

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: 21062

FolderID:

Folder Title:

Random Letters [2]

Stack:

S

Row:

67

Section:

1

Shelf:

4

Position:

2

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Individual living with AIDS to President Clinton re: Housing assistance (Personal) [partial] (2 pages)	03/02/1999	b(6)
002a. letter	Sandra Thurman to Individual living with AIDS re: Prison treatment (Personal) [partial] (1 page)	07/06/1999	b(6)
002b. form	re: Individual living with AIDS (Personal) (1 page)	02/22/1999	b(6)
002c. letter	Individual living with AIDS to Sandra Thurman re: Prison treatment (Personal) [partial] (1 page)	02/15/1999	b(6)
003a. letter	Sandra Thurman to Individual living with AIDS re: Issues as inmate (Personal) [partial] (1 page)	07/06/1999	b(6)
003b. form	re: Individual living with AIDS (Personal) (1 page)	02/22/1999	b(6)
003c. envelope	re: Individual living with AIDS (Personal) (1 page)	02/10/1999	b(6)
003d. letter	Individual living with AIDS to Sandra Thurman re: Issues as inmate (Personal) [partial] (2 pages)	02/11/1999	b(6)
003e. memo	Individual living with AIDS to Sandra Thurman re: Issues as inmate (Personal) [partial] (2 pages)	02/08/1999	b(6)
004. resume	re: Luise Victoria [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [2]

2018-0764-F

jm2226

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]
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- 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]
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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

July 6, 1999

David Siwila
P.O. Box 21689
Kitwe
Zambia

Dear Mr. Siwila:

Thank you for your letter dated April 4, 1999. It was a pleasure to spend some time in Zambia with dedicated people such as yourself who are committed to the battle against HIV/AIDS. I, too, am sorry that we were unable to meet because of time constraints during my visit, but my recent trip to sub-Saharan Africa illustrated to me the extent of the epidemic in your country and many other African countries. It was a remarkable, life-altering experience to see so many families devastated by this pandemic, and I am working to convey the magnitude of the HIV/AIDS crisis, particularly in Sub-Saharan Africa, to President Clinton.

I wish you the best of luck in your efforts to secure funding to continue your education. Although the Office of National AIDS Policy cannot offer direct financial assistance to individuals, I encourage you to pursue other funding sources. You might investigate financial aid options your school might offer, as well as resources from businesses, churches, or foundations.

Again, thank you for your letter and for your work on behalf of children in Zambia. Best of luck in all your future endeavors.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

P.O. Box 21689
Kitwe, ZAMBIA
Email edin@Zamnet.zm

4th April 1999

Sandra L. Thurman, Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503
U S A

Dear Ms Thurman,

My warmest greetings and happy Easter.
I acknowledge receipt of your letter dated 4th March 99, a week ago. I wish to register my heartfelt thanks for sparing time to write me as well as visiting our Nation once again. It is a pity that we can not talk on account of time factor during your visit to Saint Anthony.

I would have loved to meet the Congress women unfortunately it was not possible.

However, Sebrah assigned me to give a helping hand to Rory Kennedy, President of Moxie films in translation. It would appear I'm slowly becoming a professional translator. we got to know each other.

After completing a three weeks course in Research Techniques based on Community based projects, I hope to embark on the following subjects for research
Micro finance in Zambia

P.T.O

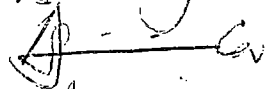
Childs Participation in developmental issues
and Extended family / Orphanages

Be rest assured of my commitment
to orphans and vulnerable children in
Zambia, hence the need to pursue studies
in Development. Unfortunately the Scholarship
has not been forth coming.

Thank you once again for your
visit to Zambia with a view to assess
the impact of HIV/AIDS in relation to
orphans.

All the best as you seek to
serve mankind.

yours very Sincerely



David Simla

July 6, 1999

Donald R. Smith
7731 Fir Drive
Apartment C
Huntington Beach, CA
92647

Dear Mr. Smith:

Thank you for your email to President Clinton. As the Director of the Office of National AIDS Policy, I am responding on behalf of the President because your comments were very relevant to the work of this office. I am sorry to hear about your struggles to find affordable housing. Advocating for access to support services for people living with HIV and AIDS is at the top of my agenda.

Although the Office of National AIDS Policy cannot offer direct financial assistance to individuals, I have several suggestions about people to contact for information on housing services. I know that you have already contacted the Department of Housing and Urban Development, but I recommend that you inquire specifically about the Housing Opportunities for Persons with AIDS (HOPWA) program. This program provides housing assistance and related supportive services for low-income persons with HIV/AIDS and their families. The contact information for the HOPWA programs in California and Los Angeles specifically are provided below:

Peg Taylor
Department of Health Services
Office of AIDS
P.O. Box 942732
Sacramento, CA 94234
Phone: 916-327-6782
FAX: 916-327-3177

Mardi R. La Hive
HOPWA Coordinator
400 S. Main Street
Los Angeles, CA 90013-1311
Phone: (213) 847-7678
FAX: (213)847-4439

I appreciate your taking the time to share your input with the President. I assure you that I share your concerns and that this office will continue to advocate for access to care and services for all.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

2 April 99
DATE

MEMORANDUM FOR:

ONAP

FROM:

SUE J. SMITH *SJS*
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.

ON APC
X-S-C

(state/local)

From nobody@www1.whitehouse.gov Thu Feb 25 13:56:37 1999
Date: Thu, 25 Feb 1999 13:52:21 -0800 (EST)
From: Karlene <Muffin2398@aol.com>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
To: president@Whitehouse.GOV
Errors-to: The Postmaster <postmaster@www1.whitehouse.gov>
Reply-to: Karlene <Muffin2398@aol.com>

IGNORE POLITICAL
COMMENTS

Comments: Opus One FCP version 2.0 jms/981223

[Connection Information]

CLIENT: 205.188.198.177[205.188.198.177]
BROWSER: Mozilla/2.0 (compatible; MSIE 3.0; AOL 4.0; Windows 3.1)
URL: http://www1.whitehouse.gov/WH/Mail/html/Mail_President.html

[Sender Information]

PERSONAL-NAME: ~~Karlene~~
EMAIL-ADDRESS: Muffin2398@aol.com
ORGANIZATION: no answer
RELATIONSHIP: no answer
STREET-ADDRESS: 12 Rockledge drive
CITY: shirley
STATE-PROVINCE: new york
ZIP-CODE: 11967
COUNTRY: united states

No last name
Reply by email?

[Message Information]

PURPOSE: Other
TOPIC: Government or Constitution
AFFILIATION: No Answer
SUBJECT: governor pataki cutting aids funding

[Message]

mr president,

I am very upset over governor george pataki's cut in aids funding. I fell he is saying its okay to cut the funding and screw everyone who has it. I really dont know what he is thinking. doesnt he know that people who suffer from hiv and aids are real people who have family. Doesnt he know that this someone could be a mother, father, sister or even a friend. I am having a real hard time accepting this budget cut that was so conviently left out of his budget proposal. the funding is going to run out in march of '99. this will cut education and research. Education is what is really important here. There is no way we as a nation can control aids if we dont have proper education on thuis matter. i feel once the governor knows someone with the disease he will soon add it back into his budget. Please mr. clinton think of your daughter and your

grandchildrens future. We need someone like you to help people
with aids and hiv not like the governor who is cutting the
funds. Please Help!

Withdrawal/Redaction Marker

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National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [2]

2018-0764-F

jm2226

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

(b)(6)

[001]

Subject:

To: "William J. Clinton" <president@Whitehouse.GOV>

(b)(6)

Mr.. President:

In The Orange County Register newspaper in California on Sunday Nov. =
29,
1998 and article with the headline Clinton unveils \$130 million in
low-income housing vouchers. WELFARE: The aid will help 17,000 people=
with
disabilities pay their rent.
Disabled with AIDS and receiving only \$690.00 a month to live on payi=
ng
\$600.00 a month for rent, this greatly interested me. I have only fou=
nd that
no one knows where I can apply for this assistance and the section 8 =
program
is taking no applications. Tell me, please, is this just for public
relations or can I truly get aid. I called HUD and their only respons=
e was
that when I can apply it will be published in the newspaper. Does tha=
t mean
that this is only a sham or what.
I contacted my state senators only to get no response and only one
representative sent me the same materials as to apply to HUD which is=
not
possible since they are not taking applications.
I am not black, alien, and do not have numerous children to use welfa=
re, is
their some way that a single disabled person can get assistance.
You know I now live in desperate straits and that extra money for thi=
ngs
like insurance and life=92s needs would be like a gift from heaven to=
me.
I am writing to you out of desperation, as I am sure many people do.
I am an AIDS patient on SSI and SSDI. I have a total of \$690.00 a mon=
th to
live on. No other income or assets and I am in desperate need of hous=
ing

assistance.

I live in a neighborhood that is at least 80% illegal aliens and most of

those and the legal aliens have housing assistance. I find that I cannot

even get on a list because they are all closed because of overflow.

First I would like to know what, if anything you can do to help me with this

and secondly I would like to know what kind of country worries more about

illegal aliens than they do about native born citizens who have lived and

worked in their home country paying taxes and when assistance is needed are

told there is none while foreign born men, women, and children are often so

great a concern.

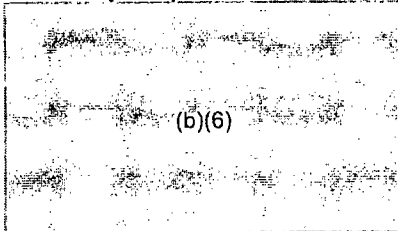
Thank you so much. I anxiously await your reply as the streets are becoming

my only option.

Have a life taking disease and living on the streets is not a welcome prospect. Also, as there are many ill people on the streets, we must do

something. Please do not think me insensitive to the plight of aliens but I

must say help our own before others.



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002a. letter	Sandra Thurman to Individual living with AIDS re: Prison treatment (Personal) [partial] (1 page)	07/06/1999	b(6)

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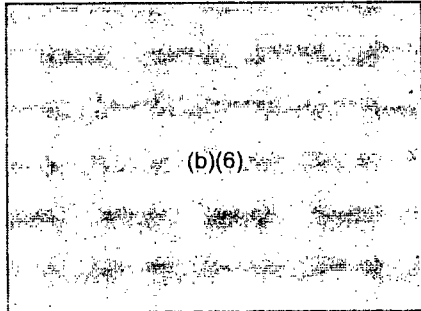
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financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information
concerning wells [(b)(9) of the FOIA]

July 6, 1999



[0029]

I am sorry to hear of the situation you are facing in the United States Medical Center for Federal Prisoners. While addressing HIV and AIDS in a prison setting remains a top priority for my office and this Administration, the Office of National AIDS Policy is unable to provide direct advocacy for individuals.

I wish you the best of luck in your efforts to obtain care and I hope that your case is resolved quickly and with a positive outcome.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. form	re: Individual living with AIDS (Personal) (1 page)	02/22/1999	b(6)

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National AIDS Policy Office

OA/Box Number: 21062

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002c. letter	Individual living with AIDS to Sandra Thurman re: Prison treatment (Personal) [partial] (1 page)	02/15/1999	b(6)

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(b)(6)

February 15, 1999

Office of National AIDS Policy
Attention: Sandra Thurman
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

[002c]
Wagner
Call Matthew
Mayer #

IN RE: Possible Representation

To whom may assist me,

I am writting this letter in concern of myself and the injuries that have befallen upon me. I am an inmate currently confined in the United States Medical Center for Federal Prisoners in Springfield, Missouri. I have AIDS and as such the treatment of my ailment by the government is what has caused my unfortunate prognosis of less than a year. I have been denied the medical treatment required for my disease and further have been denied the Cocktail Drugs that I require for my disease. The list is extensive and as such I feel that if you are interested, than we could meet and I could provide you with all the verification and proof you would need to substantiate a claim. I pray that you are inquisitive to my cause and as such will await your response to this letter. Inform me by correspondence initially so that I may inform the staff here that you will be visiting me.

I have already filed a TORT Claim related to this matter in part. Please consider my cause for I am sure after a careful examination of the facts, which are of the defendants own Medical records of myself, that you will see my claim and further support that it is a vialble one indeed.

I thank-you in advance and shall await your response to this.

(b)(6)

*are
national
advising
Sebastian
Blum*

From nobody@www2.whitehouse.gov Wed Feb 3 10:02:34 1999
Date: Wed, 03 Feb 1999 09:59:02 -0800 (EST)
From: "Sebastian Castillo, Jr." <SCASTILLOj@AOL.whitehouse.gov>,
COM@www2.whitehouse.gov
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
To: president@Whitehouse.GOV
Errors-to: The Postmaster <postmaster@www2.whitehouse.gov>
Reply-to: "Sebastian Castillo, Jr." <SCASTILLOj@Whitehouse.GOV>,
COM@Whitehouse.GOV

Comments: Opus One FCP version 2.0 jms/981223

[Connection Information]

CLIENT: 205.188.192.177[205.188.192.177]
BROWSER: Mozilla/4.0 (compatible; MSIE 4.01; MSN 2.5; AOL 4.0; Windows 98)
URL: http://www.whitehouse.gov/WH/Mail/html/Mail_President.html

[Sender Information]

PERSONAL-NAME: Sebastian Castillo, Jr.
EMAIL-ADDRESS: SCASTILLOj@ AOL,COM
ORGANIZATION:
RELATIONSHIP:

STREET-ADDRESS: 2928 Ellon Road
CITY: Del Valle
STATE-PROVINCE: Texas
ZIP-CODE: 78617
COUNTRY: USA

[Message Information]

PURPOSE: Ask a specific question regarding Administration policy
TOPIC: Social Issues
AFFILIATION: Private Citizen
SUBJECT: AIDS point person?

[Message]

I am trying to find out the name of the lady that is on the
administration that is the point person for the
Administration's AIDS policy, can you help me? I have seen her
on television, I know she is blonde, but I don't know her name
or where to email her.

*Please
interoffice
Back to Presidential
Comms w/ memo.
On Mail
Sent w/
Negative
Information
3/5/99*

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Clinton Library

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003a. letter	Sandra Thurman to Individual living with AIDS re: Issues as inmate (Personal) [partial] (1 page)	07/06/1999	b(6)

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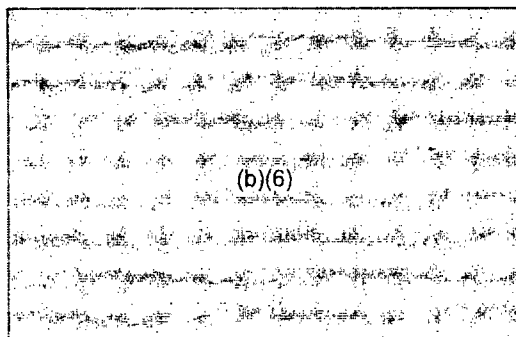
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July 6, 1999



[0039]

I am writing in reference to your letter from February 22, 1999 asking for my assistance in attaining disability and other support services. While my office is unable to provide direct assistance or advocacy for individuals, I do have a few suggestions of organizations you may want to contact to help you in your attempt to find support.

First, The Department of Housing and Urban Development (HUD) addresses many issues related to low income housing and housing for people living with HIV. The phone number for their general information and referral line is (305) 536-4652.

Second, I would recommend that you call the National Low Income Housing Coalition. This non-profit organization helps individuals find public and low income housing, including Section 8 Rental Assistance, Section 811 Supportive Housing for Persons with Disabilities and the Housing Opportunities for Persons with AIDS (HOPWA) program. Their phone number is (202) 662-1530.

Finally, In regards to housing needs, I would recommend that you contact some of the Local Housing Authorities (LHA) and Public Housing Authorities (PHA) in your area. I have been informed that the Fort Pierce PHA may have some vacancies, their phone number is (561) 461-7281. Other LHAs and PHAs in your area include:

Kissemme LHA	(407) 847-2821
Stewart PHA	(561) 287-0496
Avon Park LHA	(813) 452-4432

Regarding your search for benefits, I would recommend that you contact the local Social Security Branch Office again, as they may have processed your application and been unable to contact you. Also, I would consult with your discharge officer and inform him or her that you would like to pursue benefits upon your discharge. They may be able to help you make plans for pursuing these benefits.

I wish you the best of luck in finding the support you need and I hope the information I have been able to provide to you will be of some help.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003b. form	re: Individual living with AIDS (Personal) (1 page)	02/22/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [2]

2018-0764-F

jm2226

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
003c. envelope	re: Individual living with AIDS (Personal) (1 page)	02/10/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [2]

2018-0764-F
jm2226

RESTRICTION CODES

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

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

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- 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
003d. letter	Individual living with AIDS to Sandra Thurman re: Issues as inmate (Personal) [partial] (2 pages)	02/11/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [2]

2018-0764-F

jm2226

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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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).

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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

2/11/99

[0030]

To whomever this may concern my name is
(b)(6) I'm in prison, soon
to be release in September 99, my Social Security
is (b)(6) my present age is 36 years old
my D.O.B. is (b)(6) I'm also Homeless upon my
Release from prison, I'm writing your office for reason
trying to ask Help for disability Benefits, I have
the kids names and I never have received Benefits
Before, But I did tryed to file for it in 1996 But
I never heard from Social Security again, However
I was praying and hoping your office could Help me
in this matter or tell me what is it, that I need
to do on this matter of trying to receive Benefits.
that I may be intitled to receive, I'm getting alot
of treatment here at my institution I'm taking Medication
daily, I need to know everything the law - or the fed-
has said I'm intitled for, information to me on this
matter would be very very Helpful, please, your office
can send to me all laws or information you may
have Concerning Qualification to get Benefits for having dis
ease already went to other agencies such as the

Local Security administration main office
in Baltimore M.D.

and Local Security Branch office
in Miami 1251 N.W. 36 street

as well as a Homeless program. call project safe street
at the Camillus House 726 N.E. 4th ave.
Miami Fla. 33132

I write to alot of people trying to seek
help and information about how or what to
do about my condition and situation, please!

if there's anything, anything at all you or your
office can help me with I'll be most greatly
appreciated, I'm also sending along with my letter
power of attorney for your office to get copies
of my Institution Medical Records that can
verify my condition I truly need your help
your my best Hopes! I pray you are able
to help me!

Sincerely

(b)(6)

Please write back soon" Thank you
so much

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003e. memo	Individual living with AIDS to Sandra Thurman re: Issues as inmate (Personal) [partial] (2 pages)	02/08/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [2]

2018-0764-F

jm2226

RESTRICTION CODES

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

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- 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]

4

Power of Attorney And / Or Consent To
Release Medical Record

Date FEBRUARY - 8 1999

ATTN: Fla Dept. of Corrections

C/O : Inmate Record Dept.

2601 Blair Stone Road

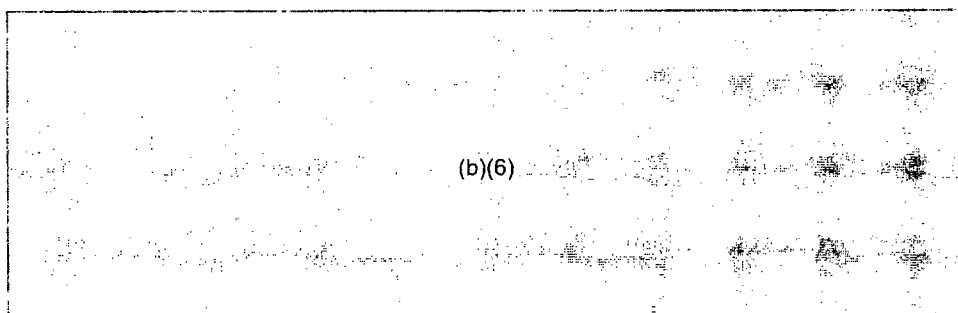
Tallahassee, Florida 32399-2500

[003e]

FROM : Inmate:

Inst.

Address :



Re : Authorization / Consent To Release Inmate's
Medical Record

Dear Aforementioned Authorities:

Please be informed that the above inmate who is presently incarcerated in the State of Florida, Dept. of Corrections hereby authorizes / Consent to the Dept. of Corrections, the right to release all his Medical Records on file within the Dept. of Corrections to:

Address:

DIRECTOR: FOR NATIONAL AID'S PROGRAMS
MEAN OFFICE, 200 Independence Avenue
S. W. Washington D.C. 20201
City State Zip

Note.

The release of inmate and / or the Dept. of Corrections Records Containing to inmates Medical Care, or Medical Condition to the place, person, and or address given will in no way whatsoever pose any type of threat to security and operation of the prison or medical staff or the Dept. of Corrections, or pose or will be used for any type of action against the Dept. of Corrections but it is requested and needed for:

Verification of inmate condition at this time, also
Show if inmate is being treated, or getting treatment
for AIDS

Citation of Law

The Release And / or Authorization And Consent To Release Inmate's Medical Record To The Address Place, Person, or Agency Herein Given is Made Under The: Freedom of Information Act (FOIA); And Pursuant To: Federal Rules Civil Procedure Rule 34, Request For Production of Documents.

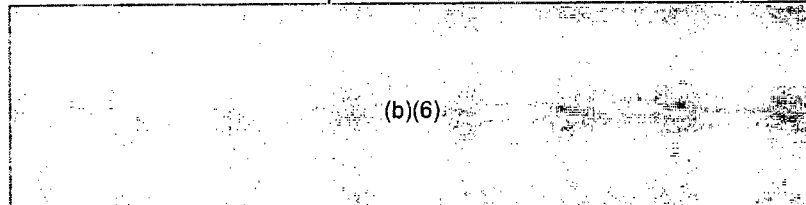
Certificate of Service / Written Verification

I Hereby Certify and declare under the penalty of perjury that the foregoing is true and correct executed on this 8 day of February 1999

2-8-99

Date Executed

Respectfully Submitted



July 1, 1999

Allswell Kefi Taylor
PO Box BT 764
Tema - Ghana

Dear Mr. Taylor:

Thank you for your letter from June 1st regarding your mining investment opportunity. Unfortunately, neither my office nor I are able to provide sponsorship to individuals at this time. However, I would like to recommend that you contact the US Department of Commerce, as they may be able to help you find resources to support your mining endeavor. To contact the Department of Commerce you can write or call

Hon. William M. Daley
Secretary
United States Department of Commerce
Herbert Clark Hoover Building
14 Street & Constitution Avenue
Washington, DC 20230
(202) 219-3605

It was a pleasure meeting you at Novotel and I wish you the best of luck.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

Follow format for other letters
saying that SET can't do anything
But give ~~the~~
contact info for
Dept. of Commerce.

Thanks!

P.O. Box BT 764

TEMA - GHANA

1st June, 1999.

Hi Sandra,

This is Taylor the youngman who approached you at Novotel in Accra during the just ended African American Summit about an investment opportunity in the mining sector.

As a follow up to our discussions, I decided to write to inquire if you have got in touch with anyone who has shown interest in investing in this sector. If not, I would plead with you to help me by doing so.

Please if on the other hand, you can help send me an invitation to come to the States to work for a year or two to get some money to buy the necessary equipments to start this business, I will be very grateful. If also, you can help by offering me some cash to start with, I will be thankful.

Please be rest assured that you will be rewarded in due time for all you do for me. I am now counting on you for all the necessary assistance.

Thanks in advance and hope to hear from you soon.

Yours Sincerely
Allswell Kofi Taylor

Please you can fax on

0233 - 22 - 204655

OR

0233 - 21 - 7663089

INVESTMENT ! INVESTMENT! INVESTMENT!

DO YOU WISH TO INVEST IN THE MINING SECTOR? A GHANAIAN NATIONAL MR. ALLSWELL K. TAYLOR WHO OWNS LARGE ACRES OF LAND, RICH IN GOLD DEPOSITS IN THE AMANSIE WEST DISTRICT OF THE ASHANTI REGION OF GHANA WISHES TO MEET TWO (2) OR THREE (3) FOREIGN NATIONALS WHO ARE INTERESTED IN INVESTING IN A SMALL SCALE MINING SECTOR FOR PARTNERSHIP.

GEOLOGICAL BACKGROUND

THE AREA AND THE LAND IN QUESTION HAS BEEN KNOWN FOR ITS RICH MINERAL WEALTH.

IN 1973, THE STATE GOLD MINING COMPANY WAS OPERATING A DREDGE IN THAT AREA.

THEY STILL HAVE THEIR COMPANY THERE UNDER THE NEW NAME DUNKWA CONTINENTAL GOLDFIELDS.

IN 1997, A GOLD MINING FIRM WHICH IS A MEMBER OF THE RESOLUTE GROUP FROM AUSTRALIA ALSO STARTED MINING IN THAT AREA.

SMALL SCALE MINERS ARE ALSO MAKING A FORTUNE IN THIS SAME AREA.

IN A NUTSHELL, THE LAND IN QUESTION IS RICH IN GOLD AND SO I'M VERY OPTIMISTIC THAT IT IS NO RISK MINING AROUND THERE.

CONTACT : ALLSWELL KOFI TAYLOR
P.O. BOX BT 764
TEMA - GHANA

FAX : 0233 - 22 - 204658
OR
0233 - 21 - 7663089

July 6, 1999

Marvin Rosen
253 West 72nd Street
Apartment 2108
New York, NY
10023

Dear Mr. Rosen:

Thank you for forwarding me a copy of your June 24, 1994 letter to Kristina Gebbie this last January. HIV/AIDS prevention is a top priority for my office and this Administration, and we appreciate your thoughts and suggestions. It is because of people like yourself, who are willing to dedicate time to studying the complexities of this pandemic and act on their findings, that we will win the battle against HIV/AIDS.

I have enclosed two fact sheets published by the Centers for Disease Control and Prevention (CDC) that may be able to answer some of your questions about the transmission of HIV. The first, *The Human Immunodeficiency Virus (HIV) and Its Transmission*, addresses some of the broad issues surrounding HIV transmission. The second publication, *Condoms and Their Use in Preventing HIV Infection and Other STDs*, focuses on myths surrounding condoms and their effectiveness in preventing HIV transmission. If you have further questions about HIV transmission or would like more detailed, scientific information, I would recommend that you contact the CDC National Prevention Information Network at 800-458-5231.

Once again, thank you for your letter regarding HIV transmission prevention. It is only through cooperation with individuals committed to HIV prevention that we can win the fight against HIV/AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Enc.



Facts about

The Human Immunodeficiency Virus and Its Transmission

Research has revealed a great deal of valuable medical, scientific, and public health information about the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The ways in which HIV can be transmitted have been clearly identified. Unfortunately, some materials that conflict with the scientific findings have been widely dispersed. The Centers for Disease Control and Prevention (CDC) provides the following information to correct a few misperceptions about HIV.

Transmission

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth, or through breast-feeding after birth.

In the health-care setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood contacts the worker's open cut or splashes into a mucous membrane (e.g., eyes or inside of the nose). There has been only one demonstrated instance of patients being infected by a health-care worker; this involved HIV transmission from an infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified.

Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found. If HIV were being transmitted through other routes (for example, through air, food, water, animals, or insects), the pattern of reported AIDS cases would be much different from what has been observed, and cases would be occurring much more frequently in persons who report no identified risk for infection. All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with the assistance, guidance, and laboratory support from CDC; *no additional routes of transmission have been recorded*, despite a national sentinel system designed to detect just such an occurrence.

The following paragraphs specifically address some of the more common misperceptions about HIV transmission.

HIV in the Environment

Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. (See page 3, *Saliva, Tears, and Sweat*.) To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed—essentially zero. Incorrect interpretation of conclusions drawn from laboratory studies have unnecessarily alarmed some people.

Results from laboratory studies should not be used to assess specific personal risk of infection because 1) the amount of virus studied is not found in human specimens or elsewhere in nature, and 2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions, therefore, it does not spread or maintain infectiousness outside its host.

Households and Other Settings

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions, as described in previously published guidelines, should be taken in all settings—including the home—to prevent exposures to the blood of persons who are HIV infected, at risk for HIV infection, or whose infection and risk status are unknown. For example, gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit. Cuts, sores, or breaks on both the care giver's and patient's exposed skin should be covered with bandages. Hands and other parts of the body should be washed immediately after contact with blood or other body fluids, and surfaces soiled with blood should be disinfected appropriately. Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided. Needles and other sharp instruments should be used only when medically necessary and handled according to recommendations for health-care settings. (Do not put caps back on needles by hand or remove needles from syringes. Dispose of needles in puncture-proof containers out of the reach of children and visitors.)

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see information on survival of HIV in the environment). Food-service workers known to be infected with HIV need not be restricted from work unless they have other infections or illnesses (such as diarrhea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. The Public Health Service recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation.

In 1985, CDC issued routine precautions that all personal-service workers (e.g., hairdressers, barbers, cosmetologists, massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa. Instruments that are intended to penetrate the skin (e.g., tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but

which may become contaminated with blood (e.g., razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for health-care institutions.

Kissing

Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during "French" or open-mouth kissing, CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated only one case of HIV infection that may be attributed to contact with blood during open-mouth kissing.

Biting

Recently, a state health department conducted an investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did not result in HIV infection.

Saliva, Tears, and Sweat

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be transmitted by that body fluid. HIV has not been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

Insects

From the onset of the HIV epidemic, there has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects—even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant or anticoagulant so the insect can feed efficiently. Such diseases as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and, does not survive) in insects. Thus, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites. HIV is not found in insect feces.

There is also no reason to fear that a biting or bloodsucking insect, such as a mosquito, could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Two factors serve to explain why this is so—first, infected people do not have constant, high levels of HIV in their bloodstreams and, second, insect mouth parts do not retain large amounts of blood on their surfaces. Further, scientists who study insects have determined that biting insects normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest this blood meal.

Effectiveness of Condoms

The proper and consistent use of latex condoms when engaging in sexual intercourse—vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases, including HIV infection.

Under laboratory conditions, viruses occasionally have been shown to pass through natural membrane ("skin" or lambskin) condoms, which may contain natural pores and are therefore not recommended for disease prevention (they are documented to be effective for contraception). On the other hand, laboratory studies have consistently demonstrated that *latex* condoms provide a highly effective mechanical barrier to HIV.

In order for condoms to provide maximum protection, they must be used *consistently* (every time) and *correctly*. Incorrect use contributes to the possibility that the condom could leak or break.

When condoms are used reliably, they have been shown to prevent pregnancy up to 98 percent of the time among couples using them as their only method of contraception. Similarly, numerous studies among sexually active people have demonstrated that a properly used latex condom provides a high degree of protection against a variety of sexually transmitted diseases, including HIV infection.

Condoms are classified as medical devices and are regulated by the Food and Drug Administration. Condom manufacturers in the United States test each latex condom for defects, including holes, before it is packaged. Several studies of correct and consistent condom use clearly show that condom breakage rates in this country are less than 2 percent. Even when condoms do break, one study showed that more than half of such breaks occurred prior to ejaculation.

Latex condoms are highly effective in preventing pregnancy and most sexually transmitted diseases, including HIV infection, but only if they are used consistently and correctly.

For more detailed information about condoms, see "*Facts about Condoms and Their Use in Preventing HIV Infection and Other STDs.*"

The Public Health Service Response

*The U.S. Public Health Service is committed to providing the scientific community and the public with accurate and objective information about HIV infection and AIDS. It is vital that clear information on HIV infection and AIDS be readily available to help prevent further transmission of the virus and to allay fears and prejudices caused by misinformation. For a complete description of CDC's HIV/AIDS prevention programs, see "*Facts about The Centers for Disease Control and Prevention's (CDC) HIV/AIDS Prevention Activities.*"*

For more information:

<i>CDC National AIDS Hotline:</i>	<i>1-800-342-AIDS (2437)</i>
<i>Spanish:</i>	<i>1-800-344-SIDA (7432)</i>
<i>Deaf:</i>	<i>1-800-243-7889</i>

***CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, Maryland 20849-6003***

CDC HIV/AIDS PREVENTION

CENTERS FOR DISEASE CONTROL AND PREVENTION

Facts about

Condoms and Their Use in Preventing HIV Infection and Other STDs

With nearly 1 million Americans infected with HIV, most of them through sexual transmission, and an estimated 12 million cases of other sexually transmitted diseases (STDs) occurring each year in the United States, effective strategies for preventing these diseases are critical.

Refraining from having sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other STDs. But for those who have sexual intercourse, latex condoms are highly effective when used consistently and correctly.

The correct and consistent use of latex condoms during sexual intercourse—vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting STDs, including HIV infection. In fact, *recent studies provide compelling evidence that latex condoms are highly effective in protecting against HIV infection when used for every act of intercourse.*

This protection is most evident from studies of couples in which one member is infected with HIV and the other is not, i.e., "discordant couples." In a 2-year study of discordant couples in Europe, among 124 couples who reported *consistent* use of latex condoms, *none* of the uninfected partners became infected. In contrast, among the 121 couples who used condoms *inconsistently*, 12 (10 percent) of the uninfected partners became infected.

In another study, among a group of 134 discordant couples who did not use condoms at all or did not use

them consistently, 16 partners (12 percent) became infected. This contrasts markedly with infections occurring in only 3 partners (2 percent) of the 171 couples in this study who reported consistently using condoms over the 2-year period.

Condoms must be used *consistently* and *correctly* to provide maximum protection. *Consistent use* means using a condom with each act of intercourse. *Correct condom use* includes all of the following steps:

- Use a new condom for each act of vaginal, anal, or oral intercourse.
- Put on the condom as soon as erection occurs and before any vaginal, anal, or oral contact with the penis.
- Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip of the condom, yet ensuring that no air is trapped in the condom's tip.
- Adequate lubrication is important to prevent condom breakage, but use only water-based lubricants, such as glycerine or lubricating jellies (which can be purchased at any pharmacy). Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, or baby oil, can weaken the condom.
- Withdraw from the partner immediately after ejaculation, holding the condom firmly to the base of the penis to keep it from slipping off.

Myths About Condoms

Misinformation and misunderstanding persist about condom effectiveness. The Centers for Disease Control and Prevention (CDC) provides the following updated information to address some common myths about condoms. This information is based on findings from recent epidemiologic, laboratory, and clinical studies.

Myth #1: Condoms don't work

Some persons have expressed concern about studies that report failure rates among couples using condoms for pregnancy prevention. Analysis of these studies indicates that the large range of efficacy rates is related to incorrect or inconsistent use. In fact, latex condoms are highly effective for pregnancy prevention, but only when they are used properly. Research indicates that only 30 to 60 percent of men who claim to use condoms for contraception actually use them for every act of intercourse. Further, even people who use condoms every time may not use them correctly. Incorrect use contributes to the possibility that the condom could leak at the base or break.

Myth #2: Condoms frequently break

Some have questioned the quality of latex condoms. Condoms are classified as medical devices and are regulated by the Food and Drug Administration. Every latex condom manufactured in the United States is tested for defects before it is packaged. During the manufacturing process, condoms are double-dipped in latex and undergo stringent quality control procedures. Several studies clearly show that condom breakage rates in this country are less than 2 percent. Most of the breakage is likely due to incorrect usage rather than poor condom quality. Using oil-based lubricants can weaken latex, causing the condom to break. In addition, condoms can be weakened by exposure to heat or sunlight or by age, or they can be torn by teeth or fingernails.

Myth #3: HIV can pass through condoms

A commonly held misperception is that latex condoms contain "holes" that allow passage of HIV. Laboratory studies show that intact latex condoms provide a highly effective barrier to sperm and microorganisms, including HIV and the much smaller hepatitis B virus.

Myth #4: Education about condom efficacy promotes sexual activity

Five U.S. studies of specific sex education programs have demonstrated that HIV education and sex education which included condom information either had no effect upon the initiation of intercourse or resulted in delayed onset of intercourse; four studies of specific programs found that HIV/sex education did not increase frequency of intercourse, and a program that included resistance skills actually resulted in a decrease in the number of youth who initiated sex. In addition, a World Health Organization (WHO) review cited 19 studies of sex education programs that found no evidence that sex education leads to earlier or increased sexual activity in young people. In fact, five of the studies cited by WHO showed that such programs can lead to a delay or decrease in sexual activity.

In a recent study of youth in Switzerland, an AIDS prevention program focusing on condom use did not increase sexual activity or the number of sex partners. But condom use did increase among those who were already sexually active. A 1987 study of young U.S. men who were sent a pamphlet discussing STDs with an offer of free condoms did not find any increase in the youths' reported sexual activity.

Preventing HIV Infection and Other STDs

Recommended Prevention Strategies

Abstaining from sexual intercourse is the most effective HIV prevention strategy.

For individuals who are sexually active, the following are highly effective:

- Engaging in sexual activities that do not involve vaginal, anal, or oral intercourse
- Having intercourse only with one uninfected partner
- Using latex condoms correctly from start to finish with each act of intercourse

Other HIV Prevention Strategies

Condoms for Women

The female condom or vaginal pouch has recently become available in the United States. A small study of this condom as a contraceptive indicates a failure rate of 21-26 percent in 1 year among typical users; for those who use the female condom correctly and consistently, the rate was approximately 5 percent. Although laboratory studies indicate that the device serves as a mechanical barrier to viruses, further clinical research is necessary to determine its effectiveness in preventing transmission of HIV. If a male condom cannot be used, consider using a female condom.

Plastic Condoms

A polyurethane male condom was approved by FDA in 1991 and is now available in the United States. It is made of the same type of plastic as the female condom. The lab studies show that the new polyurethane condoms

have the same barrier qualities as latex. Lab testing has shown that particles as small as sperm and HIV cannot pass through this polyurethane material. A study of the effectiveness of this polyurethane condom for prevention of pregnancy and STDs is underway. The new polyurethane condoms offer an alternative for condom users who are allergic to latex. Also, polyurethane condoms can be made thinner than latex, have no odor, and are safe for use with oil-based lubricants.

Spermicides

Although studies indicate that nonoxynol-9, a spermicide, inactivates HIV in laboratory testing, it is not clear whether spermicides used alone or with condoms during intercourse provide protection against HIV. Therefore, latex condoms with or without spermicides should be used to prevent sexual transmission of HIV.

Making Responsible Choices

In summary, sexually transmitted diseases, including HIV infection, are preventable. The effectiveness of responsible prevention strategies depends largely on the individual. Whatever strategy one chooses, its effectiveness will depend primarily on consistent adherence to that choice.

For further information, contact:

CDC National AIDS Hotline: 1-800-342-2437 (AIDS)
Spanish: 1-800-344-7432
Deaf: 1-800-243-7889

CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003

January 9, 1999

This is a letter that I sent over four years ago (a few minor typos have been corrected). Regardless of its merits or my literary style, please do consider it carefully. Just a few days ago the *New York Times* ran an article on AIDS in India, only weeks after its annual (biannual?) series on the situation in Africa. Lots of statistics and as usual the truck drivers are to blame. But I believe that a part of it is rooted in concepts of sexism and hygiene that are at variance with our own. I have marked the pertinent part. Thank you!

June 27, 1994

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
The White House
Washington, DC

I am not a doctor and I am in no way connected to or involved in medicine. For that matter I am not much of a writer. But I would like to share some of my observations and thoughts, a few posed as questions, with you. Some may seem outrageously gross and at first sight, outlandishly ridiculous. Nor do I mean to be flippant. Please bear with me and hopefully some useful information will be found or new ideas developed.

By now we know, or at least we should know, that other than direct blood contact, be it transfusion or injection or being born of an infected mother or other exchange, the only other definitely known means to become infected with AIDS, be it male or female, is to be anally penetrated by an infected male. I don't believe there is any "magic" way.

When giving statistics on the spread of AIDS it would make sense to indicate if the sex practices involved were vaginal, anal, oral, manual or whatever, rather than simply hetero- or homosexual.

Bisexuals who have sex with women often prefer anal intercourse. The danger should be evident if the male is infected.

Very possibly AIDS is transmitted to some women as a direct, almost immediate, aftermath of vaginal sex with an infected male via seepage from the vagina to the anal area. Obviously, a condom and/or an effective spermicide could help prevent this.

I believe this is more apt to occur if certain conditions are present: hemorrhoids, polyps, fistulas, parasites, recent procto-logical examination or enema or suppository use, abrasions caused by scratchy paper or rough towel and, in general, wiping "from front to back" as little girls are taught to do. Further the missionary position lends itself to this happening. The use of a bidet could possibly aggravate the situation.

Oral sex? Probably safer but keep in mind such things as bleeding gums, recent dental work, canker sores, bitten tongues and inner cheeks, scratches caused by things like good pizza crust or even hot spicy food. Dental dams? Somebody's just got to be kidding!

Sex à deux or more always has risks of one kind or other. There is no safe sex. Condoms and spermicides can make it safer. Other than total abstinence, autoerotic, or if you wish self-service sex is the safest (without ropes, chains, drugs, dildos, vibrators, etc.). A water soluble lubricant, a Kleenex or two and you're in business. No strain and no stain.

When I was younger, I spent a number of years in Latin America, mostly in Mexico, Panama and the Caribbean and my observations are probably still valid and pertinent to many parts of the third world. While a middle-class, middle-aged monogamous couple, as anywhere else

would just roll over and go to sleep after sex, lower down the economic, educational and social scale, things would become quite different. It was, and probably still is, usual for the woman to wash the man's organ after sex. The lower you went the more prevalent it was: among prostitutes it was a given, whether or not a condom was used. Generally a basin was used and often the woman would then use the same basin, sometimes the same water, to "clean" herself. At best the basin is rinsed before its next use. Often there is no running water and usually no hot water for such purposes. If the man is HIV positive, with or without condom, infection for the woman could easily follow.

While I know that the *New York Times* obituaries do not represent the general public, it does strike me as strange that during the course of a year, there are hundreds of men noted as AIDS victims while only two or three women are (the last I remember was Tina Chow). Similarly, male ice skaters and dancers are victims but not their female counterparts.

I don't believe that prostitutes (nor for that matter, women in general) spread AIDS to men. Nor is there any real evidence that the virus enters through the penis (as does gonorrhea) unless there is a cut or lesion of some sort present. Of course, anyone with contaminated fingers could infect a sex partner anally via digital foreplay.

Is the virus present in prostatic fluid before it forms part of the ejaculate? Or is it only in the sperm itself? Can a man who has had a vasectomy sexually transmit the disease? Or someone who has had prostatic surgery that causes the ejaculate to back up into the bladder?

I know that many cases involving various ways to get AIDS have been "documented" but I believe that means noted or recorded and not authenticated. Statistics are meaningless, confusing and misleading, intentionally or otherwise. Many efforts are time, effort and money wasteful. The distribution of condoms to high school students may cut the teenage birth rate but if I remember correctly, other than homosexuals, bisexuals and drug users, the rate was virtually nil in this group.

Speeches, quilts, marches and movies will not change the situation. Nor are pink ribbons any more efficacious than wearing garlic or crosses. The main advance has been to identify the cause. All other progress is at a standstill and I doubt that any effective vaccine will be developed in our lifetime. AZT? Switch the "before" and "after" photos and the true believer will still have a vision of hair growth.

I don't have any answers. Hopefully, there will be some forthcoming soon. Again, my thanks for your consideration and patience.

Sincerely,

Marvin Rosen
253 West 72nd St., Apt. 2108
New York, NY 10023

July 5, 1999

Mrs. Jean Manning
Chairperson
Wentworth Organisation of Women (WOW)
Flat 12, Protea, Wentworth Hospital, Private Bag, Jacobs 4026
Kwa Zulu Natal, South Africa

Dear Mrs. Manning,

Thank you for your letter and funding proposal. I was most interested in reading about the great work you lead. Wentworth Organisation of Women (WOW) surely provides a remarkable service to your community. It is always heartening to hear of individuals like yourself and groups like WOW dedicated to the battle against HIV/AIDS.

I am sorry to inform you that the Office of National AIDS Policy is not at liberty to provide direct funding to individuals or groups. While advocating for access to care for all is at the top of my agenda, I can offer you no monetary support.

Leading the Presidential Mission to South Africa, Uganda, Zambia, and Zimbabwe changed my life. It is a remarkable experience seeing the devastating effects of this pandemic on the world, and I working to convey the magnitude of this killer to the President of the United States. It is my hope that the advocacy I do in Washington, D.C. and around the world will lead to greater awareness of HIV/AIDS, increased research, and more funding for important work like yours.

Please be persistent in seeking funding for your work. We need you in this battle. Keep up the good work, and do keep me posted!

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

(Draft letter)

We don't do
Funding out of WH.

read proposal looks
good

we support but not in
a position to advocate
or fund specific
org.

Wentworth Organisation of Women (WOW)

Postal Address: Flat 12, Protea, Wentworth Hospital, Private Bag, Jacobs, 4026, Kwa Zulu Natal, South Africa.

Administrative Centre: 80 Assegai Rd, Austerville, 4052, Kwa Zulu Natal, South Africa.

Tel: (031) 460 5020 Cell: 083 726 4157, Fax: (031) 4689654

E-mail: marinol@wwh.und.ac.za

Ms. Sandy Thurman
Director of the Office for
National US AIDS Policy
Washington DC
USA

21 April 1999

Re: Full or part funding for the Wentworth Organisation of Womens' HIV/ AIDS Awareness and Nutrition Programme.

Dear Ms. Sandy Thurman,

We are writing to you after reading the article about you in the Saturday Independent , 17th April, 1999. We would like to approach your agency for either part or full funding of our proposed and ongoing HIV/ AIDS projects in the Wentworth Area.

Please find enclosed a funding proposal from our organisation, the Wentworth Organisation of Women. We hope you will find this project to be worthy of funding.

At present, the government hospitals within South Africa do not have access to the effective triple drug therapies that are on offer in the United Kingdom. We, therefore, have to look to other avenues which will afford the victims of this disease a reasonable quality of life.

Nutrition is of fundamental importance in the pathogenesis of this disease. By helping a client to maintain an optimal nutritional status we are in effect helping to attenuate the progression of the disease. The aim of our nutrition programme is to identify asymptomatic HIV positive patients and those who have full blown AIDS and to provide them with additional nutritional support in the form of a nutritionally complete, lactose, gluten and sucrose free product, (such as Ensure), which when mixed with water can either be used as a supplement or as a complete meal replacement.

We have successfully been using Ensure in this manner for a number of years. The clients to whom we have given this product report beneficial effects. In our experience we have found that it gives them energy and oral thrush along with mouth sores dissipate when they use the

supplement.

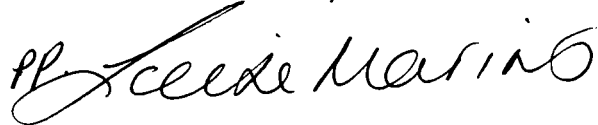
We would like to be able to expand this nutrition programme along with a youth orientated AIDS Awareness programme. Currently all of the work we do is on a voluntary basis in our free time. We have identified two committee members whom we would like to be able to employ on a full time basis in order for our projects to grow and be sustainable.

We feel that the projects outlined will be of profound benefit to the community. We have a long term view of sharing our experiences with other organisations with the view to empowering others to hopefully achieve some of our aims.

We have in the past received government funding and our books have been controlled by our treasurer and audited by auditors Nexia Levitt Kirson. We will submit our books for review or inspection on demand.

Thank you for your time and we look forward to hearing from you.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Jean Manning", written in a cursive style.

Mrs. Jean Manning
Chairperson



Consulate General of the United States of America

29TH FLOOR, DURBAN BAY HOUSE

333 SMITH STREET

DURBAN, SOUTH AFRICA

PHONE: [27] 31 304-4737

FAX: [27] 31 301-8206

4/23/99

Dr. Sandra Thurman
United States Government
Room 216, Old Executive Office Bldg.
Washington D.C., 20520

Dear Dr. Thurman:

Mr. Hassani has asked me to forward this letter and supporting documents to you. You did receive excellent press on your recent visit!

Please advise if our office may be of assistance in responding to Mrs. Manning of Wentworth Organization of Women. I have also forwarded the material and a copy of this letter to Ken Yamashita in Pretoria.

We look forward to your return to Durban.

Sincerely,

A handwritten signature in cursive script that reads "Jerry C. Richmond".

Jerry C. Richmond
Secretary to the Consul General

cc: Ken Yamashita, USAID, Pretoria

Wentworth Organisation Of Women

**Funding Proposal
April 1999**

**Wentworth Organisation of Women (W.O.W), 80 Assegai Rd,
Austerville, 4052**

Tel: (031) 468 6375 Cell: 083 726 4157, Fax: (031) 4689654

E-mail: marinol@wwh.und.ac.za

Introduction:

Wentworth is geographically situated approximately 13 kilometres from the centre of Durban. It is one of the most densely populated areas in the Durban functional region and has a population of approximately 60 000 residents. Wentworth was proclaimed a Coloured Group Area in 1963 and people from areas such as Clairwood, Sea Cow Lake and Clare Estate were re-housed in the area.

Wentworth comprises of housing and associated facilities in 212ha which can be divided into three distinct zones, the City Council housing area in the south, the Austerville government village comprising land originally used as a naval base and the Quality Street private housing area. Wentworth is bordered by both light and heavy industry which impact heavily on the area.

The area has been plagued by crime, violence and other social problems largely due to unemployment, overcrowding, poor housing, lack of skills which has resulted in gangsterism, teenage pregnancies, drug abuse, alcohol abuse, physical and mental abuse.

The problems can be directly attributed to Wentworth being a disadvantaged community without the necessary resources required for growth and development of the community, in particular women. Wentworth is the largest 'coloured' community in Durban yet it is deprived of basic functional facilities.

We believe that the members of the Wentworth Organisation of Women (WOW) can effectively address many of the social problems of the area with dedication and determination. We feel that we can effectively assist our residents in becoming productive community members.

The Wentworth Organisation of Women (WOW)

Background History

The Wentworth Organisation of Women was established in October 1993 by a group of concerned women who felt that they wanted to make a difference in the lives of the disadvantaged people of Wentworth.

They worked in conjunction with social work students from the University of Natal who helped to get the project started and ensure it was a self-sustaining community project.

The primary aim of the organisation was to facilitate the upliftment of families in the community by providing facilities to the community for the housing of community based projects.

Our first project was to use the existing sites where nursery schools existed in the mornings and during the afternoons run activities such as art classes, dances classes, youth programmes and speech and drama.

The Committee:

- | | |
|------------------------|--|
| • Mrs. Jean Manning | Chairperson |
| • Ms. Louise Aplegren | Treasurer/ Nursing Sister/Trained Counsellor |
| • Ms. Marisa Goldstone | Secretary/ Nutritional Advisor/ Trained Counsellor |
| • Mrs. Patricia Dove | Community worker/ Principal KI Nursery School |
| • | Trained Counsellor |
| • Ms. Luise Marino | Dietitian |

Home Based Care Volunteer

- Mrs Thelma Pretorius

AIDS Awareness Programme

Co-ordinator

KI Nursery School

- | | |
|----------------------|---------------------|
| • Mrs. Patricia Dove | Principal & Teacher |
| • Mrs. Renee Wilson | Teacher |
| • Mrs S'bongele Cele | Teacher |

Part-time volunteers

Part-time volunteers include

Doreen Maharaj
Priscilla Hughes
Theresa Wilson

Profile on the members:

Mrs. Jean Manning

Chairperson

Jean Manning has been residing in the Wentworth area for over 50 years. She is a former ANC councillor and a member of the Policing Forum. She has been a tireless community worker for many years. In the past she has been instrumental in our fundraising and keeping WOW together.

Ms. Louise Aplegren

Treasurer

Louise is a state registered nursing Sister who has been working at Addington Hospital for more than 20 years. Louise serves on numerous committees within the community, including the Housing Committee which runs a shelter in the Wentworth area for the homeless. She has been a tireless community worker for many years. She has been an excellent treasurer and secretary for WOW in the past.

Mrs. Patricia Dove

Principal KI School/ Community Worker

Patricia has worked tirelessly in the community endeavouring to serve its needs for many years. She was nominated in 1997 for Old Mutuals Community Builder of the Year. She is currently the principal at the KI Nursery School where she is responsible for two other teachers plus students. She has been running community dance works for many years and has been involved in other dramatic arts programmes empowering the youth of the community. The children of the community rely on Patricia for love and support which is often so lacking in their home environments.

Ms. Marisa Goldstone

Secretary/ Community Worker

In 1996 Marisa won the 100% Human Award sponsored by East Coast Radio. She works tirelessly within the community and dedicated much of her life helping meet the needs of those less fortunate than herself. She has been involved on a voluntary basis in all of the HIV/ AIDS programmes and has recently given up her job in order to commit more time to the fledgling HIV/ AIDS Awareness projects we have planned for the forthcoming year.

Ms. Luise Marino.

Dietitian/ Community Worker

Luise is a British citizen who has lived in South Africa for six years. She joined WOW in 1996 and has been residing in Wentworth for the last three years. She has a Bsc. Hons in Catering and Applied Nutrition (UK) and a Post graduate diploma in Dietetics (RSA). She has also recently applied to do a distance learning MMed Sci in Human Nutrition from Sheffield University, UK. We rely on her experience in clinical dietetics to help us formulate our nutrition programme. She has also taken on the role of corporate fundraiser.

Thelma Pretorius.**Home Based Care**

Thelma has been residing in Wentworth for over 50 years. She has been trained in Home Based Care for the terminally ill. She currently works with several other dedicated volunteers who visit the clients home to provide support to the client and the family. She has been a dedicated community worker for many years.

About the committee:

All of the committee members are residents in Wentworth. With many of them having lived in Wentworth for much of their lives. This provides the organisation with invaluable insight into the dynamics of the community. The committee members are well respected by the residents of Wentworth. Especially the three above mentioned individuals, for being dedicated community workers, ceaselessly trying to uplift and empower community members especially women and children.

The committee members are all involved in other community projects. Marisa Goldstone, Louise Aplegren and Luise Marino are all members of the South Central Health Forum, whose mandate is to disseminate provincial government health policy into the communities and to establish that functioning health services exist within the South Central region.

Marisa Goldstone, Patricia Dove, Luise Marino and Louise Aplegren and members of the Wentworth Mental Health Project. This project was taken over by the community in September 1998. The centre provides workshop facilities for day and live-in boarders. The centres also provides housing to 30 mentally challenged residents at any one time. The aim of the project is to provide a sustainable centre for mentally challenged residents of the community and to improve living conditions for the residents of the centre. Luise Marino provides nutrition input into the centre.

The Initial Project:

The project started under a tree in Woodville Road Park in Austerville, Wentworth. The play groups were run by Mrs. P. Dove and student social workers.

The organisation then managed to procure the use of a building which belonged to the Kwa Zulu Natal Provincial Administration, which went on to become K1 Nursery School. We also applied for a donation of containers from Portnet to set up playgroups in other areas of Wentworth, (Duranta Road and Silver Tree Road). Portnet sold four containers to the organisation for a nominal fee. The money required for the sale was donated by the Auswent Taxi Association. Two of the containers were used for Pan Play Nursery School. The other two containers were used for Rainbow Gardens Nursery School. Tanker Services also donated a Parkhome for Rainbow Gardens Nursery School.

K1 Nursery School:

We received a grant of \$8,000 on the 15 August 1995 from the American Embassy. The grant was used to erect a new building which would house the nursery school. Engen donated R7, 510.00 for the cutting and welding of doors and windows in the containers. Engen also donated outdoor play equipment to Pan Play and Rainbow Gardens Nursery Schools. They also donated stationery, tables, chairs and educational equipment to Pan Play and K1 Nursery Schools, to the total R10,000.00.

A. K1 Nursery School:

This school had to be relocated to Woodville Road Park due to the fact that certain residents opposed the project and called for the demolition of the building.

B. Rainbow Gardens Nursery School:

This project is now being run by the Parent Committee of Rainbow Gardens Nursery School. Safref has promised to fund the project.

It was also decided that youth and adult programmes would be run in the afternoons when the school was not in use.

Youth Projects:

For the youth the aim was to provide facilities that would equip them for adulthood, provide them with educational opportunities, career guidance, teen discussion workshops, youth interaction camps, communication skill and sexual education.

Adult Projects:

The aim was to provide a venue in which adult upliftment classes could be run, primarily adult literacy classes, socio-educational awareness programmes, small business training, parenting skills, communication skills, self-help programmes, skills training programmes, relationship enrichment counselling, battered women and men counselling facilities.

Other Achievements to date include:

- Since 1993 we have built 3 schools and successfully maintained two. One school had to close due to unforeseen circumstances.
- Annually we organise a:
- **Track-a-thon** - we organise women from the community to meet for one day in order to sew as many tracksuits as possible from donated clothing, with the intention of distributing them to disadvantaged children. In 1998 we made 350 tracksuits in one day.
- **National Womens Day** - in 1998 the theme was Empowerment of Women. We raised sufficient funds from corporate sponsors to organise the festival. This year's theme is on HIV/ AIDS awareness and prevention.
- **June 16th** - this festival is organised in conjunction with Durban Child Welfare. It is a youth orientated day, with song and dance featuring.
- **World AIDS Day** - we have since 1996 commemorated this day. In 1997 we organised a candlelit march involving over 800 people.
- **Holiday Programmes** - Patricia Dove is instrumental in organising this very successful programme, whereby the children from Wentworth are taking on day trips to either education sites or for fun days.
- We have organised for the Hari Krishna devotees to come to the area once a week and distribute free food to the poverty stricken.
- We have a successful fledgling feeding programme for HIV/ AIDS victims within the community. We distribute a nutritionally complete powdered feed to those clients whom we have identified as having a sub-optimal nutritional status.
- We also run a successful home based care for the terminally ill patient, which is co-ordinated by Mrs. Thelma Pretorius. The aim of this programme is to provide support to the family and the client.
- In 1997 we held a successful series of school based workshops which educated the youth as to the dangers of AIDS.
- During the last three years we have had numerous one day events outside shopping centres, which has involved the youth putting on plays and distributing pertinent leaflets to members of the community.
- We have successfully negotiated with two major South African companies to have HIV/AIDS information printed onto their products. One is Telkom, a series of 4 cards will be distributed nationally from May 1999 and SASKO are currently considering a proposal for pertinent HIV/AIDS information for the back of their staple food packets.

1996: The Launch of the HIV/ AIDS Awareness Programme:

AIDS is caused by the Human Immunodeficiency Virus (HIV), one of a family of so-called "retroviruses". The species of retroviruses have long been known to infect humans and animals, and are characterised by the insidious onset of the disease they cause which are fatal.

Most other diseases that cause illness have cures. The prognosis for people infected with HIV is uniformly bleak. The infected person can expect to have a number of healthy years and will then experience periods of sickness, increasing in severity, duration, and frequency until he/she dies.

Although the disease is fatal it is characterised by a long latent period in adults. This will average about ten years, but can vary greatly. The African experience suggests that in poorer populations the period is shorter (six to eight years). During this period the individual is infected and infective, but can work and function in society.

AIDS has the potential to reverse gains made in development. The social and economic consequences of AIDS are great. Wentworth and surrounding districts have many people living within its boundaries who are infected with the virus. The disease continues to be spread due to ignorance and an unwillingness to accept the issue of HIV/AIDS.

In June, 1998 the United Nations compiled a report which indicated that South Africa has the fastest growing rate of infection in the world. Almost 10% of the world's 16000 new infections a day occur in this country. According to statistics it is estimated that there are three million South Africans with AIDS, the majority of which are between the ages of 20 and 29, which represents a major part of the economic and socially active population.

Kwa Zulu Natal is currently the worst affected province, where one in four pregnant women test HIV positive. There are currently an estimated 200 000 children orphaned by the disease nationwide. A recent statistic indicates that one in seven of South Africa's civil servants are HIV positive. With all of these statistics and more it can be surmised that the social and economic implications of the epidemic are vast.

At the Sixth International Conference on AIDS in Africa held in Dakar, Senegal in December 1991, Mr Michael Merson, director of the World Health Organisation's 3bal Programme on AIDS (GPA) declared: "The 1980's were the decade of HIV in Africa; the 1990's will be the decade of AIDS in Africa".

In response to the growing number of individuals infected with HIV/AIDS, WOW launched an AIDS Awareness Campaign in June 1996. The key note speaker at our HIV/ AIDS launch was Geraldine Fraser Moliket (MP). The launch was attended by all of the key role players in the community. The Department of Health gave the organisation R30,000 to start the project. We have also relied on kind donations from the private and business sector to maintain some of our projects or to hold festivals.

The primary aim of the programme was to target all sectors of the population including the youth and women with the pertinent HIV/ AIDS awareness information. The aim was also to

establish a drop in centre which could provide a place for HIV positive clients to meet, for prospective clients to receive pre- or post testing counselling. We also set out to provide home based care for clients who were in the terminal phase of the illness, we managed to enlist the services of several dedicated volunteers who work tirelessly to ensure that the dying are comfortable and also that the families emotional needs are met.

In response to the growing number of full blown AIDS clients it was decided to initiate a nutrition programme. Also in view of the fact that the combination therapy drugs are not available to our clients we had to look for alternative methods to help sustain them and asymptomatic patients.

One of the key factors to the quality and length of survival of the person infected is nutrition. The nutritional status of the person vastly impacts on the course of the disease. A good nutritional status in the HIV/AIDS infected person is important as it helps to ensure that the immune system is maintained.

Weight loss is a common problem in AIDS patients, in particular as a result of depletion of lean body mass (LBM). Changes in body composition occur in the early stages of the disease and progressive depletion of LBM occurs as patients near death. Patterns of weight loss can be acute or chronic which appear to be related primarily to systemic infections and gastrointestinal pathology respectively. However, weight loss is not inevitable in HIV patients, and periods of weight stability and weight gain have been documented in longitudinal studies.

The pathogenesis of wasting of AIDS is thought to be multifactorial, due to inadequate food intake, malabsorption and altered metabolism. In contrast, to clinically stable HIV positive patients, in whom protein and energy intakes appear to be rather similar to healthy control subjects those with secondary infection appear to have a reduced intake. Available data suggests that preservation of body weight, and in particular LBM, may be associated with prolonged survival and/or enhanced quality of life.

Case Studies:

October - December 1998.

Michelle 27 years old.

When we first met Michelle she had been diagnosed HIV positive for just over a year. Her elder sister also died the same year, in February, as Michelle from AIDS. Michelle was from a poor socio-economic background, however, there was a certain degree of food security. Michelle was in a weakened state when we were first called to see her. She complained of oral thrush and mouth sores. We supplied her with Ensure which she took as a supplement. On a follow up visit she indicated that the Ensure had given her energy and the mouth sores and oral thrush had dissipated. We supplied with Ensure up until her death on Christmas Day, 1998. She is survived by a 7 year old boy, who is now orphaned.

March 1999 - April 1999

Bongi' Nkosi 23 years old.

Bongi' Nkosi had been relatively well until 2 months prior to us being called into see him. He was extremely emaciated when we visited him and had recently been hospitalised for pulmonary complications. He was bedridden with vomiting and diarrhoea. We gave him some Enrich (Abbott), which contains fibre. A follow up visit saw him vastly improved, he was out of bed and walking around. He found the Enrich had given him energy back and had stopped his vomiting and diarrhoea. Unfortunately he had a relapse and died on 15th April, 1999. His girlfriend is HIV positive as is her ex-husband. They have 4 children under 10 years old.

March 1999 - current.

Ralph 8 years old.

Ralph has failure to thrive and is the size and weight of a 4 year old child. Although, he has not been formally diagnosed as HIV positive, his elder brother died from AIDS and his parent both currently have full blown AIDS. We have been providing nutritional support for the whole family.

September 1998 - current.

Vanessa

Vanessa was formerly a prostitute with two young children. She was diagnosed HIV positive in September 1998. She has been receiving nutritional supplementation when the need arises. She is an extremely strong and positive woman, who would like to become a role model to other women with this disease. She has expressed a keen interest in being involved in the youth programme.

July 1997 - current.

John 45 years

John is HIV positive. He is emaciated with intermittent episodes of oral thrush and mouth sores. He relies on the nutrition support we give him to overcome his lack of appetite and mouth sores. He feels that the Ensure gives him his strength back.

We have many more cases where we have given nutritional supplementation. There is a current thread that runs through them. The clients find that it gives them energy. They have also often been unable to eat due to a lack of appetite, but they find the supplement easy to take. Any oral thrush or mouth sores generally clear up with the supplementation as their nutritional status improves.

At present cases are often referred to us late when the person is terminally ill with full blown AIDS. We would like to work towards identify asymptomatic patients who would benefit from early nutrition intervention which would maintain their nutritional status and improve their quality and length of life as a result.

We have recently started supplying the Austerville Clinic with supplementary feeds which are given to HIV positive clients. We also met with a sister organisation WAAG two years ago in an attempt to prevent duplication of services.

Honorariums and Volunteers:

All of the members of the committee have been doing voluntary work for many years with many of them sacrificing hundreds of hours of their own time to the benefit of others. Families and other interpersonal commitments have been put on hold to ensure that the disadvantaged are cared for. We would sincerely like to expand our current programmes so that we can reach more people, however in order to achieve this we feel that we have finally reached a point whereby we have to pay two of our members to sustain the projects and for growth to occur.

Our aim is to provide Mr. M. Goldstone and Mrs. P. Dove with honorarium salaries and to pay incentives to our volunteers. The two posts for Mrs. Dove and Ms. Goldstone will be on an equal parring. The following short description documents their main job descriptions.

Mrs. P. Dove

- Holiday programmes for the communities youth
- Home based care co-ordinator
- Dance Groups
- Caring for HIV positive and orphaned children
- Youth co-ordinator

Ms. M. Goldstone

- Administrative Co-ordinator
- Volunteer co-ordinator
- Nutrition Scheme Co-ordinator

WOW' s proposed HIV/ AIDS Awareness Programmes.

Nutrition Programme:

In September 1998, WOW established a fledging nutrition programme which has relied on kind donations of nutritional supplements from individuals and companies to help support those who are in need. However, we have noticed a staggering increase in those overtly suffering from the disease which has greatly outstripped our nutritional resources.

With our nutritional goals in mind we also approached Telkom, Pretoria, towards the end of last year, with a proposal to print HIV/AIDS Awareness and Healthy Eating Information onto the back of phonecards. The project was accepted and there will be a series of 4 cards which will distributed on nationally from May, 1999.

The same idea was put forward to SASKO, Cape Town with the view to printing the information onto the back of staple food packets. This information will take the form of HIV/AIDS awareness and prevention information. Both of these projects will help to reach people in outlying communities.

Aim of the nutrition programme:

The aim of the programme is to provide nutritional supplements to those clients who are suffering from an opportunistic infection which disables them from consuming sufficient nutrients in order for them to maintain an optimal nutritional status. The aim is to provide the client with a nutritionally complete nutrition supplement, which is lactose, sucrose and gluten free, in a powdered form which only requires potable water to reconstitute it to a nourishing drink that can either be used a supplement or as a meal replacement. Ensure is such a product that is made by Abbott (SA) Pty Ltd.

We also aim to have a dedicated storage facility in which to store the stock and limit access of the stock to three WOW members; a state registered dietitian, a state registered nursing sister and a community nutrition advisor. Our aim is also to be in a position whereby we can service the whole HIV positive community in Wentworth, other organisations within the community and hopefully extend the service to other communities.

We would also like to be able to print our diet sheet that we currently give to our clients in on a large scale and in different languages in order to distribute the healthy eating message.

Home Based Care and Nutrition Programme:

We would like to link our nutrition programme to our home based care efforts. A present we have several dedicated volunteers who visit the homes of those in need. They provide comfort and counselling to those families with terminally ill patients.

Mrs. Patricia Dove will take over the organisation of the home based care and organise a drive to enlist the help of more part-time volunteers.

2. HIV/ AIDS Awareness School Programme:

We would like to target the youth, explaining to them the dangers of HIV/ AIDS. Two of our members would like to initiate a school campaign that addresses the issues of HIV/AIDS

awareness and prevention. The schools programme would include talks with the view to developing a forum for discussion, a video show and a talk from a member of the community who is living with HIV/AIDS. We feel that this project is fundamental in order to help stem the spread of this disease. We intend to target all ages given age appropriate information.

Teenage pregnancy in the area is unusually high, which has many socio-economic and health implications. We would like to provide a programme that could also be implemented into the schools regarding teenage pregnancy, running workshops on life skills, sexuality, decision making, and parenting skills. The health issues that we need to address are the risk of sexually transmitted diseases, especially HIV/AIDS.

We would also like to expand this programme to include other target sectors of the population, especially women.

3. WOW's HIV/ AIDS Awareness National Womens' Day, 9th August, 1999:

In 1998 the members of WOW organised a very successful National Womens Day festival. We raised R11,000.00 from the business sector and had many donations in kind of equipment on the day.

The National Womens Day Festival was held at the Ogle Rd Grounds, Wentworth on August 10th 1998. We had an attendance of over 700 people and we gave free food to over 300 economically challenged community members. We felt the Womens day was a great success which saw a speech by Ella Ghandi (MEP), local dance groups, an excellent Drummie Display and a selection of songs from Hamish Kyds group the Bojangles. The day was enjoyed by all those who attended.

Our plans for this year's event include a prominent keynote speaker such as Thabo Mbeki, ANC President to address the people present regarding the dangers and impact of HIV/ AIDS, Drummie display, song and dance, an AIDS Awareness play among many other activities. We also plan to invite representatives from the various organisations including those which have HIV/ AIDS interests such as ATTIC, NAPWA among others. We will also be inviting representatives from the two companies with whom we have worked to attend the event.

There will be a flea market and free food for the economically challenged. We also intend to distribute pamphlets containing pertinent information on how to stay healthy with the disease and how to maintain good nutritional health.

4. Monthly Columns in a local Community Newspaper.

We contribute to a monthly free newspaper, "Community Talk", which is distributed to the community. Our members write a question and answers column in an attempt to address the needs of the community. Our aim is to provide an informative forum whereby we can provide readers with preventative, awareness and other pertinent information.

Proposal for Funding for the period April 1999 - April 2002:

In view of our planned and ongoing projects we are looking funding. At present all the members working in the AIDS Awareness campaign are volunteers, for us to sustain these projects and to ensure that they grow we feel we have reached a stage whereby we need to provide salaries for at least two of our members, in order for them to work full time on the projects we have planned.

We would like to be able to set up a full time secretariat which we are presently unable to do due to time constraints on all of the members. We would like to propose that Mrs. P. Dove and Ms. M. Goldstone are employed by WOW on a full time basis and are provided with liveable salaries every month for their input. These two members have for years been unceasing voluntary community workers who have given the community so much time and energy. Ms.M. Goldstone would also be responsible for establishing a secretariat.

Our books are currently audited on an annual basis. We would forward a copy of our annual report to your organisation regarding our expenditure of the funds. We would also make our books available to you at any time, should you wish to inspect them.

We hope that you will be able to help us achieve our goal as in the words of the Deputy President, Thabo Mbeki, from the Beyond Awareness AIDS campaign, 11th September 1998.

“We are facing a very serious crisis. The epidemic is spreading fast and we will have to take decisive action. We are clearly a number of years behind other countries in dealing with AIDS, even some African countries.”

Proposed Budget April 1999 - April 2002

Our Needs:

1. Structure for Storage/ Office
2. Electricity
3. Security
4. Nutrition Supplementary Stock
5. Stationary
6. Furniture and Fittings
7. Education Media
8. Honorarium & Volunteers
9. Telephone
10. AIDS Awareness Youth/ Women Workshops
11. Meetings
12. World AIDS Awareness Day and Other Promotion Days
13. Accounting Fees
14. Transport
15. Medical Kits
16. Insurance

NB: Our books are currently controlled by the treasurer and audited on an annual basis by auditors Nexia Levitt Kirson, Registered Accountants and Auditors.

We are willing to submit our books on request for inspection/ review.

Estimated Budget:

	<u>1999/0</u>	<u>2000/1</u>	<u>2001/2</u>
<u>Programme Costs:</u>			
• Honorariums & Volunteers	R144,000.00	158,400.00	174,240.00
• Nutrition Supplementary Stock	R60,000.00	66,000.00	72,600.00
• AIDS Awareness Youth/ Womens Workshops	R10,000.00	11,000.00	12,100.00
• World AIDS Awareness Day	R10,000.00	11,000.00	12,100.00
• and other Promotion Days			
• Training	R3,000.00	3,300.00	3,630.00
• Educational Media	R8,000.00	8,800.00	9,680.00
• Transport - Target Groups & Clients	R1,500.00	1,650.00	1,815.00
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• Sub Total:	236,500.00	260,150.00	286,165.00
<u>Overheads:</u>			
• Structure for Storage/ Office	R10,000.00		
• Furniture and Fittings	R4,000.00	4,400.00	4,840.00
• Stationary	R1,500.00	1,650.00	1,815.00
• Electricity	R1,000.00	1,100.00	1,210.00
• Security	R300.00	330.00	363.00
• Telephone	R2,400.00	2,460.00	2,706.00
• Transport	R1,500.00	1,650.00	1,815.00
• Accounting Fees	R4,000.00	4,400.00	4,840.00
• Auditing Fees	R1,500.00	1,650.00	1,815.00
• Insurance	R4,000.00	4,400.00	4,840.00
• Transport	R2,400.00	2,640.00	2,904.00
	-----	-----	-----
Sub Total:	32,600.00	24,680.00	27,148.00
<u>Medical Sundries:</u>			
• Medical Kit (R100.00 x 10)	R1,000.00	1,100.00	1,210.00
	-----	-----	-----
<u>Total:</u>	270,100.00	285,930.00	314,523.00

Budget Notes:

NB: The proposed budget is indicated for a three year period, the one of purchase of the structure for storage/office can be discounted from the budget after year one, but we would like to add a 10% inflationary figure for each item for every year there-after.

1. **Structure for Office/ Storage space:** The organisation has several containers which are used for the Nursery School. WOW would like to be a to purchase a similar structure, as a one of purchase, which could be used to house the administrative office and be used as storage for the nutritional stock.
3. **Security:** This is intended in the form of burglar guards and padlocks which will be used to secure the office and storage structure.
4. **Nutrition:** The nutrition supplementary stock we intend buying is Ensure, Abbott (SA) Pty. Ltd. It is a nutritional complete supplement that can be used as a supplement or total meal replacement.
6. **Furniture and Fittings:** The organisation already owns 2 tables, a filing cabinet, 10 chairs, fax machine, cell phone and a camera. With the money requested we would like to add to office equipment.
7. **Education Media:** For our youth programme we would like to produce hand-outs for the students to keep, we also have a monthly column in a locally distributed free magazine, "Community Talk". This is a monthly column which discusses the issues surrounding HIV/ AIDS. We would also like to publish a pocket size healthy eating diet which covers dietary implications for diarrhoea, vomiting etc.
8. **Transport:** We have divided these two costs up. One for administration, the transport costs incurred by volunteers or honorariums and programmes costs, transport costs for clients to clinics or programme field trips.

Contact Names & Numbers:

- Luise Marino Tel: (031 460 5020
Fax: (031) 4689654
E-mail: Marino@wwh.und.ac.za
- Marisa Goldstone Cell: 083 726 4157

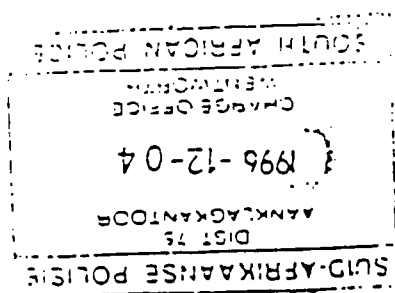
WENTWORTH ORGANISATION OF WOMEN (W.O.W.)

Towards Empowering & Developing Woman
7b Clinic Road
WENTWORTH
KWAZULU/NATAL 4052

Telephone 031. 488191
Fax 031 487954

CONSTITUTION

1. THE NAME OF THE ORGANISATION SHALL BE THE WENTWORTH ORGANISATION OF WOMEN (W.O.W.)
2. AIMS AND OBJECTIVES:-
 - 2.1. Assist in the upliftment of woman and children in the community.
 - 2.2. Improvement of the environment in which the families live and play.
 - 2.3. Provide opportunities for cultural upliftment in the community, to organise educational events for the community e.g. careers, youth programmes, seminars. cultural activities e.g. art classes, dance classes, speech & drama and craft lessons.
 - 2.4. To organise youth camps in order to teach the children life skills, assertiveness and training them to be our future leaders in our community.
3. MEMBERSHIP:-
 - 3.1. Membership shall be made available to any persons who will be committed and has the women and children's interest at heart.
 - 3.2. Applications for membership shall be lodged with the secretary and shall be subject to approval by the committee.
 - 3.3. Membership shall be terminated on giving one calendar months notice of resignation in writing.
 - 3.4. The organisation has a right to terminate a member who has failed to obey the constitutional rules and fails to attend three consecutive meetings without giving written notice.
4. SUBSCRIPTIONS:-
 - 4.1. Subscription fees are payable by each member on a monthly basis.
 - 4.2. The fee for each member shall be the sum of R5-00 per month.
 - 4.3. The fee shall increase or decrease from time to time by virtue of a resolution adopted at a special general meeting or a general meeting.

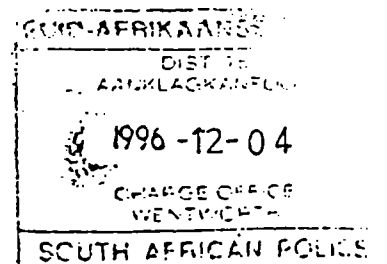


5. EXECUTIVE COMMITTEE:-

- 5.1. The Executive Committee shall comprise of the Chairperson, Vice Chairman, The Secretary, The Treasurer, and six ordinary members.
- 5.2. The duties of this committee shall be to deal with matters which need urgent attention.
- 5.3. To authorise payments of monies and report at general meetings.
- 5.4. To consider applications for membership and all complaints.
- 5.5. Delegate it's powers to disciplinary committee.

6. DUTIES OF OFFICIALS:-

- 6.1. CHAIRPERSON - The duties of the Chairperson shall be to preside at all meetings. If the Chairperson is absent a full quorum may appoint a Chairperson from amongst the members.
- 6.2. SECRETARY - The Secretary shall keep all minutes/records of all meetings. Circularise all members of the organisation for meetings. Draw and present reports at the Annual General Meeting on the year's activities. Attend to all correspondence and perform all other duties that are normally carried out by a secretary.
- 6.3. TREASURER - The Treasurer shall keep all books and accounts of the organisation. Draw and present an audited financial statement and balance sheet at the annual general meeting, audited by a reputable auditor. Collect all monies due to the organisation, and deposit into the organisations banking account. Payments are to be made with the approval of the executive committee and signed by two or three officials. A banking account and payment accounts shall be opened in the name of the Organisation and shall be operated upon by cheque, signed by the Chairman, Secretary and Treasurer or any two of the three. Cheques drawn in favour of the Organisation may be endorsed by the Treasurer and the Secretary, for the purpose of deposit to the credit of the Organisation's banking accounts.



7. SPECIAL GENERAL MEETINGS:-

- 7.1. A General Meeting will be held once every three (3) months and at least seven days notice shall be given. The quorum shall be two thirds of the members.
- 7.2. Executive or Committee meetings shall be held at least once a month. The quorum shall consist of three members.

8. ANNUAL GENERAL MEETINGS:-

- 8.1. The annual General Meeting shall be held yearly.
The Agenda of the A.G.M. shall be prepared by the Executive Committee and sent to all members, seven days before the A.G.M.

9. DISCIPLINARY MEETINGS:-

- 9.1. The Vice Chairperson shall preside at all disciplinary meetings, with the Assistant Secretary recording.
- 9.2. Any member of the organisation not satisfied with decisions taken at the Meeting of the Organisation, has a right to petition a special general meeting, provided that the petition is signed by two thirds of the members.

10. LEGAL ACTION:-

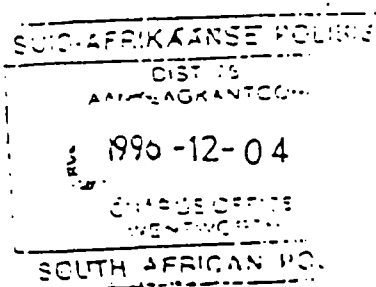
- 10.1. The Organisation shall sue or be sued in it's own name in any court of law.

11. AMENDMENTS TO THE CONSTITUTION:-

- 11.1. The Constitution may be amended, or added by virtue of a resolution adopted at the A.G.M. provided that the Resolution reach the Secretary, two days before the circulars are sent to the Members.

12. DUTIES OF THE DISCIPLINARY COMMITTEE:-

- 12.1. To investigate and recommend penalties or legal action in the following matters:-
 - 12.1.1. Members who fail to attend three consecutive meetings without any notice.
 - 12.1.2. Dishonesty.
 - 12.1.3. Using the Organisations name for their own gains.
 - 12.1.4. Misbehaving or abusive language in public.



A. Mannino

AS SUBSCRIBER

Nalga

AS SUBSCRIBER

M. Ismael

AS SUBSCRIBER

E. Bower

AS SUBSCRIBER

P. Dore

AS SUBSCRIBER

SUID-AFRIKAANSE POLIS

SAANKERGRANTOON

1996-12-04

CHARGE OFFICE
WENTWORTH

SOUTH AFRICAN POLICE

... CERTIFISEER DAT DIESE DOKUMENT 'TWARE AFOLK IAFSKRIFTE ...
... DIE OORSPRONKELIKE DOKUMENT DAT EEN VAN VIER WAARNEMING VOORHEE ...
... EN CERTIFISEER VERVOLG DAI VERVOLG BY WAARNEMINGS, DAAR NIE ...
... VERVOLG OF VERVOLG OF DIE OORSPRONKELIKE DOKUMENT AANGEC ...
... IS NIE

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE
ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR AUTHENTICATION. I
FURTHER CERTIFY THAT FROM MY OBSERVATIONS, AN AMENDMENT OR A
CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT

M. Ismael

HANDTEKENING/SIGNATURE

MAGSYNOMMER
FORCE NUMBER 0603748-8

WAO
INSPECTOR

AMMUNDRUKSRIE H. R. JA1000
AMMUNDRUKSRIE

WENTWORTH ORGANISATION FOR WOMEN (W.O.W)

INCOME STATEMENT

FOR THE PERIOD

15 DECEMBER 1996 TO 28 MARCH 1998

**REPORT OF THE INDEPENDENT AUDITORS TO
WENTWORTH ORGANISATION OF WOMEN (W.O.W.)**

We have audited the attached income statement for the period from 15 December 1996 to 28 March 1998. The statement is the responsibility of the committee. Our responsibility to report on this statement.

We conducted our audit in accordance with statements of South African Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance that the statement is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the statement, assessing the accounting principles used and significant estimates made by the committee and evaluating the overall presentation of the statement. We believe our audit provides a reasonable basis for our opinion.

The company's policy is to prepare the accompanying statement on the cash receipts and disbursements basis. On this basis revenue is recognised when received rather than when earned, and expenses are recognised when paid rather than when incurred.

Audit Opinion

In our opinion, the accompanying statement fairly presents, in all material respects, the Revenue and income by organisation during the period ended 28 March 1998 in accordance with the cash receipts and disbursements basis as described above.



NEXIA LEVITT KIRSON

CHARTERED ACCOUNTANTS (SA)

REGISTERED ACCOUNTANTS AND AUDITORS

DURBAN

11 AUGUST 1998

WENTWORTH ORGANISATION OF WOMEN (W.O.W.)

INCOME AND EXPENDITURE ACCOUNTS

FOR THE PERIOD 15 DECEMBER 1996 TO 28 MARCH 1998

	R
INCOME	
Department of Health	30 000
Bank interest	286
	30 286
EXPENDITURE	(26 069)
Aids Awareness Programme - Launch	2 002
Furniture and fittings	3 667
Office equipment	3 492
Stationery	348
Advertising	2 005
Salaries and wages	6 652
Fuel	50
Telephone	600
Aids Awareness Youth/Women's Workshops	2 206
Meetings	556
World Aids Awareness Day	1 787
World Aids Awareness Day Prizes	1 700
Bank charges	404
Accounting fees	600
NET SURPLUS FOR THE PERIOD carried forward to the following period	4 217

The above income statement has been approved by the committee and is hereby signed on their behalf by :


SECRETARY

DURBAN

11 AUGUST 1998

Wentworth Organisation of Women
Financial Statement
as at 28 March 1998

14 October 1997 — 28 March 1998:

A. The Aids Awareness Programme

Bal. B/F	R11298,32
Expenditure	- <u>R 6412,10</u>
Balance	<u>R 4886,22</u>

Balance (Aids Awareness)	R4886,22
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B. K1 Nursery School

Bal. B/F	R4030,00
Expenditure	- <u>R1895,00</u>
Balance	<u>R2135,00</u>
Balance	R2135,00
Expenditure	- <u>R 672,40</u>
(Children's Holiday Programme)	<u>R1462,60</u>

K1 Nursery School Balance	R1462,60.
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C. Children's Holiday Programme

Bal. B/F	R668,60
Expenditure	- <u>R1341,00</u>
Deficit	- <u>R672,40</u>

N.B. To be deducted from K1 account.

Balance Holiday Programme	Nil.
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Total Expenditure	R6412,10
	R1895,00
	+ <u>R1341,00</u>
	<u>R9648,10</u>

Bal. B/F 14 October 1997	R15995,92
Expenditure	- <u>R 9648,10</u>
Balance	<u>R 6347,82</u>

<u>Bank Interest</u>	+R 31,02
	<u>R6378,84</u>

Less Bank charges

a) Stamp duty	R3,20
b) Vat	R11,92
c) Service fee	+ <u>R85,29</u>
Total	<u>R100,41</u>

Balance	R6378,84
Less Bank Charges	- <u>R100,41</u>
Balance	<u>R6278,43</u>

Balance as at 28-03-98	R6278,43
------------------------	----------

WENTWORTH ORGANISATION OF WOMEN (W.O.W.)

Towards Empowering and Developing Women

CORRESPONDENCE TO:

L. APELGREN
c/o 16 GOURITZ CRESCENT
AUSTERVILLE
KWA ZULU NATAL
SOUTH AFRICA



TEL: L. APELGREN

(H) 031-485283

(W) 031-3322111- EXT. 386

TEL: D. BOOYSEN

(H) 031-486375

FAX : 486375

NEDBANK CHEQUE ACCOUNT:

DATE		CHEQUE NO.	AMT.
14/1/97	- DDC	0001	R100-00
16/1/97	- PICK/PAY	0002	R150-50
17/1/97	- BAKERS-BLUE RIBBON	0003	R150-12
18/1/97	- BAKERS-DEMOLISHERS	0004	R947-05
18/1/97	- BLUFF-MICA	0005	R150-50
21/1/97	- T. WILKINSON-FOR CUTING	0006	R382-17
28/1/97	- EZRAY MOTORS	0007	R100-00
30/1/97	- BANNERS/BUNTING	0008	R175-00
31/1/97	- MAKRO	0009	R621-72
31/1/97	- CASH-AIDS LAUNCH	0010	R500-00
31/1/97	- PICK/PAY BLUFF	0011	R169-30
1/2/97	- PETER'S FLORIST	0012	R 50-00
1/2/97	- PICK/PAY	0013	R 36-55
1/2/97	- P. MTHEMBU	0014	R100-00
1/2/97	- IRWIN JOSHUA	0015	R150-00
1/3/97	- P. DOVE	0016	R170-00
5/3/97	- MAKRO	0017	R149-54
17/3/97	- B. FYNN-BURGLAR GUARDS	0018	R1750-00
6/3/97	- DULUX	0019	R245-84
24/3/97	- M. GOVENDER-CUT GRASS	0020	R170-00
25/3/97	- R. FYNN-PAINTER	0021	R110-00
5/4/97	- BASSA	0022	R 50-00
7/4/97	- BASSA	0023	R262-00
10/4/97	- M. DOVE - PETROL	0024	R 50-00
16/4/97	- BASSA	0025	R 79-70
23/4/97	- GAME-STATIONERY	0026	R348-12
1/5/97	- D. BOOYSEN-SALARY	0027	R500-00
1/5/97	- P. DOVE - PHONE ACCOUNT	0028	R200-00
19/5/97	- B. HUGHES	0029	R100-00
19/5/97	- A. DOVE	0030	R100-00
21/5/97	- L. BOOYSEN-PETROL	0031	R100-00
28/5/97	- PICK/PAY	0032	R226-05
27/5/97	- MAKRO	0033	
29/5/97	- NAPWA-MUSA-SPEAKER W/S	0034	R150-00
31/5/97	- NAPWA-MUSA-SPEAKER W/S	0035	R100-00
31/5/97	- D. BOOYSEN-WAGES	0036	R500-00
2/6/97	- M. DOVE	0037	R152-00
2/6/97	- D. BOOYSEN-PETTY CASH	0038	R200-00
2/6/97	- FIRE CHIEF X 2 FIRE EXT.	0039	R300-00
10/6/97	- PICK/PAY	0040	R 80-90

CHEQUE BOOK NO. 1

WENTWORTH ORGANISATION OF WOMEN (W.O.W.)

Towards Empowering and Developing Women

CORRESPONDENCE TO:
L. APELGREN
c/o 16 GOURITZ CRESCENT
AUSTERVILLE
KWA ZULU NATAL
SOUTH AFRICA



TEL: L. APELGREN

(H) 031-485283
(W) 031-3322111- EXT. 386

TEL: D. BOOYSEN

(H) 031-486375

FAX : 486375

CHEQUE BOOK NO. 2

DATE		CHEQUE NO.	AMT
31/6/97	- MR MOOLMAN-FURNITURE	0041	R520-00
31/6/97	- MR APELGREN-TRANSPORT	0042	R100-00
10/7/97	- MAKRO-FAX+CELLPHONE	0043	R2450-35
26/6/97	- D. BOOYSEN-SALARY+PHONE	0044	R700-00
9/7/97	- PLANNING MEETING	0045	R380-00
9/7/97	- 3X WORKERS FOR CONCRETE	0046	R300-00
9/7/97	- GAME SIM-CARD	0047	R 98-35
9/7/97	- GAMES	0048	R683-96
9/7/97	- M. DOVE-MATERIALS -SIGNS	0049	R500-00
11/7/97	- KFC -CATERING-PL. MEETING	0050	R175-00
10/7/97	- L. BOOYSEN - PETROL	0051	R100-00
30/7/97	- D. BOOYSEN-PH. +WAGES	0052	R700-00
30/7/97	- PETTY CASH	0053	R200-00
30/7/97	- AIDS CENTRE SIGN -M. DOVE	0054	R1000-00
3/8/97	- E. BURGESS HBC W/S	0055	R1250-00
3/8/97	- PICK/PAY HBC W/S	0056	R207-90
3/8/97	- GAMES - SIM CARD	0057	R250-00
6/8/97	- R. Heslop	0058	R500-00
6/8/97	-	0059	R200-00
20/8/97	- F. MAHARAJ-T/P(W/DAY-100)	0060	R 56-00
20/8/97	- D. BOOYSEN/WAGES/W/S ULUN.	0061	R700-00

STATEMENT AS AT 23 AUGUST 1997.

L. APELGREN (SECRETARY)

M. ISHMAEL (TREASURER)

Donation made by T. Pretorius Petty CASH

Cheque Book No.2 Nedbank.

<u>Date</u>	<u>Cheque No.</u>	<u>Expenditure</u>	<u>Amt.</u>
20-09-97	0062	children's outing	R95,00
16-10-97	0063	R. Govender	R500,00
		T shirts	
03-10-97	0064	Moses Removals	R150,00
		K1	
17-10-97	0065	K1 grad removals	R600,00
20-11-97	0066	K1 grad/	R250,00
		D.J.Malvern W.O.W	
20-11-97	0067	Mrs P. Dove	R200,00
		phone calls	
20-11-97	0068	Mr L. Booysen	R 70,00
13-12-97	0069	Mr R. Govender	R1005,00
		Youth T shirts	
04-12-97	0070	K1 grad.	R195,00
04-12-97	0071	F. Maharaj	R150,00
		Transport	
15-12-97	0072	World Aids Day	R325,00
		candles, pins, ribbons	
08-12-97	0073	World Aids Day	R200,00
		Youth Drama group	
09-12-97	0074	Paid-hire hall	R110,00
		Aids Awareness Day	
16-12-97	0075	Pick 'n Pay	R 81,40
		Aids Awareness Day	
16-12-97	0076	Los Lapes (cater)	R200,00
16-12-97	0077	Makro (cater)	R870,70
16-12-97	0078	T. Pretorious	R500,00
		HBC assistant	
16-12-97	0079	E. Fredericks	R500,00
		HBC assistant	
17-12-97	0080	C. Williams	R1200,00
		Prizes poster comp.	

Cheque Book No. 3

17-01-98	0081	P. Dove	R1246,00
		Holiday Programme	
22-01-98	0082	Fairvale School	R 500,00
		Prize	
22-01-98	0083	P. Dove K1 Nurs. Sch.	R 700,00
22-01-98	0084	P.Dove K1 Nurs. Sch.	R 632,94

Curriculum Vitae

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. resume	re: Luise Victoria [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [2]

2018-0764-F
jm2226

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]

CURRICULUM VITAE.

Surname: Marino

Forenames: Luise Victoria

Age: 31

D.O.B. (b)(6)

Nationality: British

Occupation: Dietitian

National Insurance Number (UK): (b)(6) [004]

Permanent Address: Flat 12
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Wentworth Hospital
Private Bag
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4026
KZN

Telephone Number: 031 4684311 ext 247

Fax Number: 031 4685694

E-mail: Marino@wwh.und.ac.za

Marital Status: Single

Dependants: None

Driver's Licence: Full

Computer Skills: Various Window Packages including Microsoft & WordPerfect,
Internet & E-mail Skills

Academic History and Qualifications:
Drifffield School September 1979 - June 1986.

September 1979 - June 1986.

O' Levels:
10 O-LEVELS including Biology, Physics, Chemistry

Biology, Physics, Chemistry

A' Levels:
2 A' Levels including Biology

Biology

Tertiary Education
Huddersfield University **September 1986 - June 1990**
Department of Hotel and Catering

September 1986 - June 1990

Catering and Applied Nutrition (Bsc) (Hons). Class 2:2

University of Natal
Department of Dietetics &
Community Resources
South Africa

February 1994 - November 1995

South Africa

Postgraduate Diploma in Dietetics (2:1)

Current Professional Registration (Dietitian):
South African Medical and Dental Council (SAMDC) (RSA)
Council for Professions Supplementary to Medicine (CPSM), UK

Council for Professions Supplementary to Medicine (CPSM), UK

Council for Professions Supplementary to Medicine (CPSM), UK

Employment History:**Senior Dietitian**

Department of Dietetics
Wentworth Hospital
Durban
South Africa

January 1996 - current

(See Appendix 1 for detailed submission)

The BillBoard

Durban
South Africa

April 1993 - August 1994

I was the co-owner of one of Durban's first privately owned supper/theatre clubs. Whilst also attending lectures at the University of Natal I took responsibility for management of staff, both in the kitchen and in the restaurant, the ordering of necessary stock, menu cycle and design and the preparation of sufficient food for up to 120 patrons per night. With my nutrition background I took a keen interest in ensuring the meals prepared were healthy, meeting Prudent Diet Guidelines (USA).

The Rock Garden

London
England

May 1991 - March 1993

The Rock Garden is a busy restaurant in the hub of Covent Garden. During my employment I was promoted to restaurant supervisor. The duties with this title included supervising the training of all staff, certain management functions and housekeeping duties. Due to my background in nutrition I was asked on several occasions to give nutritionally orientated input into new menu items.

Northern Foods

Northern Dairies
Wakefield

January 1989 - May 1989

Fox's Biscuits

Batley
England

May 1989 - July 1989

During my mandatory industrial training, as part of my degree requirements, I was placed by Northern Foods to work in two of their subsidiary companies. At Northern Dairies I worked as a trainee Marketing Assistant. My tasks included analysis of questionnaires, research among other duties. I was also placed at Fox's Biscuits as a trainee Line Manager.

Appendix I

1. Wentworth Hospital:

Wentworth Hospital is a specialist tertiary government hospital for Kwa Zulu Natal (popn. 13 million). It is a +/- 400 bed hospital for which I am the only Clinical Dietitian. The hospital has 6 Intensive care units, both adults and paediatrics, and several high dependancy units. The specialities offered at Wentworth are Plastic Surgery, Neurology, Neurosurgery, Cardiology, Cardio Thoracic Surgery. Specialized oral, enteral feeding and total parenteral nutrition are used extensively and is co-ordinated by myself.

2. Dietetic Services:

I am currently responsible for all aspects of the Dietetics Services offered to the patients at Wentworth Hospital. As a result, I have gained a vast amount of experience, not only with respect to clinical dietetics, but also with administrative duties, ordering of necessary supplies, the interaction and liaison with all Heads of Department, Medical Superintendents, Nursing Staff or Paramedical Personnel, University of Natal, Medical Reps among others.

The Dietetic Department of Wentworth Hospital offers a full time service from Monday to Friday 7am to 6pm and Saturday mornings 8am to 12pm and emergency cover after hours and on Sundays.

The Department is also used as a training unit for Dietetic Interns from the University of Natal. I am responsible for the mentoring of several students each year, which includes giving lectures, supervising their clinical experience and attending regular meetings to discuss problems and develop the course.

The post-graduate course is a dynamic learning experience. In 1998 I submitted several proposals for more experiential based learning in both the clinical and the food service arena, which were accepted and ratified by the Department of Dietetics and Community Resources, University of Natal.

I have extensive knowledge, with respect to nutritional management of both paediatric and adult patients, (oral, enteral and parenteral) in an ICU and High Dependancy setting. I also have good general dietetic knowledge and often run diabetic, hyperlipidaemia and weight loss groups for both in and out patients.

I have also made the commitment to ensure that my clinical knowledge is kept up to date. I have attended several congresses, including ESPEN 1997. I have also visited a number of dietetic departments and hospitals in order to learn from their experiences and protocols.

The departments that I have visited are:

- Great Ormond Street, January 1997
- Birmingham's Children's Hospital, January 1997
- Leeds General Hospital, January 1997
- Pinderfield Hospital, Wakefield, August 1997
- Scarborough General Hospital, December 1997
- Red Cross Children's Hospital, Cape Town, November 1997
- Tygerberg Hospital, Cape Town, November 1997
- Johannesburg General Hospital, December 1997
- Various State Hospitals in rural and urban Kwa Zulu Natal

Locum Work:

- St. Andrew's Hospital, Bromley-by-Bow, London, January 1999
- Bridlington Hospital, E. Yorkshire, January 1999.

3. Extended Dietetic Services:

During 1996/7 I consulted once a week to King George V Hospital (1300 bed, TB Hospital), and was once again the only clinical dietitian in service. I attended the weekly Cardio/Thoracic Grand Ward Round which covered both paediatric and adult patients.

From June 1997 - July 1998 I also provided a service to Clairwood Hospital (1,300 beds post acute hospital). I provided cover to the weekly Grand Plastic Surgery Ward round for both adults and paediatrics. I also advised on the paediatric gastro-enteritis wards, where there was post-acute kwashiorkor, marasmic, Haemolytic Uraemic Syndrome and HIV positive affected paediatric patients.

Following this period I managed to secure a full time dietetic post for Clairwood, which has now been filled.

4. Procedures Implemented at Wentworth.

Since my employment I have upgraded and updated all of the diet sheets used for out/in patient counselling.

I have upgraded both the enteral products and oral supplements from a 'basic powdered' product which was used as the standard enteral feed to either 'Ready to Hang' or tetra pack supplements.

I introduced the concept of enteral and total parenteral nutrition feeding via volumetric pumps. I successfully motivated for the purchase of 20 enteral pumps and negotiated with the various companies to provide us with some pumps on loan. All paediatric patients requiring enteral feeds are fed via a pump.

I have developed enteral and parenteral feeding protocols for the following areas:

- Neurosurgery Paediatric and Adult e.g. ICU, Septic and High Care patients,
- Acute Spinal Injury,
- Plastic surgery Jaw 0-5 feeding protocol for cleft palate and other oral surgery,
- Diarrhoea protocol, definition, treatment and management of acute and chronic diarrhoea,
- Cardio/Thoracic surgery,
- Paediatric Cardiology,
- Burns, <20% protocol adults and paediatrics, and >20% burns adults and paediatrics,
- Acute renal failure in Post-op Cardiac Surgery,
- Acute renal failure in Pre-op Cardiology,
- TPN protocol for various indications,

- I have also successfully motivated at Provincial level for the addition of vitamin E onto the provincial tender for all Kwa Zulu Natal hospitals.

5. Food Service Dietetics:

I have recommended appropriate changes to the existing menus for all patients. We have also reduced the number of diets offered to patients in order to improve quality control and assurance, reduce costs and enable kitchen staff to more realistically adhere to specifications and portion control.

In 1997 I compiled a proposed Job Description for a Food Service Dietitian within the Private and Public Sector. This was a comprehensive working document, which was presented to several of the large Food Service Companies, the Department of Health, and the University of Natal. The document has subsequently been included in a tender document for Catering Services to Provincial Hospitals

as recommended guidelines.

In conjunction with a Food Service Dietitian colleague, we submitted a proposal for a revision of the current tender document for Catering Services Tender Specifications in order to make them more practical and cost effective. This document was workshopped and is currently under consideration by the Department of Health, Kwa Zulu Natal, for inclusion in a revised Catering Services Tender document.

I also provide nutritional advice/analysis to Food Manufacturers and Contract Catering Companies when requested.

6. Academic Programme:

I co-organised on behalf of the South African Society for Enteral and Parenteral Nutrition (for which I was an executive council member) a Nutrition Symposium in July 1997. We recommended protocols for Head Injuries, Burns, Fistula & HIV/TB. The symposium attracted over 200 health professionals from all over Kwa Zulu Natal, Eastern Cape & the Transvaal.

A similar nutrition symposium was held in June 1998. The theme was "Have you chosen the right route and are you feeding the right thing?" It was directed at all medical staff who administer either parenteral or enteral nutrition. We had over 150 delegates, from all over Kwa Zulu Natal and the Eastern Cape.

I have also been asked to speak at various symposiums.

I am involved with in service lecture programme for other Health Professionals with respect to nutrition in Wentworth Hospital and other hospitals in the Durban Metro area.

7. Awards and Papers:

I won a nationwide nutrition competition organised by Pharmica/Upjohn, the prize being a trip to the ESPEN (European Society of Enteral & Parenteral Nutrition) Congress in Amsterdam in September, 1997.

I have endeavoured to educate other medical colleagues in South Africa on topics such as the dangers of using raw eggs in nutritional drinks. This culminated in an editorial being published in the South African Medical Journal titled "Egg Flips and Salmonella spp. - what is the risk?"

I academically reviewed a booklet "Nutrition in the critically ill" in April, 1998 for the Department of Human Nutrition, University of Stellenbosch.

8. Clinical Nutrition Advisor

In January 1999 I was appointed as a Clinical Nutrition Advisor Consultant to Nutrifirst Pharmaceuticals (Pty) Ltd. My services include providing the company with 2 nutrition updates per month on issues pertaining to 'news in nutrition', keeping the company abreast of any new pertinent finding/relevant publications pertaining to TPN, assisting with literature searches and continuing medical education lectures.

9. Community Work:

Wentworth Organisation of Women (WOW): July 1996 - current

Wentworth Organisation of Women (WOW) was formed in 1994 by a group of concerned women to address issues such as child abuse, teenage pregnancies, violence against women, gangsterism, alcoholism, drugs and other issues. WOW is a community based organisation, which has

endeavoured to address some of the needs of the community in Wentworth and surrounding areas.

In June 1996, WOW launched an HIV/AIDS initiative, of which I was part. The aim of this programme is to increase AIDS awareness in all sectors of the population and to provide a drop in counselling centre for those who needed it. In addition to this service I have been trying to establish a nutrition programme for HIV/AIDS sufferers to promote healthy and safe eating and for those clients who are losing weight or children who have failure to thrive, nutritional supplements in the form of powdered Ensure or Pediasure. I am present trying to secure corporate sponsorship for the programme from Engen, among other companies.

Also with regards to AIDS/HIV I submitted a proposal on WOW's behalf to Telkom, SA with respect to AIDS/HIV prevention and awareness information along with healthy eating information to be printed onto the back of phonecards, which will be distributed nationally. The proposal was accepted and the first card, in a series of 4, will appear in April 1999. A similar proposal has been submitted to SASKO's Milling and Baking Division with the idea that HIV/AIDS awareness information is printed onto the back of staple food product packages such as mealie meal, flour among others, a response is pending.

On the 10th August, 1998 in order to celebrate National Womens' Day, the committee members of WOW, organised a Womans' Day function. I was in charge of corporate fundraising and administration. I secured a total of R10,000.00 and other sponsorships of equipment in kind for the day. Over 700 people from the community attended, we had speeches from Ella Ghandi MP, an AIDS awareness play, dance and song. We also served lunch to 300 of the more socially and economically challenged.

On behalf of WOW, I also write a monthly column in 'Community Talk, a local newspaper, with the aim of increasing AIDS awareness amongst the local community.

South Central Health Forum:

July 1998 - current

I am a member of the management committee for the South Central Health Forum, which held a successful workshop in November, 1998 on the role of District Health Forums within the current health services structure. For this event I secured the sponsorship for the lunch and mid-morning teas.

We are looking to hold public meetings in Wentworth and Chatsworth to discuss what health issues that are impacting on those areas and where we can mobilise health campaigns to address the problems highlighted.

Mental Health Community Project, Wentworth: **September 1998 - current**

I was approached by the management committee for this project to compile a report on the current dietary intake of 20-30 mentally challenged hostel dwellers, and to make recommendations as to appropriate changes to ensure that their diet is nutritious, practical and cost effective.

The report was submitted to the management committee and also to the Department of Health, Kwa Zulu Natal. I have also availed myself to be called upon whenever I am needed.

References.

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Principal Specialist

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