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Correspondence - Todd Summers - Incoming - 8/98

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CORR

Cribb
2608 Warwick Pl.
Earlysville, Va 22936

Mr. Todd Summers
The White House
Washington, D.C.

Jackson PC -
AIDS
POLICY

Aug. 15, 1998

Dear Todd,

Enclosed are the pictures we wanted to send you for Jeff. Our many thanks for a great tour! Sincerely,

Betsy Crikey

Copy

Mr. & Mrs. Philip J Sebes
9104 Windstone Dr
Ooltewah TN 37363-9359

CHATT PM 20 AUG 1998 TN 374

TODD SUMMERS 8/20/98

OFFICE OF NATIONAL AIDS POLICY
736 JACKSON PLACE
WASHINGTON, DC 20503

Todd,

Thanks for taking time from your very busy schedule last thursday. This was a special event for us and you made it informative and interesting! The Sebs family appreciates the tour as well as the learning opportunity for Jeannette!

Thank You

Phil, Donna and (little sister) Tricia

12½ 7th St., SE
Washington, DC
20003

Todd Summers
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC
20003

Grazie

Merci

Gracias

THANK YOU

有難う御座います

Danke

Dear Jodd, August 31, 1998

Hello there! I just wanted to say thanks for the opportunity to work in the office. It is wonderful and grueling work you all do there and I admire you all greatly for the stressful hours you put in. I enjoyed my experience very much and look forward to working with you all a little more. Good luck to you -

Thanks, Jeannette Sikes

Todd

Grazie

♦

Merci

♦

Gracias

♦

THANK YOU

♦

有難う御座います

♦

Danke

Todd -

August 18, 1998

Just wanted to say thanks for taking my family and I on the West Wing tour. We loved it! My parents were so impressed and thrilled with the time you spent with us. I really appreciate you taking time out of your crazy schedule for us. You shared a lot of really great information. Thanks again!

-Jeannette

THE NAMES PROJECT
FOUNDATION

AIDS Memorial Quilt

Todd Summers
White House Officnational AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Todd Summers,

Thank you for your interest in the National High School Quilt Program (NHSQP) , a **fully funded** HIV education/prevention program for high schools interested in displaying portions of ***the NAMES Project AIDS Memorial Quilt*** as part of an AIDS awareness program.

Over the last two years of the program the Quilt has been displayed in over 450 high schools throughout the United States from Ketchikan, Alaska to Miami, Florida with exciting results. Nine out of ten teachers surveyed state the Quilt enhanced their ablility to teach about HIV/AIDS. Eight out of ten students viewing the Quilt feel it made them think about their own risk for becoming infected. Nine out of ten students say seeing the Quilt made AIDS more real for them.

Choosing to include the AIDS Memorial Quilt as part of your high school AIDS prevention program can result in providing a sense of reality that students don't necessarily get from typical prevention education activities. The program comes with a complete curriculum including videos, lesson guides, books and posters. All school teams receive assistance from the program coordinator at the NAMES Project.

Instructions to applicants:
If you would like to apply for this program please read through the enclosed materials describing how to produce a high school Quilt display. We can only accept applications from people affiliated with **high schools**. If you are not at a high school, but know of a school that might be interested in the NHSQP, please pass this information on. We encourage applications from all types of schools-large, small, urban, suburban, rural, etc.-regardless of the extent of their existing HIV prevention activities.

310 Townsend Street, Suite 310, San Francisco, CA 94107-1639
Tel: 415/882-5500, Fax: 415/882-6200, e-mail. info@aidsquilt.org Website: http://www.aidsquilt.org

Completed applications should be mailed to: **NHSQP Coordinator**
The NAMES Project Foundation
310 Townsend Street, Suite 310
San Francisco, CA 94107

Please fill out **all four pages** of the application as completely as possible. You may not necessarily have all the information requested. However, the more information you provide, the better we can make a decision on your application.

Due to limited space, applications must be received no later than **3 months** before your planned event. If you will have difficulty completing the application by that date or if you have any questions about the program or the application process, please contact us at 415/882-5500. Schools will be notified within two to three weeks from the time the application is received.

We look forward to working with your school on this rewarding project. No school community is left unchanged.

Respectfully,

Ifeoma Udoh
National High School
Quilt Program Coordinator

Lisa D. Wade
National High School
Quilt Program Coordinator

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THE NAMES PROJECT FOUNDATION

National High School Quilt Program Installation Guide

A GUIDE TO LOGISTICS AND SECURITY FOR HIGH SCHOOL QUILT DISPLAYS

Quilt panels cannot be replaced. Each panel is a unique memorial to someone who has died of AIDS. Damage to or loss of a Quilt panel could be emotionally devastating to the friends, family or loved ones who made it.

This Installation Guide describes the ways that you can take care of the Quilt while it is at your school. By following these guidelines, you will help preserve the memory of those who have died, and permit others to benefit from seeing the Quilt.

CHOOSING A DISPLAY SITE

All displays must be indoors.

Your Quilt display site can be in an auditorium, library, gymnasium, or other room in your school.

Your display site must meet the following requirements:

- Have ceilings more than 12 feet high
- Be locked when security monitors are not present or school is not in session
- Be off-limits for food, beverages, and smoke
- Be free of insects, rodents, and leaks

Consider the following when choosing your display site:

A ***separate room*** – rather than a high-traffic area such as a lobby – lets people view the Quilt without disruption.

The Quilt should be ***accessible***, located so that people can see it up close.

Seating allows you to conduct special events at the display.

The ***lighting*** affects how well you can see the Quilt, and whether you can create a special "mood" at the display.

Loud noises will interfere with tours and prevent you from creating a respectful atmosphere.

Audio-visual equipment may be needed for special events held at the display (such as guest speakers or videos).

Introduction

The National High School Quilt Program gives you the chance to display the AIDS Memorial Quilt as part of your school's HIV prevention program. Schools receive up to four twelve-foot by twelve-foot sections of the Quilt to display for up to five days. Schools also receive printed materials, books and videotapes that will help students get the most out of seeing the Quilt.

This handbook describes the activities involved in organizing a display of the Quilt in your school. This information will help you complete the application form located in the back of the handbook.

After applying to The NAMES Project, you should keep this handbook for reference. If your school is accepted to participate in the National High School Quilt Program, you will receive additional materials that will help you plan your display.

The National High School Quilt Program receives support from the following:

Brautigam Kaplan Foundation

The Castro Lions Club

Digidesign Inc.

Equitable Foundation

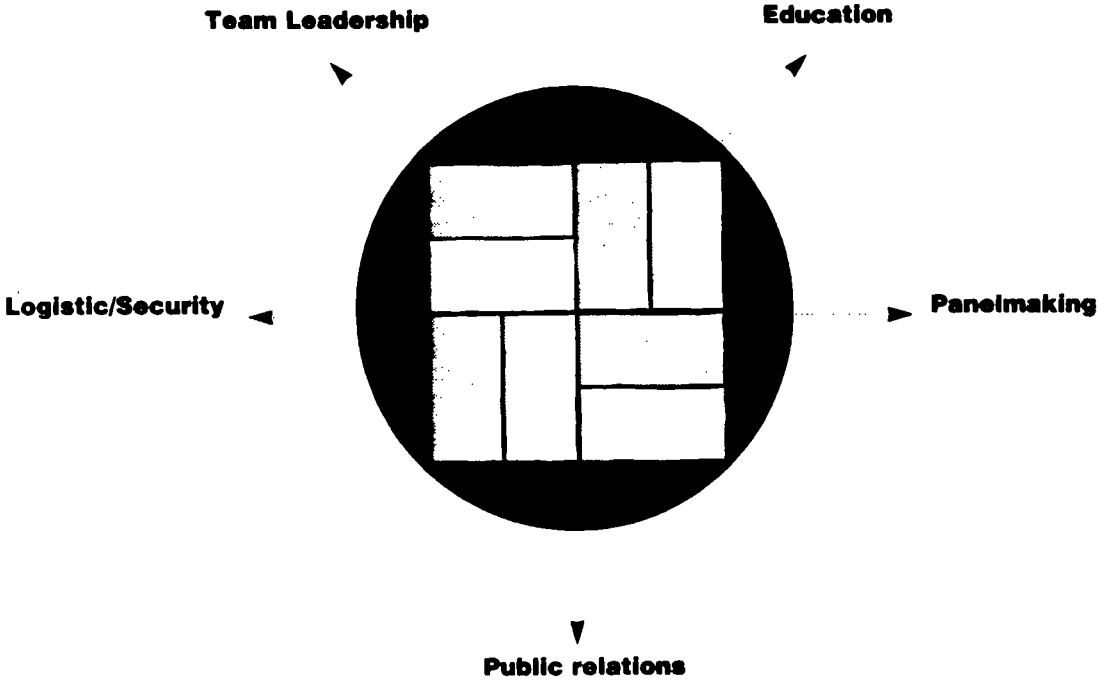
Genentech Corporation

Principal Financial Group

The Prudential Foundation

Planning your Quilt Display

The activities involved in organizing a high school display of the AIDS Memorial Quilt fall into these general areas. The Quilt Display Team, which is described in the next section, coordinates each part of the display.



When planning your display, think about:

How can you use the Quilt to strengthen your school's HIV prevention program?

Whether you have an extensive HIV prevention program at your school or you are just beginning, your Quilt display can help build support for more prevention activities.

How can students be involved in organizing the display?

Students educating other students is an effective way to promote HIV prevention. Encourage students to come up with their own ideas for using the display to educate their peers.

What kinds of activities will people at your school respond to?

Each high school is different. Think of ways that people from your school will get the most out of the display.

Forming Your Quilt Display Team

What is a Quilt Display Team?

A Quilt Display Team is the key to a successful high school Quilt display. The team is responsible for coordinating each part of your display and supervising other volunteers. The team should include at least two or three staff and two or three students.

Who can be on the Quilt Display Team?

Anyone from your school can be part of the Quilt Display Team, as long as they have the time and commitment to help plan the display. The team can include:

students	teachers
administrators	support staff
counselors	school nurses
parents	school volunteers

STUDENT INVOLVEMENT

To make sure that students take an active role in organizing high school Quilt displays, The NAMES Project requires that students be included on your Quilt Display Team. You will also need student volunteers to help during the display. If your school has a peer health education or peer resource program, this is a good place to start to find student team members and volunteers. You might also recruit students through student government, service clubs, health classes and other student groups.

What does the Quilt Display Team do?

Team members should divide up the display activities so that one staff and one student coordinate each of the following:

- Team leadership
- Logistics/Security
- Education
- Public relations
- Panelmaking

A team member may take on more than one area (for example, a team leader might also coordinate public relations, or a Logistics/Security coordinator might also be responsible for panelmaking).

The activities of each of the Quilt Display Team members are described in the next section. The NAMES Project will provide your school with materials to help team members organize each part of the display.

Quilt Display Team Activities

TEAM LEADERS

You should designate one staff and one student from your Quilt Display Team as team leaders.

Team leaders:

Serve as the contact between your high school and The NAMES Project Foundation.

NAMES Project staff provide on-going help to your school as you plan your display. The NAMES Project also sends you various materials to be used in your display. Team leaders are responsible for maintaining contact with The NAMES Project and distributing materials to the appropriate team members and volunteers.

Oversee Quilt Display Team activities.

Team leaders should provide support and guidance to team members and volunteers, making sure that all parts of the display are being planned well. Team leaders should hold team meetings on a regular basis to coordinate the different team activities.

Obtain approval from your school administration for Quilt display activities.

Your Quilt display will only be successful if it has the support of your school administration. Team leaders are responsible for involving the administration in the display and obtaining their approval for display activities.

Send panel requests to The NAMES Project.

Your school may request specific panels. These might be panels made by your school or for people from your community, or other panels that will have a strong impact on the people at your school. If you want a specific panel, you should request it as early as possible after your school has been accepted into the program. Panel requests must be made in writing. They are honored on a first come, first served basis.

Coordinate evaluation activities.

To make sure that the National High School Quilt Program is effective in reaching young people, The NAMES Project conducts an evaluation of the program. We ask schools to participate in these evaluation activities, which may include teacher and student surveys. Team leaders will receive an evaluation packet with instructions and forms.

EDUCATION

Education coordinators are responsible for linking the Quilt display to your school's HIV prevention and health programs. You will receive an Education Guide that gives suggestions on ways to use the Quilt as part of your school's HIV prevention program. Your school will also receive lesson plans, student handouts, videotapes and books about the Quilt that you can use before and during the Quilt display.

Education coordinators:

Review NAMES Project educational materials and distribute to teachers and staff.

Organize student and staff volunteers to help provide education during the display.

Coordinate educational activities during the display, including class tours of the Quilt and special events, such as an opening ceremony.

LOGISTICS/SECURITY

Logistics/Security coordinators are responsible for safeguarding the Quilt while it is at your school and making arrangements for the display site. You will receive an Installation Guide that describes each of the Logistics/Security activities.

Logistics/Security coordinators:

Choose the display site.

Hang the Quilt for the display.

Protect the Quilt with help from volunteer security monitors.

Set up the signature square.

Coordinate receiving the Quilt and returning it to San Francisco.

PUBLIC RELATIONS

Public relations coordinators are responsible for encouraging people from your school to become involved in the display. You will receive a package of public relations materials that will help you publicize the display.

Public relations coordinators:

Conduct publicity to recruit volunteers and to generate student and teacher interest in seeing the Quilt.

Coordinate student publicity projects, such as poster or essay contests.

Work with school and community media.

PANELMAKING

Panelmaking is an optional part of a Quilt display. Panelmaking coordinators organize the making of new Quilt panels by people in your school, to be submitted to The NAMES Project. This can be a very meaningful activity that gives people at your school a fuller appreciation of the Quilt. You will receive materials that describe the requirements for making a panel and suggestions for organizing class panelmaking projects.

Panelmaking coordinators:

Organize student and staff participation in making a Quilt panel, either as class projects or with interested individuals as an out-of-class activity.

Coordinate a public presentation of the new panels at your school.

Send panel(s) with information to The NAMES Project Foundation in San Francisco.

How to Apply

Applications should be submitted in the semester before the one in which you plan to hold a display. A high school display takes at least three months to plan, so you should schedule your display in the latter half of the semester.

About the application forms

The application forms let us know how your Quilt display will benefit students at your school and strengthen your HIV prevention program. Please provide as much detail as possible about the activities you plan to conduct.

The Quilt Display Team should include students as well as staff. If you do not know a specific individual for a position because of changes between semesters, tell us who is likely to be in that position (for example "a peer health educator").

The floor plan should show that your display site meets the basic requirements to protect the Quilt. The floor plan will help us provide technical assistance with logistical planning for the display.

Selection of schools

NAMES Project staff will review your application and try to make a decision within four weeks of receiving it. In some cases, we may need to contact you for more information before making a decision. Some of the things we consider include:

- The proposed display meets basic logistical requirements that ensure the safeguarding of the Quilt.
- The proposed display has the potential to benefit the school's HIV prevention program.
- Students are involved in organizing the display.
- The school's location, size, setting and student population will contribute to the overall diversity of the National High School Quilt Program.

The National High School Quilt Program can only sponsor a limited number of displays each semester. Those schools that are not accepted because of limited space will be given priority for future displays.

If you need help in completing the application, contact the National High School Quilt Program Coordinator at 415/882-5500.

NATIONAL HIGH SCHOOL QUILT PROGRAM

Application Form

Please make a copy of this application for your records. Send the completed forms to:

National High School Quilt Program
The NAMES Project Foundation
310 Townsend St., Suite 310
San Francisco, CA 94107

School name:

Address:

Phone Number: Fax:

Staff Team Leader:

Phone (day): Phone (evening):

Position at school:

Number of students at school: Grade levels in school:

Type of community (urban, suburban, rural):

Ethnic breakdown of student body:

Socio-economic conditions of student population:

Proposed title of your display (if any):

Proposed dates of display (from 2 to 5 days):

Number of 12-foot by 12-foot Quilt sections you would like to display (from 1 to 4):

Proposed site:

1. What are the goals for your Quilt display? How will it strengthen your HIV prevention program?

2. Has your school has been involved in a Quilt display before? ☐ Yes ☐ No

If yes, what other display(s) have you been involved with?

3. Please describe the activities you plan to include in your Quilt display. Activities might fall into several or all of the following categories:

Classroom activities:

Student projects:

Opening ceremony:

Panelmaking:

Speakers:

Other:

4. How many people from your school do you expect to view the Quilt?

5. How has HIV affected your school? Your community?

6. Please describe any kinds of HIV prevention activities that your school currently conducts.

Signature Date

Quilt Display Team Leader (staff)

Signature Date

Principal

NATIONAL HIGH SCHOOL QUILT PROGRAM

Quilt Display Team

If a member has more than one position, please list his/her name in each position.

Staff team leader:

Phone:

Student team leader:

Phone:

Education coordinators

Staff name: Position:

Phone:

Student name: Grade:

Logistics/Security coordinators

Staff name: Position:

Phone:

Student name: Grade:

Public relations coordinators

Staff name: Position:

Phone:

Student name: Grade:

Panelmaking coordinators (optional)

Staff name: Position:

Phone:

Student name: Grade:

Floor Plan

All displays must be:

- indoors;
- with Quilt sections hanging;
- in a room that can be locked when not in use.

Are food, beverages, smoking regularly prohibited? ☐ Yes ☐ No
Are there rodents or insects? ☐ Yes ☐ No
Does the roof leak? ☐ Yes ☐ No

In the space below or on a separate piece of paper, draw a basic floor plan of your display site. Include in the floor plan the following information:

Number of 12-foot by 12-foot Quilt sections (1 to 4)
Where Quilt sections will be hung
What Quilt sections will be hung on/from
How high above floor Quilt will be hung

Room dimensions
Seating capacity
Aisles, access for viewing Quilt
Door, window locations
Other special features of the site

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Oversized documents have not been scanned in their entirety for the purpose of digitization. To see the documents please contact or visit the Clinton Presidential Library's Research Room.

onal High School

the program, over 85,000
in their schools.

wns all over the United
gram including: Ketchikan,
Seth, West Virginia;
a; Bronx, New York;
zona; Spearfish, South
Massachusetts; Corydon,
Lincoln, Nebraska;

ational High

ool HIV prevention program

The Quilt is an effective educational tool:

- More than 8 out of 10 students say that seeing the Quilt makes them want to find out more about how to prevent HIV infection.
- 9 out of 10 students say seeing the Quilt made AIDS more real for them.
- 6 out of 10 students talked about AIDS with their parents after seeing the Quilt.
- 9 out of 10 teachers say the Quilt enhanced their ability to teach about HIV and AIDS.

The Quilt starts a dialogue about AIDS

"Those who have seen the AIDS Memorial Quilt know its power. It is an ideal venue for beginning a dialogue that can be difficult to start...It opens discussion between peers, educators and students, parents and children and the community as a whole."

Jim Williams, Past Executive Director, National Education Association

The visual and emotional impact of the Quilt gets students, teachers and parents talking about AIDS. It provides a unique opportunity to bring up the subject of HIV prevention.

The Quilt strengthens HIV prevention programs

"The Quilt is probably the most effective tool to bring out HIV and AIDS awareness. The students can look at it and go from not talking about it to saying, 'Wow, I should be more aware of HIV and AIDS'."

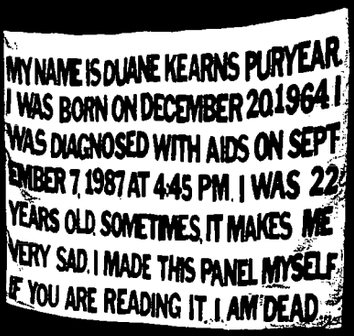
Mark Cornfield, teacher, Danville, California

A high school Quilt display brings together the entire school community, uniting people around AIDS and HIV and building school-wide support for a variety of HIV prevention activities. Panels made for young people especially remind students that HIV can affect their lives, motivating them to think about their own risk of infection.

THE NAMES PROJECT FOUNDATION

310 Townsend Street, Suite 310
San Francisco, CA 94107

The AIDS Memorial Quilt...



it makes you *think.*

The NAMES Project Foundation
National High School Quilt Program

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The NAMES Project AIDS Memorial Quilt
A Guide for Student Visitors

The NAMES Project

AIDS Memorial Quilt

A Guide for Student Visitors

"The Quilt helps us realize that AIDS is real, that people get it and die from it, and that those people could be us."

—Cathy, 15 years old, Chicago

SAMPLE NHSQP DISPLAY FROM EDGEMONT, SOUTH DAKOTA

AIDS AWARENESS WEEK-SEPT. 11-15
EDGEMONT SCHOOL DISTRICT

September 11-15, 1995 was AIDS Awareness Week at the Edgemont School DIstrict. Our Person Living With Aids speaker, Earl Alexander was back for the entire week to speak to the kids about HIV and AIDS. During the week, we also hosted The NAMES Project AIDS Memorial High School Quilt display. Edgemont is the first of ten schools in South Dakota to host the quilt this year.

On Monday, we had an Opening Ceremony for the quilt. Students led the ceremony. The quilt is made up of 3X6 panels (the size of a human grave). Each panel is made by loved ones who have lost someone to AIDS. Eight panels are sewed together by volunteers to make a 12X12 quilt. The National High School program requires that the 12x12 quilts are hung. Due to not recieving the proper poles, only two of the quilts could be hung on Monday. The other two were carried in by eight students in the traditional manner of the quilt ceremony. It was a very touching display of teamwork and love. The other two quilts were hung and displayed later that day. There was also a Signature Square, that anyone who visited the quilt could sign.

Earl was kept busy speaking in both classrooms and individually the entire week, to K-12 students. I can't begin to describe the excitement of the elementary students when they see Earl. The sight of the little ones running up to Earl calling his name and hugging him was quite a sight! Questions filled the air on Monday, "When are you coming to our classroom Earl? Did you bring your guitar"? There were a few fights that week. The fights were about who Earl was going to sit with at lunch!

On Monday evening, a parents meeting was held. We had about 25 parents attend. Parents were able to meet with Earl, and ask questions and talk about concerns with Earl. Earl and I returned home exhausted, and had no idea the week that lay ahead of us.

On Wednesday, our Student Council hosted students from Hot Springs High School to view the quilt. The students attended with their guidance counselor, Joe Rail. It was nice to see the kids interacting with each other. The quilt had quite an impact on the students, and they were pleased they were invited to come and view the quilt. Earl visited Hot Springs Middle and High School the next day.

On Wednesday, we had another guest speaker, Carrie Genovese Johnson. She spoke to Mrs. Covel's class (10th & 11th) about her brother John Helgerson. John was the first person in South Dakota to die from AIDS. John was an artist and musician. He designed costumes for T.V., movies and Broadway plays. A highlight was Carrie singing a song John had written and composed. She had a tape of John playing and singing. Carrie shared with the kids about John's life and death. She also shared about how her family was treated by others, when they learned John had AIDS. Carrie

brought pictures of John and their family. She also brought beautiful sweaters that John designed and knitted. Carrie continued with Earl's message of being educated about what HIV and AIDS is, and how to protect yourself from this disease.

Wednesday evening, Michelle & Brian Watland hosted a BBQ for any of the High School kids who wanted to come. We had about 45 kids show up. It was a special time of fellowship for the kids, Earl and his sisters, Gail and Penny. I was touched by the silence later on that evening as Earl, Penny, and Gail spoke to the kids about his disease and the effects on their family. Earl shared with me later that he recieved one of the best gifts that night. The kids had shared with him how he had put a face on the disease of AIDS. They shared how his being here last year, and coming back again this year, has made them think about their choices, and change many of their behaviors. Earl's message is rooted in saying "NO" to alcohol and drugs. He relates clearly with the kids the strong relationship between Alcohol and AIDS. It is due to his alcoholism that he contracted AIDS.

Our AIDS Awareness week had a powerful ending on Friday. Earl spoke to each high school class that day. At 2:00pm the entire school met for the Closing Ceremony of the AIDS Quilt. Michelle Watland greeted our special guests, Earl, his two sisters, Gail and Penny, Carrie and her daughter April, Wanda Blare and her son Jerry Blare. The ceremony was opened by the elementary kids singing with Earl, "If You're Happy And You Know It". The last verse was joyfully belted out, "If you're happy and you know it say "NO"!" The crowd roared and the kids beamed with pride! The elementary kids had a chance to share what they liked best about Earl. Words of love and admiration were shared, and they were adamant that they want Earl to come back again. Letters written by people who had lost loved ones to AIDS were read by students. Kindergarten through third grade were then dismissed. They got to say good-bye to Earl, before they left. It was a touching sight to see Earl down on one knee saying good-bye to the kids. Children were hugging him and asking him to come back next year.

During the first two weeks of shcool. Mrs. Tidball and her ART II class, Brie Covel, MaLinda Lorenz, and Jeremy Dulin had been working on two very special panels. These panels were presented on Friday to families who have lost loved ones to AIDS. The panels will be sent on to the NAMES Project and become part of the AIDS Quilt.

The cermony continued. Carrie shared with the students about her brothers illness and death. She sang the duet again for the entire assembly, there was not a dry eye in the gym. Brie Covel designed John's panel. It was presented to Carrie and April, and they placed the panel in the middle of the 12X12 signature square. It was a very emotional point in the ceremony.

Michelle Watland then spoke on behalf of Wanda Blare. Wanda's two sons, Randy and Ricky Blare both died of AIDS. Michelle shared

with the students about Randy's life and his love for kids and Edgemont. He was the youngest President of the Edgemont School Board. Randy was very active in the community, and was intrumental in getting the BN caboose and petrified tree in the city park. Randy worked for the BN, and recieved their BN Good Neighbor Award. When Randy was diagnosed with AIDS, he really didn't think he was that sick. He had gotten sick with pneomonia and was in the hospital. Wanda was getting ready to go to Denver to be with Randy. She recieved that dreaded phone call that all parents pray will never come. Randy's doctor had called, and told her Randy had died and hour ago. It was very painful for her not to be with her son. She shared the pain of people not knowing the facts about AIDS, and their fears that they might get it from her, because her son died from the disease. Randy died on December 3, 1986, he was 37 years old.

What happened next, is every parent's worst nightmare. Her son Ricky had gotten sick from Valley Fever. Ricky was living in Pheonix, AZ. Valley Fever is common in warmer climates, people get it like we get colds here. Wanda was visiting Ricky at the time. She had gone to the doctor with him one day. It was at this visit that Ricky was told he had full blown AIDS. Wanda shared that Ricky sobbed in her arms, and he was devastated. She described the helplessness she felt for her son, because she could not make this disease go away.

Wanda did for her son Ricky, what she did not have the opportunity to do for Randy. She stayed in Pheonix and cared for her son. She described him getting paralized on his right side, his speech slurring, and he went blind in one eye. He had a brain tumor and this is what would eventually take his life. She shared a story about the night before Ricky's death. She reports she was in the kitchen, and Ricky was asking her. "Mom, who are all those ladies?" Wanda came in the living room, and told him, "Ricky, there are no ladies here, it is just you and I". Ricky was insistant that there were ladies walking around him. He was then insistant that he call and talk to his brother Corey. Ricky had spoken to his other brothers, Lonnie and Jerry already. After talking to Corey, Ricky was insistant that he take a bath and get shaved. So Wanda struggled to do this request for her son. She reports that Ricky went to sleep that night and never woke up the next day. It was November 20, 1993. Wanda shared this story, and prople told her Ricky was having delusions. Wanda does not believe that is true. She believes her son was visited by Angels, and they were preparing him and comforting him for eternal life.

Jeremy Dulin and Malinda Lorenz then presented Wanda and her son Jerry with Randy and Ricky's panel. They lovingly placed it in the middle of the signature square with John's panel. The song "Love Story" was played. This was Ricky's favorite song. After a long silence, Ladd Russell, Student Council President, declared the AIDS Memorial Quilt Display, closed.

What followed was a great display of love and compassion from the

students. Everyone was in tears. The kids were giving hugs to Wanda, Jerry, Carrie and April. Students were saying good-bye to Earl, and thanking him for what he has done for them. We have a great debt to Earl for sharing his life and disease with the kids. We also owe Carrie, and Wanda our gratitude for sharing John, Randy and Ricky's lives and deaths with us. It was a great honor for the kids to be part of a new generation to understand AIDS, and be perhaps the catalyst for education and understanding the facts about this devastating disease. Friday was a new chapter in the Blare family's grieving process. Love and understanding began healing wounds of ignorance and fear. There will be others in our community that get this disease, and hope they will be able to come home to die. I believe last week was the beginning of making that wish come true.

FACSIMILE COVER LETTER

Date: August 13, 1998

Number of Pages: 5
(including cover page)

1313 North Vine Street
Los Angeles, CA 90028
(213) 993 -1600
Fax (213) 993 -1592

To:	Todd Summers	**Fax Number:**	202.456.2438
From:	John D'Amico	**Telephone:**	213.993.1628
Department:			

Messages/Comments: Per my phone call. I wasn't very clear I am sure. I wanted to highlight that it is becoming increasingly difficult to work with our local Commission. The fact that there is a food emergency (see attached) did not foster a problem solving atmosphere - rather people pulled away from the table and (literally) went to lunch. I know the office collects information on how the CARE Act is implemented and how best to move forward during this epidemic. Thanks, john

COPY

August 11, 1998

VIA FACSIMILE

Mr. Chuck Henry, Director
Office of AIDS Programs and Policy
600 South Commonwealth, 6th Floor
Los Angeles, CA 90005

Dear Mr. Henry,

As we stated at last month's Los Angeles County Commission on HIV Health Services meeting, we are committed to keeping you and the Commission informed as to the status of food pantry services at AIDS Project Los Angeles (APLA).

As we reported in our last correspondence of July 8, 1998, APLA's food pantry, the Necessities of Life Program (NOLP), provides eligible clients with supplemental food products and personal care items. Each month clients enrolled in NOLP receive the retail equivalent of $175 of groceries.

As you know, changes in NOLP have resulted in an enrollment cap on the program. The cap limits the number of enrolled clients to 1,600. At the time the cap was instituted on June 1, 1998, there were over 1,800 clients enrolled in the program. Currently, there are 1,709 enrolled in NOLP and there are 215 clients on the waiting list. Until the number of clients using the program falls below 1,600, no new clients will be added. The following chart shows the status of the program each month since the cap was instituted:

Date	Clients Enrolled	Clients on the Waiting List
June 1, 1998	1857	0
July 1, 1998	1822	98
August 1, 1998	1709	187

Though we originally estimated that we might be able to add clients from the waiting list in September, it now appears that it will be October before that can happen. With its continued growth, the waiting list will likely be nearly 400 by October and will continue to grow by at least 20 clients per month thereafter.

With 1,600 clients enrolled in NOLP, service provision is cost effective. However, as we stated last month, the Los Angeles Regional Food Bank has capped the amount of available food for purchase by APLA and, similarly, our food donor base is maximized, as well. Additionally, APLA is unable to expand its general fund commitment to the program. Given these conditions, it is unclear what the cost of adding additional clients to NOLP would be.

APLA did not receive a response to our last correspondence on this issue. Food is the only CARE program in the County that has a waiting list for services. As proper nutrition is a key element of combination therapy, food should be given the same priority as other, equally important CARE-funded programs. We strongly believe that the County needs to reassess its commitment to food services and to the delivery of these services. We respectfully suggest that the Commission create a special task force with County staff representation to assess the Countywide provision of food pantry services and that the task force report back to the full Commission at the September Commission meeting.

As a service to the community, we will continue to present this information to the County and to the Commission on HIV Health Services on a monthly basis. Additionally, at the upcoming meeting on August 12, we will be providing the Commission with demographic information on the NOLP client population.

If you have any questions or would like additional information, please call me at 323.993.1456.

Sincerely,

Craig E. Thompson
Executive Director

cc: Ginny Foat, Commission on HIV (via facsimile)
Al Ballesteros, Commission on HIV (via facsimile)
Sue Scott, AIDS Service Center (via facsimile)
Oscar De La O, Bienestar (via facsimile)
Barbara Draden, Minority AIDS Project (via facsimile)
Bob Forshay, Sunrise HIV/AIDS Coalition (via facsimile)

AIDS PROJECT LOS ANGELES

NECESSITIES OF LIFE PROGRAM (NOLP) CLIENT POPULATION

CLIENTS ENROLLED IN NOLP AS OF AUGUST 1, 1998

Supervisorial District	Total Number Of Clients	Percentage Of Total
1	433	25.3%
2	372	21.8%
3	763	44.6%
4	21	1.2%
5	84	4.9%
address not verified	36	2.1%
TOTAL	1709	

District	Male	%	Female	%	Transgender	%
1	382	88.2%	48	11.1%	3	0.7%
2	313	84.1%	57	15.3%	2	0.5%
3	702	92.0%	54	7.1%	7	0.9%
4	19	90.5%	2	9.5%	0	0.0%
5	60	71.4%	24	28.6%	0	0.0%
unverified	30	83.3%	4	11.1%	2	5.6%
TOTALS	1506	88.1%	189	11.1%	14	0.8%

District	African-American	%	Asian/ Pacific Islander	%	Latino/a	%	Native American	%	White	%	Other	%	Unknown	%
1	92	21.2%	5	1.2%	217	50.1%	5	1.2%	103	23.8%	8	1.8%	3	0.7%
2	192	51.6%	4	1.1%	108	29.0%	3	0.8%	48	12.9%	11	3.0%	6	1.6%
3	151	19.8%	12	1.6%	276	36.2%	16	2.1%	285	37.4%	19	2.5%	4	0.5%
4	6	1.4%	0	0.0%	7	1.6%	0	0.0%	6	1.4%	1	0.2%	1	0.2%
5	22	26.2%	1	1.2%	19	22.6%	1	1.2%	37	44.0%	3	3.6%	1	1.2%
unverified	18	50.0%	1	2.8%	6	16.7%	0	0.0%	10	27.8%	0	0.0%	1	2.8%
TOTALS	481	28.1%	23	1.3%	633	37.0%	25	1.5%	489	28.6%	42	2.5%	16	0.9%

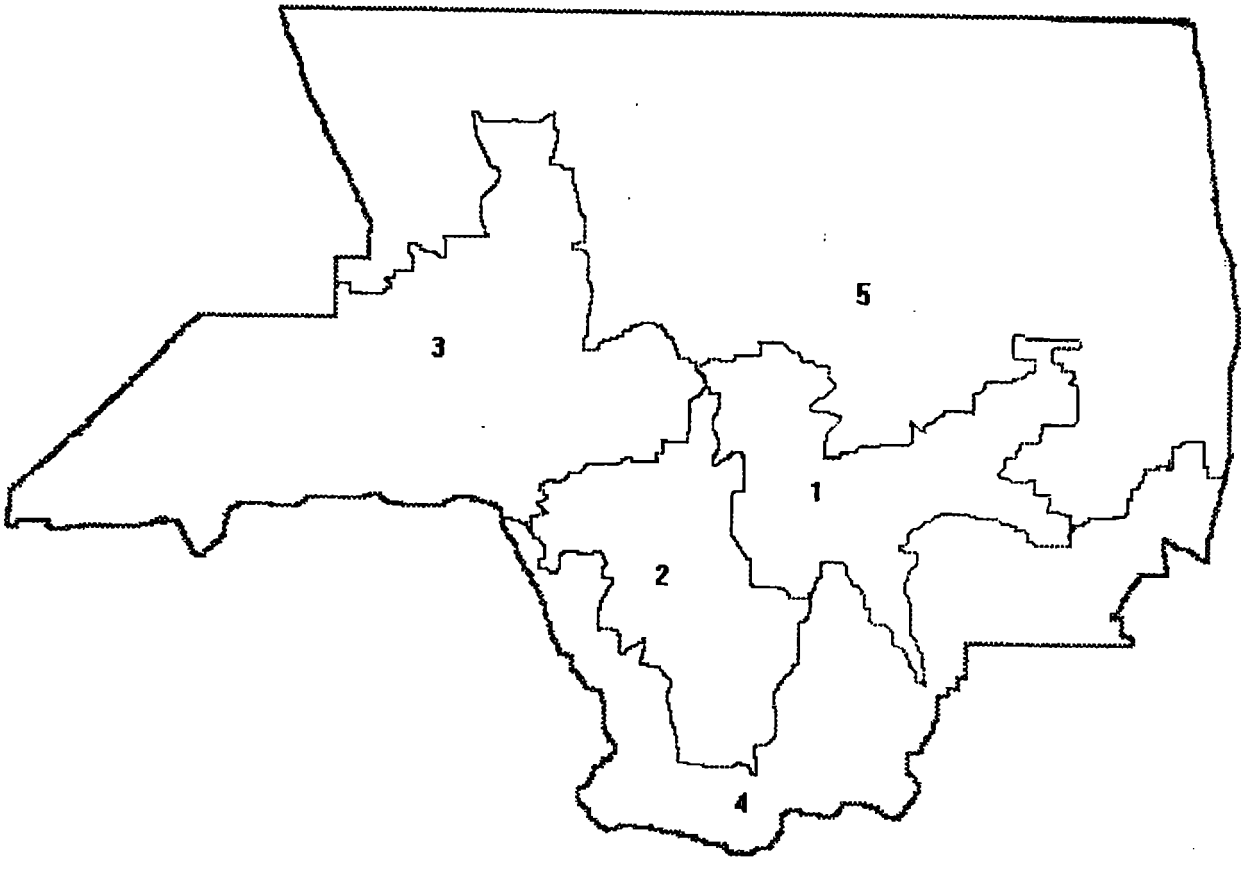
- Geographic Distribution of the NOLP Client Base
  - over 25% of all NOLP clients are from Supervisorial District 1
  - nearly 22% are from Supervisorial District 2
  - nearly 45% are from Supervisorial District 3
- Race/Ethnicity of the NOLP Client Base
  - 28% of clients are African-American
  - 37% of clients are Latino/a
  - 28% of clients are White
- Geographic Area Served
  - APLA serves clients from Lancaster to Long Beach and from the 110 Freeway to the ocean.
  - There are four food banks Countywide which require exclusive enrollment between them. That is, a client may only be enrolled in one of the following four foodbanks at any one time:
    - NOLP
    - Bienestar
    - AIDS Service Center
    - AIDS Food Store/Christ Chapel, Long Beach
  - All other food banks, including Minority AIDS Project, the Sunrise HIV/AIDS Coalition and AIDS Heartline, provide overlapping services.

CLIENTS ON THE NOLP WAITING LIST AS OF AUGUST 11, 1998*

Supervisorial District	Total Number Of Clients	Percentage Of Total
1	25	11.6%
2	52	24.2%
3	95	44.2%
4	10	4.7%
5	12	5.6%
address not verified	21	9.8%
TOTAL	215	

* Gender and race/ethnicity statistics are similar for clients on the waiting list as they are for currently enrolled clients.

LOS ANGELES COUNTY
SUPERVISORIAL DISTRICTS



Gloria Molina, Supervisor, 1st District
Yvonne Braithwaite Burke, Supervisor, 2nd District
Zev Yaroslavsky, Supervisor, 3rd District
Don Knabe, Supervisor, 4th District
Michael D. Antonovich, Supervisor, 5th District

For more information, please contact
Colleen Johnson, Public Policy Specialist
(323) 993-1351

AIDS PROJECT LOS ANGELES

NCIH The National Council for International Health

1701 K Street NW, Suite 600, Washington, DC 20006-1503 • Tel. 202-833-5900, Fax 202-833-0075, Internet <ncih@ncih.org> <www.ncih.org>

August 14, 1998

Todd Summers
736 Jackson Place

Washington, DC 20503

Dear Todd Summers,

Since we last met at the National AIDS Treatment Advocates Forum in San Diego, back in November of last year, NCIH has been very active urging congressional leaders to increase support for AIDS programs around the world. As you know, UNAIDS estimates that more than 30 million men, women, and children around the world are currently living with the HIV virus. Programs like UNAIDS, and those funded by the US Agency for International Development depend on public funding from the US Congress.

We need your help in urging your congressional representatives to action at this crucial time in the national budget process. We have a real chance, for the first time in many years, of seeing an increase in global HIV/AIDS spending. Please take a moment and help to influence your congressional representatives on the urgency of the HIV/AIDS epidemic.

The most effective means of convincing your representative is through a personal visit to their local office in your district and by sending a personal letter.

In a more pointed strategy, we encourage you to use the enclosed sample fax/letters to send to the leaders of the Congressional committees most influential in this process - Senator Mitch McConnell (R-KY) and Senator Patrick Leahy (D-VT) of the Senate Appropriations Subcommittee for Foreign Operations, and Representative Sonny Callahan (R-AL) and Representative Nancy Pelosi (D-CA) of the House Appropriations Subcommittee for Foreign Operations. These members of Congress are responsible for the subcommittees that write global AIDS funding into law.

To make a difference, **all you have to do is sign these letters and fax them or mail them today**. The budget process will be completed by mid-September. Your action is needed today to help increase support for global programs that will help further HIV prevention, care, and treatment around the world.

Thank you for your commitment and your leadership.

Sincerely,

Patsy Fleming
UNAIDS Representative
Global AIDS Program

Helen Cornman
co-director
Global AIDS Program

Ron MacInnis
co-director
Global AIDS Program

August 18, 1998

Representative Sonny Callahan
US House of Representatives
2418 Rayburn House Office Building
Washington, DC 20515

fax number: 202-225-0562

Re: Increased funding for Global HIV/AIDS

Dear Mr. Chairman:

I am writing to thank you for your consistent leadership in Congress in support of US global child survival and infectious disease programs, including HIV/AIDS - leadership for which I, as well as many other concerned constituents, am profoundly grateful. As Congress moves towards finalizing the FY99 budget, your leadership and commitment to these worldwide health crises is needed more than ever.

In the coming weeks, the House and Senate conferees will meet to approve a final foreign aid spending bill for FY 1999. We urge the conferees to include in its bill statutory lanugage providing for not less than $125 million for global AIDS programs. By way of background, the House Appropriations Committee has approved an increase from $121 million to $125 million for global AIDS programs in 1999. The Senate Appropriations Committee has provided not less that $121 million. In the final bill we stongly encourage the inclusion of statutory languate providing for not less than $125 million for global AIDS programming. Finally, I urge both the House and Senate to ensure that this additional funding for HIV/AIDS does not come at the expense of other health and development programs. Therefore, I urge the conferees to increase the total appropriation for development assistance.

UNAIDS and WHO estimate that more than 30 million people around the world are now living with HIV. This number, includes 1.1 million children and 12.1 million women. The 1997 infection rate, 16,000 infections each day, represents an alarming one-year increase of more than 15 percent in 1997 alone. Because of the recent explosion of HIV infection rates around the globe, I strongly urge you to do all you can to support increased funding for global HIV/AIDS. I also urge you to ensure that any funding increases for global HIV/AIDS issues include an overall increase in the Development Assistance Account, including the section for Child Survival and Infectious Diseases. Be assured that I will do my job to continue advocacy efforts to increase funding for this account in the future.

The global human family is greatly endangered by the HIV/AIDS pandemic which continues to expand unchecked. Again, thank you for all you have done in the past to help fight this global threat. **I, and millions around the world, count on your continued leadership**.

Sincerely,

A concerned US citizen

You may contact me at my home address: _____

_____

August 18, 1998

Representative Nancy Pelosi
US House of Representatives
2457 Rayburn House Office Building
Washington, DC 20515

fax number: 202-225-8259

Re: Increased funding for Global HIV/AIDS

Dear Rep. Pelosi:

I am writing to thank you for your consistent leadership in Congress in support of US global child survival and infectious disease programs, including HIV/AIDS - leadership for which I, as well as many other concerned constituents, am profoundly grateful. As Congress moves towards finalizing the FY99 budget, your leadership and commitment to these worldwide health crises is needed more than ever.

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Sincerely,

A concerned US citizen

You may contact me at my home address: _____

_____

August 18, 1998

Senator Patrick Leahy
US Senate
Russell-433
Washington, DC 20515

fax number: 202-224-3479

Re: Increased funding for Global HIV/AIDS

Dear Senator Leahy:

I am writing to thank you for your consistent leadership in Congress in support of US global child survival and infectious disease programs, including HIV/AIDS - leadership for which I, as well as many other concerned constituents, am profoundly grateful. As Congress moves towards finalizing the FY99 budget, your leadership and commitment to these worldwide health crises is needed more than ever.

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Sincerely,

A concerned US citizen

You may contact me at my home address: _____

_____

August 18, 1998

Senator Mitch McConnell
US Senate
Russell-361A
Washington, DC 20515

fax number: 202-225-0562

Re: Increased funding for Global HIV/AIDS

Dear Mr. Chairman:

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Sincerely,

A concerned US citizen

You may contact me at my home address: _____

_____

Jeffrey L. Sturchio
Executive Director, Public Affairs
Europe, Middle East & Africa
Human Health

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☎ 908 423 3981 Gsm 32 75 66 6779
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August 11, 1998

Mr. Todd Summers
Deputy Director
White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Mr. Summers:

It was good to meet you at the State Department on July 17th at the meeting for industry input to the draft U.S. international HIV/AIDS strategy. As I mentioned at the meeting, Merck is undertaking a number of initiatives to address the impact of HIV/AIDS in the developing world, and I thought you might find it useful if I summarized the points I made during the discussion.

Merck is committed to (1) continuing our research efforts to discover and develop new and better antiretroviral therapies, to better define the clinical utility of CRIXIVAN (and STOCRIN, the new non-nucleoside RTI that we will be marketing together with DuPont Pharma), and ultimately to develop a safe and effective HIV vaccine; (2) continuing pilot programs to train physicians in the developing world in the best practices in HIV/AIDS care (for example, using a "train the trainer" concept in countries like Uganda and Cote d'Ivoire); (3) working with governments, other payors, and providers to make CRIXIVAN accessible within the framework of existing public health systems (and to ensure that distribution costs do not create unfair disparities in access); and (4) collaborating with international organizations, governments, and non-governmental organizations to help improve medical infrastructures in the developing world.

Our concern is to help establish balanced approaches to education, prevention, and treatment of HIV/AIDS in resource-constrained countries. We believe that these efforts complement what UNAIDS is doing, for example, and will contribute to long-term, sustainable solutions to the problems of HIV/AIDS faced by countries in the developing world.

In connection with point (4) above, at the World AIDS Conference in Geneva we announced a $3 million grant from The Merck Company Foundation to underwrite the Enhancing Care Initiative, coordinated by the Harvard AIDS Institute and the Francois-Xavier Bagnoud Center for Health & Human Rights at the Harvard School of Public Health. This initiative, led by Richard Marlink and Daniel Tarantola, will address the issue of HIV/AIDS in the developing world by bringing together the best possible expertise within specific countries -- including representatives of the local HIV community -- to evaluate the needs of those living with HIV/AIDS. The goal is to customize concrete, practical improvements that will help to advance the quality, delivery and outcomes of HIV care for men, women and children living with HIV/AIDS, not only in the initial countries selected (beginning with Senegal and Brazil), but in a broad range of developing world countries as we gain experience. We are interested in sustainable, long-term solutions that will marshall the expertise and resources of all stakeholders to improve the health of those infected with HIV/AIDS in the developing world.

I found the discussion on July 17th both instructive and helpful. It was good to have a chance to compare notes, and to learn more about the efforts of the White House Office of National AIDS Policy and other Federal agencies in the area of international HIV/AIDS strategy. My colleagues and I would welcome an opportunity for a follow-up meeting to explore these issues in greater depth. In the meantime, I'm enclosing a copy of the Harvard AIDS Institute press kit from Geneva, and we'll be sure to provide you with additional information about the Enhancing Care Initiative as it develops. Don't hesitate to contact me if you have questions or would like additional information.

Sincerely,

JL Stanton

Enclosure

Harvard AIDS Institute

Embargoed until June 28, 1998
Media Contacts:

Harvard AIDS Institute:

	Jennifer Goodwin	**Michael Broder**
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Cell Phone:	(0) 79-221-82-67	
Voice Mail:	+1-617-432-2053	+1-617-432-4121

Merck & Co., Inc.:

Kyra Lindemann		Sissel Brinchmann	Carol Goodrich
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Global Initiative Harnesses Regional Expertise to Improve HIV/AIDS Care in Developing Countries

Harvard AIDS Institute, François-Xavier Bagnoud Center for Health & Human Rights at the Harvard School of Public Health, and The Merck Company Foundation Launch the Enhancing Care Initiative

June 28, 1998 -- Geneva -- During a satellite meeting held today at the 12th World AIDS Conference, representatives from Harvard presented the *Enhancing Care Initiative*. The initiative will harness the knowledge of regional HIV/AIDS experts in South America, Africa and Asia. This information will be combined with Harvard's extensive public health expertise to create solutions that improve the care of men, women and children with HIV/AIDS. The *Enhancing Care Initiative*, coordinated by the Harvard AIDS Institute and the François-Xavier Bagnoud Center for Health & Human Rights at the Harvard School of Public Health, is made possible through an initial $3 million grant from The Merck Company Foundation.

"Approximately 90 percent of those infected with HIV/AIDS worldwide -- 27 million people -- live in the developing world, where access to medical and financial resources is extremely limited," said Richard Marlink, M.D., lead principal investigator of the *Enhancing Care Initiative* and executive director of the Harvard AIDS Institute. "The tragic disparity between the poor and the rich is amplified by the AIDS epidemic, but we should not let this paralyze us. Improved care is possible now for people living with HIV/AIDS in developing countries. The Enhancing Care Initiative will help make that care a reality."

A Global Effort with a Local Perspective

A large body of knowledge and expertise about HIV/AIDS already exists in developing countries. The *Enhancing Care Initiative* will optimize those resources by improving communications between people infected with AIDS, people affected by AIDS, and those who care for them.

Initial research efforts for the *Enhancing Care Initiative* have begun in Brazil and Senegal. Other countries in Africa and Southeast Asia will be selected to expand the research effort within the next year. In each participating country, a multidisciplinary team of local epidemiologists, clinicians, economists, people living with HIV/AIDS, government officials and public health experts will assess the current status of medical care and explore possible treatment improvements.

-more-

Each country team will use data from its research to develop practical, long-term strategies which reflect local needs and realities. The Harvard team will coordinate with host country researchers and international agencies to identify interventions that more efficiently take advantage of current and future HIV/AIDS therapies to improve the quality of care.

On a global scale, an advisory panel is being assembled to support and counsel the participants of the *Enhancing Care Initiative*. The International HIV/AIDS Care Resources Group has invited the participation of leaders from UNAIDS, the World Bank, the World Health Organization, the Centers for Disease Control and Prevention, the European Commission, several Ministries of Health, and others. The group will provide clinicians and researchers with recent data, ensure that research activities are in line with international best practices, and propose solutions that comply with international ethical guidelines.

"Long-term, sustainable solutions to difficult problems, such as those confronted in the HIV/AIDS epidemic, are only possible when the individuals and organizations most involved come together and work in unison toward achieving their goal," said Peter Piot, Director, UNAIDS. "The Enhancing Care Initiative is a step in this partnership-building process and will bring leaders together to tackle a problem that affects us all."

Advanced Communication Paves the Way for Future Cooperation

To facilitate the sharing of knowledge, the *Enhancing Care Initiative* is designing an integrated groupware and web site system. New observations, questions to fellow clinicians, clinical guideline development, paper presentations and on-line moderated symposia will serve to link regional findings to global implementation.

"The Enhancing Care Initiative will reach beyond people living with HIV in the countries involved," said Daniel Tarantola, M.D., co-principal investigator and acting director for the François-Xavier Bagnoud Center. "The process by which this initiative will take regionally produced knowledge and apply it to optimizing the care and treatment of HIV/AIDS in other countries will also better prepare us to cope with future global health crises."

"Merck is committed to working with the HIV community, governments and non-governmental organizations to build better foundations for HIV care, to foster balanced efforts in prevention, education and treatment, and to lessen the overall burden of the disease," said Kenneth C. Frazier, President of the Merck Company Foundation and Vice-President, Public Affairs and Assistant General Counsel, Merck & Co., Inc. "The fight against an epidemic of this proportion can only be addressed effectively when public and private entities work together in support of those on the front lines of the epidemic. Merck is proud to join Harvard to facilitate the development of such partnerships."

###

Editor's note: Full press kit available
Executive summary of Enhancing Care Initiative available in English Portuguese and French

Please contact
Jennifer Goodwin
World AIDS Conference: +41-21-310-71-71
Voice Mail: +1-617-432-2053
Cell Phone: (0) 79-221-82-67 (dial 41-79-221-82-67 when calling outside of Switzerland)

The Enhancing Care Initiative

"In São Paulo, Brazil, efforts to reduce the morbidity and mortality of HIV/AIDS have made an impact among men, but much less among women and children. This may be because medical services focus on the 'infectious state' and do not consider social characteristics, such as gender and individual patient needs. Our work under the Enhancing Care Initiative aims to perfect the care offered to women with HIV/AIDS in Brazillian health-services. Through these improvements, we hope to reduce the morbidity and mortality of HIV/AIDS for women and their children." **-- José Ricardo Ayres, Team Leader, Enhancing Care Initiative, Brazil**

"In Senegal, enhancing the care of men, women and children with HIV/AIDS is a highly complex challenge. In addition to medical care, there are enormous social and economic needs. When considering options that range from the most basic needs, such as shelter, to new drug therapies, the challenge is to decide how to use our resources most effectively."
-- Souleymane Mboup, Team Leader, Enhancing Care Initiative, Senegal

"The largest HIV/AIDS study ever conducted outside the United States and Europe was a study conducted in Brazil. The undertaking of this study reflects the magnitude of how prevalent HIV/AIDS is in Brazil. The Enhancing Care Initiative provides a great opportunity to address such a terrible disease by bringing together experts in the field to partner in identifying solid, practical solutions." **-- Dr. Joaquim Prado, Medical Director, Merck Sharp & Dohme Brazil**

"While HIV/AIDS is a global challenge, responses will vary by region. Merck and Harvard are committed to helping health care providers and governments plan and implement appropriate HIV/AIDS strategies, but it is essential that solutions be based on local realities. Working with global experts, local teams of clinicians, people living with HIV/AIDS and government officials are in the best position to identify and implement such solutions." -- **Per Wold-Olsen, president, Europe, Middle East & Africa, Merck Sharp & Dohme**

"HIV/AIDS is taking a terrible toll in the developing world and is affecting not only human health but nations' prosperity and economic strength. We must address this health care crisis in order for Africa to compete in the global market. Through our expertise in HIV/AIDS research and clinical development, MSD has an important role to play in the fight against this devastating disease. The Enhancing Care Initiative is a key step toward a solution." **-- Chirfi Guindo, managing director - Merck Sharp & Dohme Africa**

Richard Marlink, MD

Senior Research Director and Lecturer, Department of Immunology and Infectious Diseases
Executive Director, Harvard AIDS Institute

As a medical oncologist, Dr. Marlink's research initially involved collaborative trials of new anticancer agents and then antivirals used in HIV infection. Part of the team that initially identified HIV-2, the second AIDS virus, he became involved in research at the Harvard School of Public Health and in Senegal, West Africa. There he helped coordinate studies concerning the clinical and biological characteristics of both HIV-1 and HIV-2 AIDS viruses. In addition to serving in various teaching and clinical capacities, Marlink has directed an effort at the school that provides laboratory training and back-up to investigations involving intravenous drug users in the US, and other populations in Mexico, Senegal, and Thailand.

As executive director of the Harvard AIDS Institute, Marlink initiated a university-wide evaluation of the mission of the Institute and a restructuring of its programs. With the largest concentration of AIDS researchers in the nation represented among the Harvard-affiliated faculty, the Harvard AIDS Institute is a premier non-governmental organization dedicated to promoting research to curb the HIV epidemic and to help those most affected by the epidemic nationally and internationally. Marlink also helped to spearhead a national reevaluation of the AIDS research agenda via a program called "The Madison Project." He was co-chair for budgetary planning and coordination of the National Institute of Health's Office of AIDS Research FY 1997 Information Dissemination Planning Group on Research, and is presently a member of the US Public Health Services Panel on Clinical Practices for the Treatment of HIV Infection, which has produced the most recent clinical guidelines concerning antiviral treatment of HIV/AIDS for the United States government.

In addition to being the course director for the Arthur Ashe Program in AIDS Care at Harvard, Marlink is the principal investigator of the Enhancing Care Initiative, along with co-principal investigator Daniel Tarantola, MD (Senior Research Associate, François Xavier Bagnoud Center for Health and Human Rights), Michael Reich (Taro Takemi Professor of International Health Policy), and David Bloom (Deputy Director, Harvard Institute for International Development). This initiative is creating multi-disciplinary teams in various developing countries to determine ways to enhance the clinical care of HIV-infected individuals.

Daniel Tarantola, MD

Acting Director, François Xavier Bagnoud Center for Health and Human Rights
Director, International AIDS Program
Senior Research Associate and Lecturer, Harvard School of Public Health

Before joining Harvard University, Dr. Tarantola worked extensively with the World Health Organization on smallpox eradication, childhood immunization, control of diarrheal diseases and acute respiratory infections, and AIDS. His primary interest is HIV/AIDS-related policy and program development and evaluation. He serves as the chair of the global network, Monitoring the AIDS Pandemic (MAP).

Tarantola is co-principal investigator of the Enhancing Care Initiative, along with Richard Marlink, MD, principal investigator (Executive Director, Harvard AIDS Institute), Michael Reich (Taro Takemi Professor of International Health Policy), and David Bloom (Deputy Director, Harvard Institute for International Development). This initiative is creating multi-disciplinary teams in various developing countries to determine ways to enhance the clinical care of HIV-infected individuals.

The Harvard AIDS Institute

The Harvard AIDS Institute will coordinate the Enhancing Care Initiative. Based at the Harvard School of Public Health, the Harvard AIDS Institute is dedicated to conducting and catalyzing research to end the worldwide AIDS epidemic.

In 1988, the Harvard AIDS Institute was created to expedite and expand the already substantial amount of AIDS research conducted at Harvard University and its affiliated hospitals. Now at the forefront of the fight against AIDS, the Institute is dedicated to conducting research to end the worldwide AIDS epidemic and has AIDS-related research and teaching activities in many developing countries.

With the largest HIV/AIDS laboratory in New England and one of the most extensive international AIDS research and training programs in the world, the Institute's resources have provided fertile ground for discovery. Harvard AIDS Institute researchers were among the first to identify the retrovirus as the causative agent of AIDS, to determine that HIV could be transmitted through blood infusions, and to provide the original description of most of the genes governing the replication of HIV.

The Institute's leadership extends beyond the laboratory, as it seeks to develop international solutions to the epidemic that binds us all. By reaching across borders and across disciplines, Institute scientists are conducting research that will save the lives of millions worldwide.

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The Francois-Xavier Bagnoud Center

Based at the Harvard School of Public Health, the Francois-Xavier Bagnoud Center for Health and Human Rights also is a participating organization in the Enhancing Care Initiative. Founded in 1993, it seeks to promote and catalyze the health and human rights movement; to influence policies and practices in health and human rights; and to expand the knowledge about linkages between health and human rights in specific contexts such as HIV/AIDS, children's rights and health, and reproductive and sexual health and rights.

The Center considers that the promotion and protection of health and the promotion and protection of human rights are inextricably linked. The Center is dedicated to exploring the conceptual dimensions and practical applications of this critical relationship. Through its concentrated focus on the intersection of health and human rights, the Center also seeks to help revitalize the field of public health and broaden human rights thinking and practice.

The Center's work combines the academic strengths of research and teaching with a strong commitment to service and advocacy. From its position within an academic institution, the Center works at the local, national and international level, through collaboration with health and human rights practitioners, governmental and non-governmental organizations, academic institutions and international agencies.

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The Harvard School of Public Health

The overriding mission of the Harvard School of Public Health—to advance the public's health through learning and discovery—comprises four objectives: to educate scientists, professionals, and leaders for public health; to foster new discoveries and develop better technologies for improved health of individuals and populations; to inform and influence debate on key public health issues; and to strengthen capacities and services that meet health needs in the community.

The interests and expertise of faculty at the school are diverse, extending across biological sciences, social sciences, numeric disciplines, and more. Scholars and professionals work together to overcome real-world public health challenges, including environmental hazards, new diseases, choices of lifestyle that rob individuals of many healthy years, inadequate access to health care, and the great parasitic diseases that kill and handicap millions around the globe. The school's multidisciplinary approach ensures that students gain both a broad perspective on public health and in-depth training in their field of interest.

The Merck Company Foundation

The Merck Company Foundation is a U.S.-based private foundation that is qualified as a charitable organization under the U.S. Internal Revenue Code. Established in 1957 by Merck & Co., Inc., the Foundation is funded entirely by the Company and is Merck's primary source of support to non-profit organizations. Through its philanthropic giving, the Foundation supports the business mission of Merck to improve the health and well being of people everywhere. Since its inception, the Foundation has contributed nearly $180 million to non-profit, charitable organizations.

A major focus of the Foundation is to advance science and health care education worldwide. Substantial funding is provided to support education in medicine, pharmacy, chemistry, life sciences, engineering and technology at the undergraduate, graduate and postdoctoral levels and support programs that train health care professionals in public health and health care policy issues. Funding also is provided to support math and science education in elementary and secondary schools. The Foundation also supports health and social services organizations to address selected health issues, such as HIV/AIDS and health of the elderly, as well as initiatives to protect our environment; promote art and cultural activities; and foster civic institutions.

The Foundation supports the training of African American biomedical scientists through the 10-year *UNCF/Merck Science Initiative*. Since 1965, the Foundation has supported training for physicians in clinical pharmacology through the *Merck Sharp & Dohme International Fellowships in Clinical Pharmacology*. Through the *Takemi Program in International Health* and the *Washington Health Policy Fellowships Program*, the Foundation supports training in public health and health care policy. At the precollege level, the Foundation supports the training of public school science teachers to improve science education in elementary and secondary schools at selected U.S. locations through the *Merck Institute for Science Education*. The Foundation also helps governments and the private sector develop and foster ethical standards and codes for better business practices in the context of local conditions through the *Gulf Center for Excellence in Ethics* in the United Arab Emirates.

Merck & Co., Inc.

Merck & Co., Inc.*, a participating organization the Enhancing Care Initiative, is a leading research-driven health care products and services company. It discovers, develops, manufactures and markets a broad range of innovative products to improve human health, including CRIXIVAN™ (indinavir sulfate), the world's most widely prescribed protease inhibitor for the treatment of HIV/AIDS.

CRIXIVAN has been approved for use in more than 80 countries. Merck is working with governments, other health care providers and HIV/AIDS advocacy groups in developing countries to make CRIXIVAN accessible within the framework of existing national public health systems to people infected with the disease. Ongoing research is being conducted to find new and more effective HIV/AIDS antiretroviral compounds, treatments more suited to developing countries, and in the longer term, the development of an effective HIV vaccine.

As a world leader in human health care, Merck has an important role to play in the fight against HIV/AIDS in the developing world. We are committed to using our expertise in HIV/AIDS research, clinical development, treatment and education to help health care providers, governments and other policy makers plan and implement appropriate HIV/AIDS strategies. Through these efforts, we hope to build better foundations of HIV care and treatment and to foster the most appropriate use of HIV therapies and preventive measures.

Merck & Co., Inc., Whitehouse Station, New Jersey, (USA) operates in many countries outside the United States as Merck Sharp & Dohme (MSD).

Harvard AIDS Institute

Enhancing the Care of People with HIV Disease and Other Related Health Issues in Developing Countries: Needs, New Approaches, Impacts, and Costs

EXECUTIVE SUMMARY

To date, more than 30 million people worldwide have been infected with HIV, the virus that causes AIDS. Approximately 90 percent of those living with HIV/AIDS have extremely limited access to quality care and to new treatments. Determining the most effective means of treating and caring for people living with HIV in regions where the epidemic is taking the most severe human and socioeconomic toll is critical to our response to this worldwide epidemic.

The Harvard AIDS Institute, based at the Harvard School of Public Health, is facilitating a new five year initiative which seeks to enhance the care of HIV-infected adults and children in settings with restricted resources. The continued expansion of the worldwide HIV/AIDS epidemic dictates that we determine improved ways to care for affected individuals and communities. They deserve our best efforts. The mission of the **Enhancing Care Initiative** is to bring together the best possible expertise in specific countries to evaluate the needs of those living with HIV/AIDS and to propose feasible and cost-effective improvements in care.

This Initiative has the overarching belief that concrete and practical improvements in HIV/AIDS care in developing countries can and must be developed. The Initiative's overall goal is to have these improvements be proposed, analyzed, and set forth by multidisciplinary teams of epidemiologists, clinicians, economists, people living with HIV/AIDS, and governmental public health officials. These teams will be part of a four country Initiative in Latin America, Africa and Asia, with teams in each nation creating practical scenarios for improving clinical case management and health care delivery to specific HIV/AIDS-affected individuals and populations. With these multidisciplinary host-country partnerships as the basis for achieving specific objectives, the Initiative will have three areas of activity:

- **In Epidemiology**, to conduct a situation analysis and ongoing trend analysis of the HIV/AIDS epidemic in each setting. The team involved will create and test assessment methods for: (1) describing the current status of the HIV/AIDS epidemic and the

socioeconomic, structural, and behavioral factors influencing its evolution; (2) forecasting the future trends of the epidemic in specific populations or settings; and (3) helping identify possible interventions for enhancing access to HIV/AIDS care in each situation.

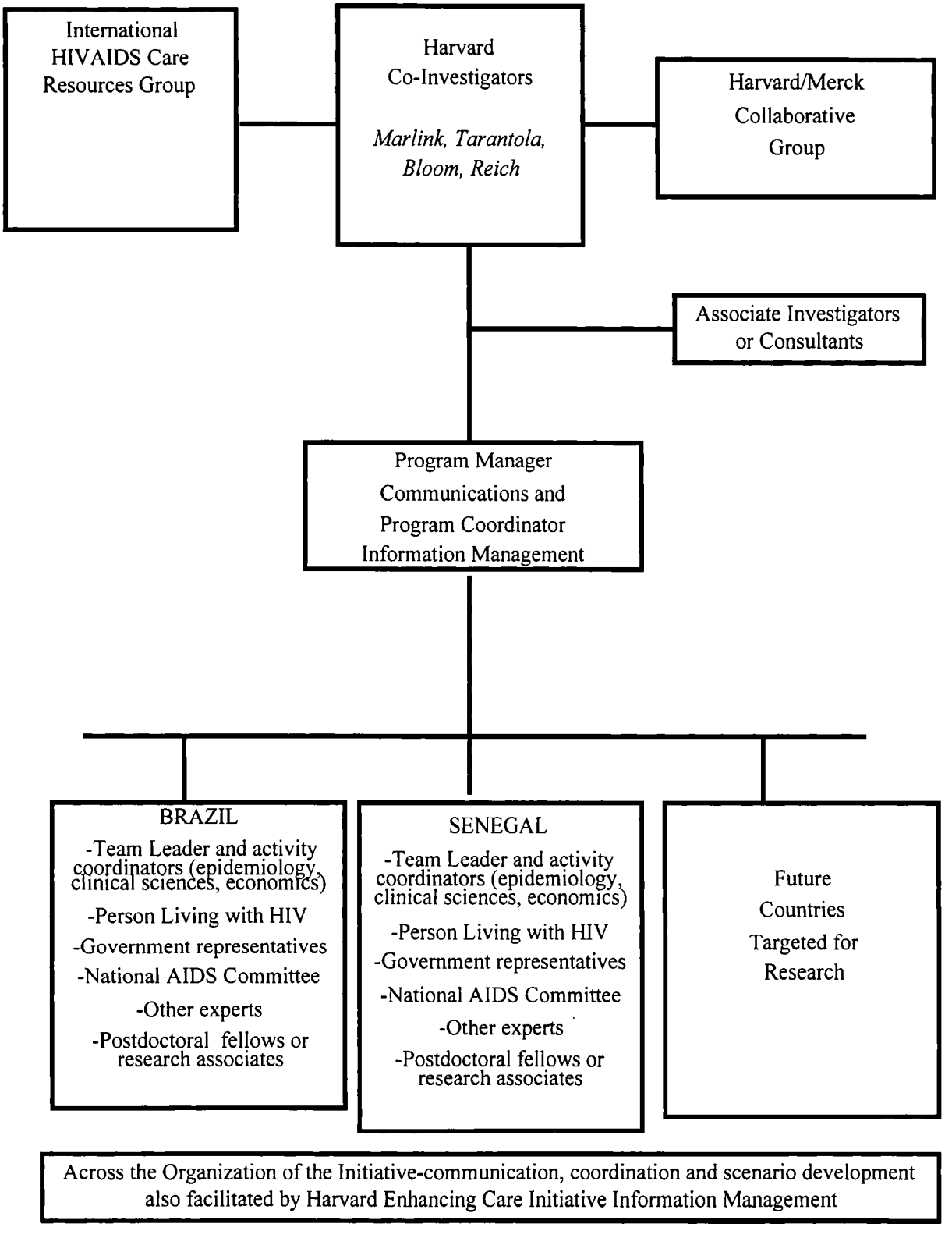
- **In Clinical Science**, to evaluate and propose improvements for HIV/AIDS clinical case management. The team will assess the current state of HIV/AIDS and related illnesses management and will evaluate clinical algorithms. Additionally, the team will propose new specific illness evaluations, or possible interventions, tailored to resource-constrained settings.

- **In Scenario Planning and Economics**, to propose specific improvements in care or prevention and to assess their impact. The team involved will assess the present burden of illness and economic impact related to HIV/AIDS in the specific developing countries through the development of epidemiological and economic models. These models will also project the economic implications of specific scenarios proposed by the host-country team in an attempt to achieve the optimal trade-off between access to quality care and related costs.

Long-term and sustainable solutions to difficult problems, such as those confronted in the HIV/AIDS epidemic, are often best proposed, developed, and implemented by those most affected by the problems. To ensure that improvements in care are truly feasible, an overall approach toward partnership building within host countries and within the overall Initiative will encompass the three areas of activity. This approach is an important underlying tenet upon which the Initiative will operate. As the implementation of any proposed improvement is a multidisciplinary task, requiring resources, logistics, and an infrastructure usually difficult to predict from the outset, the process of building partnerships and teams—among individuals, disciplines, and institutions—will be just as important as any specific activity within the Initiative.

The **Enhancing Care Initiative** is a unique, multinational program made possible by a grant from the Merck Company Foundation with the goal of creating concrete improvements in the care of men, women, and children living with HIV/AIDS in the target populations. The results of the Initiative may also help shape national and international policy responses. Most importantly, this Initiative will have the potential to create more effective interventions to improve the plight of the millions of people living with HIV/AIDS in developing countries.

ENHANCING CARE INITIATIVE ORGANIZATIONAL STRUCTURE



Appleseed Enterprises

Judy Thurman
The White House

I heard you on NPR. Well done.

Think about your experience in three terms: With the exception of Washington, who invented the job, and Eisenhower, who was over qualified for the job, the first two years of the President of the United States is OJT.

Keep It Simple

A United Technologies reprint from *The Wall Street Journal*

Look at Lincoln & Davis. Davis never did learn his job, but Lincoln very definitely grew in the the position.

So, keep that in mind. Anytime a man says ~~they can't~~ you can't do the job, pretend they are Bob Dornan.

Quickly get Linda Shepard's permission to use "Searching my soul" as your theme song.

Lilith Fair represents exactly the population/market you need to speak to.

Focus on Middle Schools. We can create Clinton's health care if you focus on middle schools. JWilson

Strike three.
Get your hand off my knee.
You're overdrawn.
Your horse won.
Yes.
No.
You have the account.
Walk.
Don't walk.
Mother's dead.
Basic events
require simple language.
Idiosyncratically euphuistic
eccentricities are the
promulgators of
triturable obfuscation.
What did you do last night?
Enter into a meaningful
romantic involvement
or
fall in love?
What did you have for
breakfast this morning?
The upper part of a hog's
hind leg with two oval
bodies encased in a shell
laid by a female bird
or
ham and eggs?
David Belasco, the great
American theatrical producer,
once said, "If you can't
write your idea on the
back of my calling
card,
you don't have a clear idea."

The Answer:

The will to win

The Question:

What attribute of Victory do Gen. Colin Powell, Earl and Tiger Woods, and the Army Family Team Building program share in a leadership-by-example-be-all-you-can-be kind of way ?

Victory

whether on the battlefield or for fun and profit
begins with **the will to win** embedded in human imagination.

The **Army Family Team Building** program offers **will-to-win** performance technology from America's oldest, largest, and most successful learning organization for commercial and not-for-profit communities committed to **victory** emerging from human imagination, safely and in a timely manner.

For more information, on **America Online**, go to KEYWORD: MCOMC . Click : Message Boards/Army Community Services/**Army Family Team Building**

The Community is a Capitalist Tool

August 21, 1998

The Reverend Angelo D'Agostino, S.J.
Nyumbani
Nairobi
KENYA

Dear Father D'Agostino:

I want to commend you for your great work with children who have been orphaned and abandoned as a result of the spread of AIDS in Kenya.

The program you have established serves as a model to help the millions of children who will be orphaned by AIDS in the coming years. By giving these children the best nutritional, medical, psychological, and spiritual care possible, you are greatly improving not only their quality of life, but also their very chance of survival.

Your willingness through the years to tackle difficult medical and social issues and your dedication to improving the plight of children have been truly inspiring.

You have my best wishes for much continued success.

Sincerely,

BILL CLINTON

BC/MWP/RLM/DC/DC/ckb-ddj-ddj (Corres. #4036119)
(8.dagostino.a)

cc: DWB/PMC, 94 OEOB
J. Bellanti, ~~214 EW~~
T. Summers, 736 Jackson Pl.
Matt Pitcher, 97 OEOB/Neal Sharma, 97 OEOB

SENT TO:
The Reverend Angelo D'Agostino, S.J.
c/o The Reverend William J. George, S.J.
Georgetown University
302 Healy Building
Washington, D.C. 20057-0001

National Council for International Health
Global AIDS Program
1701 K ST. NW
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Washington, DC 20006 USA

tel: 202-833-5900
fax: 202-833-0075
e-mail: ncihaids@ncihaids.org

NCIH
Global AIDS Program

Fax

To: Todd Summers	From: Ron MacInnis / Helen Comman
Fax: 456-2438	Pages: 3
Phone:	Date: August 6, 1998
Re: Geneva Reception	cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Attached are reference documents for the upcoming small grant steering committee conference call (August 11 at 1:00) Again, the call in number is 800-351-4898 with the security code "ncihaids."

Please note the current budget total and also please fill out the attached "rating sheet" prior to dialing in for the call. This will help facilitate the meeting. Thank you for your cooperation in this process.

NCIH The National Council for International Health

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USAID-NCIH Collaborative
Small Grant Fund Budget

Original Budget	**$75,000**
Administrative Costs	$5,000
ICASO	$20,000
NMAC-US Conference on AIDS	$15,000
Current Budget	**$35,000**

Small Grant Fund Matrix
Proposals Percentage Rating in Relation to Criteria

Proposal	Criteria #1	Criteria #2	Criteria #3	Criteria #4	Criteria #5
1. American Association for World Health					
2. The Network of Sexwork Projects					
3. Caribbean Regional Network of People Living with HIV/AIDS					
4. Llego					
5. Pro.Me.Tra					
TOTAL					

Description of Criteria

1. The proposed activity/production of materials provides capacity building support to developing country PVOs, NGOs and Networks.
2. The proposed activity/production of materials will facilitate collaboration and networking between different regional areas: south-south, north-south, south-north and include participants/information representing governmental offices, NGOs, PVOs, community based organizations, PLHIV/AIDS.
3. Clear and measurable indicators have been outlined in the proposal and the proposed activity/ production of materials will disseminate lessons learned from the field.
4. The proposed activity/production of materials can be replicated by participants for their represented constituencies.
5. The proposed activity/production of materials displays a relationship to one or all of USAID cross cutting issues and priority populations: youth, women, children, community mobilization and ownership, linking prevention with care, regional differences.

smlgmt

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Los Angeles District Office
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Los Angeles, CA 90003
TEL (213) 757-8900
FAX (213) 757-9506

Office of

Maxine Waters

Member of Congress
35th District • California

Date: 8/10/98

Pages to follow: 3

To: [redacted] Todd Summers

Fax to: ( ) 456 - 2438 [redacted]

Telephone: ( )

From: Véronique Pluviose ☒ DC ☐ LA

Message: Amendment to H.R. 3070 [redacted]
- one passed [redacted]
- the other was adopted into the enclosed
Committee report language

#1

AMENDMENT TO H.R. 2070

OFFERED BY MS. WATERS

Page 2, line 5, strike "referrals" and insert "access".

Page 2, line 7, insert ", and the person tested" after "other person".

pursuant to an agreement with the Federal government which may be, but need not be, the contract under which the inmate or detained person is housed in the non-Federal facility. If no such arrangement has or can be made, the Committee expects that the Attorney General will cause the person to be tested by Bureau of Prisons or Public Health Service employees in the non-federal facility or will transport the person to a federal facility and test them there.

Subsection (c) of new section 4014 requires that in the event a test is positive, the Attorney General is to provide appropriate access for counseling, health care, and support services to the affected officer, employee, or other person, and the person tested. In the case of incarcerated or detained persons, the Committee expects that the Attorney General will provide appropriate health care, including medical and psychological care, to the inmate either through Bureau of Prisons and Public Health Service employees, or through contractual arrangements with civilian health care providers. In the case of officers and employees, the Committee expects that the Attorney General will make available health care to augment, if needed, care that the officer or employee receives through their own private health care providers. In the case of other persons to whom the statute relates, the Attorney General is to provide referrals to appropriate health care providers.

The Committee further expects that when a person who has tested positive for the HIV virus is released from incarceration or, in the event a person ordered detained before trial is released from that detention, the person will be provided with information concerning counseling, health care, and support services that are available to them with respect to HIV and AIDS. The Committee does not expect Bureau of Prisons personnel to attempt to elicit from the person tested information concerning where they plan to reside upon release in order to provide the names of health care providers in that location. It is sufficient that the Bureau of Prisons provides information about national hotlines, referral centers, and other sources of information concerning treatment for HIV and AIDS. The Committee also encourages the Attorney General to provide

such information to any government officer and employee, at the time their employment with the government ends, if they have contracted the virus through contact with inmates or detained persons.

Subsection (d) of section 4014 provides that the results of a test under this section are inadmissable against the person tested in any Federal or State civil or criminal case or proceeding. The purpose of this subsection is to ensure that section 4014 is used solely to help government employees and others know if they have been exposed to the HIV virus so that appropriate treatment may be quickly obtained. While the results of a test obtained under this section are inadmissable in a Federal or State civil or criminal case or proceeding, nothing in this bill prevents the court in such a case from ordering a separate test, provided it is otherwise appropriate under applicable law, and procedural and evidentiary rules.

Subsection (e) of new section 4014 requires the Attorney General to make rules to implement section 4014. As part of the rules, the Attorney General is required to provide for procedures designed to protect the privacy of the person requesting a test and the person tested under this section, and also limiting the dissemination of the test results only to those persons specified in the bill.

Subsection (b) of the bill makes a clerical amendment to the table of section in title 18 of the United States Code.

Subsection (c) of the bill requires the Attorney General to develop guidelines for the prevention, detection, and treatment of incarcerated persons and correctional employees who have, or may be exposed to, infectious diseases in correctional institutions. The guidelines are then to be provided to the States for their use in developing policies to manage these diseases in correctional