FOIA Number: 2018-0764-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21067

FolderID:

Folder Title:
Department of Justice

Stack:	Row:	Section:	Shelf:	Position:
S	66	7	11	3

U.S. Department of Justice

Office of Policy Development

Assistant Attorney General
Telephone: (202) 514-4601
Fax: (202) 514-2424

Room 4234
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

February 17, 1998

TO: Sandra L. Thurman
Director, Office of National AIDS Policy

FROM: Eleanor D. Acheson
Assistant Attorney General

Mathew S. Nosanchuk
Senior Counsel

RE: Major HIV/AIDS Activities and Programs at the Department of Justice (DOJ)

Summarized below are the major HIV/AIDS activities and programs at the Department of Justice.

1. HIV/AIDS Education and Training Programs for DOJ Employees

A. Bloodborne pathogens training

Law enforcement officials who have frequent contact with external populations receive annual training in bloodborne pathogens, as required by OSHA's Bloodborne Pathogen Standard. Officials at the DOJ Office of the Inspector General, the Immigration and Naturalization Service, the Drug Enforcement Administration, the FBI, the Bureau of Prisons, and the U.S. Marshals Service all receive this training.

B. General HIV/AIDS education and training

All new DOJ employees receive a copy of the DOJ AIDS Awareness and Prevention Resource Book, which was prepared by the Justice Management Division (JMD). In addition, a video, entitled "AIDS Awareness and Prevention," is available to all components to show to employees. Some components offer training that includes information on HIV/AIDS in the workplace; others just show the video and distribute the AIDS awareness booklet.

JMD also prepared a training manual for managers entitled "AIDS in the Workplace: The Manager's Role and Responsibility." Finally, on World AIDS Day, JMD sponsors a commemorative and educational event for DOJ employees, in which senior DOJ officials participate.

2. Enforcing Laws to Prevent HIV/AIDS-based Discrimination

DOJ has enforcement responsibility under the Americans with Disabilities Act and provides technical assistance consistent with this mandate. The Disability Rights Section of the Civil Rights Division brings cases against state and local government entities and public accommodations that have engaged in a pattern and practice of discrimination or discriminated in a case of general public importance, against persons who are HIV-infected or are regarded as HIV-infected. Most recently, the Department filed a friend-of-the-court brief in the U.S. Supreme Court in a case that presents the question whether an asymptomatic HIV-infected person is protected by the ADA.

3. DOJ-funded HIV/AIDS Prevention and Education Programs

DOJ's Office of Justice Programs administers several grant programs to support education, prevention, counseling, and mentoring programs for at-risk populations. Programs containing an HIV/AIDS prevention component include Operation Weed and Seed, a program to root out gang activity and replace it with community revitalization; the Tribal Strategies Against Violence Program, a program to form partnerships with Native American tribes; and the HIV/AIDS and Victim Services Program, a program to train persons providing assistance to crime victims.

CORPORATION
FOR NATIONAL
SERVICE

February 9, 1998

Director Sandy Thurman
Office of National AIDS Policy
Executive Office of the President
808 17th Street, NW, Suite 820
Washington, D.C. 20006

Dear Ms. Thurman:

Enclosed is information from the Corporation for National Service regarding our major HIV/AIDS-related activities and programs, as you and Matthew Murgia requested. I look forward to attending your meeting on February 18th.

Sincerely,

Nancy Voss
Director, Equal Opportunity
Corporation for National Service

Enclosure

cc: Louis Caldera
John Gomperts
Susan Stroud

1201 New York Avenue, NW
Washington, DC 20525
Telephone 202-606-5000

Getting Things Done.
AmeriCorps, National Service
Learn and Serve America
National Senior Service Corps

Corporation for National Service

The Corporation for National Services places a priority on addressing unmet human, educational, environmental, and public safety needs. Working to help prevent the transmission of HIV fits well into our mission. In fact, over two hundred of our AmeriCorps, Learn and Serve America, and National Senior Service Corps' Retired and Senior volunteer Program and foster Grandparents programs provide HIV- and AIDS-related services in communities nationwide.

The Corporation for National Service has strongly encouraged nondiscrimination because of HIV/AIDS, as well as HIV/AIDS prevention and training. We presently are revising and updating our HIV/AIDS Policy Statement. Our policy, which has been in effect since December 1994 states, in part:

> The Corporation is committed to maintaining safe and healthy work and service environments while ensuring fair and equal treatment for all its employees, AmeriCorps members, volunteers and interns. The Corporation is further committed to ensuring that its grantees and contractors provide safe and healthy work and service environments and likewise ensure fair and equal treatment for their employees, AmeriCorps members, volunteers, and other beneficiaries of Federal financial assistance from the Corporation.

All employees received HIV/AIDS awareness training in 1995. In addition, as part of civil rights and disability training, all employees in the AmeriCorps*National Civilian Conservation Corps program, our residential AmeriCorps program, have received additional training.

The Corporation's primary focus is its programs – both programs operated through grants to state and local governments and non-profit agencies and programs operated in full or in part by the Corporation. In these programs, the Corporation strongly encourages HIV/AIDS prevention training for all service members, programs and project staff.[1] One of our national technical assistance providers, the American Medical Students Association, has been operating the Preventive Health Skills Center since early 1995, providing education, training, information and materials on a variety of preventive health categories, including HIV/AIDS. The Preventive Health Skills Center adapted its HIV prevention training curricula for AmeriCorps members and programs. In addition, many local grantees contracted with local providers to offer training.

---

[1] Other strongly encouraged areas of training include diversity, conflict resolution and CPR.

CORPORATION FOR NATIONAL SERVICE PROGRAMS WITH AN HIV/AIDS COMPONENT

Approximately 225 Corporation for National Service programs have been identified as having an HIV/AIDS component. Many of these programs focus on youth HIV prevention or providing services to people living with AIDS; while others incorporate HIV/AIDS education or services as part of a more general mission to address other community, health or educational needs.:

AmeriCorps

AmeriCorps*National: contact: Marlene Zakai ext. 536
There are six national grant projects that have an HIV/AIDS prevention and/or care component as part of their mission to address community, health or educational needs, with a total of 679 full-time AmeriCorps members and 157 part-time AmeriCorps members serving in these projects. One of the grantees, the National AIDS Fund has HIV/AIDS prevention and care as it's sole mission and has sites in seven states.
The projects include: The National AIDS Fund, The Community Care Corps, MANYCorps, City Year, Delta Service Corps, and Public Allies.

AmeriCorps*State: contact: Maggie Liss ext. 186
There are twenty-one grant projects that have an HIV/AIDS prevention and/or care component as a part of their mission to address community, health and/or educational needs, with a total of 1,177 full-time AmeriCorps members and 387 part-time AmeriCorps members serving in these projects. Approximately four of these programs have HIV prevention as one of their main missions and approximately eight more include HIV prevention as part of a general health or education outreach effort.
The projects include: Birmingham AIDS Outreach, City Year Boston, City Year Rhode Island, City Year, Philadelphia, City Year San Antonio, ROCA Youth STAR Corps, Michigan Neighborhood AmeriCorps, Phoenix House AmeriCorps, AmeriCorps Austin Youth Options, School District of Saginaw, Urban League of Flint, Oswego City-County Youth Bureau, Church Avenue Merchants Block Association, ASPIRA of NY, Action for the Homeless, Maryland Conservation Corps, University of Texas @ Arlington School of Social Work, Association for Utah Community Health, Family Independence Agency, Life Steps Campus AmeriCorps Team, and Laramie County Community College.

AmeriCorps*VISTA: contact: Kathy Dennis ext. 110
There are ten grant projects with HIV/AIDS prevention and/or care as one of their main missions with a total of 50 AmeriCorps*VISTA members. The projects include: AIDS Coalition of Pinellas, Open Door Community Services, Baton Rouge Black Alcoholism Council, HealthReach Network - Day Spring, Advocacy Outreach, San Angelo AIDS Foundation, AIDS Response Effort, African-American Community Health Network, Fremont Public Association, and Milwaukee AIDS Project.

Learn and Serve America: contact: Margie Legowski ext. 457
Approximately 10 service-learning programs serve youth by offering HIV/AIDS prevention and education. In addition, there are more Learn and Serve America HIV prevention projects that we do not currently have information for because they are sub-grantees of State Departments of Education, national non-profits or State Commissions. While we don't collect exact numbers, it is safe to say that hundreds of middle school, high school and college students are actively engaged in HIV/AIDS prevention education and sharing HIV prevention information with their peers.

National Senior Service Corps: contact: Tess Scannell ext. 300

Foster Grandparents
There are 52 projects that include a total of 304 Foster Grandparents serving 967 children with AIDS.

Retired Senior Volunteer Program
There are 103 HIV/AIDS related projects.

Senior Companions
There are 23 projects that include a total of 86 Senior Companions, serving a total of 255 seniors living with HIV/AIDS.

For more information, contact the Corporation for National Service at (202) 606-5000.

December 1, 1994

Acquired Immune Deficiency Syndrome (AIDS) Policy Statement

It is the policy of the Corporation for National Service that persons who have AIDS or its related conditions will be treated the same as persons with any other serious illness. They will be allowed to work and perform service, as long as they do not pose a significant danger to themselves or others.

The Corporation is committed to maintaining safe and healthy work and service environments while ensuring fair and equal treatment for all its employees, AmeriCorps members, volunteers and interns. The Corporation is further committed to ensuring that its grantees and contractors provide safe and healthy work and service environments and likewise ensure fair and equal treatment for their employees, AmeriCorps members, volunteers, and other beneficiaries of Federal financial assistance from the Corporation. All these persons are covered by Federal civil rights laws which will be enforced by the Corporation.

Human immunodeficiency virus (HIV)-positive infections and acquired immune deficiency syndrome (AIDS) are disabilities within the of meaning the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. AIDS is an infectious disease transmitted either by intimate sexual contact or intravenously through the use of contaminated needles or receipt of transfusions of contaminated blood. There is no medical evidence that the AIDS virus is transmitted through casual contact such as that which occurs in ordinary social, occupational, or service settings and conditions.

Employees, AmeriCorps members and grantees, under normal conditions, may neither withhold services nor refuse to work out of fear of contracting HIV or AIDS when working or performing service with an AIDS-infected person. Employees, AmeriCorps members, volunteers or interns of the Corporation who do so or who are found to have harassed, intimidated, or otherwise discriminated against AIDS-infected persons may be subject to disciplinary action. Grantees or contractors may have their grants or contracts terminated or not renewed by the Corporation if they do not take immediate steps to end similar conduct by their employees, AmeriCorps members, volunteers, or other beneficiaries.

The Corporation recognizes that HIV and AIDS present a number of economic, health, and legal issues. Employees are encouraged to seek advice and guidance on dealing with HIV- or AIDS-related issues from the Equal Opportunity and Personnel Offices. Any person covered by the civil rights laws who believes he or she has been subjected to discrimination based on AIDS-related issues may contact a Corporation Equal Opportunity Counselor or the Corporation's Equal Opportunity Office.

Eli J. Segal

February 1998

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) SUMMARY OF MAJOR HIV/AIDS RELATED ACTIVITIES AND PROGRAMS

NOTE: ALTOGETHER, DISCRETIONARY HIV/AIDS RELATED SPENDING BY DHHS IN FY 1998 TOTALS $3.5 BILLION. AN ADDITIONAL $3.3 BILLION, IS EXPECTED TO BE EXPENDED IN FY 1998 FOR AIDS CARE UNDER MEDICARE AND MEDICAID. IT IS ESTIMATED THAT MORE THAN 50 PERCENT OF AMERICANS LIVING WITH AIDS RELY ON MEDICAID FOR THEIR HEALTH CARE COVERAGE.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC's mission related to HIV, is to prevent HIV infection and reduce the incidence of HIV-related illness. CDC collaborates with community, state, national and international partners to accomplish this mission. CDC is the leading public health agency responsible for preventing and monitoring HIV disease. CDC accomplishes its mission through disease surveillance activities, monitoring public health practices, detecting and investigating health problems related to HIV/AIDS, conducting laboratory and behavioral research, developing and advocating sound public health polices, implementing HIV prevention strategies to promote healthy behaviors and sponsoring leadership and training conferences. In 1997, CDC's HIV prevention activity expenditures totaled $634 million.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

HRSA supports a range of health care delivery programs providing care and services to people living with HIV disease through the Ryan White CARE Act. Ryan White CARE Act funds are used to provide a wide range of assistance to those who lack or are only partially protected by health insurance . Assistance includes primary health care and medications, case management, support services, substance abuse and mental health services.

Through Title I of the Ryan White CARE Act, fifty major metropolitan areas receive funds on a formula basis according to the estimated number of people living with HIV disease. In addtion, supplemental funds are awarded competitively based on the severity of need and other criteria. Other titles and programs of the CARE Act fund HIV/AIDS services in states and U.S. territories (Title II); provide support to public and nonprofit organizations for outpatient early intervention services (Title III); support targeted programs for improving access to HIV care and research opportunities for women, youth, adolescents and families (Title IV); train providers of HIV care (AIDS Education and Training Centers) and reimburse certain schools of dentistry and postdoctoral dental programs for uncompensated costs incurred in dental treatment of HIV-positive patients. Under the Title II program, the CARE Act also supports the AIDS Drug Assistance Program (ADAP), which helps defray the costs of anti-HIV pharmaceutical therapies for uninsured individuals and others unable to pay for these treatments.

FOOD AND DRUG ADMINISTRATION (FDA)

Over the last five years, FDA has approved 10 AIDS drugs and 20 drugs for AIDS-related conditions. Drug approval times have been accelerated and now average under five months. Included in those approvals are a new class of drugs know as protease inhibitors, which show tremendous promise in the treatment of HIV disease. In March 1997, the FDA approved the first protease inhibitor with labeling for use in children.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

The Substance Abuse and Mental Health Services Administration provides grants for substance abuse prevention and treatment and mental health services to states and community based organizations. These funds include targeted resources to support substance abuse prevention and treatment services to persons living with HIV disease. In 1997, SAMHSA also awarded Federal grants to develop mental health services for persons living with HIV/AIDS, their families and partners for the first time.

NATIONAL INSTITUTES OF HEALTH (NIH)

In 1998, the NIH will spend approximately $1.6 billion for AIDS-related research. The NIH places a special emphasis on AIDS vaccine research in recognition of the generally accepted scientific view that only a truly effective preventive vaccine can limit and eventually eliminate the threat of HIV/AIDS. NIH is committed to the goal of developing an AIDS vaccine within the next ten years. This includes high level international collaboration dedicated to research, a center for AIDS vaccine research, and outreach to scientists, pharmaceutical companies and patient advocates to maximize the involvement of both private and public sector in the development of an AIDS vaccine.

HEALTH CARE FINANCING ADMINISTRATION(HCFA)

Serving at least 50 percent of all person living with AIDS, and up to 90 percent of all children with AIDS, Medicaid is the largest single payer of direct medical services for persons living with AIDS. Estimated combined Federal and State Medicare and Medicaid expenditures are approximately $3.3 billion annually or about 25% of the aggregate cost of AIDS related medical care.

OTHER

In March 1998, the Department will publish ***Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents.*** The Department developed these HIV treatment guidelines through a joint effort with the Henry J. Kaiser Family Foundation. The guidelines will provide the scientific rationale for therapeutic strategies used by medical practitioners treating people living with HIV.

Department of Energy
Washington, DC 20585

February 13, 1998

Ms. Sandra L. Thurman
Director, Office of National AIDS Policy
White House Office of National AIDS Policy
808 17th Street, NW
Room 820
Washington, DC 20006

Dear Ms. Thurman:

In response to your request for information about Department of Energy HIV/AIDS programs and funding, I am providing the following information.

With two exceptions (a) the Department's Health Unit and (b) the National Institutes for Health and DOE joint agreement concerning the HIV Genetic Sequencing Database at Los Alamos, New Mexico, the Department does not direct any programs or academic grants which specifically fund HIV education or research.

I look forward to attending your next Interagency HIV/AIDS Task Force meeting on February 18, 1998. Should you have any further questions, please call Don Donaldson, the Department's HIV/AIDS Programs Coordinator, on (202) 586-1753.

Sincerely,

Corlis S. Moody
Director
Office of Economic Impact and Diversity

Federal Housing Programs for Persons With HIV/AIDS

Office of Community Planning and Development
U.S. Department of Housing and Urban Development

National Response Includes Housing

The Clinton Administration has made housing for persons with HIV/AIDS an important component of the national response to AIDS. The *National AIDS Strategy* recognizes that housing is essential in providing health care and other support for clients and sets a goal for ensuring that all persons with HIV have access to affordable, high quality and responsive services and housing.

The Department's AIDS programs give people in some of the most desperate situations, a little comfort in life.

Secretary Andrew Cuomo, June 4, 1997

Secretary Cuomo and senior staff maintain an on-going dialogue with AIDS housing providers and residents to continue to learn more about the epidemic and changes in care, to address challenges in meeting the housing needs of persons living with HIV/AIDS, and to seek ways that HUD could improve its responsiveness and programs.

Protection from Discrimination

In 1996, HUD's Secretary issued a *Directive on HIV/AIDS* to help ensure that all of HUD's programs are available in the community to assist clients, based on eligibility, and that appropriate actions are taken in response to housing discrimination against persons with HIV/AIDS. The Directive noted that **it is illegal to discriminate against a person because of a real or perceived disability**. HUD's Office of Fair Housing and Equal Opportunity (FHEO) stands ready to investigate cases where individuals with AIDS or HIV infection, or individuals perceived to have AIDS or HIV infection, have been subjected to discrimination in housing. FHEO assists persons who believe they have been or may be subjected to discrimination in understanding their rights. FHEO's Office of Investigations will discuss this matter in a confidential manner and will take immediate action where it is required to prevent homelessness or other serious harm. FHEO will work with the Department of Justice to apply all pertinent measures (e.g. temporary restraining orders, injunctive relief) to facilitate prompt resolution if conciliation or other means of dispute resolution are not successful.

HUD's field offices are directed to make appropriate referrals to FHEO in one of its ten Enforcement Centers and to other agencies (i.e. State Attorneys General offices) to meet the needs of consumers living with HIV infection and AIDS. The FHEO Office of Investigations may be contacted at 1-800-669-9777, via any HUD office or at Headquarters at 202-708-0836. The Federal Information Relay Service TTY number is 1-800-877-8339.

Housing Opportunities for Persons with AIDS

The HOPWA program makes grants to local communities, states and non-profit organizations to benefit clients and their families who are low-income where the client has an HIV positive status or diagnosis of AIDS. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These include, but are not limited to, the acquisition, rehabilitation or new construction of housing units, costs for facility operations, rental assistance and short-term payments to prevent homelessness. HOPWA funds may be used also for supportive services, such as health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other services.

HOPWA grantees are encouraged to develop community-wide strategies and form partnerships with area nonprofits to provide housing assistance and supportive services for eligible persons. Formula grants are available through the local Consolidated Plan process. The Consolidated Plan is developed through a community-wide effort that assesses needs, creates a multiple-year strategy and proposes an action plan for use of Federal funds and other community resources in a coordinated and comprehensive manner.

HOPWA Funding

HOPWA Formula. In FY98, the appropriation of $204 million provides $183.6 million in formula-based allocations to 59 cities in metropolitan areas and 29 States. This funding is made available through the jurisdiction's Consolidated Plan. The Administration requested increases for this program in recent years and won approval for increases of $25 million in FY97 and $8 million in FY98. The President's request for HOPWA in FY99 is $225 million, an increase of $21 million, that will be used to help address growing needs and support additional communities that are likely to become eligible for the formula.

HOPWA Competitions. HUD also selects model programs for 10 percent of the appropriation. In November 1997, HUD announced awards for 20 new model projects. The 1998 funds will soon be announced in a NOFA for up to $20.4 million for proposals from government agencies and non-profits for Special Projects of National Significance and for projects in areas that do not receive formula allocations. These models help expand housing options for persons with AIDS and our knowledge of ways to provide responsive housing and care.

Other HUD Programs

In addition to the HOPWA program, people living with HIV/AIDS who meet the program requirements (e.g. low-income, homelessness, etc.) are eligible for any HUD program for which they might otherwise qualify. If a person has been diagnosed with AIDS, he or she is disabled and may qualify for many HUD programs in addition to HOPWA. If a person has HIV infection, he or she may be disabled if one or more of his or her major life activities (such as the ability to work or the ability to live independently) is impaired by the infection on an intermittent or constant basis. Of the HUD programs designed to assist persons with disabilities, the following may address the specialized needs of persons living with HIV/AIDS:

Shelter Plus Care (S+C). This program combines HUD-supported rental assistance with supportive services provided by other sources on a matching basis for homeless persons with disabilities. "Recipients may establish a preference as part of their admissions procedures for one or more of the statutorily targeted populations (seriously mentally ill, alcohol or substance abusers, or persons with AIDS and related diseases)."

Supportive Housing Program (SHP). Under SHP, public entities and non-profit organizations may receive funds for transitional and permanent housing and/or supportive services to people who are homeless, including permanent housing for persons with disabilities, such as homeless persons who are living with HIV/AIDS. Funds may be used for capital costs, facility operations, and supportive service costs. Projects must contribute a share of program costs from non-federal sources.

Section 811. The Supportive Housing for Persons with Disabilities (Section 811) Program provides financial assistance in the form of capital advances and project rental assistance to non-profit sponsors to expand the supply of housing for very low income persons with disabilities. They may provide assistive services, including services addressing the needs of persons disabled by HIV/AIDS. The provider must demonstrate that an applicant's disabling condition is worsened by a lack of housing, and that the condition would improve with the provision of housing, to qualify for Section 811 services. A similar program, Supportive Housing for the Elderly (Section 202) may be used to serve persons with HIV infection or AIDS provided that they are at least 62 years of age.

Section 8. Some communities have established preferences for housing assistance through the Section 8 program for persons with terminal illnesses, including AIDS, or persons with an immunological disorder of a degenerative nature, such as AIDS or HIV disease. In these communities, other persons who can make use of the accessible features or service program of the project (e.g. a person with a terminal illness not related to HIV infection) may also receive priority for available Section 8 vouchers or certificates.

The HOME Program. The HOME program is a flexible community resource for housing development for low and very-low income people. Based on local decision-making processes, "The participating jurisdiction may establish preference for individuals with special needs. The participating jurisdiction may offer, in conjunction with a tenant-based rental assistance program, particular types of non-mandatory services that may be most appropriate for persons with a special need or a particular disability. Generally, tenant-based rental assistance and the related services should be made available to all persons with special needs or disabilities who can benefit from such services...The participating jurisdiction may also provide a preference for a specific category of individuals with disabilities (e.g., persons with HIV/AIDS or chronic mental illness) if the specific category is identified in the participating jurisdiction's consolidated plan as having unmet need and the preference is needed to narrow the gap in benefits and services received by such persons." [24 CFR sec. 92.209(c)(3)].

Planned AIDS Housing Conferences

Additional technical assistance is planned, including the first meeting of **HOPWA Coordinators** on May 14-16, 1998 in Arlington. HUD expects that communities that receive formula allocations will share their experience and learn from examples of "best practices" in creating responsive housing efforts and discuss emerging AIDS housing challenges and potential solutions.

Also, on September 16-20, 1998, HUD will be co-sponsoring the **Third National HIV/AIDS Housing Conference** in Atlanta. HUD expects that over 1,000 AIDS housing providers, residents and other community based advocates will share information through peer-lead training and interactions on the range of housing management, operations, policy and evaluation issues.

HOPWA Program Use

HUD estimated that the FY98 HOPWA appropriation of $204 million would provide housing assistance to about 44,760 persons, including family members who reside with the persons living with HIV/AIDS in about 37,300 units of housing. More than half, 24,000 units, would involve clients who receive a small, short-term payments to prevent homelessness. Another 7,300 units would involve on-going rental assistance payments. Approximately 6,000 units in supportive housing facilities, SROs or community residences would also be developed or operated with HOPWA funds. Residents and other persons also receive supportive services that are funded by this or other related public and private programs.

Since the beginning of the program in 1992, the Federal government has made available over $1 billion in HOPWA funds ($1.045 billion) to support community efforts to create and operate HIV/AIDS housing initiatives. These funds have been used in connection with other public and private resources to address area needs. HOPWA activities relate strongly to area Continuum of Care programs that assist homeless persons. HOPWA is also included as part of HUD's Consolidated Planning and 2020 Management initiatives that work in partnership with communities and neighborhoods in managing these federal funds.

In December 1996, the President's *National AIDS Strategy* recognized that "maintaining consistent funding for the housing component of the services safety net will continue to be a national priority. Without stable housing a person living with HIV has diminished access to care and services and a diminished opportunity to live a productive life."

Safe, decent and affordable housing is more than a goal. It is a common daily need of each of us as well as a vital component of our common response to HIV.

Secretary Andrew Cuomo

Needs. Based on surveys of housing providers in 7 cities and counties, AIDS Housing of Washington (the HOPWA national technical assistance provider) estimated that over half of all persons living with HIV will need access to housing assistance at sometime during their illness. The AHW survey found five main trends in AIDS housing: issues of chemical dependency; increased risks of homelessness; poverty and little affordable housing; preference for independent living options; and that rural areas and small communities are increasingly affected.

HUD's Office of HIV/AIDS Housing

In 1995, Assistant Secretary Cuomo created the Office of HIV/AIDS Housing in CPD. Its primary functions are the management of the HOPWA program, its integration in HUD's management and technology improvements, providing guidance, conducting a national competition to select model projects and reporting on program activities. In addition, the office serves as an advocate within HUD for persons living with HIV/AIDS to help ensure that all HUD programs are sensitive to the special needs of these clients.

The Office of HIV/AIDS Housing, U.S. Department of Housing and Urban Development, 451 Seventh Street, S.W., Room 7154, Washington, D.C. 20410, or phone (202) 708-1934; TTY 1-800-877-8339, fax: (202) 708-1744. Information on the HUD HOME Page is found at *www.hud.gov/home.html*.

Information on the technical assistance conferences and other support is available under a *National HOPWA Technical Assistance Program* operated by **AIDS Housing of Washington** at (206) 448-5242 or by email at: *info@aidshousing.org* or at *www.aidshousing.org*.

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON DC 20420

January 30, 1998

Mr. Matthew Murguia
Office of National AIDS Policy
808 17th Street, NW #820
Washington, DC 20006

Dear Mr. Murguia,

This is in response to Sandra Thruman's January 23, 1998 request for a brief summary of the major HIV/AIDS activities and programs supported by the Department of Veterans Affairs.

The Department of Veterans Affairs is the largest single provider of HIV medical care and preventive services in the United States. Over 43,000 individual HIV infected veterans have received medical care from at least one of the 172 VA hospitals or over 500 primary care clinics or other VA facilities. In 1997, over 17,000 HIV infected veterans received care and services through VA facilities. The VA also supports a significant amount of HIV/AIDS related research, education and training, and prevention activities. I have attached a brief description of ongoing VA activities in the areas of HIV/AIDS care and services, HIV/AIDS research, and HIV/AIDS prevention education.

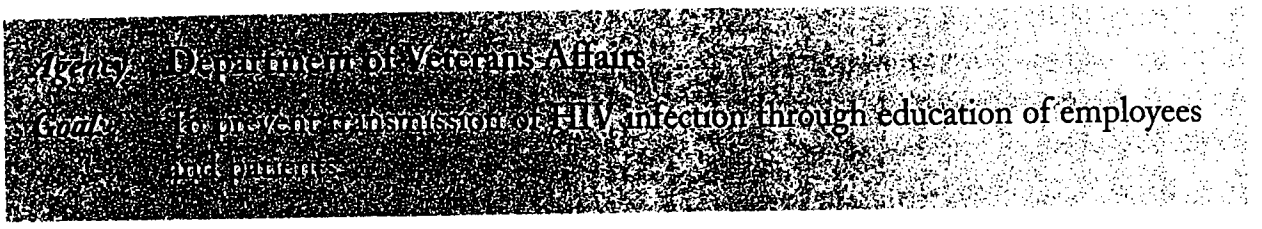
As I said on the phone, I am the new Director of HIV/AIDS Service for the Department of Veterans Affairs. I will be the VA's principal contact for anything you might need. Please feel free to call me if you have any questions.

Sincerely yours,

Lawrence Deyton, MSPH, MD
Director
AIDS Service

Attachment

Prevention



Objective 1:

Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.

Action Steps: Establish national training program to educate two professional staff from every VA medical center to conduct patient education and pre- and post-test counseling.
Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.

Objective 2:

Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.

Action Steps: Develop a national "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention.

Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.

Objective 3:

Integrate HIV prevention education in addiction treatment programs.

Action Steps: Conduct national training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas.

Objective 4:

Stimulate innovative approaches to HIV/AIDS education at the local level (VA Medical Centers and communities).

Action Steps: Award educational demonstration grants to HIV/AIDS education proposals on competitive basis.

Facilitate system-wide dissemination of completed projects through annual publication and national quarterly newsletters.

Objective 5:

Maintain education and information support systems.

Action Steps: Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs.

Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Department of Veterans Affairs, continued

Objective 6:

Prevent transmission of HIV in the health-care setting.

Action Steps: Ensure on-going implementation of CDC recommendations on universal precautions, via policy.

Ensure continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy.

Provide national training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule.

Descriptions: Prevention activities including education and universal precautions.

Resources:

FY 95: $31 million*

FY 96: $31 million*

FY 97: $31 million*

* Figures are based on the estimated resource expenditures for universal precautions and education and are part of the general Medical Care Budget. FY 1996 and FY 1997 estimates are based on the resource levels contained in the President's budget.

Populations Served: Eligible veterans through local medical centers and facilities, local VA health-care and support staff, veteran patients and families, general public.

Constituency Involvement: VA medical centers and health-care facilities, and local communities.

Research

Agency: Department of Veterans Affairs

Goal: To utilize the unique resource of the VA-served patient population to further biomedical, health services, and rehabilitation research on HIV and AIDS.

Objective 1:

Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.

Action Steps: Fund research with high technical and scientific merit.

Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers.

Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators.

Provide applicants for research support with feedback on the technical and scientific quality of their proposals.

Objective 2:

Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.

Action Steps: Establish AIDS Research Centers based on competitive proposal basis.

Objective 3:

Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.

Action Steps: Facilitate investigator requested funding by NIH, other Federal agencies. Support participation in community trials on individual investigator and medical center basis.

Objective 4:

Disseminate research findings.

Action Steps: Publish and present findings of research in peer reviewed journals, and at national and international conferences.

Description: Research activities.

Resources:

FY 95: $5.4 million *

FY 96: $5.7 million *

FY 97: $5.7 million *

(* Estimated expenditures for HIV/AIDS research are part of the general Medical and Prosthetics Research budgets. FY 1996 and FY 1007 estimates are based on the resource levels contained in the President's budget.)

Department of Veterans Affairs, continued

Populations Served: Veteran patients, general public, researchers.

Constituency Involvement: Veteran patients, scientific community, general public at large.

Testing, Counselling & Clinical Care

Agency: Department of Veterans Affairs

Goal: To provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

Objective 1:

Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.

Action Steps: Implement published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses.
Publish amendment to portion of Schedule for Rating Disabilities.

Objective 2:

Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.

Action Steps: Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities.

Conduct follow-up training on HIV/AIDS as new information becomes available.

Objective 3:

Expand outreach efforts to increase awareness of the VA's HIV/AIDS programs.

Action Steps: Include information on the VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

Department of Veterans Affairs, continued

Objective 4:

Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.

Action Steps: Provide HIV testing and make counseling services available at every VA medical center and/or VA outpatient clinic throughout the system;

Train professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission;

Establish quality laboratory standards for HIV testing, including ELISA and Western Blot; and

Ensure implementation of policy prohibiting routine involuntary screening.

Objective 5:

Protect patients' rights to information and self- determination in HIV testing process.

Action Steps: Ensure that HIV testing is performed only with written informed consent, utilizing standardized written informed consent form, by law and policy.

Provide counseling and patient education on prevention and transmission performed by trained health-care professionals.

Ensure that patient education pamphlets explaining how to obtain an HIV test in a VA facility is available.

Objective 6:

Protect patients' rights to confidentiality in HIV testing and/or infection.

Action Steps: Ensure that medical records of veteran tested for or infected with HIV are subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy.

Implement safeguards to assure that: veteran HIV testing or status is released only with patient's written authorization with exceptions to disclosure (public health agencies, spouse, sexual partners) only under specified conditions; VA staff's access to medical records only on "need to know" basis; and legal, clinical and administrative staff are trained in confidentiality regulations and policy.

Objective 7:

Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.

Action Steps: Ensure non-discrimination in admission and treatment on the basis of HIV status, established by law and policy.

Implement safeguards to assure that: access to medical treatment based on clinical judgment, not HIV status; legal, clinical and administrative staff are trained in regulations and policy with periodic updates and consultation available; and patient representatives and clinical staff are available in all facilities for patient grievances.

Department of Veterans Affairs, continued

Objective 8:

Provide state-of-the-art medical treatment for patients with HIV infection or AIDS given by professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment and make available of appropriate pharmaceuticals and therapeutics at health-care facilities.

Action Steps: Provide FDA approved pharmaceuticals and therapies at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks.

Provide compassionate use of therapies under research protocols at referral or other medical centers and facilities throughout system.

Promote integration of clinical treatment and research in HIV/AIDS.

Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.

Facilitate physician and other clinician participation in local and national educational programs, professional societies, local, and state and national advisory groups.

Support on-going education and training of health-care and support staff throughout system. Encourage establishment of formal and informal physician and clinician networks for treatment advice.

Objective 9:

Provide a full range of medical and psychosocial services to meet veteran's comprehensive care needs.

Action Steps: Provide specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation in medical centers and/or networks.

At the medical center level, provide comprehensive social services and counseling including family, housing and community referrals.

Objective 10:

Provide consultation on legal, clinical and policy issues related to the care of HIV-infected patients.

Action Steps: Address and/or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, and veterans on issues related to HIV infection and AIDS.

Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate.

Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Department of Veterans Affairs, continued

Objective 11:

Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.

Action Steps: Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities.

Evaluate workload distribution by medical center to determine geographical distribution.

Utilize workload information as validation tool in resource allocation process.

Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.

Objective 12:

Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.

Action Steps: Cooperate and collaborate with other agencies such as CDC on special issues such as HIV-infected health-care workers, when requested. Provide expertise from field.

Involve other agencies, as appropriate, on special issues in HIV/AIDS.

Utilize OSHA, HHS, CDC, FDA expertise on specific issues, as necessary.

Objective 13:

Ensure that Federal, State, County and local officials are aware of Department policies and procedures concerning treatment of personnel and veterans with HIV/AIDS.

Action Steps: Monitor status of pending legislation for State, County and local officials. Serve on committees that develop and review Department policies when requested.

Objective 14:

Ensure Department policies and procedures comply with Federal law.

Action Steps: Interpret Federal laws that impact on VA's HIV/AIDS program.

Provide legal advice and counsel to program officials.

Serve on committees that develop and review Department policies when requested.

Review new and updated policy directive on HIV/AIDS.

Descriptions: Medical care and services.

Resources:

FY 95: $281 million*

FY 96: $300 million*

FY 97: $310 million*

* Resources for HIV/AIDS care are derived from the general Medical Care Budget. FY 1995 figures are reported expenditures. FY 1996 and FY 1997 are based on the projected number of patients by category or stage of disease and estimated resources required. The estimates are those contained in the President's budget.

Department of Veterans Affairs, continued

Populations Served: Eligible HIV positive veterans.

Constituency Involvement: Eligible veterans through local medical centers and facilities.

United States
Information
Agency

Washington, D.C. 20547

USIA

November 14, 1997

MEMORANDUM TO: Mr. Paul Yandura
Office of National AIDS Policy
The White House

FROM: Barbara A. H. Scarlett BAHS
Senior Advisor for Global Issues
Office of the Director

SUBJECT: USIA Support for World AIDS Day

REFERENCE: USIA's Support for World AIDS Day 1997

USIA's mission is to promote the national interest and national security of the United States through understanding, informing and influencing foreign publics regarding US foreign and domestic policies (including AIDS policies), and broadening dialogue between American citizens and institutions and their counterparts abroad. USIA's public diplomacy strategy regarding US AIDS policies extends throughout the year and employs a full range of public diplomacy tools. These include:

- the distribution of policy information to foreign media, academics, and other government and civic opinion-makers through (US Information Service) posts at US embassies abroad.

- the arrangement of speaking tours and programs/seminars abroad for US experts on AIDS issues.

- the broadcast of policy information on VOA radio and USIA television services, providing foreign publics with language-versioned news clips, editorials, and interactive dialogues featuring prominent US experts and 'best practices' of American individuals and communities meeting the challenge posed by AIDS and other infectious diseases.

- the publication of policy statements and analysis through the Internet, on the USIA International Homepage (e.g. the USIA electronic journal entitled "Infectious Diseases/The Global Fight". The 40-page edition and updated website material are used by our field officers to alert foreign leaders, NGOs, journalists and healthcare specialists to the threat of AIDS, related health issues and responsibilities of the international community. This information is supplemented with timely reports highlighting American and foreign achievements and cooperative efforts in combatting AIDS. Commentaries by

Drs. Fauci, Satcher, and AID Director J. Brian Atwood are among those featured in the journal and other articles. USIA's Washington File, the VOA, and Television service productions for science and general information programs also are recorded on this website.)

- the organization of briefings by senior US AIDS experts for foreign journalists at USIA's Foreign Press Centers in Washington, D.C., New York, and Los Angeles (as appropriate).

- the development of orientation tours for international visitors in the US (International Visitor Programs) that include discussions and briefings on AIDS policies and related issues.

USIA's news services will highlight US activities scheduled to mark World AIDS Day 1997. We look forward to the calendar of key activities noted by the White House Office of National AIDS Policy. These events will provide fresh news items, and identify new contacts for the development of upcoming international exchange programs. USIA can provide a report on activities generated by our posts abroad, or any foreign news coverage of American events through the month of December 1997.

As well, USIA's International Visitor Program March 2-25, 1998, entitled "HIV Education, Prevention and Infectious Disease Control" will host approximately 20 senior healthcare policymakers from all geographic regions of the world to participate in the March 8-11, 1998 CDC-sponsored International Conference on Emerging Infectious Diseases in Atlanta, and to consult the American counterparts throughout the US on AIDS related issues, including prevention and community education strategies.

AIDS PREVENTION AND CONTROL PROGRAM
USAID
February 1998

USAID Global Leadership

For more than a decade, the U.S. Agency for International Development (USAID) has made a major commitment of resources, staff, and funding -- nearly U.S.$1 billion -- to counter the spread of HIV/AIDS in the developing world. This crucial investment in HIV/AIDS prevention as a key to sustainable development has put the Agency in the forefront of the global response to the epidemic.

In more than 75 countries, the Agency has focused on reducing the further spread of HIV and mitigating the epidemic's impact by establishing effective partnerships with international organizations, donors, national governments and nongovernmental organizations (NGOs), developing innovative approaches to HIV/AIDS preventions, and building community capacity to slow the spread of the epidemic. USAID has supported HIV/AIDS/STI prevention and control through three effective approaches:

(1) **Reducing the prevalence of other sexually transmitted infections** (Studies in Tanzania and Malawi have demonstrated a 42% drop in the number of new HIV infections through proper clinical management of other sexually transmitted infections);

(2) **Increasing the distribution of condoms** (In Thailand, increasing the use of condoms in commercial sex establishments has led to a decrease of HIV prevalence from 3.6% in 1993 to 2.5% in 1995); and

(3) **Changing high risk sexual behavior through behavior change communication.** (In Uganda HIV prevalence has been reduced by 35% in young women aged 15-24 by delaying onset of sexual activity and safer sex practices.)

To support these three major program interventions, USAID has also funded behavioral and social research, policy dialogue, program monitoring and evaluation, biomedical research, and community mobilization efforts.

Planning an Expanded Strategy with Donor/Client Participation

In 1996, USAID undertook a redesign of its HIV/AIDS Strategic Objective to respond more effectively to the growing and changing worldwide epidemic. Currently over 60% of hospital beds in Africa are occupied by persons with HIV related disease; tuberculosis rates have surged; childhood mortality has doubled and by the year 2010 AIDS will have orphaned over 40 million children. Representatives of host governments, international development organizations, NGOs, the private sector, affected communities and people living with AIDS participated in a series of meetings resulting in recommendations to expand the scope of USAID's response to the epidemic. In addition to continuing the three major interventions stated above, the expanded response must now include operations research into basic care and psychosocial support for HIV infected individuals and their survivors, both to

enhance the prevention agenda, and to prevent further deterioration of economic and social development; increased support of HIV/STI surveillance systems; and improved capacity building for developing county NGOs and CBOs.

Organization of the New AIDS Prevention and Control Program

To carry out this Expanded Strategy, USAID will fund multiple projects over five years to continue the Agency's focus on the prevention of sexual transmission of HIV. This will be accomplished through a diverse set of procurements which include the following:

1. The **Field Implementation Component for Sexually Transmitted Infections (STI) and Behavior Change Interventions (BCI)** will provide field support (technical assistance, training, materials production, support for operations of communication campaigns and delivery of STI clinical services), directly to missions for the implementation of STI and BCI interventions for HIV/AIDS prevention and control. ($150,000,000 over five years)

2. The **Field Implementation Component for Condom Distribution** will provide field support, directly to missions, to implement condom distribution interventions for HIV/AIDS prevention and control. ($75,000,000 over five years)

3. The **Global Leadership, Research and Development Component**, will develop and diffuse the most effective ways of combating AIDS, through operations research, field testing of program interventions, and the review of scientific studies and publications. ($40,000,000 over five years)

4. The **Design, Monitoring & Evaluation, Lessons Learned, and Dissemination** (DMELLD) Component will provide field missions with program design and monitoring & evaluation assistance. DMELLD will also collect technical lessons learned from all components in the portfolio and periodically disseminate these to field missions, cooperating agencies, governments and international donors. ($25,000,000 over five years)

USAID will also support activities to: (1) establish and improve HIV/STI data collection and reporting systems; (2) build local PVO/NGO capacity through technical assistance, training, technology exchange, and institutional partnering; (3) conduct biomedical research to support the development of cost effective methods to diagnose STIs, reduce mother to infant transmission, produce an effective vaginal microbicide and ensure that vaccines which are developed are suitable for low resource settings; (4) provide technical assistance and operations research to develop rational, strategically sound basic care components which will enhance prevention programs; (5) promote an increased policy dialogue, and (6) support the United Nations Joint Programme on AIDS (UNAIDS). ($150,000,000 over five years)

SOCIAL SECURITY

Office of the Commissioner

February 9, 1998

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

Dear Ms. Thurman:

Enclosed please find a summary of current Social Security Administration HIV/AIDS related activities and programs. I look forward to the meeting of the Interdepartmental Task Force on HIV/AIDS which is scheduled for Wednesday, February 18, 1998.

Robert Nickerson
Executive Assistant
to the Commissioner

Enclosure

The Social Security Administration (SSA) pays cash benefits that may be available to individuals with symptomatic HIV/AIDS. Under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs, an individual is considered disabled if he/she is unable to do any kind of "substantial" work for which he/she is suited. A person with symptomatic HIV infection is often severely limited in his or her ability to work. In Fiscal Year 1996, SSA paid $941 million in SSDI and SSI benefits to about 117,000 individuals with symptomatic HIV/AIDS.

SSA will also be a key member of the White House Task Force to Increase Employment of Adults with Disabilities. This initiative will be particularly important to individuals with HIV, who, because of the recurrent nature of the related illnesses, may be able to return to work following periods of disability.

U.S. Department of Labor

Office of the Assistant Secretary
for Administration and Management
Washington, D.C. 20210

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

Dear Ms. Thurman:

Thank you for your letter of January 23, 1998, inviting us to the February 18, 1998 meeting of the Interdepartmental Task Force on HIV/AIDS, on HIV/AIDS-related personnel policy within the Federal government.

Your letter also asked for a brief summary of the major HIV/AIDS related activities and programs of the Department. Those which might be considered major activities or programs include:

(1) In the Employment and Training Administration, Job Corps provides academic and/or vocational training for approximately 60,000 high-risk youth each year at 110 Job Corps Centers throughout the United States. HIV/AIDS related activities include testing all students for HIV as part of an entrance medical examination; pre- and post-test counseling on HIV of all students; and care and specific treatment, if needed, for all students who test positive.

(2) Compliance officers of the Occupational Safety and Health Administration, as part of regularly conducted health inspections, review workplaces for compliance with the Bloodborne Pathogen Standard.

(3) Under the authority of the Federal Employees' Compensation Act, the Employment Standards Administration provides compensation, lost wages, and medical treatment benefits to Federal employees (or their survivors), who have contracted work-related HIV/AIDS.

In addition to these major activities, the Department has continued its HIV/AIDS education program for employees. Two initiatives undertaken this past year may be of interest:

(1) The Department developed a welfare-to-work orientation package, which was distributed, both in hard copy and through Internet, as a model for use by other Federal employers. Included in the package is a module, one and a half to two hours long, on "HIV/AIDS in the Workplace". The module was

developed for the Department of Health and Human Services, and is intended here to be conducted by a health professional, such as a Registered Nurse or a Wellness/Fitness Consultant from the U.S. Public Health Service.

(2) At its headquarters, the Department observed World AIDS Day, 1997, with a program on the internationally established theme, "Give Children Hope in a World with AIDS." In addition to a speech by the Deputy Secretary of Labor, Kitty Higgins, the program included an excellent presentation by Dr. Kathy Woodward, Director of the Adolescent Ambulatory Health Services, Children's National Medical Center; a panel of speakers from several community resources, some of which offer volunteer opportunities for those employees who might wish to become involved; and a recital by Mr. Jose Caceres, an international concert pianist who has been active in the fight against HIV/AIDS. A copy of the program is attached.

We hope these highlights of the HIV/AIDS-related activities of the Department are helpful. Should you wish additional information, please feel free to contact Ms. Pat Allen, Chief, Health and Fitness Team, Safety and Health Center, on 202/219-6188.

Sincerely,

FELIX CONTRERAS
Acting Director
Safety and Health Center

Attachment

WORLD AIDS DAY

Monday, December 1, 1997
U.S. Department of Labor

"Give Children Hope in a World with AIDS"

Welcome and Introduction of the Deputy Secretary
by Olena Berg, Assistant Secretary for
Pension and Welfare Benefits Administration
Mistress of Ceremonies

Remarks
Kitty Higgins, Deputy Secretary of Labor

Remarks
Kathy A. Woodward, M.D.
Director, Adolescent Ambulatory Health Services
Department of Adolescent and Young Adult Medicine
Children's National Medical Center

Sohail R. Rana, M.D.
Director, Pediatric AIDS Service
Vice Chairman, Department of Pediatrics
College of Medicine
Howard University

Michael Ciarrocchi
Planning and Marketing Manager
Hospital for Sick Children

Cassandra McFerson
Director, D.C. Programs for Metro Teen AIDS

Vincent Curtis
Education Outreach Coordinator
N.E. Place

Piano Recital
José Cáceres
International Concert Pianist

Closing Remarks
Assistant Secretary Berg