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Special Supplement

AIDS

Awareness

The Children Left Behind:

Families,
African
communities
struggle to care
for AIDS orphans

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A LOCAL AGENDA

AIDS activist moves from national to local platform

By LeRoy Whitfield



CORNELIUS BAKER

BARBARA KINNEY PHOTOGRAPHY

Question: How far does Cornelius Baker's influence reach?
AnsWER: From his fingertip to his touch-tone phone.

That's about all it takes for him to tap his political connections from his years in the Bush White House as the administration's external liaison officer.

Since then, Baker has helped negotiate key black issues, from President Clinton's apology for the Tuskegee Experiment to the Congressional Black Caucus' declaration of a state of emergency regarding AIDS.

Now, after an eight-year stint at the National Association of People with AIDS — where he began as director of public policy and ended up as the agency's first black director — Baker's focus has recently changed from a national to a local AIDS agenda.

As the new executive director of Washington, D.C.'s Whitman-Walker Clinic — and the only African-American heading a multi-million-dollar AIDS agency — Baker finds that the streets are still watching.

AIDS Awareness: *So you've got a new job. Have you had time to unpack at the office?*

Cornelius Baker: I have three more boxes to unpack before I'm settled. I'm still trying to figure out where the copy machine is and all of that. But I'm really excited.

AA: *You surprised a lot of people by taking a locally focused job after so many years working on national issues.*

CB: I know. But working at Whitman-Walker is a great opportunity to have an impact on people's lives on a daily basis. I've been engaged in the national perspective of AIDS for twelve years. I think that where we are now in the epidemic and where we're going in the future will depend largely on the success of organizations like Whitman-Walker to reduce new HIV infections and to keep the broad public engaged in our work at a time when across the spectrum they're hearing that AIDS is not the crisis that it was.

AA: *What do you think needs to happen at the national level?*

CB: Clearly, work needs to continue with the federal government. The basic framework of how we need to advocate nationally is pretty well established. We know that we have to maintain structures like the Ryan White Care Act, push for greater appropriations and keep working on issues like needle exchange at policy level.

AA: *You said that the message of the AIDS crisis has been lost. How do you think that happened?*

CB: I think that Americans in general like to solve problems quickly. AIDS has been a relatively long epidemic. We've had very few bright spots, even with the development of protease inhibitors, which were initially hyped as a cure. I think people are a bit unsure as to where we are in this battle. Most people think that it's a chronic condition where you take your pills and live the rest of your life. To many people, that's good enough. A recent Newsweek cover story stated three times in the article that AIDS is over. In many ways, people who look to the media for information have been given permission to move on.

AA: *I remember reading an article about you that questioned whether you've lost touch with the streets. Given your position, do you think that as an African-American you're expected to maintain a certain balance between job and community or are you held to a different standard?*

CB: I remember when I first moved to Washington, I got a lot of criticism for being a Republican. It's amazing how many people would sit around elegant cocktail parties and talk about it. I wonder if they say the same thing about Colin Powell — I mean, is he in touch with the streets? Or is Vernon Jordan, or Michael Jordan for that matter — are they in touch with the streets? I don't know. Nor do I know whether it's particularly relevant that they are.

In my job I need to know what is going on in people's lives as it relates to my work. I want to know what's happening in the bathhouses, the bushes and the shooting galleries. But do I want to engage in that with them? No. Is it important that I am able to walk into the White House and have a meeting with the President about serious issues affecting them and get resources for them? Yes. I don't need to pretend to be anyone more than somebody who is here to serve. That's what I have to be held accountable for.



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Special Supplement

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Getting Personal

ON THE FRONTLINE

AIDS activist targets national policies

By LeRoy Whitfield



SANDRA THURMAN: Director of the White House Office of National AIDS Policy is on the frontline of AIDS in Washington.

Sandra Thurman, director of the White House Office of National AIDS Policy, is hardly what you'd expect a white-knuckled AIDS activist to look like.

In fact, she looks more like a sophisticated version of Barbie: slender, flowing blonde hair and pearls to boot.

"People look at me and think, 'She's not an activist,'" says Thurman. "I don't look the part, but my history is clear."

Judging from the tightly pressed business suit that Thurman is wearing today, you'd never guess she's been in the trenches on issues of race and poverty.

Thurman says her call to activism came before she was born.

"I come from a long line of very powerful

women," says Thurman, a fourth-generation activist. "I have a whole history to live up to, [but] often feel like the runt of the litter."

Thurman a runt? Not if her resume is any indication.

Thurman, 46, began her career at a maximum-security prison as an employment counselor for youths approaching parole. In 1988, she joined AID Atlanta, one of the largest AIDS Service organizations in the South East, as director of public affairs and was named executive director a year later.

After five years at the forefront of AIDS, she says, she felt "burned out."

When Bill Clinton ran for President in 1992, Thurman took leave to do high-level campaign work, followed by four years of international work at Atlanta's Carter Center

and a stint at the U.S. Information agency.

Thurman says that after much thought, she eventually decided to return to the forefront of the AIDS battleground in 1997

because so many of her friends were dying.

"I couldn't afford not to be there," she says.

Two years ago, her friend and private business partner, Jerry, succumbed to AIDS. Jerry managed Bulldog & Company, a gay bar that Thurman and her former husband built from the ground up in Atlanta in 1977.

As part-owner of the bar, which is still open, she has watched the drama of AIDS among African-Americans, in particular, unfold.

"We experienced a tremendous amount

"When you look at what's happening in this country, and look at how many infections there are as a result — either directly or indirectly — of substance use, you understand that we can't back off of this conversation," says Thurman.

A recent Kaiser Family Foundation survey showed that 59% of African-Americans are in favor of needle exchange programs,



of loss," says Thurman.

Today, the bar, in addition to providing local entertainment, is a hub of safe sex materials and community fundraising.

"We want to make sure that we're showing the same support to our clientele today [the majority of which are African-American] that we did [near the beginning of the epidemic] in 1982," says Thurman.

Thurman says that in Washington, she will "reinvigorate" White House AIDS policy by, among other things, wielding her influence to make needle exchange a high priority in the Clinton administration. The hot-button issue is of paramount importance to African-Americans, who lead the statistics of men and women infected with HIV through intravenous drug use.



which offer clean needles to IV drug users in exchange for used needles.

But, says Thurman, we have to proceed with caution when implementing such programs nationwide.

On July 20, 1998, simmering conflicts around needle exchange came to a rolling boil in Thurman's office when nearly a dozen sign-and-bullhorn-wielding AIDS activists angered by President Clinton's refusal to direct federal funds to needle exchange programs staged a sit-in.

Two activists chained themselves to a table before uniformed secret service agents arrived, bundled the protesters into a van and took them away.

"It was very emotional," says Thurman. "But they had a role to play and I had a role to play. They were asking the questions in a hostile way ... and I was defending my position. There's wisdom in not acting in a vacuum around needle exchange."

"If we move too quickly in one direction without weighing long-term effects, we could end up hurting ourselves in the long run. It would be shortsighted."

Like needle exchange, AIDS in prison is

AIDS Awareness

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another problem Thurman says her office is focusing on that squarely affects African-Americans.

"We're not doing as much as we need to with incarcerated populations," she says. "When somebody who actually works in justice or the penal system tells me that people don't have sex in prison, it makes me want to cringe."

Judging from the statistics, the Centers for Disease Control's push to address the problem doesn't come a moment too soon. One in four African-American males passes through the correctional system, where the



infection rate is more than five times that of the general population.

Of the estimated 47,000 HIV-positive inmates nationally, one-third are being released every year back into communities without prevention or treatment education.

"Prisons send [ex-convicts] on their merry way with thirty days worth of drug treatment and no hookup to any kind of care," says Thurman. "We need to reach people so that when they leave prison they don't fall through the cracks."

According to Thurman, setting sound policy in an environment of politics and personal agendas ain't easy.

"It's aged me fifteen years," she says. And after two and a half years at her job, she still says her greatest achievement is merely "survival." But she knows there's no turning back.

"It's the right thing to do," says Thurman. "And I've never regretted it."

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