Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Sandra Thurman to Tony Podesta at 18:20:07.00. Subject: Hi there! (1 page)	10/04/1999	P6/b(6)
002. email	Sandra Thurman to O'Brien, Brett at 16:16:29.00. Subject: Re: Africa Trip. (partial) (1 page)	11/22/1999	P6/b(6)

COLLECTION:
Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Creator: Sandra Thurman])
OA/Box Number: 250000

FOLDER TITLE:
[09/03/1999 - 11/22/1999]

2012-0045-S
ab920

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]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 3-SEP-1999 11:00:50.00

SUBJECT: Re: next steps on AIDS documents

TO: Richard J. Turman (CN=Richard J. Turman/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
Hi there!

We are finished with the final draft of the two-pager. It is now circulating for comments so I am forwarding a copy for your perusal.

USAID has completed their one- pager, HHS's needs a little work (what a surprise!) and DoD's is on the way over. We will format them all this afternoon.

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Sandy

---------- Forwarded by Sandra Thurman/OPD/EOP on 09/03/99 10:59 AM ----------

Alex Ross <aross@afr-sd.org>
09/02/99 11:32:43 PM
Record Type: Record

To: Paul Delay <pdelay@usaid.gov>, Sandra Thurman/OPD/EOP
cc:
Subject: Final? Two pager

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- twopage5.doc

========== ATTACHMENT 1 ==========
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
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LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*):
A Global AIDS Initiative

SUMMARY

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those impacted by this devastating disease. While this investment represents only a portion of what is needed, this additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations-responding to the imperative to do more. It is our hope that this action will be matched by other nations and institutions.

What follows is an operating plan that outlines the intended programming of this additional funding. It contains a framework of interventions, grounded in a series of goals and objectives consistent with those already established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be added after dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services, and the Department of Defense (DoD). USAID will have lead responsibility to facilitate coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute to broad global targets over the next 3 to 5 years which seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

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US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
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- ✓ Initiative activities will be coordinated with other donors and will seek to leverage other donors' efforts and resources.
- ✓ Increase the number of collaborating USG agencies and other partners in the fight against AIDS, as well as use of new approaches.
- ✓ Support for African/Indian expertise and institutions in implementing program elements are emphasized.
- ✓ *LIFE* offers opportunities to learn about new models that will assist US-based HIV programs, as well as to share US experiences abroad.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

At the present time, the UNAIDS has estimated that resource needs for *prevention alone* for sub-Saharan Africa total exceeds $1 billion per year. The Initiative will contribute to this goal and to the global partnership necessary to bring effective programs to adequate scale. Curtailing this epidemic is not just the responsibility of the U.S. Government. US partners involved in this Initiative will collaborate with UNAIDS and other international and local agencies to leverage additional host country, multilateral, bilateral, and private resources.

Program Elements

The Initiative addresses four key program elements critical to fighting the AIDS pandemic: primary prevention, improving community and home based care and treatment, caring for children affected by AIDS, and capacity and infrastructure development. Although the Initiative will not support all elements in every country, all program funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Primary Prevention: The initiative focuses primarily on prevention to slow—and hopefully reverse—the trend of rising HIV rates in developing countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety. USG agencies will work with civilian and military populations.

Improving Community and Home Based Care and Treatment: Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers. Even in the absence of antiretroviral drugs, there is much that can be done to improve the quality and duration of life for persons living with HIV/AIDS and their families within the developing country setting. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons, increasing the both the quality and duration of a person's life. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services in developing countries for children orphaned by AIDS are extremely limited or non-existent. This initiative will support USAID to take primary responsibility for activities to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: Within the target countries, it is critical that political commitment is increased and host country capacity to implement effective interventions is strengthened, focusing on government, private sector, NGOs and research institution capabilities. Key activities are to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, to measure the impact of these interventions, and to build new capabilities for the delivery of treatment and support services.

Managing and Monitoring the *LIFE* Initiative: A coordinating task Force will be convened under the auspices of ONAP, with secretariat support provided by USAID to develop joint management and monitoring plans. Multiple partners will be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance.

Annex

Program Element	Investment
Primary Prevention 1) Program Delivery and Other Activities 2) Technical Assistance and Training 3) Prevention activities for African military and uniformed services	USAID: $25M HHS:$13M DoD:$10M Subtotal: $48M
Improving Community and Home Based Care and Treatment 1) Program Delivery 2) Technical Assistance and Training	USAID: $14M HHS: $9M Subtotal: $23M
Caring for Children Affected by AIDS	USAID: $10M
Capacity & Infrastructure Development 1) Increasing political commitment and strengthening AIDS programs 2) Surveillance	USAID: $6M HHS: $13M Subtotal:$19M

Annex

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 7-SEP-1999 16:55:52.00

SUBJECT: Re: next steps on AIDS documents

TO: Alex Ross <aross@afr-sd.org> (Alex Ross <aross@afr-sd.org> @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
These are OMB's final little edits FYI.
---------- Forwarded by Sandra Thurman/OPD/EOP on 09/07/99 04:54 PM ----------

Richard J. Turman
09/03/99 04:23:43 PM
Record Type: Record

To: Sandra Thurman/OPD/EOP@EOP
cc: See the distribution list at the bottom of this message
bcc:
Subject: Re: next steps on AIDS documents

Thanks for sharing the draft of the two-pager. We'd appreciate seeing the one-pagers when drafts are available.

We have only two minor edits on the two-pager -- the second is just to reflect that there really isn't an operating plan following this sentence, just two pages.

We look forward to seeing the revised Operating Plan draft as soon as feasible, so we can all work off the same materials. Thanks!

Here are the edits:

Sandra Thurman 09/03/99 11:00:38 AM

Record Type: Record

To: Richard J. Turman/OMB/EOP@EOP
cc:
Subject:Re: next steps on AIDS documents

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Alex Ross <aross@afr-sd.org>
09/02/99 11:32:43 PM
Record Type: Record

To: Paul Delay <pdelay@usaid.gov>, Sandra Thurman/OPD/EOP
cc:
Subject: Final? Two pager

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- twopage5.doc

Message Copied
To:
Daniel N. Mendelson/OMB/EOP@EOP
aross@afr-sd.org
Barry T. Clendenin/OMB/EOP@EOP
Todd A. Summers/OPD/EOP@EOP
Cheryl C. Graczewski/OMB/EOP@EOP
Stefani J. Pashman/OMB/EOP@EOP

Melany Nakagiri/OMB/EOP@EOP
Michael Casella/OMB/EOP@EOP
==================== ATTACHMENT 1 ====================
ATT CREATION TIME/DATE: 0 00:00:00.00

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Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services in developing countries for children orphaned by AIDS are extremely limited or non-existent. This initiative will support USAID to take primary responsibility for activities to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: Within the target countries, it is critical that political commitment is increased and host country capacity to implement effective interventions is strengthened, focusing on government, private sector, NGOs and research institution capabilities. Key activities are to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, to measure the impact of these interventions, and to build new capabilities for the delivery of treatment and support services.

Managing and Monitoring the *LIFE* Initiative: A coordinating task Force will be convened under the auspices of ONAP, with secretariat support provided by USAID to develop joint management and monitoring plans. Multiple partners will be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance.

Annex

Program Element	Investment
Primary Prevention	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS:$13M
3) Prevention activities for African military and uniformed services	DoD:$10M
	Subtotal: $48M
Improving Community and Home Based Care and Treatment	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	Subtotal: $23M
Caring for Children Affected by AIDS	USAID: $10M
Capacity & Infrastructure Development	
1) Increasing political commitment and strengthening AIDS programs	USAID: $6M
2) Surveillance	HHS: $13M
	Subtotal:$19M

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*):

A Global AIDS Initiative

SUMMARY

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those impacted by this devastating disease. While this investment represents only a portion of what is needed, this additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations-responding to the imperative to do more. It is our hope that this action will be matched by other nations and institutions.

What follows is an operating plan that outlines the intended programming of this additional funding. It contains a framework of interventions, grounded in a series of goals and objectives consistent with those already established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be added after dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services, and the Department of Defense (DoD). USAID will have lead responsibility to facilitate coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute to broad global targets over the next 3 to 5 years which seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

LIFE INITIATIVE'S GUIDING PRINCIPLES

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding and activities are in addition to existing USG HIV/AIDS programs and activities conducted abroad. The net total of new and expansion of existing activities will yield expected results in the target countries and programs.
- ✓ Initiative activities will be coordinated with other donors and will seek to leverage other donors' efforts and resources.
- ✓ Increase the number of collaborating USG agencies and other partners in the fight against AIDS, as well as use of new approaches.
- ✓ Support for African/Indian expertise and institutions in implementing program elements are emphasized.
- ✓ *LIFE* offers opportunities to learn about new models that will assist US-based HIV programs, as well as to share US experiences abroad.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

At the present time, the UNAIDS has estimated that resource needs for *prevention alone* for sub-Saharan Africa total exceeds $1 billion per year. The Initiative will contribute to this goal and to the global partnership necessary to bring effective programs to adequate scale. Curtailing this epidemic is not just the responsibility of the U.S. Government. US partners involved in this Initiative will collaborate with UNAIDS and other international and local agencies to leverage additional host country, multilateral, bilateral, and private resources.

Program Elements

The Initiative addresses four key program elements critical to fighting the AIDS pandemic: primary prevention, improving community and home based care and treatment, caring for children affected by AIDS, and capacity and infrastructure development. Although the Initiative will not support all elements in every country, all program funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Primary Prevention: The initiative focuses primarily on prevention to slow—and hopefully reverse—the trend of rising HIV rates in developing countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety. USG agencies will work with civilian and military populations.

Improving Community and Home Based Care and Treatment: Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers. Even in the absence of antiretroviral drugs, there is much that can be done to improve the quality and duration of life for persons living with HIV/AIDS and their families within the developing country setting. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons, increasing the both the quality and duration of a person's life. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services in developing countries for children orphaned by AIDS are extremely limited or non-existent. This initiative will support USAID to take primary responsibility for activities to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: Within the target countries, it is critical that political commitment is increased and host country capacity to implement effective interventions is strengthened, focusing on government, private sector, NGOs and research institution capabilities. Key activities are to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, to measure the impact of these interventions, and to build new capabilities for the delivery of treatment and support services.

Managing and Monitoring the *LIFE* Initiative: A coordinating task Force will be convened under the auspices of ONAP, with secretariat support provided by USAID to develop joint management and monitoring plans. Multiple partners will be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance.

Annex

Program Element	Investment
Primary Prevention 1) Program Delivery and Other Activities 2) Technical Assistance and Training 3) Prevention activities for African military and uniformed services	 USAID: $25M HHS:$13M DoD:$10M Subtotal: $48M
Improving Community and Home Based Care and Treatment 1) Program Delivery 2) Technical Assistance and Training	 USAID: $14M HHS: $9M Subtotal: $23M
Caring for Children Affected by AIDS	USAID: $10M
Capacity & Infrastructure Development 1) Increasing political commitment and strengthening AIDS programs 2) Surveillance	 USAID: $6M HHS: $13M Subtotal:$19M

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 7-SEP-1999 08:47:19.00

SUBJECT: Re: Briefing for AIDS Meeting

TO: Katharine Button (CN=Katharine Button/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
See you then!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 7-SEP-1999 18:57:26.00

SUBJECT: One Pagers

TO: Richard J. Turman (CN=Richard J. Turman/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
Hi there! I hope you had a great weekend.

I tried to call you but got the answering machine. I heard that the meeting this morning went fairly well. That is good news!

I agree with you. We need to get the one pagers finalized (and down to one page to boot!). I will call everyone in the morning and try to get them on the program. Alex has been compiling most of the edits. I will make sure that OMB's are included.

All things considered I think that they have done fairly well.

Thanks!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 7-SEP-1999 08:36:10.00

SUBJECT: Briefing for AIDS Meeting

TO: Katharine Button (CN=Katharine Button/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
I have found 22 copies of the Africa Report for distribution at the meeting. That will at least cover the folks who are sitting at the table.

I assume that the First Lady will be briefed just prior to the meeting. If you need me to help with any preparations or want me present to answer any questions, just let me know.

Hope you had a great weekend.

Thanks!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 7-SEP-1999 08:28:21.00

SUBJECT: Re: (no subject)

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
That is nice to know. Thanks.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-SEP-1999 16:18:44.00

SUBJECT: Re: CBC-AIDS/South Africa

TO: Paul Thornell (CN=Paul Thornell/O=OVP@OVP [UNKNOWN])
READ:UNKNOWN

TEXT:
You are more than welcome. If you ever need anything more quickly than we are producing it just page me.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-SEP-1999 16:04:55.00

SUBJECT: Re: CBC-AIDS/South Africa

TO: Paul Thornell (CN=Paul Thornell/O=OVP@OVP [UNKNOWN])
READ:UNKNOWN

TEXT:
Hi there!

Did you get what you needed on South Africa? If not, let me know and I will whip up something.

Yesterday the First Lady met with a variety of leaders from the public and private sectors to discuss ways to energize our global efforts in the battle against AIDS. Participants from multinational organizations included James Wolfensohn, President of the World Bank and Dr. Peter Piot, Director of UNAIDS. The corporate sector was represented by Robert Johnson, CEO of Black Entertainment Television and Charles Heimbold of Bristol Myers Squib and foundations participating included Rockefeller, Soros, MacArthur, Gates and Kaiser. The Administration officials included Secretary Shalala. Secretary Summers, Brady Anderson, Administrator of USAID, Frank Loy, Under Secretary of State, Leon Feurth and Sandy Thurman among others.

The dialogue centered around ways to mainstream HIV/AIDS programs into existing agendas (i.e. trade, development, communications). There was overwhelming consensus that a highly visible leadership on the part of the United States was essential not only in galvanizing similar actions by other nations but in helping to shape a more active response by other sectors of society domestically (business, NGOs, religious).
Another major point that consistently came up was the need for capacity development in order to maximize the effectiveness of new investments.

At the end of the meeting the Office of National AIDS Policy agreed to co-host a global technical assistance meeting with UNAIDS in October. In addition, Bob Johnson of BET agreed to pull together other executives in the communications industry to discuss ways to use mass media more effectively, and the CEO of Bristol Myers Squibb agreed to work with us on our upcoming business leaders meeting to engage a broader range of corporate partners.

If you have any questions or need other info, please let me know.

Thanks!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-SEP-1999 19:17:48.00

SUBJECT: AIDS in Africa Documentary

Rob, I hope this is the kind of thing you were talking about. As always, thank you somuch for your help. Look forward to seeing you tomorrow

On Thursday, September 9th at 6:00pm in Senate Caucus Room (Russell 325) the Children Affected by AIDS Foundation is sponsoring a Congressio

TO: Robert.cogorno@mail.house.gov (Robert.cogorno@mail.house.gov @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-SEP-1999 09:22:16.00

SUBJECT: One pagers -- LIFE

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
--------------------- Forwarded by Sandra Thurman/OPD/EOP on 09/08/99 09:21 AM ---------------------------

Alex Ross <aross@afr-sd.org>
09/05/99 06:42:24 PM
Record Type: Record

To: Sandra Thurman/OPD/EOP, Paul Delay <pdelay@usaid.gov>
cc:
Subject: One pagers -- LIFE

Sandy and Paul,

Here they are, the one pagers. They are draft. Please keep in mind that these have NOT been cleared in agencies. I will be sending the HHS one over to Carmine Bozzi as well--I expect some comments as he has not seen this version. DOD is more or less the same as the one they sent over (also attached with the longer file name).

Alex

- usaid1pga.doc
- hhs1pgr.doc
- dod1pgr.doc
- dodaids_africa9_3_99a_final.doc

==================== ATTACHMENT 1 ====================
ATT CREATION TIME/DATE: 0 00:00:00.00

TEXT:
Unable to convert ARMS_EXT:[ATTACH.D10]ARMS22792505L.236 to ASCII,
The following is a HEX DUMP:

D0CF11E0A1B11AE1000000000000000000000000000000003E000300FEFF090006000000000000
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LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (LIFE)

SUMMARY OF THE USAID RESPONSE

Introduction

The Agency for International Development's (USAID) response to the HIV/AIDS epidemic began in 1986, with the Agency contributing over $1.2 billion to the effort during these last 13 years. Of this total, USAID has programmed over $650 million in sub-Saharan Africa. Since the early 1990's, USAID has been the leading donor to both UNAIDS and to HIV/AIDS prevention and control in the developing world.

However, since 1993 the USAID budget has remained at approximately $120 million per year. During this time the number of annual HIV infections has risen 300% to 6 million per year. The epidemic is rapidly spreading within the Southern regions of Africa and into Asia and the newly independent states of the former Soviet Union. USAID now provides technical assistance and support to programs in 47 developing countries, 22 of which are in sub-Saharan Africa. These country programs are designed to decrease HIV transmission and reduce the impact of AIDS on families and societies, but they continue to be underfunded relative to the enormous need. USAID resources, combined with other international donors and contributions from national host country governments, are only able to reach 10% to 20% of the "at-risk" population in sub-Saharan Africa.

The *LIFE* Initiative

On July 9, 1999, Vice President Gore announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $55 million will be programmed through USAID, nearly doubling the resources available for USAID programs in sub-Saharan Africa.

The *LIFE* Initiative focuses on 15 target countries[1] (14 in sub-Saharan Africa and India). These countries have the most severe AIDS epidemics, the highest number of new infections, the potential for greatest impact, and have existing USAID programs on which to build. Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements are required in all target countries.

- **Primary Prevention:** USAID will program $25 million in 13 of the 15 target countries to reverse the trend of rising HIV infection rates. This prevention component will support voluntary counseling and testing, condom marketing, behavior change programs, mother to child transmission reduction, STD treatment, and blood safety.

[1] The country list will be finalized after further dialogue with specific governments and key stakeholders.

- **Improving Community and Home Based Care and Treatment:** USAID will allocate $14 million in 7 of the 15 target countries to provide a continuum from in-patient to community outpatient treatment, combined with psychosocial support services which utilize a wide range of community workers, including traditional healers.

- **Caring for Children Affected by AIDS:** USAID will devote $10 million in 12 of the 15 target countries to assist children affected by AIDS and their families. Nutritional support through Title II, Food for Peace, programs will supplement existing efforts to strengthen the capacity of families and caring for AIDS orphans.

- **Capacity and Infrastructure Development:** With a budget of $ 6 million, USAID will work in 10 of the 15 target countries to increase host country capacity to implement effective interventions, focusing on government, private sector, NGOs, and research institution capabilities. Key activities will increase the use of accurate HIV surveillance data to target HIV/AIDS prevention and care interventions and to measure the impact of these interventions, and will expand capabilities for the delivery of care and services.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level. Other participating US government agencies are the Department of Health and Human Services (DHHS) and the Department of Defense (DoD). In addition, USAID will provide secretariat support to the Coordinating Task Force, which will be organized under the auspices of the White House Office for National AIDS Policy (ONAP).

What Do We Hope to Achieve:

We already possess models of success. In Uganda, HIV prevalence has been reduced by 50% in young urban women, aged 15 to 24, by promoting a delay in the onset of sexual activity and the adoption of safer sexual practices. In Senegal, HIV prevalence has been kept below 2%. The Uganda and Senegal models prove that the battle can be won, and challenge us to bring comparable success to additional countries.

Monitoring systems will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the Initiative. Over the next three years, the Agency will meet the following performance targets:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- The establishment of surveillance systems in all target countries.

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

SUMMARY OF THE DHHS RESPONSE

Introduction

Since the beginning of the HIV epidemic, the U.S. Department of Health and Human Services (HHS) has collaborated with countries in Africa and Asia to increase our understanding of HIV and to evaluate interventions that can be effective. Agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes for Health (NIH) have been leaders in documenting the nature and spread of the epidemic. Other agencies such as the Health Resources and Services Administration (HRSA), the Administration on Children and Families (ACF), as well as several other DHHS agencies and offices have unique expertise in a number of specific HIV interventions that can be tailored to international needs. The National AIDS Program Office and the Office of International and Refugee Health offer guidance and linkages to other multilateral, bilateral and non-governmental organizations.

HHS has international field station structures and sites in a number of African and Asian countries. These CDC and NIH sites provide opportunities for assistance to countries, as well as for prevention research. CDC field stations are in Cote d'Ivoire, Botswana, Kenya, with additional presence in Uganda, South Africa, and Thailand. NIH HIV-NET sites are present in Uganda, South Africa, Malawi, Zambia, and Zimbabwe. CDC, NIH and other DHHS agencies have relationships in most of the African countries. The United States and developing countries can mutually benefit from lessons learned in applying efforts to contain the massive HIV epidemic in Africa and Asia.

The *LIFE* Initiative

On July 9, 1999, Vice President Gore announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $35 million will be programmed through DHHS, a significant increase in DHHS resources to fighting AIDS internationally.

This Initiative will involve an unprecedented collaboration between three U.S. Agencies: the United States Agency for International Development (USAID), the Department of Health and Human Services (DHHS), and the Department of Defense (DOD) and builds upon existing programs with other national and international agencies. The *LIFE* Initiative will increase available resources, improve and enhance prevention and care efforts, and expand the quality, diversity and number of both U.S. Government and local country partners who can effectively respond to the pandemic over the next three to five years.

The *LIFE* Initiative focuses on 15 target countries[1] (14 in sub-Saharan Africa and India). These countries have the most severe AIDS epidemics, the highest number of new infections, the potential for greatest impact, and have existing USG programs on which to build. Under the *LIFE* Initiative, DHHS will emphasize the following three program elements. These activities

[1] The country list will be finalized after further dialogue with specific governments and key stakeholders.

also enhance and complement current DHHS international activities. Based on the mix of existing activities, not all elements are required in all target countries.

- **Primary Prevention:** DHHS will program $13 m to help implement comprehensive primary prevention activities in 12 of 15 target countries by providing technical assistance and training for the following six activities: (1) Voluntary Counseling and Testing; (2) Social Marketing; (3) Behavior Change; (4) Mother-to-Child HIV transmission; (5) STD Management; and (6) Blood Safety.

- **Capacity and Infrastructure Development:** DHHS will allocate $13 million in all target countries to assist building capacity and infrastructure by strengthening existing surveillance systems and developing new initiatives to accurately monitor the epidemic. This infrastructure will provide accurate and timely information for planning and targeting enhanced delivery of HIV/AIDS prevention and care interventions and measuring their impact.

- **Improving Community and Home-Based Care and Treatment:** DHHS will devote $9 million in 5 of the 15 target countries to provide assistance to develop and institute model home and community based care programs. This will include developing training materials and guidelines for home- and community-based treatment of sexually transmitted diseases (STD) and other AIDS associated infections; promotion of short course directly observed treatment (DOTS) for TB; development of community-based HIV care and supportive care service models; health care worker training; and developing indicators for accurately measuring the impact of services on morbidity and mortality.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level.

What Do We Hope to Achieve:

We already possess models of success. In Uganda, HIV prevalence has been reduced by 50% in young urban women, aged 15 to 24, by promoting a delay in the onset of sexual activity and the adoption of safer sexual practices. In Senegal, HIV prevalence has been kept below 2%. The Uganda and Senegal models prove that the battle can be won, and challenge us to bring comparable success to additional countries.

Monitoring systems will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the Initiative. Over the next three years, DHHS, in collaboration with the other USG implementation partners, will meet the following performance targets:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of district/provincial governments will be able to implement care and support activities
- The establishment of surveillance systems in all target countries

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

SUMMARY OF THE DOD RESPONSE

Introduction

The AIDS epidemic on the African continent is remarkably complex. HIV incidence and prevalence, the demographics of populations at risk, risk behaviors, the rural vs. urban distribution of HIV, and access to basic education/prevention activities all vary regionally and country by country. Moreover, the mixture of HIV types, groups, subtypes, and recombinants varies widely across Africa. A regional, and sometimes a country-specific, approach to primary AIDS prevention is required. In Africa, HIV rates in military and uniformed populations often exceed the rates in the civilian populations.

Experience with AIDS prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with serial prevalence or incidence measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

The *LIFE* Initiative

On July 9, 1999, Vice President Gore announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total $10 million will be programmed through the U.S. Department of Defense.

This Initiative will involve an unprecedented collaboration between three U.S. Agencies: the United States Agency for International Development (USAID), the Department of Health and Human Services (DHHS), and the Department of Defense (DOD) and builds upon existing programs with other national and international agencies. The *LIFE* Initiative will increase available resources, improve and enhance prevention and care efforts, and expand the quality, diversity and number of both U.S. Government and local country partners who can effectively respond to the pandemic over the next three to five years.

The *LIFE* Initiative focuses on 15 target countries[1] (14 in sub-Saharan Africa and India). These countries have the most severe AIDS epidemics, the highest number of new infections, the potential for greatest impact, and have existing USG programs on which to build. Under the *LIFE* Initiative, DoD will emphasize prevention activities for African military and uniformed services.

- **Regional Specific Military-based Education:** Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, DoD will direct military-based education in 13 of the 15 target countries in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

[1] The country list will be finalized after further dialogue with specific governments and key stakeholders.

- assessment of HIV prevalence and risk behaviors
- development of a regional prevention plan
- implementation through training and development of infrastructure
- evaluation of the effect of prevention
- refinement and incorporation into the military culture for enduring impact

DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Anonymous serosurveys with risk behavior data collection will begin as soon as feasible. Current educational modules created by the NHRC and Johns Hopkins University (JHU) will be culturally adapted to the targeted areas in Africa. The initial round of serosurveys and risk behavior assessment will take a minimum of six months. A "train the trainer" approach that has been very successful within the U.S. Air Force will be used. This training can occur simultaneously within the different regions and will be completed within three months. All of these programs will be coordinated with similar USAID activities, for example, education concerning condoms, counseling, and testing of general populations.

The trained educators will then intensively educate specifically selected military units where anonymous serosurveys have been completed within the first round. Post education serosurveys with risk behavior assessment will again be completed and compared with the original information to assess impact.

In other areas of the world where this approach has been successfully implemented, i.e. SE Asia, incidence markedly declined and upon release from the military these individuals became peer educators within their villages, expanding the impact of the original investment. The same scenario is visualized for this project, which is expected to make a substantial impact on reducing the impact of AIDS in African militaries.

In addition to assessment of HIV seroprevalence, selected serum samples will be utilized for determinations of HIV type, group, and subtype. Because the distribution of HIV in different regions and populations group is incompletely known, this will provide essential information characterizing the epidemic in African militaries. The impact of HIV-1 subtype on clinical progression, transmission, and eventual vaccine efficacy is largely unknown. Assessment of HIV-1 subtypes in African military populations, with opportunity for follow-up, will permit an evaluation of these factors in many different settings, ranging from a virtually single-subtype epidemic in Southern Africa to a highly complex mixture of subtypes and recombinants in West Central Africa. Prevention activities can be focussed, not only on individuals at high risk, but also on regions and populations where the particular subtypes or mixtures of subtypes present the greatest challenge to prevention.

This project is expected to contribute to long-term and sustained HIV prevention in Africa.

- **Enhanced military education of African UN Peace Keeper forces.** African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. DoD, in partnership with the UN, will pattern a program on one currently being piloted through the South African Army field units. The current project involves five specific curriculum modules: Defining HIV and its impact in the military, HIV prevention, substance Abuse, HIV, STDs; risk assessment and prevention strategies; and course summary.

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (LIFE)

SUMMARY OF THE DOD RESPONSE

Introduction

On July 9, 1999, Vice President Gore announced a new Administration initiative to address the global AIDS pandemic. A central feature of the LIFE initiative is a $100 million increase in US support for sub-Saharan countries working to prevent the further spread of HIV and to care for those impacted by this devastating disease. Of this total $10 million will be programmed through DoD. Experience with AIDS prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with serial prevalence or incidence measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

DoD Prevention Activities for African Military and Uniformed Services

Definitions and Performance Measures

1. Regional specific military-based education.

Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, military-based education will be directed to 13 countries[1] in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

- assessment of HIV prevalence and risk behaviors
- development of a regional prevention plan
- implementation through training and development of infrastructure
- evaluation of the effect of prevention
- refinement and incorporation into the military culture for enduring impact

DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Anonymous serosurveys with risk behavior data collection will begin as soon as feasible. Current educational modules created by the NHRC and Johns Hopkins University (JHU) will be culturally adapted to the targeted areas in Africa.

The initial round of serosurveys and risk behavior assessment will take a minimum of six months. A "train the trainer" approach that has been very successful within the U.S. Air Force will be used. This training can occur simultaneously within the different regions

[1] The country list will be finalized after further dialogue with specific governments and key stakeholders.

and will be completed within three months. All of these programs will be coordinated with similar USAID activities, for example, education concerning condoms, counseling, and testing of general populations.

The trained educators will then intensively educate specifically selected military units where anonymous serosurveys have been completed within the first round. Post education serosurveys with risk behavior assessment will again be completed and compared with the original information to assess impact.

In other areas of the world where this approach has been successfully implemented, i.e. SE Asia, incidence markedly declined and upon release from the military these individuals became peer educators within their villages, expanding the impact of the original investment. The same scenario is visualized for this project, which is expected to make a substantial impact on reducing the impact of AIDS in African militaries.

In addition to assessment of HIV seroprevalence, selected serum samples will be utilized for determinations of HIV type, group, and subtype. Because the distribution of HIV in different regions and populations group is incompletely known, this will provide essential information characterizing the epidemic in African militaries.

This project is expected to contribute to long-term and sustained HIV prevention in Africa. The impact of HIV-1 subtype on clinical progression, transmission, and eventual vaccine efficacy is largely unknown. Assessment of HIV-1 subtypes in African military populations, with opportunity for follow-up, will permit an evaluation of these factors in many different settings, ranging from a virtually single-subtype epidemic in Southern Africa to a highly complex mixture of subtypes and recombinants in West Central Africa. Prevention activities can be focussed, not only on individuals at high risk, but also on regions and populations where the particular subtypes or mixtures of subtypes present the greatest challenge to prevention.

2. Enhanced military education of African UN Peace Keeper forces.

African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. The program was patterned on one currently being piloted through the South African Army field units. The current project involves five specific curriculum modules:

- Defining HIV and its impact in the military
- HIV Prevention
- Substance Abuse, HIV, STDs
- Risk Assessment and Prevention Strategies
- Course Summary

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-SEP-1999 20:51:55.00

SUBJECT: Cover Letter For Africa Report

TO: Sean P. Maloney (CN=Sean P. Maloney/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
On Thursday September 9th, the Children Affected by AIDS Foundation will host a premier of a documentary on the impact of the AIDS epidemic on the children in Africa. The documentary, which was produced by Rory Kennedy, was filmed during the Presidential Mission to Africa that resulted in the Report to the President that was released in mid July in conjunction with the announcement of the Administration's new $100 million African Initiative.

More than 50 Members of the House and Senate have confirmed their attendance at the event. Speakers include Senators Hatch, Leahy, Kennedy and Specter and Congresspersons Gillman and Kilpatrick, Rory Kennedy, Archbishop Desmond Tutu and myself. For reasons that are most unfortunate there is fairly keen interest in the fact that Rory has returned from her honeymoon specifically to attend this event (as reported in the Post). It would be quite helpful for us to be able to reference the letter from the President that accompanied the Report as delivered to Congress in my remarks tomorrow night. We will need their support to make our budget request a reality.

If we could possibly individualize the President's letter to the Leadership and Appropriations Leadership (since this is actually a appropriations matter) I think it would be extremely helpful. Beyond that, I think it is fine to generalize the rest.

Thanks so much for your help!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 9-SEP-1999 16:14:24.00

SUBJECT: Re: Request for Maria

TO: Marjorie Tarmey (CN=Marjorie Tarmey/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
You are a saint. Thanks!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 9-SEP-1999 10:31:54.00

SUBJECT:

TO: cfsbds@aol.com (cfsbds@aol.com @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
Hi- I'm Cheryl- Sandy'sassistant. If you reply to this e-mail, you will get her directly.

Many thanks and sorry for the delay!

Cheryl

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 9-SEP-1999 09:42:53.00

SUBJECT: Request for Maria

TO: Marjorie Tarmey (CN=Marjorie Tarmey/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
I am faxing over a copy of Leadership Atlanta's request for Maria to speak at their 30th anniversary. They just love her and are driving me crazy to get a commitment from her!

It really is a great group and nearly every Democratic leader in Georgia is an alum including John Lewis, Veronica Biggins, Wyche Fowler, Sam Nunn and on and on. It should be a fun event.

Thanks so much for your help!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 9-SEP-1999 12:06:31.00

SUBJECT:

TO: kcox@sfaf.org (kcox@sfaf.org @ inet [OA])
READ:UNKNOWN

TEXT:

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:10-SEP-1999 11:30:22.00

SUBJECT:

TO: jlsmit3@emory.edu (jlsmit3@emory.edu @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
This goes directly to Sandy's machine (she's not in at the moment.)

I will be in touch later in the day. Thank you!

Cheryl

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:10-SEP-1999 17:28:36.00

SUBJECT: Re: appreciation

TO: mpilo@emory.edu (mpilo@emory.edu [UNKNOWN])
READ:UNKNOWN

TEXT:
My Dear Friend,

I cannot thank you enough for making the trip to be with us yesterday. I am so sorry that Mother Nature chose to interfere with our carefully constructed plans to get you home at a decent hour!

Your support of our little crusade to address the AIDS crisis in Africa (and around the world for that matter) means more to me than you will ever know. As I am sure you can imagine, it can be a bit of an uphill battle on occasion. However, with the help of our friends we are making progress. Hopefully, before they know it, we will convince the "powers that be" to do the right thing and then publicly testify to their bravery and brilliance!

Please take good care of yourself. We need to know that you are there in case we need you.

Much love,

Sandy

PS Thanks for the compliment. Looking the part is just a part of the master plan!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:13-SEP-1999 15:56:11.00

SUBJECT: Re: meeting with flotus

TO: BigBob411@aol.com (BigBob411@aol.com [UNKNOWN])
READ:UNKNOWN

TEXT:
The First Lady's meeting was announced as part of the International Initiative in July, although a date was not set at that time. It was modeled after a recent meeting that she held on tuberculosis with a very small group of decision makers to determine ways to better coordinate US, bilateral and multilateral institutions' efforts to combat the disease.

There was no NGO or PVO participation in either meeting. However, the First Lady did include slots for observers in the HIV/AIDS meeting to include individuals from the HIV/AIDS community. PACHA was certainly considered and in fact Terje Anderson was invited in his capacity as a PACHA member and as co-chair of NORA. Paul Bomberg was invited in his capacity as co-chair of the NORA international working group and the CEO of an NGO that does international work exclusively. All other participants were "principals" and some senior staff of principals were included as observers as well.

It was hardly a pointless meeting. In fact, it was the first time that many of these decision makers had been in the room together to discuss ways to leverage greater support from the G-7 and other donors and institutions.

Your leadership and the leadership of PACHA has been instrumental in our ability to move this agenda forward.

As always, I am grateful for your support.

Fondly,

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:14-SEP-1999 14:25:53.00

SUBJECT: Appropriations Strategy

TO: Robert D. Kyle (CN=Robert D. Kyle/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

CC: Daniel N. Mendelson (CN=Daniel N. Mendelson/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
We have been working with OMB and the agencies to brief the clerks and appropriations staff from the relevant subcommittees. While these meetings are going well, we continue to hear how important it is to have a full committee and leadership strategy. This seems to be particularly important as it relates to the AID funding....where money will need to be "crosswalked" from Justice to AID, should the Congress agree to our offset. With talk of train wrecks, no train wrecks and CR's it seems to me that we should perhaps have a chat about this sooner than later.

Hope you are doing well.

Thanks!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:15-SEP-1999 08:35:18.00

SUBJECT: Re: re mtg with FLOTUS

TO: Daniel C. Montoya (CN=Daniel C. Montoya/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

CC: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
Thanks. Bob wrote me a note and I wrote him back.

Let's discuss this at your earliest convenience.

ST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:16-SEP-1999 17:49:58.00

SUBJECT: Re: Fwd: FW: International AIDS Funding in CDC

TO: Daniel N. Mendelson (CN=Daniel N. Mendelson/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
Thanks. Sorry I didn't get your earlier message.

I will be happy to call Shalala and go see Porter. However, I think we may need someone above my paygrade to lean on them as well if they are going to take this seriously. Don't you think? What about you or Sylvia?

ST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:16-SEP-1999 16:29:20.00

SUBJECT: Fwd: FW: International AIDS Funding in CDC

TO: Daniel N. Mendelson (CN=Daniel N. Mendelson/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
Thanks so much for meeting with those people yesterday. I realize that you are incredibly busy at the moment.

Attached is a note from Mr. Porter's staff to Ms. Pelosi's staff regarding the Africa Initiative that I thought you might want to see. In addition, Porter's staff is now reporting that NIH is vehemently opposed to the $30 million offset from their building fund (oh my! who will mow the lawn?).

I think we need a quick and aggressive strategy to protect our HHS dollars since Mr. Porter is supposedly marking up next Thursday. I am more than happy to call out the community troops and go visit these folks myself, however, I don't want to step on the toes of OMB and legislative affairs or breach protocol. Having said that, I am slightly concerned that with all the additional money that we continue to request that we don't have to spend, our little paltry $100 million will be lost in the wake of other bigger priority items (more people die of AIDS in Africa every 2 days than in the earthquake in Turkey!).

So, I need your advice. What should I do next?

Thanks!

Sandy

---------- Forwarded by Sandra Thurman/OPD/EOP on 09/16/99 03:18 PM ----------

MEIskowitz@aol.com
09/16/99 10:24:16 AM
Record Type: Record

To: Sandra Thurman/OPD/EOP
cc:
Subject: Fwd: FW: International AIDS Funding in CDC

Return-path: <chris.collins@mail.house.gov>
Received: from rly-yd02.mx.aol.com (rly-yd02.mail.aol.com [172.18.150.2])

by air-yd02.mail.aol.com (v60.28) with ESMTP; Thu, 16 Sep 1999 09:31:48
-0400
Received: from indus.house.gov (indus.house.gov [143.231.86.8]) by
rly-yd02.mx.aol.com (v61.9) with ESMTP; Thu, 16 Sep 1999 09:31:35 -0400
Received: from hrmims04.house.gov (hrmims04.house.gov [143.231.32.160]) by
indus.house.gov (8.9.1b+Sun/8.9.1) with ESMTP id JAA05018 for
<MEiskowitz@aol.com>; Thu, 16 Sep 1999 09:29:14 -0400 (EDT)
Received: by hrmims04.house.gov with Internet Mail Service (5.5.2539.1) id
<RXAY0ASK>; Thu, 16 Sep 1999 09:31:31 -0400
Date: Thu, 16 Sep 1999 09:31:05 -0400
From: "Collins, Chris" <chris.collins@mail.house.gov>
Subject: FW: International AIDS Funding in CDC
To: MEiskowitz@aol.com
Message-id: <D9407929EA99D211B4760008C7A4A788020435C7@hrm01.house.gov>
MIME-version: 1.0
X-Mailer: Internet Mail Service (5.5.2539.1)
Content-type: MULTIPART/MIXED;
BOUNDARY="Boundary_(ID_K77kPO1HXyJ3eLq/CmNdug)"

fyi

> ----------
> From: Murphy, Carol
> Sent: Thursday, September 16, 1999 9:14 AM
> To: Collins, Chris
> Subject: RE: International AIDS Funding in CDC
>
> The request has a few problems. 1) We just got it last week and when we
> met with the Department they couldn't tell us what the outyear funding
was
> going to be (obviously we're not talking about a one-time approp. of $35
> million). 2) There are no GPRA goals and measurements. 3) They offset
it
> using NIH funds. 4) Our allocation is still $16 billion less than a
> freeze, which poses its own set of problems. Do you know what Foreign
Ops
> and DOD are planning to do with their pieces?
>
>
> ----------
> From: Collins, Chris
> Sent: Wednesday, September 15, 1999 5:29 PM
> To: Murphy, Carol
> Subject: International AIDS Funding in CDC
>
> Carol --
> Can you give me any sense of whether the Chairman is considering funds
> related to my boss' (and the President's) request for $35 million for
> international AIDS prevention and treatment at CDC?
> thanks
> Chris
>
>

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:20-SEP-1999 14:23:35.00

SUBJECT: Re: Dept of Defense

TO: MTISBELL@aol.com@INET@LNGTWY (MTISBELL@aol.com@INET@LNGTWY [UNKNOWN])
READ:UNKNOWN

TEXT:
Hi there! Hope you had a great weekend.

Thanks for the heads up. I'll make sure that the White House weighs in.

Can't wait to see you and catch up. The more work we do around here ---
the more work there is to be done! It never ends!

Take care.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:20-SEP-1999 16:32:10.00

SUBJECT: Elton John Visit

TO: Stephanie S. Streett (CN=Stephanie S. Streett/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
I am getting all kinds of calls from the Elton John Foundation folks regarding their October 13th meeting with the President. Has the meeting actually been confirmed and if so, what time?

Thanks!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:21-SEP-1999 15:46:58.00

SUBJECT: Re: Goosby/VonZ

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
I have Debra on the schedule but have asked Cheryl not to schedule anything else on Thursday because of pending meetings with Specter and Harkin and others. I will try to join you at some point if possible.

ST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:21-SEP-1999 16:55:42.00

SUBJECT: Re: HIV $100 Million

TO: Philip G Dufour (CN=Philip G Dufour/O=OVP@OVP [UNKNOWN])
READ:UNKNOWN

TEXT:
Only $35 million of the proposed $100 million comes from Labor-HHS. The Senate mark up in not currently scheduled and the House mark up is tentatively scheduled for Thursday.

Chairman Porter's staff has indicated to us that NIH has expressed resistance to spending any money from their building maintenance fund for this initiative. Dan Medelson from OMB has spoken to HHS legislative staff and Mr. Porter's staff to assure them that the Administration strongly supports this offset. However, any pressure you can bring to bear will be most helpful. As we all know, our Republican friends love NIH and have been known to ignore everyone else in their favor.

$55 million of the proposed $100 million comes from Foreign Operations. The Administration has proposed $45 million for general AIDS funding and $10 million of PL480 funds directed to children orphaned by AIDS. The Senate has currently proposed a $25 million increase in global AIDS spending and the House has proposed an additional $20 million and maintains the $10 million the Administration had in last years budget (from the child survival account). The Conference has not been scheduled.
*note: Commerce-State-Justice Appropriations, from which the funds for most of the USAID increases are taken, has passed both the House and Senate: the Conference has not been scheduled. Ag Appropriations, from which $10 million of PL480 is targeted (for orphans) in currently in Conference.

$10 million of the proposed Initiative comes from DoD. Neither the House or Senate has included the funding in their bill. Their Conference is ongoing.

As you can see, we have a long way to go....and a short time to get there. We are getting pounded by the Appropriators on both sides of the isle (not to mention the activists) with regard to where this Initiative falls on the Administrations priority list.

We need to make sure that the folks on the Hill get the message that this Initiative is a priority for us....and that at the end of the day we will not lose focus on it in favor of other big ticket initiatives like Kosovo, Turkey, the Wye Accords or whatever.

Thanks for your help.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:21-SEP-1999 14:57:09.00

SUBJECT: Re: Elton John Meeting

TO: Sara M. Latham (CN=Sara M. Latham/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
Absolutely. A good (and productive) time will be had by all.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:21-SEP-1999 16:58:41.00

SUBJECT:

TO: pltnum56@aol.com (pltnum56@aol.com @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
Here it is! Thanks!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:21-SEP-1999 12:45:17.00

SUBJECT: Elton John Meeting

TO: Sara M. Latham (CN=Sara M. Latham/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
I will be more than happy to meeting with Elton and crew. I have had the opportunity to work with him on several projects and he is a great guy. However, I think he would be offended if we only took him by to see the President for a photo op. Elton is particularly interested in the HIV/AIDS epidemic internationally and is well versed on the subject, as is the President. If we could squeeze in at least a brief meeting it would be helpful.

Thanks!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:23-SEP-1999 18:16:56.00

SUBJECT: Meeting Dates

TO: Alex Ross<aross@afr-sd.org> (Alex Ross<aross@afr-sd.org> @ inet [UNKNOWN])
READ:UNKNOWN

CC: Duff Gillespie<dgillespie@usaid.gov> (Duff Gillespie<dgillespie@usaid.gov> @ inet [UNKNOWN])
READ:UNKNOWN

CC: Pdelay@usaid.gov (Pdelay@usaid.gov @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
Before we go off half cocked I think we need to have a conversation about the wisdom of having this little meeting that the White House is supposedly co-hosting with our colleagues at UNAIDS with such short lead time and in the middle of the appropriations process.

I am quite frankly not interested in simply providing a venue for showcasing other folks' agendas, no matter how well intentioned they are. If we need time to get our thoughts together in order to have a more productive and meaningful dialogue then we ought to look at dates in November.

Let's chat ASAP.

I will be more than happy to play the "bad cop" on this one.

Thanks much.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:23-SEP-1999 14:05:33.00

SUBJECT: Eltom John Meeting

TO: Sara M. Latham (CN=Sara M. Latham/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
OK, I am getting senile. Did you tell me that we are looking at October 12th or 13th for the Elton meeting.

Thanks.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:23-SEP-1999 14:52:17.00

SUBJECT: Re: Meeting on Africa Technical Assistance for HIV/AIDS-_UPDATE

TO: Alex Ross <aross@afr-sd.org> (Alex Ross <aross@afr-sd.org> [UNKNOWN])
READ:UNKNOWN

TEXT:
Hi there!

So what's up with the October dates? It was my understanding that we were going to try for November instead.

What, by the way, seems to be the boys at UNAIDS big rush?

ST

Clinton Presidential Records Automated Records Management System [EMAIL]

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

This marker identifies a responsive email, already made available within another FOIA request.

Bucket: OPD.

Creation Date: 09/27/1999.

FOIA: 2006-0947-F.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:28-SEP-1999 17:58:00.00

SUBJECT: Re: ~~CONFIDENTIAL~~ RE: Mon evening 10/4

TO: BigBob411@aol.com (BigBob411@aol.com [UNKNOWN])
READ:UNKNOWN

TEXT:
It certainly wouldn't hurt to invite them. I am sure that Marsha, Richard and Patsy would love to join us. I am not sure about the others since they don't all know the other members of the Council.

POTUS/FLOTUS are doubtful at this late date. A scheduling request would have had to be submitted weeks ago.

I am absolutely planning to join you! I am looking forward to it!

Big Hugs!

Sandy

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Sandra Thurman to Tony Podesta at 18:20:07.00. Subject: Hi there! (1 page)	10/04/1999	P6/b(6)

COLLECTION:
Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Creator: Sandra Thurman])
OA/Box Number: 250000

FOLDER TITLE:
[09/03/1999 - 11/22/1999]

2012-0045-S
ab920

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]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 5-OCT-1999 16:56:32.00

SUBJECT: Re: press guidance requests for Lockhart

TO: Erica S. Lepping (CN=Erica S. Lepping/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
sent it again, hopefully it has some text this time!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 5-OCT-1999 16:25:20.00

SUBJECT: Re: press guidance requests for Lockhart

TO: Erica S. Lepping (CN=Erica S. Lepping/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:

Clinton Presidential Records Automated Records Management System [EMAIL]

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

This marker identifies a responsive email, already made available within another FOIA request.

Bucket: OPD.

Creation Date: 10/05/1999.

FOIA: 2006-0417-F.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:13-OCT-1999 09:59:23.00

SUBJECT: Re: Maria

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
Thanks.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:13-OCT-1999 11:59:46.00

SUBJECT: Needle Exchange/DC Appropriations

TO: Michael Barr (CN=Michael Barr/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
Thanks so much for all your work on this issue. As you know, the AIDS community is heavily invested in what happens in DC. If the Office of National AIDS Policy can be helpful please let us know. However, you and our friends at HHS seem to be handling everything with great aplomb. Keep up the good work!

Please keep us posted.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:14-OCT-1999 15:27:45.00

SUBJECT: Re: Boston Globe

TO: John Williamson <j.williamson@mindspring.com> (John Williamson <j.williamson@mindspring.com> [UNKNOWN])
READ:UNKNOWN

TEXT:
Thanks! This AIDS in Africa thing is getting to be quite trendy these days. Who would have thought it?

Talk to you soon!

Sandy

PS Thanks so much for helping the folks who are doing the World AIDS Day event at the UN.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:14-OCT-1999 09:21:20.00

SUBJECT: Re: Memo Re Todd

TO: Cathy R. Mays (CN=Cathy R. Mays/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
Thanks much!

By the way, I would like to schedule a little visit with Bruce when he has some time on his calender....just to catch up. Can we arrange that?

Hope you are well.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:14-OCT-1999 10:19:09.00

SUBJECT: Re: Memo Re Todd

TO: Cathy R. Mays (CN=Cathy R. Mays/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
How about October 20 at 11:00 am?

Thanks.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:14-OCT-1999 09:26:07.00

SUBJECT: salary increase

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
My request for your salary increase has been approved and forwarded for processing.

ST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:18-OCT-1999 15:45:10.00

SUBJECT:

TO: 2168163 (2168163 @ SkyTel [UNKNOWN])
READ:UNKNOWN

TEXT:
Call Cheryl at (202) 456-2959. Thanks!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:19-OCT-1999 17:07:33.00

SUBJECT: HELP!

TO: Robert D. Kyle (CN=Robert D. Kyle/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
I am hearing through the grape vine that the Republicans are introducing a new Foreign Ops bill that uses some or all of the AIDS money for other priorities.

Is this true? And if so, what do we have to do to get the money back?

Call ACT-UP? Demonstrate? Blackmail? Any ideas?

Thanks!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:22-OCT-1999 17:34:08.00

SUBJECT: World AIDS Day Planning

TO: meiskowitz@aol.com (meiskowitz@aol.com @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
---------- Forwarded by Sandra Thurman/OPD/EOP on 10/22/99 05:33 PM ----------

Alex Ross <aross@afr-sd.org>
10/22/99 02:10:58 AM
Record Type: Record

To: Sandra Thurman/OPD/EOP
cc:
Subject: World AIDS Day Planning

Today, I attended the first meeting of what has turned out to be a workgroup subcommittee (one of two just formed along with media) linked to the overall planning committee for the UN-BLCA, etc World AIDS Day Event. I continue to learn about this event, its history and some perspective on what has/has not been done to date.
Who was there today: Phil Hilton, Jim Carmichael (UNAIDS); several people from UNICEF (including Mike Connolly, Amaya Gillespie who are technical folks; along with publication and media people); three from Bristol Myers Squibb (Mark An, John Wiessber, and a PR consultant), and myself.

The planning group has met since June and came up with this agenda. However, the fact that we have just formed a group to think about the substance (26 working days before the event) is not a good sign. No new news on confirmations of speakers. Phil Hilton has contacted someone at the UN to determine what is going on with Anan that day, but he has not yet heard back. We should know more about Mandela soon.

It seems to me that the agenda, as constructed, is three meetings in one: a high level political meeting (e.g. possible Mandela, First Lady Hillary Clinton, Jesse Jackson, etc); a meeting of senior public health representatives of institutions (UN) and MOHs; and a meeting of community persons (three children, a woman living with HIV, and a grass roots worker).

I started the meeting with a number of issues including the fact that the messages and outcomes of this meeting were not clear; that there is a great deal of confusion about what we mean by children (orphans, vulnerable or affected children, etc), and the need to stress hope and that there are efforts out there that are working.

From discussion today, it became clear that, as we have known, UNAIDS-UNICEF will release a report with recommendations for global

action on AIDS orphans on World AIDS Day. They circulated a very rough first draft of some of the sections today. I will fax this over to you. It is also clear that they do not intend to send this report around for clearance, etc. However, I will be encouraging our USAID experts (Linda Sussman, etc) to remain in touch with their counterparts. There may be an issue for the First Lady regarding an impression that the USG is supporting a report that it really has not had the time to review. What about a specific deliverable for the First Lady to announce for the USG? Nobody mentioned this today, but it might come up in our own circles.

In addition to this report, the work group today discussed whether there was a need for and, if so, how to craft a call to action that would be a part of the event as well as being an outcome. We all agreed that this one day would largely be ceremonial and that what we all need to ensure is a long term sustainable approach to this issue. Mike Connolly went so far as to say that in his 5 World AIDS Day experiences that rarely does the media ever cover it--what really counts is who gets on Charlie Rose, on the Today Show, etc.

We all agreed that we did not want taking heads at this meeting. Philip mentioned the importance in this meeting of having a dialogue with the audience -- but we did not discuss how to do this given that each panel has so many speakers that I doubt we will have much of any dialogue.

We turned our attention to trying to determine what the messages actually were. We played with three categories of issues:

Awareness of the problem (including the consequences of these numbers of orphans, and defintional issues)
What works
The Future.

Mark An, BMS, went further to suggest that we needed to fill in the blanks to issues such as " Orphan means ____ _____ ____ and why it is important-because ____ _____ things that have worked are _____ _____ _____. We can do more by _____

We conducted a brief exercise to develop a series of messages. Among them were:

Awareness
1. Largest number of orphans on the planet ever, from any cause
2. Completely predicable (unlike wars) now and into the future
3. Orphaned children are not always infected

Why Care
1. Huge gulfs in societies that are unable to cope
2. Social, political and economic arguments for consequences of orphans in Africa--developed country self interest operates here.
3. Future society and culture of Africa.

What works
Numerous models do work.
1. How to prepare children for orphanhood (Memory Book Project)
2. How to keep orphaned kids in school.
3. Counseling services available
4. Communities know what works
5. Collaboration works

The Future

1. Support needs for families and communities.
2. Microfinance and similar projects
3. Need for resource mobilization,
4. Learning, Etc

It appears that this group wants to specifically focus on orphans due to AIDS.

WHERE DO WE GO FROM HERE?

Jim from UNAIDS suggested bringing in Doreen Mulenga, UNICEF/Zambia, to NY to help write and support the group over a two week period. There were some concerns that we do not have enough time, but in the end we agreed that it wouldn't hurt and could help.

Second, IU suggested that we (who were present) need to suggest a reformulation of the agenda to respond to the discussion we had todayt and to submit these recommendations to the planning committee. If we don't do it, no one else will.

We need to recognize that the politicians will say what they wish. At the same time, we discussed the possibility of developing some guidance for the speakers on the issues and themes. This also brought us back to the question of the release of the UNAIDS-UNICEF report. The key question is that if it is not released until Dec 1, then speakers will not have the benefit of addressing the report (it could be embargoed, however).

No date was set for the next meeting, except that we may wait a week until Doreen gets here.

Hillary would be a keynote speaker; Queen Noor (confirmed) would make brief remarks; Dr. Piot-call to action.

Focus on models that work, as well as descriptions of the numbers.

KEY ISSUES:

1. Ability to pull together the substance portion of the program in a short time frame
2. What is the UNAIDS-UNICEF report re: content?
3. How to change the agenda at this stage? (note: BMS suggested adding a religious leader to the speaker list--recommended Anglican Bishop Reuben ___ of Kwazulu Natal). Retitle sessions.
4. Speakers confirmation
5. Outcomes: thus far, a report + some kind of call to action.
6. Who is the audience? We never got to that today.

Also John Williamson's name was mentioned several times today in connection to the UNAIDS-UNICEF report.

Alex

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:23-OCT-1999 14:23:26.00

SUBJECT: Re: request for a 15 minute meeting/call from Paul Boneberg

TO: GlobalAIDS@aol.com@INET@LNGTWY (GlobalAIDS@aol.com@INET@LNGTWY [UNKNOWN])
READ:UNKNOWN

TEXT:
Hi there!

I'll have Cheryl call you on Monday to set up a time.

Have a great weekend!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:23-OCT-1999 14:28:27.00

SUBJECT: Re: Desmond Tutu Call / Note

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
Hi there!

Looks good.

ST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:26-OCT-1999 11:24:08.00

SUBJECT: Comments on Vaccine Paper

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
I have a couple of questions on the vaccine paper.

Let's chat when you have a minute.

Thanks.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:29-OCT-1999 15:45:52.00

SUBJECT: Re: Koplan

TO: Daniel N. Mendelson (CN=Daniel N. Mendelson/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
Thanks so much.

These people work my last nerve!

Have a great weekend.

ST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 1-NOV-1999 09:21:43.00

SUBJECT: RE: Hi there!

TO: Tony Podesta <tpodesta@podesta.com> (Tony Podesta <tpodesta@podesta.com> [UNKNOWN])
READ:UNKNOWN

TEXT:
I am around until Friday.

Happy All Saints day.

ST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 2-NOV-1999 18:24:36.00

SUBJECT: Re: Julian Potter

TO: Todd A. Summers (CN=Todd A. Summers/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
So I have heard. I think that is good news.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 3-NOV-1999 15:44:11.00

SUBJECT: Re: Todd Summers

TO: Paul J. Weinstein Jr. (CN=Paul J. Weinstein Jr./OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
It was $70,000.

Let me know if you need additional info.

Thanks.

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 3-NOV-1999 18:38:49.00

SUBJECT: Re: Global AIDS $

TO: chris.collins@mail.house.gov@INET@LNGTWY (chris.collins@mail.house.gov@INET@LNGTWY [UNKNOWN])
READ:UNKNOWN

TEXT:
Hurray!!!!!!!!!!!!!! Keep your fingers crossed!

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 3-NOV-1999 15:08:05.00

SUBJECT: Re: your message

TO: Daniel W. Burkhardt (CN=Daniel W. Burkhardt/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
You are an angel!

Thanks sooooo much.

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 3-NOV-1999 15:27:17.00

SUBJECT: World AIDS Day Request

TO: Katharine Button (CN=Katharine Button/OU=WHO/O=EOP@EOP [WHO])
READ:UNKNOWN

TEXT:
We have a scheduling request pending for the First Lady to address the UN Conference on children orphaned by AIDS on World AIDS Day, December 1st.

The Secretary General is anxious to get our commitment so he can rearrange his schedule to be there when she arrives. He will be attending the WTO conference in Seattle and may not return early if the First Lady is not going to give an address.

We have been discussing this with Melanne since before the First Lady's meeting in September. As you can imagine, the organizers are driving us crazy for an answer.

Any help you can give us in putting this on the radar screen would be most appreciated!

Thanks.

Sandy (62441)

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 4-NOV-1999 12:53:55.00

SUBJECT: Needle exchange

TO: Daniel N. Mendelson (CN=Daniel N. Mendelson/OU=OMB/O=EOP@EOP [OMB])
READ:UNKNOWN

TEXT:
Just a quick note to say how grateful and proud I am of your ongoing efforts on the needle exchange front.

Your good work is not going unnoticed by the AIDS community. They clearly understand that this has not been (and will not be) easy.

You are mega- mensch!

ST

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-NOV-1999 16:40:21.00

SUBJECT: the millenium party

Dawn dearest --

As the congress prepares to leave town -- have finally delivered our $100 million increase for AIDS in Africa -- we are once again pondering

Let us know what you think
Much love
S & M.....xoxo

TO: dliberi@usaid.gov (dliberi@usaid.gov @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-NOV-1999 17:49:26.00

SUBJECT:

TO: robert.cogorno@mail.house.gov (robert.cogorno@mail.house.gov @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
Rob,

Here are some initial suggestions. They can be easily tailored by country, by city, by interest, or by cross-over issue once things get clearer.

South Africa

SOWETO. This is a top priority, and we believe that it will be a big hit with the members. Two programs, both funded by the US; we have done the drill twice with these folks, and they are real experts. They can deliver great real people and visuals as well as clear and concise messages. Guaranteed to make the members cry, be inspired, and want to act, a great combo. Doing both would require three hours or a little more. Distance between them is approximately 10-15 minute drive.

(1). Baragwanath Hospital. This is the largest hospital in the world and has a huge HIV and AIDS program. We would recommend going to the Perinatal HIV Research Unit and the women and children□,s AIDS clinic. They are seeking to reduce mother-to-child transmission and to care for those who are sick. Dr. James McIntyre is the director and he is fabulous. He would be accompanied by Florence Ngobeni, his outreach coordinator, who is also a woman living with AIDS, and by families who could tell their stories. He can be reached at: 27-11-933-1228.

(2). Hope World Wide. This is a community-based organization that does HIV prevention, home-based AIDS care, orphan support, and microfinance programs for women with AIDS. It is in the heart of Soweto surrounded by shanty towns. Rev/Dr. Mark Ottenweller is the director of this program, and of all Hope World Wide programs in Africa, and is also quite an inspiration. Lots of challenges surrounded by lots of hope. Mark can be reached at: 27-11-678-0991.

Other -- If there are meetings with officials in Pretoria, it would be great to have HIV/AIDS on the agenda. South Africa has the fastest growing epidemic in the world and, if left unchecked, threatens the entire transformation. Mbeki has pledged an invigorated partnership on AIDS but the jury is still out. Also, there is a new health minister that should be on the list. Given all of the interest in investment in South Africa, it would be good to hear from someone who could talk about the economic impact of AIDS on South Africa. Alan Whiteside is probably the foremost SA authority. Finally, although we would not recommend this is lieu of the above, but if Mr. Gephardt wanted to do something in addition to the above, there are labor union AIDS programs that we have facilitated in partnership with the AFL-CIO. He could visit one of those programs or we could have one of the folks come by the hotel for a chat.

Zimbabwe

The US Ambassador to Zimbabwe, Tom McDonald is VERY interested in AIDS and will push hard for putting AIDS on the agenda. He visited Uganda on his

way to Zimbabwe and came there all enthused about helping to turn the tide on the epidemic. Unfortunately, Zimbabwe is not Uganda, and host government support for dealing with AIDS is severely lacking. Nevertheless, the problem is huge. Currently, 1 in 4 adults is HIV+ and nearly 1 million children have been orphaned in a country with the population of 12 million. From our experience, the best programs are in rural farm communities outside of Harare, the capital, and are either long car rides or small plane jaunts away, as codel-size planes cant land in most of the rural airfields. Most of the programs are affiliated with religious institutions and the Methodists, the Episcopalians, and the Catholics all have programs a short jaunt from Vic Falls or Harare. If we knew which church has encouraged the codel to come to Zimbabwe and if your staff thought that either a car ride or a small plane jaunt were possible, we could provide more info. In the alternative, Tom could set up a roundtable discussion with smart people, which we could recommend, but that is not the same as a real site visit.

Nigeria

KANO. The program that most folks recommend in Nigeria is in Kano, the Northern province. We were not sure if the codel is planning to head in that direction or sticking close to Abuja or Lagos. If they are, we would recommend that they visit the Society for Women and AIDS in Africa (SWAA) project there. SWAA is a continent-wide women□,s organization with chapters being developed in a growing number of African countries. This particular project is funded by USAID and is implemented in collaboration with Family Health International, a US NGO, to provide for prevention, care, and support. If you are not headed there and want another Nigeria recommendation, we can provide on.

Ghana

If the codel talks with President Rawlings while the 24 hours on the ground there, they should certainly raise AIDS. While the epidemic in Ghana is not nearly as bad as it is in Southern Africa, it has a growing incidence rate. When Rawlings was here, we talked with him about AIDS and he said he really wanted to move on it, like Museveni did in Uganda. He himself goes for an HIV test with the press in tow every 6 months to help reduce the stigma.

Anyway, our hit is that it would be great to try and book the South Africa piece ASAP if possible. Then, if we could get more info about Zimbabwe, we could provide better specifics (ie. where will they go other than Vic Falls, the size of the codel plane and if a group might want to take a small plane to an AIDS site, and the religious org they want to hook up with).

Hope this is helpful.
Michael and Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME: 8-NOV-1999 17:31:51.00

SUBJECT: Africa trip

TO: Rob.Cogorno@mail.house.gov (Rob.Cogorno@mail.house.gov @ inet [UNKNOWN])
READ:UNKNOWN

TEXT:
Rob,

Here are some initial suggestions. They can be easily tailored by country, by city, by interest, or by cross-over issue once things get clearer.

South Africa

ú SOWETO. This is a top priority, and we believe that it will be a big
hit with the members. Two programs, both funded by the US; we have done the drill twice with these folks, and they are real experts. They can deliver great real people and visuals as well as clear and concise messages. Guaranteed to make the members cry, be inspired, and want to act □) a great combo. Doing both would require three hours or a little more. Distance between them is approximately 10-15 minute drive.

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Northern province. We were not sure if the codel is planning to head in that direction or sticking close to Abuja or Lagos. If they are, we would recommend that they visit the Society for Women and AIDS in Africa (SWAA) project there. SWAA is a continent-wide women□,s organization with chapters being developed in a growing number of African countries. This particular project is funded by USAID and is implemented in collaboration with Family Health International □) a US NGO □) to provide for prevention, care, and support. If you are not headed there and want another Nigeria recommendation, we can provide on.

Ghana

If the codel talks with President Rawlings while the 24 hours on the ground there, they should certainly raise AIDS. While the epidemic in Ghana is not nearly as bad as it is in Southern Africa, incidence rates are growing toward 10%. When Rawlings was here, we talked with him about AIDS and he said he really wanted to move on it, like Museveni did in Uganda. He himself goes for an HIV test with the press in tow every 6 months to help reduce the stigma.

Anyway, our hit is that it would be great to try and book the South Africa piece ASAP if possible. Then, if we could get more info about Zimbabwe, we could provide better specifics (ie. where will they go other than Vic Falls, the size of the codel plane and if a group might want to take a small plane to an AIDS site, and the religious org they want to hook up with).

Hope this is helpful.
Michael and Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:11-NOV-1999 11:18:44.00

SUBJECT: Jeffords/Kennedy

TO: Bruce N. Reed (CN=Bruce N. Reed/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TO: Christopher C. Jennings (CN=Christopher C. Jennings/OU=OPD/O=EOP@EOP [OPD])
READ:UNKNOWN

TEXT:
Hi!

I assume that your phone is ringing off the hook as mine is about the Work Incentives bill.

While people are delighted that the health demo is in the bill, there is lingering concern that it is not enough to "demonstrate" that the program can work. In addition, there is great concern about some of the Republican offsets (i.e. FHA).

Given that many of the big ticket budget matters were resolved last evening, the community is hoping that the Administration can save the day by providing a new offset that doesn't leave poor people out on the street and fund the demo at the Senate level.

Thanks for all your good work. As much as the community pushes they do appreciate it!

Sandy

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:22-NOV-1999 17:01:05.00

SUBJECT: RE: Africa Trip

TO: "O'Brien, Brett" <Brett.OBrien@mail.house.gov> ("O'Brien, Brett" <Brett.OBrien@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:
Brett,

We are sending over the briefing book -- plez let me know what else you
need!

Michael

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	Sandra Thurman to O'Brien, Brett at 16:16:29.00. Subject: Re: Africa Trip. (partial) (1 page)	11/22/1999	P6/b(6)

COLLECTION:
Clinton Presidential Records
Automated Records Management System [Email]
OPD ([Creator: Sandra Thurman])
OA/Box Number: 250000

FOLDER TITLE:
[09/03/1999 - 11/22/1999]

2012-0045-S
ab920

RESTRICTION CODES

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

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

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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]

RECORD TYPE: PRESIDENTIAL (NOTES MAIL)

CREATOR: Sandra Thurman (CN=Sandra Thurman/OU=OPD/O=EOP [OPD])

CREATION DATE/TIME:22-NOV-1999 16:16:29.00

SUBJECT: RE: Africa Trip

TO: "O'Brien, Brett" <Brett.OBrien@mail.house.gov> ("O'Brien, Brett" <Brett.OBrien@mail.house.gov> [UNKNOWN])
READ:UNKNOWN

TEXT:

Brett, this is not really Sandy, its Michael. This is the info I was trying to send you -- did you get a blank email?

South Africa -- I would push for the two sites and try to cut down on the time at each. They are close to each other in Soweto and very different. We have worked with them a lot and could make sure they stick to the program. Also, if it would be helpful, we could go over there and help advance.

Baragwanath is the largest hospital in the world and quite a striking site. Given the longstanding interest of the Congress in preventing mother-to-child transmission of HIV -- it is a good hit and offers real promise to save countless lives with a little help from US assistance. Hope World Wide is a community-based effort -- much more realistic as a replicable program in Africa. Most Africans will never see a hospital, much less be treated in one. I think both are profiled in the USA Today article that we sent over.

If you absolutely had to chose -- I think I would go with Hope World Wide.

Nigeria -- If you want to do an AIDS event there, it looks like Lagos is your best bet. Nothing happening in Abuja. As you know, Lagos is the largest city on the continent (8 million) and many believe that it has a huge and undocumented HIV problem. With 1 out of every 7 Africans living in Nigeria, it is unfathomable to think about what would happen should the prevalence rates ever grow to East or Southern African levels.

I have heard that getting around Lagos is difficult -- and for that reason, friends on the ground have suggested a roundtable of programs directors and people living with HIV/AIDS. These might include programs such as STOPAIDS (prevention), Family Health International (care and support) and Redeemed Christian Church of God (religious community mobilization). In addition, you could be joined by Senator Khariat Adul-Rasnak Gwarzo. She is a leading female member (Muslim lawyer from prominent Nigerian family) with a keen interest in HIV/AIDS.

More on that, if you want.

Zimbabwe -- looking for options there? Have you talked with Tom McDonald?

Finally, perhaps we should send you over a copy of the briefing book we did for the Presidential AIDS Mission to Africa to see if there is any of it you might want to use. Let me know if that would be helpful.

Good luck -- and plez let me know if there is anything else we can do. You can reach me 456-2437 or [P6/(b)(6)].

Cheers.