

WITHDRAWAL SHEET

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Date: 4/2/04

DOCUMENT NO. & TYPE	SUBJECT/TITLE	DATE	RESTRICTION
1. Memo	To POTUS from Carol Rasco re: Elizabeth Glaser, 1p	11/14/94	P6/B6
2. Memo	From Carol Rasco for POTUS re: Patsy Fleming, 1p (partial)	10/27/94	P5

P1 National security classified information [(a)(1) of the PRA].
P2 Relating to 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.

RESTRICTIONS

B1 National security classified information [(b)(1) of the FOIA].
B2 Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].
B3 Release would violate a Federal statute [(b)(3) of the FOIA].
B4 Release would disclose trade secrets or confidential commercial financial information [(b)(4) of the FOIA].
B6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].
B7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].
B8 Release would disclose information concerning the regulation of financial institutions [(b)(9) of the FOIA].
B9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].

MEMORANDUM OF CALL

Previous editions usable

TO: PK

YOU WERE CALLED BY - Richard Rosman YOU WERE VISITED BY -

OF (Organization) AID's project

PLEASE PHONE 718-471-1616 FTS AUTOVON

WILL CALL AGAIN IS WAITING TO SEE YOU

RETURNED YOUR CALL WISHES AN APPOINTMENT

MESSAGE
Re: If AID's project material need!

RECEIVED BY B DATE 7/5 TIME 11:07

63-110 NSN 7540-00-634-4018 STANDARD FORM 63 (Rev. 8-81)
Prescribed by GSA
FPMR (41 CFR) 101-11.6

MEMORANDUM OF CALL

Previous editions usable

TO: _____

YOU WERE CALLED BY - YOU WERE VISITED BY -

OF (Organization) _____

PLEASE PHONE FTS AUTOVON

WILL CALL AGAIN IS WAITING TO SEE YOU

RETURNED YOUR CALL WISHES AN APPOINTMENT

MESSAGE
Mailing address to Richard Rosman
PO Box 12
Lawrence, NY 11559

RECEIVED BY B DATE 7/5 TIME 12:00

63-110 NSN 7540-00-634-4018 STANDARD FORM 63 (Rev. 8-81)
Prescribed by GSA
FPMR (41 CFR) 101-11.6

Carol
Lynne / The Motel
THE WHITE HOUSE (under)

Feb / ~~7/7/94~~
1994. WASHINGTON

Richard Roffman Assoc.

718-471-1616

Po Box 12

Lawrence, N.Y. 11559

Mail →

Miss Project materials
received

She also has sent copy
to Ventura / Gebbie's off.



THE WHITE HOUSE

Office of National AIDS Policy
750 17th Street, N.W.
Suite #1060
Washington, D.C. 20503



Phone: (202)632-1090
Fax: (202)632-1096

Deliver To: _____

Rod

Sent From: Andrew E. Barrer, Ph.D.
Senior Advisor

Number of Pages: 1 + cover Fax Number: _____ Date: 7/7

Message:

*This letter should finally
close the loop and direct
Ms. Inyane to local programs.
Call if you have further
questions.*

Andrew

THE WHITE HOUSE
WASHINGTON

file: AIDS

July 7, 1994

Ms. Carol Lynne
The Matchmaker
P. O. Box 12
Lawrence, New York 11559-0012

Dear Ms. Lynne:

I am in receipt of your information regarding your AIDS Health Project proposal. In March, we wrote to your publicist Richard Roffman asking for more information, which we have not received.

As you may know, our office does not provide funding for AIDS programs. Prevention programs are handled through the Centers For Disease Control and Prevention. I would suggest that you first try to pilot your ideas at the local and state level, perhaps through one of the community based organizations in your state. For further information on CDC prevention programs you can contact the CDC AIDS Information Center at (800) 342-AIDS.

Sincerely,



Andrew E. Barrer, Ph.D.
Senior Advisory to the National AIDS Policy Coordinator

7/26/94
Man

ROZ: Please call Shalala's office and tell her we see no reason for this to change at this time nor foresee changing it. Tell them we are the recipients of a growing letter writing campaign urging the President to go but again, we don't foresee President going.

file: A105

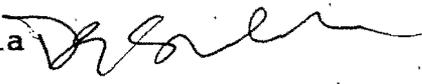


THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

July 20, 1994

JUL 22 REC'D

TO: Carol Rasco, White House

FROM: Donna Shalala 

I've had the December 1 AIDS Summit penciled in on my calendar for some time. Kristine Gebbie and Patsy Fleming staffed us at the last preparatory meeting. The formal invitation from the French Foreign Ministry will go directly to the President. Kristine and I basically agreed that our representation should be at the Health Minister level (cabinet). Let me know if there is any change in signals on our representation. Otherwise I'll plan to go.

cc: Sandy Berger

file: AIDS

THE WHITE HOUSE

WASHINGTON

September 15, 1994

Greetings to everyone gathered in our nation's capital for the 1994 National Minority Congress on AIDS, sponsored by the U.S. Public Health Service.

This meeting comes at a crucial point in our battle against HIV and AIDS. In just 13 years, the United States has experienced more than 361,000 cases of AIDS. It has become the leading cause of death among African American and Hispanic men between the ages of 25 and 44 and the second leading cause of death among African American women in that same age group. We have lost over 220,000 friends, family, and loved ones to this devastating disease.

But thanks to your dedicated involvement, we are making great strides in our effort to stop the spread of AIDS. In the past 20 months, we have advanced the fight through creative new partnerships with community organizations, an expansion of the Ryan White program, and bold new AIDS education programs aimed at our youth. This year's theme, "Breaking Down Barriers and Building Bridges," is a timely call to arms, challenging every American to confront the spread of HIV in minority communities throughout our nation.

Working together, we can build on the progress we've made. I stand with you in the struggle to defeat HIV and AIDS. As you look forward to returning to your communities, I hope that you will carry with you the knowledge and energy you've gained at this meeting, and that you will continue your efforts to create a safer, healthier world for all of our people.

Best wishes for a productive conference and for every future success.

Bill Clinton

Letter from President Clinton

To Participants at the Minority AIDS Conference

DEAR CONFERENCE PARTICIPANT:

Thank you for your participation in this year's National Minority Congress on AIDS. Your presence here in Washington is yet another indication of your fervent commitment to our collective fight against HIV and AIDS.

This meeting comes at a crucial point in the battle with HIV. In just 13 years, the United States has experienced more than 361,000 cases of AIDS and we have lost over 220,000 of our friends, family, and loved ones to this insidious disease.

In communities of color across the nation, HIV and AIDS have hit disproportionately hard. Today, AIDS stands as the leading cause of death among African-American and Hispanic men between the ages of 25 and 44, and it is the second leading cause of death among African-American women in that same age group.

Therefore, the title of your meeting, "Breaking Down Barriers and Building Bridges," is a timely call to arms for our nation to confront the spread of HIV in minority communities. In the past 20 months, we have done a great deal to advance this fight through creative new partnerships with community organizations, an expansion of the Ryan White program, and bold new AIDS education programs aimed at our youth.

But much more must be done and together we will make sure it is done. This Congress is just one ~~small~~ step to breaking down the barriers that have separated all of us for too long. HIV recognizes no barriers in its deadly march through our communities, so we must build bridges among our communities to enable us to win this battle.

As we continue this struggle, let us remember those we have lost, honor those we serve today, and fight for those who might otherwise fall tomorrow. Together, we must keep our eye on the prize.

Again, thank you for your participation in this important meeting and for the critical work you perform each day in your communities.

Bill Clinton
President of the United States



FAX TRANSMISSION

U.S. Department of Health and Human Services
Office of the Secretary

DATE:

9/13/94

TO:

Carol Raso

FAX:

456-2878

PHONE:

FROM:

Victor Zonana

Deputy Assistant Secretary for Public Affairs/Media

Phone: (202) 690-6343

Fax: (202) 690-6247

TOTAL NUMBER OF PAGES TRANSMITTED:

3

COMMENTS:



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Public Affairs

Washington, D.C. 20201

13 September, 1994

Note to:

Carol Rasco
Kevin Thurm
Patsy Fleming, Alexandra Milonas
Marty Davis

From:

Victor Zonana

Attached are draft remarks for the President to be read by Patsy Fleming on Sunday at the Minority AIDS Congress.

Please fax or otherwise transmit your revisions or comments by close of business Thursday.

Thank you.

A handwritten signature in cursive script that reads "Victor Zonana" is written over a horizontal line.

Victor Zonana

phone: 690-6343

fax: 690-6247

Draft Letter from President Clinton

To Participants at the Minority AIDS Conference

DEAR CONFERENCE PARTICIPANT:

Thank you for your participation in this year's National Minority Congress on AIDS. Your presence here in Washington is yet another indication of your fervent commitment to our collective fight against HIV and AIDS.

This meeting comes at a crucial point in the battle with HIV. In just 13 years, the United States has experienced [number?] cases of AIDS and we have lost [number?] of our friends, family, and loved ones to this insidious disease.

In our minority communities, HIV and AIDS have hit disproportionately hard. Today, AIDS stands as the leading cause of death among African-American and Hispanic men between the ages of 25 and 44, and it is the second leading cause of death among African-American women in that same age group.

Therefore, the title of your meeting, "Breaking Down Barriers and Building Bridges," is a timely call to arms for our nation to confront the spread of HIV in minority communities. In the past 20 months, we have done a great deal to advance this fight through creative new partnerships with community organizations, an expansion of the Ryan White program, and bold new AIDS education programs aimed at our youth.

But much more must be done and together we will make sure it is done. This Congress is just one small step to breaking down the barriers that have separated all of us for too long. HIV recognizes no barriers in its deadly march through our communities, so we must build bridges among our communities to enable us to win this battle.

As we continue this struggle, let us remember those we have lost, honor those we serve today, and fight for those who might otherwise fall tomorrow. Together, we must keep our eye on the prize.

Again, thank you for your participation in this important meeting and for the critical work you perform each day in your communities.

Bill Clinton
President of the United States

THE WHITE HOUSE
WASHINGTON

August 16, 1994

Rog
File: AIDS office
AUG 17 RECD
Is this moving ahead?
Yes

MEMORANDUM FOR PATSY THOMASSON
SPECIAL ASSISTANT TO THE PRESIDENT
FOR MANAGEMENT AND ADMINISTRATION

FROM: GUSTAVO M. VENTURA *G.M.V.*
EXECUTIVE ASSISTANT FOR THE
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT: WHITE HOUSE ACCESS/BADGES

Due to recent personnel changes at the Office of National AIDS Policy Coordinator, two new persons are being designated to receive White House access and hard passes. Dr. Arthur Lawrence and myself have been designated to replace Kristine Gebbie and John Gurrola as those having access and hard passes to the White House.

For further information please contact me at (202) 632-1090.

cc: Patsy Fleming
Arthur Lawrence
Carol Rasco

THE WHITE HOUSE

WASHINGTON

August 18, 1994

Steven E. Robinson
6913 Vivian Circle
Las Vegas, NV 89128

Dear Mr. Robinson:

Thank you for taking the time to write and share with me and President Clinton your thoughts about the Office of the National AIDS Policy Coordinator. It is very important that this Administration hear from individuals like yourself who have valuable information to contribute to the dialogue about the AIDS office.

Again, thank you for writing.

Sincerely,



Carol H. Rasco
Assistant the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

AUG 17 RECD

To: _____

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: _____

Reply using form code: _____

File: _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: _____

Steven E. Robinson

P6/(b)(6)

August 11, 1994

AUG 17 REC'D

Carol Rasco
Assistant to the President,
Domestic Policy
White House
1600 Pennsylvania Ave.
Washington, DC 20500

Dear Ms. Rasco:

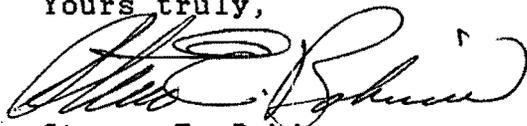
This letter is written in support of Mr. Herbert W. Perry, LPA/EA, as a candidate for the position of National AIDS Policy Coordinator. I believe Mr. Perry is sincerely interested in the position, and would bring to it the dedication and commitment which it would require.

I have known Mr. Perry for five years, on both a business and personal level. While I have not been personally involved, I am aware of his activities as a member of the Board of Trustees of Aid for AIDS of Nevada (AFAN), as well as the fact that he has served as Treasurer, First Vice President and Legislative Liaison for that organization. Unlike the majority of people in our community, Mr. Perry has chosen to fight what many may perceive to be an "unwinnable" war. He has given his time and his energy to many fundraising and educational activities in an attempt to mitigate some of the suffering of AIDS patients and their families. I can't express how much I admire him for his efforts.

I can also attest to his reliability in honoring commitments. In the five years Mr. Perry has been my accountant, he has never missed a deadline. He has never promised anything he did not deliver, and he has always been honest with me. I rely on his expertise and his judgement, and I have been confident enough in his abilities to recommend his services to my friends and clients. As a banker, my reputation is on the line when I personally endorse someone. I can endorse Mr. Perry without hesitation.

There are few people who can bring all of the qualities Herb Perry has to offer to this job - extensive financial expertise, leadership ability, and his personal experience with the tragedy of AIDS. I believe Mr. Perry would show himself to be an extremely valuable asset to the organization, and I am please to recommend him for the position of National AIDS Policy Coordinator.

Yours truly,



Steven E. Robinson

THE WHITE HOUSE
WASHINGTON

September 19, 1994

*Fax cc of
both pages
to Patsy
Fleming*

~~SEP 19 1994~~ *LF*

SEP 20 1994

MEMORANDUM FOR CAROL RASCO, ASSISTANT TO THE PRESIDENT FOR
DOMESTIC POLICY

FROM: KEITH BOYKIN, SPECIAL ASSISTANT TO THE PRESIDENT
& DIRECTOR OF SPECIALTY PRESS *KB*

CC: MARK GEARAN, ASSISTANT TO THE PRESIDENT &
DIRECTOR OF COMMUNICATIONS
GEORGE STEPHANOPOULOS, SENIOR ADVISOR TO THE
PRESIDENT FOR STRATEGY
DAVID DREYER, DEPUTY ASSISTANT TO THE PRESIDENT &
DEPUTY DIRECTOR OF COMMUNICATIONS

RE: *AIDS* POLICY COORDINATOR ANNOUNCEMENT

Consistent with the statements that Administration officials have made to the press and the AIDS community, an announcement of the new AIDS Policy Coordinator is expected in the next two weeks.

I would like to suggest that we develop a communications strategy before making the announcement so that we can maximize the benefit and minimize the criticism from the decision.

I would expect such a communications strategy to include the following ideas:

- (1) calls to the leaders of AIDS organizations and other opinion leaders (key members of Congress, e.g.) prior to the announcement,
- (2) a briefing for the AIDS press and key gay press immediately following the announcement,
- (3) the preparation of talking points and an accomplishments document for the new coordinator, government officials and our surrogates,
- (4) preparation of a release and a bio of the coordinator for the press,
- (5) scheduling media interviews for the new coordinator, and
- (6) the development of an internal timetable for other important announcements such as the selection of the advisory committee and a presidential AIDS-related activity before World AIDS Day on December 1.

EXECUTIVE OFFICE OF THE PRESIDENT

20-Sep-1994 11:50am

TO: Keith O. Boykin
FROM: Carol H. Rasco
Economic and Domestic Policy
CC: Mark Gearan
CC: Heather Beckel
CC: David Dreyer
CC: Rosalyn A. Miller
SUBJECT: AIDS Policy Coordinator

I have received your memo of September 19 and want to quickly respond to you that we should in no way be speculating on when the announcement will come. Patsy and I held the first five focus groups and based on their recommendations added two and maybe now a third group. We also started the interviewing process but due to her mandated trip to France to work on the Dec. 1 meeting there, we had to interrupt the process which is only starting again this week. We have had a follow up letter with the groups with whom we met in the first round of focus groups telling them we would be delayed in our hoped for mid-September announcement due in part on their recommendations of steps to follow.

I am keeping Phil Lader ^{up to date} and he in turn has briefed Leon Panetta on the process of interviewing to date. I will be of course eager to work with you on a press strategy once we have come closer to a decision.

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: _____

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: _____

Reply using form code: _____

File: AIDS _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: _____

SEP 30 1994



THE STATE OF NEVADA
OFFICE OF THE GOVERNOR

2501 E. Sahara Avenue
Las Vegas, Nevada 89158

BOB MILLER
Governor

TELEPHONE
(702) 486-4500

September 26, 1994

Carol Rasco
Assistant to the President
for Domestic Policy
White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Rasco:

It is a pleasure to lend my support to the application of Mr. Herbert W. Perry for the position of National AIDS Policy Coordinator.

Mr. Perry's work as an advocate for AIDS victims has covered a wide range of activities from increasing awareness among Nevadans, to political advocacy, to fundraising efforts. Motivated by his son's battle with AIDS, Mr. Perry has been tireless in his efforts, working with diverse segments of the community and at the national level. His background in business and law serve to enhance his personal commitment to the battle against AIDS.

I am certain Herbert Perry would be a worthy candidate for National AIDS Policy Coordinator, and I hope you will give every consideration to his nomination.

Thank you.

Sincerely,

BOB MILLER
Governor

THE WHITE HOUSE

WASHINGTON

October 11, 1994

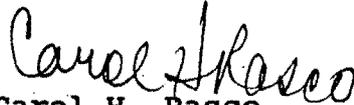
Bob McAlister
Oregon Health Division - HIV Program
800 N.E. Oregon Street, Suite 730
Portland, OR 97232

Dear Mr. McAlister:

Thank you for sharing with me your endorsement of Steve Morin, Ph.D. for the position of National AIDS Policy Coordinator. I have forwarded your letter to our Personnel Division.

Again, thank you for your interest.

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: _____

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Please reply directly to the writer
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File: AIDS _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: _____

FAX - URGENT!

OCT 11 1994

Oregon Health Division - HIV Program
800 NE Oregon Street, Suite 730, Portland, OR 97232
(503) 731-4029
FAX (503) 731-4082

Date: 10-11

To: Carol Rasco

From: Bobble Alister

Subject: letter to follow

of pages including this: 3

Comments:

(503) 731-4029
 FAX (503) 731-4082
 TDD-Nonvoice (503) 732-4031

Oregon

October 11, 1994

Ms. Carol Rasco
 Office of Domestic Policy
 The White House
 Washington, DC 20500
 Via FAX 202/456-2878

DEPARTMENT OF
 HUMAN
 RESOURCES

HEALTH DIVISION



Dear Ms. Rasco:

My purpose in writing is to lend my strong support to the candidacy of Steve Morin, Ph.D., currently under consideration for the post of head, Office of National AIDS Policy. I am writing to you in my capacity as HIV Program Manager with my agency. In my current capacity as Chair of the National Alliance of State and Territorial AIDS Directors, I have had the opportunity to get to know Dr. Morin well.

Let me begin by saying that Dr. Morin has already proven his ideas to be nothing short of visionary in the field of HIV prevention. As the chief legislative staffer in Rep. Nancy Pelosi's office, it was Dr. Morin perhaps more than any other person who can best be described as the architect of HIV community planning. This new and exciting approach to HIV prevention is now being carried out by state and local health departments funded by the Centers for Disease Control and Prevention.

Dr. Morin offers several key attributes that I believe uniquely position him for success as the next AIDS Czar. He hails from the San Francisco area, and has strong ties to that community, with a special empathy for the population most severely impacted by the epidemic in the West, gay men. His acumen and understanding of the political process will make it possible for him to work behind the scenes in the Congress and advocate for sane federal policies regarding this virus and those affected/infected by it. His grasp of the complexities of this epidemic are unparalleled, and his background as a behavioral scientist reinforces my view that he is without peer in background/experience. But there is much more required to succeed in such a high visibility post where the community's expectations are so high. His potential for success is also without peer, in my view.

I recently heard Dr. Morin speak eloquently about the topic of needle exchange (a very high priority for many community planning groups, and an intervention currently not fundable using federal dollars by statutory fiat). Dr. Morin pointed out the need to recognize that a major campaign, aimed at key congressional leaders, would be necessary to overturn the prohibition against needle distribution. His understanding that the access to needles is fundamentally a women's and children's issue (given the fact that both female transmission and perinatal transmission of HIV are both closely linked to needle sharing), was a revelation for me. He also recognized the fact that at present there are no Congressional advocates to lift the ban, and can be expected to judiciously approach the challenge of trying to influence a change in this wrongheaded federal policy. At the same meetings, I heard Dr. Morin explain as well as I've ever heard it

Barbara Roberts
 Governor



800 NE Oregon Street # 21
 Portland, OR 97232-2162
 (503) 731-4030 Emergency
 (503) 252-7978 TDD
 Emergency

24-26 (Rev. 1-92)

Ms. Carol Rasco

Page 2

expressed that there is a continuum of risk from none to very high that exists among U.S. residents, and persons at low risk need civil

response resources, rather than behavioral ones. Attitudes of U.S. citizens towards persons affected/infected by HIV, using mass communications strategies, were acknowledged as in need of change, while behavioral interventions are best reserved for those at high risk. What a refreshing and realistic approach to the challenges we face from homophobia and other forms of discrimination aimed at those who've been caught up in this epidemic.

In closing, I can think of no better candidate for this post than Dr. Morin. He is smart, experienced, well educated, and is well known by most of the HIV/AIDS community. He can be expected to work from day one to forge and strengthen partnerships between this Administration, public health departments and community groups. And his work will, in my view, complement and reinforce the strong leadership now in place in the Department of Health and Human Services. Please acknowledge Dr. Morin's credentials and leadership and appoint him our next AIDS Czar.

cc: Patsy Fleming
FAX 202/690-7098

THE WHITE HOUSE

WASHINGTON

October 11, 1994

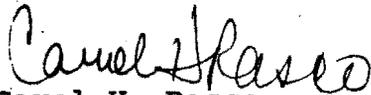
John F. Steinbruck
Pastor, Luther Place Memorial Church
and N Street Village
1226 Vermont Avenue, NW
Washington, DC 20005

Dear Rev. Steinbruck:

Thank you for sharing with me your endorsement of Herbert W. Perry for the position of National AIDS Policy Coordinator. I have forwarded your letter to our Personnel Division.

Again, thank you for your interest.

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO

Assistant to the President for Domestic Policy

To: _____

Draft response for POTUS
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Draft response for CHR by: _____

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Please advise by: _____

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For your information: _____

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File: AIDS _____

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Schedule??: Accept Pending Regret

Designee to attend: _____

Remarks: _____

OCT 11 1994



**LUTHER PLACE
MEMORIAL CHURCH**

1226 VERMONT AVENUE, N.W.
WASHINGTON, D.C. 20005
202 / 667-1377

October 3, 1994

Carol Rasco
Assistant to the President
for Domestic Policy
1600 Pennsylvania Avenue
Washington, DC 20500

Re: Support of Candidate for National AIDS Policy Coordinator

Dear Ms. Rasco:

This letter is written in support of Mr. Herbert W. Perry as a candidate for the position of National AIDS Policy Coordinator.

As pastor of Luther Place Memorial Church and N Street Village -- where we operate a smorgasbord of shelters, homes and a continuum of support ministries -- we welcome Herb whenever he visits us as a friend and one who understands suffering.

In the months I've known Herb Perry, I've appreciated his sense of commitment. The many times he has been with us at Luther Place in our church and shelters he is instantly one of the family. He is gifted with a sensitivity to those who are afflicted.

As a village community located just up Vermont Avenue from the White House, we are hopeful that Mr. Herbert Perry will be chosen for important position of National AIDS Policy coordinator.

Sincerely,

A handwritten signature in black ink that reads "John F. Steinbruck". The signature is written in a cursive, flowing style.

John F. Steinbruck
Pastor, Luther Place Memorial Church
and N Street Village

cc: Herbert Perry

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

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and forward to CHR by: _____

Draft response for CHR by: _____

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Let's discuss: _____

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File: _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: FGI - Was faxed to

Don Baer on 9/21

Turn

SEP 21 1994

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

F A C S I M I L E C O V E R S H E E T

To: Carol Kasco /

Organization: _____

From: Patsy Fleming

Date: 9/21/94

Immediate Office of the Secretary
200 Independence Avenue, SW
Room 605-F
Washington, D.C. 20201

Phone: (202) 690-5400
Fax: (202) 690-7098

Recipients' Fax Number: _____

Number of pages including this sheet: 5

Remarks:

THE WHITE HOUSE
WASHINGTON

File: AIDS

September 21, 1994

MEMORANDUM TO CAROL RASCO

FROM: Patsy Fleming *PF*
Interim National AIDS Policy Coordinator

SUBJECT: Comments on international HIV/AIDS issues for
President's General Assembly speech

It would be very helpful if the President could lend his support for the UN's efforts to combat the global pandemic of HIV during his speech next week as well as to signal the US's continued support for the world summit on AIDS in Paris on December 1st.

By way of background: the WHO estimates that over 17 million people are infected with HIV world-wide. Developing countries are most strongly affected: over 10 million infections are estimated in Sub-Saharan Africa; 2.5 million in South and Southeast Asia. There are staggering rates of new infections in some countries new to the epidemic. As an example of how devastating this can be in some countries, it is estimated that in Uganda and Zambia, between one-fourth and one-third of all pregnant women are HIV infected.

Some bullets for the President's speech:

- The HIV/AIDS pandemic is of enormous urgency for so many nations in the world. Beyond the personal tragedy HIV brings to tens of millions of people around the globe, HIV, for some countries, also poses a serious economic and political threat.
- The United Nations, through the World Health Organization's Global Program on AIDS, has provided important leadership in the world-wide fight against AIDS. The UN has now taken a major new step in advancing this struggle against HIV by creating a Joint Co-Sponsored UN Program against AIDS, involving all the agencies engaged in this battle. The US strongly supports this new UN program.
- This new UN program does not take effect until 1996. In the meantime, the UN and WHO programs need continued international support. Between 1986 and 1993, the US has contributed \$145 million to the WHO/GPA Trust Fund, in addition to the bilateral aid we have provided in the fight against AIDS. We intend to continue our support; we urge others to do so as well.
- A threat of this magnitude requires international leadership and unity. The US is pleased to be part of the international

summit on AIDS to be held in Paris on World AIDS Day, December 1st. We hope all our international partners will join us in those important discussions.

AIDS Policy Coordinator - Budget

\$350,000 for support of office fr. NAPO > ①

Seek \$200,000 - 250,000 fr. another Dept. for advisory
Council > ①

If the "Seek..." doesn't work they will lk at
reprogramming.

THE WHITE HOUSE
WASHINGTON

OCT 27 1994

October 27, 1994

MEMORANDUM FOR CAROL RASCO

one page by faxFROM: Jeff Levi 

SUBJECT: Update on budget for AIDS office

I think we have made substantial progress since our meeting on Monday. I have met with HHS officials on Tuesday and have had further conversations with Ken Apfel (Assistant Secretary for Management and Budget). At the risk of jinxing things, I am confident that we will get from HHS the funds we need to run the office. Apfel is still working out the details at his end. The Advisory Council may need to be funded from another department. However, after talking more with Harriet Rabb (HHS General Counsel), I am more comfortable with how the bridge between the AIDS office and the council can occur. This does mean that we will have to identify another department to support the council, probably to the tune of about \$200,000. (HUD is one of the better candidates, since we will also be having an agency representative on housing issues, which will make the "bridge" to the council easier.)

With the help of one of the HHS lawyers, I have worked out language describing the agency representative's functions that will allow us to do what we need. Since we will be looking mostly to HHS for such representatives, their sign off is critical.

This feels like we are getting there.

THE WHITE HOUSE

WASHINGTON

October 26, 1994

OCT 27 1994

MEMORANDUM FOR CAROL RASCO

FROM: Jeff Levi 

SUBJECT: Lance Alworth

Attached is a memo from Lance describing the work he does with two options for continuing it. The first -- working through OPM -- is the one we discussed. The second -- working through SBA -- is another interesting possibility.

This is a different format than we had discussed; I can turn this into a memo from you and Patsy to OPM or SBA once you have determined what is the best strategy.

Thanks.

THE WHITE HOUSE

WASHINGTON

October 26, 1994

MEMORANDUM FOR CAROL RASCO

FROM Lance Alworth, *JA*

SUBJECT Job description

This memorandum is in two parts: 1) A brief description of my present duties and how they might justify a transfer from the Securities and Exchange Commission (SEC) to the Office of Personnel Management (OPM); and 2) The possibility that a transfer to the Small Business Administration (SBA) might be appropriate.

I am Program Director for the Federal Workplace HIV/AIDS Education Initiative (FWAEI). I oversee the implementation of the President's September 30, 1993 Memorandum directing that all Federal employees receive HIV/AIDS workplace and prevention training.

I review quarterly reports from each Department, Agency or Bureau to ensure that HIV/AIDS training is consistent with the FWAEI Guidelines. I work with agencies and the private sector to ensure the availability of training material suitable for the Federal sector and transferable to the private sector. I present briefings to senior level Federal executives. I am also reviewing the revised workplace policies each Department, Agency and Bureau has developed in response to FWAEI. In short, with the part time assistance of several people, I am responsible for goading the entire Federal government into conducting reasonably substantive HIV/AIDS education for all our employees.

In addition to overseeing FWAEI, I do general liaison work and represent people living with HIV in ONAPC.

In discussions with the previous Coordinator and Ms. Fleming we determined that administration of the FWAEI should be shifted to another agency after this year. OPM is the obvious place to move the program. In such an arrangement I could continue to run the program, with support from OPM, from a duty desk at ONAPC. The advantages to OPM are that they will ultimately control an ongoing Federal training initiative. Also, many of the weaknesses FWAEI has discovered in the human resources departments of the Federal government fall under the training purview of OPM. It is a natural extension to begin to address these weaknesses. (For instance, many agencies have no personnel capable of adequately explaining benefits, etc. to a disabled employee).

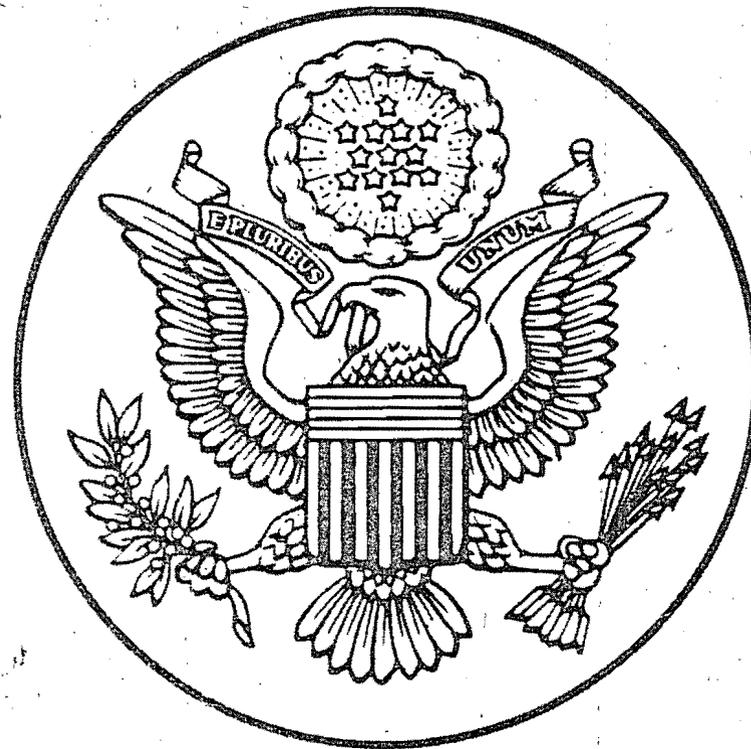
A second possibility for my transfer arises out of the recommendations of the National Commission on AIDS (Commission). In June 1993, the Commission issued recommendations on workplace issues. Among those were that SBA designate an AIDS coordinator for the agency. This individual would design and manage workplace AIDS education programs for all SBA employees and make these programs available to small businesses as part of SBA sponsored conferences and seminars. To our knowledge no such position has ever been created.

This second option could pull together FWAEI and other Administration objectives. In developing training for FWAEI, we have attempted to create materials useful to the private sector, particularly small and medium size businesses without the resources to develop their own programs. A focus on HIV/AIDS workplace education in small businesses could be directed to minority inner-city communities which, along with the Gay community, have been most affected by the HIV/AIDS epidemic. This could become a fine example of public/private cooperation as advocated by this Administration.

A duty desk at ONAPC would be appropriate in such a position because it would require constant coordination with ongoing prevention programs at HHS and HUD among others. I am enclosing a copy of the relevant recommendations from the National Commission on AIDS.

P6/(b)(6)

HIV/AIDS: A Challenge for the Workplace



National Commission on AIDS

WASHINGTON, DC • UNITED STATES OF AMERICA

speaks to the failure of corporate America to seize a major opportunity to invest in its—and the nation's—most valuable resource, its people.

But also of major concern to the Commission is the absence of a concerted workplace response by the federal government. Only a handful of government agencies have implemented the OPM guidelines or used them to create their own workplace programs. Congress and the judicial branch are also notably absent. The critical factor in mounting an effective response to AIDS is leadership. Government and public officials, business executives, and labor leaders react when they see their peers take a stand. The nation reacts when the President identifies a problem as a national priority and issues a call for action.

Fortunately, we are seeing far more leadership on AIDS in the 1990s than we did in the 1980s. But there are still serious gaps and loud silences. We need a more assertive, visionary mentality when it comes to AIDS. We will never have this mentality until the President and his administration present a bold, unified, and well-managed plan to combat and prevent AIDS, reduce fear and discrimination, and increase compassion.

Now is the opportune time for the new President and his administration to mount cabinet-wide and multi-agency planning for high-visibility commitments to education, prevention, and agency-specific responses to the many components of AIDS as a workplace concern. This leadership will set an example for state and local government, for business executives and union leaders, for the nation, and for the world.

Recommendations

The Commission recommends the following:

1. **The President should emphasize the importance of addressing AIDS as a workplace issue by requesting initiation of an ongoing federal workplace AIDS program, which should include, with a timetable, the following:**
 - a. Leadership, within their respective domains, by cabinet members and other senior administration officials.
 - b. New mechanisms for using the commitment of prominent business sector leaders to help guide the Administration's response to the challenges of AIDS in the workplace.
 - c. Convening of a national business and labor conference to focus on the impact of HIV/AIDS on the business sector.
 - d. Agency-specific workplace policies. As part of this effort, federal agencies should mandate the Office of Personnel Management guidelines, as originally suggested by the Presidential Commission in 1988. This recommendation has still not been implemented. Training of federal managers in workplace issues, notifying federal employees of their rights, and ensuring ongoing employee access to information and services should be priorities.

- e. Ongoing employee education for the entire federal work force, at all levels, beginning with the White House staff.
 - f. Endorsement of CDC's Business Responds to AIDS program and utilization of its resources by federal and all other work sites throughout the nation.
 - g. Consideration of mechanisms for federal government contracts that assure that all contracted employers conduct HIV/AIDS education for their work force, and that these employers be alerted to the requirements of other federal, state, and local laws and regulations that address and protect the rights of HIV-infected employees in the workplace (similar to the requirements regarding "drug-free workplaces.")
 - h. Attention to ensuring that during the health care reform debate, all workplace health and education issues are given proper attention.
2. ~~The Centers for Disease Control and Prevention should expand its support for the Business Responds to AIDS initiative by including efforts to obtain greater collaboration from existing mainstream organizations serving the business and labor sectors, such as the U.S. Chamber of Commerce, the Business Roundtable, the Conference Board, and others, to promote the availability of this program to their members and to make AIDS far more visible as a business concern.~~
- CDC should more actively strive to establish links between businesses and local or regional sources of technical assistance on workplace issues and education. The need for targeted support in particular industries should be assessed.
3. Federal agencies, particularly the Centers for Disease Control and Prevention, the Department of Justice, the Equal Employment Opportunity Commission, and the Department of Health and Human Services' Office of Civil Rights, should collaborate to provide increased support for continuing and strengthening the role played by AIDS service organizations and other community resources in providing assistance to businesses addressing AIDS workplace policies and education.
4. ~~The Small Business Administration (SBA) should formalize and strengthen its preliminary investments in AIDS education efforts by designating an AIDS Coordinator for the agency. This individual would design and manage workplace AIDS education programs for all SBA employees and make these programs available to small businesses as part of SBA-sponsored conferences and seminars.~~
5. The Attorney General should underscore the commitment of the administration to enforcing the Americans with Disabilities Act and call upon states and employers to ensure full compliance with all aspects of the ADA dealing with HIV-infected employees, those perceived as having HIV, and those employees caring for people with HIV.

The Departments of Justice, Health and Human Services, and Labor, and the Equal Employment Opportunity Commission should intensify their efforts to educate employers on the requirements of the ADA, and provide technical assistance and training to employers on how to meet those requirements, especially as they pertain to reasonable accommodation for HIV-infected employees. The Department of Labor, as part of its role in administering unemployment insurance to state employment agencies and commissions, should also alert employers in the states to the requirements of federal, state, and local laws and regulations that address and protect the rights of HIV-infected employees in the workplace.

6. **The Department of Labor should intensify its efforts to ensure that employers are knowledgeable about and comply with the provisions of the OSHA Bloodborne Pathogen Standard.**

Employers should meet the standard's engineering controls, work practices, and personal protective equipment, employee education, and record keeping requirements, and rigorously monitor employee compliance with the requirements.

7. **Congress, the Food and Drug Administration, and the Occupational Safety and Health Administration, after consultation with the Centers for Disease Control and Prevention, should take the steps necessary to reduce the risk of HIV transmission 1) for patients and workers in health care settings, and 2) for other employees in occupations or situations where there is a risk of HIV transmission including:**

- a. Congressional passage of legislation ensuring the application of the Occupational Safety and Health Act and OSHA regulations to all employees, irrespective of state of residence; and
- b. FDA regulations designed to enhance the safety of devices used in health care settings.

8. **The Centers for Disease Control and Prevention should undertake a comprehensive program of research and development for infection control technologies and strategies to prevent occupational transmission of HIV and other bloodborne pathogens, specifically including the safety performance evaluation of needle-bearing devices and other causes of percutaneous injuries to health care workers and sterilization and disinfection of reusable medical devices (as discussed in the Commission's previous report, *Preventing HIV Transmission in the Health Care Setting*.)**

The foregoing discussions and recommendations focus on HIV/AIDS, as that is the Commission's specific mandate. However, much of what has been discussed in regard to the appropriate responses to employees with health problems and the opportunities for health promotion in the workplace are pertinent to other health problems. Opportunities to include initiatives on other health problems should be considered as the above recommendations are urgently implemented, with the ultimate goal of a comprehensive approach to health promotion in the workplace.

THIS FORM MARKS THE FILE LOCATION OF ITEM NUMBER 1
LISTED IN THE WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER.

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: _____

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: _____

Reply using form code: G "FY96 budget

File: AIDS issues related to

Send copy to (original to CHR): AIDS groups

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: _____

_____ Per. sig
_____ cc of all to Patsy

THE WHITE HOUSE

WASHINGTON

September 22, 1994

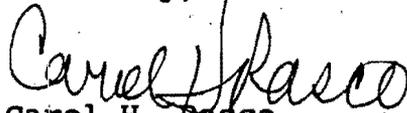
Sheri Saltzberg, MPA
President, Board of Directors and
David C. Harvey, MSW
Executive Director
AIDS Policy Center for Children,
Youth and Families
910 17th Street, NW - Suite 422
Washington, DC 20006

Dear Ms. Saltzberg and Mr. Harvey:

Thank you for taking the time to write and share your thoughts with me on FY 96 budget issues related to AIDS. It is very important that this Administration hear from groups like yours who have valuable information to contribute. I have shared your letter with staff members of the Domestic Policy Council.

Again, thank you for writing.

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram



AIDS Policy Center *For Children, Youth & Families*

September 16, 1994

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Executive Director

Carol H. Rasco
 Assistant to the President for Domestic Policy
 The White House
 1600 Pennsylvania Avenue, NW
 Washington, DC 20500

Dear Ms. Rasco:

The AIDS Policy Center for Children, Youth & Families (APC) is a national policy analysis, training and technical assistance organization for Ryan White CARE Act Title IV grantees. Title IV supports 44 lead and 187 affiliate pediatric, adolescent and family HIV service projects located in 24 states, D.C. and Puerto Rico.

We are writing to you with regard to the President's FY 1996 budget request to recommend that the Administration request an additional \$29.0 million for Title IV over the FY 1995 funding level of \$26 million. This request includes two special initiatives that reflect urgent developments in the HIV/AIDS field and includes: (1) \$11.6 million to provide access to zidovudine (ZDV or AZT) therapy for pregnant women with HIV infection and their infants in order to prevent HIV transmission to newborns; and (2) due to new HIV infection rates among adolescents and enormous unmet needs in this community, \$8.4 million for an adolescent HIV service initiative.

In addition, we believe that a basic program increase of \$9 million over FY 1995 is required to meet increased and anticipated caseloads at existing Title IV projects as well as to meet the legislative requirements of Title IV. This includes an 18% increase for rapidly increasing case-loads, a 4.5% medical inflation rate, and a 12.5% increase to meet the legislative requirements of coordinating care with research programs at Title IV sites.

**Ryan White CARE Act
 FY 1996 Title IV Budget Request**

I.	AZT Therapy Initiative	\$11.6 million
II.	Adolescent Special Initiative	\$ 8.4 million
III.	Basic Program Increase	\$ 9.0 million
	FY '96 Subtotal	\$29.0 million
	FY '95 Appropriation	\$26.0 million
	FY '96 Total Request	\$55.0 million

Carol H. Rasco
September 16, 1994
Page 2

We are also writing to encourage you to consider the funding needs of all Titles of the CARE Act in the President's FY 1996 budget request. Through policy development, training and technical assistance, collaboration within all four Titles of the CARE Act at the local, state and national levels has increased significantly. We urge that the Administration consider developments in this area as the FY 1996 budget is developed in order to provide a continuum of services that benefit all persons living with HIV/AIDS. Finally, we also urge that the Administration consider the funding needs of HIV related prevention programs and research programs to ensure that a "triple track" comprehensive approach to ending the AIDS epidemic is enhanced and implemented. In the near future, APC will recommend in coalition with organizations that comprise the National Organizations Responding to AIDS coalition (NORA) and the Ryan White CARE Act Coalition, a complete budget justification related to HIV care, prevention and research programs.

You may be aware that as the life expectancy of HIV infected individuals is prolonged and more cases are identified, the need for additional primary care services and specialized HIV care specifically for children, adolescents, women, men and families through cost-efficient, community-based, family-centered and youth-centered comprehensive systems has become critical. Existing systems of care are overwhelmed by growing service demands, resource limitations, and inadequate supply of medical and social service professionals who are skilled in HIV care for children, youth, women and their families.

A major research development has shown that the drug zidovudine (ZDV or AZT) used during the second and third trimester of pregnancy, infused during labor, and administered to the infant during the first six weeks of life reduced the rate of HIV transmission to newborns by two-thirds. This finding has wide-ranging implications for HIV care and prevention for women and children, particularly young women who represented a significant proportion of the initial study participants. It will require additional resources for Title IV programs and related HIV counseling and testing and follow-up care in prenatal, obstetrical, family-planning, STD, maternal and child health, and other public health services for women. Title IV has an established track record in serving women and young women.

Over 46,400, or 19% of the reported cases of AIDS in the United States, are among young adults in the 20-29 age range. This suggests that a majority were infected with HIV during their adolescent years. The Centers for Disease Control and Prevention report that young persons aged 13-24 comprised the largest percentage increase among all groups for new AIDS case diagnoses in 1993. It is essential that additional free-standing, youth-centered HIV comprehensive care projects are established throughout the United States.

Title IV of the CARE Act was established to reach disenfranchised, low-income families and youth that have no other access to expert and comprehensive HIV care and research programs. With an increased national awareness about the disease and increased HIV prevention programs, providers anticipate more identification of persons with HIV infection that will need

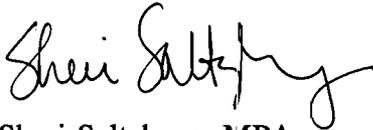
Carol H. Rasco
September 16, 1994
Page 3

services, especially young persons. In addition, with the potential results of AZT therapy, it is critical that Title IV projects be prepared for an influx of women patients who will need services and voluntary access to this new and promising therapy.

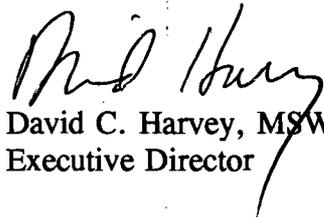
Attached is a detailed FY 1996 budget justification for Title IV of the CARE Act. In developing this justification, it has been necessary to estimate some categories of statistical information due to a lack of complete data. If the AIDS Policy Center can provide additional information related to this budget justification or statistical references, please contact David Harvey, Executive Director of APC.

Thank you for your consideration of this urgent request and for your commitment to ending the HIV/AIDS epidemic.

Sincerely,



Sheri Saltzberg, MPA
President, Board of Directors



David C. Harvey, MSW
Executive Director

Attachments: FY 1996 Budget Justification
Title IV Legislative History



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- David C. Harvey, MSW
Executive Director

**Ryan White CARE Act
FY 1996 Title IV Budget Request**

Budget Justification - Service Initiatives

Budget Summary

I.	AZT Therapy Initiative	\$11.6 million
II.	Adolescent Special Initiative	\$ 8.4 million
III.	Basic Program Increase	\$ 9.0 million
	FY '96 Subtotal	\$29.0 million
	FY '95 Appropriation	\$26.0 million
	FY '96 Total Request	\$55.0 million

I. AZT THERAPY INITIATIVE - \$11.6 million

Background. Unfortunately, women constitute a rapidly growing group of persons with new HIV infections and the number of pregnant women with HIV infection may rise. Based on current estimates, between 7,000 and 8,000 HIV infected mothers will give birth each year. If participation in AZT therapy is not offered, approximately 2000 infants would become HIV infected from their mothers during pregnancy or delivery. By giving AZT therapy to infected pregnant women, 1400 cases of pediatric HIV infection could be prevented per year. The offer of this treatment now could save millions of dollars and thousands of lives in the future by reducing the number of pediatric HIV cases.

There is still a need to collect more long-term data to assess safety and efficacy in reducing HIV transmission to newborns as well as assess the long range health effects to women and their children.

In 1993, Title IV clinics served an estimated 3,500 pregnant women with HIV infection (this number does not include the number of women with HIV infection who are not pregnant and were provided services or outreach services that were provided to women). As a result of the perinatal AZT study and the fact that the U.S. Public Health Service is now recommending AZT therapy as

standard medical practice for infected pregnant women and their newborns, there already is a tremendous burden on clinics to: (1) provide access to the drug during pregnancy as well as provide a treatment regimen for mother and infant; (2) conduct follow-up monitoring through additional clinic visits and home care for mother and infant; and (3) enhance outreach and linkages with HIV counseling and testing programs, prenatal care, family-planning and other service systems reaching women and young women at-risk of HIV infection or already infected.

AZT Therapy Rationale - Infrastructure. An important result of the new AZT therapy is to establish coordinated care between prenatal, labor and delivery and pediatric care sites, in addition to other service needs. This will also require enhanced resources to conduct outreach and linkages with HIV counseling and testing programs or establish programs for women where none exist. In general, Title IV will need to support further development of the health care infrastructure in order to reach low-income, African-American and Hispanic women who are disproportionately affected by HIV infection. An average grant of \$200,000 per 44 existing lead Title IV sites would allow this infrastructure to develop and enhance the ability to provide services to women at-risk of HIV infection or already infected in order to offer this new promising therapy that will save lives. **An average grant of \$200,000 per 44 existing Title IV site totals \$8.8 million and would allow linkages with an estimated three additional care sites that may include prenatal care, counseling and testing programs, maternal and child health clinics, family-planning programs, and other programs to serve more women.**

AZT Therapy Rationale -- Treatment. According to the ACTG 076 study design and treatment regimen recommended by the U.S. Public Health Service, there are three treatment components which are necessary to successfully implement perinatal AZT therapy once an infected pregnant woman is identified and has voluntarily agreed to participate in the therapy. These treatment components are provided during pregnancy (prenatal care), labor and delivery, and during the newborn period (at least through the first six weeks of life). Cost factors include additional clinic visits and home monitoring of mother and child as well as reimbursement for the cost of AZT for low-income women and children who cannot afford to pay for the drug. The cost of the drug AZT for prevention of perinatal HIV infection costs an estimated \$2,000 per treatment regimen, and additional costs to Title IV projects include increased clinic visits to monitor mother and child, monitoring at home with mother during pregnancy and with the infant after birth, and costs associated with provision of the therapy during labor and delivery. It is anticipated that Ryan White CARE Act Title II drug reimbursement programs and state Medicaid programs may cover part of the cost for the drug for women. However, some low-income women will not be eligible for coverage due to Medicaid restrictions or formularies under the Title II drug reimbursement program, and additional clinic costs and home-care costs will have to be met by Title IV projects.

It is estimated that approximately 65% of women with HIV infection may already be enrolled in Medicaid, and that Title IV clinics have the ability to reach directly or through affiliate clinics an estimated 50% of infected pregnant women. These statistics are based on client data from Title IV clinics and anticipated case loads, and reflect current and available data about the number of HIV infected women or pregnant women already being served. Assuming

that state Medicaid programs or the CARE Act Title II drug reimbursement program will eventually cover 65% of the cost of the drug AZT for pregnant women, and that Title IV clinics have the potential for reaching 50% of the estimated 8,000 HIV infected pregnant women in the next year, there is a potential shortfall of \$2.8 million in coverage for the cost of AZT therapy. **We propose that the cost of the drug AZT be an allowable cost for Title IV grantees that experience this shortfall and that \$2.8 million be provided for this expense.**

II. ADOLESCENT SPECIAL INITIATIVE -- \$8.4 MILLION

Background. The need has become critically urgent to expand comprehensive, youth-centered HIV services to many communities throughout the United States where infection rates are increasing among adolescents, as well as those communities where youth have already been hard-hit by HIV/AIDS. The CDC reports that for 1993, the greatest percentage increase in new AIDS case diagnoses occurred among age groups 13-24 and new HIV infection rates among young gay men have greatly alarmed local communities despite new HIV prevention initiatives. Many young people with HIV face enormous barriers to accessing age-specific, appropriate care and research programs because youth-centered systems of care are absent from all but a few localities.

A model of youth-centered standards of care must emphasize the provision of primary and specialty medical services, social services, mental health services, and care coordination. Primary and specialty medical services must recognize the distinct course of disease in adolescents and include access to inpatient and outpatient care, clinical trials, OB/GYN services, developmental services and nutrition assistance, among others. Providers serving adolescents must be sensitive to the distinct developmental and psychological needs of young people.

Many adolescents and young people infected with HIV or diagnosed with AIDS have little choice but to seek services from HIV care programs geared towards predominately adult or pediatric clients. These programs lack subspecialty medical care, mental health, and supportive care services that are essential components of an emerging standard of youth-centered HIV care. For communities now offering no such model of youth-centered HIV care, significant resources will be required to enact program appropriate for serving HIV infected youth. In addition, these young people may be using injectable drugs, may be indigent and homeless, lack insurance or medicaid and may present with other care needs requiring further expertise.

Youth with HIV who are also gay and lesbian face additional barriers to care based on stigmatization, ignorance of their unique needs, and lack of school and community-based services in most locales adequate to address the demanding psychosocial needs that they present. With HIV infection rates continuing to escalate among gay and lesbian youth populations in numerous HIV epicenters and elsewhere, the resources of new and existing programs required to serve newly infected youth must be recognized and addressed in the immediate future.

Rationale. To expand the availability of comprehensive youth-centered HIV care to those populations in greatest need throughout the United States in FY 1996, we propose the establishment of **15 new start-up programs at an average cost of \$400,000 each, totaling \$6**

million. These funds will begin to develop comprehensive, youth-centered systems of care, including developmentally appropriate subspecialty medical care, mental health, and supportive care services to HIV-infected adolescents. In addition, **\$1.4 million is requested to augment existing Title IV programs** in communities whose youth populations are hard-hit, recognizing that some programs already have seen dramatically increased adolescent case loads and anticipate additional cases over the next three years. **Up to \$1 million should be used to augment the Adolescent HIV Research Network** that has been initiated between HRSA and NIH to facilitate access and support services for youth to participate in clinical research programs. It is also anticipated that a proportion of the resources identified above will be needed to support significant new efforts to provide specialized training, information, and technical assistance to support providers and programs created by this initiative to serve HIV-infected youth throughout the United States.

III. BASIC PROGRAM INCREASE – \$9.0 MILLION

Background. In the past 3 years the number of children, adolescents, women, men and families served by Title IV projects has increased three-fold. Title IV also requires that linkages be established with clinical research programs in order to overcome cultural and economic barriers experienced by children, youth and women. In 1990, Title IV projects reported serving a total of 12,113 individual clients. In 1992, the last year for which complete data is available, the total number of clients served by Title IV projects was 28,738 which includes children, adolescents, women and men. In 1994, it is estimated that Title IV is currently serving over 45,000-50,000 children, adolescents, women and men affected by HIV infection or AIDS, including orphans of the epidemic. An important component in the provision of services to this population are that services are constructed for the whole affected family or affected youth and significant others. This includes primary and specialty medical services, access to inpatient and outpatient care, clinical trials, OB/GYN services, developmental services, nutrition assistance, transportation and day care, and other social services.

The total enrollment of children in AIDS Clinical Trials has increased to 4,252 in 1993, as reported by the NIH. Congress must increase support to Title IV in order for stronger linkages and participation to be developed and maintained, especially for youth and women.

Rationale. The funding of \$26 million for FY 1995 is not sufficient for the magnitude of the problem and the needs of youth and families with HIV infection and AIDS. In order to begin to address health and social service needs as well as access to research programs, an additional **\$9.0 million** is necessary to serve clients already in the program and to expand linkages with clinical research programs. This figure is calculated using the following cost factors:

- * A medical inflation rate of 4.6% which is the consumer price index published by the Bureau of Labor Statistics. This increase is necessary to maintain only current personnel and facilities that provide services through Title IV and totals **\$1.2 million.**

* Funding for Title IV affiliated programs has increased a total of 23% between the years 1990 and 1994 (\$20 million in 1990 to \$26 million in 1994) while clients served has increased over 300% during these same years (12,000 individual clients in 1990 to 50,000 in 1994). A modest increase of 18% over FY 1994 would provide an expanded baseline support for existing service systems to serve larger case loads by supporting additional staff and facilities costs at **\$4.7 million.***

* In order to continue to facilitate the legislative requirements of Title IV to coordinate care with research, additional social services and support services are needed to overcome economic and cultural barriers to access. Additional funds in this category would provide each of the existing Title IV projects with an average grant of \$70,000 to address these barriers, especially among adolescents and women for a total of **\$3.1 million.**

**Congress consolidated funding for pediatric, adolescent and family HIV services in Title IV in FY 1994. Prior to FY 1994, the program was titled the pediatric/family AIDS demonstration program.*



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**Ryan White CARE Act
FY 1996 Title IV Budget Request**

- I. Epidemiology
- II. Clients Served
- III. Legislative History
- IV. FY 1995 Appropriations Committee Report

I. Epidemiology

Through the end of 1993, 5,228 children under the age of 13, 15,444 young people ages 13-24, 44,357 adult women, and 311,578 adult men have been diagnosed with AIDS. Because the onset of AIDS-defining illnesses generally occurs a decade after infection with HIV, these figures understate the total number of persons with HIV in the United States. Approximately 8000 infants are born each year to HIV infected women in the United States. The majority of HIV infected infants and children acquire HIV by maternal-infant transmission either in utero, during labor and delivery or postpartum via breast feeding. With current rates of perinatal transmission absent therapy to interrupt transmission, approximately 25% of infants born to mothers with HIV infection will actually be infected with HIV.

Over 46,400, or 19% of the reported cases of AIDS in the United States, are among young adults in the 20-29 age range. This suggests that a majority were infected with HIV during their adolescent years. The Centers for Disease Control and Prevention report that young persons aged 13-24 comprised the largest percentage increase among all groups for new AIDS case diagnoses in 1993.

HIV disproportionately affects low-income African-American and Latino persons. Fifty-four percent of the reported children with AIDS are of African-American descent, although only about 14% of all the nation's children are black. In addition, 24% of the children with AIDS have been of Latino origin, although only 11% of U.S. children are Latino. The HIV/AIDS epidemic continues to spread among heterosexuals, especially women and minority populations in small cities and rural areas.

In addition to soaring numbers of infected children and youth, it is estimated that the number of children who will be orphaned as a result of the HIV/AIDS epidemic will be 24,600 under the age of 13 and 21,000 aged between 13 and 17 by 1995. The total number of children orphaned by HIV/AIDS is expected to be more than 80,000 by the year 2000.

II. Title IV Projects and Clients Served

It is estimated that Title IV currently serves between 45,000-50,000 children, adolescents, women and men. In 1992, the last year for which complete data is available, the total number of clients served by Title IV projects was 28,738. Of this number 11,989 were women over age 21; 10,297 were children ages 0-13; 2,817 were adolescents ages 13-21. The total number of families served was 10,163. Five out of six clients served in 1992 were African American or Hispanic. Demand for services at project sites has increased between 35%-50% for each of the three years prior to 1992.

Title IV is recognized nationally as one primary means toward organizing and providing specific clinical and case management services designed to meet the needs of children, adolescents, and families, including related services for parents and extended family members. A study conducted by the Northern Manhattan demonstration project in New York City found a substantial decline in the hospitalization rate and length of stay for HIV antibody positive children. The authors conclude that "...probably the most significant contribution was the resource infusion of the demonstration program which made possible high quality case-managed care thus improving outpatient management of children and reducing reliance on emergency room care."

The following examples describe client increases at specific sites.

- A. Since the Ft. Lauderdale, FL comprehensive pediatric AIDS project was established in Broward County, Florida in July of 1991, client case loads have increased 600% in less than 24 months. 70 children were initially identified in 1991 and in 1993, 540 HIV positive children were served. In 1993, 203 have confirmed HIV infection and are symptomatic. The project has received minimal increases in funding from the demonstration program since it started. Most recently, the Ft. Lauderdale project has experience increased costs associated with administration of AZT therapy with pregnant women that includes the cost of the drug zidovudine, nursing care and follow-up clinic visits, home care and monitoring of children on a long-term basis.
- B. In Philadelphia, PA, client demand has increased dramatically. In 1992, 178 HIV positive children and 16 HIV positive adolescents were served in addition to 22 children with full-blown AIDS and 2 adolescents with full-blown AIDS. In the first six months of 1993, the project served 207 children with HIV, 19 adolescents with HIV; 29 children with AIDS and 2 adolescents with AIDS. In addition, the project provides "one-stop" primary and comprehensive care for women, men and children and is currently serving over 150 women and 50 men over age 21 at the same site that their children receive services.

III. Title IV Legislative History

Title IV supports the coordination of institutional and community-based systems of family-centered and youth-centered comprehensive care to meet the special needs of HIV-affected children, youth and women while facilitating linkages to clinical research programs. Funds are specifically provided for comprehensive services that are family-centered, youth-centered, community-based, coordinated, and culturally competent that provide the capacity to offer voluntary access to clinical trials. This philosophy of care stems from the belief that clinical trials for medically underserved HIV-affected children, adolescents, pregnant women and families are only successful when research is conducted within an established comprehensive care system that supports the entire family.

Title IV grantees are required to arrange for or provide primary care for a significant number of pediatric, adolescent, and pregnant women clients with HIV disease. The applicant must have an agreement with an institution administering clinical trials to refer patients for voluntary access. Other elements of comprehensive services must be provided in a family-centered, community based, coordinated and culturally competent environment and include such services as mental health, substance abuse, in-patient hospitalization, social support services and other supportive services such as transportation and child care. Evaluation, training, and technical assistance must be made available to projects.

Title IV projects support 44 lead HIV comprehensive care centers that are located in low-income communities in 24 states, D.C. and Puerto Rico. Lead centers provide services through 187 sub-clinical sites that include community based organizations, children's hospitals, family-planning clinics, academic health centers, and clinical research sites. Since 1988, these centers have been the primary service providers for children, youth and families affected by HIV infection and AIDS, and have been successful in organizing and providing comprehensive HIV services for needy children, adolescents and their families affected by HIV and AIDS where no service infrastructure previously existed.

IV. Appropriations Committee Intent

In order to address issues related to access to care for adolescents, coordination with HIV prevention programs, issues related to ACTG 076 and access to clinical research programs, and address the needs of AIDS orphans, the FY 1995 labor/HHS appropriations bill report directs that the administration: (1) coordinate HIV prevention planning between CDC and HRSA and involve Title IV programs in prevention planning; (2) coordinate through interagency agreements between HRSA and ACYF services provided for AIDS orphans through the Abandoned Infants Assistance Program and Title IV; (3) coordinate between HRSA and NIH access to clinical research programs supported through Title IV, especially in relation to further developments in ACTG 076; (4) enhance and support additional youth-centered HIV comprehensive care programs as part of resources provided under all titles of the CARE Act to meet the urgent and service needs of underserved youth; and (5) coordinate training and technical assistance activities sponsored by HRSA across all titles of the CARE Act to save expenses and provide better service coordination.

THE WHITE HOUSE
WASHINGTON

November 1, 1994

Ruth
Marty

94 NOV 1 12:50

MEMORANDUM FOR THE PRESIDENT

FROM: Carol H. Rasco *CHR*

SUBJECT: AIDS Director

Before you read the attached memo recommending a candidate for the AIDS Policy Office, I want to draw your attention to several factors, not all of which are enunciated in the accompanying decision memo.

1. We did extensive outreach with over 60 representatives of AIDS groups, advocates, legislative aides and departmental representatives as we sought to receive input on the structure of the office, the purposes of the office and the characteristics of the person to be employed as the Director. All were asked to submit resumes of potential candidate. In the accompanying memo I have listed the characteristics cited most often as top priorities in a director. Patsy Fleming whom I have recommended to be named as director meets these criteria.
2. While it would have been dangerous for me to make too many calls to seek opinions on different names, I did consult Bob Hattoy and David Mixner on my choice. Both were ecstatic and asked me to use those words in describing Patsy as a candidate to you. While Bob, David and I know there will be individuals unhappy with ANY selection, they both said they were willing to take on ANYone unhappy with her selection. Secretary Shalala and others within HHS highly recommend Patsy as well.
3. You will note in the memo that a commitment has been made to make the announcement by November 11. Because we had hoped originally to make an announcement by September 15 and were held up due to funding problems for the Director's office, some of the groups were becoming uneasy with the delay. In order to avoid MAJOR problems while you were on the recent trip, we made a pledge and communicated to the groups originally consulted that the announcement would be made by you prior to your departure for APEC. A brief announcement ceremony will be held on Thursday, November 10 here at the White House.

Thank you.

THE WHITE HOUSE

WASHINGTON

November 1, 1994

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Thank you.

THE WHITE HOUSE
WASHINGTON

October 27, 1994

MEMORANDUM FOR THE PRESIDENT

FROM: CAROL H. RASCO, *CHR* Assistant to the President for Domestic Policy
RE: PATSY FLEMING
DIRECTOR
OFFICE OF NATIONAL AIDS POLICY (PA)

I. BACKGROUND

The Director of the Office of National AIDS Policy was created for the purpose of assuring that the efforts of the Administration are coordinated with policy formation, program implementation, research, outreach, and public awareness of the AIDS epidemic. The first Director, Kristine Gebbie, was appointed in the Summer of 1993 and resigned after one year in office.

II. DISCUSSION

Following the resignation of Kristine Gebbie, Patsy Fleming was named as Interim Director. At that time, Ms. Fleming stated that she did not want to be considered for the position. Extensive outreach was conducted through small focus groups led by Ms. Fleming and myself. Over sixty representatives of AIDS groups from across the country, as well as Federal officials and Congressional aides participated in the groups. Qualifications listed most frequently at these meetings were the knowledge of and respect among the community of providers, advocates, and persons living with AIDS; the ability to work with the Administration, OMB, government agencies and Congress; and a ready willingness to use the "bully pulpit" when addressing the AIDS issue. As a result of her work during the interim period, Ms. Fleming has recognized the Administration's commitment to addressing the AIDS epidemic, and believes she has the necessary skills for the position. A commitment has been made to make an announcement by November 11.

THIS FORM MARKS THE FILE LOCATION OF ITEM NUMBER 2
LISTED IN THE WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER.

THE FOLLOWING PAGE HAS HAD MATERIAL REDACTED. CONSULT THE
WITHDRAWAL SHEET AT THE FRONT OF THIS FOLDER FOR FURTHER
INFORMATION.

PATRICIA S. FLEMING

P6(b)(6)

Home:
Work:

P6(b)(6)

As Special Assistant to the Secretary of Health and Human Services (1993 to present) I coordinate/direct AIDS policy throughout the Department. As Interim National AIDS Policy Coordinator (August 1994 to Present) I am developing plans for staffing, budget, the advisory council, and the interdepartmental task force. As the President's representative on AIDS policy, I respond to speaking and media requests.

PREVIOUS EXPERIENCE

- * **Clinton-Gore Transition Team, for the Departments of Education, and Health and Human Services, November, 1992 to January, 1993;**
- * **Professional Staff Member of the Human Resources and Intergovernmental Operations Subcommittee of the House Government Operations Committee conducting policy and advocacy oversight of the federal response to the AIDS epidemic, 1986-92;**
- * **Chief of Staff to Rep. Ted Weiss 1983-86;**
- * **Senior Public Policy Associate, consulting firm, James H. Lowery & Associates, 1981-83;**
- * **Deputy Assistant Secretary for Legislation, Department of Education, 1980-81;**
- * **Assistant to the Secretary, Department of Education, 1979-80;**
- * **Director of Intergovernmental Affairs, Office for Civil Rights, HEW, 1978-79;**
- * **Special Assistant to the Secretary, HEW, 1977-78;**
- * **Legislative Assistant to Reps. Augustus Hawkins, 1971-73; Shirley Chisholm, 1973-75; and Andrew Young, 1975-77.**

Patricia S. Fleming

Page 2

SELECTED SIGNIFICANT ACCOMPLISHMENTS

- * Co-chair the HHS-wide HIV/AIDS coordinating committee with the Assistant Secretary for Health;
- * Co-chair the HHS HIV Prevention Working Group;
- * Conduct all policy and programmatic work leading to the Paris AIDS Summit on December 1, 1994;
- * Shepherded the PHS Prevention Marketing Initiative from conception to implementation;
- * Conducted policy analysis and investigations, generated hearings and written reports on public health issues;
- * Served as chief of staff and legislative director for a congressional office;
- * Organized the Office of Legislation for the newly-created Department of Education;
- * Directed a national study of magnet schools;
- * Developed legislation in primary health care and drug abuse treatment, hunger relief, education and child nutrition;
- * Advised the Secretaries of HHS, HEW and Education on domestic policy issues;
- * Developed a management system that tracked secretarial initiatives for the Secretary of HEW.

I am a graduate of Vassar College.

