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Correspondence - Todd Summers - Incoming - 12/97

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	2	1

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10369	Derek	Hodel	12/10/97

Addressed To

Summers, Todd

Sender's Organization

Daystar Group

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

Thx plus offering service

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

TheDaystarGroup

- Mark Aurigemma
- Derek Hodel

101 Fifth Avenue
Suite 601
New York, NY 10003
212.367.7519
212.367.7517 fax

December 1, 1997

Mr. Todd Summers
Deputy Director for National AIDS Policy
National AIDS Policy Office
750 17th Street, #600
Washington, DC 20503

Dear Todd,

Thanks for taking the time to meet with us week before last. It was fun to see you and Michael, and we really appreciated all of the helpful suggestions. Of course, after we're up and running at the beginning of next year, we'd be delighted to do some work for you. Please don't hesitate to let us know should anything appropriate come up.

For Mark and I, thanks again.

Sincerely yours,

Derek Hodel
Senior Partner

/dh

SCOTT HARSHBARGER
ATTORNEY GENERAL
(617) 727-2200

The Commonwealth of Massachusetts
Office of the Attorney General
One Ashburton Place
Boston, MA 02108-1698

December 9, 1997

Mr. Franklin Raines, Director
United States Office of Management and Budget
725 17th Street, N.W.
Washington, D.C. 20503

Re: Ryan White CARE ACT Funding

Dear Budget Director Raines: Frank

In September, I wrote to you expressing my concerns regarding the inadequate allocation of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funds to municipalities in Massachusetts' four western counties. The share of funds that is provided to this region -- which includes the City of Springfield, with the 25th highest nation-wide incidence of HIV/AIDS cases per 100,000 residents -- is deplorably below what is needed to effectively meet the demands of controlling and preventing the spread of HIV/AIDS, especially among intravenous drug users. I am following up to find out if there has been any discussion about increasing that aid.

Springfield Mayor Michael Albano's Office has been in close communication on this issue with the White House Office of National AIDS Policy and Senator Edward Kennedy and Congressman Richard Neal's offices. Attached please find a letter from Congressman Neal to Director of National AIDS Policy Sandra Thurman seeking cooperation with your office in securing increased funds for Western Massachusetts.

As the attached letter from Assistant Director of the Office of the National AIDS Policy Todd Summers states, Congress recognized that Title I funds should be allocated to areas disproportionately affected by the HIV/AIDS epidemic. With a metropolitan population over 500,000 and one of the fastest growing rates of HIV transmission in the country, it should follow that Springfield should be included as part of an eligible metropolitan area. As of October 1, 1997, state public health department statistics rank Springfield as having 1,298 total HIV/AIDS cases, second only to Boston's 7,595 cases.

It is likely that the Springfield area will experience a further rise in the number of HIV/AIDS cases if a more adequate portion of available federal funds is not allocated to this area.

I look forward to your comments and plans for addressing Springfield's need for an adequate allocation. Please do not hesitate to contact me regarding this matter. Thank you.

Sincerely,

Scott Harshbarger

cc: The Honorable Richard E. Neal
The Honorable Edward M. Kennedy
The Honorable John F. Kerry
Mayor Michael J. Albano
Todd Summers, Deputy Director, Office of National AIDS Policy
Anita Eichler, Director, Health Resources and Services Administration
Dr. Howard Kyongju Koh, Commissioner, Massachusetts Department of Public Health
John Auerbach, Director, Massachusetts Department of Public Health, HIV/AIDS Bureau
Joseph J. D'Amour, Esq., Mayor Michael Albano's Liaison to the Gay Community

gordonr\legisla\aids\ryancare\letters\omb2.wpd

RICHARD E. NEAL
SECOND DISTRICT, MASSACHUSETTS

WHIP AT-LARGE

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON TRADE
SUBCOMMITTEE ON SOCIAL SECURITY

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

November 17, 1997

Ms. Sandra Thurman
Director of National AIDS Policy
Executive Office of the President
Domestic Policy Council
Room 216
Old Executive Office Building
Washington, D.C. 20502

Dear Ms. Thurman:

Enclosed please find copies of correspondence that I have had with various local , state and federal officials regarding the incidence of AIDS in Western Massachusetts. I have worked for many months to assist in the procurement of additional funding for the Western Massachusetts region as a result of the latest increases in AIDS cases. It is my hope that you will be able to assist in this endeavor.

The Western Massachusetts region has experienced a dramatic and unfortunate increase in the reported incidence of AIDS. The citizens of this area have a dire need for increased funding to be allocated for preventative educational programs, as well as much needed treatment and counseling programs for those who are already afflicted with this devastating and merciless disease. The City of Springfield and the surrounding municipalities are struggling to serve a large population of infected individuals with scarce resources that are provided to them under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Currently, this area which encompasses the City of Springfield - rated as the 25th highest nation-wide incidence of AIDS per 100,000 residents - is in critical need of financial assistance in the fight against the spread of this disease.

As a result of the funding criteria utilized by the Office of Management and Budget, the western portion of the state is ineligible for funds under Title I of the Ryan White CARE Act. It is absolutely necessary that the geographical areas that contain the highest number of cases of

2431 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5601

1550 MAIN STREET
FEDERAL BUILDING
SPRINGFIELD, MA 01103
(413) 785-0325

4 CONGRESS STREET
POST OFFICE BUILDING
MILFORD, MA 01757
(508) 634-6196

AIDS and HIV be given adequate monies to further prevent and control the spread of this disease. I implore you to look into this disconcerting disparity in the allocation of funds for the treatment of AIDS and encourage you to work with Mr. Franklin Raines of the Office of Management and the Budget to reconcile this inherent incompatibility with the policy of the Clinton Administration and its dedication to the elimination of AIDS from our communities.

I would appreciate any assistance that you may be able to offer regarding this matter. It is imperative that our communities are given the greatest amount of assistance in the fight against AIDS, particularly those which have such a demonstrated need for increased attention and support. Thank you in advance for all of your dedication and hard work in this policy area. I look forward to working with you in the fight to prevent AIDS.

Very truly yours,

Richard E. Neal

Richard E. Neal
MEMBER OF CONGRESS

REN/ab
Enclosures

THE WHITE HOUSE

WASHINGTON

November 7, 1997

Joseph J. D'Amour, Esquire
Liaison to the Gay Community
City of Springfield
36 Court Street
Springfield, MA 01103

Dear Mr. D'Amour:

This is in further response to our conversation concerning the eligibility of the City of Springfield, Massachusetts, for designation as an Eligible Metropolitan Area (EMA) under Title I of the Ryan White CARE Act of 1990, as amended. As I indicated, the eligibility criteria for EMA designation are prescribed in the Statute. The CARE Act administering agency, the Health Resources and Services Administration (HRSA), does not have discretion in the application of the criteria.

The EMA designation eligibility criteria are, among other things, that the metropolitan area 1) be a metropolitan statistical area as defined by the Office of Management and Budget; 2) have at least 2,000 cumulative AIDS cases for the most recent five year period; and 3) have a minimum population of 500,000. The Ryan White CARE Act of 1990 did not have a minimum population requirement for EMA designation and had a minimum per capita incidence of cumulative cases of .0025 as a qualifying criterion for EMA designation, which allowed metropolitan areas with populations of less than 500,000 to qualify for EMA designation.

The 500,000 minimum population criterion was added and the incidence criterion removed by the Congress when it re-authorized the CARE Act in 1996. This addition of the minimum population requirement was in keeping with the original Congressional intent that Title I funds address the needs of those metropolitan areas where HIV/AIDS was most heavily concentrated and that Title I funds go to urban centers disproportionately affected by the HIV/AIDS epidemic. Conferees made this explicit in the Conference Report accompanying the amendments by stating that, "It is the intent of the Conferees that, beginning in fiscal year 1996 and continuing through the reauthorization period, no new metropolitan area with fewer than 500,000 people be eligible for Part A funds."

Congress recognized, however, in the passage of the original Ryan White CARE Act that HIV/AIDS was not solely a problem of the very large urban areas, and authorized the other Titles of the CARE Act to assist those areas. The City of Springfield and providers of HIV/AIDS related services in Springfield receive, or may be eligible to receive, funding from these other programs authorized by the CARE Act. These are:

Title II, which provides grants, awarded by formula, to States and Territories for the provision of outpatient and ambulatory health and support services for individuals and families with HIV disease. Under this Title, States may fund up to four authorized programs, which are a) Consortia, b) Insurance Continuation, c) Home and community-based services, and d) Therapeutics to treat HIV disease. Funds are further distributed by States to areas throughout the state. The Springfield area receives funds from the State under this Title;

Title III(b), which provides competitive grants to providers for the provision of early-intervention services to people with HIV/AIDS. Family Planning of Western Massachusetts receives $412,650 for the provision of these services;

Title IV, which provides competitive grants to providers for the development of innovative models that link systems of comprehensive primary and community-based medical and social support services for children, youth, women and families affected by HIV with clinical research of potential benefit to individuals with HIV disease; and

Part F, the Special Projects of National Significance program, which provides competitive funding to non-profit organizations to support demonstrations and evaluations of innovative models of delivering health and support services to people living with HIV.

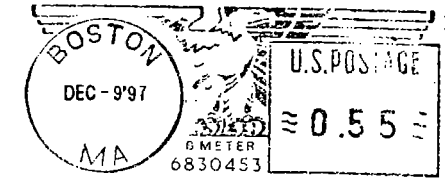
Another source of funding for services to people with HIV/AIDS is the Housing Opportunities for People With AIDS (HOPWA) program, administered by the Office of HIV/AIDS Housing, Department of Housing and Urban Development (HUD). This program provides assistance to address the housing and related supportive service needs of low-income persons with HIV/AIDS and their families. Although this program provides grants to eligible States and cities, ten percent of the funds under this program are awarded by competitive selection for model projects proposed by State or local governments or non-profit organizations.

You should contact Dr. Joseph O'Neill, Associate Administrator, HIV/AIDS Bureau, HRSA, telephone number (301) 443-1993, for further information concerning Ryan White CARE Act funding, and Mr. David Vos, Director, Office of HIV/AIDS Housing, HUD, telephone number (202) 708-1934, for additional information about the HOPWA program. For your reference, I am also enclosing an earlier letter from Dr. O'Neill to Congressman Neal concerning the issues which you raised.

Sincerely,

Todd Summers
Deputy Director
Office of National AIDS Policy

Office of the Attorney General
One Ashburton Place
Boston, MA 02108-1698



Todd Summers
Deputy Director
White House Office of National AIDS Policy
Riggs Bank Building
808 17th Street, NW #808
Washington, D.C. 20006

20006-3910 65

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10371	Scott	Harshbarger	12/11/97

Addressed To

Sender's Organization

Commonwealth of Mass Office of Attorney General

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip
Boston		

Subject

Insufficient funding

☐ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

letter to Director Franklin Raines, USOMB; cc: to Todd Summers

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10423	Nancy - David	Hendry - Gootnick	12/30/97

Addressed To

Summers, Todd

Sender's Organization

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

Med. responsiblities of Corps

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

PEACE CORPS

December 24, 1997

Mr. Todd Summers
Deputy Director
Office of National AIDS Policy
Executive Office of the President
808 17th Street, N.W., Suite 820
Washington, DC 20006

Dear Mr. Summers:

Thank you for your letter of October 21, 1997. It arrived shortly before we were both scheduled to travel overseas, and we apologize for the resulting delay in our response to the issues you have raised.

1. To begin, let us correct the impression that HIV is currently on a list of conditions that the Peace Corps could never accommodate. The purpose of the list to which you refer is simply to alert applicants that, given the health risks Volunteers face and the quality of health care generally available overseas, certain medical conditions are particularly challenging for the Peace Corps to accommodate. Notwithstanding the challenge, and as our policy states, we give

   > individual consideration to the applicant's medical needs, the accommodation that Peace Corps could reasonably provide for those needs and, in light of those needs, whether and where the applicant could safely serve as a Volunteer.

   To avoid any misunderstanding about our commitment to give individualized consideration to the applicant's medical needs -- whether arising from HIV or any other condition on the list -- we are revising this section of "Medical Information for Applicants."

2. The Peace Corps provides medical services for Trainees and Volunteers, but not for applicants. Applicants may choose to be tested by their personal physicians, or at HIV testing centers. Pretest counseling and communication of the test results are handled by the physician or testing center.

   The Peace Corps offers voluntary HIV testing for Volunteers during service and at their close of service. The Peace Corps's procedures for such testing incorporate what we believe to be the highest standards of pre-test counseling and informed consent, including the specific elements mentioned in your letter.

3. Peace Corps Volunteers who become HIV positive during service are brought to the United States for evaluation at the Georgetown University Division of Infectious Diseases, HIV Clinical Program, a highly regarded multi-disciplinary program for persons with HIV and AIDS. That evaluation is the basis for determining the appropriate course of treatment and, for any Volunteer who wishes to continue service, assessing the Peace Corps's ability to assure access to that treatment in the Volunteer's host country. Until an HIV-positive Volunteer's service ends, the Peace Corps provides the Volunteer with all necessary medical care at no cost to the Volunteer.

   Once a Volunteer's service ends, the Peace Corps is no longer authorized to provide that Volunteer with direct medical care. Post-service medical benefits are available through the Department of Labor (DOL) Federal Employees Compensation Act (FECA) program, which covers the ongoing cost of treatment for service-related medical conditions. To date, the DOL has provided full benefits to every returned Volunteer who is known to have become HIV infected during service.

   Medical care for Peace Corps overseas staff is provided by the Department of State, which is responsible for establishing the standards for that care.

   Peace Corps staff employed in the United States have the opportunity to obtain medical coverage from private insurers through the Federal Employee Health Benefits program and to determine a course of treatment with their personal physicians.

4. The Department of Labor is responsible for determining whether an HIV infection is service related for purposes of FECA coverage, including under which circumstances and after what length of time a post-service sero-conversion would qualify for coverage. We note, however, that where clinically indicated the Peace Corps offers repeat HIV testing for returned Volunteers up to six months after close of service.

We hope this information is helpful to you. Please feel free to contact us if you have any further questions.

Sincerely,

Nancy H. Hendry /sle

Nancy H. Hendry
General Counsel

David Gootnick

David Gootnick, MD
Director of Medical Services

CAPS

CENTER FOR AIDS PREVENTION STUDIES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO

74 New Montgomery Street, Suite 600
San Francisco, CA 94105

TEL: (415) 597-9100
FAX: (415) 597-9213

www.caps.ucsf.edu/capsweb

Date: 12-23-97

To: Todd Summers

Fax # (202) 632-1096 Tel. # (202) 632-1090

From: STEVE MORIN Tel. # (415) 597-9228

Total number of pages (including cover sheet): 4

FYI

If you have questions or problems with this transmission, please call 597-9228

(FAX Code: 1112)

AIDS FUNDING 1991 - 1998

Federal Funding
(in millions)

	1991	1992	1993	1994	1995	1996	1997	1998
Ryan White	109.2	276.1	348.2	597.4	633.0	738.5	996.3	1,150.2
CDC (AIDS)	449.5	480.1	500.5	543.3	589.8	590.0	617.0	634.3
HOPWA	-	42.9	90.0	140.0	153.9	171.0	196.0	204.0
NIH	804.6	841.0	1,074.0	1,299.0	1,333.4	1,441.9	1,501.0	1,608.0

Federal Funding to City of San Francisco
(in millions)

	1991	1992	1993	1994	1995	1996	1997	1998
Patient Care								
Ryan White	13.3	19.7	27.9	40.6	33.3	36.4	38.5	
AIDS Drugs (ADAP)	2.4	1.2	2.3	2.5	2.2	3.5	13.7	
CDC Programs								
Prevention	6.0	6.1	5.4	5.9	7.5	7.5	8.2	
Surveillance	1.9	2.1	1.9	2.0	2.0	1.7	1.1	
Housing (HUD)								
HOPWA	-	3.6	6.6	11.6	11.4	8.8	9.4	

PRC/funding.xls 12/23/97

House Report

level and $18,649,000 above the request. In addition to the amount appropriated, the bill makes available $48,400,000 from the Public Health Service one percent evaluation set-aside, which is $21,663,000 less than the amount requested by the Administration and the same as the 1997 set-aside amount. Taking into account funds from all sources, the Committee makes available $86,012,000 for NCHS, $3,014,000 below the Administration request and the same as the 1997 level. The Center is responsible for collecting, interpreting, and disseminating data on the health status of the U.S. population and the use of health services. Among the surveys supported are the National Vital Statistics System, the National Health Interview Survey, the National Survey of Family Growth, the National Health and Nutrition Examination Survey, and the National Health Care Survey.

Buildings and facilities

The bill includes $20,000,000 for buildings and facilities, which is $3,007,000 below the Administration request and $10,553,000 below the 1997 appropriation. Funding supports ongoing maintenance projects, as well as safety repairs and equipment purchases. In the 1997 appropriations bill, $23,000,000 of the total $30,553,000 provided for buildings and facilities was provided as emergency funding, as requested by the Administration for anti-terrorism activities. The Administration did not request any 1998 funds to be designated as an emergency expenditure.

Program management

The bill includes $2,465,000 for program management, which is the same as the budget request and $98,000 below the amount appropriated in 1997. This activity supports a portion of the activities of the Office of the Director of CDC. Only a small portion of total CDC administrative costs are reflected in this line item; according to the budget justification, agency administrative costs in 1997 will total $493,588,000. Consistent with the policy followed throughout the bill, the Committee directs that the agency's 1998 administrative costs as identified in the table on page 9 of the 1998 budget justification do not exceed those in 1997 by more than one percent.

The Committee strongly urges CDC to revise its budget presentation of administrative costs so that a more accurate picture of these expenses is available to the Committee. The Committee also urges CDC to amend its policies for tapping program lines for central administrative activities to more accurately reflect a program's true utilization of centralized functions, such as budgeting and procurement, regardless of whether it is dominantly an intramural or extramural program. Until such time as a more accurate budget presentation is transmitted to the Committee, the Committee directs CDC to identify in the operating plan required elsewhere in this report the amount of administrative funding that will be tapped from each program line displayed on the table accompanying this report. The Committee expects any subsequent change to this information to be treated as a reprogramming request with an explanation of the basis upon which these taps are allocated.

The Committee continues to be pleased with CDC's program activity and commitment to improving the health status of minority

and disadvantaged individuals, and urges continued expansion of these efforts.

The Committee encourages CDC to produce a report providing state-by-state data on women's health status, taking into account age, race and ethnicity. The report would be compiled in partnership with the States and other key stakeholders and would help to determine which women's health data is currently available at the State level.

The Committee encourages CDC to assess the public health infrastructure in place to protect the public's heath in the event of a terrorist attack, including chemical and biological agent surveillance, rapid assessment, laboratory coordination, and agent isolation, and to make recommendations on how to best protect the public, particularly in densely populated urban areas, from the effects of a terrorist attack.

The Committee recognizes the daunting task State, county and local health care and correctional officials face in addressing the increasingly complex issues surrounding health care within the nation's correctional facilities. The Committee notes the high incidence of airborne and other highly communicable diseases within these facilities. The Committee is aware of the fact that each year more than 11 million people are released from correctional facilities nationwide, and many of these persons present a potential health risk to the general public. The Committee understands that CDC has joined the National Institute of Justice and the National Commission on Correctional Health Care in planning a national study on the potential health risks of soon-to-be released inmates. The Committee encourages CDC to continue to work with these two groups as they seek to assess the health services currently provided in correctional facilities and to identify problem areas, particularly as they relate to health care linkages between correctional institutions and community health resources.

Crime bill activities

The bill includes $45,000,000 for crime bill activities, which is the same as the President's request and $4,000,000 above the 1997 level. These activities are funded through the crime bill trust fund. $45,000,000 is provided for rape prevention and services; no funding is provided for community programs to prevent domestic violence, since these programs were authorized only for a two year period. In 1997, the community programs were funded at $6,000,000. The $45,000,000 for rape prevention and services is used by States to support rape crisis hotlines, victim counseling, professional training of police officers and investigators, and educational programs in colleges and secondary schools.

The Committee believes that States should use the rape prevention and education funds to supplement rape crisis centers and State sexual assault coalitions' rape prevention and education efforts and not to supplant funds from other sources. Specifically, funds are intended to support rape crisis hotlines, victim counseling, professional training, and education programs. These funds are not to be used for any related activities of the State agency carrying out the program authorized under the crime bill. Funds should

Senate Report

The Committee understands that under the Clinical Laboratory Improvement Act [CLIA], the FDA was given the responsibility to categorize the complexity of new invitro diagnostic [IVD] devices. However, the FDA failed to undertake this task and the responsibility for regulating the complexity of these IVD products is being carried out by the CDC. At the same time, FDA continues to conduct extensive evaluations of these IVD devices before clearing them for market under the FDCA, including reviewing their instructions for use. The Committee concurs with the concern expressed by the authorizing committee that this dual responsibility has resulted in a process that causes confusion, unnecessary conflict, and duplication of effort. This Committee encourages the CDC to review with the FDA the prospect of returning to the FDA the role of categorizing the complexity evaluations under the CLIA and be prepared to report on the review during the fiscal year 1999 hearings.

Local health departments are the first line of defense in protecting the public health. The Committee is concerned that many local health departments may lack basic and necessary technologies to carry out their mission. The Committee requests the Director of the CDC to review the technology and training needs of local health departments and report to the Committee on the findings prior to the fiscal year 1999 budget hearings. This report should include recommendations on how to address existing unmet needs.

The Committee has received concerns from States regarding its policy for tapping program lines for central administrative activities. The Committee requests that the Director provide to the Committee a report on the amount of administrative funding that will be tapped from each program line before the end of the first quarter. The Committee requests that any subsequent change to program administrative taps be treated as a reprogramming request.

Violent crime reduction trust fund

The Committee recommendation includes $51,000,000 from the violent crime reduction trust fund for activities authorized by the Violence Against Women Act in the crime bill included is $45,000,000 to augment rape prevention services supported by the States through the preventive health and health services block grant, and $6,000,000 for grants to public and private nonprofit organizations to support community programs to prevent domestic violence.

The funds for rape prevention and services total $10,000,000 above the 1997 appropriation and will be used by States to expand support for rape crisis centers and State coalitions, to support rape crisis hotlines, victim counseling, professional training of police officers and investigators, and education programs in colleges and secondary schools.

The Committee is concerned with the distribution of funds for rape prevention and education that are provided with funds from the violent crime reduction trust fund and sent to the States through the preventative health and health services block grant. States should comply with the statutory language and congressional recommendations accompanying the use of these funds. Funds should be used to supplement rape crisis centers and State

sexual assault coalition's rape prevention and education efforts and not to supplant funds from other sources.

NATIONAL INSTITUTES OF HEALTH

The Federal investment in biomedical research at the National Institutes of Health [NIH] is regarded by the Committee as one of its highest priorities. Few activities of the Government have the potential to improve the quality of life for our Nation's citizenry and reduce the costs of health care than medical research. Earlier this year, the Senate endorsed 98 to 0, a substantial expansion of funding for the National Institutes of Health. The Committee recommendation reflects this commitment to medical research while also maintaining support for other high priority primary and preventive health programs. The fiscal year 1998 recommendation for the 24 Institutes, Centers, and Divisions which comprise the National Institutes of Health totals $13,692,844,000. The recommendation is $952,001,000 over the 1997 level and $614,641,000 over the budget request.

NATIONAL CANCER INSTITUTE

Appropriations, 1997	$2,254,951,000
Budget estimate, 1998	2,441,738,000
Committee recommendation	2,558,377,000

The Committee recommends an appropriation of $2,558,377,000 for the National Cancer Institute [NCI]. This is $116,639,000 more than the budget request and $177,228,000 more than the fiscal year 1997 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NCI conducts and supports basic and applied cancer research in prevention, early detection, diagnosis, treatment, and rehabilitation. NCI provides training support for research scientists, clinicians, and educators, and maintains a national network of cancer centers, clinical cooperative groups, community clinical oncology programs, cancer prevention and control initiatives, and outreach programs to rapidly translate basic research findings into clinical practice.

The Committee has held a number of hearings this year examining the hopes, dreams, and frustrations of patients and scientists on the frontlines in our war against cancer. Through these hearings, the Committee has developed a greater understanding of the programs, priorities and needs of our National Cancer Program. It is abundantly clear that the hope of ameliorating the societal burden of cancer lies in the diligent pursuit of a comprehensive cancer research program to improve cancer prevention, early detection, treatment, and survival. The Committee recognizes that one in two males, and one in three females will develop cancer over their lifetime. This disease poses a major and catastrophic health threat to the American public. The costs, both human and economic, of cancer in this country are catastrophic. The national investment in cancer research remains the key to bringing down spiraling health care costs, as treatment, cures, and prevention remain much cheaper than chronic and catastrophic diseases, like cancer. The Commit-

The George Washington University
WASHINGTON DC
MEDICAL CENTER

FORUM FOR COLLABORATIVE HIV RESEARCH

December 18, 1997

Dear Colleague:

Thank you for your participation in the Planning Committee meeting for the FCHR Project on Dissemination and Evaluation of the HIV Clinical Practice Guidelines. Your input was extremely helpful in defining the issues for discussion and providing a structure for the future of the project.

In the first half of the meeting, we did an excellent job of outlining what needs to be done to develop a strategic plan for dissemination of the clinical practice guidelines. Our discussion provided a solid framework for the development of the type of workshop meeting we had discussed. This includes gathering together information on current dissemination practices, defining the target audiences and the methods of dissemination that are useful for those audiences, and identifying the constituencies that have a role in the effort to disseminate the information. We also had an excellent discussion about how to evaluate the implementation of the guidelines in various health care delivery settings.

The second half of the meeting was more difficult because the subject matter is much broader. I felt that the discussion was quite useful, but that another planning meeting would be necessary to build on what we started. At that next meeting, we need to include additional participants with expertise in patient outcomes and quality assurance research. If you know of individuals who can be useful in this regard, please pass those names on to me.

Now that we have had an initial discussion, I suggest that we divide the project into two distinct parts - the first to create a strategic plan for dissemination and implementation evaluation of the guidelines, and the second to develop a research agenda regarding patient outcomes in HIV care. Each project should have its own planning process. For the first project, I will develop a proposal for moving ahead, using the meeting minutes and summary that I should receive next week. I will then send you that draft proposal for comment. For the second project, I will start preparing for the second planning meeting after the holidays.

Thank you again for your participation and I look forward to working with you as these projects progress. If you have any questions or comments about any of this, please do not hesitate to call. Have a good holiday season.

Yours truly,

David Barr

2021 K STREET, N.W. • SUITE 800 • WASHINGTON, DC 20006 • (202) 296-6922 • FAX (202) 296-0025

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

December 16, 1997

Todd A. Summers
White Office of National AIDS Policy
808 17th Street, N.W.
Suite 820
Washington, D.C. 20006

Dear Mr. Summers:

On behalf of the division of HIV/AIDS Prevention - Intervention, Research, and Support I would like to thank you for taking time out of your busy schedule to visit us in Atlanta last week. As you discovered, there is much happening at CDC and one day was not enough time to discuss many pressing issues, much less brief you on the comprehensive nature of our prevention activities. As I said during your visit, your exposure was more of an advertisement to the more comprehensive briefing we hope to schedule for you and Sandy in January. Clearly the day illustrated the need for our two offices to engage in regular and continued dialogue.

Enclosed you will find a number of items that you either requested or we felt would be relevant to the conversations we had during your visit. This information is only the start in answering your questions and addressing the issues raised during your meetings. More will be forthcoming. In addition to following up to your questions, we will also be forwarding your concerns and recommendations to Dr. Gayle, continued guidance from your office is welcome.

In the meantime, should you need any assistance or have further questions please do not hesitate to call me (404)639-5200. I look forward to my visit this week.

Sincerely,

David Holtgrave, Ph.D.
Director
Division of HIV/AIDS Prevention -
Intervention, Research, & Support
National Center for HIV, STD, and
TB Prevention

Enclosures

cc:
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December 9, 1997

Mr. Todd Sommers
410 5th Street, NE #5
Washington, DC 20002

Dear Todd:

The American Jewish Committee is proud to present its prestigious 1998 Institute of Human Relations Award to **Robert A. Glassman**, Co-Chairman of Wainwright Bank, in tribute to his outstanding professional and humanitarian achievements, at a dinner on Monday, March 2, 1998 at the Westin Hotel in Boston. Helen Spaulding, Chair of The Boston Foundation, John P. Manning, President of Boston Capital, David Butterfield, Vice President of LPL Funding, and I are honored to serve as Co-Chairs of this event.

On behalf of the AJC and the Dinner Co-Chairs, **I invite you to serve as an Honorary Co-Chair** in recognition of Bob's commitment to social justice. That Wainwright Bank has become an important voice for social justice can be directly traced to Bob's personal beliefs.

The AJC seeks to safeguard religious and civil liberties of all people, and to strengthen pluralism in American society, through research, diplomacy and public advocacy. Bob's leadership of Wainwright, and his own philanthropic activities, reflect the highest values of the American Jewish Committee.

I know you are aware of many of Bob's contributions to our society, but I enclose a statement about him which demonstrates the breadth and depth of his activities. I hope you will agree to serve as an Honorary Co-Chair, and that you will return the enclosed card as soon as possible so that we can list you along with other community leaders on the invitation and tribute program.

We look forward to this event with great anticipation, and hope you will participate with us. Best regards.

Very truly yours,

Martin S. Kaplan

ROBERT A. GLASSMAN

American Jewish Committee

1998 Institute of Human Relations Award

March 2, 1998

Robert A. Glassman has had a successful business career as Co-Chairman of Wainwright Bank & Trust Company and, prior to that, as co-principal of HCW Oil & Gas Company. His success as an entrepreneur and business leader has been matched by his commitment to society.

Under Bob's guidance, Wainwright has become leader in financing socially responsible community development, including the financing of over 50% of the local housing projects for people living with AIDS, and the creation of over 500 units of affordable and special needs housing in Boston and Cambridge. Wainwright is a national leader in financing shelters for the homeless, and was one of the first banks in the United States to offer an affinity card supporting both women's issues and gay and lesbian rights.

A Vietnam veteran himself, Bob co-founded the William Joiner Foundation at UMass Boston, which serves as an advocate for American Vietnam veterans, promotes the study of war and its social consequences, provides support to Vietnamese citizens on health-related issues, and sponsors cultural exchanges for artists and writers from both countries. Next month, Bob will participate in a second mission to Vietnam in support of the effort to achieve reconciliation within our society and with Vietnam.

He created the Glassman Fellowship Fund at Harvard Business School to assist students in financial need, partly in response to his own inner-city public school background. In addition, Bob has had extensive philanthropic involvement with many social justice causes in the Boston area, and he is a member of the Board of the Boston Foundation.

Whether as the keynote speaker before 100,000 people at Boston's Gay Pride Day, or speaking with Hispanic community leaders at El Centro del Cardenal, Bob consistently delivers a message unique within the banking industry: "I believe it's important to use the platform the Bank affords me to inform, educate and introduce different constituencies to issues of social justice. This work, alongside the culture of diversity we've developed at the Bank, is the most important legacy I contemplate I will leave my children."

THE WHITE HOUSE

Virginia –
Can I do this?
(w/o title, of course)
Todd

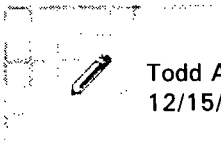
☺

12/12/97

Todd –

WH employees can not act as honorary chairs or co-chairs of private charitable fundraising events. As a WH employee you may not participate on the Honorary Committee for this event, but you may still attend.

Going



Todd A. Summers
12/15/97 11:47:59 AM

Record Type: Record

To: martin.kaplan @ haledorr.com @ inet

cc:
Subject: Glassman Award from AJC

Mr. Kaplan:

I appreciated your invitation to serve as an Honorary Co-Chair of the American Jewish Committee's award to Bob Glassman. Unfortunately, White House employees are not allowed to serve on honorary committees for fundraisers. Bob has been a great supporter of the Boston community, and particularly to people living with HIV and AIDS, so I am particularly honored to have been asked.

I would, however, be interested in asking for a letter of congratulations to Bob from the President, and will put that request in the works. If I am successful, should I send the original to you for presentation to Bob at the ceremony?

Thanks,

Todd Summers
Deputy Director
Office of National AIDS Policy
The White House