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Correspondence - Todd Summers - Incoming - 5/99

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001. form	[Personally Identifiable Information] [partial] (2 pages)	05/14/1999	b(6)

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RESTRICTION CODES

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

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

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CORPORATION *for* SUPPORTIVE HOUSING

May 26, 1999

Dear Colleague,

I am delighted to announce the appointment of James A. (Jack) Krauskopf as president of the Corporation for Supportive Housing. Selected after a rigorous six-month search, Mr. Krauskopf will replace CSH's founding president Julie Sandorf on June 1st. Mr. Krauskopf comes to CSH from the New School for Social Research (now New School University) where he served as the Dean of the Milano Graduate School of Management and Urban Policy.

Mr. Krauskopf brings a lifetime of public service background to CSH, having served as the Commissioner of New York City's Human Resources Administration under Mayor Koch, the Parole Board Chair and Deputy Secretary of the Department of Health and Social Services for the state of Wisconsin, advisor on urban policy and planning issues in Newark, NJ, and the Deputy and Acting Director of Cleveland's Department of Human Resources and Economic Development in the Stokes Administration.

In addition, Mr. Krauskopf is an active writer and speaker on the public policy and planning challenges facing American cities. He is a nationally recognized expert on welfare policy and public systems for delivery of human services.

Much is happening at CSH as Jack takes over the organization's leadership. The CSH Bay Area program is in the process of expanding its scope to encompass the entire state of California with the support of a \$5 million grant from the California Endowment. The program is planning to open three satellite offices this year and will focus on replicating the successes of the Health, Housing and Integrated Services demonstration program which has provided a comprehensive array of client-centered health, support, and employment services to nearly 1000 supportive housing tenants from six counties.

CSH is also embarking on a new program initiative in Columbus, Ohio. In partnership with a unique local intermediary organization, the Community Shelter Board, CSH will be working to expand and enhance the delivery of supportive housing as part of an innovative strategy to fundamentally restructure the local homeless housing and services system.

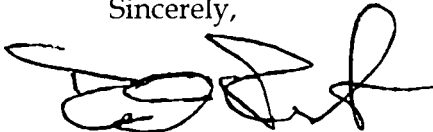
In a similar effort to capitalize on the potential of local partnerships, CSH is currently working with local stakeholders to assess and redefine our future role in addressing the needs of Georgia's most marginalized populations as part of various exciting new initiatives there.

Here are a few highlights from around the country

- In New York, CSH has been part of a successful campaign pressing the Governor and Mayor to extend the New York/New York Agreement to House Homeless Mentally Ill Individuals: together the city and state have agreed to invest more than \$125 million in supportive housing, a commitment CSH and its partners hope to increase in the future.
- CSH's Minnesota office has been successful in extending and streamlining its highly successful Minnesota Supportive Housing Demonstration Program and is extending its development assistance to counties in greater Minnesota. Further, the program has garnered nearly \$1 million to launch an innovative pilot program which will provide healthcare, behavioral health, employment and support services as well as housing to more than 1,000 homeless, chronically ill individuals through an HMO-like system. The office is also set to begin its families program which will develop some 300 apartments for chronically homeless families.
- In Connecticut, CSH continues its collaboration with the state and HUD to provide technical assistance to more than 150 nonprofits statewide in a program called PILOTS.
- The New Jersey CSH program is embarking on a new collaboration with government and nonprofits to rehabilitate blighted properties in Monmouth County into quality supportive housing.
- The first project in Michigan's Statewide Supportive Housing Program opens this spring in Ann Arbor.
- And in Illinois, CSH is working with the Supportive Housing Providers Association to institutionalize government funding for supportive housing.

We look forward to Jack's leadership of CSH as we head into the 21st century. Please join me in welcoming him.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Ravitch', with a stylized, flowing script.

Richard Ravitch
Chairman of the Board



May 7, 1999

Mr. Todd A. Summers
Deputy Director
Office of National AIDS Policy
The White House
Washington, DC 20501

Dear Mr. Summers:

On behalf of the Gay and Lesbian Community Service Center of New York (The Center), I wish to thank you for meeting with Center staff to discuss the Center's progressive programs and how those programs may be of use in the national fight against drug abuse and HIV/AIDS. We appreciate your time and thoughtful insights. We will follow up on the suggestions you made at our meeting.

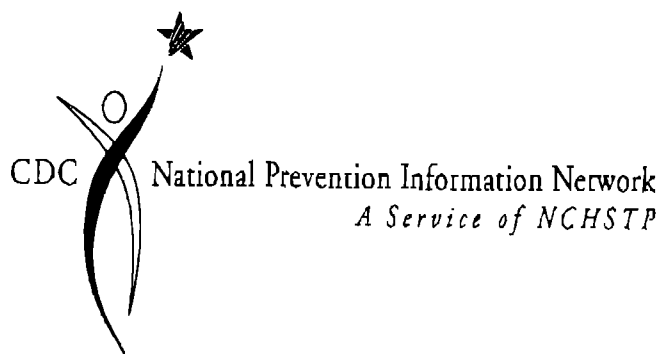
The Center strives to provide much needed support services to the gay, lesbian, bisexual, and transgender communities. We will continue to seek ways in which we can help institute, influence, and implement public policy at the national, state, and local level.

We look forward to working with you and appreciate your continued support. If you have any further comments, suggestions, or questions, please feel free to contact Carmen Vazquez, Director of Public Policy, at (212) 620-7310, or me at (202) 478-6120.

Sincerely,

A handwritten signature in black ink, which appears to read 'Sylvia Hacaj', is written over the typed name.

Sylvia Hacaj
Washington Representative



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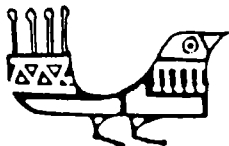
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12 May 1999

Todd Summers
White House Office National AIDS Policy
736 Jackson Place
Washington, DC 20500

Dear Todd:

Enclosed please find a replacement VHS of "Orphan Generation". We were recently informed by the producers of this video that there were some problems with the original sound, specifically in the parts where there are voice-overs translating the background voices.

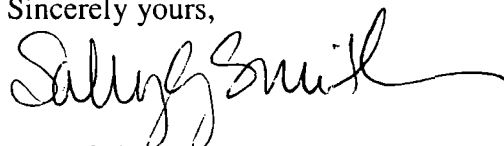
We'd appreciate it if you would throw away the cassette (but keep the video sleeve) you now have and replace the cassette with this new one and then use only this new video.

Sorry for any inconvenience caused by this. If you have any questions, please call me at the above number.

As I hadn't heard anything, I was also wondering if you were interested in purchasing more copies of this video for your AIDS projects?

Thank you very much.

Sincerely yours,



Sally G Smith

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Sally Smith
President

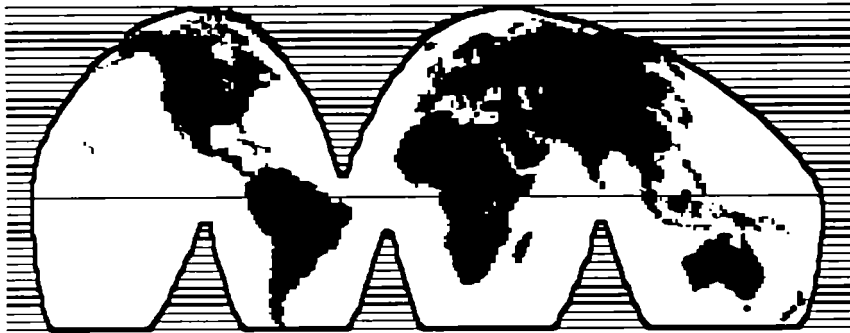
AFRICAN

FILMS

&

VIDEOS





FAX IN BRIEF

TO: Todd Summers, Office of National
AIDS Policy

FAX: 202 456-2438

FROM: Phill Wilson

PAGES (INCLUDING COVER): 5

Friday, May 7, 1999

Todd,

Thanks again. I think I'm pleased with the piece (along with the descriptions of some of my Africa ideas). I still have to cut it, but, that will be ok. Can't wait to see you next week.

Phill

EDITOR'S NOTE
POZ MAGAZINE
JULY 1999
BY PHILL WILSON

I went on my first sojourn to Africa in 1994. During a layover in London, a friend asked if I felt like I was going back to my roots. "No," I said, "my roots are firmly planted in Louisiana and Mississippi." I had a strong identification with the struggles of Black People in America from slavery through reconstruction and from the civil rights movement to the present day. I was once told in no uncertain terms by two Nigerian foreign exchange students when I was in college that American Blacks were NOT African. "This trip," I said, "is not a personal journey but a professional one." As a privileged AIDS activist, it was important for me to learn about AIDS in Africa. I did not expect my experiences on this trip to be the start of a new journey that was intensely personal. As an African American, and as a person living with AIDS, my efforts to support my brothers and sisters living in Africa has fueled my passions in ways that still surprise me.

As the plane began its final decent to the Kenyatta International Airport in Nairobi Kenya, something began to happen that I've never been able to explain. As the rubber tires touched the tarmac, I knew for the first time in my life I was home. I began to weep. But was I "home" as an African-American? as a person sharing in the struggle against AIDS? I don't know. What I do know is that my experiences of Africa and its people continue to be intense, personal and energizing.

The irony of an American with AIDS finding home in Africa is that many Africans are in a desperate struggle to find, build, create and rescue safe homes amidst tremendous risk of violence as evidenced by the recent murder of a South African woman with AIDS in???.

Like many, I have read about the devastation. I've even witnessed it first hand in the faces and at the death beds of people I've grown to love very much.—While the

devastation of AIDS in Africa cannot be overstated and should not be minimized, its not the only story. AIDS is on track to surpass every African catastrophe of this century. The average life expectancy in Zimbabwe is expected to fall from 61 to 39 by the year 2010. The Infection rate in Sub Saharan Africa is growing by 20%; in South Africa alone the number of HIV positive people ~~has~~ have doubled in the past two years; and twenty eight ~~percent~~ per cent (28%) of all adults in urban areas of Zambia are believed to be infected with HIV.

The story of the AIDS pandemic in Africa is a story of its people, struggling against so much adversity with their hope for the future still ~~strong~~ hope and -what they are doing to fight AIDS despite what appears to be insurmountable odds. Uganda has reduced infection rates by 25% over the past decade. Forty Zimbabwean journalists have formed a working group to discuss guidelines for reporting AIDS prejudices, vulnerability and fear; and, South African treatment activist have successfully lobbied Health Minister Zuma to offer short term therapy to pregnant women. ~~has formed a treatment action committee to force the government to make new therapies available.~~

We tried our best to introduce some of these people and organizations to you in this issue. Our hope is that Africa will challenge the sincerity of AIDS activism and our responsibility as members of the human community. Force us to ask the hard questions. What is this fight about? Is the goal of the "AIDS movement" to eliminate HIV/AIDS or to create yet another measure of the widening gap between North and South, rich and poor, Black and white. This is a paradoxical time in the battle against AIDS and HIV. Will AIDS in Africa become the chronic and systemic realization of the insights gained or lost?

Despite recent set backs, there is a desperate knee-jerk need to stand on the benefits brought on by the incredible effectiveness of new therapies and declare victory in our efforts to stop AIDS. And maybe, just maybe, for the first time since the beginning of the epidemic there is real hope. For some.

AIDS is NOT over ~~I've been on my high horse about the epidemic not being over for~~

~~three years now. This is particularly true~~ for Africa where 795%[check] of all people living with HIV/AIDS live. I pray for AIDS to be over. I want it to be over with every fiber of my being. I have no need to visit any more death beds or deliver any more eulogies. But, I know in my soul that AIDS can never be over until we take real strategic and comprehensive action to defeat this pandemic globally.

To put it into perspective during my interview with Edwin Cameron he said AIDS in Africa today is where the US was in 1984. It reminded me of something my partner Chris Brownlie wrote about AIDS shortly before his death nearly a decade ago

"It is caring for your friends in a way you never have before. Intimate ways, horrible ways, ways that take more of your love than you knew you had...

It is the fighting back. It is the building of places to care for the living and for the dying. It is courage, it is honor, it is integrity. It is people joining forces in a time of great need. It is hope, it is sharing the burden. It is people caring for their own and finding love, and surviving, and believing in the future even when we are hurting more than we have ever hurt before...

It is bearing the unbearable, enduring the unendurable, and hoping in the face of hopelessness..."

As you read this magazine, we hope you gain insights into what it's like to live with HIV or AIDS without clean water, transportation, among war and starvation. We have tried to bear witness to the miracles that are happening ~~as people in Senegal, Kenya, Uganda, Zimbabwe, Zambia, and South Africa~~ come together with hope, faith and determination to save their families and villages from the ravages of AIDS and HIV. We hope you are inspired by the heroism of Scovia Kasolo ~~of Uganda~~, Elliot Magunje ~~from Zimbabwe~~, Joe Muriuki ~~from Kenya~~, Edwin Cameron ~~from South Africa~~ and Marie from Cameroon. We hope you are enraged by the brutal murder of Gugu Dlamini and empathetic with the family and friends of Simon Nkoli.

Bristol-Myers Squibb recently announced a \$100 million initiative to fund extensive research and to train physicians and community based prevention and treatment workers. Although this is no substitution for making drugs more affordable in Africa it is a huge step and pressure must be placed on other members of the industry to step to

the plate

There's an old African proverb: "It takes a village to raise a child. With approximately 38 million- African orphans and no end in sight, if we don't do something now. The children may be the only ones left in the village.



GEORGETOWN UNIVERSITY LAW CENTER

Federal Legislation Clinic

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Judith C. Areen

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Chai R. Feldblum
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Deputy Director
R. Scott Foster
Adjunct Professor of Law

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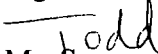
May 3, 1999
March 31, 1999

Senior Policy Fellow
Timothy M. Westmoreland
Adjunct Professor of Law

Policy Fellow
Andy Schneider
Adjunct Professor of Law

Associate Policy Fellow
Leah Stevralia

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


Dear Mr. Summers:

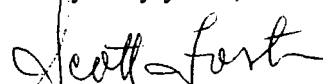
Thanks for getting back to me yesterday. As we discussed, the Kaiser Family Foundation has contracted with the staff of the Federal Legislation Clinic to revise its "Federal HIV/AIDS Spending: A Budget Chartbook." For the first edition of this Chartbook, Clinic staff used the data and the categories included in the Appendices of the 1997 National AIDS Strategy publication as a starting point for collecting and organizing Federal spending data.

(ASAP)
Clinic staff is working on a deadline of April 10th for having the 1999 data collected, analyzed, inputted, and formatted. We are attempting to accumulate most of the 1999 data directly from the various relevant departments and agencies that spend money on AIDS prevention, research, care and assistance, etc.

If at all possible, please help us to determine the Fiscal Year 1999 budgets for AIDS spending by the departments and agencies listed on the attached sheet (that sheet also indicates specific categories of spending). In addition, any other 1999 AIDS spending information you can provide with respect to other departments and agencies (and specific categories) included in the Appendices would also be helpful in verifying the data we are collecting from other sources.

Thanks for any help you can provide. Please call me at (202) 662-9596 if you have any questions or comments about this request.

Very truly yours,


Scott Foster

SPECIFIC FY 1999 FEDERAL HIV/AIDS SPENDING REQUESTED¹

- * **DEPARTMENT OF DEFENSE** -- *Prevention, Research, and Care and Assistance*
- * **HHS/FOOD AND DRUG ADMINISTRATION** -- *Prevention and Research*
- * **HHS/INDIAN HEALTH SERVICE** -- *Prevention*
- * **HHS/SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION** -- *Care and Assistance*
- * **DEPARTMENT OF JUSTICE** -- *Prevention, Care and Assistance, and Civil Rights*
- * **PEACE CORPS** -- *International*
- * **US AGENCY FOR INTERNATIONAL DEVELOPMENT** -- *International*
- * **US INFORMATION AGENCY** -- *International*

¹ Any other FY 1999 Federal HIV/AIDS Spending information you can provide would also be helpful in verifying data collected from other sources.



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: *Scott Foster* FROM: *lodd*
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PHONE NUMBER:
RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

*Let me know what more
you need. Jodd*

Date: 5.5

FAX



Health Division



Office of Management and Budget
Executive Office of the President
Washington, DC 20503

To: Todd Summers

Fax:

From: Jen Forshey

Number of Pages (excluding cover): 4

Subject:

Richard said you were looking for the government-wide AIDS crosscut. This should do it, but let me know if you need something else.

~ Jen

5-7788

Voice Numbers:

Health Division (Front Office)	202/395-4922
Health & Human Services Unit	202/395-4925
Health Programs & Services Branch	202/395-4926
Health Financing Branch	202/395-4930

Fax Numbers:

Health Division (Front Office)	202/395-3910
Health Division (Room 7001)	202/395-7840
Health Division (Room 7002)	202/395-5648

**HIV/AIDS Funding
Government Wide Crosscut
(Obligations In \$ millions)**

AGENCY	Obs	FY85 Act.	FY86 Act.	FY87 Act.	FY88 Act.	FY89 Act.	FY90 Act.	FY91 Act.	FY92 Act.	FY93 Act.	FY94 Act.	FY95 Act.	FY96 Act.	FY97 Actual	FY 98 Actual	FY 99 Actual	FY 2000 Budget
HHS Discretionary	Obs	109	234	502	962	1301	1590	1888	1960	2108	2567	2701	2898	3270	3537	4100	4251
Research	Obs	-	-	-	-	940	1116	1230	1259	1285	1508	1545	1619	1707	1815	2013	2051
Prevention	Obs	-	-	-	-	306	366	400	378	398	445	492	476	516	526	601	611
Treatment	Obs	-	-	-	-	55	108	258	323	425	613	664	803	1047	1196	1486	1589
Medicaid (Fed. Share)*	Obs	70	130	200	330	490	670	870	1080	1000	1200	1400	1600	1800	1900	2100	2200
Medicare	Obs	5	5	15	30	55	110	180	280	600	800	1000	1100	1300	1400	1500	1700
Social Security	Obs	17	29	60	99	158	234	354	512	670	804	890	946	1001	1061	1136	1218
DI	Obs	12	24	45	79	123	179	259	362	470	564	625	666	691	726	776	833
SSI	Obs	5	5	15	20	35	55	95	150	200	240	265	280	310	335	360	385
Veterans	Obs	8	20	51	78	136	220	258	279	299	312	317	331	350	378	403	438
Research	Obs	-	-	2	3	5	6	7	7	7	6	5	6	6	7	7	7
Prevention	Obs	-	-	1	1	28	29	29	30	31	31	31	31	31	32	32	32
Medical Care	Obs	8	20	48	74	103	185	222	242	261	275	281	294	313	339	364	399
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

AGENCY	Obs	FY85 Act.	FY86 Act.	FY87 Act.	FY88 Act.	FY89 Act.	FY90 Act.	FY91 Act.	FY92 Act.	FY93 Act.	FY94 Act.	FY95 Act.	FY96 Act.	FY97 Enacted*	FY 98 Actual	FY 99 Actual	FY 2000 Budget
Department of Defense	Obs	0	75	70	44	86	124	127	125	155	127	110	98	101	118	106	108
Research	Obs	-	34	18	9	27	33	44	40	66	45	38	28	23	38	24	24
Prevention	Obs	-	18	25	26	26	28	19	22	27	22	12	11	12	13	13	13
Medical Care	Obs	-	23	27	9	33	63	64	63	62	60	60	59	66	67	69	71
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
USAID *	Obs	0	0	0	30	40	71	78	94	117	115	120	115	117	121	135	128
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	30	40	71	78	94	117	115	120	115	117	121	135	128
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
* \$10 million of the FY 1999 funding for USAID is a one-time emergency appropriation																	
Bureau of Prisons	Obs	0	0	1	1	2	4	5	5	5	8	6	6	7	7	7	7
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	-	1	1	1	1	1	1	1	1	1	1	1
Medical Care	Obs	-	-	1	1	2	4	4	4	4	5	5	5	6	6	6	6
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State Department	Obs	0	0	0	0	1	1	1	1	1	1	1	0	0	0	0	0
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	1	1	1	1	1	1	1	0	0	0	0	0
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

9:20 No.002 P.04

MAY 05'99

ID:

AGENCY		FY85 Act.	FY86 Act.	FY87 Act.	FY88 Act.	FY89 Act.	FY90 Act.	FY91 Act.	FY92 Act.	FY93 Act.	FY94 Act.	FY95 Act.	FY96 Est.	FY97 Enacted	FY 98 Actual	FY 99 Actual	FY 2000 Budget
Labor	Obs	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	1	1	1	1	1	1	1	1	1	1	2	2	2	2
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Education	Obs	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Housing	Obs	0	0	0	1	0	0	0	48	100	156	171	171	196	204	225	240
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Maintenance	Obs	-	-	-	-	-	-	-	48	100	156	171	171	196	204	225	240
OPM - FEHB	Obs	0	5	8	13	22	37	61	103	175	193	212	226	241	253	266	279
Research	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prevention	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Care	Obs	-	5	8	13	22	37	61	103	175	193	212	226	241	253	256	279
Income Maintenance	Obs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	Obs	####	498	908	1590	2292	3062	3823	4488	5231	6282	6929	7492	8385	8981	9980	10571

		FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93	FY94	FY95	FY96	FY97	FY 98	FY 99	FY 2000
		Act.	Act.	Act.	Act.	Act.	Act.	Act.	Act.	Act.	Act.	Enacted	Estimate	Enacted	Actual	Actual	Budget
Total																	
Research	Obs					972	1155	1281	1306	1358	1559	1588	1653	1736			
Prevention	Obs					402	497	529	527	576	616	658	635	679			
Medical Care	Obs					760	1177	1659	2095	2527	3146	3622	4087	4773			
Income Maintenance	Obs					158	234	354	560	770	960	1061	1117	1197			
						2292	3063	3823	4488	5231	6281	6929	7492	8385			

*Medicaid estimates do not reflect the effect of protease inhibitors on AIDS costs. HCFA advises that it can not make reliable estimates of the costs of these drugs at this time.

KENNETH L. GOODY

510 WEST 112TH STREET
NEW YORK, N.Y. 10025

April 23, 1999

Mr. Todd Summers
Assistant Director
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 10503

Dear Todd:

It was a pleasure meeting you at the SIECUS reception in New York earlier this month. I regretted that I was unable to hear your talk earlier in the day— both in my capacity as a SIECUS board member and a board member of BodyPositive, an agency here in New York which supports the needs of those infected with HIV.

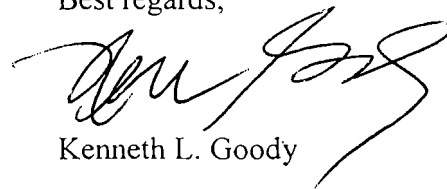
As you and I discussed, as the AIDS epidemic evolves and changes so should concomitant social service programs. Let me bring to your attention an example of program evolution currently underway. We expect to announce on June 1 that BodyPositive is acquiring the staff and programs of PWAC (People with AIDS Coalition) here in New York. While this merger certainly makes good financial sense, what is so compelling is that it also makes good program sense.

Put simply, a merger like this was unthinkable a few years ago. As the needs of those infected with HIV and those with full-blown AIDS have converged, we no longer see the need for two separate organizations. As you well know, these client populations simply would not have mixed. We are very proud that this merger means that more money will be going to programs to help individuals, not to redundant administrative expenses. I hope you agree that the nonprofit sector should show more of the re-inventing zeal that the Vice President has shown so effectively in government.

If you would like any more information on our plans, Todd, I'd be glad to meet with you at your convenience or supply you with any additional material. We expect the announcement will receive press coverage here in New York.

Again, it was a pleasure to meet you.

Best regards,



Kenneth L. Goody

212-983-8100

FAX: 212-983-8117

KENNETH L. GOODY
MARKETING DIRECTOR

NICHOLAS ADVISORS
INCORPORATED

250 PARK AVENUE
NEW YORK, NY 10177

Friday, May 20 @ 10:00

Susan J. White & Associates, Inc.

1020 N. Fairfax Street
Suite 202
Alexandria, VA 22314

TELEPHONE: 703-683-2573

TELECOPIER: 703-683-0865

May 7, 1999

Ms. Sandra Thurman
Director
The White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman:

We are writing on behalf of the Los Angeles County Department of Health Services, Office of AIDS Programs and Policy (OAPP), to request a meeting with you in Washington, D.C., on either Thursday afternoon, May 20, or on Friday, May 21.

Charles Henry, Director of the OAPP, George Ayala, Deputy Director and Gunther Freehill, Director for Policy and Planning would attend the meeting. Also attending the meeting will be several service providers in Los Angeles County, persons who are HIV infected or HIV impacted, and the Health Deputies of the Los Angeles County Board of Supervisors. I will be in the meeting as well.

Mr. Henry and the others would like to take this opportunity to discuss the report presented April 20 to the Board of Supervisors--State of an Epidemic: HIV/AIDS in Los Angeles County; actions taken by the Board; and ongoing and future efforts of the Department and the County overall, to address the treatment and prevention of HIV/AIDS in Los Angeles County. Additional copies of this report are now being printed and will be available for the meeting.

As you know, although substantial progress has been made in treating and preventing the disease, Los Angeles County continues to have the second highest number of people with AIDS of all urban areas in the nation, second only to New York City. The meeting will also focus how we can work together to address the spread and changing characteristics of the epidemic and the impact of the Ryan White CARE Act.

Please feel free to contact me or Virginia Ruck in my office to determine what might be arranged. We look forward to working with you.

Sincerely,



Susan J. White

Los Angeles County Washington Representative
For Health Issues

Memorandum for Sandra Thurman, Director and Todd Summers, Deputy Director

DATE: May 2, 1999

FROM: Rusty Bennett

CC: Daniel Montoya, Executive Director
Cheryl Bauerle
Sara Holewinski
Renuka Kher

RE: April 30, 1999, HUD Meeting with Members of HIV/AIDS Housing Community

1. The meeting began with introductions (See attached attendance sheet) and an update of HUD Activities and its FY 2000 HOPWA budget given by Cardell Cooper, Assistant Secretary for Community Planning and Development, along with Fred Karnas, DAS, and David Vos, Director of the Office of HIV/AIDS Housing. Assistant Secretary Cooper emphasized the continued collaboration between HUD and its community partners through continued dialogue, by utilizing the skills of local Community Builders, and through HUD's Best Practices Awards.
2. Assistant Secretary Cooper and other HUD staff entertained questions from the housing community. Gina Quattrochi, Executive Director of Bailey House and President of the National AIDS Housing Coalition (NAHC) outlined the following NAHC recommendations:
 - **HOPWA Budget:** Lobby Congress for \$60 million increase to HOPWA for FY 2000 (\$500 million represents the true need). Oppose a decrease in program spending to balance the budget.
 - **HOPWA Formula Change:** Continue to work with Congress to develop a mutually beneficial solution to the HOPWA formula. NAHC supports a formula which:
 - accounts for persons living with HIV/AIDS;
 - accounts for need in rural and urban areas;
 - reflects need in high incidence areas;
 - does not decrease funding in areas that are currently being funded;
 - keeps 10 percent for HOPWA competitive
 - keeps 1 percent for HOPWA technical assistance
 - does not cap or create a threshold which will not allow jurisdictions in need to obtain HOPWA formula funds.NAHC will submit an official letter to HUD outlining their specific position on all aspects of the formula change. It has been requested that upon receipt of the letter from NAHC, a copy will be sent to this office.
 - **Community Planning:** NAHC is concerned about community planning not working as HUD intends. Such problems identified are lack of comprehensive planning, community partnerships, and failure to address issues such as homelessness, poverty, loss of housing, and high rental markets.
 - **Other Issues:** The group asked HUD to consider: Removing renewals of Shelter Plus Care within the Continuum of Care. HUD is currently addressing this issue. The

group informed HUD of the potential impact of welfare reform on individuals seeking to qualify for HIV/AIDS housing. It is believed that if individuals do not qualify for welfare assistance they will not meet the eligibility standards for HIV/AIDS housing.

3. **Gail Williamson, Section 811:** The group expressed their concerns that HUD was not doing enough to strengthen the Section 811 projects. Also, the group asked about using drug elimination money with Sec 811 projects. Gail responded that currently the statute does not allow this money to be used with Sec. 811, but HUD is working to correct this problem.
4. **Dr. Kim Hamlett, VA:** Announced the conference, "Improving HIV Care and Prevention Into the 21st Century: Integrated Care for the Multiply Diagnosed", hosted in collaboration with the VA, HUD, HHS, Office of National AIDS Policy, and the Office of National Drug Policy. The conference will be held in Washington DC, June 28-29 at the Omni Shoreham Hotel.
5. **Deputy Assistant Secretary Fred Karnas and Director David Vos:** Concluded the meeting by announcing the completion of this year's report to Congress. Fred responded to concerns voiced by the group around the HOPWA formula changes suggesting that any change could have tremendous impact of the program. Fred also highlighted HHS's Policy on Ryan White CARE Act Transitional Housing stating the policy seems flexible and community input has been positive. Fred concluded the meeting by reminding the group of the June 2, 1999 deadline of HOPWA competitive applications.

Handouts:

1. Agenda and Draft HOPWA Formula Revisions
2. HIV/AIDS Bureau: Housing Policy – Final Draft (March 31, 1999); HHS Ryan White CARE Act
3. Overview of 1999 HOPWA TA Competition
4. The Washington Blade, April 30, 1999: "House Members Call for AIDS Program Audit"
5. HOPWA Allocation Chart
6. CDC Surveillance Report; July 98 – June 98
7. Office of HIV/AIDS Housing, HUD Invitation letter
8. Conference Brochure: Improving HIV Care and Prevention Into the 21st Century: Integrated Care for the Multiply Diagnosed

Attachment: Attendance Sheet

AGENDA

Meeting with Cardell Cooper, Assistant Secretary for Community Planning and Development, and Members of the HIV/AIDS Housing Community

**April 30, 1999
1:00 p.m. - 3:00 p.m.**

1. Introductions
2. Update on HUD Activities FY2000 HOPWA budget issues
Q & A
3. Potential revisions to the HOPWA formula
Q & A
4. Other Matters, including:
 - A. HHS policy on transitional housing activities under Ryan White CARE Act
 - B. 1999 Super NOFA competitions (HOPWA, HOPWA-TA, Continuum of Care, etc)
 - C. Veterans' Affairs HIV Care conference on homeless veterans
 - D. Disparity in access to programs in racial and ethnic minority communities
 - E. HOPWA TA at the National Grantees Meeting in Baltimore, NMAC conference, PD&R evaluation, etc.Q & A

Test J - New HOPWA Formula Provisions:

DRAFT

(i) use the proposed FY2000 appropriation level (\$213.8 million formula out of \$240 million);

(ii) give grantees the higher of:

an amount if 80% of formula is based on PLWA cases (weighted 5 year CDC data); or

the grantee's Hold Harmless number (which is the average of their FY98+ FY99 grants);

(iii) use a prorated adjustment. These amounts are fitted into the amount available to be allocated with a prorated adjustment (downward, if the sum of the highest amounts total are in excess of the allocation; or upwards, if this sum is less than the amount available).

(iv) allow the hold harmless to phase-out over three years.

e.g. after the new formula is used in Year 1 (FY2000), in subsequent years, the allocation could be adjusted so that 90 percent is allocated under the PLWA estimate in Year 2 (FY2001), and 100 percent is allocated in Year 3 (FY2002), and in Year 4 (FY2003), no hold harmless adjustment would be made.

DRAFT

HIV/AIDS BUREAU

Housing Policy – Final Draft (March 31, 1999)

The following policy establishes guidelines for allowable housing-related expenditures under the Ryan White CARE Act. The purpose of all Ryan White Act funds is to ensure that eligible HIV-infected persons and families maintain access to medical care.

A. Funds received under the Ryan White CARE Act (Title XXVI of the Public Health Service Act) may be used for the following housing expenditures:

- I. Housing referral services; defined as assessment, search, placement, and advocacy services), must be provided by case managers or other professionals who possess a comprehensive knowledge of local, State, and Federal housing programs and how they can be accessed; or
- II. Short-term, transitional or emergency housing; defined as necessary to gain or maintain access to medical care, must be related to either:
 - a. housing services that include some type of medical or supportive service: including, but not limited to, residential substance abuse or mental health services (not including facilities classified as a Institute of Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or
 - b. housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. Necessity of housing service for purposes of medical care must be certified or documented.

B. Short-term, transitional or emergency assistance is understood as transitional in nature and for purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

C. Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments.

D. The Ryan White CARE Act must be the payer of last resort. In addition, funds received under the Ryan White CARE Act must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.

E. Ryan White CARE Act housing-related expenses are limited to Title I, II, and IV and are not an allowable expense for Titles III.

Overview of the 1999 HOPWA TA Competition

SuperNOFA for HUD Grant Programs

U.S. Department of Housing and Urban Development

The Super Notice of Funding Availability for HUD's Housing, Community Development and Empowerment Programs (SuperNOFA) for \$2.4 billion, published 2-26-99, includes funds for national technical assistance (TA) projects for the 1999 Housing Opportunities for Persons with AIDS (HOPWA) program. HOPWA TA applications will compete in a separate competition under the Community Development Technical Assistance section, as follows:

- **Applications:** The HOPWA TA application is included in the Community Development-TA application kit and the SuperNOFA User Guide are available from the SuperNOFA Information Center 1-800-HUD-8929 or 1-800-483-2209 TTY and information on this notice is on the internet at www.hud.gov/fundsavl.html.

- **Due Date:** Midnight, Wednesday, May 26, 1999. Applicants should send their original application and one copy to HUD Headquarters (Room 7251) by hand delivery or mail.

- **Funds:** up to \$2.25 million. HUD will ensure that at least \$300,000 is designated for each of the four national HOPWA TA goals.

- **National TA Goals:** Activities are carried out on a national or regional basis (e.g. serving a multi-state area). Applicants should address the four national HOPWA TA goals: (a) Comprehensive Strategies for HIV/AIDS Housing; (b) Sound Management of HOPWA Programs; (c) Use of HUD Information Management Tools; and (d) National HOPWA Information.

- **Definition of TA.** HOPWA technical assistance shall mean the transfer to HOPWA grantees and project sponsors and potential recipients of program funds, the skills and knowledge needed to develop, operate and support HOPWA-eligible projects and activities. The application should emphasize how activities will advise and train communities and project sponsors in undertaking program planning, community consultations, housing development and operations, coordination with related health-care and other supportive services, and evaluation and reporting on performance.

- **Description of TA Goals:** Applicants should address the national HOPWA TA goals of:

- (a) **Comprehensive Strategies for HIV/AIDS Housing.** HOPWA TA funds can be used to advise and train communities in: undertaking community-based needs assessments of the housing needs of persons living with HIV/AIDS and their families; drafting comprehensive multiple-year HIV/AIDS housing plans; undertaking community-wide consultations, including consulting with potential clients, providers of HIV/AIDS housing and/or services, and local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act, and programs that address serious mental illness, chronic alcohol and other drug abuse issues, and homelessness; integrating HIV/AIDS housing efforts within the area's consolidated planning processes; and collaborating with the area's Continuum of Care Homeless Assistance processes in assisting persons with HIV/AIDS who are homeless. Technical assistance also may be used to train communities in how to best target assistance to traditionally underserved subpopulations in developing community-based needs assessments and may build capacity for State-wide,

metropolitan, non-metropolitan and/or rural areas in development of area multi-year HIV and AIDS housing plans. You also could provide TA to HOPWA formula grantees that are new recipients of formula allocations or that are designated by HUD as prospective recipients in future allocations to promote the planning and startup for the use of funds.

(b) Sound Management of HOPWA Programs. HOPWA TA funds can be used to help ensure that grantees and project sponsors use funds in a manner that upholds the public trust in the operation of programs, including: advising on management practices to provide responsive, efficient and cost effective facility and program operations; advising on fiscal management to ensure accountability in the use of funds; advising on the coordination of housing with health-care and other related supportive services for eligible persons; assisting in developing collaborations with local, State and Federal agencies that administer HIV/AIDS-related programs, including programs funded under the Ryan White CARE Act; advising on data collection and evaluation of programs; providing program handbooks, guidance materials, audio/visual products, training, and other activities to promote good management practices.

(c) Use of HUD Information Management Tools. HOPWA TA funds may be used to assist grantees, project sponsors and other organizations involved in HIV/AIDS plans in using the Department's information technology, financial systems and information management systems for developing, operating and reporting on program activities. Applications should address how TA activities will support the use of the Department's Consolidated Planning Process, Integrated Disbursement and Information System (IDIS), the use of HOPWA Annual Progress Reports, the Grants Management System, the LOCCS/HUDCAPS and other HUD information collection or financial management tools. The use of these management tools will help to ensure that your performance is measured under the HOPWA national performance goals, established in the Department's Annual Performance Plan. You should address plans for conducting grantee and sponsor workshops, developing training materials, developing or adapting software for program activities and goals, and sponsoring conferences of grantees and sponsors.

(d) National HOPWA Information. HOPWA TA funds may be used to establish a component to support HIV/AIDS housing discussions, panels, presentations, information, exhibit booths, and other training materials at national, regional, state-wide and local meetings of organizations that are involved in housing, community development, health-care and supportive services, veterans affairs and other human service efforts. The component should help promote understanding on HIV/AIDS housing issues and needs of persons living with HIV/AIDS, and offer training on developing and accessing HIV/AIDS housing and related services. A research and information services component of this effort should include the development of information on HIV/AIDS housing and activities supported under HOPWA grants which will be published for national distribution, including disseminating information on the success and lessons learned by the HOPWA Special Projects of National Significance and Long-term grants in non-formula areas that have been awarded in the HOPWA national competitions. This component should emphasize the collection and dissemination of information on the "best practices" of HUD grantees that should serve as a basis for peer support, technical assistance, and program improvement or address emerging and unresolved issues in assisting persons living with HIV/AIDS and their families.

● **Funding for HOPWA Project Grants.** The SuperNOFA also makes up to \$22,275,000 available for HOPWA projects under a separate competition, for: (1) **Special Projects of National Significance**, and (2) **Projects that are part of Long-Term Comprehensive Strategies** for providing housing and related services submitted by states and local governments for areas that do not qualify for HOPWA 1999 formula allocations.

● **Other Funding Resources:** Information on other HUD programs and the 1999 HOPWA formula allocations of \$200.475 million to 63 eligible cities and 34 States is found at: <http://www.hud.gov/cpd/cpdalloc.html>.

● **For More Information:** Call the Community Connections Information Center at 1-800-998-9999 or 1-800-483-2209 (TTY) or contact by internet at <http://www.comcon.org/ccprog.html> to answer your questions.

Capitol Hill Update

April 30, 1999 - THE WASHINGTON BLADE - 27

HOUSE MEMBERS CALL FOR AIDS PROGRAM AUDIT: U.S. House Majority Leader Dick Armey (R-Texas) joined Reps. Tom Coburn (R-Okla.) and Tom Bliley (R-Va.) on April 20 in requesting that the U.S. General Accounting Office conduct a "performance audit and evaluation of all federal AIDS/HIV programs and services."

Noting that the federal government spends nearly \$9 billion on federal AIDS programs, Coburn said he has learned of "too many instances" where federal AIDS funds have been misused. Among the examples he cited was one in which someone associated with Puerto Rico Gov. Pedro Rossello allegedly diverted more than \$2 million in federal AIDS funds to Rossello's re-election campaign as well as other campaigns. He also cited an instance in which the head of a North Carolina HIV and drug prevention program allegedly embezzled funds from that program by writing checks to himself. In other instances, Coburn said, local AIDS groups used federal funds to "condone illegal drug use."

Coburn and Armey have opposed Gay civil rights on a number of fronts. AIDS activists criticized Coburn last year when he proposed an omnibus bill calling for mandatory name reporting for people who test positive for HIV and for withholding federal funds to states that do not adopt such reporting programs.

The AIDS Action Council, a national group that represents AIDS service providers such as D.C.'s Whitman-Walker Clinic, criticized the request by the three House members for such an audit but stopped short of opposing it.

"This call for an audit by Congress's leading opponents of a fair and effective national fight is nothing less than a politically motivated attempt to raise doubts about the fight against AIDS and the community-based service organizations leading that fight," said Daniel Zingale, AIDS Action's executive director. "If an audit is undertaken, we expect the General Accounting Office will conduct it fairly, equitably and free of the political influences of those who are beginning this process."

San Francisco AIDS activist Michael Petrelis said Coburn's office contacted him last year for suggestions about

whether an audit should be requested after Petrelis launched a national media campaign opposing what Petrelis called unreasonably high salaries for the directors of AIDS service providing groups in several cities, including San Francisco and D.C.

"There has been numerous examples of abuse of AIDS dollars," Petrelis said. "In some cases, the heads of AIDS groups make more money than their local mayors."

Among those who announced support for Coburn's call for the GAO audit are the national Gay group Log Cabin Republicans and longtime D.C. AIDS activist Wayne Turner of A C T UP/Washington, D.C. Turner and Jim Driscoll, Log Cabin's national AIDS policy adviser, said that, while they disagree with some of Coburn's positions such as mandatory HIV reporting, they feel an audit of



by Clint Steib
Rep. Tom Coburn (R-Okla.) said he has learned of "too many instances" of misused federal AIDS funds.

federal AIDS programs has been long overdue.

"Everyone knows of cases where funds have been misused," Turner said. "This will benefit the community."

— Lou Chibbaro Jr.

HHS RELEASES \$700 MILLION TO STATES FOR AIDS PROGRAMS: The U.S. Department of Health and Human Services on April 6 announced the dispersal of \$710 million in federal funds for state AIDS programs. Of that, \$461 million is earmarked to help people with low incomes to purchase AIDS medications.

"These grants reaffirm the Clinton administration's commitment to provide vital HIV/AIDS health care to communities most in need," HHS Secretary Donna Shalala said in a statement announcing the dispersal.

The grants are part of the funds allocated by Congress this fiscal year for the Ryan White CARE Act, under which federal AIDS funds given to states are budgeted. The grants are dispersed in April each year.

The 1990 CARE Act is up for re-approval this congressional session, as the original act created a 10-year program. According to HHS, Congress has appropriated almost \$6.4 billion dollars under the CARE Act since 1991. The money is divided between states, in part, according to how many AIDS cases each reports.

— Kai Wright

SHARE OF HOPWA ALLOCATION (FY98, FY99, AND AVERAGE)

NAME	ACTUAL FY98 \$(000)	PERCENT	ACTUAL FY 99 \$(000)	PERCENT	AVERAGE FY98 & FY99 \$(000)	PERCENT
Balance of Alabama	1,042	0.6%	796	0.4%	796	0.4%
BIRMINGHAM, AL	0	0.0%	365	0.2%	365	0.2%
Balance of Arkansas	506	0.3%	552	0.3%	529	0.3%
Balance of Arizona	0	0.0%	366	0.2%	366	0.2%
PHOENIX, AZ	865	0.5%	923	0.5%	894	0.5%
Balance of California	2,288	1.2%	2,427	1.2%	2,358	1.2%
LOS ANGELES-LONG BEACH, CA	10,144	5.5%	8,769	4.4%	9,457	4.9%
OAKLAND, CA	1,591	0.9%	1,670	0.8%	1,631	0.8%
ORANGE COUNTY, CA	1,086	0.6%	1,143	0.6%	1,115	0.6%
RIVERSIDE-SAN BERNARDINO, CA	1,276	0.7%	1,372	0.7%	1,324	0.7%
SACRAMENTO, CA	613	0.3%	656	0.3%	635	0.3%
SAN DIEGO, CA	2,092	1.1%	2,168	1.1%	2,130	1.1%
SAN FRANCISCO, CA	8,528	4.6%	8,510	4.2%	8,519	4.4%
SAN JOSE, CA	620	0.3%	649	0.3%	635	0.3%
DENVER, CO	1,117	0.6%	1,164	0.6%	1,141	0.6%
Balance of Connecticut	834	0.5%	920	0.5%	877	0.5%
HARTFORD, CT MSA	743	0.4%	1,413	0.7%	1,078	0.6%
NEW HAVEN-MERIDEN, CT PMSA	724	0.4%	1,214	0.6%	969	0.5%
WASHINGTON, DC-MD-VA-WV	5,747	3.1%	6,475	3.2%	6,111	3.2%
Balance of Delaware	434	0.2%	113	0.1%	113	0.1%
WILMINGTON, DE-MD	0	0.0%	485	0.2%	485	0.3%
Balance of Florida	2,920	1.6%	3,164	1.6%	3,042	1.6%
FT LAUDERDALE-HLLYWD-POMP.BCH FL	4,327	2.4%	4,186	2.1%	4,257	2.2%
JACKSONVILLE, FL	839	0.5%	983	0.5%	911	0.5%
MIAMI-HIALEAH, FL	7,732	4.2%	8,418	4.2%	8,075	4.2%
ORLANDO, FL	1,058	0.6%	1,753	0.9%	1,406	0.7%
TAMPA-ST. PETE.-CLEARWATER, FL	1,541	0.8%	1,661	0.8%	1,601	0.8%
W.PALM BCH-B.RATN-DELRAY BCH, FL	2,490	1.4%	2,635	1.3%	2,563	1.3%
ATLANTA, GA	3,889	2.1%	3,407	1.7%	3,648	1.9%
Balance of Georgia	1,194	0.7%	1,297	0.6%	1,246	0.6%
Balance of Hawaii	477	0.3%	132	0.1%	132	0.1%
HONOLULU, HI	0	0.0%	364	0.2%	364	0.2%
Balance of Illinois	489	0.3%	534	0.3%	512	0.3%
CHICAGO, IL	3,900	2.1%	4,219	2.1%	4,060	2.1%
Balance of Indiana	577	0.3%	636	0.3%	607	0.3%
INDIANAPOLIS, IN	537	0.3%	579	0.3%	558	0.3%
Balance of Kentucky	485	0.3%	561	0.3%	523	0.3%
Balance of Louisiana	950	0.5%	1,063	0.5%	1,007	0.5%
NEW ORLEANS, LA	1,888	1.0%	2,031	1.0%	1,960	1.0%
Balance of Massachusetts	1,055	0.6%	1,111	0.6%	1,083	0.6%
BOSTON, MA-NH PMSA	1,814	1.0%	1,890	0.9%	1,852	1.0%
BALTIMORE, MD	4,414	2.4%	4,689	2.3%	4,552	2.4%
Balance of Michigan	618	0.3%	677	0.3%	648	0.3%
Balance of Minnesota	0	0.0%	92	0.0%	92	0.0%
DETROIT, MI	1,409	0.8%	1,526	0.8%	1,468	0.8%
MINNEAPOLIS-ST. PAUL, MN-WI	640	0.3%	670	0.3%	655	0.3%
Balance of Missouri	368	0.2%	396	0.2%	382	0.2%
KANSAS CITY, MO-KS	778	0.4%	813	0.4%	796	0.4%
ST. LOUIS, MO-IL	888	0.5%	944	0.5%	916	0.5%

SHARE OF HOPWA ALLOCATION (FY98, FY99, AND AVERAGE)

NAME	ACTUAL FY98 \$(000)	PERCENT	ACTUAL FY 99 \$(000)	PERCENT	AVERAGE FY98 & FY99 \$(000)	PERCENT
Balance of Mississippi	692	0.4%	769	0.4%	731	0.4%
Balance of North Carolina	1,092	0.6%	1,212	0.6%	1,152	0.6%
CHARLOTTE-GAST.-ROCK HILL, NC-SC	361	0.2%	397	0.2%	379	0.2%
RALEIGH-DURHAM, NC	360	0.2%	386	0.2%	373	0.2%
Balance of New Jersey	765	0.4%	813	0.4%	789	0.4%
BERGEN-PASSAIC, NJ	1,210	0.7%	1,160	0.6%	1,185	0.6%
JERSEY CITY, NJ	2,464	1.3%	2,271	1.1%	2,368	1.2%
MIDDLESEX-SOMERSET-HUNTERDON, NJ	632	0.3%	671	0.3%	652	0.3%
MONMOUTH-OCEAN, NJ	565	0.3%	595	0.3%	580	0.3%
NEWARK, NJ	5,604	3.1%	5,777	2.9%	5,691	2.9%
Entire State of New Mexico	0	0.0%	391	0.2%	391	0.2%
Balance of Nevada	0	0.0%	190	0.1%	190	0.1%
LAS VEGAS, NV	598	0.3%	1,308	0.7%	953	0.5%
Balance of New York	2,102	1.1%	2,218	1.1%	2,218	1.1%
BUFFALO, NY	0	0.0%	352	0.2%	352	0.2%
NASSAU-SUFFOLK, NY	1,245	0.7%	1,362	0.7%	1,304	0.7%
NEW YORK, NY	44,493	24.2%	48,668	24.3%	46,581	24.1%
ROCHESTER, NY	398	0.2%	542	0.3%	470	0.2%
Balance of Ohio	760	0.4%	822	0.4%	791	0.4%
CINCINNATI, OH-KY-IN	360	0.2%	395	0.2%	378	0.2%
CLEVELAND, OH	618	0.3%	670	0.3%	644	0.3%
COLUMBUS, OH	438	0.2%	458	0.2%	448	0.2%
Entire State of Oklahoma	666	0.4%	723	0.4%	695	0.4%
PORTLAND, OR	766	0.4%	803	0.4%	785	0.4%
PHILADELPHIA, PA-NJ	3,256	1.8%	4,045	2.0%	3,651	1.9%
PITTSBURGH, PA	463	0.3%	491	0.2%	477	0.2%
Balance of Pennsylvania	1,020	0.6%	1,135	0.6%	1,078	0.6%
Balance of Puerto Rico	1,686	0.9%	1,841	0.9%	1,764	0.9%
SAN JUAN, PR	4,917	2.7%	5,891	2.9%	5,404	2.8%
PROVIDENCE-FALL RIV-WARWICK,RI-MA	393	0.2%	424	0.2%	409	0.2%
Balance of South Carolina	1,504	0.8%	1,657	0.8%	1,581	0.8%
Balance of Tennessee	476	0.3%	525	0.3%	501	0.3%
MEMPHIS, TN-AR-MS	485	0.3%	538	0.3%	512	0.3%
NASHVILLE, TN	427	0.2%	479	0.2%	453	0.2%
AUSTIN, TX	711	0.4%	767	0.4%	739	0.4%
Balance of Texas	1,853	1.0%	2,086	1.0%	1,970	1.0%
DALLAS, TX	2,340	1.3%	2,505	1.2%	2,423	1.3%
FORT WORTH-ARLINGTON, TX	590	0.3%	655	0.3%	623	0.3%
HOUSTON, TX	5,107	2.8%	6,466	3.2%	5,787	3.0%
SAN ANTONIO, TX	741	0.4%	805	0.4%	773	0.4%
Entire State of Utah	0	0.0%	368	0.2%	368	0.2%
Balance of Virginia	413	0.2%	463	0.2%	438	0.2%
NORFOLK-VA BEACH-NEWPT NEWS,VA-	621	0.3%	702	0.4%	662	0.3%
RICHMOND-PETERSBURG, VA	448	0.2%	492	0.2%	470	0.2%
Balance of Washington	446	0.2%	487	0.2%	467	0.2%
SEATTLE, WA	1,324	0.7%	1,401	0.7%	1,363	0.7%
Balance of Wisconsin	300	0.2%	325	0.2%	313	0.2%
MILWAUKEE, WI	363	0.2%	393	0.2%	378	0.2%
Total	183,600	100.0%	200,475	100.0%	193,126	100.0%

High Incidence Bonus 95-9

1999 Formula Grantees (000s)	1995 bonus	1996 bonus	1997 bonus	1998 bonus	1999 bonus
Alabama (outside Birmingham EMSA)	-	-	-	-	-
Birmingham AL MSA	-	-	-	-	-
Arkansas (outside the Memphis EMSA)	-	-	-	-	-
Arizona outside the Phoenix & Las Vegas EMSAs	-	-	-	-	-
Phoenix-Mesa AZ MSA	-	-	-	-	-
California (outside of 8 EMSAs)	-	-	-	-	-
Los Angeles-Long Beach CA PMSA	1,313	705	1,844	1,722	-
Oakland CA PMSA	-	176	-	-	-
Riverside-San Bernardino CA PMSA	-	-	-	-	-
Sacramento CA PMSA	-	-	-	-	-
San Diego CA MSA	145	-	130	69	-
San Francisco CA PMSA	5,299	3,286	3,409	2,699	2,507
San Jose CA PMSA	-	-	-	-	-
Santa Ana for the Orange County CA PMSA	-	-	-	-	-
Denver CO PMSA	-	-	-	-	-
Connecticut (outside of the Hartford and New Hav	-	-	-	-	-
Hartford CT MSA	53	-	345	31	595
New Haven-Meriden CT PMSA	-	-	472	209	631
Washington DC-MD-VA-WV PMSA	905	1,594	501	1,682	2,032
Delaware (outside the Wilmington EMSA)	-	-	-	-	-
Wilmington-Newark DE-MD PMSA	-	-	-	-	102
Florida (outside of 6 EMSAs)	-	-	-	-	-
Fort Lauderdale FL PMSA	1,077	2,120	1,772	2,025	1,712
Jacksonville FL MSA	-	87	143	20	102
Miami FL PMSA	3,583	4,542	4,425	3,279	3,654
Orlando FL MSA	-	210	358	31	606
Tampa-St Petersburg-Clearwater FL PMSA	184	-	-	-	-
West Palm Beach-Boca Raton FL PMSA	373	990	1,318	1,125	1,154
Atlanta GA MSA	-	422	1,252	920	232
Georgia (outside the Atlanta EMSA)	-	-	-	-	-
Hawaii (outside the Honolulu EMSA)	-	-	-	-	-
Honolulu HI MSA	-	-	-	-	-
Chicago IL PMSA	-	-	-	-	-
Illinois (outside of the Chicago and St. Louis EMS	-	-	-	-	-
Indiana (outside the Cincinnati and Indianapolis E	-	-	-	-	-
Indianapolis IN MSA	-	-	-	-	-
Kentucky (outside the Cincinnati EMSA)	-	-	-	-	-
Louisiana (outside the New Orleans EMSA)	-	-	-	-	-
New Orleans LA MSA	115	251	525	620	653
Boston MA-NH PMSA	-	-	-	-	-
Massachusetts (outside the Boston and Providenc	-	-	-	-	-
Baltimore MD PMSA	794	2,625	1,294	1,945	1,970
Detroit MI PMSA	-	-	-	-	-
Michigan (outside the Detroit EMSA)	-	-	-	-	-
Minneapolis-St Paul MN-WI MSA	-	-	-	-	-
Minnesota outside the Minneapolis EMSA	-	-	-	-	-
Kansas City MO-KS MSA	-	-	-	-	-
Missouri (outside the Kansas City and St. Louis E	-	-	-	-	-
St. Louis MO-IL MSA	-	-	-	-	-
Mississippi (outside the Memphis EMSA)	-	-	-	-	-

High Incidence Bonus 95-9

Charlotte-Gastonia-Rock Hill NC-SC MSA *	-	-	-	-	-
North Carolina (outside the Charlotte, Raleigh and	-	-	-	-	-
Raleigh-Durham-Chapel Hill NC MSA *	-	-	-	-	-
NJ suburbs within Philadelphia EMSA	-	-	-	-	74
Dover Township for the Monmouth-Ocean NJ PM	.				
Jersey City NJ PMSA	814	1,281	1,369	1,154	885
New Jersey (outside of 6 EMSAs)	-	-	-	-	-
Newark NJ PMSA	2,023	2,002	2,459	2,373	2,311
Paterson for Bergen-Passaic NJ PMSA	273	160	199	157	33
Woodbridge for the Middlesex-Somerset-Hunterdo	.				
New Mexico	-	-	-	-	-
Las Vegas NV-AZ MSA					599
Nevada outside the Las Vegas EMSA	-	-	-	-	-
Buffalo -Niagara Falls NY MSA	-	-	-	-	-
Islip for the Nassau-Suffolk NY PMSA					
New York NY PMSA	18,459	16,571	20,088	22,046	24,369
New York State (outside the Islip, New York City,	-	-	-	-	-
Rochester NY MSA	-	-	-	-	73
Cincinnati OH-KY-IN PMSA *					
Cleveland-Lorain-Elvyria OH PMSA					
Columbus, OH MSA					
Ohio (outside the Cincinnati, Cleveland and Colum	-	-	-	-	-
Oklahoma	-	-	-	-	-
Portland-Vancouver OR-WA PMSA					
Pennsylvania (outside the Philadelphia and Pittsb	-	-	-	-	-
Philadelphia PA-NJ PMSA (ex. NJ in '98 &'99)	307				412
Pittsburgh PA MSA					
Puerto Rico (outside the San Juan EMSA)	-	-	-	-	-
San Juan-Bayamon PR PMSA	1,278	1,402	1,844	2,093	2,797
Providence-Fall River-Warwick RI-MA MSA	-	-	-	-	-
South Carolina (outside the Charlotte EMSA)	-	-	-	-	-
Memphis, TN-AR-MS MSA					
Nashville, TN MSA					
Tennessee (outside the Memphis and Nashville E	-	-	-	-	-
Austin-San Marcos TX MSA	303				
Dallas TX PMSA		51	353		
Fort Worth-Arlington TX PMSA					
Houston TX PMSA	969			1,625	2,616
San Antonio TX MSA					
Texas (outside of 5 EMSAs)	-	-	-	-	-
Utah	-	-	-	-	-
Richmond-Petersburg VA MSA					
Virginia (outside of DC, Richmond and Virginia Be	-	-	-	-	-
Virginia Beach for the Norfolk-Virginia Beach-New	.				
Seattle-Bellevue-Everett WA PMSA	210				
Washington State (outside the Seattle and Portlan	-	-	-	-	-
Milwaukee-Waukesha WI PMSA *					
Wisconsin (outside the Milwaukee and Minneapoli	-	-	-	-	-
TOTALS for Year of Allocation	FY95	FY96	FY97	FY98	FY99
High Incidence Bonus Total for FY:	38,477	38,477	44,100	45,825	50,119
No. of EMSAs with bonus	20	18	20	20	22
Incidence Bonus: amounts shown for 1995-9 are the amounts awarded for 25 percent of the formula that is allocated t					

TEST OF REVISED HOPWA FORMULA

NAME	Actual FY99 \$(000)	FORMULA A (5 Yr. Wt. no HH) \$(000)	Percent of Formula A	Difference Actual Formula A and Actual FY99 \$(000)	Cases Weight 5 Year #PLWA
Balance of Alabama	796	1,171	0.6%	375	1,159
BIRMINGHAM, AL	365	552	0.3%	187	546
Balance of Arkansas	552	747	0.4%	195	739
Balance of Arizona	366	539	0.3%	173	533
PHOENIX, AZ	923	1,202	0.6%	279	1,189
Balance of California	2,427	3,144	1.6%	717	3,111
LOS ANGELES-LONG BEACH, CA	8,769	10,497	5.2%	1728	10,387
OAKLAND, CA	1,670	1,991	1.0%	321	1,970
ORANGE COUNTY, CA	1,143	1,281	0.6%	138	1,268
RIVERSIDE-SAN BERNARDINO, CA	1,372	1,972	1.0%	600	1,951
SACRAMENTO, CA	656	845	0.4%	189	836
SAN DIEGO, CA	2,168	2,855	1.4%	687	2,825
SAN FRANCISCO, CA	8,510	5,752	2.9%	-2758	5,692
SAN JOSE, CA	649	818	0.4%	169	809
DENVER, CO	1,164	1,396	0.7%	232	1,381
Balance of Connecticut	920	1,389	0.7%	469	1,374
HARTFORD, CT MSA	1,413	1,355	0.7%	-58	1,341
NEW HAVEN-MERIDEN, CT PMSA	1,214	885	0.4%	-329	876
WASHINGTON, DC-MD-VA-WV	6,475	6,020	3.0%	-455	5,957
Balance of Delaware	113	160	0.1%	47	158
WILMINGTON, DE-MD	485	659	0.3%	174	652
Balance of Florida	3,164	4,411	2.2%	1247	4,365
FT LAUDERDALE-HLLYWD-POMP.BCH F	4,186	3,371	1.7%	-815	3,336
JACKSONVILLE, FL	983	1,176	0.6%	193	1,164
MIAMI-HIALEAH, FL	8,418	6,454	3.2%	-1964	6,386
ORLANDO, FL	1,753	1,728	0.9%	-25	1,710
TAMPA-ST. PETE.-CLEARWATER, FL	1,661	2,195	1.1%	534	2,172
W.PALM BCH-B.RATN-DELRAY BCH, FL	2,635	2,111	1.1%	-524	2,089
ATLANTA, GA	3,407	4,264	2.1%	857	4,219
Balance of Georgia	1,297	1,973	1.0%	676	1,952
Balance of Hawaii	132	156	0.1%	24	154
HONOLULU, HI	364	403	0.2%	39	399
Balance of Illinois	534	783	0.4%	249	775
CHICAGO, IL	4,219	5,544	2.8%	1325	5,486
Balance of Indiana	636	902	0.4%	266	893
INDIANAPOLIS, IN	579	777	0.4%	198	769
Balance of Kentucky	561	897	0.4%	336	888
Balance of Louisiana	1,063	1,639	0.8%	576	1,622
NEW ORLEANS, LA	2,031	1,849	0.9%	-182	1,830
Balance of Massachusetts	1,111	1,587	0.8%	476	1,570
BOSTON, MA-NH PMSA	1,890	2,154	1.1%	264	2,131
BALTIMORE, MD	4,689	4,399	2.2%	-290	4,353
Balance of Michigan	677	987	0.5%	310	977
DETROIT, MI	1,526	2,062	1.0%	536	2,040
Balance of Minnesota	92	118	0.1%	26	117
MINNEAPOLIS-ST. PAUL, MN-WI	670	847	0.4%	177	838
Balance of Missouri	396	529	0.3%	133	523
KANSAS CITY, MO-KS	813	932	0.5%	119	922
ST. LOUIS, MO-IL	944	1,247	0.6%	303	1,234

TEST OF REVISED HOPWA FORMULA

NAME	Actual FY99 \$(000)	FORMULA A (5 Yr. Wt. no HH) \$(000)	Percent of Formula A	Difference Actual Formula A and Actual FY99 \$(000)	Cases Weight 5 Year #PLWA
Balance of Mississippi	769	1,152	0.6%	383	1,140
Balance of North Carolina	1,212	1,775	0.9%	563	1,756
CHARLOTTE-GAST.-ROCK HILL, NC-SC	397	567	0.3%	170	561
RALEIGH-DURHAM, NC	386	511	0.3%	125	506
Balance of New Jersey	813	1,164	0.6%	351	1,152
BERGEN-PASSAIC, NJ	1,160	1,496	0.7%	336	1,480
JERSEY CITY, NJ	2,271	1,786	0.9%	-485	1,767
MIDDLESEX-SOMERSET-HUNTERDON,	671	868	0.4%	197	859
MONMOUTH-OCEAN, NJ	595	795	0.4%	200	787
NEWARK, NJ	5,777	4,461	2.2%	-1316	4,414
Entire State of New Mexico	391	556	0.3%	165	550
Balance of Nevada	190	268	0.1%	78	265
LAS VEGAS, NV	1,308	1,190	0.6%	-118	1,178
Balance of New York	2,218	3,145	1.6%	927	3,112
BUFFALO, NY	352	610	0.3%	258	604
NASSAU-SUFFOLK, NY	1,362	1,776	0.9%	414	1,757
NEW YORK, NY	48,668	31,090	15.5%	-17578	30,765
ROCHESTER, NY	542	839	0.4%	297	830
Balance of Ohio	822	1,094	0.5%	272	1,083
CINCINNATI, OH-KY-IN	395	590	0.3%	195	584
CLEVELAND, OH	670	924	0.5%	254	914
COLUMBUS, OH	458	564	0.3%	106	558
Entire State of Oklahoma	723	919	0.5%	196	909
PORTLAND, OR	803	1,022	0.5%	219	1,011
Balance of Pennsylvania	1,135	1,694	0.8%	559	1,676
PHILADELPHIA, PA-NJ	4,045	5,018	2.5%	973	4,965
PITTSBURGH, PA	491	593	0.3%	102	587
Balance of Puerto Rico	1,841	2,500	1.2%	659	2,474
SAN JUAN, PR	5,891	4,127	2.1%	-1764	4,084
PROVIDENCE-FALL RIV-WARWICK,RI-M	424	614	0.3%	190	608
Balance of South Carolina	1,657	2,662	1.3%	1005	2,634
Balance of Tennessee	525	806	0.4%	281	798
MEMPHIS, TN-AR-MS	538	869	0.4%	331	860
NASHVILLE, TN	479	778	0.4%	299	770
AUSTIN, TX	767	963	0.5%	196	953
Balance of Texas	2,086	3,332	1.7%	1246	3,297
DALLAS, TX	2,505	3,235	1.6%	730	3,201
FORT WORTH-ARLINGTON, TX	655	911	0.5%	256	901
HOUSTON, TX	6,466	4,892	2.4%	-1574	4,841
SAN ANTONIO, TX	805	1,122	0.6%	317	1,110
Entire State of Utah	368	498	0.2%	130	493
Balance of Virginia	463	714	0.4%	251	707
NORFOLK-VA BEACH-NEWPT NEWS,V	702	1,235	0.6%	533	1,222
RICHMOND-PETERSBURG, VA	492	725	0.4%	233	717
Balance of Washington	487	687	0.3%	200	680
SEATTLE, WA	1,401	1,655	0.8%	254	1,638
Balance of Wisconsin	325	431	0.2%	106	426
MILWAUKEE, WI	393	531	0.3%	138	525
Totals	200,475	200,479	100%		198,377

HIV

Volume 5, Number 2

**AIDS Cases Reported to CDC
July 1988 through June 1998**

and

**Estimates of the Number of
Persons Living with AIDS**

**by State and Metropolitan Area
as of June 30, 1998**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Atlanta, Georgia 30333



Methods

The Ryan White CARE Act was enacted by Congress in 1990 and reauthorized with amendments in 1996. The primary purpose of the act is to provide emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus epidemic. An eligible metropolitan area (EMA) is any metropolitan area for which there have been reported to the Centers for Disease Control and Prevention (CDC) a cumulative total of more than 2,000 acquired immune deficiency syndrome (AIDS) cases for the most recent 5 years for which data are available. The amended act requires formula grants based on the estimated number of persons living with AIDS in the EMA. Estimates were derived by using methods specified in the act. The amount of funds received by each EMA (under Title I) or state (under Title II) is determined by the locality's proportion of the total estimated number of living persons with AIDS.

As of the end of June each year, AIDS cases reported during the preceding 120 months are aggregated into ten 12-month periods, and 10 "survival" weights (see Technical Notes) are applied to the 10 AIDS case counts. The summary count, which results from this computational formula, is the estimated number of persons living with AIDS in the EMA or state for the purposes of the Ryan White CARE Act. The survival weights are updated by CDC every 2 years according to methods specified in the act (the weights were most recently updated in July 1997).

This report presents the AIDS case counts (based on AIDS surveillance data reported to CDC through June 30, 1998) that were provided to the Health Resources and Services Administration (HRSA) in July 1998. (Table 1, AIDS case counts by state; Table 2, AIDS case counts by EMA; Table 3, AIDS case counts for cross-state EMAs). HRSA applies the weights provided by CDC to these counts to determine the proportional distribution of persons living with AIDS.

Tables 4 and 5 are comparisons of the three methods for estimating the number of persons living with AIDS by state and EMA. Columns 1 and 2 are the estimated number and the percentage distribution according to the Ryan White CARE Act formula. Columns 3 and 4 are the numbers of persons with AIDS reported to CDC and presumed to be alive (cases minus deaths). Columns 5 and 6 are data adjusted for delays in the reporting of cases and deaths to produce point estimates of the number of persons living with AIDS. (See the Technical Notes for computational details of each method.)

The Ryan White CARE Act formula is used by HRSA for the legislative requirements of the CARE act. CDC, however, routinely adjusts data for reporting delays to estimate the number of persons living with AIDS (i.e., AIDS prevalence; see HIV/AIDS Surveillance Supplemental Report, 1999;5[no.1]). The CDC method nearly always produces the highest counts because a statistical model is used to "add in" the AIDS cases not yet reported but already diagnosed.

Table 2. AIDS cases reported July 1988 through June 1998, by metropolitan area of residence

Metropolitan area of residence	7/88- 6/89	7/89- 6/90	7/90- 6/91	7/91- 6/92	7/92- 6/93	7/93- 6/94	7/94- 6/95	7/95- 6/96	7/96- 6/97	7/97- 6/98
Atlanta, GA	773	944	941	1,232	1,528	1,501	1,605	1,762	1,415	942
Austin, TX	151	229	200	275	481	527	385	292	275	297
Baltimore, MD	401	580	668	594	1,384	1,468	2,019	1,508	1,516	1,093
Bergen-Passaic, NJ	247	275	284	270	402	787	612	490	513	330
Boston, MA-NH	721	741	813	763	1,694	1,754	1,192	1,128	945	702
Caguas, PR	74	135	102	132	180	187	205	173	175	152
Chicago, IL	910	1,070	1,034	1,592	2,432	2,361	2,451	1,807	1,432	1,567
Cleveland, OH	142	123	166	250	363	340	470	244	279	271
Dallas, TX	546	626	786	780	1,634	1,168	1,410	1,001	897	808
Denver, CO	284	308	373	351	914	677	566	447	325	247
Detroit, MI	354	375	382	645	1,086	660	773	725	572	594
Dutchess Co., NY	51	83	79	84	146	118	91	113	108	158
Fort Lauderdale, FL	449	845	846	853	1,064	1,119	1,579	1,217	1,121	826
Fort Worth, TX	137	167	188	145	367	319	538	199	306	259
Hartford, CT	131	153	162	142	425	586	387	513	414	343
Houston, TX	844	1,127	1,172	1,176	2,136	2,075	1,323	1,323	1,793	1,759
Jacksonville, FL	151	239	275	296	782	336	473	384	363	295
Jersey City, NJ	408	283	420	359	412	774	881	631	603	398
Kansas City, MO-KS	199	323	236	292	721	337	286	344	216	222
Las Vegas, NV-AZ	103	135	178	191	426	333	338	373	381	433
Los Angeles, CA	2,129	2,132	2,549	3,018	5,083	4,664	3,903	3,834	3,175	2,248
Miami, FL	946	1,077	1,540	1,654	2,409	2,864	2,924	2,355	1,789	1,562
Middlesex-Somerset- Huntingdon, NJ	182	157	192	193	320	360	381	329	259	198
Minneapolis-St. Paul, MN-WI	157	160	173	205	526	328	364	278	218	160
Nassau-Suffolk, NY	322	411	355	308	943	569	549	639	655	456
New Haven, CT	255	249	289	297	913	614	580	848	671	495
New Orleans, LA	264	388	428	543	605	699	607	727	635	505
New York, NY	5,552	6,416	6,604	6,915	11,424	13,391	10,741	11,275	10,084	8,711
Newark, NJ	1,034	984	945	927	1,265	2,120	1,734	1,525	1,545	1,008
Norfolk, VA-NC	87	159	148	118	273	371	388	544	490	326
Oakland, CA	331	534	506	570	1,091	962	742	663	546	410
Orange County, CA	262	334	339	597	583	567	537	512	357	287
Orlando, FL	192	191	396	358	859	431	740	589	495	524
Philadelphia, PA-NJ	758	833	834	1,042	1,724	2,256	2,012	1,687	1,586	1,466
Phoenix, AZ	185	285	170	275	772	431	392	457	329	392
Ponce, PR	197	217	241	247	254	333	309	284	221	161
Portland, OR-WA	174	227	254	234	609	443	398	354	266	184
Riverside-San Bernardino, CA	213	255	320	404	884	959	816	654	558	562
Sacramento, CA	169	113	175	261	404	432	348	277	210	195
St. Louis, MO-IL	185	213	310	376	768	443	376	437	416	279
San Antonio, TX	348	195	190	230	329	632	380	373	367	309
San Diego, CA	450	719	555	605	1,389	1,219	946	1,138	809	640
San Francisco, CA	1,739	1,929	2,082	1,969	3,744	3,386	2,126	1,774	1,363	1,158
San Jose, CA	155	144	190	176	398	478	297	295	216	143
San Juan, PR	916	951	1,119	1,062	1,732	1,569	1,529	1,300	1,377	1,258
Santa Rosa, CA	127	96	121	117	221	224	130	169	76	57
Seattle, WA	330	536	436	382	901	769	650	539	492	339
Tampa-St. Petersburg, FL	439	380	473	517	1,299	776	817	752	655	618
Vineland-Millville- Bridgeton, NJ	38	36	35	28	77	104	68	101	62	46
Wash., DC-MD-VA-WV	867	1,000	1,281	1,470	2,023	2,733	2,138	2,063	2,010	1,666
West Palm Beach, FL	321	343	398	438	827	583	857	831	723	549

Table 4. Estimates of the number of people living with AIDS as of June 1998, by state of residence: comparison of three methods

State of Residence	Ryan White CARE Act		Number reported to be living		Adjusted for reporting delays	
	Number*	Percent	Number†	Percent	Number†	Percent
Alaska	151	0.1	214	0.1	221	0.1
Alabama	1,856	0.9	2,404	0.9	2,520	0.9
Arkansas	843	0.4	1,258	0.5	1,321	0.5
Arizona	1,892	0.9	2,151	0.8	2,632	0.9
California	30,434	14.2	38,264	14.6	41,965	14.7
Colorado	1,766	0.8	2,524	1.0	2,499	0.9
Connecticut	3,634	1.7	5,040	1.9	5,502	1.9
District of Columbia	3,586	1.7	4,816	1.8	5,156	1.8
Delaware	780	0.4	946	0.4	982	0.3
Florida	22,618	10.5	29,246	11.2	30,909	10.9
Georgia	6,442	3.0	8,436	3.2	9,026	3.2
Hawaii	617	0.3	770	0.3	845	0.3
Iowa	369	0.2	497	0.2	508	0.2
Idaho	148	0.1	179	0.1	181	0.1
Illinois	6,784	3.2	7,502	2.9	8,139	2.9
Indiana	1,822	0.8	2,343	0.9	2,472	0.9
Kansas	665	0.3	794	0.3	808	0.3
Kentucky	1,037	0.5	1,182	0.5	1,306	0.5
Louisiana	3,759	1.7	4,522	1.7	4,664	1.6
Massachusetts	3,923	1.8	4,546	1.7	5,347	1.9
Maryland	6,610	3.1	7,608	2.9	8,737	3.1
Maine	247	0.1	371	0.1	375	0.1
Michigan	3,129	1.5	3,768	1.4	4,223	1.5
Minnesota	943	0.4	1,328	0.5	1,390	0.5
Missouri	2,390	1.1	3,537	1.4	3,694	1.3
Mississippi	1,271	0.6	1,445	0.6	1,505	0.5
Montana	106	0.0	138	0.1	152	0.1
North Carolina	2,971	1.4	3,415	1.3	3,764	1.3
North Dakota	35	0.0	39	0.0	41	0.0
Nebraska	307	0.1	376	0.1	391	0.1
New Hampshire	259	0.1	419	0.2	434	0.2
New Jersey	11,786	5.5	13,031	5.0	13,953	4.9
New Mexico	630	0.3	761	0.3	867	0.3
Nevada	1,436	0.7	1,863	0.7	1,942	0.7
New York	40,078	18.6	44,665	17.1	49,911	17.5
Ohio	3,224	1.5	3,546	1.4	3,875	1.4
Oklahoma	993	0.5	1,335	0.5	1,454	0.5
Oregon	1,301	0.6	1,724	0.7	1,807	0.6
Pennsylvania	7,014	3.3	8,436	3.2	9,336	3.3
Rhode Island	599	0.3	771	0.3	813	0.3
Puerto Rico	7,230	3.4	7,878	3.0	8,494	3.0
South Carolina	2,782	1.3	3,469	1.3	3,570	1.3
South Dakota	49	0.0	56	0.0	60	0.0
Tennessee	2,498	1.2	3,250	1.2	3,449	1.2
Texas	15,387	7.2	19,781	7.6	21,676	7.6
Utah	530	0.2	724	0.3	771	0.3
Virginia	3,848	1.8	4,351	1.7	5,032	1.8
Virgin Islands	159	0.1	189	0.1	212	0.1
Vermont	111	0.1	152	0.1	163	0.1
Washington	2,518	1.2	3,419	1.3	3,676	1.3
Wisconsin	971	0.5	1,352	0.5	1,391	0.5
West Virginia	372	0.2	419	0.2	444	0.2
Wyoming	45	0.0	58	0.0	54	0.0
Total	214,955		261,308		284,659	

* Cumulative from July 1988 through June 1998

† Cumulative from 1981 through June 1998

Technical Notes

The legislative authority for the method of estimating the number of persons living with AIDS under Title I of the Ryan White CARE Act is Section 2603(a)(3)(c). The legislative authority for the Title II estimation of the number of persons living with AIDS is Section 2618(2)(d). The same set of survival weights is used for both Title I and Title II. The current weights are —

Year 1	— .07
Year 2	— .09
Year 3	— .10
Year 4	— .13
Year 5	— .15
Year 6	— .29
Year 7	— .41
Year 8	— .55
Year 9	— .71
Year 10	— .83

For each 12-month reporting period, the proportion of persons reported with AIDS and presumed to be alive is computed as follows:

(cases minus deaths)/cases

This proportion is the weight for the 12-month period.

As required by the CARE act, these weights will be updated in July 1999 by using the AIDS cases reported through June 30, 1999.

Details for the Three Methods of Estimating the Number of Persons Living with AIDS

Method I — Ryan White CARE Act formula

The counts of reported AIDS cases for the last 120 months are aggregated into ten 12-month periods. The first year (i.e., earliest) count is multiplied by .07. The second year count is multiplied by .09, and so on for all 10 counts.

The total of these 10 weighted counts is the estimated number of people living with AIDS for a given state or EMA.

Method II — Number of persons reported to be living with AIDS

For each state or EMA, the number of persons reported with AIDS who are presumed to be alive is calculated. (See HIV/AIDS Surveillance Report, 1998;10[no.1]: Table 1, p.5). This total count is the number of persons living with AIDS.

Method III — Adjustments for reporting delays

Estimated AIDS data are adjusted for reporting delays by a maximum likelihood statistical procedure; differences in reporting delays for geographic area, racial/ethnic, age, sex, vital status, and exposure categories are taken into account, but it is assumed that reporting delays within these groups have not changed over time (*Statistics in Medicine* 1998;17:143-54 and *Lecture Notes in Biomathematics* 1989;83:58-88). The maximum likelihood procedure is done twice — first for delays in reporting AIDS cases and then for delays in reporting AIDS deaths. On the basis of the results of these procedures, each AIDS case is then assigned an AIDS incidence adjustment weight and an AIDS death adjustment weight. The point estimate of the number of persons living with AIDS is derived by subtracting the estimated cumulative number of deaths of persons with AIDS from the estimated cumulative number of persons with a diagnosis of AIDS. The estimates from this method are based on AIDS surveillance data for cases diagnosed with AIDS through June 30, 1998, and reported to CDC through December 31, 1998. Estimated AIDS cases and estimated AIDS deaths are adjusted for reporting delays, but not for incomplete reporting.



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

Dear HOPWA Coordinator:

The U.S. Department of Housing and Urban Development is pleased to invite you to join with your colleagues at the 1999 National Meeting of HOPWA Formula Grantees. The meeting is scheduled to take place on September 26-29, 1999 at the Tremont Suite Hotel in downtown Baltimore, Maryland. This meeting will be the third time that HOPWA grantees and managing sponsors have assembled to consider the successes and continuing challenges in administering this housing assistance program. We strongly urge you to attend or send a representative as we review important aspects of managing the Housing Opportunities for Persons with AIDS program and related issues.

We know that many jurisdictions and nonprofit organizations were represented at our previous meetings in 1998, and many more participated in the Third National HIV/AIDS Housing Conference that was held last September in Atlanta. We trust that all who participated in these sessions shared information about their community's efforts and learned from other practitioners and experts. We expect that our participation at the Baltimore meeting will build on these past meetings and all attendees will benefit from our planned training and consultations. We know these prior events were enjoyable and provided invaluable opportunities to network with colleagues. These sessions were also truly energizing as we continue our mutual work to build a stronger response to the difficult challenges of HIV.

The meeting of HOPWA coordinators will allow us to continue a dialogue on how to make our partnership responsive to persons who have difficult and pressing needs. We hope that we can again consider our successes and the lessons learned in operating programs over these past years. We believe we can best accomplish this by focusing on three present challenges:

1. How do we best use housing development activities to broaden the community's AIDS housing resources?
2. How do we create an HIV/AIDS housing strategy and plan for activities that are fully integrated within your community's consolidated plan, continuum of care, and related HIV/AIDS health-care activities?
3. How do we ensure strong management of all HOPWA programs and make best use of the new technical assistance tools to augment the community efforts to design, operate and evaluate programs?

The dialogue will also cover the topics that you wish to raise. HUD staff, experienced technical assistance providers and knowledgeable colleagues will be present to help answer questions and walk through pressing issues. We also expect to have significant participation by HHS and VA staff. In addition, we will be asking all presenters to consider issues of disparity in treatment and access to our programs for persons of color, including racial and ethnic minorities.

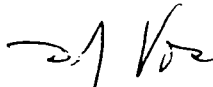
We also plan to have some special topic sessions. We will discuss HUD's information management systems, including an opportunity for hands-on training with IDIS. We will also solicit input on unit-based costing and standards of care that are being used in many communities. And we will consider ways to ensure clients rights and promote understanding of responsibilities. We expect to have a very informative briefing on the specialized projects that have been operating under the HIV Multiple Diagnoses Initiative to find ways to reach clients challenged by issues with drug and alcohol abuse and mental illness. Also, for new staff and first-time grantees, we plan to have an introductory session to help orient you to the opportunities for using HOPWA as a flexible resource in your community, and the responsibilities for managing these Federal funds.

Over this last year, the Office of HIV/AIDS Housing has been working in collaboration with many of you and AIDS Housing of Washington (AHW) to set the agenda for these meetings. Information from AHW on the site logistics are included. Please plan on arriving by 6:00 pm Sunday, September 26th for a welcome reception and dinner. We hope that our discussions will provide you with useful up-to-date information regarding the administration of HOPWA and offer opportunities to consider how you might improve your community's efforts to address HIV/AIDS.

We want to emphasize the importance of your participation in this meeting. These meetings will be useful to all grantees, especially if new staff are assigned to managing your HOPWA efforts, or if your community was not able to attend prior training events. As stewards of public and private funds, we must continue to work towards the highest levels of performance. We hope that you plan to join with your colleagues from other States and cities in helping to lead these discussions. Thank you for your on-going efforts to use HOPWA funds to benefit persons and families in need.

We look forward to seeing you in Baltimore.

Sincerely

A handwritten signature in black ink, appearing to read 'David Vos', with a stylized flourish at the end.

David Vos
Director
Office of HIV/AIDS Housing



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

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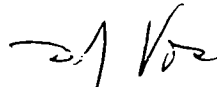
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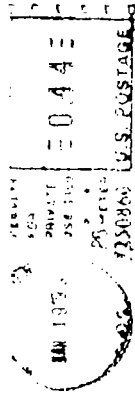
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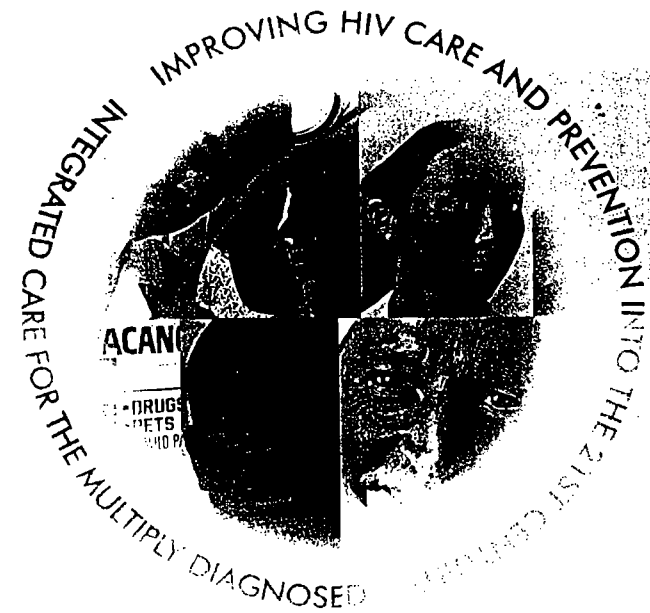
David Vos
Director
Office of HIV/AIDS Housing

Social & Scientific Systems, Inc.
7101 Wisconsin Avenue Suite 1300
Bethesda, MD 20814-1805



Mr. Adam Sutton
Office of National AIDS Policy
738 Jackson Place, N.W.
Washington, DC 20503

T. Sullivan



Improving HIV Care
and Prevention Into
The 21st Century:
Integrated Care for the
Multiply Diagnosed

JUNE 28 - 29, 1999

Omni Shoreham Hotel
2500 Calvert Street, N.W.
Washington, DC 20008

 DEPARTMENT OF
VETERANS AFFAIRS

INTRODUCTION

HIV disease in the United States is increasingly a condition complicated by multiple comorbidities such as substance abuse, mental illness, and homelessness. On June 28 and 29, 1999, the HIV/AIDS Service of the Department of Veterans Affairs—in conjunction with the Department of Health and Human Services, the Office of AIDS Research of the National Institutes of Health, the Department of Housing and Urban Development, and the White House Office of National AIDS Policy and Office of National Drug Control Policy—will sponsor a conference to convene service providers, health professionals from public and private agencies, representatives of advocacy organizations, administrative and policy leaders, and public and science media involved with HIV/AIDS. This conference will be the first forum for interdisciplinary discussions about the medical, social, resource, and programmatic needs of persons with HIV and comorbidities.

The goals of the conference will be twofold:

- ▶ *Innovate collaborations that will address the medical, social, psychological, resource, and research needs to improve care of persons with HIV and comorbidities.*
- ▶ *Identify best practices in ongoing programs that address these issues.*

The conference will also address HIV prevention among persons at risk who have comorbid conditions.

The conference will feature nationally recognized leaders in the areas of HIV care and prevention as well as HIV and substance abuse, HIV and homelessness, and HIV and mental illness. These leaders in the field will highlight issues, innovative approaches, and design solutions as well as target research needs by the following means:

- ▶ *Identify the medical, psychological, social, and resource needs for prevention of HIV infection and care of persons with HIV and comorbidities.*
- ▶ *Identify how these needs are currently being met or how to address service and resource gaps.*
- ▶ *Identify barriers to meeting the identified needs.*

The conference format is structured so the first day will include morning plenary presentations on the most current research, programs, issues, and barriers to HIV/AIDS care and prevention in the multiply diagnosed. During the afternoon of the first day and morning of the second day, methods and strategies for addressing the challenges of care for this population will be developed during breakout sessions with the participation of the attendees and led by experts in these different areas. The conference will close on the afternoon of the second day with presentations of each group's efforts, followed by a panel discussion of future service needs, research, and models.

TENTATIVE AGENDA

MONDAY, JUNE 28

- 8:30 Welcome/Introduction
- 8:45 Epidemiology of HIV/AIDS and Comorbidities. What is Known, What is Unknown
- 9:15 What are the Medical, Psychological, Social, Resource, and Program Needs of Patients with Comorbid Conditions or Multiple Diagnoses?
- 10:15 BREAK
- 10:30 How are the Medical, Psychological, Social, Resource, and Program Needs of Patients with Comorbid Conditions or Multiple Diagnoses Being Met?
- 11:30 What are the Medical, Social, Cultural, Legal, and Resource Barriers to Meeting the Needs of Patients with Comorbid Conditions or Multiple Diagnoses? How Can These Barriers be Overcome?
- 12:30 LUNCH (to be provided)
- 2:00 Concurrent Sessions
 - 1. Methods for Determining Patient Needs
 - Preliminary Discussion
 - Mental Health Subsession
 - Substance Abuse Subsession
 - Homelessness Subsession
 - Full Session: Cross-cutting Issues and Priorities
 - 2. Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
 - Introduction
 - Presentations
 - Theme and Common Elements
 - 3. Successful Strategies for Overcoming Barriers
 - Preliminary Discussion
 - Patient/Client Barriers Subsession
 - Policy Barriers Subsession
 - Institutional Barriers Subsession
 - Full Session: Cross-cutting Issues and Priorities
- 5:30 ADJOURNMENT

TUESDAY, JUNE 29

- 8:30 Concurrent Sessions
 - 1. Methods for Determining Patient Needs
 - Preliminary Discussion
 - Mental Health Subsession
 - Substance Abuse Subsession
 - Homelessness Subsession
 - Full Session: Cross-cutting Issues and Priorities
 - 2. Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
 - Introduction
 - Presentations
 - Theme and Common Elements
 - 3. Successful Strategies for Overcoming Barriers
 - Preliminary Discussion
 - Patient/Client Barriers Subsession
 - Policy Barriers Subsession
 - Institutional Barriers Subsession
 - Full Session: Cross-cutting Issues and Priorities
- 12:00 LUNCH (on your own)
- 2:00 Presentation of Concurrent Session Reports
 - Methods for Determining Patient Needs
 - Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
 - Successful Strategies for Overcoming Barriers
- 3:30 BREAK
- 3:45 Discussion of Future Needs
- 5:00 ADJOURNMENT

ORGANIZING COMMITTEE

JUNE 29

Concurrent Sessions

Methods for Determining Patient Needs
Preliminary Discussion
Mental Health Subsession
Substance Abuse Subsession
Homelessness Subsession
Full Session: Cross-cutting Issues and Priorities
Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
Introduction
Presentations
Theme and Common Elements
Successful Strategies for Overcoming Barriers
Preliminary Discussion
Patient/Client Barriers Subsession
Policy Barriers Subsession
Institutional Barriers Subsession
Full Session: Cross-cutting Issues and Priorities

(in your own)

Identification of Concurrent Reports
Methods for Determining Patient Needs
Successful Strategies for Addressing the Needs of Multiply Diagnosed Patients
Successful Strategies for Overcoming Barriers

Identification of Future Needs

MENT

Lawrence Deyton, M.S.P.H., M.D., Chair
Department of Veterans Affairs

C. Alex Alexander, M.D., Dr.P.H.
Department of Veterans Affairs

Frederick Altice, M.D.
Yale University School of Medicine

Carlos Arreola, Ph.D.
Department of Veterans Affairs

Judith D. Auerbach, Ph.D.
Office of AIDS Research, NIH

Alfonso R. Batres, Ph.D., M.S.W.
Department of Veterans Affairs

Sophia Chang, M.D., M.P.H.
The Henry J. Kaiser Family Foundation

Barbara Davidson, Ph.D.
Department of Housing & Urban Development

Peter Dougherty
Department of Veterans Affairs

Gerald Friedland, M.D.
Yale University School of Medicine

Margaret Hamburg, M.D.
Department of Health & Human Services

Leslie Hardy, M.H.S.
Department of Health & Human Services

Nancy Klimas, M.D.
Veterans Administration Medical Center

Kenneth Lowry
Consumer Information & Dispute Resolution, Inc.

Thomas Newton, M.D.
Veterans Administration
Greater Los Angeles Healthcare System

Ronald B. Norby, R.N., M.N.
Department of Veterans Affairs

Joseph O'Neill, M.D., M.S., M.P.H.
Health Resources & Services Administration

Jane Sanville
White House Office of National Drug Control Policy

Jane Silver, M.P.H.
American Foundation for AIDS Research

Richard T. Suchinsky, M.D.
Department of Veterans Affairs

Todd Summers
White House Office of National AIDS Policy

Glenn Treisman, M.D., Ph.D.
Johns Hopkins University
School of Medicine

George Woody, M.D.
Philadelphia Veterans Affairs
Medical Center



REGISTRATION FORM

Name: _____
Title: _____
Affiliation: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Internet E-mail Address: _____
Special Accessibility Requirements: _____

Meals: ☐ vegetarian ☐ non-vegetarian (check one)

CONCURRENT SESSION PREFERENCES

All three concurrent sessions will be run twice, once in the afternoon on Monday, June 28, and once in the morning on Tuesday, June 29. Please indicate your *first*, *second*, and *third* choices. All efforts will be made to assign you to the first two preferences indicated, but assignments will be made on a first-come, first-served basis.

- ☐ 1. Methods for Determining Patient Needs
Preliminary Discussion
Mental Health Subsession
Substance Abuse Subsession
Homelessness Subsession
Full Session: Cross-cutting Issues and Priorities
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Policy Barriers Subsession
Institutional Barriers Subsession
Full Session: Cross-cutting Issues and Priorities

COMPLETE AND RETURN FORM BY EITHER MAIL OR FAX TO:

Andrea Hall
Social & Scientific Systems, Inc.
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814
Phone: (301) 986-4870
Fax: (301) 913-0351
On-line Registration: <http://meetings.s-3.com/hivcare>

CONFERENCE LOCATION

Omni Shoreham Hotel
2500 Calvert Street, N.W.
Washington, DC 20008
Phone: (202) 234-0700
Fax: (202) 265-7972

LODGING

A block of single sleeping rooms has been reserved at the Omni Shoreham Hotel in Washington, DC, for Sunday, June 27, through Tuesday, June 29, 1999, at the Government rate of \$126 (inclusive of tax). The block of rooms will be held for reservations until May 27, 1999. After that date, reservations will be accepted on a space- and rate-available basis only. To make your reservation, please call the hotel directly at (202) 234-0700 and reference the "Improving HIV Care Conference" group block. If special accommodations are needed, please advise the hotel when you reserve your room.

REGISTRATION FEES

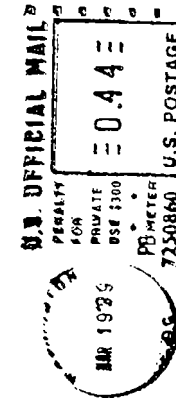
This conference is being supported by unrestricted education grants from several pharmaceutical companies. It is open to the public and there are no registration fees; however, all individuals must pre-register by completing and returning the attached form by June 10, 1999.

ON-LINE REGISTRATION

To register on-line, please visit web site
<http://meetings.s-3.com/hivcare>.

ADDITIONAL INFORMATION

Please call Ann Borlo, Social & Scientific Systems, Inc., at (301) 986-4870, for additional information.



Social & Scientific Systems, Inc.
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814-4805

APRIL 30, 1999
HUD AND HIV/AIDS HOUSING COMMUNITY MEETING ATTENDEES

LAST NAME	FIRST NAME	ORGANIZATION	PHONE
Argue	Douglas	The Damien Center	308-630-0125
Bennett	Rusty	HUD	202-708-1934
Carter	Cheryl	Metropolitan Residential Services	614-291-7160
Clark	Stevem	Professional Dev. Group	309-674-2200
Cooper	Lynne	Doorways	314-535-1919
Cross-Dvorak	Glenda	Bridges in consciousness	775-827-6788
Cylar	Keith	Housing Works Inc.	212-966-3096
Davidson	Barbara	HUD	202-708-1934
Ford	Jerry	Gregory House Prog.	808-592-9022
Foster	Georgia	Think Life, Inc.	954-525-6169
Glassman	Linda	CARES, Inc.	518-489-2312
Hamlett	Kim	VA	202-273-8929
Harre	David	HUD	202-708-1934
Johnson	Colleen	AIDS Project LA	923-993-1351
Kelly	Marvin	Del Norte Neighborhood Dev.	303-477-4774
Kyle	LaShawn	Women's Collective	202-265-6222
Nalls	Patricia	Women's Collective	202-483-7003
Nystrom	Cynthia	Mont. Co., MD	301-946-1054
Poindexter	Priscilla	HUD	202-708-1934
Quattrochi	Gina	Bailey House	212-633-2500
Reyes-Jimenez	Valerie	Housing Works	212-966-0466 x165
Roman	Nan	Natl. All to End Homelessness	202-483-7003
Russell	Randy	AIDS Task Force of Alabama	205-324-9822
Sullivan	Albert	NAPWA	773-854-4521
Warren	Barbara	Lesbian and Gay community Services Center	212-620-7310
Williamson	Gail	HUD	202-708-2866
Zinsmeyer	Sterling	Praxis Housing Initiative, Inc.	212-293-8404

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (2 pages)	05/14/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Todd Summers
OA/Box Number: 21082

FOLDER TITLE:

Correspondence-Todd Summers-Incoming-5/99

2018-0758-F

rs3224

RESTRICTION CODES

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

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

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

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

RR. Document will be reviewed upon request.

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

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



National Conference of Bar Examiners

OFFICE OF NATIONAL AIDS POLICY
C/O PERSONNEL RECORDS
750 17TH STREET, NW
SUITE 600
WASHINGTON, DC 20503

05/14/1999

481581

Applicant's Name: **JANELLE LEA BURNS**

Social Security number: (b)(6)

The National Conference of Bar Examiners prepares character and fitness reports on applicants seeking admission to the bar. The Conference has been requested to prepare a report on JANELLE LEA BURNS who is applying for admission to the bar of Tennessee.

The applicant has furnished the following employment information. Please verify its accuracy or provide correct information.

From	to	Position	Supervisor or associate
01/1996	04/1996	INTERN	JEFF LEVI

Located at: (SAME AS ABOVE)

1. What do your records show as employment dates? _____
2. Was the position full time or part time? _____
3. If this person was bonded, was the bond ever cancelled? ☐ Yes ☐ No
4. How was employment terminated (if applicable)? _____
5. Would you rehire this person? ☐ Yes ☐ No
6. Do you believe this person possesses the character and fitness necessary for the practice of law? You may comment below. ☐ Yes ☐ No

Thank you for your assistance. Your prompt reply will assist us in processing our report.

Sincerely,

Terri Avila

Terri Avila
Supervisor, Inquiry Unit

PLEASE PLACE COMMENTS BELOW (Use an additional page if more space is needed)

Name (please print)	Title	Signature
Area Code/Phone number	Date	Employment Verification

EXECUTE TWO ORIGINAL COPIES

AUTHORIZATION AND RELEASE
(to be completed by all applicants)

I, Janelle L. Burns, born at (b)(6)
Name City
Missouri, on _____, having filed an
State Date

application for admission to the bar of Tennessee, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received all of which will be reported only to the Tennessee Board of Law Examiners and its designated investigating agencies. I agree to give any further information which may be required in reference to my past record. I understand that the contents of my character report are confidential, but may be admitted in any proceeding involving issues pertaining to my application for admission.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me to furnish to the Tennessee Board of Law Examiners or the National Conference of Bar Examiners any such information, including documents, records, bar association files regarding charges or complaints against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Tennessee Board of Law Examiners or the National Conference or any of their agents or representatives to inspect and make copies of such documents, records and other information. The records, however, will not include any information in respect to a juvenile offense.

I hereby request and authorize the Department of the N/A
Army, Navy, Air Force

to furnish to the Tennessee Board of Law Examiners or the National Conference of Bar Examiners, the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number was

N/A

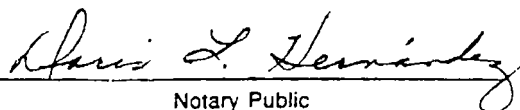
I hereby release, discharge and exonerate the Tennessee Board of Law Examiners, its agents and representatives, the National Conference of Bar Examiners, its agents and representatives, and any persons so furnishing information from any and all liability of every kind and nature arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Tennessee Board of Law Examiners or its investigating agencies or by the National Conference.

I have read the foregoing documents and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

State of OKLAHOMA)
SS.)
County of TULSA)


Signature of Applicant

Subscribed and sworn to before me this 15th
day of April, 19 99


Notary Public

My Commission expires: May 3, 1999

THE WHITE HOUSE
WASHINGTON

MEMORANDUM

DATE: MAY 27, 1999
TO: NATIONAL CONFERENCE OF BAR EXAMINERS
FROM: ALISON KOLWAITE
DIRECTOR
WHITE HOUSE INTERNSHIP PROGRAM
RE: INTERNSHIP VERIFICATION

Please be advised that I cannot confirm the participation of the following person in the White House Internship program. I have no record of her service as a White House Intern:

Name: Janelle Lea Burns

Despite the fact that this person does not appear in our current records, this is not necessarily a confirmation that the individual in question was not an intern at the White House. We simply cannot verify her participation in the program.

Should you have further questions, please contact the Intern Office at 202-456-2742.

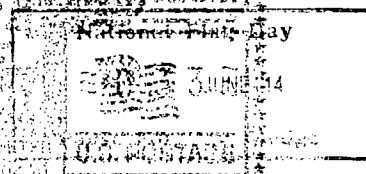
5/25/99

Todd,

Thank you for all your efforts in getting the Mrs. Clinton photos. It's a prized possession! And once again, thanks for all your efforts on behalf of people living with HIV. You are huge! And I appreciate it.

Lynne M. Cooper
Lynne

4385 Maryland Ave
St Louis Mo
63108



Todd A. Summers
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503





AIDS ASSISTANCE PROGRAM

Post Office Box 4182 • Palm Springs, California 92263
Telephone / Fax 760-325-8481

Chairman of the Board
†Jeannette Rockefeller

President
Daniel Warn

Mr. Todd Summers
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, D.C. 20503

May 10, 1999

Dear Mr. Summers:

I would like to thank you for the opportunity to meet with you on the morning of May 3 as part of AIDSwatch '99, the National Association of People With AIDS' legislative advocacy event.

Your cordial reception as well as your response to our presentation helped to us to focus the message we delivered to the various legislators and their aides that we met during the remaining two days of our visit.

I believe we successfully conveyed the fact that we — as individuals and as a nation — continue to face the grave challenges that HIV, AIDS and their associated diseases present.

Research, prevention, treatment, education and individual responsibility are required to eliminate the threat of HIV/AIDS. I have every faith that I will witness its demise in my lifetime. Until then we must do all we can to ensure that the ill are well cared for and that the extended life spans by which so many of us are blessed are vital, productive and well spent.

The scope of this disease spans local, regional, national and international boundaries, just as the scope of all of its associated research and resulting treatments positively affect not only those who suffer from AIDS, but those who are suffering from other life threatening illnesses as well.

We would hope that this fact, in concert with the fact of the numbers of individuals in the private sector who donate enormous amounts of time, money, and effort toward the eradication of this disease would provide support to any request for increased funding for AIDS research, prevention, treatment, education and, ultimately, a cure.

Once again, thank you both you for your time, consideration and support.

Sincerely,

Michael J. Van Essen
Clients Services Manager
AIDS Assistance Program
Palm Springs, California

May 27, 1999

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

Dear Todd:



Home Access Health Corporation is a health care services company specializing in at-home telemedicine. On April 28, 1999, the United States Food and Drug Administration (FDA) granted Home Access Health marketing clearance for the first-ever commercial Class III medical device that allows consumers to conveniently and privately determine whether they have been infected with the Hepatitis C virus.

The Home Access[®] Hepatitis C CheckSM at-home service combines telephone registration/pre-test counseling, collection of a blood sample, shipping, laboratory testing, telephone results retrieval, post-test counseling and referrals to medical specialists skilled in the treatment of hepatitis C. At the lab, Home Access Health will run the same tests used by physicians and hospitals to identify hepatitis C antibodies in the blood sample. Results are available four to five days after the laboratory receives the sample. Test results, healthcare counseling and referrals to medical professionals are available 24 hours a day, except holidays.

Clients testing with the Hepatitis C Check Service use a safety lancet to draw a few blood drops from a fingertip. The drops are placed on special sample collection paper. The sample is then placed in a pre-paid envelope for shipment to a certified laboratory. Each test is assigned a Personal Identification Number, which the client registers via a toll-free number before taking the blood sample. The client then calls a toll-free telephone number, and enters a unique personal identification number to access counseling and to receive their results.

The Hepatitis C Check Service is the company's second at-home telemedicine test service to gain FDA approval. Home Access Health currently markets the only at-home test for HIV available in the United States. The Home Access HIV Test System allows people to conveniently test for HIV from the privacy of their home with test results again clinically proven to be as accurate as HIV tests administered by physicians and hospitals.

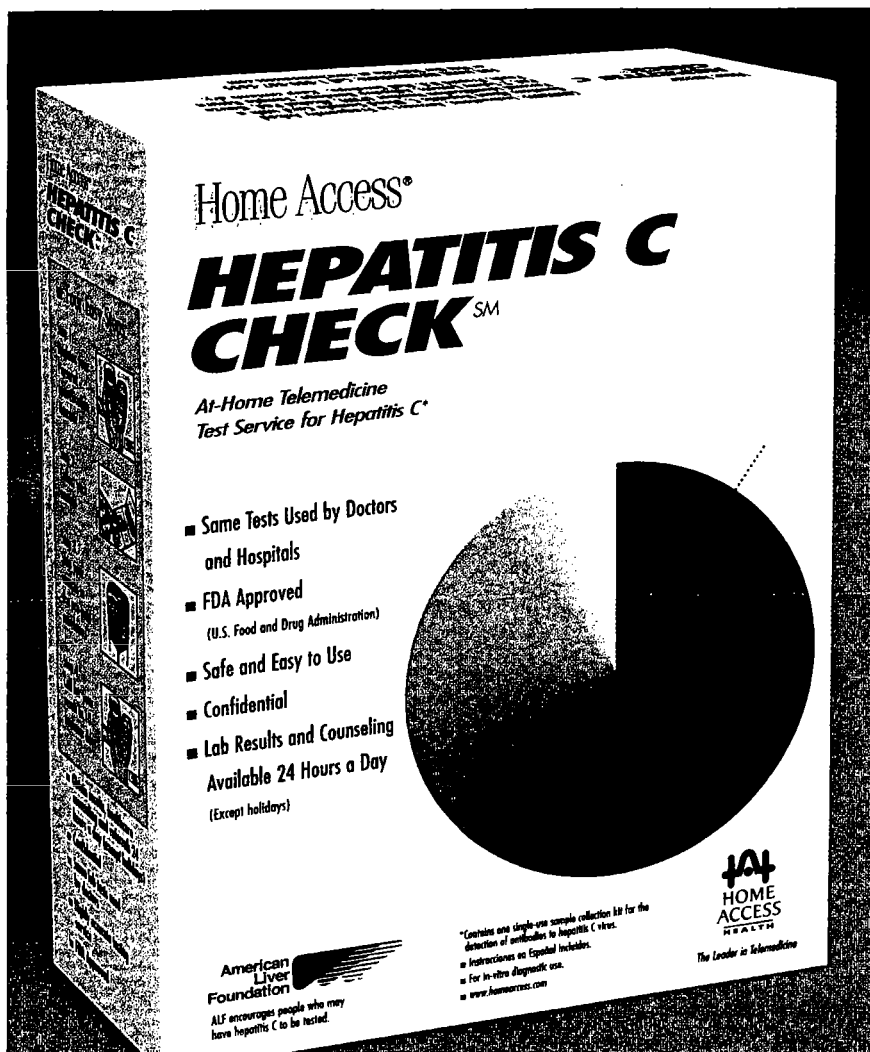
Please find the enclosed background information on the Hepatitis C Check Service. If you have any questions or are interested in working with Home Access Health, please call me at 800-871-6073, ext. 6339, or send E-mail to: joes@homeaccess.com. For information on demand, please visit our web site, at www.homeaccess.com.

Yours sincerely,



Joseph T. Smith
Director of Professional Relations

HEPATITIS C CHECKSM TEST SERVICE



Home Access[®]
**HEPATITIS C
CHECKSM**
At-Home Telemedicine
Test Service for Hepatitis C^{*}

- Same Tests Used by Doctors and Hospitals
- FDA Approved (U.S. Food and Drug Administration)
- Safe and Easy to Use
- Confidential
- Lab Results and Counseling Available 24 Hours a Day (Except holidays)

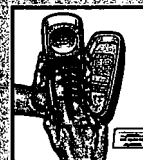
HOME ACCESS HEALTH
The Leader in Telemedicine

*Contains one single-use sample collection kit for the detection of antibodies to hepatitis C virus.
■ Instructions on English includes.
■ For in-vitro diagnostic use.
■ www.homeaccess.com

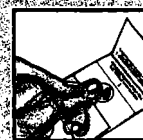
American Liver Foundation
ALF encourages people who may have hepatitis C to be tested.

■ Four Easy Steps

Step 1:
Register your
Personal
Identification
Number



Step 2:
Collect your
sample



Step 3:
Ship your
sample in
the prepaid
envelope



Step 4:
Call for your
result in 10
business days



WHAT IS HEPATITIS C?

Hepatitis C is a liver disease caused by the hepatitis C virus. If left undetected, hepatitis C can lead to serious medical complications. Even while a person feels healthy, the virus may be causing permanent liver damage leading to scarring (cirrhosis), liver cancer, liver failure or death.

HOW ARE PEOPLE EXPOSED TO HEPATITIS C VIRUS?

Exposure to the hepatitis C virus occurs when a person comes into direct contact with infected blood of another person.

CAN HEPATITIS C BE TREATED?

YES. Detection of hepatitis C before serious damage has occurred, can lead to appropriate treatment and management.

WHO SHOULD TEST?

Over 4 million people in the United States are infected. Most are unaware they have the hepatitis C virus.

Experts agree it is important to be tested if you may have been exposed to the hepatitis C virus through

blood transfusion prior to July 1992, a contaminated needle, or other possible exposure to infected blood or other bodily fluids.

Some experts suggest testing if you have had multiple sex partners in your lifetime, or have had any sexually transmitted disease.

If you are uncertain about your possible exposure, or are not sure how you might benefit from testing, we recommend you call our healthcare counselors at 1-800-867-5655, visit our website at www.homeaccess.com, or contact your physician for more information.

WHY USE HOME ACCESS?

The Home Access[®] Hepatitis C CheckSM provides you with the knowledge and assistance to take control of your personal health and well being. The service is convenient and private. It is highly accurate and easy to use. Best of all, Home Access Health uses new at-home telemedicine technology to provide around-the-clock access to healthcare counselors who can answer your questions and ease your mind.



The Leader in Telemedicine

**HOME ACCESS
HEALTH CORPORATION**
2401 WEST HASSELL ROAD
SUITE 1510
HOFFMAN ESTATES, IL
60195-5200
PHONE 847-781-2500
FAX 847-781-2560
www.homeaccess.com

Control No. 0028
Rev. 05/99

Joe C. Acosta
147 East Morongo Road
Palm Springs, CA 92264-8401

May 11, 1999

Mr. Todd Summers
Deputy Director
Presidential Advisory Council on HIV/AIDS
736 Jackson Place, NW
Washington, DC 20503

Dear Todd,

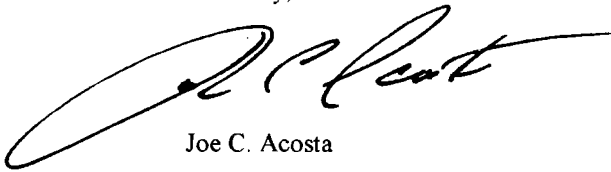
Thank you for taking time out from your White House schedule and meeting with the Coachella Valley representatives for AIDS/WATCH '99.

We deeply appreciate the administration's continued support on HIV/AIDS related issues. I plan to do my part here in the desert by promoting continuing self-management on health issues and urging Latinos and people of color in general, to learn more about HIV/AIDS and how to deal with it.

This is a challenge to Democrats and Republicans alike. We must not forget.

I look forward to seeing you again soon. Thank you again.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe C. Acosta", with a large, sweeping initial "J" and a stylized "A".

Joe C. Acosta



**Lesbian
and Gay
Community
Services Center, Inc.**

President

Judith E. Turkel, Esq.

Presidents Emeriti

Irving Cooperberg
in memoriam

David Nimmons

Steven J. Powsner, Esq.
in memoriam

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Janet Weinberg

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Capital Campaign Co-Chairs

Dorothy E. Sander

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Director of Public Policy

Carmen Vazquez

Director of Center Kids

Terry Boggis

One Little W 12th St
NEW YORK
NEW YORK 10014
212 620-7310
www.gaycenter.org

May 6, 1999

Mr. Todd A. Summers
Deputy Director
Office of National AIDS Policy
The White House
Washington, DC 20501

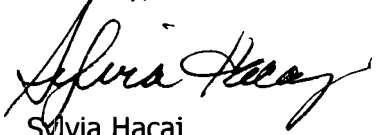
Dear Mr. ^{Todd}Summers:

On behalf of the Gay and Lesbian Community Service Center of New York (The Center), I wish to thank you for meeting with Center staff to discuss the Center's progressive programs and how those programs may be of use in the national fight against drug abuse and HIV/AIDS. We appreciate your time and thoughtful insights. We will follow up on the suggestions you made at our meeting.

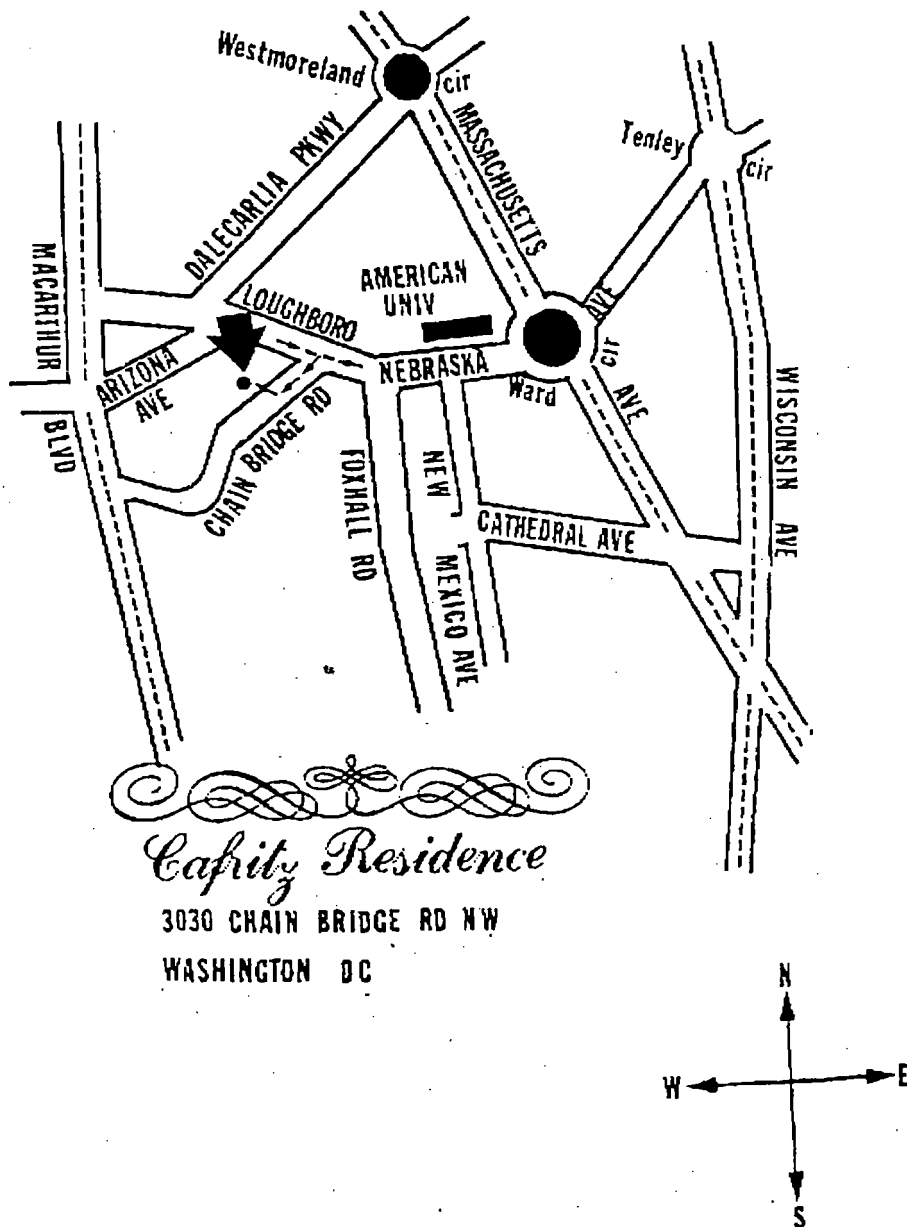
The Center strives to provide much needed support services to the gay, lesbian, bisexual, and transgender communities. We will continue to seek ways in which we can help institute, influence, and implement public policy at the national, state, and local level.

We look forward to working with you and appreciate your continued support. If you have any further comments, suggestions, or questions, please feel free to contact Carmen Vazquez, Director of Public Policy, at (212) 620-7310, or me at (202) 478-6120.

Sincerely,


Sylvia Hacaj
Washington Representative

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



99 VOICES

RENEWING
THE COMMITMENT

AIDS Policy Center for Children, Youth & Families is a national nonprofit organization founded in 1994 to help respond to the unique concerns of children, youth, women, and families living with, affected by, or at risk for HIV/AIDS. AIDS Policy Center conducts training, policy research, and education on a range of HIV/AIDS prevention, care, and research issues. Our membership includes individuals and organizations throughout the United States.

The AIDS Policy Center Public Service Award is given annually to an individual who has made an outstanding contribution to improving the lives of people living with and affected by HIV and AIDS. As Founder of Leading for Life/Harvard AIDS Institute, Mario helped prompt the nation's religious, business and political leaders to do more to fight AIDS in communities of color. In addition, Mario has worked closely with the Congressional Black Caucus and Hispanic Caucus on AIDS initiatives. The 1999 public service award will be formally presented to Mario Cooper, Esq. by Alvin Pouissant, M.D. on Sunday morning, May 23rd at Voices '99 -- the annual conference of AIDS Policy Center. The conference will take place at the Renaissance Washington Hotel.

AIDS Policy Center for Children, Youth & Families
918 Sixteenth Street, NW, Suite 201
Washington, DC 20006
202-785-3564/ 3579 FAX
Info@aidspolicycenter.org

**AIDS Policy Center for Children, Youth & Families
Public Service Award Reception
Host Committee**

U.S. Representative James D. Clyburn (D-SC)
Chair, Congressional Black Caucus

U.S. Delegate Donna Christian-Christensen (D-VI)
Chair, Health Brain Trust
Congressional Black Caucus

U.S. Representative Jesse Jackson, Jr. (D-IL)

U.S. Representative Nancy Pelosi (D-CA)

Alvin Poussaint, M.D.
Associate Dean, Harvard University Medical School

U.S. Representative Lucille Roybal-Allard (D-CA)
Chair, Congressional Hispanic Caucus

George Strait
Correspondent, ABC News

Sean O'Brien Strub
Founder/Executive Editor, POZ Magazine

Sandra Thurman
Director, The White House Office of National HIV/AIDS Policy

Mildred Williamson, President
David Harvey, Executive Director
and the Board of Directors
Cordially Invite You to Attend

A Reception and Buffet Dinner in Honor of

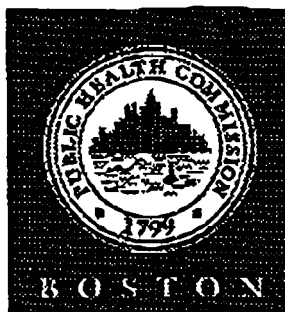
**Mario Cooper, Esq.
Founder, Leader for Life/Harvard AIDS Institute**

**Recipient of the AIDS Policy Center's
1999 Public Service Award**

At the Home of:
Peggy Cafritz Cooper
3030 Chain Bridge Road, NW
Washington, DC 20016

Saturday, May 22, 1999
6:30pm-8:30pm

Map Enclosed
Please RSVP to Geoff Pynn at 202-785-3564 by May 20



THE PUBLIC HEALTH COMMISSION
FAX COVER

DATE:

TO:

TODD A. SUMMERS

Tel:

Fax Number 202-632-1096-456-2438

FROM:

John Auerbach (tel) 534-5264 (fax) 534-7165

Nr. of Pages: (including this page)

Comments I hope this is useful. I miss you, and hope
you visit soon.

J.

CONFIDENTIAL FAX

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1010 Mass. Ave. 6th floor Boston, Mass 02118

Death rates linked to poverty, health care access

Black, Hispanic men dying young

By Dolores Kong
GLOBE STAFF

Black men in Boston are dying from homicide and Hispanic men from substance abuse at rates much higher than white men, while males in some neighborhoods are dying from injury and other causes at more than twice the city average, according to the first comprehensive look at death rates among Boston men.

A report that is being released today at a meeting of the Boston Public Health Commission highlights these disparities, particularly in young males between the ages of 15 and 34.

"I think we're seeing both the effects of poverty and lack of access to health care," said Dr. John Rich, chief medical officer for the city of Boston and an internist who heads the young men's health clinic at Boston Medical Center.

The report includes data on a range of issues, from leading causes of hospitalization and death to neighborhood breakdowns of homicide rates and deaths from injury and substance abuse.

Black men in Boston faced the widest health gap in several areas compared with white men, according to the report. For instance, black men of all ages were murdered on average at more than 10 times the rate of white men between 1990 and 1996. And black men of all ages died from AIDS, on average at a 48 percent higher rate than white men during the same period.

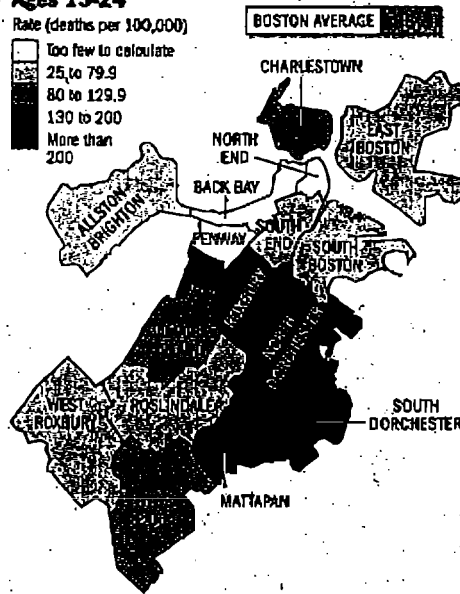
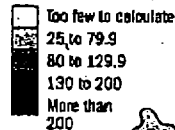
These and similar statistics from around the country highlight a situation that is tantamount to "wrapping

Men and neighborhoods at risk

A new report looking at statistics from 1990 through 1996 shows that young men are at greater risk of dying from injury in certain Boston neighborhoods.

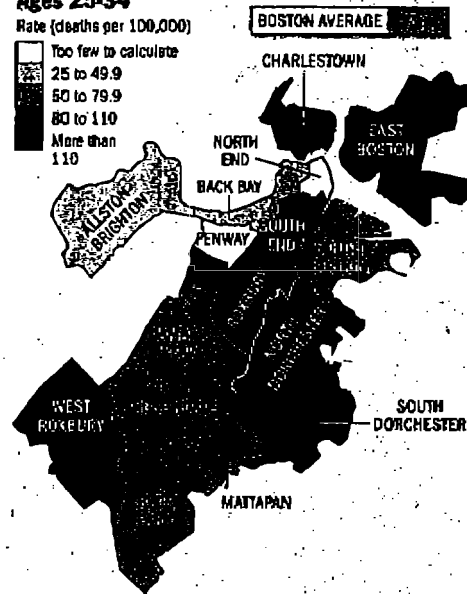
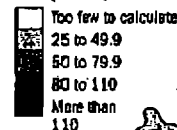
Ages 15-24

Rate (deaths per 100,000)



Ages 25-34

Rate (deaths per 100,000)



SOURCE: Boston Public Health Commission

GLOBE STAFF GRAPHIC

the collective necks of black men and pulling them behind a truck," said Todd Payton, director of the state-funded Men of Color Health Initiative at the Lemuel Shattuck Hospital in Boston.

An advisory committee to the Boston Public Health Commission has named young men's health as a special area of focus and plans make public health recommendations on the topic, Rich said.

The report also found that for Hispanic men between 25 and 34, the death rate from substance abuse between 1990 and 1996 was 70 percent higher than for white men in the

same age group. Hispanic men of all ages were murdered on average at more than triple the rate of white men during the same years.

Young men of Asian or Pacific Islander descent, on the other hand, have an incidence of hepatitis B that is nearly 21 times higher than white men — 218.8 cases for every 100,000 people, compared with the white men's rate of 10.5, between 1991 and 1997.

Some of the most startling data emerge from the neighborhood analysis. While the report did not break down the neighborhood numbers by race, it highlighted areas known to

have higher rates of poverty, crime, and other indicators of socioeconomic problems, according to Rich.

"We looked at the overall mortality by neighborhood for young men.

You notice that the highest rates are in Dorchester, Roxbury, and Mattapan," Rich said.

Mattapan had the highest overall average annual death rate for men from 15 to 24 years old between 1990 and 1996; there were 288.7 deaths for every 100,000 people, more than double the city average.

Most of those deaths were a result of homicide; Mattapan also had the highest homicide rate.

For slightly older men, those between the ages of 25 and 34, the neighborhoods with the highest overall death rates were Roxbury and the South End, with about twice the city average.

The Roxbury overall rate of 442 deaths for every 100,000 people included a high number of deaths from homicide and AIDS. The South End overall rate of 428 deaths for every 100,000 people included a high number of deaths from AIDS.

South Boston had the highest substance-abuse death rate for men between the ages of 25 and 34; there were 51.9 deaths for every 100,000 people — more than twice the city average.

And Dorchester had the highest percentage of men between the ages of 25 and 34 being treated in hospital emergency rooms for gunshot wounds — about 40 percent of all such cases in the city between 1994 and 1997.

WAIT WATS

Hub looks for men at risk

Stats show those likely to develop health woes

By ERIC CONVEY

Men who live in Roxbury, Mattapan and Dorchester are much more likely to die young than men in other parts of the city, a study released yesterday found.

While homicide is the leading cause of premature death for Boston males ages 15-24, other causes including heart disease are also factors.

"If I thought of one group in our society that needs more attention, it's young people," said David Mulligan, chairman of the Public Health Commission.

For the two age groups studied, Allston/Brighton, the North End, Hyde Park and West Roxbury had the lowest mortality rates.

The report, a year in the making, was ordered to find ways to reach young men who often avoid medical care.

"There's a lot of potentially preventable disease in young men," said Dr. John Rich, the commission's medical director. "And unlike young women, young men tend to not use the health care system between ages 18 and 45."

Health officials warn that violence remains the key medical problem for young men, especially blacks. Black men in Boston are 11 times more likely to be murdered than white men.

Despite the plummeting crime rate, the incidence of gun violence in minority neighborhoods is "strikingly high," Rich said.

As men age, disease becomes more of a threat, but again it is high-risk behavior that causes their demise.

AIDS, transmitted through unprotected sex and drug use, is the leading killer of Boston men 25-34.

Officials said it's important to note, however, that there have been major advances in the treatment of AIDS since the end of the study period.

The researchers also found that the majority of young black men do not have health insurance. Only 32 percent of black men between 18 and 24 years old had health insurance between 1990 and 1994.

"It surprises me that it's that low, but it doesn't surprise me that it's low," Rich said. "There's a

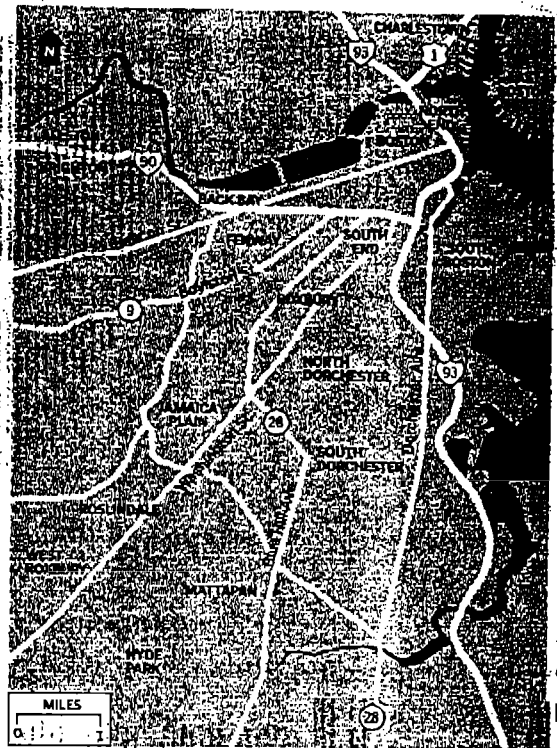
Finding the cracks

Statistics compiled by the city's Public Health Commission show why young men in Boston are most often hospitalized, and where in the city death rates are highest.

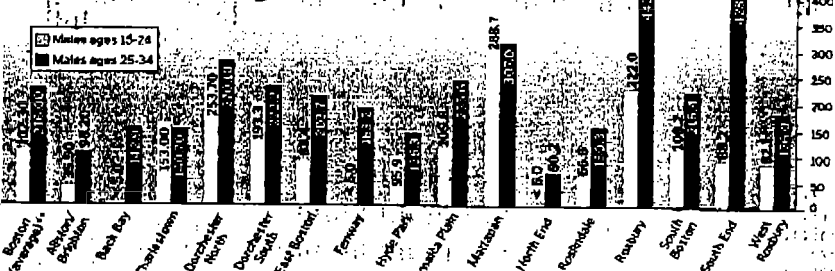
Leading causes of hospitalization rates among men

Males 15-24	
CAUSE	RATE PER 1,000 POPULATION
Psychoses	2.2
Appendectomy	1.7
Asthma	1.3
Cellulitis	0.8
Gonorrhea	0.6
Gitis media	0.6

Males 25-34	
CAUSE	RATE PER 1,000 POPULATION
Psychoses	5.3
Injury	4.0
Gonorrhea	3.8
Cellulitis	1.7
Appendectomy	1.1
Simple pneumonia and pleurisy	1.0



Mortality rates among males*



* Numbers are average annual rates per 100,000 males.

** Refers to the Boston citywide rate

STAFF GRAPHIC BY MICHAEL BERTRAND AND LEE ANN JACOB

crisis in terms of access to health insurance in this population."

In contrast, more than 80 percent of white men and 49 percent of Hispanic men had health insurance.

Coverage rose dramatically for black men by ages 25-34. By then, 81 percent had health insurance. Despite the youth of the men studied, heart disease is already taking its toll.

From 1990 to 1996, an average of 53 men a year age 25-34 died from heart disease.

During the same period, an average of 16 males a year age 15-24 died from heart disease. Heart disease, chiefly caused by poor diet and lack of exercise, is the No. 1 killer in the country.

Rich said he found the high numbers troubling.

The study also traced hospital admissions for young men and discovered that episodes of mental illness were the No. 2 reason for seeking care.

For males under 24, only injuries caused more trips to the

hospital. For the 25 to 34 age group, drug abuse was the leading cause of trips to the hospital.

Mulligan said city officials will use the information to target young men and attempt to improve their access to health care.

A major stumbling block, however, will be convincing young men that they are not invincible and should modify their behavior to increase lifespan and overall health, officials said.

"We need to do some creative things," Mulligan said.

FAX COVER SHEET

Date: May 10, 1999

From:

THOMAS A. SWANN
PROUD GAY VETERAN
AIDS ACTIVIST
ADVOCATE FOR BLIND PEOPLE
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To:

TODD SUMMERS AND DANIEL MONTOYA
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Six Number of Pages Follow

WHITE HOUSE PROVIDES RENEWED HOPE TO AIDS WATCH DELEGATES

*Rep. Barney Frank Presents Award to America's
Proud Gay Veteran at Stonewall Democrats Event*

Please Post on LGBT and HIV/AIDS Internet List Serves

(Washington D.C. – May 10) -- Todd Summers, Deputy Director of the White House National AIDS Policy Office met with Southern California AIDS Watch delegates for almost two hours last Monday and sounded the theme for the 3 day event when he said:

"This administration will not rest until AIDS has been cured and this terrible epidemic is finally over!"

With that renewed hope, AIDS activists across Southern California met with both U.S. Senators and almost every member of Congress. When some people think the AIDS crisis is over because of protease inhibitors – the numbers on Capitol Hill tell a different story. People are living longer but the infection rate remains at a staggering 40,000 cases per year. So the largest delegation ever came all the way to Washington to fight for adequate funding, sound prevention measures, research, housing and a vaccine. Summers made sure the activists knew President Clinton still is working hard for an AIDS cure.

The meeting was scheduled by Tom Swann, an openly-gay HIV-positive member of the Riverside County Democratic Party Central Committee and former State Vice-President of California Young Democrats.

Swann is a board member of Lambda Letters Project, California's oldest Statewide LGBT and HIV/AIDS civil rights organization. Also he is an officer of the Democrats of the Desert and Desert Stonewall Democrats.

Swann's relationship with the Clinton administration began in December 1992 when he met with the deputy director of the transition team in a Washington D.C. Hotel about lifting the military ban. When the Navy retaliated he received advice from Bob Hattoy who met with him and his ACLU counsel Alan Friel at the April 1993 ACLU Garden Party. In July 1993 Maria Echaveste called from the White House offering support after Swann suffered a mild heart attack. In 1994 he won his ACLU case against the Navy which included discrimination based on his AIDS status. In 1996 Swann led a group of veterans to meetings with Jeff Levi and Richard Socarides. In 1996 he personally asked the President's Chief of Staff to fix the *Don't Ask, Don't Tell* Policy in a second Clinton term. Sadly this objective has not been realized.

Swann said the most inspirational visit with a White House official came at the Lesbian and Gay Caucus of the California Democratic Party in Los Angeles in 1996. He was sitting in the front row listening to Marsha Scott. Swann weighed only 105 pounds and had just lost his left eye to CMV Retinitis. He was also fighting Kaposi Sarcoma. A long-time friend Dan Zingale told Bob Hattoy to spend some time with Swann thinking he might not be around much longer. Swann recalls what happened next:

Bob Hattoy put his arm around me and reminded me that doctors did not give him much time either when he was diagnosed with Lymphoma. Bob said, "Look at me now! Tom, you took on the Navy and won and you can take on CMV and KS and win. Hang in there, take your medicine, do those infusions and stay alive. We need you!"

It's nice to be needed. Swann said, *"When I was sitting there listening to Mr. Summers I realized he cared about me and everyone sitting at that table. I was also very impressed with Mr. Daniel Montoya, executive director of the Presidential Advisory Council on HIV/AIDS."*

Swann talked about having 260 lasers on his right eye just days before the trip to the White House. Swann's silicone oil, which holds the retina in his right eye in place, bubbled from the heat during the surgery. In fact, an experiment by Mark Repass showed Swann's right eye glows under a black light, which explains why he can't see in daylight. Swann said there is a perception that AIDS research has stalled in the Clinton second term and that people like him with silicone oil are forgotten since protease inhibitors have made CMV Retinitis less of a threat. Summers asked how many AIDS patients currently have silicone oil and the name of his eye doctor. Montoya said emphatically that AIDS research is a very high priority for the President.

Summers thanked Swann for supporting the President's Patients' Bill of Rights, which enables AIDS patients to bypass their general practice and family practice physicians and go directly to AIDS Specialists. This legislation saves time, lives and it reduces the anxiety and worry AIDS patients have wondering if their doctor has enough experience and is prescribing the proper drug combination.

One participant quipped that Blue Cross was providing him with good care and someone suggested if there is ever a problem, tell the HMO you know Swann. Everyone laughed but in fact several AIDS patients have mentioned Swann's medical malpractice AIDS suit in letters to Kaiser and other HMO's asking for referrals to specialists. Blue Cross CaliforniaCare made Swann wait six months before he could have a dilated eye exam after indicating the bottom half of the Amsler grid was missing.

At the trial family practice Doctor Manuel Marquez testified he had no experience and said the HMO should never have assigned advanced AIDS patients to his Oxnard medical office.

Herb Schultz, the hard working public policy director of AIDS Project Los Angeles (APLA), facilitated the meeting. Herb and Christina Schultz (no relationship) organized and set-up the visits with Congressmembers from San Luis Obispo to San Diego. Their enthusiasm generated the large turn out of AIDS Watch delegates.

John L. Brown, executive director of Desert AIDS Project and Michael J. Van Essen, Clients' Services Manager of AIDS Assistance Program in Palm Springs discussed funding issues. The APLA covered prevention and other topics. Joe Acosta, a Navy veteran talked about the AIDS epidemic in the Latino community. Other speakers were Mark Repass of the Alexander Hamilton Post 448 of the American Legion in San Francisco and Paul Hagen.

Edward Clayton, national president of the Gay, Lesbian and Bisexual Veterans of America (GLBVA) told Summers and Montoya he was investigated and later arrested for being gay and became infected with HIV in a military brig. He has Ganciclovir implants to prevent CMV Retinitis. He stressed the importance of more AIDS research.

Rep. Mary Bono, a Republican from California's 44th Congressional District was one of the few members that held face to face meetings with constituents. The meeting was held in the House Judiciary Committee conference room. Bono asked for a Judiciary Committee recess to hold the meeting, which included all three legislative analysts from her office.

On the way to the conference room the AIDS activists were greeted by Judiciary Committee Chair Rep. Henry Hyde who smiled and nodded his head to Mark Repass after seeing his Alexander Hamilton Post 448 cap with gay buttons.

AIDS Action, a non-partisan Washington, D.C. organization that monitors voting records on AIDS issues reports that Mary Bono, like her late husband, has consistently voted for two of the five main AIDS issues. She has supported the overall AIDS funding requested in the budget and the Housing Opportunities for People With AIDS (HOPWA) program. She pledged her continued support and summarized: *"I know people think that because I'm a Republican I don't support AIDS issues. I want you to know I support people living with AIDS."*

Other important meetings Swann held while in Washington D.C. were with board members of Historic Congressional Cemetery, United States Department of Agriculture Gay, Lesbian or Bisexual Employees (GLOBE), GLBVA D.C. Officers, Servicemembers' Legal Defense Network (SLDN) and the Associate Director of the Center for Minority Veterans of the Department of Veterans Affairs.

After returning to Palm Springs, Swann received an award on Saturday May 8 from Rep. Barney Frank at a standing room only event hosted by Desert Stonewall Democrats, the largest and fastest growing Democratic Club in the Inland Empire. Frank said, *"Tom Swann is a Proud Gay Veteran. He was better to the military than the military was to him. I am proud of you."* On Sunday Swann wore his veteran Marine Corps dress uniform and gave the Pledge of Allegiance at the 1999 Stoney Awards Banquet held by the Stonewall Democratic Club of Los Angeles. Frank received a Lifetime Achievement Award and was serenaded by the Los Angeles Gay Men's Chorus. The club was the first in America to endorse Vice President Al Gore, Jr. for President.

Swann said the point of this article is this:

The Clinton administration has done more for AIDS issues than any previous administration. Swann believes that if President George Bush had been re-elected in 1992 that protease inhibitors and Ganciclovir implants would still be in trial at the Food and Drug Administration and he would be dead. Todd Summers, Daniel Montoya, Bob Hattoy, Jeff Levi, Marsha Scott, Eric Bauman, Richard Socarides and others have inspired Swann to stay active in public affairs. Rep. Frank saluted his work to elect Democrats that will lift the military ban and cure AIDS.

Frank believes the 2000 March on Washington, veteran wreath ceremonies at Arlington and Gay pride parades are important but the most expedient way to lift the ban, pass the Employment Non-Discrimination Act (ENDA) and other LGBT civil rights is to Change the Congress. Frank said, *"It is important to march in these parades but until we get people to march to the polls on election day we won't get our civil rights."*

So when you feel depressed about taking your medicine and doing daily infusions remember many others have faced adversity before you and they persevered and are still alive. You can make it!
We need you! In summary:

"YOU MUST NEVER GIVE UP HOPE OR GIVE IN TO DISCRIMINATION. YOU MUST NEVER GIVE UP HOPE OR GIVE IN TO AIDS."

***Thanks for reading and sharing with others. Tom Swann can be reached on the Internet at:
TASwann@aol.com***

Adolescent AIDS Program

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Director
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Training/Outreach
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Administration
(718) 882-0232



May 10, 1999

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

Dear Todd:

I am writing to invite you to attend the national planning day for AMHARN's ***HIV. Live with it. Get Tested!*** national campaign. The day-long meeting will take place on Saturday, May 15 from 9 am until 4 pm at the Hyatt Regency Hotel in Bethesda, MD.

Plans for launching this innovative, social marketing-based adolescent counseling, testing and care program are taking great shape. This planning day will familiarize local sites with national resources and provide technical counsel for implementation of local programs. I am attaching an agenda for the day for your information.

Your leadership in HIV/AIDS and your vision in creative problem solving continue to be important to our mission of finding HIV+ young people and bringing them into care. Your support of this program is meaningful to all of us involved and we hope you will be able to join us for this planning day to learn about our progress. Please RSVP to Sara Langelier at 212-448-6753 if you will be able to join us.

Best Regards,

** Donna Futterman, MD*

Donna Futterman, MD
Chair, Adolescent Medicine HIV/AIDS Research Network
Director, Montefiore Medical Center Adolescent AIDS Program
Associate Professor of Pediatrics, Albert Einstein College of Medicine

Outline for National Planning Day
HIV. Live with it. GET TESTED! National Campaign
Saturday, May 15, 1999
Hyatt Regency
Bethesda, MD

I. Introductions
(9 am – 9:15 am)

II. Overview
(9:15 am – 9:30 am)

III. National Update
(9:30 am – 10:30 am)

National Resources

The New York Learning Lab

- Outreach, peer and media strategies
- Focus groups
- Zine

Medisphere Communications, Inc.

- National media outreach
- Program management & sustainability
- Program technical assistance

Griffin Bacal, Inc.

- Advertising strategies
- Promotional materials

Strategic Partnerships

Break (10:30 – 10:45)

IV. Local Program Implementation Updates and Technical Counsel
(10:45 am – 12:15 pm)

Date Selection and Implementation Timeline

- Local date selection
- Review sample timeline

Budgeting and Local Fundraising

- Review sample budget and subcontracts
- Review local fundraising activities
- Acknowledging grants in print and broadcast materials
- Funding Administration

Staffing

- Identifying your site's "Involved Leader"
- Identifying/allocating other key site staff/resources
- Independent contractors
- Collaborating with advertising/communications/marketing partners

V Working Lunch

(12:30 – 1:30 pm)

Evaluation**VI. Local Program Implementation Updates and Technical Counsel**

(1:45 pm – 3:30 pm)

Referral Network**Community Partners****Telephone Center**

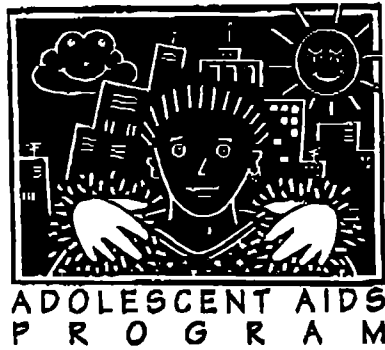
- Live operators
- Culturally relevant messages and voices

Youth Involvement, Outreach and Street Marketing

- Strategic outreach
- Town Meeting/T.H.E. Team Pep Rally & Training
- Media outreach

Offering Oral Testing**VI. Wrap-up and Resource Review (3:30 pm – 4:00 pm)****Technical Assistance for Local Sites**

- Conference calls
- Site visits



FAX COVER SHEET

To:	Todd Summers
From:	Donna Futterman
Date:	May 10, 1999
Pages:	4 (including cover page)
FAX TO:	202-456-2438



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

HIV/AIDS Bureau

Health Resources and
Services Administration
Rockville MD 20857

MAY 25 1999

Todd A. Summers
Deputy Director
Office of National AIDS Policy
The White House
736 Jackson Place
Washington, D.C. 20503

Dear Mr. ^{Todd}Summers:

On behalf of the Division of Service Systems, I am writing to thank you for the plenary presentation you gave at the Ryan White Title II/ADAP National Meeting, which was held on May 23-24, 1999, at the Hyatt Regency Capitol Hill Hotel in Washington, D.C.

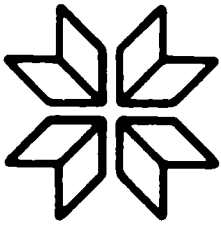
I realize that a lot of time and effort went into your presentation, and your efforts greatly contributed to the success not only of your presentation, but also of the meeting as a whole. Comments during the meeting and from the evaluation summary results indicate that presenters and topics were very well received.

Thank you again for your participation in this meeting. I am certain that the information you presented will assist the meeting participants to better manage their programs.

Sincerely,

A handwritten signature in cursive script, reading "Douglas H. Morgan".

Douglas H. Morgan, M.P.A.
Director
Division of Service Systems



Phelps Stokes Fund
Education for Human Development

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May 25, 1999

Dear Mr. Summers,

I would like to thank you for meeting with the participants of the USIA project "Joining Efforts in the Fight Against HIV/AIDS" on Wednesday, May 19, 1999. The visitors all agreed that the session was professionally beneficial and informative. The group was appreciative of your time and allowing them to express their concerns. Todd, I'm very happy that your office took part in this program, because it made the visitors feel that our government is truly concerned about the current HIV/AIDS crisis in Africa.

On behalf of the U.S. State Department, U.S. Information Agency, and the Phelps Stokes Fund, I would like to thank you for meeting with the participants in the project "Joining Efforts in the Fight Against HIV/AIDS." The Phelps Stokes Fund staff and I hope to have a chance to work with you again in the future.

Please give my thanks to Ms. Bauerle for all his help and support in arranging our meeting.

Sincerely,

Damon V. Woods
Program Associate
International Exchange Programs