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B2 Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].
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David C. Harvey, MSW
Executive Director

August 22, 1994

AUG 23 REC'D

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

Dear Ms. Rasco:

Thank you for meeting with representatives of the AIDS community last week to discuss restructuring the office of the national AIDS policy coordinator. I appreciated hearing about the status of the office, particularly in relation to coordination of inter-agency activities and development of the President's budget recommendations related to AIDS programs.

I look forward to continuing to work with your office as you work to create an effective office of national AIDS policy coordination.

Sincerely,

David C. Harvey
Executive Director



American Association of Physicians for Human Rights
273 Church St., San Francisco, CA 94114 Ph: 415-255-4547 Fax: 415-255-4784

AUG 22 REC'D

VIA FAX

TO: CAROL H. RASCO, Asst. to President for Domestic Policy
ORGANIZATION: The White House
FAX NUMBER: 202 - 456 - 2878
PHONE NUMBER:

FROM: Jaime Cortez
DATE: August 19, 1994
OF PAGES TO FOLLOW: 2

Comments: please see letter attached.



American Association of Physicians for Human Rights

273 Church St., San Francisco, CA 94114 Ph: 415-255-4547 Fax: 415-255-4784

August 19, 1994

Carol H. Rasco
Assistant to the President for Domestic Policy
The White House
Washington DC
Sent Via Fax: 202-456-2878

Dear Ms. Rasco:

Those of us in the gay and or HIV activist communities are sometimes better at criticizing than at giving appropriate recognition, and I want to thank you for taking the time to meet with and listen to me and others who are concerned about the role of the new AIDS Policy Coordinator. As the author of candidate Bill Clinton's AIDS Policy Paper, AIDS and gay/lesbian debate briefing papers, and other related materials, I must confess that I've been disappointed by my own and the widespread community perception that AIDS has not been the top priority at the White House that we had hoped it would be. Our meeting with you has helped to restore my confidence.

I wanted to follow up on your suggestion that we fax you ideas that we were unable to voice during the meeting. I will restrict my suggestions to three areas:

1) It remains of critical importance to me and to others that the new Coordinator have significant access to the President, budgeting decision makers, and to cabinet-level and to other senior officials. The new Coordinator, to be effective, must not only be high level, but be perceived as such by the "players"; inviting him or her to attend cabinet meetings would be extremely helpful in this regard.

But even more important than the access/power given to the new Coordinator will be what she or he does with it. **It is essential that the new Coordinator be allowed, indeed urged to be a forceful advocate within the White House, one who is expected to push actively for resources and sound AIDS Policy.** She or he should play the same role that I did in the campaign: internally pushing for the most progressive policy possible, while externally supportive of those positions adopted by the President.

2) Community expectations of the new Coordinator will be high -- perhaps unreasonably so. For this reason, **it is vitally important that the new Coordinator have a strong reservoir of good will within the HIV community.** Community trust will be essential to buy the time needed for the Coordinator to take meaningful action. In short, the new Coordinator must:

- a) have real power
- b) be expected to play the role of forceful advocate
- c) be trusted by the community as an AIDS advocate
- d) be sophisticated about how to "work the system" effectively without unnecessarily alienating either administration insiders or community leaders.

AAPHR letter to Carol H. Rasco

Page 2

I believe that Steve Morin, PhD, of Congresswoman Pelosi's staff would be a superb candidate for the Coordinator position. Tim Westmoreland also remains an excellent choice.

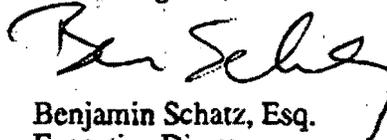
3) As one who has been told he will serve on the new Presidential HIV/AIDS Council, I am concerned about the role of the Council and the relationship between the Coordinator and Council. Specifically, I fear that making the Coordinator the Chair of the Council will put the Coordinator, the Council, or both, in a compromising position. Putting the Coordinator in charge could create the perception that the Council is expected to act merely as a rubber stamp for the administration instead of as a credible, independent expert advisory group. Should the Council wish, as a whole, to urge the administration to alter any of its current AIDS policies, the Coordinator, if he or she is Chair, would be placed in an extremely awkward position.

While the Coordinator must, of course, be a member of and closely involved with the Council, I believe another individual should be named as Chair (or two individuals named as Co-Chairs or as Chair and Vice-Chair.) Some individuals already designated as Council members would be well qualified to serve in such positions, and should be considered. *

Additionally, I am concerned about the workability of the Council given its large size (27 or 28 members). The Council, must, of course, have access to adequate staffing. In addition, I believe it might be advisable to have some sort of Council "steering committee" consisting of the Chair(s), 3 or 4 pre-designated subcommittee Chairs, and perhaps one or two additional members elected by the Council as a whole. I am anxious to be of whatever assistance I can be in helping you and Patsy design and plan for the Council to make it work as effectively as possible. Please let me know if I can be of any assistance over the next few weeks.

Thank you once again for meeting with me and other community representatives and for taking the time to consider the issues seriously. Please let me know when I can be of further assistance.

Warm Regards,



Benjamin Schatz, Esq.
Executive Director

cc: Patsy Fleming

* I would be very interested in being considered for the position of council chair, vice-chair, or subcommittee chair of a subcommittee on either prevention or discrimination.

THE WHITE HOUSE
OFFICE OF DOMESTIC AFFAIRS

AUG 23 REC'D

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: _____



August 23, 1994

Ms. Carol Rasco
The White House
Domestic Policy Council
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

AUG 23 REC'D

Dear Ms. Rasco:

Thank you for inviting the AIDS National Interfaith Network to participate in the series of meetings to provide input into the process of selecting a National AIDS Policy Coordinator.

Joe McGinty of our staff was pleased to represent ANIN and informed me that you are still open to receiving suggestions on candidates for the position.

I would like to suggest two persons for this position, taking into account the meeting of some or all of the following criteria;

- Knowledgeable of HIV and its politics
- History of working in HIV/AIDS
- Person of color/ person living with HIV
- Experience/ knowledge of the workings of the federal government and public policy realities.
- Compatible social philosophy with the President

Candidate #1

Dr. Helene Gayle, the current CDC liaison to the Congress from HHS. A woman of color, Dr Gayle has had experience within the CDC with HIV/AIDS programs and policies. She is currently working within the federal government with regard to federal public health policy implementation and is familiar with national AIDS organizations and their leadership.

Candidate #2

Rabbi Marc Blumenthal [REDACTED] P6/(b)(6) who is also a member of our Board of Directors. He is currently living in Los Angeles. [REDACTED] P6/(b)(6) [REDACTED] P6/(b)(6). He has worked for community based AIDS service organizations and at the national level, as co-chair of the Union of American Hebrew Congregations AIDS Committee. He has considerable AIDS public policy experience at the state level. He is person of judgement, integrity, and considerable energy who would serve the President well.

Thank you again for asking for our suggestions. We continue to look forward to working with you and the President to see progress in the response of our government to fulfil its responsibilities in response to this epidemic.

Sincerely,

 A handwritten signature in black ink, appearing to read 'Kenneth T. South', is written over a white background.

Rev. Kenneth T. South
Executive Director

Toward a New U.S. HIV/AIDS Agenda*

by

Patricia S. Fleming

U.S. National AIDS Policy Coordinator
The White House

delivered at

Tenth International Conference on AIDS
International Conference on STD

Yokohama, Japan
Closing Ceremony

August 11, 1994

*This is the official text of closing session remarks prepared by Ms. Fleming. They may be used in advance of delivery by journalists with the understanding that some of the material may be edited out for brevity or slightly altered by Ms. Fleming upon delivery.

GOOD EVENING:

It is an honor to address you.

My sincere thanks to Dr. Shiokawa for his kind invitation, and to Mayor Takahide and Yokohama for their hospitality.

Let me also express my appreciation to Minister Ide and his government, both for their work in arranging this meeting, and for their participation in the global response to the HIV/AIDS pandemic.

A week ago Wednesday, after my appointment as National AIDS Policy Coordinator was announced, I met with President Clinton in the White House. He and I talked about the new resources, new leadership, and new strategies we are deploying against this killer, HIV, and about what must still be done. Today, I assure you that he shares the sense of urgency of those of us here.

So, too, does Health and Human Services Secretary Donna Shalala. She had wanted to be here but had to stay in Washington as Congress works to enact health reform that, we hope, will guarantee insurance coverage to all Americans.

In a very real sense, the fight to provide health security is part of the fight against AIDS. For in my country, 27 per cent of people with AIDS lack health insurance. As AIDS and health care activists have long taught us, "health care is a right."

We hope that legislation redressing this problem will be signed into law before December First, World AIDS Day, when Secretary Shalala and I will travel to Paris with our delegation for a high-level government meeting to be hosted by the government of France and co-organized by W.H.O.

Many of us have been working this week to make that meeting a success. The meeting will address the urgent HIV-related issues in developing countries, a theme, I might add, that will also be highlighted at the U.N. Population and Development Conference in Cairo in September.

These two global gatherings are evidence that HIV/AIDS in the developing world is getting the high-level attention it deserves. We must ensure that funding follows.

In this regard, the U.S. government welcomes Japan's commitment to the effort to confront the global pandemic. Together,

through a bilateral agreement we call the Common Agenda, we will add significant new resources to the global fight against HIV/AIDS, particularly in developing countries.

And in the global arena, we look forward to the establishment of the new joint and co-sponsored United Nations program on HIV/AIDS.

The Tenth International Conference on AIDS comes at a crucial time in our 13-year struggle against this insidious disease.

In the 19 months since President Clinton took office, and especially in the past year, there has been a distinct shift in our government's approach to HIV/AIDS.

The major features of our new agenda include an infusion of new resources, new leadership, and new strategies to confront this pandemic head-on.

Let me talk about them briefly.

In the Clinton administration's first year in office, we increased spending for AIDS research by 21 per cent, and the President has proposed a further increase in 1995.

We have nearly doubled the budget for community-based care and made new investments in prevention.

President Clinton and Secretary Shalala have appointed brilliant men and women to key positions throughout government and, particularly, in the Public Health Service. They include a Nobel laureate and one of the world's great authorities on the human immune system, as well as some of the leading authorities on health care delivery and policy.

If my overseas colleagues will forgive me a parochial reference, the Washington Post recently called Secretary Shalala's team "the best team since the 1927 Yankees."

New strategies: We have given the Office of AIDS Research new powers. Our aim is to make the entire research enterprise less bureaucratic and rigid. The strengthened office has budget authority to target funds to promising areas of research areas -- even from one scientific discipline to another. Dr. Paul sketched out his new approach, which features renewed emphasis on basic research, on Tuesday.

We have launched a frank new AIDS prevention campaign. It features the twin messages of sexual abstinence and the consistent and correct use of latex condoms.

This campaign was based, in part, on successful social marketing initiatives undertaken by many of the nations represented here, underscoring, once again, the need for global cooperation.

We have created an important new position in the State Department, that of undersecretary of state for global affairs. Under the leadership of Timothy Wirth, the global affairs team has injected new coherence and into our international HIV/AIDS policies.

Perhaps most importantly, we in the Clinton administration are working in partnership with -- rather than in opposition to -- grass roots organization from communities across the country.

One of the things I've learned while working on AIDS policy during the last eight years is that leadership is a two-way street. Those who aspire to be true leaders must learn from the experiences of people on the front lines.

For me, that lesson has been powerfully reinforced by groups like Stop AIDS in Nigeria; Hand in Hand in Brazil; the Help Asian Women's Center in Japan; and the Gay Men's Health Crisis in my own country.

Fueled by heroic volunteers, these organizations have risen above politics, denial and despair to demand and deliver creative and effective responses to AIDS.

They have taught us the true meaning of community.

The diversity of community participants at this conference is heartening, and I am especially encouraged that so many people have come from the nations of Asia.

As we are well aware, this continent is the new frontier for HIV/AIDS.

We've all heard the statistics. I won't repeat them. They are horrific, and they will get worse. We may -- yes, we must -- allow ourselves to grieve lost lives. But we must never succumb to despair.

In my country, the great labor leader Mother Jones taught us to pray for the dead and fight like hell for the living.

We fight for the living when we discover that we can block transmission of HIV from mother to child.

We fight for the living when our government and the pharmaceutical industry join hands to accelerate drug discovery and development.

We fight for the living when we reach out to HIV-positive people with drugs that lengthen and improve the quality of life, and to HIV-negative people with life-saving information and vaccine research.

We fight for the living when we work to make the fruits of scientific research available to all.

And we fight for the living when we fight for human rights.

For we understand that human rights fundamentally undergird the health of nations.

The marginalized, the stigmatized, the disenfranchised members of our human family have been most at risk. But make no mistake: this virus draws no distinctions based on class, national origin, sexual orientation, or gender.

Nonetheless, HIV poses special challenges for women. Women too often lack the power to protect themselves from infection because of their historic inequality around the world. We have seen awful consequences -- not only for the women, but for their children, who are infected, orphaned, or both.

This is what we mean when we say that the battle against AIDS is inextricably linked to the battle for women's rights -- just as the battle against AIDS is linked to the battles against racism, sexism, and homophobia.

In short, the battle against AIDS is fundamentally linked to the struggle for human rights and dignity -- a struggle which continues in every nation, including my own.

As that struggle unfolds, we look, with hope, to our scientists. Heeding the calls voiced in Berlin last year, the U.S. has doubled its

funding for research into vaginal microbicides as part of its major new overhaul of AIDS research strategies.

We have reaffirmed our commitment to developing safe and effective vaccines, and we call on other nations to join as partners in this endeavor.

And, of course, we continue the quest for effective treatments.

We go forward today. but without illusion. None of us can guarantee success. HIV is a brutal and vicious adversary.

If good intentions and stirring speeches were enough, we would have triumphed long ago.

Today, we renew our pledge to the global family to devote our energies, our leadership and, yes, our passion to combat this pandemic. For we remember what Hegel taught us: That nothing great in the world has ever been accomplished without passion.

How to conclude?

I'll try with this simple observation: Let's be honest with ourselves. Every one of us can do more. Every one of us must.

August 22, 1994

Carol Rasco
Domestic Policy Council
Executive Offices of the President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

AUG 23 REC'D

Dear Carol,

Just a quick note to say thank you once again for the opportunity to meet with you and Patsy Fleming in order to contribute AIDS National Interfaith Network's (ANIN) perspective to the information gathering process surrounding the Office of National AIDS Policy and its Coordinator.

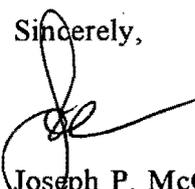
To review, ANIN recommends:

- that the Office of National AIDS Policy effectively coordinate HIV/AIDS efforts within the federal government, not across the country;
- that the person chosen to fill the role of Coordinator of this office have as much authority as President Clinton can give;
- that the federal response to AIDS continue to capitalize on the resources of the religious community and included it, especially ANIN, as equal partners in the effort;
- that both the Office of National AIDS Policy and its Coordinator keep in mind that from the religious community's point of view in general and ANIN's in particular, the key faith concern is that the public health IS a moral issue, and a public health epidemic is even more so a moral issue and NOT just "another issue."

In so far as ANIN represents nearly 2,000 AIDS ministries across the US (nearly 50% of all AIDS service organizations in the country) and 12 denominationally-related national religious AIDS networks with a total potential constituency of over 90 million people, we are eager to continue to work with President Clinton, you, the Office of National AIDS Policy and its new Coordinator to strengthen and concentrate the government's response to the AIDS pandemic on behalf of all our brothers and sisters infected and/or affected by HIV disease or AIDS.

Thank you again, Carol.

Sincerely,



Joseph P. McGinty
Associate Director

July 13, 1994



To: Alexis Herman
Carol Rasco

JUL 14 REC'D

Fr: Dan Bross *[Signature]*

Re: Office of National AIDS Policy Coordinator - Press Release

I thought you should have a copy of the press release we issued last Friday following Kristine's announcement.

As you can appreciate, the AIDS community is pleased but anxious.

Thank you again for your leadership and continued attention to this important issue.

1875
Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300



Contact: Lynora Williams 202/986-1300, ext.33
or on July 9 and 10, contact:
Daniel T. Bross (703) 759-9794

**Office of National AIDS Policy Coordinator:
An Opportunity for a New Beginning**

**AIDS ACTION COUNCIL
Statement of Daniel T. Bross
Executive Director, AIDS Action Council
July 8, 1994**

Over the past several months AIDS Action has been delivering this message from the AIDS community to the White House -- the Office of the National AIDS Policy Coordinator is broken and needs to be fixed. In the wake of National AIDS Policy Coordinator Kristine Gebbie's resignation, we now look to President Clinton to demonstrate the leadership the president promised and that the epidemic demands. This is the opportunity for a new beginning.

AIDS Action wishes to acknowledge and thank Ms. Gebbie for her work. As the Washington voice of our nation's AIDS service providers, AIDS Action will work to ensure that the urgent need for an effective and responsive White House AIDS policy office is met.

1875

Connecticut Ave NW

Suite 700

Washington DC

20009

Fax 202 986 1345

Tel 202 986 1300

July 13, 1994



To: Alexis Herman
Carol Rasco

STIGLITZ

TOTAL P.03

AUG 22 REC'D

August 17, 1994



NAPWA

**NATIONAL
ASSOCIATION
OF PEOPLE
WITH AIDS**

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

Dear Ms. Rasco,

I appreciated the opportunity to meet with you and Patsy Fleming regarding the restructuring of the Office of National AIDS Policy and the selection of a new National AIDS Policy Coordinator.

I would like to reiterate the comments that I made yesterday that the nation needs the President to demonstrate real leadership regarding this critical matter. Given the parameters of our discussion, we are looking for a National AIDS Policy Coordinator with a background that demonstrates an ability to understand the urgency of the problem and who will respond appropriately and quickly. We are certain that the President can identify many candidates with these abilities.

Enclosed is a letter from Mike Shriver, Executive Director of Mobilization Against AIDS. I inadvertently neglected to share this with you at yesterday's meeting.

Thank you for seeking our input as you strive to make the changes necessary to mount a meaningful federal response to end the HIV epidemic.

Sincerely yours,

William J. Freeman
Executive Director

Enclosure

By Facsimile
(202) 898-0435

August 16, 1994

Mr. Bill Freeman
Executive Director
National Association of People With AIDS
1413 K Street, NW
Washington, DC 20005

Dear Bill:

I am sorry that I can not be at the meeting today with Carol Rasco and Patsy Fleming regarding the reorganization of the Office of National AIDS Policy, but hope that you will be able to communicate the following points for both myself and **Mobilization Against AIDS** in my absence:

1. There is a need for an official, Administration-supported person to be stationed at the Domestic Policy Council overseeing HIV/AIDS across the Federal Government;
2. This person must have access to the Clinton Administration in a comprehensive and meaningful way so as to advocate on behalf of individuals, communities, regions, and states impacted by this pandemic;
3. This person must see their job as one that is accountable to the communities impacted by HIV/AIDS;
4. This person must have a dynamic vision of the needs of people living with HIV/AIDS and have a direct relationship to the epidemic either as a caregiver, service provider or someone living with HIV/AIDS;
5. The National AIDS Policy Coordinator must have a strong and complementary working relationship with the Deputy Director of NAPO and must work with NAPO, as opposed to working against the activities of the Office of the Assistant Secretary;
6. The National AIDS Policy Coordinator must be a strong manager of personnel and be able to supervise staff, direct the activities of the staff and insure that staff is not acting as a "lone agent," but rather as a collaborator with the activities of the national HIV/AIDS agenda;
7. The National AIDS Policy Coordinator should not, in my opinion, have under their purview the Public Health Service, but rather, the agencies outside PHS that work in and around HIV/AIDS (such as SSA, VA/HUD, USAID, etc.); and
8. The soon-to-be-appointed Presidential Task Force should be chaired by not just the National AIDS Policy Coordinator but also the Deputy Director of NAPO and community representatives from the Task Force itself.

As you know, I agree with *NAPWA* in their determination that there should be a person at the DPC advocating and coordinating HIV/AIDS policy across the Federal Government. I also believe that a strong Public Health Service is not an obstacle to the National AIDS Policy Coordinator, but rather, an ally and work-partner. The new Coordinator should not duplicate or try to subsume the activities of the PHS or those of the Deputy Director of NAPO. This person should have a smaller, and more directed staff who are among the best and brightest minds willing to work collaboratively for better HIV/AIDS cooperation, collaboration and policy across the federal government.



Mobilization Against AIDS

584-B Castro St.
San Francisco, CA
94114

tel 415-863-4676
fax 415-863-4740

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Mike Shriver
Executive Director

*California's
oldest nonprofit
AIDS advocacy
organization*



NAPWA letter
August 16, 1994
page 2

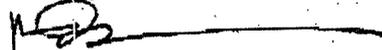
I hold that the activities Mobilization Against AIDS has discussed with NAPWA for this person are well-understood. Barring a narrative recapitulation, I believe that we need a strong, powerful and media-savvy person at the helm of the Office of National AIDS Policy who is willing to confront the systemic and organic barriers we experience across the country which prevent HIV/AIDS to be dealt with effectively, or which prevent it from being funded well at the federal level or which keep people in a state of fear from either knowledge of their serostatus or from accessing services for the management of their HIV disease.

We can not go through this process and end up at the same place we were at this Spring when NAPWA and Mobilization Against AIDS called for the resignation of the former Coordinator. It is unacceptable and ultimately destructive to our collective efforts to end this epidemic.

Know that Mobilization Against AIDS is committed to assisting both NAPWA and all the National AIDS Organizations as well as the new National AIDS Policy Coordinator making sure the new person, the structure and the new job description are in concert with the real needs of those of us living with HIV/AIDS.

Please feel free to communicate my support in your meeting today and I look forward to hearing from you after the meeting. Take care and I will talk to you soon.

Sincerely,



Mike Shriver
Executive Director
Mobilization Against AIDS

Health Commissioner, City and County of San Francisco
Community Consultant, HHS/PHS HIV Prevention Work Group



NAPWA
NATIONAL ASSOCIATION
OF PEOPLE WITH AIDS

WILLIAM J. FREEMAN
Executive Director

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

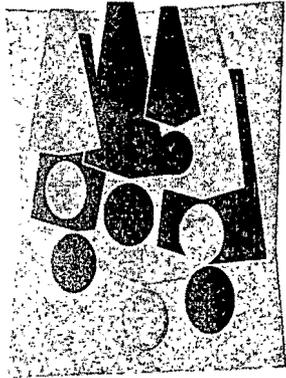
AUG 25 REC'D

Dear Carol-

Thank you for your kind note.
We are very eager to work with you,
the Administrator and the new AIDS
Coordinator. As I explained, this
appointment is vital to people living
with HIV disease.

Sincerely,
Bee

NAPWA



NATIONAL ASSOCIATION OF PEOPLE WITH AIDS
1413 K Street, NW • Washington, DC 20005
TEL (202) 898-0414 • FAX (202) 898-0435



AUG 26 REC'D

AIDS

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Hon. Adam Clayton Powell IV, Esq.
Beny J. Primm, M.D.
Aminia Abdur-Rahman
Rev. Calvin Rice
Father Robert Seay
Roberta Vogel, Ph.D.
Mark Wade, M.D.
Rev. Preston Washington, D. Min.
Rev. Lee H. Wesley, D.D.
Marjorie Whigham-Desir
Dennis Walcott
Canon Frederick Williams
Alfonso Wyatt

Executive Director/CEO
Debra Fraser-Howze

August 25, 1994

Ms. Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
Washington, D.C. 20500

Dear Ms. Rasco:

In response to your request at our last meeting, I am forwarding you the curriculum vitae of Dr. Helen Gayle for consideration as a candidate for the position of National AIDS Policy Coordinator.

Dr. Gayle, as a member of the National Public Health Service has gained a solid reputation in the AIDS field through her work at the Center for Disease Control and Prevention (CDC). A graduate of the University of Pennsylvania with a masters in public health from John Hopkins, Dr. Gayle was responsible for minority issues. Along with her brother, Dr. Jack Gayle, also at CDC, she moved up the system at an impressive rate, gaining the respect of the AIDS, medical and African American communities. It is my understanding that her name may also be submitted to you by the National Medical Association.

As always, I thank and commend you for your inclusionary process that afforded me the opportunity to meet with you again.

Sincerely,

Debra Fraser-Howze
Executive Director/CEO

Enclosure

DFH:llh

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

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

CURRICULUM VITAE

NAME: HELENE DORIS GAYLE, M.D., M.P.H.

CURRENT ADDRESS: CDC/Washington
200 Independence Avenue, S.W.
HHH Building, Room 714B
Washington, D.C. 20201
office: (202) 690-8598
fax: (202) 690-7519

PERSONAL:

P6/(b)(6)

Social Security Number: [REDACTED]

CURRENT POSITION: Associate Director for Washington
Centers for Disease Control and Prevention

Serves as Director of the CDC Washington Office. This office is responsible for interactions with Congress and for monitoring legislative matters related to CDC. The office also serves as the liaison between CDC, other components of the Department of Health and Human Services, other government and non-government agencies and organizations. Represents the Director, CDC and other senior staff at a wide variety of Washington-based meetings and represents CDC nationally and internationally.

PROFESSIONAL EXPERIENCE:

Agency AIDS Coordinator and Chief, HIV/AIDS Division, United States Agency for International Development, Washington, D.C., May 1992-June 1994

Chief, International Activity, Division of HIV/AIDS, Centers for Disease Control, Atlanta, Georgia, August 1990-May 1992

Assistant Chief for Science, International Activity, Division of HIV/AIDS, Centers for Disease Control, Atlanta, Georgia, September 1989-August 1990

Acting Special Assistant for Minority HIV Policy Coordination, Office of the Deputy Director (HIV), Centers for Disease Control, Atlanta, Georgia, October 1988-September 1989

Medical Epidemiologist, Pediatric and Family Studies Section, AIDS Program, Centers for Disease Control, Atlanta, Georgia, July 1987-August 1989

Medical Epidemiologist (Preventive Medicine Resident), Division of Evaluation and Research, International Health Program Office, Centers for Disease Control, Atlanta, Georgia, and Georgia State Health Department, Division of Epidemiology, July 1986-June 1987

Epidemic Intelligence Service Officer, Epidemiology Branch, Division of Nutrition, Centers for Disease Control, Atlanta, Georgia, July 1984-June 1986

UNDERGRADUATE EDUCATION:

Barnard College, Columbia University, New York, New York, B.A., Psychology, Cum Laude, 1976

GRADUATE EDUCATION:

University of Pennsylvania School of Medicine, M.D., 1981

Johns Hopkins University School of Hygiene and Public Health, M.P.H., 1981

RESIDENCY TRAINING:

Pediatric Internship and Residency, 1981-1984, Children's Hospital National Medical Center, Washington, D.C.

Preventive Medicine Residency, Centers for Disease Control, Atlanta, Georgia, 1985-1987

TRAINING EXPERIENCE:

Epidemic Intelligence Service (EIS): Center for Health Promotion and Education, Division of nutrition, Epidemiology Branch, 1984-1986

AWARDS AND HONORS:

Centers for Disease Control and Agency for Toxic Substances & Disease Registry Group Honor Award for Program Operations Management, 1992

U.S. Public Health Service Unit Commendation Medal, 1992

U.S. Public Health Service Outstanding Service Medal, 1992

Colgate-Palmolive Company 1992 Model of Excellence

U.S. Public Health Service Commendation Medal, 1991

U.S. Public Health Service Outstanding Unit Citation, 1990

U.S. Office of Personnel Management Celebration of Public Service Award, 1990

Who's Who Among Black Americans, 1990, 1993, 1994

U.S. Public Health Service Outstanding Unit Citation, 1989

U.S. Public Health Service Achievement Medal, 1989

Henry J. Kaiser Family Foundation Merit Scholar, 1981
(National Merit Scholar Fellowship Award)

Outstanding Young Woman of American, 1981, 1985

Henrietta & Jacob Lowenburg Prize, 1981 (Pediatric Excellence)

Joel Gorden Miller Award, 1981 (Outstanding Class Contribution)

University of Pennsylvania, Administrators and Black Faculty Merit Award, 1981 (Outstanding academic achievement and community service award)

Who's Who in American Colleges, 1972

TEACHING EXPERIENCE:

Assistant Director, Preventive Medicine Residency Program, Centers For Disease Control, Atlanta, Georgia, July 1989-May 1992

Course co-coordinator, Centers for Disease Control International Course in Surveillance and Applied Epidemiology for HIV and AIDS, August 1990 and January 1992

Lecturer, Emory University Masters in Public Health Program, 1986, 1989, 1990

Lecturer, Morehouse School of Medicine, 1987-1992

FACULTY APPOINTMENTS:

Clinical Assistant Professor of Community Medicine, Emory University School of Medicine

INTERNATIONAL CONSULTATIONS:

Multiple international consultations for Centers for Disease Control, World Health Organization and United States Agency for International Development on child survival and HIV/AIDS in Africa, Asia and the Americas.

COMMITTEE PARTICIPATION:

Task Force on HIV/AIDS Coordination, World Health Organization, Global Programme on AIDS 1993-

Global Management Committee, World Health Organization/Global Programme on AIDS 1992-

Surgeon General's Physicians Professional Advisory Committee, 1990-1993

Steering Committee on Epidemiological Research, World Health Organization/Global Programme on AIDS, 1990-1992

International Forum on AIDS Research (IFAR), Institute of Medicine, 1989-1992

Technical Advisory Group (TAG) on AIDS, United States Agency for International Development, 1989-1992

Atlanta Public Schools Advisory Council on School Health Services, 1990-1992

Participate regularly on selection committees and grant review committees for Centers for Disease Control and National Institutes of Health, American Foundation for AIDS Research.

EDITORIAL BOARDS:

Annual Review of Public Health 1993-

PROFESSIONAL SOCIETY MEMBERSHIP:

American Public Health Association
 American Academy of Pediatrics
 National Medical Association
 International AIDS Society
 Society Against AIDS In Africa

MEDICAL LICENSE:

District of Columbia

BOARD CERTIFICATION:

Pediatrics, 9/85

BOARD ELIGIBILITY:

Preventive Medicine

SECOND LANGUAGE:

French, good speaking, writing and reading skills
 Spanish, good comprehension, some speaking and reading

PRESENTATIONS:

Numerous presentations on HIV/AIDS, child health and public health to diverse professional and lay audiences nationally and internationally

JOURNAL PUBLICATIONS:

DeCock KM, Zadi F, Diallo MO, Sassan-Morokro M, Adjorlolo G, Ekpini E, Sibailly T, Doorly R, Batter V, Brattegard K, Gayle HD. Retrospective study of maternal HIV-1 and HIV-2 infections and child survival in Abidjan, Cote d'Ivoire. *BMJ* 1994;308:441-443.

DeCock KM, Adjorlolo G, Ekpini E, Sibailly T, Kouadio J, Maran M, Brattegard K, Vetter K, Doorly R, Gayle HD. Epidemiology and transmission of HIV-2: why there is no HIV-2 pandemic. *JAMA* 1993;270:2083-2086.

Hersh BS, Popovici F, Jezek Z, Satten GA, Apetrei RC, Beldescu N, George JR, Shapiro CN, Gayle HD, Heymann DL. Risk factors for HIV infection among abandoned Romanian children. *AIDS* 1993;7:1617-1624.

Ou C-Y, Takebe Y, Weninger BG, Luo C-C, Kalish M, Auwanit W, Yamazaki S, Gayle HD, Young NL, Schochetman G, Laboratory Investigation Group. Independent introduction of two major HIV-1 genotypes into distinct high risk populations in Thailand. *Lancet* 1993;341:1171-1174.

Nopkesorn T, Mastro TD, Sangkharomya S, Sweat M, Singharaj P, Limpakarnjanarat K, Gayle HD, Weninger BG. HIV-1 infection in young men in northern Thailand. *AIDS* 1993;7:1233-1239.

Pau C-P, Lee-Thomas, S, Auwanit W, George JR, Ou C-Y, Parekh B, Granade T, Holloman D, Phillips S, Schochetman G, Young NL, Takebe Y, Gayle HD, Weninger BG. Highly specific V-3 peptide enzyme immunoassay for serotyping HIV-1 specimens from Thailand. *AIDS* 1993;7:337-340.

Gayle HD, Coutinho R. The global epidemiology of HIV infection including HIV infection in pregnancy and childhood and among intravenous drug users. *Curr Opin Infect Dis* 1993;6:200-204.

Kestens L, Brattegaard K, Adjorlolo G, Ekpini E, Sibailly T, Diallo K, Gigase PL, Gayle H, DeCock KM. Immunological comparison of HIV-1 and HIV-2 and dually-reactive women delivering in Abidjan, Cote d'Ivoire. *AIDS* 1992; 6:803-807.

Gayle HD, Gnaore E, Adjorlolo G, Ekpini E, Porter A, Braun MM, DeCock KM. Human immunodeficiency virus in children, Abidjan, Cote D'Ivoire. *J Acq Immun Def Synd* 1992; 5:513-517.

Ou C-Y, Takebe Y, Weninger BG, Luo C-C, Kalish M, Auwanit W, Bandea C, de la Torre N, Moore JL, Schochetman G, Yamazaki S, Gayle HD, Young NL, Weninger BG. Wide distribution of two sub-types of HIV-1 in Thailand. *AIDS Research and Human Retroviruses*. 1992;8;1471-1472.

Hersh BS, Popovici F, Zolotusca L, Beldescu N, Oxtoby MJ, Gayle HD. The epidemiology of HIV and AIDS in Romania. *AIDS* 1991;5(suppl 2):S87-S92.

DeCock KM, Selik RM, Soro B, Gayle H, Colebunders RL. AIDS surveillance in Africa: a reappraisal of case definition. *BMJ*, 1991;303:1185-8.

D'Angelo LJ, Getson PR, Luban NLC, Gayle HD. Human immunodeficiency virus infection in urban adolescents: can we predict who is at risk? *Pediatr*, 1991;5:982-6.

Gayle HD, D'Angelo LJ. The epidemiology of acquired immunodeficiency syndrome and human immunodeficiency virus infection in adolescents. *Pediatr Infect Dis J*, 1991;10:322-8.

Pau C-F, Granade TC, Parekh B, Schochetman G, DeCock KM, Gayle H; Cernescu C, George JR. Mis-identification of HIV-2 proteins on commercial Western blots: A need for standard procedure and re-examination of the interpretive criteria for HIV-2 Western blot. *Lancet*, 1991;337:616-7.

Harrison L, DeSilva APJ, Gayle H, Albino P, Del Castillo F, George R, Lee-Thomas S, Heyward W. Risk factors for HIV-2 infection in Guinea-Bissau. *J Acq Immun Defic Synd*, 1991;11:1155-1160.

Gayle HD, Keeling RP, Garcia-Tunon M, Kilbourne BW, Narkunas JP, Ingram FR, Rogers MF, Curran JW. Prevalence of human immunodeficiency virus among college and university students. *N Engl J Med* 1990; 323:1538-41.

Schoenbaum EE, Weber M, Vermund S, Gayle H. HIV antibody in persons screened for syphilis: prevalence in a New York City emergency room and general medical clinic. *Sexually Transmitted Diseases* 1990; 17:190-3.

Gnaore E, DeCock KM, Gayle H, Porter A, Coulibaly R, Timite M, Assi-Adou J, Heyward WL. Prevalence of and mortality from HIV type 2 in Guinea Bissau, West Africa. *Lancet* 1989;II;513.

Vermund SH, Hein K, Gayle HD, Cary JM, Thomas PA, Drucker E. Acquired immunodeficiency syndrome among adolescents: Case surveillance profiles in New York City and the rest of the United States. *AJDC* 1989;143:1220-5.

Manoff SB, Gayle HD, Mays M, Rogers MF. AIDS in the adolescent population: a review of the epidemiology, prevention and public health issues. *Pediatr Infect Dis J*, 1989, 8:309-14.

Gayle HD, AIDS: Specific concerns for the center setting. *Child Care Center*, 1988, 3:39-40.

Gayle HD, Binkin NJ, Staehling N, Trowbridge FL. Arm circumference vs. weight-for-height in nutritional emergencies: Are the findings comparable? *Journal of Tropical Pediatrics*, 1988, 34:213-7.

Gayle HD, Yip YX, Franks MJ, Nieburg P, Binkin NJ. Validation of maternally reported birth weights among 46,637 Tennessee WIC program participants. *Public Health Reports*, 1988, 103(2): 143-6.

Gayle HD, Dibley MJ, Marks JS, Trowbridge FL. Malnutrition in the first two years of life. *AJDC.*, 141: 531-4, 1987.

BOOK CHAPTERS:

Gayle HD, Nzila, N, Heyward WL. HIVs and AIDS in Central Africa. In: Essex M, Mboup S, Kanki PJ, Kalengayi MR ed. *AIDS in Africa*. 1994:651-667.

Mastro TD, Gayle HD, Heyward WL. Epidemiology of HIV infection and AIDS outside of the United States. In: Wormser GP ed. *AIDS and Other Manifestations of HIV Infection, Second Edition*. 1992: 25-35.

Gayle HD, D'Angelo LJ. The epidemiology of acquired immunodeficiency syndrome and human immunodeficiency virus infection in adolescents. In: Pizzo PI, Wifert CM, eds. *The Challenge of HIV infection in Infants, Children and Adolescents*. 1991: 38-50.

REPORTS:

Oxtoby MJ, Gayle HG. AIDS in Women and Children. *Outlook* 1990; 8:2-6.

Impact of oral rehydration on hospital admission and case-fatality rates for diarrhoeal disease: results from 11 countries. *WHO Wkly Epidem Rec*, 1988, 63:49-52.

Centers for Disease Control. Rapid nutrition status evaluation during drought conditions, Burkina Faso, 1985, *MMWR*, 35:1

PUBLICATIONS IN PROGRESS:

Mukolenkole K, DeCock K, St. Louis M, Coulibaly T, Zakaria S, N'gbichi JM, Holmes K, Eschenbach B, Gayle H, Kreiss J. The impact of human immunodeficiency virus infection on the clinical presentation and response to therapy of pelvic inflammatory disease: a case-control study in Abidjan, Cote d'Ivoire.

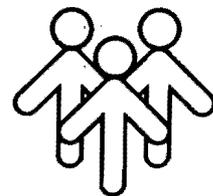
Richards SB, St. Louis ME, Nieburg P, Coulibaly IM, Coulibaly D, Abouya L, Gayle HD, DeCock KM. Impact of the HIV epidemic on trends in tuberculosis in Abidjan, Cote d'Ivoire.

REFERENCES PROVIDED UPON REQUEST



**CHILDREN'S
HOSPITAL
AIDS
PROGRAM**

AUG 26 REC'D



Children's Hospital of New Jersey • United Hospitals Medical Center
15 South Ninth Street • Newark, New Jersey 07107
(201) 268-8273 • Fax (201) 485-7769

August 22, 1994

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

Dear Carol:

I was pleased to meet with yourself and Patsy Fleming this past Tuesday to discuss the structure and the staffing of the White House AIDS Policy Office. The conversation was stimulating and as I am sure you recognize, the AIDS community is a diverse one and yet one with very strong views on many areas.

The opportunity to provide my views at this crucial time in the administration response to the HIV/AIDS epidemic was invigorating. The challenges facing the White House were well described by those present at the meeting. The country and the community requires an appointee with the unique combination of vision and visibility around which to mobilize. The formation of a national plan must be accomplished quickly so that we can move on to implementation. The mission of the Presidential HIV Advisory Council requires appointees that are committed to make personal and professional sacrifices to assure that such a plan is developed. Further, the AIDS Policy Office, the Presidential Advisory Council and the Public Health Service must work cooperatively to bring about improvement within the federal system to impact on the multiple communities at risk for and infected with HIV.

I am grateful for the opportunity to have met personally with you to share my views on this urgent national matter. Please be assured that I am available to provide you with information and ideas as you move forward in your restructuring of the federal AIDS response.

Regards,

Mary Boland

Mary Boland

AUG 26 REC'D

August 23, 1994

Ms. Ivy Duneier
President
Mothers' Voices
Suite 1310
165 West 46th Street
New York, New York 10036

Dear Ivy:

Thank you for your letter. I am glad you shared your thoughts with me during our visit in May, and I appreciate hearing from you again regarding my visibility on AIDS issues, particularly my Administration's commitment to research funding.

My fiscal 1995 budget proposal contains a 6 percent increase in funding for AIDS research. So far, Congress has approved only half this amount, but my Administration is working hard to ensure full funding of this important initiative.

As you may also know, we invited many of our friends from the HIV/AIDS community on July 27 for the fourth anniversary celebration of the Americans with Disabilities Act. During this occasion, we emphasized our support for protecting people with AIDS from discrimination and our advocacy of equal rights.

Regarding our National AIDS Policy Coordinator, I am committed to bringing in a highly qualified person for this important post who will continue the hard work we have begun. As you know, Patricia Fleming is serving as interim coordinator until a permanent appointment is made. I am confident she will make sure we continue our momentum.

Patsy and Carol briefed me on your recent discussions with them, and I am grateful for all you're doing to further our shared goals.

Sincerely,

BILL CLINTON

BC/MHM/KW/MM/ps
(8.duneier.i)

(Corres. #1713122)

cc: Carol Rasco
cc: Patricia Fleming, ONAP

August 15, 1994

AUG 23 REC'D

Ms. Donita Buffalo
Chair
American AIDS Political
Action Committee
Suite 100
1775 T Street, N.W.
Washington, D.C. 20009

Dear Donita:

Thank you for your recent letter. I am grateful for the continued support and hard work of AIDS PAC.

I understand that you have been in touch with Carol Rasco, who is coordinating the effort to reorganize the Office of National AIDS Policy and working with community groups on reassessing its direction. We value your specific concerns and suggestions.

I look forward to your continuing involvement in the coming months.

Sincerely,

BILL CLINTON

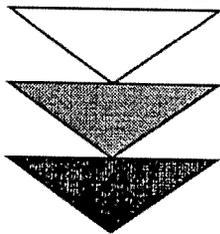
BC/MHM/KW/bws
(8.buffalo.d)

(Corres. #1733241)

cc: Carol Rasco
cc: Monica Mullens
WHcc: Tom Sheridan

CLEAR WITH POLITICAL AFFAIRS

LLEGO



**THE NATIONAL
LATINO/A LESBIAN & GAY ORGANIZATION**

AUG 29 REC'D

August 24, 1994

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

Subject: AIDS Policy Coordinator

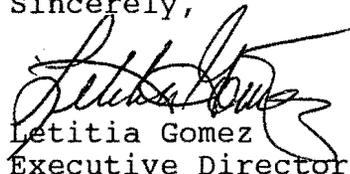
Dear Ms. Rasco:

It was a great pleasure meeting you last Thursday. I appreciate the opportunity to voice our hopes and concerns regarding the AIDS Policy Coordinator position to you.

As you well know, HIV/AIDS is continuing to impact greater number of gay men, young adults and women of color. There is an overwhelming sense of despair and hopelessness among many of these communities because the associated needs are great and resources are limited or in some cases ineffective. Some of us see the AIDS Policy Coordinator as one who can articulate the needs of the community and promote strategies that the President believes can be effective in dealing with this disease - strategies that will help save lives and provide a quality of life for those already infected with HIV/AIDS.

I, as well as many in our community look forward to the President's appointment of an AIDS Policy Coordinator. Thank you again for the meeting.

Sincerely,



Letitia Gomez
Executive Director

cc: File

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FORMULARIO DE MEMBRESIA DE LLEGO

Yes, I want to join LLEGO! Please accept my contribution under the following category:
 ¡Sí, deseo unirme a LLEGO! Favor de aceptar mi contribución en la categoría siguiente:

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- Institutional Member - Socio Institucional \$50/yrs
- Affiliate Member - Socio Afiliado \$100/yr
- Sustaining Member - Socio Patrocinador \$250/yr
- Sponsor - Madrina o Padrino \$500/yr

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 Address/Dirección _____

 Phone/Teléfono _____

Please mail to/Favor de enviar a: National LLEGO 703 "G" STREET, S.E. WASHINGTON, D.C. 20003

Indicate whether you would like your name to remain confidential.
 Indique si desea que su nombre se mantenga en estricta confidencialidad.

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Marcia Ochoa, San Francisco, CA

STAFF

Leticia A. Gomez
Executive Director

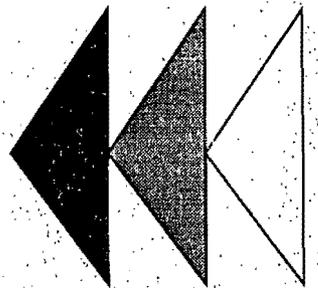
Martin Ornelas-Quintero
Director of AIDS Program

Carmen Chavez
Technical Assistance Manager

Eduardo Guerrero-Vega
Technical Assistance Manager

Roberto Vazquez
Community Planning Coordinator

[Redacted]
Administrative Assistant



LLEGO

**The National
 Latino/a
 Lesbian and
 Gay
 Organization**

**703 "G" ST., S.E.
 WASHINGTON, D.C.
 20003**

LLEGO IS A SIX YEAR OLD NATIONAL LATINO/A LESBIAN AND GAY NON-PROFIT ORGANIZATION COMMITTED TO ORGANIZING & STRENGTHENING COMMUNITIES ON A LOCAL AND NATIONAL LEVEL BY ENSURING COMMUNITY AND SELF-EMPOWERMENT AND THEREBY PROVIDING ACCESS TO CULTURAL, POLITICAL AND COMMUNITY DEVELOPMENT RESOURCES.

LLEGO's MISSION AND GOALS

For social, charitable and educational purposes, and more specifically, to form a national organization in order to effectively address the concerns of Lesbian and Gay Latinas(os) locally, statewide, nationally and internationally.

To provide a forum for awareness, understanding and recognition of Latino(a) Lesbian and Gay unity, pride, identity, rights, relationships, alternative lifestyles and role "en la comunidad".

To formulate and sustain a national health agenda for the impact of HIV DISEASE, BREAST CANCER and other health related issues in our communities.

To develop a supportive network which will facilitate the sharing of information and resources nationwide.

To educate and sensitize ourselves and our communities by actively working against sexism, racism, homophobia and other internalized issues which divide and oppress us.

HIGHLIGHTS FOR LLEGO

In 1986, various Latina/o gay and lesbian organizations attended the International Lesbian & Gay People of Color Conference hosted by Gay & Lesbian Latinos Unidos (GLLU) in Los Angeles. The Latina/o caucus discussed the need to network on a national level in order to support the local organizing efforts of Latinas/os throughout the United States.

In 1987, at a second conference hosted by Gay & Lesbian Tejanos (GLT) in Austin, the issue of establishing a national network was discussed again. The Latina/o lesbian and gay activists called for a meeting at the 1987 March on Washington.

The meeting was dubbed "Primer Encuentro" and attracted over 70 lesbian and gay Latina/o activists representing 13 states including Puerto Rico and 33 cities. As a result, the National Latino/a Lesbian & Gay Activists (NLLGA) was formed. During the process of incorporation this group was renamed LLEGO.

Since 1987, LLEGO volunteers, board members and staff have been providing technical assistance and training in various forums, conferences, seminars, etc.

LLEGO produces 2 monthly newsletters distributed to 3,000 people. AQUÍ LLEGO, provides updates on LLEGO activities, organizational, political and social issues important to gay and lesbian Latinas/os. AIDSIDA Info. focuses on the critical HIV/AIDS issue as well as on the recent developments in the field as they impact the growth of gay and lesbian Latina/o organizations.

LLEGO has held numerous national, regional and local membership/outreach meetings. Latina/o lesbian and gay participants have received information on organizing, capacity building, HIV/STD prevention strategies and other types of technical assistance.

In May of 1992, LLEGO convened a National Gathering under the theme of "El Primer Encuentro Nacional. Agenda for the 90's - Salud, Cultura y Raices: Our Survival in the Face of HIV/AIDS." The first national gathering was held in Houston, Texas and was locally co-sponsored by AMIGAS, AVES, GLHU and HAC.

In October of 1993, LLEGO followed up with a Segundo Encuentro Nacional. The focus emphasized strengthening gay/lesbian Latina/o organizations under the theme of "Co-Gender Organizing — Today's Strategies . . . Tomorrow's Actions". LLEGO's second national conference was held in San José, CA and was locally co-sponsored by AGUILAS, CURAS/PCPV, ELLAS, GELAAM and Pro-Latino. During this gathering LLEGO was successful in convening the "National Congreso of Latina, Lesbian and Gay Latino Organizations" as well as "The 1st National Gathering of Youth & Young Adults."

THE TATA PROJECT GOALS

The Technical Assistance and Training on AIDS Project "The TATA Project" was developed in response to the needs of gay and lesbian Latina/o organizations in the U.S. and Puerto Rico. LLEGO is committed to supporting the establishment, development and growth of our organizations through the establishment of the **LLEGO Affiliated Network of Gay & Lesbian Latina/o Organizations** and through the following TATA Project goals:

- » To strengthen the organizational capacity and internal infrastructure of Latina/o gay and lesbian cultural, social and community-based organizations by providing capacity building technical assistance and training.
- » To increase the potential for development and implementation of effective, relevant and culturally competent HIV/STD prevention programs targeting Latina/o lesbian gay and bisexual men by providing programmatic technical assistance and training.
- » To identify and disseminate information on prevention technologies and successful and unsuccessful HIV/STD prevention programs through case studies, workshops and other mechanisms.

LLEGO services are open to Lesbiana Latina and Gay Latino organizations.

For more information call or write
National LLEGO
703 "G" Street S.E.
Washington D.C. 20003
202.544.0092
Fax 202.544.2228

THE NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER

3515 Grand Avenue, Suite 100
Oakland, California 94610



Phone: (510) 444-2051
Fax: (510) 444-1593

August 23, 1994

AUG 29 1994

Carol H. Rasco
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Dear Carol,

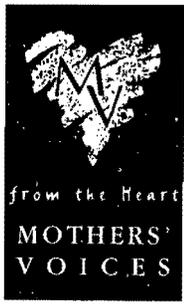
Thank you very much for inviting me to the recent meeting concerning the National AIDS Policy Coordinator position. I appreciate the time you took and I hope our comments were helpful to you and to the President.

I wish you and Patsy the best of luck with this thorny problem. I will be more than happy to share any information I have with you concerning Native Americans and AIDS: just let me know.

All the best,

Ron Rowell MPH
Executive Director

SEP - 1



Speaking from the Heart about AIDS

MOTHERS' VOICES
165 West 46th Street
Suite 1310
New York, NY 10036
Phone: (212) 730-2777
Fax: (212) 730-4378

August 26, 1994

Carol Rasco
Assistant To The President For Domestic Policy
The White House
1600 Pennsylvania Avenue NW
Washington DC 20500

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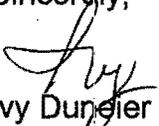
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Whoopi Goldberg
Don Hall*
Caroline Kennedy
Mathilde Krim, Ph.D.
Angela Lansbury
Ellen Levine
Andrea Marcovicci
June E. Osborn, M.D.
Judith Peabody
Ardath Rodale
Susan Sarandon
Elizabeth Taylor
Joan Tisch
Jeanne White-Ginder
Lori Wiener, Ph.D.
Anna Wintour
*In Memorium

Dear Carol:

Thank you very much for including Mothers' Voices, and me, in the meetings and discussions about the role of the AIDS Policy Coordinator and office.

It is so important for Mothers' Voices and other AIDS organizations to be a part of the planning process and know that this is the beginning of the re-design of the office and position and that the final product will be a significantly improved AIDS Policy Coordinator.

If I, or Mothers' Voices, can be of further help, please don't hesitate to contact me, the office number is 212 730-2777.

Sincerely,

Ivy Duneier
President

MOTHERS' VOICES
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Suzanne Benzer
Arlene Binkowitz
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Carol DiPaolo
Debra Hope Duneier
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Executive Director
Tony Davis
Programs Director



SEP - 1 REC'D

AIDS

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Marjorie Whigham-Desir
Dennis Walcott
Canon Frederick Williams
Alfonso Wyatt

Executive Director/CEO
Debra Fraser-Howze

August 25, 1994

Ms. Carol H. Rasco
Assistant to the President
for Domestic Policy
The White House
Washington, D.C. 20500

Ms. Patricia Fleming
National AIDS Policy Coordinator (Interim)
750 17th Street N.W.
Suite 600
Washington, D.C. 20503

Dear Carol and Patricia:

First, let me again thank you for allowing me to participate in your meeting to discuss the position and status of the National AIDS Policy Coordinator. While it has always been a pleasure to engage in any process with Carol, I am very much appreciative of the opportunity to meet with Patricia.

In response to your request for us to submit recommendations for the position, I have forwarded the résumés of Dr. Billy Jones and Dr. Helene Gayle. I want to share with you some additional information on each.

Both Billy and Helene are eminently qualified to hold the position and share the respect and support from the medical, Black public health and AIDS communities.

I have known Dr. Billy Jones for more than five (5) years, first as the Chief of Psychiatry at Lincoln Hospital in the South Bronx and then as the mayoral appointed chair of New York City's Ryan White Council where I served as the Council's vice chair throughout his tenure.

Dr. Jones also served as the president of the New York Health and Hospitals Corporation (HHC) under Mayor Dinkins. HHC is the largest public hospital system in the world. His work in all of these positions was widely respected. More closely associated to my experience with him, I was always impressed by his astute political sense and loyalty to the administration, professionalism in general and ability to bring together and smooth out opposing focuses on the council in particular. As you can surmise, Dr. Jones is an openly gay man, a father, a democrat and

Page 2

Ms. Carol Rasco
Ms. Patricia Fleming

served commendably in a high ranking position in the military. I can honestly say that there are no qualities I have observed that would warrant the least bit of concern or reservation regarding his ability to handle this job. As all professionals who seek to ensure a loyal continuum to his professional actions, he will need to be clear on the administration's expectations of the position, after which he will be able to ensure success. I felt also that he would work well with both of you. Dr. Jones' statement when first appointed to the Mayor's cabinet was that he would not be the "gay" appointee, but as president of the Health and Hospital's Corporation, he would seek to be the effective professional that produced results for the administration. Enough said, I think Billy would be great.

Dr. Helene Gayle has one of the most impeccable histories of any public health service professional. Dr. Gayle moved up quickly in the system being recognized as a rising star and asset. She is committed to her profession, has gained a solid reputation in AIDS and public health and is also a consummate professional. Although my personal interaction with her has been limited, her reputation and effectiveness has been made known to me by almost everyone I do interact with on a regular basis. Dr. Gayle is equally seasoned politically and has had to run a large government department.

I trust I have given you both two solid recommendations. I appreciate the expediency in which my recommendation of Dr. Jones was handled.

Please know that I and the Board of The Black Leadership Commission on AIDS stand ready to assist you both and the administration in any way we can. I would still appreciate meeting with you and Dr. Beny Primm at your convenience.

Just a note. A few months ago, my 15 year old son and I were watching television. President Clinton was being criticized for moving too fast and on too many difficult issues. My son said to me that this was the first time in his life he had ever seen or known of a president to actually make changes and get things done. Some of this can be attributed to his youthful exposure and concentration on world affairs, but most of it was genuine. If President Clinton can make that type of hopeful impact

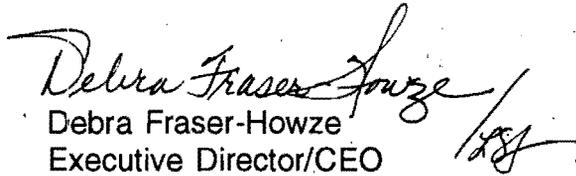
Page 3

Ms. Carol Rasco
Ms. Patricia Fleming

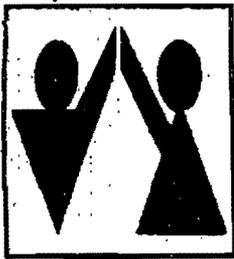
on a young Black male inner city youth, I will absolutely commit myself to this administration and the President. Hope is too often absent from the equation for kids like my Barron, regardless of the seriousness of the issues at hand, hope is what this world needs.

I look forward to my continued work with both of you. Good luck and God bless.

Sincerely,


Debra Fraser-Howze
Executive Director/CEO

DFH:llh



AIDS
SURVIVAL
PROJECT
A COALITION OF PEOPLE AFFECTED BY HIV

JUL 25 REC'D

July 25, 1994

Ms. Carol Roscoe
 Office of Domestic Policy
 The White House
 Washington, DC 20500

Dear Ms. Roscoe,

The Clinton administration has the opportunity to reclaim the faith and support of the HIV/AIDS community by re-structuring the so-called "AIDS Czar" position during this transitional period. On behalf of AIDS Survival Project, a FWA coalition and the 3,000 members we represent, I urge you to take this opportunity to act.

The failure of Kristine Gebbie's term as AIDS Policy Coordinator is clearly as much a result of the impotency of the position as her own inaction. Her successor must have a stronger mandate to create policy, direct access to the President and an aggressive approach to the nation's response to the AIDS crisis.

The nature of this position, and Gebbie's handling of it, have created widespread disillusionment among those of us working on the front lines of HIV/AIDS. If there is any chance of reclaiming a spirit of hope, then we must:

- move the position out from under HHS and into the Domestic Policy Office, if not a cabinet level position, and
- hire someone with the force of character and proven record on AIDS who will break through political rhetoric and create real change.

Candidates are being floated daily, yet no one will have the ability to get the job done if the basic premise of the position continues to be one of posturing rather than real action to stop the spread of HIV and its accompanying discrimination and misinformation.

Sincerely,

Mark King
 Executive Director



126 West Del Mar Boulevard, Pasadena, California 91105 • Tel 818/796-5633, Fax 818/796-8198

July 19, 1994

Carol Rasco

Assistant to the President for Domestic Policy

The White House

Washington, D.C. 20500

JUL 27 REC'D

Dear Ms. Rasco,

As the AIDS epidemic continues to rage out of control the nation once again finds itself in the unenviable position of not having a National AIDS Policy Coordinator. This situation does, though, present us with an opportunity to re-define the office and give it the strength and power it truly requires. This need not take a great period of time. By following the recommendations of the nation wide network of AIDS advocates and activists this can be done quickly and correctly.

The AIDS Policy Coordinator must be responsible for keeping the President informed and involved in all AIDS related decision making and assuring that the domestic policies of the Administration include appropriate consideration of AIDS related issues. The complexities of this epidemic require that the office of National AIDS Policy Coordinator be a post unto itself not necessarily under the shadow of the Secretary of the Department of Health and Human Services. We would like to see a cabinet level position created for the office of the National AIDS Policy Coordinator. A position that would steer the President in the direction the nation needs to go in combating HIV/AIDS.

We need a courageous person who knows the ways of Washington and is able to push aside the intolerant and educate the ignorant. The position needs to be institutionalized to assure continuation if there is a change of administrations. This person must have expertise in HIV/AIDS issues, should have the confidence of the communities affected by AIDS, and should be personally impacted by AIDS if not HIV infected. The National AIDS Policy coordinator should chair a Community Advisory Board made up of people with HIV infection and people from HIV impacted communities. People with HIV/AIDS should be included on any body that creates, implements or evaluates HIV/AIDS policy or programs. Very important is to finally implement the recommendations of the National Commission on AIDS. We also support the recommendations of Federal HIV/AIDS Agenda '93 which was developed following 25 regional meetings throughout the United States for people from agencies and organizations that provide HIV/AIDS related services.

The painfully slow pace of action in the AIDS epidemic is killing people. In California we suspect that 8,000 to 10,000 new HIV infections happen yearly. The Los Angeles Department of Health Service says that 1 in every 193 persons in L.A. county is HIV infected. State wide,



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that figure is 1 in 200. Please act now. Too much is at stake for this position to remain unfilled and undefined for any length of time.

Two recommendations that we have for the position of National AIDS Policy Coordinator are Martin Delany from Project Inform and Peter McDermott, formerly of Los Angeles and the Los Angeles County Commission on AIDS and the Los Angeles HIV Health Care Planning Council (the entity we use for CARE Act monies distribution). Mr. McDermott is currently residing in Chicago, Illinois.

Sincerely,

A handwritten signature in cursive script that reads "Connie Norman".

Connie Norman
Director of Public Policy

PROJECT inform

Ms. Carol Rasco
Domestic Policy Advisor, The White House

July 18, 1994

Dear Ms. Rasco,

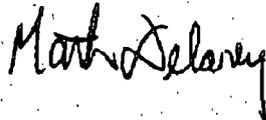
I have previously communicated with many people in this and past administrations, conveying the views of our group. Project Inform is one of the largest constituency-based AIDS organizations in the US, serving clients in every state with a variety of education and advocacy services. I am writing to express our concerns about the replacement for Kristine Gebbie. You may have noted our position in the Washington Post, which pointed out our broader concerns with the Administration's handling of AIDS. It became evident over the year that her position never had a clear mission and was entrusted with neither the authority nor the full support of others in the Administration. Ms. Gebbie's role was frequently in conflict with interests elsewhere in HHS, the NIH, and the CDC. Thus, the job was doomed to failure no matter who held the position.

The Administration should expect little help, support, or slack from grass-roots community groups in seeking a new person unless it first engages in open dialogue about the mission and authority of the position. To date, we see little evidence that this is happening. The role must be infused with sufficient authority, independence, and support from the White House to be able to set direction and lead other government agencies towards a more unified approach to policy. If the Administration sees the job primarily as a public relations exercise, it is heading for a serious confrontation with people concerned with AIDS.

We believe that the job can succeed only in the hands of a recognized national leader of high stature and respect, someone with proven ability to build consensus, someone who is not labeled by existing organizational or political ties. In this sense, few if any of the candidates mentioned in recent press articles seem appropriate, particularly people stepping up from lower level positions or "beltway" community organizations. This job should not be a "step up" for someone building a career, but an act of public service from a skilled senior professional. The job needs someone who is perceived to be on a higher plane, someone not seen as representing, perhaps in an unbalanced way, one or another of the disparate interests of AIDS groups.

The level of frustration among people with AIDS has never been higher than it is today - perhaps a testament to the risks of setting high expectations. From where many of us stand, the management of AIDS has become worse, not better, in the last 16 months. AIDS research - the area we know best - is in a state of disarray, crippled by lack of leadership, lack of urgency, and internal confusion at the NIH. Despite claims of increased funding, most major research centers report they are suffering cutbacks. Dr Lee himself reported last week that private industry is on the verge of a major withdrawal from AIDS research and NCI officials previously reported a 60% drop in the number of new government/industry research collaborations in the last 16 months. And there is still no visible effort to eliminate duplication of effort or engage in serious strategic planning, despite the promises of the OAR reforms. At the root of many of these problems is the Administration's poor record of matching job requirements and actual candidate skills. We urge you to give serious time to reconsidering the mission and structure of this job *before* you begin reviewing names. A bit of consultation with the community - no just the Beltway establishment - might help as well.

Sincerely,



Founding Director, Project Inform

Acknowledged receipt and told
him CHR would review upon her
return to office w/o 8/1

7/29/04
Kam

file

JOSEPH P. MULLIGAN & ASSOCIATES
FUND RAISING COUNSEL

TELECOPY TRANSMISSION COVER SHEET

JUL 27 REC'D

PLEASE DELIVER THE FOLLOWING PAGES TO:

Name: CAROL ROSCOE
Organization: DOMESTIC POLICY OFFICE
THE WHITE HOUSE
Fax Location: 202-456-2878
From: JOSEPH P. MULLIGAN
Re: NATIONAL AIDS POLICY COORDINATOR
Date: 26 JULY 1994
Number of pages (including cover sheet): FIVE (5)

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Thank you.

JOSEPH P. MULLIGAN & ASSOCIATES
FUND RAISING COUNSEL

July 26, 1994

Ms. Carol Roscoe
Domestic Policy Office
The White House
West Wing, Second Floor
Washington, DC 20500

Dear Ms. Roscoe:

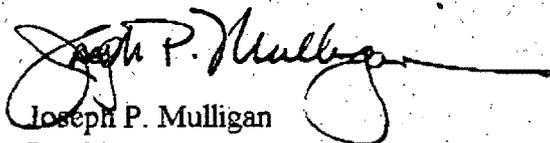
David Mixner has furnished me with your name, and suggested that I submit the enclosed resume, as an indication of my intense interest in being considered by the President for the position of National AIDS Policy Coordinator.

Because of the urgency in getting this copy of my resume to you, I have quickly updated an old resume, in order to have some biographical and background information to you, for consideration by the President's and his policy advisors.

What is not reflected in the resume are my unique and very distinctive personal qualifications, front line involvement ("in the trenches") since the very beginning of this epidemic, personal knowledge of, and familiarity with hundreds of victims of the disease and in many cases their families, extraordinary passion for the project, and necessary skills and ability to effectively articulate the vision of what needs to be accomplished --- if we are to quickly find the cause of, and the cure for, AIDS --- which would place me "heads and shoulders" above others currently being considered.

I am fiercely determined to advance my candidacy. Enclosed also is my Statement of Competence, Concern, and Commitment, which reflects not only my qualifications to serve our President, our country, and mankind, but also initial thoughts for a strategy which President Clinton might consider, which if successful, would establish his unique role in the eradication of this disastrous disease. History will record our response.

Sincerely,


Joseph P. Mulligan
President

Enclosures

STATEMENT OF COMPETENCE, CONCERN, AND COMMITMENT

A CONSIDERATION:

From recent numerous conversations, there appears to be a consensus developing that the job of the National AIDS Policy Coordinator needs to be well defined before the President makes another appointment to this critically important position.

Ideally, the job description should include three important qualifications:

1. A person who has worked directly with AIDS.
2. A person with an established relationship with the President.
3. A person with ability to effectively and dramatically articulate the vision to the business, labor, and AIDS communities.

I am extremely well qualified for items #1 and #3. Because of incredible people skills, I am confident that I could quickly gain the confidence of, and the necessary comfort level with, the President to establish and effectively maintain the important working relationship so vital for success of a Manhattan Project for AIDS.

JOE MULLIGAN'S COMPETENCE:

Uniquely well qualified, multi-talented, multi-dimensional, great people skills, conciliatory powers, extreme reluctance to ever accept "No" for an answer, documented fund-raising skills, (particularly valuable in convincing corporate America of its moral and societal responsibility to join forces with federal funding agencies to work in partnership), a great comfort level with captains of industry and with those inside Washington, a personal moral and spiritual dimension, campaign organizational skills, history of being extremely active in the gay and lesbian community on local and national levels, and courage of his convictions.

JOE MULLIGAN'S CONCERN:

Our government is presented with an opportunity, unparalleled in the history of mankind, to stem and turn the tide of a disease now in early stages, which will affect millions of the world's population, and have ramifications (pleasantly so) in the cure and treatment of numerous other maladies and diseases, and (disastrously so) upon our socio-economic system. The time is now. We are presented with a rare opportunity to take a quantum leap forward.

Statement of Competence, Concern, and Commitment

Page 2

The "tide has turned" --- finally --- from public perception of AIDS as a gay man's disease to one knowing no economic, racial, or societal boundaries, enabling us as individuals and as a government dedicated to the betterment of all peoples. The words made popular by Peter, Paul and Mary, " ... that "too many people have died ...," and the four key words, " ... When all God's children ... " from the Rev. Dr. Martin Luther King's "I Have A Dream" speech, could combine to become an anthem of a revitalized movement collectively leading us toward eradication of the disease. Will we listen? We may never again have this opportunity to so dramatically change a course of history.

JOE MULLIGAN'S COMMITMENT:

With the full utilization of the numerous talents and skills which God has given me, I would bring to this national --- and world --- endeavor, passion for the project, fervor, conviction, dedication, zeal, untiring devotion, relentless searching for solutions, a positive attitude that with all the scientific and medical talent inhabiting the earth at this juncture of history something great will happen, loyalty to the Chief Executive, and a pledge to all who have suffered, that they have not died in vain.

INITIAL THOUGHTS:

Once a determination is made by the President, I suggest the following:

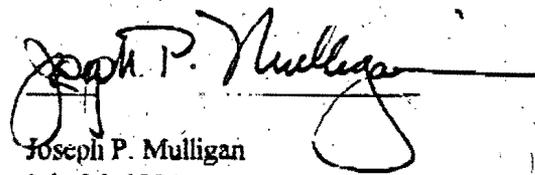
1. Immediately call an AIDS Summit.
2. Create a blueprint for action, allowing every governmental agency to know its responsibilities (Housing, for victims; Laws governing confidentiality, Education, etc.)
3. Establish a Warren-type Commission, under the leadership of David Geffen (With a Laurence or Joan Tisch, a Father Theodore Hesburgh, an Oprah Winfrey), to thoroughly investigate when we have been, and where we should be going, and so advise the President.
4. Form a National (International?) Scientific Advisory Council to identify and recruit by presidential mandate the "best and brightest" members of

Statement of Competence, Concern, and Commitment
Page 3

our scientific and medical communities to gather together in Washington, or in Chicago (as did the participants of the Manhattan Project), checking all egos at the door and temporarily suspending quests in isolation for the Nobel Prize in Medicine

5. Solicit corporate America to join in a partnership with federal funding agencies, for multi-year pledges of \$500,000 to \$1 million to support the work of individual scientists and medical personnel serving at the specific request of the President for the good of the country and of mankind.

History will indeed record our response.


Joseph P. Mulligan
July 26, 1994

END

JOSEPH P. MULLIGAN & ASSOCIATES
FUND RAISING COUNSEL

JUL 27 REC'D

TELECOPY TRANSMISSION COVER SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

Name: CAROL ROSCOE
 Organization: DOMESTIC POLICY OFFICE
THE WHITE HOUSE
 Fax Location: 202-456-2878
 From: JOSEPH P. MULLIGAN
 Re: NATIONAL AIDS POLICY COORDINATOR
 Date: 27 JULY 1994 7:40 AM
CDT
 Number of pages (including cover sheet): FIVE (5)

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Thank you.

JOSEPH P. MULLIGAN & ASSOCIATES
FUND RAISING COUNSEL

July 27, 1994

Ms. Carol Roscoe
Domestic Policy Office
The White House
West Wing, Second Floor
Washington, DC 20500

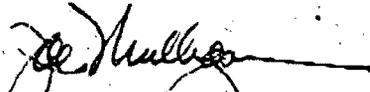
Dear Ms. Roscoe:

When my letter of July 26 concerning the National AIDS Policy Coordinator position was transmitted to you late yesterday, it appears that my resume was inadvertently omitted. Sorry.

The resume is being sent by facsimile this morning, and all original materials mailed to you in today's mail.

Thank you for your assistance.

Sincerely,


Joseph P. Mulligan
President

JPM:djv
Enclosures

JOSEPH P. MULLIGAN

P6/(b)(6)

EXPERIENCE**1988 - Present JOSEPH P. MULLIGAN & ASSOCIATES, LTD., CHICAGO****President & Chief Executive Officer**

Founded fund-raising consulting firm in November 1988, with primary focus on feasibility studies and resident campaign management. By design, firm differs from almost all fund-raising consulting firms in the country in that senior staff personnel are involved in almost every solicitation call for leadership and major gifts. In first five years, have been personally and dramatically involved in campaigns ranging from \$1.2 million to \$69 million.

1986 - 1988 JEROLD PANAS, YOUNG & PARTNERS, CHICAGO**Managing Partner**

Second in command of one of the nation's premier fund-raising consulting firms, specializing in development, planning and campaign management, institutional public relations, and design communication. During tenure, firm's primary focus was directed to health care institutions, working with many major medical centers across the country. Supervised headquarters offices, and managed marketing staff, writers, design personnel, and senior campaign directors. Served as principal liaison between firm and clients' governing boards and executive staffs. Effectively involved with successful solicitation of six and seven figure leadership gifts.

1984 - 1986 PILOT ASSOCIATES, SOUTH BEND, INDIANA**Vice President**

Fund-raising consultant for non-profit organizations. Broad experience in setting and exceeding goals, developing objectives, planning campaign strategies, soliciting major gifts, organizing strong volunteer networks, and implementing short and long term multi-million dollar campaigns.

Joseph P. Mulligan
Page 2

1973 - 1984 UNIVERSITY OF NOTRE DAME, NOTRE DAME, INDIANA

Regional Director of Development

Responsible for one-on one solicitation of alumni, parents, friends, foundations, and corporations, dealing with annual gifts, multi-year commitments, and planned giving provisions. While based in regional offices (Chicago, 1973-1975 and 1981-1984, and Los Angeles, 1975-1980), involved in all aspects of organization of \$130 million "Campaign for Notre Dame," which raised \$180.5 million and ended one year ahead of schedule. Identified and rated prospects in the 42 key cities in which Campaign would be conducted. Arranged and executed luncheons and dinners and the personal solicitation of major benefactors in 22 states under my responsibility. Organized cadre of volunteers for National Campaign phase. In 1976, co-founded the Edward Frederick Sorin Society, an important support group which annually raises over \$6 million in unrestricted funding for the University. During time as Notre Dame development officer, personally solicited nearly 4,000 donors for gifts and commitments totaling more than \$50 million.

1972 - 1973 THE BISHOP'S SCHOOLS, LA JOLLA, CALIFORNIA

Director of Development

Expanded annual fund campaign and other fund-raising vehicles for prestigious Episcopal boarding high school and lower school. Developed marketing strategy for new summer tennis camps which served successfully both as a student recruitment vehicle and source of additional operating funds.

1971 - 1972 SACRED HEART, GREENFIELD HILLS, EL CAJON, CALIF.

Director of Development

Organized development operation and first personal solicitation for established all girls boarding school and grade school. Identifies and contacted prominent San Diegans to serve on Convent's newly established Advisory Board.

Joseph P. Mulligan
Page 3

1968 - 1971 UNIVERSITY OF NOTRE DAME, NOTRE DAME, INDIANA

Assistant Director of Admissions

Responsible for all aspects of college admissions work. Revitalized alumni recruiting committees, chaired scholarship committee, and created Notre Dame Scholar Program.

1965 - 1968 ELDER HIGH SCHOOL, CINCINNATI, OHIO

Taught English (American Literature) to high school juniors and also served as assistant director of public relations for all boys high school.

EDUCATION

1963 - 1965 KENRICK SEMINARY, ST. LOUIS, MISSOURI
Pursued theological studies for Roman Catholic priesthood.

1959 - 1963 MOUNT SAINT MARY'S SEMINARY, NORWOOD, OHIO
Pursued philosophical and theological studies for Roman Catholic priesthood.

1955 - 1959 UNIVERSITY OF NOTRE DAME, NOTRE DAME, IN
Bachelor of Arts in June 1959. Majored in Philosophy.

PERSONAL

P6/(b)(6)

END

JOSEPH P. MULLIGAN & ASSOCIATES

FUND RAISING COUNSEL

July 27, 1994

Ms. Carol Roscoe
Domestic Policy Office
The White House
West Wing, Second Floor
Washington, DC 20500

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Sincerely,



Joseph P. Mulligan
President

JPM:djv
Enclosures

JOSEPH P. MULLIGAN & ASSOCIATES

FUND RAISING COUNSEL

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Thank you.

JOSEPH P. MULLIGAN & ASSOCIATES

FUND RAISING COUNSEL

July 26, 1994

Ms. Carol Roscoe
Domestic Policy Office
The White House
West Wing, Second Floor
Washington, DC 20500

Dear Ms. Roscoe:

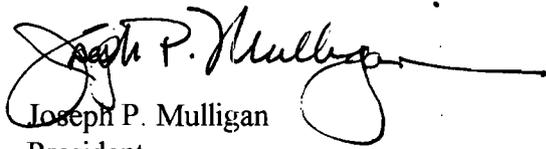
David Mixner has furnished me with your name, and suggested that I submit the enclosed resume, as an indication of my intense interest in being considered by the President for the position of National AIDS Policy Coordinator.

Because of the urgency in getting this copy of my resume to you, I have quickly updated an old resume, in order to have some biographical and background information to you, for consideration by the President's and his policy advisors.

What is not reflected in the resume are my unique and very distinctive personal qualifications, front line involvement ("in the trenches") since the very beginning of this epidemic, personal knowledge of, and familiarity with hundreds of victims of the disease and in many cases their families, extraordinary passion for the project, and necessary skills and ability to effectively articulate the vision of what needs to be accomplished --- if we are to quickly find the cause of, and the cure for, AIDS --- which would place me "heads and shoulders" above others currently being considered.

I am fiercely determined to advance my candidacy. Enclosed also is my Statement of Competence, Concern, and Commitment, which reflects not only my qualifications to serve our President, our country, and mankind, but also initial thoughts for a strategy which President Clinton might consider, which if successful, would establish his unique role in the eradication of this disastrous disease. History will record our response.

Sincerely,


Joseph P. Mulligan
President

Enclosures

JOSEPH P. MULLIGAN

P6/(b)(6)

EXPERIENCE

1988 - Present JOSEPH P. MULLIGAN & ASSOCIATES, LTD., CHICAGO

President & Chief Executive Officer

Founded fund-raising consulting firm in November 1988, with primary focus on feasibility studies and resident campaign management. By design, firm differs from almost all fund-raising consulting firms in the country in that senior staff personnel are involved in almost every solicitation call for leadership and major gifts. In first five years, have been personally and dramatically involved in campaigns ranging from \$1.2 million to \$69 million.

1986 - 1988 JEROLD PANAS, YOUNG & PARTNERS, CHICAGO

Managing Partner

Second in command of one of the nation's premier fund-raising consulting firms, specializing in development, planning and campaign management, institutional public relations, and design communication. During tenure, firm's primary focus was directed to health care institutions, working with many major medical centers across the country. Supervised headquarters offices, and managed marketing staff, writers, design personnel, and senior campaign directors. Served as principal liaison between firm and clients' governing boards and executive staffs. Effectively involved with successful solicitation of six and seven figure leadership gifts.

1984 - 1986 PILOT ASSOCIATES, SOUTH BEND, INDIANA

Vice President

Fund-raising consultant for non-profit organizations. Broad experience in setting and exceeding goals, developing objectives, planning campaign strategies, soliciting major gifts, organizing strong volunteer networks, and implementing short and long term multi-million dollar campaigns.

Joseph P. Mulligan

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1973 - 1984 UNIVERSITY OF NOTRE DAME, NOTRE DAME, INDIANA

Regional Director of Development

Responsible for one-on one solicitation of alumni, parents, friends, foundations, and corporations, dealing with annual gifts, multi-year commitments, and planned giving provisions. While based in regional offices (Chicago, 1973-1975 and 1981-1984, and Los Angeles, 1975-1980), involved in all aspects of organization of \$130 million "Campaign for Notre Dame," which raised \$180.5 million and ended one year ahead of schedule. Identified and rated prospects in the 42 key cities in which Campaign would be conducted. Arranged and executed luncheons and dinners and the personal solicitation of major benefactors in 22 states under my responsibility. Organized cadre of volunteers for National Campaign phase. In 1976, co-founded the Edward Frederick Sorin Society, an important support group which annually raises over \$6 million in unrestricted funding for the University. During time as Notre Dame development officer, personally solicited nearly 4,000 donors for gifts and commitments totaling more than \$50 million.

1972 -1973 THE BISHOP'S SCHOOLS, LA JOLLA, CALIFORNIA

Director of Development

Expanded annual fund campaign and other fund-raising vehicles for prestigious Episcopal boarding high school and lower school. Developed marketing strategy for new summer tennis camps which served successfully both as a student recruitment vehicle and source of additional operating funds.

1971 - 1972 SACRED HEART, GREENFIELD HILLS, EL CAJON, CALIF.

Director of Development

Organized development operation and first personal solicitation for established all girls boarding school and grade school. Identifies and contacted prominent San Diegans to serve on Convent's newly established Advisory Board.

Joseph P. Mulligan

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1968 - 1971 UNIVERSITY OF NOTRE DAME, NOTRE DAME, INDIANA

Assistant Director of Admissions

Responsible for all aspects of college admissions work. Revitalized alumni recruiting committees, chaired scholarship committee, and created Notre Dame Scholar Program.

1965 - 1968 ELDER HIGH SCHOOL, CINCINNATI, OHIO

Taught English (American Literature) to high school juniors and also served as assistant director of public relations for all boys high school.

EDUCATION

1963 - 1965 KENRICK SEMINARY, ST. LOUIS, MISSOURI

Pursued theological studies for Roman Catholic priesthood.

1959 - 1963 MOUNT SAINT MARY'S SEMINARY, NORWOOD, OHIO

Pursued philosophical and theological studies for Roman Catholic priesthood.

1955 - 1959 UNIVERSITY OF NOTRE DAME, NOTRE DAME, IN

Bachelor of Arts in June 1959. Majored in Philosophy.

PERSONAL

P6/(b)(6)

STATEMENT OF COMPETENCE, CONCERN, AND COMMITMENT

A CONSIDERATION:

From recent numerous conversations, there appears to be a consensus developing that the job of the National AIDS Policy Coordinator needs to be well defined before the President makes another appointment to this critically important position.

Ideally, the job description should include three important qualifications:

1. A person who has worked directly with AIDS.
2. A person with an established relationship with the President.
3. A person with ability to effectively and dramatically articulate the vision to the business, labor, and AIDS communities.

I am extremely well qualified for items #1 and #3. Because of incredible people skills, I am confident that I could quickly gain the confidence of, and the necessary comfort level with, the President to establish and effectively maintain the important working relationship so vital for success of a Manhattan Project for AIDS.

JOE MULLIGAN'S COMPETENCE:

Uniquely well qualified, multi-talented, multi-dimensional, great people skills, conciliatory powers, extreme reluctance to ever accept "No" for an answer, documented fund-raising skills, (particularly valuable in convincing corporate America of its moral and societal responsibility to join forces with federal funding agencies to work in partnership), a great comfort level with captains of industry and with those inside Washington, a personal moral and spiritual dimension, campaign organizational skills, history of being extremely active in the gay and lesbian community on local and national levels, and courage of his convictions.

JOE MULLIGAN'S CONCERN:

Our government is presented with an opportunity, unparalleled in the history of mankind, to stem and turn the tide of a disease now in early stages, which will affect millions of the world's population, and have ramifications (pleasantly so) in the cure and treatment of numerous other maladies and diseases, and (disastrously so) upon our socio-economic system. The time is now. We are presented with a rare opportunity to take a quantum leap forward.

Statement of Competence, Concern, and Commitment

Page 2

The "tide has turned" --- finally --- from public perception of AIDS as a gay man's disease to one knowing no economic, racial, or societal boundaries, enabling us as individuals and as a government dedicated to the betterment of all peoples. The words made popular by Peter, Paul and Mary, " ...that "too many people have died ...," and the four key words, " ... When all God's children ... " from the Rev. Dr. Martin Luther King's "I Have A Dream" speech, could combine to become an anthem of a revitalized movement collectively leading us toward eradication of the disease. Will we listen? We may never again have this opportunity to so dramatically change a course of history.

JOE MULLIGAN'S COMMITMENT:

With the full utilization of the numerous talents and skills which God has given me, I would bring to this national --- and world --- endeavor, passion for the project, fervor, conviction, dedication, zeal, untiring devotion, relentless searching for solutions, a positive attitude that with all the scientific and medical talent inhabiting the earth at this juncture of history something great will happen, loyalty to the Chief Executive, and a pledge to all who have suffered, that they have not died in vain.

INITIAL THOUGHTS:

Once a determination is made by the President, I suggest the following:

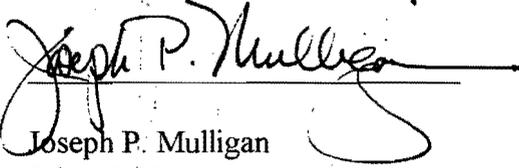
1. Immediately call an AIDS Summit.
2. Create a blueprint for action, allowing every governmental agency to know its responsibilities (Housing, for victims; Laws governing confidentiality, Education, etc.)
3. Establish a Warren-type Commission, under the leadership of David Geffen (With a Laurence or Joan Tisch, a Father Theodore Hesburgh, an Oprah Winfrey), to thoroughly investigate when we have been, and where we should be going, and so advise the President.
4. Form a National (International?) Scientific Advisory Council to identify and recruit by presidential mandate the "best and brightest" members of

Statement of Competence, Concern, and Commitment
Page 3

our scientific and medical communities to gather together in Washington, or in Chicago (as did the participants of the Manhattan Project), checking all egos at the door and temporarily suspending quests in isolation for the Nobel Prize in Medicine.

5. Solicit corporate America to join in a partnership with federal funding agencies, for multi-year pledges of \$500,000 to \$1 million to support the work of individual scientists and medical personnel serving at the specific request of the President for the good of the country and of mankind.

History will indeed record our response.


Joseph P. Mulligan
July 26, 1994

JOSEPH P. MULLIGAN & ASSOCIATES

FUND RAISING COUNSEL

TELECOPY TRANSMISSION COVER SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

Name: CAROL ROSCOE
Organization: DOMESTIC POLICY OFFICE
THE WHITE HOUSE
Fax Location: 202-456-2878
From: JOSEPH P. MULLIGAN
Re: NATIONAL AIDS POLICY COORDINATOR
Date: 26 JULY 1994
Number of pages (including cover sheet): FIVE (5)

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