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Subseries:	National AIDS Strategy

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[Patsy Fleming Correspondence February 1997] [2]

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001. cable	[Personally Identifiable Information] [partial] (1 page)	06/01/1996	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Patsy Fleming (National AIDS Strategy)
OA/Box Number: 10183

FOLDER TITLE:

[Patsy Fleming Correspondence February 1997] [2]

2018-0755-F

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RESTRICTION CODES

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

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

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RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G34934

Date Rcvd: 12-9-96

From: M. Maria F. Arzoo

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy ✓

Assigned To: CP

RCVD: _____ DONE: _____

Recommendations/Instructions:

Thanks for info

PF - Seeking your opinion on attached info.

To Support Staff: _____

Date of Response: 2-28-97

469 Cty Rt. 10
Germantown, NY 12526
October 29, 1996

Ms. Patsy Fleming, Director
Office of National AIDS Policy
750 17th St. N.W. #600
Washington, D. C., 20503

Dear Madam:

I am presently a senior at Germantown Central School. As part of my graduation requirements, I am enrolled in Participation in Government. For the past ten weeks I have been studying euthanasia as my required topic.

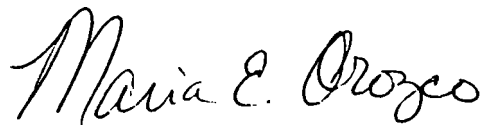
In your role as Director of the Executive Office of the President, you play a major part in determining the standards of policies for AIDS patients. I would like the federal government to pass a law that would allow euthanasia for patients only if there are at least two agreeing physicians.

I have been doing research and completing a survey on euthanasia. I have enclosed opinions from experts, numerical data, a survey and a bibliography for your perusal.

Please read the enclosed material and respond to me your opinions on this matter.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Maria E. Orozco". The signature is fluid and elegant, with the first letters of each word being capitalized and prominent.

Maria E. Orozco

QUOTES

1. Michael D. Lemonick
"Now, as long as a patient is in the final stages of a terminal disease, mentally competent and able to take a lethal dose of medicine on his or her own the state can't bar a doctor from prescribing that dose." Time, p. 82.
2. Michael D. Lemonick
University professor Yale Kamisar says, "In the past 30 days there have been more developments in this field than there have been in the previous 20 years," Time, p. 82.
3. Michael D. Lemonick
Leslie Pickering Francis, a professor of the University of Utah, says, "patients who are sophisticated enough to want the aid and physicians who are sympathetic enough to want to give it often do it in such a way that the intent and the knowledge are left deliberately ambiguous." Time, p. 82.
4. Wilfrid Sheed
"And the someone had always been the professionals on the spot, the loved ones if possible and whatever is left of the patient, in a consensus of surrender....But all this is so far from being news that Rooney talk in the interview of an age-old understanding, 'a tacit agreement among doctors' to do just that. And he asked Dr. Kevorkian, 'Have you ruined that for them?' To which the doctor answered with stunning and quite startling humility: 'I don't think so, but I might have.'" Time, p. 80.
5. Anastasia Toufexis
Arthur Caplan, director of the University of Pennsylvania, says, "Terminal illness at least gives you some line to draw," Time, p. 61.
6. Anastasia Toufexis
"I do not know if I made the right choice," says Chabot, "but I believe I opted for the lesser of two evils." Time, p. 61.
7. Diane E. Meier
"In recent years, however, many social forces have combined debate about the morality and legality of physician-assisted dying." Humber, p. 5.

8. Joseph Edelheit

"I would support active euthanasia....I make this statement fully aware that life is a unique divine gift."

Carol Wekesser, p. 44.

9. Joseph Edelheit

"We must in my view be able humanely to support euthanasia requested by patients and surrogates, a goal that can be reached only by the difficult process of public conversation." Carol Wekesser, p. 47.

10. Jack Kevorkian

"Euthanasia for conscious, mentally competent patient-in a word, medicide-has now been eliminated as an ethical problem for the medical profession." Carol Wekesser, p. 48.

11. Jack Kevorkian

"It's not easy to die, even if you want to and even if you're terminally ill. A huge number of the right kind of pills will work, but not everyone that is sick can swallow, or even move. Such people who want to die need help."

Carol Wekesser, p. 53.

12. Jack Kevorkian

"My lone voice cannot accomplish much. But in having taken action through the practice of medicide as the first step in the right direction, I have done all that I can possibly do on behalf of a just cause for our species."

Carol Wekesser, p. 54.

13. John A. Pridonoff

"Physician-aided dying would be a treatment option chosen only by those who are absolutely sure of their own desires and who are acting in a truly voluntary and informed way."

Carol Wekesser, p. 72.

14. John A. Pridonoff

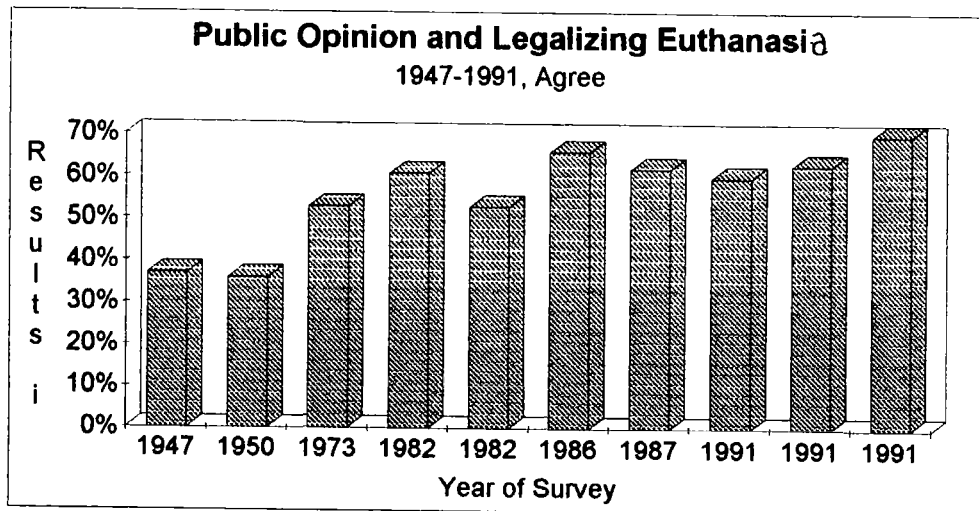
"....physician-aided dying has reached this level of national debate not because of the notoriety of some of its pronents, but because of the ever-increasing sophistication of high-tech medicine and the ability of the medical community to keep the human body functioning long past its "natural" point of departure, or even its owner's wishes."

Carol Wekesser, p. 73.

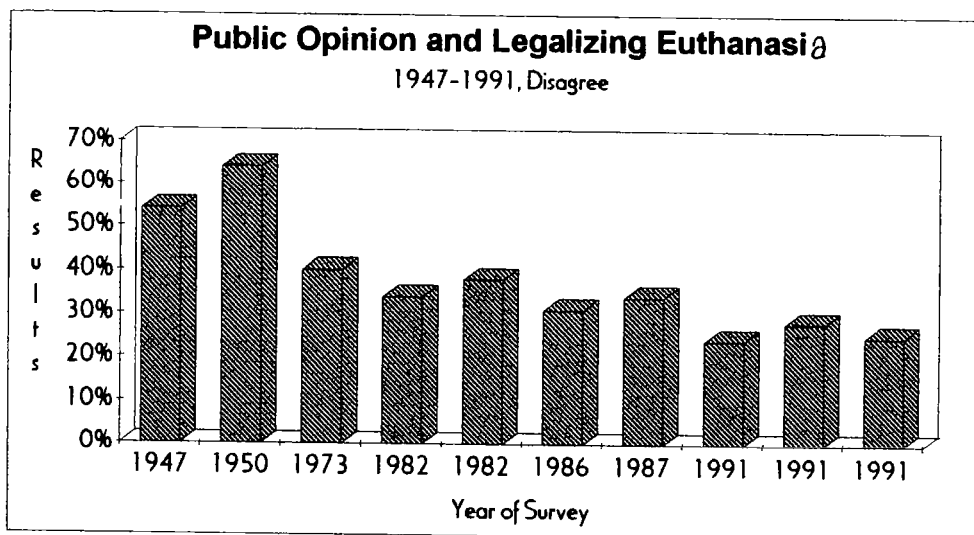
15. John A. Pridonoff
"The Hemlock Society looks forward to the day when it can scrap its suicide manual. We hope patients will have access to lawful aid-in-dying from physicians, on very clearly defined terms, and with appropriate safeguards against abuse." Carol Wekesser, p. 76.
16. Franklin G.. Miller et al.
"We recommend that physician-assisted death be legalized with adequate safeguards to protect vulnerable patients." Carol Wekesser, p. 124.
17. Michael D. Lemonick
"In a survey of Oregon doctors published in the *New England Journal of Medicine* earlier this year, 60% said they should be able to help some terminal patients die, and 7% admitted to having done so." *Time*, p. 82.
18. Franklin G. Miller and John C. Fletcher
"A 1988 survey of 7095 Colorado physicians with a 31%-response rate found that 60% had attended a patient for whom they believe active euthanasia would have been justified if it were legal, and 59% would 'personally have been willing to administer lethal dose of medication.'" Humber, p. 77.
19. Edward F. Dolan, Jr.
"It is defined as the act of ending a life in as gentle and painless a way as possible. Specifically, it refers to ending a life to prevent further suffering and pain when a person is enduring a hopeless illness that, ultimately, will bring only death." *Matters of Life and Death*, p. 69.
20. Edward F. Dolan, Jr.
"In the knowledge that death is certain, that the illness is bringing great suffering, and that the life-sustaining measures can do no real good, the patient is made as comfortable as possible and is allowed to die." *Matters of Life and Death*, p. 70.
21. Edward F. Dolan, Jr.
"On one side are those who support the idea of passive euthanasia because they feel it is cruel to keep a patient alive and suffering when death is all that the future holds." *Matters of Life and Death*, p. 71.

22. Edward F. Dolan, Jr.
"The decision would depend on what the doctor and the family thought to be the wisest and most humane course, and on what the patient wished." Matters of Life and Death, p. 71.
23. Edward F. Dolan, Jr.
"There has always been, however, opposing outlooks expressed by thinkers who contended that the deliberate taking of a life in pain was both humane and moral." Matters of Life and Death, p. 74.
24. Edward F. Dolan, Jr.
"On the one hand they could see that , when they prolonged a life that was in the last and most painful stages of an incurable illness, they seemed to be betraying their promise to relieve the patient's suffering." Matters of Life and Death, p. 77.
25. Edward F. Dolan, Jr.
"The people who support passive euthanasia feel that it is pointless to burden a doomed patient with measures that will sustain life a while longer but that will do nothing to effect a recovery." Matters of Life and Death, p. 88.
26. Edward F. Dolan, Jr.
"They argue that it is the quality of life that counts, not mere physical existence." Matters of Life and Death, p. 88.
27. Edward F. Dolan, Jr.
The awful pain of a terminal illness and the discomfort that so often accompanies life-sustaining treatment are assaults on that quality and can strip the patient of human dignity." Matters of Life and Death, p. 88.
28. Edward F. Dolan, Jr.
"....but an increasing number of medical personnel feel that such matters as a patient's wishes and condition are more important." Matters of Life and Death, p. 98.

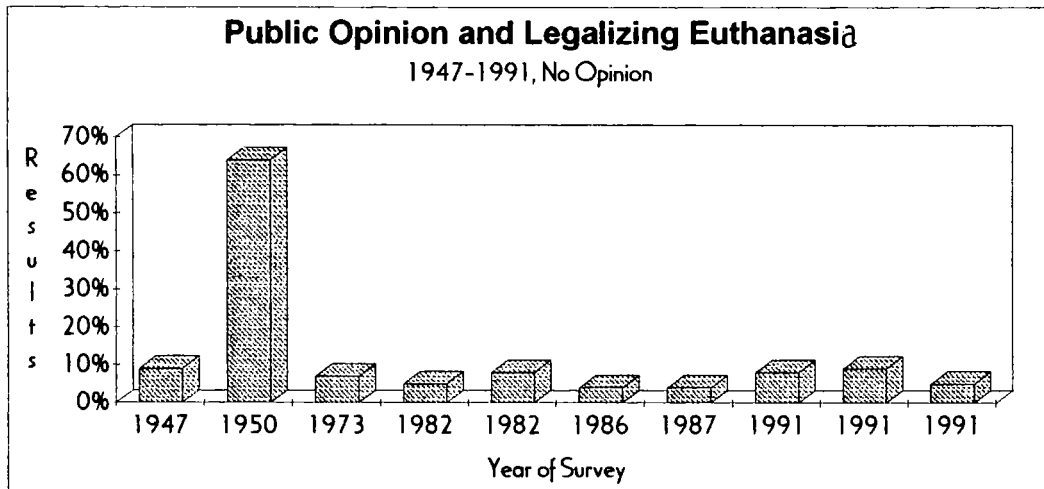
STATISTICS



Humber, p. 78.



Humber, p. 78.



Humber, p. 78.

I am conducting a survey on euthanasia. Please take a few minutes to complete this survey and return it to the envelope. Thank you.

Maria E. Orozco

Maria E. Orozco

1. Do you have any relatives in a hospital with a serious condition? (check one)

10% yes

90% no

2. Are you familiar with euthanasia? (check one)

90% yes

10% no

3. What do you think about euthanasia? (check all that apply)

20% agree

20% slightly agree

10% no opinion

30% disagree

20% slightly disagree

4. If you agree with euthanasia, why?

"It depends on the situation I don't believe in actually killing someone but make them comfortable with drugs even though it may actually contribute to their demise."

"To relieve suffering. We put dogs to sleep to be humane but let human beings suffer."

"I believe in making a suffering person as comfortable as possible with medications but not in actually causing their death because its against my religious beliefs. But I do believe in allowing that person to commit suicide if that's what they want and their situation is absolutely hopeless."

5. If you disagree with euthanasia, why?

"Allow people to die but let nature take its course. Do agree with giving adequate pain relief. Die with dignity."

"Everybody should live or die the way they want. No body should make decisions for them."

"People need to die from natural causes. People may take advantage of an ill person and have them euthanized jut to collect their money or property."

"If a person is suffering for a long period of time, and doesn't know anyone I agree they need to have their peace."

Thank you for your time!

FACTS OF SURVEY:

Target population: Doctors

Sample: Doctors of Columbia Greene Memorial
Hospital, Hudson, NY and Northern Dutchess

Sample size: 10

Method: Mail

SUMMARY:

In conclusion, I see from this survey that half of the medical body that took this survey either agree or slightly agree, or disagree or slightly disagree.

It is surprising to me because I believed that the majority would agree or disagree, but not really equal out. I do believe that this survey was a success. People gave good answers and viewpoints in this survey. My survey shows that many people agree that it depends on the situation for the patient. It's surprising to see that there was half of the medical people that did agree or slightly agree with euthanasia. This survey might be helpful in pursuing my player to change their position. I received good points from each question. Also, you could see that the answers to the open end questions were really not all that diverse. They either believed that euthanasia should be practice or not.

BIBLIOGRAPHY

- Aimonte, Paul and Desmond, Theresa. Medical Ethics. New York: Crestwood House, 1991.
- Burleigh, Michael. Death and Deliverance. New York: Press Syndicate of the University of Cambridge, 1994.
- Dolan, Edward F., Jr., Matters of Life and Death. New York: Franklin Watts, 1992.
- Dudley, William. Death and Dying. San Diego: Greenhaven Press, Inc., 1992.
- "Euthanasia by stages." Lancet, March 23, 1996, p. 8.
- "Euthanasia." Encyclopedia Americana, 1988 ed., volume 10, p. 710.
- "Euthanasia Research and Guidance Org." Euthanasia Research and Guidance Org., http://www.efn.org/ergo_USA_dir.htm/#CID. September 27, 1996.
- "Euthanasia." The World Book Encyclopedia, 1990 ed., volume 6, pp. 430-431.
- Friend, Tim. "Seeking Clear-headed Conversation about Coma." USA Today, February 26, 1996, p. 6d.
- Humber, James M., and Almeder, Robert, and Kastomg, Gregg A. Physician-Assisted Death. Totowa: Humana Press, 1994.
- Karlsten, Christopher M., ed. Washington Information Directory. Washington, D. C.: Congressional Quarterly Inc., 1995-1996.
- Lemonick, Michael D. "Defining the Right to Die." Time, April 15, 1996, p. 82.
- Lipsyte, Robert. "Checkout Time?" American Health, April, 1994, pp. 24, 28.
- "People." US News & World Report, May 27, 1996, p. 21.
- Sheed, Wilfrid. "Dr. Death, a '90s Celebrity." Time, June 3, 1996, p. 80.
- Toufexis, Anastasia. "Killing the Psychic Pain." Time, July 4, 1994, p. 61.
- Wekesser, Carol. Euthanasia Opposing Viewpoints. San Diego: Greenhaven Press Inc., 1995.

Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G3515

Date Rcvd: 12-19-96

From: H. R. Shepherd

Albert B. Sabin Vaccine Foundation, Inc

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy ✓

Assigned To: _____

RCVD: _____ DONE: _____

Recommendations/Instructions:

Meet w. JS & PF

Jan 28 @ 10:30 AM

To Support Staff: _____

Date of Response: 1-28-97

Albert B. Sabin Vaccine Foundation, INC.



Dedicated to Disease Prevention

H.R. Shepherd, Chairman

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December 9, 1996

The Hon. Patricia S. Fleming
National AIDS Policy Director
750 17th Street NW, Suite 600
Washington, DC 20503

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Dear Ms. Fleming:

There is a consensus among the world's leading medical scientists and public health officials that the spread of AIDS cannot be stopped without vaccines. Yet, there is a paucity of funding for AIDS vaccine research.

Our singular mission is to prevent disease through vaccine advances and our most urgent aim at this time is to generate the funds and effort to develop an AIDS vaccine.

We have entered into some discussions of enormous potential for resolving the AIDS pandemic. I believe we should share these developments with you as soon as possible, and will telephone to arrange a visit.

Although President and Mrs. Clinton served as Honorary Chairpersons of our October "Year of the Vaccine" gala in Beverly Hills, direct collaboration between our Foundation and White House leadership has been limited thus far. Perhaps we will soon be able to work more closely as allies in the quest to conquer AIDS.

Respectfully,

H.R. Shepherd
Chairman and Founder

JM/tw
jan/fleming

Mr. Roger Sullivan
Exec. Director & V.P.

Jan. 28 a 10³⁰A

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Director of Communications

Rick Curran

Corporate Offices

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501c3 Charitable Foundation

Reprinted from THE WALL STREET JOURNAL.

TUESDAY, DECEMBER 3, 1996

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Still Needed: An AIDS Vaccine

By H.R. SHEPHERD

World AIDS Day this Sunday offered some real cause for celebration: An effective treatment for the dread disease has finally arrived—and not a moment too soon. Last year alone, a million people died from AIDS world-wide. AIDS is now the leading cause of death of 25- to 44-year-olds in the U.S. The nationwide rate of new AIDS infections is 40,000 a year; world-wide, more than three million.

Given these harsh realities, it was natural that American media, scientists and AIDS patients were jubilant this spring when three new drugs that appear to counter AIDS were approved for use. "No one can call AIDS an inevitably fatal disease anymore," exclaimed Peter Piot, director of the United Nations Global Program on AIDS. Clinical trials showed that the new drugs, called protease inhibitors, greatly reduce patients' levels of HIV, the virus that causes AIDS, when combined with AZT and other antiviral drugs.

But the treatment is not a cure. At best, for some patients, it will transform AIDS into a chronic, manageable disease. Like diabetics, the "lucky" AIDS patients who get and respond to the therapy will have to be tested for the rest of their lives. They will have to take a complicated, 15-pill regimen every single day. The cost of the new treatment—\$10,000 to \$16,000 a year—puts it out of reach for most AIDS patients—especially the 90% of AIDS sufferers who live in Third World countries. And AIDS will continue to spread until vaccines are found.

AIDS takes an incalculable toll on humanity. Millions of grieving families must watch loved ones with the disease suffer pain that exceeds even the most potent drugs' ability to suppress it, their bodies slowly, inexorably atrophying. AIDS lays waste to families, too. There were 30,000 AIDS orphans in New York City alone in 1994.

Even the most callous observer must be moved by the economic crisis wrought by AIDS. The lifetime cost of treating an HIV-positive patient in the U.S. is \$119,000. Some estimates place the disease's indirect costs—lost wages and productivity both for patients and care givers—at seven times this sum, or about \$833,000 per patient. Multiplied by the 40,000 new cases a year in the U.S., that works out to more than \$33 billion nationally. AIDS' debilitating effects often force its victims to quit their jobs and lose their medical insurance, the costs of their care and treatment borne by taxpayers and charities.

In some countries, such as Uganda, as many as 15% of adults are infected with HIV. These nations lack the resources to treat their stricken citizens. And the massive death tolls decimate many countries' work forces, setting back economic development and ultimately increasing dependence on foreign aid.

The human suffering and economic crisis caused by AIDS point to a single imperative: We must develop vaccines to prevent, and eventually eradicate, HIV. Vaccines are the most cost-effective medical intervention ever devised. They stop epidemics and prevent diseases for a fraction of the treatment costs.

At the height of the polio epidemic, the disease struck as many as 57,000 Americans a year. But the Salk and Sabin vaccines have eradicated polio in 145 countries, saving more than \$1 billion annually in treatment costs in the U.S. alone—at a cost of as little as \$9 per dose. The World Health Organization plans to wipe out polio world-wide by the turn of the century.

Even more dramatic is the eradication of smallpox. Thanks to international immunization programs, the last case of smallpox was detected in Somalia in 1977. International health officials estimate that

smallpox would have killed five million people a year without immunization. And the complete eradication of smallpox eliminated the need to vaccinate against it, saving the world more than \$20 billion since 1977. Today's youth know smallpox only as a word in history books.

Yet despite the crying need for an AIDS vaccine, funding for vaccine research is meager. Less than 10% of the National Institutes of Health's investment in AIDS research last year went to vaccine research. The NIH itself said this summer that basic research on vaccines is "vastly insufficient." The search for vaccines gets even less funding outside the U.S. Developing countries spent \$10 billion on AIDS last year, but only \$5 million—1/20th of 1%—went to vaccine research.

The paucity of AIDS vaccine research funds is both vexing and understandable. The most passionate advocates for AIDS research are those directly affected by the epidemic: patients and their families and friends. For them, the top priority is to treat AIDS, to prolong and improve the quality of their lives. It is only natural that they would campaign for research to find AIDS treatments.

But it is immunization, not treatment, that will end the AIDS epidemic. The drive to conquer AIDS requires strong moral, political, scientific and business leadership. We must find innovative ways to make more funds available for research that will eradicate AIDS, not just make it manageable. Each dollar directed to vaccine research will be repaid many times over when immunization reduces, then eliminates, the costs of treating AIDS patients.

Mr. Shepherd, chairman of the Albert B. Sabin Vaccine Foundation of New Canaan, Conn., developed the aerosol inhaler for asthma medication.

Albert B. Sabin Vaccine Foundation, INC.

Dedicated to Disease Prevention

H.R. Shepherd, Chairman

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December 18, 1996

FAXLETTER via Carena Paris first of four pages

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Patricia Fleming
National AIDS Policy Advisor
The White House

Dear Ms. Fleming:

My congratulations to you for the important initiatives just announced, and for the enlistment of our friend, Dr. David Baltimore.

For reasons stated in my recent (attached) letter, it is **now even more important** that we meet, and that I share with you a concept that has emerged from discussions with top vaccine industry officials and some very prominent citizens. We feel that our approach has the capacity to accelerate industry efforts and resolve questions of initial distribution and cost for an AIDS vaccine. It provides an opportunity for top level federal-private sector partnering.

The first step would be for us to meet in person, and I shall telephone to arrange a time of earliest convenience.

Sincerely,

H.R. Shepherd
H. R. Shepherd

enclosures



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Philip K. Russell, M.D.

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Newsweek

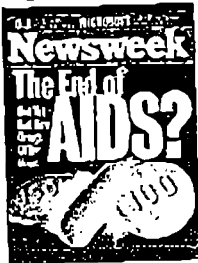
December 23, 1996

LETTERS

MAIL CALL

Life and Death Issues

Our Dec. 2 cover story, "The End of AIDS?" drew a skeptical response from readers, many questioning our premise that medical science may have turned the corner in its fight against the disease. While some lauded our "cautious, yet optimistic" coverage of recent breakthroughs in AIDS research, others accused us of viewing the epidemic through rose-colored lenses. Several readers reiterated the opinion that AIDS is a preventable disease and the result of immoral lifestyle choices. But others insisted that "the most powerful weapon ... to combat this disease," as one e-mailer put it, "is educating the public about it."



CONSIDERING THE HUMAN SUFFERING and economic crises created by AIDS, a single imperative solution was almost entirely overlooked in your article—the development of an AIDS vaccine to prevent and eventually eradicate HIV transmission. Vaccines are among the most cost-effective medical interventions ever devised. Indeed, vaccines can halt epidemics and prevent diseases for a fraction of what it costs to care for the afflicted. Unfortunately, less than 10 percent of AIDS funding is currently earmarked for vaccine research. While new treatments for those already infected with the virus are crucial, it is immunization that will end the AIDS epidemic.

H. R. SHEPHERD
Chairman and President
Albert B. Sabin Vaccine Foundation
NEW CANAAN, CONN.

January 7, 1997

Jane:

The appointment with the Albert B. Sabin Vaccine Foundation is scheduled for Tuesday, January 28 @ 10:30 a.m. in PF's Office. The following players will be attending:

H. R. Shephed, Chairman and Founder
Roger Sullivan, Exec. Director and V.P.

Attached is a copy of the incoming correspondence.

Carmener

PF

January 7, 1997



Jane:

The appointment with the Albert B. Sabin Vaccine Foundation is scheduled for Tuesday, January 28 @ 10:30 a.m. in PF's Office. The following players will be attending:

H. R. Shephed, Chairman and Founder
Roger Sullivan, Exec. Director and V.P.

Attached is a copy of the incoming correspondence.



Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G3451

Date Rcvd: 11-08-96

From: JEAN Berger
Phelps Stokes Fund

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy ✓

Assigned To: _____

RCVD: _____ DONE: _____

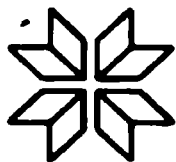
Recommendations/Instructions:

Declined

To Support Staff: _____

Date of Response: 2-10-97

March 21, or 24, 97
F. M. 1997

Scheduling

Phelps Stokes Fund
Education for Human Development

1420 K Street, N.W.
Suite 800
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(800) 874-7797
Fax (202) 371-9522
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10 East 87th Street
New York, NY 10128
(212) 427-8100
Fax (212) 876-6278
E-Mail: psf@plpeline.com

November 6, 1996

To: Ms. Patricia Fleming
Director, Office of National AIDS Policy

Fax: (202) 632-1096

From: Ms. Jean Berger
Program Officer
International Exchange Programs

Pages: 1 (Including cover)

Re: U.S. Information Agency Project
"HIV Prevention and Public Health Issues"

Dear Ms. Fleming,

The Phelps Stokes Fund has been assigned the USIA "HIV Prevention and Public Health Issues in the U.S." Multi-Regional project. This three week program will run from March 20 to April 10, 1997. The project will be composed of approximately 14 international visitors who will be government health officials, academics, medical professionals, health practitioners, community and social workers, or others involved in health care, HIV issues, and education. This USIA project will be designed to increase the understanding of U.S. efforts, both public and private, to address HIV prevention, education, and research. It will also provide the visitors with a broad understanding of public health issues and programs in the U.S. at the local, state, and federal levels.

I would like to ask you to consider meeting with this group of international visitors during the initial stage of their visit to Washington, D.C., preferably on Friday, March 21 on Monday, March 24, 1997. The aim of this meeting would be to review how your office advises the President on AIDS policy and coordinates interdepartmental activities on AIDS research, treatment, and education. The group would also be interesting in learning about the Administration's increased funding for research, its work aimed at facilitating the process of testing and approving new drugs and treatments, its successes in the elimination of pediatric AIDS through counseling, testing, and treatment of pregnant women, and its programs that stress educational prevention among young people.

I realize that this program is quite a bit in the future. At this point, I would just like to know if you would once again be interesting in speaking with the group of visitors. I will call you in mid-February to discuss the program in more detail. If you have any questions or comments, please call me at telephone, (202) 371-9544. Programs like USIA's International Visitor Program are an important tool for promoting professional exchanges between international officials and American specialists. Thank you for all of your assistance.

Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: 6 2599

Date Rcvd: 2-27-96

From: Susan DeLaurentis
Pediatric AIDS Foundation

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy ✓

Assigned To: PF

RCVD: _____ DONE: _____

See 6 2699

Recommendations/Instructions:

Tim W. has come up w/ an interesting way to force pediatric
trials - if companies don't, then they will be forced to sell
under a treatment IND (least recovery only). This would
continue to make the drug available to other adults -

To Support Staff: _____

Date of Response: 2-14-97



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Professor, Pediatrics, University of California

Lori Wiener, Ph.D., A.C.S.W.
Associate Director, AIDS Care

Bernard Fields, M.D.
Professor, Pediatrics, University of California

26 Feb 1996

Dear Patsy,

I wanted you to know
 about the correspondence
 from the Foundation about
 the Abbott protease.

Abbott has contacted Art
 about meeting to help move
 protocols for newborns -
 We need to keep the momentum
 going!

Pusan



Hope for Children with AIDS

P e d i a t r i c A I D S F o u n d a t i o n

February 26, 1996

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Chief Executive Officer

Bernard Fields, M.D.
Chief Executive Officer

Vice President Al Gore
Office of the Vice President
S 212 U.S. Capitol
Washington, D.C. 20510

Dear Vice President Gore,

I was pleased to hear that you recently met with representatives from pharmaceutical companies to encourage them to speed up development of new AIDS vaccines and therapies and access to life saving treatments for infants and children. I am extremely encouraged that you are taking the lead, but want you to know there have been many false starts in the years we have been pushing for infant drug formulations and testing.

On that point, I ask for your urgent attention to a critical situation. This Thursday, February 29th, Abbott Pharmaceuticals is having a hearing before the FDA to request a NDA for their protease inhibitor, ritonavir. This drug has reduced HIV to nondetectable levels in adults and has reduced mortality rates by 50% ----- Yet it is not even being tested in newborns or pregnant women.

I've included our correspondence to David Kessler and David Pizzuti of Abbott Labs to explain the situation more thoroughly. Our Director of Research, Dr. Art Ammann, will be speaking at the hearing on Thursday.

We want to work with you, your staff, the FDA, and the drug companies to make sure the momentum continues. We believe that maternal-fetal transmission of HIV can be virtually eliminated in this country.

Preventing pediatric AIDS will happen only if new drugs are formulated for and tested in newborns and pregnant women.

Your leadership is critical, and deeply appreciated. We believe, by working together, this can be a reality.

Yours truly,

Susan DeLaurentis
Susan DeLaurentis
Co-founder

CO-FOUNDERS: Susan DeLaurentis/Elizabeth Glaser/Susan Zeegen
1311 Colorado Avenue, Santa Monica, California 90404
TEL: (310) 395-9051 FAX: (310) 395-5149



Hope for Children with AIDS

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February 26, 1996

The Honorable David Kessler, M.D.
Commissioner
Food and Drug Administration
5600 Fishers Lane, Room 1471
Rockville, MD 20857

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Lori Wiener, Ph.D., A.C.S.W.

Bernard Fields, M.D.

Dear Commissioner Kessler:

We have been informed that Abbott Laboratories will be testifying before an advisory committee of the Food and Drug Administration on February 29, 1996, on behalf of its drug, ritonavir, a protease inhibitor. We have also been informed that Abbott will present no data on HIV-infected newborns, infants, or pregnant women. While we will join in celebrating any advance in therapy for people with AIDS, we are profoundly disappointed that once again the youngest patients with HIV infection will be left out of such progress and that they will be forced to run the risk of needless infection, illness, and death because of a lack of will by industry and regulators alike.

We emphasize that this is not a matter of convenience or academic interest. The delay in approving AZT for use in pediatric populations delayed the eventual ground breaking research showing that the administration of the drug to pregnant women and their infants could prevent infection in these infants. We estimate that this delay alone resulted in 3,000 unnecessary infections in children. Most of these children, if not all, will ultimately die of this progressive disease. This is over and above the number of infected children who died prematurely because the drug was not available for their use. Since all accounts make it appear that protease inhibitors like Abbott's are even more potent than AZT, the failure to develop indications for pregnant women and infants will perpetuate and enlarge these tragedies.

This is wrong.

It is not simply wrong in the case of Abbott's drug; it is wrong in case after case after case of AIDS and non-AIDS treatments in trial and before the FDA. We are at a loss to explain how this problem remains unsolved.

CO-FOUNDERS: Susan DeLaurentis/Elizabeth Glaser/Susan Zeegen
1311 Colorado Avenue, Santa Monica, California 90404
TEL. (310) 395-9051 FAX. (310) 395-5149

In a meeting of the National HIV Task Force in October 1994, the FDA publicly committed to requiring a pediatric plan from all pharmaceutical companies developing drugs for serious and life-threatening diseases in children. This mechanism clearly has failed.

In other settings you have publicly committed to reducing approval requirements for pediatric indications as a means of inducing industry to conduct the limited trials necessary for pediatric indications. This incentive has also clearly failed. At the White House Conference on AIDS in December, you also acknowledged that efforts had been made by the agency to ensure that pediatric data were gathered. At that time, you yourself acknowledged that this effort had failed.

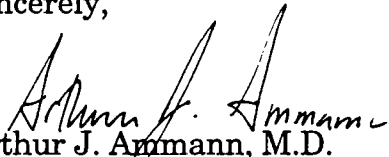
A most critical need for potent anti-HIV therapy exists in pregnancy and the population of infants under three months of age. As President Clinton has said, the elimination of HIV infection in children is an achievable goal and is among the highest priorities for the Administration—and obviously for the pediatric HIV/AIDS community.

The specific failure of Abbott Laboratories to conduct its own trials or even provide zidovudine for pregnant women, newborns, and infants, after repeated requests from pediatric investigators, is particularly difficult to understand. Abbott Laboratories and its subsidiaries have extensive expertise in infant formulas, nutritional products and drugs; a market with over three billion dollars in sales. With their stated commitment to pediatrics, they should be able to initiate studies in infants in sufficient time to include data for an NDA, especially since the requirements have been abbreviated.

We request that the final approval by the FDA of zidovudine be made contingent upon the submission of an obstetric and pediatric protocol which includes pregnant women, infants and newborns and the identification of investigators who will perform the necessary studies. This requirement will not delay approval of the drug for adults, but it will demonstrate that both the FDA and Abbott recognize the right of women and their infants to lifesaving therapy in a timely manner. We believe that this is our only course, in view of the failure of the FDA to elicit a pediatric plan for pregnant women, newborns, and infants, the failure of Abbott to make zidovudine available to pediatric investigators to study these populations, and the subsequent, continued, and already inevitable loss of life and health of HIV-exposed and infected infants.

We also request that you meet with us at your earliest convenience to discuss requirements, incentives, and structural changes that will prevent this problem from recurring in infants with HIV, with other infectious diseases, with cancer, and with other life-threatening and serious conditions. The status quo is unacceptable.

Sincerely,


Arthur J. Ammann, M.D.
Director of Research
Chairman, Health Advisory Board
Pediatric AIDS Foundation

(Signatures on file)

David Barr
Gay Men's Health Crisis

Mary Boland, RN, MS, FAAN
Children's Hospital of New Jersey

Leon G. Epstein, M.D.
Professor of Neurology, Pediatrics, Microbiology
University of Rochester

Mark Feinberg, M.D., Ph.D.
Medical Officer
Office of AIDS Research
National Institutes of Health

Patricia M. Garcia, M.D.
Director, Women's HIV Program
Northwestern University

Maureen M. Goodenow, M.D.
Associate Professor
University of Florida College of Medicine

David C. Harvey
Executive Director
AIDS Policy Center for Children, Youth and Families

Margaret C. Heagarty, M.D.
Director of Pediatrics, Harlem Hospital Center
Professor of Pediatrics, College of Physicians & Surgeons of
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Samuel L. Katz, M.D.
Wilburt Cornell Davison Professor of Pediatrics
Duke University Medical Center

Paul Krogstad, M.D.
Assistant Professor of Pediatrics
University of California Los Angeles

Joseph M. McCune, M.D., Ph.D.
Associate Investigator, Gladstone Institute of Virology and
Immunology
University of California San Francisco

Andrew J. McMichael, M.B., F.R.C.P.
Professor of Immunology
University of Oxford

Hans D. Ochs, M.D.
Professor, Pediatrics
University of Washington School of Medicine

James M. Oleske, M.D., MPH
Director Division of AIID
New Jersey Medical School/Children's Hospital of New Jersey

Catherine S. Peckham, M.B, MD, FPHM, FRCP (Hon), FRC Path
(Hon)
Institute of Child Health
University of London

Kenneth C. Rich, M.D.
Associate Professor of Pediatrics
University of Illinois at Chicago

Paolo Rossi, M.D., Ph.D.
Associate Professor of Pediatrics and Infectious Disease
University of Rome "Tor Vergata," Italy and Karolinska Inst.,
Sweden

Christine Rouzioux, Ph.D.
Hospital Necker, Paris

Joseph Sodroski, M.D.
Associate Professor
Harvard Medical School, Dana-Farber Cancer Institute

Gwendolyn B. Scott, M.D.
Director, Division of Pediatric Infectious Disease

University of Miami School of Medicine
Refaat Shalaby, Ph.D.
Immunologist
Canji Inc.

William T. Shearer, M.D.
Professor and Principal Investigator
Baylor College of Medicine Pediatric AIDS Clinical Trials Unit

John W. Sleasman, M.D.
Associate Professor and Chief, Division of Immunology and
Infectious Disease
University of Florida, College of Medicine

E. Richard Stiehm, M.D.
Professor and Chief, Division of Immunology
University of California Los Angeles Dept. of Pediatrics

Christel H. Uittenbogaart, M.D.
Associate Professor
University of California Los Angeles School of Medicine

Russell Van Dyke, M.D.
Dept. of Pediatrics
Tulane University

Heather Watts, M.D.
Associate Professor, Obstetrics & Gynecology
University of Washington

Catherine M. Wilfert, M.D.
Professor Pediatrics
Duke University

Christopher Wilson, M.D. Professor of Pediatrics & Immunology
University of Washington

Harland S. Winter, M.D.
Chief, Pediatric Gastroenterology and Nutrition
Boston City Hospital

AJA/ak



Hope for Children with AIDS

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National Institutes of Health

Bernard Fields, M.D.

NIH, Bethesda

February 2, 1996

David Pizzuti, M.D.

Abbott Laboratories

100 Abbott Park Road, Dept. 48L/AP9

Abbott Park, IL 60064-3500

Dear Dr. Pizzuti:

At a recent White House conference on AIDS, President Clinton stated "By the year 2000 we can bring the pediatric HIV epidemic under control. We can do this without violating any individual's rights or confidentiality. If we offer counseling and HIV testing to all pregnant women and provide treatment to HIV infected women and their newborns with the most advanced therapy, we will have virtually no newly infected infants. It will be a generation of Americans born without HIV/AIDS."

We believe that it is possible to reduce HIV transmission from mothers to infants to less than 2% (fewer than 100 new infections per year). In effect, this would bring the pediatric epidemic under control.

This cannot be accomplished without the cooperation of the pharmaceutical companies, the FDA and the clinical researchers. The Abbott protease inhibitor is the most promising and potent of the new drugs for HIV. Based on its safety and liquid formulation it is the most likely candidate to reduce maternal infant transmission and prevent HIV progression in infants, or in combination with other antiretroviral agents, permanently suppress HIV.

For these reasons we began to emphasize the need to perform early drug evaluation in infants (in this instance not children). We did this by submitting 14 recommendations to the National Drug Task Force, contacting pharmaceutical companies, holding a workshop, contacting clinical investigators and speaking directly with the FDA. The following is the sequence of events making it clear that the Abbott protease was of primary importance.

1- Presentation of 14 recommendations to Task Force in October 1994.

CO-FOUNDERS: Susan DeLaurentis/Elizabeth Glaser/Susan Zeegen

81 Digital Drive, Novato, California 94949

TEL: (415) 883-1796 FAX: (415) 883-1845

2- FDA assurance that agency would ask for pediatric plan for drugs for serious and life threatening diseases.

3- In-person discussion with John Leonard concerning need for studies in infants in March 1995.

4- Submission of data, protocols and other information to John Leonard.

5- Written offer to financially assist in cost of phase I study in infants.

6- Discussion with David Ho and David Pizutti regarding the need for infant studies in March 1995.

7- Comments at Pediatric AIDS Foundation workshop, with an Abbott representative in attendance, in September 1995 that the Abbott P.I. was most important drug.

8- Distribution of meeting summary to all attendees including Abbott (attached).

9- Comments at the Viral Drug Advisory meeting November 1995 that the FDA and pharmaceutical companies had failed to insure new drugs for infants.

It is our contention that a company such as Abbott and its subsidiaries, with an excess of \$3.5 billion a year in sales in pediatric products, could well afford to perform a timely study of the P.I. in infants. Obstacles which have been previously stated to slow drug development are not present with the Abbott P.I., namely toxicity and a liquid formulation.

The recent announcement that Abbott will be seeking approval of its P.I. without any pediatric data in children less than 2 years of age has heightened the frustration of the entire pediatric community. As a company that professes to be a leader in pediatric health and nutrition, we are more than disappointed by the fact that Abbott has chosen to ignore this critical indication which has affected the lives of thousands of infants.

Sincerely,


Arthur J. Ammann, M.D.
Director of Research

AJA/ak

Enclosures

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

~~Monday~~
~~April 8~~

Tracking Number: G2609

Date Rcvd: 2-27-96

From: Robert Rabon

Lesbian + Gay Congressional Staff Association

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: Scheduling

May 13
on Calendar
Rm: 2226 RHOB
12-1 PM

RCVD: _____ DONE: _____

Recommendations/Instructions:

G2594
PF - attended

To Support Staff: _____

Date of Response: 5-13-96

n:\corresli



LESBIAN AND GAY CONGRESSIONAL STAFF ASSOCIATION

February 22, 1996

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

Dear Patsy:

The Lesbian and Gay Congressional Staff Association would like to invite you (back) to the Hill as a guest at one of our brown bag lunches that we sponsor. The lunch is informal, we generally attract between 15 and 40 staffers, and lasts one hour. We convene them on Mondays, so pretty much any Monday in the next few months that we are in session would be fine.

Please let me know if you would like to participate as a guest (that is, a brief talk about whatever you want, with q and a), and if so what day is good for you.

I miss seeing you in the corridors here (generally through Tim Westmoreland, with whom I mostly worked) and would love to have you back for a bit. We were also on the transition team together at the Department of Education, but not on the same pod (I was with Cortines, I don't remember who you were with).

Sincerely,


Robert Raben
202-225-6906

2226

Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G 2594

Date Rcvd: 2-22-96

From: Robert Raben

Lesbian & Gay Congressional Staff Assoc.

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: duplicate

RCVD: _____ DONE: _____

Recommendations/Instructions:

G 2609

To Support Staff: _____

Date of Response: 5-13-96

n:\corresli



LESBIAN AND GAY CONGRESSIONAL STAFF ASSOCIATION

February 22, 1996

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

Dear Patsy:

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Sincerely,


Robert Raben
202-225-6906

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Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: 62587

Date Rcvd: 2-21-96

From: Peggy Smreka - National Youth Leadership
Forum

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: Schneider

RCVD: _____ DONE: _____

Recommendations/Instructions:

To Support Staff: _____

Date of Response: 6-21-96

n:\corresli

(can you handle
sc - please ~~to~~
this one!
PF

CP - OK
I'll do 6/21 -

but not on 7/4
(it's a holiday) -

JL

Please add
info to my
calendar.



February 14, 1996

Patsy Fleming
AIDS Czar
Executive Office of the President
Office of National AIDS Policy
750 17th Street, NW
Suite 1060
Washington, D.C. 20503

**NATIONAL
YOUTH
LEADERSHIP
FORUM**

Dear Ms. Fleming:

The schedule for the 1996 National Youth Leadership Forum on Medicine in Washington, D.C. has finally been set! Forum I will be held *June 16 - June 26*, and Forum II will be held *June 30 - July 10*. The National Youth Leadership Forum is a 501 (c)(3) nonprofit organization which develops career-focused conferences for high school students. The enclosed information will give you an idea of the breadth of our program. We are excited with our program this year and are looking to provide the students with an incredible learning experience. It is our hope that you will be able to be a part of their experiences by agreeing to be the keynote speaker on our AIDS Days, *June 21* (Friday) and *July 4* (Thursday), for these bright high school juniors and seniors who are interested in becoming physicians. It was unfortunate that last year's students did not have the opportunity to be motivated and inspired by your message.

This year's forums are similar in structure to past programs, although we continually try to improve our curriculum. The students will be staying at the University of Maryland again, they will spend eleven days exploring the medical field from a variety of perspectives beginning with medical schools, hospitals, research institutions and biotech companies. The students will also gain valuable insight into the medical profession through small group seminars, a medical ethics simulation, a public health activity, as well as a day devoted entirely to AIDS.

We would be delighted if you could participate in this year's program. Your words will have a great impact on the students who will be eager to meet and learn from one as prominent in the AIDS community as yourself. You can be sure your message will be carried home with our students and will be shared with family, friends and community. I will be contacting your office within the next few weeks to further discuss the details. Until then however, if you have any questions or concerns I am available at 202-639-0150.

Thank you Ms. Fleming for your kind consideration. I look forward to speaking with you soon.

Very truly yours,

Peggy A. Smrcka
Program Director

Enclosures

May 31, 1996

JL:

Peggy Smrcka (see attached) would like to have
your CV sent to her by Fax #202-639-0143.

She would also like to know what your needs
are for the conf. as far as AV, type of micro
phone, podium, etc.

C

1-20

Frank

Fax

Sent 6/4

Re: Jeff's CV

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G2699

Date Rcvd: 3-13-96

From: Susan DeLaurentis
Pediatric AIDS Foundation

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy ✓

Assigned To: PF - she should get a call

RCVD: _____ DONE: _____

Carmena - ✓

Recommendations/Instructions:

See G 2599

Susan DeLaurentis
is going to call
to schedule a
mtg w me. (Don't
know when)
Hold this for
that mtg please

To Support Staff: _____

Date of Response: 2-14-97

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PF



Hope for Children with AIDS

P e d i a t r i c A I D S F o u n d a t i o n

March 5, 1996

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Patsy Fleming
Office of National AIDS Policy
750 17th Street NW, Suite 600
Washington, D.C. 20503

Dear Patsy,

I was excited to get your press release today about the report recommending a comprehensive national response to the growing adolescent HIV problem.

In the fall, I became aware of a program in Colorado called RAD (Redefining Actions and Decisions). This program uses interactive exercises to engage students in processing their thoughts and actions about HIV and STDs. The program begins in grade 5 and continues through grade 12, and builds upon a base of knowledge and exercises each year. I believe the program is unique and highly effective. We have been working with the founder, Deborah Schoeberlein, to possibly create a demonstration project that can be taken nationwide.

I would love to talk to you about it and get your feedback on the potential of forming a national collaborative group of parents, educators, young people, government agencies and private organizations to move this forward.

We now believe that HIV transmission from an infected pregnant woman to her newborn can be reduced to less than 2%. That could mean a generation born without HIV. That doesn't necessarily protect adolescents, though. As you know, when those kids become sexually active, they are again at risk.

Prevention has not been the primary mission of our Foundation, but we all agree that we have a responsibility to the next generations facing HIV. I hope we can work together on this.

Hope you are well - I think about you often.

Warm regards, Love

Susan DeLaurentis
Co-founder

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1311 Colorado Avenue, Santa Monica, California 90404

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Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G2638

Date Rcvd: 3-4-96

From: Dr. Jonathan Jacobs - NY Hospital
Cornell Medical Center

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy ✓

Assigned To: PF - for NY trip

RCVD: _____ DONE: _____

Recommendations/Instructions:

To Support Staff: _____

Date of Response: 3-14-96

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THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

JONATHAN L. JACOBS, M.D.
MEDICAL DIRECTOR
CENTER FOR SPECIAL STUDIES
(212) 746-4180

February 27, 1996

Ms. Patsy Flemming
AIDS Policy Coordinator
National AIDS Program Office
750 17th Street NW, Suite 1060
Washington, D.C. 20503

Dear Ms. Flemming:

As Co-Chairman of the Counsel of AIDS Program Directors, I am delighted that you will meet with us on March 14. In the late 1980's, New York State responded to the challenge of having the greatest number of HIV infected individuals in the country by developing, what may be, the best programs for indigent AIDS patients. The designated AIDS center concept has been developed in a variety of innovative ways at 27 hospitals around our state.

I am enclosing a paper which describes the program at my institution, The New York Hospital, to give you an idea of our treatment philosophy. Please let me know if you would be interested in touring any of our facilities in conjunction with your visit.

I look forward to meeting you.

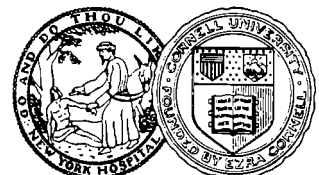
Sincerely,



Jonathan L. Jacobs, M.D.

JLJ:lf

Enclosure



An Academic Medical Center's Approach to Care for Patients Infected with
Human Immunodeficiency Virus

Jonathan L. Jacobs, M.D., Laura C. Damson, C.S.W.,

David E. Rogers, M.D. +

All authors are affiliated with The New York Hospital/Cornell University Medical Center, New York, NY.

The work described here is financially supported, in part, by the Fete de Famille Fund and the Horace W. Goldsmith Foundation.

Correspondence and reprint requests should be directed to:

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Phone: (212) 746-4180, FAX: (212) 746-8415

Running Head: Care for Patients with HIV

+ Deceased

Care for Patients with HIV

TEXT

The Human Immunodeficiency Virus (HIV) has presented a challenge to our health care delivery system unlike any previous epidemic. Fourteen years into the Acquired Immunodeficiency Syndrome (AIDS) crisis, health care providers are grappling with a rapidly growing number of very sick patients while trying to anticipate and respond to the increasingly complex and shifting demands of the disease. Traditional medical approaches have not done well in dealing with the unprecedented interplay of biological, psychological, social and political complexities that factor in the AIDS disaster. This paper will describe a program of AIDS care developed by a multidisciplinary team at The New York Hospital which has successfully met many of the novel challenges presented by this epidemic.

The Center for Special Studies (CSS) located at The New York Hospital / Cornell Medical Center was developed using principles of multidisciplinary care dating back to the early part of the century (1-8). The utility of the

Care for Patients with HIV

multidisciplinary approach to AIDS was confirmed at the beginning of the epidemic at San Francisco General Hospital and subsequently at other centers (9-20). Our early experience with AIDS patients made it clear that the resources of the academic medical center needed to be redirected to meet the needs of people with this new disease. Because the epidemic is constantly evolving, our services have been organized in a way that allows flexibility for swift reprogramming by staff to address changing clinical issues.

THE MULTIDISCIPLINARY TEAM

As we considered the goal of creating a multidisciplinary team at CSS, we wanted to do more than identify representatives from the various fields and arrange for them to provide care together. We realized that medical treatment addresses only a fraction of the issues related to HIV disease. In fact, a significant number of successful interventions result from the efforts of disciplines traditionally classified in the hospital as "ancillary services". At the outset, the medical director sought to programmatically recognize this fact by creating a democratic staff structure, rather than the traditional physician-dominated system. This commitment to the belief that team members are all true equals is reflected not only in team composition but in clinical practice. Respect for the value of each person's contribution remains a central element in our success and high staff satisfaction.

Care for Patients with HIV

The original CSS planning committee consisted of two doctors, two volunteers, two HIV infected patients and a development officer. In six years the CSS team has grown to include: a medical director, four full-time internists, sixteen part-time physicians (including sub-specialists), two full-time and four graduate staff psychiatrists, three ambulatory care nurses, twenty-two floor nurses, eleven nurse's aides, eight social workers, two homecare nurse specialists, a registered dietitian, occupational therapist, volunteer coordinator, chaplain, part-time research coordinator, emergency medical technician/van operator, and medical/surgical technician. CSS administration includes a program director, an office assistant, and two office registrars.

To date, the team has treated approximately 2500 HIV infected persons. The current 713 outpatients (see Table 1) receive care with five multidisciplinary clinic sessions and three nursing clinic sessions (including education, aerosolized pentamidine, and venipuncture) per week. Clinic visits average 600 per month. Appointments are scheduled as in a private practice structure where patients are seen at specific time slots. Clinic guidelines are outlined clearly to patients who utilize our services to ensure order and safety in our setting. Patients who repeatedly violate clinic regulations are discharged from care. In our system, medical insurance does not determine who receives care nor do we make distinction between "private" patients and "ward" patients when deciding upon

Care for Patients with HIV

treatment strategies or access to services. We assist the uninsured patient in obtaining coverage and never refuse treatment on the basis of ability to pay.

A distinguishing feature of our program is the seniority of care provided. Each patient is assigned a primary care physician along with a social worker/case manager. Patients are directly cared for as outpatients by attending level physicians. On the inpatient unit, all patients are seen daily by this same attending who remains responsible for their care. A rotating teaching attending is assigned for house staff education, but all treatment decisions are made by the patient's own physician. Social work and case management services are provided at the advanced masters level. In the instances where social work interns provide care, cases are closely supervised by senior level professionals. As with all of the other team members, the social worker/case manager follows the patient in and out of the hospital through all phases of illness. All members of the team see their patients regardless of whether they are on the dedicated unit, other medical floors, or other services.

Our patients receive psychiatric care from two senior level psychiatrists, who comprise our permanent staff, and third and fourth year residents on elective. Nursing plays a central role in both the inpatient and outpatient units. Unlike the other disciplines, the two units currently employ separate staffs to perform their nursing duties. In each setting the nursing staff is composed of individuals who

Care for Patients with HIV

have volunteered for their assignments and, as a result, are unusually dedicated.

We believe that the full potential of team care requires direct and regular communication. Immediately following each outpatient clinic session, a multidisciplinary case conference is held to discuss every patient visit that occurred. All providers involved in a patient's care attend, exchange current case information, and make treatment decisions. Comprehensive conferences take place once a week with discussion of all hospitalized patients. A weekly conference between the inpatient nurse manager, the senior outpatient nurse, and the homecare nurse coordinators ensures a smooth transition for patients being discharged from the hospital to home. These conferences and ongoing informal discussions enable team members to respond quickly to changes in a patient's physical condition or social situation.

One natural outgrowth of our emphasis on direct communication between multiple disciplines is that we can routinely care for the triply diagnosed (HIV-infected, mentally ill, substance users) in both inpatient and outpatient settings. The efforts of the psychiatrist, social worker, nurse, and physician are reviewed by a supervising psychiatrist who specializes in substance abuse treatment.

We have also created links with other services within the hospital. Patient care is coordinated with the AIDS Clinical Trials Group, medical and surgical specialties, and substance abuse programs (including methadone maintenance,

Care for Patients with HIV

detoxification, and rehabilitation). We share a computer system with the obstetrics/gynecology and pediatric HIV services to facilitate coordination of appointment scheduling for families concurrently utilizing these clinics. We also link people with community organizations providing meals, housing, entitlements, transportation, homecare, legal assistance, employment and volunteer opportunities, and various forms of psychological and social support. This combination of direct services, intrahospital support, and community linkages results in efficient complementary care for our patients.

VOLUNTEERISM

Volunteerism and community involvement have been critical elements in our program's founding, growth, and success. It is obvious that as the AIDS crisis escalates while funding remains limited we must increasingly rely upon donations of goods and services to support our program initiatives. In our large urban setting we have had a splendid community response. Individuals seeking to channel their concerns, anxieties and frustrations into constructive action regularly identify themselves to the hospital or come forward during community educational forums. We make it clear during our community presentations that we are eager for people to use their talents and participate in our program.

Our extensive volunteer structure is staffed by approximately 55 volunteers

Care for Patients with HIV

under the leadership of a full-time volunteer coordinator. Its intention extends far beyond the provision of help to individual patients. Unlike those in white coats, the volunteer's primary purpose is to establish person to person contact. As a result, patients who meet discrimination elsewhere immediately feel welcome and secure at CSS.

On the inpatient service volunteers perform a number of tasks. All patients are visited daily by volunteers. Their extra attention can greatly ease a hospital stay, especially for socially isolated or emotionally fragile patients. During outpatient clinic sessions, volunteers greet patients, provide light refreshments and help with child care during appointments. The family respite program matches a volunteer to an HIV-affected family. Each volunteer then offers weekly community-based activities for the children in order to allow parents designated "time off" from parental responsibilities.

Twenty legal volunteers donate their professional services twice a week on a rotating basis. Patients who would otherwise be unable to afford such representation can complete legal documents such as wills, living wills and health care proxies. An interior designer has donated hundreds of hours of his time towards creating our new inpatient and outpatient units. He has focused particular attention to aesthetic details which promote a sense of comfort and dignity. A computer specialist designed our present system which enables computerized

Care for Patients with HIV

patient appointments and patient medical records as well as access to ongoing patient laboratory information. A graphic designer contributes his talents in creating posters, fliers, and other printed announcements for our clinic. A development officer assists us in fund-raising efforts and a special events planner helps us accomplish our objectives. A hair dresser has donated his services to our hospitalized patients. Beautiful floral arrangements enhance our clinic weekly courtesy of an anonymous donor and an elegant florist. We also receive generous donations of food for patients and games and toys for their children.

ENHANCED PROGRAMMING

The unusual needs of AIDS patients and providers have been addressed through renovation of the hospital environment and enhancement of programming. The inpatient unit occupies an entire patient floor and houses thirty of our inpatients. A ventilation system featuring all negative pressure rooms and frequent air exchanges helps to prevent the spread of tuberculosis and other airborne infections to patients and staff. The new treatment room allows for pelvic exams, endoscopy, sigmoidoscopy, and uncomplicated bronchoscopy so that patients need not leave the floor for these examinations. Each patient room on the unit is equipped with a refrigerator so that our patients concerned with nutrition need not wait for meals. Our newly installed patient pantry allows access to food for

Care for Patients with HIV

patients and families at all times. Also, we provide diversion from the pain of illness and hospitalization with inpatient entertainment. Patients can enjoy popular movies regularly in our unit's solarium. Other events include vocal and instrumental concerts provided by professional performers.

The computer system links the inpatient unit, the clinic and the hospital laboratories. It also enables access to literature search services and journal articles.

Group and individual recreational therapy offers patients creative outlets for their energies and helps ease the difficulties of hospitalization. Televisions are provided for all rooms on the designated inpatient floor and for our patients on other floors without means to rent them. Telephone service has been donated to our indigent patients who would otherwise be unable to pay the hospital charge for a private telephone.

CSS has established its own patient transportation service. A full-time emergency medical technician escorts patients with limited mobility to and from hospital appointments in our leased van. This expansion of existing transportation services has enabled us to provide ongoing treatment to people who otherwise would have been impossible to follow.

A range of support groups are also offered to CSS patients and their family members. Certified social workers have facilitated groups for inpatients, substance

Care for Patients with HIV

abusers, women, people with AIDS, those who are asymptomatic, hispanic women, gays, lesbians and transgendered individuals. Our registered dietitian and occupational therapist co-lead a weekly cooking group aimed at helping patients with weight concerns, safe food preparation, and independent living skills. Our chaplain leads bereavement groups for family and friends who have recently suffered a loss. Additional support for HIV infected caregivers is offered biweekly through a parenting education/support group facilitated by a certified social worker.

Support groups for staff members are an important component of our program, aiding in preventing provider "burn-out". A group for the multidisciplinary team, led by a private certified social worker, meets every other week. The social workers have a combination support and supervision group facilitated by a clinical psychologist specializing in AIDS care. Our CSS senior psychiatrist offers a weekly support group for house staff working on the inpatient HIV unit. A clinical nurse specialist leads a similar weekly group on the inpatient unit for the staff nurses. Volunteers in the adult and respite programs have separate monthly groups led by the volunteer coordinator.

The field of AIDS changes so rapidly that continuous training is important for those involved in the treatment of HIV disease. Also, we are very aware of our responsibility to train young people from all disciplines who will be needed to meet the enormous service requirements ahead. All medical interns and

Care for Patients with HIV

residents complete a minimum of one three to six week rotation on the inpatient HIV unit. Their academic education includes a core curriculum of HIV related topics. Residents specializing in primary care may elect a six month rotation at CSS, training in the comprehensive continuous AIDS care model. Infectious disease fellows develop small practices at CSS during their years of training. The three six-month psychiatry rotations have become the most popular consultation-liaison electives. All dietary interns complete a training period on the HIV inpatient floor. Each year a number of social work interns choose an exclusive assignment to the CSS AIDS care team.

One extra benefit of our continuity of care is that staff, including those in training, have an opportunity to attend to people at all stages of HIV disease. Treating people who are early in the progression of the illness helps balance the stress of working with very sick patients. It also allows providers to see patients who recover after hospitalization and return to previous levels of functioning.

While educating new providers in the field, we also hold a commitment to educating the general hospital staff and the outside community about HIV. The CSS AIDS Education Committee, representing the various disciplines working in AIDS care, designs and presents training sessions specific to particular groups' needs. Professionals along with patients, when appropriate, address school, community and hospital audiences, discussing topics ranging from safer sex to HIV

Care for Patients with HIV

microbiology.

DISCUSSION

Forecasts for the immediate future of the HIV epidemic are grim. An estimated one million people in the United States alone currently are infected with HIV (21). The burden these cases will place upon the health care system in years to come is difficult to fully comprehend. As the epidemic expands, we at CSS are committed to expanding our services accordingly.

Our immediate goals include the growth of our CSS staff as well as our clinic and inpatient spaces to accommodate an increasing patient census. We would like to extend our continuity of care services with an on-site long-term care unit. We look to further adjust our schedule to enable medical house staff, staff nurses, and medical students to provide both inpatient and outpatient care. It is essential that we formalize career tracks for those working in HIV. We want to offer all disciplines diversity and security in employment, defined advancement opportunities, and recognition of professional achievement.

While we are proud of our accomplishments we are aware of the limitations of our program. Senior staffing, enhanced programming, and state-of-the-art treatment are all costly. Nevertheless, we believe that such features ultimately enhance patient health and help prevent lengthy and expensive hospital stays. The

Care for Patients with HIV

average length of stay in our hospital for AIDS patients has dropped by forty percent since this program's inception. This change alone we believe has justified our investment. However, formal studies of costs and quality of life will be essential to compare different approaches to this disease; especially in the new era of health care financing. Whatever the outcome of these analyses, the core philosophical elements of continuity of care delivered by professionals and volunteers in a truly democratic organization requires no additional financial commitment but only a reordering of thinking and resource allocation.

Expanding our on-site staff to include obstetrician/ gynecologists, pediatricians and family practitioners would extend our offering of coordinated care to complete family care. Such a program could increase compliance and improve team/patient communication in families with multiple members infected with HIV. We envision the development of an integrated preclinical and clinical AIDS curriculum within the medical college. We hope, through increased interaction with our colleagues in general medicine, to demystify this illness and enable all internists within our institution to feel comfortable and expert in the management of HIV infected patients. Also, AIDS clearly can be used as a paradigm to teach about other diseases.

CSS serves patients from all parts of the heterogeneous urban New York community. Ideally, our staff would contain a comparable mix of ethnic and racial

Care for Patients with HIV

diversity. We feel we might be of greater service to certain patients if our staff were even more representative of our patient population.

In presenting our program as one approach to treating HIV disease, we must underscore the critical role played by the volunteer supporters in our community. The Designated AIDS Center program of the New York State AIDS Institute provides enhanced medicaid reimbursement to fund many of our services. Still, even with this model state program, community support is critical to fund innovation by those on the front line who first witness changes in the epidemic's characteristics. We have made it clear from the beginning that we see ourselves as partners with the community and offer ourselves as a channel for the concerns of people outside the medical center. A group of our community's leading citizens have functioned as team members bringing our message to their friends and soliciting contributions. These contributions of money and time give us programmatic flexibility and an ability to quickly respond to unforeseen challenges. Beyond the specific staff and program support, community involvement contributes to another critical end. One of the greatest tragedies of the epidemic is that twelve years after the discovery of the causative virus and its modes of transmission, a social milieu of ignorance and prejudice continues to allow the virus to spread. The correction of this environment depends upon the participation of many people outside the medical establishment.

Care for Patients with HIV

It is certain that health care providers will be increasingly challenged by the complexity and magnitude of this disease for years to come. Despite this grim fact, we have been heartened by our experience with reorganizing the resources of an academic medical center to meet the needs of our patient population. At CSS, comprehensive continuous one-class AIDS care is successfully delivered by a multidisciplinary team that is nonhierarchical and open to community participation. We hope that description of our model will help and encourage others as they devise strategies to care for people affected by this unprecedented epidemic.

Care for Patients with HIV

REFERENCES

1. Mariano C. The case for interdisciplinary collaboration. *Nursing Outlook* 1989;37:285-8.
2. Carty A, Day SS. Interdisciplinary care: Effect in acute hospital setting. *J Geront Nurs* 1993;19:22-32.
3. Zuckerman JD, Sakales SR, Fabian DR, Frankel VH. Hip fractures in geriatric patients: Results of an interdisciplinary hospital care program. *Clin Orthop* 1992;274:213-25.
4. Shapiro BS, Cohen DE, Covelman KW, Howe CJ, Scott SM. Experience of an interdisciplinary pediatric pain service. *Pediatrics* 1991;88:1226-32.
5. Cott A, McCully J, Goldberg WM, Tanser PH, Parkinson W. Interdisciplinary treatment of morbidity in benign chest pain. *Angiology-J Vasc Dis* 1992;43:195-202.
6. Eng MA. The hospice interdisciplinary team: A synergistic approach to the care of dying patients and their families. *Holistic Nurs Pract* 1993;7:49-56.
7. Carrillo JE, De La Cancela, V. The Cambridge hospital latino health clinic: A model for interagency integration of health services for latinos at the provider level. *J Nat Med Assoc* 1992;84:513-9.

Care for Patients with HIV

8. Schover LR, Montague DK, Youngs DD. Multidisciplinary treatment of an unconsummated marriage with organic factors in both spouses. *Clev Clin J Med* 1993;60:72-4.
9. Heard SE. Multidisciplinary response of San Francisco general hospital to the AIDS epidemic. *Am J Hosp Pharm* 1989;46(Suppl 3):S7-10.
10. Silverman M. AIDS care: The San Francisco model. *J Ambul Care Manage* 1988;11:14-8.
11. Volberding PA. The clinical spectrum of the acquired immunodeficiency syndrome: Implications for comprehensive patient care. *Ann Intern Med* 1985;103:729-33.
12. Ostrow DG, Gayle TC. Psychosocial and ethical issues of AIDS health care programs. *QRB* 1986;12:284-93.
13. Morrison MS. Delivery systems for the care of persons with HIV infection and AIDS. *Nurs Clin* 1993;28:317-33.
14. Satterwhite BE, Settle JT, Cushnie PB, Kaplowitz LG. Ambulatory care for patients with HIV/AIDS: Creating a specialty clinic. *ONF* 1991;18:555-8.
15. Pascarelli EF, Holtzworth AS. Developing an ambulatory care program for AIDS patients. *J Ambul Care Manage* 1987;10:44-55.

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16. Young SR, Bishburg E, Boland M, Conviser R, Jackson J. Ambulatory AIDS care for those with special needs - Children, women, and drug users. *J Ambul Care Manage* 1988;11:67-80.
17. Andrulis DP, Beers VS. Coordinating hospital and community-based care for AIDS patients. *J Ambul Care Manage* 1988;11:5-13.
18. Cohen MAA. Biopsychosocial approach to the human immunodeficiency virus epidemic: A clinician's primer. *Gen Hosp Psych* 1990;12:98-123.
19. Beresford L. Alternative, outpatient settings of care for people with AIDS. *QRB* 1989;15:9-16.
20. Osborn JE. AIDS: The challenge to ambulatory care. *J Ambul Care Manage* 1988;11:19-26.
21. Centers For Disease Control and Prevention; National HIV/AIDS Hotline.

Care for Patients with HIV

Table 1: **PATIENT DEMOGRAPHICS***

GENDER	Male	59.0%
	Female	39.7%
	unknown	1.2%
AGE (in years)	19-29	12.3%
	30-39	47.9%
	40-49	31.1%
	50-59	6.6%
	60 +	2.0%
	unknown	0.1%
RISK	Male sex with male/bisexual	28.6%
	Intravenous drug use (IDU)	25.5%
	Heterosexual	28.5%
	Male sex with male/bisexual & IDU	1.3%
	Heterosexual and IDU	3.1%
	Hemophilia	1.7%
	Blood transfusion	2.0%
	Other/unknown	9.4%

Care for Patients with HIV

ETHNICITY	CAUCASIAN	29.5%
	AFRICAN-AMERICAN	33.4%
	HISPANIC	32.3%
	INDIAN	0.3%
	Other	0.7%
	unknown	3.8%

INSURANCE	PUBLIC ENTITLEMENTS	90.0%
COVERAGE	(Medicaid/ADAP)	
	Other	10.0%

* based on 713 active clinic patients as of December, 1995

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

April
on calendar

Tracking Number: 62640

Date Rcvd: 3-4-96

From: Jean Berger - Phelps Stokes Fund

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: CP for PF date

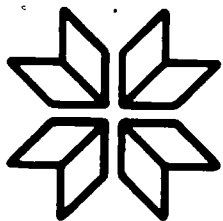
RCVD: _____ DONE: _____

Recommendations/Instructions:

To Support Staff: _____

Date of Response: 4-1-96

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Phelps Stokes Fund
Education for Human Development

March 1, 1996

Patricia Fleming
Director
Office of National Aids Policy
Executive Office of the President
750 17th Street, N.W., Suite 600
Washington, D.C. 20503

Dear Ms. Fleming,

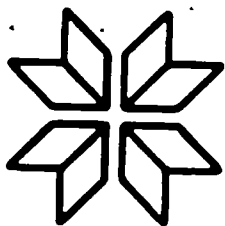
Thank you for taking interest in the USIA "HIV Prevention and Public Health Issues" program. I would like to confirm your discussion on the Clinton Administration's initiatives and policies on HIV prevention and AIDS with this group of fifteen, English speaking international visitors. As per my records, the meeting will be held on **Monday, April 1 at 10:30 am**. The appointment will last about an hour and will take place at your office on 750 17th Street, N.W., Suite 600. If any of this information is incorrect, please let me know.

For your perusal, I have included the final participant list, and each international visitor's bio. If you need any additional information, please feel free to contact me at, tel: (202) 862-7790, e-mail: jean@psfdc.org, or fax: (202) 862-2613.

Again, thank you for your assistance in this project.

Sincerely,

Jean Berger
Program Assistant
International Exchange Programs



Phelps Stokes Fund
Education for Human Development

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HIV Prevention and Public Health Issues in the U.S.

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Medical Officer of Health, Public Health
Department, Ministry of Health and the
Environment

BANGLADESH

Dr. Nasir UDDIN
Director, Voluntary Health Services Society

BARBADOS

Ms. Pamela Suzanne GASKIN
AIDS Program Coordinator, Barbados Ministry of
Health

COLOMBIA

Dr. Juan Carlos ALDANA Leal
General Physician, Medicentro; Professor of
Anatomy, La Sabana University

DOMINICAN REPUBLIC

Ms. Marisela Yocaste DUVAL Perez
General Coordinator of Public Health Graduate
Studies, Autonomous University of Santo Domingo
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GUYANA

Dr. Tejpratap Satyanarayan Prasad TIWARI
Head, Secretariat for Communicable Disease
Control, Ministry of Health; National
Epidemiologist

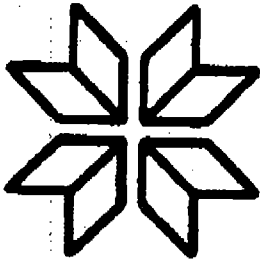
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Dr. Syed Iftikar ARMED
Head, Monaliv Clinic and Research Center

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PAGE -2-

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MOZAMBIQUE	Mr. Carlos Antonio MANJATE Director, Maputo Youth Club, Ministry of Culture
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PERU	Ms. Rosario Antonia CARDICH Briceno Researcher, Movimiento "Manuela Ramos"
RWANDA	Dr. KARITA Etienne Director, National AIDS Control Program
ZAIRE	Dr. NKUNI Zinga Physician; Director, Medical Department of the Christ Church of Zaire
ZIMBABWE	Ms. Marian GOTHA Executive Coordinator, Matabeleland AIDS Council
ZIMBABWE	Ms. Zororai Ruth GUMBIE National Officer for Information, Education and Communications (IEC), National Aids Coordinating Program

ESCORT OFFICER	Mr. Jim CLINTON
ESCORT OFFICER	To be announced...



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E-MAIL: exchange@psfdc.org

CP
April 10 1996
April 10 1996
April 10 1996

FROM: Stafford Kay
E-Mail: stafford@psfdc.org

DATE: December 19, 1995

TO: Patricia S. Fleming, Director
AT: Office of National AIDS Policy
FAX: 202 - 632-1096

OF PAGES: 2 * Please call if you do not receive all the pages *****

MESSAGE: Request to meet with International Visitors

Dear Mrs. Fleming:

Each year the U.S. Information Agency as part of its International Visitor Program sponsors a four week program on AIDS and other public health issues. The 1996 project, "HIV Prevention and Public Health Issues in the U.S.," is scheduled to take place March 28 - April 24. Already twelve international health professionals have been nominated to participate in the four week program and their names are included on the attached page.

Under a USIA grant, our organization, the Phelps Stokes Fund, will submit a program design to USIA in early January to administer the project. We are especially interested in administering this project because half the nominated participants come from Africa, the principle international interest of our not-for-profit organization since its inception in 1911. As you are well aware, the African continent has been especially devastated by AIDS and its health professionals need all the assistance available to help reverse its ravages.

I would like to ask you to consider meeting with this group of international visitors during the initial stage of their visit in Washington, D.C. to discuss the Clinton Administration's initiatives and policies on HIV prevention and AIDS. If you will be available, March 28, 29, or April 4 would be the best dates for the group to meet with you. I would be happy to provide you with any additional information about the visitors, their program or my organization.

Sincerely,

Stafford Kay

Stafford Kay
 Director,
 International Exchange Programs

*lets discuss
 in scheduling
 mtg*

*11/4/96
 EGS - will give a date
 next mth.
 Mr. Kay will check back
 when in Feb. for a
 confirmed date.
 C-1/5/96*

HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.**List of Participants****BANGLADESH**

Dr. Nasir UDDIN
Director, Voluntary Health Services Society

BARBADOS

Ms. Pamela Suzanne GASKIN
AIDS Program Coordinator, Barbados
Ministry of Health

COLOMBIA

Dr. Juan Carlos ALDANA
General Physician at Medicentro
Professor of Anatomy at La Sabana
University

~~**GAZA**~~

~~Dr. Ayoub EL ALEM
Chief, Field Health Program, UNRWA
Health Officer, United Nations Relief Work
Agency~~

GUYANA

Dr. Tejpratap Satyanarayan Prasad TIWARI
Head of the Secretariat for Communicable
Disease Control of the Ministry of Health

LIBERIA

Ms. Jessie Ebba DUNCAN
Program Manager, National AIDS Control
Program, Ministry of Health and Social
Welfare

MOZAMBIQUE

Mr. Carlos Antonio MANJATE
Director, Maputo Youth Club, Ministry of
Culture

PERU

Ms. Rosario Antonia CARDICH Briceno
Researcher, Movimento "Manuel Ramos"

TOGO

Dr. Jean Bawindsongre KABORE
Physician, Neurologist, Yalgado National
Hospital, Ougadougou

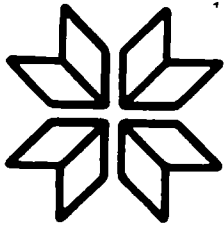
ZAIRE

Dr. NKUNI Zinga
Physician, Director of Medical Department
of the Church of Zaire

ZIMBABWE

Ms. Marian GOTHA
Executive Coordinator, Matabeleland AIDS
Council (MAC)

Ms. Zororai R. GUMBIE
National Officer for Information, Education
and Communications (IEC), National AIDS
Coordinating Program (NACP)



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Done ~~450~~
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New York, NY 10128
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March 1, 1996

Patricia Fleming
Director
Office of National Aids Policy
Executive Office of the President
750 17th Street, N.W., Suite 600
Washington, D.C. 20503

Dear Ms. Fleming,

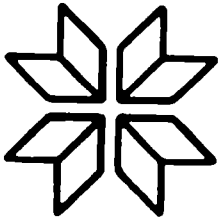
Thank you for taking interest in the USIA "HIV Prevention and Public Health Issues" program. I would like to confirm your discussion on the Clinton Administration's initiatives and policies on HIV prevention and AIDS with this group of fifteen, English speaking international visitors. As per my records, the meeting will be held on **Monday, April 1 at 10:30 am**. The appointment will last about an hour and will take place at your office on 750 17th Street, N.W., Suite 600. If any of this information is incorrect, please let me know.

For your perusal, I have included the final participant list, and each international visitor's bio. If you need any additional information, please feel free to contact me at, tel: (202) 862-7790, e-mail: jean@psfdc.org, or fax: (202) 862-2613.

Again, thank you for your assistance in this project.

Sincerely,

Jean Berger
Program Assistant
International Exchange Programs



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HIV Prevention and Public Health Issues in the U.S.

Participant List

BAHAMAS

Dr. Evaneth Phillippa MCPHEE
Medical Officer of Health, Public Health
Department, Ministry of Health and the
Environment

BANGLADESH

Dr. Nasir UDDIN
Director, Voluntary Health Services Society

BARBADOS

Ms. Pamela Suzanne GASKIN
AIDS Program Coordinator, Barbados Ministry of
Health

COLOMBIA

Dr. Juan Carlos ALDANA Leal
General Physician, Medicentro; Professor of
Anatomy, La Sabana University

DOMINICAN REPUBLIC

Ms. Marisela Yocaste DUVAL Perez
General Coordinator of Public Health Graduate
Studies, Autonomous University of Santo Domingo
(UASD)

GUYANA

Dr. Tejpratap Satyanarayan Prasad TIWARI
Head, Secretariat for Communicable Disease
Control, Ministry of Health; National
Epidemiologist

INDIA

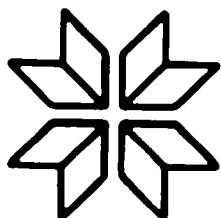
Dr. Syed Iftikar ARMED
Head, Monaliv Clinic and Research Center

PARTICIPANT LIST

PAGE -2-

LIBERIA	Ms. Jessie Ebba DUNCAN Program Manager, National AIDS Control Program, Ministry of Health and Social Welfare
MOZAMBIQUE	Mr. Carlos Antonio MANJATE Director, Maputo Youth Club, Ministry of Culture
PEOPLE'S REPUBLIC OF CHINA	Dr. HE Jinglin Director, National Training Center of School Health Education for AIDS Prevention, Beijing Medical University
PERU	Ms. Rosario Antonia CARDICH Briceno Researcher, Movimiento "Manuela Ramos"
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HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

BAHAMAS

Name: Dr. Evaneth Phillippa MCPHEE

Present Position: Medical Officer of Health, Public Health Department, Ministry of Health and the Environment

Previous Positions: Medical Officer/Epidemiologist, Public Health Department (1991-95); Senior House Officer, Princess Margaret Hospital (1988-90); House Officer (intern), Princess Margaret Hospital (1986-88)

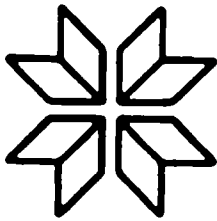
Education: Master's in Public Health Administration, John Fitzgerald Kennedy School of Government (Fulbright Scholar) (1994); Master's in Public Health, Boston University Medical Center, School of Public Health (1991); Bachelor's in Surgery, University of the West Indies, Jamaica (1986); Bachelor's in Science, Chemistry, and Biochemistry, University of the West Indies, Jamaica (1979)

Languages: English

Foreign Travel: United States, Canada, Jamaica, Barbados, United Kingdom, Trinidad, Argentina, France

Mailing Address: P.O. Box N-7217, Nassau, Bahamas

As the Medical Officer of Health in the Public Health Department of the Bahamas Ministry of Health and the Environment, Dr. McPhee assists in the prevention and control of communicable diseases in the country. Recently she has led the Department in a major campaign to prevent and manage the spread of HIV. Dr. McPhee has been involved in many internships on disease control; she was the Coordinator of the National Acute Respiratory Infections Program at the Ministry of Health and the Environment in 1996; the National Manager of the Expanded Program on Immunization in 1994-95; and the National Coordinator of the Cholera Prevention and Control Program in 1994. Dr. McPhee is a member of the Bahamas Medical Association, the Bahamas Trust, and the Writer's Society of the Bahamas.



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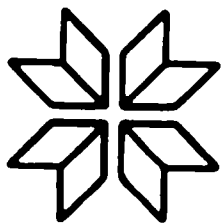
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

BANGLADESH

Name:	Dr. Nasir UDDIN
Present Position:	Director, Voluntary Health Services Society
Languages:	English, Bangla

Dr. Uddin is a member of the Communication Subcommittee of the National AIDS Committee, the highest policy-making body on AIDS issues in Bangladesh, as well as the Director of the Voluntary Health Services (VHSS), a coordinating agency for non-governmental organizations involved in public health. VHSS also serves as a focal point for the dissemination of information about disease prevention and treatment and lobbies the government on public health issues. Along with attending various world-wide conferences on the impact of AIDS on public health, Dr. Uddin arranged for the publication in 1987 of the first booklet in Bangladesh on the implication of AIDS.



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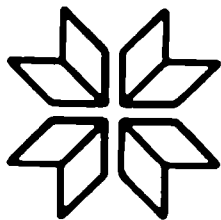
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

BARBADOS

Name:	Ms. Pamela Suzanne GASKIN
Present Position:	AIDS Program Coordinator, Barbados Ministry of Health
Previous Positions:	Teacher (1991-85)
Education:	Ph.D. courses in Nutrition, University of the West Indies (1991); B.Sc., University of the West Indies (1985); Training Courses, Barbados Community College
Languages:	English
Foreign Travel:	United States, St. Vincent, Switzerland, St. Kitts, St. Lucia, Jamaica
Mailing Address:	AIDS Information Center, Ministry of Health, Jemmotts Lane, St. Michael, Barbados, tel: (809) 436-3415, fax: (809) 426-5570

As the AIDS Program Coordinator for the Barbados Ministry of Health, Ms. Gaskin plays a key role in guiding the government's HIV/AIDS programs. She was instrumental in setting up the recently opened AIDS hostel, the first institution of its type in Barbados. To supplement her academic training, Ms. Gaskin has taken such courses as "Assessing the Cost of HIV Prevention Programs" and "Principals of Epidemiology and Practical Applications." She is a member of the Nutrition Society of Jamaica.



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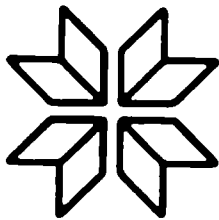
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

COLOMBIA

Name:	Dr. Juan Carlos ALDANA Leal
Present Position:	General Physician, Medicentro; Professor of Anatomy, La Sabana University
Previous Positions:	General Physician, San Pedro Claver Clinic; Medical Director, La Floriesta Medical Center; General Physician, Colpatria Medical Service
Education:	Post-Doctoral Training in Anatomy; Doctor in Medicine and Surgery, School of Medicine, Juan N. Corpas, Bogota
Languages:	Spanish, English
Foreign Travel:	United States, Ecuador, Venezuela
Mailing Address:	Calle 101 No. 48-93, Bogota, Colombia, tel: (571) 253-8930, fax: (571) 613-6545

Dr. Aldana works as a private physician with a growing caseload of AIDS patients. Along with teaching anatomy at a ranking university, Dr. Aldana counsels AIDS patients and their families through the Rotary Clubs of Bogota. Previously, Dr. Aldana was the Director of the NGO Family Education Program for AIDS patients and a health care provider for outpatient AIDS victims. Dr. Aldana has published the "Epidemic and Psycho-Social Aspects of AIDS" (1989), and is particularly interested in learning about preventative educational programs.



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HIV PREVENTION AND PUBLIC HEALTH ISSUES

VISITOR BIOGRAPHICAL INFORMATION

DOMINICAN REPUBLIC

Name: Ms. Marisela Yocaste DUVAL Perez

Present Position: General Coordinator of Public Health Graduate Studies,
Autonomous University of Santo Domingo
(UASD)

Previous Positions: Extension Department Coordinator, Autonomous University of
Santo Domingo (1991-92); Coordinator, Women and Development
Program, Women Development Council (1988-91); Research
Director, Secretariat for Public Health and Social Assistance
(1982-88)

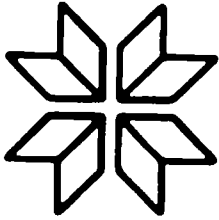
Education: Certificate Degree in Social Sciences, Autonomous University of
Santo Domingo (1978); Bachelor's Degree in Sociology,
Autonomous University of Santo Domingo (1976)

Languages: Spanish, English

Foreign Travel: Brazil, Mexico, United States

Mailing Address: Calle Biblioteca Nacional Esquina Guarocuya, Edificio 6, Apto. 3B,
El Millon, Santo Domingo, Dominican Republic, tel: (809)
687-9570, fax: (809) 686-5768

Along with being the General Coordinator of the Public Health Graduate Program at the Autonomous University of Santo Domingo, Ms. Duval does special projects with the U.S. Agency for International Development, Save-the-Children Foundation, and other groups dealing with family planning issues. Ms. Duval has attended conferences on women's issues, epidemiology, and social medicine.



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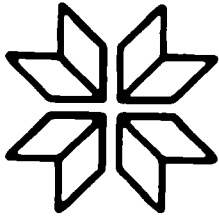
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

GUYANA

Name:	Dr. Tejpratap Satyanarayan Prasad TIWARI
Present Position:	Head, Secretariat for Communicable Disease Control, Ministry of Health; National Epidemiologist
Previous Positions:	Project Officer, Integrated Trauma Program, Sunnybrook Hospital, Toronto, Canada (1990-92); Training Officer, Medex Training Program, Ministry of Health, Guyana (1983-84); Medical Officer, Georgetown Hospital, Guyana (1981-83)
Education:	M.D. in Preventive and Social Medicine, University of Baroda (1987); M.B.B.S. Bhopal University, India (1980)
Languages:	English, Hindi
Foreign Travel:	United States, India, Canada, Trinidad, Suriname, Grenada, Barbados, Columbia, Peru, Venezuela
Mailing Address:	Director, Communicable Diseases, Ministry of Health, 11 Brickdam, Staboek, Georgetown, Guyana, tel: 592-2-65164

As the Head of the Secretariat for Communicable Disease Control in the Ministry of Health, Dr. Tiwari is responsible for the control of sexual transmitted diseases, AIDS, malaria, dengue, filaria, Hansen's Disease, tuberculosis and acute diarrhoeal diseases. Dr. Tiwari has participated in numerous world-wide conferences on such issues as preventative medicine and community health. He is a member of the Guyana Medical Association as well as the author of a paper entitled "A Case Control Study on Cholera in Guyana."



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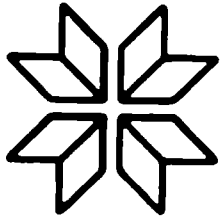
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

INDIA

Name:	Dr. Syed Iftikar ARMED
Present Position:	Head, Monaliv Clinic and Research Center
Education:	Graduate in Medicine, DAM&H, United Kingdom; Diploma in Tropical Medicine, DAM&H, United Kingdom
Languages:	English
Foreign Travel:	United States, United Kingdom
Mailing Address:	Monaliv Clinic and Research Center, Zoo-Narengi Road, Guwahati, 781-021, Assam, India

As the head of both the Monaliv Clinic and Research Center and the AIDS Prevention Society, Dr. Armed is dedicated to educating the public about the issues of drug abuse and HIV prevention. He has prepared a pilot project to develop a community-based intervention program aimed at reducing HIV transmission among injecting drug users and their partners; presently, Dr. Armed is engaged in an outreach project designed to educate the rural population against drug abuse. As chairman of a charitable health clinic, Dr. Armed provides free medicines and laboratory service to the poor as well as helps to set up permanent immunization camps and school health check-up programs. As part of his ongoing research, Dr. Armed has attended several conferences and seminars on HIV/AIDS, conducted numerous surveys and projects on health issues, and written a multitude of publications on drug abuse.



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HIV PREVENTION AND PUBLIC HEALTH ISSUES

VISITOR BIOGRAPHICAL INFORMATION

LIBERIA

Name: Ms. Jessie Ebba DUNCAN

Present Position: Program Manager, National AIDS Control Program, Ministry of Health and Social Welfare

Previous Positions: Managing Director, National Drug Service (1992-93); Administrator, Tubman National Institute of Medical Arts (TNIMA) (1979-91)

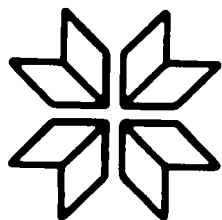
Education: M.Sc., Colombia University, New York (1972); B.Sc. in Nursing, Syracuse University, Syracuse, New York (1966)

Languages: English

Foreign Travel: United States, Canada, West Africa

Mailing Address: Ministry of Health, P.O. Box 9009, tel: 222-964

As the Program Manager for the National AIDS Control Program, Ms. Duncan is in a position to help educate the Liberian populace regarding the dangers of HIV infection and to assist in designing AIDS treatment programs. Ms. Duncan is a fellow at the West African College of Nursing, a board member at Don Bosco Polytechnic, and a member of the International Public Health Association. She is especially interested in the topic of "women and AIDS."



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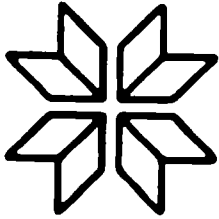
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

MOZAMBIQUE

Name:	Mr. Carlos Antonio MANJATE
Present Position:	Director, Maputo Youth Club, Ministry of Culture
Previous Positions:	Pedagogic Director, Maputo Youth Club Training Center (1990-92)
Education:	Certificate in English Language Teaching, University of Zimbabwe
Languages:	English, Portuguese, Changana, Ronga
Foreign Travel:	United States, Zimbabwe, Portugal, South Africa
Mailing Address:	580, Ave Patrice Lumumba, Maputo, Mozambique, tel: 430-832

As Director of the Maputo Youth Club, Mr. Manjate includes important health and social messages into the programs offered by the club. In 1991 Mr. Manjate was the Mozambican representative to the first ANC Youth League Conference in South Africa. Mr. Manjate is especially interested in effective AIDS campaigns for youths as well as the participation of youth in the U.S. democratic process.



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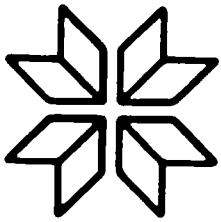
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

PEOPLE'S REPUBLIC OF CHINA

Name:	Dr. HE Jinglin
Present Position:	Director, National Training Center of School Health Education for AIDS Prevention, Beijing Medical University
Education:	Ph.D., Beijing Medical University, Institute of Child and Adolescent Health; M.P.H., Beijing Medical University, Institute of Child and Adolescent Health; B.A., Beijing Medical University, College of Public Health
Languages:	English
Foreign Travel:	some countries in Asia

Dr. He is the Director of the newly created National Training Center of School Health Education for AIDS Prevention. She is also involved with the "AIDS Network," a local NGO that studies the social and behavioral aspects of the HIV/AIDS problem as well as a member of the Child and Adolescent Health Association. Dr. He has authored and co-authored a number of books and articles on health education issues as well as training materials for high school and university teachers. She is especially interested in health education for AIDS/STD prevention and school health care and training methods.



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HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

PERU

Name: Ms. Rosario Antonia CARDICH Briceno

Present Position: Researcher, Movimiento "Manuela Ramos"

Previous Positions: General Coordinator, Movimiento "Manuela Ramos" (1984-86);
Trainer, Movimiento "Manuela Ramos" (1980-84); Curriculum
Designer, Ministry of Education (1974-79)

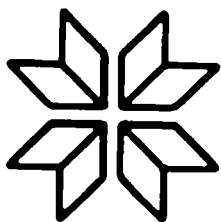
Education: Master's Degree in Women and Development, Social Studies
Institute, The Hague, Holland (1987); Sexual Educator, Regional
Committee on Sexual Education for Latin America and the
Caribbean (1981); B.A. in Psychology, San Marcos State
University (1974)

Languages: English, Spanish, French, some Portuguese

Foreign Travel: United States, Brazil, El Salvador, Mexico, Nicaragua

Mailing Address: Movimiento "Manuela Ramos," Avenida Bolivia 921, Brena, Lima
5, Peru, tel: (51-1) 423-7250 or 424-5251, fax: (51-1) 423-4031;

Ms. Cardich is a founding member of the Movimiento "Manuela Ramos," an organization which supports the empowerment and social development of women by providing health, social and legal services. The Movimiento has recently initiated an ongoing governmental campaign to prevent domestic violence against women. As a researcher for the Movimiento, Ms. Cardich prepares projects on sexual and reproductive health. Ms. Cardich has authored and co-authored numerous publications including, "Ten Working Guides on Sexual Education for Teenagers" (1995), "Realities on Abortion in Peru" (1994) and "Bibliographic Guide on the Maternal Death Rate" (1992).



2400 N Street, N.W.
Suite 605
Washington, D.C. 20037
(202) 862-7790
(800) 874-7797
Fax (202) 862-2613
E-Mail: exchange@psfdc.org

10 East 87th Street
New York, NY 10128
(212) 427-8100
Fax (212) 876-6278
E-Mail: psf@pipeline.com

Phelps Stokes Fund
Education for Human Development

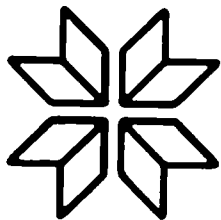
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

RWANDA

Name:	Dr. KARITA Etienne
Present Position:	Director, National AIDS Control Program
Previous Positions:	Visiting Research Fellow, Department of Microbiology, Institute of Tropical Medicine, Antwerp, Belgium (93-95); Deputy Director, National HIV Reference Library (90-93)
Education:	Master's of Science in Molecular Biology, Free University of Brussels (1995); Medical Doctor Degree, National University of Rwanda (1985)
Languages:	Kinyarwanda, English, French
Foreign Travel:	Belgium
Mailing Address:	B.P. 2717 Kigali, Rwanda, tel: (260) 02987

Dr. Karita is the Director of the National AIDS Control Program in Rwanda, a country with one of the world's highest rates of HIV infection. Dr. Karita has been involved in many world-wide conferences on HIV/AIDS and is a member of the International Society for Infectious Diseases.



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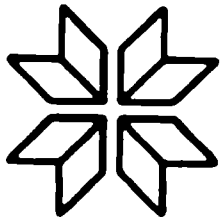
HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

ZAIRE

Name:	Dr. NKUNI Zinga
Present Position:	Physician; Director, Medical Department of the Christ Church of Zaire
Previous Positions:	Medical Director, ECZ's "Sante Rurale," a former USAID-funded rural health project in Zaire
Education:	Certificate in Health Care Financing in Developing Countries, Boston University School of Public Health (1989); Masters in Public Health, University of Alabama at Birmingham (1988); Doctor of Medicine, University of Lubumbashi/Kisangani, Zaire (1977)
Languages:	French, Lingala, English
Foreign Travel:	United States, Belgium, Kenya, South Africa, Tanzania, Uganda
Mailing Address:	B.P. 4938, Kinshasa/Gombe, Zaire, tel: 34480, cellular tel: 41274

As the Medical Director of the USAID rural health project, Dr. Nkuni emphasized AIDS prevention and AIDS education. In conjunction with the World Council on Churches, Dr. Nkuni published "Participatory Action Research on AIDS and the Community as a Source of Care and Healing." Dr. Nkuni is a member of the National Council on International Health (NCIH) and has participated in several conferences and workshops on AIDS.



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Phelps Stokes Fund
Education for Human Development

HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

ZIMBABWE

Name: Ms. Marian GOTHA

Present Position: Executive Coordinator, Matabeleland AIDS Council

Previous Positions: Deputy Matron, Mpilo Central Hospital, Bulawayo (1992-93); District Nursing Officer, Binga District, Matabeleland North (1986-92); Community Health Nursing Sister, Tsholotsho District, Matabeleland North (1983-84)

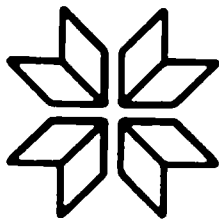
Education: Diploma in Community Nursing, Parirenyatwa Hospital, Harare (1984); State Certified Midwife, Mpilo School of Midwifery, Bulawayo (1982); State Registered Nurse, Mpilo School of Nursing, Bulawayo (1979)

Languages: English

Foreign Travel: Sub-Sahara Africa, United States

Mailing Address: Matabeleland AIDS Council, P.O. Box 1280, Bulawayo, Zimbabwe, tel: (263-9) 62370

Ms. Gotha manages the Matabeleland AIDS Council, a non-governmental health organization that provides care and support to both the people infected with HIV and their families. Involved in health services for many years, Ms. Gotha is a member at the Health Professions Council of Zimbabwe.



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(800) 874-7797
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E-Mail: exchange@psfdc.org

10 East 87th Street
New York, NY 10128
(212) 427-8100
Fax (212) 876-6278
E-Mail: psf@pipeline.com

Phelps Stokes Fund
Education for Human Development

HIV PREVENTION AND PUBLIC HEALTH ISSUES IN THE U.S.

VISITOR BIOGRAPHICAL INFORMATION

ZIMBABWE

Name: Ms. Zororai Ruth GUMBIE

Present Position: National Officer for Information, Education and Communications (IEC), National Aids Coordinating Program

Previous Positions: Health Education Officer, Masvingo Province (1992); Senior Nursing Sister, Masvingo Hospital (1984-90); General Nurse, Masvingo Hospital (1980-84); General Nurse, Mpilo Central Hospital (1977-79)

Education: B.A. in Adult Education, University of Zimbabwe (1994); Diploma in Health and Adult Education, University of Zimbabwe

Languages: English

Mailing Address: National AIDS Coordination Program, P.O. Box CY1122, Causeway, Harare, Zimbabwe, tel: (263-4) 702-446

As a National Officer for the Information, Education, and Communication section of the National AIDS Coordinating Program, Ms. Gumbie establishes policy and facilitates the planning, implementation, and monitoring of STD/HIV prevention and control among Zimbabwe youth. Ms. Gumbie is a member of the Health Education Association of Zimbabwe and the Zimbabwe Public Health Association.

To AF
 Date 3/22 Time 12:30

WHILE YOU WERE OUT
 M Robert Chisholm
 of Arm Med Students Assn
 Phone 703-620-6600
 Area Code 703 Number 620 Extension 6600

TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	

☐ RETURNED YOUR CALL

Message They will accept any date convenient to you
to invite to

SL Jeff #9
It would like to know if you
or RS would like to do.

Operator

AMPAD EFFICIENT 23-023 CARBONLESS
 5/1/96

Accepted for JL
 Speaker packet will
 follow
 5/3/96
 Copied given to SL
 5/21/96

JK, RS

7/17/96
FILE COPY

Office of
National AIDS Policy
Correspondence Routing Slip

Tracking Number: G2658

Date Rcvd: 3-7-96

From: Shawn Taylor Zelman, Robert W. Chisholm
AMSA

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: Ch. Schindler *not essential* *declines per JF 3/21/96*

RCVD: _____ DONE: _____

Recommendations/Instructions:

_____ *OK - Set up JF*

To Support Staff: _____

Date of Response: 7-19-96



The American
Medical Student
Association/Foundation

1902 Association Drive
Reston, Va 22091-1502

703.620.6600
Fax 703.620.5873

February 29, 1996

Patricia S. Fleming
National AIDS Policy Director
750 17 Street, NW
Suite 600
Washington, DC 20503

Dear Ms. Fleming:

The American Medical Student Association (AMSA) is an independent organization of nearly 30,000 physicians-in-training members from 143 allopathic and osteopathic medical schools across the country. This summer marks AMSA's eighth-annual Washington Health Policy Fellowship Program (WHPFP). WHPFP is an eight-week summer program designed to introduce health care providers-in-training to national health policy development and implementation. From June 17 through August 9, 1996, fifteen fellows will come to Washington, DC, and spend their summer working in congressional offices, research institutes, federal agencies, or health advocacy organizations. In addition, weekly seminars to meet with prominent individuals in health care reform will occur throughout this fellowship.

As National AIDS Policy Director, AMSA would like to invite you to speak about the AIDS pandemic and the politics surrounding AIDS health care reform. If your schedule permits, AMSA would like you to lead a seminar on Friday, July 19, 1996. I have tentatively scheduled the "AIDS and Public Policy Issues" seminar for 3 p.m. The seminar length should run approximately one and one-half hours including time for questions and answers. If your schedule does not permit this engagement date, we will happily reschedule for any other day and time during the fellowship. We hope you will be able to share your knowledge and insight with the WHPFP fellows.

If you have any questions or need more information about our program, please do not hesitate to contact me at (703) 620-6600 ext. 207 or my associate Robert Chisholm at ext. 263. I will be calling your office soon to ascertain your willingness to participate as a speaker and, gaining that, set up an engagement date.

Thank you for your time and consideration.

Sincerely,

Shawn Taylor Zelman, M.P.A.
Director of Public Relations &
Staff Legislative Affairs Coordinator

Robert W. Chisholm
Student Coordinator
WHPFP

Office of
National AIDS Policy

FILE COPY

Correspondence Routing Slip

Tracking Number: G2925

Date Rcvd: 4-19-96

From: SALLY COWAL, DIRECTOR EXTERNAL RELATIONS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: Scheduling - UNAIDS

RCVD: _____ DONE: _____

Recommendations/Instructions:

To Support Staff: _____

Date of Response: 6-10 & 11-96

n:\corresli

Geneva
June 10 & 11
mon. & Tues.



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

Central Exchange: 791.36.66
Direct: 791.47.62

Ms Patricia A. Fleming
Director
Office of National AIDS Policy
Executive Office of the President
750 17th Street, N.W., Suite 600
Washington, D.C. 20816
USA

In reply please refer to: A20/87/186 (SC/EM/JDN)

12 April 1996

Dear Ms Fleming, *Patsy*

As agreed at the second meeting of the Programme Coordinating Board (PCB), its next meeting will take place from 10 to 11 June 1996. It will be held in the Executive Board room at WHO headquarters in Geneva and will begin at 9h00 with registration starting at 8h15. Simultaneous interpretation will be provided in English and French.

I have pleasure in inviting you to attend this session of the PCB and it would be appreciated if you could inform us of the names of the other persons in your delegation, if possible by 3 May, to enable us to address documentation directly to them.

... I am enclosing herewith the provisional agenda for the meeting which includes all the items requested at the last meeting. Other documents are being prepared in English and French and will be despatched in May.

I look forward to seeing you in June and to a fruitful meeting of the Board.

Yours sincerely,

Sally Cowal
Director
External Relations

cc: Ambassador Sally Shelton (Chairperson of PCB), Assistant Administrator, Bureau for Global Programs, U.S. Agency for International Development, Washington, D.C. 20523

Permanent Mission of the United States to the United Nations Office and other International Organizations at Geneva
Attention: Dr Kenneth Bernard, International Health Attaché

Permanent Mission of the United States to the United Nations in New York

... ENCL: as mentioned



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

**Third meeting of the
PROGRAMME COORDINATING BOARD
Geneva, 10-11 June 1996**

**UNAIDS/PCB(3)/96.1
25 March 1996**

Place of meeting: Executive Board Room, WHO, Geneva

Times of meeting: 09h00 - 12h30

14h00 - 17h30

PROVISIONAL AGENDA

Reference documents

- | | | |
|-----|---|---------------------|
| 1. | Opening | |
| 1.1 | Opening remarks by the Chairperson | |
| 1.2 | Report by the Chairperson of the Committee of
Cosponsoring Organizations | |
| 1.3 | Report by the NGO representative | |
| 1.4 | Appointment of Rapporteur | |
| 1.5 | Adoption of the provisional agenda | UNAIDS/PCB(3)/96.1 |
| 2. | Consideration of the report of the second meeting | UNAIDS/PCB(2)/95.7 |
| 3. | Report of the Executive Director | UNAIDS/PCB(3)/96.2 |
| 4. | Workplan for UNAIDS | UNAIDS/PCB(3)/96.3 |
| 5. | Update on UNAIDS at country level | UNAIDS/PCB(3)/96.4 |
| 6. | Report of the PCB working group on indicators and evaluation | UNAIDS/PCB(3)/96.5 |
| 7. | Report of the PCB working group on resource mobilization | UNAIDS/PCB(3)/96.6 |
| 8. | Method of work of the PCB | UNAIDS/PCB(3)/96.7 |
| 9. | Financial and budgetary update | UNAIDS/PCB(3)/96.8 |
| 10. | Measures to minimize administrative costs | UNAIDS/PCB(3)/96.9 |
| 11. | Joint plan of cosponsors' activities for 1996-1997 | UNAIDS/PCB(3)/96.10 |
| 12. | Report to the 1996 ECOSOC substantive session | ECOSOC document |
| 13. | Next PCB meeting | |
| 14. | Other business | |
| 15. | Decisions, recommendations and conclusions | |



UNCLASSIFIED

FAX COVER SHEET

U.S. DEPARTMENT OF STATE
BUREAU OF INTERNATIONAL ORGANIZATION AFFAIRS (IO)
FAX NUMBER (202) 647-8902

Office of Technical Specialized Agencies

(IO/T)

FROM:

ANN S. BLACKWOOD

Name

IO/T/HTP

Office

(202) 647-1044

Phone Number

TO:

PATSY FLEMING

Name

NAPC

Office

632-1096

FAX Number

Phone Number

DUFF GILLESPIE

Name

AID/G

Office

54693

FAX Number

Phone Number

Name

Office

FAX Number

Phone Number

Name

Office

FAX Number

Phone Number

DESCRIPTION:

UNAIDS del Cable

Number of pages including cover sheet:

3

DATE:

5/26/96

SPECIAL INSTRUCTIONS:

For clearance today. Thanks, Ann

DEPARTMENT OF STATE

APPR _____ DRAFT _____
CLEAR 1 _____ 2 _____
3 _____ 4 _____ 5 _____
6 _____ 7 _____ 8 _____

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IO/T: ABLACKWOOD:REW
05/24/96 71044 SET 5245
IO/T: SBLODGETT

NAPC: PFLEMING
DHHS/OIH: LVOGEL

AID/G: DGILLESPIE

ROUTINE

GENEVA

ROUTINE

USUN NEW YORK

E.O. 12958: N/A

TAGS: AORC, WHO, UNAIDS

SUBJECT: UNAIDS MEETING: DELEGATION

1. PLEASE INFORM THE STAFF OF UNAIDS THAT THE U.S.
DELEGATION TO THE JUNE 10-11, 1996, MEETING IN GENEVA WILL
CONSIST OF THE FOLLOWING:

CHIEF DELEGATE

AMBASSADOR SALLY A. SHELTON
ASSISTANT ADMINISTRATOR FOR
GLOBAL PROGRAMS, FIELD SUPPORT AND RESEARCH
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

DELEGATES

PATRICIA A. FLEMING
DIRECTOR
OFFICE OF NATIONAL AIDS POLICY
WHITE HOUSE

AMBASSADOR DANIEL L. SPIEGEL

UNCLASSIFIED

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2

U.S. PERMANENT REPRESENTATIVE
GENEVA

ALTERNATE DELEGATE

DR. DUFF G. GILLESPIE
DEPUTY ASSISTANT ADMINISTRATOR
CENTER FOR POPULATION, HEALTH AND NUTRITION
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

ADVISOR

DR. KENNETH BERNARD
INTERNATIONAL HEALTH ATTACHE
U.S. MISSION
GENEVA

YY

YY

UNCLASSIFIED

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. cable	[Personally Identifiable Information] [partial] (1 page)	06/01/1996	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Patsy Fleming (National AIDS Strategy)
OA/Box Number: 10183

FOLDER TITLE:

[Patsy Fleming Correspondence February 1997] [2]

2018-0755-F

rs3185

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

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Printed By: Ann S. Blackwood 72392

ORIGIN IO-00

INFO LOG-00 AID-00 AMAD-01 OASY-00 HHS-01 SSA-01 TEDE-00
ADS-00 OES-09 OIC-02 /014R

112935
SOURCE: KODAK8.010000
DRAFTED BY: IO/T : ABLACKWOOD
APPROVED BY: IO/T: SBLODGETT
NAPC : LROMOCKI

P 010001Z JUN 96
FM SECSTATE WASHDC
TO USMISSION GENEVA PRIORITY

UNCLAS STATE 112935

E.O. 12958: N/A
TAGS: UNAIDS, WHO
SUBJECT: UNAIDS MEETING: PATSY FLEMING ITINERARY

1. MISSION IS ADVISED OF TRAVEL PLANS OF PATRICIA S. FLEMING, DIRECTOR OF NATIONAL AIDS POLICY, TO GENEVA FOR THE UNAIDS PROGRAM COORDINATING BOARD MEETING, AS FOLLOWS:

— JUNE 8 DEPART WASHINGTON, DULLES, DELTA FLT NO. 2780
— JUNE 9 - ARRIVE GENEVA, 9:15AM
— JUNE 13 - DEPART GENEVA, DELTA FLT NO. 2781 @12:20PM

2. ACTION REQUEST. MISSION ASSISTANCE WOULD BE APPRECIATED FOR HOTEL RESERVATION AT THE EDEN HOTEL FOR JUNE 9-13. PLEASE ADVISE ALSO THE AVAILABILITY OF TRANSPORT FROM/TO GENEVA AIRPORT.

3. PATSY FLEMING (b)(6)

4. PLEASE ADVISE C/O STATE IO/T BLACKWOOD, CHRISTOPHER

OPTIONAL FORM 90 (7 90)

FAX TRANSMITTAL

of pages 1

To	Lahoma Romocki	From	Ann Blackwood
Dept./Agency	NAPC	Phone #	State 10/T
Fax #	632-1096	Fax #	

NSN 7540-01-317-7558

5099-101

GENERAL SERVICES ADMINISTRATION

UNCLASSIFIED



UNITED STATES MISSION TO INTERNATIONAL ORGANIZATIONS
GENEVA, SWITZERLAND

CONFERENCE SERVICES OFFICE

Telephone: [41] (22) 749-4528/4529/4533

Fax [41] (22) 749-4524

Phone from STATE DEPT. use FTS 8-493-4528/4529/4533

Fax from STATE DEPT. use FTS 8-493-4524

This is page 1 of 3 pages.

Date: JUNE 6, 1996

FROM: (Name/Office Symbol/Extension)

Sandra R. Smith/CS/4528

TO: (Name/Office Symbol/Extension)

MS. LAHOMA
WHITE HOUSE

Fax No.: 202/632-1096

MESSAGE TEXT

HOTEL CONFIRMATION FOR PATRICIA FLEMING

for
#41-22-731-
52-60

EDEN HOTEL

UNCLAS

GENEVA 04049

Page 1 of 2

UNCLAS GENEVA 04049

CLAN01:

ACTION: CS

INFO: LA IRM PSA AMB GSO ADM B&F RSO DCM

DISSEMINATION: CS

CHARGE: FAAS

APPROVED: CS:SRSMITH

DRAFTED: CS

CLEARED: NONE

VZCZCGVI729

OO RUEHC

DE RUEHGV #4049 1571330

ZNR UUUUU ZZH

O 051330Z JUN 96

FM USMISSION GENEVA

TO SECSTATE WASHDC IMMEDIATE 4826

BT

UNCLAS GENEVA 004049

E.O. 12958: N/A

TAGS: UNAIDS, WHO, OTRA

SUBJ: UNAIDS MEETING: PATSY FLEMING ITINERARY

REF: STATE 112935

1. MISSION WELCOMES PATRICIA S. FLEMING AND CONFIRMS A SINGLE WITH BATH RESERVATION AT HOTEL EDEN, 135, RUE DE LAUSANNE, TEL: 732-65-40. DAILY RATE SF 133 (APPROX DOLLARS 111.00), WITH ETA JULY 9 AND ETD JULY 13, 1996. HOTELS IN GENEVA HOLD RESERVATIONS UNTIL 18:00. IF A LATE ARRIVAL IS ANTICIPATED, PLEASE INFORM THE HOTEL DIRECTLY.

2. IN COMPLIANCE WITH DOS REGULATIONS AND MISSION POLICY, VISITORS DESIRING CLASSIFIED ACCESS TO MISSION FACILITIES MUST PROVIDE THE FOLLOWING IN THEIR TRAVEL MESSAGE: 1) CLEARANCE LEVEL, 2) SSN, AND 3) AGENCY GRANTING CLEARANCE. PLEASE SEND MESSAGES VIA CABLE WITH ASEC TAG TO ENSURE PROPER DISTRIBUTION.

3. VISITORS SHOULD ALSO BE AWARE THAT NON-USG OWNED COMPUTER HARDWARE AND SOFTWARE ARE PROHIBITED WITHIN THE U.S. MISSION AND THE BOTANIC BUILDING. FOR INFORMATION AND GUIDELINES ON THE USE OF USG OWNED COMPUTERS AND EQUIPMENT, PLEASE CONTACT THE RSO OFFICE AT 749-4666 OR THROUGH F.T.S. 8-493-4666. EQUIPMENT TO BE USED IN CONTROLLED ACCESS AREAS MUST BE HAND CARRIED OR SENT TO POST BY CONTROLLED POUCH. IT SHOULD BE BROUGHT DIRECTLY TO THE MISSION AND CANNOT BE LEFT UNATTENDED IN HOTELS, ETC. SPIEGEL

BT

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GENEVA 04049

Page 1 of 2

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Page 2 of 2

#4049
NNNN

UNCLAS

GENEVA 04049

Page 2 of 2

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G2939

Date Rcvd: 4-28-96

From: PETER DEUTSCH, Member of Congress

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: Shelley

RCVD: _____ DONE: _____

Recommendations/Instructions:

To Support Staff: _____

Date of Response: 5-19-97

n:\corresli

Oct. 12 or 13 ^{Sun.}
Accept for Friday
Spoke w/ Karen 5/14
C
Spoke w/ John 5/16. PF
Can do on Thurs. 10/10
It will get back to me.
Spoke w/ John again 5/30
It will call w/ answer
Never rec'd another
call
C

WHILE YOU WERE AWAY

FOR	<u>Carmena</u>	DATE	<u>5-15</u>	TIME	<u>2:29</u>	AM/PM	<u>AM</u>
M	<u>John</u>						
OF	<u>Congressman Deutsch</u>						
PHONE	<u>225-7931</u>						
		AREA CODE	NUMBER		EXTENSION		
MESSAGE _____							
SIGNED <u>AC</u>							
TOPS <u>40050</u>							

PETER DEUTSCH
20TH DISTRICT, FLORIDA

COMMITTEE ON COMMERCE

SUBCOMMITTEE ON HEALTH
AND ENVIRONMENT

SUBCOMMITTEE ON ENERGY
AND POWER

SUBCOMMITTEE ON COMMERCE
TRADE AND HAZARDOUS MATERIALS

VICE CHAIRMAN
FLORIDA DELEGATION

Congress of the United States
House of Representatives
Washington, DC 20515-0920

MAILING ADDRESS
204 CANNON HOUSE OFFICE BLDG.
WASHINGTON, DC 20515
(202) 225-7931
(202) 225-8456 (FAX)

MAIN DISTRICT OFFICE
10100 PINES BLVD.
PEMBROKE PINES, FL 33026
(305) 437-3936
(305) 437-4776 (FAX)

DADE (305) 371-8721
KEY LARGO (305) 852-0159
BIG PINE (305) 872-3916
KEY WEST (305) 294-5815

April 25, 1996

Ms. Patricia Fleming, Director
The White House Office on AIDS Policy
750 17th Street NW, Suite 600
Washington, DC 20503

Dear Director Fleming:

On October 12th and 13th a group of HIV patients and volunteers from the Miami/ Key West area will be in Washington, D.C. The group would greatly appreciate a brief moment of your time to discuss issues pertaining to HIV patients. Please contact my executive assistant, Karla Kirk, at (202) 2256-7931 to set up the appointment. Thank you for your consideration; I look forward to hearing from you on this matter.

Sincerely,



Peter Deutsch
Member of Congress

PD/kk

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G 3022

Date Rcvd: 5-29-96

From: H. Alexander Robinson

National Task Force on AIDS Prevention

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy ☒

Assigned To: PF

RCVD: _____ DONE: _____

Recommendations/Instructions:

CP - Hold for possible meeting.

To Support Staff: _____

Date of Response: 2-14-97



NATIONAL TASK FORCE ON AIDS PREVENTION

973 Market Street, Suite 600 • San Francisco • California • 94103
415/356-8100 • FAX 415/356-8103

May 22, 1996

Ms. Patricia S. Fleming
Executive Office of the President
Office of National AIDS Policy
750 Seventeenth Street, NW
Washington, DC 20503

Dear Patsy:

Enclosed please a copy of a key public policy report at the National Task Force on AIDS Prevention, "Report on Standards as set forth at the Gay Men of Color AIDS Summit." This report is the first attempt to define standards for HIV programs targeting our constituencies and grew out of the recognition of escalating rates of HIV infection over the last five years. The writing, researching and production of what I believe to be a groundbreaking publication would not have been possible without your support.

As you know during the Summer of 1995, the CDC published the results of a study which tracked reported AIDS cases by ethnicity and sexual orientation over a five year period (To maintain congruity, the report utilized the 1992 AIDS case definitions.). The results revealed that from July 1, 1989 to June 30, 1995, there was remarkable variation in HIV infection rates between gay/bisexual men of color and white gay/bisexual men:

- 79% increase for African Americans
- 77% increase for Native American
- 61% increase for Latinos
- 55% increase for Asian/Pacific Islanders
- 14% increase for whites.

The CDC study underscored what the NTFAP had been saying for some time. Namely, HIV prevention programs targeting gay/bisexual men of color are underfunded. The AIDS Summit was convened not only to create a unified response to this problem, but build bridges between and among gay men of color communities.

We are now in the process of sending out the "Report On Standards" to policy makers, private funders, researchers, and community-based organizations around the country. Once key leaders receive this document we hope it will spawn greater attention given to programs developed, designed and implemented by and for gay/bisexual men of color.

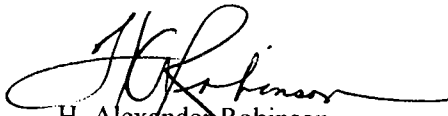
In conjunction with the NTFAP, I am now developing two new initiatives which I hope will be the next steps in reinvigorating and revitalizing the fight against HIV at the grassroots level. First, I have helped developed a new campaign termed "Recreating Our Future." It is my hope that this campaign will serve as a model for how we can achieve President Clinton's vision of decreasing the number of new infections each year until there are none. Through public policy action,

Ms. Patricia S. Fleming
Executive Office of the President
Office of National AIDS Policy
May 22, 1996
Page 2

community organizing, social marketing and focused research, the campaign sets out a vision to end the epidemic rate of HIV transmission in gay men of color within the next five years. Second, I have begun discussions with some key (non-AIDS) community partners to bring attention to request support of not only NTFAP but community programs in general addressing HIV prevention issues. Within the next few months, I hope to have a number of key organizations at the table for a frank and open discussion.

I hope to be able to talk to you further about these and other matters. I will call you in the next few days to see if we can arrange a time to meet. I look forward to talking to you soon.

Sincerely yours,



H. Alexander Robinson
President

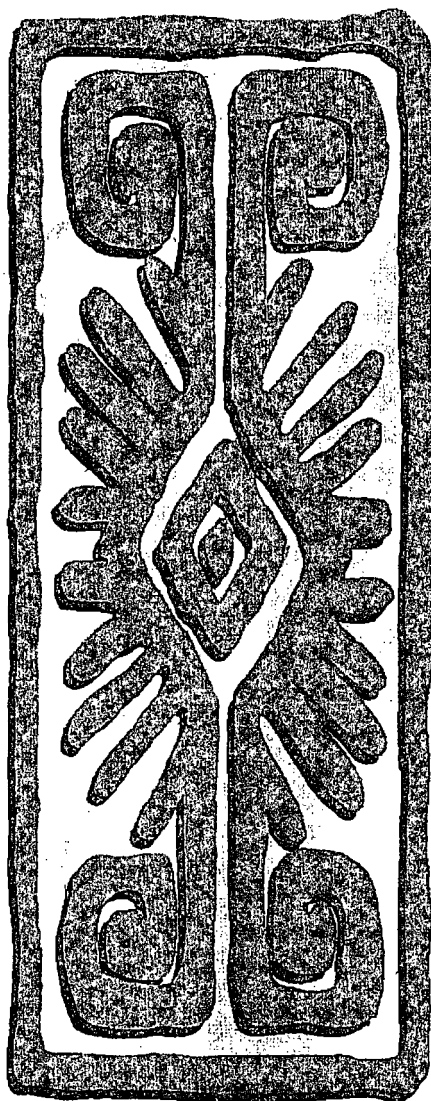
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Report on Standards

as set forth at the

Gay Men of Color AIDS Summit

August 31 – September 3, 1995

Sponsored by the

National Task Force on AIDS Prevention

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G3012

Date Rcvd: 5-24-96

From: Jim Raymond

Nutrition for Life - Tufts Univ.

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: Scheduling

RCVD: _____ DONE: _____

Recommendations/Instructions:

To Support Staff: _____

Date of Response: 2-14-97

n:\corresli

NUTRITION FOR LIFE TUFTS UNIVERSITY

136 HARRISON AVE. ARNOLD 205 • BOSTON, MA. 02111 • (617) 636-8295 • FAX: (617) 636-5810

May 21, 1996

Patricia Fleming
Directors Office of National AIDS Policy
Executive Office of the President
750 17th Street NW Suite 600
Washington, DC 20503



JAMES M. RAYMOND, C.M.A.

Project Coordinator
Nutrition for Life
Departments of Community Health and Medicine

Tufts University
School of Medicine
136 Harrison Avenue
Boston, Massachusetts 02111

Nutrition / Infection Unit
(617) 636-8295 - Phone
(617) 636-5810 - Fax
Pg # 532-5224

Dear Ms. Fleming:

I hope that you have enjoyed our newsletter Nutrition for Life. Our study **Nutrition Assessment in People with HIV**, an NIH funded grant has grown to 300 men and women. We are beginning to be recognized as a leader in the field of HIV and nutrition. The real short term benefit of this research is the giving back what we learn to the community. We are currently promoting our research within the community by having those who are prominent in the fight against AIDS speak. We would like to request that you as the National Director come to Tufts to speak regarding the research that your office is promoting and the meaningful results to those living with HIV. We are asking for one hour of your time when you are scheduled to visit this area next. As the coordinator of this program it is my position that you are influential and a leader in the fight against AIDS and promoting good sound research. Please accept on behalf of myself and my colleagues the invitation to Tufts University.

Sincerely,

A handwritten signature in cursive script, reading "Jim Raymond".

Jim Raymond
Nutrition For Life Coordinator

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G3006

Date Rcvd: 5-21-96

From: Philip Fornaci, Esq.

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: Scheduling

RCVD: _____ DONE: _____

July 24
Rec'd on 5/30
let off
on calendar

Recommendations/Instructions:

Just a drop in - informal gathering.

To Support Staff: _____

Date of Response: 7-24-96

n:\corresli



WHITMAN-WALKER CLINIC INC

May 16, 1996

MAIN FACILITY

1407 S STREET, NW
WASHINGTON, DC 20009
202-797-3500
TDD 202-797-3547
FAX 202-797-3504

**ELIZABETH TAYLOR
MEDICAL CENTER**

1701 14TH STREET, NW
WASHINGTON, DC 20009
V/TDD 202-745-7000
FAX 202-745-0238

MAX ROBINSON CENTER

2301 M L KING, JR. AVENUE, SE
WASHINGTON, DC 20020
V/TDD 202-678-8877
FAX 202-678-8099

**NORTHERN VIRGINIA
OFFICE**

5232 LEE HIGHWAY
ARLINGTON, VA 22207
703-237-4900
TDD 703-237-3115
FAX 703-237-5757

**SUBURBAN MARYLAND
OFFICE**

7676 NEW HAMPSHIRE AVENUE
SUITE 411
HYATTSVILLE, MD 20783
301-439-0731
TDD 301-439-0733
FAX 301-439-2983

Patricia S. Fleming, Director
White House Office
National Aids Policy
750 17th Street, N.W. - Suite 600
Washington, D.C. 20503

Dear Ms. Fleming:

For the past five years, the Legal Community AIDSWalk Taskforce ("LCAT") has raised much needed funds from the legal community to support the Whitman-Walker Clinic Legal Services Department and to publicize the availability of legal services for persons with AIDS. Through the contributions of law firms, legal professionals and staff members, LCAT has raised over \$1,000,000 to benefit the Whitman-Walker Clinic Legal Services Department.

This year, the LCAT has enlisted the support of Mrs. Robert Weiner and Mrs. Myles Lynk in an effort to mobilize the Washington, D.C. legal community in its fundraising efforts. Your involvement in this important endeavor can enhance tremendously our ability to motivate the community to join us in the task.

Every year, LCAT launches its AIDSWalk fundraising efforts with a "kick-off" event in mid-July. This year, the event will be held on Wednesday, July 24, at 6:30 p.m. at Decatur House on Lafayette Square. Because the formal invitations will not be issued until late-June, we want to extend an invitation to you now, before your schedule for that evening fills with other commitments. Although you will receive a formal invitation to the event later, we exhort you to place the LCAT kick-off event on your calendar. Should you have any questions, feel free to contact any one of us or Michael Geller, the Event Coordinator, at (202) 473-2724. We hope that you will be able to join us on July 24.

Sincerely yours,


Philip Fornaci, Esq.

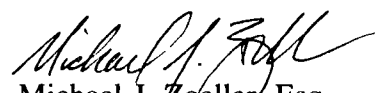
Whitman-Walker Clinic Legal Services
Director, Legal Services


Eduardo Acosta, II, Esq.

Arent Fox Kintner Plotkin & Kahn
1996 LCAT Co-chair


Julie Hecht, Esq.

Department of Justice
1996 LCAT Co-chair


Michael J. Zoeller, Esq.

Crowell & Moring
1996 LCAT Co-chair

cc: Michael Geller, The World Bank, LCAT Event Coordinator

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G3116

Date Rcvd: 6-18-96

From: Edward L. Martinez

yes

Staff Action:

Reviewed By Jeff: _____ Reviewed By: Patsy _____

Assigned To: J. Schenk

RCVD: _____ DONE: _____

Recommendations/Instructions:

To Support Staff: _____

Date of Response: 7-17-96

n:\corresli

AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.

1212 NEW YORK AVENUE, NW, SUITE 750, WASHINGTON, DC 20005 TELEPHONE: (202) 789-1136 FACSIMILE: (202) 789-1277

ELECTRONIC MAIL: aiha@igc.apc.org

June 17, 1996

Patricia S. Fleming
Director
National Office of AIDS Policy
750 17th Street, NW
Suite #600
Washington, DC 20503

Dear Ms. Fleming:

As a follow-up to conversations between your office and Dennis Andrulis of the National Health and Hospital Institute and Bruce MacNair of the American International Health Alliance (AIHA), we are requesting your participation in the Washington, DC portion of our upcoming study tour for five senior officials from national and regional health systems in the Russian Federation and Ukraine. The focus of the study tour is to familiarize the participants with the organization and operation of health care delivery systems in dealing with HIV and AIDS in the U.S. During the delegation's thirteen-day study-tour they will first attend the XI International Conference on AIDS in Vancouver, B.C., then travel on to San Francisco, Chicago and Washington, D.C. The purpose of this tour is to provide these officials with the opportunity to compare and contrast the organization and management of HIV and AIDS within various facilities and programs.

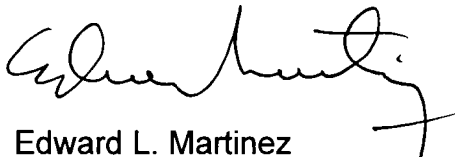
Our delegation will be arriving in Washington, DC on Tuesday, July 16, 1996, and will participate in a program focused on community-based ~~AIDS~~ care, treatment and management models. If your schedule permits we would like very much to meet with you during the day at the National Office of Aids Policy on Wednesday the 17th. If this is not possible, we would be pleased if you could join us for dinner later that evening. We may also be organizing a dinner on the evening of the 16th.

I have enclosed a summary of the overall training objectives and curriculum of the study tour, country profiles on Russia and the Ukraine and a listing of participants. Also enclosed are the corporate qualifications for the American International Health Alliance and the latest issue of *CommonHealth*, our quarterly journal.

If you have any questions or need additional information, please do not hesitate to call me at (202) 789-1136. In addition, you or your staff may contact Elena Bourganskaia, M.D., regarding programmatic issues or Bruce MacNair, who is responsible for the

logistical elements of the study tour, at the same number. Thank you very much for your consideration and we hope that your schedule will permit participation in this important project.

Sincerely,



Edward L. Martinez
Associate Director, Programs

cc: Dennis Andrulis, Ph.D.
Elena Bourganskaia, M.D.
Bruce MacNair

Enclosures

*July 17 @ 10:30 A
45 mins*

**THE AMERICAN INTERNATIONAL HEALTH ALLIANCE
1212 NEW YORK AVENUE, NW, SUITE 750
WASHINGTON, DC 20005**

Telephone: 202-789-1136 ■ Fax: 202-789-1277 ■ E-Mail: aiha@igc.apc.org

FACSIMILE

TO: Ms. LaHoma Ramocki
FAX: 202-632-1096
FROM: Bruce H. MacNair
DATE: June 24, 1996
SUBJECT: Re-sending letter to request participation in AIDS study tour
No. PAGES: 3

Ms. Ramocki:

The following is the letter sent overnight (FedEx Priority) along with an extensive overview and briefing packet to Richard's attention on June 17.

I am currently researching the problem of where it may have gone instead of to your office, on this end. I will resend the entire packet of background, curricula and other materials today.

Again, as the Study Tour approaches our schedule is starting to fill and firm up. As I had discussed with Richard, we would like the opportunity to meet with Ms. Fleming at the National Office of AIDS Policy in the morning on Wednesday June 17. We'd also like to invite her to our Closing dinner later that evening at the Red Sage.

Thank you,



Bruce H. MacNair
Program Analyst, AIHA

06/24/1996 10:20 2027051277 PAGE 02
ysm
AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.

1212 NEW YORK AVENUE, NW, SUITE 750, WASHINGTON, DC 20005 TELEPHONE: (202) 789-1136 FACSIMILE: (202) 789-1277
ELECTRONIC MAIL: aiha@igc.apc.org

June 17, 1996

Patricia S. Fleming
Director
National Office of AIDS Policy
750 17th Street, NW
Suite #600
Washington, DC 20503

Dear Ms. Fleming:

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Sincerely,



Edward L. Martinez
Associate Director, Programs

cc: Dennis Andrulis, Ph.D.
Elena Bourghanskaia, M.D.
Bruce MacNair

Enclosures