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TIL MONDAY MORNING

THE WHITE HOUSE

WASHINGTON

Oct. 12
~~September 15, 1998~~

Dana C. Whiston, BA, BArch
795 Murray Hill Rd.
Hill, NH 03243-3241

Dear Mr. Whiston:

Thank you for your letter in which you express your concerns regarding Administration policy on HIV/AIDS prevention and education.

To date, more than 650,000 Americans have been diagnosed with AIDS, and more than one-half of them have ~~already~~ died. HIV is now a leading cause of morbidity in young people under the age of 25. More and more women, young people, racial and ethnic minorities, and heterosexuals are being infected everyday. We must do more, both as a society and individually, to educate people about HIV and encourage them not to engage in behavior which places them at risk for HIV infection.

For those individuals who have decided to engage in sexual activity or inject drugs, we must also address their needs and concerns. Numerous research studies have shown that needle exchange programs, as part of a comprehensive HIV prevention program, reduce HIV infection and do not encourage drug use. Research also clearly shows that educating people ~~that~~ using condoms correctly and consistently reduces not only the risk of HIV infection, but infection with other sexually transmitted diseases and unwanted pregnancy.

People can, and do, disagree on the best methods to achieve a common goal, but your thoughts and concerns are important and I appreciate you sharing them with me.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

Mr. Dana C. Whiston, BA, Barch
795 Murray Hill Rd.
Hill, NH 03243-3241

[

September 15, 1998

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envelope*

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Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

N:\MURGUIA\LETTERS\WHISTON.WPD

July 13, 1998
795 Murray Hill Rd
Hill, NH 03243-3241

President William Clinton
1600 Pennsylvania Avenue
Washington, DC 20500

Re: HIV AIDS and passing out "FREE" syringes

Dear Honorable President:

I know how you can get busy, but maybe you could give this letter to someone in the HIV AIDS department. Should you choose to read this yourself, I would be honored.

A lot of times doctors and lawyers can't deal with numbers as is on the "~~Cumulative HIV AIDS Cases from 1988~~" (CHAC). Even some of my fellow architects can't read those numbers very well.

Let's take two states above one another, like Maryland and Massachusetts, from the "CHAC". In 1993 they were exactly the same, ~~7800 HIV AIDS cases~~. Then in only four years, Maryland has gained almost 5000 more cases over Massachusetts. Why?

Is it because children aren't told why condoms fail or how to test a condom? "Trojan" says 'don't store condoms in your wallet.' Why? (You probably know that it normally takes 10-12 years for the HIV virus to become "FULL-BLOWN" HIV AIDS but if you have another STD present the student will die much sooner!)

It is my opinion that your HIV AIDS officials are very delinquent in ~~following up on each state's problems~~. They fail to learn how to apply these learned principals to the entire United States. For that reason I am giving you a graph of Connecticut and one of my letters to the editor. In it you will see how a policy of Connecticut was terribly wrong and has resulted in a mammoth increase in HIV AIDS cases in that state.

It is one thing to compare two states to one another such as Maryland to Massachusetts but it is far more difficult to compare a state to itself and to thus learn that states make mistakes.

Now Connecticut should be told to quit passing out syringes and murdering all of their "illicit" drug users by HIV AIDS. Don't you agree?

Sincerely,

Dana C. Whiston

Dana C Whiston, BFA, BArch

CC: Sen Dodd
Sen Lieberman

Cumulative HIV AIDS Cases from 1988 (Source HIV AIDS Surveillance Reports)

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
1 Alabama	439	655	894	1267	1702	2441	3023	3663	4266	4837
2 Alaska	57	74	99	118	132	200	258	328	363	412
3 Arizona	655	986	1298	1566	1943	3193	3774	4455	5038	5468
4 Arkansas	169	246	455	652	930	1330	1612	1890	2158	2391
5 California	16784	23265	30674	38329	46818	65753	78084	88933	98157	104756
6 Colorado	844	1236	1594	2025	2433	3758	4571	5238	5755	6130
7 Connecticut	1014	1445	1868	2428	3079	4846	5754	7410	8517	9738
8 Delaware	140	220	314	400	539	914	1184	1496	1777	2010
9 Dist of Col	1486	1986	2712	3438	4118	5741	7129	8157	9414	10409
10 Florida	6474	9975	13993	19464	24492	35378	43978	51838	58911	64906
11 Georgia	1945	3051	4270	5700	7044	9906	12228	14549	17004	18734
12 Hawaii	295	476	629	828	963	1324	1540	1797	1993	2088
13 Idaho	28	51	79	111	147	224	279	328	366	417
14 Illinois	1135	3449	4728	6313	8229	11145	14255	16411	18571	20398
15 Indiana	339	692	1017	1345	1744	2695	3314	3832	4424	4938
16 Iowa	107	163	232	313	423	626	758	875	983	1075
17 Kansas	193	308	445	546	735	1090	1334	1624	1846	1988
18 Kentucky	201	314	505	671	885	1210	1530	1826	2224	2583
19 Louisiana	1081	1591	2290	3048	3794	5371	6611	7666	9126	10208
20 Maine	88	154	221	269	313	462	579	708	755	806
21 Maryland	1424	2150	3143	4110	5307	7823	10534	13066	15298	17138
22 Massachusetts	1745	2502	3342	4307	5177	7862	9254	10664	12067	12912
23 Michigan	926	1429	2005	2588	3343	5216	6240	7426	8386	9258
24 Minnesota	451	627	831	1046	1264	1923	2346	2709	2999	3208
25 Mississippi	217	383	660	857	1115	1573	1981	2414	2861	3207
26 Missouri	809	1253	1833	2487	3192	4949	5635	6405	7259	7827
27 Montana	26	39	56	86	108	139	169	194	227	268
28 Nebraska	95	128	186	248	309	488	576	689	789	879
29 Nevada	263	446	633	896	1141	1774	2162	2648	3068	3657
30 New Hampshire	91	128	195	245	292	420	511	623	712	767
31 New Jersey	5686	7918	10371	12671	14702	20171	25089	29327	32926	36110
32 New Mexico	145	238	349	460	567	861	1070	1236	1442	1612
33 New York	20116	26126	34496	42619	50985	68454	83197	94751	106897	120103
34 North Carolina	660	1107	1664	2255	2854	4228	5419	6420	7313	8166
35 North Dakota	10	18	20	24	29	39	59	65	78	90
36 Ohio	1151	1630	2299	2906	3674	5326	6509	7630	8743	9565
37 Oklahoma	339	507	710	904	1173	1905	2170	2459	2731	3013
38 Oregon	456	684	1019	1277	1565	2341	2942	3400	3862	4163
39 Pennsylvania	2172	3249	4437	5648	6967	10257	12754	15089	17423	19323
40 Rhode Island	207	295	382	474	579	928	1202	1425	1590	1740
41 South Carolina	371	698	1044	1383	1785	3285	4441	5400	6273	7027
42 South Dakota	12	16	25	28	37	67	85	105	118	129
43 Tennessee	499	765	1107	1455	1864	3069	3833	4712	5536	6311
44 Texas	5687	8092	11431	14475	17363	24904	30712	35114	39871	44501
45 Utah	167	240	339	474	609	872	1024	1189	1385	1534
46 Vermont	36	56	78	95	121	195	232	275	298	328
47 Virginia	922	1314	2053	2742	3525	5161	6318	7916	9104	10271
48 Washington	1033	1517	2159	2788	3404	5004	5922	6807	7591	8226
49 West Virginia	62	115	179	243	297	407	502	625	745	874
50 Wisconsin	130	417	627	841	1070	1803	2180	2521	2786	3034
51 Wyoming	12	28	34	53	58	103	115	133	140	157
Total w/islands	85226	117781	161073	206392	253448	361164	441528	513486	581429	641086

To the Editor

Illegal Drugs and Legal HIV AIDS

Somehow illegal drugs and "legal" HIV AIDS seem to go together. Some of our Washington DC, HIV AIDS officials think it is also right to pass out illegal syringes to illegal drug users. Duhhh?!

This has already happened, folks. Connecticut legalized syringe sales in 1992. Guess what happened in 1993? The HIV AIDS cases increased 418% from 423 in 1990 to 1767 in 1993. Yes, there was a lenient change of definition in 1993 but not enough to make 418% from 1990. The National increase was only 248% because of the definition change!

South Carolina also legalized syringe sales and they increased a 434% in 1993 to 1500 HIV AIDS cases, from 346 in 1990.

But Connecticut wasn't done. In 1995 they decided to "exchange" old syringes for free "new" ones, ten for ten. Guess what happened to the HIV AIDS rate. Yup, you guessed it! It bounced back up like it was the original 1993. Wow, 1656 cases!

I guess Connecticut's policy is to kill off the illegal drug users with "legal" HIV AIDS using "FREE" syringes. It must be a good way to keep the jail houses empty!

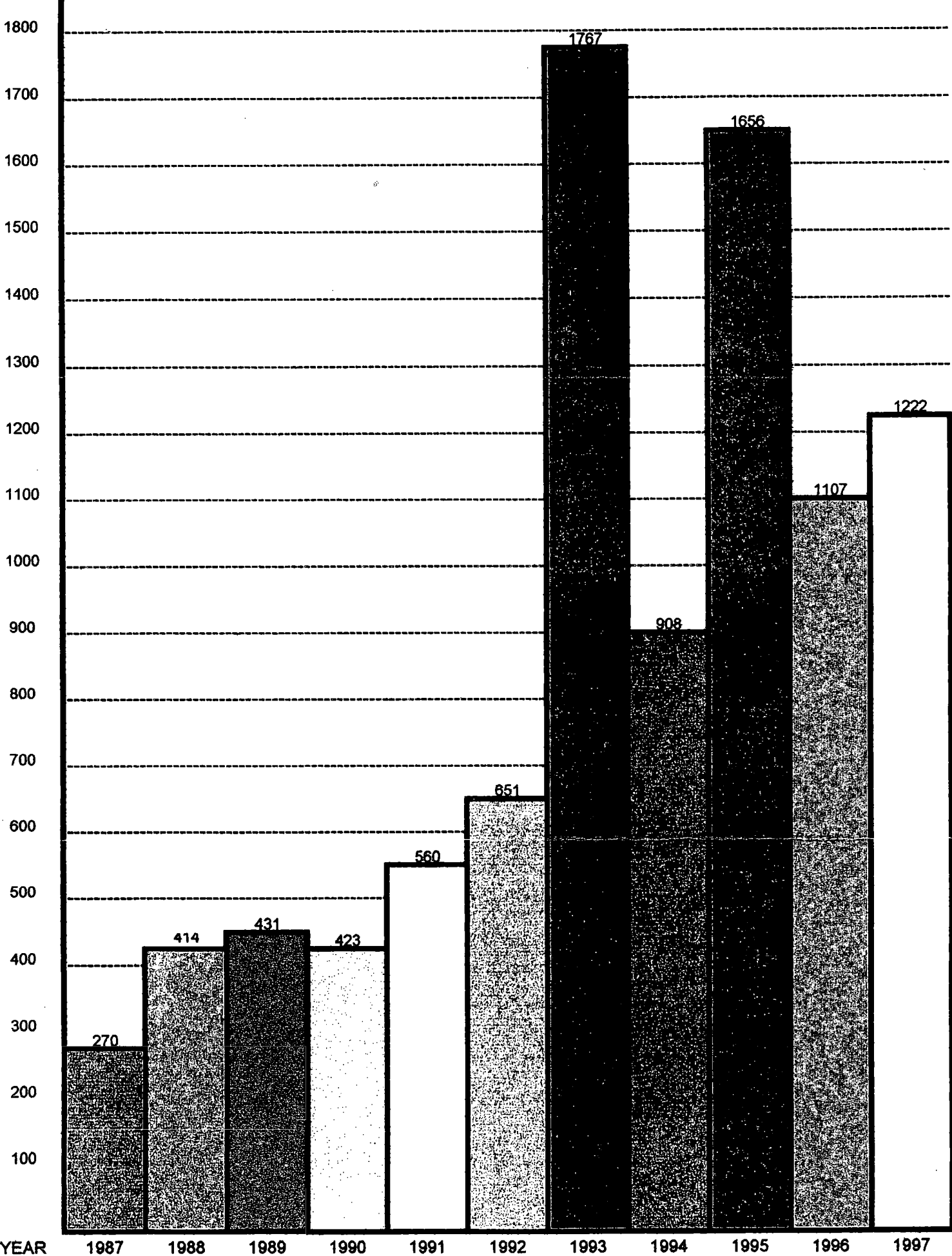
Dana C. Whiston

Dana Whiston, 795 Murray Hill Rd, Hill, NH 03243-3241
Sent to "Union Leader" newspaper July 2, 1998!

PS: Connecticut Graph sent to President Clinton, Senator Dodd, and Senator Lieberman.

PPS: Imagine if President Clinton put a National ad on telling how Connecticut deals with illegal drug users!?

HIV AIDS Cases: Connecticut



WHISTON, D. C.

795 MURRAY HILL RD

HILL, NH 03243

NH 030 19:58 07/15/98 ISS #1

President William Clinton

1600 PENNSYLVANIA AVE

WASHINGTON, DC

20500



THE WHITE HOUSE

WASHINGTON

Oct. 12, 1998
~~September 15, 1998~~

Victor Montalvo Sanchez
4684 Boundary Street
San Diego, CA 92116

Dear Mr. Sanchez:

Thank you for sharing your concerns about HIV/AIDS issues, in a particular the need to ensure that HIV/AIDS is addressed from a binational perspective.

This Administration is committed to ensuring that HIV prevention, services and research *is* conducted and provided in a manner which takes into consideration the unique cultural and linguistic needs of individuals which can have a serious effect on access to prevention information and care. Issues such as level of acculturation, language, knowledge of the health care infrastructure/system, trust of the system, all play a role in the quality and quantity of care a persons able to receive. Our job is to reduce the barriers which exist so that those who need care are able to access it. Addressing HIV from a binational perspective is important, and numerous activities have been and are being conducted in this area either directly by the Federal government or with the financial support of the Federal government.

Thank you for your thoughts and continued support.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Victor Montalvo Sanchez
4684 Boundary Street
San Diego, CA 92116

Please print on
with
Star Hanes
envelope
Thanks!

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Director
Office of National AIDS Policy

N:\MURGUIA\LETTERS\SANCHEZ.WPD

VTD
agency
H&P

NAP

No AP letter

Victor Montalvo Sanchez
4684 Boundary Street
San Diego, Ca. 92116
(619) 284-0464

June 26, 1998

First Lady Hillary Clinton
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear Mrs. Clinton:

As an active Latino leader and advocate for issues, problems and barriers in meeting HIV prevention within the Latino community, I would like to formally introduce myself.

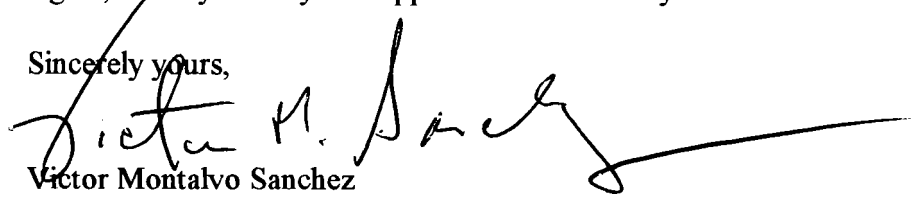
I have been re-appointed to the HIV Health Services Planning Council for a term to expire December 31, 2000, and have been instrumental in housing, public administration, health planning, and public speaking.

I feel it is critical that HIV/AIDS be addressed from a binational perspective to assure that the efforts to fight HIV/AIDS at all levels also consider the impact of culture within community based organizations.

This is especially important when working with people who have a terminal illness and who may be or at least feel disenfranchised due to the direct physical consequences of the illness, social stigmatization, overwhelming financial worries and abandonment by family members.

Again, thank you for your support and God bless you.

Sincerely yours,


Victor Montalvo Sanchez

Wm

PSYCHOSOCIAL IMPACT OF HIV/AIDS

by Victor Montalvo Sanchez

Absent in the flurry of publications about the current epidemic of AIDS is reference to the psychosocial impact of this devastating disease. A large portion of AIDS population is indigent and unable to obtain requisite outpatient care. Many patients studied thus far have shown evidence of protein-calorie malnutrition and multiple vitamin deficiencies. Once discharged, they can neither ear well enough to bolster their deficient nutritional state nor afford the many drugs required for their multiple infections. Placement is sometimes denied to patients with AIDS purely on the basis of their diagnosis. Those who do go home occasionally return shortly, after having been cast out by their families, peers, co-workers, and religious organizations. At times even the gay and lesbian community discriminates against those affected with HIV/AIDS. In some cases, certain medical personnel refuse to have anything to do with patients suspected of having AIDS. A few medical workers perceive the situation to be "hopeless," and, as a result, less aggressive diagnostic and therapeutic plans may be undertaken as patients return with new infections. Sometimes patients have done well for prolonged periods. These longer survivors have been followed up closely by physicians with treatment begun at the earliest sign of deterioration. Families of these long survivors generally have strong commitment to their care, nutrition, and spiritual support. Patients themselves often lose interest in their condition and among hospitalized patients with AIDS, several develop a loss of interest in human contact, hiding beneath their bedsheets. We are all fully aware of the uncertain infectious nature of AIDS and the frightening implications it may have. When reasonable precautions are followed, there is no reason to subject AIDS patients to the intense Social and Psychosocial isolation some now experience. It is important for AIDS patients to have confidence in a strong medical, family, and spiritual support that will not abandon them as they face a potentially life-threatening disease.

Victor Montalvo Sanchez
4684 Boundary Street
San Diego, Ca. 92116
(619) 284-0464

Associates of Arts - June 1977
Grossmont College, La Mesa, Ca.

Bachelor of Arts - December 1980
San Diego State University - San Diego, Ca.

OBJECTIVE

Seeking a full-time position which integrates skill and challenging environment.

EXPERIENCE

USANA Nutritional Independent Distributor: Nutritional Home Base business and Independent marketing business directly tied to relationships with perspective clients and customers. Taking responsibility for setting an example in our own lives. Working more to reach a goal and being willing to delay gratification along the way. Can transmit knowledge and power to each member of an organization by mentoring and developing skills allowing one to pursue their own potential.

Patient Resource MGMT: Mercy Hospital, San Diego, Ca. (1991-1993)
Responsible for assisting in the overall administration including program and policy development of Patient Resource Mgmt. Research, developed and implemented fiscal policies, strategic and marketing planning.

Emergency Department Coordinator: Mercy Hospital, San Diego, Ca. (1988-1990)
Coordination with community agencies and general public, monitoring of patient charges, maintenance of patient control board and log, preparation of monthly statistical data for four paramedic units and Emergency Department, preparation of productivity studies, scheduling of outpatient procedures and daily medical transcribing

Program Coordinator: Scripps Memorial Hospital, La Jolla, Ca. (1984-1985)
Responsible to the Director of Scripps Memorial HealthCare, for the organizing of operations, establishment of work priorities, and accountability for quantity and quality of work completed. Provided outside marketing and public relations on the promotion of Scripps Memorial HealthCare joint venture with networking healthcare facilities. Coordinated monthly meetings for the MetroNet Board of Governance and the Scripps Memorial HealthCare Board of Director's. Organize material to be discussed, maintain board books, as well as distribution of all revised and/or reviewed materials for other network hospitals and physicians.

Victor Montalvo Sanchez
page-2

Assistant Director, Housekeeping: Scripps Memorial Hospital, La Jolla, Ca. (1982-1984) Responsible for the daily operations of the Housekeeping department by efficiently overseeing 80 full time employees, management productivity reports, coordinating meeting schedules for ancillary departments throughout the hospital and video equipment. Managed purchasing and accounts receivable with various vendors. Diversified duties required ability to do multiple projects simultaneously plus demanded a constant reassessment of work load and dexterity to quickly change priorities.

Appointment

Appointed to the Health Advisory Board by the San Diego County Board of Supervisors : Title I/II Committee and HIV Planning Council reviews proposed timeline and considers process for year 09. The timeline and process are approved by the HIV planning Council.

Membership

National Minority AIDS Council, Washington, DC
National Council of La Raza, Washington, DC

Committee Appointments:

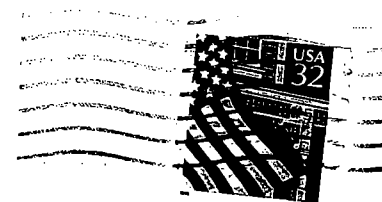
Past Chair of the Regional HIV/AIDS Housing Committee for the County of San Diego, an organization established to identify, increase and create appropriate housing opportunities for people living with HIV/AIDS in San Diego and to provide a management system where and when appropriate.

Management Committee:

The Management Committee makes Bylaws, administrative, and overall policy recommendation to the Coalition. It is responsible for setting the initial agenda for meetings with action items noted. The management Committee is also responsible for strategic planning activities, coordinating and recommendations from all committees and serving as a first avenue recourse for grievance resolution.

Bilingual/Spanish

Victor Montalvo Sanchez
4684 Boundary Street
San Diego, Ca. 92116



First Lady Hillary Clinton
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500



THE WHITE HOUSE
WASHINGTON

Mr. Victor Montalvo Sanchez
4684 Boundary Street
San Diego, CA 92116