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Meeting with Frank Oldham 4/13/94

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THE WHITE HOUSE  
WASHINGTON

April 5, 1994

Mr. Frank Oldham, Jr.  
Administrator  
D.C. Agency for HIV/AIDS  
717 14th Street, N.W., Suite 600  
Washington, D.C. 20005

Dear Mr. Oldham:

It was a pleasure for me to meet with you this afternoon. I am very encouraged to hear of your plans to strengthen the community coalition process in the District of Columbia. I am very interested in assisting you in your efforts, primarily because now that we are working to implement the Community Planning Process, it is essential that governmental and community-based organizations work together to arrive at common goals and priorities.

I am very interested in assisting you in any way that I or the staff in my office can to develop a national model for community consensus building. Your plan for a Leadership AIDS Summit indicates a level of commitment that the District of Columbia will need in order to resolve current conflicts within the community.

It is my understanding that you have met with Carlos Velez and Frances Page on several occasions. They have communicated with the staff of the Centers for Disease Control and Prevention (CDC) to determine how the technical assistance that CDC is making available to states and localities that receive federal funding will operate and how the District of Columbia Agency for HIV/AIDS (AHA) will be able to use the available resources. Mr. Velez has also communicated with the National Minority AIDS Council (NMAC), which will be instrumental in assisting with the logistics of your proposed activities.

I hope that your efforts in coalition building will be a success. If there is anything I or my staff can do to be of assistance to you, feel free to contact Carlos Velez at (202) 690-6248.

Sincerely,

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



To: Kristine M. Gebbie  
From: Carlos Velez *CWV*  
Date: April 5, 1994  
Re: Frank Oldham Meeting  
Briefing

APR 5 1994

The following are a few of the critical issues in preparation for your meeting with Frank Oldham, Director, D.C. Agency for HIV/AIDS (AHA):

- \* The D.C. Government just awarded the comprehensive HIV services contract to the Abundant Life Clinic. The Clinic, operated as a non-profit by members of the Nation of Islam, provides HIV-related care and services primarily to African Americans and other people of color. The granting of this contract was delayed for six months due to technical reasons, which fueled discussions of favoritism from the D.C. government. This was the same issue which caused the ouster of Caitlan Ryan as director of AHA one year ago.
- \* Although the process of award is seen by all the parties as being impartial, and the funding is not federal funding (amounts to \$200,000), there has been concern coming from Congress that federal funds are being awarded to the Nation of Islam. The awarding of the contract was done purely on the merit of the proposal. I have talked to members of the local community that understand that this award was fair.
- \* On a related issue, the members of the HIV+ committee of the Ryan White Planning Council staged a walk-out at the last two meetings of the Council, charging unfairness from the Council chair. The conflict is one of representation in the Planning Council process.
- \* In order to deal with these and other issues, Mr. Oldham requested our assistance in two ways: (1) to assist in finding federal staff to review the final round of the comprehensive HIV services contract proposals (see attached letter from Frank Oldham); and (2) to assist in the creation of a community consensus-building and healing process called the Leadership AIDS Summit.
- \* On the first point, the Office of the General Counsel at HHS issued an opinion that federal staff could not participate in the reviews because federal funding (i.e., Ryan White) was in the mix of funding for HIV services. On the second point, I have attended 3 meetings with Mr. Oldham where we have talked about this. I have talked to CDC to see what technical assistance is available to states and how DC can access it and have talked to the National Minority AIDS Council, which has committed to assist in the project also.
- \* Mr. Oldham has asked that I assist in the planning of the Leadership AIDS Summit

and that we use the process to develop a model for community consensus-building that can be replicated in other cities and states that may be in conflict (e.g., Houston, Phoenix). I facilitated a meeting of local CBOs in 1991 where the organizations said they wanted a local DC AIDS specific meeting or conference, which has never taken place. My participation in this project would only entail observing the process and giving our moral support.

- \* DC must be commended on the implementation of the community planning process. Their process has been extremely inclusive. This Thursday April 7 they will hold a "town hall" meeting on Community Planning from 6:00 - 8:00, where they will look at the Planning Group composition.



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES  
WASHINGTON, D.C. 20002

IN REPLY REFER TO:

Agency for HIV/AIDS  
717-14th Street, N.W.  
Suite 600  
Washington, DC 20005

March 18, 1994

By Courier

Philip R. Lee, M.D.  
Assistant Secretary for Health  
U.S. Public Health Service  
200 Independence Avenue, S.W.  
Washington, DC 20201

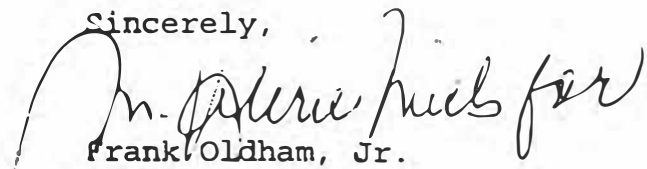
Dear Dr. Lee:

In recent months I have had the honor speaking with Secretary Shalala and with Ms. Kristine Gebbie about ways in which the Federal and District governments can work together to address the HIV/AIDS epidemic in the nation's capital. To that end, I am requesting your assistance in resolving an urgent matter that will make available for District of Columbia residents much needed HIV/AIDS services.

The District of Columbia, Department of Human Services, Agency for HIV/AIDS, is putting together a joint Federal-District panel to review competitive proposals to provide HIV/AIDS primary medical and support services. Your assistance is requested in identifying four (4) Federal employees who would be available on March 25 and March 28 to participate on the panel.

I appreciate your efforts to respond to this request on such short notice. If you have any questions, please call me at (202) 727-2500. When you have identified the individuals, please call Steven Kilkelly, M.S.W., Associate Administrator, at the same number.

Sincerely,

  
Frank Oldham, Jr.  
Administrator  
District of Columbia  
Agency for HIV/AIDS

cc: Hon. Donna Shalala  
Arthur Lawrence, Ph.D.  
Jo Ivey Boufford, M.D.



Contact CDC for community planning  
Contact NMHC + NEHC for T/A  
for community planning

## Leadership AIDS Summit

- A. Purpose
- B. Background Information
- C. Potential Date And Location
- D. Contract Plan
- E. National Model
- F. Meeting With Consultants
- G. Other

- (1) Participate in any way, attend
- (2) Assist in getting resources  
Contact CDC to see if comm planning can be  
used for this.  
National organizations to provide technical assistance.
- (3) Additional sources of funding

Planning

## *Notes From A Leadership AIDS Summit Meeting*

- ☞ Leadership AIDS Summit will be used as a national model.
- ☞ The summit will be held in Washintgon, D.C. for 2 days and a dinner will be held after the event.
- ☞ Participates will include HIV/AIDS persons and the Community HIV/AIDS Advisory Committee.
- ☞ The summit is being held to resolve Conflict-Resolution.
- ☞ It is also around community healing.
- ☞ Themes running through the summit will be:
  - A. ISMS- e.g., sexism, classism
  - B. Power Issues
  - C. Whose In and Whose Out
- ☞ Women Issues
- ☞ Goals: Cohesive Communication Through Coalition Building , Create The Environment Dialogue, Reduce Conflict and In-fighting.

☞ Use 5 year Plan as a jump off point - to establish group working with providers.

☞ It was recommended that 20 organizations attend the summit.



# The Leadership AIDS Summit

The Leadership AIDS Summit will assist the HIV/AIDS community leaders in better communicating with the Agency for HIV/AIDS and with each other. It would also work in conjunction with strategies to be developed in the 5-year plan.

The Agency's 5-year plan is a workable document for the HIV/AIDS community. The vendors for the Agency are to implement the plan and use the document as a guide. The document is the "Bible" that vendors use as a foundation to achieve their goals and objectives.

Some roadblocks to leaders participating in the summit may be:

- Their time schedule may prevent their attendance.
- The topics do not fit their needs.
- They are not knowledgeable about the 5-year plan.

Potential frustrations of the summit may be:

- Participants might attend and not fully share the conflicts confronting their agencies and organizations.
- The attendees might feel uncomfortable communicating external problems or conflicts directly to each other honestly.

- Some may leave the summit and violate the confidentiality of other participants by contacting the media.

The major concerns for sponsoring this Leadership AIDS Summit are that:

- We accomplish our goals.
- The vendors and the community support the Agency's efforts.
- Participants leave the summit with a greater respect for each other and they establish workable bonds.
- Vendors minimize conflict and differences to enable them to share resources and ideas on projects.

There are three goals we would like to see accomplished. We would like to:

- Build a workable system for communicating with vendors using our services.
- Reduce conflict and in-fighting to a minimum among vendors and between vendors and the Agency.
- Have vendors come out of the summit understanding that patients, not politics, are a priority. As a result, vendors must develop mutual cooperation and respect for each other.

# The Leadership AIDS Summit Contract Plan

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The Agency for HIV/AIDS is contracting for consultation and intervention services related to the development and implementation of a two day summit. The intervention will occur in four phases.

## Phase I: Data Gathering & Planning

The consulting team will conduct several data gathering efforts including development, administration and compilation of a needs assessment, and facilitating six assessment interviews with staff and potential participants prior to the summit.

The consulting team will assist the client in determining the parties for the assessment interview. In an effort to foster trust and confidentiality, we propose to receive and compile the results and forward these tabulations to you.

The objectives of this phase are to gather both qualitative and quantitative information about trends, practices and constituent experiences for developing the planned intervention. Specifically we aim:

- ☛ To give the administrator a comprehensive body of feedback about constituent feedback on the intervention effort.

- ☛ To give the consultants and trainers a more in-depth understanding of the organization climate. This will allow us to select the most appropriate training strategies and content.

- ☛ To engage primary constituents actively in the process of planning the intervention. Participation in the data gather process allows constituents to (a) raise issues that are important to them personally, (b) begin to vent their feelings about specific issues, (c) celebrate the strengths of the organization, and (d) begin to commit to the intervention process.

Consultant Time 2-3 days for the assessment process and 1 day for compilation.

### **Phase II: Analysis of Data**

The consulting team will analyze the data gathered and generate a written summary of findings for the Administrator of the Agency. The data will assist the consultant team in program development.

**Consultant Time: 1 day**

### **Phase III: Program Development**

The consulting team will design a two day conference and summit for 20-50 participants. The participants will include Community HIV/AIDS Advisory Committee members, vendors and community representatives.

### **Phase IV: Facilitation and Evaluation**

The consulting team will facilitate the two day summit within or outside the District of Columbia. This intervention will utilize the three goals:

-  Foster the connection between the Agency for HIV/AIDS and participants.
-  Foster direct communication between all parties.
-  Foster commitment by participants to continue relationships beyond the summit by exchanging phone numbers and scheduling follow-up discussions.

**Consultant Time: 2 days**

The consultant team will deliver a written report on the intervention process.

**Consultant Time: 1/2 day**