

WITHDRAWAL SHEET

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DOCUMENT NO. & TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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1. Resume	Joseph O'Neill, 1p (partial)	4/94	P6/B6
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RESTRICTIONS

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].

PRM Personal records misfile defined in accordance with 44 USC 2201 (3).

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].

See AIDS

THE WHITE HOUSE
WASHINGTON

October 5, 1994

MEMORANDUM FOR PAT CHRISTEN
SAN FRANCISCO AIDS FOUNDATION

JIM GRAHAM
WHITMAN-WALKER CLINIC

LARRY KESSLER
AIDS ACTION COMMITTEE

JAMES LOYCE, JR.
AIDS PROJECT LOS ANGELES

JEFF RICHARDSON
GAY MEN'S HEALTH CRISIS

TERRY-STONE
NORTHWEST AIDS FOUNDATION

FROM: Carol H. Rasco, Assistant to the President for
Domestic Policy *CR*

SUBJECT: Office of National AIDS Policy

I appreciate the comments you have shared with me regarding the National AIDS Policy Coordinator. It has always been the President's intention that the Coordinator's position be a meaningful one -- in providing guidance for the Administration's AIDS policies, in helping the President and the entire Administration provide leadership for the nation on this epidemic, and making sure the voices of those affected by HIV are heard at the highest levels of government.

While it is not the policy of the White House to share job descriptions with outside groups, I can assure you that the position of the National AIDS Policy Coordinator has the authority and the potential to meet all of your concerns. The President and I are committed to making this office work. Let me respond to each of the five characteristics of the position you describe in your letters.

- The coordinator will have meaningful authority to lead the nation's response to the HIV epidemic. It will remain, inevitably, up to the agencies to assure the full implementation of the specifics of the national strategy.

- The coordinator will have direct access to the President within the guidelines established by the Chief of Staff for all White House staff.
- The coordinator will be able to use the informal power of a White House position to speak out about HIV and educate the American public.
- The coordinator will have the opportunity to select her/his own staff, within the rules and regulations of the federal government.
- The coordinator will play a major role in the development of the budget related to HIV/AIDS at every stage of the process.

I hope this clarifies your understanding of what has always been our intention -- to assure that the National AIDS Policy Coordinator is an effective national leader in the fight against HIV.

Thanks again for sharing your views with me.

cc: Patsy Fleming
Interim AIDS Policy Coordinator
Office of National AIDS Policy
750 17th Street, NW - Suite 600
Washington, DC 20500

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO

Assistant to the President for Domestic Policy

To: Roy

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: I need again, the
letter he sent to
CD's earlier, in
Oct.

National Alliance of State and Territorial AIDS Directors

FAX

NOV - 3 1994

444 N. Capitol Street, NW
Suite 617
Washington, DC 20001
Phone (202)434-8090
Fax (202)434-8092

TO: Carol Russo, Domestic Policy Advisor

FROM: Julie Scofield

DATE: 11/3/94

2 Page(s) to Follow

cc: Patsy Fleming

- AS REQUESTED
- REVIEW AND COMMENT
- AS DISCUSSED
- PLEASE RESPOND
- FOR YOUR INFORMATION

IF TRANSMISSION IS NOT COMPLETE, PLEASE CALL (202) 434-8090

COMMENTS:

By:

National Alliance of State and Territorial AIDS Directors

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Chair
Oregon
(503)731-4079

Sally Finney Brazier
Vice Chair
Kansas
(913)296-6173

Wayne Sauseda
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Wendy S. Craytor
Secretary/Treasurer
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Executive Committee

Beth Weinstein
Connecticut

James E. Jackson
Florida

Dennis L. Stover
Indiana

Kathleen F. Edwards
Maryland

John Auerbach
Massachusetts

Randall Pope
Michigan

Michael E. Moen
Minnesota

Douglas H. Morgan
New Jersey

Dennis P. Whalen
New York

Janice Kopelman
Pennsylvania

Lynda Kettinger
South Carolina

Casey Blass
Texas

Terje Anderson
Vermont

Terrance Foley
Wyoming

Executive Director

Julie M. Scofield

November 2, 1994

Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
Washington, D.C.

Dear Ms. Rasco:

Thank you for your letter of October 20, 1994 providing a status report on the search for a new National AIDS Policy Coordinator.

On behalf of the Executive Committee of the National Alliance of State and Territorial AIDS Directors (NASTAD), I am writing to share our urgent concern regarding the forthcoming announcement. NASTAD feels that it is premature to announce a permanent coordinator prior to clarifying for the national AIDS community the structure of the office and the authority residing therein.

When I joined a group of leading HIV/AIDS service providers from across the country in a meeting this summer to discuss this issue with Interim Coordinator Patsy Fleming and you, it was the unanimous view of those in attendance that the job needed to be restructured and communicated to the community prior to the search for the right person to fill the office. It was apparent at that time that the search for qualified candidates for the position was secondary in importance to clarifying the role and responsibilities of the job.

The NASTAD Executive Committee continues to be concerned that without clear understanding of the structure of the office and the authority vested there, history is destined to repeat itself. In fact, it is felt that the search for the right candidate can only take place after these issues are resolved.

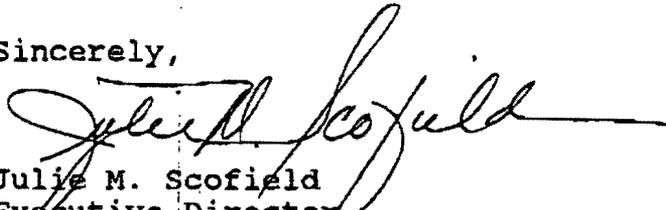
Furthermore, given personnel changes in the HHS National AIDS Program Office, this clarification is even more critical. NASTAD shares the view of many in

Carol Rasco
Page Two

the national HIV/AIDS community that the National AIDS Policy Coordinator must have clear authority and access to the President, a strong role in shaping the President's budget request, and elevated status within the Administration in order to speak forcefully and articulately for AIDS policies that will help stem the tide of this devastating epidemic.

Thank you for the opportunity to share the views of the nation's AIDS directors regarding your impending decision. We look forward to an ongoing dialogue on issues of critical importance to the AIDS community and to your response to these concerns.

Sincerely,



Julie M. Scofield
Executive Director

cc: Patsy Fleming, Interim Coordinator
NASTAD Executive Committee



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 Rocco

Organization: _____

From: Patsy Fleming

Date: 8/19/94

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: 703 - 370-1340

Number of pages including this sheet: 3

Remarks:

MEMORANDUM TO CAROL RASCO

August 19, 1994

From: Patsy Fleming

Re: Themes of meetings with community constituency groups regarding National AIDS Policy Coordinator

Our meetings with constituency groups reflected the diversity of the AIDS community. Similarly, the views and expectations expressed about the Administration and the Coordinator's position were also diverse. While there may not have been an exact consensus, there certainly were a range of views expressed within some common themes.

Access and Authority:

All seemed to agree that the Coordinator must have access to the key players in government -- from the President to cabinet officials to agency heads. It was also felt that the Coordinator must be able to influence the work of other offices within the White House - - so that, for example, public liaison and legislative officials were equally aware of HIV concerns as the Coordinator's office.

There was much discussion of budget authority, but little agreement. Some felt that the Coordinator should have final authority (above OMB) over agency AIDS budgets. Others felt that the coordinating function (especially through development of a national plan and institution of an interdepartmental task force) would be an effective mechanism for raising budget issues -- in addition to working cooperatively with OMB.

There is a disconnect between people's perceptions of the job of the Coordinator and the reality. For example, some people thought the previous Coordinator did not have any access to the President and had little or no role to play in the budget process.

Role:

The group representatives see the Coordinator as necessarily playing multiple roles: as an HIV policy expert (with professional staff) within government; as an advocate for people with HIV inside and outside government; as someone articulating with and for the President a vision for combatting HIV; as a liaison to the HIV community; and as a liaison to Congress. Many also expressed the hope that the next Coordinator would tend to the work of the office rather than being on the road too much.

Personal attributes:

There were divergent views about the type of person appropriate for this job -- ranging from someone who would use the job as a bully pulpit to rally and educate the nation to someone who would be an inside player, striving to make the government work better and more

responsively. Those in the latter camp felt it is the President who must provide the moral leadership around HIV for the nation.

Among the other views expressed: the need for someone with credibility among the constituent groups; someone with power and name recognition; someone who is HIV infected, a hemophiliac with HIV; someone who could reach out to middle America.

Visibility:

One very strong theme was the almost desperate need for greater visibility to be given to HIV-related issues by this Administration, from the President on down. Hearing HIV concerns weaved into larger discussions -- for example the health care reform debate -- was suggested as adding weight to other issues and sending a very strong signal to the HIV community that they have not been forgotten even as the Administration focuses on other (related) issues.

People from the community want to see the President as their advocate. The issue of discrimination was raised at several meetings, and presented as something that could be addressed not only from a policy standpoint but also, importantly, from a leadership perspective.

General issues:

There was significant discussion about the failure of the Administration to better communicate its accomplishments to the HIV community and to the nation at large. (Examples that arose at the meeting included: not knowing about the planning process undertaken by NIH to develop a coordinated, consolidated approach to HIV research; not knowing about the reforms at the Centers for Disease Control, including the new community HIV prevention planning process now under way.)

Repeated pleas were made for implementing the National Commission on AIDS' call for a national plan -- which would be developed through a mechanism that includes strong community involvement (along models now in use by NIH for research and HHS for prevention).

Concern was expressed that the Coordinator's title sounds too weak.

Concern was also expressed that the President's AIDS Advisory Council be as inclusive and representative as possible and that its role and function be clearly defined from the start.

Staffing for National AIDS Policy Coordinator's Office

National AIDS Policy Coordinator

Administrative Officer

Policy Director

Communications Director/writer

Administrative Asst./
Executive Asst.

Policy officer

Advisory Council coordinator

Policy officer

Community liaison

Administrative Asst.

Administrative Asst./
travel coordinator

Policy Director serves as key coordinator for interdepartmental task force, working with policy officers (who staff subcommittees of the IDTF). Policy Director also is chief liaison for congressional affairs.

Communications Director is key coordinator of press activities, relations with constituency organizations, and provides logistical and coordinating support for the Advisory Council.

Total FTEs: 11 including NACP.

Source of FTEs: 2 (NACP and Schedule C) from White House

5 from PHS

4 details from other departments

Goals for AIDS Coordinator

- 1) Sea change on early intervention
- 2) The Plan
 - Expand and develop research plan (including DOD, VA)
 - Foster and expand prevention plan (including ED, Justice)
 - Develop treatment plan from scratch (Ryan White, HCFA, VA, DOD)
- 3) Managed care oversight and Medicaid 1115 waivers
- 4) State option on clean needles

Inevitabilities for AIDS Coordinator

- 1) Advisory Committee
- 2) Now through February--The Budget: +\$300
- 3) November or December--the International Summit
- 4) May--IOM Report on Blood (and proposals for compensation)
- 5) Now through ?--Reauthorization of Ryan White
- 6) Newborn Screening

THE WHITE HOUSE
WASHINGTON

10/13/94

Carol-

Records Mgmt. has no record of receiving this letter from Mixner. Shall I proceed w/this draft?

Roz

~~Yes - see my edits. I want to proof & add a cover note to Podesta.~~ ^{ham}

DRAFT RESPONSE TO DAVID MIXNER

Dear David:

Thank you for your letter of June 3rd. Your sentiments and views are always welcome, provocative, and informative.

As you know, we are now in the midst of a search for a new National AIDS Policy Coordinator. In the interim, Patsy Fleming is filling this role, and I know that you have a long-standing relationship with her. I hope you will feel free to share with her your thoughts and ideas about this office.

We have been doing considerable outreach with the AIDS community about how to reshape this office. One thing seems clear: there are almost as many views about the appropriate role of the National AIDS Policy Coordinator as there are people expressing them. My view is that the National AIDS Policy Coordinator's principal role is to make sure that every agency in the Federal government is doing its job -- assuring that the researchers are doing all they can to find a cure and prolong the lives of those with HIV; making certain that the public health establishment is doing all it can to prevent another generation of HIV infections; and guaranteeing that the services, housing, and care needed by people already sick with HIV are indeed in place. The Coordinator cannot and should not do any of these things; the Coordinator is a catalyst and a watchdog and cannot be a substitute for the agencies doing their jobs.

There is good news from the research front. As I am sure you know, many people (if they have access to and can afford quality care) are living longer with this infection. Sadly, the increased life expectancy that many people with HIV are experiencing is not necessarily a result of better anti-retroviral treatments. Instead, the quality and length of life improvements are a result, for the most part, of research into treatments and prophylaxis for opportunistic infections. An effective treatment for underlying HIV infection is not on the immediate horizon, as I understand the science - and that's why the focus of the work coordinated by the NIH's Office of AIDS Research (OAR) is shifting to more basic science so we first get a better understanding of this insidious virus and then can develop better drugs. In the meantime, we must also focus research on treating and preventing opportunistic infections -- on keeping people alive until the cure is found.

I agree that our ultimate goal must be a cure and a vaccine for AIDS. Within my Administration the person responsible for leading this research effort for a cure is Dr. William E. Paul, a world-renowned immunologist, who six months ago accepted the position of Director of the NIH Office of AIDS Research. NIH leads the world in AIDS research, and the NIH AIDS research budget represents nearly 90% of the total federal AIDS research

effort. Thus, the authority of the OAR is far-reaching. Under its leadership of the nation's AIDS research effort, new scientific priorities have been established and resources have been redirected to address those scientific opportunities. As you are probably aware, I appointed Dr. Harold Varmus, a Nobel Laureate, who has been deeply involved in AIDS research, as Director of NIH. With these two eminent world-class scientists at the helm, I believe we will see a revitalized effort and new direction in AIDS research.

As you know, passage of the NIH Revitalization Act of 1993 provided expanded authority to the OAR. I supported this legislation, along with a large coalition of AIDS advocates and researchers. I would like to tell you about the progress Dr. Paul and the OAR have made in implementing these critical new mandates.

The law requires the OAR to develop a comprehensive plan and budget for all NIH AIDS research. This plan is the first blueprint for the entire NIH AIDS research effort and will determine resources allocation across the NIH. The OAR recently completed the FY 1996 NIH Plan for HIV-Related Research, which was developed through a unique and inclusive process designed to find new approaches. The OAR sought the expertise of the NIH leadership; scientists and researchers from government agencies, academia, foundations, and industry; a number of Nobel laureates; HIV-infected men and women; and AIDS community representatives. You will be pleased to know that a number of participants from the Madison meetings were involved in the NIH process.

This diverse and eminent group of experts reached an unprecedented consensus regarding the priorities for AIDS research -- that is, that future progress against the epidemic demands a realignment of our biomedical research priorities. A rededication of efforts to basic research is required to identify new targets, facilitate drug and vaccine development, and open new frontiers for investigation. This means that scientists must go back to find answers to the very basic questions of how HIV infects cells, causes disease, and destroys the immune system. This approach will be balanced with a strong and effective clinical trials program, with a dynamic and continuing interchange between these two approaches.

The law provides further authority through a provision requiring that all NIH AIDS research funds be appropriated to the OAR for distribution to all of the individual institutes of the NIH. I believe that this authority will allow Dr. Paul to expeditiously bring about the efficient redirection of research across all of the institutes by managing the research resources based on sound scientific judgment, without seriously damaging ongoing programs, and taking advantage of the most promising scientific avenues.

The law also authorized a discretionary fund for which \$10 million was appropriated in FY 1994. These funds will allow the

OAR to direct funding in response to "break-through" or emergencies in ongoing research or for new scientific initiatives.

Progress toward meeting a number of the specific targets you mention in your letter is already underway. Dr. Varmus is a member of the National Task Force on AIDS Drug Development, which was convened by HAS Secretary Donna Chillily to involve representatives from industry, academia, and community consistency groups in identifying and resolving obstacles to AIDS drug discovery and development efforts. Another new NIH initiative is the development and implementation of an electronic database of AIDS research information.

In his recent plenary lecture at the Tenth International Conference on AIDS in Yokohama, Japan, Dr. Paul stated that "our collective goal must be to accept nothing less than the complete elimination of AIDS from our world." I am sure that he would welcome the opportunity to meet with you, provide a briefing about the NIH research program priorities, and to work with you toward our shared goal.

All this said, progress on research does require more funding. As you know, AIDS research has been one of very few "investment" areas throughout the government identified as a priority for increased funding in my Administration. In the two budgets since FY 1993, NIH AIDS research funding has increased nearly 25%, more than for any other disease. (Had Congress not cut my FY 1995 AIDS research request, the increase would be 28.5% over two years.)

I also want to be clear that I would consider my Administration's efforts to be a failure if we focused only on research efforts. We have a tremendous obligation to continue to care for those who are sick -- which is why, even in tight fiscal times, we have seen major increases in funding for the Ryan White CARE Act and other service programs during my tenure. Passage of the comprehensive health care reform measure would have made care far more accessible to thousands of people with HIV and AIDS.

We also have a major responsibility to rethink and revitalize our prevention efforts -- so that the behavior changes that are our current substitute for a preventive vaccine are incorporated into the lives of those engaging in potentially risky behaviors. We're doing that now -- with a complete review of our prevention programs and returning significant authority over prevention funding to the community level, where the best strategies for those at risk can be identified.

David, I hope these comments -- and more importantly, the future actions of my Administration as we bring on a new National AIDS Policy Coordinator -- will reassure you of my commitment to ending this epidemic. I appreciate your support and your continuing critique. I hope we live up to the hope you have placed in us.

Roz - Do we have the orig ltr. to see POTUS for Mixner? 003

Revised DRAFT DRAFT response to David Mixner

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horizon

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As you probably are aware, I appointed Dr. Harold Varmus, a Nobel Laureate, who has been deeply involved in AIDS research, as Director of NIH. ~~Dr. Paul brings new insight and expertise to the task and has broad new authorities to establish a more collaborative and coordinated AIDS research effort.~~ With these two eminent world-class scientists at the helm, I believe we will see a revitalized effort and new direction in AIDS research. *

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David Mixner

P6/(b)(6)

June 3, 1994

**President William Jefferson Clinton
The White House
Washington, D.C. 20500**

Dear Mr. President:

Our good friend Marsha Scott is delivering this letter for me. We are fortunate that we are able to communicate directly and privately. I am getting too old for handcuffs and those "paddy wagons" seem to be getting hotter and more uncomfortable! This is a far better way.

As I watch from here in Los Angeles, I am in awe of your abilities to handle so much in such a difficult time. It must be overwhelming for you to wake up each morning with renewed energy to tackle the problems of our time. To face Bosnia, North Korea, Haiti, Healthcare, Crime, etc. each day and be prepared to provide fresh leadership and innovative thinking must drain you of your energy, and at times you must feel very alone.

Like you, many of us have come to appreciate what is demanded of a person who is the President of the United States. There is a new understanding of what can be accomplished and what must be sacrificed for future generations to solve. It is with this understanding and appreciation of what you face each day that I write this letter.

My concern is AIDS.

There is no question that your Administration has done more than any other to combat this epidemic. The funding has increased, the symbolic appearances you have made are inspiring, the creation of the Office of AIDS was an important step and the Justice Department's effort to stop discrimination against HIV positive people has been applauded. Clearly, like all Americans, your healthcare program will improve the quality of healthcare that people with AIDS will receive as they fight this disease.

Unfortunately, it is not enough and it is not working.

**PAGE TWO
PRESIDENT CLINTON
JUNE 3, 1994**

I am now entering my third generation of friends who are starting to get sick and die. So far, I have lost 223 dear friends from this disease. If I am to maintain my sanity as I go through this next group of friends who are dying, than I must share with you what I think must be done to win this battle.

Please allow me to privately make some suggestions to you that this Administration is capable of handling even with all of its other responsibilities.

1. Given the massive scope of problems that you face each day, it is essential that the person who is assigned the task of finding a cure for AIDS be among the best and the brightest. They not only must have your confidence but the confidence of those who he/she will need to do their job. It must be a strong person, one that has great vision and the power to make things happen. Unfortunately, Christine Gebbie, who is a good person, has totally failed to gain our confidence and to create a national will to find a cure. Her vision is weak, her program is years behind, she lacks the personality to inspire and she has failed to use the power that you have given her. For us to find a cure, we need a powerful and charismatic leader who gets the job done.

2. The word we need to rediscover is "cure". We have become experts at developing our social services agencies, raising money to fund them and taking care of our own. We have pioneered many innovative ways to provide social services and healthcare to our sick. The Ryan White Act is funded. Federal, State and local governments are beginning to accept their responsibilities. The time has come for the administration to focus on one thing regarding AIDS: a cure.

3. What needs to be done is no mystery. Last November in Madison, Wisconsin, a group of AIDS activists and members of your Administration agreed on seven specific targets to find a cure for AIDS. They are:

- (1) Create a more collaborative and coordinated effort for development of HIV therapeutics.
- (2) Create a new information exchange technology specific to AIDS research.
- (3) Develop multidisciplinary training programs to facilitate future discoveries.
- (4) Establish small-budget, fast response grant programs.
- (5) Establish specimen and data repositories.
- (6) Launch a pilot program, the Accelerated AIDS Research Initiative.
- (7) Obtain funding for new efforts without sacrificing existing research.

**PAGE THREE
PRESIDENT CLINTON
JUNE 3, 1994**

I do not doubt your commitment. Secretary Shale has provided stellar leadership. Others have distinguished themselves in this effort including FDA Commissioner David Keasler and Surgeon General Elders.

But with all the burdens facing you as President, it is essential that you have someone in the position of "AIDS Caar" who will ensure that to find a cure continues to be a major priority in your Administration. This person must mobilize a nation, the scientific community, our universities, private enterprise and a skeptical AIDS community to find a cure. They must be strong and have the ability to communicate to this nation your desire to find a cure. Without such a person, our hopes dramatically decline and we see this issue fading into the bureaucracy of everyday government.

I fear that unless we regain the upper hand with this issue that the divisions that we experienced in the Reagan / Bush years will return. The nations attention will not be on a cure but on our anger.

Mr. President, we have known each other for a long time. Neither of us could imagine what would be required of us and the obstacles that would be placed in front of us in order to fulfill our lifelong dream of changing the world. After I buried Peter Scott, there was nothing left for me to lose. I seek no office, I desire no appointment and I aspire to no greatness. I simply have the commitment to do everything possible to assist in finding a cure to AIDS and to obtaining our freedom.

To have our freedom with our friends dying at an unbelievable rate would be an empty achievement. To find a cure to deliver those saved lives into a world of hatred would be an incredible tragedy.

I hope we both live long lives. I would like to think that in decades to come that future generations of lesbians and gays will be hanging the picture of President and Mrs. Clinton in their living rooms because, you will be our Roosevelt and our Kennedy.

If we fail to mobilize this nation to find a cure then millions of lives around the world will be lost to this epidemic. I am here to assist this effort in any way that I can. Please call on me - and others. Let's just get the job done.

Our hope is in your hands. Please help.

In friendship always.

David Miner

THE WHITE HOUSE

WASHINGTON

October 18, 1994

MEMORANDUM FOR ERSKINE BOWLES, DEPUTY CHIEF OF STAFF

FROM: Carol H. Rasco, ^{CH}Assistant to the President for Domestic Policy

SUBJECT: Staffing of the National AIDS Policy Coordinator

Please see the attached memo that Patsy Fleming has asked me to forward to you. I had asked her to prepare this in order for you to sign off on the sections labelled "President's Advisory Council on AIDS" and "Staff." With your approval, we will then move ahead on those issues pending any further advice from Steve Neuwirth.

On the section "Deputy Coordinator" I am asking that we think seriously about this one. ANY director named will need a deputy of their own choosing. Jennifer O'Connor says if HHS holds firm (no one has approached them yet) on the hiring freeze above GS-13 level then we might approach another department to hire this person if necessary. I would appreciate your guidance on this matter. I know the positions are tight here; I am compelled to add that an additional position from the White House would go a long way with the AIDS groups in their quest for more recognition.

Now that the staffing issues are in process, I will forward the memo to Veronica regarding the naming of a director.

Thank you.

Attachment

Carol Rasco

THE WHITE HOUSE
WASHINGTON

October 17, 1994

MEMORANDUM TO ERSKINE BOWLES

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

SUBJECT: Staffing of Office of the National AIDS Policy Coordinator

I wanted to update you since our meeting regarding the budget and staff for the Office of the National AIDS Policy Coordinator.

As you suggested, I have met with Steve Neuwirth in the counsel's office and he suggested the following arrangement for assembling the budget and staff. It is predicated on the legal requirement that any *cash* for the office come from only *one* cabinet agency and that staff cannot be detailed (this is considered a cash contribution), but rather reassigned (with changed duty stations). They will continue to be supervised by their home agencies.

Cash. The office needs about \$400,000 in cash, to cover rent, phones, travel, and general administrative costs. Since HHS has already signed a lease for our office space, it will be necessary to look to HHS for all our cash needs. The \$400,000 figure is significantly less than was contributed last year and should be negotiable with the Department.

President's Advisory Council on AIDS. Since the Advisory Council is not a part of the Office of the National AIDS Policy Coordinator, another department can be asked to support its travel and other cash needs. We estimate this to be from \$150,000 to \$200,000. DOD, VA, or HUD would be potential sources for these funds, since they have the larger HIV budgets after HHS.

Staff. The original staffing plan we discussed last week called for 13 people in addition to the coordinator. (The coordinator's position is a White House FTE.) We plan to identify individuals in relevant Cabinet departments who could change their duty stations to work at the White House AIDS office. Carol Rasco and I met with Jennifer O'Connor today to discuss how we might approach the Cabinet departments. They agreed that once we identify potential staff, we should then approach the departments. Jennifer is willing to work with us; she and I both need to know who should approve this approach.

Deputy Coordinator. This staffing arrangement limits us to people already working in government. If I am appointed to the Coordinator position, I would like to bring on board a deputy who is not currently in a government job. Would it be possible to assign a White House position to the AIDS office so that we can hire from the outside? At HHS, at least, there is a hiring freeze at the GS-13 level and above, making it impossible to place him at HHS and then change his duty station. I would appreciate your advice as to the options in this area.

Memorandum to Erskine Bowles/October 17, 1994/Page Two

Thanks again for your assistance in moving these structural issues through the system.

cc: Carol Rasco ✓
Jodie Torkelson
Steve Neuwirth

Advisory Council

No rural ^{representation}
So. reps weak

No researchers

No international

Possible Interview questions for Coordinator candidates:

I. General response to the job description:

1. This position requires a wide variety of skills -- or at least the ability to supervise others with a wide variety of skills and experience. These skills include: communications (community relations and the "bully pulpit" role), planning and policy analysis and development (interdepartmental task force, general policy monitoring and development roles), working with the advisory council, and managing a moderate sized staff. What do you see as your skills and assets in these areas?

II. Goals in this position:

1. If you get this position, one year from now -- what three things would you want to have tried to change about HIV in the United States?

Look for focused, do-able things

2. Where does this position fit into your long-term career goals?

III. Specific aspects of the job:

A. Communications/community relations:

1. Describe your current relationship with the HIV community. How do you anticipate this relationship would change in this new role?

2. What experience do you have in public speaking? media work? -- what are your strengths and weaknesses in this area?

3. Would you feel comfortable defending decisions that are less than you wanted -- e.g., policy on immigration; lower than desired budget numbers? Any examples of having done this in the past?

Probe to find out bottom lines -- would this person quit in protest too soon?
Additional probe might be to specifically say how they would explain a very modest increase in Ryan White to the CAEAR Coalition board

4. How would you market the office and its work to the various constituencies?

B. Planning/Budget/Policy analysis:

1. Describe any major experience you have had in developing a long-term plan for a program or agency -- and how you would apply that experience to developing a national plan on HIV/AIDS for the federal government.

Possible Interview Questions/Page 2

2. Describe your experience in working with and analyzing budgets -- and what you think is the appropriate role of the National AIDS Policy Coordinator in budget development?
3. Describe your experience in working with Congress and how you think the National AIDS Policy Coordinator should relate to the Hill.

C. Advisory council:

1. Have you ever worked with a body like the advisory council? What was that experience like? What do you see as the appropriate role of the council?

Candidates should recognize the risk and value of the council -- as loose cannon or as a prod -- and should have plans to "manage" it in the positive sense of the term

D. Management:

1. What experience do you have supervising a staff? How would you describe your management style?

Look for a willingness to be staffed -- no one person can know everything there is to know about the government's AIDS programs and policies -- and also deal with all the other demands of the job

2. What configuration of people do you think ought to be in the coordinator's office?

Looking for the candidate to suggest both political and demographic diversity and skills that balance the candidate's self-described weaknesses.

3. There is an overwhelming number of things for this office to do. How would you go about prioritizing and focusing your work and the work of your staff?

IV. Expectations vs. Reality:

1. No matter how much is done, absent a cure, many will be angry with this Administration for not having done enough. How comfortable are you being a lightning rod for the Administration's policies on AIDS? Any examples of having played this role in other jobs?

In other words, just how thick is your skin?

2. How would you respond to those who think that the job of the Coordinator is to find a cure?

It's to make sure there are no roadblocks in the way of scientists trying to find a cure

Possible Interview Questions/Page 3

3. What do you see as the public speaking-bully pulpit role of this job -- vs. the policy development-policy making role? What do you think is the appropriate balance?

What image would this person project? would he/she take care in choosing language -
- does she/he know a good -- and a dangerous if enticing -- sound bite?

4. While many see this job as, at least in part, reassuring those in the HIV activist community that this is an Administration that cares, there are others who see this job as one of outreach to the vast majority of Americans for whom AIDS is not a major issue. Where would you strike a balance? Have you done this kind of outreach on AIDS or other issues?

V. General questions:

1. What political baggage would you bring to this job? How would you mitigate it?
2. What do you think are your greatest weaknesses in considering this job?
3. What excites you most about this job?
4. What frightens you most about his job?

Staffing for National AIDS Policy Coordinator's Office

National AIDS Policy Coordinator

Administrative Officer

Policy Director

Communications Director/writer

**Administrative Asst./
Executive Asst.**

Policy officer

Advisory Council liaison

Administrative Asst.

Policy officer

Community liaison

(Policy officer)

Policy arm oversees development of national plan, works with interdepartmental task force, does budget analysis and congressional liaison (in conjunction with White House congressional liaison staff). Option policy officer if "think tank" role is also incorporated into the office. Which officers play which role will depend on mix of skills.

Communications arm is key coordinator of press activities, relations with constituency organizations, and provides logistical and coordinating support for the Advisory Council.

Total FTEs: 11 including NAPC.

Source of FTEs: 2 (NAPC and Schedule C) from White House

5 from PHS

5 details from other departments

Roles and Function of the National AIDS Policy Coordinator's Office

Area	Skills Needed
I. Communications	
A. Community relations (outreach to meetings with, responding to the demands of community groups, educating them about what the Administration is doing).	community outreach
B. Bully Pulpit role -- mobilizing, educating the nation to be more responsive and compassionate about AIDS; informing the nation about the Administration's accomplishments.	speech writer
II. Policy Development and Coordination	
A. President's AIDS Advisory Council (advises President on AIDS issues, especially bringing issues from around the country to the attention of the Federal government; reviews national plan; may form subcommittees)	council liaison
B. Chairing the Interdepartmental Task Force on AIDS (which creates and updates the national plan).	planning officer
C. Budget	
1. Internal: advocating within the government for appropriate funding levels; assuring funding requests are consistent with the national plan.	budget analyst
2. External: advocating for the President's budget with Congress and the community.	congressional liaison
D. Policy monitoring (keeping the White House apprised of key policy issues, assuring interdepartmental consistency in policy, advising the White House of key issues that need resolution or are potentially controversial)	policy analyst
E. Policy development (a "think tank" role, using community, academic, and government expertise to address emerging issues for people with HIV and in HIV policy; for example, after Congressional action is complete on health care reform this year, convening a panel of experts to discuss the implications for ongoing HIV care services programs and identifying additional areas of action that are needed).	policy analyst

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

SEP - 1 REC'D

FACSIMILE COVER SHEET

To: Carol Rasco

Organization: _____

From: Patsy Fleming

Date: 9/1/94

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: 456-2878

Number of pages including this sheet: 6

Remarks:

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: Roy

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 Retire

Designee to attend: _____

Remarks: Call & tell them
Patsy will be
announced
today at 1:40.

Self message
KMF
12:40

NOV - 9 1994

Pediatric AIDS Foundation
 1311 Colorado Avenue • Santa Monica • CA • 90404
 TEL: (310) 395-9051 FAX: (310) 395-5149

FAX TRANSMISSION SHEET

TO: Carla Pasco

FAX #: 212-456-2878

FROM: _____

DATE: 9 NOV 94

NUMBER OF PAGES (INCLUDING COVER): 2

COMMENTS: _____

If you do not receive all the pages, please call the Pediatric AIDS Foundation office, (310) 395-9051.



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Lori Wiener, Ph.D., A.C.S.W.

9 November 1994

Dear Carol,

We have been informed that a decision about the AIDS Coordinator will be announced this Friday, November 11.

We have also been told that if the President will personally ask Patsy Fleming, that she will accept the position.

We strongly support Patsy Fleming as the AIDS Coordinator. She is someone who has been involved in this struggle since the very early days, and is committed to addressing the many problems we are all faced with.

We know that with the disappointing election results, this may not be a priority in the next two days, but please make this a reality for all those in this continuing struggle.

Thank you.

Susan DeLaurentis
Elizabeth Glaser
Susie Zeegen
Co-founders, Pediatric AIDS Foundation

THE WHITE HOUSE

WASHINGTON

November 9, 1994 *file*

ANNOUNCEMENT OF NEW AIDS POLICY DIRECTOR

DATE: November 10, 1994
LOCATION: Roosevelt Room
TIME: 1:40 p.m.
FROM: Carol H. Rasco *CHR*

I. PURPOSE

You will be announcing the appointment of Patsy Fleming as the new Director of the Office of National AIDS Policy. There will be a press pool and about 30 invited guests, including representatives of supportive AIDS organizations, public health, and medical groups, as well as the family of Patsy Fleming.

II. BACKGROUND

This is a long-awaited announcement of the new director; it has been the source of rather intense interest within the AIDS community. The community is looking for assurances that the new director will have access to you, will have the authority to speak for the Administration, and will have significant input on AIDS budget issues.

III. PARTICIPANTS

Vice President may attend
Secretary Shalala
Patsy Fleming

IV. PRESS PLAN

There will be pool coverage of the event. Patsy Fleming will do a press briefing following.

V. SEQUENCE OF EVENTS

- Statement by Secretary Shalala
- Statement by the President
- Statement by Patsy Fleming

VI. REMARKS

To be provided by Speechwriters

file: AIDS

THE WHITE HOUSE
WASHINGTON

*11/10/94 Courier delivered
to Lenora Williams
for presentation on
Nov. 11. nam*

November 8, 1994

Mr. Daniel T. Bross
Executive Director
AIDS Action Council
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009

Dear Dan:

I want to extend my congratulations and wish you the best as you step down as executive director of the AIDS Action Council.

Over the past four years, you have given the Council and the nation consistent, clear, and effective leadership on behalf of all people affected by HIV and AIDS. You should be proud of the service you have provided in building AIDS Action into the important presence it is today on HIV policy.

This Administration is losing an important resource in helping to guide and critique our HIV/AIDS policy, and your contributions will be long remembered. Please accept my thanks for all the good work you have done during your tenure at the AIDS Action Council and in your other important HIV-related work.

Sincerely,

Bill Clinton

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: _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: _____

SEND ON TO MARK

MILLER.

Let's try hard to have ~~it~~ it

Lenora Williams
986-1380
Ext. 33
Dupont Circle

ready for Patsy - see memo.

OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

750 17th Street, N.W.
Washington, DC 20503

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

NOV - 2 1994

FACSIMILE COVER SHEET

TO: Carol Kasco

FAX NUMBER: 456-2878

FROM: Patsy Penning

DATE: 11/2/94

PAGES INCLUDING COVER SHEET: 3

COMMENTS:

THE WHITE HOUSE
WASHINGTON

November 2, 1994

MEMORANDUM FOR CAROL RASCO

FROM: Patsy Fleming PF

SUBJECT: Dan Bross

As you know, Dan Bross is leaving his position as executive director of AIDS Action Council later this month. It would be nice to have a letter from the President to Dan thanking him for his contributions to the nation's AIDS efforts.

Attached is a proposed draft letter. If this can be ready in time for a staff event for Dan on November 11th, that would make things even better.

Thanks.

Draft Letter from the President to Dan Bross

**Daniel T. Bross
Executive Director
AIDS Action Council
1875 Connecticut Avenue N.W.
Washington, DC 20009**

Dear Dan:

I want to join in the congratulations and good wishes being extended to you upon the end of your four years as executive director of AIDS Action Council.

You have given the Council and the nation consistent, clear, and effective leadership on behalf of all people affected by HIV and AIDS. You should be proud of the national service you have provided in building AIDS Action into the important presence it is today on HIV policy.

I know that this Administration is losing an important resource in helping to guide and critique our HIV/AIDS policy. Please accept my thanks for all the good work you have done during your tenure at AIDS Action and in your other important HIV-related work.

THE WHITE HOUSE
WASHINGTON

FAX COVER SHEET

OFFICE OF THE ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY
SECOND FLOOR, WEST WING
THE WHITE HOUSE
WASHINGTON, DC 20500
(202)456-2216 PHONE
(202)456-2878 FAX

TO: Mark Miller
FAX #: 62806
FROM: CAROL H. RASCO
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THE WHITE HOUSE
WASHINGTON, DC 20500
(202)456-2216 PHONE
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file: AIDS

THE WHITE HOUSE
WASHINGTON

November 11, 1994

MEMORANDUM FOR TO THE PRESIDENT

FROM: Carol H. Rasco *CHR*
SUBJECT: Pedro Zamora

As you know, Pedro has been living with the HIV disease and his doctors recently diagnosed him with very little time left. Pedro died at 5:00 a.m. this morning.

Pedro has done tremendous work in the AIDS field:

- a member of AIDS Action Council's board;
- a nationally recognized speaker and advocate for adolescent HIV prevention and care;
- was seen each week on MTV's The Real World and has been featured in the various publications including The Wall Street Journal.

It is my understanding that Pedro's surviving relatives are few and the only confirmed time of their gathering in one location is at the funeral home after 3:00 p.m. (EST) today. A draft statement has been prepared and forwarded to Media Affairs for approval. Listed below is the number/address of the funeral home as well as home numbers of his relatives:

Father

unable to locate name and number

Sister/Brother-in-law

Millie and Julio - [REDACTED] P6/(b)(6)

Brother

Jesus - [REDACTED] P6/(b)(6)

Rivera Funeral Home
373 West 9th Street
Hialeah, FL 33010
(305)888-6792

Attn: Roz Miller

Statement by the President
on the News of the Death of Pedro Zamora

Hillary and I are deeply saddened by the news of the death of Pedro Zamora.

In his short life, Pedro educated and enlightened our nation. He taught all of us that AIDS is a disease with a human face and one that affects every American, indeed every citizen of the world. And he taught people living with AIDS how to fight for their rights and live with dignity.

Pedro was particularly instrumental in reaching out to his own generation, where AIDS is striking hard. Through his work with MTV, he taught young people that "The Real World" includes AIDS and that each of us has the responsibility to protect ourselves and our loved ones.

Today, one in four new HIV infections is among people under the age of 20. For Pedro, and for all Americans infected and affected by HIV, we must intensify our efforts to reduce the rate of HIV infection, provide treatment to those living with AIDS, and, ultimately, find a cure for AIDS.

Our hearts are with Pedro's family in this difficult time. In the months ahead, let us rededicate ourselves to continuing Pedro's brave fight.

END



July 8, 1994

The President
The White House
Washington, DC 20500

Dear Mr. President:

Recent calls for the resignation of AIDS Policy Advisor Kristine Gebbie and press reports of a potential change in the particular structure of the AIDS Policy Adviser position prompt this letter. I believe there is an urgent need to begin a dialogue.

A great promise of your campaign was the strong commitment to ending the inaction of previous administrations in response to the AIDS epidemic. The cornerstone of your AIDS platform was the appointment of an "AIDS Czar". This position held the promise of a powerful appointee, reporting directly to the President, and breaking down the gridlock that had immobilized the nation's response. Sadly, that promise has not been realized.

The reasons for this lack of success are varied and need not be dwelled upon here. But the result has been two more years of an escalating AIDS crisis and a nation still searching for meaningful leadership and an effective response. The present situation seems to present an opportunity to review our past actions and to devise workable approaches for the future.

The American AIDS Political Action Committee is dedicated solely to supporting federal candidates who are committed to a sound and responsible AIDS policy. In eight short months, the PAC has garnered the support of 25,000 Americans, from all walks of life. Each of these citizens share our commitment to electing and re-electing federal candidates who have AIDS as a top priority. The Executive Committee of our Board of Directors, although currently focused on endorsing and donating to progressive candidates in the 1994 elections, believe it is important to take the time to offer our thoughts and perspectives on this important issue. They can be best summarized as follows:

- * A change is necessary, however a poorly executed change could do more harm than good.

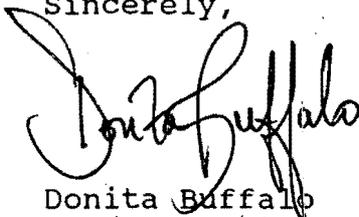
- * We believe the primary focus is best placed on the structure of the job than on the choice for the position(s). A complete understanding of why this position has failed to achieve community support is the essential foundation for future decisions.
- * We support a person for this position who has had direct experience in the fight against AIDS.
- * We support the creation of a position(s) which truly allows an individual (or team) to move across government agencies and programs, recommend and achieve significant action (including budget action), and to assist you in using the auspices of The White House as a proper bully pulpit for rallying the attention, resources and partnership of all Americans.
- * We believe your administration should develop a process and a message for this transition that can be publicly embraced by people with AIDS and their advocates.

AIDS PAC is willing to help your administration in any way we can. In particular, we would be happy to assist in bringing together a group of committed and experienced individuals to offer policy options and personnel recommendations.

Mr. President, we share a mutual goal: an American AIDS policy that is responsive and responsible. We believe your legacy should include the foundation of an AIDS policy that brought America to the beginning of the end of this epidemic.

We ask you to send us some demonstration of your clear commitment to solve the current problems and a renewed commitment to your original promises.

Sincerely,



Donita Buffalo
Chair

cc: Ms. Carol Rasco
Ms. Veronica Biggins
Mr. Leon Panetta
Mr. Thomas McLarty
Mr. George Stephanopoulos
Mr. Joe Velasquez
Ms. Alexis Herman
Members of the Board

JUL 27 REC'D

July 26, 1994



NAPWA

**NATIONAL
ASSOCIATION
OF PEOPLE
WITH AIDS**

file

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

Dear Ms. Rasco:

I am writing to you with regards to the vacancy created by the resignation of Kristine Gebbie as the National AIDS Policy Coordinator. The National Association of People with AIDS (NAPWA) continues to believe that the Office of National AIDS Policy is an important leadership center for the nation's response to the devastation of the HIV epidemic.

As you are aware, we have advocated over the past few months for substantive changes in the structure of the Office in order to make it more effective. NAPWA believes that it is important that the White House clearly communicates to the AIDS community the mission of the Office of National AIDS Policy and the role of its Coordinator in establishing, articulating, and implementing the Administration's AIDS policies. Additionally, we believe that it is essential that the White House demonstrate reasonable support for the next appointee. Recently, NAPWA has had several discussions with other national AIDS organizations and AIDS service providers about this office's role and function, as well as about criteria for the new Coordinator. Indeed, many of these organizations have expressed a desire to meet with you regarding the possible restructuring of the Office and this important appointment.

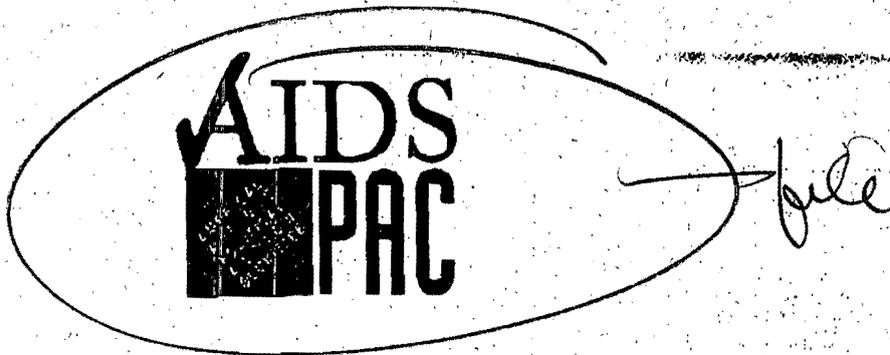
We would like to request a meeting with you and representatives of the AIDS community at your earliest convenience. NAPWA would be happy to work with you, as needed, to facilitate such a meeting.

Sincerely,

William J. Freeman
Executive Director

1413 K Street, N.W.,
Washington D.C. 20005
Phone: (202) 898-0414
FAX: (202) 898-0435

cc: Regina Aragon, San Francisco AIDS Foundation
Will Brannan, National Association of Black & White Men Together
Dan Bross, AIDS Action Council
Keith Cylar, Housing Works
David Harvey, AIDS Prevention Center for Children, Families, and Youth
Derek Hodel, Gay Mens Health Crisis
Paul Kawata, National Minority AIDS Council
Jeremy Landau, Rural AIDS Network
Steve Michael, AIDS Coalition To Unleash Power-Washington
Randy Miller, National Task Force on AIDS Prevention
Chris Portelli, National Gay and Lesbian Health Centers
Alexander Robinson, National Task Force on AIDS Prevention
Ron Rowell, National Native American AIDS Prevention Center
Julie Scofield, National Association of State and Territorial AIDS Directors
Mike Shriver, Mobilization Against AIDS
Jane Silver, American Foundation for AIDS Research
Sheperd Smith, Americans for a Sound AIDS/HIV Policy
Ken South, AIDS National Interfaith Network
Phill Wilson, AIDS Project Los Angeles
Mickey J. Wheatley, Gay & Lesbian Americans



July 28, 1994

The Honorable Carol Rasco
Assistant to the President for Domestic Policy
The White House
Washington, DC 20500

Dear Ms. Rasco:

Thank you for the opportunity to share some of our preliminary thoughts on the restructuring of the President's AIDS policy advisor position.

We are concerned about the strained situation that now exists between the White House and the AIDS community. The President's campaign promise to create an "AIDS Czar" position implied the willingness to demonstrate real national leadership for the first time in this deadly epidemic. We and others in the community sincerely wish to work with the President to fulfill that promise, but there is a virtually unanimous opinion that any person in the AIDS policy position is doomed to failure because of the serious flaws inherent in the current structure.

Given this opinion, a restructuring of the current position is an absolute necessity for fulfilling the President's promise and reassuring the AIDS community. Fortunately, Ms. Gebbie's resignation has opened a window of opportunity both to improve the structure of the AIDS policy position and to send a renewed message of hope to people with AIDS.

A substantially restructured AIDS policy position first offers the possibility of giving direction and leadership to the development of a national AIDS policy and to the various departmental programs that need to be coordinated. Just as importantly, restructuring is a necessary precursor to allowing a suitable candidate to emerge, one who enjoys both adequate credentials and the confidence of community leaders. To maintain the status quo clearly means the person accepting this challenge will begin with a large measure of skepticism. Already we are seeing a public process of vetting candidates, through press leaks, who are refusing to accept the position. This does enormous damage to the position's prestige and to the President's political standing within the AIDS community. Simply put -- we are all harmed by this process.

The Honorable Carol Rasco, July 28, 1994, page 2

There is a strong and clear mutual interest in successfully resolving the current situation. AIDS community wants a restructured position which allows an excellent candidate and strengthened presidential leadership. The President wants an excellent candidate and an AIDS policy and record which brings more compliment than complaint.

The following are our initial recommendations for the successful restructuring of this position:

- * The AIDS policy advisor position should be designed to assure visible, viable and effective leadership including budget authority, accountability and communications that are parallel in construction to other senior advisors to the president, such as the "Drug Czar."
- * The Advisor to the President for AIDS/HIV policy issues should be responsible for the review and facilitation of all interagency and departmental communications, budget priorities and overall policy development with respect to HIV/AIDS.
- * An essential element for this position is an ability to effect budget decisions and priority setting at the OMB level. Specifically, OMB pass backs should include sign off by the AIDS policy advisor.
- * Candidates should possess knowledge of HIV programs, services and policy.
- * The AIDS policy advisor requires just a few highly skilled professional associates that he/she has direct authority and responsibility for managing (including hiring and firing). Areas for staff expertise: Public Policy (includes knowledge of Congress), Communications, Direct HIV Services (health care delivery, prevention, education, housing, public health), Science (biomedical research, clinical trials etc).

At the heart of our concern and our proposals is the notion that this position cannot be simply advisory. It must include budget authority, access to the President and independent and appropriate staff. With that structure, we are confident the position can be a catalyst for real leadership and change. Behind such an individual, a massive mobilization of public and private resources can be coordinated. To present less to an AIDS community desperate for assistance and brimming with frustration would be to reinforce a growing perception that AIDS is not a priority and that this position is more symbol than substance.

The Honorable Carol Rasco, July 28, 1994, page 3

As one of a number of organizations seeking to provide input and dialogue on this issue, we understand the need to work collectively toward consensus. For our part, we are willing to contact a number of competent leaders, including members of our Board, whose counsel may be useful in your deliberations. Please be assured that any assistance, request or process that advances the Administration's commitment to AIDS is welcomed and will be greeted with a prompt response.

Sincerely,



Thomas F. Sheridan
Treasurer

**LAG+USC****Los Angeles County
University of Southern California
Medical Center**1200 North State Street
Los Angeles, CA 90033Phone: (213)
343-8298Edward L. Martinez
Executive DirectorSol Bernstein, M.D.
Chief of StaffKatherine A. Eaves, R.N.
Acting Director, Nursing Services
and EducationCounty of Los Angeles
Department of Health Services

July 26, 1994

President Bill Clinton
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Mr. President,

It is with a sense of urgency that we the undersigned are writing to you -- an urgency created by the continuing repercussions of the AIDS pandemic and exacerbated by the recent resignation of Kristine Gebbie as your National AIDS Policy Coordinator.

I represent the 5P21, Rand Schrader HIV/AIDS Clinic at Los Angeles County+University of Southern California Medical Center, the nation's largest outpatient HIV/AIDS facility. By extension, we are a voice for Los Angeles County -- where an estimated one in every 200 persons is HIV infected-- and the State of California -- where an estimated 146,000 persons are living with HIV.

Our clinic credentials are as follows: We have provided top-quality HIV/AIDS outpatient medical and research services since 1986. We recorded more than 40,000 patient visits in 1993, 60 percent of which were by patients with full-blown AIDS and most of whom had no prior HIV/AIDS health care service.

Given our HIV/AIDS experience, our State's burden of HIV disease and our work with Federal HIV/AIDS efforts we believe we have sufficient standing -- as well as considerable obligation -- to speak out on the office of the National AIDS Policy Coordinator.

First and foremost, we urge your continued commitment to fighting HIV/AIDS. We believe that the key to your commitment lies in redefining and staffing the office of the National AIDS Policy Coordinator. As currently structured, the office has inherent problems that preclude substantive AIDS policy guidance and effective interchange with front-line HIV/AIDS service providers.

President Bill Clinton

July 26, 1994

Page 2

The scope and responsibility of the office have not been defined, and the office is limited by its lack of authority over HIV/AIDS policy, a meaningful budget, and responsibility for program implementation. In short, the National AIDS Policy Coordinator is a spokesperson without authority.

Because we believe that these problems can -- and should -- be rectified, we offer the following recommendations:

1. The National AIDS Policy Coordinator should have direct access to the President and participate at all cabinet level discussions. The office should be staffed with other senior personnel. These senior staffers -- to be supervised by the Coordinator -- should work with the Congress and HIV/AIDS programs, all federal agencies and travel the nation, observing existing HIV/AIDS programs, obtaining community recommendations for program innovations and policy changes, and functioning as Administration spokespersons.
2. The office staff should oversee HIV/AIDS treatment and prevention, and ensure adequate and quality primary and specialty medical care, ancillary care and education efforts.
3. The office should oversee research and be apprised regularly as to developments and progress of drug studies. The coordinator should have the authority to move funds between research projects when it is determined that a particular study is ineffective.
4. To aid in this oversight, the office should establish and oversee a nationwide Community and Public Health Advisory Board composed of frontline HIV/AIDS service providers, chosen by the community, with expertise in developing and implementing service-delivery policies and procedures, and public health prevention programs. This board should review Federal HIV/AIDS policies and programs, and develop service, public health, and legislative recommendations.
5. Based on input from the proposed Community and Public Health Advisory Board and the new National Advisory Council, the office should develop a national AIDS agenda by January, 1995.
6. Given this oversight and input, the office should develop an emergency discretionary fund, and disburse

President Bill Clinton
July 26, 1994
Page 3

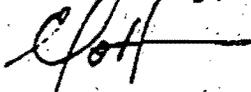
those monies in accordance with the national HIV/AIDS agenda and recommendations from the proposed Community and Public Health Advisory Board.

- 7. Because of the scope of responsibilities of this office, the National AIDS Policy Coordinator should have authority to coordinate at the national level all interdepartmental AIDS activities.
- 8. The National AIDS Policy Coordinator should be the Administration's HIV/AIDS representative to Congress, work with the Congress to develop legislation that affects federal HIV/AIDS spending priorities, and anti-discrimination safeguards for HIV infected persons and to insure the delivery of high quality comprehensive HIV/AIDS services.

As you work on filling this vacancy, we hope you will consider our recommendations. Please contact us if we can be of any assistance in identifying potential candidates, providing community input, and marshalling support.

Once again, thank you for your leadership in this vital healthcare effort.

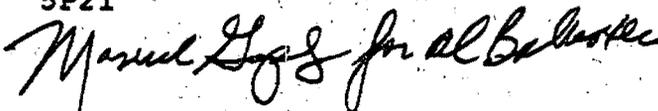
Sincerely,



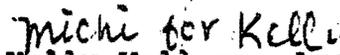
Elliot Johnson, Administrator
5P21



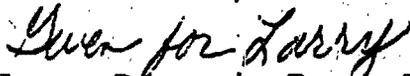
Wilbert Jordan, M.D., Chair
L.A. County Commission on
HIV/AIDS



Al Ballestersos, Director
HIV Services, Altamed



Kelly Wallace, Assoc. Director
Serra Project

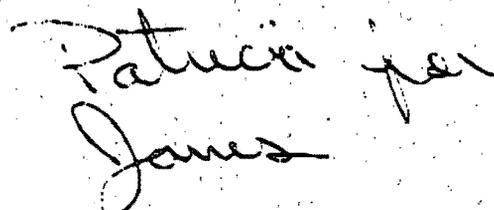


Larry Pagnoni, Exec. Director
AIDS Service Center

James Loyce, Exec. Director
AIDS Project Los Angeles



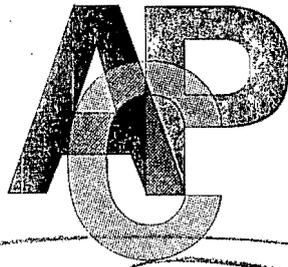
Dean M. Goishi, Director
Asian Pacific Intervention Team



ej:g

c: Leon Panetta
Carol Rasco

We are pleased to announce the formation of the



AIDS Policy Center

For Children, Youth & Families

file

910 Seventeenth Street NW, Suite 422, Washington, DC 20006
Tel. (202) 785-3564 • Fax (202) 785-3579



AIDS Policy Center
For Children, Youth & Families

David C. Harvey, MSW
Executive Director

910 Seventeenth Street NW
Suite 422
Washington, DC 20006

Tel. (202) 785-3564
Fax (202) 785-3579



BOARD OF DIRECTORS

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Miami

Janet Shalwitz, MD
San Francisco

Mildred Williamson, MSW
Chicago

David C. Harvey, MSW
Executive Director

Press Release

Date: August 19, 1994

Contact: David Harvey (202-785-3564)

"New National AIDS Group Forms"

Washington, D.C. -- To respond to urgent needs of children, youth, and families living with HIV infection, the national AIDS Policy Center for Children, Youth & Families announced its formation this month.

"Unfortunately, women and youth now constitute a rapidly growing group of persons with HIV infection", says board president Sheri Saltzberg. "The national public policy response to families living with HIV infection -- which includes children, youth, women and men -- remains grossly inadequate. The AIDS Policy Center is committed to improving the national response to the AIDS epidemic".

"Sound public policy is crucial to effective HIV service delivery and prevention of HIV infection. Policy-makers control health care financing that is crucial to HIV prevention and the lives of all persons living with HIV infection", says David Harvey, the group's executive director.

The AIDS Policy Center's mission is to bring the voices of youth, women and families living with HIV infection to policy-makers in Washington, D.C. and to conduct non-partisan policy research and analysis. The Center also provides legal and policy training and technical assistance to pediatric, adolescent and family HIV service providers located throughout the United States.

"The Center has elected a committed and dedicated group of persons living with HIV infection and professionals to be on its Board of Directors. We are thrilled to be engaged with other national AIDS groups, Congress and the administration to end the HIV epidemic", noted Saltzberg.

-- More to Follow --

APC Facts

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 7000 infants are born each year to HIV infected women in the U.S. The vast 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. Zidovudine (ZDV) therapy with HIV infected pregnant women shows promise for reducing perinatal transmission.

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. Approximately 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 African-American. In addition, 24% of the children with AIDS have been of Latino origin, although only 11% of U.S. children are Latino.

In addition to the 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.

APC Board of Directors

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Dorothy Mann, Philadelphia
Sean Sasser, San Francisco
Gwendolyn Scott, MD, Miami
Janet Shalwitz, MD, San Francisco
Mildred Williamson, MSW, Chicago

AMERICAN CIVIL LIBERTIES UNION
WASHINGTON OFFICE
122 MARYLAND AVENUE N.E.
WASHINGTON, DC 20002

To

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

FIRST CLASS MAIL

THE WHITE HOUSE
WASHINGTON

JUL 21 REC'D

July 21, 1994

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

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

RE: AIDS POLICY COORDINATOR POSITION

I received a copy of the attached letter from a coalition of AIDS organizations. The letter reflects concerns that I have been hearing from a number of gay leaders and AIDS activists for several weeks, and I want to share with you a brief analysis of the political situation.

Because AIDS is developing most rapidly in communities of color (and particularly in the African American community), the appointment of a well-respected person of color as AIDS Policy Coordinator will accomplish two important goals: (1) represent the changing face of the disease from white gay men to people of color and (2) avoid credibility-threatening criticism of the new appointee by the communities most devastated by the disease.

If you would like, I would be happy to discuss these issues with you in more detail at your convenience.

NATIONAL LATINO/A LESBIAN AND GAY ORGANIZATION

~ Washington, D.C. ~

NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER

~ Oakland, California ~

NATIONAL MINORITY AIDS COUNCIL

~ Washington, D.C. ~

NATIONAL TASK FORCE ON AIDS PREVENTION

~ San Francisco, California ~

July 21, 1994

Carol Rasco

Assistant to the President, Domestic Policy

The White House

1600 Pennsylvania Avenue

Washington, D.C. 20500

Dear Ms. Rasco:

We write to you today to urge you to proceed thoughtfully and with all deliberate speed in your efforts to fill the position of National AIDS Policy Coordinator for the Clinton White House. As national organizations who represent communities of color, our constituents continue to be devastated by HIV disease and AIDS. In spite of the disproportionate impact of this disease on our communities, we continue to have very little representation at the federal policy making level.

We believe that the national AIDS policy office must provide leadership throughout our federal government to ensure a coordinated national strategy to combat AIDS and reduce the spread of HIV. This effort must include targeted research, care, prevention and housing programs that address the critical needs of communities of color. To that end we believe that the appointment of a qualified public health professional who is also a person of color is essential. We believe that an effective, inclusive agenda would begin to ameliorate the impact that AIDS is having on our nation.

We would therefore offer for your consideration the names of some of our colleagues that we wish to be considered for appointment as national AIDS policy coordinator. We the undersigned recommend for your consideration:

Carol Rasco
July 21, 1994

Helene Gale, currently with Center for Disease Control and Prevention, Washington Office;

Dr. Mark Smith, currently serving as the Director of the Kaiser Family Foundation;

Phill Wilson, currently the Director of Public Policy, for AIDS Project Los Angeles and formerly the Director of the City of Los Angeles AIDS Office; and

Dr. German Maisonet-Rodriguez, Director of Infection Control and Communicable Disease, Federal Bureau of Prisons.

We believe that each of these individuals possess the skills and experience needed to fulfill the responsibilities and duties required of the AIDS policy coordinator, and have the respect and credibility needed among their professional colleagues and the HIV/AIDS advocacy communities.

The ineffectiveness of our federal response to AIDS has been well demonstrated in the increased rates of infection and the lack of access to primary medical care experienced in communities of color across this country. The appointment of any one of these professionals would be a major step in turning that around.

We will be contacting your office in the near future to request a meeting to discuss our broader AIDS concerns with you. If you have any questions please contact Alexander Robinson (202) 544-1681.

Thank you for your consideration of this most urgent matter.

Sincerely,

National Latino/a Lesbian and Gay Organization
Mario Solis-Marich, Co-Chair, Board of Directors
Letitia Gomez, Executive Director

National Native American AIDS Prevention Center
Ron Rowell, Executive Director

National Minority AIDS Council
Norman Nickens, Chair, Board of Directors
Paul Akio Kawata, Executive Director

National Task Force on AIDS Prevention
H. Alexander Robinson, President, Board of Directors
Randolph H. Miller, Executive Director



DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

JUL 27 1994

MEMORANDUM

TO: Carol Rasco
FROM: Kevin Thurm *[Signature]*
SUBJECT: AIDS Policy Coordinator Position

Attached are two further recommendations for the position of AIDS Policy Coordinator in addition to those already forwarded.

If you have any questions please do not hesitate to contact me.

Qualified candidates for the position of AIDS Policy Coordinator:

1. Phill Wilson, Director of Public Policy, AIDS Project Los Angeles. Phill has high recognition among and is highly regarded by the AIDS community nationally. As Director of Public Policy at APLA, Phill played an important leadership role in organizing the Ryan White Planning Councils in Los Angeles. He is politically astute and is considered an inspirational speaker. His work for APLA has brought him to Washington on many occasions to lobby, meet with representatives of other AIDS organizations and the congressional and federal staff during the past two and a half years. Prior to this, he was the AIDS Coordinator for the City of Los Angeles. In both positions he has had extensive experience with government.

2. Joe O'Neill, Director of Research, Community Outreach, and Counselling and Testing Services, Chase Brexton Clinic, Baltimore, MD. Joe O'Neill has been at the Clinic for the past two years. Before returning to the clinical care of persons with AIDS, he directed Title IIIB of the Ryan White program at the Health Resources and Services Administration (HRSA) in IHHS. He is known to and respected by the AIDS community. While he is not as well known as Phill, he is highly respected as a politically savvy and compassionate physician. The Secretary recently appointed Joe to HRSA's HIV/AIDS Advisory Committee.

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

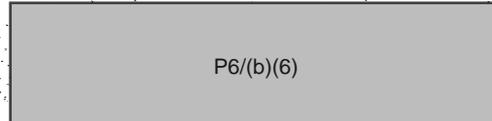
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INFORMATION.

CURRICULUM VITAE

April, 1994

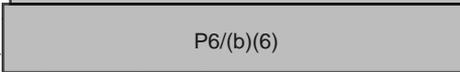
Joseph F. O'Neill, M.D., M.S., M.P.H.
Chase Brexton Clinic/Baltimore Community Research Initiative
101 West Red Street, Suite 211
Baltimore, Maryland 21201
(410) 837-2050/51/71 Fax

Home Address:



P6/(b)(6)

Birth Date:
Birth Place:
Citizenship:
Social Security:
Marital Status:



P6/(b)(6)

United States of America
[Redacted]
Single

EDUCATION

- 1975 B.S. School of Business Administration
University of California at Berkeley
Berkeley, California
- 1983 M.S. Health and Medical Sciences
University of California at Berkeley
Berkeley, California
- 1983 M.P.H. School of Public Health
University of California at Berkeley
Berkeley, California
- 1985 M.D. School of Medicine
University of California (UCSF)
San Francisco, California

INTERNSHIP

1985 - 1986 Primary Care Internal Medicine
University of Washington
Seattle, Washington

RESIDENCY

1986 - 1988 Primary Care Internal Medicine
University of Washington
Seattle, Washington

1987 - 1988 Chief Resident, Primary Care Medicine
University of Washington
Seattle, Washington

Joseph F. O'Neill, M.D., M.P.H.
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Page 2

1988 - 1989

Chief Resident, Internal Medicine
U. Washington/Providence Hospital
Seattle, Washington

CERTIFICATION

07/01/86 - Diplomate, National Board of Medical Examiners
09/15/88 - Diplomate, American Board of Internal Medicine

LICENSURE

Maryland, #D39536

CURRENT STATUS

Director of Research, Community Outreach, and Counselling and Testing Services, Chase Brexton Clinic, Baltimore Maryland. Oversee HIV counselling and testing services at the largest anonymous testing site in Maryland. Direct all research activities and community based clinical trials of experimental HIV/AIDS therapies. Primary care physician for a largely indigent population of 1,500 HIV/AIDS patients.

Member, Health Resources and Services Administration, U.S. Public Health Service, National AIDS Advisory Council. Advises the Administrator of HRSA on national AIDS policy and programs including Ryan White programs, AIDS Educational and Training Programs, substance abuse linkage programs, and Pediatric AIDS programs.

Co-Chair of the Executive Committee of the Baltimore Community Research Initiative (BCRI).

Medical Director, Options Project (TOP) - an outreach program for access to clinical trials and experimental therapies for injectable drug users and other underserved populations in Baltimore.

Assistant Professor of Medicine (Part Time), Johns Hopkins University School of Medicine.

Assistant Clinical Professor of Medicine, University of Maryland School of Medicine.

Assistant Professor of Internal Medicine, College of Osteopathic Medicine of the Pacific.

Consultant to the American Medical Association Council on Scientific Affairs on Lesbian and Gay Health concerns.

Consulting on HIV/AIDS and substance abuse program development.

Joseph F. O'Neill, M.D., M.P.H.
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Page 3

PAST POSITIONS HELD

- 1988 - 1989 Acting Instructor
Department of Medicine
University of Washington
Seattle, Washington
- 1987 - 1989 Volunteer Staff Physician
AIDS Clinic
Harborview Medical Center
Seattle, Washington
- 1988 - 1989 Consultant on HIV/AIDS
Office of the Associate Administrator for AIDS
Health Resources and Services Administration
Rockville, Maryland
- 1989 - 1990 Chief Medical Officer
Division of HIV Services
Bureau of Maternal and Child Health and
Resources Development, HRSA
U.S. Public Health Service, Rockville, Maryland

Responsibilities included medical oversight of HIV Service Demonstration Projects, Community and State HIV Planning grants, State AIDS drug reimbursement program and other HIV/AIDS related programs administered by HRSA.

- 1990 - 1992 Chief, HIV and Substance Abuse Branch
Division of Programs for Special Populations
Bureau of Health Care Delivery and Assistance
Health Resources and Services Administration
U.S. Public Health Service
Rockville, Maryland

Responsibilities included development, implementation, and evaluation of Title IIIB of the Ryan White CARE Act, the NIDA/BHCDA Primary Care and Substance Abuse Linkage Project, and all HIV and substance abuse activities in the Federally supported Community and Migrant Health Centers and Health Care for the Homeless Programs. Initiation, planning and evaluation of HRSA/CDC early intervention demonstration grants and HRSA/NIH primary care/ACTG linkage project. Directly responsible for administration of over \$60 million Annual budget, 140 grantee projects, and Federal staff in central and 10 regional offices.

Joseph F. O'Neill, M.D., M.P.H.
Curriculum Vitae
Page 4

PROFESSIONAL MEMBERSHIP

Lt. Commander, reserves, U.S. Public Health Service
Member, American College of Physicians
Member, Society of General Internal Medicine
Member, American Medical Association
Member, American Public Health Association
Member, American Physicians for Human Rights

PAST PROFESSIONAL MEMBERSHIP/ACTIVITIES

Co-Chair, V, VI, VII National AIDS Update Conferences, San Francisco
1992, 1993, and 1994
Advisory Member, Agency for Health Care Policy and Research Health
Care Clinical Practice Guideline Panel of HIV Disease
Member of grant review panels for Ryan White Title I supplemental
grants (1993), U.S. Conference of Mayors Community Based
Education and Service Grants (1990); HRSA AIDS Service
Demonstration Grants (1989)
Member of Admissions Committees: UCSF/UC Berkeley Joint Medical
Program and U.C. Berkeley School of Public Health
Alternate Member, U.S. Public Health Service Quality Review
Committee (1989 - 1992)
Alternate Member, U.S. Department of Health and Human Service
Foreign Exchange Visitor Waiver Review Board (1989 - 1991)

PUBLICATIONS

Articles

Matheny S, O'Neill JF. Management of HIV-infected patients.
Clinical Update, American Academy of Family Physicians, 1990 Vol
27; pg 1-8

Paauw D, O'Neill, JF. HIV and the Primary Care Physician. Family
Practice, Dec 1990

O'Neill JF, Shalit P. Health Care of the Gay Male Patient.
Primary Care Vol 19:1 191-201 March 1992

Book Chapters

O'Neill JF, Mills J, Management of Common Syndromes in Patients
with HIV infection and AIDS. In: Holmes, et al., eds. AIDS: DX and
RX; McGraw Hill, 1990 pg 137-149

Fernandez E, Macher A, and O'Neill JF, Management of the Patient
with HIV Disease. In: Rakel ed. Conn's Current Therapy 1993; W.B.
Saunders Co, 1993 pg 43 - 59. 1994 Update in press.

Joseph F. O'Neill, M.D., M.P.H.
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Page 5

SELECTED PRESENTATIONS

Update on AIDS and HIV Infection. Presentation at the Annual Meeting of Washington State Academy of Family Practice. Blaine, Washington, June 1988

HIV and Internal Medicine Manpower Shortage. Presentation at Annual Meeting of Directors of Residency Programs in Internal Medicine. San Francisco, California March 1989

Impact of HIV on General Internal Medicine Training. Presentation at the Annual Meeting of the Society for General Internal Medicine. Crystal City, Virginia, June 1989

Centers for Disease Control Workshop on Estimates of HIV Prevalence and Projected AIDS Cases. Expert participant. Atlanta, Georgia, October 1989

Harvard AIDS Institute. Participant in invitational workgroup on Alternatives to Hospitalization for patients with AIDS. Cambridge, Massachusetts, November 1989

How to Write a Federal Grant. Presentation at National AIDS Network Skills Building Conference. Washington DC, Fall 1989

HIV Infection in the Workplace. Presentation at Governmentwide conference on Employment of Persons with Disabilities. Bethesda, Maryland, January 1990

Harvard AIDS Institute. Participant in invitational workgroup on Early Intervention. Cambridge, Massachusetts, March 1990

HIV Health Services Planning. Presentation to State of New Mexico Health Services Planning Meeting. Albuquerque, New Mexico, March 1990

Delivery of HIV and Substance Abuse Related Health Services to Hard-to-Reach Populations. Plenary Address. World Congress on AIDS, Indian Health Organization. Bombay, India. December 1990

Visiting Alpha Omega Alpha Professor. AOA Lecture: Caring for the AIDS patient. University of New Mexico School of Medicine, April, 1991

Increasing Capacities of Community-based Primary Care Health Systems to Provide HIV Services. Oral Presentation at the Seventh International Conference on AIDS. Florence, Italy, June 1991

Joseph F. O'Neill, M.D., M.P.H.
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Integration of HIV/AIDS Treatment and Substance Abuse Treatment into Primary Care Systems. Poster Presentation at the Eighth International Conference on AIDS. Amsterdam, The Netherlands, July 1992

Combination Anti-Retroviral Therapy. Baltimore Area AIDS Rounds. School of Hygiene and Public Health. Johns Hopkins University.

The Dual Epidemics of HIV and Substance Abuse. Special Populations workshop. New Orleans, Louisiana. April 1993

HIV and Health Care Reform. National Leadership Coalition on AIDS annual meeting. Washington, D.C. November, 1993

HIV, Health Care Reform and Ryan White. Invitational workshop participant. AIDS Action Council. November, 1993

TESTIMONY

HIV Testing and Early Intervention. Testimony provided to the National Commission on AIDS Boston, Massachusetts, February 1990

Federal/Community Partnerships in AIDS Service Delivery. Testimony provided to the National Commission on AIDS. Seattle, Washington, July 1990

Reauthorization priorities for the Ryan White CARE Act in the context of health care reform. Testimony provided to the HRSA AIDS Advisory Committee. December, 1993.

Name: Phill Wilson
Address: APLA/Public Policy Department
1313 North Vine Street
Los Angeles, CA 90028
213/993.1352

CAREER RELATED EXPERIENCE

Firm: AIDS Project Los Angeles
Title: Director of Public Policy
Start Date: December 1992
Description: -responsible for planning, monitoring, and implementing AIDS policy through the federal, state and local governments
-drafts legislation to increase public funding for AIDS related research, education, treatment and support services
-directs the Citizens and Neighborhood Networks, two grassroots organizations that collaborate with constituents to foster change by creating dialogue on AIDS issues with elected officials

Firm: City of Los Angeles
Title: AIDS Coordinator
Start Date: November, 1990
-responsible for implementation, monitoring and supervising the AIDS policy for the City of Los Angeles
-directed City's AIDS Residential Program
-directed City's AIDS Education Program
-responsible for community outreach to groups and organizations

Firm: National Task Force on AIDS Prevention of the National Association of Black and White Men Together
Title: Director of Education and Training
Start Date: October, 1988
Description: -responsible for designing safer sex risk reduction curriculum for Gay and bisexual men of color
-created training manuals for facilitators and train the trainers
-Coordinated national training program targeting 22 cities
-responsible for community outreach to groups and organizations
-developed education and safer sex guideline policies

Firm: Minority AIDS Project
 Title: Deputy Director
 Start Date: May, 1988
 Description: -responsible for programs and systems
 -chief health educator
 -head of Speaker's Bureau
 -responsible for community outreach to groups and organizations

Firm: Gay & Lesbian Community Service Centre
 Title: Director of Outreach, Stop AIDS Los Angeles
 Start Date: October, 1986
 Description: -responsible for recruitment to AIDS Prevention and Education seminars
 -editor and chief writer of Project Newsletter
 -head of Speaker's Bureau
 -responsible for community outreach to groups and organizations

Firm: Black is More Than Beautiful, Inc.
 Title: President and Founder
 Start Date: September, 1983
 Description: -principal owner of business
 -responsible for all aspects of business, including sales, product development, accounting, personnel, executive overview
 -hired, trained and supervised 5 employees and 70 outside sales representatives
 -3 years intensive business experience as an entrepreneur

Firm: AT & T Information Systems
 Title: Account Executive, Industry Specialist
 Start Date: January, 1982
 Description: -responsible for designing, developing, and coordinating implementation of market plan to penetrate new territories for AT & T following deregulation
 -designed voice/data networks for major corporations
 -responsible for account base billing \$3.5 million

Firm: Illinois Bell Telephone Company
 Title: Account Executive
 Start Date: April, 1980
 Description: -certified as a professional account executive in the media field
 -responsible for account base billing \$3 million
 -account base and growth management, market development through business problem solving
 for voice, network and data

EDUCATION

School: Illinois Wesleyan University
Degrees: Bachelor of Arts, 1977

HONORS:

- Honorary Chairperson, 1988 Being Alive Candlelight March
- AT&T Achievers Club, 1981 & 1982
- Illinois Bell Quarterly Recognition for outstanding sales effort (four consecutive quarters)
- Blue Key - National Honor Fraternity

ACTIVITIES

- AIDS Prevention Team, Founder
- Blacks Living with AIDS and HIV disease, Founder
- National Organization of Black County Officials
- Convener of 1988 and 1989 National Black Gay and Lesbian Conference and Health Institute
- National Minority AIDS Council

THE WHITE HOUSE

WASHINGTON

August 12, 1994

The Honorable Timothy Wirth
Undersecretary of State for Global Affairs
Washington, DC 20520-7250

Dear Mr. Wirth:

Jim -
Veronica Biggins has forwarded to me your recommendation of David Mixner as someone with whom we should consult in our search for and AIDS Policy Coordinator.

I have spoken with David in recent weeks and have also invited him to a meeting that I am hosting next week.

Thank you for taking the time to write and share your thoughts about the Office of the National AIDS Policy Coordinator.

Sincerely,

Carol

Carol H. Rasco
Assistant the President for
Domestic Policy

CHR:ram



UNDER SECRETARY OF STATE
FOR GLOBAL AFFAIRS
WASHINGTON, D.C. 20520-7250

JUL 25 1994

Dear Veronica,

As you search for a new
AIDS coordinator, let me urge you to
consult with David Messer. A strong &
outspoken Clinton supporter, David knows
everyone in the Gay & AIDS world, as
well as the Democratic structure nationally.
Let me know if we can help.

With best wishes & see you soon

Sincerely,

Under Secretary of State
for Global Affairs
Washington, D.C. 20520

To Carol Pasco
FYI
Veronica Biggins

AUG 11 RECD

~~Ms. Veronica Biggins
Asst. to the President
151 OEOB
The White House
Washington, DC 20500~~

THE WHITE HOUSE
WASHINGTON

August 12, 1994

Jeff Luebke

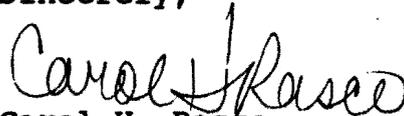
P6/(b)(6)

Dear Mr. Luebke:

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

'AUG 12 REC'D

ATTN:CAROL RASCO

AUGUST 12,1994

GOOD MORNING CAROL,
I WOULD LIKE TO EXPRESS MY CONCERN REGARDING
THE APPARENT DEEMPHASIS ON THE POSITION OF
AIDS CZAR....

PER CAMPAIGN PROMISES, THIS POSITION WAS TO BE
ELEVATED TO A CABINET LEVEL, AND WAS TO BE
STAFFED WITH SOMEONE IMMINENTLY QUALIFIED
TO LEAD THIS CRITICAL CAMPAIGN...I FEEL THE
INTERIM CANDIDATE, IS NOT SO QUALIFIED, NOR
HAS THE ISSUE BEEN ELEVATED TO THE LEVEL
PREVIOUSLY PROMISED...I WOULD LIKE TO
RECOMMEND THE IMMEDIATE APPOINTMENT TO THE
NEWLY CREATED CABINET POSITION OF GOVERNOR
LOWELL WEICKER.

AS HE HAS DEMONSTRATED HIS QUALIFICATIONS IN
THE PAST AND IS WORTHY OF CONSIDERATION....
WHILE THE INTERIM APPOINTMENT FLOUNDERS
1000'S WILL DIE. YOUR POSITION ON THIS ISSUE IS
VITAL TO 2,000,000 HIV+ PEOPLE IN THE US ALONE.
THIS DISEASE NOW GROWS RAMPANTLY, IN THE
HETEROSEXUAL COMMUNITY...WITH THE BIGGEST
GROWTH SEEN IN MINORITIES, WOMEN AND
CHILDREN...

HEROIN USAGE IN THE US HAS GROWN BY LEAPS
AND BOUNDS IN THE PAST FEW YEARS
THREATENING TO INFECT THE FUTURE OF OUR
NATION THROUGH OUR YOUNG....ESTIMATES
ALREADY RANGE AS HIGH AS 1/3 OF ALL
TRANSMISSIONS OCCUR DUE TO IV DRUG USE...AND

THE HETEROSEXUAL POPULATION STILL ASSUMES
THEY ARE NOT HIGH RISK CANDIDATES...

RECENTLY "INTIMATE KISSING" HAS EVEN BEEN
REDEFINED FROM "SAFE SEX"...TO "POSSIBLY SAFE
SEX"....THE INFECTION RATE LAST YEAR WORLD
WIDE WAS THE LARGEST ANNUAL JUMP IN THE
HISTORY OF THE INFECTION...WITH OVER 3,000,000
NEW CASES REPORTED...(EMPHASIS ON THE WORD
REPORTED...)

THE ACTUAL NUMBERS WILL NEVER BE KNOWN...
I HOPE YOU NEVER FEEL THE PAIN I FELT LAST WEEK
WHEN I WAS TOLD BY MY BEST FRIEND HE TOO WAS
HIV+....

AND URGE YOU TO DO EVERYTHING IN YOUR POWER
TO INSTITUTE A POLICY, COMPARABLE TO THE
MANHATTAN PROJECT...TO ERADICATE THIS PLAGUE.
PLEASE PRIORITIZE THIS ISSUE TO THE LEVEL OF
PROMINENCE IT DESERVES...MORE AIDS PATIENTS
HAVE PASSED AWAY DURING THE CLINTON
ADMINISTRATION THAN THE ENTIRE 12 YEARS
PRECEDING IT...

I WILL CAMPAIGN ACTIVELY ON THIS ISSUE TILL
RESOLVED AND WILL SUPPORT THE CANDIDATES
THAT UNDERSTAND THE POSSIBLE REPERCUSSIONS
INVOLVED.....

THE LIVES YOU SAVE MAY INCLUDE FAMILY
MEMBERS AND LOVED ONES...

THANK YOU
JEFF LUEBKE

P6/(b)(6)

file: AIDS

THE WHITE HOUSE
WASHINGTON

August 11, 1994

Shirley Graf

P6/(b)(6)

Dear Ms. Graf:

Thank you for taking the time to write and share with me and President Clinton your recommendation of Herbert Perry for the position of 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

August 5, 1994

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

Dear Ms. Rasco:

I am writing to recommend Mr. Herbert Perry for the position of National Aids Policy Coordinator. He resides at:

P6/(b)(6)

Mr. Perry has had his own successful accounting business for many years which should qualify him to manage fiscal issues effectively.

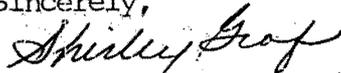
I am a registered nurse and have cared for Aids patients and have assisted their families.

Over the past three years Mr. Perry and his family have had personal experience in dealing with Aids. Steven, his son, contracted Aids at the age of twenty seven. Needless to say this had a devastating effect on the whole family unit. During the three years until Steven's death, Mr. Perry became well educated on all aspects of the disease. He was truly a caring, supportive and informed father who elicited endless patience and empathy. Mr. Perry became an active advocate, working many hours on projects to raise money for Aids research and care. He has continued his efforts relentlessly. Until this dreaded disease strikes us close to home it is easy to let others deal with the issue.

For these reasons I believe Mr. Perry would be an effective advocate for all victims and families of Aids as the National Aids Policy Coordinator.

Thank you for your careful consideration of this candidate.

Sincerely,



Shirley Graf

P6/(b)(6)

THE WHITE HOUSE
WASHINGTON

August 10, 1994

Anthony J. Locane

P6(b)(6)

Dear Mr. Locane:

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

file: AIDS

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: AIDS

File: _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: _____

Anthony J. Locane

P6/(b)(6)

**Ms. Carol Rasco
Domestic Policy Chief
The White House
FAX: 202 · 456 · 2878**

AUG 10 REC'D

Dear Ms. Rasco:

People are dying for a cabinet level AIDS Czar!

This position must be redefined as a cabinet level position reporting directly to the President. Nominees for the AIDS Czar must be individuals who have a positive relationship with People Living With AIDS. The AIDS Czar must be made more powerful by including budgetary authority and the ability to set policy.

I am a registered Democrat who voted for the President. So far I have been extremely disappointed with Mr. Clinton's lack of commitment to not only the AIDS Czar issue, but also his lack of concern for gays in the military.

I sincerely hope that Mr. Clinton will not back down on his promise to appoint an AIDS Czar who can and will accomplish something important in the fight against this plague. And I implore you to urge Mr. Clinton to do so.

Anthony J. Locane