December 11, 1986

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Dear Phil:

Thank you for your letter regarding our collaboration. I too am very interested in expanding in formal way, our collaboration on AIDS. With both of our schedules we must, however, make our goals reachable and then make the time to do what is required.

Let me put forth two ideas. First, I'm not overly interested in policy analysis of the government's response to AIDS. Although that response was terrible, there are many people who see that, are analysing it and, I presume, will write about it. The one place that I don't see enough effort in the "response" aspect is the generic question of whether the government, given the funding, is capable (with current rules, staff, etc.) of mounting a response. My hypothesis is that the government is in spiriling dive towards paralysis and that, even with money, would be incapable of mounting a successful AIDS prevention program. That is a serious question and is worth the time exploring since, with a few changes, I presume it could be changed. Is there someone in your group who would be interested in working on this topic? If so, I would be happy to help.

SPIRALLING

Second, and more of my personal interest, is the leading of the world by example. This, in contrast to retrospective analyses, would be futuristicly oriented. It would use the San Francisco model, take it from its currently slightly stagnant stage, goose it up, and again make it the best organized, best constructed, and best analysed AIDS program in the world. This, I think, has been done for therapy in the hospital and the community. More can be done, I'm sure, but I (as an outsider) am impressed. But there are several approaches to prevention, epidemiology, and assessment that could be strengthened. My concept is to establish Prevention-Treatment Centers.

These centers would combine the various, now somewhat divergent, AIDS prevention programs into one, add a large-scale clinical follow-up center for antibody positive people, and add a training center to spread the AIDS-prevention word to others.

I have hopes of establishing two or three of these in California with time.

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To begin with, San Francisco could serve as a model/pilot. It would require considerable commitment from San Francisco in terms of administrative unification. I think we can get money, in time, to support the training facility, the assessment, and the

clinical follow-up parts. We may be able to get money as a model for prevention/treatment, but I have not explored these possibilities at all. Actually, because of the administrative sensitivies in San Francisco, I have not spoken much about this anywhere. I need your imput first.

Let me know what you think. Perhaps we can get together for lunch and outline where to go with these and/or other paths.

I have enclosed Jim Chin's and my article on prevention (in press JAMA) for your info. I have also enclosed my C.V.

Give me a call (office 540-2566, or home 343-2294 (San Mateo) when you have a second.

Sincerely,

Donald P. Francis, M.D., D.Sc.
CDC AIDS Adviser

Enclosures

DF/aah