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Correspondence - Todd Summers - Incoming - 6/99

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DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

HIV/AIDS Bureau

Health Resources and
Services Administration
Rockville MD 20857

Date : June 1, 1999

From : Deborah Linzer
Project Officer, Title II
Division of Service Systems

Through : Douglas Morgan
Director
Division of Service Systems

To : Todd A. Summers
Deputy Director
Office of National AIDS Policy

Subject : Title II/ADAP National Meeting: Participants Comments

As you had suggested during the Title II/ADAP National Meeting on May 24, 1999, we asked the remaining participants to write some brief thoughts about the CARE Act. Specifically, to list out their concerns, expectations, and needs as they relate to the CARE Act and its reauthorization.

Thank you for taking the time to speak with me at the meeting. I have attached the comments we received as you requested.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH RESOURCES & SERVICES ADMINISTRATION

DEBORAH S. LINZER, M.S.
PUBLIC HEALTH ANALYST
DIVISION OF HIV SERVICES

5600 FISHERS LANE, 7A-55
ROCKVILLE, MD 20857

FAX: (301) 443-5271 TEL: (301) 443-4601

To: Todd Summers

I. Do away with Title I funds and redistribute it in Title II funds

II. Come out with a software to replace Toolbox ASAP.

III

HYATT REGENCY WASHINGTON DC ON CAPITOL HILL

Top 3 Concerns

1. More flexibility in using unspent SSAP funds from preceding years to approach 2° issues such as corrections & tech etc.
2. More flexibility to compliment other federal programs & RW funding -
3. More funding for evaluation without limiting money for services -

HYATT REGENCY WASHINGTON DC ON CAPITOL HILL

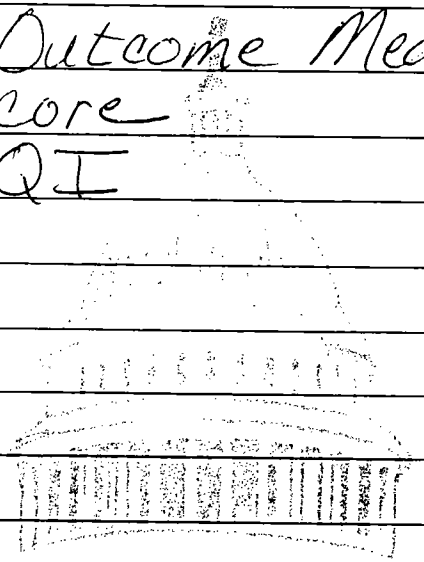
CARE ACT: Top 3 concerns

① Provide more resources for outcome evaluation.

② Prevent amendments that exclude:
   ⓐ undocumented immigrants
   ⓑ Contractors who provide clean needles.

③ ?

1. Core Standards
2. Outcome Measures – Core
3. QI



HYATT REGENCY WASHINGTON, DC ON CAPITOL HILL ™

CARE ACT

Top 3 Concerns

1) Tying up so much CARE Act $ in ADAP. Build in some mechanism so that states could get a "waiver" to use ADAP funds for other primary care or access to 1° care services, if the State demonstrates that they are meeting some sort of minimum drug access threshold.

2) Formula calculations that continue to disparately ~~fund~~ distribute funds throughout the country.

3) Redundant HRSA requirements.

HYATT REGENCY WASHINGTON, DC ON CAPITOL HILL ™

Ryan White Reauthorization Concerns

① Ammendments that might be tacked on re: needle exchange, mandatory testing, etc

② $$ Decrease in funding

③ Too many restrictions tied to funding

HYATT REGENCY WASHINGTON DC ON CAPITOL HILL

ADAP needs to be available for people at 300% of poverty level. They can't afford health insurance or the cost of antiretroviral drugs. Maybe a graduated system based on income would be a compromise.

HYATT REGENCY WASHINGTON DC ON CAPITOL HILL

1. Strategies for increased collaboration among HRSA, HCFA, and CDC?

2. As the regional offices become more interactive with states, will direct state input into federal legislative and policy development and decision making be short-circuited or minimized?

1) Money for HIV+ individuals should be equal. Title I and Title II distribution of funds causes inequities in funding available per client

2) Regionalization of Title II is stupid! We are tired of training Project officers.

3) We must be able to use RW $ for back to work initiatives. VOC Rehab doesn't have enough funding or resources to support HIV population. HRSA needs to help during the work reauthorization process. RW and VOC Rehab

HYATT REGENCY WASHINGTON DC ON CAPITOL HILL ™

What is the plan for the move for Title II's move to the Regional office?
(I haven't heard from the Regional office for months and even when it was only once)

What is the process for evaluating whether the move to Regional offices is successful?

When will the outreach policy 97-03 be re-evaluated?

1) Improved parity between Title I + II - strengthen HRSA's guidance to Title I on this issue.

2) Acknowledge the special needs of low prevelance states and realize that it takes at least a minimum to operate a program.

3) Provide application guidance earlier.

HYATT REGENCY WASHINGTON, DC ON CAPITOL HILL

Cross-title collaboration, communication and data sharing in the state

greater coordination between prevention efforts and service delivery on a state level

greater efforts to decrease the costs of HIV-related meds below the 340 B levels on a voluntary basis (less drug company-sponsored dinners and more cost saving strategies)

1. Uniform reporting data [illegible] across all titles for the medical [illegible] piece of the [illegible]

2.

HYATT REGENCY WASHINGTON DC ON CAPITOL HILL

1) Better coordination between Titles - It would be great if state T2 Administrators had ability to coordinate w/ other titles - particularly TI. Not promoting block granting but mandatory coordination + planning. Not occurring consistently now. Perhaps channeling formula funding through state which would promote standardization + improved data collection - Particularly client level data.

HYATT REGENCY WASHINGTON DC ON CAPITOL HILL

~~[illegible]~~

2

Am worried about getting my grant app. completed + submitted in time - to attend January meeting - NOT good timing -

HYATT REGENCY WASHINGTON DC ON CAPITOL HILL

BIOMEDICAL CENTER

7, Pudozhskaja St., St.Petersburg, Russia 197110 ☎: 7(812) 230-4872, 7(812) 230-4959, 7(812)230-7969
E-mail: biomed@mailbox.alkor.ru

29 June, 1999

Fax :
To: Mr. Todd Summers
From: Dr. Andrei Kozlov

Dear Todd,

May I thank you for coming to St. Petersburg and for your most important impact for the success of our meeting . HIV/AIDS problem has substantial political aspect, and your comments on this issue during the meeting, in the Parliament and in the Ministry of Science were both deep and original.

My friends, scientists and politicians, have appreciated your participation very high.

I am faxing you the copy of the letter from the President of the World Bank to the President of Russia. As you can see, Russian President have further forwarded the letter to the Ministry of Foreign Affairs (Ivanov), Ministry of Economy (Shapovaliants), Ministry of Health (Starodubov) and Ministry of Finance (Kasjanov).

After my report to the Science Minister, Professor Kirpichnikov, on this matter he has also requested this letter from the Administration of the President. Ministry of Economy, in accordance with the deal with the Ministry of Foreign Affairs, will be responsible for work on this letter. I am currently involved in this work.

Please extend by best regards to Sandy and Sarah.

Yours, Andrei
Andrei P. Kozlov, Ph.D.
Coordinator,
Russian HIV Vaccine Project

АДМИНИСТРАЦИЯ ПРЕЗИДЕНТА РОССИЙСКОЙ ФЕДЕРАЦИИ
Управление Президента Российской Федерации
по работе с обращениями граждан
103132, Москва, ул. Ильинка, д.23

N A26-19-5471
09/06/1999

Канцелярия Президента Российской Федерации

Направляем обращение, поступившее на имя Президента Российской Федерации.
Автор(ы) : Вульфенсон Дж.

Зам. начальника Управления
тел. 206-46-64

Бородин Ю.Ф.

ЗАМЕСТИТЕЛЬ РУКОВОДИТЕЛЯ АДМИНИСТРАЦИИ ПРЕЗИДЕНТА РОССИЙСКОЙ ФЕДЕРАЦИИ

И.С.Иванову
А.Г.Шаповальянцу
В.И.Стародубову
М.М.Касьянову

Уважаемые коллеги,

Направляю адресованное Б.Н.Ельцину обращение Президента Всемирного банка Дж.Вульфенсона по проблеме СПИДа.

Просьба поручить проработать этот вопрос и представить согласованные соображения для возможного доклада Президенту Российской Федерации.

С уважением

С.Приходько

«17» июня 1999 г.
А1-2757п

02PR1323.DOC 16.06.99 .. Ю

ША-1229
23 06 1999

Всемирный банк
Вашингтон, США

Джеймс Вульфенсон
Президент

27 мая 1999 г.

Его Превосходительству
Борису Ельцину
Президенту Российской Федерации
Кремль
Москва
РОССИЙСКАЯ ФЕДЕРАЦИЯ

Уважаемый г-н Президент,

Эпидемия СПИДа перечеркивает десятилетия прогресса и результаты, достигнутые в улучшении качества жизни в развивающихся странах. Более 33-х миллионов мужчин, женщин и детей в мире являются носителями ВИЧ-инфекции, более 90 процентов этих инфицированных живут в государствах с экономикой развивающегося типа - две трети в Центральной и Южной Африке. В африканских странах в настоящее время из-за СПИДа продолжительность жизни в среднем сократилась на 10 - 20 лет. В настоящее время во всем мире ежедневно инфицируются более 16-ти тысяч человек.

Таким образом, СПИД стал центральным вопросом эволюции, и противостояние эпидемии СПИДа в развивающихся странах стало решающим фактором применительно ко всем нашим усилиям по преодолению нищеты и улучшению качества жизни. Я приветствую глубокую обеспокоенность лидеров "Группы восьми", продемонстрированную ими на последних встречах, и уверен, что нам следует теперь вместе выходить на новый уровень активности, действуя в трех направлениях.

Во-первых, мы должны активизировать политическую волю и стремление к преодолению СПИДа. Нет ни лекарства, ни вакцины от СПИДа, тем не менее существуют способы и приемы по предупреждению распространения этого заболевания и они *работают* уже *сейчас*. Половина всего населения развивающихся государств - 3,5 миллиарда человек - живут в странах или регионах, где еще можно предупредить начало эпидемии. Четкая политическая установка может сыграть решающую роль в том, чтобы СПИД стал главной проблемой социальной и политической повестки дня.

Во-вторых, мы должны срочно найти недорогой, доступный развивающимся странам, эффективный терапевтический способ, например, предупреждающий передачу заболевания от матери к ребенку и действующий против некоторых инфекций, связанных со СПИДом, и соответствующим образом укрепить систему здравоохранения. Это особенно важно и актуально для Центральной и Южной Африки, где проживает наибольшее число больных СПИДом, где система здравоохранения слаба, и покупательная способность населения крайне низка.

В-третьих, нам необходимо осознать, что существует целый комплекс вопросов, относящихся к области здравоохранения, свойственных государствам с развивающейся экономикой, для решения которых нам потребуются новые подходы и инструменты. Ускорение разработок по созданию вакцины против СПИДа, которая была бы эффективной в развивающихся странах, - решающий фактор. Вакцина против СПИДа для населения государств с низкими доходами - *дело международной общественности*, которое невероятно совершить без соответствующей инициативы со стороны международной общественности. Частный сектор промышленности должен играть ведущую роль в разработке и распространении такой вакцины, но в настоящее время он не имеет стимулов для разработки и доведения вакцины против СПИДа до стадии штаммов этого вируса в количествах, достаточных для системы здравоохранения

Международное сообщество, включая и развивающиеся страны, безотлагательно нуждается в выработке всемирной стратегии в этой области. Всемирный банк готов выполнить свою часть в осуществлении этой важной задачи.

Мы были бы Вам признательны за поддержку, идеи и готовность к срочным международным акциям.

С наилучшими пожеланиями,
Искренне Ваш
(подпись)
Джеймс Вулфенсон

Копия данного письма направлена министру [illegible]

1. информация: Синдромы СПИДа в мире;
2. схема: численность взрослых и детей, ВИЧ-инфицированных и [illegible] СПИДом (на конец 1998 г.)

[illegible]

Подготовила: [illegible] Шапошникова

U.S. Department of State
Bureau of Oceans and International
Environmental and Scientific Affairs
Washington, DC 20520

facsimile transmittal

To:	Todd Summers	**At Fax Number:**	456-2438
From:	Nancy Carter-Foster	**Date:**	June 30, 1999
Phone:	(202) 647-2435	**Fax:**	(202) 736-7336
Re:	Leahy HIV/AIDS response	**Pages:**	3 (including cover)

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

Notes:

Please clear on the attached response to Senator Leahy's question on HIV/AIDS

ASAP. Thank you very much for your help!

2. RESPONSE TO QUESTION FROM SEN. LEAHY ON HIV/AIDS

Question:

I recently received a report about the U.S. Government's response to the global problem of HIV/AIDS, which was accompanied by a letter from you describing this devastating epidemic and the commitment of the U.S. Government to combat it. The U.S. is doing more than any country, but the administration has requested only $2 million above the Fiscal Year 1999 level, even though last year 15% more people were infected than the year before. Isn't this an example of rhetoric not matched by action?

Answer:

The U.S. record of international donor assistance for HIV/AIDS clearly puts us ahead of other nations, and we hope to do more through the President's request for an additional $2 million in his budget request for next year. The U.S. is working with other governments to strengthen the political commitments made to raising the priority accorded to addressing HIV/AIDS at the highest levels of government. That means working with international organizations, such as UNAIDS, the World Bank, other donor nations and with developing nations themselves to look for ways to better utilize existing funds, as well as working within our own government to ascertain ways in which we can do more. We hope to work with Congress over the next few weeks and months to find additional ways to further strengthen our effort consistent with the urgent need posed by the HIV/AIDS pandemic in Africa in particular, but which is swiftly moving to Asia and the former Soviet Union.

FAX COVER SHEET

Date: June 7, 1999
From:

THOMAS A. SWANN
PROUD GAY VETERAN
AIDS ACTIVIST
ADVOCATE FOR BLIND PEOPLE
39360 Peterson Road Space 100
Rancho Mirage, CA 92270-3098
(760) 324-5670
E-mail: TASwann@aol.com

To:

TODD SUMMERS AND DANIEL MONTOYA
(202) 456-2438
RICHARD SOCARIDES
(202) 456-7929
MARIA ECHAVESTE
(202) 456-1907

I WILL BE AT THE CAPITOL THIS THURSDAY AND FRIDAY AND FEEL I SHOULD BRIEF THE WHITE HOUSE ABOUT THE MEETINGS. WE ARE DISCUSSING THE WAY THE MILITARY TREATS WOMEN AND LESBIANS AND GAYS. I WOULD LIKE TO BRING CLIFF ANCHOR OVER TO SEE YOU AND TAKE A PICTURE. CLIFF IS THE SPOUSE OF LATE SGT LEONARD MATLOVICH AND A PIONEER IN GAY CIVIL RIGHTS. HE IS ELDERLY AND FRAIL WITH A CD4 COUNT OF 12. THIS MAY BE HIS LAST TRIP TO WASH DC AND YOU WILL ALWAYS TREASURE ANY PICTURE TAKEN WITH HIM. I ALSO

WANT TO GIVE YOU ONE OF MY PROUD GAY VETERAN – ACLU COFFEE MUGS.

YOU CAN REACH ME STARTING WEDNESDAY AT 703-250-2273.

5 Number of Pages Follow

Thank you!

BCC: cseger@mslpr.com, SFJAR, Gayveteran, Jamesdarby
BCC: EClayton, MILTIPS, jimdave@met.com, MackT III
BCC: Ben Shalom, dschaub@zeltech.com
BCC: vetercare@hotmail.com, anchor@wclynx.com
BCC: littleox@erols.com, PRFrye
BCC: CongressionalCemetery@mail.org, SNAPPER448
BCC: Cliff4Vets, clinton@xq.com
BCC: DOGTAGS@GAYVETERANS.COM, JFA01
BCC: crssrds@earthlink.net, NAVYBOY, NavieDavie

GAY VETERANS TO MEET WITH CONGRESSIONAL LEADERS ABOUT MILITARY POLICY

Please Post on LGBT and AIDS Internet List Serves

By Tom Swann
America's Proud Gay Veteran
(760) 324-5670
Email: TASwann@aol.com

My Dear Friends:

This week I will be traveling to our nation's capitol to meet with the offices of U.S. Representatives Mary Bono and Loretta Sanchez. I am a constituent of Rep. Bono and have worked in the past two campaigns for Rep. Sanchez as an honorary member of the Eleanor Roosevelt Democratic Club in Orange County, California. Rep. Bono and Rep. Sanchez are powerful members of the House Military Personnel Subcommittee. The committee is reviewing the Defense appropriations bill according to Rep. Sanchez's office and there are concerns that the Pentagon is using funds to pursue and harass rumored and suspected lesbians and gays. This may be a violation of the law and clearly is a violation of the intent of Congress that passed the *"Don't Ask, Don't Tell, Don't Pursue"* policy.

Our goal developed by consensus from a coalition of civil rights organizations is to request that Rep. Bono and Rep. Sanchez hold an informal subcommittee hearing and accept testimony that the Pentagon is pursuing and at what cost to the taxpayers. I am taking the mutilated doll to the Capitol to show as tangible evidence that I was harassed by a

Marine Corps sergeant when I served as the security coordinator at the Naval Air Warfare Center Weapons Division at the same time Congress was debating the current policy.

If the Pentagon wants passage of their appropriations bill then they should release their comprehensive report to field commanders which is supposed to outline the definition of pursuit. This report was promised over 2 years ago and there is no excuse for the delay. In the absence of Pentagon guidelines on the policy some Homo-hateful and sexist field commanders are making up their own rules. This is not sound public policy.

We also feel the Uniform Code of Military Justice (UCMJ) Sodomy articles is absurd in today's society. Rep. Bono voted to impeach the Commander-In-Chief because he admitted and later apologized for having Sodomy. Congress voted that he could keep his job and lead the war effort in Kosovo. If you are gay serving on a ship in the Kosovo theater of military operations and the Pentagon finds out by interviewing your friends back home in the United States you get arrested and discharged with no benefits. If you are a heterosexual woman and you file a sexual harassment complaint then the military asks you if you are a lesbian and then they spend millions of dollars pursuing an investigation. The process includes interviews with your coworkers, past schoolteachers and even forced release of your confidential medical records.

Joining me in these discussions will be Mark Repass, Liaison Officer of the Alexander Hamilton Post No. 448 of the American Legion of San Francisco. Also, Michelle Benecke, co-director of Servicemembers' Legal Defense Network (SLDN) who I first met in 1993 and have written so much about in my book. Michelle has been monitoring the situation and has the documentation so vital for the subcommittee. In fact, it was Michelle who told me at the recent Joiner Veterans Conference that I needed to schedule some Congressional meetings.

Cliff Anchor, the devoted spouse of late Sergeant Leonard P. Matlovich and a retired Army Lieutenant Colonel will be sharing his own wealth of knowledge and expertise.

Cindy Jordan, Lesbian Rights Coordinator of the National Organization for Women (NOW) is expected to attend. At this time the Human Rights Campaign and National Gay and Lesbian Task Force have not confirmed their participation though both Kerry Lobel and Nancy Buermeyer have told me they support the need for a subcommittee hearing.

Three years ago I was blessed to be one of the parade marshals of the Washington D.C. Lesbian and Gay Pride Parade. I had just lost my left eye to CMV Retinitis and was battling Kaposi Sarcoma. My doctor said I had less than six months to live. Cliff Anchor, who has been a Father to me and Miriam Ben-Shalom, nursed me back to health while we stayed in Mark Repass and Kevin Clark's home. In between infusions of Ganciclovir twice a day we conducted a wreath ceremony at Arlington National Cemetery and the grave of Leonard Matlovich.

I was interviewed at this ceremony in June 1996 by Washington Blade reporter Lou Chibbaro, Jr. who is nationally recognized and has covered so many of the important events of the LGBT civil rights movement and the AIDS epidemic. I asked Lou (who interviewed Matlovich) what he felt the gay veterans needed to accomplish as a top priority. He felt the UCMJ Sodomy articles needed to be reviewed. How prophetic that he made this a top priority before we went through the Monica turmoil?

By the grace of God I am still alive and hope you will pray for our success at Capitol Hill this week. I am legally blind and use a white cane with a red tip. Cliff Anchor is also frail. We feel so strongly that Congress needs to take action that we are traveling together on the plane from California. We want to work with you and your organization so the military will back off and give some breathing room and relief to servicemembers. People join the military and go through rugged boot camp not to get a date or be sexually harassed but to serve their country.
Congress voted to put our troops in harms way in this war. Rep. Bono and Rep. Sanchez have a moral duty to hear from our distinguished delegation about alleged human rights violations in the military. If we can stop ethnic cleansing then we can stop gay bashing and lesbian baiting in the military.

I have been graciously invited to attend a ceremony June 12 at Congressional Cemetery to place the ashes of late San Francisco Supervisor Harvey Milk. Harvey Milk was a Navy veteran. I never had the great privilege of meeting with him and was a Marine Corps sergeant when he was assassinated. On my last trip to the cemetery I saw a copy of a personal check from late author Randy Shilts and other historical documents about the ceremony. Recently I showed the venerable Morris Kight a Bay Area Reporter photograph of him (Kight) taking the Milk ashes in a urn to Congressional Cemetery during the 1987 March on Washington. Leonard Matlovich at this event joined him.

Since Leonard Matlovich, Cliff Anchor, Randy Shilts, Morris Kight, Miriam Ben-Shalom, Mark Repass, the Washington Post, San Francisco Chronicle, Linda Alband and so many other great people that I admire are working together like family on this event - I just can't wait to get there.

I felt in my heart today during Holy Communion at the Palm Springs Metropolitan Community Church that we have to continue the dream of Harvey Milk, Leonard Matlovich and Randy Shilts. They are in heaven but the hope endures. This week we lost Sheila Kuehl's *"Dignity for All Students Act"* in the State Assembly by 2 votes. We heard on the Assembly floor some of the most disgusting Homo-hateful remarks ever. We must come together at Congressional Cemetery June 12 and hold hands with Miriam and Cliff and vow to continue the dream and hold the torch high given to us by Harvey, Lenny and Randy. We shall overcome!

Kight will be featured in the Tuesday, June 8 Los Angeles Times and is more effective and popular today than ever before. Kight is the civil rights champion that came out of the closet to Eleanor Roosevelt and into our hearts. He and Harvey Milk developed the successful strategy to defeat the 1978 Briggs initiative. He received a standing ovation from over 500 people at the University of Southern California who watched the splendid documentary of his life. I will be reading an inspiring statement from Morris Kight to the honored guests and assembled news media June 12 on his behalf.

The ashes of the founder of the Alexander Hamilton Post No. 448 of the American Legion (Dr. Paul D. Hardman) will be placed beside Milk. I did meet with Dr. Hardman who I considered a great visionary who saw the need for a predominantly LGBT American Legion veterans organization long before the gays in the military issue was widely discussed by the news media.

I will be in the Washington D.C. Pride Parade June 13 with Cliff Anchor, Miriam Ben-Shalom and other heroes. This comes just a few days after Daryl James, Mel Tips and I attended two Memorial Day events in the Palm Springs area. Mel Tips (national treasurer of the GLBVA) and I marched in military uniform with flags for the Palm Springs Unity Church. Later we attended the Memorial Day service at Cathedral City Cemetery, which had Rep. Mary Bono on stage. I was asked to sit in the front row and wore my Marine Corps veteran uniform. This was a front-page news story and Mel Tip's shirt with the pink triangle and veteran letters was shown on local TV. The inclusive ceremony honored local veterans who passed away during the year with a large American flag to their spouses and children. Two flags were given to men who were identified as *"lifetime companions"* of the deceased male veterans.

After the ceremony, World War II decorated veteran Daryl James took me to the grave of Late Rep. Sonny Bono. James headed the Desert Gay Tourism Guild and has so much knowledge and enthusiasm that it is contagious.

You can reach me in the Washington D.C. area at (703) 250-2273.
If you wish to meet with me at the Congressional Cemetery or at the parade please come over and let me shake your hand. Let's discuss the future of our civil rights crusade and our strategies for success.

Thanks for reading and sharing with others.

-30-

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

June 8, 1999

Todd Summers
Office of AIDS Policy
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Todd,

On Tuesday, June 22, the Elizabeth Glaser Pediatric AIDS Foundation will commemorate its 10th anniversary with a gala, "A Night to Unite". This summer dinner, co-hosted by Senators Orrin G. Hatch and Barbara Boxer, will be held at the National Building Museum. We are thrilled that this event has already raised over $1.7 million thanks to the generous support of the Washington, D.C. community.

In the ten years the Elizabeth Glaser Pediatric AIDS Foundation has been in existence, we have been successful in nurturing the best of both collaborative and individual research in the pediatric HIV/AIDS arena. The collaborative model the Foundation has created and used over the years has allowed for a high degree of flexibility in the research process and led to faster outcomes. However, the Foundation's work on behalf of children goes far beyond funding and conducting research. We have made it a high priority to serve as advocates to ensure that children share in the benefits of medical breakthroughs.

"A Night to Unite" is sure to be a memorable evening. A separate invitation has been sent to you by mail, however, we would like to extend a special invitation for you to join us as our guest. The event begins at 6:30 p.m. with a reception, followed by dinner at 7:30 p.m.

Please RSVP to Prema Kerollis at 202-371-0099 no later than Wednesday, June 16. I look forward to seeing you at this wonderful event.

Sincerely,

Kate Carr

Kate Carr
Chief Executive Officer

2950 31st Street, Suite 125, Santa Monica, California 90405 Tel: (310) 314-1459 Fax: (310) 314-1469 www.pedAIDS.org

The Los Angeles FREE Clinic

Dedicated to providing free health care and human services since 1967

June 8, 1999

The Los Angeles FREE Clinic

JULIE JASKOL
Director of Communications & Public Affairs

8405 Beverly Boulevard
Los Angeles, CA 90048-3476
(323) 653-8622 Ext. 335 FAX: (323) 651-5026
Email: jjaskol@lafreeclinic.org

Todd A. Summers
Deputy Director
Office of National AIDS Policy
The White House
Washington, DC 20500

Dear Mr. Summers,

Thank you so much for taking the time to meet with the LA County HIV Commission delegation late last month. We appreciated the opportunity to let you know our concerns and priorities at this juncture in the history of the epidemic.

Next time you are in town, I'd be delighted to take you on a tour of The Los Angeles Free Clinic. The First Lady served as the Honorary Chair of our 30th Anniversary Celebration Campaign a few years ago, and we'd love to show you how her support has helped us to grow.

Thank you again for your attention to the issues concerning people with HIV/AIDS in Los Angeles County.

Sincerely,

Julie Jaskol

Julie Jaskol
Director of Communications & Public Affairs

Reply to:

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Tel: Adm. (323) 653-8622 Appt. (323) 653-1990 Fax (323) 658-6773

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United Way

Los Angeles Times

SUNDAY, JULY 13, 1997
 CC1, 566 PAGES

Free for All

It was the Summer of Love when the **L.A. Free Clinic** opened to administer to the poor, homeless and runaways. The operation is a testament to the power of volunteerism—and good fund-raising.

AXEL KOESTER / For The Times

Carmina Ferrera waits outside the L.A. Free Clinic, which has been providing free health care to the needy for 30 years.

By **SHARI ROAN,** TIMES HEALTH WRITER

▶ The Growth of a Clinic

Summer 1967
A group of volunteers opens the Albert Schweitzer Free Clinic on Fairfax Avenue.

November 1967
The clinic board ousts two volunteer psychologists who reportedly have no professional credentials.

Jan. 1, 1968
The board hastily reorganizes as a nonprofit corporation called the Los Angeles Free Clinic.

Early 1970s
The clinic staff struggles to pay the rent. Elvis Presley walks in with a donation of $10,000.

1973
The Friends of the Los Angeles Free Clinic is founded and becomes the fund-raising muscle behind the clinic's financial battles.

1974
The client base has tripled since 1967, and efforts begin to move into a larger building.

Nov. 3, 1975
Three days before the clinic moves, Executive Director Lenny Somberg is shot and killed during a burglary at the clinic's business office. The killer was never found.

1982
The clinic joins forces with Childrens Hospital to launch the High Risk Youth Program, providing services to homeless and runaway youths in Hollywood.

Mid-1980s
In 18 months, $2.3 million is raised for new, larger clinic.

April 1990
Sen. Ted Kennedy (D-Mass.) presides over the grand opening of the new headquarters on Beverly Boulevard.

1992
A $1-million endowment from the Mark Taper Foundation helps purchase a building in Hollywood to house the High Risk Youth Program.

1997
The clinic runs on a yearly budget of $3.9 million with 80 full- and part-time staff and 600 volunteers.

THE SUNDAY PROFILE

Frances Helfman was ensconced in a comfortable life as the suburban Los Angeles mother of teenagers in the summer of 1967. But her tidy, respectable world seemed incongruent with what was happening elsewhere in her city.

"The social unrest, the unpopular war, the draft, the sexual revolution, the assassinations, the drug experimentation. I had heard about this clinic that was seeing all these young people who needed help," she says. So Helfman—moved by the desire to help those young people—drove to a dilapidated storefront building at 115 Fairfax Ave. She walked in, stepping around the long-haired, foul-smelling teenagers who lounged on the floor of the packed waiting room, and volunteered her services.

"Here I was: a hausfrau. I went to the beauty parlor every week to get my hair teased," she recalls. "They put me to work immediately in the job co-op."

In those days, the Los Angeles Free Clinic couldn't sign up volunteers fast enough as it struggled mightily to care for a tide of teenagers with syphilis, strep throat or drug problems. Kids with no money.

"We struggled so very hard to keep it afloat," Helfman says. "No one in the community thought we were doing the right thing. They thought we were encouraging drugs and sex—that was the big criticism. And another big criticism is that we did draft counseling."

This summer, as it reaches its 30-year anniversary, L.A. Free is bigger, richer and more respected than its founders would have thought possible. Yet the clinic, housed now in a gleaming contemporary three-story building on Beverly Boulevard, is still providing health care for people who cannot pay—a concept that is as radical today as it was in 1967, maybe more so.

"Our philosophy was always one of being nonjudgmental, of treating people with a humanistic approach, of believing that people are entitled to health care. It was free. I felt that we were making a statement," says Helfman, the clinic's longest-active volunteer.

By surviving, growing—thriving, even—L.A. Free has made a statement, say those who have

Please see CLINIC, E4

Los Angeles Free Clinic

In the 1960s, the clinic cared for a tide of teens with syphilis, strep throat and drug problems.

CLINIC

Continued from E1

followed its evolution. The growing demands on the clinic, which now provides for 60,000 patient visits a year on a budget of $3.9 million, says something alarming about the number of people in Los Angeles County in need of free health care. But it speaks volumes about what can be done if a community cares enough, says County Supervisor Zev Yaroslavsky.

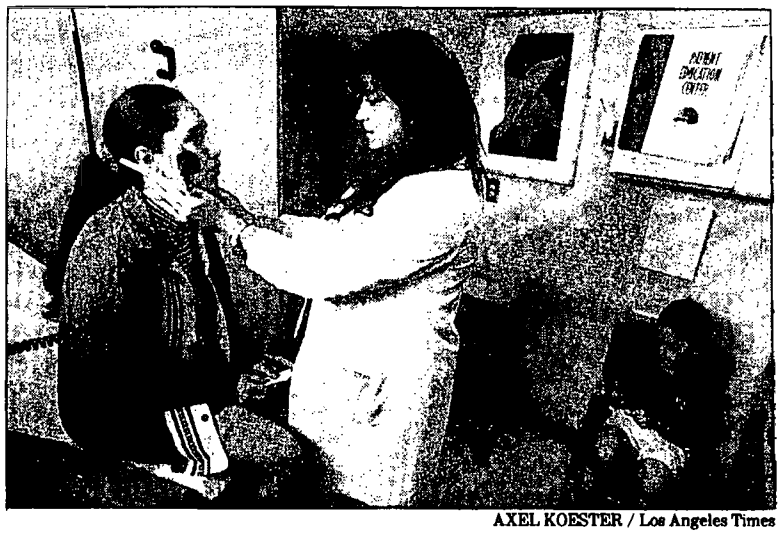
"It has become one of the premier providers of primary health care to poor people, the elderly, the uninsured," he says. "They don't do it for the money. They do it because they have a mission: that health care is a right, not a privilege. They have always practiced what they preach."

L.A. Free is often referred to as a model for the way health care can be delivered—even though the clinic is clearly unique in the financial support it receives, largely from the entertainment industry, says Mandy Johnson, executive director of the Community Clinic Assn. of Los Angeles, which represents 25 free and community clinics. The clinic has established high standards for quality of care and has mobilized countless other clinics both locally and nationwide.

"They've really played an important role as a leader on access-to-care issues in California," says Johnson, adding that clinic leadership was instrumental in helping form a network of statewide primary care providers who lobby for the needs of underserved populations. "They have spoken out on behalf of populations who sometimes don't vote and who often don't have a regular doctor who can advocate for them."

And now, as it moves into its fourth decade, the clinic is preparing to extend its advocacy efforts by embarking on a risky new partnership with government. For the first time, it is joining the county to provide care for the poor, as part of efforts to reduce hospitalizations in the overloaded county system by shuttling more patients to private clinics. The tactic will boost L.A. Free's client base by about 15,900 visits—and link it more firmly to the bureaucracy it has so passionately avoided.

"Throughout our history, the board went through so many long, philosophical battles about whether they should ever take a government dollar. And, if they did, would they be selling out," says Mary Rainwater, executive director for the last seven years. "I have to say, there's a part of me that's apprehensive about a partnership with the county because it's more bureaucratic. But indigent care is what we're all about."



AXEL KOESTER / Los Angeles Times

Medical Director Susan Mandel examines Milady Balladares, whose son, Xavier, waits. Patients are often surprised at the facility's quality.

Yaroslavsky credits L.A. Free Clinic and the Venice Community Clinic especially with providing crucial leadership as the county restructures its massive, crumbling system.

"They had every reason not to get involved with the county," he says. "It's a pain. It's bureaucracy. There are 1,001 reasons not to be involved in a partnership with the county. But they know there is a potential health care crisis in this county, and they wanted to be part of the solution. A lot of other [providers] haven't come forward."

In the early days, the clinic leadership preferred to twist the arms of the wealthy instead of asking clients to pay fees or accepting government subsidies to care for the poor, says Mimi West, a former board member and founder of the clinic's fund-raising arm, the Friends of the Los Angeles Free Clinic.

"We were tempted many times to charge for this or that. But I'm glad we didn't do that," she says. "We didn't have to do that because, instead, we built up a lot of community support."

West, like Helfman, was an affluent middle-aged woman who had about as much in common with hippies as she did with Martians. West, who has a master's degree in social work, was new to Los Angeles in 1971. Her husband, Bernie West, had been hired as a writer for the CBS hit "All in the Family." The CBS studios were across the street from 115 Fairfax.

"I was so taken with what was happening there, how poor they were. There was never any money for rent. The Smothers Brothers paid the rent for a number of months. And Lenny Somberg, the [clinic] director, only got $100 a week, if he got paid at all," West says. "I began to nose around to find out why there was no money and no plan. And when I approached leaders in the community, I found out that most of them knew about the clinic and knew it did good work, but no one had asked them to help."

By the time that West had cranked up fund-raising support, the hippies were gone and a much more diverse crowd of poor and down-and-outers lined up for the clinic's services. Plans were drawn up to move to a larger building on Beverly Boulevard. But three days before the move, Somberg was shot and killed by a burglar in the clinic's business office. "It was terrible," Helfman recalls. "Lenny was the most wonderful human being. I give credit to the board for holding things together at that time."

The 1980s marked the beginning of the breakdown of the health care system nationwide as costs soared and the number of uninsured Americans grew.

The clinic had already begun attracting the attention of health officials who viewed it as a model for the efficient, compassionate care of the poor, says former Assemblyman Burt Margolin, who served as the county's health czar in 1995. "The clinic was important to us who are advocates of health-care reform," he says. "They were the ones in the trenches, delivering the care. They were an inspiration for us and a model for what the future needed to be."

But the clinic was grappling with the growing need for free health care while struggling to stay afloat. Despite money woes and the bleak lives of their clientele, the staff managed to remain upbeat, says Barbara Marshall, a longtime volunteer nurse. "We didn't get depressed because we were making a difference."

Marshall, a registered nurse, discovered the clinic in 1984 when her

husband, producer Garry Marshall, was asked to help with a fund-raiser. She decided to check out the clinic and ended up volunteering there two days a week for the next 14 years. "It became one of the joys of my life," she says. "To touch these kids—physically—to put your arm around these kids was the most fulfilling thing to me."

Because the clinic has been free from contracts with insurance providers, its doctors have, over the last decade, enjoyed their position as one of the last bastions of traditional medical practice, where economic pressures are not as central to medical judgments, says medical director Susie Mandel, who was first exposed to the clinic during a residency.

"The doctors here only have to worry about the patient," Mandel says. "We are a very efficient and very compassionate mode of health-care delivery. We're a microcosm for where health care should go—to care for the whole person."

For example, clients can receive basic lab tests and prescriptions, dental care, eye care, basic legal services, or just a shower and clean clothes. The clinic also depends on a large contingent of residents from Cedars-Sinai Medical Center who get a big taste of community medicine and primary care.

The clinic's second facility, called the Hollywood Center, is devoted to the care of homeless and runaway youths and provides everything from basic health care to prenatal care, drug counseling and job training.

The comprehensive nature of its services—as well as the beauty of its striking glass-front building with its neat waiting areas (hung with '60s art and photographs) and sophisticated exam rooms—surprise many visitors, Mandel says.

"The biggest misconception people have of us is that they think we're some kind of county facility," she says. "Before, we were providing more of a Band-Aid approach to health care. But, now, we are doing more extensive medical care than ever before."

The clinic's growth has been dependent on volunteers, Rainwater says. Today, it has a roster of about 80 full- or part-time staff and 600 volunteers.

"We use volunteers in a very core, fundamental way; not to straighten out the papers or put stamps on envelopes," she says. "We use them to check people in, to help deliver patient care. We ask for quite a commitment, and our ability to see patients is dependent on them."

To be sure, however, it has been the generous support of the entertainment community that has allowed the clinic to flourish, observers note. When the board decided to build a new clinic in the late 1980s, West led a drive that raised $2.3 million in 18 months. A building design was donated by the L.A. Community Design Center, and the Senial Ostrow Building, named for the late founder of the mattress empire and philanthropist, opened in 1990.

"Some people in the entertainment industry came to the clinic over the years when they were out-of-work actors," Marshall says. "These people can't say enough about the clinic. We couldn't do without the business people on our board. And we couldn't do without the banking community. And we couldn't do without the doctors. But when you can get a studio to back your fund-raising events, everything becomes easier."

And, says Margolin: "The clinic [fund-raising staff] has argued that those who have the capacity to give have a moral obligation to do so. They have been very aggressive in making that case."

On a sweltering midweek morning, Billy Coats, a homeless man, age 41, is first in a long, quiet line that curves around the street corner. He just wants to take a shower today, but he has sought care at the clinic in the past for hepatitis.

"They saved my life," he says. "I was in Las Vegas when I got sick, and no one would help me out. But when I got here, they saw me and then sent me to Cedars-Sinai. They are real sweetheart people. It's nice to go somewhere and not feel like you're being a bother."

Not everyone here is destitute. Maria Campos came to the clinic a year ago when she was sick and out of work. Today, she is accompanying a friend for treatment. Campos is employed again and has insurance coverage provided by her new employer. "Last year, I didn't have any insurance and I came here. It was good, safe and clean. I was surprised. I had expected something else," she says.

Sisters Loreta Ziyalova, 42, and Esmira Adamian, 41, were also surprised by the classy treatment they received. They drive from Glendale to seek care and drop off a small donation when they leave. "We so appreciate them," Ziyalova says. "It is such good service. The doctors and all the people who work here are very kind. It's not that different from clinics where you pay."

It seems incredible now to the clinic's supporters that only five years ago, the board of directors launched a discussion on whether L.A. Free Clinic would soon not be needed. It was 1992, and with Bill Clinton's election, universal health care seemed almost a sure bet.

"We really thought that we might go out of business because health care would be for everyone and we wouldn't have people lining up outside around the block to see us," says an exasperated Marshall. "It's sad because we were so optimistic. Finally, we thought, the rest of the world is realizing that everyone needs health care. But the need now is more than it ever was. The clinic needs to double its work."

Indeed, while national health care reform is a distant memory, access to care for the poor and uninsured is more difficult than ever, Johnson says. "We are in an environment where government desires very strongly to cut back on the money spent on health care. That is happening both at the federal and state levels. And it's happening at the local level as Los Angeles County limits the number of individuals who get health care through the general relief program."

Adds Margolin: "Los Angeles County has the largest concentration of uninsured—2.6 million—of any community in the United States. Without facilities like L.A. Free, that population would be even more poorly served and at-risk than they are currently. It's easy to think there will be some outside solution that will come down the read. But the reality is that that hasn't happened, and it isn't going to happen in the near future."

The L.A. Free Clinic has also retreated quickly from the idea of ever closing its doors. A 30th anniversary fund-raiser has allowed it to expand some services, including more preventive care, Rainwater says. Bernie and Mimi West, for example, recently gave a $500,000 endowment to broaden dental services, including a pediatric dental clinic.

"We see the opportunities to do new things and it's hard to restrain ourselves," says Rainwater, who is looking at a probable budget of $5 million for the next fiscal year. "The biggest challenge to the clinic right now is how to continue to balance the needs of the community, which is really overwhelming . . . with the resources that we can bring to the table. This is a clinic that doesn't like to say no. But we have to."

Funds today are divided equally between government money, including grants and contracts, and private money from foundations, corporate and individual gifts. Perhaps no free clinic has evolved into such a comprehensive health care facility while remaining largely unencumbered by insurance and government forces.

And that is why the challenges of the future—including the partnership with the county to provide indigent care—are a little unsettling to Rainwater and the other longtime clinic supporters. "We believe in a partnership of the government and the private sector working together," she says. "But we have to have the ability to sustain things when government funds are shaky."

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The Los Angeles FREE Clinic

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June 3, 1999

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

Dear Todd:

We were so pleased that you took the time to meet with officials from the Los Angeles County Office of AIDS Programs and Policy (OAPP), a group of providers, and me recently at the end of May. We were especially grateful for your willingness to accommodate the thirty or so members of this group.

Not only was it an opportunity to present you personally with a copy of the recently completed *State of an Epidemic: HIV/AIDS in Los Angeles County* , it was also a chance to discuss the renewed community-wide commitment in Los Angeles County and changing strategies in addressing HIV/AIDS.

We look forward to further discussions with you on the possibility of your office hosting a joint Los Angeles County/CDC meeting on research and capacity building in Los Angeles County.

Again, thank you so much for meeting with the OAPP and the Los Angeles delegation. We hope that you will feel free to contact any of us for information or ideas that may be helpful to you.

Sincerely,

Susan J. White
Los Angeles County
Washington Representative for Health issues

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Invitation to "A Night to Unite"
Elizabeth Glaser Pediatric AIDS Foundation
Tuesday, June 22, 1999

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ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

A Night to Unite