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Correspondence - Todd Summers - Incoming - 4/98

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**Office of
AIDS Research**

Fax Cover Sheet

Date: 4/16/98 Total Pages: 3

To: MR. Todd Summers

Telephone: 202-456-2437

Fax: 202-395-2428

From: Linda Jackson, Program Coordinator, OAR

**Office of AIDS Research
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 402-3357**

Remarks

APR 16 1998

NOTE TO: Todd Summers

This is what I plan to discuss with Ms. Pernel Blackhurst, Protocol Officer, US Mission to International Organizations.

I will also be discussing this with Dr. Bernard Hirschel, Chair, 12th World AIDS Conference.

If you have any objections, or do not wish me to proceed, please call me at 301-402-3357 prior to 5pm tomorrow 4/17. I will be traveling to Geneva on Saturday. If you need to reach me while I am there, please see the contact information below.

**Movenpick Hotel
20, Route de Pre-Bois
Case Postale 608
CH-1215 Geneve 14 Aeroport
Switzerland
011-41-22-798-7575 phone
011-41-22-791-0284 fax**

**Request for Support
U.S. Mission to International Organizations**

International Meeting of Senior AIDS Policy Officials

Office of National AIDS Policy, White House, would like to sponsor an International luncheon/reception meeting of Senior AIDS Policy Officials during the International AIDS Conference (June 28-July 3, 1998).

It would be a held to develop a network of contacts. Each country might give a 5 minute presentation of how they function in their country and their goals for the coming year..

Questions:

- Would the Mission be willing to help set the meeting up?
- Do you have space where it could be held?
- What do you think of the selected countries?
- Have we left out anyone who would be offended?
- Based on protocol, is there anyone else to be included (i.e., IAS, UNAIDS)?
- How do we start?
- What type of function would be best?

4/15/98

NOTE TO: Todd Summers

INFORMATION FOR 10:30 TELEPHONE CALL

Itinerary for Linda Jackson:

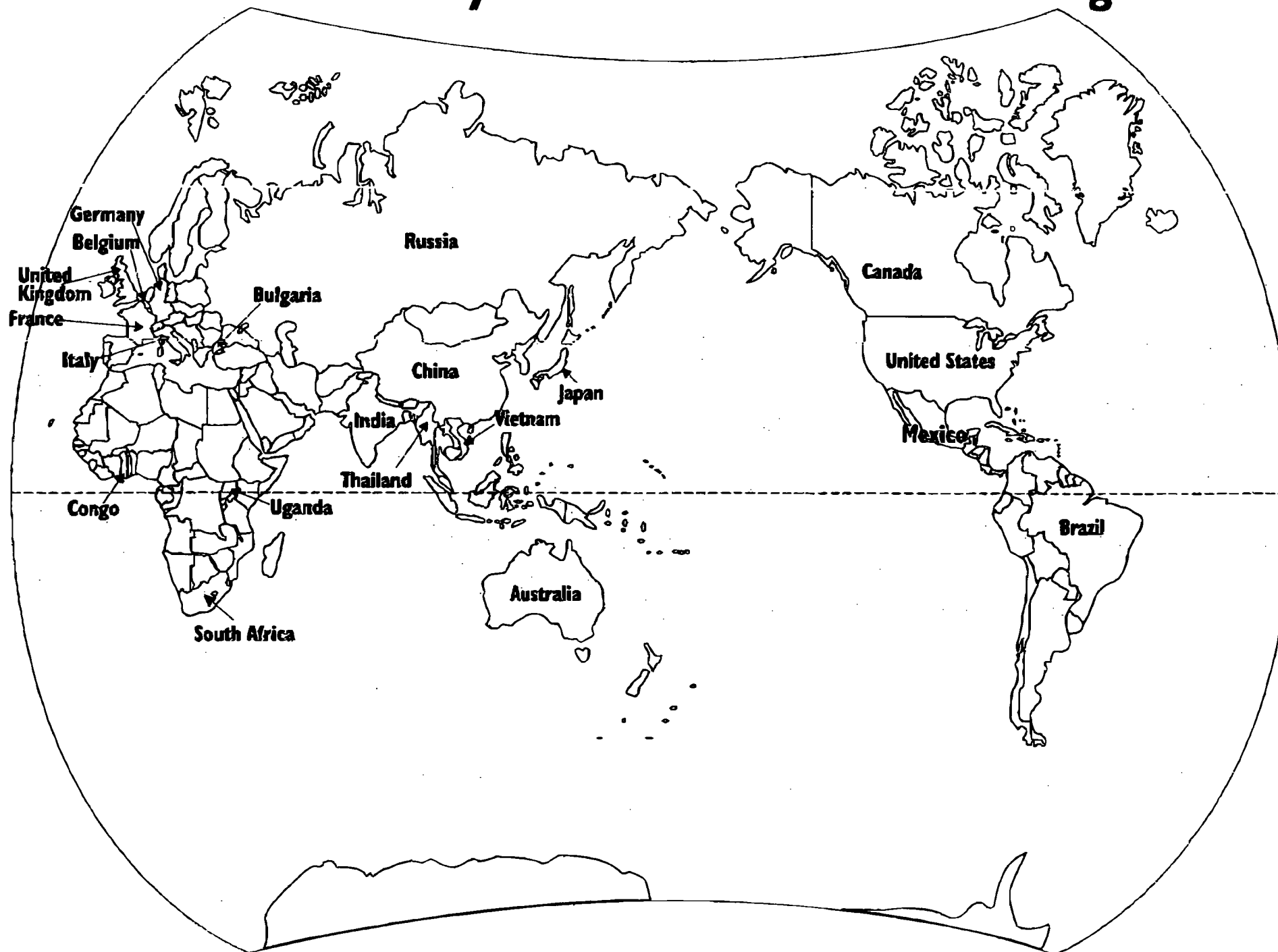
On Tuesday, April 21, 1998

10:00 am Meet with Ms. Pernel Blackhurst, Protocol Officer
United States Mission to International Organizations
Geneva, Switzerland

Discuss--Assistance in contacting identified countries and requesting their attendance at a informal meeting of Country-level AIDS leaders (Health Ministers). Questions: Do we have a fair representation of countries? do we need to include any other countries? would the Mission host the meeting? are there other entities that should be involved (i.e., IAS, UNAIDS)? what can we do to help?

QUESTIONS FOR ONAP: Is this too many countries? Do you have specific countries you want invited? Do you still want a luncheon reception? What do you want to happen at the meeting? Is it ok for me to discuss with the US Mission and the Conference Organizers?

Pre 'minary Countries for ONAP Meeting



4-15-1998 8:34AM

FROM SSS CONFERENCE GRP 301 913 0351

P.2

002

NO.116

LINDA JACKSON → 2024562438

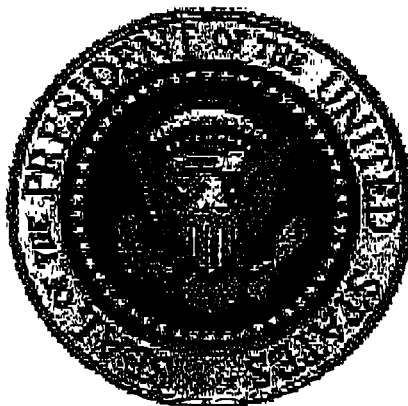
10:03

04/15/98

*** TX REPORT ***

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FACSIMILE

**PRESIDENTIAL ADVISORY COUNCIL
ON
HIV/AIDS
EXECUTIVE OFFICE OF THE PRESIDENT**

736 Jackson Place
Washington, DC 20503
Phone: (202) 456-2437
Fax: (202) 456-2438

TO:

GIOGE DEL MAZO

SDMS

Specialty Disease Management Services, Inc.

7003 Catalonia Avenue
Jacksonville, FL 32217

April 29, 1998

Todd A. Summers
Deputy Director
Office of National AIDS Policy
736 Jackson Place N.W.
Washington, D.C. 20503

Dear Todd:

Thank you very much for making the trip to Jacksonville and conducting a discussion regarding your thoughts on national policy for persons with HIV/AIDS. The session was very informative. As I mentioned to you prior to your departure, there is a way to obtain the necessary cost savings in the Medicaid program to offset the expenses associated with expanding Medicaid eligibility to those with HIV. In my background as the VP/GM for a Medicaid HMO, I am well versed in the savings that can be achieved through the implementation of a Medicaid capitated managed care program.

The Medicaid fee for service system has experienced rampant over-utilization by providers and this is even more apparent when looking at those treated for HIV/AIDS. Establishing appropriate risk adjusted rates and selecting a carved-out managed care plan that focuses solely on HIV/AIDS can reduce this over-utilization. Not only can a program of this nature achieve cost savings, it can also improve the quality of services received by persons with HIV/AIDS by ensuring that they are treated by recognized experts utilizing established protocols. Mainstreaming the HIV/AIDS patients into managed care plans will not be as effective due to the unwillingness of these plans to apply the resources necessary to manage these patients.

Specialty Disease Management Services, Inc. has established a disease management program for HIV/AIDS. I am presently looking to work with providers, state Medicaid agencies and managed care plans. In addition, I am interested in establishing full risk capitated programs for HIV/AIDS.

I would be very interested in discussing this with you.

Sincerely,



Frederic S. Goldstein
President

THE WHITE HOUSE

WASHINGTON

April 16, 1998

MEMORANDUM TO: All Executive Office of the President Personnel

FROM: Cheryl D. Mills *CDM*
Deputy Counsel to the President

SUBJECT: REQUEST FOR DOCUMENTS

We have received a document request for various records relating to certain individuals and entities. Accordingly, please conduct a thorough and complete search of all your records -- whether in hard copy, computer form or any other form -- for any of the following material for the period January 1, 1995 to the present:

1. All documents and materials referring or relating to federal government oversight of the Teamsters, including but not limited to oversight of the finances, financial status and general management of the Teamsters, and/or implementation of the Consent Decree agreed to between the United States and the Teamsters in settlement of Case No. 88 Civ. 4486 (DNE) in the United States District Court for the Southern District of New York.
2. All documents and materials referring or relating to the 1996 Teamsters leadership elections and any related matters, including documents relating to federal government oversight of the 1996 Teamsters leadership elections.
3. All documents and materials referring or relating to communications between the White House and the Democratic National Committee, state Democratic parties, and/or the Clinton/Gore '96 campaign committee with respect to the Teamsters.
4. All documents and materials referring or relating to the Ron Carey campaign and the Jim Hoffa campaign, including but not limited to any and all communications between the White House and the Ron Carey and Jim Hoffa campaigns.
5. All documents and materials referring or relating to the Independent Review Board ("IRB"), including but not limited to documents and materials referring or relating to IRB members, IRB actions and communications between the IRB and the White House.

SUMMERS, TODD A.
WHITE HOUSE OFFICE
DOMESTIC POLICY COUNCIL
736 JACKSON PL

6. All documents and materials referring or relating to the individuals listed below and their involvement in the 1996 Teamsters leadership election, the Ron Carey campaign, and/or the Jim Hoffa campaign:

Michael Ansara	Ira Arlook	Barbara Arnold
Charles Blitz	Paul Booth	Ron Carey
Nathaniel Charney	Michael Conboy	Martin Davis
David Golovner	William Hamilton	James Hoffa, Jr.
Trish Hoppey	Theodore Kheel	John Latz
Gerald McEntee	Jere Nash	Jack Palladino
Barbara Zack Quindel	Jeffrey Shulman	Monie Simpkins
Andrew Stern	Richard Sullivan	Mark Thomann
Richard Trumka		

7. All documents and materials referring or relating to any meetings organized by or held at the White House attended by the persons listed above in item 6.

8. All documents and materials referring or relating to communications between the Teamsters and the White House regarding any of the following issues:

- a. United Parcel Service strike
- b. Diamond Walnut Growers, Inc. strike
- c. Pony Express Company organizing efforts
- d. Davis Bacon Act
- e. NAFTA Border Crossing
- f. IBT support to 1996 federal election campaigns.

9. All documents and materials referring or relating to the June 17th White House luncheon attended by Martin Davis.

Every employee is responsible for searching his or her own files and records to ensure a comprehensive search. Each office head or Assistant to the President must certify that his or her staff has done a complete and thorough search.

In addition, if you believe that files from your office that have been sent to the Office of Records Management may contain responsive information, please advise us so that we may ensure that all responsive documents have been located.

All materials must be provided to Karl Racine (OEOB 479), by noon on Monday April 27, 1998.

If you have any questions or anticipate any difficulty in meeting this deadline, please call Shelli Peterson at 456-7804 and/or Karl Racine at 456-6285.



AIDS Policy Center
For Children, Youth & Families

918 Sixteenth Street, NW
Suite 201
Washington, DC 20006
Tel. (202) 785-3564
Fax (202) 785-3579
E-mail APCCYF@aol.com

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FAX COVERSHEET

TO:

Todd Summers

FAX #:

456-2438

FROM:

David C. Harvey

DATE:

4/13/98

SUBJECT:

Upper Gore letter

NUMBER OF PAGES (including cover):

2

Notes:

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San Francisco, CA
Paula Van Ness
Washington, DC

David C. Harvey, MSW
Executive Director

April 12, 1998

Mrs. Tipper Gore
Office of the Vice President
Room 200
Old Executive Office Building
Washington, DC 20501

Dear Mrs. Gore:

We recently learned that the Vice President's theme this year for the annual Family Re-Union is "Families and Health," with a focus on family-centered health care.

We were delighted to discover this, and we are hopeful that this lucky coincidence will make it more likely that you will be able to speak at AIDS Policy Center for Children, Youth & Families' annual meeting in Washington, D.C., next month. Family-centered care, as you may know, was pioneered in programs for children with special health care needs, including the pediatric/family projects serving families living with HIV/AIDS that make up our AIDS Policy Center membership and constituents.

We look forward to hearing from your staff about the possibility that you will be able to honor our request. Your long-standing commitment to America's children and families makes you the perfect choice for our keynote speaker, and the professionals and families attending our meeting would be thrilled to have you share your thoughts and insights with them.

Thank you for considering our invitation, and thank you also for your accomplishments, and those of the Vice President, on behalf of vulnerable children and their families.

Best wishes,

Mildred Williamson
President

David C. Harvey
Executive Director



April 16, 1998

**The CAEAR
Coalition**

1413 K Street N.W.

Suite 700

Washington, DC

20005

T 202 789 3565

F 202 789 4277

caearindc@aol.com

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The Sheridan Group

Governmental Relations

Representative

Mr. Todd Summers

Office of National AIDS Policy

736 Jackson Place, N.W.

Washington, D.C. 20503

Dear Todd:

Thank you so much for taking the time out of your busy schedule last week to meet with me on such short notice. It was very good to see you again. Clearly, we have our work cut out for us; but when it comes to HIV/AIDS, that's business as usual. the CAEAR Coalition is committed to doing it's part, and I'm sure you are, too.

I am enclosing our talking points, which ask for \$570 million in FY '99 for Title I and \$113 million for Title III of the Ryan White CARE Act. I also have included our draft of appropriations language for your information. If I can provide you with any additional information, please do not hesitate to contact me.

Again, Todd, thanks for all you do on behalf of people living with or affected by HIV/AIDS. I look forward to working with you more closely in the days and weeks ahead. Take care of yourself and your blessings.

Yours in the struggle,

Phill Wilson

Interim Executive Director

PW/tt

Enclosures



\$570 MILLION NEEDED IN FY 99 FOR CARE ACT TITLE I

Hope, not hoax – new treatments require new resources.

- The CAEAR Coalition is requesting a minimum of \$570 million in FY 99 funding for TITLE I of the Ryan White CARE Act. **This would be an increase of \$105 million over FY 98.** The promise of new treatments, such as protease inhibitors, is inextricably linked to the primary health care and support services funded under TITLE I.
- The 51 metropolitan areas eligible in FY 99 to receive emergency assistance under TITLE I provide care to at least 74% of all reported cases of AIDS in the United States. The infrastructure of care services created under TITLE I continues to be a critical component of AIDS care in America.
- According to the Centers for Disease Control and Prevention, AIDS prevalence will continue to increase. This fact underscores an increasing need for medical and other services for people living with AIDS. As the number of AIDS deaths has begun to decrease, the number of people living with AIDS has grown. Twenty percent of TITLE I clients annually are new cases.

Expanded services are required by new federal HIV Treatment Guidelines --
59% of TITLE I services provide primary health care.

- A decade and a half of research has brought significant breakthroughs in the treatment of HIV. These breakthroughs have led the U.S. Public Health Service to recommend, as the proposed standard for medical care, viral load testing and use of combination therapies, including protease inhibitors.
- The new standards of care require that TITLE I areas ensure access to medical care, the new anti-HIV drugs and the support services that enable successful adherence.
- The first step in accessing the new combination therapies is a physician's visit, followed by diagnostic tests, including the viral load test, and then for many, a prescription – all services provided with TITLE I dollars. Funding for drugs without funding for the mechanisms which make those drugs available is an ineffective policy and a cruel hoax for those who stake their lives on the hope of these new AIDS treatments.
- Currently, the lowest estimated cost for measuring a person's viral load is \$100 per test, and quarterly monitoring is recommended. Test costs, in some locales, are as high as \$250 per test. The Health Resources and Services Administration (HRSA) estimates there are 350,000 TITLE I clients and that at least 30% of these clients are expected to use TITLE I funding to pay for viral load testing. **To provide quarterly viral load testing for these TITLE I clients requires a minimum FY 99 increase of \$42 million.**

- The new treatments are often complicated and have the potential for severe side effects. A person who fails to take these medications as prescribed runs the risk of developing resistant viral strains. Close monitoring by a physician, provided with TITLE I funding, is required.
- TITLE I services are predominantly used by symptomatic people with AIDS who require significantly more – and more complex – medical visits. The number of primary care exam slots for HIV care also increases as people with HIV live longer. A goal of TITLE I communities is to expand access to care and treatment at an earlier stage of disease -- an unachievable standard for most communities with current resources.
- The provision of medical health care services accounts for the expenditure of 59% of Title I funds. This includes not only physicians visits, but tens of millions of dollars for the direct purchase of medicines, and millions more transferred from TITLE I to TITLE II AIDS Drug Assistance Programs (ADAPs). In FY 97, 10% of TITLE I funds, or \$41,059,269, was transferred to ADAP -- based on local priorities.
- The need for services that are traditionally not considered primary medical care, such as nutrition and case management services, has also grown with the use of the new combination therapies. The reason is simple: many of these services are critical to a person's ability to adhere to an effective drug regimen. **The CAEAR Coalition requests a very conservative increase of \$11 million to address the expansion in services, other than viral load testing.**

Epicenter EMAs struggle to respond to flood of new patients seeking medical care.

- **New Clients.** HRSA estimates that 20% of TITLE I clients every year are new clients. TITLE I communities across the country have documented client increases ranging from 13% to as high as 74%. **A minimum FY 99 increase of 10% in TITLE I funds, or \$46 million is required to provide for these new TITLE I clients.**

New TITLE I Areas in FY 99 -- existing areas continue to lose funding.

- **In FY 99, two new areas become eligible for TITLE I.** Both Norfolk, Virginia, and Las Vegas, Nevada, have become eligible for TITLE I emergency assistance in FY 99, increasing the total number of TITLE I communities from 49 to 51. **To reflect that growth in TITLE I areas, the CAEAR Coalition is requesting a minimum increase in FY 99 funding of \$6 million.**
- **In FY 98, fifteen TITLE I areas lost funding as compared to the previous year.** Despite modest increases in CARE Act funding overall, some, though not always the same, TITLE I communities have lost funding three of the last four fiscal years in comparison with their previous year funding. Clearly funding for TITLE I of the CARE Act has fallen behind the need to provide increased resources to each and every TITLE I community.

Draft Appropriations Report Language

The Committee has provided \$570 million in funding for Title I and \$113 million in funding for Title III of the CARE Act. These funding levels are critically important to assuring access to, and successful utilization of, the new anti-HIV drugs and combination therapies.

Title I expands this fiscal year to another two metropolitan areas, providing resources to the 51 U.S. communities where over 74% of all Americans with AIDS have been diagnosed. The CARE Act mandates local control of Title I funds which are allocated to the medical health services and the supportive services that enable individuals to adhere to complex combination therapy that include protease inhibitors. Without adequate funding to these communities hardest hit by the AIDS epidemic, access to the physicians' visits and medical tests required to prescribe the new drugs will remain impossible.

Title III provides HIV-specific funding to 183 community health providers located in urban, suburban and rural parts of the United States. These directly funded programs allow for early diagnosis and ongoing primary medical care, including the new combination therapies, for 83,000 people infected with HIV. This in turn has reduced hospitalizations by 75%. In addition, Title III funded clinics, with 25% of its clients women of child-bearing age, are uniquely situated to provide the successful AZT intervention that reduces HIV transmission from mothers to infants from 25.5% to 8.3%.



A I D S
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WASHINGTON

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April 15, 1998

Todd Summers
Office of National AIDS Policy
808 17th NW, Ste 820
Washington, DC 20006

Dear Todd: *Todd*

We are pleased to enclose with this letter a copy of *Financing AIDS Housing*, a guide to funding sources for AIDS housing programs. Thank you for your assistance with this publication—we couldn't have done it without you.

When we undertook this project, we understood that the handbook could only provide a "snapshot in time" of AIDS housing funding. Grant application processes are constantly changing, and this handbook demonstrates that—some of the application processes for programs profiled in the book have been altered as part of HUD's brand new SuperNOFA process. However, if this handbook introduces a new funding source to one AIDS housing provider, and the provider, in turn, applies for and is awarded funding from that funding source, then the handbook will have served its purpose. Which is why your assistance with this project was so meaningful.

Please note that we've included an order form if you would like additional copies of the handbook. Also, look forward to two other handbooks written by AIDS Housing of Washington—*Rural AIDS Housing: Issues and Opportunities* and *Internet Resources for AIDS Housing Providers and Their Tenants*—both of which will be released later this year.

Again, thanks for your help!

Warmly,

Betsy *KK*
00
Betsy Lieberman
Executive Director

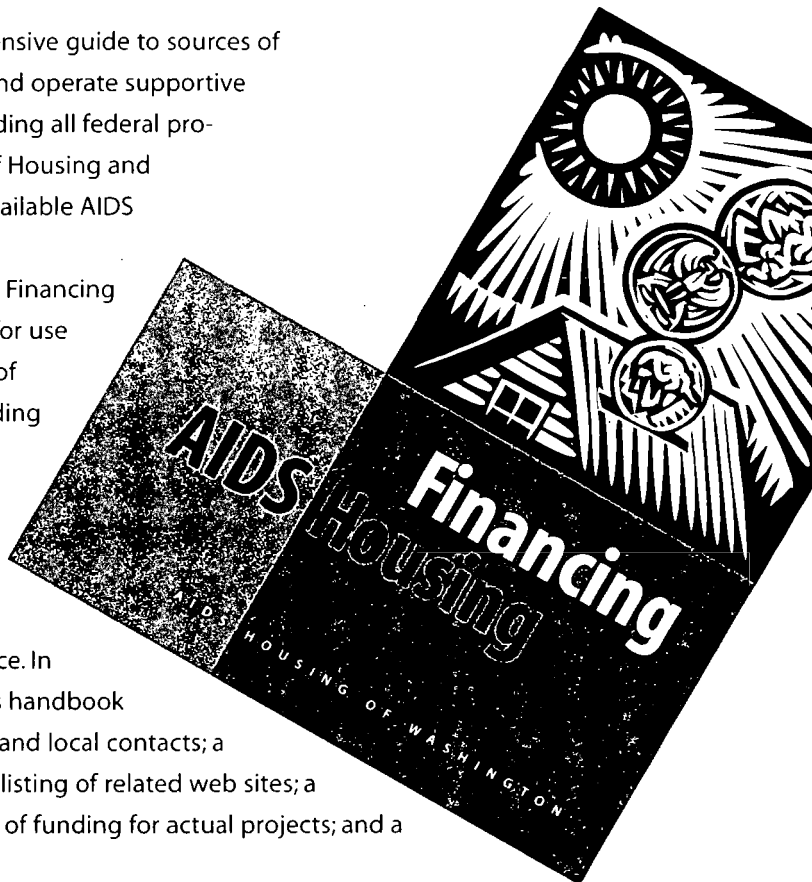
Donald
Donald P. Chamberlain
Associate Director

Mark
Mark Putnam
Research Specialist

You're the best!

FINANCING AIDS HOUSING is a comprehensive guide to sources of funding and technical assistance to develop and operate supportive housing for people living with HIV/AIDS, including all federal programs such as those of the U.S. Department of Housing and Urban Development (HUD), as well as other available AIDS housing finance tools.

Published by AIDS Housing of Washington, *Financing AIDS Housing* was written as a reference tool for use during the planning and development phase of AIDS housing projects. Information about funding sources is arranged by agency and allows the reader to learn about each source independently. Appropriate contact information, application instructions, selection criteria, program profiles, and tips from AIDS housing developers are outlined for each funding source. In addition to detailed program descriptions, this handbook includes an extensive listing of national, state, and local contacts; a bibliography of AIDS housing resources and a listing of related web sites; a glossary of AIDS and housing terms; examples of funding for actual projects; and a technical assistance resource listing.



Order Form

Name & Title _____

Organization _____

Address _____

City/State/Zip _____

Daytime phone _____ Fax _____ E-mail _____

\$10.00 per book (includes postage & handling mailed First Class)

WA State residents add 8.6% tax

Quantity _____ Total enclosed \$ _____

☐ Payment in full enclosed payable to AIDS Housing of Washington (please refer to Purchase Order # _____)

☐ VISA ☐ Mastercard Card # _____ exp. date _____

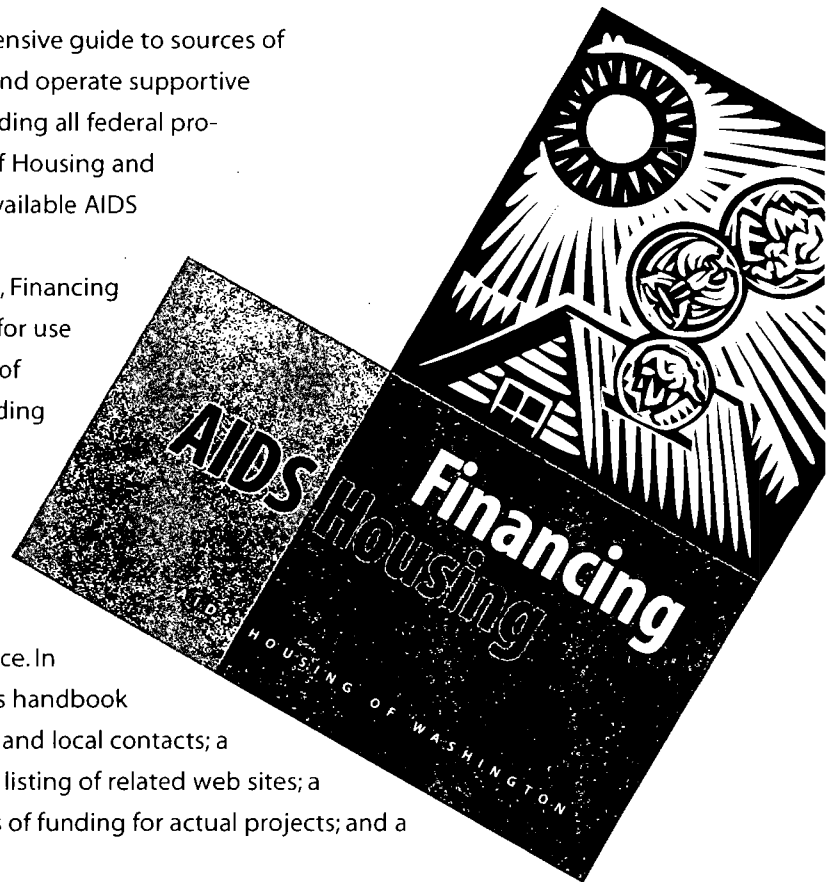
Cardholder's Name _____ Cardholder's Signature _____

☐ Please include information on other AHW publications with my order.

Mail order form and payment to: AIDS Housing of Washington, 2025 First Avenue, Suite 420, Seattle, WA 98121

FINANCING AIDS HOUSING is a comprehensive guide to sources of funding and technical assistance to develop and operate supportive housing for people living with HIV/AIDS, including all federal programs such as those of the U.S. Department of Housing and Urban Development (HUD), as well as other available AIDS housing finance tools.

Published by AIDS Housing of Washington, *Financing AIDS Housing* was written as a reference tool for use during the planning and development phase of AIDS housing projects. Information about funding sources is arranged by agency and allows the reader to learn about each source independently. Appropriate contact information, application instructions, selection criteria, program profiles, and tips from AIDS housing developers are outlined for each funding source. In addition to detailed program descriptions, this handbook includes an extensive listing of national, state, and local contacts; a bibliography of AIDS housing resources and a listing of related web sites; a glossary of AIDS and housing terms; examples of funding for actual projects; and a technical assistance resource listing.



Order Form

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\$10.00 per book (includes postage & handling mailed First Class)

WA State residents add 8.6% tax

Quantity _____ Total enclosed \$ _____

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☐ VISA ☐ Mastercard Card # _____ exp. date _____

Cardholder's Name _____ Cardholder's Signature _____

☐ Please include information on other AHW publications with my order.

Mail order form and payment to: AIDS Housing of Washington, 2025 First Avenue, Suite 420, Seattle, WA 98121



NORTHEAST FLORIDA AIDS NETWORK

April 22, 1998

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

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Executive Director

A. Gene Copello, D.Div., M.S.

Dear Mr. Summers: *Todd*

I would like to take this opportunity to thank you for speaking at the Northeast Florida AIDS Network's Public Policy Forum on behalf of Ms. Sandra Thurman, National AIDS Policy Director. Your openness and knowledge of the vast number of National AIDS policy issues was well received by the community.

Forums like these are essential in getting the word out to the public concerning National Policy issues being worked in the Capitol, and lets the community put a face with the names that they read and hear about fighting the battle against AIDS at the national level.

Again, thank you for coming to Jacksonville and we look forward to helping you in the fight against the AIDS epidemic.

Sincerely,

A. Gene Copello, D.Div., M.S.
Executive Director

REPLY TO METROPOLITAN JACKSONVILLE OFFICE

Daytona Area Office
669 Bellville Road
South Daytona, FL 32119
(904) 304-0015

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Mobilizing Philanthropic Leadership and Resources in the Fight Against HIV/AIDS

April 8, 1998

Todd Summers
Office of National AIDS Policy
808 17th Street, NW, Suite 820
Washington, DC 20006

Dear Todd:

I would like to cordially invite you to attend FCAA's Annual Program and Awards Reception on *Sunday, April 26th*, from 5:00 pm to 7:00 pm at the Washington Hilton and Towers International Ballroom West (1919 Connecticut Avenue, NW).

At this reception, FCAA will proudly present the eleventh annual Humanitarian Leadership Award to **Kate Shindle, 1998 Miss America**, for her tireless efforts to increase public awareness and compassion for people living with HIV/AIDS and for her frank and outspoken stance to promote HIV prevention. We will also present the fourth annual R.A. Radley AIDS Grantmaker Award to **Judy Simpson**, former Senior Program Officer of the George Gund Foundation, for her creative and strategic public policy grantmaking in the fight against HIV/AIDS.

Our award presenters will be **Dorothy S. Ridings**, President and CEO, Council on Foundations, and **Nick Bollman**, Senior Program Director, James Irvine Foundation. Entertainment will be provided by **Gospel Celebrations**.

This reception is being underwritten by a generous grant from Hoffmann-La Roche, Inc. Our event co-sponsors are the Asian Americans/Pacific Islanders in Philanthropy, Association of Black Foundation Executives, Association of Small Foundations, Disability Funders Network, Grantmakers Concerned with Care at the End of Life, Grantmakers Concerned with Immigrants and Refugees, Harm Reduction Funders' Network, Hispanics in Philanthropy, National AIDS Fund, Native Americans in Philanthropy, Washington AIDS Partnership, Washington Regional Associations of Grantmakers, Women & Philanthropy, Women's Funding Network, and the Working Group on Funding Lesbian & Gay Issues.

This invitation is extended to you personally. Due to size restrictions, we cannot extend the invitation to others staff or Board from your organization. To RSVP, please contact Chris Yu, Program Coordinator, at 212-573-5533, (YucFCAA@aol.com).

Please contact me or Chris if you have any questions. We hope you will be able to join us to acknowledge the important work of Ms. Shindle and Ms. Simpson and be a part of our effort to mobilize philanthropic leadership and resources to combat HIV/AIDS.

Sincerely,

Paul A. Di Donato
Executive Director



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

April 6, 1998

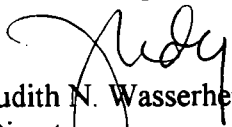
Mr. Todd A. Summers
Deputy Director,
Office of National AIDS Policy
808 17th Street, 8th Floor
Washington, D.C. 20006

Dear Mr. ^{Todd}Summers:

Thank you! Thank you for your ideas, energy and engagement at last week's National STD Action Forum. Taking a fresh look at anything as complex, societally challenging, and longstanding as STD prevention in the United States is very difficult, at best. Translating that fresh look into action that combines new approaches with improvements in current approaches that work well requires both courage and perseverance. I believe that last week, with your help, we began to enlarge the circle of leaders taking a fresh look at these issues beyond the Institute of Medicine's expert panel.

I particularly appreciated your willingness to participate for Sandra Thurman. A written summary of the meeting will be mailed to you in mid-April. I fervently hope that through further discussions this Summer and Fall, the Forum will move from reassessment to action.

With best regards,


Judith N. Wasserheit, M.D., M.P.H.
Director
Division of STD Prevention
National Center for HIV, STD, and TB Prevention