FOIA Number: 2018-0756-F

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Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3769

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April Chron Files 1994 [3]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Proposed Budget; [Personal] (Partial) (1 page)	04/12/1994	b(6)
002. letter	To: Kristine Gebbie; re: Failure to Increase AIDS Funding; [Personal] (Partial) (1 page)	03/28/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
April Chron Files 1994 [3]

2018-0756-F
jp4818

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Ms. Pamela Gonzales
1421 North Benton Way
Los Angeles, California 90026

Dear Ms. Gonzales:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Kristine Gebbie, RN
National AIDS Policy Coordinator
the White House
1600 Pennsylvania Avenue
Washington D.C. 20500

Dear Ms. Gebbie:

I need to know that this administration will keep its promises... I voted for President Clinton because I thought that he understood all the implications that AIDS has for humanity. I thought that he would take AIDS seriously. What have you done? I know it is not enough.

You can tell Mr. Clinton that I can no longer vote for anyone in good faith. This is not easy for me to say, I have always voted. I have always believed in the political process. I don't anymore. I don't really know why I am writing except to tell you that. I can not believe that there was no increase in AIDS funding for prevention or housings.

I am not angry because I am too tired and disappointed. How many more friends do I have to see get sick and die?

Sincerely,

Pamela Gonzales

Pamela Gonzales
1421 North Benton Way
Los Angeles, CA 90026

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Mr. Jon Cherney
Broadcast Production Coordinator
Beverly Hills High School
5816 West Lindenhurst Avenue
Los Angeles, California 90036

Dear Mr. Cherney:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

JON CHERNEY
5816 West Lindenhurst Avenue
Los Angeles, CA 90036
(213)939-1252

March 24, 1994

Ms. Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Ms. Gebbie:

Although I am very pleased that Bill Clinton was elected to the Presidency, I am very displeased with his *failure* to increase AIDS funding in prevention and housing.

$156 million in new money is needed this year to just keep pace with the growing need for affordable living that keeps people with AIDS both healthy and productive. The President's budget also doesn't include any increases in funding for HIV Prevention at the Centers for Disease Control. To flat fund the CDC's HIV Prevention effort at this time is unthinkable and will be extremely costly in the long run. $95 million in new money is needed this year for HIV Prevention.

I urge you to redirect the President's efforts in the fight against AIDS.

With all good wishes,

JON CHERNEY
Broadcast Production Coordinator
Beverly Hills High School

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Ms. Norma J. Smith
3723 Yuba River Drive
Ontario, California 91761

Dear Ms. Smith:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Norma J. Smith
3723 Yuba River Drive
Ontario, CA 91761

March 23, 1994

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Gebbie:

I am a resident of San Bernardino County, California and an employee of Los Angeles County Department of Health Services. I have been involved in AIDS issues for the last five years. Los Angeles County has the second highest number of AIDS cases in the United States. We need to make every effort to stop the spread of HIV/AIDS now.

The President's budget for Fiscal Year 1995 falls far short of the money we need to mount an all-out war on AIDS. No new money was recommended for AIDS Prevention or Housing.

Until we have a cure, all we have is Prevention. It is absurd to not fully fund the Centers for Disease Control's HIV Prevention efforts while the number of AIDS cases continues to climb. An extra $95 million over last year's budget is needed to help control the spread of HIV this year. Without this extra money, even more people will become infected, disabled and die unnecessarily.

In addition, 10 new US areas will qualify for 1995 AIDS housing grants through the AIDS Housing Opportunities Act (AHOA). Yet, the President's budget allocates no money for these areas to provide safe, low-income housing for people with AIDS. An additional $156 million is needed to meet the current need.

Sincerely,

Norma J. Smith

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Linda J. Gallentine
Rt. 2, Box 166R
Nixa, MO 65714

Dear Ms. Gallentine:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Valerie Holmes, RN
4509 Golf Park Drive
Lynchburg, VA 24502

Dear Ms. Holmes:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Debbie Cunningham, RN
3526 E. Linwood
Springfield, MO 65809

Dear Ms. Cunningham:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

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Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Nancy Holley, RN
14 Deb Ellen Drive
Rochester, NY 14624

Dear Ms. Holley:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

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Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Dale L. Layne, RN
1012 Wedgewood Road
Lexington, KY 40514

Dear Mr. Layne:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Jeri Doster
1220 Blossom Road
Colon, MI 49040

Dear Jeri Doster:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

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Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

G. Baxter, RN
7118 Old Hay School Road
Dallas, GA 30132

Dear Ms. Baxter:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

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Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Vickie L. Schultz, RN
303 E. Chestnut
Flat Rock, IL 62427

Dear Ms. Schultz:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Mr. Andy Cohen
Apartment 108
633 South Barrington Avenue
Los Angeles, California 90049

Dear Mr. Cohen:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

April 4, 1994

Ms. Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Ms. Gebbie:

One of the reasons I voted for President Clinton is because of his firm commitment to fight against AIDS. I am extremely disappointed with the President's failure to increase funding in AIDS prevention and housing, and I have let my congressional representatives know.

Along with the administration's stated commitment to reforming the healthcare system, I believe this should be the President's top priority. As you know, the President's budget includes absolutely no increase in funding for HIV Prevention at the Centers for Disease Control. To flat fund the CDC's HIV Prevention efforts at this time is unthinkable and will be extremely costly in the long run. Ninety-five million dollars in new money is needed this year for HIV Prevention.

In addition, the President's budget includes absolutely no increase in funding for the AIDS Housing Opportunities Act (AHOA). One hundred and fifty six million dollars in new money is needed this year to just keep pace with the growing need for affordable living that keeps people with AIDS both healthy and productive.

I trust you will give your immediate attention to this urgent matter.

Sincerely,

Andy Cohen

Andy Cohen
633 S. Barrington Ave. #108
Los Angeles, CA 90049

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable William J. Perry
Secretary of Defense
The Pentagon
Washington, DC 20301-1000

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable William J. Perry
Secretary of Defense
The Pentagon
Washington, D.C. 20301

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for each agency within your Department:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Agencies may respond individually. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your Department. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Richard Marlink, M.D.
Executive Director
Harvard AIDS Institute
8 Story Street
Cambridge, Massachusetts 02138

Dear Dr. Marlink:

Thank you for sending the latest draft of the "FDAR: The Madison Project" report.

When the proposals are finalized, I would like to suggest that they be sent for review to the National Task Force on AIDS Drug Development, chaired by Dr. Philip R. Lee, Assistant Secretary of Health in the Department of Health and Human Services, and to Dr. William Paul, Director of the Office of AIDS Research at the National Institutes of Health (NIH).

I understand that you are now in the final stages of revising the draft recommendations. Therefore, I would like to offer some specific commentary for your consideration.

1. Collaborated and Coordinated Effort for Development of HIV Therapeutics

a) Independent Scientific Task Force

Commentary: I think that this section should be updated, given the formation of the National Task Force on AIDS Drug Development and the expanded mission of the NIH Office of AIDS Research.

It would be helpful if the group could specify what, in your view, the "Independent Scientific Task Force" would bring to the current research effort that could not be provided through existing mechanisms.

Although I think we have to question whether a forum separate from the NIH is needed, I am particularly interested in the related proposal (under item #3) for the establishment of ongoing "Think Tanks."

I wonder whether it would be helpful to bring together diverse, multi-disciplinary scientists in independent forums to deliberate the different challenging questions of AIDS research, and to recommend possible new avenues of inquiry to the scientific community at large. I think the models provided by the Institute of Medicine, the Keystone workshops, the Pediatric AIDS Foundation's "Ariel Project," and Project Inform's "Project Immune Restoration" could be studied in developing this idea.

b) The encouragement and expansion of the existing Inter-Company Collaboration

Commentary: The ICC is an excellent example of the kind of cooperation we need to more effectively utilize private sector resources to fight the epidemic.

Some of the problem areas identified in this section, including technology transfer and patent rights issues, are of particular concern to me. It is important that we encourage collaborations between the private and public sectors, and protect incentives to companies for innovation and investment in AIDS drug development. We have to balance all the interests of people living with HIV/AIDS as health care consumers, and also as people with a life-threatening disease. I am confident that the National Task Force on AIDS Drug Development will closely scrutinize these issues.

2. Information Technology Highways for AIDS Research

Commentary: I encourage you to work with the NIH Office of AIDS Research to explore this. I certainly agree that research databases should be as complete and as accessible to all researchers as possible, using the latest technologies.

However, it is not clear to me whether all researchers in industry and academia are fully aware of systems that are currently available, or whether they are sufficiently trained in the use of these systems. It has been suggested that a needs assessment should be conducted in this area, and I would be interested in the group's response to this idea.

3. Multi-disciplinary Training to Facilitate Future Discovery

Commentary: I agree that it is critical that we foster cross-disciplinary thinking between researchers working specifically in AIDS and those working in different or broader fields. Strong support for multi-disciplinary training programs and funding for young investigators will be key to this over the long term.

4. Small-Money, Fast-Response Grants

Commentary: I believe that the Office of AIDS Research should take a careful look at this proposal, which I think could help to foster innovation, particularly for young investigators.

5. Specimen and Data Repositories

Commentary: While these proposals seem to make a lot of sense, I have not seen a consensus emerge on the scope of or appropriate response to this problem. This is also one to work on with the Office of AIDS Research.

6. A Pilot Program: The Accelerated AIDS Research Initiative

Commentary: As you know, there has been a good deal of discussion around this proposed new research initiative since the last meeting in Wellesley.

Over the last several months, I have sought to bring some definition to what people call the "Manhattan Project" for AIDS research. As uncomfortable as the terminology makes me personally, I believe we cannot shy away from evaluating the different interpretations of this concept as it applies to AIDS.

I have listened to many diverse points of view on this subject. I have come to the conclusion that we must first begin to regard the entire Federal and private AIDS research enterprise, in the United States and abroad, as the "Manhattan Project" for AIDS research. Second, we have to go about the business of making this huge enterprise work to its maximum potential.

If our goal is to find effective therapies and vaccines for HIV/AIDS, all our energies need to be focused on taking a hard look at the big picture. What are the real obstacles and opportunities in the whole AIDS research enterprise, and what can be done about them? What can we do to make the whole thing work better, leaner, meaner, and faster?

I don't know that we need to turn the whole thing on it's head, or that we should try to remove what somebody decides is good and important from the whole and put it in one physical place or under new management. I have heard from many scientists and activists alike that these could be dangerous moves. I think it is now important that we acknowledge that, and move on to work out some solutions that we can agree on.

We need to fix what we have by enhancing communication, coordination, and collaboration in a way that fosters new ideas and makes sure that we don't miss the boat altogether.

We have to recognize that several significant steps have been taken on this path in recent months: the revitalized NIH Office of AIDS Research, significant increases to the Federal research budget, the National Task Force on AIDS Drug Development, the Inter-Company Collaboration for AIDS Drug Development, the Madison Project, and many other initiatives of the administration and the private sector.

There are a number of projects in the NIH and in the private sector which share many of the qualities with this proposed "Accelerated AIDS Research Initiative." The SPIRATS program at the National Institute of Allergy and Infectious Diseases is one interesting example. The Advanced Technology Program of the National Institute of Science and Technology (Department of Commerce) also has a growing program and structure which could be explored for its adaptability to AIDS research.

We need many focused, complementary AIDS research initiatives, not just one. However, any new projects must be closely coordinated with existing programs, and supported by the scientific community itself. The NIH Office of AIDS Research with its strengthened planning role and the National Task Force on AIDS Drug Development are excellent sources for both ideas and methods to pursue them. I trust that they will carefully and fairly evaluate this and related proposals for their potential value in bringing us answers faster.

7. Funding New Efforts Without Sacrificing Existing Research

Commentary: I think the most important thing we can do is to make sure that the money we do spend is well spent, and that it is managed efficiently.

I believe that this process of evaluation is well underway at the NIH, and we are working to broaden this to research programs throughout the Federal government.

Our ultimate goal for AIDS research funding should be to eliminate all inefficiency and unnecessary duplication, while taking advantage of all promising scientific opportunities.

I hope that all private sector efforts can be brought into close coordination with each other and with the Federal government to accomplish this goal.

It has been a pleasure for me and my staff to participate in the deliberations of the "Madison Project", which has brought together some of the best and brightest thinkers on the issues we are addressing. In particular, I want to congratulate the Harvard AIDS Institute, Project Inform, and the University of Wisconsin at Madison Medical School for taking this on, and keeping the debate moving in a spirited and constructive way.

I look forward to seeing the further development of the proposals, and I encourage all participants in the Madison Project meetings to use my office as a resource. Though to many people the horizon still looks pretty bleak for new effective therapies and vaccines, I am optimistic that these proposals, and all the renewed energy of the last year, will reap some rewards down the road.

Again, please accept my profound gratitude for all your work.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

cc:
Philip R. Lee, MD
David Kessler, MD
Harold Varmus, MD
William Paul, MD
Martin Delaney
Dave Pauza, MD

BACKGROUND
MATERIALS FOR
"THE MADISON PROJECT"

TB → KG

Future Directions In AIDS Research
"The Madison Project"
Summaries of the "Seven FDAR Proposed Solutions"

1) Collaborative and Coordinated Effort for Development of HIV Therapies

The first group dealt with coalition building. The first step toward building a coalition around all of the various avenues in and out of the federal government was the creation of the Independent Scientific Task Force (ISTF). This task force, independent of "usual bureaucratic or governmental constraints" is to be charged with uniting "government, academia, and private industry when appropriate to speed the testing and availability of new regimens. Another task of the ISTF would be to minimize the duplication of effort improving the coherence of strategy.

Through the creation of subcommittees on the task force, the ISTF will be able to monitor more effectively innovative and collaborative research and development projects. They will also be able to be an extramural source of information to the Office of AIDS Research, discovering, through improvements in technology, what is under-funded, and become able to track funding of other critical health areas. The ISTF is to be set up to "work with government, academic institutions, private industry and the public to help guide the consortium needed to develop and fund the new team-oriented approach to AIDS research that will focus on specific topic items."

Another way that group one proposed to build a stronger collaborative and coordinated effort in developing HIV therapies is to encourage and expand the existing Inter-Company Collaboration (ICC). Because of the great need for new compounds in the fight against HIV and AIDS, representatives from 15 companies conducting research and development of novel drug therapies to treat HIV infection and AIDS "established the ICC in response to the need to coordinate the many issues influencing research in AIDS therapies." What is important is that the 15 companies are all private pharmaceutical or biotechnological firms.

The main goal of the ICC is to "encourage information sharing on concomitant and/or comparative research in HIV anti-viral investigations and supplies of developmental and marketed anti-viral compounds where appropriate and feasible." The ICC is charged with designing and implementing the testing and development of new concepts and procedures, and then bringing their results to the wider AIDS research community. It should be noted that the ICC is an intra-industry collaboration which does not include any federal agency or academic membership.

2) Information Technology Highways for AIDS Research

Group II of Future Directions of AIDS Research was concerned with "obstacles to communication among AIDS researchers." The group purposed that careful use of state-of-the-art technologies such as an AIDS specific gopher system would hasten the pace of effective AIDS research. After pointing to

five obstacles that could hinder any advancement in utilizing technology to make communication between agencies within the government, outside the government, private researchers and the public in general, the group decided that the first step would be to create a user friendly "AIDS specific gopher system" in order to provide access to information already on the Internet and elsewhere.

The FDAR participants suggested that appropriation of funding start to begin the application of the advancements in electronic information technologies and wireless technologies. With AIDS research from all over the spectrum placed on a central system, the group thought that communication between researchers would be increased providing access to much more information than available now to researchers and anyone in general.

3) Multidisciplinary Training to Facilitate Future Discovery

The third group proposed that funding be increased in order to make available the expansion of "current NIH training NIH programs for AIDS and AIDS-related disease." The scope would include "new colloquia and training programs to accommodate the multi-disciplinary nature of AIDS research in order to draw to together within a common environment," a calling for an expanded national program of sabbaticals, fellowships or other forums to allow AIDS researchers to enhance their contribution to AIDS research, and continuing the expansion of smaller interdisciplinary meetings under a variety of forums to address "innovations" in AIDS. The group also recommended the establishment of permanent AIDS-specific think tanks to provide a forum out of the public view where researchers can candidly talk about "research topics, collaborations, and new directions in AIDS research." The think tanks could improve efficiency by encouraging the cross-fertilization of ideas and serving to limit the redundancy of scientific efforts.

4) Small-Money, Fast-Response Grants

The FDAR assembly agreed that the NIH or other institutions should encourage small-money, fast-response grants to "independent researchers" to conduct research on AIDS and novel therapeutics. Small-money means small grants, while fast-response refers to a coordinated effort by the Independent Scientific Task Force or the Office of AIDS Research to develop a shortened application for grants with review and funding occurring three months after submission. The approach to the private industry, using these shortened procedures, should be made to fund "risky and innovative proposals." These procedures, it is believed, would also allow established researchers access "clinical research opportunities."

5) Specimen and Data Repositories

The FDAR participants "endorsed the creation of, and funding for a central NIH specimen repository and a centralized, updated, and available inventory of other repositories." The repository and inventory system would also include the creation of a uniform and well-communicated protocol for processing

requests made by researchers for specimen samples. This system would be monitored by the NIH and/or the Independent Scientific Task Force. One of the immediate recommendations of the group was the call for an institution that would be designated to "create a centralized database of all ongoing cohorts which include selected, consistent, and relevant information and a specific contact person."

6) A Pilot Program: The Accelerated AIDS Research Initiative

It was decided within this proposal that a 'Manhattan Project' style effort in AIDS research would be both good and bad. The centralization of a Manhattan Project for AIDS would be harmful to the decentralized and diffuse research already proceeding, but the sense of urgency which surrounds such a project would be beneficial leading to a "analysis of the deficiencies of current research management practices." Instead of a Manhattan Project, the group, looking at improved management methods in other fields of science and industry, felt it should push for a revamped process in AIDS research.

One possible approach that was proposed was a pilot research project that would demonstrate a more flexible, less bureaucratic management model. One way would be to free the project from traditional NIH restrictions by managing it by contract with a private entity. Whatever approach is chosen, the effort of the project is the same: "to test whether reorganization or reinvention of the government model for bio-medical research might benefit AIDS research."

The projects topic would be narrowly established by the OAR or NIH, and then turned over to the management to decide how those goals are to be achieved. Particular attention would be placed on "fostering a spirit of creativity, and of collaboration, as opposed to one of competition."

7) Funding New Efforts Without Sacrificing Existing Research

The last proposal dealt with finding new sources of funding in order to avoid sacrificing existing research. Some proposals like number 2 and number 4 require little additional funding, but others like number 6 require more. The FDAR believes that additional supplemental funding is appropriate, "if for no other reason than the fact that: 1) AIDS is a national emergency and 2) progress in research against AIDS will benefit other areas of health science."

The participants of FDAR considered three areas as a solution to funding new projects without sacrificing work already being done:

-- Public/Private Funding Effort: Involve the general public through creation of a public/private consortium. Also, have the pilot program and other proposals at least partly funded by private industry and in an effort to get the public involved, funding from the general public through a "March of Dimes" style campaign.

-- Industry Participation: Major pharmaceuticals should be solicited through the Inter-Company Collaboration to determine what forms of involvement will be most appropriate to private

firms, and to determine how to respond to the request of partially matching government funds and matching publicly donated funds.

-- Social Marketing: The Independent Science Task Force could work with the public, private, and academic sectors to provide a strong and sustained message about the need for an overall increase in funding of "bio-medical research with emphasis on critical health issues beyond AIDS."

Prepared by Lord: ONAP: 690-5560: February 25, 1994.

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Eli J. Segal
Chief Executive Officer
Corporation for National and Community Service
1100 Vermont Avenue, N.W.
Washington, D.C. 20525

Dear Eli:

Thank you for sending me your Summer of Safety newsletter about opportunities for national service. I believe that this information would be of great interest to the HIV/AIDS community nationwide.

The Centers For Disease Control and Prevention (CDC) has a database of over 18,000 AIDS services organizations including 13,000 non-governmental organizations. I would highly recommend that your office contact Anne Wilson at the CDC National AIDS Clearinghouse for access to their mailing list. She can be reached at (301) 251-5703.

If I can ever be of service to you, please contact me at (202) 632-1090.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

KG -
At DPC staff meeting their rep acted as though this is an ongoing project or I think the letter is still valid.
AB

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

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.

Andrew – we need to be sure [illegible] gets to the HIV community – can we get a NORA list to Segal & how else send?

Summer of Safety

Dear Service Friend,

On September 21, 1993, President Clinton signed national service legislation into law, creating the Corporation for National and Community Service. Through the new Corporation, Americans of all ages and backgrounds will work to meet urgent challenges in their communities in the areas of education, public safety, human needs and the environment.

Of these, public safety may be the most critical challenge facing the nation today. President Clinton discussed it at length in his State of the Union address just a couple of weeks ago. It is at the top of the agenda of the administration, the U.S. Conference of Mayors, the National Governors Association, and countless other regional, state and local organizations nationwide. I hope you will join us in moving it to the top of the national service agenda this summer.

The cost of crime, in economic terms, is staggering: $14,000 to treat a child struck by gunfire, $50 billion annual loss by urban economies due to lost businesses and fleeing residents, $425 billion spent on crime every year. But in human terms, the cost is inestimable. Victims, and those who commit crimes, are getting younger and younger; crimes are becoming more and more violent. Few communities remain unscathed by drugs; few homes remain unassailed by fear.

The American people can take back their communities — and national service can help.

This summer, the Corporation will focus its efforts in public safety by sponsoring a national Summer of Safety. Like the year-round AmeriCorps program we'll launch this fall, the Summer of Safety will engage Americans of all ages and backgrounds in direct, locally-based service to strengthen the ability of communities to respond to problems of crime, violence and fear.

Our 6,000 Summer of Safety participants will come together across generations, ethnicities, and income levels. They'll help police monitor victim assistance hotlines, clean up dangerous parks and alleys, provide crime prevention workshops to families, and help organize neighborhood watch programs. They'll do the work that you determine is most necessary in your community to meet the number one priority of national service: Getting Things Done.

The Summer of Safety can't succeed without your help. In the coming weeks, you can design an innovative service program tailored to the specific needs of your community, and that will continue to get things done long after the summer is over. We can help with phone and video technical assistance conferences, and with funding. But, ultimately, the work of designing quality service programs is up to the people who know the most about serving your communities. It's up to you.

In his inaugural address, President Clinton challenged all Americans to engage in "seasons of service." I look forward to working with you to help meet this challenge, through the Summer of Safety, and through the ever-changing seasons ahead of us.

Sincerely,

Eli

Eli J. Segal
Chief Executive Officer

APR 12 1994

THE WHITE HOUSE

Dear Kathy —

Thank you so much for sharing your poem — it is a special message. I'm glad we met in Santa Monica, and I look forward to future meetings as well. All the best —

Kristine

AMERICAN GREETINGS

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Dear Kristine,
It Was Such a Pleasure
Meeting You And Sharing
That Wonderful Healing Mass
In Santa Monica. I See
How Special These Beautiful
People Are To You. It Was
Truly Inspirational And
Fulfilling. I Know I Will
Never Forget That Day.
When I Returned Home, The
Lord Lead Me To Write This
Poem. I Wanted To Share
This With You, Because It
Is Through Your Love For
God's Cherished Lambs That
Inspired Me To Write It.
May Our Precious God
Always Bless You.
My Prayers Are With You
Love,
Kathy Blumetti

APR 12 1994

THE WHITE HOUSE

Dear Phyllis—
(I wish I could write with a southern accent!)
The dolphin pin is beautiful—thank you so much. And I'm glad to learn about the continuing interest in HIV efforts. I'll be looking forward to progress reports!
Best wishes — Kristine

e University of Texas Medical Branch at Galveston

chool of Medicine
Graduate School of Biomedical Sciences
School of Allied Health Sciences
School of Nursing

Marine Biomedical Institute
Institute for the Medical Humanities
UTMB Hospitals

April 1, 1994

Kristine M. Gebbie, RN, MN, FAAN
Office of National AIDS Policy Coordinator
Executive Office President
750 17th St. NW
Suite 1060
Washington, DC 20503

Dear Ms Gebbie

It is impossible to describe the extent to which you affected the Houston-Galveston community as well as conference participants during your recent visit to the University of Texas Medical Branch in Galveston, Texas. Your presentation at the conference *HIV\AIDS: Paradox in Practice-Ethical, Legal and Policy Issues in Caregiving* was powerful. You sent a clear message: commit and act. The response has been very positive. Everyone is still talking about your tours and meetings in the hospital and clinics. Your presence energized a number of compassionate caregivers who are overworked and underacknowledged. Thank you for being here and giving so much to our community.

I would like to add a personal note. As a nurse, I do not recall a time when I felt more pride in and admiration for a nurse leader than when I saw you execute your professional role here at UTMB. I'm grateful for the opportunity to have met you.

There is no way we can compensate you for what you've given us. However, I would like to be sure we have reimbursed you for any expenses incurred during your visit. Please have your staff forward any remaining expense receipts to my office. You will be hearing from the conference planning committee chairperson and others you met who wish to send messages of appreciation. Please ask your staff, however, to direct all financial matters to my office so that there will be no delays in response.

I know Phyllis Kritek told you we have been busily exploring what we might give you as a token of our appreciation. We conjured up the perfect image of what you symbolized to us and are now struggling with how to present it. We will be sending you something memorable in the near future.

In the meantime, please accept this silver dolphin pin (value under $25.00) as a remembrance of your visit to the University floating in the Gulf of Mexico. Dolphins are notorious for rescuing humans who are in grave danger. A quality most noticeable in you.

Again, thank you for sharing your extertise and so much of yourself with us.

Phyllis J. Waters, RN, MS

Phyllis J. Waters

Director, Nursing Joint Ventures
and Continuing Nursing Education

THE UNIVERSITY OF TEXAS SCHOOL OF NURSING AT GALVESTON
1100 MECHANIC GALVESTON, TEXAS 77555-1029 FAX (409) 772-5118 (409) 772-1181

THE WHITE HOUSE

WASHINGTON

April 12, 1994

MEMORANDUM FOR KATHY WHALEN
OFFICE OF PRESIDENTIAL COUNSEL

FROM JOHN PAUL GURROLA
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT The Condom Project

Safety Net is a not profit organization that is working on developing inexpensive and to-the-point prevention information.

DIFFA (Design Industry's Foundation For AIDS) serves as the fiscal agency while Broadway Cares/Equity Fights AIDS, LIFEbeat, AmFAR, and the Red Hot Organization and many others support the efforts of Safety Net.

They are asking for Kristine M. Gebbie, the National AIDS Policy Coordinator, to lend her name to the national Advisory Board that is comprised of influential executives form various fields who are committed to fighting AIDS. Her inclusion would not require any time or monetary commitment.

This is very important to us and we would like to make sure that this poses no problems.

If you please get back to me as soon as possible and advise me as to weather we can do this or not.

Please see attachments.

Thank you, I can be reached at 632-1090.

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Mike Espy
Secretary of Agriculture
14th Street & Independence Avenue, S.W.
Washingotn, DC 20250

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 23, 1994

The Honorable Mike Espy
Secretary of Agricultlure
14th Street & Independence Avenue, S.W.
Washington, D.C. 20250

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable John H. Gibbons
Director, Office of Science and Technology Policy
Room 424, OEOB
Washington, DC 20500

Dear Mr. Gibbons:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable John H. Gibbons
Director
Office of Science and Technology Policy
OEOB
Washington, D.C. 20500

Dear Mr. Gibbons:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for your office:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for your

office for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in your office.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your office. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Daniel S. Goldin
Administrator, N.A.S.A.
400 Maryland Avenue, S.W.
Washington, DC 20546

Dear Mr. Golldin:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable Daniel S. Goldin
Administrator
National Aeronautics and Space Administration
400 Maryland Avenue, S.W.
Washington, DC 20546

Dear Mr. Goldin:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for your agency:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for your

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in your agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your agency. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Richard W. Riley
Secretary of Education
400 Maryland Avenue, S.W.
Washington, DC 20202

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable Richard W. Riley
Secretary of Education
400 Maryland Avenue, S.W.
Washington, DC 20202

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for each agency within your Department:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Agencies may respond individually. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your Department. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Hazel R. O'Leary
Secretary of the Department of Energy
1000 Independence Avenue, S.W.
Washington, DC 20585

Dear Madam Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable Hazel R. O'Leary
Secretary of Energy
1000 Independence Avenue, S.W.
Washington, DC 20585

Dear Madam Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for each agency within your Department:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Agencies may respond individually. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your Departmen. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Henry G. Cisneros
Secretary of Housing and Urban Development
451 7th Street, S.W.
Washington, DC 20410

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 23, 1994

The Honorable Henry G. Cisneros
Secretary of Housing and Urban Development
451 7th St., S.W.
Washington, DC 20410

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Bruce Babbitt
Secretary of the Interior
1846 C. Street, N.W.
Washington, DC 20240

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

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Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 23, 1994

The Honorable Bruce Babbitt
Secretary of the Interior
1846 C. St., N.W.
Washington, DC 20240

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Janet F. Reno
Attorny General
Constitution Avenue & 10th Street, N.W.
Washington, DC 20530

Dear Madam Attorney General:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

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Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 23, 1994

The Honorable Janet F. Reno
Attorney General
Constitution Ave. & 10th St., N.W.
Washington, DC 20530

Dear Madam Attorney General:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
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Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Robert B. Reich
Secretary of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs.*

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

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- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable Robert B. Reich
Secretary of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for each agency within your Department:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Agencies may respond individually. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your Department. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Warren M. Christopher
Secretary of State
2201 C Street, N.W.
Washington, DC 20520

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 23, 1994

The Honorable Warren M. Christopher
Secretary of State
2201 C St., N.W.
Washington, DC 20520

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
- Therapeutics
- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Federico F. Pena
Secretary of Transportation
400 7th Street, S.W.
Washington, DC 20590

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

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- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 24, 1994

The Honorable Federico F. Pena
Secretary of Transportation
400 7th St., S.W.
Washington, DC 20590

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Our information indicates that it is unlikely that your Department or Agency conducts any HIV/AIDS research. We are seeking information in the categories listed below.

Scientific:
- Natural History and Epidemiology
- Etiology and Pathogenesis
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- Vaccines
- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Lloyd Bentsen
Secretary of the Treasury
1500 Pennsylvania Avenue, N.W.
Washington, DC 20220

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

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- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 24, 1994

The Honorable Lloyd Bentsen
Secretary of the Treasury
1500 Pennsylvania Ave., N.W.
Washington, DC 20220

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

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Scientific:
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- Behavioral Research

Resource:
- Training and Infrastructure
- Dissemination of Research Findings

If your Department or Agency does conduct research in any of these areas, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV. for additional information. If it does not, please advise us by April 25.

A similar letter is being sent to all relevant Federal departments and independent agencies. Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Jesse Brown
Secretary of Veterans Affairs
801 I Street, N.W.
Washington, DC 20001

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable Jesse Brown
Secretary of Veterans Affairs
801 I Street, N.W.
Washington, DC 20001

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for each agency within your Department:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Agencies may respond individually. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your Department. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Donna E. Shalala
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Madam Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research for all non-PHS agencies. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 28, 1994

The Honorable Donna E. Shalala
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Madam Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for each non-PHS agency within your Department. We have also taken the liberty of sending a memorandum directly to the Assistant Secretary for Health requesting similar information from the Public Health Service Agencies.

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy
Room 738G
Hubert Humphrey Building

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your Department. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Neal F. Lane, Ph.D
Director, National Science Foundation
4201 Wilson Boulevard
Arlington, V.A. 22203

Dear Dr. Lane:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 31, 1994

The Honorable Neal F. Lane, Ph.D.
Director
National Science Foundation
4201 Wilson Boulevard
Arlington, VA 22203

Dear Dr. Lane:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for your agency:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by your agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for your

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in your agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Please send this information by COB May 13 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your agency. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable J. Brian Atwood
Administrator, U.S.A.I.D.
320 21st Street, N.W.
Washington, DC 20523

Dear Mr. Atwood:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs.*

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable J. Brian Atwood
Administrator
U.S. Agency for International Development
320 21st Street, N.W.
Washington, DC 20523

Dear Mr. Atwood:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for your agency:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for your

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in your agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your agency. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

April 12, 1994

MEMORANDUM TO: ASSISTANT SECRETARY FOR HEALTH

FROM: National AIDS Policy Coordinator

SUBJECT: Federal HIV/AIDS Research Compendium

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 24, 1994

MEMORANDUM TO: ASSISTANT SECRETARY FOR HEALTH

SUBJECT: Federal HIV/AIDS Research Compendium

FROM: National AIDS Policy Coordinator

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government.

We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination. The compendium could help fill gaps in our scientific knowledge, enhance efficiency of Federal programs, and avoid unnecessary duplication. Your timely attention to this important endeavor will be greatly appreciated.

In order to meet our goal, would you please provide me with the following information for each Public Health Service Agency:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Please send this information by COB May 13, to the Office of National AIDS Policy.

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to each PHS agency. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Kristine M. Gebbie, RN, MN

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Mr. James Hughes
Apartment 8
6728 West Boulevard
Los Angeles, California 90043

Dear Mr. Hughes:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

James Hughes
6728 West Blvd. Apt. 8
Los Angeles, CA. 90043
213-303-0303

March 17, 1993

Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Coordinator Gebbie:

The most effective cure of the HIV/AIDS epidemic is prevention. To this end, I feel that current levels of spending should be re-allocated toward developing more anonymous test sites & advertisement promoting abstinence & anonymous testing.

It is simple: If a person who is HIV/AIDS affected is prevented from spreading the disease to others, it will die out. Albeit a long time period perhaps, but surely enough it will die out.

Please do not burden the taxpayer's with more increases when this disease, which is behaviorally oriented, can be eradicated by changing the behaviors of others.

Sincerely,

James Hughes

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Proposed Budget; [Personal] (Partial) (1 page)	04/12/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
April Chron Files 1994 [3]

2018-0756-F
jp4818

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

April 12, 1994

(b)(6)

Dear (b)(6)

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective. [001]

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine M. Gebbie

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	To: Kristine Gebbie; re: Failure to Increase AIDS Funding; [Personal] (Partial) (1 page)	03/28/1994	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3769

FOLDER TITLE:
April Chron Files 1994 [3]

2018-0756-F
jp4818

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(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

March 28, 1994

Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Re: Dissatisfaction with the President's failure to increase AIDS Funding in prevention and housing.

Dear Ms. Gebbie:

[redacted] (b)(6)

I think that President Clinton could be doing more to increase AIDS funding. I cannot believe that in this day and age we don't have a cure yet. We have come up with a lot of brilliant medicines but none to cure aids yet. We can't just let our people die. This epidemic affects all people. I want to thank him for all of the other things that he has done. I am still 100% for him. God bless the whole administration.

[002]

[redacted] (b)(6)

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Mr. Brad McCaw
Post Office Box 15495
Beverly Hills, California 90209

Dear Mr. McCaw:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

Although the funding proposal for the Centers For Disease Control and Prevention AIDS prevention programs will remain at $543 Million for FY 95, there will be additional money set aside in the substance abuse block grant program which is being increased to a total of more than $1.3 Billion for FY 95. The more we can do to combat substance abuse, especially among injecting drug users, the greater effect we will have on curbing HIV transmission. Changes in the community planning process and the newly introduced Prevention Marketing Initiative will go a long way towards making our prevention efforts more efficient and cost-effective.

At the Department of Housing and Urban Development (HUD), there remains $156 Million for the specialized Housing Opportunities for People With AIDS (HOPWA) Program. In working closely with HUD, we have been able to earmark an additional $101 Million for both FY 94 and for FY 95 that will be used for housing programs for people living with HIV and AIDS, including Shelter Plus Care programs, housing assistance programs, and disabled housing new construction. HUD has revised its FY 95 estimate for total money to be spent on AIDS housing to upwards of $320 Million.

As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

March 24, 1994

Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Ms. Gebbie,

I am a person who is very concerned with the issue of AIDS in the United States. I have lost several friends and co-workers to the HIV virus. On my part, I volunteer approximately 20 -25 hours a month at Aids Project Los Angeles (APLA) being a buddy to a person suffering the disease and helping out with special events.

I am fortunate enough to work in the entertainment industry where my company sponsors "AIDS in the Workplace" seminars. These seminars empower the employees with knowledge about the disease. Unfortunately, many Americans are unable to receive the type of knowledge they need to combat and prevent AIDS.

In addition, my volunteering doesn't protect those victims of AIDS who my find themselves without adequate housing due to evictions or lack of adequate money.

The President's budget includes absolutely no increase in funding for the AIDS Housing Opportunities Act (AHOA) and in funding for HIV Prevention of the Centers for Disease Control. I find the President's failure to increase AIDS funding in prevention and housing unsatisfactory and inadequate. I am saddened with the fact that a President for whom I voted would not increase funding for such programs when the number of people being exposed to the HIV virus and suffering from the disease continue to climb each year.

Sincerely,

Brad Mc Caw
P.O. Box 15495
Beverly Hills, CA 90209
(213) 937-2496

THE WHITE HOUSE

WASHINGTON

April 12, 1994

Mr. James Landres
Post Office Box 2637
Beverly Hills, California 90213

Dear Mr. Landres:

Thank you for writing me with your concerns on the President's proposed Fiscal Year (FY) 1995 budget for HIV/AIDS prevention and housing for persons living with HIV and AIDS. President Clinton has identified AIDS as one of the most important areas of concern for his Administration. Since coming to office, President Clinton has approved increases in AIDS prevention, treatment and research that amount to 32% over the 1992 budget. This represents the largest increase in the history of the epidemic.

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As this process has now moved to Congress, it is important for everyone concerned about HIV/AIDS funding to continue to voice their opinions and assure that authorization for funding programs continues.

I appreciate your interest in advocating for additional AIDS related funding. The President and I are committed to doing everything possible to coordinate our national response to AIDS and to end the epidemic. Thank you again for sharing your concerns.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

March 28, 1994

Kristine Gebbie, RN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Ms. Gebbie:

I know that I am one of many thousands who has writtten to you and/or directly to President Clinton in regards to the lack of attention that has been focused on the continuing AIDS epidemic that is not only raging, but is becoming more and more hazardous to greater demographic groups of the population. Yes, I have been witness to and affected by the ravages that AIDS inflicts (close friends, acquaintances, and even strangers I see on the street) and I am continually becoming angrier and more frustrated at the inability of Congress to understand and believe that this is not just an "issue," and that inaction, (or even, merely, inadequate action) directly affects Congress (and <u>all</u> of their constituents). The President has had quite an uphill battle, I am aware, to get progressive legislation funneled through the quagmire of national government. However, his record really is appalling in regards to the active roll he "promised" to play in the fight against AIDS, or, if you will, the fight for AIDS prevention and protection of PWA's. If you, having the President's "ear" on this issue, will more forcefully confront him and get him to stir the fire under Congress, then maybe we, as citizens, will be able to reestablish our faith that the national government can be a vibrant rather than elephantine entity which is aware of and truly concerned about the well-being and health of its own assets (the public...young, old, straiaght, gay, black, white, yellow, red, brown).

I would appreciate a response as to what you and the President are doing now, as well as what steps the President is <u>really</u> planning to take in direct action towards AIDS (fighting it, preventing it, etc.).

Sincerely,

James Landres
P.O. Box 2637
Beverly Hills, CA 90213

THE WHITE HOUSE

WASHINGTON

April 12, 1994

The Honorable Ronald H. Brown
Secretary of Commerce
14th STreet & Constitution Avenue, N.W.
Washington, DC 20230

Dear Mr. Secretary:

This is in regard to the attached letter that you received from me asking you to provide information for the *Compendium of Federal HIV/AIDS Research Programs*.

It has come to my attention that Clinical Health Service Research is an important category that we did not include in our original request. This is a distinct field of study that is not included in the NIH "areas of emphasis."

In addition to the information already requested, please provide information concerning Clinical Health Services Research. The types of information that should be provided under this category are:

- data gathering and analytic activities which focus on barriers to care, health resource utilization, functional status, and financing of care among individual with HIV/AIDS;
- research to improve clinical practice and patient care delivery for people living with HIV/AIDS;
- utilization research related to medical, demographic and socio-economic variables, including age, race, gender, sexual orientation, insurance status, geographic location, exposure category, and co-morbid conditions.

Please send all information to us by COB May 13. If you have any questions about this addition or my previous request, please contact Mr. Terry Beswick at (202) 690-5560.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Attachment

March 17, 1994

The Honorable Ronald H. Brown
Secretary of Commerce
14th Street & Constitution Avenue, N.W.
Washington, D.C. 20230

Dear Mr. Secretary:

The Office of National AIDS Policy has established as a primary goal to maximize our Nation's investment in the search for better treatments and better prevention methodologies for HIV/AIDS. As a part of this effort, I have directed my staff to prepare a "Compendium of Federal HIV/AIDS Research Programs." This compendium will summarize all biomedical, behavioral and resource programs in HIV/AIDS research funded in whole or in part by the Federal Government. We hope the completed compendium can be cross-referenced in a way that will enable all agencies to take better advantage of opportunities for improved coordination.

Please provide the following information for each agency within your Department:

1. A short summary of any on-going or planned HIV-related research programs, categorized by "area of emphasis," as in the "National Institutes of Health Five-Year Plan for HIV-Related Research" (enclosed). If no intramural or extramural research is funded by an agency in any category listed below, please so indicate.

   Scientific:
   - Natural History and Epidemiology
   - Etiology and Pathogenesis
   - Therapeutics
   - Vaccines
   - Behavioral Research

   Resource:
   - Training and Infrastructure
   - Dissemination of Research Findings

2. Estimated annual HIV/AIDS research budget for each

agency for fiscal years 1993 through 1995. Please indicate percentages of intramural and extramural funding, and percentages of funding awarded to private nonprofits (universities), private industry, and foreign agencies. When possible, please provide budget information categorized by above areas of emphasis.

3. Current contact information for coordinators of HIV/AIDS research programs for each relevant area of emphasis in each agency.

4. A listing of existing or planned inter-agency and inter-departmental collaborations, and a description of current planning mechanisms for establishing inter-agency collaborations (note area of emphasis if applicable).

5. A complete listing of external advisory committees chartered in whole or in part to provide consultation on planning and evaluation of HIV/AIDS research programs, or to review grant or contract applications. Please include the name and telephone number of the executive secretary or other contact for each committee (note area of emphasis if applicable).

Use existing materials where possible. Agencies may respond individually. Please send this information by COB April 25 to:

HIV/AIDS Research Program
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

The Compendium of Federal HIV/AIDS Research Programs should be helpful to all agencies in planning and evaluating related activities. Copies of the completed compendium will be provided to your Department. For additional information, please contact Mr. Terry Beswick at (202) 690-5560. Internet: TBESWICK@OASH.SSW.DHHS.GOV.

A similar letter is being sent to all relevant Federal departments and independent agencies.

Thank you for your cooperation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

APR 13 1994

THE WHITE HOUSE

Dear Susan -

Thank you so much for sharing your Center with me on Monday - you have an impressive staff, such a strong sense of caring which is evident in the relationships with your families. Programs such as yours are making a difference in our fight against HIV - thank you for all that you do.

Hillary

Susan M. Widmayer, Ph.D.
Executive Director
Children's Diagnostic & Treatment Center
417 S. Andrews Avenue
Ft. Lauderdale, FL 33301

Children's Diagnostic & Treatment
Center of South Florida

417 South Andrews Ave., Ft. Lauderdale, FL 33301 • (305) 779-1400

History the Comprehensive Pediatric AIDS Project

HIV/AIDS has become one of the greatest national health care challenges of this century. Described as a "composite of many varied, partially overlapping sub-epidemics," HIV currently affects a disproportionate number of poor minority populations. Over the past decade, HIV has become a family disease. It is currently estimated that 20,000 children and 110,000 women in the United States are infected with HIV. Florida has the second highest incidence of pediatric AIDS in the nation and the prevalence of HIV among child-bearing women in Broward County is fifty percent (50%) higher than the national average. Fort Lauderdale, one of Florida's larger metropolitan cities, is one of the nation's "Eligible Metropolitan Areas" (EMA) most severely affected by the HIV epidemic. Apart from the devastating loss of lives, a major impact of the AIDS epidemic has been the increasing stress on an already overburdened public health care system. Health care costs associated with AIDS-related morbidity are estimated to be billions of dollars nationwide; lifetime costs for treating a child with AIDS is estimated to be over $90,000. Advances in treatment and early HIV diagnosis have made HIV-related illnesses a chronic condition which requires long term medical care and social support. Clearly, innovative strategies will be needed over the next decade to manage this illness within the public health care system.

The Children's Diagnostic & Treatment Center, a division of the **North Broward Hospital District**, was one of the first organizations to respond to the onset of HIV/AIDS among children and families in the Broward County. During the 1980's, pediatric HIV care was fragmented throughout the public health care system and many families inappropriately sought treatment in hospital emergency rooms as devastating AIDS-related illnesses emerged. As an outpatient follow-up program for disadvantaged premature and medically fragile newborns, the Children's Diagnostic & Treatment Center provided limited diagnostic and medical services to an increasing number of HIV infected infants and children. Recognizing the unique medical, social, legal and developmental aspects of HIV disease among children and families, as well as the urgent need to develop a coordinated, family-centered approach to pediatric HIV care, the Children's Diagnostic & Treatment Center applied federal funds to establish the **Comprehensive Pediatric AIDS Project (CPAP)** in 1991. Collaborative agreements were developed with local children's health resources such as Children's Medical Services (Title V) and the Broward County Public Health Unit, as well as with other community agencies to contribute in-kind services and resources.

CPAP is a coordinated system of care designed to address the complex medical, social, emotional, developmental and legal needs of children and families with HIV/AIDS. In two and a half years of operation, 684 infants, children and youth have

been served, a 700 percent increase in patients since the inception of the project. Currently, 330 children under the age of 18, and 62 young adults, ages 18 - 21 are enrolled in CPAP. In addition, 15 pregnant adults in varying stages of the illness are provided with intensive case management services. Last fiscal year, CPAP received 254 new referrals and provided over 6,000 patient encounters.

Components of the Comprehensive Pediatric AIDS Project

Primary Health Care

Through Ryan White C.A.R.E. Title I support, and in collaboration with Children's Medical Services (Title V), and the Broward County Public Health Unit, CPAP provides state-of-the-art medical services to children and youth with HIV/AIDS under the age of 21. These services span the full spectrum of HIV disease and include well baby care, immunizations, management of antiretroviral medications, clinical trials, nutritional assessment and intervention, home-based nursing case management, coordination of home health services, and on-call emergency response during evenings and weekends. Clinical trials of several experimental drug therapies are available including Stavudine (d4T), combination AZT/DDI therapy and Lamivudine (3TC). In 1994, CPAP will expand clinical services to include on-site preventative and restorative dental care and primary medical care for HIV positive caregivers of Class P-1 and P-2 children enrolled in CPAP.

Ancillary Screening and Diagnostic Services

Equally important in the care and treatment of children and youth with HIV/AIDS is the early detection and treatment of developmental delays associated with disease progression. Children with HIV are at exceptional risk for poor development due to multiple factors such as AIDS-related neuropathy, AIDS wasting syndrome, and the side effects of antiretroviral medications. Recognizing the distinct course of HIV disease progression among this population, CPAP provides multidisciplinary evaluations through which early cognitive and neuromuscular changes are identified. Children and adolescents also receive periodic assessment of hearing, speech and language, cognitive functioning and socialization, with early intervention services available as needed. Professional counseling services are also available to children and their families who are having difficulty coping with this tragic illness.

Family-Centered Support

In order to meet the complex and ever-changing needs of disadvantaged families with HIV disease, CPAP offers a wide range of social, legal, emotional and developmental services in conjunction with medical care. As one of 31 Pediatric HIV Demonstration projects in the country which are funded by the Health Resources Services Administration - Bureau of Maternal/Child Health, CPAP provides intensive family-centered case management with emphasis on family preservation and the coordination of supports and services necessary to provide each child with an optimal home environment. Services include hospital outreach, pre/post HIV test counseling; routine home visits by social workers; coordination of public entitlement programs such as Aid to Families with Dependant Children (AFDC) and Supplemental Security Income (SSI);

assistance with emergency needs such as food, shelter and clothing; coordination of legal services to assist families with guardianship and future planning arrangements and support groups for women, parents, grandparents and HIV positive adolescents.

HIV/AIDS Community Education

In addition to direct patient care and family centered case management, CPAP participates in a wide range of HIV-related community education activities. Each year, CPAP co-sponsors a national Pediatric HIV/AIDS Conference for health and social service professionals and families affected by HIV disease, bringing current issues and national experts to South Florida. In an effort to curtail the spread of HIV within our local communities, CPAP recently established a community-based HIV/AIDS prevention education program which targets geographic areas throughout Broward County with a high prevalence of HIV/AIDS. This project utilizes trained Peer Educators to distribute prevention literature and condoms in their local neighborhoods. Additionally, CPAP staff frequently conduct structured presentations on prevention and pediatric AIDS to public schools, health care providers, churches, community agencies and other community groups.

Research

The Children's Diagnostic & Treatment Center is a regional site for the study of infant/child behavior and development. CDTC research staff are currently conducting prospective studies on the developmental outcomes of children and youth with HIV/AIDS, nutritional deficiencies among children with HIV/AIDS, and the manifestation of depression among siblings of children with HIV/AIDS.

Benefits to the Community

The creation of the Comprehensive Pediatric AIDS Project as division of the Children's Diagnostic & Treatment Center has resulted in an outpouring of support and goodwill from our community. Not only do federal, state and local funders provide complementary support to the Project, but private hospitals, foundations, civic and service organizations, the School Board and many other groups now work together toward the single goal of maintaining the highest quality of life possible for these children and their families. Other benefits of the Comprehensive Pediatric AIDS Project include:

Coordination of Services - Through the support of public and private funding and the ongoing assistance of many organizations, agencies and groups, the Comprehensive Pediatric AIDS Project provides health care, social services, developmental services, and emotional/mental health services at a single, accessible location, enabling families to access services quickly, efficiently and without duplication.1

Improved Health Care - With the support of new federal funds in our community, CPAP was able to enlist national experts in immunology, nutrition and infectious disease medicine to provide health care to a once devalued and underserved population.

Participation in Clinical Trials - As a result of the expertise of our medical professionals and the ever-increasing number of HIV infected children in Broward County, the Comprehensive Pediatric AIDS Project has been approved as a clinical trial site for experimental therapies as recommended by the National Institute of Allergies and Infectious Diseases. Pharmaceutical companies, such as Bristol-Myers Squibb, provide experimental compassionate drug therapies to our young patients who are failing conventional treatment.

Cost Effectiveness - Due to the leveraging of support from public and private sources, the average cost for providing primary medical care to these children and youth is less than $500.00 annually per patient. This is estimated to be approximately fifteen percent (15%) of the average cost of similar services in other parts of the country. The North Broward Hospital District has documented a five percent (5%) decrease in AIDS related pediatric admissions during the past fiscal year, although the number of children identified as having AIDS in Broward County tripled during that same year.

About the Organization

The Children's Diagnostic & Treatment Center of South Florida (CDTC) is a public, not-for-profit pediatric outpatient facility serving disadvantaged children and their families in Broward County, Florida. Established in 1983, CDTC began as a developmental follow-up program for high risk neonates in Broward County. In 1988, CDTC expanded its services to other high risk populations such as substance-exposed newborns, adolescent families and medically complex infants and children and became a separate division of the North Broward Hospital District, relocating to a free-standing facility in downtown Fort Lauderdale. Today, CDTC provides comprehensive services to over 8,000 infants, children and youth with a staff of over 70 medical, psychological and social service professionals who specialize in the care of high risk infants and children. CDTC is administratively affiliated with the **North Broward Hospital District (NBHD)**, a special taxing entity created in 1951 for the expansion of public health care in northern Broward County. The NBHD is authorized by the Governor and consists of four large medical centers with more then 1500 hospital beds, two community based HIV/AIDS programs, an extensive hospice program, and multiple primary and prenatal public health clinics. Support services such as laboratory, radiology and pharmaceutical services, as well as inpatient hospitalization, are available to CDTC clients in multiple locations. CDTC maintains an extensive intra-hospital referral system throughout Broward County with social workers out-posted in all major public hospitals.

Clinton Presidential Records
Digital Records Marker

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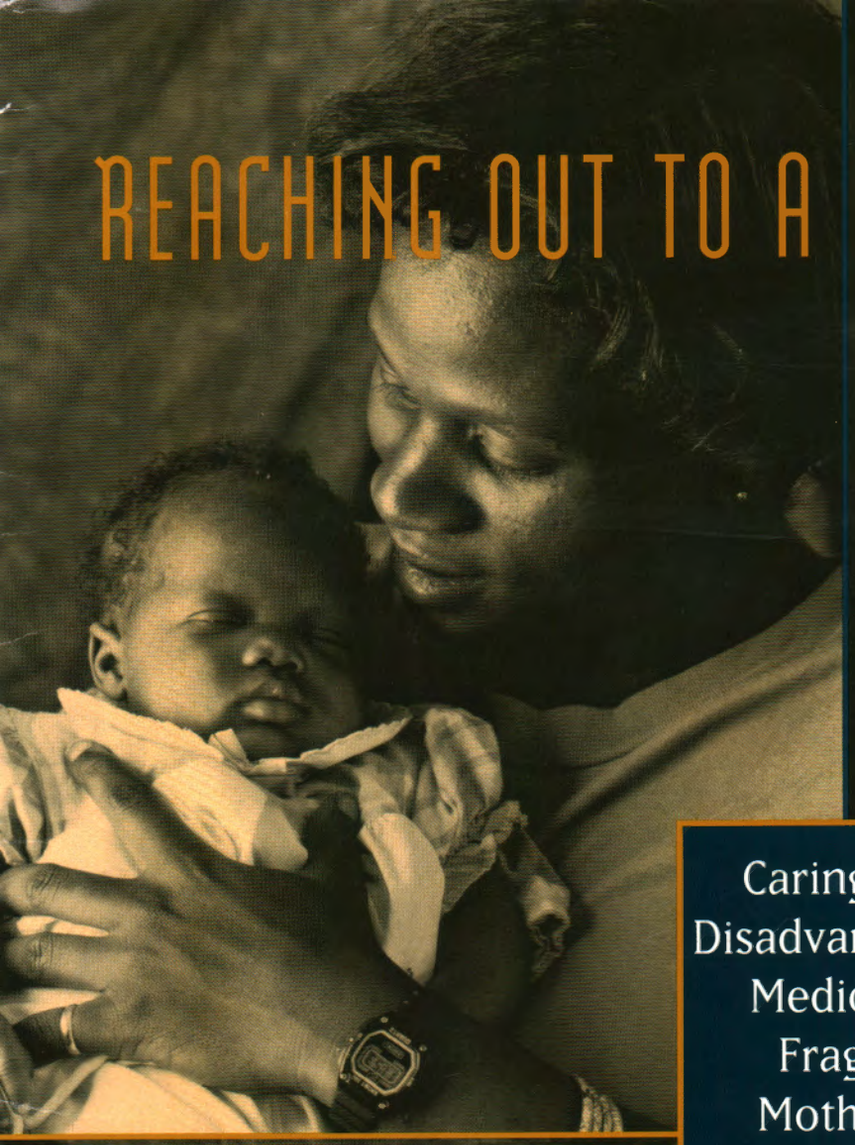
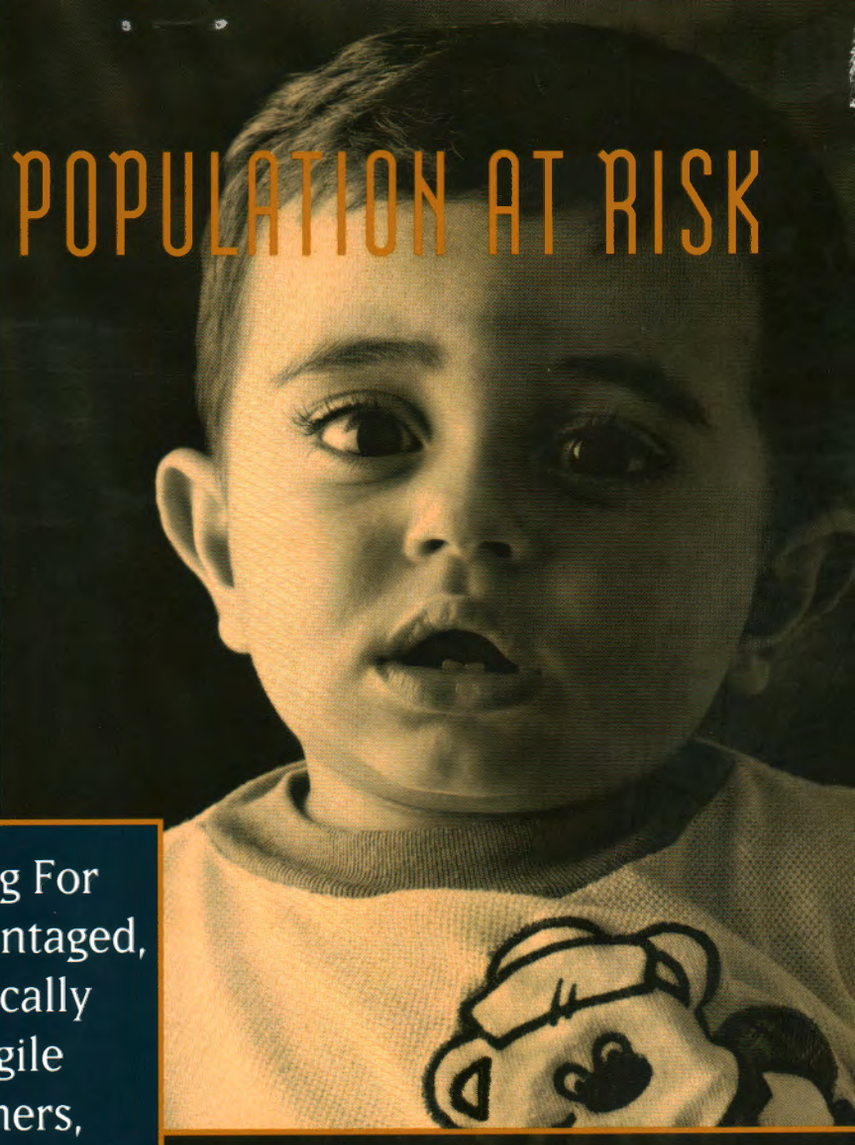
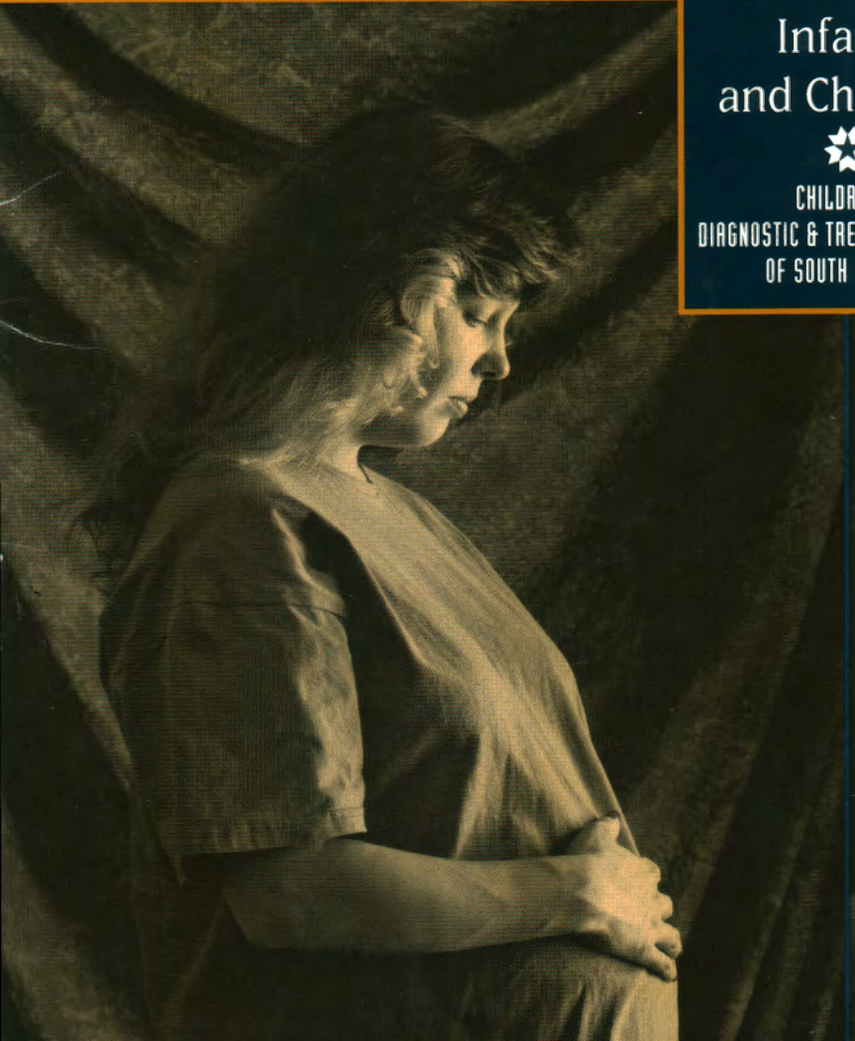
REACHING OUT TO A POPULATION AT RISK





Caring For Disadvantaged, Medically Fragile Mothers, Infants and Children

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA



SUPPORT AND TRAINING TO INFANTS AND MOTHERS

STIM

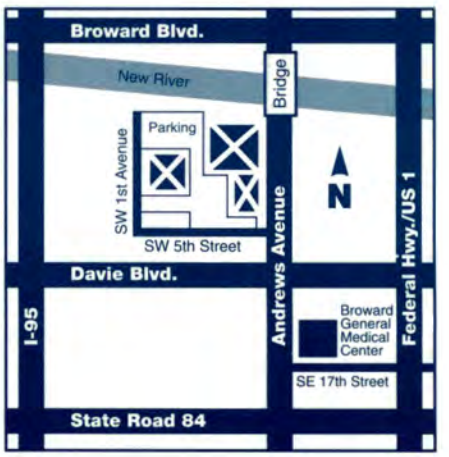
Funded as a Model Demonstration Project by the Center for Substance Abuse Prevention (CSAP), the Support and Training to Infants and Mothers Program (STIM) provides assistance to disadvantaged pregnant and postpartum women who are at least 18 years of age and have a history of drug or alcohol abuse.

Services are offered to Broward County women in a community-based outpatient setting and include:

- High-risk prenatal medical care
- Childbirth and parenting classes
- Individual and group therapy, support groups, creative arts therapy
- Daily drug treatment counseling
- Case management services
- Academic programs and career development
- On-site child care
- Assistance with transportation, housing, utilities, medications, food and clothing

Referral sources for STIM include hospitals, drug treatment programs, community prenatal care centers, probation offices and churches.

In addition, pregnant and/or postpartum women meeting the above criteria with a motivation for rehabilitation may be referred to STIM by calling (305) 779-1966.



CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 South Andrews Avenue
Ft. Lauderdale, Florida 33301

Diagnostic Services

DEVELOPMENTAL EVALUATION AND INTERVENTION PROGRAM

DEI

Through funding from the State of Florida, Children's Medical Services, the multidisciplinary professional team of the Developmental Evaluation and Intervention Program (DEI), evaluates and assists economically disadvantaged children, birth through age five, who have been discharged from any of the six neonatal intensive care units in Broward County. Chronically ill, substance-exposed or handicapped infants and children may also be eligible for services based on medical and financial criteria.

Specialists in the areas of audiology, physical therapy, speech and language, pediatric medicine, psychology, nutrition, nursing and social work provide periodic assessments and support until the child is functioning at the appropriate age level, or is engaged in a community program that meets the child's developmental needs.

All DEI children receive comprehensive case management based on a Family Support Plan (FSP) initiated by the family prior to the infant's discharge from the hospital. Approximately 1,200 infants and children receive multidisciplinary evaluations and case management annually through the Developmental Evaluation and Intervention Program.

Infants and young children needing these services are identified in the Neonatal Intensive Care Units, hospitals, community health clinics and various community service providers, as well as by local pediatricians and parents.

Any infant or child in Broward County who could benefit from these diagnostic services may be referred. Call the Children's Diagnostic & Treatment Center at (305) 779-1400.

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 South Andrews Avenue
Ft. Lauderdale, Florida 33301

FAMILY PRESERVATION PROJECT

FPP

For Broward County families at risk for abuse and/or neglect, the Family Preservation Project (FPP) provides short-term crisis intervention, emergency assistance and case management.

Through home visits by trained professionals, parents are provided with support and guidance to help stabilize the home environment and to help prevent the emergence of abuse and neglect. Instrumental assistance with housing, food, clothing and medical care is also provided, as well as referral to on-going community support services.

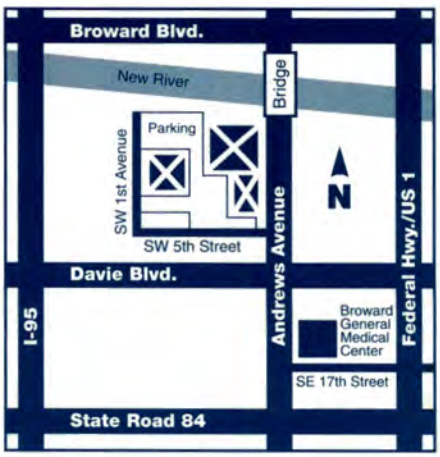
The Family Preservation Project is funded through a Child Abuse Neglect grant by the Department of Health and Rehabilitative Services, District X. More than 200 families receive crisis intervention and comprehensive case management annually through this project.

Infants and young children needing these services are identified in the Neonatal Intensive Care Units, hospitals, community health clinics, HRS, Children's Medical Services and by various community service providers.

Any infant or child in Broward County who could benefit from these intervention services may be referred. Call the Children's Diagnostic & Treatment Center at (305) 779-1400.

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FLORIDA 33301



PRENATAL SUPPORT SERVICES

PSS

Funded by the Community Service Council of Broward County, the Prenatal Support Services (PSS) program provides special medical equipment, medicine and transportation to pregnant women who are at very high risk of delivering preterm, underweight or sick infants.

Pregnant women receiving high-risk prenatal care at the Regional Perinatal Intensive Care Center (RPICC) at Broward General Medical Center are identified to receive these additional support services. The Children's Diagnostic & Treatment Center facilitates and coordinates this very successful preventative project.

Providing transportation to prenatal clinics ensures that a high-risk pregnant woman receives regular prenatal checkups and special medications.

Ninety percent of the the more than 100 women who have received additional prenatal support services have delivered healthy, full-term infants.

Referrals to this project are made by the RPICC Maternity Clinic.

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 South Andrews Avenue
Ft. Lauderdale, Florida 33301

SUBSTANCE ABUSE TRACKING PROJECT

SAT

Funded by the Children's Services Board of Broward County, the Substance Abuse Tracking Project follows alcohol- or drug-exposed infants after delivery. At risk for delayed social, emotional and cognitive development, substance-exposed infants are identified at birth and followed by the Children's Diagnostic & Treatment Center.

Approximately 900 children, birth to age eight, are enrolled in the Tracking Project. In addition to comprehensive developmental evaluations, home-based outreach and intensive case management are provided as needed.

Infants and young children needing these services are identified in the Neonatal Intensive Care Units, hospitals, community health clinics and by various community service providers.

Any infant or child in Broward County who could benefit from these intervention services may be referred. Call the Children's Diagnostic & Treatment Center at (305) 779-1400.

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 South Andrews Avenue
Ft. Lauderdale, Florida 33301

NURSING INTERVENTION PROJECT

NIP

Pediatric nurses provide needed technical and medical support to Broward County families with critically ill children or children with complex medical needs.

These specially trained nurses teach families how to manage their child's needs and access therapeutic and social services critical to the child's total care. Families are also instructed in the proper techniques and exercises to promote optimal child development.

Through financial support from the Children's Services Board of Broward County, approximately 100 infants with medical complications and their families receive services through the Nursing Intervention Project (NIP) every year.

Infants and young children who need these services are identified in Neonatal Intensive Care Units, hospitals, community health clinics and by various community service providers.

Any infant or child in Broward County who could benefit from these intervention services may be referred. Call the Children's Diagnostic & Treatment Center at (305) 779-1400.

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 South Andrews Avenue
Ft. Lauderdale, Florida 33301

FAMILY LIFE INTERVENTION PROJECT

FLIP

Through home-based intervention, the Family Life Intervention Project (FLIP) provides much-needed services to economically disadvantaged Broward County families whose infants are at risk of poor physical, social and mental development.

Research clearly shows the long-term benefits of providing home-based services to these children as a means of preventing delayed development and a possible lifetime of handicaps.

Specially trained staff visit these high-risk families to provide support to the mother, teach infant care and parenting skills and connect the family with needed social services. Moreover, the interventionists coach mothers and other child care providers in techniques to encourage and stimulate the child's development.

The Family Life Intervention Project is funded through a grant from the Children's Services Board of Broward County. Over 1,000 families are served annually through this project.

Infants and young children needing these services are identified in the Neonatal Intensive Care Units, hospitals, community health clinics and by various community service providers.

Any infant or child in Broward County who could benefit from these intervention services may be referred. Call the Children's Diagnostic & Treatment Center at (305) 779-1400.

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 South Andrews Avenue
Ft. Lauderdale, Florida 33301

COMPREHENSIVE PEDIATRIC AIDS PROJECT OF BROWARD COUNTY

CPAP

The Comprehensive Pediatric AIDS Project (CPAP) was established in July 1991 to provide primary medical care and comprehensive case mangement to infants, children and adolescents, birth to age 20, living in Broward County.

The medical component, funded by Ryan White Title I, provides routine and sick child visits, which include physical and neurological examinations, as well as laboratory services, developmental assessments, nutrition, counseling, audiology follow-up, physical therapy and social work as needed. Medical and nursing staff are available evenings and weekends to provide consultation and support after routine clinic hours.

The family-centered case management component is funded by a federal grant from the Health Resources Services Administration. Social workers and nurses address the complex medical, social, legal and emotional needs of these families. Support services include home visits, support groups, transportation and advocacy.

During the first 18 months of the project, CPAP referrals increased more than 600 percent with 450 HIV/AIDS children and adolescents and their families receiving services.

Any infant, child or adolescent, birth through age 20, with a positive HIV test may be referred for services. Call the Children's Diagnostic & Treatment Center at (305) 779-1400.

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 South Andrews Avenue
Ft. Lauderdale, Florida 33301

GUIDANCE FOR ADOLESCENT PARENTING PROJECT

GAPP

Funded by the Children's Services Board of Broward County, the Guidance for Adolescent Parenting Project (GAPP) is a prevention-oriented program for new teenage parents, 17 years old or younger. The program's primary focus is to encourage young mothers to complete their high school education, engage in family planning and learn appropriate parenting skills.

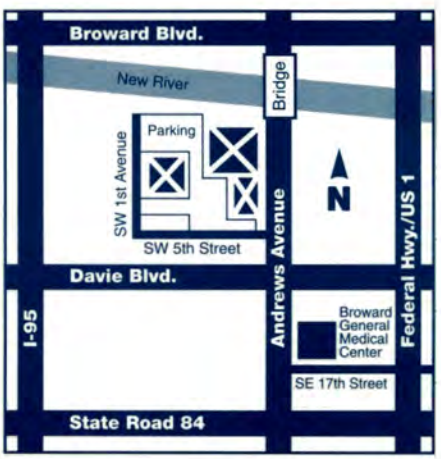
Intervention begins at the baby's birth with hospital visits to the new mother and baby. Home visits and clinic visits to the Children's Diagnostic & Treatment Center encourage attachment of the young mother (and father, when possible) to the infant and also ensure that the family has the necessary diapers, formula and baby furniture. Mother and infant are also connected with primary healthcare, school and appropriate social services.

More than 150 adolescents and their newborn infants are enrolled in the Guidance for Adolescent Parenting Project every year. Over 70 percent of these young mothers are enabled to return to school through the support of the GAPP staff.

Referral sources for GAPP include hospitals, obstetricians, community prenatal care centers and a variety of community agencies. Teen parents may be referred to the Children's Diagnostic & Treatment Center at (305) 779-1400.

CHILDREN'S DIAGNOSTIC & TREATMENT CENTER OF SOUTH FLORIDA

417 South Andrews Avenue
Ft. Lauderdale, Florida 33301



Edward Zold
ACT UP/ Golden Gate
3865 18th street
San Francisco, CA 94114

Carlos
Study - in my file for
next mtg w Phil Lee

April 13, 1994

Lydia Ogden
Centers For Disease Control and Prevention
26 Executive Park
Atlanta GA 30333

Ms. Ogden:

Thank you for your phone call on April 11. I sincerely appreciate your interest in the serious concerns of participants in the March 3-4 Prevention Marketing Initiative (P.M.I.) meeting in Washington D.C..

As I mentioned, my primary concerns about P.M.I. are:

1. I have, to date, received no response to or acknowledgement of the requests made by the young adult working group at the meeting. The group explicitly set a 30 day period during which we expected a detailed response from Dr. James Curran and/or other CDC staff.
2. I have, to date, received no response to or acknowledgement of working group recommendations made at the meeting, as promised by CDC staff. The lack of a tangible document detailing the recommendations made by working groups and CDC feedback is disturbing, as this meeting was conducted at considerable expense to the federal government.

As I mentioned in our conversation, I find the failure of CDC to respond to the young adult group's requests disconcerting. As you know, these requests were prompted by the ambiguous role created for the young adult group at the meeting.

Further, I find your explanation for this failure ("The Federal government moves very slowly") alarming. As an employee of CDC, you are undoubtedly aware that the HIV/AIDS epidemics are rapidly

decimating the various communities represented in the young adult working group. As tax payers and valuable individuals, we deserve a prompt and thoughtful response from our federal government to our concerns about this utter catastrophe.

I must also reiterate my concerns about the complete absence in PMI of any messages specifically for gay, lesbian and bisexual youth. CDC data indicates that many young gay, lesbian and bisexual Americans are already infected with HIV, and the entire population of gay, lesbian and bisexual youth is at extremely high risk for HIV infection. I find CDC's omission of a group of young people at such high risk to be a fundamental flaw in PMI. Further, I was profoundly distressed to learn from you that there are **no plans at this time to target gay, lesbian or bisexual youth in a CDC prevention initiative**. This is clearly indicative of a total lack of concern with gay, lesbian, and bisexual youth among the decision makers at your agency.

I certainly hope that the development a large scale campaign targeting gay, lesbian and bisexual youth will soon become a priority of CDC. Of course, such a campaign must not come at the expense of another underserved community; it is my fundamental belief that **ALL** communities at risk for HIV infection should be targeted by federal prevention efforts.

I feel compelled to reiterate my commitment to working in partnership with CDC. As I mentioned, however, I am extremely concerned about the present structure of the PMI partnership. I see the failures of CDC to provide any response to the concerns expressed and demands made by the young adult working group and to follow through with providing prompt feedback on working group recommendations as signs that the commitment of CDC in this partnership is questionable.

Further, while CDC has sought and used the resources in the gay, lesbian and bisexual communities to help insure the success of PMI, it has systematically sought to exclude messages for gay, lesbian and bisexual youth from PMI. As a young gay man living with HIV, I can only interpret CDC's exclusion of my community from this large and costly prevention campaign as a sign that preserving our lives and well being is not a priority of CDC at this time. Moreover, as I (and many other gay and lesbian Americans) have

put a significant amount of time and thought into a collaborative effort with your agency on PMI, I find our relationship, at present, to be one of unilateral effort rather than a partnership.

I look forward to receiving the assessment of the young adult working group's requests that you indicated you were sending. Further, I look forward to working with you and CDC in developing an initiative that seeks to address ALL communities struggling with the horrors of HIV and AIDS.

Thank you again for your time. Please call me at 415-252-8956 with any questions.

Sincerely,

Edward Zold

cc: Dr. James Curran
William Parra
Dr. Phillip Lee
CDC Advisory Committee on the Prevention of HIV Infection (all members)
Rep. Nancy Pelosi
Dr. Steve Morin
Christine Gebbie, Federal AIDS Policy Coordinator
PMI Young Adult Working Group (all members)
AIDS Action Council
ACT UP (All chapters)
National Gay and Lesbian Task Force
Human Rights Campaign Fund
National Minority AIDS Task Force
Gay Mens Health Crisis
San Francisco AIDS Foundation
City and County of San Francisco, Youth Prevention Advisory Committee (All Members)
Larry Kramer
United States House of Representatives, Ways and Means Committee (All Members)

APR 13 1994

THE WHITE HOUSE

Ted —

fyi & return — you may already have all of these materials — they were shared by a Nashville, Tenn. group, from a community session they had —

Christine

Foundations for Discipleship

AIDS

A CHRISTIAN RESPONSE

WILLIAM M. TILLMAN, JR.

Foreword by Fred Loper, M.D.
Medical Consultant, Home Mission Board