

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: 19399

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Folder Title:

Correspondence - Sandra L. Thurman - Outgoing - 7/98

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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Citizen to President Clinton re: AIDS in family (Personal) [partial] (1 page)	03/18/1998	b(6)
001b. envelope	re: Citizen to President Clinton (Personal) (1 page)	03/20/1998	b(6)
001c. letter	Sandra Thurman to Citizen re: AIDS in family (Personal) [partial] (1 page)	07/22/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:

Correspondence - Sandra L. Thurman - Outgoing - 7/98

2018-0764-F

jm2109

RESTRICTION CODES

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

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

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.

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]

(TO GO ON NOTE PAD PAPER)

July 6, 1998

Christopher W. Baldt, DC
Long Neck Chiropractic
Seafarer's Center
Long Neck, DE 19966

Dear Dr. Baldt:

Thank you for your recent letter regarding the latest in research on HIV treatment and complimentary therapies. I appreciate your sharing important information such as this with me and I will share it with other interested parties.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

N:\MURGUIA\LETTERS\BALDT.WPD

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
11017	Dr.Christopher	Baldt	6/30/98	latest HIV research

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		
		Sandy Thurman		

Notes

latest HIV treatment research from the Chiropractic field with article

Sender's Organization	Sender's Street1	Sender's Street2
Long Neck Chiropractic		
Sender's City	Sender's State	Sender's Zip

Matthew
Franklin, MD
Hart



Long Neck Chiropractic

Dr. Christopher W. Baldt
Seafarer's Center • Long Neck, DE 19966
(302) 945-4575

June 24, 1998

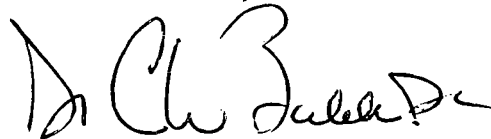
Sandra Thurman
Director Of The White House Office of National Aids Policy
736 Jackson Place, NW
Washington, DC 20503

RE: Chiropractic care for HIV

Dear Ms. Thurman,

I am a practicing Chiropractor in Delaware, a Ryan White provider and a patient advocate. I would like to bring to your attention some of the latest research from the Chiropractic field for the treatment of HIV. I have also included an article which I wrote for a local HIV foundation. I am available to discuss at greater length the role of complimentary therapies in the treatment of HIV individuals. If I can be of further assistance please feel free to contact me directly.

Yours in Health,



Dr. Christopher W. Baldt, DC

P.S. I am opening a complimentary care center utilizing Chiropractic, Acupuncture, Massage therapy, Hypnotherapy and other modalities for the treatment of HIV and other conditions . I will keep you posted.

The Effects Of Specific Upper Cervical Adjustments On The CD4 Counts Of HIV Positive Patients

Jeffrey L. Selano, Brett C. Hightower, Bruce Pfleger,
Karen Feeley Collins, John D. Grostic

THE EFFECTS OF SPECIFIC UPPER CERVICAL ADJUSTMENTS ON THE CD4 COUNTS OF HIV POSITIVE PATIENTS

Jeffrey L. Selano, D.C.
Brett C. Hightower, D.C.
Bruce Pfleger, Ph.D.
Karen Feeley Collins, D.C.
John D. Grostic, D.C.

ABSTRACT

The researchers of this project sought to demonstrate that upper cervical specific adjustments would have a profound effect on the physiology, serology and immunology of HIV positive individuals.

The effect of specific upper cervical adjustments on the immune system CD4 cell counts of HIV positive individuals was measured by CD4/mm³ in the blood. These tests were performed by the patients independent medical center where they were under medical supervision for the condition. The measured CD4 counts in the regular group were dramatically increased over the counts of the control group. A 48% increase in CD4 cells was demonstrated over the six month duration of the study for the adjusted group.

Key Indexing Terms: Chiropractic, atlas, subluxation, CD4 count, immunology, dentate ligament, HIV.

AIDS. A small, simple word representing the most dreaded disease known. It is estimated that 100 million people will die from its epidemic worldwide within a generation. 2.5 million will test HIV positive this year. Numbers too big to ignore.

We have all learned about the risk factors but as the number of cases continue to rise, we can see the pattern of victims beginning to change. No longer limiting itself to specific groups, but a threat to all of us. What does this mean? Why is HIV/AIDS becoming the plague of modern times?

Consider for a moment the most frightening thing imaginable. Of course we would all have slightly different lists, but among them may be things like natural disasters, violent crimes, accidents, tragic deaths, political and economic instability, war, etc. These are all issues which could potentially threaten the well being of our country, our families and friends. Living with the possibilities makes us feel vulnerable as a society. The instability in our society is producing an epidemic of anxiety and social/personal insecurities.

We are bombarded daily by the media with violence and tragedy. The frequent threats of war headline the news. The anxiety regarding our safety and our future effects us as a group. The constant stress causes our immune systems to weaken. This, and the ordinary difficulties we face individually has been known as a factor in attracting the viruses responsible for the common cold. The greater the stress, the greater the possibility of illness.

Imagine again what fear feels like. How does fear play into the selection of victims of HIV/AIDS? As stated, The human immune system is responsive to issues of safety or vulnerability. Many of the victims have experienced physical and emotional burnout from trying to survive in a society that casts them out morally and socially leaving them with the least amount of dignity, self-esteem and standing within the community. This anguish makes them extremely vulnerable immune diseases.

The battle to combat this disease is sure but slow. While our research shows some promise, few treatments have offered significant results.

In 1994, a study was conducted by members of the Chiropractic community on the effects of Chiropractic treatments on HIV positive individuals. The study suggests a marked improvement of blood immunity potential when patients were treated for misalignments in the upper cervical (neck) region.

The theory of Chiropractic medicine is that the spinal vertebrae may move out of place, even slightly, causing pressure on the nerves supplying messages from the brain. Perpetually, every part of our body is monitored for health and

efficiency by the corresponding nerves. "Problems" are reported to the brain for self-correction if possible. The interference caused by pressure on the nerves by misaligned or subluxated vertebrae may cause pain, dysfunction, and eventually disease in the body. The Chiropractor seeks to realign the spine to the correct position thus restoring optimum nerve capacity or function. It is estimated that more than 20 million people receive Chiropractic care for many medical conditions. When it was first introduced in 1895, cancer was treated Chiropractically with remarkable results.

The second half of the theory of Chiropractic states the belief that the power that made the body can heal the body. We all can agree on that. We would also concede that there are conditions when the patient requires the intervention of medicine when the immune system is weak or the patient is in acute stage of illness or trauma.

The mystery of how to boost the body's own system for healing continues to frustrate the medical researchers. Although advanced treatments may be effective, often the side effects are worse than the disease.

The promising results of new and old alternative medicines such as Chiropractic offer hope to patients without the dangers of invasive treatments. We look to change the focus on the power of our own bodies for answer to the toughest questions concerning health and healing.

In nearly every group of patients sharing common illness you will find medical miracles. Those individuals who defy the odds. Cancer patients are among those who have found hope in a once fatal disease. Treatments have improved and with that the strength of the patients will to conquer the disease. Society has gotten behind this cause and the support is showing real promise for a cure.

We know that for the HIV/AIDS to become a thing of the past, education and prevention are very important. Understanding our own bodies for the power to heal is critical. Individually, we shouldn't ignore the old faithfuls of diet, exercise, good mental attitude, and regular health care. As a group, however, we must exercise our abilities to show our support with acceptance and understanding. The world can be a scary place sometimes but together we can make it much less threatening. We must try any and all measures to wipe out this tragic disease. Why not begin with our hearts.

Citibank

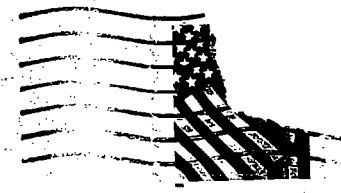
1800 926-1067

fraud activity

Robert Charles
1800-950 5114



DELAWARE HEALTH CARE NETWORK
DR. CHRISTOPHER W. BALDT
250 Corporate Blvd., Suite A
Newark, Delaware 19702



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



62449

THE WHITE HOUSE

WASHINGTON

July 21, 1998

Nancy-Ann Min Deparle
Administrator
Health Care Financing Authority
Dept. Of Health and Human Services
Attn: HCFA-1913-IFC
P.O. Box 26688
Baltimore, MD 21207-0488

Dear ~~Ms. Min Deparle~~:

Nancy-Ann

We have received a copy of a letter to you from Senator Murray and Representatives McDermott, Dicks and Smith dated July 6, 1998 regarding rules implementing PPS for Skilled Nursing Facilities.

We would very much appreciate your providing us with further information on the issues raised in this letter and any response(s) generated by your agency. While the need for AIDS-specific intensive service treatment facilities may be declining in some communities, there remains a genuine need for such care. We appreciate HCFA's efforts to insure that the complicated, intensive care and treatment needs of populations such as those living with AIDS are accommodated in your consideration of rule changes.

Very truly yours,

Sandra L. Thurman
ts

Sandra L. Thurman

Director

Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

July 21, 1998

Honorable Jim McDermott
2349 Rayburn House Office Bldg.
Washington, DC 20515-4707

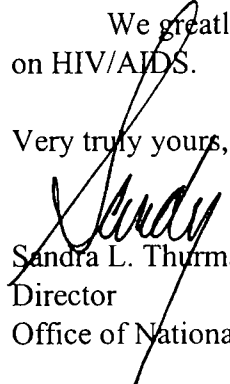
Dear Representative McDermott:

We have received a copy of your letter to Nancy-Ann Min Deparle dated July 6, 1998 regarding rules implementing PPS for Skilled Nursing Facilities.

Attached is a copy of our letter to her requesting that we be kept informed as to HCFA's response to your concerns.

We greatly appreciate your long tradition of leadership on HIV/AIDS.

Very truly yours,


Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

July 21, 1998

Honorable Norman Dicks
2467 Rayburn House Office Bldg.
Washington, DC 20515-4706

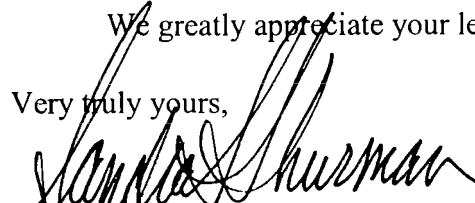
Dear Representative Dicks:

We have received a copy of your letter to Nancy-Ann Min Deparle dated July 6, 1998 regarding rules implementing PPS for Skilled Nursing Facilities.

Attached is a copy of our letter to her requesting that we be kept informed as to HCFA's response to your concerns.

We greatly appreciate your leadership on HIV/AIDS.

Very truly yours,

A handwritten signature in black ink, appearing to read "Sandra L. Thurman", written over the typed name.

Sandra L. Thurman

Director
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

July 21, 1998

Honorable Adam Smith
1505 Longworth House Office Bldg.
Washington, DC 20515-4709

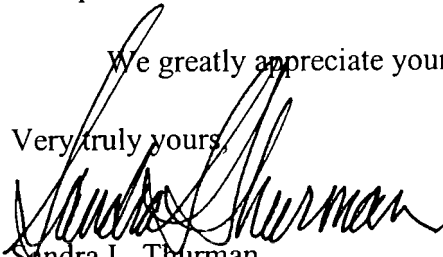
Dear Representative Smith:

We have received a copy of your letter to Nancy-Ann Min Deparle dated July 6, 1998 regarding rules implementing PPS for Skilled Nursing Facilities.

Attached is a copy of our letter to her requesting that we be kept informed as to HCFA's response to your concerns.

We greatly appreciate your leadership on HIV/AIDS.

Very truly yours,



Sandra L. Thurman

Director

Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

July 21, 1998

Senator Patty Murray
Russell Senate Office Building 111
Washington, DC 20510-4704

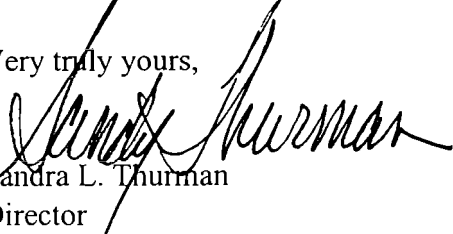
Dear Senator Murray:

We have received a copy of your letter to Nancy-Ann Min Deparle dated July 6, 1998 regarding rules implementing PPS for Skilled Nursing Facilities.

Attached is a copy of our letter to her requesting that we be kept informed as to HCFA's response to your concerns.

We greatly appreciate your long tradition of leadership on HIV/AIDS.

Very truly yours,



Sandra L. Thurman
Director
Office of National AIDS Policy

Congress of the United States
Washington, DC 20515

July 6, 1998

*incoming
make copy for
Todd S.*

Nancy-Ann Min DeParle
Health Care Financing Authority
Department of Health and Human Services
Attn: HCFA- 1913-IFC
P.O. Box 26688
Baltimore, Maryland 21207-0488

Re: Comments to Rules Implementing PPS for Skilled Nursing Facilities

Dear Ms. Min DeParle:

This letter provides comments to the Health Care Financing Administration's interim final rule implementing the prospective payment system for skilled nursing facilities, as published in the May 12, 1998, Federal Register. Specifically, we express our strong recommendation that these rules should address the needs of extreme outlier facilities such as the Bailey-Boushay House in Seattle, Washington, a facility providing specialized nursing services for patients with AIDS.

The PPS regulations implement Balanced Budget Act provisions which change nursing home reimbursement from cost based to a PPS system. They also consolidate billing for most services (including prescription drug costs) into one global, per diem rate. As published, however, these rules make no accommodation for facilities which provide greatly disproportionate services and medications due to their patients' more acute care needs.

The state of Washington helped create Bailey-Boushay House to provide high quality nursing home care to AIDS patients who would otherwise receive more costly hospital care. The unique and more intense nursing needs and high pharmaceutical costs of such patients make a facility such as Bailey Boushay very different from the traditional SNF's for which the PPS rules were designed. Further, the case mix adjustment system proposed in the regulations was simply not created to address complex and care intensive conditions like AIDS. As a result, applying the new rules without addressing extreme outliers such as Bailey Boushay would reduce the payment for Medicare residents there by nearly 70 percent.

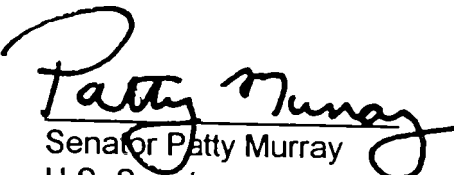
A cut of this magnitude means that facilities such as Bailey Boushay will simply no longer be able to provide care for Medicare patients. This result not only jeopardizes the care these patients need, but will also funnel them into alternative sources of care, primarily toward much more expensive hospitalization. It would seem extremely unwise to adopt a rule that would both reduce care **and** increase the cost of that inferior care.

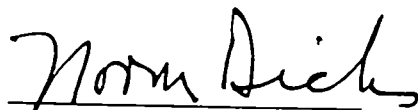
We do not believe that Congress intended the PPS provisions to result in the loss of such services to Medicare beneficiaries. The Conference Report, for example, explicitly identified the importance of addressing the needs of facilities housing patients with extreme medical conditions, such as Bailey Boushay. It states, "*It is the intent of the Conferees that the Secretary develop case mix adjusters that reflect the needs of such patients [those with significant medication requirements]*" (emphasis added). We believe that this is but one demonstration that the Conferees intended that adjustments be made for extreme outliers.

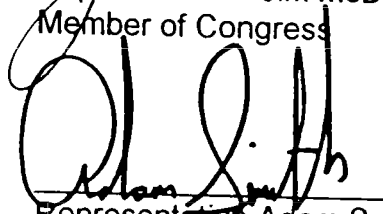
Finally, we note that the state of Washington also adopted a case mix reimbursement method for nursing home payment by the Medicaid program earlier this year. Recognizing its unique needs, the state legislature explicitly exempted Bailey Boushay from the change. Instead, the facility will be paid using a payment system specially adapted to meet the unique needs of its patients.

We again urge you to consider the needs of extreme outlier facilities such as Bailey Boushay, and to reflect these needs through special consideration in the final PPS rule. We appreciate your consideration of this issue, and please let us know if we can provide any assistance in this matter.

Sincerely,


Senator Patty Murray
U.S. Senator


Representative Norm Dicks
Member of Congress


Representative Jim McDermott
Member of Congress

Representative Adam Smith
Member of Congress

cc: Donna Shalala, Secretary, Department of Health and Human Services
Sandy Thurman, Director, National AIDS Policy

THE WHITE HOUSE
WASHINGTON

July 14, 1998

Rick Marchand
Shrewsbury High School
45 Oak Street
Shrewsbury, MA 01545-2796

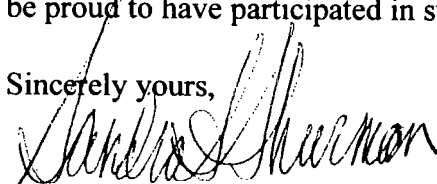
Dear Mr. Marchand:

On behalf of the Vice-President and Mrs. Gore, I want to thank you and Shrewsbury High School for being part of the White House's commemoration of World AIDS Day 1997. I know that the Vice-President and Mrs. Gore were pleased to meet the students from the "DREAM TEAM" during their visit to Washington, D.C.

Programs like the DREAM TEAM are essential in getting out the message about HIV prevention and education. Young, impressive role models such as the students who visited with the Vice-President are key to our efforts being successful with today's youth.

I have enclosed photographs from the meeting. Shrewsbury High School and its students should be proud to have participated in such an important event.

Sincerely yours,



Sandra L. Thurman
Director
Office of National AIDS Policy

Enclosures

THE WHITE HOUSE
WASHINGTON

July 14, 1998

Joe Cristina
Children Affected by AIDS Foundation
6033 W. Century, Suite 260
Los Angeles, CA 90045

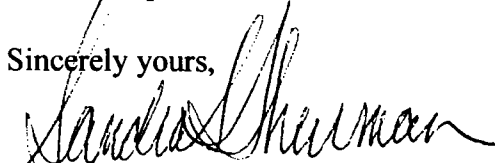
Dear Mr. Cristina:

On behalf of the Vice-President and Mrs. Gore, I want to thank you for being part of the White House's commemoration of World AIDS Day 1997. I know that the Vice-President and Mrs. Gore were pleased to be able to participate in this important event.

It is essential that we continue to sound the alarm about HIV and America's young people. The World AIDS Day event was able to focus our efforts on this important part of our future.

I have enclosed a photograph from the meeting. You should be proud to have participated in such an important event.

Sincerely yours,



Sandra L. Thurman

Director

Office of National AIDS Policy

Enclosure

THE WHITE HOUSE
WASHINGTON

July 14, 1998

Helen Walker
National AIDS Fund
1400 I Street NW, Suite 1220
Washington, DC 20005-2208

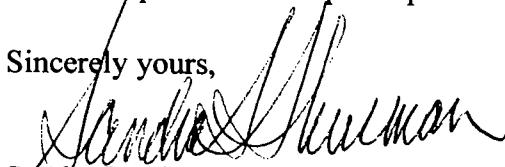
Dear Ms. Walker:

On behalf of the Vice-President and Mrs. Gore, I want to thank you for being part of the White House's commemoration of World AIDS Day 1997. I know that the Vice-President and Mrs. Gore were pleased to be able to participate in this important event.

It is essential that we continue to sound the alarm about HIV and America's young people. The World AIDS Day event was able to focus our efforts on this important part of our future.

I have enclosed several photographs from the meeting of both you and your guest, Ms. Margaret Campbell. I would appreciate it so much if you would forward the photos to her. Both of you should be proud to have participated in such an important event.

Sincerely yours,



Sandra L. Thurman

Director

Office of National AIDS Policy

Enclosures

THE WHITE HOUSE
WASHINGTON

July 14, 1998

Shawn Decker
14 Quail Lane
Waynesboro, VA 22980

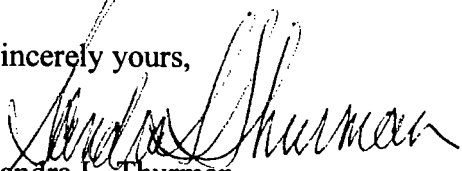
Dear Mr. Decker:

On behalf of the Vice-President and Mrs. Gore, I want to thank you for being part of the White House's commemoration of World AIDS Day 1997. I know that the Vice-President and Mrs. Gore were pleased to be able to participate in this important event.

It is essential that we continue to sound the alarm about HIV and America's young people. The World AIDS Day event was able to focus our efforts on this important part of our future.

I have enclosed two photographs from the meeting. You should be proud to have participated in such an important event.

Sincerely yours,



Sandra L. Thurman

Director
Office of National AIDS Policy

Enclosures

THE WHITE HOUSE
WASHINGTON

July 14, 1998

Tommy Amico
Good Samaritan Project
3031 Walnut
Kansas City, MO 64108

Dear Mr. Amico

On behalf of the Vice-President and Mrs. Gore, I want to thank you for being part of the White House's commemoration of World AIDS Day 1997. I know that the Vice-President and Mrs. Gore were pleased to be able to participate in this important event.

It is essential that we continue to sound the alarm about HIV and America's young people. The World AIDS Day event was able to focus our efforts on this important part of our future.

I have enclosed two photographs from the meeting. You should be proud to have participated in such an important event.

Sincerely yours,



Sandra E. Thurman

Director

Office of National AIDS Policy

Enclosures

THE WHITE HOUSE
WASHINGTON

July 14, 1998

Sara Smith-Orr
Children Affected by AIDS Foundation
6033 W. Century, Suite 260
Los Angeles, CA 90045

Dear Ms. Smith-Orr:

On behalf of the Vice-President and Mrs. Gore, I want to thank you for being part of the White House's commemoration of World AIDS Day 1997. I know that the Vice-President and Mrs. Gore were pleased to be able to participate in this important event.

It is essential that we continue to sound the alarm about HIV and America's young people. The World AIDS Day event was able to focus our efforts on this important part of our future.

I have enclosed a photograph from the meeting. You should be proud to have participated in such an important event.

Sincerely yours,



Sandra L. Thurman

Director

Office of National AIDS Policy

Enclosure

THE WHITE HOUSE
WASHINGTON

July 16, 1998

Trudy Fisher
1553 Pine Street #2
San Francisco, CA 94109-4611

Dear Ms. Fisher:

Thank you for your ideas about reducing the likelihood of HIV transmission among injection drug users.

As you may know, the Administration believes that needle exchange, as part of a comprehensive HIV prevention strategy, can be an effective weapon in preventing new HIV infections. The President stated that needle exchange programs should be a local decision and thus has not allowed the use of federal funds for this activity. Absent treatment slots and needle exchange, other efforts such as sterilizing possibly HIV-infected needles is important. Anything which can assist in this effort is helpful.

While this Office may not endorse specific products such as your bleach-water package, I remain supportive of innovations which are shown to have the potential to stem the spread of AIDS.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandra L. Thurman", written over a horizontal line.

Sandra L. Thurman

Director

Office of National AIDS Policy

TS:
Any comments/
changes

42

Trudy Fisher
1553 Pine Street #2
San Francisco, CA 94109-4611

Dear Ms. Fisher:

Thank you for the information regarding your innovative idea for packaging bleach and water for use by intravenous drug users as a means to reduce HIV transmission.

As you may know, the Administration believes that needle exchange, as part of a comprehensive HIV prevention strategy, can be an effective weapon in preventing new HIV infections. The President stated that needle exchange programs should be a local decision and thus has not allowed the use of federal funds for this activity. Absent treatment slots and needle exchange, other efforts such as sterilizing possibly HIV-infected needles is important. Anything which can assist in this effort is helpful.

While this Office may not endorse specific products such as your bleach-water package, I remain supportive of innovations which are shown have the potential to stem the spread of AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

*your ideas about reducing ~~the~~
the likelihood of HIV transmission
among injection drug users.*

*Steve Jones
@CDC*

Matthew

May 16, 1998

1553 Pine Street #2
San Francisco, CA 94109-4611

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

Dear Ms. Thurman,

I'm the "Trudy from San Francisco" who phoned into your Talk Of The Nation radio appearance on May 5, 1998. My suggestion was to override the needle-exchange restriction by supplying small kits of bleach and water to intravenous drug users. Regrettably, Ray asked your colleague, not you, to comment on my suggestion, and her response was a vague reference to unsuccessful attempts in the past, accompanied by an admission that she lacked any data to back this up. I'm urging you to consider my suggestion as a legitimate option to counter the spread of AIDS.

San Francisco was one site of an attempt to popularize bleach, several years ago, but it was before AIDS-prevention was really a day-to-day, hands-on concern. A cartoonish figure named Bleachman staged public appearances, but the kits were more unwieldy than necessary and not promoted in any aggressive manner. Needle exchange was an option throughout the same time, and it was just as easy to line up in the alleyway behind my apartment building and be given — *gratis* — free equipment to use.

However, since needles are no longer available, my proposal would be a highly effective alternative. Please consider:

Instead of bottle containers, a very small foil 4-pack of bleach/water/bleach/water could be used (similar to hand lotion or shampoo samples). Each of the four segments would be no wider in diameter

nor longer than a syringe itself, and the four syringe-size sections would be joined together at three flexible seams. One side of the packet would contain specific instructions for first-time users, but the other side would simply read **1, 2, 3, 4** in narrow bold type. The syringe needle gets poked into **1** (bleach), and the syringe is filled then emptied; the syringe needle is poked into **2** (water), is filled and then emptied; the syringe needle is poked into **3** (bleach), is filled and then emptied; the syringe needle is poked into **4** (water), is filled and then emptied.

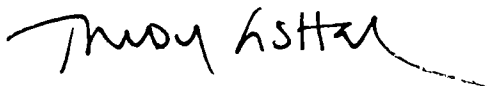
Because the packets would be extremely lightweight and flexible, they could be shoved into pants pockets (front or back), handbags, jackets, etc. Because they're so cheap to manufacture, they'd be given out by the handful at clinics, drugstores, street fairs, etc. No need to separate used needles from new; no need to line up at some appointed time to make an exchange. The addict simply grabs a handful of packets whenever he needs, keeps them on hand, and completes the 30-second regimen while his drug is cooking up.

Ecologically, it's a dream compared to the repeated manufacture-and-subsequent-discarding of needles themselves. And by returning responsibility to the addict, the appearance of sanctioning drug use has been eliminated.

As you can see, the solution is simple. You supply cartons of packets, free for the taking, then put the word out on the street: Before May 1998, there were x number of steps to shooting up; after May 1998, there are x -plus-one. And that's how history is made.

Feel free to write or email me (oakiev@slip.net) with any comments or questions. Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Trudy Fisher', with a long, sweeping horizontal line extending to the right.

Trudy Fisher



May 9, 1997

HIV PREVENTION BULLETIN: MEDICAL ADVICE FOR PERSONS WHO INJECT ILLICIT DRUGS

Dear Colleague:

Preventing drug use and providing substance abuse treatment for persons who inject illicit drugs are crucial to preventing many blood-borne infections, including human immunodeficiency virus (HIV). However, many drug users are not currently in substance abuse treatment programs because of multiple factors including the limited availability of these programs and the lack of readiness or willingness of some drug users to enter substance abuse treatment. Consequently, substantial numbers of drug users continue to inject drugs.

This bulletin summarizes new information on preventing transmission of HIV and other blood-borne infections among persons who inject drugs and updates prevention recommendations published in April 1993. ^{*1} The findings of a 1995 workshop on the use of sterile syringes by persons who inject drugs and several recent publications ^{2,3,4,5,6} indicate that persons who inject drugs should use sterile syringes^{**} to prevent the transmission of HIV and other blood-borne infectious diseases. These conclusions should be considered by clinicians providing health care to persons who use or inject drugs and by public health professionals planning and carrying out HIV prevention programs for injection drug users (IDUs). Health professionals should inform IDUs that using sterile syringes is safer than reusing syringes, including syringes that have been disinfected with bleach. The information in this bulletin has been prepared for health professionals involved in programs serving persons who inject drugs. Separate educational materials will be prepared to inform drug injectors of these findings.

* Issued jointly by the Centers for Disease Control and Prevention, the National Institute on Drug Abuse of the National Institutes of Health, and the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration.

** The term "syringes" is used throughout this bulletin to refer to both syringes and needles.



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

INJECTION DRUG USE AND THE TRANSMISSION OF HIV AND OTHER BLOOD-BORNE INFECTIONS

The reuse and “sharing” of blood-contaminated injection equipment and blood-contaminated dissolved drugs play substantial roles in the transmission of HIV,² hepatitis B virus (HBV), hepatitis C virus (HCV),⁷ and other blood-borne infections. These infections cause illness and death among drug users, their sex partners, and, through mother-to-infant transmission, their children. More than one third (35%) of all AIDS cases reported in the United States in 1995 were directly or indirectly associated with injection drug use.⁸

Blood is introduced into needles and syringes at the start of every intravenous injection. The reuse of a blood-contaminated syringe by another drug injector (sometimes called “direct syringe sharing”) carries a substantial risk of transmission of blood-borne infections, including HIV, HBV, and HCV. In addition, blood and blood-borne infections can be introduced into drug solutions by the use of blood-contaminated syringes to prepare drugs; the reuse of water; the reuse of bottle caps, spoons, or other containers (“spoons” and “cookers”) used to dissolve drugs in water and to heat drug solutions; and the reuse of small pieces of cotton or cigarette filters (“cottons”) used to filter out particles that could block the needle.^{9,10} Multiperson use of contaminated water, dissolved drugs, and drug preparation equipment is sometimes called “indirect sharing.”¹¹

Because some “street” sellers of syringes repackaged used syringes and sell them as sterile syringes,¹² persons who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies.

In addition to HIV, HBV, HCV and other blood-borne infections, persons who inject drugs are at risk of other serious infections.¹³ Use of alcohol swabs to clean the injection site prior to injection has been shown to reduce the occurrence of cellulitis, injection site abscesses, and, possibly, endocarditis among persons who inject drugs.^{13, 14}

CRITICAL IMPORTANCE OF PREVENTION AND TREATMENT OF DRUG DEPENDENCE

The risks of transmission of blood-borne illnesses are compelling reasons for strengthening public health and community efforts to help persons avoid starting drug injection and to help IDUs stop using drugs. Addiction is a major factor in the use of drugs such as heroin, cocaine, and amphetamines. While the recommendations in this bulletin will help reduce the individual and public health risks associated with injection drug use, the ultimate goals are to prevent at-risk individuals from initiating injection drug use and to help drug injectors stop drug injection through substance abuse treatment and recovery from addiction. For most persons who are addicted to drugs, admission to drug and alcohol treatment programs is a key step in reducing and/or stopping their drug use.

A 1995 WORKSHOP AND RECENTLY PUBLISHED STUDIES AND RECOMMENDATIONS

On February 15-16, 1995, a workshop on the role of sterile syringes in the prevention of HIV transmission among drug users who continue to inject was held at Johns Hopkins University in Baltimore, Maryland. The workshop was sponsored by the Centers for Disease Control and Prevention (CDC), the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Drug Abuse (NIDA) of the National Institutes of Health (NIH), and the Johns Hopkins University School of Hygiene and Public Health.

In September 1995, the findings and conclusions of a two-year National Academy of Sciences (NAS) study were published in a report entitled "Preventing HIV Transmission: The Role of Sterile Needles and Bleach."² Also in September 1995, the *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology* published reports of the evaluation of laws enacted in Connecticut in 1992 that allowed the purchase without a prescription and the legal possession of as many as 10 syringes.^{3,4}

In 1996, the U.S. Preventive Services Task Force published guidelines recommending that drug users who continue to inject be advised to use sterile syringes and take other steps to prevent health problems associated with injecting drugs.⁵ Also in 1996, the American Medical Association published a physician guide to HIV prevention that stated that primary care physicians can help their patients reduce HIV risk from injecting drugs by encouraging them to "Use a new needle and syringe each time drugs are injected."⁶

Based on discussions during the 1995 Johns Hopkins workshop and the findings from these studies, the new recommendations for drug users who continue to inject drugs include: (1) substance abuse treatment to reduce or eliminate drug injection; (2) the use of sterile syringes to reduce the spread of blood-borne infections; (3) the use of new, ideally, sterile water and equipment to prepare drugs; and (4) adequate disinfection of the injection site by drug users to prevent local infection and endocarditis.

IMPLICATIONS OF NEW INFORMATION ON HIV RISKS ASSOCIATED WITH DRUG INJECTION

To minimize the risk of disease transmission, persons who continue to inject drugs should be advised to always use sterile injection equipment; warned never to reuse needles, syringes, and other injection equipment; and told that using syringes that have been cleaned with bleach or other disinfectant is not as safe as using new, sterile syringes. The NAS report stated: **"For injection drug users who cannot or will not stop injecting drugs, the once-only use of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission."**² CDC recommends that all syringes used for parenteral injections be sterile.¹⁵ Drug preparation equipment, such as "cottons," "cookers," water, and syringes should not be reused because they are usually

contaminated with blood. Most syringes and needles used by drug injectors were not designed for reuse. Boiling needles and syringes for 15 minutes between uses can disinfect the equipment. However, boiling may alter the shape and functioning of the plastic syringes widely used by drug injectors in the United States. Disinfecting previously used needles and syringes with bleach (or other chemicals) can reduce the risk of HIV transmission, but using disinfected syringes is not as safe as using a new, sterile needle and syringe.¹⁶ The NAS report found that bleach disinfection (using the procedures described in the April 1993 NIDA, CSAT, CDC bulletin on bleach) is likely to be effective but “. . . is clearly an intervention to be used when injection drug users have no safer alternatives.”²

PROVISIONAL RECOMMENDATIONS TO DRUG USERS WHO CONTINUE TO INJECT

Health care workers involved in programs that serve drug users should communicate the following recommendations to drug users who continue to inject. Adhering to these drug preparation and injection procedures will reduce the public health and individual health risks associated with drug injection for both drug users and other persons in their communities.

Persons who inject drugs should be regularly counseled to:

- I. Stop using and injecting drugs.**
- II. Enter and complete substance abuse treatment, including relapse prevention.**
- III. Take the following steps to reduce personal and public health risks, if they continue to inject drugs:**

Never reuse or “share” syringes, water, or drug preparation equipment.

Use only syringes obtained from a reliable source (e.g., pharmacies).

Use a new, sterile syringe to prepare and inject drugs.

If possible, use sterile water to prepare drugs; otherwise use clean water from a reliable source (such as fresh tap water).

Use a new or disinfected container (“cooker”) and a new filter (“cotton”) to prepare drugs.

Clean the injection site prior to injection with a new alcohol swab.

Safely dispose of syringes after one use.

The availability of new, sterile syringes varies, depending on state and local regulations regarding the sale and possession of syringes and on other factors, such as the existence of syringe exchange programs sponsored by local HIV prevention organizations.¹⁷ If new, sterile syringes and other drug preparation and injection equipment are not available, then previously used equipment should be boiled or

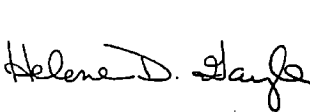
disinfected with bleach using the methods recommended in the April 1993 bulletin.¹

In addition, drug users should be provided information on how to prevent HIV transmission through sexual contact and, for women, information on reducing the risk of mother-to-infant HIV transmission.

FOR MORE INFORMATION:

For more information or to comment on this bulletin, please contact the following staff members of the organizations releasing this bulletin: CDC - Dr. T. Stephen Jones at 404-639-5200 (fax 404-639-5260); HRSA - Dr. A. Russell Gerber at 301-443-4588 (fax 301-443-1551); NIDA - Dr. Steven W. Gust at 301-443-6480 (fax 301-443-9582); and SAMHSA - Mr. Adolfo Mata at 301-443-5305 (fax 301-443-3817).

Sincerely yours,



Helene D. Gayle, M.D., M.P.H.
Director
National Center for HIV, STD
and TB Prevention
Centers for Disease Control
and Prevention



Joseph F. O'Neill, M.D., M.P.H.
Associate Administrator for AIDS
Health Resources and Services
Administration



Steven W. Gust, Ph.D.
Acting Director, Office on AIDS
National Institute on Drug Abuse
National Institutes of Health

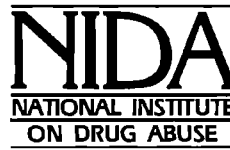


Adolfo Mata
Associate Administrator for AIDS (Acting)
Substance Abuse and Mental
Health Services Administration

REFERENCES:

Single copies of the publications marked with ** and the executive summary of the National Academy of Sciences report are available at no cost from the CDC National AIDS Clearinghouse (1-800-458-5231).

1. CDC, CSAT NIDA Prevention Bulletin April, 1993.**
2. Normand J, Vlahov D, Moses LE, eds. Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Washington, DC: National Academy Press, 1995.
3. Valleroy LA, Weinstein B, Jones TS, et al. Impact of increased legal access to needles and syringes on community pharmacies' needle and syringe sales—Connecticut, 1992-1993. *J Acquir Immune Defic Syndr Hum Retrovirol* 1995;10:73-81.**
4. Groseclose SL, Weinstein B, Jones TS, et al. Impact of increased legal access to needles and syringes on the practices of injecting-drug users and police officers—Connecticut, 1992-93. *J Acquir Immune Defic Syndr Hum Retrovirol* 1995;10:82-9.**
5. U.S. Preventive Services Task Force. Guide to clinical preventive services (2nd ed.). Baltimore: Williams & Wilkins, 1996.
6. American Medical Association. A physician guide to HIV prevention. Chicago, Illinois: American Medical Association, 1996.
7. Alter M. Epidemiology of hepatitis C in the West. *Sem Liver Dis* 1995;15:5-14.
8. CDC. AIDS associated with injecting-drug use—United States, 1995. *MMWR* 1996;45:392-8.**
9. Koester SK, Booth R, Weibel W. The risk of HIV transmission from sharing water, drug mixing containers, and cotton filters among intravenous drug users. *Int J Drug Policy* 1990;1:28-30.
10. Jose B, Friedman SR, Curtis R, et al. Syringe-mediated drug-sharing (backloading): a new risk factor for HIV among injecting drug users. *J Acquir Immune Defic Syndr* 1993;7:1653-60.



11. Koester SK, Hoffer L. "Indirect sharing": additional HIV risks associated with drug injection. *AIDS & Public Policy Journal* 1994;9:100-105.
12. Des Jarlais DC, Friedman SR, Hopkins W. Risk reduction for the acquired immunodeficiency syndrome among intravenous drug users. *Ann Intern Med.* 1985;103:755-9.
13. Spijkerman IJB, Vanameijden EJC, Mientjes GHC, Coutinho RA, Vandenhoek A. Human immunodeficiency virus infection and other risk factors for skin abscesses and endocarditis among injection drug users. *J Clin Epidemiol.* 1996;49:1149-1154
14. Vlahov D, Sullivan M, Astemborski J, Nelson KE. Bacterial infections and skin cleaning prior to injection among intravenous drug users. *Public Health Rep* 1992;107:595-8.
15. CDC. Improper infection-control practices during employee vaccination programs—District of Columbia and Pennsylvania, 1993. *MMWR* 1993;42:969-71.
16. Haverkos HW, Jones TS. HIV, drug-use paraphernalia, and bleach. *J Acquir Immune Defic Syndr* 1994;7:741-2.**
17. Gostin LO, Lazzarini Z, Jones TS, Flaherty K. Prevention of HIV/AIDS and other blood-borne diseases among injection drug users: A national survey on the regulation of syringes and needles. *JAMA* 1997;277:53-62.**

Revised May 30, 1997



February 12, 1997

Preventing HIV Transmission: The Role of Sterile Needles and Bleach

Edited by Jacques Normand, David Vlahov, Lincoln E. Moses. 1995. National Academy Press, 2101 Constitution Ave., NW, Washington, DC 20418. 334p., bibliog., index. ISBN 0-309-05296-3. \$37.95. (Descriptors: Needle Exchange Program, Chlorine and Derivatives as Disinfectants, Disinfectants, Substance Abuse, Health Policy) (Contributors: Lincoln E. Moses, Ronald S. Brookmeyer, Lawrence S. Brown, Jr., Richard F. Catalano, Jr., David S. Cordray, Don C. Des Jarlais, Caswell A. Evans, Jr., Mark B. Feinberg, Herbert D. Kleber, Jacques Normand, Patrick M. O'Malley, Nancy S. Padian, Marian Gray Secundy, David Vlahov, W. Wayne Wiegel, David R. Williams)

Provided by H. Robert Malinowsky, Editor. University of Illinois at Chicago. AIDS Book Review Journal, ISSN 1068-4174 Number 30-November, 1996

"The July 1992 ADAMHA Reorganization Act mandated that the Secretary of Health and Human Services, acting through the Director of the National Institute on Drug Abuse, request the National Academy of Sciences to conduct a study on the impact of needle exchange and bleach distribution programs on drug use behavior and the spread of the human immunodeficiency virus (HIV). In response to that legislative directive, in May 1993 the National Research Council (NRC) and the Institute of Medicine (IOM) of the National Academy of Sciences organized the panel on Needle Exchange and Bleach Distribution Programs within the Commission on Behavioral and Social Sciences and Education." This book is a report of that panel whose overall charge "was to determine the effectiveness of needle exchange and bleach distribution programs." The panel "was asked to gather and analyze the relevant research regarding the effect of such programs on rates of drug use, the behavior of injection drug users, and the spread of AIDS and other diseases, such as hepatitis, among injection drug users and their sexual partners."

After an introduction that outlines the panel's charge, the dimensions of the problem, and responses to the epidemic, the report is divided into two parts: "Dimensions of the Problem" and "The Impact of Needle Exchange and Bleach Distribution Programs." The first part presents an excellent overview of the problem along with a review of research in 5 chapters: "The Epidemiology of HIV and AIDS," "The Epidemiology of Injection Drug Use," "Needle Exchange and Bleach Distribution Programs in the United States," "Community Views," and "The Legal Environment." Needless to say, there is much controversy with needle exchange and bleach distribution even though it could save lives. The overriding concern is that it makes needle drug use a legitimate pastime with the sanction of offering needle exchanges rather than combating the drug itself. In the legal environment the obvious roadblocks are the laws that govern the use of needles by drug users. The conclusions recommend that the laws be changed so that clean needles can be the norm rather than re-used needles.

The second part of the report covers: "The Effectiveness of Bleach as a Disinfectant of Injection Drug Equipment," "The Effects of Needle Exchange Programs," and "Directions for Future Research." The conclusions all support the needle exchange and clean needle programs. It was found that there was a decrease in new HIV infections and that there was a decrease in sharing needles. It is unfortunate that those who speak the loudest are those who speak against these programs, stating that they will increase the use of needle drugs, even though there is no evidence to support this claim. Unfortunately, even though many efforts have been made, especially in large cities like San Francisco, Chicago, and Montreal, there have not been any standard sampling strategies that can be used to scientifically support any

of the claims of those groups who offer needle exchange and bleach.

This book is well worth reading providing researchers the necessary background to proceed with further testing of these two programs. It is, also, a recommended book for the legal community who will have to change laws in order to make such programs effective. A recommended book for all medical and academic libraries.

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What can kill the HIV virus??

Rick Sowadsky, MSPH
Senior Communicable Disease Specialist
Nevada State Health Division
Nevada AIDS Hotline Coordinator

Questions:

Hi Mr. Sowadski, Could you please provide some detail on what chemical agents can kill the HIV and other virus effectively. For instance soap, Benzalkonium Chloride(an ingredient used in antiseptic products and disposable cleaning products), Alcohol etc. Where can one find even more info on this topic? Thanks in advance and best regards.

Mr. Sowadsky's Response:

Hi. Thank you for your question.

When it comes to disinfectants, the best one to use is chlorine liquid bleach. Using a 1:10 solution of bleach (1 part bleach to 9 parts water) will kill the HIV and other viruses. However bleach cannot be used on some surfaces. Bleach should also NEVER be mixed with other cleaning agents! On surfaces where bleach cannot be used (like on colored surfaces), using soap and water are all one needs. This is because without any intervention, the HIV virus will die on it's own within minutes, once it's outside the body.

However, other viruses, like Hepatitis B, can live much longer (even for days). Therefore, when cleaning up any surface where blood is present, it's still important to wear gloves. This is not due to the risk of HIV, but primarily because of the risk of other viruses like Hepatitis B.

Disinfecting agents like alcohol can kill bacteria, but they don't always work well against certain viruses. For killing viruses, a 1:10 bleach solution is best (on surfaces that won't be harmed by bleach).

If you have any further questions please e-mail me at "nvhotline@aol.com" or call me at 1-800-842-AIDS.

Rick Sowadsky MSPH CDS
NV AIDS Hotline Coordinator
1-800-842-AIDS



Use of Bleach in Prevention of Transmission of HIV in Health Care Settings

Centers for Disease Control and Prevention
Office of Health and Safety | Biosafety Branch
(Date Last Revised: March 9, 1995)

Studies have shown that HIV is inactivated rapidly after being exposed to commonly used chemical germicides at concentrations that are much lower than used in practice (1-4). Embalming fluids are similar to the types of chemical germicides that have been tested and found to completely inactivate HIV. In addition to commercially available chemical germicides, a solution of sodium hypochlorite (household bleach) prepared daily is an inexpensive and effective germicide. Concentrations ranging from approximately 500 ppm (1:100 dilution of household bleach) sodium hypochlorite to 5,000 ppm (1:10 dilution of household bleach) are effective depending on the amount of organic material (e.g., Blood, mucus) present on the surface to be cleaned and disinfected. Commercially available chemical germicides may be more compatible with certain medical devices that might be corroded by repeated exposure to sodium hypochlorite, especially to the 1:10 dilution.

Reference:

1. Spire B, Montagnier L, Barre'-Sinoussi F, Chermann JC. Inactivation of lymphadenopathy associated virus by chemical disinfectants. *Lancet* 1984;2:899-901.
2. Martin LS, McDougal JS, Loskoski SL. Disinfection and inactivation of the human T lymphotropic virus type III/lymphadenopathy-associated virus. *J Infect Dis* 1985; 152:400-3.
3. McDougal JS, Martin LS, Cort SP, et al. Thermal inactivation of the acquired immunodeficiency syndrome virus-III/lymphadenopathy-associated virus, with special reference to antihemophilic factor. *J Clin Invest* 1985;76:875-7.
4. Spire B, Barre'-Sinoussi F, Dormont D, Montagnier L, Chermann JC. Inactivation of lymphadenopathy-associated by heat, gamma rays, and ultraviolet light. *Lancet* 1985;1:188-9.

CITATION:

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention.
Recommendations for Prevention of HIV transmission in health-care settings.
MMWR 1987;36(2S):p10S.

Biosafety Branch | Office of Health and Safety
Centers for Disease Control and Prevention
404 639-3235

*Office of Health and Safety, Centers for Disease Control and Prevention,
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NIDA Warns That Bleach Fails to Kill HIV but Fails To Endorse Needle Exchange

AIDS/NEEDLE EXCHANGE

April 1993

A recent bulletin by the National Institute of Drug Abuse (NIDA) warns that bleach fails to kill HIV (the AIDS virus), counsels intravenous drug users to either stop injecting, stop sharing needles, or to boil needles and syringes for 15 minutes after each use. But the bulletin mentions needle exchange only parenthetically (*NIDA Community Alert Bulletin*, 3/25/93).

The bulletin citing recent studies showing the failure of disinfectants to effectively sterilize injecting equipment, warned in capital letters that "DISINFECTANTS DO NOT STERILIZE EQUIPMENT."

In a parenthetical statement, the bulletin states: "Note to Policy makers and other Public Health Officials: Review your local laws and regulations concerning needle/syringe availability and paraphernalia possession. Needle/syringe exchange programs may provide another means of providing sterile equipment to users and decreasing sequential use of injection equipment by addicts; however, the risks and benefits of such programs are still under study."

THE WHITE HOUSE
WASHINGTON

MEMORANDUM TO CARMEN FOWLER

From: Sandra L. Thurman
Director
Office of National AIDS Policy
202-456-2437

Date: July 14, 1998

Re: World AIDS Day Letter

Attached is a draft letter from the President regarding World AIDS Day. This letter will be published in the American Association for World Health's World AIDS Day Resource Booklet (a copy of last year's booklet is attached).

The President's letter is an integral component of the Resource Booklet and is published on the first page.

The American Association of World Health has requested this letter for no later than July 24. If possible, they would like the letter dated August 15 so that it coincides with the planned release of the document.

Thank you.

August 15, 1998

Greetings to all those around the world observing the eleventh annual World AIDS Day. One this day each year, we are called to unite in the memory of those whose lives have been claimed by HIV/AIDS, and in support of all those who are courageously fighting this disease day- by-day.

Our efforts in the past are starting to show success. Recent advances in the treatment of those already infected with HIV show great promise in prolonging and enhancing the quality of life of many individuals. But we cannot not forget that not all those who can benefit from the new treatments have access to them, especially in the developing world. We must also remember that our efforts at HIV prevention are essential for until there is a vaccine, prevention is our best hope.

This year's World AIDS Day theme, "Be a Force for Change," captures the spirit of the fact that each person has the power to diminish the spread of HIV and AIDS around the world. Change is usually associated with young people -- the next generation, the new leaders of tomorrow. "Be a force for Change" means confronting the myriad of factors and circumstances which face young people today -- experimentation with alcohol and other drugs, experimentation with sex, possible sexual exploitation, and lack of access to care and services. These factors, often times more severe for young women, all contribute to the increasing HIV infection rate of young people aged 15 - 24.

Advances in HIV treatment in no way diminishing the sense of urgency that we must maintain around HIV. HIV/AIDS is not an illness of the past. This epidemic is far from over, and our young people are depending on us to keep our guard up. We must impart upon them the seriousness of the epidemic and give them the skills they need in order to stay uninfected. I urge you to recommitment yourself to the battle against HIV/AIDS. Our future, and that of the world's children, depends on us.

Hillary joins me in sending best wishes for a successful World AIDS Day.

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10920	Richard	Wittenberg	6/15/98	Request for Letter

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
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American Assoc. For World H	1825 K St., N.W., Ste. 1208	
Sender's City	Sender's State	Sender's Zip
Washington	DC	20006

Matthew



AMERICAN ASSOCIATION FOR WORLD HEALTH
1825 K Street, N.W., Suite 1208 • Washington, DC 20006 • Telephone 202-466-5883

June 11, 1998

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

Dear Sandy:

I am writing to you on behalf of the 1998 World AIDS Day National Advisory Committee to request a letter from President Clinton to include in the American Association for World Health's (AAWH) World AIDS Day Resource Booklet. The President's letter has been an integral component in the opening pages of the commemorative Resource Booklets since 1994, demonstrating the Clinton Administration's concern and awareness of the impact the HIV/AIDS pandemic has on people around the globe.

We would appreciate receiving the President's letter as soon as possible, but no later than **July 24, 1998**, so that we may include it in the opening of this year's Resource Booklet.

As you are aware, World AIDS Day is an international collaboration of public health initiatives that encourage community support for the development and implementation of HIV/AIDS education and prevention programs. World AIDS Day initiatives also advocate the extension of respect and empathy to people living with HIV and AIDS in communities worldwide. December 1, 1998, marks the eleventh World AIDS Day observance.

The following points are important themes that the White House might consider during the development of this letter:

- The 1998 World AIDS Day focus is on young people between the ages of 15 and 24. This year's theme, "**Be a Force for Change**," imparts the message that teenagers and young adults around the globe have the power to diminish the spread of HIV and change the face of the HIV/AIDS pandemic.
- A myriad of factors and circumstances — experimentation with alcohol and drugs, sharing needles, sexual abuse and exploitation, unsafe heterosexual and homosexual practices, and a lack of "youth friendly" HIV/AIDS clinical and support services, among others — contribute to the increasing prevalence of HIV infections among individuals between the ages of 15 and 24.
- In developing countries, where the rate of HIV infection is disturbingly high, World AIDS Day initiatives need to address the special risks that teenagers and young adults face regarding HIV/AIDS. This is especially true for 15- to 24-year-old girls and young women who not only are biologically predisposed to higher rates of HIV transmission, but also who suffer from a number of social vulnerabilities as well.

(continued)

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- With the significant advancements in HIV/AIDS treatments, people, particularly in the United States, have adopted a sense of complacency. However, the HIV/AIDS pandemic is not an illness of the past and people cannot afford to put their guard down, especially not 15- to 24-year-olds.
- HIV/AIDS prevention and education programs that incorporate the direct participation of teenagers and young adults have been demonstrated to be extremely effective. Adults who organize World AIDS Day initiatives this year need to avoid underestimating the value or potential of the opinion and action of young people. Given the support and opportunity, teenagers and young adults really can "Be a Force for Change."

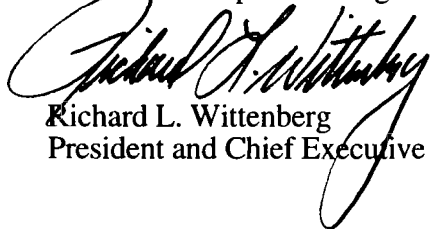
In addition to receiving President Clinton's letter no later than **July 24, 1998**, AAWH would like to include an announcement in the Resource Booklet confirming when the White House lights will be dimmed, as in previous years, to commemorate World AIDS Day. The following announcement was included in last year's booklet:

Encourage your communities to join the White House in dimming their lights as a visual demonstration expressing the worldwide commitment to stop the spread of HIV/AIDS, from 7:45 to 8:00 pm on December 1.

For your convenience, global statistics provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and a copy of the President's letter from last year are enclosed. If you have any questions, please feel free to call me.

Thanks for your assistance.

With warmest personal regards,


Richard L. Wittenberg
President and Chief Executive Officer

RLW: bw

Enclosures

↓
Genny Apuzo
main usher

date for letter →



Please note: The following informational pages are from the UNAIDS 1998 World AIDS Campaign package. The UNAIDS slogan is slightly different and focuses on a broader age group than the theme selected for the 1998 World AIDS Day initiative in the United States.

The theme for the 1998 World AIDS Day initiative in the United States is **"Be a Force for Change."** The American Association for World Health has narrowed the focus of this important public health initiative to young people between the ages of 15 and 24.



World AIDS Campaign

FORCE FOR CHANGE

World AIDS Campaign with Young People

Secretariat

UNAIDS

Steering Committee

• UNAIDS
and co-sponsors:

UNICEF

UNDP

UNFPA

UNESCO

WHO

WORLD BANK

• Others:

Association
François-Xavier Bagnoud

Education International

International Federation
of Red Cross and Red
Crescent Societies

MTV International

Rotary International

World Assembly of Youth

UNAIDS

20, avenue Appia

CH-1211 Geneva 27

Tel. (+41 22) 791 47 65

Fax (+41 22) 791 48 98

<http://www.unaids.org>

e-mail: renaudt@unaids.org

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors and partners have chosen to focus the 1998 World AIDS Campaign on young people. The main reasons for this focus are:

- Over 50% of new infections with HIV, the virus that causes AIDS, are now occurring in young people in the 10-24 age group. Young people are particularly vulnerable to HIV infection and are being very seriously affected by the epidemic.
- Young people have the power to change the course of the epidemic. Young people are not only being infected and affected by HIV/AIDS, but they are also a key resource in mobilizing an expanded and effective response.

The campaign will be a chance to sustain the momentum created during last year's campaign on the theme of "Children living in a world with AIDS" and to build on some of the initiatives that were begun over the past months. Similarly, it is hoped that the activities initiated during the course of this year will be carried over beyond the year-end, and that the campaign will be seen as an occasion to develop new approaches and to achieve consensus about what needs to be done in both the immediate future and the longer-term.

The theme that has been selected for the 1998 campaign is "**Force for Change: World AIDS Campaign with Young People**". This highlights the intention of the Steering Committee that the campaign be used as a real opportunity to set up and strengthen processes for involving young people in reducing the spread of HIV, as well as mobilizing support for young people who are already suffering from the impact of the epidemic on their own lives, their families and their communities. The campaign also provides a platform for emphasizing the links between HIV/AIDS and other factors that are critical to young people's health and development including, in this anniversary year of the Universal Declaration of Human Rights, the promotion and protection of their rights.

In preparing this campaign, UNAIDS has been advised by a Steering Committee composed of its cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO, and World Bank) as well as the Association François-Xavier Bagnoud, Education International, the International Federation of Red Cross and Red Crescent Societies, MTV International, Rotary International, and the World Assembly of Youth.

Theme of the Campaign

Force for Change: World AIDS Campaign with Young People

Goal of the Campaign

To mobilize young people to reduce the spread of HIV infection and to strengthen support for young people infected and affected by HIV/AIDS. To promote and protect their human rights.

Objectives, Messages and Outcomes

This framework document outlines the overall goal and objectives of the campaign and serves as a guide for action. The main ideas are supported by messages and outcomes that remain broad and qualitative so that they can be adapted to country-level needs. On a country level this document can be used as a base to develop the most effective course of action: outlining specific activities, determining who the main actors will be, and taking into account the urban-rural and socio-economic and cultural differences within each context. At the end of the year, the outcomes will help to determine the campaign's contribution in promoting young people's health and development.

1. Promote young people's genuine participation

Messages

- Young people care about making the world a better place and can be a force for change in promoting health and human rights when they are supported by adults.
- Young people can be mobilized and trained as health promoters for their peers and friends.
- Through direct participation young people can further develop a genuine sense of their own competence and responsibility.
- Young people can play a valuable and lasting role if their participation is taken seriously by adults and aimed at developing their competencies and strengths.
- Openness on the part of adults, especially parents, to listen to and communicate with their children is a necessary part of young people's healthy development.

Outcomes

- 1.1 Young people's involvement in taking action to ensure their access to information, education, youth-friendly health services, and supportive environments.
- 1.2 Adults' increased understanding of the strengths of young people and recognition of their potential to contribute to families and communities.

- 1.3 Increased opportunities for young people to contribute actively to their families and communities while enhancing their own well-being.
- 1.4 Recognition and support of effective organizations in which young people actively participate in the development and implementation of policy.

2. Promote policies and action for young people's health and development using a human rights framework

Messages

- The Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, and the UN Convention on the Elimination of all Forms of Discrimination against Women, can serve as powerful instruments for reducing discrimination and vulnerability to HIV/AIDS.
- Meeting and protecting human rights to information, education, recreation, safe spaces, and employment is fundamental to reducing new HIV infections.
- Young people have the right to be protected from discrimination and exploitation irrespective of their sex, sexual practices, and HIV status.
- Young men should not be fooled into believing that being manly means having unprotected sex with many women. Being manly is the ability to stand up to negative pressure from friends.
- Effective youth work recognizes the strengths of young people.
- Information is not enough! Young people have the right to develop skills, access services, and live in supportive environments.
- Good quality sexual and reproductive health programmes can delay first intercourse and protect sexually active young people from unwanted pregnancy and from sexually transmitted diseases, including HIV.
- Prevention works: In Uganda, HIV prevalence among pregnant women aged 15-19 years dropped by over 20% between 1990-93 and 1994-95. In Northern Thailand 21-year-old males have increased their condom use when visiting sex workers from 60% in 1991 to 90 % in 1995.
- Health services must be of good quality, confidential, accessible, affordable, and provided with respect.
- The media can increase societal debate on young people's participation in promoting their health and development.
- Young people who are infected with, and affected by, HIV/AIDS have a right to health care and need support in dealing with loss and grief.

Outcomes

- 2.1 Programmes and policies developed and implemented for young people are grounded in the principles of the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, and the UN Convention on the Elimination of all Forms of Discrimination against Women.
- 2.2 Stated commitment by governments, and the civic and private sectors to promoting young people's fundamental rights to information, education, recreation, safe spaces, and employment.
- 2.3 Better informed educators, school administrators and parents who can promote skills-based school programmes on sexual and reproductive health, gender equality, as well as skills for coping with and reducing substance use and violence.
- 2.4 Quality educational and entertainment programmes promoting young people's health and development on national and regional television and radio networks.
- 2.5 Trained health-care professionals and counsellors who understand and provide youth-friendly and gender-sensitive sexual and reproductive health services for young people. These services should include counselling, testing, treatment of sexually transmitted diseases (STDs), peer support, and access to HIV prevention and contraceptive supplies.
- 2.6 Support by governments and law enforcement offices for programmes providing youth-friendly counselling and treatment for drug-related problems, clean injection equipment, and information on needle sterilization techniques.
- 2.7 Developed and expanded community-based support networks for young people affected by and infected with HIV, as well as for AIDS orphans.
- 2.8 Statements by world leaders and celebrities from each region calling for young people's participation in developing policies and taking action on young people's health and development.
- 2.9 Activities related to the 1998 World AIDS Campaign are extended beyond the campaign year.

3. Increase awareness of the impact of HIV/AIDS on young people and young people's impact on the course of the epidemic

Messages

- Of the 30 million people living with HIV in the world, 9 out of 10 do not know that they are infected.
- 7,000 young people aged 10-24 are infected with HIV every day. Five young people are infected with HIV every minute.
- 1.7 million young people are infected with HIV every year in Africa. 700,000 young people are infected with HIV every year in Asia and the Pacific.

- By the year 2020 there will be over 40 million orphans under the age of 15 in 23 countries highly affected by HIV/AIDS. Most of these children will have lost their parents to AIDS.
- Young people's energy, idealism, and commitment can be channelled to stop the further spread of the HIV/AIDS epidemic and its social and economic impact.
- Programmes have demonstrated young people can be valuable resources when given concrete opportunities to promote their own health and development. It is critical to involve young people in developing and implementing policies and programming with and for young people.
- Young men and women living with HIV often face severe discrimination within their families, communities, schools, and workplaces.
- Young people infected with HIV have the same rights to education, health care and support as young people who are not infected with HIV.
- Gay and lesbian young people are often the victims of discrimination and violence. Such discrimination reduces their access to relevant HIV prevention programmes, to friendly health care, and to supportive environments.
- Some young people such as sex workers, drug users, street youth, domestic labourers, young men in the military, indigenous young people, and imprisoned youth are especially vulnerable to HIV/AIDS. The social and economic conditions in which they live reduce their ability to protect themselves and others against HIV infection.
- There are 250 million working children under the age of 18. At least one-third are performing dangerous work such as bonded labour, commercial sex, and domestic service which violates their rights to health and development and makes them particularly vulnerable to HIV infection.
- Young people who are commercially sexually exploited have little or no power to negotiate safer sex.
- For many young people, unprotected sex may be a means of securing money, affection, comfort, shelter and protection.
- Young women are biologically and socially more vulnerable to HIV infection than young men. HIV infection among young women aged 13-19 in Uganda is 20 times higher than in young men of the same age.
- Young women's control over safer sex is inadequate. A study in Jamaica found that 47% of girls had been pregnant by age 19, and that over 80% of these pregnancies were unwanted.
- More than half of the 333 million new cases of STDs per year are among young people.
- Young women often face physical and sexual violence from their partners, family members, sex partners, teachers, and employers placing them at high risk for unwanted pregnancies, sexually transmitted diseases and HIV/AIDS.
- Young people often face major barriers in accessing health care. Such barriers include excessive cost and health providers' discrimination against young people. These violations of rights must stop to change the course of the epidemic.

- We need to know at what age young women and young men are being infected with HIV in order to develop effective interventions.

Outcomes

- 3.1 Statements by community and national leaders promoting young people as a force for change in HIV/AIDS prevention and support.
- 3.2 Increased media and government attention to young people's vulnerability and risk behaviours for HIV including: young women's vulnerability to HIV; violence in the home, school, workplace, and public space; limited access to voluntary HIV counselling, testing, medical treatment and care; shared drug injection equipment and sexual risk behaviour.
- 3.3 Data on young people with HIV/AIDS disaggregated by age and sex, collected, analysed and disseminated.

4. Mobilize social and private sectors to work in partnership on young people's health and development

Message

- Partnerships between social and private sectors, which include sharing of resources and joint action for young people, are powerful forces in changing a world with AIDS.

Outcomes

- 4.1 Partnerships on young people's health and development, bringing together governmental and non-governmental organizations including community, youth, and religious organizations, as well as people living with HIV/AIDS, academic institutions, international agencies, the media, and the private sector.
- 4.2 Young people, community groups and the private sector collaborate in supporting cultural and recreational activities to promote young people's health and development.

5. Monitor the campaign

Messages

- The 1998 World AIDS Campaign provides a platform to promote policies and action on young people's health and development.
- The 1998 World AIDS Campaign is an opportunity to increase young people's participation in policies and action which promote their own health and development.

Outcomes

- 5.1 Examples of the campaign's contribution towards promoting young people's participation in ensuring their own health and development.
- 5.2 Examples of the campaign's contribution towards promoting policies and action on young people's health and development using the human rights framework.
- 5.3 Examples of the campaign's contribution to increasing awareness of the impact of HIV/AIDS on young people and young people's impact on the course of the epidemic.
- 5.4 Examples of the campaign's ability to mobilize social and private sector partnerships for young people's health and development.

THE WHITE HOUSE

WASHINGTON

August 15, 1997

Greetings to all those around the world observing the tenth annual World AIDS Day. On this day each year, we are called to unite in memory of those whose lives have been claimed by HIV/AIDS, and in support of all those who are courageously fighting this disease every day.

We have come a long way in our struggle to overcome this epidemic, but we still have a tough road ahead. New treatments and heightened awareness contributed to a 19 percent decline in AIDS deaths last year. However, the battle is not over. Recent years have seen a significant shift in the demographics of this epidemic, with new infections in children rising dramatically. We must recognize these changes as we renew our efforts in the fight.

This year's World AIDS Day theme, "Give Children Hope in a World with AIDS," challenges us, as Americans and as citizens of the world, to consider the long-term repercussions of this epidemic. In 1996 alone, 400,000 children under the age of 15 became infected with HIV. Furthermore, over 40 percent of the more than 23 million people living with HIV are women; and in some countries, as many as 40 percent of women visiting antenatal clinics in urban areas are HIV-positive. These numbers are alarming not only because of their direct implications for those women, but also because they signify a great danger of mother-child transmission of HIV.

As this disease infects our children, it strikes at the future of our nation and our world. We must ensure that those already infected are fully cared for and educate those not infected so that they may protect themselves. I remain fully committed to the battle against this epidemic. The strides we make today will translate into a better life for our children tomorrow.

Hillary joins me in sending best wishes for a successful World AIDS Day.

Bill Clinton

DRAFT

July 20, 1998

Thomas N. Jinks Jr.
103 Fairview Dr.
Independence, MO 64056-1050

Dear Mr. Jinks,

Thank you for spending time with Todd and I in Kansas City last month. The visit was highly enjoyable and we learned a lot that we have brought back to the Office of National AIDS Policy, and to the HIV/AIDS community. *very happy*

valuable bus and the always look
We are very much looking forward to sharing and receiving information. Sometimes the battle against AIDS is a battle against information. None of us can know everything about the epidemic and its social ramifications. This is why the line of communication that was opened in Kansas City between us is so vital and will help us greatly in our struggle against this deadly virus. We are in the process of constructing a WEB page for the Office of National AIDS Policy. We realize how important it is for disseminating information to the country.

Thank you again for your letter of support. In the fight against AIDS it is good to know that you have someone else on your side.

Sincerely,

Sandra L. Thurman
Director
Office of National Aids Policy

n n : \davis\emailj.wpd

From nobody@www2.whitehouse.gov Tue Jun 23 20:37:28 1998
Date: Tue, 23 Jun 1998 20:36:51 -0400
From: "thomas n. jinks, jr" <tom1mo@aol.com>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
Apparently-to: president@WhiteHouse.GOV
To: president@WhiteHouse.GOV
Errors-to: The Postmaster <postmaster@www2.whitehouse.gov>
Reply-to: "thomas n. jinks, jr" <tom1mo@aol.com>
Message-id: <199806240036.UAA07206@www2.whitehouse.gov>

Keywords: WWW-Correspondence; ; Other; No Answer; Private Citizen;
Comments: Forwarded from White House WWW
Comments: This message scanned by SCAN version 0.1 jms/960226

[Connection Information]

CLIENT: spider-tc054.proxy.aol.com[152.163.205.199]
BROWSER: Mozilla/2.0 (compatible; MSIE 3.0; AOL 3.0; Windows 95)
URL: http://www.whitehouse.gov/WH/Mail/html/Mail_President.html

[Sender Information]

PERSONAL-NAME: thomas n. jinks, jr
EMAIL-ADDRESS: tom1mo@aol.com
ORGANIZATION:
RELATIONSHIP:
STREET-ADDRESS: 103 farview drive
CITY: independence
STATE-PROVINCE: missouri
ZIP-CODE: 64056-1050
COUNTRY: united states of america

[Message Information]

PURPOSE: Other
TOPIC: No Answer
AFFILIATION: Private Citizen
SUBJECT: ~~sandy~~ thurman and todd summers

[Message]

i would like to thank you for allowing sandy and todd to visit kansas city april 30 and may 1, 1998. i thank them for all the hard work, support and help they have given the hiv/aids community. i would like to see a web sight set up for them the national office of aids policy. they need all your support in all that they are trying to accomplish for the hiv/aids community. i spent both days with them, they where very knolegeable in all aspects of our needs. i hope you listen to everything that they bring back to you and and give them 100%

Response to 7/1
Sue Smith

thank you
- web site being developed
- looking forward to being able to more easily share + receive information
- enjoyed visit to K.C. And learned a lot

of your support, we all need your help.

respectfully,

tom jinks

July 20, 1998

J. Troy Cardell
3100 Connecticut Avenue, N.W., Unit 115
Washington, D.C. 20008

Dear Mr. Cardell,

Thank you for your concern regarding the AIDS epidemic. I would like to assure you that we are ~~presently doing all that we can to end the crisis. We are dedicated to putting a stop to the virus as quickly as possible.~~

this administration has spent will continue to be
This administration has spent \$x for prevention, \$x on services, and \$x for research. The Clinton Administration has done more to fight this disease than any other administration and we will continue to do so. We are doing all we can to find a vaccine to prevent the virus from being spread, while making sure that we take care of the millions that are presently affected by the virus. We will continue to ~~care and do~~ all that is possible to contain the virus and put a stop to this epidemic. *and if this epidemic as quickly as possible*

~~I appreciate your concern and taking the time to voice your opinion about this issue as it is an important one.~~ Thank you again for expressing your interest in the cause.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

ask Matthew or Todd

after **DNAP2** *CB* *2-16*

From nobody@www2.whitehouse.gov Mon May 18 14:38:51 1998
Date: Mon, 18 May 1998 14:37:48 -0400
From: "J. Troy Cardwell" <jtcardwell@aol.com>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
Apparently-to: president@WhiteHouse.GOV
To: president@WhiteHouse.GOV
Errors-to: The Postmaster <postmaster@www2.whitehouse.gov>
Reply-to: "J. Troy Cardwell" <jtcardwell@aol.com>
Message-id: <199805181837.OAA19519@www2.whitehouse.gov>

Keywords: WWW-Correspondence; ; Ask a specific question regarding
Administration policy; Health Care; Private Citizen;
Comments: Forwarded from White House WWW
Comments: This message scanned by SCAN version 0.1 jms/960226

[Connection Information]

CLIENT: ww-tl02.proxy.aol.com[152.163.207.136]
BROWSER: Mozilla/2.0 (compatible; MSIE 3.0; AOL 3.0; Windows 3.1)
URL: http://www.whitehouse.gov/WH/Mail/html/Mail_President.html

[Sender Information]

PERSONAL-NAME: J. Troy Cardwell
EMAIL-ADDRESS: jtcardwell@aol.com
ORGANIZATION: Private US American
RELATIONSHIP:
STREET-ADDRESS: 3100 Connecticut Avenue, N.W., Unit 115
CITY: Washington
STATE-PROVINCE: DC
ZIP-CODE: 20008
COUNTRY: USA

[Message Information]

PURPOSE: Ask a specific question regarding Administration policy
TOPIC: Health Care
AFFILIATION: Private Citizen
SUBJECT: Ending AIDS Epidemic

[Message]

Other than United States money, what steps are we taking for
caring for millions of Americans that are currently HIV should
triple drug treatments fail to control the virus? Saving
American lives should be a priority, however, sick American's
that cannot work will need to depend on US Government for
assistance. Is the United States prepared for caring for this
group and the elderly at the same time?

40

thank you for concerns
- XST for prevent
XST " services
XST " research including
a cure & prevention
- more than any
previous admin.

July 20, 1998

Dr. Amelia Rose
191 N. Flagler Drive
West Palm Beach, FL 33407

Dear Dr. Rose,

Thank you for your electronic mail to the President on June 29, 1998 in which you expressed your concerns regarding HIV/AIDS and its impact on the African-American community. We are aware of the Congressional Black Caucus's position concerning HIV/AIDS in the African American community, and are aggressively working to develop an appropriate response.

The Department of Health and Human Services is working with the White House and the community to develop a response to the call for a "state of emergency." HIV/AIDS is a complicated issue which deserves thoughtful consideration.

As a part of the President's Initiative on Race, the health disparities between minorities and non-minorities will be addressed. The Department of Health and Human Services is reevaluating all of its HIV/AIDS-related programs which focus on prevention, care and treatment, and substance abuse prevention and treatment efforts.

Under the Clinton Administration, funding for prevention-related activities in FY '98 totaled \$634 million, care and service totaled \$1.5 billion, substance abuse and treatment totaled 1.36 billion and research totaled \$1.6 billion. Yet, new assistance programs may need to be developed to help community organizations and others to improve their services to African-Americans and others affected by HIV/AIDS.

Thank you for expressing your views. I look forward to continuing our work with the Congressional Black Caucus to address the HIV/AIDS crisis in the African American community.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10833	Patricia	Ameling	5/21/98	Information Request

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
Action Completed	Action Date	Addressed To		

Notes

Sarah -- This ltr. appears to be a solicitation for names of groups or individuals who might be interested in some sort of new cash benefit for life insurance. I expect them to follow up on this vigorously.

Sender's Organization	Sender's Street1	Sender's Street2
Allegro Funding		
Sender's City	Sender's State	Sender's Zip

Called 5/28/98 to check on necessity

*~~Don't~~
ASK Matthew
ABOUT
Paragraph
suggestions -
Draft it
Thanks!*

July 21, 1998

Patricia K. Ameling
3921 Ilford Road
Wheaton, MD 20906

Dear Ms. Ameling,

Thank you for ~~writing a~~ letter in support of all the work that I do here at the Office of National AIDS Policy. The information that you have outlined in your letter and in your enclosures is excellent information, and we will take full advantage of this opportunity.

There is one group that I can think of that would help you in your efforts to reach people who do not have insurance plans. This group is called the National Prevention Information Network and they will be able to help you in your search. Their phone number is 1-800-458-5231 and are now located in Silver Spring, Maryland. We really appreciate your effort to call this group and let them know what you are offering at Allegro Funding. The struggle against AIDS is often a battle against funding for treatments. If more people were to get these treatments then they would live longer and have more time to spend with their families.

Thank you again for writing to us with support and interest in helping out people with HIV/AIDS. The only way we can beat this virus is by working together.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

N:\DAVIS\LETALL.WPD

ALLEGRO FUNDING

Patricia K. Ameling, CMI

3921 Ilford Road
Wheaton, MD 20906

301-933-3660

Sandy Thurman
AIDS Policy Director
736 Jackson Place NW
Washington DC 20503

Re-send May 18, 1998

May 1, 1998

Dear Ms. Thurman,

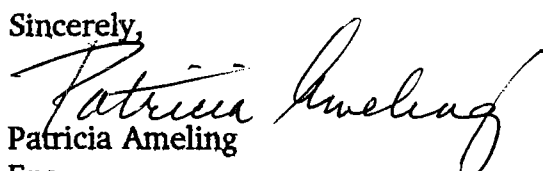
I read about you and your work in the recent Washington Post article. I am sending you the enclosed brochure from Affirmative Lifestyles, Inc. because their viatical edge program may be beneficial to many people with whom you are working. In this area, I am a referring agent (#1161) to the company.

The ALIVE program was developed by ALI's founder and president, Peggy Wallace, a certified financial planner, to serve as a clearinghouse for applicants for a viatical settlement. This means that there is only one confidential application to fill out, assured regulatory compliance in the area or state where the settlement is to be paid, and the lowest underwriting costs, which will result in the applicant receiving the highest cash percentage available for their life insurance rollout. This is the only clearinghouse in existence at this time.

In addition to individual coverage, there are employee benefit packages available for institutions and corporations to assist their employees who may be in need of this service for the family members for whom they are responsible caregivers, covering terminally illness of any sort, as well as older seniors who are chronically ill. The packages for corporations cover employees, the spouse/partner, retirees, and their parents. In the institutional package, the benefit covers members, spouses/partners, parents of member, and in the case of a health care institution is also extended to the residents/patient families.

I would appreciate and value a response with your suggestions of groups who may be interested in the benefit package, and could of course come to your office if time is available in your busy schedule. I will be meeting with Ms. Wallace at the Cash Flow '98 convention in San Francisco between May 20-27, and can follow up on specific questions you may have for her at that time. You can reach her directly at 800-876-2991, at the office in San Antonio.

Sincerely,


Patricia Ameling
Enc.

ALLEGRO FUNDING

*Cash for Seller-held Mortgage
Notes and Viatical Settlements*

PATRICIA K. AMELING

Certified Mortgage Investor

3921 ILFORD ROAD
WHEATON, MD 20906

301-933-3660

ALLEGRO FUNDING

*Cash for Seller-held Mortgage
Notes and Viatical Settlements*

PATRICIA K. AMELING

Certified Mortgage Investor

3921 ILFORD ROAD
WHEATON, MD 20906

301-933-3660

ALIVETM

THE COMPANY

Affirmative Lifestyles, Inc. (ALI) is a Texas corporation established in 1989 to negotiate "viatical settlements" of life insurance policies for the aged and persons living with a terminal illness. Our objective is to generate cash benefits for individuals from their life insurance policies during their lifetime. Since the company was founded, we have focused on creating and developing the viatical settlements market by providing evaluation, underwriting and consulting services. ALI has also participated in the regulatory process in the states of Texas, California, Florida and New York. To date, we have evaluated over 2000 cases valued at more than \$200 million.

Viatical Edge Program



CLINTON LIBRARY PHOTOCOPY

THE CONCEPT

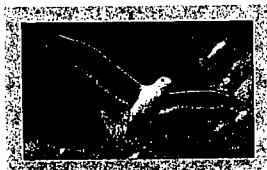
"ALIVE" provides a financial option to persons facing a diminished life expectancy. We at ALI have witnessed first-hand what viatication can do for people and their families. "ALIVE" may help to fulfill a cherished dream, maintain a desired standard of living, obtain expanded medical care, or provide for a special family occasion. The key is to provide people with choices, greater control over their lives and personal dignity.

Since its inception, ALI has helped many people exchange their insurance death benefits for "living benefits" that enabled them to accomplish their lifetime goals.

THE BENEFITS

Realizing personal dreams is the key to a fulfilling life. Viatication benefits everyone: the employee, the employee's family—even the employer! Here's why.

For employees, viatication provides the means to retain dignity and control of their lives. With increased financial resources available, the employee's family enjoys reduced fears and an enhanced self-image. Employers are able to provide an additional benefit to their employees. Reducing stress caused by financial problems promotes greater employee productivity, personal security and a more positive outlook on both work and family life.



CONFIDENTIAL

Experienced
underwriters
handle issues
of concern.



EASY

A single,
toll-free phone
call starts
the process.



NON-TAXABLE

Tax-free
treatment
for compliant
settlements.

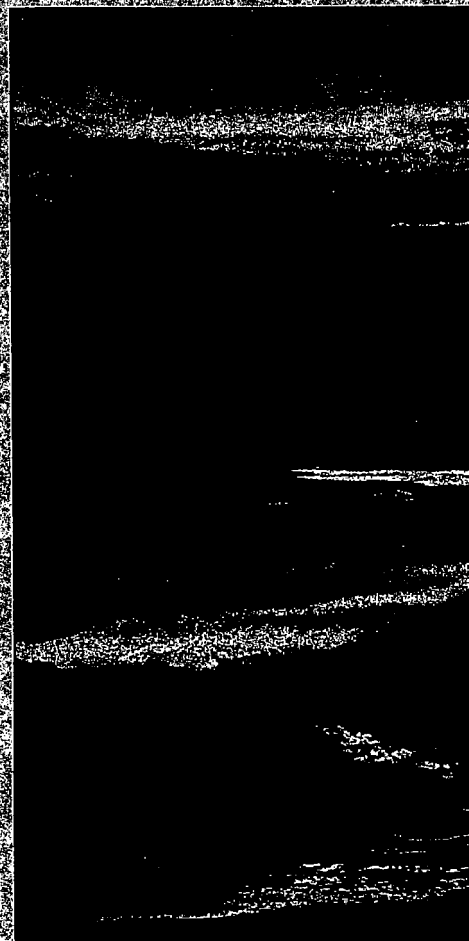
AliveTM

 **Affirmative Lifestyles, Inc.**

10010 San Pedro Avenue, Suite 650
San Antonio, Texas 78216
1-888-97ALIVE

Phone 210-341-2991 (in San Antonio)
Fax 210-341-0956

ref: x1161
Patricia Ameling



AliveTM



memo to
Sue J. Smith
Saying that
this does not
require a
response

- See me for
Details

THE WHITE HOUSE

WASHINGTON

4-10-74
DATE

MEMORANDUM FOR:

FROM:

DNATC
SUE J. SMITH
DIRECTOR, OFFICE OF AGENCY LIAISON

SUBJECT:

REFERRAL OF CASEWORK IN BULK

An unprecedented number of individuals still write the President and the First Lady for help. I know that this has meant a far greater volume of mail for your agency than ever before. I appreciate your continuing cooperation in our efforts to be as responsive as possible.

The attached letters have not received a White House Staff response. I am forwarding this correspondence to your agency for any appropriate action.

Please return the original incoming letter, along with a copy of any written or telephone response, to me at the address below. I also would appreciate your sending a copy of your agency's log of the names and addresses of these individuals. Any misreferrals should be returned to my office. If you have questions you can reach me at 456-7486.

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

Again, thank you for your continuing help.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Citizen to President Clinton re: AIDS in family (Personal) [partial] (1 page)	03/18/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:

Correspondence - Sandra L. Thurman - Outgoing - 7/98

2018-0764-F
jm2109

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]

Date: March 18, 1998

To: President Clinton's Aid's Advisor's Administration:

My name is (b)(6) I am a resident of New Bedford, Mass. On February 28th. I lose my youngest sister to the deadly Aids Virus. This is the story behind my sister's death. I believe that her husband (b)(6) is a carrier of the virus. In the early 80's this man was married to my first cousin who passed away in the early 80's. Also, infected with this virus was my cousin's son who passed away a short time after she did. Then this man married my youngest sister who now has passed away. I believe that this man has infected three members of my family and should not be allowed to continue this type of behavior. I hope that there will be a law against this soon I truly believe that this is cold blooded murder.

[0019]

(b)(6)

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. envelope	re: Citizen to President Clinton (Personal) (1 page)	03/20/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:

Correspondence - Sandra L. Thurman - Outgoing - 7/98

2018-0764-F

jm2109

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]

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. letter	Sandra Thurman to Citizen re: AIDS in family (Personal) [partial] (1 page)	07/22/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19399

FOLDER TITLE:

Correspondence - Sandra L. Thurman - Outgoing - 7/98

2018-0764-F
jm2109

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.

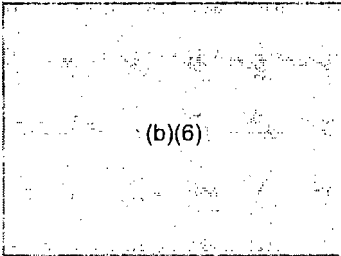
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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]

July 22, 1998



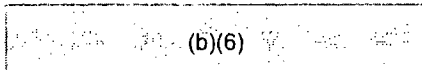
Thank you for your concern about HIV/AIDS in America. We appreciate your interest and recognize the pain it must have caused you. We are very sorry to hear about the losses you have suffered due to the virus.

As you know, AIDS is a serious epidemic, more than 40,000 people are infected with HIV every year in the U.S.

There are many states that have laws stating that it is illegal for a person to willingly spread the HIV virus. If you are concerned about this you may want to consider contacting your local public health department. We wish you the best and hope that you continue to support the effort to stop the spread HIV.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy



[001c]