

FOIA MARKER

**This is not a textual record. This is used as an
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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Patsy Fleming
Subseries: National AIDS Strategy

OA/ID Number: 10183
FolderID:

Folder Title:
[Patsy Fleming Chron 1996] [Binder] [2]

Stack:	Row:	Section:	Shelf:	Position:
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Clinton Presidential Records Digital Records Marker

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

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

MARCH

Divider Title: _____

THE WHITE HOUSE

WASHINGTON

MAR - 4 1996

MEMORANDUM TO CAROL RASCO

FROM: PATSY FLEMING 

SUBJECT: Needle Exchange Programs

The largest proportion of new AIDS cases is now related to injection drug use. HIV is transmitted through the sharing of used needles and syringes that contain HIV infected blood. Health guidelines have long recommended against the sharing of injection equipment, but such equipment is not readily available because of legal restrictions on over-the-counter sale of needles and syringes.

To address this problem, many community organizations around the country have developed needle exchange programs as a form of AIDS prevention. They have -- sometimes in violation of local ordinances -- offered clean needles in exchange for used needles from addicts. There are about 70 needle exchange programs across the United States operating in 46 cities in 21 states. Some are operated by local health departments.

Legislation enacted in 1987 disallows the use of Federal funds for needle exchange programs (unless for research purposes) until the Surgeon General determines that needle exchange programs decrease HIV transmission and do not increase injection drug use.

A series of research studies have concluded that the criteria outlined in this legislation can in fact be met. The most recent and most thorough of these studies was one issued recently by the National Academy of Sciences. It concluded:

- Needle exchange programs increase the availability of sterile injection equipment, resulting in a lower number of contaminated needles in circulation. (Therefore, the logical assumption is that needle exchange programs reduce transmission of HIV.)
- There is no credible evidence that drug use is increased among participants as a result of programs that provide legal access to sterile equipment. In fact, exchange programs can be seen as outreach programs to substance users who ultimately are brought into treatment for their addiction.

Despite this scientific evidence, there is considerable controversy about the morality of needle exchange programs. A growing number of communities have embraced this approach, others have rejected it. One key policy question is *whether localities can choose to use Federal funds for needle exchange programs. The other question is whether government officials can say that needle exchange programs funded with state, local or private funds are effective strategies in blocking HIV transmission.* (N.B. In my public speaking, this is what I say.)

MAR - 4 1996

Many in the public health community argue that needle exchange programs are our most effective weapon in reducing HIV transmission among substance users. They are not asking that the Federal government adopt this approach nationwide. They are asking only that the restriction on *local* decisions on use of federal funds for this purpose be lifted (for example, in the use of substance abuse block grant money). They recognize that if the Public Health Service lifts the funding restrictions, Congress may reimpose or even tighten them. But they also believe it is important for you to show leadership by publicly acknowledging the effectiveness of needle exchange programs. This would strengthen those in the public health community who want to use local funds for such programs.

There are three possible approaches to this issue:

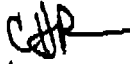
- (1) Oppose needle exchange programs as too controversial and as sending the wrong message regarding drug use. This would run counter to leading public health opinion.
- (2) Lift the restrictions by having the Surgeon General or, since we don't have one, the Secretary, make a determination that the criteria set forth in existing statute have been met. This may well result in a determination in favor of lifting the restrictions and could lead to even more restrictive legislation. However, such a determination would make clear to the country that this is an option that should be considered. Even if the restrictions are lifted, *the decision to adopt needle exchange programs would remain a local one.*
- (3) Applaud the National Academy of Sciences report as a major contribution to the public debate on this issue. Acknowledge that needle exchange programs seem to work in preventing HIV transmission and encourage states and localities as well as community based organizations to consider them in the context of broad-scaled harm reduction and substance abuse treatment efforts. But whatever the science may say, this remains a divisive issue socially and politically. It should be a community decision, not a Federal decision. We are supporting research that will give communities the information they need to make this decision. This approach, while not discouraging local initiatives, would not free up Federal funds for these efforts.

FILE COPY

**THE WHITE HOUSE
WASHINGTON**

May 7, 1996

MEMORANDUM FOR LEON PANETTA

FROM: Carol H. Rasco 
Patricia S. Fleming

SUBJECT: Regional Briefing on AIDS in San Francisco

As you know, the Office of National AIDS Policy, in cooperation with members of the Presidential Advisory Council on HIV/AIDS, is conducting a series of regional briefings on HIV/AIDS around the country. These have included site visits to federally funded programs and forums with AIDS service providers and people living with HIV/AIDS. This has been an incredibly important way to reach out to the larger AIDS community -- learning of their concerns and communicating to them the President's commitment on this issue.

Members of the Advisory Council based in San Francisco have invited you to attend the forum to be held there on mid-day Friday, May 24th. We will also be attending, along with Henry Cisneros and Roberta Achtenberg. Council members have been informed that you generally do not travel unless accompanying the President, but we are passing on this invitation to you in case this is indeed possible.

Thanks for your consideration of this request.

THE WHITE HOUSE
WASHINGTON

FILE COPY

MAY - 7 1996

Mr. Mike Isbell
GMHC
129 West 20th Street
New York, NY 10011-3629

Dear Mr. Isbell: *Mike*

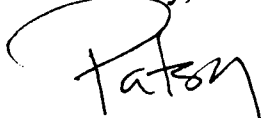
Secretary Shalala and I want to thank you, again, for taking the time to meet with us during our recent visit to Gay Mens Health Crisis. Your perspective and insights on the impact of the HIV epidemic on your community are essential to us in directing federal AIDS policy.

My colleagues and I were very impressed with the commitment and determination of the women and men on the front lines of this epidemic. The Gay Mens Health Crisis has been a leader for people who are infected or affected with HIV/AIDS. Your commitment and compassion to New York and the country is humbling. New York has borne the brunt of the AIDS epidemic and it has shown our nation how a community can rise to the challenges presented by this disease.

President Clinton and his Administration are committed to doing everything we can to bring this epidemic to an end. We continue to fight for the funding we need for research, care, and prevention that will help us protect the health of the people of this country and other nations around the world. With the support of men and women like you, we are confident that we will succeed.

As always, I appreciate your personal assistance in making this visit a success. I look forward to working with you again soon.

Sincerely,



Patricia S. Fleming
Director, Office of National AIDS Policy

n:\newyork\letters\robinson

THE WHITE HOUSE
WASHINGTON

FILE COPY

MAY - 7 1996

Ms. Terri Smith-Caronia
Minority Task Force on AIDS
475 Riverside Drive, Suite 1374
New York, NY 10115

Dear Ms. Smith-Caronia *Terri*

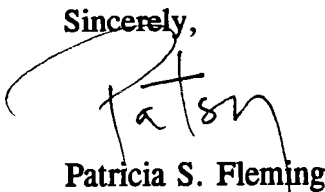
Thank you, again, for your assistance during my recent visit to the Minority Task Force on AIDS housing facility. You and your colleagues bent over backward to make this visit a success and we appreciate it.

Secretary Shalala and I were very impressed with the dedication and commitment and determination of the women and men on the front lines of this epidemic. The Minority Task Force on AIDS is a model of commitment that should be duplicated across the country. New York has borne the brunt of the AIDS epidemic and it has shown our nation how a community can rise to the challenges presented by this disease. I am grateful that you arranged to have your colleagues in central Harlem join us for a discussion of their specific concerns.

President Clinton and his Administration are committed to doing everything we can to bring this epidemic to an end. We continue to fight for the funding we need for research, care, and prevention that will help us protect the health of the people of this country and other nations around the world. With the support of men and women like you, we are confident that we will succeed.

Know that you have an ally in Washington who will fight for the tools you need to win this battle.

Sincerely,



Patricia S. Fleming
Director, Office of National AIDS Policy

n:\newyork\letters\caronia

THE WHITE HOUSE
WASHINGTON

FILE COPY

MAY - 7 1996

Dr. Victoria Sharp
St Clair's Hospital
415 West 51st Street
New York, NY 10019

Dear Ms. Sharp:

Vicky

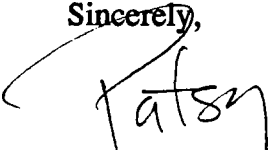
Thank you again for taking the time to meet with me during my recent visit to the Spellman Center. Your perspective and insights on the impact of the HIV epidemic on your community are essential to me in directing federal AIDS policy.

My colleagues and I were very impressed with the commitment and determination of the women and men on the front lines of this epidemic. The Spellman Center is a remarkable facility providing much needed care, especially for those who are often forgotten because of their incarceration. I am committed to working on HIV/AIDS as it exists in our prisons. New York has borne the brunt of the AIDS epidemic and it has shown our nation how a community can rise to the challenges presented by this disease.

President Clinton and his Administration are committed to doing everything we can to bring this epidemic to an end. We continue to fight for the funding we need for research, care, and prevention that will help us protect the health of the people of this country and other nations around the world. With the support of men and women like you, we are confident that we will succeed.

Know that you have an ally in Washington who will fight for the tools you need to win this battle.

Sincerely,



Patricia S. Fleming
Director, Office of National AIDS Policy

n:\newyork\letters\sharp

THE WHITE HOUSE

WASHINGTON

MAY - 7 1996

FILE COPY

Ms. Linda Campbell
Executive Director
Minority Task Force on AIDS
475 Riverside Drive
Suite 1374
New York, NY 10115

Dear Ms. Campbell:

Linda

Secretary Shalala and I want to thank you, again, for your hospitality during our recent visit to the Minority Task Force on AIDS housing facility and for sharing your perspective on the impact of the epidemic on your community.

My colleagues and I were very impressed with the dedication and determination of the women and men on the front lines of this epidemic. The Minority Task Force on AIDS is a model of commitment that should be duplicated across the country. New York has borne the brunt of the AIDS epidemic and it has shown our nation how a community can rise to the challenges presented by this disease. I am grateful that you invited your colleagues in central Harlem to join us for a discussion of their specific concerns.

President Clinton and his Administration are committed to doing everything we can to bring this epidemic to an end. We continue to fight for the funding we need for research, care, and prevention that will help us protect the health of the people of this country and other nations around the world. With the support of men and women like you, we are confident that we will succeed.

I appreciate all the hard work by your colleagues who helped make our visit so informative. Know that you have an ally in Washington who will fight for the tools you need to win this battle. Please keep in touch with me and my office in the months ahead as we wage this fight together.

Sincerely,

Pat

Patricia S. Fleming
Director, Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

FILE COPY

MAY - 7 1996

Ms. Catlin Fullwood
Associate Executive Director
Center on AIDS, Drugs and
Community Health
Hunter College
425 East 25th Street
New York, NY 10010

Dear Ms. Fullwood: *Catlin*

Thank you, again, for your assistance at the April 18 town hall meeting. You made a rough voyage a little bit smoother.

I firmly believe that frank and open dialogue is essential if we are to win the fight against AIDS. Government officials need to hear what all elements of the affected community feel and they need to know what it is that we are doing.

The last two weeks have been busy but rewarding. We were able to repeal the discriminatory Dornan Amendment related to HIV-positive military personnel, win a \$105 million increase in funding for the Ryan White CARE Act, and gain approval of a five-year reauthorization of the CARE Act.

It will take continued teamwork to preserve those victories and gain some others. I look forward to working with you toward those ends.

Sincerely,



Patricia S. Fleming
Director, Office of National AIDS Policy

n:\newyork\letters\fullwood

FILE COPY

THE WHITE HOUSE
WASHINGTON

MAR - 8 1996

MEMORANDUM TO BRUCE VLADECK

FROM: PATRICIA FLEMING 

I am forwarding to you the resumé of Dietra Ford. She was a colleague of mine both on the Hill and in the Clinton-Gore Transition. Dietra has headed the Thrift Depositor Protection Oversight Board for two years. The Board has now finished its work and is closing down. Dietra is available for other assignments. She is an extremely capable woman whom I recommend to you highly.

Thank you for reviewing her resumé for any appropriate position in your agency.



THRIFT DEPOSITOR PROTECTION
OVERSIGHT BOARD
Washington, D.C. 20232

*re lunch -
Say you'll
call back
to schedule*

February 22, 1996

Ms. Patricia S. Fleming
Director
National AIDS Policy
750 17th Street, N.W.
Suite 600
Washington, DC 20503

Dear Patsy:

It was good talking with you yesterday. I hope you can take a break for lunch sometime soon.

Enclosed are the two folders we discussed, one for Donna and one for HCFA.

Thanks so much for your help and interest.

All the best for continued success in your post.

Sincerely,

Dietra L. Ford
Executive Director

Enclosures

CP- She's going to call about

To PF lunch. Tell her you'll
get back to her.
Date 11/19/96 Time 4:24pm

WHILE YOU WERE OUT

M Dietra Ford Little Rock
of Oversight Board for RTC
Phone 416-2600

Area Code	Number	Extension
TELEPHONED	☒	PLEASE CALL ☒
CALLED TO SEE YOU	☐	WILL CALL AGAIN ☐
WANTS TO SEE YOU	☐	URGENT ☐
RETURNED YOUR CALL ☐		

Message 18 years on Hill
Managed small ofc.
Bd of Sibley Hosp.

C

Operator



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EFFICIENCY®

23-023 CARBONLESS

THE WHITE HOUSE
WASHINGTON

MAR - 8 1996

MEMORANDUM TO BRUCE VLADECK

FROM: PATRICIA FLEMING 

I am forwarding to you the resumé of Dietra Ford. She was a colleague of mine both on the Hill and in the Clinton-Gore Transition. Dietra has headed the Thrift Depositor Protection Oversight Board for two years. The Board has now finished its work and is closing down. Dietra is available for other assignments. She is an extremely capable woman whom I recommend to you highly.

Thank you for reviewing her resumé for any appropriate position in your agency.

FILE COPY

THE WHITE HOUSE
WASHINGTON

MAR - 8 1996

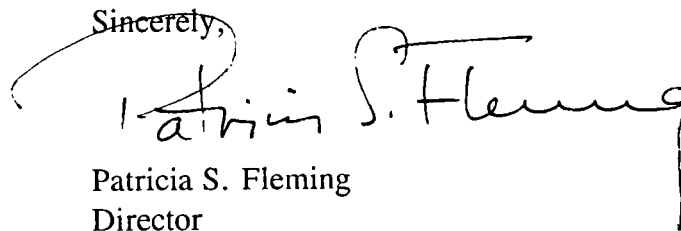
Dear Friends:

Please accept my sincere appreciation for your support for the Austin Festival of Dance. Through your contribution of time, and talent, as well as your financial support, you send a message to every person living with HIV and AIDS that their community is reaching out with care and compassion.

Ecclesiastes tells us that there is "a time to weep, and a time to laugh; a time to mourn, and a time to dance." Tonight it is time to dance -- to dance so that we need not weep and mourn any longer for our brothers and sisters who are affected by AIDS.

I wish I could be with you tonight to enjoy the wonderful display of talent and love. Keep up the good work!

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia S. Fleming". The signature is fluid and cursive, with a large loop at the end of the last name.

Patricia S. Fleming
Director
Office of National AIDS Policy

MAK- 1-96 FRI 2:44 PM EOS MUSIC INC.

FAX NO. 212 691 6648

P. 3


austin festival of dance

Please FedEx letter to

**Sonya Cohen
GoMedia, Inc.
1711 S. Congress Ave.
Austin, Texas 78701
512.326.8222**

Thanks!

Texas General Land Office
Stephen F. Austin Building
1700 N. Congress Avenue
Austin, TX 78701-1495
Phone: (512)463-9989
Fax: (512)475-1558

FAX TRANSMISSION

DATE: 3/7/96

TO: Richard Sorian, 202/632-1096

FROM: Stacey McAdoo

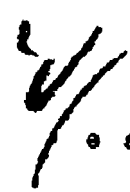
REMARKS: Please call if I can be of assistance.
Thank you for your help.

This transmittal consists of 8 pages.

MAR- 1-96 FRI 2:42 PM EOS MUSIC INC.

FAX NO. 212 691 6648

P. 1

a u s t i n  e s t i v a l o f d a n c e

TRANSMITTAL SHEET

TO:	Tom Henderson	FROM:	Charles Santos, Producer/Artistic Director
COMPANY:		DATE:	March 1, 1996
FAX NUMBER:	512.475.1558	TOTAL NO. OF PAGES INCLUDING COVER:	7
PHONE NUMBER:	512.463.9989	RE:	Letter from AIDS Council

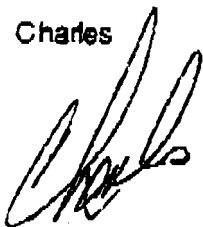
URGENT	FOR REVIEW	PLEASE COMMENT	PLEASE REPLY	PLEASE RECYCLE
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NOTES/COMMENTS:

I am sending copies of past letters and copy of the letter I just sent to Mary Fisher's publicist.

Unfortunately we will need the original letter by March 10th to make to the printer in time. I am sending the address of the graphic designers where it would need to be FedExed. I hope she can do it. Thanks Tom!

Charles



MAR- 1-96 FRI 2:43 PM EOS MUSIC INC.

FAX NO. 212 691 6648

P. 2

 austin festival of dance

01 March 1996

**Co-Producers &
Artistic Directors**
Charles Santos
Christopher Boyd

A James Heynen
c/o Greystone Group
678 Front Street NW Suite 260
Grand Rapids, MI 49504

Dear Jim,

Host Committee:

Honorable Kay Bailey Hutchinson
United States Senator
Honorable & Mrs. Lloyd Doggett
United States Congressman
Honorable & Mrs. Bob Bullock
Attorney General Dan Morales
Treasurer Martha Whitehead
Land Commissioner Garry Mauro
Health Commissioner David Stram
Tom Henderson

Presidential AIDS Advisory Council
Senator & Mrs. Gonzalo Barrientos
Representative Dawana Dukes
Representative Sherri Greenberg
Representative Glen Maxey
Representative Elliott Naishtat
Chancellor & Mrs. William
Cunningham
Mayor Bruce Todd
Judge Bill Aleshire
Luci Johnson & Ian Turpin
Kerry Tate
Chair Austin Chamber of Commerce

Executive Committee

Rod Caspers
Tana & Joe Christie
Cathy Cook
Jack Degillo
Charles Duggan
Mary Margaret & Ray Farabee
Shari Fultz
Susan Ghetner
Dana Gray
Janice Hughes
Maline & Dudley McCalla
Eddie Safady
Randa Safady
Eugene Sepulveda
Fobbies Wadsworth
Stephen Wright
Armando Zambrano

Former Chairs

Tana & Joe Christie
Honorable & Mrs. John Sharp
Honorable & Mrs. Bob Bullock
Chancellor & Mrs. William
Cunningham

First let me apologize for the tardiness of this request. It's been difficult managing my festival in Texas having moved to New York. Also, I look forward to our meeting. I've heard much about you from Byron. Things will calm down for me after this event is over. What I am asking for is a letter from Mary Fisher to the audience thanking them for supporting the Festival and the fight against AIDS. It should be on her letterhead and will be placed in the program book in its entirety, like and ad. I am enclosing the program books from my past two years so that you see what the letters have looked like in the past, and get a feel for the event.

This event is the second largest fundraiser for AIDS Services of Austin annually and singularly the finest dance festival in the state. It is the only annual festival, in the nation, of its kind presenting such high quality dance companies from across the country. It has also proven to be an excellent catalyst for bringing together a multi-faceted community for an extraordinary event.

The Festival does not focus on choreography with an AIDS theme. I select the companies based on artistic excellence. I have found a tremendous informal education in the audience takes place. As people look about and see the Governor, the Mayor, African Americans, Hispanics and people living with HIV and AIDS all sitting together on the same row, the realization begins that this is truly a community issue and that maybe its OK to support these issues and events. We have had great success bringing in new corporate and community support this way. There are other events in the year that have a stronger political/education approach. The Festival has truly become a community coming together for a community issue. This year because companies are coming from both coast, as well as Texas, we are gaining national press and attention. I hope to continue this national presence both artistically and as an AIDS fundraiser.

The letters of endorsement have proven to be very important in lending credibility to the Festival with the community and political leaders. Mary's endorsement of the Festival, with her national reputation in her fight against AIDS, and as an artist, would be of immeasurable value. Unfortunately the timeline is very tight. I need to have the letter in Austin no later than March 10th to meet our print deadline. I will enclose the address of my graphic designers in Austin who are working on the program book so that you can FedEx the letter directly to them.

AIDS affects all parts of our community and continues to be the greatest public health crisis that we face. The Festival of dance is a celebration of the human spirit and draws our diverse community together. Thank you in advance Jim for helping make this letter possible. Please don't hesitate to page or call me if I can provide any further information. My digital pager is 800.609.0753, office 212.691.6415, fax 212.691.6648. Again, thanks for everything and I look forward to our meeting.

Sincerely,

Charles Santos

BENEFIT FOR

AIDS SERVICES OF AUSTIN

MAR- 1-96 FRI 2:44 PM EOS MUSIC INC.

FAX NO. 212 691 6648

P. 4



Bob Bullock
Lieutenant Governor of Texas
President, Texas Senate

Post Office Box 2245
Austin, Texas 78768-2245

512/478-1994
512/478-4256 (Fax)

March 8, 1994

Dear Special Friends:

The 1994 Festival of Dance is a worthy confirmation that Texans and their state are not without compassion, thanks to your contribution of money, time and talent.

The saving of lives and the lessening of human pain and suffering are the just legacies of your gift, your care and your involvement.

Thank you for making the human heart of Texas much warmer, much more gentle and at the same time, stronger than ever before.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ian + Bob Bullock".
IAN AND BOB BULLOCK
Chairpersons

During 1993, ASA provided HIV prevention education to more than 50,000 people.

AUSTIN FESTIVAL OF DANCE

MAR- 1-96 FRI 2:45 PM EOS MUSIC INC.

FAX NO. 212 691 6648

P. 5



STATS OF TEXAS
OFFICE OF THE GOVERNOR
AUSTIN, TEXAS 78711

ANN W. RICHARDS
GOVERNOR

March 18, 1994

Dear Patrons:

Welcome to the third annual Austin Festival of Dance! Tonight you will experience an even more expanded range of delightful dance and music.

Why do these wonderful artists gather for another festival? Tonight they perform to honor "life, living, and the human spirit."

And that is a very appropriate response to fighting AIDS in 1994.

Thank you for joining the artists on stage in your support and assistance of AIDS Services of Austin and its incredible, life giving work.

Sincerely,

A large, stylized cursive signature of Ann W. Richards.

ANN W. RICHARDS
Governor

AWR/dt

POST OFFICE BOX 17428 AUSTIN, TEXAS 78711 (512) 465-3000 (VOICE) / (512) 475-5165 (TDD)
Printed on Recycled Paper

*Austinites responding to unmet needs have created an
HIV hospice, intermediate care facility, clinic, pediatric
services, outreach to communities of color, etc.*

AUSTIN FESTIVAL OF DANCE

MAR- 1-96 FRI 2:45 PM EOS MUSIC INC.

FAX NO. 212 691 6648

P. 6

AUSTIN *Festival of Dances* 1995**BILL T. JONES/
ARNIE ZANE
DANCE
COMPANY**

February 21, 1995

Bill T. Jones,
Artistic Director

Dear Friends,

Foundation for
Dance Promotion
853 Broadway
Suite #1706
New York City,
New York 10003T(212) 477-1850
F(212) 777-5263

As a wise person once said, "There are no problems to be had, only opportunities." I concur by saying that the problem of AIDS is truly an opportunity for affirmation.

1) Affirmation of our values: What is right? What is wrong? and, Where does truth lie?

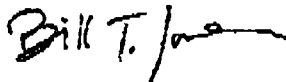
2) Affirmation of our broadest most enlightening definition of who we are: We are all people, sick and well, living and dead, children, adults, homosexuals, bisexuals, heterosexuals, intravenous drug users and not. Who will deny humanity to anyone of the above groups?

3) To affirm our vitality to protect the basic rights and dignity of all people and in particular those stricken with HIV related illnesses.

Board of DirectorsLinda Price
President
Merris Hightower
Secretary
Jonathan Sander
DirectorDorcas Adams
Executive Vice President
Bill T. Jones
Artistic DirectorJohn Alley
(1937-1988)
Ellen S. Hightower
(1923-1997)
Arnie Zane
(1940-1988)

Our era is being given a ghostly challenge. Through your support tonight you step forward to say, "I am not afraid, we can do this."

Thank you,



Bill T. Jones

The City of Austin and Travis County began funding AIDS services and education in 1985, years before other Texas cities and counties.

AUSTIN Festival of Dance 1995



STATE OF TEXAS
OFFICE OF THE GOVERNOR

GEORGE W. BUSH
GOVERNOR

February 24, 1995

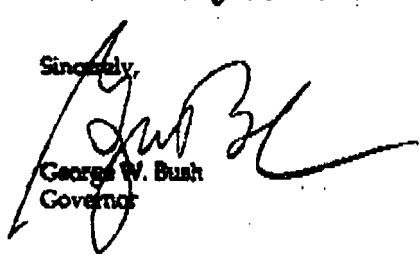
Dear Patrons:

Thank you for giving your talents, your dollars and most of all, your hearts, to the 1995 Festival of Dance.

Your contributions are a clear signal that Texans are compassionate souls who are willing to reach out to help those who are ill.

AIDS is an international tragedy. Thank you for doing your part to save lives and ease suffering here in our community.

Sincerely,


George W. Bush
Governor

3

Austinites responding to unmet needs in the last year have created an AIDS care facility, an HIV wellness newsletter, and a supportive housing project for people with AIDS.

FILE COPY

THE WHITE HOUSE
WASHINGTON

MAR 13 1996

Dear Colleague:

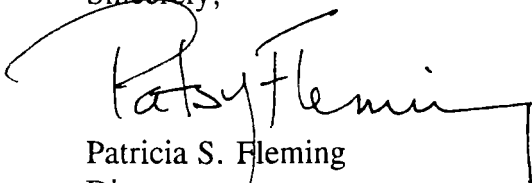
On March 5 my office released "Youth & HIV/AIDS: An American Agenda," a report to the President detailing the heavy impact that HIV is having on young people in this country. In developing this report, my staff worked closely with many Federal Departments and Agencies and I want to take this opportunity to once again thank you for your assistance.

I am enclosing five copies of the report for your use. Additional copies are available from this office or from the Centers for Disease Control and Prevention's National AIDS Clearinghouse (1-800-342-AIDS).

As the report notes, today in America an average of one teenager is becoming infected with HIV every hour of every day. In fact, more than 10,000 Americans under 21 and more than 20,000 people under 25 are becoming HIV positive each year. Each of us has a responsibility to change these tragic trends.

In the coming weeks, my office will be following up with your staff to devise ways to put the ideas contained in this report into action. I look forward to working with you on this important policy area.

Sincerely,

A handwritten signature in cursive script, reading "Patricia S. Fleming". The signature is written in dark ink and is positioned above the printed name and title.

Patricia S. Fleming
Director
Office of National AIDS Policy

Enclosures

Patsy's Dear Colleague letter, along with five copies of the adolescents' report, should go to the following:

- ✓ Dr. Philip Lee 7694 Asst Secy for Health
- ✓ Dr. Eric Goosby HHS-690-5568 Dir of DHAP
- ✓ Dr. David Satcher Dir CDC
- ✓ Dr. Helene Gayle 404-639-8000 Dir Natl Center for HIV/AIDS
- ✓ Dr. William Paul Dir ADHR
- ✓ Dr. Ciro Sumaya - Natl Ctr HRSA 301 443-2216
- ✓ Dr. David Kessler, Dir Cmonr
- ✓ Dr. Harold Varmus Dir NIA
- ✓ Nelba Chavez SAMHSA

SAMHSA Adm.

Mailed 3/18/96

FILE COPY

THE WHITE HOUSE
WASHINGTON

MAR 13 1996

Mrs. Barbara Aranda-Naranjo, RN, MSN, Ph.D.
Assistant Professor
The University of Texas Health Science Center at San Antonio
Department of Pediatrics
Division of Community Pediatrics
7271 Wurzbach, Suite 220
San Antonio, Texas 78240

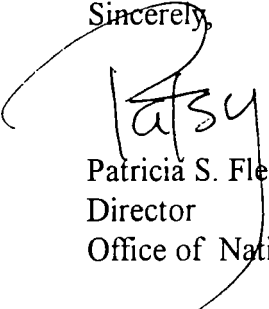
Dear Barbara:

A very belated thank you for the musical pin you gave me during the White House AIDS Conference. That was very thoughtful of you and I appreciate it very much.

My office is actively following up on the suggestions made during the conference and the initiatives enunciated by the President in his remarks. I look forward to continuing this work in the coming months.

Great memories of that day will always be with me and your gift will be part of them.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

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THE WHITE HOUSE

WASHINGTON

MAR 13 1996

Dear Colleague:

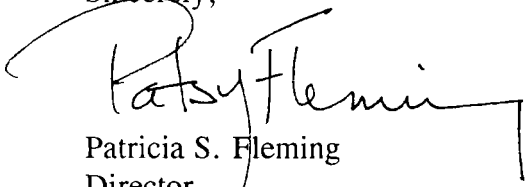
On March 5 my office released "Youth & HIV/AIDS: An American Agenda," a report to the President detailing the heavy impact that HIV is having on young people in this country. In developing this report, my staff worked closely with many Federal Departments and Agencies and I want to take this opportunity to once again thank you for your assistance.

I am enclosing five copies of the report for your use. Additional copies are available from this office or from the Centers for Disease Control and Prevention's National AIDS Clearinghouse (1-800-342-AIDS).

As the report notes, today in America an average of one teenager is becoming infected with HIV every hour of every day. In fact, more than 10,000 Americans under 21 and more than 20,000 people under 25 are becoming HIV positive each year. Each of us has a responsibility to change these tragic trends.

In the coming weeks, my office will be following up with your staff to devise ways to put the ideas contained in this report into action. I look forward to working with you on this important policy area.

Sincerely,

A handwritten signature in black ink, appearing to read "Patsy Fleming". The signature is fluid and cursive, with a long horizontal stroke at the end.

Patricia S. Fleming
Director
Office of National AIDS Policy

Enclosures

Patsy's Dear Colleague letter, along with five copies of the adolescents' report, should go to the following:

- ✓ Dr. Philip Lee 7694 Asst Sec for Health
- ✓ Dr. Eric Goosby HHS-690-5560 Dir of DHAP
- ✓ Dr. David Satcher Dir CDC
- ✓ Dr. Helene Gayle 404-639-8000 Dir Natl Center for HIV STD TB
- ✓ Dr. William Paul Dir ADHR
- ✓ Dr. Ciro Sumaya - ~~HRSA~~ HRSA 301 443-2216
- ✓ Dr. David Kessler, ~~Dir~~ Commr
- ✓ Dr. Harold Varmus Dir. NIA
- ✓ Nelba Chavez ~~SA~~ SA

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THE WHITE HOUSE
WASHINGTON

FILE COPY

March 14, 1996

MEMORANDUM FOR PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

FROM: Patsy Fleming, Director *PF*
Office of National AIDS Policy

SUBJECT: Update of National Commission on AIDS Recommendations

Attached is a copy of a draft summary of the Clinton's Administration's actions responding to the recommendations of the National Commission on AIDS. I hope you find this useful as you prepare for the April Council meeting.

Please consider this a work in progress. We are asking the agencies to review this document for any omissions.

Actions Taken by the Clinton Administration in Response to the Recommendations of the National Commission on AIDS

Recommendation 1: Leaders at all levels must speak out about AIDS to their constituencies.

The President and members of his Administration have spoken out frequently about HIV/AIDS and the need for a strong national and international response and in opposition to divisive proposals and comments. In his appointment of senior public health officials, the President has appointed Federal officials who are both knowledgeable of and sensitive to the need for a coordinated Federal response to HIV/AIDS. The December 6, 1995 White House Conference on HIV and AIDS, which brought several hundred Americans to the White House to discuss the future of HIV/AIDS policy with the President, was the most visible demonstration of the President's commitment to highlighting the importance of this issue.

Recommendation 2: We must develop a clear, well-articulated national plan for confronting AIDS.

The Interdepartmental AIDS Task Force is preparing a national strategy to confront HIV/AIDS, scheduled for release in March 1996. A more detailed government-wide research plan and budget is being developed, scheduled for release by April 15, 1996. Efforts have already been made to provide greater focus and more planning in all major agencies involved in HIV/AIDS policy. In June 1993, the President created the White House Office of National AIDS Policy to direct the Federal response to HIV/AIDS and to advise him directly on this critical issues. The NIH Revitalization Act strengthened the Office of AIDS Research (OAR) at the National Institutes of Health. OAR Director William Paul, M.D., has developed a five-year AIDS research plan that is being implemented. The Centers for Disease Control and Prevention (CDC) initiated a community planning process to refocus HIV education and prevention efforts.

Recommendation 3: All Americans should be provided with comprehensive health care coverage.

The President's Health Security Act would have provided all Americans with health coverage that could not be taken away. Currently, the President is vigorously opposing efforts by the Republican leadership of the Congress to remove the entitlement status of and impose Draconian cuts on Medicaid, a program that provides coverage to more than half of all Americans living with HIV/AIDS. The Administration is working for passage of the Kassebaum-Kennedy bill that would improve access to private insurance for those with pre-existing conditions and for those not in groups.

Recommendation 4: The government should assure access to a system of health care for all people with HIV disease.

Medicaid provides care for nearly 50 percent of people living with AIDS. The President has fought hard to preserve the integrity of this program, and the Health Care Financing Administration has worked with states to assure that people with HIV and AIDS continue to receive quality care under managed care plans. Sharply increased funding for the Ryan White CARE Act has provided care to thousands of people living with HIV/AIDS. The President's Health Security Act would have provided such coverage for all such people. The President supports the Kassebaum-Kennedy bill that would prohibit health insurers from excluding individuals from coverage because of pre-existing medical conditions.

Recommendation 5: The Federal government should establish a comprehensive national HIV prevention initiative.

The President, at the White House Conference on HIV and AIDS in December 1995, established as a national goal the reduction of new HIV infections each year until there are none. A comprehensive HIV prevention plan is part of the national strategy to be released in March 1996. In addition, a number of policy steps have been taken to move us closer to that goal. The CDC Community Planning Initiative has returned control over HIV/AIDS prevention efforts to local communities so that programs can be tailored to the needs of the people they serve. The CDC Prevention Marketing Initiative, launched in January of 1994, provides a frank and direct HIV prevention message to the public including the importance of abstinence and the correct and consistent use of latex condoms. Furthermore, the President has called for much closer collaboration between HIV prevention and substance abuse treatment and prevention programs -- to be sure that all at risk for HIV are reached effectively. To that end, the Centers for Disease Control and Prevention, in conjunction with other Public Health Service agencies, will be hosting a conference later this spring to design a strategy to assure greater collaboration.

Recommendation 6: Medicaid should cover all low-income people with HIV disease.

The President's Health Security Act would have provided such coverage to all Americans regardless of their income or their HIV status. The Health Care Financing Administration continues to closely monitor State Medicaid program coverage of services provided to people living with HIV/AIDS and has advised States to increase coverage of services not now covered. In reviewing state managed care waivers, HCFA has worked to assure that people with HIV/AIDS specifically will be adequately protected. In addition, HCFA has communicated strongly with state Medicaid directors regarding expansions of coverage as new scientific developments warrant. This occurred regarding the use of AZT to prevent perinatal transmission; a similar effort is underway regarding coverage of protease inhibitors. Expanded funding of the Ryan White CARE Act has filled some of the gaps in coverage of

health care services for people living with HIV/AIDS. The President continues to oppose deep cuts in Medicaid funding proposed by the Republican congressional leadership and is fighting for funding increases for the Ryan White CARE Act.

Recommendation 7: Medicaid payment rates for providers should be increased sufficiently to ensure adequate participation in the Medicaid program.

The Health Security Act would have enrolled Medicaid recipients in private health plans, thus eliminating the differential between Medicaid payment rates and private rates.

Recommendation 8: Social Security Disability Insurance (SSDI) beneficiaries who have HIV or another serious chronic health condition should have the option of purchasing Medicare coverage during the current two-year waiting period.

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Recommendation 9: Congress and the Administration should work together to adequately raise the Medicaid cap on funds directed to the Commonwealth of Puerto Rico.

The President's Health Security Act would have eliminated the cap on Medicaid payments to Puerto Rico.

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Payment of COBRA premiums is one of the permitted uses of Ryan White CARE Act funds under Title II. The President has consistently sought increases for this program, which would permit expanded COBRA support as well as increased coverage of prescription drugs for people with HIV/AIDS. The Health Security Act would have provided continuous coverage to all Americans regardless of their HIV status.

Recommendation 11: Policies should be developed to address future plans for the distribution of AIDS vaccines.

The Administration recognizes that distribution issues -- both domestic and international -- must be addressed *at the same time* that clinical trials are undertaken for vaccines. Issues of access and distribution are part of the dialogue initiated by the Vice President with the

pharmaceutical industry on AIDS drug and vaccine development issues.

Recommendation 12: The Federal government should fund the Ryan White CARE Act at the fully authorized level.

Authorization levels for implemented titles of the Ryan White CARE Act total \$645 million. All three of President Clinton's requests for Ryan White funding have exceeded that total. The President has consistently fought for significant increases in the program, even while most domestic discretionary spending has been essentially flat. In three budget cycles, assuming that pending appropriations legislation passes, funding for the CARE Act will have more than doubled.

Recommendation 13: Congress should remove the government restrictions that have been imposed on the use of funds for certain kinds of HIV education, services, and research.

Most such funding restrictions have been removed and control over many programs has been returned to local communities and community-based organizations.

Recommendation 14: The Secretary of HHS should develop recommendations to address the obstacles to people with HIV participating in clinical trials.

The National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) have collaborated on new policies to eliminate the obstacles to people with HIV participating in clinical trials. In addition, NIH and SAMHSA now require all clinical trials to include women and ethnic and racial minorities in all clinical trials. This is a continuing source of concern to the Administration, reflected most recently in the Office of National AIDS Policy's report on the state of the HIV/AIDS epidemic among adolescents, which addressed problems of design and access to clinical trials faced by teenagers.

Recommendation 15: HIV-related services should be expanded to facilities where underserved populations receive health care and human services.

Full funding of the Ryan White CARE Act has greatly expanded the availability of such services. Other Federal health programs -- including community and migrant health centers - now provide technical assistance to grantees who are or should be serving HIV positive or at risk clients. In addition, the President's Health Security Act would have guaranteed availability of such services for all those who need them.

Recommendation 16: NIH efforts to expand recruitment of underrepresented populations in clinical trials should be continued and increased.

NIH policy now requires inclusion of women and racial and ethnic minorities in all clinical trials. The demographics of participants in NIH-funded clinical trials now more closely reflect the demographics of the epidemic.

Recommendation 17: HIV education and training for health care providers regarding state-of-the-art clinical care should be improved.

AIDS Education and Training Centers have been refocused to increase the capacity of health care providers to provide state-of-the-art clinical care. Congressional Republicans have proposed eliminating these centers and the Administration has been working to save this program. The Agency for Health Care Policy and Research has issued guidelines on early intervention to assist health care professionals in providing such care. The Centers for Disease Control and the National Institutes of Health regularly issue recommendations to health care professionals to update their knowledge of HIV care. The most recent example is the release of guidelines regarding counseling and HIV testing for pregnant women and treatment of HIV-positive pregnant women with AZT to reduce the risk of perinatal HIV transmission. HCFA, HRSA, and CDC have done extensive outreach in this area. New guidance from the NIH regarding the state of the art in anti-retroviral therapy is expected now that protease inhibitors have been approved for marketing.

Recommendation 18: Greater priority and funding should be given to behavioral, social science, and health services research.

The OAR research plan lists each of these areas as priorities. Funding for research has increased over 30 percent since the President took office.

Recommendation 19: The FDA should aggressively pursue all options for permitting use of promising therapies.

In the past three years, 18 HIV/AIDS-related therapies have become newly available as a result of the Food and Drug Administration's actions. Many of these new drugs were approved based on rules allowing for early approval of drugs for life-threatening conditions. The most recent approval of protease inhibitors has occurred in record time -- one in 41 days. FDA has worked with drug manufacturers to permit expanded access to promising drugs prior to FDA approval. The Administration also created an AIDS Drug Development Task Force to identify and eliminate barriers to AIDS drug development. At the direction of the President, Vice President Gore has initiated a process working with the pharmaceutical industry to identify barriers to HIV drug, vaccine, and microbicide development.

Recommendation 20: NIH should develop a formal mechanism for disseminating state-of-the-art treatment information expeditiously.

Such a mechanism is included in the OAR research plan and was recently utilized following the results of clinical trials that indicate that use of AZT can reduce the risk of transmission of HIV from pregnant women to fetuses. A similar effort is planned for protease inhibitors.

Recommendation 21: HHS should study policies of third-party payers regarding payment of certain health services costs that are provided as part of an individual's participation in clinical trials conducted in the development of HIV-related drugs.

The President's Health Security Act would have provided comprehensive coverage of such services. The Vice President, working with government scientists, the pharmaceutical industry, third party payers, and patient advocates is pursuing a mechanism that will assure such coverage for clinical trials, especially larger post-marketing studies. This mechanism would be similar to a model program developed by the National Cancer Institute and CHAMPUS (the Defense Department's civilian insurance plan), which assures third party coverage for care associated with clinical trials by CHAMPUS.

Recommendation 22: Implementation of the Americans with Disabilities Act should be carefully monitored.

Monitoring and enforcement of the ADA has been a top priority of the Federal government. The Justice Department, the Equal Employment Opportunities Commission, and the Health Care Financing Administration have vigorously pursued accusations of discrimination and publicized penalties and settlements.

Recommendation 23: The Federal government should expand drug abuse treatment so that all who apply for treatment can be accepted into treatment programs.

The President has proposed expanded funding of drug abuse treatment to move toward treatment on demand. The Administration has opposed Congressional attempts to cut the treatment budget.

Recommendation 24: Legal barriers to the purchase and possession of injection equipment should be removed.

The Centers for Disease Control and Prevention, in cooperation with the Connecticut Department of Health, supported research demonstrating the effectiveness of removal of legal barriers to purchase and possession of injection equipment in reducing needle sharing among drug users -- thus dramatically lowering the risk of HIV transmission in this group. In disseminating these findings, the CDC hopes that states will take the steps necessary to

change their laws and policies and adopt an approach that has no fiscal costs but may be one of the most effective means of reducing HIV-related risk among injecting drug users.

Recommendation 25: Improve access to expensive HIV-related drugs by adequately reimbursing for purchase of HIV-related drugs, including clotting factor for hemophilia. Amend the Orphan Drug Act to set a maximum sales cap for covered drugs.

Other than Medicaid, the principal mechanism for Federal support of drug purchases is through Title II of the Ryan White CARE Act. This program is under enormous pressure. With the approval of the protease inhibitors drugs, even more demand will be made on this program. As a result, the President has sought a special supplemental appropriation for this program totalling \$52 million. The Health Security Act included outpatient prescription drugs in a comprehensive benefit package for all Americans. The President supported a proposal to apply a sales cap to drugs approved under the Orphan Drug Act.

Recommendation 26: Federal, State, and local government should join forces with the private sector in providing long-term support to community-based organizations.

Community-based organizations have received a significant portion of the increased funds under the Ryan White CARE Act and are at the center of Administration approaches to HIV/AIDS. The CDC's community planning initiative involves such groups directly in the HIV prevention/education process. Both HRSA and CDC provide significant technical assistance to community based organizations. The Presidential Advisory Council on HIV and AIDS and the Interdepartmental Task Force on AIDS will further assist in this effort.

Recommendation 27: The Public Health Service should expand and promote comprehensive programs for technical assistance and capacity building for effective long-term prevention efforts.

Technical assistance programs have been identified by the HHS HIV/AIDS Coordinating Committee as a critical component of HIV/AIDS programs. Expanded technical assistance is a key part of the CDC's community planning process for HIV/AIDS prevention programs and HRSA provides ongoing technical assistance to recipients of funds from the Ryan White CARE Act.

Recommendation 28: Federal, State, and local entities should provide support for training and technical assistance to acknowledge and support family members, friends, and volunteers who are an integral part of the care system of a person with HIV disease.

Ryan White CARE Act funding has gone primarily to community-based organizations, which often are staffed by volunteers. The CDC community planning initiative provides such

support to community groups involved in caring for people living with HIV/AIDS. In addition, the Family Medical Leave Act, an early accomplishment of the Administration, assures broad coverage for care-givers, including those caring for people living with HIV/AIDS.

Recommendation 29: The Federal government should develop an evaluation and technical assistance component for all Federally-funded HIV-related programs.

Evaluation and technical assistance are critical components of all existing and new initiatives including the CDC community planning process. Both HRSA and CDC provide extensive technical assistance to their grantees -- both in the planning process and the actual delivery of services. In addition, all agencies are required to develop performance measures for their programs under the Government Performance and Results Act (GPRA).

Recommendation 30: All levels of government should develop comprehensive HIV plans.

The new Interdepartmental Task Force on HIV/AIDS has been charged with developing a Federal plan. In addition, the Federal government has been encouraging State and local government to institute planning processes through the Ryan White CARE Act, the Housing Opportunities for People with AIDS program, and other Federal activities.

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March 14, 1996

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Recommendation 28: Federal, State, and local entities should provide support for training and technical assistance to acknowledge and support family members, friends, and volunteers who are an integral part of the care system of a person with HIV disease.

Ryan White CARE Act funding has gone primarily to community-based organizations, which often are staffed by volunteers. The CDC community planning initiative provides such

support to community groups involved in caring for people living with HIV/AIDS. In addition, the Family Medical Leave Act, an early accomplishment of the Administration, assures broad coverage for care-givers, including those caring for people living with HIV/AIDS.

Recommendation 29: The Federal government should develop an evaluation and technical assistance component for all Federally-funded HIV-related programs.

Evaluation and technical assistance are critical components of all existing and new initiatives including the CDC community planning process. Both HRSA and CDC provide extensive technical assistance to their grantees -- both in the planning process and the actual delivery of services. In addition, all agencies are required to develop performance measures for their programs under the Government Performance and Results Act (GPRA).

Recommendation 30: All levels of government should develop comprehensive HIV plans.

The new Interdepartmental Task Force on HIV/AIDS has been charged with developing a Federal plan. In addition, the Federal government has been encouraging State and local government to institute planning processes through the Ryan White CARE Act, the Housing Opportunities for People with AIDS program, and other Federal activities.

#

THE WHITE HOUSE

WASHINGTON

MAR 15 1996

FILE COPY

MEMORANDUM FOR RICIA MCMAHON

FROM PATRICIA S. FLEMING, DIRECTOR
OFFICE OF NATIONAL AIDS POLICY

SUBJECT National Drug Control Policy Strategy

Thank you for allowing us the opportunity to review and comment on this document. It is obvious that a significant amount of time and energy has been invested in making this a comprehensive and useful tool.

Overall, the strategy presents a strong message that this administration will be more aggressive in the areas of drug trafficking, international narcotics control and drug enforcement. Of special interest to me, however, is that there be an adequate and accurate description of the HIV/AIDS epidemic in the drug using population. CDC now estimates that approximately 50% of all new HIV infections in this country are attributable to injection drug use. I feel that there are missed opportunities throughout the strategy where this growing epidemic can be related to substance abuse prevention.

Specifically:

- At the beginning of the strategy, in the message from the President to Congress describing the new challenges facing the country, particularly in the area of drug abuse prevention and adolescents, the strategy should include the effects of drug abuse on the growing rate of HIV in adolescents. During the White House Conference on HIV/AIDS held in December last year, the President offered these remarks: "I have to tell you that I am worried that what we see with the HIV rates among juveniles is now being mirrored in drug use. Last year's statistics showed unbelievably that drug use among people 18 to 34 was going down, but casual drug use among people 12 to 17 was going up. I think it is clearly because there are too many kids out there raising themselves, thinking nobody cares about them and not thinking there's much of a future. So we have to deal with these two things together."
- I would encourage similar reference in one or more of the following:
Section I. Background; Pages 3, 4, 11, 12, 15 Section II., p. 1.

- Section II. I was pleased to see that there were almost 2 full pages devoted to HIV/AIDS pp.12 and 13. However, it is mostly statistics and should be redrafted to demonstrate an understanding of the complexities of the problems and challenges. For example, the strategy states that "hardcore drug users exhibit high-risk sexual behaviors that put them at great risk for STDs". The strategy should go one step further to explain that it is not just hard core drug users whose behaviors put them at risk. It could just as well be casual users of drugs like alcohol, marijuana and crack cocaine -- substances that lower a person's inhibitions and judgment leading to high risk sexual behaviors. A CDC- sponsored study reports a very high prevalence of HIV infection in two large U.S. cities among crack cocaine users.
- The text on pages 12 and 13 concludes with the total number of cases of AIDS in the U.S. and states that "increased education and prevention efforts will gradually stabilize the trend." This is an incomplete message. While it is true that the curve of the epidemic has begun to level off among older gay men, this is by no means indicative of what is occurring in other communities, specifically, young gay men, gay men of color, women, adolescents and especially injection drug users.
- I recommend that the strategy point out that a key issue related to drug use and HIV/AIDS prevention is drug treatment. The strategy does an excellent job of describing your agency's efforts in this area. However, I urge you to include a discussion about the importance of drug treatment as another avenue to controlling the spread of HIV. Substance abuse treatment is a form of HIV prevention. There is a continuing need for increased treatment services for persons seeking to control their addictions who may or may not be HIV infected.
- On pages 14 and 15, I recommend that the strategy address the importance of HIV testing and counseling in treatment facilities as another component of an aggressive drug treatment strategy. It is often a first point of contact for some hard to reach drug users.
- The strategy cites a number of studies on which it bases its initiatives. Noticeably absent and of significance to me is the Institute of Medicine's (IOM) report on syringe exchange programs. This study concluded that syringe exchange programs increase the availability of sterile injection equipment, resulting in a lower number of contaminated needles in circulation. The study also found that there was no credible evidence that drug use increased among participants and in fact, these programs could be seen as outreach programs to substance users who ultimately may be brought into treatment for their addiction.

Although this issue continues to be a divisive one, both socially and politically, the significance of the IOM report and other studies in the academic, scientific and professional communities can not be ignored. Following a description of the studies and their results, I suggest this language: "The Federal government is supporting research that will give communities the information they need to make a decision about syringe exchange programs. The decision to adopt these programs should remain a local one."

- Section III. I found no mention of HIV/AIDS at all. Given the growing crisis, I feel that some attention should be given to the government's long range goals for addressing this problem. At the very least, I suggest that the document mention the President's desire to have substance abuse and HIV/AIDS communities develop a comprehensive joint strategy. In his comments to the White House conference on HIV/AIDS, the President asked the CDC "to convene a meeting of state and local people involved in both public health and drug prevention to develop an action plan that integrates HIV prevention and substance abuse prevention." My office and CDC are now working toward achieving that goal.

Please let me know if I can be of further assistance.

THE WHITE HOUSE

WASHINGTON

MAR 15 1996

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THE WHITE HOUSE
WASHINGTON

FILE COPY

MAR 18 1996

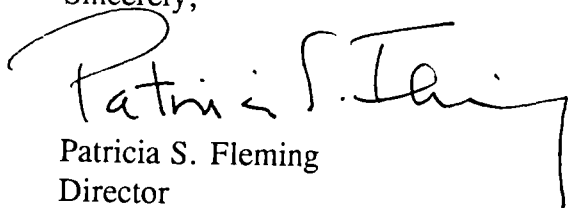
Mr. Rick Marchand
Health Education Teacher
Shrewsbury High School
45 Oak Street
Shrewsbury, MA 01545

Dear Mr. Marchand:

Thank you for your letter regarding your class' important work on AIDS policy. I apologize for the delay in my response. It is quite heartening to see so many young people caring enough to make a difference in this epidemic. I am pleased that Congressman Neal is working with you on your resolution. I am sure that lawmakers will be impressed by the knowledge and commitment of your students.

Just last week, my office released a new report to the President on the threat of HIV/AIDS to young people. It noted that today in America an average of one teenager becomes infected with HIV every hour of every day. We all have a responsibility to act to change that tragic trend. I am enclosing a copy of the report for you and your students. Additional copies are available from the CDC AIDS Clearinghouse through the toll-free hotline, 1/800/342-AIDS.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

Enclosure

G2129/RS

THE WHITE HOUSE
WASHINGTON

FILE COPY

MAR 18 1996

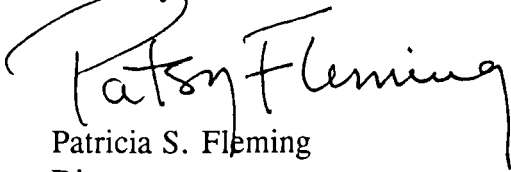
Mr. Isaac Silverman
1513 Columbia Street
Olympia, WA 98501

Dear Isaac:

Thank you so much for your suggestions for ways to stop the AIDS epidemic. Please forgive me for not writing sooner. You have clearly given this subject a great deal of thought and I appreciate it. I have given your ideas to the AIDS researchers at the National Institutes of Health. They tell me that research is being conducted in both of these areas.

Please continue to be involved in our national response to HIV and AIDS. It is only with the commitment of people like you that we will someday soon put an end to this epidemic.

Sincerely,

A handwritten signature in cursive script that reads "Patricia S. Fleming". The signature is written in dark ink and is positioned above the printed name and title.

Patricia S. Fleming
Director
Office of National AIDS Policy

G2134/RS

THE WHITE HOUSE
WASHINGTON

FILE COPY

MAR 18 1996

Mr. Nicholas Debs
Executive Director
Visual AIDS
131 West 24th Street
Third Floor
New York, NY 10011

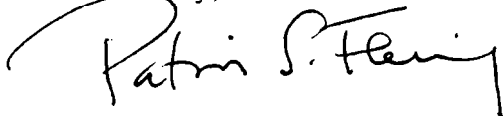
Dear Mr. Debs:

I have received a copy of your letter to the President regarding commemoration of World AIDS Day. I apologize for the delay in my response.

The President did, indeed, mark World AIDS Day by dimming the external lights of the White House for fifteen minutes. He also issued a World AIDS Day proclamation, which I enclose for you. While the President was in Northern Ireland on December 1, he did emphasize that it was World AIDS Day in his public comments. In addition, many members of the Clinton Administration participated in World AIDS Day ceremonies throughout the country.

Thank you for your continuing commitment and work to honor the women, men, and children affected by HIV and AIDS and to help put an end to this epidemic.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia S. Fleming". The signature is fluid and cursive, with a large initial "P" and "F".

Patricia S. Fleming
Director
Office of National AIDS Policy

G2128

FILE COPY

THE WHITE HOUSE
WASHINGTON

MAR 18 1996

Dr. Leonardo R. Ortega
Executive Director, CEO
HERO
101 West Read Street
Suite 825
Baltimore, MD 21201

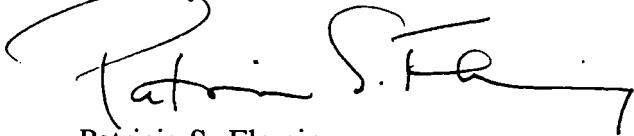
Dear Dr. Ortega:

Thank you for your letter of November 16 regarding the White House Conference on HIV and AIDS. I am sorry for the delay in responding. I regret that you were not among the list of participants. But as you can imagine, many more people than we had space for wanted to attend.

The conference was a tremendous success. More than 250 persons from 37 states, Puerto Rico, and the District of Columbia participated in a full day of detailed discussions on the major issues related to HIV and AIDS. The comments we have received from participants and those who watched the proceedings around the country are very heartening. I have enclosed a copy of the President's remarks to the conference for your information.

My office and other parts of the Clinton Administration are already at work to carry out the policy initiatives discussed at the conference and are continuing our dialogue with members of the affected community to make sure that we have their input. I appreciate your continuing interest in these issues and welcome your ideas.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

Enclosure

cc: Senator Barbara Mikulski

G2348/RS

THE WHITE HOUSE

WASHINGTON

MAR 18 1996

FILE COPY

Dear Friends:

As you gather for the Ninth Annual HIV/AIDS on the Front Lines Conference, let me express my appreciation for the remarkable work you do each day to save the lives of women, men, and children. As health, education, and human service professionals, you inform, empower, and enable people to protect their own lives and the lives of those they love.

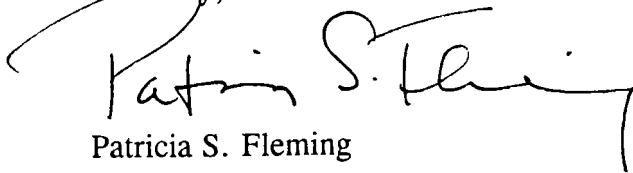
After nearly 15 years of despair, we are finally beginning to see signs of hope. New classes of drugs are being approved -- in record time -- that may have the power to halt the progression of this deadly disease. Innovative prevention programs are beginning to change the behavior of those who have been placing themselves at risk of HIV infection. And scientific research is beginning to sort out the complex answers to the mysteries of HIV.

But there is no time to stop to congratulate ourselves on a job well done. Not when 100 Americans are dying every day of AIDS. Not when 200 Americans a day are being diagnosed with AIDS. And not when one American teenager is becoming infected with HIV every hour of every day.

It is time to redouble our efforts in research, prevention, and care so that each of you -- our front line soldiers -- have the tools and the weapons you need to help our people protect themselves.

Thank you for the lifesaving work you do and for your participation in this important conference.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia S. Fleming". The signature is fluid and cursive, with a long horizontal stroke at the end.

Patricia S. Fleming

Director

Office of National AIDS Policy

G2560/RS

THE WHITE HOUSE

WASHINGTON

March 20, 1996

MEMORANDUM FOR CAROL RASCO

FROM: Patsy Fleming



SUBJECT: Rockefeller Foundation HIV Vaccine Efforts

This memo is in follow-up to your request for information on the Rockefeller Foundation's (RF) vaccine efforts discussed in Judy Mann's Washington Post article of January 26, 1996.

The RF's International AIDS Vaccine Initiative (IAVI) grew out of a series of Foundation-sponsored meetings to assess the scientific, logistical, and financial obstacles to developing a preventive HIV vaccine. The initiative also represents one of two schools of thought about the best path to take in developing a successful vaccine. Because it's important to understand the context from which this new initiative emerged, I'll begin with background information.

Background: Two Development Pathways

At present researchers hold two major views regarding the most promising approaches to vaccine development. Some scientists believe that we do not know enough about the virus to proceed and that we need to return to basic science to gather more information to guide us. Others believe that only clinical efficacy trials will provide the answers that really matter. This group believes that as long as we have a safe candidate we don't have to have resolved all of the scientific questions before proceeding and that in the face of a global emergency we must test candidate vaccines in people immediately. Both groups have valid arguments.

The issues driving this debate are scientific and social, with different parts of the world experiencing the epidemic in different ways. Some regions of the world have already experienced the devastating consequences of the epidemic while, in some regions the epidemic is in its early stages. Some governments have shown a greater interest than others in preparing for vaccine trials as a method of slowing the growth of the epidemic in their countries. Given the state of scientific knowledge, there is some consensus that both the basic and empirical avenues can and should be pursued.

Federally, the National Institutes of Health (NIH) primarily supports the basic approach (FY 95 -- approximately \$112 million) and Department of Defense supports the empirical approach (FY 95 -- approximately \$20 million.)

The International AIDS Vaccine Initiative (IAVI)

The Rockefeller Foundation's International AIDS Vaccine Initiative seeks to promote rapid

empirical testing and to support activities to encourage private market participation. The projected strategies of this two-pronged effort are:

1. Supporting targeted research and development by:

- developing candidate vaccine approaches that have promise but are underexplored (in the RF's opinion);
- developing candidate vaccines from HIV subtypes found in areas of the world where the epidemic is spreading most rapidly; and
- ensuring that candidates are safe, effective, and progress readily into ethically conducted clinical trials.

2. Creating a more enabling environment for HIV vaccine development by:

- creating a credible market in developing countries today for vaccines developed in the future (i.e., using international loan mechanisms to guarantee a market for promising products);
- reducing the potential costs of liability exposure (i.e. establishing a vaccine injury compensation program or vaccine insurance strategy); and
- improving the legal and regulatory environment (i.e. harmonizing international regulatory procedures).

IAVI will be seeking the financial and political support from a broad range of organizations, including national governments, international agencies, non-governmental agencies, industry, and private individuals.

These efforts are just beginning; an Executive Director for the project began work at the beginning of February.

Federal Efforts

The Federal government is taking steps that can complement IAVI efforts. Specifically:

■ Vice President Gore's Meeting with Pharmaceutical Company Leaders

At the White House Conference on HIV and AIDS the President asked the Vice President to meet with industry leaders and leading government researchers to identify ways to accelerate the development of vaccines, therapeutics, and microbicides.

The meeting produced forthright discussion and several follow-up steps, including commitments on the part of the Administration to: (1) work with international organizations, such as the World Bank, to increase investment in AIDS vaccine development and trials worldwide, and (2) facilitate ongoing discussions between the government and the

pharmaceutical industry to identify promising areas of research that government can support in order to stimulate private sector investment.

■ External Evaluation of the NIH's AIDS Research Program

The external evaluation mandated by OAR's 1993 authorizing legislation includes an assessment of the NIH vaccine effort. The report recommended restructuring the entire NIH vaccine effort with oversight provided by non-governmental scientists. It also recommended that enhanced coordination among U.S. government agencies, pharmaceutical and biotechnology companies, foreign countries, and international organizations be facilitated through the Office of National AIDS Policy.

■ Future Planning and Coordination

Increased coordination of Federal efforts is being facilitated through two mechanisms, the National Strategy for HIV and AIDS and the coordinated government-wide research budget and plan.

Both these efforts required departments agencies to link their objectives to budget allocations. This provides a mechanism to better assess efforts department-wide, improve coordination, and influence budget commitments.

THE WHITE HOUSE

WASHINGTON

MAR 27 1996

Ms. Lorri L. Jean
Executive Director
Los Angeles Gay and Lesbian Community Services Center
1625 N. Schrader Blvd.
Los Angeles, CA 90028

Dear Ms. Jean: *Lorri*

Thank you for your letter regarding the release of "Youth & HIV/AIDS: An American Agenda, A Report to the President." While I appreciate your positive comments regarding this historic and groundbreaking report, I must disagree with and regret your critical comments regarding the proposals for further federal actions.

A close examination of this report makes clear that we have fully embraced the needs of gay and bisexual youth. In fact, in a report that spans only 18 pages, the needs of gay and bisexual youth are discussed in eight separate places. In addition, I made a special point to discuss those needs extensively in my remarks at the press conference we held on March 5. I am enclosing a copy of those remarks for you.

The section of the report entitled "Further Steps" outlines additional steps that should be taken by the federal government to help to reverse the tragic trends of the epidemic among adolescents. As is made clear, these are steps that need to be taken for all young people, including gay and bisexual youth. We deliberately did not segment the adolescent population and indicate that one group of young people needs one set of actions while another group needs another set.

All young people -- gay, straight, or bisexual; rich, poor, or middle class; urban, rural, or suburban; African-American, Hispanic, Native American, or Asian Pacific Islander -- need a place at the table, need a voice in the discussions of policy, need inclusion in research protocols and clinical trials, and need access to counseling and testing and high-quality medical care.

This office made a conscious decision to reach out to young people and their advocates all across this country. I have personally visited youth organizations in more than a dozen American cities -- including the Los Angeles Gay and Lesbian Community Services Center and several of the other groups that have signed your letter. Virtually all of these organizations work closely with gay and bisexual youth. And, as you know, four young people -- two of them openly gay -- joined my office last year to help research and write this report.

THE WHITE HOUSE

WASHINGTON

Remarks
Patricia S. Fleming
National AIDS Policy Director
Release of
"Youth and HIV/AIDS: An American Agenda"

Thank you for joining us today. I am Patsy Fleming, the director of the White House Office of National AIDS Policy, and I am pleased to be here to talk to you about a very important national concern -- protecting future generations of Americans against HIV and AIDS.

Today in America, too many young people are putting themselves at risk for HIV and far too many are paying the ultimate price -- premature death. We all have a responsibility to help them protect themselves.

In December, when President Clinton spoke to the first ever White House Conference on HIV and AIDS, he focused on a very serious aspect of this epidemic -- the dramatic impact AIDS is having on young people. Today in the U.S., nearly half of all new infections are occurring among people under the age of 25. And nearly one-quarter of those infections are in teenagers.

In other words, at least one American teenager is becoming infected with HIV every hour of every day.

This is an appalling statistic and one that demands our attention.

Every HIV infection is a needless one and never more so than among young people. AIDS is now the number one killer of Americans between the ages of 25 and 44. And we know that means many of them were infected with HIV when they were in their teens and early twenties.

For many Americans, the AIDS time bomb is lighted during adolescence and it explodes in early adulthood.

No single segment of our society can provide the solution to these problems. Government has an important role, but the answer lies in all parts of our nation. Families, schools, communities, churches, synagogues, sports teams, and youth groups have a responsibility to help save the lives of young people. And, of course, the ultimate responsibility lies with young people themselves.

The keys to AIDS prevention are knowledge and power. The knowledge of how HIV is spread and how it is prevented is central. But young people also must have the power to put that information to use. They must have the tools to protect themselves and those whom they love.

Many young people in this country have this knowledge but there are still too many who are uninformed. And far too many adolescents don't have the skills they need -- the power they need -- to put that knowledge to work. All of us must do a better job in educating and empowering young people.

We adults also have to learn some new skills and one of them is listening to young people, to their ideas, and to their criticisms. There is incredible power in the minds and voices of young people. Yet too often, those minds are not tapped and those voices are not heard. That has to change.

I've made a point in the last year of visiting programs throughout this country that are run by young people. I have come away from those visits deeply impressed with the power of peer education. As the mother of three sons, I know full well that many times young people will not listen to what their parents -- or people who remind them of their parents -- say to them. That's just a part of growing up. But when those same words and ideas come from the mouths of their peers, they listen and they respond.

Last month I was in Fort Worth Texas. I visited an exceptional program where local high school students use their dramatic skills to teach their peers about AIDS and help them learn the skills they need to protect themselves from infection.

A young woman told me that these performances helped her to understand that she has the power to say "no" to sex and drugs and that when she does say "yes" to sex, she has the power to demand respect and protection. That's an important lesson and one that more of our sons and daughters have to learn.

We need more programs like this one and I will be working to encourage their support.

Finally, we must learn that not all young people lead the same kind of lives that we did when we were growing up. There are groups of adolescents who are at increased risk of HIV infection because of the lives they lead. I'm talking about runaways and those who have dropped out of school. I'm talking about illiterate kids and those who are living with disabilities. And I'm also talking about gay, lesbian, and bisexual adolescents, especially those who are people of color.

There's a second wave of HIV infections affecting young gay men in this country. New data indicate that the rate of infection among young men who have had sex with other men may be more than seven times greater than it is among the general population.

A major cause of this tragic trend is the continuing struggle with homophobia. Whether it is overt or covert; whether it is external or internalized; homophobia sends a powerful negative message to young people that their lives are not valued. After all, if society tells young people they are not wanted, it's not difficult to understand why their own self-esteem suffers and leads to behavior that puts them at risk.

There are steps that the federal government can take to change the direction of the AIDS epidemic among young people.

First, we must make sure that young people have a place at the table, a voice in the debate, and an ability to be heard.

Second, we must make sure that scientists and medical professionals stop treating adolescents like large children or small adults. They must pay attention to the biological and behavioral factors of puberty that have a major impact on HIV transmission.

And third, we must improve the access that young people have to counseling about HIV, testing for the virus, and medical care for those who are living with HIV.

Before I conclude, I want to say a few words of thanks to the organizations and individuals who have made this report a reality. First, to the National AIDS Fund and the Until There's A Cure Foundation for their support of this project and their passionate commitment to saving young lives. Second, to the four young people who worked with me on this report, bringing their unique perspective and their amazing energy. And, finally, to the dozens of organizations and hundreds of young people around the country who shared their ideas with us.

Now I'd like to introduce to you a remarkable woman. Judy Billings is the first elected superintendent of public instruction in the state of Washington. A teacher, an innovator, and a leader in education. Judy also recently shared with the nation her own experience as a person living with HIV.

THE WHITE HOUSE

WASHINGTON

Remarks of
Patricia S. Fleming
National AIDS Policy Director
to
8th Annual National AIDS Update Conference

March 21, 1996

GOOD MORNING:

Thank you for that gracious introduction. And thank you for the invitation to join you today for the 8th annual National AIDS Update Conference. These meetings move us forward in our global response to HIV and AIDS, bringing together the best hearts, minds, and souls in the battle to end the epidemic that is killing the people we love.

I bring you greetings from the President of the United States who stands with you in this battle. Just two days ago, the President released his fiscal year 1997 budget, making clear, once again, that this government remains committed to putting an end to the AIDS epidemic. The budget includes important new resources for research, prevention, and care and preserves the vital social safety net that provides people living with HIV and AIDS with access to medical care, pharmaceuticals, and social support services.

But the President and I know that government alone cannot defeat HIV and AIDS. It requires what I call an alliance of the heart, involving government, business leaders, religious institutions, community organizations, families, and individuals. Each of us has a responsibility and each of us has a stake in the outcome.

The stakes in this fight are, of course, quite high. Each day in the United States, more than 200 men, women, and children are diagnosed with AIDS. Each day in the United States, more than 100 people lose their lives to AIDS. And each day in the United States between 100 and 200 Americans become infected with HIV. And among those who are becoming infected at the highest rates are our teenagers.

Earlier this month, I delivered a report to the President on the troubling recent trends of infection among adolescents. That report found that one in four new HIV infections in this country is occurring among people under the age of 21. And fully one-half of all new infections are occurring in people under 25. In other words, an average of at least one American teenager is becoming infected with HIV every hour of every day. That is appalling and it must change or we will lose a large part of our next generation of leadership in this country.

There are many factors that lead to these high rates of infection among adolescents. One is the fact that teenagers are naturally inquisitive and engaged in a period of experimentation and growth. The fact is that today that period of experimentation often includes sex. A recent poll shows that by the time they finish high school, 70 percent of American teenagers have already engaged in sex and only 50 percent report using condoms on a regular basis.

Compounding this is the fact that while many teenagers appear to understand the basics of HIV infection and prevention, too many teens do not have this basic information. Many schools in this country have done an outstanding job of incorporating AIDS education into their basic comprehensive health education curriculum. But a growing number of school districts are placing unnecessary limitations on the content of those classes and are, therefore, giving their students less than full information. In this case, partial information is almost as dangerous as no information at all.

And for many of those young people who do receive the information they need, there is still a lack of skills needed to put that information to work. More young people need to learn how to negotiate relationships. They must learn how to say "no" without fear of reprisal. And they have to learn how to insist on condom use even if their partner is reluctant. These are not easy skills to impart. They don't appear in any textbook. They come from a nurturing relationship between young people and their parents, their teachers, their role models, and their peers. We know that peer pressure can exact a negative toll on young people's lives but it can also help to empower a teenager to stand up for his or her rights.

All young people need to hear that abstinence from sex and drugs doesn't make them losers, it makes them winners. And that includes those who are sexually active but may wish to stop. The movement toward secondary virginity should be encouraged because it can save lives.

Young people also need to hear that if they are going to have sex they must use condoms each and every time. They need to hear that from their parents, from their teachers, from their role models, from their peers, and from their government.

Finally, there are groups of young people in this country who are particularly vulnerable to HIV infection because of multiple factors. Out-of-school or runaway youth are vulnerable because the circumstances of their lives often lead to an exchange of sex for food, money, or simple affection. They are disconnected from positive role models who could help them to protect themselves and they often feel discarded by a society that looks upon them as castaways.

Young people who are growing up in poor economic circumstances -- especially those in minority neighborhoods that have a long and unfortunate history of oppression -- are often more vulnerable to HIV infection, too. Schools in such neighborhoods often do not or cannot provide comprehensive AIDS education because of the competing needs of their students.

There are fewer community-based AIDS prevention organizations in these neighborhoods and access to condoms can be curtailed by financial barriers. Finally, we should not discount the impact on young people of color of the racism in our society that tells an African-American or hispanic youth that he or she is less valued than their white counterparts. This kind of psychological torture imparts a powerful negative message to young people of color that lowers self-esteem and often leads to risky behavior.

The group of young people who are most vulnerable to HIV infection are young gay men -- especially young gay men of color. Recent studies indicate that the rate of HIV infection in young men who have had sex with other men may be more than seven times greater than it is in the general population. In some cities, the rate is even higher, with nearly one in ten young gay men already living with HIV. This is truly a crisis of national proportions.

Young gay and bisexual men are more vulnerable to HIV infections for a multitude of reasons. But I believe the most overwhelming cause of these very high rates of infection is the homophobia that exists in our society. Whether it is overt or covert; societal or institutional; external or internalized, homophobia imparts a message of hatred to our young people that is often turned into a weapon of destruction. If a young gay man's parents, teachers, coaches, clergy, or peers tell him that his life is less valuable than theirs, it should not be surprising to us that his actions are going to put him at risk. And when you compound this with AIDS education programs that are either by commission or omission homophobic, we are fighting a losing battle.

So what can we do to reverse these troubling trends? Let me start by saying that no single player can solve this problem. Government alone cannot provide the solution and neither can parents, teachers, or other adult role models. But together we can create a powerful influence on our young people that can empower them to protect themselves and their lives.

As the mother of three sons, I believe very strongly that parents can be the best teachers their children will ever have. But for parents to teach their children they must first learn a few lessons themselves. Every parent should learn everything there is to know about HIV and AIDS prevention. And they must be willing to break through the sound barrier that often builds up between parent and child over such issues as sex and drugs and life and death. Parents must also support those in their school districts who are fighting for comprehensive health education in the schools. Schools boards respond to the parents in their communities so they must hear from all parents on this matter. And, finally, parents must teach their children to respect themselves. That begins by showing respect to children no matter which course they take in life. Parental respect leads to self-respect and self-respect leads to safer behavior.

Schools will continue to play a central role in AIDS education and prevention. After all, we know that 98 percent of children between the ages of 5 and 17 are in school full-time. Teachers can help to impart both the information that young people need and some of the skills they require to put that knowledge to work. For young people who have difficult relationships at home, teachers and other adult role models can provide the kind of authority figure that young people need in their lives.

Community-based AIDS organizations also have an important responsibility. We have made great progress in the last two years in returning power to local communities in the design and implementation of prevention strategies. Rather than making decisions in Washington or Atlanta, these decisions are being made in local communities to reflect the pattern of the epidemic in those neighborhoods. This has led to an increase in the amount of attention paid to young people but more work needs to be done. In my travels around the country in preparation for the report to the President, I visited a number of youth programs that use the power of peer education to help young people protect themselves.

None of us is too old to remember the blank looks we gave our parents when they tried to talk to us about protecting ourselves. Whether it was Mom telling us to wear a sweater or not run with the scissors or Dad telling us to wear our seatbelt, we often tuned out. The same thing is true today. When AIDS prevention messages for young people come from adults they are too often ignored. But when those same messages come from their peers -- especially peers who can speak from their life experiences -- those messages hit home. We need more support for peer-to-peer education programs and I will be working with government, business, and nonprofit organizations to increase that support.

In that same vein, we need to find ways to give young people a seat at the table when we make decisions about AIDS prevention and AIDS care. We need to make sure that those who we do bring to the table have a voice in the debate and the skills they need to use that voice.

I have been working with the CDC and HRSA to make sure that young people and their advocates participate in the planning councils for AIDS prevention and care. We are also providing technical assistance training for those young people so that they can actively participate in the decision-making process.

I am also working with the NIH to increase the participation of adolescents in AIDS-related clinical trials. Too often we found that teenagers were treated either as large children or small adults. They are neither and our programs need to reflect that fact. Similarly, I want to see AIDS researchers make more of an effort to release adolescent-specific data even in those cases where the sample size may not be large enough to be significant. More information of this kind can lead to more research in this area.

And I continue to work with the CDC to encourage further innovative approaches like the Prevention Marketing Initiative, which features the voices of real young people talking about their experiences. I was very proud of the ads that were released late last year because, for the first time, they included young gay men of color talking about their lives.

Finally, I am working with CDC and HRSA to find ways to eliminate barriers for teenagers to HIV counseling and testing. That includes clinic hours, transportation, and financial resources. We also are working to reduce unnecessary barriers to care for HIV-positive young people. While parental consent laws make sense in many cases, in this case they may lead to unnecessary delays in providing early intervention for HIV-positive young people.

We have it in our power to change the future. By empowering our young people to protect themselves and their loved ones we can help to ensure a long and healthy lives for our children and their children. One of my favorite songs tells us to "teach the children and let them lead the way." That is the task before us and it is one that we all must commit ourselves to achieve. Thank you.

THE WHITE HOUSE

WASHINGTON

MAR 28 1996

Ms. Paula Van Ness
President
National AIDS Fund
1400 I Street, N.W.
Suite 1220
Washington, DC 20005

Dear Paula:

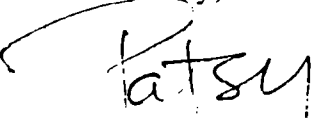
I want to thank you, once again, for the enormous contribution of the National AIDS Fund to the preparation, content, and distribution of *Youth and HIV/AIDS: An American Agenda*.

This landmark report to the President has already had a very positive impact on the national response to the AIDS epidemic. It has been greeted with significant national enthusiasm and support. The issues that are laid out in this report have struck a responsive chord among many diverse groups from schools to churches to local youth groups and AIDS service organizations. And it is influencing the course of public policy both at the national level and the state and local levels as well.

The success of this effort would not have been possible without the unique public/private partnership that we created between funders, public policy experts, and young people themselves. None of that would have been possible without the central role played by the National AIDS Fund. Your leadership and the tireless work of your colleagues at the Fund helped us articulate a vision and a strategy to reduce the threat of HIV and AIDS to the young people of this country.

The National AIDS Fund's voice is a critical element in our national response to the AIDS epidemic. I welcome the opportunity to continue to work with you and your organization to stimulate a more effective response that highlights the very important work being done in communities throughout this country. Please share my appreciation with the members of your talented staff.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

n:vanness.ltr

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This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

APRIL

Divider Title: _____

THE WHITE HOUSE

WASHINGTON

APR 3 - 1996

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See attached sheet

FIELD(7)

I am writing to invite you to a meeting to discuss a coordinated government response to the problems of HIV and AIDS among the incarcerated populations in the U.S. We are also inviting representatives from the Department of Justice, including the Bureau of Prisons; the Department of Health and Human Services, including Centers for Disease Control and Prevention, Health Resources and Services Administration, and Substance Abuse and Mental Health Services Administration; and the Department of Housing and Urban Development, to begin to address the needs and concerns of this population as articulated by various constituency groups.

The meeting will be held in my office at 750 17th Street, NW, Washington, D.C., on Tuesday, April 23, from 9:00 AM to 12:00 noon. Please come to Suite 600 and ask to be directed to the conference room.

Attached is a list of issues raised by the National Organizations Responding to AIDS (NORA) Incarcerated Persons Working Group and others regarding HIV in incarcerated populations. I would like you to review these issues and come prepared to discuss the role your agency is playing or can play in addressing these problems.

I look forward to working with you on crafting solutions to the problems that these issues present.

APR 3 - 1996

Please confirm your attendance at this meeting by replying to:

Patricia A. Milon
Office of National AIDS Policy
Suite 600
750 Seventeenth St. NW
Washington, D.C. 20503.

Or you may also fax your response to (202) 632-1096.

Sincerely,

Patricia S. Fleming
Director
Office of National AIDS Policy

Attachment

n:\fedrep.ltr

Ms. Lisalyn R. Jacobs
Counsel, Office of Policy Development
Department of Justice
10th and Constitution Avenues
Room 4242
Washington, D.C. 20530
Dear Miss Jacobs:

Joseph F. O'Neill, M.D., M.P.H.
Associate Administrator
AIDS Program Office/HRSA
Room 14A-21
5600 Fishers Lane
Rockville, MD. 20857
Dear Joe:

Mr. John R. Miles
Substance Abuse and Corrections Coordinator
National Center for HIV, STD, and TB Prevention
Mail Stop E07
1600 Clifton Road, NE
Atlanta, GA. 30333
Dear Mr. Miles:

Ms. Barbara Garcia
Associate Administrator for AIDS
Substance Abuse and Mental Health Services Administration
5700 Fishers Lane
Rockville, MD. 20857
Dear Ms. Garcia:

Kenneth P. Moritsugu, M.D.
Medical Director
Bureau of Prisons
320 First Street, NW
Washington, D.C. 20534
Dear Dr. Montsugu:

Mr. Fred Karnes, Jr.
Director, Office of HIV/AIDS Housing
Department of Housing and Urban Development
451 7th Street, SW - Suite #7154
Washington, D.C. 20410
Dear Mr. Karnes:

Issues presented by NORA Incarcerated Persons Working Group and others:

I. PREVENTION AND EDUCATION MATTERS

Need for educational programs regarding all aspects of HIV for both the prison staff and incarcerated individuals

Need for the establishment and on-going maintenance, in the form of recognition, promotion and funding, of support groups for incarcerated individuals

Necessity of dealing with substance abuse issues (such as prevention and intervention strategies) in education and prevention programs

There exists a great window of opportunity to provide educational programs regarding HIV, substance abuse, etc. to the incarcerated as they are presently sober and accessible to educators

Importance of understanding that often the issues that have put individuals (especially women) at risk for HIV have been issues that have landed them in prisons

A number of successful education and support programs stress the importance of using peers to provide education and to lead the recommended support groups

II. PRIMARY CARE DELIVERY ISSUES

Concerns about medications approved by the FDA but not allowed/approved/available to persons in the Bureau of Prisons

Medical staff need basic and on-going educational programs to maintain knowledge base for the treatment of HIV disease and to ensure good continuity of care

HIV medical care varies widely from institution to institution, depending on the interest/educational preparation of clinicians and/or the acknowledgement of HIV among incarcerated at a particular institution

Information about who is HIV positive is too widely known throughout the system; medical records are not kept "confidential"

Clinicians at the meeting, experienced with the delivery of care in a prison/jail system feel that the perspective of DOC in fashioning and delivering health care is in direct conflict with the perspective of a health care provider delivering care

III. DISCHARGE/RELEASE ISSUES

For released individuals, behaviors learned in order to survive prison now act as a barrier to success in accessing and obtaining services of the traditional AIDS Service Organization (ASO)

There is an acute and pressing need for a "bridge" to the outside for the newly released that would connect these individuals, immediately upon release, with ASOs and HIV primary care services in the communities to which they return

In addition to those issues raised by the group, Ms Fleming would like to discuss:

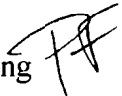
Testing and Counseling policies for HIV in prison systems

The advisability of adopting a "Standard of HIV Care" (among the many available) for prison systems

THE WHITE HOUSE
WASHINGTON

APR - 4 1996

MEMORANDUM FOR CAROL RASCO

FROM: Patsy Fleming 

SUBJECT: HIV in Prisons

This is in response to your request for information regarding prisoners and HIV.

There are two levels of concern with regard to prisoners with HIV: 1) federal policies as they affect prisoners in federally run institutions, and 2) access to appropriate services in state and local prisons.

(1) The Office of National AIDS Policy is working with the Justice Department and HHS toward the following goals for federal prisons:

- (a) a consistent and appropriate standard of care provided for all prisoners;
- (b) appropriate HIV prevention programs in all prisons;
- (c) a rational system of HIV testing (current policy is to mandatorily test prisoners on discharge; testing of those at or during incarceration is not based on a systematic approach -- whether voluntary or mandatory); and
- (d) appropriate discharge planning of HIV positive prisoners so they are linked to other federally funded HIV-related services programs in their communities.

We have convened a meeting of relevant agency officials scheduled for April 23 to address these issues.

(2) The overwhelming majority of prisoners with HIV are in state and local facilities where appropriate standards of care and prevention can be influenced only indirectly. Setting good policies as models at the federal level is one step. In addition, the Centers for Disease Control and Prevention supports prevention programs and HIV counseling and testing in state and local prisons and HRSA, through Ryan White CARE Act funds, supports services programs for prisoners and ex-offenders.

I have attached a summary of the article that will appear in the next issue of the MMWR. The full article will be available later today. I will fax that to you as soon as I receive it.

Attachment

Following is a synopsis of a Morbidity and Mortality Weekly Report (MMWR) article that will be available late today.

**HIV/AIDS education and prevention programs in adult prisons
and jails and juvenile confinement facilities--United States, 1994
April 5, 1996**

By the end of 1994, at least 4,588 inmates in U.S. adult prisons and jails had died of AIDS and at least 5,279 adult inmates were living with AIDS in prisons and jails, according to a recent survey. The high rate of AIDS cases in correctional facilities (almost 6 times the rate in the U.S. adult population) underscores the need for HIV education and prevention programs in these settings. The survey also found high rates of gonorrhea in juvenile detention centers, suggesting that adolescent inmates may also be at risk for HIV. HIV prevention programs in prisons and jails are vital to community prevention efforts and can have an impact both inside and outside prison walls. Correctional facilities offer a unique opportunity for reaching men and women at high risk for HIV infection with information about how to protect themselves and others from HIV. While several facilities have developed successful education programs, including peer counseling, survey results indicate the opportunity for prevention is frequently missed. Less than 1/10 of facilities were providing peer-led programs, which may be more effective than traditional approaches because of inmates' distrust of prison and public health officials. Communities should work with prison authorities to explore this and other options for HIV education and prevention.

THE WHITE HOUSE

WASHINGTON

April 8, 1996

MEMORANDUM FOR THE PRESIDENT AND THE FIRST LADY

FROM: Carol H. Rasco, Assistant to the President for Domestic Policy
Patricia S. Fleming, Director, Office of National AIDS Policy *PSF*

SUBJECT: Amendment regarding mandatory HIV testing of newborns

cc: Jennifer Klein

We are writing to bring you up to date on the status of congressional consideration of the issue of mandatory HIV testing of newborns. House-Senate conferees met last week to try to resolve differences regarding an amendment on HIV testing of newborns that was added to the Ryan White CARE Act reauthorization bill during House consideration. However, no final conclusion was reached.

Coburn-Waxman Amendment

The House amendment, sponsored by Reps. Coburn (R-OK) and Waxman (D-CA), would trigger mandatory HIV testing of newborns if certain conditions are not met. It would require the Secretary of Health and Human Services to determine, within two years, if HIV testing of newborns is the standard of care when the HIV status of the mother is unknown. If it is the standard of care, the Secretary must then determine, after another 18 months, that newborn testing is occurring voluntarily in 95 percent of the infants born to mothers who have not been tested. If the Secretary determines that 95 percent of such newborns have not been voluntarily tested, then mandatory HIV testing of newborns would be required in those states not in compliance. The states would have three-and-a-half years to reach the 95 percent level through voluntary testing.

Leading medical groups (such as the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Pediatric AIDS Foundation) oppose this amendment and support voluntary HIV testing of pregnant women. In addition, AIDS advocacy organizations are nearly universally opposed to this amendment.

Testing of Pregnant Women

During Senate consideration of the Ryan White CARE Act, an amendment offered by Senator Kassebaum was approved that would require states to adopt the Public Health Service's guidelines making routine counseling and voluntary testing of all *pregnant women* the standard of care. The emphasis on the prenatal period, of course, has the greatest potential for preventing transmission to newborns. Newborn testing will have virtually no impact on HIV transmission to newborns. Prenatal HIV testing would permit HIV infected mothers to take AZT during pregnancy and childbirth, which has been demonstrated to

reduce the likelihood of transmission by as much as two-thirds.

It is worth noting that there are already encouraging results confirming that the combination of routine HIV counseling, voluntary testing, and AZT by choice is highly effective at reducing perinatal transmission. A study from North Carolina indicates that, after being counseled about HIV, most women choose to be tested and that, if positive, most choose to take AZT. The rate of perinatal transmission fell from 21 percent of all infants born to HIV-positive mothers in 1993 to just 8.5 percent in 1994, on a par with the original NIH study. Results from hospitals in major urban centers -- such as Miami, Atlanta, and Harlem, show similar high rates of testing and AZT use.

Current Status

Discussions in conference have focused on possible changes to the Coburn-Waxman amendment, such as changing the trigger for mandatory HIV testing of newborns to a failure to achieve a 50 percent reduction in perinatal transmission. But the underlying mandatory nature of the amendment remains.

The Administration has deliberately not taken a position on Coburn-Waxman. Instead, we have consistently emphasized the importance of implementing the PHS recommendations for voluntary prenatal testing as the most effective intervention and the various HHS agencies have taken major steps to assure that testing and treatment are readily available to those women who need it. At the White House Conference on HIV/AIDS on December 6th, you stated that this is an issue that should be left to the public health officials to resolve, not politicians.

It is not clear how the conferees will resolve this issue, but it is quite possible that the final bill will contain something along the lines of the Coburn-Waxman amendment. While all the AIDS groups oppose the amendment, it is quite likely that they will be very divided over the issue of whether the CARE Act should be vetoed if it comes with a mandatory testing amendment. Some will consider reauthorization of Ryan White to be a higher priority; others will be more concerned about the precedent of signing mandatory testing legislation. At this time, we are giving no indication of future action until it is clear what the conference will do.

April 9, 1996

**MEMORANDUM TO MEMBERS OF THE PRESIDENTIAL ADVISORY COUNCIL ON
HIV AND AIDS**

FROM: Patricia S. Fleming, Director, Office of National AIDS Policy

SUBJECT: Update

As the next meeting of the Council nears, I wanted to update you on several pressing issues and on the activities of this office. You will also receive additional materials relevant to the Council meeting very soon.

I Key Legislative Items

As you know, Congress is now in the midst of a Spring recess and is due back in session next week. Several crucial issues will be on the table at that time. They are:

A. Repeal of the "Dornan Amendment"

As part of the continuing appropriations resolution, the Senate has adopted an amendment calling for the repeal of the Dornan amendment, which would require the discharge of all HIV-positive military personnel. That action was taken by voice vote with no objection. No such provision is included in the House version of that bill.

During discussions held by House-Senate conferees prior to the recess, Senate members were adamant about the need to repeal the Dornan Amendment. Representatives of the Administration were quite clear about the President's commitment to repeal of this discriminatory provision.

House conferees appear to be divided, with Democrats strongly supporting repeal and Republicans opposed or uncertain as to their position. The House Republican leadership has declared its intention to remain neutral on this question. However, Rep. Dornan, while not a member of the conference, has been attending conference meetings as an observer and keeping the pressure on GOP members of the conference.

House Republicans floated a "trial balloon" compromise that would delay the date of implementation of the Dornan Amendment by six months. House and Senate Democrats along with Senate Republicans objected to this notion. The White House representatives termed this proposal "absolutely unacceptable."

Conferees will begin meeting on this issue shortly after the recess is completed. Administration officials are working closely with national organizations to coordinate our strategy with their efforts. The following two weeks will be a full-court press involving many members of the Administration to make very clear our desire to see the Dornan Amendment repealed.

B. Ryan White CARE Act Funding

As part of the negotiations over the continuing resolution, House and Senate Republicans have offered to appropriate a total of \$708.5 million for the Ryan White CARE Act in fiscal year 1996. This includes the entire \$52 million supplemental request made by the President for the AIDS Drug Assistance Program (ADAP). However, it is still \$67 million below the President's CARE Act request of \$775.5 million. The remaining funding is one of the items on the President's "short list" of requests for action by the conferees.

C. The Office of AIDS Research

House Republicans continue to be adamant in their opposition to providing the Office of AIDS Research with its full statutory authority (i.e., a consolidated budget and authority to shift funds during the fiscal year). Senior Administration officials at the White House, the Department of Health and Human Services, and the National Institutes of Health continue to press our case for restoration of this important authority in fiscal 1996 and for a continuation of that authority in FY97 and beyond through the NIH reauthorization bill.

D. AETC Funding

House-Senate Republican conferees have tentatively agreed to restore some additional funds to the AIDS Education and Training Center (AETC) program. Initially, the House had wanted to zero out this program and the Senate voted to provide \$4 million. The President's request is \$16 million. Conferees have tentatively decided to set funding at \$12 million for FY96.

E. Medicaid

The Administration continues to strongly oppose Republican proposals to block grant Medicaid. The President's budget includes Medicaid reforms that would continue the entitlement status of this critical program. The President continues to propose retaining the federal Medicaid entitlement, a guaranteed benefit package, a federal definition of disability, and a private right of action. As part of his seven-year balanced budget, the President has proposed a "per capita cap" on federal Medicaid contributions that, along with some reforms in the "disproportionate share hospital" program would yield \$59 billion in federal savings over seven years.

II Council Recommendations

We are currently receiving the final responses from relevant agencies on our request for a status report on actions taken in response to the recommendations made by the Council. A complete report will be presented to you at your meeting.

III White House Conference Initiatives

Similarly, we are preparing a detailed report on actions taken in response to initiatives announced at the December 6 White House Conference on HIV and AIDS.

IV Director's Activities

In addition to my work with Congress on the above issues, following are some of the recent activities of this office.

A. Town Hall Meetings

On April 17-18, we will conduct the second in a series of regional town meetings on HIV and AIDS in New York City. Plans include a breakfast meeting with corporate and philanthropic leaders, a lunch meeting with the executive directors of AIDS Service Organizations, several site visits in Manhattan, Brooklyn, and the Bronx, and a two-hour town meeting. We have been working closely with New York area council members (Abel, Boland, Burgos, and Fraser-Howze), the National AIDS Fund, and Funders Concerned About AIDS.

Our next scheduled trip is to Miami/Ft. Lauderdale FL on May 7-8.

B. Major Speeches

I have spoken to the following organizations and meetings:

- o 8th Annual San Francisco AIDS Update Conference. My remarks focused on the threat of HIV to adolescents, especially young gay and bisexual men of color.
- o HIV Prevention Community Planning Co-Chairs Meeting. My remarks focused on the need to further hone our prevention messages to meet the needs of communities experiencing sharp increases in infections.
- o NIAID's Conference on Advances in AIDS Vaccine Development.
- o The New York Academy of Medicine's briefing on AIDS issues.

FILE COPY

THE WHITE HOUSE
WASHINGTON

APR 11 1996

Ms. Mary Moreno
3308 Touchstone Street
Austin, TX 78723

Dear Mary:

I heard that your birthday was approaching so I wanted to write and wish you a very happy day. Congratulations on your special day! I wish you many, many more and look forward to seeing you again.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patsy", with a large, sweeping initial "P".

Patricia S. Fleming
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

APR 11 1996

FILE COPY

Ms. Laura Poisel
Post Office Box 211
Lone Tree, Iowa 52755

Dear Laura:

I was glad to speak with you recently. You are a remarkable woman. I respect you and commend you for the gifts you have given others.

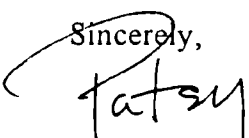
I am enclosing a copy of the report on the state of the epidemic among adolescents that I prepared for the President. As you can see, this remains a compelling issue for the nation and the President is committed to addressing it.

As I write this, Congress has gone on vacation again without resolving many of the budgetary issues for the current fiscal year. Still unresolved is the final appropriation for Title II of the Ryan White CARE Act. However, it is clear that Congress will go along with the President's request for \$52 million more for the drug purchase program that is run through Title II. We are still hopeful that the President's full request for Title II -- \$274 million will be approved.

Unfortunately, Congress has also gone home without resolving the future of the Ryan White CARE Act reauthorization. It remains in conference between the House and Senate with several major issues unresolved.

Thanks again for your interest in these issues. My best wishes to you and Jimiyas.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

Enclosure

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THE WHITE HOUSE

WASHINGTON

APR 11 1996

FILE COPY

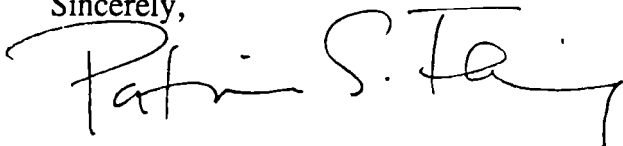
Ms. Linda Ward
2600 N. US-23
East Tawas, MI 48730

Dear Ms. Ward:

I am concerned by the information you stated you received from the World Wide Web. For accurate information about HIV/AIDS and the transmission of the disease, you should contact the National AIDS Clearinghouse. The phone number for the Clearinghouse is 1-800-458-5231. The Internet address is aidsinfo@cdcnac.aspensys.com. To order publications regarding HIV/AIDS, you may write to the Clearinghouse at CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003.

I do appreciate your concern and interest regarding the transmission of HIV; however, the splashing of water from toilets is not a documented mode of transmission. Please contact the CDC for information. It is very important for everyone to educate themselves about HIV/AIDS.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

g2842

G2842

NAT'L AIDS COUNCIL?
Any ideas?

From nobody@razorback.arc.nasa.gov Thu Jan 4 21:06:25 1996
Received: (from uucp@localhost) by WhiteHouse (8.7.1/uucp-relay) id VAA17393
r <President@WhiteHouse.GOV>; Thu, 4 Jan 1996 21:06:25 -0500 (EST)
Received: from storm.eop.gov/198.137.241.51 via smap
Received: from DIRECTORY-DAEMON by STORM.EOP.GOV (PMDF V5.0-4 #6879)
id <01HZMK30L2R4001WE6@STORM.EOP.GOV> for President@WhiteHouse.GOV; Thu,
04 Jan 1996 21:01:54 -0700 (MST)
Received: from razorback.arc.nasa.gov ("port 44622"@razorback.arc.nasa.gov)
by STORM.EOP.GOV (PMDF V5.0-4 #6879) id <01HZMK2Z5D90001UGO@STORM.EOP.GOV> for
PRESIDENT@Whitehouse.GOV; Thu, 04 Jan 1996 21:01:52 -0700 (MST)
Received: by razorback.arc.nasa.gov (8.7.1/1.35) id CAA00702; Fri,
05 Jan 1996 02:08:28 +0000 (GMT)
Date: Fri, 05 Jan 1996 02:08:28 +0000 (GMT)
From: rward3@vixa.voyager.net
Subject: Inbound-White_House_WWW_MAIL => PRESIDENT
To: PRESIDENT@WhiteHouse.GOV
Reply-to: rward3@vixa.voyager.net
Message-id: <199601050208.CAA00702@razorback.arc.nasa.gov>
MIME-version: 1.0
Content-type: TEXT/PLAIN; CHARSET=US-ASCII
Content-transfer-encoding: 7BIT
Keywords: WWW-Correspondence; PRESIDENT; Other; Social Issues; Young Person -
under 18 years of age
Comments: Forwarded from White House WWW.

Remote host:
Remote IP address: 198.109.191.22
Server protocol: HTTP/1.0

[Sender information]

PERSONAL-NAME: Linda Ward
EMAIL-ADDRESS: rward3@vixa.voyager.net
ORGANIZATION:
RELATIONSHIP:
STREET-ADDRESS: 2600 N.US-23
CITY: East Tawas
STATE-PROVINCE: MI
ZIPCODE: 48730
COUNTRY: USA

*Interns
Refer to
Chaunhouse*

[Message information]

RECIPIENT: PRESIDENT
PURPOSE: Other
TOPIC: Social Issues
AFFILIATION: Young Person - under 18 years of age
SUBJECT: Enegmas

[Message content follows]

Mr.President:

I may be only 14 years old but I have just learned on the WWW that you can
AIDS from going into a public restroom and when you poop and the water

splashes on you. I have also learned that over 100,000 Americans every year get AIDS this way. Please ~~lower the water on the public restrooms~~. My E-mail address is rward3@vixta.voyager.net

Sincerly,

Linda Ward

THE WHITE HOUSE
WASHINGTON

APR 24 1996

Mr. Daniel Petit
3802 S. Versailles Avenue
Dallas, Texas 75209

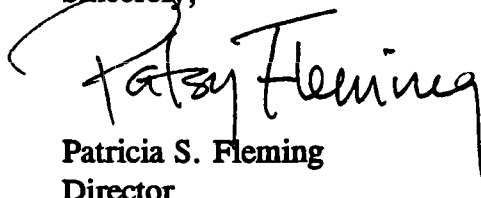
Dear Mr. Petit:

Please accept my heartfelt sympathy on the death of your partner, Don McCleary. I am saddened that Texas and the nation have lost such a powerful force in our battle against AIDS.

I had the privilege to meet Don at the White House Conference on AIDS this past December and I know how instrumental he was in so many efforts to put an end to this epidemic.

I am deeply sorry for your loss. Please know that my thoughts are with you and your family.

Sincerely,

A handwritten signature in dark ink, appearing to read "Patricia S. Fleming". The signature is fluid and cursive, with a large, sweeping initial "P" and "F".

Patricia S. Fleming
Director
Office of National AIDS Policy

FILE COPY

THE WHITE HOUSE
WASHINGTON

APR 24 1996

Mr. Daniel Petit
3802 S. Versailles Avenue
Dallas, Texas 75209

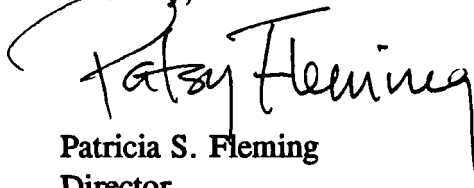
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I am deeply sorry for your loss. Please know that my thoughts are with you and your family.

Sincerely,

A handwritten signature in cursive script, reading "Patricia S. Fleming". The signature is written in dark ink and is positioned above the printed name and title.

Patricia S. Fleming
Director
Office of National AIDS Policy

CP- Please give me a copy of letter
so I can call back. PF

To PTST
Date 6-17 Time 9:30am

WHILE YOU WERE OUT

M. Tara Holeman
of Reebok Human Rights Award
Phone 617 628 5000 EX5571

Area Code	Number	Extension
TELEPHONED		PLEASE CALL
CALLED TO SEE YOU		WILL CALL AGAIN
WANTS TO SEE YOU		URGENT
RETURNED YOUR CALL		

~~Message~~ You wrote a REC for
Rea Carey & they have
questions for you.

1 Prof. Hurst Harrison
The Fletcher School
Tufts Univ. RR
Packard Ave., Medford, MA
02155



AMPAD
EFFICIENCY®

23-023

CARBONLESS

mailed 6/26/96 @

FILE COPY

April 26, 1996

Reebok Human Rights Programs
100 Technology Center Drive
Stoughton MA 02072

To Whom It May Concern:

It is with great pleasure that I recommend Rea Carey for the Reebok Human Rights Award. Through her many years of work on human rights issues, Ms. Carey has demonstrated her personal and professional commitment to youth and their rights. She is an excellent candidate for your award.

I first met Ms. Carey in 1993, in my position as Special Assistant to the Secretary of Health and Human Services, Donna E. Shalala. She was part of a contingent of adults and young people who had come to meet with federal officials to discuss how we might increase our capacity to serve lesbian, gay, and bisexual youth. Ms. Carey spoke with passion about the needs of homeless and runaway youth and pointed out how our society was failing to fully meet its obligation to provide these young people with shelter, sustenance, and education. I was struck then, and continue to be impressed now, with Ms. Carey's eloquence and her obvious dedication to the needs of all young people, no matter their sexual orientation, social class, or other characteristics.

Since that meeting, Ms. Carey and I have continued to work together, she in her new position as coordinator of the National Advocacy Coalition on Youth and Sexual Orientation (NACYSO) and I as the Director of National AIDS Policy for the White House. I was fortunate to have her assistance in a partnership to protect and improve the health of lesbian and gay youth, especially those who are living with the human immunodeficiency virus. Ms. Carey has deepened my understanding of the many needs of gay, lesbian, and bisexual youth and their vulnerability due to their frequent isolation and alienation. She has continued to draw attention to research indicating that lesbian, gay, and bisexual youth are at much higher risk for suicide, HIV infection, and homelessness.

Most recently, Ms. Carey worked with me and my staff on a report to the President entitled *Youth and HIV/AIDS: An American Agenda*, which highlights the vulnerability of gay, lesbian, and bisexual youth to HIV infection. Ms. Carey was instrumental in guaranteeing that the voice of gay youth would be heard in this report, including the statement that "personal, institutional, and societal homophobia can often deny gay, lesbian, and bisexual youth access to opportunities to address their developing sexuality and contribute to a feeling of worthlessness."

Page 2

Ms. Carey is a gifted communicator and advocate for the needs and rights of young people in this country and around the world. In a relatively short time, she has enlightened policymakers and community leaders on the very real needs of gay, lesbian, and bisexual youth. It is unfortunate that such an education is necessary but it is truly fortunate that Ms. Carey has dedicated her work to accomplishing it.

Once again, I most strongly recommend Rea Carey for the Reebok Human Rights Award.

Sincerely,

Patricia S. Fleming
Director, Office of National AIDS Policy

n:carey.ltr

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Patricia S. Fleming
Director, Office of National AIDS Policy

n:carey.ltr

THE WHITE HOUSE

WASHINGTON

FILE COPY

APR 29 1996

Ben Carlson
Program Director
International AIDS Candlelight Memorial and Mobilization
584-B Castro Street
San Francisco, California 94114-1465

Dear Friends:

As you come together at the 13th International AIDS Candlelight Memorial and Mobilization to demonstrate our global solidarity against HIV and AIDS, let me offer my appreciation for your leadership.

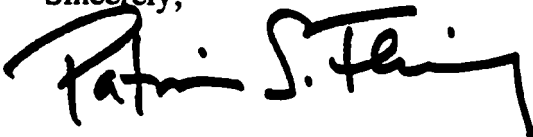
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The United States remains committed to support research and, prevention for people affected by HIV in every nation. Furthermore, it is important for us to make every effort to keep our commitment to our global partners and to assist them in fighting this epidemic in their own countries.

While we fight for a cure and a vaccine, we must also stand up for the rights of people living with HIV or AIDS. As President Clinton has said, every person affected is someone's son or daughter, parent or grandparent, friend or loved one. Each person deserves our respect and our compassion. And we must also fight for access to medical care and new treatments that can extend the length and quality of life for all persons with HIV and AIDS, no matter their country of residence.

We must continue to work together in a spirit of partnership, mutual respect, and solidarity. Together we are a mighty force for good; divided we are too weak to conquer this relentless disease.

Sincerely,



Patricia S. Fleming
Director, Office of National AIDS Policy

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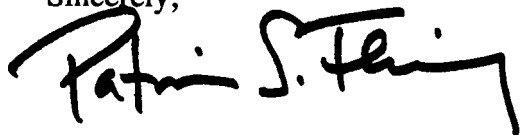
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Director, Office of National AIDS Policy

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APR 29 1996

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I hope you found the discussion useful and trust that you will call on our office for assistance in the future -- by either contacting us directly at (202) 632-1090 or by working through Representative Deutsch's staff.

Best of luck in your efforts in Key West.

Sincerely,

Jeffrey Levi
Deputy Director
Office of National AIDS Policy

AIDS TELECONFERENCE (Key West)

*all addresses
are to
Key West!*

NAME:	ADDRESS:	Phone:
1. Diane Mellow-Lacey	HRS MCPHU 5100 College Rd 33040-4352	299-6894
2. Judith A. Meggs	HRS MCPHU PO. Box 6193 KW 33041	292-6894
3. Stephanie A. Walters	"	292-6770
4. Iva Stanley	Health Care Center Hiv/Aids Clinic 1200 Kennedy KW 33040	292-6885
5. Todd Peerman	P.W.A. <i>33040</i> 3301 Harriett Ave.	294-3496
6. Kim Romano	Healthy Start Coalition	293-8424
7. Albert McCarthy	Aids Help Board	296-4289
8. Carol L. Rogers	Aids Help Board	294-9200
9. Frank H. Romano	Aids Help Board	294-5592
10. Steve Smith	1608 Von Phister St. KW 33040	294-0980
11. Sherry Read	Fl. Keys Healthy Start 1200 Kennedy Dr. KW 33040	293-8424
12. Lee Prince	1230 Seminary Dr. KW 33040	296-4055
13. Mike Dively	1230 Seminary Dr.	296-4055
14. Joe Pais	P.O. Box 4381 <i>33041</i>	296-9096
15. Ron Herron	2700 Flagler Ave	296-6196
16. Chip Larkin	Aids Help P.O. Box 4374 KW 33041	296-6196
17. Andy Sommers	"	296-6196
18. Lynn Wintermyer	"	289-0055

VINE add

THE WHITE HOUSE
WASHINGTON

FILE COPY

APR 29 1996

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N: Request add

Merge letter for Key West list

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Jeffrey Levi
Deputy Director
Office of National AIDS Policy

n: corns / Keywest. mrg
~~deutsch. tw~~

Please to
merge letter
for this
list of

4-17-1996 12:34PM FROM REP PETER DEUTSCH 3052944193

P. 1

4/17/96

AIDS Teleconference KEY WEST

NAME	ADDRESS	Phone	fax
------	---------	-------	-----

- | | | | |
|------------------------|--|----------|---------------------|
| 1. Diana Mellon-Lacey | HRT MCPHU
5700 College Rd NW | 292-6894 | 292-6872 |
| 2. Judith A. Meigs | MRS-MCPHU
P.O. BOX 6193 | 292-6894 | 292-6871 |
| 3. STEPHANIE A. WATERS | MRS. MCPHU
PO BOX 6193, KW | 292-6770 | 292-6872 |
| 4. Iva Staley | Health Care Center
HIV/AIDS clinic | 292-6885 | ~~292-6872~~ |
| 5. Todd Steerman | P. WA | 294-3196 | 294-3196 |
| 6. Kim Romano | Healthy Start Coalition | 293-8424 | 293-8542 |
| 7. Albert McCarthy | Aids Help Board | 296-4289 | |
| 8. Carol L. Rogers | LEHHS - Aids Help Bd | 294-9200 | |
| 9. Frank Romanus | Aids Help Board | 294-5592 | |
| 10. Steve Smith | 1608 Van Duster St | 294-0880 | 294-3278 |
| 11. Harry Reid | FL King Healthy Start
1200 Kennedy Rd, NW | 293-8424 | 293-8542 |
| 12. Lee Francis | 1230 Seminary | 296-4055 | |
| 13. Mike Dineen | 1230 Seminary | 296-4055 | 293-9811 |
| 14. J. T. Ais | P.O. Box 4581 | 296-9096 | 296-6206 |
| 15. Ron Herron | 2700 FLAGLER AVE | 296-6195 | 296-6337 |
| 16. CHIP LARKIN | AIDS HELP
PO BOX 4374 | 296-6196 | 296-6337 |
| 17. Andy Summers | " | " | " |
| 18. Lynn Wintermyer | " | 2890065 | |

PHOTOCOPY
PRESERVATION

632 1096

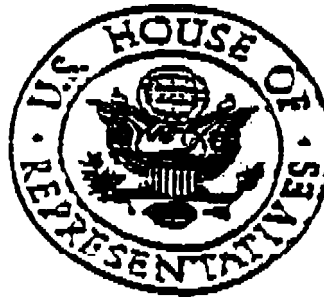
PETER DEUTSCH

20th District, Florida

Committee on Commerce

Subcommittee on Energy and Power

Subcommittee on Health and Environment



MAILING ADDRESS

**204 Cannon House Office Bldg
Washington, D.C. 20515-0920
Tel. (202) 225-7931
Fax (202) 225-8456**

MAIN DISTRICT OFFICE

**10100 Pines Blvd.
Pembroke Pines, FL 33026
Tel. (305) 437-3936
Fax (305) 437-4776**

**Dade (305) 371-8721
Key Largo (305) 852-0159
Big Pine Key (305) 872-3916
Key West (305) 294-5815**

TO: AL72

CO: _____

DEPT: _____

FAX #: (202) 632-1096

TOTAL # OF PAGES (including cover sheet) 1

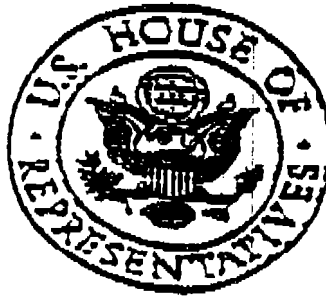
FROM: Jules-

NOTES:

**10100 PINES BOULEVARD
PEMBROKE PINES, FLORIDA 33026
PHONE (305) 437-3936
FAX (305) 437-4776**

PETER DEUTSCH
20th District, Florida

Committee on Commerce
Subcommittee on Energy and Power
Subcommittee on Health and Environment



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Big Pine Key (305) 872-3916
Key West (305) 294-5815

TO: Keisha

CO: _____

DEPT: _____

FAX #: _____

TOTAL # OF PAGES (including cover sheet) 2

FROM: Jules

NOTES:

Attached is the same list faxed before with a few zip codes and arrows. Let me know if you need anything more.

10100 PINES BOULEVARD
PEMBROKE PINES, FLORIDA 33026
PHONE (305) 437-3936
FAX (305) 437-4776

PETER DEUTSCH
205-4 DISTRICT OFFICE

COMMITTEE ON COMMERCE

SUBCOMMITTEE ON HEALTH
AND ENVIRONMENTSUBCOMMITTEE ON ENERGY
AND POWERSUBCOMMITTEE ON COMMERCE
HAZARDOUS MATERIALSCHAIRMAN
FLORIDA DELEGATIONCongress of the United States
House of Representatives
Washington, DC 20515-0920MAILING ADDRESS
204 CANNON HOUSE OFFICE BLDG
WASHINGTON, DC 20515
(202) 225-7931
(202) 225-8456 (FAX)MAIN DISTRICT OFFICE
10100 PINES BLVD.
PEMMUNKEE PINES, FL 33026
(305) 437-3936
(305) 437-4776 (FAX)DADE (305) 371-8721
KEY LARGO (305) 552-0159
BIG PINE (305) 872-3318
KEY WEST (305) 294-5615TO: JEFF LEVI

FAX: _____

PHONE: _____

FROM: LIBBY MULLINDATE: 4-17-96NUMBER OF PAGES (incl. cover): 2

Call (202) 225-7931 with any problems

Thanks again for all
your help!

PHOTOCOPY
PRESERVATION

THE WHITE HOUSE
WASHINGTON

FILE COPY

APR 29 1996

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Program Director
International AIDS Candlelight Memorial and Mobilization
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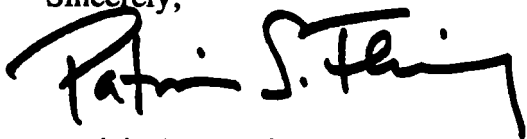
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Patricia S. Fleming
Director, Office of National AIDS Policy

Clinton Presidential Records Digital Records Marker

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

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

MAY

Divider Title: _____

THE WHITE HOUSE

WASHINGTON

MAY 3 - 1996

Ms. Mary Whitaker
270 Riverside Dr. #10D
New York, NY 10025

Dear Ms. Whitaker:

Since you had written to me earlier regarding the provision of the National Defense Authorization Act of 1996 known as the Dornan Amendment, which required the discharge of HIV-positive medical personnel, I wanted to make sure to let you know of the latest action on that matter.

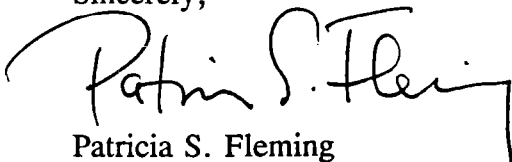
On April 26, 1996, President Clinton signed into law the Omnibus Rescissions and Appropriations Act of 1996, which includes a provision repealing the Dornan Amendment. The President's signature was the culmination of nearly three months of intensive effort by the White House and its allies to convince Congress that the Dornan Amendment was a highly discriminatory and unnecessary law.

As you know, the President found this provision to be offensive and declared his determination to see it repealed before a single service member was discharged. With the help of Senators and Representatives of both parties, this effort was successful.

You may also have heard that Congressman Dornan is already attempting to reinstate this repugnant policy. Be assured that the Clinton Administration and its supporters are working hard to block this ill-conceived legislation. All of us must remain determined to fight this legislation and protect our brothers and sisters who are serving our country.

Thank you again for your support on this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Patricia S. Fleming". The signature is fluid and cursive, with the first name "Patricia" being more prominent.

Patricia S. Fleming
Director
Office of National AIDS Policy

n:whitaker

THE WHITE HOUSE

WASHINGTON

MAY 3 - 1996

Ms. Diane M. Brooks
9255 Stewartown Road
Gaithersburg, Maryland 20879

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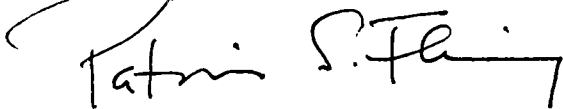
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You may also have heard that Congressman Dornan is already attempting to reinstate this repugnant policy. Be assured that the Clinton Administration and its supporters are working hard to block this ill-conceived legislation. All of us must remain determined to fight this legislation and protect our brothers and sisters who are serving our country.

Thank you again for your support on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia S. Fleming". The signature is fluid and cursive, with a large initial "P" and a long, sweeping underline.

Patricia S. Fleming
Director
Office of National AIDS Policy

n:brooks

THE WHITE HOUSE
WASHINGTON

MAY 3 - 1996

Dr. Lydia R. Temoshok
Chemin de l'Avanchet 20
1216 Cointrin-Geneva
Switzerland

Dear Dr. Temoshok:

Since you had written to me earlier regarding the provision of the National Defense Authorization Act of 1996 known as the Dornan Amendment, which required the discharge of HIV-positive medical personnel, I wanted to make sure to let you know of the latest action on that matter.

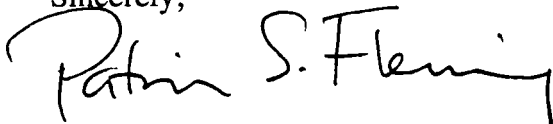
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Thank you again for your support on this matter.

Sincerely,

A handwritten signature in black ink, reading "Patricia S. Fleming". The signature is fluid and cursive, with the first name "Patricia" written in a larger, more prominent script than the last name "Fleming".

Patricia S. Fleming
Director
Office of National AIDS Policy

n:temoshok

THE WHITE HOUSE
WASHINGTON

MAY 3 - 1996

Ms. Joan A. Pettit, R.N., C-FNP
191 St. Matthew
New Madrid, Missouri 63869

Dear Ms. Pettit:

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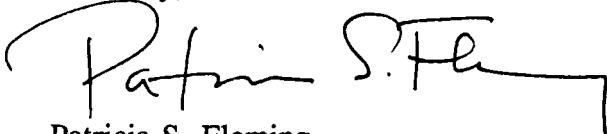
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Patricia S. Fleming
Director
Office of National AIDS Policy

n:pettit

CP-
final signed
copy

THE WHITE HOUSE

WASHINGTON

May 6, 1996

MEMORANDUM FOR THE PRESIDENT

FROM: Carol H. Rasco, Assistant to the President for Domestic Policy
Patricia S. Fleming, Director, Office of National AIDS Policy

SUBJECT: Meeting of the Presidential Advisory Council on HIV/AIDS

Your Advisory Council on HIV/AIDS met on April 24-26 to review the Administration's response to date to its earlier recommendations and to develop a new set of recommendations regarding improving the Federal government's response to the epidemic. Final versions of the assessment and the recommendations are not yet available. We will share them with you when they are.

The meeting coincided with final congressional action on the year-long continuing resolution. As you can imagine, the successful repeal of the ban on HIV-positive service members and the substantial increases in funding for the Ryan White CARE Act were met with great enthusiasm. Councilmembers universally expressed deep appreciation for your leadership on both issues.

The assessment of the Administration's response was generally positive. Among the key points were:

- There was considerable praise for the leadership shown in holding the White House Conference on HIV/AIDS, the efforts to fight HIV-related discrimination, and the repeal of the Dornan amendment.
- There was strong support for the Administration's efforts to increase funding for a range of programs, including the Ryan White CARE Act, AIDS research, and prevention.
- Your defense of the Medicaid program was the source of considerable commendation and support. As you know, nearly 50 percent of people living with AIDS are on Medicaid, including over 90 percent of children with AIDS. The Council considered this of such high importance that it is sending you the attached letter to you as a special communication.

The Council expressed concern about the Administration's response in several areas:

- While praising the efforts of the White House and senior Administration officials in support of the consolidated budget authority of the NIH Office of AIDS Research, the Council is worried that these efforts are being undermined by some in the NIH leadership.

- The Council expressed the hope that funding for substance abuse treatment funds will increase at a faster pace since such treatment is a key form of HIV prevention. The Council did express appreciation for your leadership in pushing the Administration to pay closer attention to the growing interrelationship between the HIV and substance abuse epidemics. The meeting you called for at the White House Conference on HIV/AIDS to develop a government-wide strategy on this issue is scheduled for this August.
- The Council expressed "grave concerns that federal policy regarding needle exchange programs is not consistent with current knowledge and understanding regarding the impact of such programs on HIV prevention efforts."
- The Council was disappointed in the Administration's response related to funding for AIDS housing and called for increases in both FY 1996 and FY 1997. (The Housing Opportunities for People with AIDS (HOPWA) program is flat funded at \$171 million.)
- The Council continued to express opposition to the mandatory HIV testing policies of the State Department and the Peace Corps. The AIDS Policy Office will be meeting with these agencies to discuss a review of the public health rationale for them. The Council was pleased to learn that the Job Corps is doing away with its mandatory HIV testing program for residential students. Instead, all new students will be counseled about HIV and offered voluntary testing.

PRESIDENTIAL

April 29, 1996

ADVISORY

COUNCIL ON

HIV/AIDS

President William Jefferson Clinton
The White House
Washington, DC 20500

Dear Mr. President:

As members of your Advisory Council on HIV/AIDS, we are writing to you today to urge your continued support for the Medicaid program, which currently represents the sole source of health insurance for over 40% of people living with HIV/AIDS. We are extremely grateful to you for the leadership and forcefulness with which you have defended this program to date, and urge your continued vigilance. While we recognize that we have previously communicated our concerns to you regarding Medicaid, the tremendous level of activity on this issue since we last wrote, as well as the overall importance of this issue, compels us to offer this more detailed set of recommendations at this time.

Most of the Medicaid proposals that have been introduced in the 104th Congress, as well as the proposal presented to Congress by the National Governor's Association, if passed, would be devastating for thousands of people living with HIV/AIDS whose care and treatment are financed by Medicaid. Specifically, the Council makes the following recommendations regarding all present and future reform proposals:

1. Block granting Medicaid would be a sweeping change that would diminish profoundly limit access to healthcare for people living with HIV/AIDS. Block granting of Medicaid in any form is unacceptable.
2. Sizable cuts to projected Medicaid growth would result in the loss of essential services and/or complete coverage for many. Without its status as an entitlement, a Medicaid block grant would provide care only until the allocated funding runs out. The cuts in Medicaid growth set by almost all current Congressional proposals guarantee that this would occur, thereby leaving thousands without coverage. In addition to protecting the overall funding level for Medicaid, we urge you to continue to insist that states be required to maintain their current level of financial participation in Medicaid.
3. Many states are moving to mandate enrollment in managed care programs for Medicaid recipients. Although it is possible to provide quality care for people with HIV/AIDS in managed care settings, these programs typically restrict access to services, particularly specialty care, as a means of limiting costs. Managed care models often result in disincentives to care for individuals with high-cost conditions, such as HIV/AIDS. Thus, Congressional reforms in this area -- as well as state waivers under consideration by Health Care Financing Administration -- must contain protections to guarantee medically necessary care and appropriate grievance procedures.
4. As biomedical research produces important changes in HIV treatment practices, the federal government must ensure that states make available to Medicaid beneficiaries the same access to new and cutting-edge therapies that individuals receive within the private health insurance system.

5. The federal government must insist that states remain responsive to the broad spectrum of vulnerable persons in need of health care by preserving guaranteed categorical eligibility. The federal government must retain financial and other incentives for states to cover the broadest possible range of low-income persons, including those whose medical expenses push them into poverty. Moreover, the federal government must not allow discrimination to be used as a means of denying health benefits. Health care access for all legal residents of the United States must be preserved.
6. People with AIDS require a broad range of services. Adequate health care coverage must include regular access to primary care, appropriate specialists, as well as inpatient hospitalization and outpatient care. Prescription drugs are perhaps the single most important life-sustaining benefit for people with AIDS. The federal government must take steps to ensure that this optional benefit continues to be available in all fifty states. Additionally, the federal government must protect community-based care as a cost-effective and humane optional service, which recognizes the importance of culturally appropriate care for specific populations.
7. Protecting current law as it relates to amount, duration and scope of services is among the most important actions you can take to ensure that Medicaid functions effectively for its beneficiaries. Future Medicaid law must continue to require that services provided by a state Medicaid plan be provided in a sufficient amount, duration and scope to reasonably achieve its purpose.
8. Due to the nature of AIDS and HIV-related care, even a nominal co-payment of five to ten dollars per prescription or physician visit can quickly become prohibitively expensive. Because Medicaid is a health care program for low-income people, increases in cost-sharing burdens on beneficiaries will severely restrict access to care.
9. Strong quality assurance and due process protections must remain in place to ensure that eligibility and treatment determinations are made in a timely manner, and to ensure that medically necessary and high quality treatment is provided.

As your Administration continues its deliberations and negotiations with Congress, we ask that you fight vigorously for these essential elements of the Medicaid program. As community leaders from across the country, we offer you our assistance in this regard, knowing that the basic health care needs of thousands of persons living with HIV/AIDS depends on your success.

Sincerely,



R. Scott Hitt, Chair

Members of the Presidential Advisory Council on HIV/AIDS

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

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

Dear Secretary Shalala:

Donna

Thank you again for coming to New York with me to visit with the philanthropic community and AIDS service providers. There has been a tremendously positive response from the community to our visits.

The regional briefings are continuing through August. Thus, I am writing to ask you to join me once more in Cleveland on July 23. This trip would be quite similar to our visit to New York. It would begin with a breakfast meeting with local corporate and philanthropic leaders and continue with a series of visits to AIDS service organizations. It would begin at approximately 8 a.m. and conclude by 4 p.m.

I hope you can join me.

Sincerely,

Patsy

Patricia S. Fleming
Director, Office of National AIDS Policy

*P.S. You were terrific
in New York!*

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Dear Friends:

I am sorry that I could not join you for your conference but wanted to extend my greetings and appreciation to you.

The AIDS epidemic has taken a heavy toll on women -- especially women of color -- in the U.S. In 1994 alone, more than 14,000 American women were diagnosed with AIDS, more than one-fifth of the total since the epidemic began. AIDS is the leading cause of death among African-American women between the ages of 25 and 44 and it is quickly becoming a leading cause of death for Hispanic women in that age bracket.

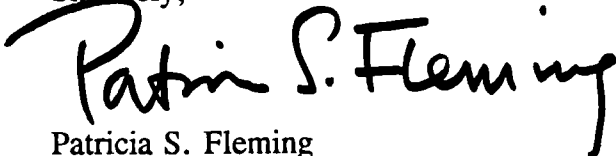
The Clinton Administration takes these trends very seriously. That is why we have been working to increase the inclusion of women in AIDS-related clinical trials and research protocols. And there has been a special emphasis on recruiting women of color. The National Institutes of Health and CDC have also launched several studies of the natural history of HIV in women and we have worked to increase funding for Title IIIB of the Ryan White CARE Act, which provides assistance to low-income women who are participating in clinical trials.

A particular priority of mine has been the development of topical microbicides. Such products would empower women by allowing them to protect themselves with or without the knowledge and cooperation of their sexual partners. We have already more than doubled funding for microbicide research and intend to further increase it this year. Vice President Gore and I are also encouraging pharmaceutical manufacturers to increase their investment in this area.

We must continue to work together to fight discrimination against people living with HIV and AIDS and stand up for the rights of our sisters and brothers who are living with AIDS. This Administration is committed to finding a cure for AIDS, a vaccine against HIV, therapeutic agents and treatments, and better prevention methods.

Know that you have an ally in this fight in Washington. Thank you, again, for your commitment, your hard work and your passion.

Sincerely,

A handwritten signature in black ink that reads "Patricia S. Fleming". The signature is written in a cursive, flowing style.

Patricia S. Fleming

Director

Office of National AIDS Policy

Estella Nuella-Brown 305/526-2800 1930-
Coordinator
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HISPANIC WOMEN'S HEALTH CONFERENCE IN MIAMI

When compared with all other racial and ethnic groups in this country, women of Hispanic origin rank at top of several worrisome public health statistics. They are least likely to receive cancer screening services; most likely to report severe depression; most likely to be overweight; and when overweight, more likely than non-Hispanic women to have diabetes. The incidence of AIDS among Hispanic women is more than six times greater than among non-Hispanic white women.

What can be done to improve this situation?

The first step, suggested by 50 representatives of Greater Miami health care organizations, community leaders and academia who considered the problem over the past six months, is a two-day conference to develop a community-based action plan.

Sponsored by the Food and Drug Administration's Office of Women's Health, the Florida Conference on Hispanic Women's Health will meet on May 9 and 10 in the James L. Knight Conference Center in Miami,

Following an address by Jane Delgado, Ph.D., the head of the National Coalition of Hispanic Health and Human Services Organizations, the participants will form six working groups to discuss the six key health issues and suggest ways in which FDA could contribute to their remedy.

The recommendations and community action plans will be presented to Celia J. Maxwell, M.D., Special Assistant to the Commissioner of Food and Drugs.

The conference is primarily intended for community activists with knowledge of health care issues, but will be open also to the public. Persons interested in attending the meeting should contact Dr. Ariela Rodriguez, Little Havana Activities and Nutrition Center, at 305/858-0887, extension 238. Registration fee is \$35.00.

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THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

The Honorable Henry R. Cisneros
Secretary
U.S. Department of Housing and Urban Development
451 17th Street, S.W.
Washington, DC 20410

Dear Secretary ~~Cisneros~~ *Henry*

I am writing to invite you to join me in two regional briefings on AIDS policy. The initial visits to Dallas/Fort Worth and New York/Newark have been very well received in those communities. We will be in Miami/Fort Lauderdale this week. I greatly appreciate Roberta Achtenberg's assistance with several of these trips.

The regional briefings are continuing through August. It would be terrific if you could join me for two of these visits. First, in Los Angeles on May 21-22 and second in Chicago on June 20-21. In each case, the first day would begin at noon and end at 5:00 p.m. The second day would begin at 8:00 a.m. and end at 4:00 p.m. Each would feature a meeting with corporate and philanthropic leaders, visits to AIDS service organizations, and a public forum.

I hope you can join me.

Sincerely,

Patsy

Patricia S. Flemping
Director
Office of National AIDS Policy

n:cisneros.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Mr. Deval L. Patrick
Assistant Attorney General
Civil Rights Division
U.S. Department of Justice
P. O. Box 65808
Washington, DC 20035-5808

Dear Mr. Patrick: *Deval*

As part of the Administration's ongoing effort to communicate directly with community organizations and individuals affected by the HIV epidemic, the Office of National AIDS Policy and the President's Advisory Council on HIV and AIDS have been conducting regional briefings featuring key members of the Administration.

In each city, we visit AIDS service organizations that receive federal funding; meet with corporate and philanthropic leaders involved in the fight against AIDS; meet with editorial boards and reporters from local media outlets; and conduct a public issues briefing. We have already visited Dallas/Fort Worth, New York and Newark, NJ and will soon visit Miami/Fort Lauderdale. Secretary Shalala, Carol Rasco of the White House, Roberta Achtenberg of HUD, and other federal officials have joined us in those communities.

On Thursday, May 23, and Friday, May 24, we will be visiting San Francisco. On May 23, we will meet with corporate and philanthropic leaders and visit a veterans' facility in Oakland. On May 24, we will visit San Francisco General Hospital and conduct an issues briefing with breakout groups on specific topics. I would greatly appreciate it if you would join us for all or part of those meetings but would especially value your participation in the issues briefing on the 24th. It is scheduled from 1:00-3:00 p.m.

Please advise my office as soon as possible if you or a senior member of your staff will be able to join us. Richard Sorian of my office is coordinating this effort and can be reached at (202) 632-1090.

Thank you.

Sincerely,

Pat
Patricia S. Fleming
Director
Office of National AIDS Policy

N:SF.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Dr. David Feigal
Deputy Director
Food and Drug Administration
5600 Fishers Lane, HFD-530
Rockville, MD 20857

Dear Dr. Feigal:

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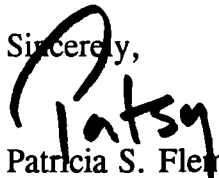
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Sincerely,


Patricia S. Fleming

Director
Office of National AIDS Policy

N:SF.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Dr. Helene Gayle
Director, National Center for HIV/STD/TB
Centers for Disease Control
1600 Clifton Road, NE - MSE07
Atlanta, Georgia 30333

Dear Helene:

As part of the Administration's ongoing effort to communicate directly with community organizations and individuals affected by the HIV epidemic, the Office of National AIDS Policy and the President's Advisory Council on HIV and AIDS have been conducting regional briefings featuring key members of the Administration.

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Thank you.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

N:SF.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Joseph O'Neill, M.D., M.P.H.
Associate Administrator for AIDS
Health Resources and Services Administration
5600 Fishers Lane, Rm. 14A21
Rockville, MD 20857

Dear Joe:

As part of the Administration's ongoing effort to communicate directly with community organizations and individuals affected by the HIV epidemic, the Office of National AIDS Policy and the President's Advisory Council on HIV and AIDS have been conducting regional briefings featuring key members of the Administration.

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Thank you.

Sincerely,


Patricia S. Fleming
Director
Office of National AIDS Policy

N:SF.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Dr. William E. Paul
Director, Office of AIDS Research
National Institutes of Health
Building 31, Room 4C06
31 Center Drive, MSC2340
Bethesda, MD 20892

Dear Bill:

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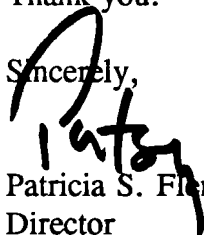
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Thank you.

Sincerely,



Patricia S. Fleming
Director
Office of National AIDS Policy

N:SF.ltr

NOTE TO CARMENA:

The attached letter (which is N:SF.LTR) needs to be addressed to the following list and readied for Patsy's signature as soon as possible on Monday. She must sign them Monday and they must go out that day.

Dr. William Paul, Office of AIDS Research, National Institutes of Health F: 301-496-2119
Dr. Joseph O'Neill, Health Resources and Services Administration Fax: 1-639-8609
Dr. Helene Gayle, Centers for Disease Control and Prevention 404-639-8609
Dr. David Feigal, Food and Drug Administration → 301-827-2330 Deputy Dir.
Mr. Deval Patrick, Department of Justice

Thanks, L. US7
richard Asst. Attorney Gen (P: 514-2151)
Civ. Rights Dir (F: 514-0293)
P.O. Box 65808
Wash. DC. 20035-5808

Dr. O'Neill
Associate Administrator for AIDS
HRSA
5600 Fishers Lane
Rm: 14A21
Rockville, MD 20857

5600 Fishers Lane
Rockville MD 20857
AFD-530
Fax: 301-827-2510

Hispanic Forum

Diana Traviesso

~~Andrew Shepherd~~

Fax

+ Mail

—

THE WHITE HOUSE
WASHINGTON

FILE COPY

MAY - 6 1996

Dear Friends:

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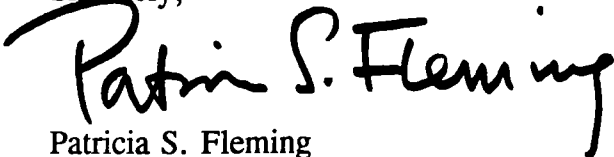
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Know that you have an ally in this fight in Washington. Thank you, again, for your commitment, your hard work and your passion.

Sincerely,



Patricia S. Fleming
Director

Office of National AIDS Policy

FOOD AND DRUG ADMINISTRATION

OFFICE OF

WOMEN'S HEALTH

FACSIMILE TRANSMISSION RECORD

TO: Patsy Fleming

FROM: Audrey Sheppard
Acting Director
Office of Women's Health

FAX # (202) 632-1096

**Food and Drug Administration
5600 Fishers Lane
Room 15-81, HF-8
Rockville, MD 20857**

Phone (301)827-0936
FAX # (301)827-0926

Please call immediately if re-transmission is necessary. Thank you.

5
of pages
(not including cover sheet)

Signature of Sender

As discussed yesterday.

Estella Nuella-Brown 305/526-2800 1920-
Coordinator
perhaps letter to do from Patsey that
could be read at the meeting.

HISPANIC WOMEN'S HEALTH CONFERENCE IN MIAMI

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Sponsored by the Food and Drug Administration's Office of Women's Health, the Florida Conference on Hispanic Women's Health will meet on May 9 and 10 in the James L. Knight Conference Center in Miami,

Following an address by Jane Delgado, Ph.D., the head of the National Coalition of Hispanic Health and Human Services Organizations, the participants will form six working groups to discuss the six key health issues and suggest ways in which FDA could contribute to their remedy.

The recommendations and community action plans will be presented to Celia J. Maxwell, M.D., Special Assistant to the Commissioner of Food and Drugs.

The conference is primarily intended for community activists with knowledge of health care issues, but will be open also to the public. Persons interested in attending the meeting should contact Dr. Ariela Rodriguez, Little Havana Activities and Nutrition Center, at 305/858-0887, extension 238. Registration fee is \$35.00.

###

HISPANIC WOMEN'S HEALTH CONFERENCE IN MIAMI, FLORIDA
SPONSORED BY
THE OFFICE OF WOMEN'S HEALTH -- FDA

DAY 1

8:00 - 8:45 Registration & Continental Breakfast

8:45 - 9:15 Opening & Welcoming Remarks

STATE - Rep. Annie Betancourt
COUNTY - Commissioner Natacha Millan
HHS Region - Pat A. Ford-Roegner
FDA HQ - OWH Audrey Sheppard
FDA REGION/DISTRICT - Douglas Tolen

9:15- 10:45 Opening Plenary Session

Introduction (10 min)

Brief general discussion about health status of Hispanic Women in Florida.

W.J. Blechman, M.D.

Deputy Secretary and State Health Officer
Florida Department of Health and
Rehabilitative Services

Brief presentation of preliminary findings of women's health studies.

Marianna K. Baum, Ph.D.

Chief Investigator, Women's Health Initiative
University of Miami School of Medicine

Panel of Expert Speakers (brief presentation of health issue, epidemiology, morbidity statistics, specifically related to Hispanic women's health status)

Diabetes (10 min) -

Camilo Leslie, MD

STDs including HIV/AIDS (10 min) -

Diana Travieso Palow RN, MS

Breast & Cervical Cancer (20 min) -

Marisa Alonso, MD and Marilu Madrigal, MD

Mental Health & Substance Abuse (10 min) -

Pedro A. Rodriguez, MD

Heart Disease & Osteoporosis (20 min) -

Garcia, MD and Roy Altman, MD

Alzheimer's Disease (10 min) -

Jose A. Orcasita Ng, MD

10:45 - 11:15

Ethno-Cultural Presentation and Charge to Participants (perspective to frame the work-groups discussion re factors that will empower Hispanic women to care for their own health)

Gema Hernandez, DPA

11:15 - 11:30

Break & Move to Work Groups

There will be six (6) concurrent workgroups, one for each Problem/Issue identified by Planning Board. Each group will have 3 co-facilitators and will meet for four (4) consecutive sessions. Each group will discuss and analyze the Problem/Issue; identify barriers to prevention, timely diagnoses and treatment interventions; will develop "desired aims/goals" and will recommend culturally competent implementation strategies for each of them.

11:30 - 12:30

Work Groups - Session I

Each group to discuss and analyze Problem/Issue, including barriers to prevention, diagnoses and treatment.

12:30 - 2:00

Luncheon

Speaker: Jane L. Delgado, PhD (COSSMHO)

2:00 - 3:30

Work Groups Session II

Each group to develop 1-3 "Desired Aims/Goals" for the Problem/Issue.

3:30 - 4:00

Break

4:00 - 5:00

Work Group Session III

Each group to develop Implementation Strategies for each "Desired Aim/Goal" developed in previous session.

5:15 - 5:45

Facilitators Meeting - Discuss Work Group products and prepare preliminary Summary Report for each health area work group.

6:00 - 7:30

Reception (?)

DAY 2

8:30 - 9:00 Coffee and Registration

9:00 - 10:00 Work Groups Session IV

Facilitators share report with group for "fine tuning" and make any necessary changes.

10:00 - 10:15 Break

10:15 - 12:00 Plenary Session
Final Work Group Reports and Response from Panel of Experts and Community Advocates.

Work Groups Reports (60 min):

Diabetes
STDs & HIV/AIDS
Breast & Cervical Cancer
Mental Health & Substance Abuse
Heart Disease & Osteoporosis
Alzheimer's Disease

Responder Panel of Experts and Community Advocates (45 min):

Jose Szapocznik, PhD (or Hilda Pantin, PhD)
Diana Lopez, MD
Mary Jo O'Sullivan, MD
Mona Jain, MD, PhD
Ariela Rodriguez, PhD, ACSW, Little Havana
Activities & Nutrition Centers
Rosa Kasse, Hispanic Coalition
Lydia Sosa or Alicia Baro, National Conference
of Puerto Rican Women

12:00 - 1:30 Luncheon

**Speaker - Celia Maxwell, M.D., Special Assistant
to Commissioner, FDA**

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

**750 17th Street, N.W.
Washington, DC 20503**

**Phone: 202/632-1090
Fax: 202/632-1096**

FACSIMILE COVER SHEET

TO: Audrey Shepherd

FAX NUMBER: 301-827-0926

FROM: **Patsy Fleming**

DATE: 5-7-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

Original mailed 5/6/96

THE WHITE HOUSE

WASHINGTON

May 6, 1996

FILE COPY

MEMORANDUM FOR THE PRESIDENT

FROM: Carol H. Rasco, Assistant to the President for Domestic Policy
Patricia S. Fleming, Director, Office of National AIDS Policy

SUBJECT: Meeting of the Presidential Advisory Council on HIV/AIDS

Your Advisory Council on HIV/AIDS met on April 24-26 to review the Administration's response to date to its earlier recommendations and to develop a new set of recommendations regarding improving the Federal government's response to the epidemic. Final versions of the assessment and the recommendations are not yet available. We will share them with you when they are.

The meeting coincided with final congressional action on the year-long continuing resolution. As you can imagine, the successful repeal of the ban on HIV-positive service members and the substantial increases in funding for the Ryan White CARE Act were met with great enthusiasm. Councilmembers universally expressed deep appreciation for your leadership on both issues.

The assessment of the Administration's response was generally positive. Among the key points were:

- There was considerable praise for the leadership shown in holding the White House Conference on HIV/AIDS, the efforts to fight HIV-related discrimination, and the repeal of the Dornan amendment.
- There was strong support for the Administration's efforts to increase funding for a range of programs, including the Ryan White CARE Act, AIDS research, and prevention.
- Your defense of the Medicaid program was the source of considerable commendation and support. As you know, nearly 50 percent of people living with AIDS are on Medicaid, including over 90 percent of children with AIDS. The Council considered this of such high importance that it is sending you the attached letter to you as a special communication.

The Council expressed concern about the Administration's response in several areas:

- While praising the efforts of the White House and senior Administration officials in support of the consolidated budget authority of the NIH Office of AIDS Research, the Council is worried that these efforts are being undermined by some in the NIH leadership.

- The Council expressed the hope that funding for substance abuse treatment funds will increase at a faster pace since such treatment is a key form of HIV prevention. The Council did express appreciation for your leadership in pushing the Administration to pay closer attention to the growing interrelationship between the HIV and substance abuse epidemics. The meeting you called for at the White House Conference on HIV/AIDS to develop a government-wide strategy on this issue is scheduled for this August.

- The Council expressed "grave concerns that federal policy regarding needle exchange programs is not consistent with current knowledge and understanding regarding the impact of such programs on HIV prevention efforts."

- The Council was disappointed in the Administration's response related to funding for AIDS housing and called for increases in both FY 1996 and FY 1997. (The Housing Opportunities for People with AIDS (HOPWA) program is flat funded at \$171 million.)

- The Council continued to express opposition to the mandatory HIV testing policies of the State Department and the Peace Corps. The AIDS Policy Office will be meeting with these agencies to discuss a review of the public health rationale for them. The Council was pleased to learn that the Job Corps is doing away with its mandatory HIV testing program for residential students. Instead, all new students will be counseled about HIV and offered voluntary testing.

PRESIDENTIAL

April 29, 1996

ADVISORY
COUNCIL ON
HIV/AIDS

President William Jefferson Clinton
The White House
Washington, DC 20500

Dear Mr. President:

As members of your Advisory Council on HIV/AIDS, we are writing to you today to urge your continued support for the Medicaid program, which currently represents the sole source of health insurance for over 40% of people living with HIV/AIDS. We are extremely grateful to you for the leadership and forcefulness with which you have defended this program to date, and urge your continued vigilance. While we recognize that we have previously communicated our concerns to you regarding Medicaid, the tremendous level of activity on this issue since we last wrote, as well as the overall importance of this issue, compels us to offer this more detailed set of recommendations at this time.

Most of the Medicaid proposals that have been introduced in the 104th Congress, as well as the proposal presented to Congress by the National Governor's Association, if passed, would be devastating for thousands of people living with HIV/AIDS whose care and treatment are financed by Medicaid. Specifically, the Council makes the following recommendations regarding all present and future reform proposals:

1. Block granting Medicaid would be a sweeping change that would diminish profoundly limit access to healthcare for people living with HIV/AIDS. Block granting of Medicaid in any form is unacceptable.
2. Sizable cuts to projected Medicaid growth would result in the loss of essential services and/or complete coverage for many. Without its status as an entitlement, a Medicaid block grant would provide care only until the allocated funding runs out. The cuts in Medicaid growth set by almost all current Congressional proposals guarantee that this would occur, thereby leaving thousands without coverage. In addition to protecting the overall funding level for Medicaid, we urge you to continue to insist that states be required to maintain their current level of financial participation in Medicaid.
3. Many states are moving to mandate enrollment in managed care programs for Medicaid recipients. Although it is possible to provide quality care for people with HIV/AIDS in managed care settings, these programs typically restrict access to services, particularly specialty care, as a means of limiting costs. Managed care models often result in disincentives to care for individuals with high-cost conditions, such as HIV/AIDS. Thus, Congressional reforms in this area -- as well as state waivers under consideration by Health Care Financing Administration -- must contain protections to guarantee medically necessary care and appropriate grievance procedures.
4. As biomedical research produces important changes in HIV treatment practices, the federal government must ensure that states make available to Medicaid beneficiaries the same access to new and cutting-edge therapies that individuals receive within the private health insurance system.

5. The federal government must insist that states remain responsive to the broad spectrum of vulnerable persons in need of health care by preserving guaranteed categorical eligibility. The federal government must retain financial and other incentives for states to cover the broadest possible range of low-income persons, including those whose medical expenses push them into poverty. Moreover, the federal government must not allow discrimination to be used as a means of denying health benefits. Health care access for all legal residents of the United States must be preserved.

6. People with AIDS require a broad range of services. Adequate health care coverage must include regular access to primary care, appropriate specialists, as well as inpatient hospitalization and outpatient care. Prescription drugs are perhaps the single most important life-sustaining benefit for people with AIDS. The federal government must take steps to ensure that this optional benefit continues to be available in all fifty states. Additionally, the federal government must protect community-based care as a cost-effective and humane optional service, which recognizes the importance of culturally appropriate care for specific populations.

7. Protecting current law as it relates to amount, duration and scope of services is among the most important actions you can take to ensure that Medicaid functions effectively for its beneficiaries. Future Medicaid law must continue to require that services provided by a state Medicaid plan be provided in a sufficient amount, duration and scope to reasonably achieve its purpose.

8. Due to the nature of AIDS and HIV-related care, even a nominal co-payment of five to ten dollars per prescription or physician visit can quickly become prohibitively expensive. Because Medicaid is a health care program for low-income people, increases in cost-sharing burdens on beneficiaries will severely restrict access to care.

9. Strong quality assurance and due process protections must remain in place to ensure that eligibility and treatment determinations are made in a timely manner, and to ensure that medically necessary and high quality treatment is provided.

As your Administration continues its deliberations and negotiations with Congress, we ask that you fight vigorously for these essential elements of the Medicaid program. As community leaders from across the country, we offer you our assistance in this regard, knowing that the basic health care needs of thousands of persons living with HIV/AIDS depends on your success.

Sincerely,



R. Scott Hitt, Chair

Members of the Presidential Advisory Council on HIV/AIDS

THE WHITE HOUSE
WASHINGTON

MAY - 6 1996

Mr. Deval L. Patrick
Assistant Attorney General
Civil Rights Division
U.S. Department of Justice
P. O. Box 65808
Washington, DC 20035-5808

Please
fax
(+ mail)

FILE COPY

Dear Mr. Patrick:

As part of the Administration's ongoing effort to communicate directly with community organizations and individuals affected by the HIV epidemic, the Office of National AIDS Policy and the President's Advisory Council on HIV and AIDS have been conducting regional briefings featuring key members of the Administration.

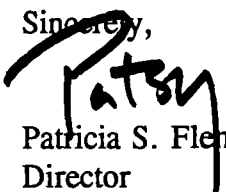
In each city, we visit AIDS service organizations that receive federal funding; meet with corporate and philanthropic leaders involved in the fight against AIDS; meet with editorial boards and reporters from local media outlets; and conduct a public issues briefing. We have already visited Dallas/Fort Worth, New York and Newark, NJ and will soon visit Miami/Fort Lauderdale. Secretary Shalala, Carol Rasco of the White House, Roberta Achtenberg of HUD, and other federal officials have joined us in those communities.

On Thursday, May 23, and Friday, May 24, we will be visiting San Francisco. On May 23, we will meet with corporate and philanthropic leaders and visit a veterans' facility in Oakland. On May 24, we will visit San Francisco General Hospital and conduct an issues briefing with breakout groups on specific topics. I would greatly appreciate it if you would join us for all or part of those meetings but would especially value your participation in the issues briefing on the 24th. It is scheduled from 1:00-3:00 p.m.

Please advise my office as soon as possible if you or a senior member of your staff will be able to join us. Richard Sorian of my office is coordinating this effort and can be reached at (202) 632-1090.

Thank you.

Sincerely,


Patricia S. Fleming
Director
Office of National AIDS Policy

N:SF.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Dr. David Feigal
Deputy Director
Food and Drug Administration
5600 Fishers Lane, HFD-530
Rockville, MD 20857

Dear Dr. Feigal:

As part of the Administration's ongoing effort to communicate directly with community organizations and individuals affected by the HIV epidemic, the Office of National AIDS Policy and the President's Advisory Council on HIV and AIDS have been conducting regional briefings featuring key members of the Administration.

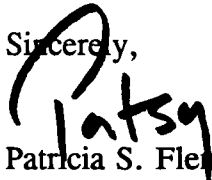
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Thank you.

Sincerely,


Patricia S. Fleming

Director
Office of National AIDS Policy

N:SF.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Dr. Helene Gayle
Director, National Center for HIV/STD/TB
Centers for Disease Control
1600 Clifton Road, NE - MSE07
Atlanta, Georgia 30333

Dear Helene:

As part of the Administration's ongoing effort to communicate directly with community organizations and individuals affected by the HIV epidemic, the Office of National AIDS Policy and the President's Advisory Council on HIV and AIDS have been conducting regional briefings featuring key members of the Administration.

In each city, we visit AIDS service organizations that receive federal funding; meet with corporate and philanthropic leaders involved in the fight against AIDS; meet with editorial boards and reporters from local media outlets; and conduct a public issues briefing. We have already visited Dallas/Fort Worth, New York and Newark, NJ and will soon visit Miami/Fort Lauderdale. Secretary Shalala, Carol Rasco of the White House, Roberta Achtenberg of HUD, and other federal officials have joined us in those communities.

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Thank you.

Sincerely,


Patricia S. Fleming
Director
Office of National AIDS Policy

N:SF.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Joseph O'Neill, M.D., M.P.H.
Associate Administrator for AIDS
Health Resources and Services Administration
5600 Fishers Lane, Rm. 14A21
Rockville, MD 20857

Dear Joe:

As part of the Administration's ongoing effort to communicate directly with community organizations and individuals affected by the HIV epidemic, the Office of National AIDS Policy and the President's Advisory Council on HIV and AIDS have been conducting regional briefings featuring key members of the Administration.

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Please advise my office as soon as possible if you or a senior member of your staff will be able to join us. Richard Sorian of my office is coordinating this effort and can be reached at (202) 632-1090.

Thank you.

Sincerely,


Patricia S. Fleming
Director
Office of National AIDS Policy

N:SF.ltr

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

Dr. William E. Paul
Director, Office of AIDS Research
National Institutes of Health
Building 31, Room 4C06
31 Center Drive, MSC2340
Bethesda, MD 20892

Dear Bill:

As part of the Administration's ongoing effort to communicate directly with community organizations and individuals affected by the HIV epidemic, the Office of National AIDS Policy and the President's Advisory Council on HIV and AIDS have been conducting regional briefings featuring key members of the Administration.

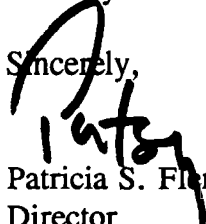
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Please advise my office as soon as possible if you or a senior member of your staff will be able to join us. Richard Sorian of my office is coordinating this effort and can be reached at (202) 632-1090.

Thank you.

Sincerely,


Patricia S. Fleming
Director
Office of National AIDS Policy

N:SF.ltr

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

750 17th Street, N.W.
Washington, DC 20503

Phone: 202/632-1090
Fax: 202/632-1096

FACSIMILE COVER SHEET

TO: Dr. William E. Paul

FAX NUMBER: 301-496-2119

FROM: Patsy Fleming

DATE: 5-6-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

**750 17th Street, N.W.
Washington, DC 20503**

**Phone: 202/632-1090
Fax: 202/632-1096**

FACSIMILE COVER SHEET

TO: Dr. Joe O'Neill

FAX NUMBER: 301-443-1551

FROM: Patsy Fleming

DATE: 5-6-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

**750 17th Street, N.W.
Washington, DC 20503**

**Phone: 202/632-1090
Fax: 202/632-1096**

FACSIMILE COVER SHEET

TO: Dr. Helene Gayle

FAX NUMBER: 404-639-8600

FROM: **Patsy Fleming**

DATE: 5-6-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

**750 17th Street, N.W.
Washington, DC 20503**

**Phone: 202/632-1090
Fax: 202/632-1096**

FACSIMILE COVER SHEET

TO: Dr. David Fa'gal

FAX NUMBER: 301-827-2510

FROM: Patsy Fleming

DATE: 5-6-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

750 17th Street, N.W.
Washington, DC 20503

Phone: 202/632-1090
Fax: 202/632-1096

FACSIMILE COVER SHEET

TO: Deval Patrick

FAX NUMBER: 514-0293

FROM: Patsy Fleming

DATE: 5-6-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

THE WHITE HOUSE
WASHINGTON

FILE COPY

MAY - 6 1996

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

Dear Secretary Shalala:

Donna

Thank you again for coming to New York with me to visit with the philanthropic community and AIDS service providers. There has been a tremendously positive response from the community to our visits.

The regional briefings are continuing through August. Thus, I am writing to ask you to join me once more in Cleveland on July 23. This trip would be quite similar to our visit to New York. It would begin with a breakfast meeting with local corporate and philanthropic leaders and continue with a series of visits to AIDS service organizations. It would begin at approximately 8 a.m. and conclude by 4 p.m.

I hope you can join me.

Sincerely,

Patsy

Patricia S. Fleming
Director, Office of National AIDS Policy

*P.S. You were terrific
in New York!*

728-4087

fax to
Roberta
Achtenberg
Paullette
708-1353

THE WHITE HOUSE

WASHINGTON

MAY - 6 1996

FILE COPY

Cisneros

ng and Urban Development

451 17th Street, S.W.

Washington, DC 20410

Dear Secretary ~~Cisneros~~ Henry

I am writing to invite you to join me in two regional briefings on AIDS policy. The initial visits to Dallas/Fort Worth and New York/Newark have been very well received in those communities. We will be in Miami/Fort Lauderdale this week. I greatly appreciate Roberta Achtenberg's assistance with several of these trips.

The regional briefings are continuing through August. It would be terrific if you could join me for two of these visits. First, in Los Angeles on May 21-22 and second in Chicago on June 20-21. In each case, the first day would begin at noon and end at 5:00 p.m. The second day would begin at 8:00 a.m. and end at 4:00 p.m. Each would feature a meeting with corporate and philanthropic leaders, visits to AIDS service organizations, and a public forum.

I hope you can join me.

Sincerely,

Patsy

Patricia S. Fleming
Director

Office of National AIDS Policy

n:cisneros.ltr

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Roberta Achtenberg

FAX NUMBER: 708-4087

FROM: Patricia Fleming

DATE: 5-6-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

**OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT**

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Paulette

FAX NUMBER: 708-1353

FROM: Patricia Fleming

DATE: 5-6-96

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

May 7, 1996


FILE COPY

MEMORANDUM FOR LEON PANETTA

FROM: Carol H. Rasco
Patricia S. Fleming

SUBJECT: Regional Briefing on AIDS in San Francisco

As you know, the Office of National AIDS Policy, in cooperation with members of the Presidential Advisory Council on HIV/AIDS, is conducting a series of regional briefings on HIV/AIDS around the country. These have included site visits to federally funded programs and forums with AIDS service providers and people living with HIV/AIDS. This has been an incredibly important way to reach out to the larger AIDS community -- learning of their concerns and communicating to them the President's commitment on this issue.

Members of the Advisory Council based in San Francisco have invited you to attend the forum to be held there on mid-day Friday, May 24th. We will also be attending, along with Henry Cisneros and Roberta Achtenberg. Council members have been informed that you generally do not travel unless accompanying the President, but we are passing on this invitation to you in case this is indeed possible.

Thanks for your consideration of this request.