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Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Jeff Palmer to Sandra Thurman re: Wyoming Positives for Positives (Personal) [partial] (1 page)	06/15/1999	b(6)
002. form	re: Certificate of death [Personally Identifiable Information] (1 page)	07/09/1997	b(6)
003. form	re: Report card (Personal) (1 page)	03/00/1998	b(6)
004. forms	re: Report cards (Personal) (2 pages)	00/00/1998	b(6)
005. resume	re: Namara Araali [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
006a. letter	Sandra Thurman to Individual living with HIV re: HIV related discrimination (Personal) [partial] (1 page)	07/09/1999	b(6)
006b. envelope	re: Individual living with HIV (Personal) (1 page)	03/25/1999	b(6)
006c. letter	Individual living with HIV re: HIV related discrimination to Sandra Thurman (Personal) (1 page)	00/00/0000	b(6)
006d. letter	Circuit court judge to Legal team re: Trial counsel and AIDS discrimination (3 pages)	03/16/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:
Random Letters [3]

2018-0764-F
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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]

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

THE WHITE HOUSE

WASHINGTON

July 6, 1999

Susan Burroughs
4018 W 22nd Place
Los Angeles, California
90018

Dear Ms. Burroughs:

Your email regarding the AIDS epidemic and African-Americans from December 5, 1998 to the White House Correspondence Office has recently been forwarded to my office. The spread of HIV/AIDS among minorities, especially African-Americans, has been of great concern to the Clinton Administration. That said, there is so much more that remains to be done. I assure you that we will continue to step-up our efforts to reflect the magnitude of this epidemic.

I have enclosed a number of fact sheets published by the Centers for Disease Control and Prevention (CDC), which should provide you with some of the answers you posed in your email regarding statistics.

Further, I would recommend that you contact the National Minority AIDS Council at:

1931 13th Street NW
Washington, DC 20009
Phone: (202) 483-6622
Fax: (202) 483-1216

The National Minority AIDS Council is a membership organization representing non-profits across the country working on issues relating to minorities and AIDS. They have put out extensive publications on this issue, including a recent report on the impact of AIDS in African-American communities. I hope this information will be of use to you. Thank you for your interest in helping fight the battle against HIV/AIDS.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Enc.

July 6, 1999

Susan Burroughs
4018 W 22nd Place
Los Angeles, California
90018

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Sincerely,

Great!

Sandra L. Thurman
Director
Office of National AIDS Policy

Enc.

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CDC UPDATE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NCHSTP National Center for HIV, STD & TB PREVENTION

June 1998

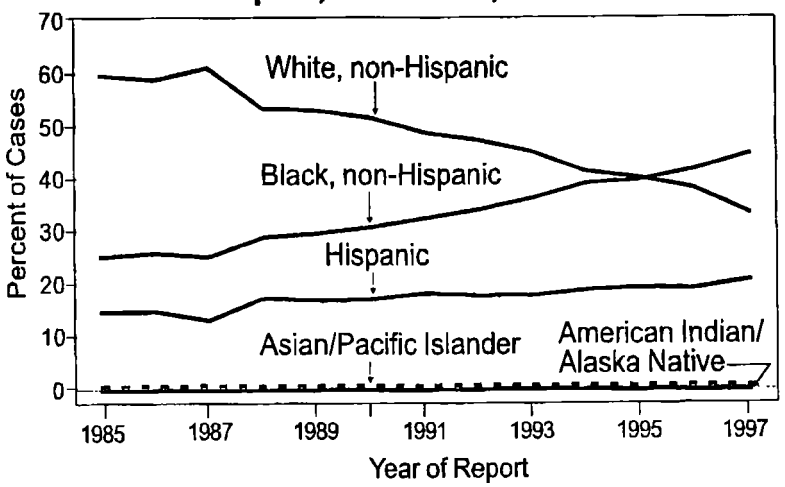
Critical Need to Pay Attention to HIV Prevention for African Americans

In the United States, African Americans have been disproportionately affected by HIV and AIDS. Through December 1997, CDC had received reports of 230,029 cases of AIDS among African Americans. Although that is 36% of the 641,086 cases reported, African Americans represent only an estimated 13% of the total U.S. population.

Researchers estimate that 240,000-325,000 African Americans are infected with HIV. Approximately 1 in 50 African-American men and 1 in 160 African-American women are believed to be infected with HIV. Of those infected with HIV, it is estimated that 93,000 African Americans are living with AIDS.

In 1997, more African Americans were reported with AIDS than any other racial/ethnic group. Of the total AIDS cases reported that year, 45% (27,075) were reported among African Americans, 33% (20,197) were reported among whites, and 21% (12,466) were reported among Hispanics. Among women and children with AIDS, African Americans have been especially affected, representing 60% of all women reported with AIDS in 1997 and 62% of reported pediatric AIDS cases for 1997.

Proportion of AIDS Cases by Race/Ethnicity and Year of Report, 1985-1997, United States



HIV Data Show These Trends Are Continuing

HIV data from a recent CDC study comparing HIV and AIDS diagnoses in 25 states with integrated reporting systems provide a much clearer picture of recent shifts in the epidemic, with a larger percentage of HIV than AIDS cases diagnosed among African Americans, especially women. During the period from January 1994 through June 1997, African Americans represented 45% of all AIDS diagnoses, but 57% of all HIV diagnoses. Among young people (ages 13 to 24), 63% of the HIV diagnoses were among African Americans.

CDC's HIV Prevention Efforts Targeting African Americans

The disproportionate impact of HIV/AIDS on African Americans underscores the importance of increasing prevention efforts in this community. HIV prevention efforts must take into account cultural issues, as well as social and economic factors – such as poverty, underemployment, and poor access to the health care system – that impact many U.S. minority communities. For over a decade, CDC has worked closely with national-, regional-, and community-based organizations to design and implement HIV prevention efforts directed to African Americans. Clearly, the most effective programs are those designed and implemented by the African-American community itself.

CDC is currently supporting, directly or indirectly, hundreds of community-based organizations across the United States in implementing programs and providing HIV prevention services to the African-American community. Programs focus on a wide range of activities, including risk-reduction counseling, street and community outreach, prevention case management services, and efforts to help individuals at risk gain access to HIV testing and treatment and related services.

Additionally, to help establish greater capacity within the African-American community to provide HIV prevention services, CDC has instituted a program to assist national and community-based organizations serving these communities in building the infrastructure needed to deliver HIV testing, counseling, health care, and support services. And because of the critical role the faith community plays in mobilizing community leaders and in reaching and serving the community at large, CDC established a collaboration with the faith community in 1987 as part of multi-sectoral program to encourage positive response to, and participation in, HIV prevention. While the effort began modestly, with direct funding to faith organizations of roughly $100,000 the first year, the program had grown to $500,000 annually by 1994 and to the current funding level of $900,000 in 1997. Roughly half of this initiative currently targets the African-American faith community.

CDC has several major initiatives and numerous research projects designed to reach the African-American community including:

- CDC currently provides $253 million in funding to state and local health departments for HIV prevention programs. Since December 1993, CDC has funded a process designed to put more of the decisions about how these prevention funds are directed in the hands of the communities affected. Under this process, HIV Prevention Community Planning, health

departments are required to establish priorities in conjunction with a planning group that brings together health department staff, representatives of affected populations, epidemiologists, behavioral scientists, service providers, and other community members to identify prevention needs and interventions to meet these needs.

This process helps ensure that HIV prevention efforts are locally relevant and address the unique epidemic and prevention needs of each community.

CDC has conducted several recent assessments to determine what proportion of these funds are used to reach minority populations. While not all programs are targeted by race (some, for example, target high-risk communities such as injection drug users or people being treated in STD clinics, which include individuals from multiple races), it is clear that a significant proportion of funding for major programs, such as counseling and testing and risk reduction programs, are targeted to African Americans. Of programs identified as specifically targeting a racial/ethnic group (representing $143 million), 36% of programs ($52 million) target African Americans. By comparison, 36% target Caucasians, and 22% target Hispanics.

- CDC also directly funds minority and other community-based organizations to design and implement HIV prevention programs that are highly targeted to high-risk individuals within racial and ethnic minority populations. Many serve gay and bisexual men of color or injection drug users as their primary focus. CDC currently provides $18 million to fund 94 community-based organizations through this program. Seventy-one (76%) of these organizations direct their programs to African Americans.

- CDC funds a $9 million program to assist National and Regional Minority Organizations in building capacity to deliver HIV prevention programs and services within these communities. Many of these organizations directly serve the African-American community. Organizations supported through this initiative include the National Organization of Black County Health Officials ($450,000), the National Minority AIDS Council ($455,000), the Association of Black Psychologists ($320,000), the National AIDS Minority Information and Education Program ($291,000), and the National Council of Negro Women ($451,000).

- Last year, to further evaluate the current capacity of community-based organizations serving minority organizations, CDC funded the Harlem AIDS Directors ($400,000) to conduct an assessment to identify unmet needs.

- Additionally, CDC conducts numerous behavioral research projects aimed at reducing HIV infection in the African-American community. For example, the prevention of HIV in Women and Infants Project is a community-level behavioral intervention research project targeting young women ages 15-34. The project is designed to improve the understanding of factors influencing women's behavior changes regarding condom and contraceptive use and to improve the development and delivery of prevention interventions. Another example is the Young African-American Men's Study. This study is a 2-year formative study to prevent HIV/AIDS in young African-American men. Data are being collected in Chicago and Atlanta through interviews, observations, and group discussions with community leaders, health care providers, and young men who have sex with men. In addition to these examples,

there are numerous research projects designed to better understand risk behaviors and design effective interventions for African Americans at highest risk for HIV infection, including injection drug users, women who are partners of injection drug users, individuals with high rates of STDs, and young gay and bisexual men of color.

There is no question that as long as the epidemic continues to spread in the African-American community, these programs must continue, and even more must be done. It is also clear that the public sector alone can not successfully combat HIV and AIDS in the African-American community. Overcoming the current barriers to HIV prevention and treatment requires that leaders in the community acknowledge the severity of the continuing epidemic among African Americans and play an even greater role in combating HIV/AIDS in their own communities.

CDC UPDATE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NCHSTP National Center for HIV, STD & TB PREVENTION

June 1998

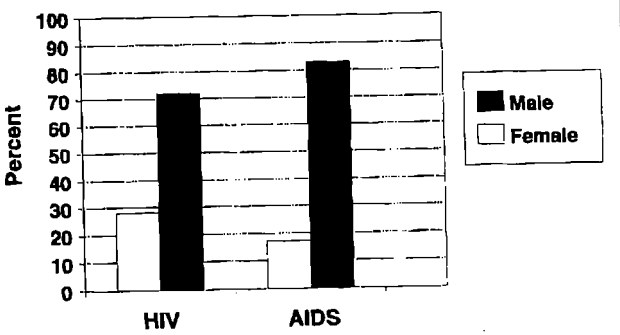
Critical Need to Pay Attention to HIV Prevention for Women: Minority and Young Women Bear Greatest Burden

CDC estimates that, in the United States, between 120,000 and 160,000 adult and adolescent females are living with HIV infection. In just over a decade, the proportion of all AIDS cases reported among adult and adolescent women nearly tripled, from 7% in 1985 to 22% in 1997. HIV/AIDS was the fourth leading cause of death among U.S. women aged 25-44 in 1996 (the most recent year for which complete death information is available), and the leading cause of death among African-American women in this same age group. Today, AIDS-related deaths among women are decreasing, largely as a result of recent advances in HIV treatment. However, AIDS deaths among women are not declining as rapidly as AIDS-related deaths among men.

Further, HIV data from a recent CDC study comparing HIV and AIDS diagnoses in 25 states* with integrated reporting systems showed that a substantial number of women were newly diagnosed with HIV in these states. Between 1995 and 1996, there was a 3% increase in initial HIV diagnoses among women, while HIV diagnoses declined 3% among men during this same period.

Comparing HIV to AIDS diagnoses in these states provides a clearer picture of recent shifts in the epidemic, with a larger percentage of HIV than AIDS cases diagnosed among women, especially women of color. During the period from January 1994 through June 1997, women represented just 17% of all AIDS diagnoses, but 28% of all HIV diagnoses. Young people (ages 13 to 24) also accounted for a much greater proportion of HIV than AIDS diagnoses (14% versus 3%), and nearly half of the HIV diagnoses in that age group were among young women.

Reported Cases of HIV Infection vs. Reported AIDS Cases Among Adults & Adolescents, 25 U.S. States*, January 1994-June1997



* Alabama, Arizona, Arkansas, Colorado, Idaho, Indiana, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin, Wyoming

Epidemic Among Women Spreading Fastest Among Minorities

Over the past decade, the epidemic has increased most dramatically among women of color. Prior to the impact of new combination drug therapies to treat HIV infection, AIDS incidence was increasing at rates of 15% to 30% each year among African-American and Hispanic women. **African-American and Hispanic women together represent less than one-fourth of all U.S. women, yet they account for more than three-fourths (76%) of AIDS cases reported to date among women in our country.**

Most women with AIDS were infected through heterosexual exposure to HIV, followed by injection drug use. In addition to the direct risks associated with drug use (sharing needles), drug use also is fueling the heterosexual spread of the epidemic. A large proportion of women infected heterosexually were infected through sex with an injection drug user. Reducing the toll of the epidemic among women will require efforts to combat substance abuse, in addition to reducing HIV risk behaviors.

Female adolescents and young adult women under the age of 25 are at higher risk for HIV/STD infection than older women. This increased risk is likely due to their greater tendency to have multiple sex partners, to engage in risky behaviors, or to be unable to negotiate safer sexual practices with partners.

Young and minority women are also disproportionately affected by other STDs – gonorrhea, syphilis, and chlamydia, for example – that make women at least 2-5 times more vulnerable to HIV infection. Improved STD treatment will be a critical strategy for slowing the heterosexual spread of HIV.

Building Better Prevention Programs for Women

Even if women know how to protect themselves from HIV infection, awareness of the facts must be coupled with the skills and support needed to change behavior. CDC works with states and communities to provide the information and tools needed to design and implement effective local prevention programs for women. To guide prevention activities, CDC works to provide the best available science in the areas of monitoring the epidemic, conducting and disseminating the findings from research, and evaluating what works. As part of this process, CDC conducts an ongoing research synthesis process that seeks to identify the most recent and relevant scientific findings from around the world, both published and unpublished, and make them available to prevention program planners. CDC constantly combs the scientific literature, reviews domestic and international scientific databases, and speaks with colleagues around the world to identify effective interventions for all populations at risk, including women.

Continuing progress is needed in the following areas to slow the HIV epidemic among U.S. women:

- ***Pay attention to prevention for women!*** The AIDS epidemic is far from over. Data from states that have integrated confidential HIV and AIDS case reporting show that a larger proportion of women are reported with HIV than are reported with AIDS. Scientists believe that cases of HIV infection reported among 13- to 24-year-olds are indicative of overall trends in HIV incidence (the number of new infections in a given time period, usually a year) because this age group has more recently initiated high-risk behaviors – *and young women made up nearly half* (44%) of HIV cases in this age group.

- ***Implement programs that have been proven effective*** in changing risky behaviors among women and sustaining those changes over time, maintaining a focus on both the uninfected and infected populations of women. For example, CDC's Women and Infants Demonstration Project, a community-level behavioral intervention research project focusing on young women ages 15 to 34, most of whom are members of racial/ethnic minority populations, is designed to improve understanding of factors influencing women's behavior changes regarding condom and contraceptive use, as well as the development and delivery of interventions. Preliminary results are very promising in terms of increases in condom use among women in the treatment group compared with other communities.

- ***Develop effective female-controlled prevention methods and disseminate them widely.*** More options are urgently needed for women who are unwilling or unable to negotiate condom use with a male partner. CDC researchers are working with scientists worldwide to evaluate the effectiveness of female condoms in preventing HIV, as well as to develop effective topical microbicides that can kill HIV and the pathogens that cause STDs. As with any new tools for prevention, we must not only determine effectiveness, but also evaluate people's willingness and ability to use these methods.

- ***Increase emphasis on prevention and treatment services for young women and women of color.*** Many U.S. women reported with HIV or AIDS are unable to identify their risk for acquiring HIV infection, indicating that they may be unaware of their partners' risk factors. Knowledge about preventive behaviors **and awareness of the need to practice them** is critical for each and every generation of young women – prevention programs should be comprehensive and should include participation by parents as well as the educational system.

- ***Address the intersection of drug use and sexual HIV transmission.*** Women are at risk of acquiring HIV sexually from a partner who injects drugs and from sharing needles themselves. Additionally, women who use noninjection drugs (e.g., "crack" cocaine) are at greater risk of acquiring HIV sexually, especially if they trade sex for drugs or money.

- ***Better integrate prevention and treatment services*** for women across the board, including the prevention and treatment of other STDs and substance abuse and access to antiretroviral therapy.

- ***Make medical and behavioral solutions work together.*** Medical advances can't work by themselves – women first need access to them, then they need the skills and support to use them. While behavioral interventions can help uninfected women stay that way, they also can work with medical treatments to help infected women stay healthier and keep from infecting others.

- ***Preventing HIV infection is by far the best strategy.*** Preventing infections saves lives, eliminates the need for complex and sometimes debilitating therapies, and saves a great deal of money that would otherwise be spent on medical treatment. But, linking women with care and prevention services as soon as possible after infection has occurred is also an important goal, both to protect their own health and that of their sex partners and children.

UCSF Prevention Studies AIDS Research Institute

What are African-American HIV prevention needs?

are African-American populations at risk?

Many African-American populations are at high risk for HIV infection, not because of their race or ethnicity, but because of the risk behaviors they may engage in. As with any population, it's not who you are, but what you do that puts you at risk for HIV. African-Americans are disproportionately affected by HIV: they account for 33% of total AIDS cases in the US, while comprising only 11% of the US population.[1]

In 1994, more than half (57%) of AIDS cases among women were among African-Americans. Likewise, African-Americans accounted for over half of all AIDS cases among injection drug users (IDUs). In 1994, 62% of all children with AIDS were African-American.[1]

who are African-Americans at risk?

While African-Americans are often viewed as one group, there is, in fact, a wide variety of populations in the US included under this heading.[2] Upper class, lower class, Christian, Muslim, inner-city, suburban, descendants of slaves and recent Caribbean immigrants all come under the African-American heading. Current epidemiological surveillance does not record these social, cultural, economic, geographic, religious, and political differences that may more accurately predict risk.[3]

Although HIV transmission in African-American communities is primarily viewed as a problem among heterosexual IDUs and their sexual partners, the proportion of AIDS cases among African-Americans attributed to male homosexual/bisexual activity (36%) is almost equal to that attributed to injection drug use (38%).[1]

Injection drug use has played a major role in HIV infection among African-Americans. African-Americans are twice as likely as whites to have used drugs intravenously, and HIV infection is higher for black IDUs than white IDUs.[4] One reason may be the "ghettoization" of blacks in inner-city areas where drug trafficking, unemployment and poverty, among other factors, have assured that blacks suffer high rates of addiction.[5] Studies of drug users that describe significant association between health and race may be better explained by these characteristics of the social environment.[6]

what puts African-Americans at risk?

Very little information exists on risk factors specific to African-Americans, especially among IDUs, because until recently there has been a lack of research in this area. Funding agencies have not targeted African-Americans as a particular area of concern for research. Few non-minority researchers have demonstrated ongoing interest in intervention work with African-Americans, and currently less than 3% of National Institute of Health research grants are awarded to African-American researchers.[2]

In a survey of African-American gay and bisexual men in the San Francisco Bay Area, more than 50% reported unprotected anal intercourse, a considerably higher percentage than among white gay men. Those men were more likely to be poor, to have been paid for sex, or to have used injection drugs; to engage in unprotected sex despite knowing risk of HIV infection; and to report less social support. Men with negative expectations and beliefs about condoms were less likely to use them.[7]

Among African-American adults living in cities with a high prevalence of AIDS cases, almost one-fifth (19%) reported having two or more sexual partners in the past year. More men (30%) than women (10%) reported multiple partners. Substantial proportions of blacks with multiple sex partners used no condoms with either their main (47%) or secondary partners (35%).[8]

Says who?

1. Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report. 1994;6:1-39.

2. Marin BV. Analysis of AIDS prevention among African Americans and Latinos in the United States. Report prepared for the Office of Technology Assessment; 1995.

3. Moss N, Krieger N. Measuring social inequalities in health: report on the conference of the National Institutes of Health. *Public Health Reports.* 1995;110:302-305.

4. Substance Abuse and Mental Health Services Administration. National household survey on drug abuse: main findings 1991. US Department of Health and Human Service: Rockville, MD; 1993. DHHS pub # (SMA) 93-1980.

5. National Commission on AIDS. The challenge of HIV/AIDS in communities of color. 1994.

6. Fullilove, MT. Perceptions and misperceptions of race and drug use (editorial). *Journal of the American Medical Association.* 1993;269:1034.

7. Peterson JL, Coates TJ, Catania JA, et al. High-risk sexual behavior and condom use among gay and bisexual African-American men. *American Journal of Public Health.* 1992;82:1490-1494.

8. Peterson JL, Catania JA, Dolcini MM, et al. Data from the National AIDS Behavioral Surveys. III. Multiple sexual partners among blacks in high-risk cities. *Family Planning Perspectives.* 1993;25:263-267.

15E A publication of *HIV Prevention: Looking Back, Looking Ahead*, a project of the Center for AIDS Prevention Studies (CAPS), University of California, San Francisco, and the Harvard AIDS Institute. Thomas J. Coates, PhD and Harvey J. Makadon, MD, co-principal investigators.

Funded by a grant from The Henry J. Kaiser Family Foundation

UCSF AIDS Research Institute

what are obstacles to prevention?

Many members of the black community have held an underlying distrust of the white public health world, especially since the Tuskegee Syphilis Study. Some groups, including some African-Americans, believe that the effects of AIDS on the community are the results of deliberate efforts of the US government. Adding to this are persistent inadequacies in social benefits, health care, education and opportunities for African-Americans. Effective prevention programs must address these concerns.[9,10]

Among homosexually active African-American men, including those who self-identify as gay, fear of homophobia and strong attachment to the minority community may have been strong disincentives to respond to AIDS as a primarily gay issue. At the beginning of the epidemic, the absence of national gay leaders and large gay constituencies in the African-American population offered few opportunities to mobilize support.[11]

what's being done?

Not many prevention programs specific to African-Americans have been evaluated for effectiveness, but the number of programs is increasing and there are a few promising studies. An intervention aimed at African-American gay and bisexual men extensively pilot tested all materials including videos that depicted only black men and addressed issues related to the men's same-sex attitudes and behaviors addressed in their own words. Clients who participated in three weekly three hour group sessions greatly reduced (50%) their frequency of unprotected anal intercourse, and maintained the behavior change through an 18-month follow-up.[11]

African-American male adolescents in Philadelphia, PA took part in an intervention to increase knowledge of AIDS and sexually transmitted diseases (STDs) and weaken problematic attitudes towards risky sexual behaviors. Educational materials included a video narrated by a black woman with a multiethnic cast and "AIDS basketball" where teams earned points for correctly answering AIDS questions. Participants reported less sexual intercourse, fewer partners, and greater use of condoms after the intervention.[12]

Men and women attending an STD clinic in the South Bronx, NY had access to either a video on condom use, or both the video and an interactive group session. Patients were given coupons for free condoms at a pharmacy several blocks from the clinic. Among African-American clients, condom acquisition increased substantially after the video and group session, but not after the video alone. One reason may be that the video primarily targeted behavior change among men. Also, clients who self-identified as Caribbean had lived in the US for a shorter amount of time, and the video may have been embedded in US culture. This study showed that interactive sessions combined with videos can personalize the prevention message and enhance behavior change.[13]

what needs to be done?

Researchers and service providers need a better understanding of the role of cultural and socioeconomic factors in the transmission of HIV, as well as the effect of racial inequality on public health. In addition, public health officials should consider changing epidemiological surveillance to include other demographic information besides sex, age and ethnicity. These efforts need to influence the design of prevention messages, services and programs.

In the second decade of the AIDS epidemic, few studies of HIV prevention interventions specifically for African-Americans have been conducted or published.[14] *Especially lacking are studies of African-American IDUs and gay/bisexual men.*[15] *A comprehensive HIV prevention strategy uses many elements to protect as many people at risk for HIV as possible. Effective and equitable HIV research, policy, program and funding efforts are urgently needed in African-American communities.*[5]

PREPARED BY PAMELA DECARLO AND JOHN PETERSON, PHD

9. Dalton HL. AIDS in blackface. *Daedalus*. 1989:118:205-227.

10. Thomas SB, Quinn SC. The Tuskegee Syphilis Study, 1932 to 1972: implications for HIV education and AIDS risk education programs in the black community. *American Journal of Public Health*. 1991;81: 1498-1506.

11. Peterson JL. AIDS-related risks and same-sex behaviors among African American men. In *AIDS, Identity and Community*. Herek GM, Greene B, eds. Sage Publications: Thousand Oaks, CA; 1995:85-104.

12. Jemmott JB, Jemmott LS, Fong GT. Reductions in HIV risk-associated sexual behaviors among black male adolescents: effects of an AIDS prevention intervention. *American Journal of Public Health*. 1992;82:372-377.

13. O'Donnell LN, San Doval A, Duran R, et al. Video-based sexually transmitted disease patient education: its impact on condom acquisition. *American Journal of Public Health*. 1995;85:817-822.

14. Jemmott JB, Jones JM. Among ethnic minority individuals: risk behaviors and strategies for changing them. In *The Social Psychology of HIV Infection*. Pryor JB, Reeder. GD, eds. Lawrence Erlbaum Associates: Hillsdale, NJ; 1993: 183-224.

15. US Conference of Mayors. Assessing the HIV Prevention Needs of Gay and Bisexual Men of Color. 1993.

From nobody@www2.whitehouse.gov Sat Dec 5 03:48:36 1998
Date: Sat, 05 Dec 1998 03:46:42 -0500
From: susan burroughs <bbw614@aol.com>
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
Apparently-to: president@WhiteHouse.GOV
To: president@WhiteHouse.GOV
Errors-to: The Postmaster <postmaster@www2.whitehouse.gov>
Reply-to: susan burroughs <bbw614@aol.com>
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CLIENT: 209.232.0.5[209.232.0.5]
BROWSER: Mozilla/2.0 (compatible; MSIE 3.02; Windows 95)
URL: http://www.whitehouse.gov/WH/Mail/html/Mail_President.html
[Sender Information]
PERSONAL-NAME: susan burroughs
EMAIL-ADDRESS: bbw614@aol.com
ORGANIZATION: political science class
RELATIONSHIP: student
STREET-ADDRESS: 4018 W. 22nd Pl.
CITY: Los Angeles
STATE-PROVINCE: Ca
ZIP-CODE: 90018
COUNTRY: USA
[Message Information]
PURPOSE: Seek assistance from the White House
TOPIC: No Answer
AFFILIATION: Student - College or University
SUBJECT: African-American Women and AIDS
[Message]
Increasing amounts of African-American women are being diagnosed with AIDS. It has especially targeted the age group of 24-44 and is presently the leading cause of death for that age range. I am writing to you because I would like to see more information on sexually transmitted diseases in African-American communities. When AIDS first presented itself as a new disease, the profile of an infected person was White male and homosexual. At this time the profile has changed, the number of White male homosexuals infected with the disease has dramatically decreased. When did the surge of African-American women infected with the disease occur ? What can we attribute to the onslaught of increased numbers of infected African-American people ? and finally How do we go about effectively decreasing the number of infected African-American women ? I would like to see the number of infected

African-American women with AIDS decreased. I don't want to see the age range broadened. I voluntarily work with the youth at my church and I try to do my part about increasing their knowledge about sexual health. As they are young and have not quite reached the target group age range. Even at that there is still a large group that has not been educated about sexual health. Please, lets engage more programs or funding for programs to increase sexual health education in the African-American community.W

July 7, 1999

John F. Turner
600 County Avenue
Apartment #1101
Secaucus, NJ
07094

Dear Mr. Turner:

Thank you for your letter and for your commitment to finding a cure for HIV/AIDS. Increased funding for HIV/AIDS research remains a top priority for my office and this Administration because I share your vision about the importance of finding a cure for this devastating disease.

I regret to inform you that the Office of National AIDS Policy is unable to provide direct assistance to individuals. Because this office works solely with HIV/AIDS policy issues, I suggest that you contact the National Institutes of Health (NIH) for questions pertaining to funding for HIV/AIDS research. The contact information for the NIH AIDS Research and Reference Reagent Program (AIDS Reagent Program) is as follows:

NIH AIDS Research and Reference Reagent Program
McKesson HBOC BioServices
621 Lofstrand Lane
Rockville, MD 20850
Telephone: 301-340-0245
Fax: 301-340-9245

I wish you the best of luck in finding the financial 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

Letter explaining that while we only work w/ policy – we brought contact the Natl Institutes of Health (agency address). Thanks for your commitment, Yolanda, Jonida

June 27. 1999

Ms Sandy Thurman
A.I.D.S. Policy Director
The White House
Washington, D.C. 10000

John F. Turner
600 County Ave #1101
Secaucus, NJ
07094

Dear Ms Thurman.

I have been writing letters like this for more then 2 years, and all to no avail, I was even hesitant in writing this one, but I was convinced by a friend that if I really believed in my idea, that I had to keep writing, these letters, so here goes

I believe I know the cause of, and a cure for H.I.V., I am aware that this is a bold statement to say the least, and so far only a few close friends believe me, and I certainly understand that fact, after all I am not a medical Doctor nor do I possess the medical training to justify my statement

However I am considered very smart.

I have requested help from many Drug Companies Hospitals and Doctors and initially all have offered assistance, but as soon as the term H.I.V. is mentioned all Doors slam shut, Being a trusting person I couldn't understand why, after offering help, they closed their doors in my face

CONTINUES

So I asked a couple Doctors and Nurses as to why this happened, and their responses were almost all the same, and very simply put, "Sir, there is no profit in Cure" a cold Blooded statement, but a very real fact.

Medical Schools teach Treatment of illness not cures, Research Labs seek treatment of illness not cures, a main reason for Protease Inhibitors

I can but presume that you know how Protease Inhibitors work, yet there are other Drugs, on the market, designed to treat other illness, that in my Lab Tests eliminate H.I.V.

I cannot document that fact as all of my testing, was done so, without sanctions.

This is why I need your help and a simple Blood test, can help document my findings and so far no Drug Company no Doctor or no Hospital will help me do that simple test.

Perhaps togther we can eliminate this nightmare

Thanking you in advance for your consideration I remain

Yours truly,

John F. Turner

July 7, 1999

The Honorable Juanita Millender-McDonald
Member, Congress of the United States
419 Cannon Building
Washington, DC 20515-0537

Dear Representative Millender-McDonald:

Thank you for your letter dated June 15, 1999 and especially for the tee shirt you sent. I am very excited to hear about your sucesses in raising HIV/AIDS awareness through the Minority Women and Children's AIDS Walk. What a great event!

As you know, this past October, President Clinton set aside an unprecedented $156 million to improve the nation's effectiveness in preventing and treating HIV/AIDS in the African-American, Hispanic, and other minority communities. This intiative illustrates how the spread of HIV/AIDS in minorities, especially African American women, has been of great concern to this office and Administration.

I would like to take this opportunity to thank you for your continued efforts to raise awareness about HIV/AIDS in minority communities. Your work not only helps minority women and children affected by HIV/AIDS, but motivates your peers in Congress. Fighting on the front lines of the AIDS epidemic has not been easy and it continues to be a difficult journey. It is because of people like yourself -- who are willing to address the tough issues and give voice to the concerns of the community -- that we will move forward until we reach the end of this pandemic.

Thank you again for your contributions.

Sincerely,

Sandra L. Thurman
Director
White House Office of National AIDS Policy

JUANITA MILLENDER-McDONALD
37TH DISTRICT, CALIFORNIA

419 CANNON BUILDING
WASHINGTON, DC 20515-0537
(202) 225-7924
FAX (202) 225-7926

970 WEST 190TH STREET
EAST TOWER, SUITE 900
TORRANCE, CA 90502
(310) 538-1190
FAX (310) 538-9672

E-MAIL: Millender.McDonald@mail.house.gov
www.house.gov/millender-mcdonald

Congress of the United States
House of Representatives
Washington, DC 20515-0537

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE
SUBCOMMITTEES ON
AVIATION
SURFACE TRANSPORTATION

COMMITTEE ON
SMALL BUSINESS
RANKING MEMBER
SUBCOMMITTEE ON TAX, FINANCE AND EXPORTS
SUBCOMMITTEE ON
EMPOWERMENT

DEMOCRATIC REGION ONE WHIP
CONGRESSIONAL WOMEN'S CAUCUS
CO-CHAIR WOMEN OWNED BUSINESS
LEGISLATIVE TEAM

Note
Thanks for
tee shirt
Thanks for
continued efforts
on behalf of
these affected
by HIV/AIDS
SL

June 15, 1999

The Honorable Sandra Thurman
Director, White House Office of National AIDS Policy
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear Ms. Thurman:

Knowing of your ongoing interest in HIV/AIDS, I am sending you a tee shirt as a reminder of my continued advocacy for increased funding and improved services for people living with AIDS. I appreciate your strong support in addressing these issues throughout the appropriations process.

Since 1995, I have successfully organized the annual Minority Women and Children AIDS Walk. I have also convened educational workshops and information sessions on how to access federal resources. In addition, my Advisory Board of noted physicians and researchers from across the country continue to provide critical insight in this HIV/AIDS advocacy work. As you know HIV infection is the leading cause of death among Black women age 25 to 44 and minorities represent 82% of all AIDS cases among children in this country. Through public awareness events such as the annual Minority Women and Children AIDS Walk we can make a significant impact on the lives of our communities.

Thank you for your support. I hope that you will be able to join me in future AIDS awareness events.

Sincerely,

JUANITA MILLENDER-McDONALD
Member of Congress

P/S.
draft

July 6, 1999

Kristen A Gengaro
Yale University
PO Box 205005
New Haven, Connecticut
06520

Dear Kristen:

Thank you for your letter and your interest in ~~HIV/AIDS and health~~ public policy ~~in general~~ and specifically HIV/AIDS. It is always a pleasure to hear from supporters who are interested in the same issues as those I try and advocate. All of us, whether we work on public health issues or not, must take notice of the world around us, and try to help affect change.

I would also be glad to tell you a little about myself and how I began working on public health and HIV/AIDS issues. I began my work on HIV/AIDS issues in 1988 when I took on the position of Executive Director of AID Atlanta, where we provided health and support services to people living with HIV/AIDS as well as a variety of prevention programs.

From AID Atlanta, I moved to the Carter Center, also in Atlanta, where I served as the Director of Advocacy Programs at the Task Force for Child Survival and Development from 1993-1996. I worked especially hard on international issues, including immunization and the eradication of polio while at the Carter Center.

My last position before I moved to the White House was with the United States Information Agency (USIA), where I served as the Director of Citizen Exchanges. From USIA, President Clinton tapped me to serve as the next (current) director of the Office of National AIDS Policy.

I was born and raised in Georgia and I earned my Bachelor's degree from Mercer University. But more importantly than my education or my experience is my commitment. Whatever you do, be assured that there is always the opportunity for you to make a difference. If you pursue your goal of becoming a physician, remember that you can advocate for public health issues while serving as a doctor (and you bring your medical background as additional influence).

You asked how you can become involved in "this arena of public policy and public health." Know that all it takes is a willingness to try. There are hundreds of organization looking for capable volunteers and staff. If you are looking for phone numbers and contact information for groups like this, I would recommend calling the CDC's National Prevention Information Network at (800) 458-5231. They publish a directory of community based non-profits working

on public health issues that would be a wonderful resource to find organizations you might like to get involved in.

Thank you again for your interest in HIV/AIDS prevention and my work in particular. I hope you will achieve success in whichever career you chose and that you don't lose your desire to help change the world around you.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

write response based on SLT Bio — But write as if it was something that you would want to receive. Very personal, very encouraging.

Look through outgoing '99 files — we did a letter similar to this before —

Kristen A. Gengaro
Yale University
P.O. Box 205005
New Haven, CT 06520
(203)-772-1909
kristen.gengaro@yale.edu

Ms. Sandra Thurman, Director
Office of National AIDS Policy, The White House
736 Jackson Place, N.W.
Washington, D.C. 20503

Dear Ms. Thurman:

Please allow me to introduce myself. My name is Kristen Gengaro, and I will be a senior at Yale University come this fall. On May 24th, I read Steve Sternberg's series in USA Today including "South Africa: Dying Infants Crush Spirit" and his corresponding articles on the AIDS epidemic. As per these articles, I was truly inspired by your work, and immediately wrote to Mr. Sternberg in order to locate your mailing address. I hope you don't mind my persistence! My interest in your work is such: I double major in biology and history of science and medicine here at Yale, and while medical school remains an option after graduation, I have recently become more interested in the realms of public policy and public health. As I face my final year of matriculation, naturally I am looking for a career path that would not only relate to my academic life hitherto, but would also capitalize on my personal strengths and goals. Upon reading Mr. Sternberg's articles highlighting your fight against the AIDS epidemic and your most respectable position in Clinton's administration, as well his riveting excerpt on your first experience holding an infected child, I was enthralled by your work, and absolutely had to write to you. I understand that you are an extremely busy woman, however, if you have a few spare minutes, I would love to hear more about the road on which you traveled prior to your current position. In short, I am interested to know about the educational background that has qualified you for such work, and how an individual like myself could get involved in this arena of public policy and public health. Any information would be greatly appreciated. Thank you in advance for your time, but most of all, thank you for your unrelenting efforts in the fight against AIDS.

Best regards,

Kristen A. Gengaro

Kristen A. Gengaro
Yale University '00

July 1, 1999

Jeff Palmer
Executive Director
Wyoming Positives for Positives
1714 ½ Capitol Avenue
Cheyenne, Wyoming 82001

Dear Mr. Palmer:

Thank you ~~very much~~ for your letter dated June 15, 1999. ~~It is always encouraging to receive support of our work here at the Office of National AIDS Policy~~. I too enjoyed ~~the opportunity to make your acquaintance~~ at the NAPWA supporters dinner ~~What a great meeting!~~ meeting you

I am heartened by your commitment to the fight against HIV/AIDS, in your personal life, and through your work at Wyoming Positives for Positives. Thank you for sending me your publication on HIV/AIDS in your community. It tackles some of the tough issues that are at the crux of the HIV/AIDS epidemic.

My recent trip to sub-Sahara Africa illustrated to me the extent of the epidemic in many 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 the sub-Saharan Africa, to President Clinton. He and Vice President Gore have worked hard to invigorate the response to HIV and AIDS, providing new national leadership, substantially greater resources, and a closer working relationship with affected communities. However, you know as well as I do, that there is much work ahead of us.

~~Again I commend your continued efforts to educate your local community about HIV/AIDS related issues and wish you the best of luck in your future endeavors.~~ Thank you for your passion + continued commitment to fighting this epidemic.

Sincerely

Best wishes to you & your family.

Sandra L. Thurman
Director
Office of National AIDS Policy

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Jeff Palmer to Sandra Thurman re: Wyoming Positives for Positives (Personal) [partial] (1 page)	06/15/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:
Random Letters [3]

2018-0764-F
jm2227

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

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Wyoming Positives For Positives
1714 ½ Capitol Avenue
Cheyenne, Wyoming 82001
307-635-0566 or 800-492-2203
email: pos4pos@wyoming.com
"Supportive Services to the AIDS Community"

June 15, 1999

write letter-
nice Mtg.
you too...

Sandra Thurman
White House Office of AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman,

I was pleased to have met you this past May in Washington at the annual NAPWA supporter's dinner. I wish to thank you for all the work that you do on behalf of HIV infected people around the world. I have long felt that our nation may someday find it necessary to send our 18 year old sons and daughters off to some foreign land to risk their lives as a result of the devastation caused by HIV.

I only can imagine the potential for political instabilities around the world when I think of infection rates around the globe. I pray that your recent trip to Africa and your reports to President Clinton will emphasize the social, political and economic urgencies created by this

(b)(6)

Once again I thank you for your commitment, time, energy and vision. In support of your efforts I also pledge any assistance that I am able.

[001]

Most Sincerely and Respectfully,

Jeff Palmer
Executive Director

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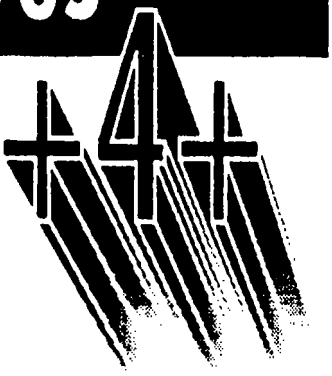
Positives For Positives

A Quarterly Publication to inform the HIV/AIDS Community



ORIGINS OF HIV

By Ben Young, M.D., PhD.

Since the discovery of HIV by American and French scientists in the early 1980's, one of the most puzzling questions was the source of the virus. Some have suggested that the virus had come from some jungle exposure; perhaps the bite of some blood-sucking insect. Others offered a conspiracy theory- that the KGB or the CIA had unleashed the virus in a biological warfare experiment gone astray. Still others suggest that infection with the HIV does not even cause disease in humans. Exhaustive scientific searches have pointed to a source on the African continent, perhaps from non-human primates such as monkeys or apes. Indeed, the closest viral relative to HIV, called Simian immunodeficiency virus (SIV) had been identified in rhesus monkeys. Many believe that HIV infection in humans is a zoonosis, a disease communicable from animals to man under natural conditions. Still, the actual source of the virus remained elusive.

Finding the natural source of HIV would be a difficult puzzle to solve, and would require several facts. First, the virus, or a closely related virus would have to be found in the host animal, and the geographic distribution of the animal should mirror the initial distribution of HIV in humans. The virus in the source would have to have genetic and structural relatedness to the human virus. Lastly, there must be a plausible route of transmission of the virus from the animal host to humans.

Recently, all pieces of the puzzle came together at the 6th Conference on Retroviruses and Opportunistic Infections in Chicago. Dr. Beatrice Hahn and coworkers from the University of Alabama, Birmingham reported on the results of an international effort to identify the natural source of HIV.

Nearly ten years ago, an international search suggested the presence of a HIV-like virus in chimpanzees, called SIVcpzANT (for Antwerp, Belgium). The trail went cold when the detailed genetic road map of SIVcpzANT was compared to the known maps of human HIV. The genetic structure of the SIVcpzANT was similar to but not very related to HIV. SIVcpzANT couldn't be the direct link between chimp and humans.

Then Dr. Hahn stumbled across Marilyn's story. Marilyn was a wild-born chimp that was brought to the United States some years ago. She had been identified in 1985 surveys as the only chimpanzee in the US that had a "positive HIV test". Tragically, she died in childbirth two days before test results were available. Fortunately, an autopsy had saved some of Marilyn's tissue in deep freeze.

Thirteen years after the monkey's death, molecular detectives in Dr. Hahn's laboratory were able to coax a SIV virus (called SIVcpzUS) from Marilyn's long frozen tissues. Analysis of the genetic structure of this virus revealed it to be related to SIVcpzANT. The virus wasn't identical, though. It turned out that Marilyn's virus very closely resembled human HIV.

Had the natural source of HIV been found? A significant argument against a chimp source was the presence of chimpanzees in geographic regions of Africa where AIDS was not initially recognized. How could a chimpanzee virus be transmitted to humans?

Dr. Hahn provided compelling evidence that refuted the geographic argument. Native populations of chimps in Africa are divided genetically and geographically into four subspecies. Indeed, the geographic range of one chimp subspecies called the central black-faced chimpanzee coincided closely with the earliest clusters of AIDS in Africa, namely in the countries of Cameroon, Equatorial Guinea and Gabon- exactly the location where the earliest known samples of HIV were found. Another subspecies, the Eastern Long-haired Chimp was found further east in Zaire.

In their genetic analysis of the two chimp subspecies, it was found that the HIV cousin SIVcpzANT only infected the Eastern Long-haired chimp. By contrast, SIVcpzUS was found only in the Central Black-faced subspecies. That the known SIVcpz viral strains each infect only one subspecies of chimps suggests that each virus-chimp pair co-evolved together, and that wild chimps have been infected withSIVcpz

In This Issue

July 6, 1999

Albert Mutasa
6131 Nkulumane
P.O. Nkulumane
Bulawayo
Zimbabwe

Dear Mr. Mutasa,

Thank you for your letter. I am sorry to learn about the death of your mother and the subsequent hardships you and your family face. ~~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 am sorry to inform you that the Office of National AIDS Policy is not at liberty to provide direct funding to individuals for any reason. While advocating for access to care for all is at the top of my agenda, I can offer you no monetary support. I wish you the best of luck in your search to secure resources to support your family.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

June 30, 1999

Albert Mutasa
6131 Nkulumane
P.O. Nkulumane
Bulawayo
ZIMBABWE

Dear Mr. Mutasa,

Thank you for your letter. I am sorry to learn about the death of your mother and the subsequent hardships you and your family face. 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.

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Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

6151 Nkulumane
P. O. Nkulumane
Bulawayo
Zimbabwe

9 February 1994.

Dear Ms. Thurman

I am sorry for this letter and any inconvinience caused by my letter to you.

I read about you, when you were in Zimbabwe, in the news papers and felt that through you I can get help. I am sorry for this letter but I realy can not help it but ask for help from any one,

I am a young man aged twenty-four. I am employed as a messenger by the Post office My only parent whom I had died two years ago because of aids and left me to look after 7 members of the family.

My brother was admitted at Bulawayo and Gwanda Hospitals for one year. There are three Boys left behind and two girls. I managed to get only up to O' level in my education. I can't afford to go to college as the family can starve also my young brothers and sisters are school going and I need to buy uniforms and pay School fees.

Many items like in Zimbabwe are too expensive and I cant manage to cater for my family.

I am asking for help you can give personally or through friends. I can be grateful if you can help me with old clothes for my family to use as I think it can help me save little to educate my brothers and sisters. There is Amon who is 14 years and Gift 12 years these are boys not counting myself and then Girls are Sithembiles. 8 and Musaweneles. 5 then there is Grand mother who is 67 and my Great Grand mother I dont know her years as she does not know either. Help in cash or kind I will praise the Lord.

I do hereby send you my mother's death certificate and promise to send you my family's photos in my next mail.
I am once again sorry for this letter but I think you are my salvation as I need help.

I am willing to give you any information you need
May God bless you.

Yours in need of help

ALBERT MUTASA

Address

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. form	re: Certificate of death [Personally Identifiable Information] (1 page)	07/09/1997	b(6)

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July 6, 1999

Ivan Masembe
c/o Director of T.A.S.O.
P.O. Box 10443
Kampala, Uganda
East-Africa

Dear Mr. Masembe,

Thank you for your letter and your kind words of support. It was such a pleasure to spend some time in Uganda and with the remarkable people of The AIDS Service Organization.

First, let me express my thanks to you for your work as a volunteer at T.A.S.O. As a former Executive Director of an AIDS organization, I know the critical role volunteers play in serving people living with HIV and AIDS. I admire your dedication. Second, I want to personally congratulate you on your recent admission to the Nkumba University. This is a significant achievement.

I am sorry to inform you that the Office of National AIDS Policy cannot offer direct financial assistance to individuals. I understand the high cost of education and 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. Best of luck in all your future endeavors.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

July 1, 1999

Ivan Masembe
c/o Director of T.A.S.O.
P.O. Box 10443
Kampala, Uganda
East-Africa

Dear Mr. Masembe,

Thank you for your letter and your kind words of support. It was such a pleasure to spend some time in Uganda and with the remarkable people of The AIDS Service Organization.

First, let me express my thanks to you for your work as a volunteer at T.A.S.O. As a former Executive Director of an AIDS organization, I know the critical role volunteers play in serving people living with HIV and AIDS. I admire your dedication. Second, I want to personally congratulate you on your recent admission to the Nkumba University. This is a significant achievement.

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Again, thank you for your letter. Best of luck in all your future endeavors.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

June 1, 1999

Ivan Masembe
c/o Director of T.A.S.O.
P.O. Box 10443
Kampala, Uganda
East-Africa

Dear Mr. Masembe:

Thank you for your letter and your kind words of support. It was a pleasure ~~and privilege~~ to spend some time in Uganda, and with the remarkable people of the AIDS service organizations.

First, let me express my thanks to you for your work as a volunteer at T.A.S.O. As a former Executive Director of an AIDS organization, I know the critical role volunteers play in serving people living with HIV and AIDS. I admire your dedication. Second, I want to personally congratulate you on your recent admission to the Nkumba University. This is a significant achievement.

As you know, the White House Office of AIDS Policy serves as an advocate for people living with HIV and AIDS both here in the United States and around the world. At the request of President Clinton, I visited Africa to gain a better understanding of the global AIDS epidemic and, specifically, its effect on the people of Zambia, Zimbabwe, Uganda, and South Africa. With new information and a broader international understanding this office will continue to work diligently to address HIV prevention, services, and research for all those infected and affected by HIV and AIDS.

I am sorry to inform you that the Office of National AIDS Policy cannot offer direct financial assistance to individuals. I understand the high cost of education and 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. Best of luck in all your future endeavors.

Sincerely,

Sandra L. Thurman

Director
Office of National AIDS Policy

June 1, 1999

Ivan Masembe
c/o Director of T.A.S.O.
P.O. Box 10443
Kampala, Uganda
East-Africa

Dear Mr. Masembe:

Thank you for your letter and your kind words of support. It was a pleasure and privilege ~~to be~~ spend in ~~your country~~ Uganda. Some time

First, let me express my thanks to you for your work as a volunteer at T.A.S.O. As a former Executive Director of an AIDS organization, I know the critical role volunteers play in serving people living with HIV and AIDS. I admire ~~and am thankful for~~ your dedication. Second, I want to personally congratulate you on your recent admission to the Nkumba University. This is a significant achievement.

As you know, the White House Office of AIDS Policy ~~serves~~ was created as an advocate for people living with HIV and AIDS here in the United States and ~~across~~ the world. At the request of President Clinton, I visited Africa to gain a better understanding of the global AIDS epidemic and, specifically, its effect on the people of Zambia, Zimbabwe, Uganda, and South Africa. With new information and a broader international understanding this office will continue to work diligently to address HIV prevention, services, and research for ~~individuals throughout the world~~ all there and their affected by HIV/AIDS.

I am sorry to inform you that ~~neither~~ the Office of National AIDS Policy ~~nor I offer~~ can't direct financial assistance to individuals for any reason. I understand the high cost of education and 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. Best of luck in all ~~of~~ your future endeavors.

Sincerely,

Sandra L. Thurman
~~Executive Director~~ Director
Office of National AIDS Policy

May 13, 1999

Ivan Masembe
c/o Director of T.A.S.O.
P.O. Box 10443
Kampala, Uganda
East-Africa

Dear Mr. Masembe:

Thank you for your letter and your kind words of support. It was a pleasure and privilege to be in your country of Uganda.

First, let me express my thanks to you for your work as a volunteer at T.A.S.O. As a former Executive Director of an AIDS organization, I know the critical role volunteers play in serving people living with HIV and AIDS. I admire and am thankful for your dedication. Second, I want to personally congratulate you on ~~all~~ your recent admission to the Nkumba University. I ~~know that~~ this is a significant achievement ~~in your life~~.

As you know, the White House Office of AIDS Policy serves as an advocate ~~and advisor on policies affecting~~ for persons living with HIV and AIDS here in the United States, ~~but also~~ and across the world. At the request of President Clinton, I visited ~~your country~~ Africa to gain a better understanding ~~of~~ on the global AIDS epidemic and ~~it detrimental effects on the people of Africa~~ specifically. Through that visit new roads of understanding have developed ~~and have enabled us to create~~ better strategies to tackle this global problem. ~~especially its effects~~ on the people of Zambia, Zimbabwe, Uganda, and South Africa.

I am sorry to inform you that the Office of National AIDS Policy ~~does not~~ offer direct financial assistance to individuals. I understand the high cost of education and encourage you to ~~seek pursue other resources to help in this endeavor~~ other sources. Such resources may be financial aid from your school, scholarships from businesses, churches, or foundations, grants, or loans. I hope that this will help you as you seek to look for additional resources.

Please express my greetings and my love to Olivia and Sophia. ~~I wish all of you the very best.~~ Good luck in your future endeavors.

Sincerely,

Best of luck in all of your future endeavors.

Sandra Thurman
Executive Director

RBennett/ Masembe

love to
Oliver
sophia

IVAN NASEMBE
C/O THE DIRECTOR
T.A.S.O
P.O.BOX 10443
FAX 566704
KAMPALA
(U)
EAST-AFRICA.
15TH-04-99

DEAREST
SADRA THALMAN

I was greatly overjoyed by your current just concluded visit to our T.A.S.O centres and the entire T.A.S.O family, we were really blessed and our prayer is that you never stop at that but do come again always. I was further amazed by your willingness to continue the support of T.A.S.O's child welfare scheme for only that cause, may the Lord bless you with blessings you can never be able to count and do hope that he has kept you in good faith.

My good news today is my recent admission to NKUMBA university which is the second best regionally next to Makerere a government owned but the only shortcoming is my lack of funds to see me through my Bachelors of Business Administration course to cover three years.

and half which I was given. Since its a privately owned University, they Charge very high rates because they have to maintain their very good lecturers and facilities hence in the job seeking market graduates from NKUMBA are highly considered because of their firm back ground.

My pleas to you dear SA'DEA THARMAN is to help me financially or otherwise with any thing affordable to you dear so that I may live longer than I had hoped when I join university. its a very difficult task in Uganda to secure funds in Uganda even from people who have the money and when I tried to send out my pleas to them even going to news papers I was given a deaf hear so now my hope lies in you only Dear Tharman.

But as Usual T.A.S.O was there for me though not fully and have decided to offer me £750 in exchange of the voluntary Services I offer but I was advised to look for the rest of the funds else where hence making me very Stuck because I don't know anywhere I can get the money to top up my fees.

Below are the fees Structures to cover the entire

able to open the door to my knock.

The next academic year for the first years is comencing on 21st SEPTEMBER-99 and its only you dear who can make my degree dream come true so that I can manouver through the struggles of a lifetime a little bit easily THARMAN, Stay alive and take care. Hope to hear from you soon.

Yours in NEED

IVAN MASEMBE
VOLUNTEER EMPLOYEE
T.A.S.O HEAD QUARTERS
P.O.BOX 10443
KAMPALA
FAX 566704
PHONE: 567637
UGANDA
EAST-AFRICA.

The photograph shows when I had just completed my S.6 exams and read to go home for the long vacation but until then I have been and will be working in T.A.S.O as a Volunteer

Greetings from OLIVIA and SOPHIA.

Course of Bachelors of Business administration:-

(1) 700,000= tuition fees which is £350 Sterling per term.

(2) 200,000= for accomodation, Stationary and health care which if converted is £100 Sterling per term.

(3) Every year carries two terms hence it totals to:-
1800,000 = per year
£900

(4) The grand total to cover the whole three years BBA course would be:-
5,400,000= which would be £1800 from first year till I graduate.

All that money is subject to being paid termly which is at the beginning of every term or for the capable ones, the whole can be deposited at ounce to the university. But as I stated before its alot of money but since the Lord puts light where there's darkness I know he will enable you not to forsake me when I have reached my peak

Well now I know that I already have £150 Sterling from T.A.S.O, I do pray that the remaining £1650 is willingly able to reach you through faith and by your tender heart you will always be

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. form	re: Report card (Personal) (1 page)	03/00/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:
Random Letters [3]

2018-0764-F
jm2227

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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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)]

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

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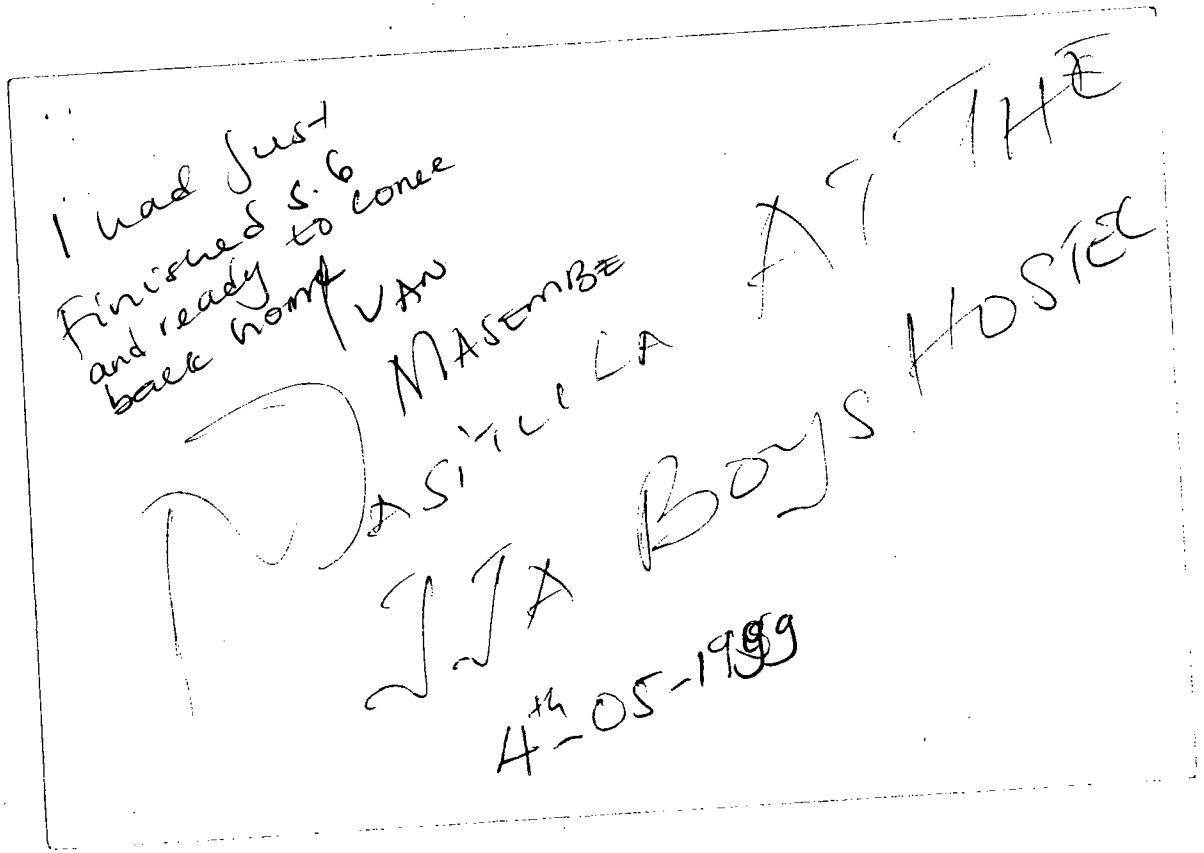
Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

2 pgs


I had just
Finished S.6
and ready to come
back home
MASEMBE
TASILILA
AT THE
JJA BOYS HOSTEL
4th-05-1999

July 6, 1999

Christine Kalule
P.O. Box 22380
Kampala, Uganda

Dear Mrs. Kalule:

Thank you for your letter and your kind words of support. I wanted to take this opportunity to commend you on the strength and courage with which you face HIV and AIDS. My trip to sub-Saharan Africa illustrated to me the extent of the epidemic in your country and many other African countries, and I am owrking to convey the magnitude of the HIV/AIDS crisis, particularly in sub-Saharan Africa, to President Clinton.

I am sorry to inform you that the Office of National AIDS Policy cannot offer direct financial assistance to individuals. Furthermore, we currently do not have employment opportunities in this office. I understand your desire to ensure children the best possible future through education, and I wish you the best of luck in this endeavor.

Again, thank you for your letter. I wish you and your family the very best.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

June 1, 1999

Christine Kalule
P.O. Box 22380
Kampala, Uganda

Dear Mrs. Kalule:

Thank you for your letter and your kind words of support. I was particularly saddened by the devastating impact that HIV/AIDS has had in your life and in your home of Uganda. I commend you on how you have faced pain and disappointment with courage and hope.

As you know, the White House Office of National AIDS Policy serves as an advocate for people living with HIV and AIDS both here in the United States and around the world. At the request of President Clinton, I visited Africa to gain a better understanding of the global AIDS epidemic and, specifically, its effect on the people of Zambia, Zimbabwe, Uganda, and South Africa. With new information and a broader international understanding this office will continue to work diligently to address HIV prevention, services, and research for all those infected and affected by HIV and AIDS.

I am sorry to inform you that the Office of National AIDS Policy cannot offer direct financial assistance to individuals. Furthermore, we currently do not have employment opportunities in this office. I understand your desire to ensure children the best future possible through education, and I wish you the best of luck in this endeavor.

Again, thank you for your letter. I wish you and your family the very best.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

June 1, 1999

Christine Kalule
P.O. Box 22380
Kampala, Uganda

Dear Mrs. Kalule:

Thank you for your letter and your kind words of support. As I ~~read your letter,~~ I was saddened by the devastating impact that HIV/AIDS has had in your life, in your home of Uganda, ~~and across the world~~. I commend you on how you have faced pain and disappointment ~~caused by this disease~~ with courage and hope.

As you know, the White House Office of National AIDS Policy serves as an advocate for people living with HIV and AIDS here in the United States and around the world. At the request of President Clinton, I visited Africa to gain a better understanding of the global AIDS epidemic and, specifically, its effect on the people of Zambia, Zimbabwe, Uganda, and South Africa. With new information and a broader international understanding, this office will continue to work diligently to address HIV prevention, services, and research for ~~individuals throughout the world~~.

I am sorry to inform you that ~~neither~~ the Office of National AIDS Policy ~~nor I~~ offer direct financial assistance to individuals ~~for any reason~~. Furthermore, we currently do not have employment opportunities in this office. I understand your desire to ensure children the best future possible through education, and I wish you the best of luck in this endeavor.

Again, thank you for your letter. I wish you and your family the very best.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

\\NEWOPD\PNA\Reps\RBENNETT\KALULE.DOC

May 3, 1999

Christine Kalule
P.O. Box 22380
Kampala, Uganda

Dear Mrs. Kalule:

Thank you for your letter and your kind words of support. As I read your letter, I ~~am reminded~~ was ~~of the struggles you have had and am~~ saddened by the devastating impact that HIV and AIDS has had in your life, in your home of Uganda, and across the world. I commend you on how you have faced pain and disappointment caused by this disease with courage and hope.

I understand the need that your children have and your desire to ensure them the best future through a solid education. Even though we currently do not have positions available in this office that will meet your financial need, please be assured that this office will continue to work diligently to address HIV prevention, services, and research for individuals throughout the world. The Clinton Administration has done more to fight this disease than any other administration and will continue to do so.

(Insert information on efforts in Africa)
(Insert contact information in Uganda: ref: job)

Again, thank you for your letter. I wish you and your family the very best.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

h:

~~H:~~RBENNETT\KALULE.DOC

Mrs Christine Kalule.
P.O. Box 22380,
KAMPALA - UGANDA.
20th MARCH 1999.

Dear Madam;

How are you? I hope you are alright and that everything is going on well. Thank you so much for the visit! I hope you reached home safely! I am really grateful for all the help you give us through Taso. I was so happy to see you. Remember the old tall woman (14th Feb)!

I have been one of the beneficiaries of Taso. I had four children and three of them died living me with six children. My husband died during the war of Idi Amin.

Taso has been sponsoring two children for Primary Education. They both did the Primary Leaving Examinations and obtained the following as per attached Photo-Copies.

However the biggest problem is that I am becoming old with Hypertension problems. I can no longer do the hardwork I used to do. Taso does not sponsor children after primary. These days with Primary Education alone you can nolonger do anything in future without Secondary Education. I hereby appeal to you for sponsorship of these two in Secondary School. The term has already started but we have failed to raise the funds.

P.T.O.

My only child left has tried so hard to help the family. But with economic conditions here, She cannot do much. She completed her Advanced level and is capable of doing any work. I ask you kindly to assist me by giving her work in your department. She can help the family. She is 40 years old and hard working. If you give her work she will pay for school fees of these children.

I hope to hear from you soon and once again; thank you so much for all the assistance given to us. I pray to the Almighty God to give you good health.

Yours Faithfully.

Mrs Christine Kalule.

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July 6, 1999

Mr. Arthur H. Araali Namara
The AIDS Support Organization
P.O. Box 235
Entebbe, Uganda
East-Africa

Dear Mr. Namara:

Thank you for your letter of April 23, 1999 and for the work you continue to do for all those living with HIV and AIDS. Your dedication and commitment serves as an inspiration to all of us who know the dangers of complacency and passivity. I am confident that together we can make a difference.

I also want to congratulate you on your recent acceptance into Manchester University, UK to study Primary Health Care. I know that this is a significant milestone in your own personal journey and this achievement will provide you with the expertise to help those most in need.

I am sorry to inform you that the Office of National AIDS Policy does not offer direct financial assistance to individuals. I understand the high cost of education and encourage you to seek other resources to help in this endeavor. You might investigate financial aid options your school might offer, as well as resources from businesses, churches, or foundations.

Again, thank you for all of your hard work and dedication. I wish you the very best in all of your future endeavors.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

May 14, 1999

Namara Arthur H. Araali
The AIDS Support Organization
P.O. Box 235
Entebbe, Uganda
East-Africa

Dear Mr. Araali:

Thank you for your letter of April 23, 1999, and for the work you continue to do for all those living with HIV and AIDS. Your dedication and commitment serves as an inspiration to all of us who know the dangers of complacency and passivity. I am confident that together we can make a difference.

I also want to congratulate you on your recent acceptance into Manchester University, UK to study Primary Health Care. This is a significant achievement that will provide you with the expertise to help those most in need.

As you know, the White House Office of National AIDS Policy serves as an advocate for people living with HIV and AIDS both here in the United States and around the world. At the request of President Clinton, I visited Africa to gain a better understanding on the global AIDS epidemic and, specifically, its effect on the people of Zambia, Zimbabwe, Uganda, and South Africa. With new information and a broader international understanding this office will continue to work diligently to address HIV prevention, services, and research for all those infected and affected by HIV and AIDS.

I am sorry to inform you that the Office of National AIDS Policy cannot offer direct financial assistance to individuals. I understand the high cost of education and 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 all your hard work and dedication. I wish you the very best in all your future endeavors.

Sincerely,

Sandra Thurman

Director
Office of National AIDS Policy

May 14, 1999

Namara Arthur H. Araali
The AIDS Support Organization
P.O. Box 235
Entebbe, Uganda
East-Africa

Dear Mr. Araali:

Thank you for your letter, and for ~~all~~ the work you ~~have done and~~ continue to do for ~~people~~ living with HIV and AIDS. ~~I am proud to know people like you who continue to work faithfully on behalf of our families and friends across the world who are affected by this disease.~~ I ~~know~~ am confident that together we can make a difference.

I also want to congratulate you on your recent acceptance into Manchester University, UK, to study Primary Health Care. This is a significant achievement. ~~Such studies will provide the~~ expertise to help ~~people understand that many diseases are preventable~~.

As you know, the White House Office of National AIDS Policy serves as an advocate for people living with HIV and AIDS here in the United States and across the world. At the request of President Clinton, I visited Africa to gain a better understanding on the global AIDS epidemic and, specifically, its effect on the people of Zambia, Zimbabwe, Uganda, and South Africa. With new information and a broader international understanding, this office will continue to work diligently to address HIV prevention, services, and research for ~~individuals throughout the world.~~

I am sorry to inform you that ~~neither~~ the Office of National AIDS Policy ~~nor I offer~~ direct financial assistance to individuals ~~for any reason~~. I understand the high cost of education and 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 all your hard work and dedication. I wish you the very best in your future endeavors.

Sincerely,

Sandra Thurman
~~Executive~~ Director
Office of National AIDS Policy

May 14, 1999

Arthur Namara ?
The AIDS Support Organization
P.O. Box 235
Entebbe, Uganda
East-Africa

Dear Mr. Namara:

Let me begin by saying, thank you all the work you have done and continue to do for people living with HIV and AIDS. I am proud to know people like you continue to work faithfully on behalf of our families and friends across the world who are affect by this disease. I know that together we can make a difference.

I also want to congratulate you on your recent acceptance into Manchester University, UK to study Primary Health Care. I know that this is a significant milestone in your own personal journey and such studies will provide the expertise to help many people to better understand that many diseases are preventable.

As you know, the White House Office of AIDS Policy serves as an advocate and advisor on policies affecting persons living with HIV and AIDS here in the United States, but also across the world. At the request of President Clinton, I visited your country to gain a better understanding on the global AIDS epidemic and it detrimental affects on the people of Africa. Through that visit new roads of understanding have developed and have enabled us to create better strategies to tackle this global problem.

I am sorry to inform you that the Office of National AIDS Policy does not offer direct financial assistance to individuals. I understand the high cost of education and encourage you to seek other resources to help in this endeavor. Such resources may be financial aid from your school, scholarships from businesses, churches, or foundations, grants, or loans. I hope that this will help you as you seek to look for additional resources.

Again, thank you for all your hard work and dedication. I wish you the very best in your future endeavors.

Sincerely,

Sandra Thurman
Executive Director

Let me begin by thanking you for all the ...

I am proud to know people like you who continue to work ...

Rebecca H/ ARAAL;

NAMARA ARTHUR H
THE AIDS SUPPORT ORGANISATION
P. O BOX 235
ENTEBBE
23rd. 04 1999

SANDRA THURMAN
WHITE HOUSE
AIDS POLICY OFFICE DIRECTOR
U.S.A

Dear Madam,

RE: REQUEST FOR FINANCIAL ASSISTANCE

I humbly request for financial assistance to attend an Advanced Diploma Course in Primary Health Care (PHC) at Manchester University UK. I was accepted to start on 22nd September 1998 but in Order to seek for funding, I requested to be transfered to the next academic year 1999.

I am an HIV/AIDS Counsellor and a Clerk to a Biomedicae research by Medical Research Council at TASO Entebbe. I educate HIV positive Clients and The Community On Health preventive measures.
For the past Six years that I have worked in TASO, I have discovered that One of the major Causes of disease in People living with HIV is Lack of knowledge on how to prevent diseases.
Majority of them Suffer from preventable ailments Such as Mulnutrition, Malaria, Diarheal diseases, TB among Others.

By Undertaking this Course, I hope to acquire Skills and Knowledge to Combine with my practical Experience to make my Service more effective to people living with HIV in their Communities.

The cost of the Course is : Tuition fees £ 6,600, Living Expenses £ 6,786 (Manchester estimated cost) and an Air ticket £ 800. Total cost is £ 14,186

Here attached is a copy of my acceptance letter from Manchester University, Cost of the Course Information and my Curriculum Vitae.

In anticipation for your favourable Consideration I wish to remain yours faithfully

NAMARA ARTHUR H.A

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

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CURRICULUM VITAE

NAME : **NAMARA ARTHUR H. ARAALI**

DATE OF BIRTH : (b)(6)

[005]

ADDRESS : **P.O BOX ~~875~~** 235
ENTEBBE.

SPECIAL SKILLS: **COUNSELLING IN HIV/AIDS**

WORK EXPERIENCE:

1994 TODATE
Pneumococcal Vaccine Study Clerk- MRC/TASO

Duties

- Co-ordinating field work activities
-Identifying and obtaining informed consent from Clients willing to take part in the study
- Educating Clients about the study
- Counselling both at TASO centre and in the Community
- Identifying very sick clients for the Doctor's attention
- Identifying TB drug defaulters
- Home Visiting Clients
- Giving Health talks to Clients
- Keeping study records
- Giving Clients study appointments

1992-1994
Clerk TASO

- Receiving and registering TASO clients
- Directing Clients to counsellors
- Keeping clients records.

PRIMARY HEALTH CARE EXPERIENCE

The AIDS Support Organisation (TASO) is a unique organisation providing Primary Health Care to people with HIV in the Community. I have been involved in giving nutritional and Health related information to people infected and affected by HIV. Our work is also implemented in Communities where people living with HIV stay. I train community members in peer support and teach the community in the use of Drama to educate the public.
This is particularly directed to those who are HIV negative encouraging them to be tested and stay safe.Caring for the sick in the community by supporting relatives and neighbours is one of the important aspects of my work since 1992.

RESEARCH EXPERIENCE:

For the last four years, I have been in charge of providing Education about and prevention of chest infections amongst TASO Entebbe Clients who were later recruited into the Pneumococcal Vaccine Trial Project. The study was a placebo controlled vaccine Trial to prevent chest infections in HIV infected Adults.

As a member of a team of Researchers for four years, I have gained a wealth of experience as a Clerk to a Biomedical research.

ASSOCIATIONS:

Life Member- Uganda Red Cross
Member- TASO (U) Ltd

EDUCATION:

1985-1989	Uganda Certificate of Education

COURSES:

1998 June- 1998 Dec.	Counselling in HIV/AIDS
1997June - 1998 April	Diploma in Project Planning and Management
August- Sept 1995	Community Policing
Nov - December 1995	Office and Accounts Clerks Cource
March - June 1994	Computer course

OTHER RESPONSIBILITIES

Chairman TASO Entebbe Emergency Bag - To help members in case of loss of a family member or any problem

REFEREES:

Dr. Dick Antvelink
Vice Chairman
TASO Board of Trustees
P.o box 235
ENTEBBE

Dr. Eric Lugada
Medical Research Council
P.o box 49
ENTEBBE

Dr. Niel French
Project Leader
Pneumococcal Vaccine Trial Project
Liverpool school of Tropical Medicine
Pembroke Place L
Liverpool L3 5QA UK.

Faculty of Education

Postgraduate Admissions Office

The University of Manchester, Oxford Road, Manchester M13 9PL
Telephone 0161 275 3463 Fax 0161 275 3528

THE UNIVERSITY
of MANCHESTER

Reference: EDU/JP/98-903918-5

12th November 1998

Mr Arthur Namara
c/o The AIDS Support Organizatin
PO box 235
Entebbe
UGANDA

Dear Mr Namara

Diploma in Advanced Study in Education for Primary Health Care
Full-time course commencing 20 September 1999

I am pleased to inform you that your qualifications have been approved for admission to the above course, and the offer of a place has been transferred from **September 1998 to September 1999**.

You will have to register as a student for this course on entry to the University. **Please keep this letter carefully and bring it with you when you register at the beginning of your course**. If you need to apply for a visa to enter the U.K. this letter constitutes proof that you have been accepted. Candidates from overseas are advised to arrive in Manchester at least four days before the course commences.

Please complete and return the **enclosed acceptance form** to me. I need to have this information as soon as possible so that I know how many students will register. Intending full-time students should note that the offer of a place is also subject to your being able to provide evidence of adequate financial support. If you are awaiting confirmation of a grant/scholarship but still intend to take up the place offered to you please make this clear on the form and send a separate letter or form of guarantee to me as soon as your financial arrangements are confirmed. Details of registration arrangements and any other joining instructions will be sent before registration to the address you give on the acceptance form.

I look forward to meeting you at registration and hope that you will enjoy your studies in the School. Please do not hesitate to get in touch with me if you have any problems.

Yours sincerely

C.R. Wedlock

p.p. **JO PEERS**
Secretary to the Faculty of Education

The following gives you a guide to the costs of following a course at the University of Manchester for a full year. The living expenses set out below are based on prices known at September 1997 together with an allowance for expected inflation. The total estimate should be used for 1998-99 only; any estimates for subsequent years will need to take account of future inflation and UK Government policy on tuition fees.

TUITION FEES

The level of tuition fees for undergraduate and postgraduate students from overseas for the session 1998-99 is as follows:-

Arts courses (those courses which do not involve significant laboratory or workshop or studio based activities[+]	£6,600
Science courses (laboratory and studio based courses[•]	£8,750
Clinical courses in Medicine and Dentistry[•]	£16,000

[+] Prospective students should ensure that they ascertain in advance into which category the course they wish to follow falls. Information may be obtained from the Tuition Fees Office in the Office of the Director of Finance. There are other courses within the University which attract fees different from these standard fees above.

[•] If a Department provides research training of a specialist nature involving additional expenditure on materials and/or equipment a supplementary fee may be charged. Details are available from the Department concerned.

Please note carefully that fees are due in full at the time of registration. All students must therefore ensure that, at the time of registration for their course, they can

either (i) pay their fees in full[•]

or (ii) produce an original formal document from a grant awarding body/sponsor/employer or official agency, (eg Bank, London-based Embassy) which satisfies the University Authorities that fees will be paid in full by that funding body or agency.

[•] Full-time self-financing students are permitted to pay their course fees in three equal instalments, payable on set dates. Students choosing to pay by this instalment arrangement will be required to pay an administration charge of 3.5% of the total fee due. This administration charge will be payable in full, together with the first instalment at the time of registration for the course.

Full-time students whose fees are not paid by the due dates will incur a levy of £15, increasing to £50 after one month, if the instalment still remains unpaid.

If you need to make formal arrangements for the transfer of funds to the United Kingdom, (such as exchange control permission) to provide financial support for your course, you must ensure that those arrangements are begun in good time so that they are completed in time for fees to be paid in full at the time of registration or, if self-financing, by equal instalments.

Field courses, placements, teaching practice
Certain courses have special requirements which entail additional expenditure by the student. Students are advised to obtain, where appropriate, an estimate of such costs from the Department concerned.

Typing and Binding of Theses (Graduate Students)
The cost of typing and binding a thesis will probably range between £350 and £500 at current rates depending on subject matter and length.

Intensive English Language Courses
The University provides intensive English Language courses through its English Language Teaching Unit in the Department of Educational Studies (from which further information may be obtained) at the following fees:-

June 22nd	-	Sept 11th, 1998	(12 weeks):	£1,800
July 20th	-	Sept 11th, 1998	(8 weeks):	£1,200
August 12th	-	Sept 11th, 1998	(4½ weeks):	£ 675

LIVING EXPENSES

		£
(a)	Board and lodging during semesters	2,041
(b)	Vacation Residence - costs are much the same as those during semesters	1,825
(c)	Lunches daily	918
(d)	Books	299
(e)	Clothes (including provision or warm clothing and footwear)	377
(f)	Laundry - use of launderette facilities	128
(g)	Travel in the United Kingdom (including to and from the University)	599
(h)	Other incidental expenses	599
	TOTAL	**6,786**

NOTES ON LIVING EXPENSES

The estimate is based on average expenditure of a student in a full-time course who remains in the United Kingdom during vacations. Some students may wish to vary their expenditure under the groupings given but major economies are not likely to be possible if you are to be adequately clothed and fed. Expenditure will obviously be increased if dependants accompany a student and this will have implications for accommodation too; information should be sought at an early stage.

(a) **Board and Lodging during Semesters**
This figure is an average figure based on charges for University halls (and includes breakfast and an evening meal). The overall cost of living in a self-catering residence (where you cook your own meals) will be similar. All first year single undergraduates are able to be housed in University residences. The cost of accommodation and food elsewhere in the Manchester area, such as would be suitable for a student's needs, will vary little from this. Do not assume that you will be able to manage on a smaller amount.

(c) **Lunches**
All students, including those in halls of residence, should make an allowance for mid-day meals. Prices are based on catering facilities offered in the University Refectory, and provide for light meals only.

(e) **Clothes** (including the provision of warm clothing and footwear, repairs, cleaning, etc.)
Students coming from warm climates are advised to buy their warm clothing in the United Kingdom where it is probably more easily obtainable and cheaper than at home. The cost of clothing in subsequent years should be less than this.

MEDICAL CARE

Students following a course of study which is longer than six months are entitled to free, necessary treatment on the National Health Service. This applies also to spouses and children of students. If the course is less than six months free National Health Service treatment is not available and the student must take steps to ensure that he/she and his/her family are covered by adequate medical insurance.

STUDENTS FROM NORTH AMERICA

Students from North America may wish to note that for the purpose of US and Canadian government student loans the title 'The Victoria University of Manchester' and the references 012136 (US student loans) and PUBO (Canadian student loans) should be quoted.

ASSESSMENT OF TUITION FEES TO BE CHARGED TO STUDENTS

All applicants for places on undergraduate or postgraduate courses at the University of Manchester are classified in terms of their tuition fees status in accordance with the provisions of the Education Fees and Awards Regulations. Overseas students are liable to the full economic fee for the course (ie Overseas tuition fees), but a lower tuition fee is chargeable to candidates who would be classified as 'home' or 'excepted' students according to the definitions in the Fees and Awards Regulations.

1. Definition of a 'Home' Student

A 'home' student for tuition fee purposes is defined as a person who has a 'relevant connection' with the United Kingdom. A student has a relevant connection with the United Kingdom if:-

(a) he/she has been 'ordinarily resident' throughout the three year period preceding 1st September, 1st January or 1st April closest to the beginning of the first term of the student's course *and*

(b) he/she has not been resident therein, during any part of that three year period, wholly or mainly for the purposes of receiving full-time education.

(c) and must also be settled, i.e. have no restrictions in their passport.

2. Excepted Students

The following shall be regarded as excepted students:

(a) A national, or the son or daughter of a national, of a member state of the European Union who has been 'ordinarily resident' throughout the three year period referred to in 1(a) above provided that he/she has not been resident therein during any part of that three year period wholly or mainly for the purpose of receiving full-time education.

(b) A refugee 'ordinarily resident' in the United Kingdom who has not ceased to be so 'ordinarily resident' since he/she was recognised as a refugee or was granted asylum, and the spouse, son or daughter of such a refugee.

(c) A person who:-

(i) at the date referred to in 1(a) above is settled in the United Kingdom *and*

(ii) neither had the right of abode in the United Kingdom nor was settled therein at, or at a time before, the beginning of the three year period so referred to.

(Note: References in this paragraph to a person having the right of abode in the United Kingdom or being settled therein have the same meanings as the Immigration Act 1971 [amended by Section 69 of the British Nationality Act]).

(d) A person who:-

(i) has not been 'ordinarily resident' throughout the three year period referred to in 1(a) above in the United Kingdom *or*

(ii) being a national of a member state of the European Union or the son/daughter of such a national has not been so 'ordinarily resident' in the European Union,

only because he/she, his/her parents or his/her spouse were temporarily employed outside the United Kingdom or European Union.

The European Union for the purposes of residential status comprises of the following:-

The United Kingdom and Gibraltar, Belgium, Denmark (excluding Greenland and Faroe Islands, The Federal Republic of Germany, Austria, Finland, Sweden, France (excluding the overseas departments of Guadeloupe, Martinique, French Guiana and Reunion), Greece, Italy, Luxembourg, The Netherlands, The Republic of Ireland, Spain (including Ceuta, Melilla, the Balearics and the Canaries), and Portugal (including Madeira and the Azores, but excluding Macao).

THE UNIVERSITY
of MANCHESTER

THE COST OF A COURSE

(Information for Non EU Students)

ACADEMIC YEAR 1998-99

This leaflet gives an estimate of the cost of a course in The University of Manchester. Please read it carefully and ensure at the outset that you have enough money to complete your course. The University knows the financial problems which face students as the costs of living and of courses rise. It is concerned that some students are not always able to complete their courses because of financial difficulties. The University cannot provide financial assistance to those who get into difficulties. If you accept a place on a course you will be required to sign a guarantee that you have sufficient funds at your disposal. The University attaches considerable importance to these assurances.

Financial Guarantee Declaration - Cost of a course
(To be completed by overseas students)

I hereby declare that:

a) I have at my disposal the financial support to enable me to meet all the costs of my course at the University of Manchester, which include tuition, accommodation fees and all living expenses.

b) I understand that at the time of registration I must be able either,

i) to pay any tuition fees in full, or if self-financing, by three equal instalments subject to a 3.5% administration charge to be paid with the first instalment of fees at registration.

OR

ii) to produce an original sponsorship letter for the academic year in which you are to register which guarantees to the satisfaction of the University that tuition fees will be paid in full, on receipt of an invoice. The University reserves the right not to accept a sponsorship letter that does not fulfil the above criteria.

PROPOSED COURSE

(a) Name of student .....

(b) Course .....

(c) Starting date of course .....

FUNDING

a) Name of sponsor \ organisation \ person responsible for the payment of tuition fees

.....
Address .....
Phone \ Fax No: .....

b) Name of sponsor \ organisation \ person responsible for the payment of accommodation

.....
Address .....
Phone \ Fax No: .....

c) Name of sponsor \ organisation \ person responsible for the payment of living expenses

.....
Address .....
Phone \ Fax No: .....

I hereby declare that the above statement is a true record of my financial support and ability to pay all my expenses for the cost of my course and stay at the University of Manchester.

Signed: ..... Date: .....

July 6, 1999

Scyrus Hebert
#05631-078
P.O. Box 1000
Lewisburg, PA
17837

Dear Mr. Hebert:

Thank you for your kind letter. It was a pleasure to receive such encouraging words of support. My recent trip to sub-Saharan Africa, reported on in the recent *USA Today* article that you read, illustrated to me the extent of the epidemic in many 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 to President Clinton.

Fighting on the front lines of the AIDS epidemic has not been easy and it continues to be a difficult journey. It is because of people such as yourself -- who perceive the extent of the HIV/AIDS epidemic worldwide -- that we will reach the end.

Thank you again for your support. I encourage you to join the fight against HIV/AIDS and wish you the best of luck in all of your future endeavors.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

5-29-99

Dear Ms. Thurman,

My name is Scyrus Hebert. Recently, while reading the 'USA Today', I ran across an article named:"Time Bomb Ticks South of Sahara". Needess to say, I was shocked at the numbers of those diagnosed with HIV/AIDS, and those calculated to perish in the near future. Certainly, your job is difficult, having to work on a budget, which may not fully help to effectuate measurable progress. I commend your efforts greatly. I also realize that the 'socio-egalitarian' battle now being fought could certainly benefit from more driven, goal oriented, and morally upright people, such as yourself.

Sometimes we as individuals go through life with visual, as well as mental 'blinders' on, disallowing a clear perception of the plights occurring around us. Sometimes we make foolish decisions, oblivious to the ideal of doing what is right. Some survive, but many suffer from their ignorance, while others by their own petard. It is quite saddening to have to view these realities of death and dispair, yet not be able to offer a quick fix solution. One thing is certain: "The problem will not fix itself". What is required are dedicated servants of the universal 'just cause', to hold fairness, equality, justice, and positive interactive civility above ego, greed, and ambivalence induced neutrality.

So Sandra, keep fighting the fight. Always know that you have at least one fan, me. Please don't let the political roadblocks thwart the potential within you to complete the desired effect of progress towards the goal: **Awareness, Prevention, and Cures.** Also, please vigorously encourage your colleagues from time to time, so they won't lose focus and stagnate. We all need a 'pat' on the back every now and then. **SO DO YOU!** Keep up the good work. Bye!

P.S. If I can offer any help, in the area of ideas, let me know.

(Sȳ–russ)(Hee–burt)
Scyrus Hebert #05631-078
P.O. Box 1000
Lewisburg, PA. 17837

Sincerely,

Scyrus Hebert

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006a. letter	Sandra Thurman to Individual living with HIV re: HIV related discrimination (Personal) [partial] (1 page)	07/09/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:
Random Letters [3]

2018-0764-F
jm2227

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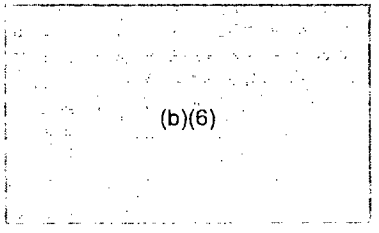
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9)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

July 9, 1999



[0069]

I am sorry to hear about the problems you have faced relating to your partener's alleged discharge from the Port of Portland due to alleged HIV related discrimination.

Providing to equal opportunity civil rights for people with AIDS has been a top priority of this administration. We are working hard to bring about legislation that would prohibit discrimination, and foster an environment of compassion and tolerance for people with HIV/AIDS. However, our office is unable to provide monetary support to individual cases relating to HIV discrimination, as the focus of the Office of National AIDS Policy is on policy development and advocacy.

I wish the best of luck in your pusuit of other avenues of compensation. It is my hope that your efforts bring you a posative outcome in this matter.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006b. envelope	re: Individual living with HIV (Personal) (1 page)	03/25/1999	b(6)

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National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:
Random Letters [3]

2018-0764-F
jm2227

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I have written down in journal form all of the past events, and have the documentation to support this letter. I am looking for someone to help us share our story. It is, after all, the "Philadelphia" of the 90's, except we did not win, we're still alive, and ***this*** story is true.

Approximately 20 months ago my partner was discharged from a temporary position which he had been working at for quite a while, approximately 18 months. He was made to apply twice, (for the job that he had been doing), for a permanent position, (as they said they didn't have enough applications the first time). He had previously disclosed his HIV+ status to his supervisor and a few co-workers, who told their supervisors, it then became common knowledge.

His immediate supervisor and office co-workers supported him and encouraged him to apply for the full time permanent position, but the guys upstairs did not. This second application was rejected by them, (they had, after all, decided before both of his interviews not to hire him). At first they said they had hired someone else, (which they had not), then they said he wasn't qualified, and had poor computer skills, (he had taught his supervisors how to use many facets of the computers in the office) then it was that he had poor customer service skills (which was untrue), after they found the two new employees, he was then made to train his replacements, (not qualified???). We filed complaints alleging HIV Discrimination, (under the ADA), Sexual Orientation Discrimination, Whistle Blowing (to the FAA, he worked at the local International Airport), among others.

Throughout the depositions it became very clear that the defendants (the airport) were engaging in witness tampering, lies, payoffs, destruction of evidence and they also did a complete character assassination of us, (only the latter was allowed to be heard by the jury).

Although we had a great legal team, we lost in Civil Court. The jury never did answer the question of HIV discrimination, the first question on the verdict form was a yes or no question (i.e. was he qualified for the job?), if they answered No, then they did not have to proceed and find in favor of the defendants, (which they did).

The judge took it upon himself to rule on the Sexual Orientation issue, and his ruling was in favor of the defendants.

And while all of this as going on my partner's biological mother, with whom he has had an estranged relationship for many years, and who was also aware of his HIV+ status, upon hearing of the lawsuit, tried to get a life insurance policy, that would pay off one million dollars if my partner died before age 56 (he's 34 now).

We are now in debt to the point of possibly losing our home, the utilities may be shut off and we owe huge legal fees, we have tapped out our financial assistance at our local AIDS Project.

We do not have the large bank roll that the defendants do to continue the battle, but we do feel strongly about the HIV discrimination issues, after all, the drugs are keeping us alive longer and discrimination (especially HIV) will continue to need to be addressed in the workplace.

Our friends and close family members continue to support us emotionally and can't believe the outcome of our suit, they are as shocked as we and our attorneys are.

There are many more details that I have not included in this letter, but would be willing to disclose them.

If you know of anyone who would be willing to take a closer look at our story, please feel free to contact us , "we refuse to go quietly into that good night."

Our address and telephone number are as follows:

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006c. letter	Individual living with HIV re: HIV related discrimination to Sandra Thurman (Personal) (1 page)	00/00/0000	b(6)

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Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

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Random Letters [3]

2018-0764-F
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RESTRICTION CODES

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

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

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006d. letter	Circuit court judge to Legal team re: Trial counsel and AIDS discrimination (3 pages)	03/16/1999	b(6)

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Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:
Random Letters [3]

2018-0764-F
jm2227

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