSON
___ JADE RILEY

(202)456-6620 (TELEPHONE)
(202)456-2604 (FAX)

SUBJECT:

1 OF 4

CFA
CONSTITUENCY FOR AFRICA

Fax

To:	President William Clinton	**From:**	Ronald V. Dellums, Chair
Fax:	202-456-2804	**Pages:**	3 (including this cover sheet)
Phone:	202-456-6620	**Date:**	May 25, 1999
Re:	Meeting Request	**CC:**	

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

• **Comments:**

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(202) 371-0588 - Fax (202) 371-9017
http://www.cfanet.com
E-mail: cfanet@cfanet.org

CONSTITUENCY FOR AFRICA

May 25, 1999

President William Clinton
The White House
Washington, D.C. 20500

via fax: 202-456-2604

Dear Mr. President:

I write this letter to request a meeting with you to discuss the global threat of HIV/AIDS and the AIDS Marshall Plan for Africa (AMPFA). I have become very active in the effort to provide treatment and care to HIV/AIDS victims throughout the world. I now chair the Constituency for Africa (CFA), and serve on the board of directors for AIDS Action.

As you know, since my retirement from Congress I have been very active in seeking solutions and answers to combat the growing pandemic of HIV/AIDS. I have tried repeatedly to meet and share information with members of your Administration regarding the worsening situation caused by HIV/AIDS in Africa. Needless to say, I am both frustrated and surprised by the lack of follow through and access to key members of your Administration.

I am certain that you are aware of the problems caused by the global spread of HIV/AIDS and how its exponential growth threatens the security of the world. According to UNAIDS, there are currently 7.8 million orphans on the continent of Africa because of HIV/AIDS. That number could expand to 40 million by 2010. Additionally, 11.5 million people have died in sub-Saharan Africa, and 22.5 million will die in the next decade if measures are not developed to slow the spread of the virus.

The above statistics only begin to give you an idea of the extent of the problem caused by HIV/AIDS throughout the developing world. Since October of last year, I have met with several ministers of health from various African countries regarding the problems and solutions for the HIV pandemic. I have shared with them my intention to bring this matter to the attention of the American government. As a result, I have met with the Congressional Black Caucus (CBC) and they have endorsed the concept of the AMPFA. The CBC has tasked Congresswoman Barbara Lee to draft and introduce legislation that will embody the concept of AMPFA.

1629 K Street, N.W. • Suite 1010 • Washington, D.C. 20006
(202) 371-0588 • Fax (202) 371-9017
http:\\www.cfanet.com
E-mail: cfanet@cfanet.org

You should also know that there is considerable interest in the AMPFA in Africa and throughout the world. I am certain that our discussion is vital and that you will agree that we are pursuing a solution that is worthy of your support. Ms. Sandra Thurman, Director of National AIDS Policy, is familiar with the AMPFA and has provided me with valuable insight and information

Mr. President, the problems caused by HIV/AIDS throughout the world deserves and need the attention of America. We cannot be witnesses to a situation that will kill more people than all world wars combined and will cause severe devastation to the human family. We have a responsibility to prevent another holocaust and therefore, I seek your prompt attention and reply to my request for a meeting.

Please call me directly or contact Charles Stephenson or Ann Brown, of my staff, at 202-857-3290 to arrange for a meeting at your earliest convenience.

Sincerely,

Ronald V. Dellums
Chair

UNITED STATES INFORMATION AGENCY

OFFICE OF CONGRESSIONAL AND INTERGOVERNMENTAL AFFAIRS
301 4TH STREET, S.W., ROOM 852, WASHINGTON, D.C. 20547
TELEPHONE: 202-619-6828 FAX NUMBER: 202-619-6876

TO: Sandy	FAX NUMBER: TEL. NUMBER:

FROM: Tom Stillitano

TOTAL PAGES (including cover sheet): SUBJECT:

MESSAGES/COMMENTS:

MR Sweeney will not be going on Africa trip however Juliette Lenoir will.

Following is copy of recent Juliette letter to Dept of Labor re the Africa trip and a copy of one of the pages sent to DOL for Sec Herman's briefing book

Have a great trip!

Tom

SENT: DATE:

American Federation of Labor and Congress of Industrial Organizations

815 Sixteenth Street, N.W.
Washington, D.C. 20006
(202) 637-5000
http://www.aflcio.org

May 11, 1999

Mr. MacArthur DeShazer,
Associate Deputy Undersecretary
Bureau of International Labor Affairs
Unites States Department of Labor
200 Constitution Avenue
Washington, D.C. 20210

Dear Mr. DeShazer: VIA MESSENGER

Thank you for your gracious understanding during our meeting last week. We hope that the materials we shared have been of use to you in compiling background for the Secretary's upcoming trip to Africa. As we indicated during the meeting, we welcome the opportunity to contribute to the success of that trip, and to help facilitate the Secretary's goals for her remaining tenure.

As you will see from these additional enclosures, we sought to enhance the package delivered on Wednesday with the addition of materials on the Solidarity Center's programmatic focus in Ghana, a copy of the communication from President Sweeney to Reverend Leon Sullivan regarding the draft Global Principles and selected material on HIV/AIDS.

★ On a programmatic note, Sandra Thurman, President Clinton's director of the National Office on AIDS Policy, has been a staunch champion of the devolution of HIV/AIDS education, including through work place-based trade union programs. In particular, she created space for a work place-based HIV/AIDS education program involving the South African Federations and other community-based organizations. This soon-to-be-initiated program will educate workers (and their communities) through their unions, making use of print and electronic media, the local health care system and other out reach opportunities including youth groups. For your information, there is no more active and vocal supporter of HIV/AIDS education and advocacy/outreach programs in Africa than Ms. Thurman.

As always, should you require additional information, please contact us.

Sincerely,

Juliette D Lenoir

Juliette D. Lenoir
Assistant Director
International Affairs Department

Enclosures a/s.

[illegible] from briefing materials sent to Sec. Herman from AFL-CIO

*

"AIDS is not an epidemic of a few. This is an epidemic of us all. Hundreds of thousands of Americans have already lost their lives to AIDS. It has stolen some of our brightest and most talented friends and family members in the prime of their lives. And beyond our borders, millions of people struggle against the odds to live long enough to reap the benefits of a cure. We are deeply aware of the responsibility this Administration has to all Americans who are living with AIDS, and to those around the world who turn to us for leadership and hope."

Sandra Thurman, Director
White House Office of National AIDS Policy

Over the past two decades the human immunodeficiency virus (HIV) has spread silently throughout the world, profoundly affecting the lives of men and women, their families, communities and the world. HIV has not respected international boundaries or spared the elite. By the time that researchers understood how HIV spreads, how it can be prevented, and the behaviors that put people at risk, HIV had already infected millions of adults in the industrial and developing world. In the hardest-hit countries in Sub-Saharan Africa, poverty, illiteracy, poor health, low status of women, and political instability fueled its spread. By the time East African health authorities identified the mysterious "slim" disease as AIDS in the early 1980s, HIV had already widely infected those with the riskiest behavior and had a firm foothold in the general population. No country in Africa has escaped the virus, and yet some are far worse affected than others. The bulk of new infections continue to be concentrated in East Africa and especially in the southern part of the continent.

In Botswana, Namibia, Swaziland and Zimbabwe, current estimates show that over one person in five between the ages of 15 and 49 is living with HIV or AIDS. Research is under way to explain differences between epidemics in various countries. Factors that may play a role include patterns of sexual networking, levels of condom use with different partners, and promptness in diagnosing and curing other sexually transmitted diseases (which if left untreated can magnify the risk of HIV transmission through sex as much as 20-fold).

People continue to be at risk for HIV throughout their sexually active lives, and all should benefit from services and information that allow them to reduce their risk of infection. However, efforts to promote safer behavior are especially crucial for young people, who in mature epidemics are those at greatest risk. Prevention efforts also seem to have a greater chance of success among younger people than among people whose sexual habits are well ingrained. However, deteriorating economic conditions, traditional customs and taboos, including ingrained and socially restrictive attitudes toward women and girl children, limited participatory democratic practices and inordinate governmental fear of strong trade unions as partners in socio-economic development, exacerbate the effect of the epidemic. AIDS is clearly taking an immense and growing human toll. The disease is catastrophic for the millions of people who become infected, get sick, and, in stark contrast to the recent hopeful news of treatment breakthroughs, die. It is also a tragedy for their families, who, in addition to suffering profound emotional loss, may be impoverished as a result of the disease. Because AIDS kills mostly prime-age adults, it increases the number of children who lose one or both parents; some of these orphans suffer permanent consequences, due to poor nutrition or withdrawal from school. Numbers cannot begin to capture the suffering caused by the disease. Each infection is a personal tragedy for the nearly 30 million people who have contracted HIV -- for their

Memorandum for Sandra Thurman, Director and Todd Summers, Deputy Director

DATE: May 2, 1999

FROM: Rusty Bennett

CC: Daniel Montoya, Executive Director
Cheryl Bauerle
Sara Holewinski
Renuka Kher

RE: April 30, 1999, HUD Meeting with Members of HIV/AIDS Housing Community

1. The meeting began with introductions (See attached attendance sheet) and an update of HUD Activities and its FY 2000 HOPWA budget given by Cardell Cooper, Assistant Secretary for Community Planning and Development, along with Fred Karnas, DAS, and David Vos, Director of the Office of HIV/AIDS Housing. Assistant Secretary Cooper emphasized the continued collaboration between HUD and its community partners through continued dialogue, by utilizing the skills of local Community Builders, and through HUD's Best Practices Awards.

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group informed HUD of the potential impact of welfare reform on individuals seeking to qualify for HIV/AIDS housing. It is believed that if individuals do not qualify for welfare assistance they will not meet the eligibility standards for HIV/AIDS housing.

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5. **Deputy Assistant Secretary Fred Karnas and Director David Vos:**
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3. Overview of 1999 HOPWA TA Competition
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6. CDC Surveillance Report; July 98 – June 98
7. Office of HIV/AIDS Housing, HUD Invitation letter
8. Conference Brochure: Improving HIV Care and Prevention Into the 21st Century: Integrated Care for the Multiply Diagnosed

Attachment: Attendance Sheet

AGENDA

Meeting with
Cardell Cooper, Assistant Secretary for Community Planning and Development, and
Members of the HIV/AIDS Housing Community

April 30, 1999
1:00 p.m. - 3:00 p.m.

1. Introductions

2. Update on HUD Activities FY2000 HOPWA budget issues

   Q & A

3. Potential revisions to the HOPWA formula

   Q & A

4. Other Matters, including:

   A. HHS policy on transitional housing activities under Ryan White CARE Act

   B. 1999 Super NOFA competitions (HOPWA, HOPWA-TA, Continuum of Care, etc)

   C. Veterans' Affairs HIV Care conference on homeless veterans

   D. Disparity in access to programs in racial and ethnic minority communities

   E. HOPWA TA at the National Grantees Meeting in Baltimore, NMAC conference, PD&R evaluation, etc.

   Q & A

Test J - New HOPWA Formula Provisions: **DRAFT**

(i) use the proposed FY2000 appropriation level ($213.8 million formula out of $240 million);

(ii) give grantees the higher of:

an amount if 80% of formula is based on PLWA cases (weighted 5 year CDC data); or

the grantee's Hold Harmless number (which is the average of their FY98+ FY99 grants);

(iii) use a prorated adjustment. These amounts are fitted into the amount available to be allocated with a prorated adjustment (downward, if the sum of the highest amounts total are in excess of the allocation; or upwards, if this sum is less than the amount available).

(iv) allow the hold harmless to phase-out over three years.

e.g. after the new formula is used in Year 1 (FY2000), in subsequent years, the allocation could be adjusted so that 90 percent is allocated under the PLWA estimate in Year 2 (FY2001), and 100 percent is allocated in Year 3 (FY2002), and in Year 4 (FY2003), no hold harmless adjustment would be made.

DRAFT

HIV/AIDS BUREAU

Housing Policy – Final Draft (March 31, 1999)

The following policy establishes guidelines for allowable housing-related expenditures under the Ryan White CARE Act. The purpose of all Ryan White Act funds is to ensure that eligible HIV-infected persons and families maintain access to medical care.

A. Funds received under the Ryan White CARE Act (Title XXVI of the Public Health Service Act) may be used for the following housing expenditures:

I. Housing referral services; defined as assessment, search, placement, and advocacy services), must be provided by case managers or other professionals who possess a comprehensive knowledge of local, State, and Federal housing programs and how they can be accessed; or

II. Short-term, transitional or emergency housing; defined as necessary to gain or maintain access to medical care, must be related to either:

   a. housing services that include some type of medical or supportive service: including, but not limited to, residential substance abuse or mental health services (not including facilities classified as a Institute of Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or

   b. housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. Necessity of housing service for purposes of medical care must be certified or documented.

B. Short-term, transitional or emergency assistance is understood as transitional in nature and for purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

C. Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments.

D. The Ryan White CARE Act must be the payer of last resort. In addition, funds received under the Ryan White CARE Act must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.

E. Ryan White CARE Act housing-related expenses are limited to Title I, II, and IV and are not an allowable expense for Titles III.

Overview of the 1999 HOPWA TA Competition

SuperNOFA for HUD Grant Programs

U.S. Department of Housing and Urban Development

The Super Notice of Funding Availability for HUD's Housing, Community Development and Empowerment Programs (SuperNOFA) for $2.4 billion, published 2-26-99, includes funds for national technical assistance (TA) projects for the 1999 Housing Opportunities for Persons with AIDS (HOPWA) program. HOPWA TA applications will compete in a separate competition under the Community Development Technical Assistance section, as follows:

- **Applications:** The HOPWA TA application is included in the Community Development-TA application kit and the SuperNOFA User Guide are available from the SuperNOFA Information Center 1-800-HUD-8929 or 1-800-483-2209 TTY and information on this notice is on the internet at *www.hud.gov/fundsavl.html*..

- **Due Date:** Midnight, Wednesday, May 26, 1999. Applicants should send their original application and one copy to HUD Headquarters (Room 7251) by hand delivery or mail.

- **Funds:** up to $2.25 million. HUD will ensure that at least $300,000 is designated for each of the four national HOPWA TA goals.

- **National TA Goals:** Activities are carried out on a national or regional basis (e.g. serving a multi-state area). Applicants should address the four national HOPWA TA goals: (a) Comprehensive Strategies for HIV/AIDS Housing; (b) Sound Management of HOPWA Programs; (c) Use of HUD Information Management Tools; and (d) National HOPWA Information.

- **Definition of TA**. HOPWA technical assistance shall mean the transfer to HOPWA grantees and project sponsors and potential recipients of program funds, the skills and knowledge needed to develop, operate and support HOPWA-eligible projects and activities. The application should emphasize how activities will advise and train communities and project sponsors in undertaking program planning, community consultations, housing development and operations, coordination with related health-care and other supportive services, and evaluation and reporting on performance.

- **Description of TA Goals:** Applicants should address the national HOPWA TA goals of:

(a) **Comprehensive Strategies for HIV/AIDS Housing**. HOPWA TA funds can be used to advise and train communities in: undertaking community-based needs assessments of the housing needs of persons living with HIV/AIDS and their families; drafting comprehensive multiple-year HIV/AIDS housing plans; undertaking community-wide consultations, including consulting with potential clients, providers of HIV/AIDS housing and/or services, and local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act, and programs that address serious mental illness, chronic alcohol and other drug abuse issues, and homelessness; integrating HIV/AIDS housing efforts within the area's consolidated planning processes: and collaborating with the area's Continuum of Care Homeless Assistance processes in assisting persons with HIV/AIDS who are homeless. Technical assistance also may be used to train communities in how to best target assistance to traditionally underserved subpopulations in developing community-based needs assessments and may build capacity for State-wide,

metropolitan, non-metropolitan and/or rural areas in development of area multi-year HIV and AIDS housing plans. You also could provide TA to HOPWA formula grantees that are new recipients of formula allocations or that are designated by HUD as prospective recipients in future allocations to promote the planning and startup for the use of funds.

(b) Sound Management of HOPWA Programs. HOPWA TA funds can be used to help ensure that grantees and project sponsors use funds in a manner that upholds the public trust in the operation of programs, including: advising on management practices to provide responsive, efficient and cost effective facility and program operations; advising on fiscal management to ensure accountability in the use of funds; advising on the coordination of housing with health-care and other related supportive services for eligible persons; assisting in developing collaborations with local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act; advising on data collection and evaluation of programs; providing program handbooks, guidance materials, audio/visual products, training, and other activities to promote good management practices.

(c) Use of HUD Information Management Tools. HOPWA TA funds may be used to assist grantees, project sponsors and other organizations involved in HIV/AIDS plans in using the Department's information technology, financial systems and information management systems for developing, operating and reporting on program activities. Applications should address how TA activities will support the use of the Department's Consolidated Planning Process, Integrated Disbursement and Information System (IDIS), the use of HOPWA Annual Progress Reports, the Grants Management System, the LOCCS/HUDCAPS and other HUD information collection or financial management tools. The use of these management tools will help to ensure that your performance is measured under the HOPWA national performance goals, established in the Department's Annual Performance Plan. You should address plans for conducting grantee and sponsor workshops, developing training materials, developing or adapting software for program activities and goals, and sponsoring conferences of grantees and sponsors.

(d) National HOPWA Information. HOPWA TA funds may be used to establish a component to support HIV/AIDS housing discussions, panels, presentations, information, exhibit booths, and other training materials at national, regional, state-wide and local meetings of organizations that are involved in housing, community development, health-care and supportive services, veterans affairs and other human service efforts. The component should help promote understanding on HIV/AIDS housing issues and needs of persons living with HIV/AIDS, and offer training on developing and accessing HIV/AIDS housing and related services. A research and information services component of this effort should include the development of information on HIV/AIDS housing and activities supported under HOPWA grants which will be published for national distribution, including disseminating information on the success and lessons learned by the HOPWA Special Projects of National Significance and Long-term grants in non-formula areas that have been awarded in the HOPWA national competitions. This component should emphasize the collection and dissemination of information on the "best practices" of HUD grantees that should serve as a basis for peer support, technical assistance, and program improvement or address emerging and unresolved issues in assisting persons living with HIV/AIDS and their families.

- **Funding for HOPWA Project Grants.** The SuperNOFA also makes up to $22,275,000 available for HOPWA projects under a separate competition, for: **(1) Special Projects of National Significance**, and **(2) Projects that are part of Long-Term Comprehensive Strategies** for providing housing and related services submitted by states and local governments for areas that do not qualify for HOPWA 1999 formula allocations.

- **Other Funding Resources**: Information on other HUD programs and the 1999 HOPWA formula allocations of $200.475 million to 63 eligible cities and 34 States is found at: *http://www.hud.gov/cpd/cpdalloc.html*.

- **For More Information**: Call the Community Connections Information Center at 1-800-998-9999 or 1-800-483-2209 (TTY) or contact by internet at *http://www.comcon.org/ccprog.html* to answer your questions.

Capitol Hill Update

HOUSE MEMBERS CALL FOR AIDS PROGRAM AUDIT: U.S. House Majority Leader Dick Armey (R-Texas) joined Reps. Tom Coburn (R-Okla.) and Tom Bliley (R-Va.) on April 20 in requesting that the U.S. General Accounting Office conduct a "performance audit and evaluation of all federal AIDS/HIV programs and services."

Noting that the federal government spends nearly $9 billion on federal AIDS programs, Coburn said he has learned of "too many instances" where federal AIDS funds have been misused. Among the examples he cited was one in which someone associated with Puerto Rico Gov. Padro Rossello allegedly diverted more than $2 million in federal AIDS funds to Rossello's re-election campaign as well as other campaigns. He also cited an instance in which the head of a North Carolina HIV and drug prevention program allegedly embezzled funds from that program by writing checks to himself. In other instances, Coburn said, local AIDS groups used federal funds to "condone illegal drug use."

by Clint Steib

Rep. Tom Coburn (R-Okla.) said he has learned of "too many instances" of misued federal AIDS funds.

Coburn and Armey have opposed Gay civil rights on a number of fronts. AIDS activists criticized Coburn last year when he proposed an omnibus bill calling for mandatory name reporting for people who test positive for HIV and for withholding federal funds to states that do not adopt such reporting programs.

The AIDS Action Council, a national group that represents AIDS service providers such as D.C.'s Whitman-Walker Clinic, criticized the request by the three House members for such an audit but stopped short of opposing it.

"This call for an audit by Congress's leading opponents of a fair and effective national fight is nothing less than a politically motivated attempt to raise doubts about the fight against AIDS and the community-based service organizations leading that fight," said Daniel Zingale, AIDS Action's executive director. "If an audit is undertaken, we expect the General Accounting Office will conduct it fairly, equitably and free of the political influences of those who are beginning this process."

San Francisco AIDS activist Michael Petrelis said Coburn's office contacted him last year for suggestions about whether an audit should be requested after Petrelis launched a national media campaign opposing what Petrelis called unreasonably high salaries for the directors of AIDS service providing groups in several cities, including San Francisco and D.C.

"There has been numerous examples of abuse of AIDS dollars," Petrelis said. "In some cases, the heads of AIDS groups make more money than their local mayors."

Among those who announced support for Coburn's call for the GAO audit are the national Gay group Log Cabin Republicans and longtime D.C. AIDS activist Wayne Turner of A C T UP/Washington, D.C. Turner and Jim Driscoll, Log Cabin's national AIDS policy adviser, said that, while they disagree with some of Coburn's positions such as mandatory HIV reporting, they feel an audit of federal AIDS programs has been long overdue.

"Everyone knows of cases where funds have been misused," Turner said. "This will benefit the community."

— Lou Chibbaro Jr.

HHS RELEASES $700 MILLION TO STATES FOR AIDS PROGRAMS: The U.S. Department of Health and Human Services on April 6 announced the dispersal of $710 million in federal funds for state AIDS programs. Of that, $461 million is earmarked to help people with low incomes to purchase AIDS medications.

"These grants reaffirm the Clinton administration's commitment to provide vital HIV/AIDS health care to communities most in need," HHS Secretary Donna Shalala said in a statement announcing the dispersal.

The grants are part of the funds allocated by Congress this fiscal year for the Ryan White CARE Act, under which federal AIDS funds given to states are budgeted. The grants are dispersed in April each year.

The 1990 CARE Act is up for reapproval this congressional session, as the original act created a 10-year program. According to HHS, Congress has appropriated almost $6.4 billion dollars under the CARE Act since 1991. The money is divided between states, in part, according to how many AIDS cases each reports.

— Kai Wright

SHARE OF HOPWA ALLOCATION (FY98, FY99, AND AVERAGE)

NAME	ACTUAL FY98 $(000)	PERCENT	ACTUAL FY 99 $(000)	PERCENT	AVERAGE FY98 & FY99 $(000)	PERCENT
Balance of Alabama	1,042	0.6%	796	0.4%	796	0.4%
BIRMINGHAM, AL	0	0.0%	365	0.2%	365	0.2%
Balance of Arkansas	506	0.3%	552	0.3%	529	0.3%
Balance of Arizona	0	0.0%	366	0.2%	366	0.2%
PHOENIX, AZ	865	0.5%	923	0.5%	894	0.5%
Balance of California	2,288	1.2%	2,427	1.2%	2,358	1.2%
LOS ANGELES-LONG BEACH, CA	10,144	5.5%	8,769	4.4%	9,457	4.9%
OAKLAND, CA	1,591	0.9%	1,670	0.8%	1,631	0.8%
ORANGE COUNTY, CA	1,086	0.6%	1,143	0.6%	1,115	0.6%
RIVERSIDE-SAN BERNARDINO, CA	1,276	0.7%	1,372	0.7%	1,324	0.7%
SACRAMENTO, CA	613	0.3%	656	0.3%	635	0.3%
SAN DIEGO, CA	2,092	1.1%	2,168	1.1%	2,130	1.1%
SAN FRANCISCO, CA	8,528	4.6%	8,510	4.2%	8,519	4.4%
SAN JOSE, CA	620	0.3%	649	0.3%	635	0.3%
DENVER, CO	1,117	0.6%	1,164	0.6%	1,141	0.6%
Balance of Connecticut	834	0.5%	920	0.5%	877	0.5%
HARTFORD, CT MSA	743	0.4%	1,413	0.7%	1,078	0.6%
NEW HAVEN-MERIDEN, CT PMSA	724	0.4%	1,214	0.6%	969	0.5%
WASHINGTON, DC-MD-VA-WV	5,747	3.1%	6,475	3.2%	6,111	3.2%
Balance of Delaware	434	0.2%	113	0.1%	113	0.1%
WILMINGTON, DE-MD	0	0.0%	485	0.2%	485	0.3%
Balance of Florida	2,920	1.6%	3,164	1.6%	3,042	1.6%
FT LAUDERDALE-HLLYWD-POMP.BCH FL	4,327	2.4%	4,186	2.1%	4,257	2.2%
JACKSONVILLE, FL	839	0.5%	983	0.5%	911	0.5%
MIAMI-HIALEAH, FL	7,732	4.2%	8,418	4.2%	8,075	4.2%
ORLANDO, FL	1,058	0.6%	1,753	0.9%	1,406	0.7%
TAMPA-ST. PETE.-CLEARWATER, FL	1,541	0.8%	1,661	0.8%	1,601	0.8%
W.PALM BCH-B.RATN-DELRAY BCH, FL	2,490	1.4%	2,635	1.3%	2,563	1.3%
ATLANTA, GA	3,889	2.1%	3,407	1.7%	3,648	1.9%
Balance of Georgia	1,194	0.7%	1,297	0.6%	1,246	0.6%
Balance of Hawaii	477	0.3%	132	0.1%	132	0.1%
HONOLULU, HI	0	0.0%	364	0.2%	364	0.2%
Balance of Illinois	489	0.3%	534	0.3%	512	0.3%
CHICAGO, IL	3,900	2.1%	4,219	2.1%	4,060	2.1%
Balance of Indiana	577	0.3%	636	0.3%	607	0.3%
INDIANAPOLIS, IN	537	0.3%	579	0.3%	558	0.3%
Balance of Kentucky	485	0.3%	561	0.3%	523	0.3%
Balance of Louisiana	950	0.5%	1,063	0.5%	1,007	0.5%
NEW ORLEANS, LA	1,888	1.0%	2,031	1.0%	1,960	1.0%
Balance of Massachusetts	1,055	0.6%	1,111	0.6%	1,083	0.6%
BOSTON, MA-NH PMSA	1,814	1.0%	1,890	0.9%	1,852	1.0%
BALTIMORE, MD	4,414	2.4%	4,689	2.3%	4,552	2.4%
Balance of Michigan	618	0.3%	677	0.3%	648	0.3%
Balance of Minnesota	0	0.0%	92	0.0%	92	0.0%
DETROIT, MI	1,409	0.8%	1,526	0.8%	1,468	0.8%
MINNEAPOLIS-ST. PAUL, MN-WI	640	0.3%	670	0.3%	655	0.3%
Balance of Missouri	368	0.2%	396	0.2%	382	0.2%
KANSAS CITY, MO-KS	778	0.4%	813	0.4%	796	0.4%
ST. LOUIS, MO-IL	888	0.5%	944	0.5%	916	0.5%

SHARE OF HOPWA ALLOCATION (FY98, FY99, AND AVERAGE)

NAME	ACTUAL FY98 $(000)	PERCENT	ACTUAL FY 99 $(000)	PERCENT	AVERAGE FY98 & FY99 $(000)	PERCENT
Balance of Mississippi	692	0.4%	769	0.4%	731	0.4%
Balance of North Carolina	1,092	0.6%	1,212	0.6%	1,152	0.6%
CHARLOTTE-GAST.-ROCK HILL, NC-SC	361	0.2%	397	0.2%	379	0.2%
RALEIGH-DURHAM, NC	360	0.2%	386	0.2%	373	0.2%
Balance of New Jersey	765	0.4%	813	0.4%	789	0.4%
BERGEN-PASSAIC, NJ	1,210	0.7%	1,160	0.6%	1,185	0.6%
JERSEY CITY, NJ	2,464	1.3%	2,271	1.1%	2,368	1.2%
MIDDLESEX-SOMERSET-HUNTERDON, NJ	632	0.3%	671	0.3%	652	0.3%
MONMOUTH-OCEAN, NJ	565	0.3%	595	0.3%	580	0.3%
NEWARK, NJ	5,604	3.1%	5,777	2.9%	5,691	2.9%
Entire State of New Mexico	0	0.0%	391	0.2%	391	0.2%
Balance of Nevada	0	0.0%	190	0.1%	190	0.1%
LAS VEGAS, NV	598	0.3%	1,308	0.7%	953	0.5%
Balance of New York	2,102	1.1%	2,218	1.1%	2,218	1.1%
BUFFALO, NY	0	0.0%	352	0.2%	352	0.2%
NASSAU-SUFFOLK, NY	1,245	0.7%	1,362	0.7%	1,304	0.7%
NEW YORK, NY	44,493	24.2%	48,668	24.3%	46,581	24.1%
ROCHESTER, NY	398	0.2%	542	0.3%	470	0.2%
Balance of Ohio	760	0.4%	822	0.4%	791	0.4%
CINCINNATI, OH-KY-IN	360	0.2%	395	0.2%	378	0.2%
CLEVELAND, OH	618	0.3%	670	0.3%	644	0.3%
COLUMBUS, OH	438	0.2%	458	0.2%	448	0.2%
Entire State of Oklahoma	666	0.4%	723	0.4%	695	0.4%
PORTLAND, OR	766	0.4%	803	0.4%	785	0.4%
PHILADELPHIA, PA-NJ	3,256	1.8%	4,045	2.0%	3,651	1.9%
PITTSBURGH, PA	463	0.3%	491	0.2%	477	0.2%
Balance of Pennsylvania	1,020	0.6%	1,135	0.6%	1,078	0.6%
Balance of Puerto Rico	1,686	0.9%	1,841	0.9%	1,764	0.9%
SAN JUAN, PR	4,917	2.7%	5,891	2.9%	5,404	2.8%
PROVIDENCE-FALL RIV-WARWICK,RI-MA	393	0.2%	424	0.2%	409	0.2%
Balance of South Carolina	1,504	0.8%	1,657	0.8%	1,581	0.8%
Balance of Tennessee	476	0.3%	525	0.3%	501	0.3%
MEMPHIS, TN-AR-MS	485	0.3%	538	0.3%	512	0.3%
NASHVILLE, TN	427	0.2%	479	0.2%	453	0.2%
AUSTIN, TX	711	0.4%	767	0.4%	739	0.4%
Balance of Texas	1,853	1.0%	2,086	1.0%	1,970	1.0%
DALLAS, TX	2,340	1.3%	2,505	1.2%	2,423	1.3%
FORT WORTH-ARLINGTON, TX	590	0.3%	655	0.3%	623	0.3%
HOUSTON, TX	5,107	2.8%	6,466	3.2%	5,787	3.0%
SAN ANTONIO, TX	741	0.4%	805	0.4%	773	0.4%
Entire State of Utah	0	0.0%	368	0.2%	368	0.2%
Balance of Virginia	413	0.2%	463	0.2%	438	0.2%
NORFOLK-VA BEACH-NEWPRT NEWS,VA-	621	0.3%	702	0.4%	662	0.3%
RICHMOND-PETERSBURG, VA	448	0.2%	492	0.2%	470	0.2%
Balance of Washington	446	0.2%	487	0.2%	467	0.2%
SEATTLE, WA	1,324	0.7%	1,401	0.7%	1,363	0.7%
Balance of Wisconsin	300	0.2%	325	0.2%	313	0.2%
MILWAUKEE, WI	363	0.2%	393	0.2%	378	0.2%
Total	**183,600**	**100.0%**	**200,475**	**100.0%**	**193,126**	**100.0%**

High Incidence Bonus 95-9

1999 Formula Grantees (000s)	1995 bonus	1996 bonus	1997 bonus	1998 bonus	1999 bonus
Alabama (outside Birmingham EMSA)	-	-	-	-	-
Birmingham AL MSA	-	-	-	-	
Arkansas (outside the Memphis EMSA)	-	-	-	-	-
Arizona outside the Phoenix & Las Vegas EMSAs	-	-	-	-	-
Phoenix-Mesa AZ MSA					
California (outside of 8 EMSAs)	-	-	-	-	-
Los Angeles-Long Beach CA PMSA	1,313	705	1,844	1,722	
Oakland CA PMSA		176			
Riverside-San Bernardino CA PMSA					
Sacramento CA PMSA					
San Diego CA MSA	145		130	69	
San Francisco CA PMSA	5,299	3,286	3,409	2,699	2,507
San Jose CA PMSA					
Santa Ana for the Orange County CA PMSA					
Denver CO PMSA					
Connecticut (outside of the Hartford and New Hav	-	-	-	-	-
Hartford CT MSA	53		345	31	595
New Haven-Meriden CT PMSA			472	209	631
Washington DC-MD-VA-WV PMSA	905	1,594	501	1,682	2,032
Delaware (outside the Wilmington EMSA)	-	-	-	-	-
Wilmington-Newark DE-MD PMSA	-	-	-	-	102
Florida (outside of 6 EMSAs)	-	-	-	-	-
Fort Lauderdale FL PMSA	1,077	2,120	1,772	2,025	1,712
Jacksonville FL MSA		87	143	20	102
Miami FL PMSA	3,583	4,542	4,425	3,279	3,654
Orlando FL MSA		210	358	31	606
Tampa-St Petersburg-Clearwater FL PMSA	184				
West Palm Beach-Boca Raton FL PMSA	373	990	1,318	1,125	1,154
Atlanta GA MSA		422	1,252	920	232
Georgia (outside the Atlanta EMSA)	-	-	-	-	-
Hawaii (outside the Honolulu EMSA)	-	-	-	-	-
Honolulu HI MSA	-	-	-	-	
Chicago IL PMSA					
Illinois (outside of the Chicago and St. Louis EMS	-	-	-	-	-
Indiana (outside the Cincinnati and Indianapolis E	-	-	-	-	-
Indianapolis IN MSA					
Kentucky (outside the Cincinnati EMSA)	-	-	-	-	-
Louisiana (outside the New Orleans EMSA)	-	-	-	-	-
New Orleans LA MSA	115	251	525	620	653
Boston MA-NH PMSA					
Massachusetts (outside the Boston and Providenc	-	-	-	-	-
Baltimore MD PMSA	794	2,625	1,294	1,945	1,970
Detroit MI PMSA					
Michigan (outside the Detroit EMSA)	-	-	-	-	-
Minneapolis-St Paul MN-WI MSA					
Minnesota outside the Minneapolis EMSA	-	-	-	-	-
Kansas City MO-KS MSA					
Missouri (outside the Kansas City and St. Louis E	-	-	-	-	-
St. Louis MO-IL MSA					
Mississippi (outside the Memphis EMSA)	-	-	-	-	-

Charlotte-Gastonia-Rock Hill NC-SC MSA *	-	-	-		
North Carolina (outside the Charlotte, Raleigh and	-	-	-	-	-
Raleigh-Durham-Chapel Hill NC MSA *	-	-	-		
NJ suburbs within Philadelphia EMSA	-	-	-		74
Dover Township for the Monmouth-Ocean NJ PM	.				
Jersey City NJ PMSA	814	1,281	1,369	1,154	885
New Jersey (outside of 6 EMSAs)	-	-	-	-	-
Newark NJ PMSA	2,023	2,002	2,459	2,373	2,311
Paterson for Bergen-Passaic NJ PMSA	273	160	199	157	33
Woodbridge for the Middlesex-Somerset-Hunterdo	.				
New Mexico	-	-	-	-	-
Las Vegas NV-AZ MSA					599
Nevada outside the Las Vegas EMSA	-	-	-	-	-
Buffalo -Niagara Falls NY MSA	-	-	-	-	
Islip for the Nassau-Suffolk NY PMSA					
New York NY PMSA	18,459	16,571	20,088	22,046	24,369
New York State (outside the Islip, New York City,	-	-	-	-	-
Rochester NY MSA	-	-	-		73
Cincinnati OH-KY-IN PMSA *					
Cleveland-Lorain-Elvyria OH PMSA					
Columbus, OH MSA					
Ohio (outside the Cincinnati, Cleveland and Colum	-	-	-	-	-
Oklahoma	-	-	-	-	-
Portland-Vancouver OR-WA PMSA					
Pennsylvania (outside the Philadelphia and Pittsb	-	-	-	-	-
Philadelphia PA-NJ PMSA (ex. NJ in '98 &'99)	307				412
Pittsburgh PA MSA					
Puerto Rico (outside the San Juan EMSA)	-	-	-	-	-
San Juan-Bayamon PR PMSA	1,278	1,402	1,844	2,093	2,797
Providence-Fall River-Warwick RI-MA MSA	-	-	-		
South Carolina (outside the Charlotte EMSA)	-	-	-	-	-
Memphis, TN-AR-MS MSA					
Nashville, TN MSA					
Tennessee (outside the Memphis and Nashville E	-	-	-	-	-
Austin-San Marcos TX MSA	303				
Dallas TX PMSA		51	353		
Fort Worth-Arlington TX PMSA					
Houston TX PMSA	969			1,625	2,616
San Antonio TX MSA					
Texas (outside of 5 EMSAs)	-	-	-	-	-
Utah	-	-	-	-	-
Richmond-Petersburg VA MSA					
Virginia (outside of DC, Richmond and Virginia Be	-	-	-	-	-
Virginia Beach for the Norfolk-Virginia Beach-New	.				
Seattle-Bellevue-Everett WA PMSA	210				
Washington State (outside the Seattle and Portlan	-	-	-	-	-
Milwaukee-Waukesha WI PMSA *					
Wisconsin (outside the Milwaukee and Minneapoli	-	-	-	-	-
TOTALS for Year of Allocation	**FY95**	**FY96**	**FY97**	**FY98**	**FY99**
High Incidence Bonus Total for FY:	**38,477**	**38,477**	**44,100**	**45,825**	**50,119**
No. of EMSAs with bonus	**20**	**18**	**20**	**20**	**22**
Incidence Bonus: amounts shown for 1995-9 are the amounts awarded for 25 percent of the formula that is allocated t					

TEST OF REVISED HOPWA FORMULA

NAME	Actual FY99 $(000)	FORMULA A (5 Yr. Wt. no HH) $(000)	Percent of Formula A	Difference Actual Formula A and Actual FY99 $(000)	Cases Weight 5 Year #PLWA
Balance of Alabama	796	1,171	0.6%	375	1,159
BIRMINGHAM, AL	365	552	0.3%	187	546
Balance of Arkansas	552	747	0.4%	195	739
Balance of Arizona	366	539	0.3%	173	533
PHOENIX, AZ	923	1,202	0.6%	279	1,189
Balance of California	2,427	3,144	1.6%	717	3,111
LOS ANGELES-LONG BEACH, CA	8,769	10,497	5.2%	1728	10,387
OAKLAND, CA	1,670	1,991	1.0%	321	1,970
ORANGE COUNTY, CA	1,143	1,281	0.6%	138	1,268
RIVERSIDE-SAN BERNARDINO, CA	1,372	1,972	1.0%	600	1,951
SACRAMENTO, CA	656	845	0.4%	189	836
SAN DIEGO, CA	2,168	2,855	1.4%	687	2,825
SAN FRANCISCO, CA	8,510	5,752	2.9%	-2758	5,692
SAN JOSE, CA	649	818	0.4%	169	809
DENVER, CO	1,164	1,396	0.7%	232	1,381
Balance of Connecticut	920	1,389	0.7%	469	1,374
HARTFORD, CT MSA	1,413	1,355	0.7%	-58	1,341
NEW HAVEN-MERIDEN, CT PMSA	1,214	885	0.4%	-329	876
WASHINGTON, DC-MD-VA-WV	6,475	6,020	3.0%	-455	5,957
Balance of Delaware	113	160	0.1%	47	158
WILMINGTON, DE-MD	485	659	0.3%	174	652
Balance of Florida	3,164	4,411	2.2%	1247	4,365
FT LAUDERDALE-HLLYWD-POMP.BCH F	4,186	3,371	1.7%	-815	3,336
JACKSONVILLE, FL	983	1,176	0.6%	193	1,164
MIAMI-HIALEAH, FL	8,418	6,454	3.2%	-1964	6,386
ORLANDO, FL	1,753	1,728	0.9%	-25	1,710
TAMPA-ST. PETE.-CLEARWATER, FL	1,661	2,195	1.1%	534	2,172
W.PALM BCH-B.RATN-DELRAY BCH, FL	2,635	2,111	1.1%	-524	2,089
ATLANTA, GA	3,407	4,264	2.1%	857	4,219
Balance of Georgia	1,297	1,973	1.0%	676	1,952
Balance of Hawaii	132	156	0.1%	24	154
HONOLULU, HI	364	403	0.2%	39	399
Balance of Illinois	534	783	0.4%	249	775
CHICAGO, IL	4,219	5,544	2.8%	1325	5,486
Balance of Indiana	636	902	0.4%	266	893
INDIANAPOLIS, IN	579	777	0.4%	198	769
Balance of Kentucky	561	897	0.4%	336	888
Balance of Louisiana	1,063	1,639	0.8%	576	1,622
NEW ORLEANS, LA	2,031	1,849	0.9%	-182	1,830
Balance of Massachusetts	1,111	1,587	0.8%	476	1,570
BOSTON, MA-NH PMSA	1,890	2,154	1.1%	264	2,131
BALTIMORE, MD	4,689	4,399	2.2%	-290	4,353
Balance of Michigan	677	987	0.5%	310	977
DETROIT, MI	1,526	2,062	1.0%	536	2,040
Balance of Minnesota	92	118	0.1%	26	117
MINNEAPOLIS-ST. PAUL, MN-WI	670	847	0.4%	177	838
Balance of Missouri	396	529	0.3%	133	523
KANSAS CITY, MO-KS	813	932	0.5%	119	922
ST. LOUIS, MO-IL	944	1,247	0.6%	303	1,234

TEST OF REVISED HOPWA FORMULA

NAME	Actual FY99 $(000)	FORMULA A (5 Yr. Wt. no HH) $(000)	Percent of Formula A	Difference Actual Formula A and Actual FY99 $(000)	Cases Weight 5 Year #PLWA
Balance of Mississippi	769	1,152	0.6%	383	1,140
Balance of North Carolina	1,212	1,775	0.9%	563	1,756
CHARLOTTE-GAST.-ROCK HILL, NC-SC	397	567	0.3%	170	561
RALEIGH-DURHAM, NC	386	511	0.3%	125	506
Balance of New Jersey	813	1,164	0.6%	351	1,152
BERGEN-PASSAIC, NJ	1,160	1,496	0.7%	336	1,480
JERSEY CITY, NJ	2,271	1,786	0.9%	-485	1,767
MIDDLESEX-SOMERSET-HUNTERDON,	671	868	0.4%	197	859
MONMOUTH-OCEAN, NJ	595	795	0.4%	200	787
NEWARK, NJ	5,777	4,461	2.2%	-1316	4,414
Entire State of New Mexico	391	556	0.3%	165	550
Balance of Nevada	190	268	0.1%	78	265
LAS VEGAS, NV	1,308	1,190	0.6%	-118	1,178
Balance of New York	2,218	3,145	1.6%	927	3,112
BUFFALO, NY	352	610	0.3%	258	604
NASSAU-SUFFOLK, NY	1,362	1,776	0.9%	414	1,757
NEW YORK, NY	48,668	31,090	15.5%	-17578	30,765
ROCHESTER, NY	542	839	0.4%	297	830
Balance of Ohio	822	1,094	0.5%	272	1,083
CINCINNATI, OH-KY-IN	395	590	0.3%	195	584
CLEVELAND, OH	670	924	0.5%	254	914
COLUMBUS, OH	458	564	0.3%	106	558
Entire State of Oklahoma	723	919	0.5%	196	909
PORTLAND, OR	803	1,022	0.5%	219	1,011
Balance of Pennsylvania	1,135	1,694	0.8%	559	1,676
PHILADELPHIA, PA-NJ	4,045	5,018	2.5%	973	4,965
PITTSBURGH, PA	491	593	0.3%	102	587
Balance of Puerto Rico	1,841	2,500	1.2%	659	2,474
SAN JUAN, PR	5,891	4,127	2.1%	-1764	4,084
PROVIDENCE-FALL RIV-WARWICK,RI-M	424	614	0.3%	190	608
Balance of South Carolina	1,657	2,662	1.3%	1005	2,634
Balance of Tennessee	525	806	0.4%	281	798
MEMPHIS, TN-AR-MS	538	869	0.4%	331	860
NASHVILLE, TN	479	778	0.4%	299	770
AUSTIN, TX	767	963	0.5%	196	953
Balance of Texas	2,086	3,332	1.7%	1246	3,297
DALLAS, TX	2,505	3,235	1.6%	730	3,201
FORT WORTH-ARLINGTON, TX	655	911	0.5%	256	901
HOUSTON, TX	6,466	4,892	2.4%	-1574	4,841
SAN ANTONIO, TX	805	1,122	0.6%	317	1,110
Entire State of Utah	368	498	0.2%	130	493
Balance of Virginia	463	714	0.4%	251	707
NORFOLK-VA BEACH-NEWPRT NEWS,V	702	1,235	0.6%	533	1,222
RICHMOND-PETERSBURG, VA	492	725	0.4%	233	717
Balance of Washington	487	687	0.3%	200	680
SEATTLE, WA	1,401	1,655	0.8%	254	1,638
Balance of Wisconsin	325	431	0.2%	106	426
MILWAUKEE, WI	393	531	0.3%	138	525
Totals	200,475	200,479	100%		198,377

HIV

Volume 5, Number 2

AIDS Cases Reported to CDC July 1988 through June 1998

and

Estimates of the Number of Persons Living with AIDS

by State and Metropolitan Area as of June 30, 1998

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Atlanta, Georgia 30333

Methods

The Ryan White CARE Act was enacted by Congress in 1990 and reauthorized with amendments in 1996. The primary purpose of the act is to provide emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus epidemic. An eligible metropolitan area (EMA) is any metropolitan area for which there have been reported to the Centers for Disease Control and Prevention (CDC) a cumulative total of more than 2,000 acquired immune deficiency syndrome (AIDS) cases for the most recent 5 years for which data are available. The amended act requires formula grants based on the estimated number of persons living with AIDS in the EMA. Estimates were derived by using methods specified in the act. The amount of funds received by each EMA (under Title I) or state (under Title II) is determined by the locality's proportion of the total estimated number of living persons with AIDS.

As of the end of June each year, AIDS cases reported during the preceding 120 months are aggregated into ten 12-month periods, and 10 "survival" weights (see Technical Notes) are applied to the 10 AIDS case counts. The summary count, which results from this computational formula, is the estimated number of persons living with AIDS in the EMA or state for the purposes of the Ryan White CARE Act. The survival weights are updated by CDC every 2 years according to methods specified in the act (the weights were most recently updated in July 1997).

This report presents the AIDS case counts (based on AIDS surveillance data reported to CDC through June 30, 1998) that were provided to the Health Resources and Services Administration (HRSA) in July 1998. (Table 1, AIDS case counts by state; Table 2, AIDS case counts by EMA; Table 3, AIDS case counts for cross-state EMAs). HRSA applies the weights provided by CDC to these counts to determine the proportional distribution of persons living with AIDS.

Tables 4 and 5 are comparisons of the three methods for estimating the number of persons living with AIDS by state and EMA. Columns 1 and 2 are the estimated number and the percentage distribution according to the Ryan White CARE Act formula. Columns 3 and 4 are the numbers of persons with AIDS reported to CDC and presumed to be alive (cases minus deaths). Columns 5 and 6 are data adjusted for delays in the reporting of cases and deaths to produce point estimates of the number of persons living with AIDS. (See the Technical Notes for computational details of each method.)

The Ryan White CARE Act formula is used by HRSA for the legislative requirements of the CARE act. CDC, however, routinely adjusts data for reporting delays to estimate the number of persons living with AIDS (i.e., AIDS prevalence; see HIV/AIDS Surveillance Supplemental Report, 1999;5[no.1]). The CDC method nearly always produces the highest counts because a statistical model is used to "add in" the AIDS cases not yet reported but already diagnosed.

Table 2. AIDS cases reported July 1988 through June 1998, by metropolitan area of residence

Metropolitan area of residence	7/88-6/89	7/89-6/90	7/90-6/91	7/91-6/92	7/92-6/93	7/93-6/94	7/94-6/95	7/95-6/96	7/96-6/97	7/97-6/98
Atlanta, GA	773	944	941	1,232	1,528	1,501	1,605	1,762	1,415	942
Austin, TX	151	229	200	275	481	527	385	292	275	297
Baltimore, MD	401	580	668	594	1,384	1,468	2,019	1,508	1,516	1,093
Bergen-Passaic, NJ	247	275	284	270	402	787	612	490	513	330
Boston, MA-NH	721	741	813	763	1,694	1,754	1,192	1,128	945	702
Caguas, PR	74	135	102	132	180	187	205	173	175	152
Chicago, IL	910	1,070	1,034	1,592	2,432	2,361	2,451	1,807	1,432	1,567
Cleveland, OH	142	123	166	250	363	340	470	244	279	271
Dallas, TX	546	626	786	780	1,634	1,168	1,410	1,001	897	808
Denver, CO	284	308	373	351	914	677	566	447	325	247
Detroit, MI	354	375	382	645	1,086	660	773	725	572	594
Dutchess Co., NY	51	83	79	84	146	118	91	113	108	158
Fort Lauderdale, FL	449	845	846	853	1,064	1,119	1,579	1,217	1,121	826
Fort Worth, TX	137	167	188	145	367	319	538	199	306	259
Hartford, CT	131	153	162	142	425	586	387	513	414	343
Houston, TX	844	1,127	1,172	1,176	2,136	2,075	1,323	1,323	1,793	1,759
Jacksonville, FL	151	239	275	296	782	336	473	384	363	295
Jersey City, NJ	408	283	420	359	412	774	881	631	603	398
Kansas City, MO-KS	199	323	236	292	721	337	286	344	216	222
Las Vegas, NV-AZ	103	135	178	191	426	333	338	373	381	433
Los Angeles, CA	2,129	2,132	2,549	3,018	5,083	4,664	3,903	3,834	3,175	2,248
Miami, FL	946	1,077	1,540	1,654	2,409	2,864	2,924	2,355	1,789	1,562
Middlesex-Somerset-Hunterdon, NJ	182	157	192	193	320	360	381	329	259	198
Minneapolis-St. Paul, MN-WI	157	160	173	205	526	328	364	278	218	160
Nassau-Suffolk, NY	322	411	355	308	943	569	549	639	655	456
New Haven, CT	255	249	289	297	913	614	580	848	671	495
New Orleans, LA	264	388	428	543	605	699	607	727	635	505
New York, NY	5,552	6,416	6,604	6,915	11,424	13,391	10,741	11,275	10,084	8,711
Newark, NJ	1,034	984	945	927	1,265	2,120	1,734	1,525	1,545	1,008
Norfolk, VA-NC	87	159	148	118	273	371	388	544	490	326
Oakland, CA	331	534	506	570	1,091	962	742	663	546	410
Orange County, CA	262	334	339	597	583	567	537	512	357	287
Orlando, FL	192	191	396	358	859	431	740	589	495	524
Philadelphia, PA-NJ	758	833	834	1,042	1,724	2,256	2,012	1,687	1,586	1,466
Phoenix, AZ	185	285	170	275	772	431	392	457	329	392
Ponce, PR	197	217	241	247	254	333	309	284	221	161
Portland, OR-WA	174	227	254	234	609	443	398	354	266	184
Riverside-San Bernardino, CA	213	255	320	404	884	959	816	654	558	562
Sacramento, CA	169	113	175	261	404	432	348	277	210	195
St. Louis, MO-IL	185	213	310	376	768	443	376	437	416	279
San Antonio, TX	348	195	190	230	329	632	380	373	367	309
San Diego, CA	450	719	555	605	1,389	1,219	946	1,138	809	640
San Francisco, CA	1,739	1,929	2,082	1,969	3,744	3,386	2,126	1,774	1,363	1,158
San Jose, CA	155	144	190	176	398	478	297	295	216	143
San Juan, PR	916	951	1,119	1,062	1,732	1,569	1,529	1,300	1,377	1,258
Santa Rosa, CA	127	96	121	117	221	224	130	169	76	57
Seattle, WA	330	536	436	382	901	769	650	539	492	339
Tampa-St. Petersburg, FL	439	380	473	517	1,299	776	817	752	655	618
Vineland-Millville-Bridgeton, NJ	38	36	35	28	77	104	68	101	62	46
Wash., DC-MD-VA-WV	867	1,000	1,281	1,470	2,023	2,733	2,138	2,063	2,010	1,666
West Palm Beach, FL	321	343	398	438	827	583	857	831	723	549

Table 4. Estimates of the number of people living with AIDS as of June 1998, by state of residence: comparison of three methods

State of Residence	Ryan White CARE Act Number*	Ryan White CARE Act Percent	Number reported to be living Number†	Number reported to be living Percent	Adjusted for reporting delays Number†	Adjusted for reporting delays Percent
Alaska	151	0.1	214	0.1	221	0.1
Alabama	1,856	0.9	2,404	0.9	2,520	0.9
Arkansas	843	0.4	1,258	0.5	1,321	0.5
Arizona	1,892	0.9	2,151	0.8	2,632	0.9
California	30,434	14.2	38,264	14.6	41,965	14.7
Colorado	1,766	0.8	2,524	1.0	2,499	0.9
Connecticut	3,634	1.7	5,040	1.9	5,502	1.9
District of Columbia	3,586	1.7	4,816	1.8	5,156	1.8
Delaware	780	0.4	946	0.4	982	0.3
Florida	22,618	10.5	29,246	11.2	30,909	10.9
Georgia	6,442	3.0	8,436	3.2	9,026	3.2
Hawaii	617	0.3	770	0.3	845	0.3
Iowa	369	0.2	497	0.2	508	0.2
Idaho	148	0.1	179	0.1	181	0.1
Illinois	6,784	3.2	7,502	2.9	8,139	2.9
Indiana	1,822	0.8	2,343	0.9	2,472	0.9
Kansas	665	0.3	794	0.3	808	0.3
Kentucky	1,037	0.5	1,182	0.5	1,306	0.5
Louisiana	3,759	1.7	4,522	1.7	4,664	1.6
Massachusetts	3,923	1.8	4,546	1.7	5,347	1.9
Maryland	6,610	3.1	7,608	2.9	8,737	3.1
Maine	247	0.1	371	0.1	375	0.1
Michigan	3,129	1.5	3,768	1.4	4,223	1.5
Minnesota	943	0.4	1,328	0.5	1,390	0.5
Missouri	2,390	1.1	3,537	1.4	3,694	1.3
Mississippi	1,271	0.6	1,445	0.6	1,505	0.5
Montana	106	0.0	138	0.1	152	0.1
North Carolina	2,971	1.4	3,415	1.3	3,764	1.3
North Dakota	35	0.0	39	0.0	41	0.0
Nebraska	307	0.1	376	0 1	391	0.1
New Hampshire	259	0.1	419	0.2	434	0.2
New Jersey	11,786	5.5	13,031	5.0	13,953	4.9
New Mexico	630	0.3	761	0.3	867	0.3
Nevada	1,436	0.7	1,863	0.7	1,942	0.7
New York	40,078	18.6	44,665	17.1	49,911	17.5
Ohio	3,224	1.5	3,546	1.4	3,875	1.4
Oklahoma	993	0.5	1,335	0.5	1,454	0.5
Oregon	1,301	0.6	1,724	0.7	1,807	0.6
Pennsylvania	7,014	3.3	8,436	3.2	9,336	3.3
Rhode Island	599	0 3	771	0.3	813	0.3
Puerto Rico	7,230	3.4	7,878	3.0	8,494	3.0
South Carolina	2,782	1.3	3,469	1.3	3,570	1.3
South Dakota	49	0.0	56	0 0	60	0.0
Tennessee	2,498	1.2	3,250	1.2	3,449	1.2
Texas	15,387	7.2	19,781	7.6	21,676	7.6
Utah	530	0.2	724	0.3	771	0.3
Virginia	3,848	1.8	4,351	1.7	5,032	1.8
Virgin Islands	159	0.1	189	0.1	212	0.1
Vermont	111	0 1	152	0.1	163	0.1
Washington	2,518	1 2	3,419	1.3	3,676	1.3
Wisconsin	971	0.5	1,352	0 5	1,391	0.5
West Virginia	372	0.2	419	0 2	444	0.2
Wyoming	45	0.0	58	0.0	54	0.0
Total	214,955		261,308		284,659	

* Cumulative from July 1988 through June 1998
† Cumulative from 1981 through June 1998

Technical Notes

The legislative authority for the method of estimating the number of persons living with AIDS under Title I of the Ryan White CARE Act is Section 2603(a)(3)(c). The legislative authority for the Title II estimation of the number of persons living with AIDS is Section 2618(2)(d). The same set of survival weights is used for both Title I and Title II. The current weights are —

Year 1 – .07
Year 2 – .09
Year 3 – .10
Year 4 – .13
Year 5 – .15
Year 6 – .29
Year 7 – .41
Year 8 – .55
Year 9 – .71
Year 10 – .83

For each 12-month reporting period, the proportion of persons reported with AIDS and presumed to be alive is computed as follows:

(cases minus deaths)/cases

This proportion is the weight for the 12-month period.

As required by the CARE act, these weights will be updated in July 1999 by using the AIDS cases reported through June 30, 1999.

Details for the Three Methods of Estimating the Number of Persons Living with AIDS

Method I — Ryan White CARE Act formula

The counts of reported AIDS cases for the last 120 months are aggregated into ten 12-month periods. The first year (i.e., earliest) count is multiplied by .07. The second year count is multiplied by .09, and so on for all 10 counts. The total of these 10 weighted counts is the estimated number of people living with AIDS for a given state or EMA.

Method II — Number of persons reported to be living with AIDS

For each state or EMA, the number of persons reported with AIDS who are presumed to be alive is calculated. (See HIV/AIDS Surveillance Report, 1998;10[no.1]: Table 1, p.5). This total count is the number of persons living with AIDS.

Method III — Adjustments for reporting delays

Estimated AIDS data are adjusted for reporting delays by a maximum likelihood statistical procedure; differences in reporting delays for geographic area, racial/ethnic, age, sex, vital status, and exposure categories are taken into account, but it is assumed that reporting delays within these groups have not changed over time (*Statistics in Medicine* 1998;17:143-54 and *Lecture Notes in Biomathematics* 1989;83:58-88). The maximum likelihood procedure is done twice — first for delays in reporting AIDS cases and then for delays in reporting AIDS deaths. On the basis of the results of these procedures, each AIDS case is then assigned an AIDS incidence adjustment weight and an AIDS death adjustment weight. The point estimate of the number of persons living with AIDS is derived by subtracting the estimated cumulative number of deaths of persons with AIDS from the estimated cumulative number of persons with a diagnosis of AIDS. The estimates from this method are based on AIDS surveillance data for cases diagnosed with AIDS through June 30, 1998, and reported to CDC through December 31, 1998. Estimated AIDS cases and estimated AIDS deaths are adjusted for reporting delays, but not for incomplete reporting.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

Dear HOPWA Coordinator:

The U.S. Department of Housing and Urban Development is pleased to invite you to join with your colleagues at the 1999 National Meeting of HOPWA Formula Grantees. The meeting is scheduled to take place on September 26-29, 1999 at the Tremont Suite Hotel in downtown Baltimore, Maryland. This meeting will be the third time that HOPWA grantees and managing sponsors have assembled to consider the successes and continuing challenges in administering this housing assistance program. We strongly urge you to attend or send a representative as we review important aspects of managing the Housing Opportunities for Persons with AIDS program and related issues.

We know that many jurisdictions and nonprofit organizations were represented at our previous meetings in 1998, and many more participated in the Third National HIV/AIDS Housing Conference that was held last September in Atlanta. We trust that all who participated in these sessions shared information about their community's efforts and learned from other practitioners and experts. We expect that our participation at the Baltimore meeting will build on these past meetings and all attendees will benefit from our planned training and consultations. We know these prior events were enjoyable and provided invaluable opportunities to network with colleagues. These sessions were also truly energizing as we continue our mutual work to build a stronger response to the difficult challenges of HIV.

The meeting of HOPWA coordinators will allow us to continue a dialogue on how to make our partnership responsive to persons who have difficult and pressing needs. We hope that we can again consider our successes and the lessons learned in operating programs over these past years. We believe we can best accomplish this by focusing on three present challenges:

1. How do we best use housing development activities to broaden the community's AIDS housing resources?

2. How do we create an HIV/AIDS housing strategy and plan for activities that are fully integrated within your community's consolidated plan, continuum of care, and related HIV/AIDS health-care activities?

3. How do we ensure strong management of all HOPWA programs and make best use of the new technical assistance tools to augment the community efforts to design, operate and evaluate programs?

The dialogue will also cover the topics that you wish to raise. HUD staff, experienced technical assistance providers and knowledgeable colleagues will be present to help answer questions and walk through pressing issues. We also expect to have significant participation by HHS and VA staff. In addition, we will be asking all presenters to consider issues of disparity in treatment and access to our programs for persons of color, including racial and ethnic minorities.

We also plan to have some special topic sessions. We will discuss HUD's information management systems, including an opportunity for hands-on training with IDIS. We will also solicit input on unit-based costing and standards of care that are being used in many communities. And we will consider ways to ensure clients rights and promote understanding of responsibilities. We expect to have a very informative briefing on the specialized projects that have been operating under the HIV Multiple Diagnoses Initiative to find ways to reach clients challenged by issues with drug and alcohol abuse and mental illness. Also, for new staff and first-time grantees, we plan to have an introductory session to help orient you to the opportunities for using HOPWA as a flexible resource in your community, and the responsibilities for managing these Federal funds.

Over this last year, the Office of HIV/AIDS Housing has been working in collaboration with many of you and AIDS Housing of Washington (AHW) to set the agenda for these meetings. Information from AHW on the site logistics are included. Please plan on arriving by 6:00 pm Sunday, September 26th for a welcome reception and dinner. We hope that our discussions will provide you with useful up-to-date information regarding the administration of HOPWA and offer opportunities to consider how you might improve your community's efforts to address HIV/AIDS.

We want to emphasize the importance of your participation in this meeting. These meetings will be useful to all grantees, especially if new staff are assigned to managing your HOPWA efforts, or if your community was not able to attend prior training events. As stewards of public and private funds, we must continue to work towards the highest levels of performance. We hope that you plan to join with your colleagues from other States and cities in helping to lead these discussions. Thank you for your on-going efforts to use HOPWA funds to benefit persons and families in need.

We look forward to seeing you in Baltimore.

Sincerely

David Vos
Director
Office of HIV/AIDS Housing

Improving HIV Care and Prevention Into The 21st Century: Integrated Care for the Multiply Diagnosed

JUNE 28 - 29, 1999

Omni Shoreham Hotel
2500 Calvert Street, N.W.
Washington, DC 20008

DEPARTMENT OF VETERANS AFFAIRS

Mr. Adam Sutton
Office of National AIDS Policy
736 Jackson Place, N.W.
Washington, DC 20503

Social & Scientific Systems, Inc.
7101 Wisconsin Avenue Suite 1300
Bethesda, MD 20814-4805

INTRODUCTION

HIV disease in the United States is increasingly a condition complicated by multiple comorbidities such as substance abuse, mental illness, and homelessness. On June 28 and 29, 1999, the HIV/AIDS Service of the Department of Veterans Affairs—in conjunction with the Department of Health and Human Services, the Office of AIDS Research of the National Institutes of Health, the Department of Housing and Urban Development, and the White House Office of National AIDS Policy and Office of National Drug Control Policy—will sponsor a conference to convene service providers, health professionals from public and private agencies, representatives of advocacy organizations, administrative and policy leaders, and public and science media involved with HIV/AIDS. This conference will be the first forum for interdisciplinary discussions about the medical, social, resource, and programmatic needs of persons with HIV and comorbidities.

The goals of the conference will be twofold:

- *Initiate collaborations that will address the medical, social, psychological, resource, and research needs to improve care of persons with HIV and comorbidities*
- *Identify best practices in ongoing programs that address these issues.*
- *Identify research needs to address uncertainties in these areas*

The conference will also address HIV prevention among persons at risk who have comorbid conditions.

The conference will feature nationally recognized leaders in the areas of HIV care and prevention as well as HIV and substance abuse, HIV and homelessness, and HIV and mental illness. These leaders in the field will highlight issues, innovative approaches, and design solutions as well as target research needs by the following means:

- *Identify the medical, psychological, social, and resource needs for persons with HIV infection and care of persons with HIV and comorbidities*
- *Identify how these needs are currently being met as well as address service and research gaps*
- *Identify barriers to meeting the identified needs*

The conference format is structured so the first day will include morning plenary presentations on the most current research, programs, issues, and barriers to HIV/AIDS care and prevention in the multiply diagnosed. During the afternoon of the first day and morning of the second day, methods and strategies for addressing the challenges of care for this population will be developed during breakout sessions with the participation of the attendees and led by experts in these different areas. The conference will close on the afternoon of the second day with presentations of each group's efforts, followed by a panel discussion of future service needs, research, and models.

TENTATIVE AGENDA

MONDAY, JUNE 28

8:30 Welcome/Introduction

8:45 Epidemiology of HIV/AIDS and Comorbidities. What is Known, What is Unknown

9:15 What are the Medical, Psychological, Social, Resource, and Program Needs of Patients with Comorbid Conditions or Multiple Diagnoses?

10:15 BREAK

10:30 How are the Medical, Psychological, Social, Resource, and Program Needs of Patients with Comorbid Conditions or Multiple Diagnoses Being Met?

11:30 What are the Medical, Social, Cultural, Legal, and Resource Barriers to Meeting the Needs of Patients with Comorbid Conditions or Multiple Diagnoses? How Can These Barriers be Overcome?

12:30 LUNCH (to be provided)

2:00 Concurrent Sessions

1. Methods for Determining Patient Needs
   - Preliminary Discussion
   - Mental Health Subsession
   - Substance Abuse Subsession
   - Homelessness Subsession
   - Full Session: Cross-cutting Issues and Priorities
2. Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
   - Introduction
   - Presentations
   - Theme and Common Elements
3. Successful Strategies for Overcoming Barriers
   - Preliminary Discussion
   - Patient/Client Barriers Subsession
   - Policy Barriers Subsession
   - Institutional Barriers Subsession
   - Full Session: Cross-cutting Issues and Priorities

5:30 ADJOURNMENT

TUESDAY, JUNE 29

8:30 Concurrent Sessions

1. Methods for Determining Patient Needs
   - Preliminary Discussion
   - Mental Health Subsession
   - Substance Abuse Subsession
   - Homelessness Subsession
   - Full Session: Cross-cutting Issues and Priorities
2. Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
   - Introduction
   - Presentations
   - Theme and Common Elements
3. Successful Strategies for Overcoming Barriers
   - Preliminary Discussion
   - Patient/Client Barriers Subsession
   - Policy Barriers Subsession
   - Institutional Barriers Subsession
   - Full Session: Cross-cutting Issues and Priorities

12:00 LUNCH (on your own)

2:00 Presentation of Concurrent Session Reports
   - Methods for Determining Patient Needs
   - Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
   - Successful Strategies for Overcoming Barriers

3:30 BREAK

3:45 Discussion of Future Needs

5:00 ADJOURNMENT

UNE 29

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ORGANIZING COMMITTEE

Lawrence Deyton, M.S.P.H., M.D., Chair
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Department of Veterans Affairs

Frederick Altice, M.D.
Yale University School of Medicine

Carlos Arreola, Ph.D.
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Judith D. Auerbach, Ph.D.
Office of AIDS Research, NIH

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American Foundation for AIDS Research

Richard T. Suchinsky, M.D.
Department of Veterans Affairs

Todd Summers
White House Office of National AIDS Policy

Glenn Treisman, M.D., Ph.D.
Johns Hopkins University
School of Medicine

George Woody, M.D.
Philadelphia Veterans Affairs
Medical Center

REGISTRATION FORM

Name: _____
Title: _____
Affiliation: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Internet E-mail Address: _____
Special Accessibility Requirements: _____

Meals: ☐ vegetarian ☐ non-vegetarian (check one)

CONCURRENT SESSION PREFERENCES

All three concurrent sessions will be run twice, once in the afternoon on Monday, June 28, and once in the morning on Tuesday, June 29. Please indicate your *first*, *second*, and *third* choices. All efforts will be made to assign you to the first two preferences indicated, but assignments will be made on a first-come, first-served basis.

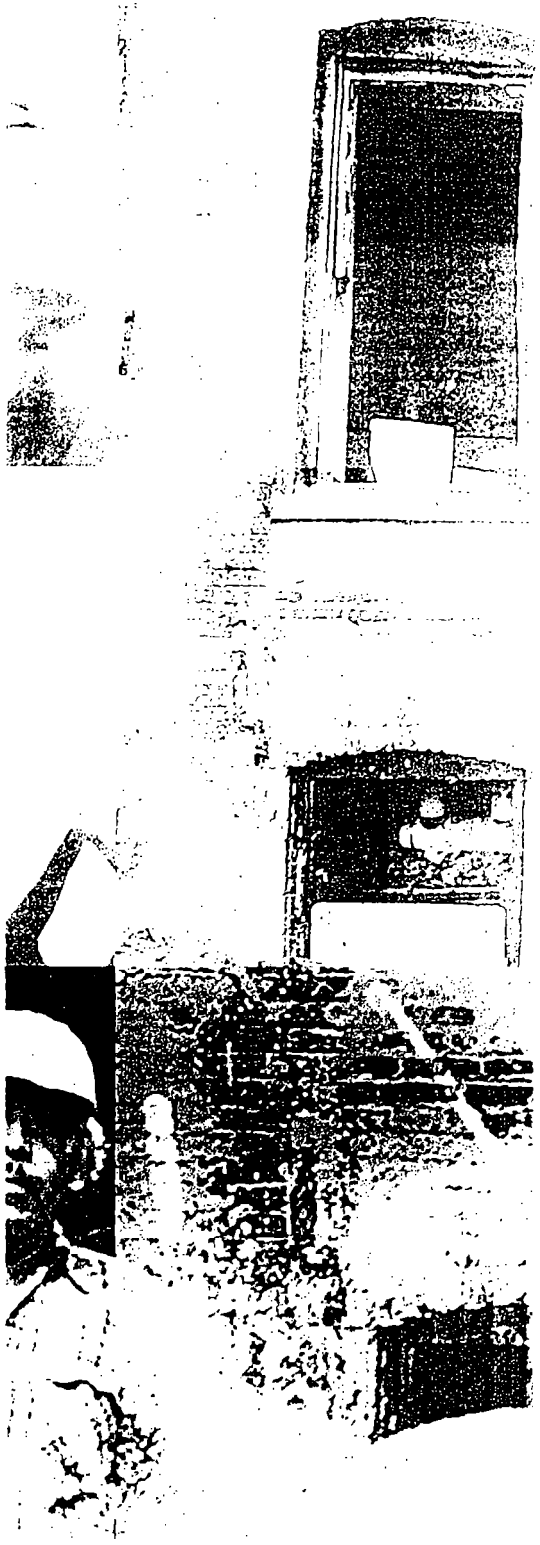
☐ 1. Methods for Determining Patient Needs
- Preliminary Discussion
- Mental Health Subsession
- Substance Abuse Subsession
- Homelessness Subsession
- Full Session: Cross-cutting Issues and Priorities

☐ 2. Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
- Introduction
- Presentations
- Theme and Common Elements

☐ 3. Successful Strategies for Overcoming Barriers
- Preliminary Discussion
- Patient/Client Barriers Subsession
- Policy Barriers Subsession
- Institutional Barriers Subsession
- Full Session: Cross-cutting Issues and Priorities

COMPLETE AND RETURN FORM BY EITHER MAIL OR FAX TO:

Andrea Hall
Social & Scientific Systems, Inc.
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814
Phone: (301) 986-4870
Fax: (301) 913-0351
On-line Registration: http://meetings.s-3.com/hivcare



CONFERENCE LOCATION

Omni Shoreham Hotel
2500 Calvert Street, N.W.
Washington, DC 20008
Phone: (202) 234-0700
Fax: (202) 265-7972

LODGING

A block of single sleeping rooms has been reserved at the Omni Shoreham Hotel in Washington, DC, for Sunday, June 27, through Tuesday, June 29, 1999, at the Government rate of $126 (inclusive of tax). The block of rooms will be held for reservations until May 27, 1999. After that date, reservations will be accepted on a space- and rate-available basis only. To make your reservation, please call the hotel directly at (202) 234-0700 and reference the "Improving HIV Care Conference" group block. If special accommodations are needed, please advise the hotel when you reserve your room

REGISTRATION FEES

This conference is being supported by unrestricted education grants from several pharmaceutical companies. It is open to the public and there are no registration fees; however, all individuals must pre-register by completing and returning the attached form by June 10, 1999.

ON-LINE REGISTRATION

To register on-line, please visit web site http://meetings.s-3.com/hivcare.

ADDITIONAL INFORMATION

Please call Ann Borlo, Social & Scientific Systems, Inc., at (301) 986-4870, for additional information.

U.S. OFFICIAL MAIL
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Social & Scientific Systems, Inc.
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814-4805

APRIL 30, 1999
HUD AND HIV/AIDS HOUSING COMMUNITY MEETING ATTENDEES

LAST NAME	FIRST NAME	ORGANIZATION	PHONE
Argue	Douglas	The Damien Center	308-630-0125
Bennett	Rusty	HUD	202-708-1934
Carter	Cheryl	Metropolitan Residential Services	614-291-7160
Clark	Stevem	Professional Dev. Group	309-674-2200
Cooper	Lynne	Doorways	314-535-1919
Cross-Dvorak	Glenda	Bridges in consciousness	775-827-6788
Cylar	Keith	Housing Works Inc.	212-966-3096
Davidson	Barbara	HUD	202-708-1934
Ford	Jerry	Gregory House Prog.	808-592-9022
Foster	Georgia	Think Life, Inc.	954-525-6169
Glassman	Linda	CARES, Inc.	518-489-2312
Hamlett	Kim	VA	202-273-8929
Harre	David	HUD	202-708-1934
Johnson	Colleen	AIDS Project LA	923-993-1351
Kelly	Marvin	Del Norte Neighborhood Dev.	303-477-4774
Kyle	LaShawn	Women's Collective	202-265-6222
Nalls	Patricia	Women's Collective	202-483-7003
Nystrom	Cynthia	Mont. Co., MD	301-946-1054
Poindexter	Priscilla	HUD	202-708-1934
Quattrochi	Gina	Bailey House	212-633-2500
Reyes-Jimenez	Valerie	Housing Works	212-966-0466 x165
Roman	Nan	Natl. All to End Homelessness	202-483-7003
Russell	Randy	AIDS Task Force of Alabama	205-324-9822
Sullivan	Albert	NAPWA	773-854-4521
Warren	Barbara	Lesbian and Gay community Services Center	212-620-7310
Williamson	Gail	HUD	202-708-2866
Zinsmeyer	Sterling	Praxis Housing Initiative, Inc.	212-293-8404

Pietermaritzburg & District
COMMUNITY CHEST
6TH FLOOR, GALLWEY HOUSE, GALLWEY LANE
P O BOX 971, PIETERMARITZBURG 3200
TEL: 0331-941031 FAX: 0331-949653 EMAIL: chest@pixie.co.za

26 May 1999

Ms S Thurman
Director: Office of National AIDS Policy
Executive Office of the President
736 Jackson Place, NW
Washington, DC 20503
United States of America

Dear Ms Thurman,

On behalf of all of my colleagues in the CINDI network, thank you very much for the concern and interest that you have shown in the problem of AIDS here, and in our efforts to meet the challenge that the problem presents.

The HIV/AIDS phenomenon has made us all realise that the only way forward is through cooperation. Together, we can all achieve so much more. The degree of mutual respect and trust that has built up amongst the many civil society organisations represented in CINDI has an intrinsic value that will reach far beyond the present crisis. If there is any way in which the strategies developed here can be helpful in your work elsewhere, we would all consider it a privilege to be given the opportunity to share our experience.

We all hope that your visit fulfilled your expectations and, that your journey home was pleasant and without incident.

We look forward to the opportunity of meeting again, and perhaps working successfully together, in the future.

Yours sincerely,

Chairman - CINDI Leadership Group &
Executive Director - Community Chest
John M (Mr Money) Scarrott

Helping you to help others