

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19398

FolderID:

Folder Title:

Correspondence - SLT - Incoming - 6/99 [1]

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Section:

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Position:

3

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	President Clinton to Individual living with HIV re: Medicare (Personal) [partial] (1 page)	06/15/1999	b(6)
001b. letter	Individual living with HIV to President Clinton re: Medicare (Personal) [partial] (1 page)	02/10/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19398

FOLDER TITLE:

Correspondence - SLT - Incoming - 6/99 [1]

2018-0764-F

jm2094

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- 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]

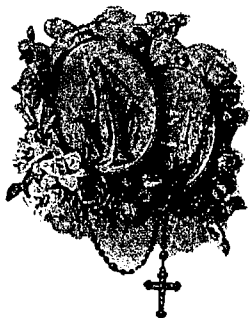
Clinton Presidential Records Digital Records Marker

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

This marker identifies the place of a publication.

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

8 pgs



That You
May be Healed



Girls Incorporated
of Cobb County

**girls
inc.**

The Girls Club of Cobb County

421 Manget Street
Marietta, GA 30060
Ph: 770/422-0999
Fax: 770/499-2386

Girls Incorporated of Cobb County is a member of a national youth organization dedicated to helping girls grow up *strong, smart and bold*. For more than 21 years, Girls Incorporated of Cobb County has been providing educational programs designed especially for girls between the ages of 6 and 18.

Each year we provide afterschool, summer and outreach programs for more than 3,800 girls through programs such as: KidabilitySM, Girls Under the Hood, Preventing Adolescent PregnancySM, Operation SMARTSM (science, math and relevant technology), Real World Budgeting, and Sporting ChanceSM.

We provide innovative programs that educate girls about their individual value and potential...and that prepare them to lead successful, independent lives.

For more information or to make a contribution, call 770/422-0999.

The genius and joy of the programs at Girls Incorporated are celebrated in a series of three paintings created by Atlanta artist Sophie Gau for Girls Incorporated of Cobb County, Georgia.
The paintings — "Love", "Friendship" and "Tea Party" — capture the energy and spirit of our work.

Please join us for a
"Conversation with Janet Street"
President/CEO of Girls Incorporated of Greater Atlanta

Declined
6/9/99

Hosted by:
Ann Cramer
Regional Manager - Corporate/Community Relations
IBM

4111 Northside Parkway
Hillside Building, Hillside Auditorium
Atlanta, GA 30327

Tuesday, June 29, 1999
11:30 a.m. to 1 p.m.

Conversation will begin at 12:30 p.m.
Lunch will be served. Please let us know of any dietary restriction
R.S.V.P by June 18, 1999 to Monica Pace at (770) 422-0999

CLINTON LIBRARY PHOTOCOPY



Mr. Albert Trewren
7207 Mier Henry Rd.
Pensacola, FL 32506-5680

27 June 1999

Ms. Sandy Thurman
AIDS Policy Director
The White House

Dear Ms. Thurman:

Your zealous crusade against AIDS grafting is commendable, but the 'facts' in the USA weekend interview are tilted in favor of homosexuals and do not reveal the whole story, of frequent promiscuity of homosexuals with heterosexuals.

When taxpayers compare what is being spent on AIDS research, the cause, more effective medicine and hopefully a cure, with that being expended for genetic diseases not caused by misconduct and reckless promiscuity, they have a legitimate complaint, of disparity in disease research and cure.

The costs of prescription drugs, for other than AIDS, are outrageous, and, can be purchased (same drug) anywhere in Europe, Canada or Mexico for a fraction of the cost, that they are tefailed for in the US.

You have a unique position to suggest to Bill Clinton, that Pharmaceutical industry in the US, be regulated. The sell high in the US and very low overseas where they are regulated. Their profits are enormous.

Respectfully



City of Chicago
Richard M. Daley, Mayor

Department of Public Health

Sheila Lyne, RSM
Commissioner

333 South State Street
Chicago, Illinois 60604
(312) 747-9884
(312) 747-9888 (24 hours)
(312) 744-2960 (TTY)

<http://www.ci.chi.il.us>

Ms. Sandy Thurman, Director
Office of National AIDS Policy
808 17th Street, NW
Washington, D.C. 20503

June 28, 1999

Dear Ms. ^{Sandy}Thurman,

Thank you so much for taking the time to meet with us last week to discuss FY 2000 and FY 2001 Appropriations, CARE Act Reauthorization, and some of the programs we are implementing throughout the Chicago area. Your history of support is invaluable, not only within the area of HIV/AIDS, but in the public health community at large.

We are delighted that you are able to meet with the CAEAR Coalition Executive Committee during our strategy session in Chicago. We would like to invite you to join us for lunch on Sunday, July 11 at 12:00 PM. Given your busy schedule, we understand if you need to meet with us at a different time that day or the day before on Saturday, July 10. Either way, we look forward to sharing with you some of our long term plans around CARE Act Reauthorization and appropriations, and to hear your strategic thoughts, suggestions and ideas about the process, the Administration's thinking, and the overall political climate.

As you know, we are concerned about FY 2000 Appropriations, especially given the constraints on this year's appropriations process. President Clinton's support for increased funding for the CARE Act and other AIDS programs will be critical, particularly in the final stages of the appropriations process. In addition, we are hopeful that the President's FY 2001 budget proposal to Congress will include significantly higher funding levels than this past year's levels for Title I and the other titles, as well as for CDC Prevention and HOPWA.

As we work on appropriations, we simultaneously are working hard on Reauthorization. As we do so, we are gearing up for the challenges and barriers which we are sure to face (as you put it, we must be prepared for a "train crash"). Your assistance, guidance and support in that process is both crucial and essential. Herein lies the importance of ongoing communication between you, us, and our coalition partners (NORA and others). We are so pleased that you are committed to this communication and that we are able to meet with you on a regular basis.



Please
Recycle!

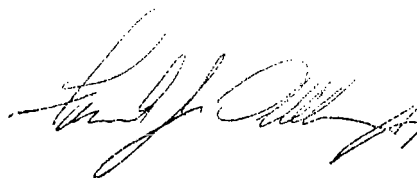


Please contact Tracy at 312-747-9652 or via email at TFisch7@aol.com to let us know when if you are available to join us for lunch on Sunday, July 11. Your tremendous work is needed and appreciated now more than ever. Thank you!

Sincerely,

A handwritten signature in cursive script that reads "Tracy Fischman".

Tracy Fischman
Director for Policy and Legislative Affairs
Division of STD/HIV/AIDS Public Policy and Programs
CAEAR Coalition Executive Committee Member

A handwritten signature in cursive script that reads "Frank Oldham, Jr.".

Frank Oldham, Jr.
Assistant Commissioner
Division of STD/HIV/AIDS Public
Policy and Programs

THE WHITE HOUSE

WASHINGTON
June 22, 1999

MEMORANDUM

TO: Mr. Daniel C. Montoya
National AIDS Policy Office
736 Jackson Place NW

FROM: Melinda N. Bates
Special Assistant to the President and
Director, Visitors Office

Melinda N. Bates

Group Tour Confirmation: **Americorp Volunteers**

Date Scheduled: **Saturday, July 17, 1999**

Number in Group: **50** Group ID#: **99-89347**

This group, along with others, will be placed at the head of the public line for the self-guided walkthrough tour.

To receive brochures and to enhance the tour, the group should first stop at the White House Visitor Center at 15th Street, near E Street. Look for the American flags and the blue awnings. Allow between 20 minutes and 1 1/2 hours to see the videos, exhibits, and sales area. The Visitor Center is open from 7:30 a.m. until 4 p.m., seven days a week.

The members of the group should then walk to the Visitor Entrance, on East Executive Avenue between the White House and the Treasury Building, at **09:45 a.m.** It is not necessary to arrive earlier. The person in charge of the group *should show this letter* to the officer on duty.

The number of people in the group may **not** be increased. If there is a reduction in the number scheduled, or if for some reason the tour is cancelled, please notify the Group Tour department at least 24 hours in advance at 202-456-2202. Our TDD (telephone device for the deaf) is 202-456-2121.

Tour hours are occasionally affected at the last minute by unforeseen events. Please call the Visitors Office **24-hour info line recording at 202-456-7041** to confirm that tours will be conducted.

On behalf of The President and Mrs. Clinton, we hope that members of this group enjoy their visit to the White House.

THE WHITE HOUSE
VISITORS OFFICE
WASHINGTON, D.C. 20502

Mr. Daniel C. Montoya
National AIDS Policy Office
736 Jackson Place NW
Washington, DC 20503

CLINTON LIBRARY PHOTOCOPY

THE WHITE HOUSE
WASHINGTON

This acknowledges your request for a group tour of the White House. Please check the information on the label below and call (202) 456-2202 *only if corrections are needed.*

ID#:99-89347
Americorp Volunteers
PEOPLE: 50
ON: 07/17/1999
CONTACT AT GATE: Cheryl Bauerle

This is **not a confirmation** for a tour. We will be back in touch with you three to four weeks prior to the requested date. We are usually unable to accommodate groups of more than 50 people. If your group is large, please consider dividing the group over multiple days.

Thank you for your interest in the White House.

Melinda N. Bates
Director, Visitors Office



Printed on Recycled Paper

Has Sara
contacted?

When ^{answer}

Y E A R S

NATIONAL AIDS FUND

Leaders in the Fight Against AIDS.

FAX COVER SHEET

TO:	Sarah Holewinski	
FAX:	202/456-2438	
FROM:	Chad Sandhas, National AIDS Fund AmeriCorps Program	
DATE:	April 26, 1999	
RE:	AmeriCorps Visit to the White House	
TOTAL PAGES (INCLUDING COVER SHEET)		2

URGENT

FOR REVIEW ONLY

PLEASE REPLY

Sarah,

Hi, this is Chad Sandhas with the National AIDS Fund AmeriCorps Program. First let me thank you for all of your help coordinating a visit to the White House for our AmeriCorps Members. We are very excited about this! I was out sick last Wednesday and Thursday so I apologize for taking so long to get in touch.

The last message I received from Melissa said that you would like to change the date of the visit to Saturday July 17th. Saturday would be fine for us, I simply wasn't aware that we could get a visit on the weekend. I am faxing you the description of our program with this transmission. If you wouldn't mind sending me a quick confirmation of the date and time for the visit that would be terrific.

Again Sarah, thank you for your help and let me know if there is any more information that I can provide! Have a great Monday.

Sincerely,

Chad Sandhas X 221

National AIDS Fund AmeriCorps Program, csandhas@aidsfund.org

1400 I Street, NW, Suite 1220, Washington, DC 20005-2208

Phone (202) 408-4848 Fax (202) 408-1818

TO: Sarah Holewinski, Administrative Assistant to Sandy Thurman
Fax Number: 202/456-2438

FROM: Chad Sandhas, National AIDS Fund AmeriCorps Program

RE: AmeriCorps Tour of the White House

DATE: Monday, April 26, 1999

The National AIDS Fund AmeriCorps Program is currently in its fifth year of operation, serving five communities across the country. **Forty-three** active AmeriCorps Members have devoted full-time service to combating the AIDS epidemic in communities with limited resources, including Charlotte, NC; Detroit, MI; Tacoma, WA; Tulsa, OK; and Washington, DC. Members provide service in the form of HIV/AIDS prevention education and outreach, client services such as case management and meal delivery, hospice care services, and HIV testing and counseling.

The National AIDS Fund AmeriCorps Teams will come together in Washington, DC from July 14-18 to celebrate and reflect on the AmeriCorps service year. All AmeriCorps members will be in attendance as well as program staff from each operating city site and the national office.

Saturday, July 17 has been discussed as a possible date for the White House visit. A visit to the White House would be an exciting event for our program, especially to those AmeriCorps members who live outside of the district. Any opportunity to meet other White House staff (or residents ☺) would only add to the excitement of the experience.

Thank you for your help coordinating this visit and please let me know any other information you may need. I can be reached at 202/408-4848 ext 221 or by email at csandhas@aidsfund.org. Finally, thank you for your commitment to fight against HIV/AIDS in our communities.

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR MELINDA BATES

From: Sandra Thurman
Director
Office of National AIDS Policy
(202) 456-2437

Date: April 19, 1999

Re: White House Group Tour Tickets

I would like to request a group tour of the White House for 50 Americorps volunteers. The group will be in Washington on July 17, 1999.

Please call my assistant Cheryl Bauerle at -51441 if you require any additional information.

Thank you so much for your assistance!

*** TX REPORT ***

TRANSMISSION OK

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ST. TIME	04/19 15:14	
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PGS.	1	
RESULT	OK	

THE WHITE HOUSE
WASHINGTON

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*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	0826	
CONNECTION TEL		99944123
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RESULT	OK	



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:
Wallace Corbitt

COMPANY:
Brother to Brother Sister to Sister United

FAX NUMBER:

FROM:
Cheryl Bauerle for Sandra Thurman

DATE:
June 2, 1999

PAGES: 2

COMMENTS:

Please call me if you have any questions -
Cheryl 456-2959



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:
Wallace Corbitt

COMPANY:
Brother to Brother Sister to Sister United

FAX NUMBER:

FROM:
Cheryl Bauerle for Sandra Thurman

DATE:
June 2, 1999

PAGES:

2

COMMENTS:

Please call me if you have any questions -
Cheryl 456-2959

THE WHITE HOUSE
WASHINGTON

June 3, 1999

Good evening - On behalf of the President and Mrs. Clinton, it is my pleasure to greet everyone gathered to celebrate the extraordinary accomplishments of Brother to Brother Sister to Sister United and the 4th Annual Tanqueray AIDS Ride from Raleigh to DC.

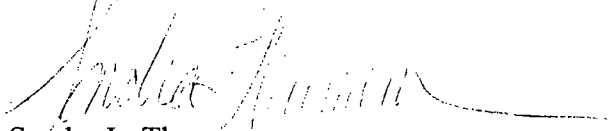
Let me say first that I am truly honored to be a member of the BBSSU team. United as partners, as brothers and sisters, and as riders - together we have made tremendous progress here in our fight to end AIDS. But we must renew our commitment to those we have lost along the way and to the future of our youth, our communities, our nation.

We ride this year to protest the growing misperception that AIDS is no longer a lethal threat, a misperception that has hit the African-American community particularly hard. We ride this year because we have an obligation to raise our voices on behalf of those who depend on us for action and to continue building new bridges across old boundaries.

This epidemic has been an extraordinarily poignant reminder of what can be accomplished through struggle, and through partnership. No where is this more evident than in the faces of 1700 riders, sunburned and sore, who gave everything they had and then some to make that long journey to the Capitol. As we ride this year, we must dedicate ourselves to building a foundation for hope, a legacy of compassion, and a partnership forged by our struggle together.

I send my best wishes for a wonderful evening and look forward to seeing you all in Raleigh!

Sincerely,

A handwritten signature in dark ink, appearing to read "Sandra L. Thurman", with a long, sweeping horizontal line extending to the right.

Sandra L. Thurman

Director

Office of National AIDS Policy

***BROTHER TO BROTHER
SISTER TO SISTER
UNITED***

FAX SHEET

FROM: WALLACE CORBETT

***WASHINGTON DC AIDS
RIDE 4***



We invite you to join our team (Thanks for joining our team), Brother to Brother Sister to Sister United (BBSSU), as an Honorary Member for the Washington DC AIDS Ride 4.

(As you know), BBSSU is the oldest and the largest African-American team in the country participating in the Tanquary American AIDS Rides. The team has raised nearly a half-million dollars since 1997 for direct services for persons with HIV/AIDS in the Washington, DC metropolitan area. The two beneficiaries of the Rides, Whitman Walker Clinic and Foods and Friends, 60-70 percent their clients are African-American. BBSSU is well on it's way of becoming The Million Dollar Team.

But there is more.... Money is only part of it. We want to elevate the importance of the issue in the community and take advantage of our strategic location in the Nation's Capitol to grab the attention of legislators and national leaders. They need know that HIV/AIDS is devastating the African-American community. Failure to act with urgency, threatens the future of not only of our community but the society as a whole. It is projected that in just five years African-Americans will represent almost 65% of all of the HIV cases in this country, although we represent only about 12 percent of the population.

Lending your name to the team as an honorary rider helps BBSSU in many ways.

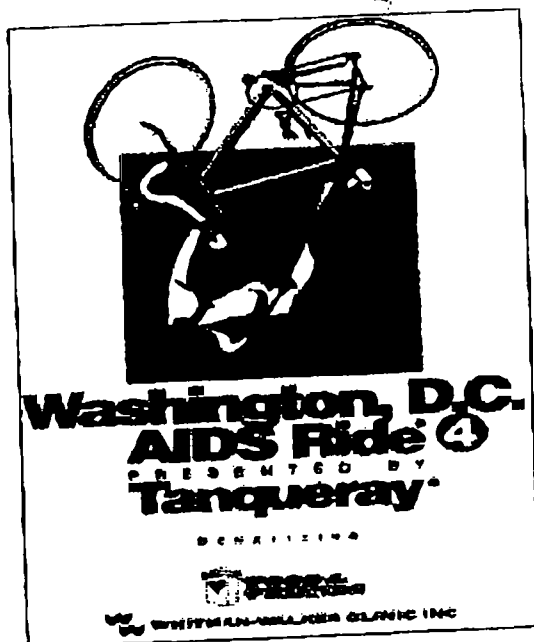
- Boosts our fund raising capacity
- Puts the issue on the public agenda with you as one of its champions.
- Promotes team morale and pride by you recognizing the individual effort of each BBSSU team member in the 330-mile ride.

The message is right. We must be able to talk about HIV/AIDS if we are to get people energized to do something about it. We are riding for a reason, our future..

Please RSVP by calling 1-888-397-4337

Sincerely,

Wallace Corbett, Jr.
Founder
Team Leader 1999-2000



Special Thanks



**Tanqueray &
Brother to Brother
Sister to Sister United**

presents

*A Fundraiser for
Washington, DC AIDS Ride 4*

Thursday, June 3, 1999
6:00 p.m. to 9:00 p.m.

Midtowne Café

4306 Georgia Avenue, Northwest
Washington, DC

Directions to Midtowne Cafe

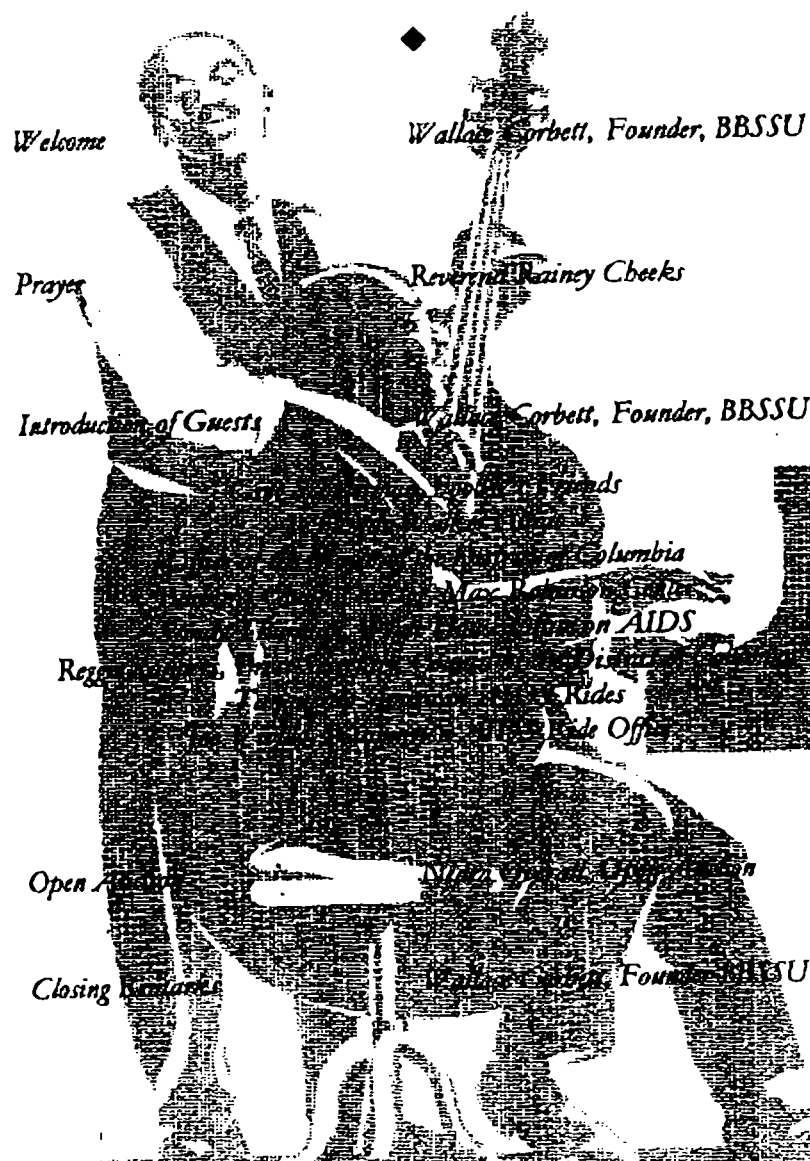
From downtown D.C.:

- take 12th St. tunnel to downtown D.C.
- make a right onto any of the cross streets to access 7th St.
- make a left onto 7th St.
- continue on 7th St. for approx. 3 mls.-7th St. will turn into Georgia Ave.
(Landmark: Popaye's Chicken on right)
- continue on Georgia Avenue for approx. 4 mls.
- after crossing New Hampshire Avenue, you will approach Midtowne Cafe in the next 3 blocks on the left: 4306 Georgia Avenue (Landmark: Shell Gas on left)

From Northern Virginia/Silver Spring:

- from I-95, take "Georgia Avenue/Silver Spring" exit
- continue on Georgia Avenue for approx. 6 mls. (Passing Landmarks: Walter Reed Hospital on right, Carolina Furniture on right)
- After crossing Webster St., Midtowne Cafe will appear on the right-4306 Georgia Avenue

PROGRAM



Welcome

Wallace Corbett, Founder, BBSSU

Prayer

Reverend Raziney Cheeks

Introduction of Guests

Wallace Corbett, Founder, BBSSU

Food & Friends

University of Columbia

Marshall University

Foundation AIDS

Foundation AIDS

Foundation AIDS

Foundation AIDS

Foundation AIDS

Foundation AIDS

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Foundation AIDS

Brother To Brother, Sister to Sister United

Brother to Brother, Sister to Sister United (BBSSU) is a Washington, D.C. based organization of cyclists and volunteers who have joined together to raise money for education and public awareness of AIDS/HIV, Sickle Cell anemia, Breast Cancer and other medical and social conditions that affect African Americans.

BBSSU was founded by Wallace Corbett, a retired teacher and long-time cyclist, who has been active in the fight against AIDS/HIV for many years. BBSSU has raised more than \$1 million dollars for Whitman-Walker Clinic and Food & Friends.

We hope you will join us in our crusade to raise the consciousness of our young adults and children so that they can live long, productive lives, free of this terrible disease.

Proceeds benefit Whitman-Walker Clinic and Food & Friends. Donations are tax deductible to the fullest extent allowed by law.



Today, AIDS is the leading killer of blacks between the ages of 25-40 years. In Washington, D.C., 90% of all reported AIDS cases are African-American. Each year AIDS continues to become an increasing threat to the health and lives of people of our community.

Brother to Brother, Sister to Sister United (BBSSU), an African-American cyclists and volunteer group, is doing something about it. This year, over one hundred members will participate in Washington, DC AIDS Ride 4 Presented by Tanqueray in an effort of hard work, sweat and determination to create awareness of the AIDS service organizations that provide invaluable services to people living with AIDS in the Washington, D.C. area. Food & Friends and The Whitman Walker Clinic.

Tanqueray

Invites you to help support the heroes of
BBSSU & celebrate their commitment
in the fight against AIDS

Thursday June 03, 1999
6:00 PM to 9:00 PM

MIDTOWNE CAFE
4306 GEORGIA AVE. NW
WASHINGTON DC 20011
(corner of Varnum Ave. and Georgia Ave. NW)

Live Entertainment & Hort O'neives
Featuring Tanqueray Gin and Tanqueray Malacca.

NO COVER CHARGE FOR MEMBERS OR GUEST

All proceeds will directly benefit the Washington, DC
AIDS Ride 4 Presented By Tanqueray which provides
unrestricted cash donations to Food and Friends and
the Whitman Walker Clinic.

Please RSVP at 888.397.4337
This is a private party. Guests must be 21 years or older to attend.

Imprinted English Co., 4274 and 42nd Ave. (N. 6th and 10th), Imprinted Media 40th and 10th
Ave. NW, NW and 1007 Galt, Newark Spain. ©1999 Sister Grimm & Son, New York, NY

BBSSU

Brother to Brother, Sister to Sister United, 1999

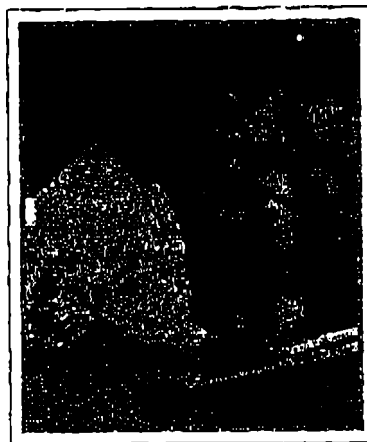
Wallace Corbett, Jr., Founder

Washington, D.C. - Brother to Brother and Sister to Sister United (BBSSU) was created 3 years ago after the 1996 Tanqueray AIDS ride from Philadelphia to Washington DC. Wallace Corbett, the group's founder and team leader, was astonished by the incredibly small number of African Americans participating in the event given the disproportionate impact that the disease had on the community.

Of the two organizations that benefited from the funds raised by the Washington AIDS Ride, 65 to 70 percent of their clients were African-American. Wallace decided to do something to change that.

BBSSU became a call-to-action for African-Americans of all walks of life, shapes and sizes to actively participate in the discussion and fight against AIDS. Corbett was determined to point out that the disease does not discriminate on the basis of gender or age or race.

Wallace saw the need to organize a grass-roots organization within the African-American community to join the fight against HIV/AIDS as imperative to community survival. His purpose was to elevate the dis-



cussion about the disease in this country, and sound the alarm within the minds of African-Americans and particularly young people that the destruction of our very community was imminent unless we act.

FACT: Among our young people ages 13 to 24, sixty-three (63) percent of all of the HIV diagnosis were among African-Americans. Young African-American women ages 16-21 have the highest HIV infection rate of any group, that's 7 times that of young white women.

Without immediate action, in the next five years African-Americans will make up 65 percent of all HIV cases in the United States.

Every year BBSSU raises close to one quarter of a million dollars in the fight against HIV/AIDS. By the year 2000 the team will reach the MILLION-DOLLAR mark while continuing to send the important messages with respect to AIDS & HIV.

The Tanqueray American AIDS Rides provides a perfect vehicle for BBSSU to present the HIV/AIDS issue as a challenge that can be taken on by common folk, whether it is as a rider, crew, or as a patron. Tanqueray as a supporter of BBSSU, provides a bold, colorful and spectacular venue for our team to do its work.

Tanqueray collaborates with us on media relations and fund-raising activities. We want BBSSU to be the community's symbol of health, lifestyle and the power of collective effort.

Brother to Brother, Sister to Sister
Wallace Corbett, Jr., Founder
1440 N Street, N.W. #403
Washington, D.C. 20005
202-558-1028
Email: BBSSU@AOL.COM

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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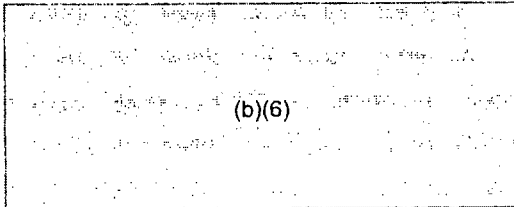
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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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b(7) Release would disclose 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]

June 15, 1999



[0019]

Thank you for your letter regarding your personal experience with HIV and Medicare. I'm sorry I was unable to respond sooner. I appreciate your support for our efforts to facilitate the transition from Medicare to affordable coverage, and I have passed along your correspondence to members of my staff for further consideration.

I am aware of the difficulties individuals with preexisting conditions face in finding affordable coverage, and I do not believe that people should be forced to choose between devoting their income to offsetting the costs of needed medication and leaving their jobs in order to become eligible for Medicaid. As I pledged in my State of the Union address, I am working to address this situation and to strengthen and improve Medicare -- including reviewing options to redesign the program to include a prescription drug benefit for all Medicare recipients.

Be assured that my commitment to ending the AIDS epidemic -- and to responding to the needs of those already living with HIV and AIDS -- remains firm. We must all work together to stop this deadly disease, and I will take all measures within my authority to achieve that end. As we continue working to ensure that our nation does not turn its back on the health and well-being of our citizens, I'm glad to know I can count on your help.

You have my best wishes.

Sincerely,

WILL CLINTON

BC/TFS/SH/NS/DC/emu-ddj
(6.perl.j)

(Corres. #4269780)

cc: w/copy of incoming to AIDS Policy Office, 736 Jackson Place

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Individual living with HIV to President Clinton re: Medicare (Personal) [partial] (1 page)	02/10/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19398

FOLDER TITLE:

Correspondence - SLT - Incoming - 6/99 [1]

2018-0764-F

jm2094

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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RR. Document will be reviewed upon request.

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

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- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) 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]

02/10/99

President William Clinton
1600 Pennsylvania Avenue
Washington D.C.

Dear Mr. President,

I am writing to see if I can be of any assistance in helping you promote your program to aid people in the transition from Medicare to paying their own monthly premiums.

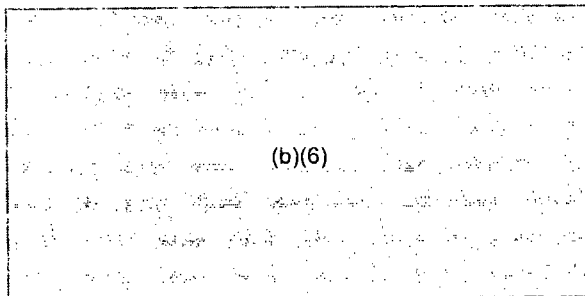
I am not in a unique situation but I think I do have a perspective that might be helpful to you. In August of 1994 I was diagnosed as being HIV positive. I did not have any insurance and could not get medical assistance before I got sick. I did get sick, a year and a half later I wound up in the hospital with PCP, which as I'm sure you know is a defining condition for AIDS. Then I was able to get aid.

I contracted the disease in a monogamous, at least for me, heterosexual relationship. Not that it matters but I have never done any drugs, much less intravenously or engaged in any homosexual acts.

So, why am I writing? Well, I think many people have expectations about people in my situation and I think I could dispel some of their 'less educated' notions. I am a well educated well-spoken writer. I am married with a very stable life and have fought very hard to keep my health in spite of my medical condition. My current state of health is an unusual set of contradictions. The cocktail I am on keeps the virus in check, it is "undetectable" in my bloodstream, but the side effects can sometimes be debilitating. In spite of the difficulties I have done a triathlon or two and even ran the NYC Marathon in 1997. Unfortunately I have not been able to accomplish as much in getting off the public aid and Medicaid upon which my life depends. I am very afraid to rock the boat and take chances with my medication pipeline. I am caught between a rock and a hard place.

Ideally I would like to be able to pay my own insurance premium by working and paying taxes. I have never before written to a government official but the plan you spoke of in your State of the Union address compelled me, I figured I'd take the chance and write. I would like to aid in the promotion of this program. Please let me know if there is anything I can do.

I wish you all the best in this difficult time. The House and Senate are not doing the right thing or taking care of business. Keep up the good work, you will prevail.



[0016]

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105 East 22nd Street
Suite 711
New York, NY 10010
Tel: 212 614-0023
Fax: 212 614-0057
e-mail: NBLC@aol.com

VIA FAX

June 29, 1999

Ms. Sandra Thurman
Director
White House Office of National
AIDS Policy
736 Jackson Place
Washington, DC 20002

Dear Ms. Thurman:

Thank you for confirming your attendance at a planning meeting scheduled in New York City on Friday, July 2, 1999 to discuss the National Black Leadership Commission on AIDS' (BLCA) international conference on AIDS orphans to be held at the United Nations on December 1, 1999.

As you know, BLCA's international conference is intended to develop an action plan to address the special needs of children who are being orphaned due to the AIDS-related death(s) of one or both parents. During the conference, special emphasis will be given to identifying and addressing the needs of children left behind by AIDS in sub-Saharan Africa, the United States, South America (Brazil and Guyana) and Haiti. We want to insure that the recommendations emanating from the conference will be of use to the Clinton Administration as you implement your international AIDS orphans initiative. The United Nations has designated the international conference as the official United Nations event commemorating World AIDS Day 1999.

Your suggestions and recommendations will be invaluable to us as we move forward with the conference planning. See you on Friday, July 2nd.

Sincerely,

Debra
Debra Fraser-Howze
President/CEO

DFH:PAH:hs

Promoting Health



File

Hi Sandra,

How're you and work up there in the states, back on our side here in Malawi. Zambia was the way for a

As you had seen our situation when you came with the Congress men, We there for request for material assistance in form of text book on reproductive health and ^{STD} HIV/Aids Materials

Lastly best wishes and get greetings from the members of the team you watched at the Malawi family Support Centre in the

Yours Sincerely

National youth
co-ordinator

Victor MAWERA

Host Committee

Barbara Bode	Kessy Janabi	Lionel & Linda Proctor
Maureen Bunyan	Evelyn Joe	Leonard Robinson
Les Butler	Edward Johnson	Elisabeth Sane
Evelyn Coleman	Pastor Harold Lewis	Elise Fiber Smith
Ron Dellums	Rev. Lucinda Malone	Anna Forbes Towns
Barbara Ferris	Kathy Morrell	Milton Denzo Whitaker
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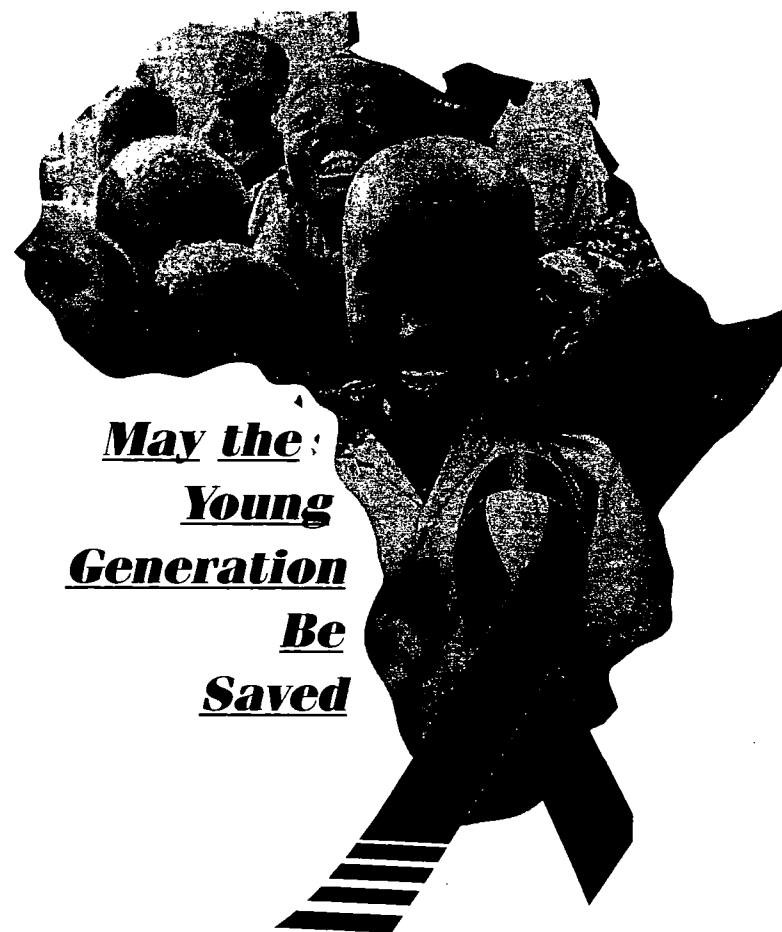
Honorary Committee

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D.C. Councilmember Harold Brazil	Congressman Tom Lantos
H. E. Samson K. Chemai <i>Embassy of the Republic of Kenya</i>	Congresswoman Barbara Lee
H. E. Willie Chokani <i>Embassy of Malawi</i>	Congresswoman Sheila Jackson Lee
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^{sched. conflict}
“May Ours Be the Last”



May the
Young
Generation
Be
Saved

The Ark Foundation of Africa

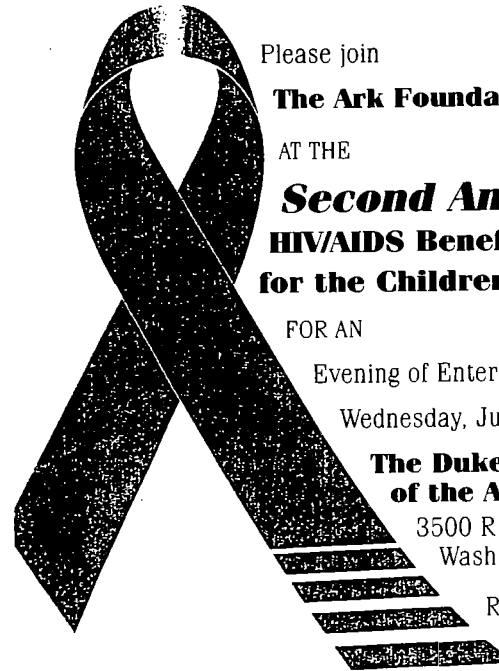
Second Annual HIV/AIDS Benefit Reception for the Children of Africa



The **Ark Foundation of Africa** (AFA), is a Washington, DC based, non-profit organization, founded in 1986 by native Africans. For more than a decade, AFA has been working with families and communities with an emphasis on children and their educational development.

Today, AFA is challenged by the ravages of HIV/AIDS among the youth of Africa. The rapid spread of HIV/AIDS throughout Africa has left hundreds of thousands of children orphaned. AFA today focuses on preventative education targeted at children, teenagers and women orphaned by HIV/AIDS. AFA provides scholarships to young orphans in order to clothe, shelter and educate them. AFA currently supports 125 children in Uganda, Tanzania and Kenya but the need for more scholarships is overwhelming. Hope for the future of Africa lies with these children.

The future belongs to those who prepare for it today. A large group of teens in East Africa, mostly orphans, have boldly acknowledged that they are HIV positive and are involved in widespread efforts to educate people on methods of HIV/AIDS prevention. Their message is simple, **"May Ours be the Last. May the younger Generation be Saved."** With your help the Ark Foundation can make these teenagers dreams a reality.



Please join

The Ark Foundation of Africa

AT THE

**Second Annual
HIV/AIDS Benefit Reception
for the Children of Africa**

FOR AN

Evening of Entertainment and Education

Wednesday, June 30, 1999

**The Duke Ellington School
of the Arts**

3500 R Street, NW
Washington, DC

Reception—6:30 p.m.

Program—7:30 p.m.

MASTER OF CEREMONIES

Sam Ford

Correspondent—WJLA TV (ABC Affiliate)

ENTERTAINMENT

Elly Wamala

Internationally acclaimed Ugandan musician

SPEAKERS:

Ronald King

Executive Director, HIV Community Coalition, Washington, DC

Selina Khakasa

AFA 1998 Exchange Student

Rhoi Wangila

Founder and Executive Director, Ark Foundation of Africa

AND MORE . . .

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(312) 744-2960 (TTY)

<http://www.ci.chi.il.us>

Ms. Sandy Thurman, Director
Office of National AIDS Policy
808 17th Street, NW
Washington, D.C. 20503

June 16, 1999

Dear Ms. Thurman,

I am writing to express my delight that you will be joining us on Monday, June 21, to celebrate as our Commissioner, Sheila Lyne, accepts the 1999 Life Award, presented by NAPWA, on behalf of the City of Chicago. In addition, while we are in town, we would like to have the opportunity to meet with you that afternoon or on Tuesday, June 22. I will be in town with our Commissioner, Sheila Lyne, Frank Oldham, our Assistant Commissioner for STD/HIV/AIDS, and Janice Johnson, our STD/HIV Prevention Program Director. While we are often in town for CAEAR Coalition related business, we have not had the opportunity to meet with you to discuss Chicago-Area specific activities.

Of course, we also would like to discuss FY 2000 (and FY 2001) funding for the Ryan White CARE Act, with a particular emphasis on Title I and Title III. In addition, we would like to discuss with you some initiatives we are working on in Chicago. For example, utilizing our Title I Congressional Black Caucus dollars and other local dollars, we have launched a major initiative to expand HIV primary medical care on the Westside of Chicago -- a highly underserved, predominantly African American community. Finally, we are excited to discuss with you the work we are doing with the CAEAR Coalition around Reauthorization of the CARE Act. We look forward to having our Reauthorization Position Paper ready for circulation sometime in the next two weeks.

Please contact me at 312-747-9652 or via email to let me know if you are available. I look forward to hearing from you soon. Thank you, and take good care!

Sincerely,

Tracy Fischman

Tracy Fischman
Director for Policy and Legislative Affairs
Division of STD/HIV/AIDS Public Policy and Programs
CAEAR Coalition Executive Committee Member



Please
Recycle!



REP1

Van Scoyoc Associates, Inc.
1420 New York Avenue, NW
Suite 1050
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Fax Cover Sheet**TO: Sandy Thurman****FROM: Kimberly Johnson on behalf of Anita Estell****DATE: June 10, 1999****FAX#: 202.456²⁴³⁹~~2059~~****PAGE(s): 2****COMMENTS: Per my conversation with Cheryl. I will call to confirm receipt.****CONFIDENTIALITY NOTICE**

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*The Congress of the United States
requests the pleasure of your company
at a Congressional Gold Medal Awards Ceremony
in honor of
Mrs. Rosa Parks
on Tuesday, the fifteenth of June
Nineteen hundred and ninety-nine
from three until four o'clock
The Rotunda
Capitol of the United States*

*R. F. D. P. by June 9
Eric Knashed
(202) 225-7766*

*East Rotunda Entrance
Please arrive no later than 2:30 p.m. for seating*

*Ticket will be issued upon receipt of R. F. D. P.
Invitation and Ticket Non-Transferable*

confirmed
6/16/99

Come celebrate the publication
of
Out for Good: The Struggle to Build
a Gay Rights Movement in America
by Dudley Clendinen and Adam Nagourney

Sunday, June 20, 1999

5 pm to 7 pm

3340 Northampton Street, NW
Washington, DC

Hosted by:

Annie Groer & Michael Mosettig
Michael Oreskes & Geraldine Baum
Tom Bryant & Brandt Albert Petrusek

RSVP 202-362-1492

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June 14, 1999

Ms. Sandra L. Thurman
Director
Office of National AIDS Policy
736 Jackson Place, NW
Suite 820
Washington, DC 20503

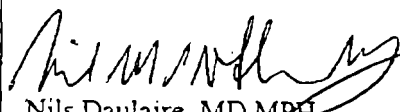
Dear Ms. Thurman:

On behalf of the Global Health Council I cordially invite you to be our guest at the Council's annual awards banquet, June 22, from noon until 2pm. The banquet will be held in Salon I, II, and III at the Crystal City Gateway Marriott in Crystal City, Virginia. Held in conjunction with our annual conference, Global Health, Poverty and Development, this year's luncheon promises to be a very special one.

Former President Jimmy Carter will reinforce the crucial role of improving global health for a just and prosperous world. He will also present the first annual Jonathan Mann Award for Global Health and Human Rights to Burmese refugee physician Dr. Cynthia Maung. Senator Patrick Leahy will present the first annual award for media coverage of global health issues and we will be awarding our first Best Practices in Global Health Award.

I look forward to seeing you at our conference and luncheon. Thank you for your support of the Global Health Council. We look forward to working with you to improve global health. Please contact Emily Gish by June 17 at 202-833-5900 ext. 219 to confirm your participation.

Sincerely,



Nils Daulaire, MD MPH
President and CEO

Confirmed
6/22

The Global Health Council is a non-profit
organization for membership or organization founded
in 1971 as the National Council for
International Health by the

American Medical Association
American Public Health Association
Association of Schools of Public Health
American Nurses Association
National Medical Association
American Association of Medical Colleges
American Dental Association
American Hospital Association
American Society of Tropical Medicine & Hygiene
National Council of Churches



GEORGE A. ZEPPENFELDT-CESTERO
W.K. KELLOGG FOUNDATION FELLOW

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WASHINGTON, DC 20006
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June 1999

**NATIONAL
HEALTH
POLICY
FORUM**

Notes & News

Education & Information Exchange for Washington Health Policymakers

Zeppenfeldt-Cestero New Kellogg/Johnson Fellow at NHPF

George A. Zeppenfeldt-Cestero assumed the post of W. K. Kellogg Foundation/Robert Wood Johnson Foundation Minority Fellow June 7 for a six-month period. He is currently on sabbatical from Arcos Communications, a firm specializing in public relations and marketing communications for the Hispanic market, where he serves as consulting managing director of its health care division. Zeppenfeldt-Cestero brings an extensive background in academic health center relationships, marketing, and community leadership to the position. Corporate director of community and government relations at Montefiore Medical Center until 1998, he previously was the president and founder of MarketCare, Inc., a marketing consulting firm serving both the public and private sectors with business, social service, health care, and economic development projects.

He also is president and founder of the New York Chapter of the Association of Hispanic Healthcare Executives. In addition, he is a member of Community Board 7, Manhattan, where he has been active in land use, health care, housing, and economic development uses. He also is an officer of the Hispanic Public Relations Association of Greater New York, a board member of the Latino Commission on AIDS, and a member of the New York Association for Volunteer Administration. Several years ago, he chaired the Medical and Health Marketing Leadership Council of the New York City Chapter of the American Marketing Association and was president of the Regional Small Business Council.

Selected for membership in New York's Senate and Assembly Minority Health Advisory Council and as an alternate delegate to the National White House Conference on Small Business, he was honored in 1995 as one of "100 influential leaders" by Hispanic Business Magazine. He has a B.A. degree in psychology from Seton Hall University and was an M.A. degree candidate in community health administration at Long Island University.

The minority fellowship derives from a minority internship that NHPF started in 1997, with funds from the W. K. Kellogg Foundation. Three interns spent six months each at the Forum in a program of mentoring by NHPF staff and participation in Forum programs, knowledge- and skills-building in congressional and agency settings, and professional development. Slightly more than six months ago, Lee Hawkins, manager of special populations issues at the American Academy of Family Physicians, became the first fellow, with some additional funding from the Robert Wood Johnson Foundation. The fellowship is designed for mid-level health professionals to gain visibility and experience in the Washington policy community. Zeppenfeldt-Cestero is the fifth person and the second fellow to participate in NHPF's foundation-supported minority program.

**The
George
Washington
University**
WASHINGTON DC

Visit our Web site at www.nhpf.org!

*Jendra
I enjoyed meeting
you at this year's
Latino Commission
on AIDS held
at the Copa.
Hope to see
you again while
I am in D.C.
LH*



HUMAN
RIGHTS
CAMPAIGN

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919 18th Street, NW, Suite 800
Washington, D.C. 20006
<http://www.hrc.org>
phone 202 628 4160
fax 202 347 5323

DATE: 6/18/99 4:15 PM

TO: Sandy Thurman

FAX #: (202) 456 - 2438

NUMBER OF PAGES: 2
(including cover)

FROM: Seth Kilbourn
Deputy Director for Health and Family Policy
(202) 216 - 1526 (PH)
(202) 347 - 5323 (FAX)
seth.kilbourn@hrc.org

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MESSAGE:

Did you know about this? Just an FYI, if you wanted to get involved in yet another "trade" issue! Is there an administration position on home test kits? We are considering putting the notice on our web site, but I don't really want to field phone calls about it.

SK

Consumer Alert

June 1999

Home-Use Tests For HIV Can Be Inaccurate, FTC Warns

If you've tested yourself at home for HIV — Human Immunodeficiency Virus, the virus that causes AIDS — you may want to do it again. According to the Federal Trade Commission, some home-use test kits can give users false information about their HIV status.

The FTC recently tested HIV kits advertised and sold on the Internet for self diagnosis at home. In every case, the kits showed a negative result when used on a known HIV-positive sample — that is, when they should have shown a positive result. Using one of these kits could give a person who might be infected with HIV the false impression that he or she is not infected.

Although Internet ads for these home-use kits may say they are for sale outside the U.S. only, consumers in the U.S. have been able to purchase these kits. Some ads state or imply that the kits have been approved by the World Health Organization (WHO) or a similarly well-known health organization, or that the home-use test kits have been approved by the U.S. Food and Drug Administration (FDA).

WHO does not approve or license HIV test kits. The FDA has not approved any home-use HIV test kit for sale in the U.S. However, the FDA has approved one HIV home collection test system for sale in the U.S. — the Home Access Express HIV-1 Test System. Manufactured by Home Access Health Corporation, this home system allows consumers to collect the sample in the privacy of their home, then requires that the sample be sent to a laboratory for analysis.

Safe, reliable HIV testing can be done only through a medical professional or a clinic, or through use of the Home Access Express HIV-1 Test System, says the FTC.

For more information about HIV home-use test kits, please visit the FDA website at <http://www.fda.gov>.

#

21st CENTURY

21st Century Science & Technology
P.O. Box 16285
Washington, DC 20041-0285
Telephone (703) 777-7473 Fax (703) 777-8853

Please deliver this telefax to: *Sandy Thurman*

From: *Colin Lowry*

Date: *6/17/99*

This transmission, including cover sheet, is 13 pages.

Here is the text of the interview as it will be printed. Page 1 has a short introduction I wrote for it. This will be printed in Executive Intelligence Review (EIR) next week, and also in the Fall 99 issue of 21st Century. There are printcodes in the text, and these are not typos, and will not appear in the final version. Please have a look at it, and tell me if there are any problems. I have done light editing of the interview only. Best Regards, Colin Lowry

99:[243]99243CML.101;6 - CML

Page 1

<jf1>fmt:colwidth58<cm

<+><jf130><cc42><cmDevelop an AIDS vaccine, or face<qla
disaster worse than the Black Plague<cm by Colin Lowry<cm

<jf20><\$>The spread of the AIDS pandemic continues to devastate the world's population. According to the United Nations AIDS program report, released in December 1998, there are now 33.4 million people infected with the human immunodeficiency virus (HIV) worldwide. The number of new infections in 1998 increased by 10% compared to a year ago, with 5.8 million people newly infected. AIDS has now become one of the top four causes of death in the world, with 2.5 million people dying in 1998 from the disease.

The continent hardest hit by the AIDS epidemic is Africa, where 12 million people have died since the epidemic began. In 1998, about 70% of all new HIV infections in the world occurred in Sub-Saharan Africa, and half of these in young people between the ages of 15-25. The nine countries of southern Africa have the highest HIV prevalence rates in the world. In Botswana, Namibia, Swaziland, and Zimbabwe, between 20% and 26% of the adult population is infected with HIV. With infection rates at these levels, and climbing, these countries will lose almost an entire generation to the AIDS epidemic by 2010.

As a result of the AIDS epidemic, large numbers of children whose parents have died are becoming orphans. The UNAIDS report forecast that by 2010, there will be 40 million orphan children worldwide.

In response to this forecast, President Clinton announced on Dec. 1, 1998, a \$10 million relief fund to support AIDS orphans. He also directed the Office of National AIDS Policy to lead a fact-finding tour of Sub-Saharan Africa, to investigate the AIDS epidemic and the needs of orphans there.

The President also introduced two new initiatives aimed at increasing research into HIV vaccine development and prevention strategies. Commenting on the importance of developing an HIV vaccine, Sandy Thurman, Director of the Office of National AIDS Policy, said, "Unless we find a vaccine to stop the spread of this disease, this epidemic stands to make the plague of the Middle Ages and the flu epidemic in the early part of this century absolutely pale in comparison to this pandemic."

<if0><jf1114><cc20><cmInterview: Sandy Thurman<cm

<jf20><\${Sandy Thurman has been the director of the White House Office of National AIDS Policy since 1997. She has served on the Presidential Advisory Council on HIV/AIDS, and served as the executive director of AID Atlanta, a

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community-based, non-profit organization that provides health and support services to people with HIV/AIDS. Before becoming the director of the Office of National AIDS Policy, she was the director of Advocacy Programs at the Task Force for Child Survival and Development at the Carter Center in Atlanta, Georgia. As director, she focussed on the global health concerns of children, including immunization programs and the eradication of polio. She was interviewed by Colin Lowry of }21st Century Science & Technology{ magazine on May 25.}

<jf10>Q<cmYou have taken several trips to Africa as part of a fact-finding mission to investigate the AIDS epidemic. What were the directives for these trips, and what countries have you visited since December 1998?

<cmThurman<cmThe focus on Africa started in December on World AIDS day, when the President announced that he was setting aside \$10 million to look specifically at the issue of children who are being orphaned as a result of AIDS. He did that in response to a USAID [U.S. Agency for International Development] report, which indicated that by the end of the decade, there will be more than 40 million children orphaned by AIDS worldwide, and more than 95% of these will be in Sub-Saharan Africa. When you think about 40 million children, that is the equivalent of every child in the United States east of the Mississippi River.

At that time, the President directed me to undertake a fact-finding mission, leading a delegation to Sub-Saharan Africa to look at programs that are working on the ground that we might be able to support, or expand, or replicate in some way. We are looking at what is working and what isn't, with respect to children who are orphaned, and children at risk.

We did an initial site visit in February, and then took the Presidential delegation in March, visiting Zambia, Uganda, and South Africa. We chose those three countries because we thought that we would get the kind of contrast that we needed. Zambia has been doing some pretty exemplary work, but they have a huge AIDS crisis, with more than 20% of the adult population infected with HIV. Then we went to Uganda, to look at what a model prevention program looks like. Uganda is still standing as probably the most successful model that we have. In fact, they have been able to cut their HIV prevalence in almost half in ten years time. Then, we went to South Africa, which has one of the fastest-growing epidemics in the world, and is in turmoil, with the changing of the government, and other factors. We chose to look at these three countries, to see if we could get a good sense of what was required, and what differences in leadership and support meant to the condition of the epidemic.

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<jf10>Q<cmDid this go beyond looking at just the orphan question?

<cmThurman<cmYes, we started, of course, looking at orphans, but you can't look at the impact of this epidemic on children without looking at the impact on women and families and communities as a whole. Our initial focus was on children, and how we could support programs for them. But, the fact of the matter is that in the initial report to the President, we focussed on the entire AIDS epidemic in Sub-Saharan Africa, and the impact it is having there.

<jf10>Q<cmWere you also looking at the medical infrastructure there, and what would be required to combat the epidemic?

<cmThurman<cmSure. The building of any kind of medical infrastructure in a developing nation is much bigger than just dealing with the AIDS epidemic. Obviously, the need for infrastructure is critical in those countries, which is why it's so important that we continue to invest not only in HIV prevention and care, but in health care development across the board. And, focus on expanding the amount of national budgets that are dedicated to health and social welfare. In many of these countries, they've been focussed on economic growth and trade, and spend only \$10 per capita on health care for their populations. When you look at the cost of AIDS care, and, certainly, the cost of drugs, we know that these costs are much higher than what is allocated for health care.

<jf10>Q<cmWill you be making specific recommendations to the President about the medical infrastructure required, and how the United States could be involved?

<cmThurman<cmI made a preliminary report, and I am working on an expanded report that will be made public sometime in June, with more specific recommendations. But, in the preliminary report, we did not address the need for overall health care infrastructure development. The President is certainly sensitive to that, as he just went to Africa last year, and has developed a keen interest in Africa's development. We did address how the HIV/AIDS crisis fits into that larger context.

<jf10>Q<cmThe drug pricing question is a big issue. The best drugs to treat AIDS that are used in the West, such as the protease inhibitors, are just too expensive for nations that need them the most. What kind of approach is your office taking to address this problem? Are you trying to work with the drug companies, to sell to developing nations at a reduced cost, or will the research agencies of the U.S. government act directly?

<cmThurman<cmThis is a multi-tiered issue. We are incredibly concerned, that more than 95% of the people

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around the world who are infected with HIV have no access to drugs at all. Certainly, there is a question on the pricing of drugs, and while I am delighted that some of the drug companies have dramatically reduced their prices to developing nations, the reduced prices are, in most instances, four times more expensive than the per-capita spending on health care in these countries. Even with the drug companies' efforts, there is a huge gap between what drugs cost and how we manage to get them to people who need them. I think part of this is looking at public-private partnerships, certainly working with the drug companies. But, I think that we are going to have to find some sort of balance, between the companies and the protection of their intellectual property rights, and what the needs of the people are. I think that the role of government is to help negotiate a balance.

<jf10>Q<cmCould you describe the conditions on the ground in Africa? Do you think what you have seen is worse than what is portrayed by the UNAIDS report, or were you prepared for what you found?

<cmThurman<cml think it prepared us for what we saw there. But, there is no way the UNAIDS report, as overwhelming as the numbers are, can prepare you for the faces of people who are desperate and have no access to care. It reminds me, although the scale is much larger, of the early epidemic here. I first started working in this epidemic in 1983, and in those days we had nothing to give to people. All we could provide was palliative care, and support to people who were sick, and their families. So, going back to Africa reminds me of those times in the early '80s; the scale is just 10 times larger, and it's really overwhelming to see.

On the other hand, what the report doesn't reflect is the reasons for hope, and the incredible work that is being done on the ground. People who have nothing are helping people who have even less. The community-based organizations, the women's groups, the peer-education groups that we visited on the ground there were really extraordinary. Those are the kinds of programs we need to focus on, and see if we can find ways to sustain them in an active way.

<jf10>Q<cmWhat about training more scientists who are already there in Africa, using the medical infrastructure of the United States, such as National Institutes of Health? Was this talked about?

<cmThurman<cmWe actually were focussed more on care than on research in this particular trip. We were looking at community-based response to the epidemic. We weren't there focussing on the research, and we didn't actually visit any research institutions, except for a few

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hospitals where research is being conducted. But, it is important that we do research on the ground in these countries, and that we train scientists in countries that do the research themselves. There are programs ongoing to do that.

<jf10>Q<cmThe number-one killer of HIV-infected people worldwide is tuberculosis. From what you have seen in Africa, what do you recommend be done to combat these dual epidemics?

<cmThurman<cmWell, again, I think we need to focus on building infrastructure, and focus additional resources, not only from the donor community, but from the governments themselves on the health and social services components.

<jf10>Q<cmWould government-to-government agreements be key to this, and not to depend just on the private donor community?

<cmThurman<cmYes, of course.

<jf10>Q<cmIs the role of the United States now being discussed in detail?

<cmThurman<cmWe haven't detailed this yet. We are looking specifically at the HIV issue now. Obviously, in the broader context, health care infrastructure development is a huge part of this in all of these countries. We found that out working in immunization in international health for a long time. This isn't new; we fought these same battles when we were doing immunization, and polio eradication, and diarrheal disease, and we are facing all of the same things. If these countries are going to remain healthy, we have to understand the connection between health and economic well-being. You can't separate the two. Then again, I think we focus too much on the trade and investment side, and not enough on the health care and social services side, when we are looking at investing in these countries.

<jf10>Q<cmOn the orphan question, how did the funding the President talked about work?

<cmThurman<cmIt's already been given out. We spent \$7 million of the \$10 million in Sub-Saharan Africa. It was allocated from USAID directly to community-based organizations in Africa. I think that what's important to remember is that in Africa and the United States, the battle against HIV/AIDS will be won or lost at the community level. That's true in terms of prevention and in terms of care, particularly in Africa, where communities still have a strong family network. The old saying, that it takes a village to raise a child, is really true in Africa. The majority of the children being orphaned in

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Africa are being taken in by their extended families or by the community. But, now, the communities and families are reaching capacity, and we do see increasing numbers of children who are abandoned or living in orphanages.

<jf10>Q<cmWho else has been involved in these trips to Africa that you have led?

<cmThurman<cmOn the Presidential mission, we had members of Congress and their staff, people from the private sector, the religious community, and officials from the State Department, USAID, CDC [Centers for Disease Control in Atlanta, Georgia], and the World Bank.

<jf10>Q<cmLate last year you went to India. Could you give an idea of what the situation is there in regard to the AIDS epidemic, and what they are discussing to stop the spread of the disease? The subcontinent could be the next epicenter of the AIDS epidemic.

<cmThurman<cmI think it will be the next epicenter of the epidemic. Those who are in the know, think it will be, and the number of infections there in raw terms will exceed those in Africa, if we don't do something to stop the spread pretty quickly. I'm not sure that the percentage rate of infection will ever be quite as high as it is in Africa, but the number will be larger. The World Bank has invested \$200 million in the AIDS program in India, to try and get a handle on the epidemic. The Indian government has been engaged for several years in the development of an AIDS control plan, which is part of their agreement with the World Bank. They are working very closely with community-based organizations. I think India presents unique challenges. The vast majority of people live in rural areas in India, and are hard to reach. India is a very complex society, with all kinds of cultural challenges to dealing with this epidemic. Not that we haven't met those everywhere else; we've seen these in Africa and the United States, and this isn't new, it's just very different. We have to really be specialized with our approaches in India. There is still a lot of denial, there is still denial in the U.S. in some of the communities hardest hit by the epidemic.

<jf10>Q<cmWhat are they trying to implement in India?

<cmThurman<cmEducation programs, and prevention programs. They are focussing at this point in time on prevention.

<jf10>Q<cmAre they getting more into research, or trying to get more funding for that?

<cmThurman<cmWe have been focussing on the care piece; they are doing research, obviously, in India. They have a complex research network with great capabilities.

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In our recent conversations with the World Bank, we did not talk specifically about that. The World Bank is not dealing with that directly in this latest initiative.

They have some fine research institutions, with research ongoing, being supported by the Indian government, and by outside sources as well. But their big focus, seeing where they are sitting in the epidemic, is on prevention. They feel that that is their front line of defense at this point in time. I think they are right.

<jf10>Q<cmThe study in Tamil Nadu, documented in the UNAIDS report, shows that the rural population has a higher HIV prevalence than the urban population. This really doesn't fit the classic models of the spread of HIV in the United States. What are they discussing to try to explain this?

<cmThurman<cmI don't think we know, and that's the challenge, why the epidemic has flipped profile there. The frightening thing about that statistic is that the vast majority of the almost 1 billion people in India live in rural areas. So, if we see some trends indicating that the epidemic is going to be worse in rural areas, than in urban areas in India, we are really in trouble. We need to pay very close attention to that, and try to define why that is occurring. Again, that's where prevention and education is key. They have some good networks in place that they have used for maternal and child health, and for immunization, that will be helpful for HIV prevention as well.

<jf10>Q<cmHas insect transmission been investigated there, considering that this is an area that is endemic for malaria?

<cmThurman<cmNot that I know of. I think we ruled out insect transmission years ago. It hasn't come up in recent years. We have no evidence at all that HIV is transmitted in that way, so we are not focussing much attention on that anymore. People still ask about it though.

<jf10>Q<cmThe reason I ask is because of the Belle Glade, Florida episode in the mid-1980s. Drs. Whiteside and McLeod who investigated there, found that their data point strongly to insect transmission.

<cmThurman<cmAgain, I think we have to never rule anything out, as we are dealing with an epidemic that is fairly new. And so, we should be vigilant, and pay attention to all the facets of the epidemic.

<jf10>Q<cmThe infection rates in the last five years have been relatively stable, with 40,000 to 60,000 new cases added each year. I think people are taking a false sense of security from this, and seeing this as progress. What do you think about this? And, considering the lack of

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broad-based testing, what do you think the real figures might be?

<cmThurman<cmWell, it's not progress. I don't think we know what the actual number of infections is. I think the 40,000 to 60,000 is a very educated guess, and I would be willing to bet on that. But, we certainly can't call that success. We have invested a lot in prevention, and we don't see a reduction in new infections. We see exploding epidemics in particular communities in the U.S. What we see is a real shift in the epidemic to women, people of color, and to young people. More than 50% of all new cases in this country are in people under 24 years of age. One in four of those is a teenager. So, it tells us that we aren't getting to young people early enough with the right information. I think we need to rethink our prevention effort, and we are in the process of doing that. We are working very closely with CDC, and need to look at where the epidemic is moving, and make sure that our prevention messages are appropriate for those communities. Your message to a 14-year-old in Harlem is going to be different than for someone who is Latino in East Los Angeles.

I worry about that in this stage of the epidemic, when people are tired, battle-weary from 18 years of fighting this epidemic, when there is the misperception in a lot of the public that this epidemic is under control or over. They read the great headlines that we have dropping rates of AIDS deaths, but we don't have any decline in the rate of new infections at all. We are not winning the battle. It's great that we are staying level, but those rates need to be going down, not leveling off. We have to focus on making sure we are staying current, and retooling to keep pace with the epidemic. That is a challenge.

<jf10>Q<cmOn the testing issue, something that was said a long time ago, and people didn't want to hear it at the time, is the question of universal testing for HIV. What do you think about this?

<cmThurman<cml am generally opposed to universal testing. There are certain instances where testing may be more appropriate than others. Given the rate of infection in this country in particular, where there is less than 1% of the population infected, and given the fact that we know exactly how to prevent the spread of this disease, there is no need for universal testing.

On the other hand, we need to encourage people who have any reason at all to think that they are at risk, to voluntarily get counseling and testing. Certainly, if they are infected, they should get treatment. The counseling, testing, and care pieces have to be linked at this point in time, because now there is something we can do for

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people.

<jf10>Q<cmTo follow up on that, will you be working on programs to increase testing, now that the treatments are better? In the past, people would be very pessimistic, because there was nothing that they could do. Now, is this further incentive to try to increase testing for HIV?

<cmThurman<cmAbsolutely. CDC and community-based organizations are all encouraging people now to get tested. In fact, the President's council on HIV and AIDS has recommended to us and the President, to undertake a "get tested" campaign, and we are in the process of working with CDC on the development of that campaign. The bottom line of this is that we have to focus on prevention, again, since we know how to prevent the spread of HIV. We need to educate people to take responsibility for their own actions, and not make assumptions of others....

<jf10>Q<cmWe don't have a vaccine for HIV yet, but you have spoken about the importance of this. Hypothetically, if we did have a vaccine, what kind of strategy would you develop to use it, especially in the areas that need it the most, such as Africa and Asia?

<cmThurman<cmI think we're putting the cart in front of the horse, because we don't know what kind of vaccine we'll have. Our big challenge is to find a vaccine or vaccines, that are both cost-effective and easy to administer, so that we can get them out to the places that need them. Certainly, even if we had a vaccine today, that was both cost-effective and easy to administer, it would take us years, probably our lifetime, to stop the spread of this epidemic.

We have a perfect example in polio. We have had an effective vaccine against polio for forty years, yet we still haven't eradicated it from the earth. In fact, it's coming back. Although we have eradicated polio from the Western Hemisphere, we still spend \$235 million a year in the U.S. immunizing our children against polio, and we will have to always do that until polio is eradicated from the face of the earth. So, we have to understand, that even if we had a vaccine today, we are going to be dealing with this epidemic for the foreseeable future.

<jf10>Q<cmIn the case of polio, what has happened is that you have had a complete breakdown of medical infrastructure in the areas where it is returning, such as in the states in the Trans-Caucasus and in other states of the former Soviet Union. What do you think about not falling into that same trap with HIV? What policies are the U.S. government and the international aid agencies going to have to shift to deal with this?

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<cmThurman<cmWell, I think that building up your infrastructure, not only where it never existed, but where it is falling apart. When we look at the whole area of emerging infectious diseases, it's really important to focus on health care infrastructure. It keeps coming back to the same thing. It doesn't matter how good our drugs are or how cheap they are. If we can't get them to people who need them, they're really not going to do us any good. People have a tendency, now that we have drugs available, to want to go buy drugs for everybody in the developing world. Even if we had them available, the challenge is that we can't get them to people who need them, we can't give them the care, and provide the kind of support. In doing that, if people don't take the drugs appropriately, and we have no way to monitor them, the bottom line is we create a worse problem than we have now, with drug-resistance problems.

<jf10>Q<cmWhich we are seeing with drug-resistant tuberculosis in Africa, and the East bloc.

<cmThurman<cmSure, it's the same thing. All we are doing is adding one more awful thing onto the already awful situation we are seeing when we look at this epidemic. It just points out the weaknesses, or exacerbates the weaknesses, in an already weak health care system.

<jf10>Q<cmSince you have been on the ground in Africa, what do you think the consequences will be for Africa and the world, if the current increases in HIV infections are not stopped?

<cmThurman<cmThe effect is devastating. It's absolutely devastating. We are currently wiping out every single development gain that we have made in the last two or three decades in Africa. In the next five years, we will see infant mortality double, as a result of this disease. We will see child mortality triple, and we will see life expectancies in the majority of Sub-Saharan African countries drop as much as 20 years. In South Africa, in the next five years the life expectancy will drop from 60 to 40. In Zimbabwe, it's 65 to 39. In many of these countries, you have one in five adults infected with HIV. That's one in every five people you see walking down the street. Well, you can't sustain a healthy economy when you are carrying that burden of disease, and when you are losing your most productive citizens in the prime of their life--when they should be producing and purchasing to keep the economy going.

<jf10>Q<cmThey are also raising children.

<cmThurman<cmSure. And they are raising children. So, we have to look at not just the health implications, sort

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of the human cost, but we need to look at the economic cost. We need to look at the effect on the stability of these nations.

The countries currently involved in the conflict in the Congo, the seven armies involved there--it's estimated that the rate of infection in the military personnel is anywhere from 50% to 80%. Fifty percent for the Angolans, and more than 80% for the Zimbabweans. And that is scary. So, the implications are enormous, and if we don't learn something by our experience in the U.S. and in Africa, and our shared experience, that we can share with our friends in India, they're going to end up in the exact same boat. So, there is pressure on us, to look at what we can do to turn this around. Then, after India, comes the newly independent states of the former Soviet Union, they've got a burgeoning epidemic there, and they are right behind India. So, we've got a lot of work to do....

<jf10>Q<cmWhat's next for you and your office?

<cmThurman<cmWe have to continue to try to put the epidemic in this country in the broader context of the global epidemic, and help both the public and the policymakers understand the importance of a U.S. leadership role in the fight against this epidemic worldwide. Historically, where we have led, other donors have followed. We have seen a leveling off in international support for the fight against AIDS. I think that's a bad indicator. So, our challenge here is to make people pay attention to what's happening in Africa, and help them understand what kind of implication that has not only for us in America, but for the rest of the world as well. It's a tall order.

<jf10>Q<cmDo you have any specific policy shifts that you think the administration should adopt?

<cmThurman<cmWell, that's what we are working on now.

<jf10>Q<cmHow is this process going to continue?

<cmThurman<cmWell, after coming back from Africa, and starting our conversations about our international response, we put together an internal working group. We are looking at our response to the global epidemic, and we'll report back to the President in June, with some recommendations for the next steps in our response. So, we are in the process of doing that now.

<jf10>Q<cmHow did you get involved in working against HIV/AIDS, and end up as the director of this office?

<cmThurman<cmI started as a volunteer. My father had died of cancer in the early 1980s, and I got very interested in hospice, and the hospice movement, and caring for people at home. He was in the garment

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manufacturing industry, and my mother was very active in the arts. So, early in the epidemic those two communities were hit very hard. I had had some experience caring for people at home, and training people to care for people who were sick at home. So, I started doing that as a volunteer. People were afraid to touch people with AIDS back then, because we didn't know a lot about it. People were really frightened. So, I started doing that, and then I started raising money for AID Atlanta. Later, I found I was doing more of that than my other work in health care policy, so I decided to leave that and go to work at AID Atlanta full-time. One thing led to another, and here I am. I did take a break in there, and I was at AID Atlanta for five or six years, and then went to the Carter Center in Atlanta, and worked in international children's health for four years. During that time I served on the board of several AIDS organizations, and on the President's Advisory Council on HIV/AIDS. While I was working in international children's health, part of my agreeing to come to this position was predicated on my ability to continue to do international health, and focus more on the international epidemic, than had been focussed on in the past in this particular position.

<jf10>Q<cmHow long have you been the director?

<cmThurman<cmOver two years.

<jf10>Q<cmAre you planning to go back to Africa for more fact-finding trips before June, or this is it?

<cmThurman<cmNo, this is it, I think before June. I think I have plenty to keep me busy getting this report ready for the President in June. I look forward to going back in the fall to Africa, and, hopefully, we will get to visit more programs.

<jf10>Q<cmSo, this is ongoing?

<cmThurman<cmOh, yes. Of course, in all of this, although we have been focussing on the international epidemic, that in no way takes away from the work we are doing domestically. So, we are doing that, and the international work.

<jf10>Q<cmWill you also be going back to India and Asia again?

<cmThurman<cmOh sure, at some point in time. I think it's really important to see the programs on the ground. I think it makes me a better advocate having seen them firsthand. Having run programs myself helps me as an advocate for the programs on the ground in all of these countries. Having seen them firsthand, helps me in advocating for their support, both internally at the White House, and externally with the other agencies.

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CDC Broadcast Fax Cover Page

Date: JUNE 15, 1999

Pages: 4 (INCLUDING COVER)

To: THE HONORABLE SANDRA THURMAN

Organization: WHITEHOUSE OFF OF NATL AIDS
POLICY

Fax Number: 2024562438

Phone Number: 202 4562437

Subject: HIV TESTING

MAY CONTAIN TIME SENSITIVE INFORMATION

Please deliver to the intended recipient immediately! This fax may contain time sensitive information.



Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333

June 15, 1999

Dear Colleague:

It has become increasingly important for HIV-infected individuals to know they are infected and to seek medical care as early as possible. If the average time between infection with HIV and diagnosis can be shortened, there can be significant individual, as well as societal, benefits, some of which are listed below:

- The earlier highly active antiretroviral therapy (HAART) can begin, the better and longer the expected results.
- HIV testing can provide a gateway to prevention services.
- Individuals who know they are infected with HIV are far less likely to have unsafe sex.
- Because HAART reduces viral load, many scientists believe that infectiousness may also be reduced—making it more difficult, but not impossible, for some individuals to transmit the virus.

For all of these reasons, the Centers for Disease Control and Prevention (CDC) is in the process of initiating a broad-based public/private program to promote knowledge of HIV serostatus and facilitate linkages to both treatment and prevention services. The goals for this important program, called Implementing Maximum Prevention, Awareness, Care, and Treatment (IMPACT), are outlined in the box on this page. We believe that achieving these goals will be one of the greatest challenges yet in an epidemic defined by great challenges. Even though incremental advances often make us oblivious to the sum total of what has actually been accomplished, we shouldn't lose sight of the tremendous HIV prevention, research, and treatment successes we have experienced in recent years in the United States. Collectively, we

IMPACT GOALS

- I Increase number of infected individuals who know their HIV status as early after infection as possible
- II Increase number of HIV-infected individuals who utilize health care and prevention services
- III Increase number of HIV-infected individuals who are receiving appropriate care and treatment for their HIV infection, OIs and other related infections (e.g., other STDs, TB, substance abuse, mental health and reproductive health)
- IV Increase number of HIV-infected individuals on appropriate therapy who are adhering to their prescribed therapy regimen (e.g., antiretroviral and other therapies)
- V Increase number of HIV-infected individuals who adopt and sustain HIV/STD risk reduction behavior

have met great challenges over and over again, and I have confidence that we will continue to work together to address the current opportunities with appropriate urgency and steadfast focus and attention.

In an effort to ensure that we routinely and promptly share relevant information, research results, and program opportunities related to IMPACT, we will be updating you regularly through letters such as this one. If you don't want to be on the mailing list for these letters, or would like to add someone else to the list, please call or e-mail Carolyn James in the Office of Communications, National Center for HIV, STD, and TB Prevention (NCHSTP) at (404) 639-8890 or cj1@cdc.gov.

One component of the IMPACT program will include a health communications campaign, which is still in the early formative research stages and has not yet been named. NCHSTP recently hired Michelle Bonds to coordinate the campaign. Although Michelle is new to NCHSTP, many of you probably know her from her other CDC and HIV/AIDS work. We are fortunate to have her on board.

Even though the campaign itself is not yet ready to be "launched," CDC has activities planned beginning this summer to call attention to the benefits of HIV testing. In the next few weeks, we will focus attention on National Testing Day, June 27. CDC is providing funding to the National Association of People with AIDS (NAPWA) to implement additional outreach to state and local health departments, community-based organizations, and the media. We would like to commend NAPWA on the leadership they continue to provide through this annual event and, as always, we are pleased to partner with them. For more information about National Testing Day, please call Tony Farmer at NAPWA, (202) 898-0414.

In addition to funding NAPWA, CDC is also participating in and sponsoring activities immediately before, during, and after National Testing Day. These activities are outlined in the box on this page.

Planned Activities Highlights

Week of June 13

- Aware Talk Radio will air a special segment on the importance of HIV testing

Week of June 20

- NAPWA will sponsor an awards luncheon on Capitol Hill
- CDC will publish an *MMWR* article about HIV testing among African Americans
- CDC will launch an HIV Testing Website at www.HIVTEST.org
- Kaiser Family Foundation will release a report on young people's attitudes to HIV testing. There will be a press briefing hosted by MTV.
- The Montel Williams show will be recognizing testing day with a show about teens and HIV testing. It is expected to run on June 25.

Week of June 27

- CDC will conduct its first ever live webcast

Other Summer Activities

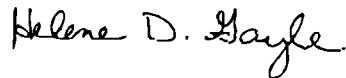
- Public Service Director's Conference in August
- National HIV Prevention Conference in August

For more information, please call or e-mail Jackie Rosenthal in the NCHSTP Office of Communications, (404) 639-8890 or jcr9@cdc.gov.

As CDC and others increase efforts to promote HIV testing and the benefits of treatment among those at highest risk, it is crucial that we not allow primary prevention to suffer. We ask for your assistance in reminding your constituents and/or clients that reduced viral load does not necessarily mean that it is impossible—or perhaps even, at times, difficult—to transmit HIV. As a matter of fact, many scientists worry that the progress made as a result of HAART could be easily erased if individuals abandon safer sex behaviors. We must all continue to work hard to ensure that this doesn't happen.

We hope you find this information useful. Please feel free to follow up with us concerning any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Helene D. Gayle".

Helene D. Gayle, MD, MPH
Director
National Center for HIV, STD, and TB Prevention

805 15th Street, NW
Suite 500
Washington, DC 20005
Phone: 202/371-0099
Fax: 202/371-2044

**The Elizabeth Glaser
Pediatric AIDS
Foundation**

Fax

To: Sandy Thurman

From: Lauran Huff

Fax: 202-456-2439

Date: 6/14/99

Phone: _____

Pages: 2

Re: _____

CC: _____

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•Comments:



ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

June 8, 1999

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Sara Ziegler

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Chairman, Division of

Philip A. Pizzo, M.D.

Chairman, Division of

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

Dear Sandy,

On Tuesday, June 22, the Elizabeth Glaser Pediatric AIDS Foundation will commemorate its 10th anniversary with a gala, "A Night to Unite". This summer dinner, co-hosted by Senators Orrin G. Hatch and Barbara Boxer, will be held at the National Building Museum. We are thrilled that this event has already raised over \$1.7 million thanks to the generous support of the Washington, D.C. community.

In the ten years the Elizabeth Glaser Pediatric AIDS Foundation has been in existence, we have been successful in nurturing the best of both collaborative and individual research in the pediatric HIV/AIDS arena. The collaborative model the Foundation has created and used over the years has allowed for a high degree of flexibility in the research process and led to faster outcomes. However, the Foundation's work on behalf of children goes far beyond funding and conducting research. We have made it a high priority to serve as advocates to ensure that children share in the benefits of medical breakthroughs.

"A Night to Unite" is sure to be a memorable evening. A separate invitation has been sent to you by mail, however, we would like to extend a special invitation for you to join us as our guest. The event begins at 6:30 p.m. with a reception, followed by dinner at 7:30 p.m.

Please RSVP to Prema Kerollis at 202-371-0099 no later than Wednesday, June 16. I look forward to seeing you at this wonderful event.

Sincerely,

Kate Carr
Chief Executive Officer

Hope to see you there!