FOIA Number: 2018-0756-F

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Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3766

FolderID:

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July Chron Files 1993 [1]

Stack:	Row:	Section:	Shelf:	Position:
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National Aids Policy
Kristine Gebbie
9 Boxes Recd 10/31/94

1 OF 9

AUGUST & JULY 1993 CHRON FILES

ENCLOSURES FILED OVERSIZE ATTACHMENTS 3766

NHLA 2625

JULY CHRON FILES

1993

MAIN
#03D07

NAPO Document Control Slip

NAPO Number : 7075 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : RICHARD PARROTT

********** Subject or Title **********

9009 RICHMOND #414 - HOUSTON, TX 77063

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Richard Parrott
9009 Richmond #414
Houston, Texas 77063

Dear Mr. Parrott:

Thank you for your letter congratulating me on my appointment as AIDS Policy Coordinator.

I share your concern about discrimination against people living with HIV and AIDS. The Americans With Disabilities Act (ADA) gives civil rights protection to individuals with disabilities, including protection for people with HIV and AIDS.

We must all work together to fight discrimination against people suffering from HIV disease and help to ensure that the provisions of the ADA are implemented.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

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WASHINGTON

July 30, 1993

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Houston, Texas 77063

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Sincerely,

Kristine M. Gebbie,RN, MN
National AIDS Policy Coordinator

Prepared by: APO: IGelberg: gw: 7/28/93: 690-5471: b:\parrott

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

AIDS

- Discrimination in general
- Can't address the specifics

June 25, 1993

ATTN: Christine Gebby
C/O - The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Ms. Gebby:

I am writing to congratulate you on your appointment by **President Clinton** as the AIDS POLICY COORDINATOR for our Country. As a person with AIDS going on Five(5) years, I can empathize with the desperate need that is there regarding discriminatory actions experienced by people with AIDS. I recall **President Clinton** mentioning that you would also be organizing policies regarding AIDS discrimination.

As a person who has worked in Healthcare for over nine(9) years, I have an experience that proves that even in Healthcare there is still a lot of HIV discrimination allowed by certain organizations. If these events occur in a medical setting, I can imagine the horrible experiences that people with HIV / AIDS are suffering in a non-medical work environment.

Please review the attached information pertaining to my HIV discrimination case filed against one of the largest Non-profit organizations in the World. In the past The Methodist Hospital in Houston regardless of the Millions of dollars in surplus annually, they denied giving any type of indigent care. They were tackled by the Texas Attorney General, and still refused to help with the indigent care need in our city (Houston). After two years or more of a legal battle, the only way that this Non-Profit Billionaire Corporation would help with indigent care, was when our Governor **Ann Richards** made it mandatory. Only then did they back down. All of the Millions of Dollars that were spent by The Methodist Hospital to fight this and to appeal this request, could have been used to build one of the World's most largest and efficient indigent-care centers. But because of their greed, Millions of dollars were tossed down the drain.

I was employed at The Methodist Hospital for over five(5) years. My work history speaks for itself. I was rated as an outstanding employee; I was promoted in my Medical Secretarial position due to my outstanding work history in Pharmacy Services. When my diagnosis of AIDS was leaked through non-confidential channels inside the Hospital, I started to experience discriminatory actions from my superiors. I was continually and falsely accused of poor time management, of being infectious to my co-workers, of faking illnesses, my character and work history as a whole was defamed repetatively and I was maliciously harassed. My physician would not allow me to continue to work in this hostile environment. I was forced to disability by discrimination, rather than being fully accommodated like a person with HIV who is able to work should be accommodated.

After reviewing the attached information, I would appreciate whatever effort and attempt that you could provide to me to help the World to know about the deliberate discriminatory actions that people with AIDS are forced to face. In most cases these actions are handled as peer pressure, rather than discrimination. I have to say no to all of the regression that surrounds me. Please help me so that people with AIDS will no longer be forced to fight a disease and discrimination at the same time. Because of my diagnosis, this hospital is taking my law suit as a joke. It's not fair that Greedy organizations like The Methodist Hospital can get away with their deliberate approval to allow discrimination against employees with AIDS. Thank you for your precious

time. If my stance can help others who will follow in this path to have a smoother avenue, then all of my efforts will not be in vain.

Best Regards,

Richard Parrott
9009 Richmond #414
Houston, TX 77063
(713) 783-6331
FAX: 783-0266

Attachments

ATTN: Citizens For Equity

Date: August 25, 1992

I'm sending you this fax as a person with AIDS who was forced to file a law suit against Houston's own internationally reknowned hospital **THE METHODIST HOSPITAL** - On August 14, 1992. As an outstanding employee for this prestigious Medical facility for over Five (5) years, I was denied any type of assistance with my pacifist-like stance that the hospital has for problems with employees. I was told that not everyone has to deal with AIDS, and that perhaps I was in denial that I was dying!

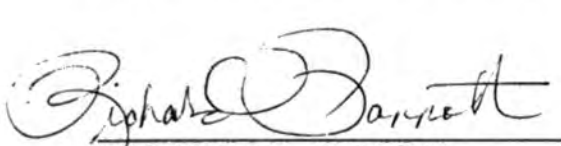
I have concrete documentation of the deliberate harassment that I encountered at **METHODIST** as a dedicated and faithful employee. My overall work-history speaks for itself. I was even promoted to a two (2) position ranking because of my outstanding contributions to Pharmacy Service as an employee. Yet, when my diagnosis was handled with non-confidential channels, I was constantly harassed with false accusations, being threated and humiliated, viewed as being infectious to co-workers, and my whole professional - character was repetatively defamed by immediate supervisors who just did not want me in the Pharmacy Administrative offices because of my illness.

If this type of discrimination is allowed in a medical facility; imagine the existence in the community as a whole. Studies show that over 80% of persons with AIDS/HIV suffer some type of deliberate or intensional form of harassment. Most are not officially reported due to high stress levels. High stressed levels and intensional inflictions can play a big part in disease progression with HIV. If employees with AIDS cannot find proper treatment and professional ethics in a Hospital, where do they turn? AIDS categorizes and fully qualifies as a disability. Therefore people with AIDS have to be equally accommodated in the work place as well - rather than screened for appropriateness and convenience for the Employer. The American's with Disability Act supports this as well!

People with disabilities like AIDS can not just settle for deliberate and intensional harassment. We have to be willing to take a stand to say, equity is the real answer. It's even more tragic to see more and more that the average mentality with AIDS is, to acknowledge the disease after it has already affected someone dear or a loved one. That's when it's too late!

I would appreciate your prompt assistance in this matter. My case is viewed in a not so serious light because of my disease. But that's what video tapes are for; depositions can serve as concrete evidence as well! Whether I'm still existing in this walk of life, or in a better life - Justice will be served! If my effort can pave a smoother path for those who follow, because unfortunately I won't be the last person with AIDS to encounter deliberate discrimination, my efforts and attempts to strive and achieve **True AIDS Awareness** will not be in vain!

Repsectfully submitted,



RICHARD E. PARROTT

CONTACT INFORMATION:

Phone: (713)783-6331
Fax: (713)783-0266

Address: 9009 Richmond - #414
Houston, TX 77063

▼ ▼ ▼ DATELINE: HOUSTON

HIV-positive employee files $1.3 million lawsuit against Methodist Hospital

By SHERI COHEN DARBONNE
The New Voice Editor

A former pharmacy technician is suing Houston's Methodist Hospital for $1.3 million, claiming that invasion of privacy harassment by supervisors produced stress led him to seek medical disability prematurely.

The state court suit filed by Richard E. Parrot, 28, claims he was harassed, humiliated and treated unfairly since supervisors learned in 1989 that he has HIV.

Parrot has been on medical leave since June 11.

Parrot said his problems escalated when he was assigned a new supervisor after being hospitalized for an AIDS-related condition. The supervisor, he said, made his condition known to others in the work place and at one point sent out a memo mentioning that he was taking an AIDS medication.

Parrot's attorney, Jim Kuhn, said he has a copy of the memo, which approves a salary advance for Parrot to pay for an AIDS drug. Parrot's former supervisor, Karen Huhnke, is named as a co-defendant in the lawsuit.

Methodist Hospital spokesperson Blythe Schaeffer said Parrot's supervisors thought they had worked through the problems. Schaeffer also said that when an employee had HIV, it is handled confidentially and other employees are not notified.

But Parrot said that when he was hospitalized, a non-medical employee saw his medical chart and shortly thereafter, his entire department knew his condition. He was transferred from his position as a pharmacy technician to a secretarial position, but both Parrot and Kuhn said the problems were not related to the transfer.

Kuhn said that harassment by supervisors and co-workers in the Methodist Hospital system, "basically, led my client to stop working prematurely. The harassment took a toll on his health."

"I blame the system...there is a lot of discrimination in Methodist Hospital. It's not only (against) people with HIV," said Parrot. "At the same time, I loved working there. I have mixed feelings."

HOUSTON PWA SUES HOSPITAL, CLAIMING JOB DISCRIMINATION

Plaintiff Alleges Invasion of Privacy, Emotional Distress.

HOUSTON — A man who has AIDS has filed suit against his employer, Methodist Hospital, alleging he was harassed and discriminated against because of his disease.

The suit, filed in state court on Friday, August 14, seeks $1.3 million plus back pay for Richard Parrott, who claims that he was subjected to intentional infliction of emotional distress, invasion of privacy and defamation of professional character.

Parrott has been employed by Methodist Hospital for over five years, and said he has known he was HIV-positive for about four years. In 1989, Parrot was hospitalized at Methodist with pneumocystis carinii pneumonia when a non-medical hospital employee noticed the diagnosis on his medical chart and mentioned it to others in Parrott's department.

Parrott said that after his co-workers found out about his illness, he experienced occasional incidents of harassment or discrimination, but that it had gotten especially bad recently. Parrott's attorney, James Kuhn, said the situation came to a head in the last three months when a new supervisor was hired in Parrott's department.

Kuhn said the supervisor was apparently not very knowledgeable about HIV, and became upset when Parrott blew his nose or developed a nosebleed in the presence of other employees.

"I don't necessarily fault her; the hospital should provide training [on AIDS issues] for its new employees. This was inexcusable."

Parrott said he had offered to help the hospital set up an HIV education program for employees, but was turned down.

Parrott claimed that at one point, the stress created by his situation caused him to lose a significant amount of weight and that his doctor advised him to discontinue working until the problems he was having with his employer were resolved. Parrott has been on sick leave since June of this year.

Methodist officials have stated that they thought any problems Parrott was having had been resolved.

Kuhn noted that some studies have shown that PWAs tend to live longer if they can remain employed and active. He added that it was "stupid from a public policy point of view" to push PWAs out of their jobs if they want and are able to continue working, since they then must seek government assistance.

Parrott said he hoped his lawsuit would encourage others who have experienced similar treatment at the hands of employers and co-workers.

"I'm doing this to set an example for other people with AIDS and other disabilities, [to show them] that they can stand up to these kinds of pressure."

HIV-infected employee sues Methodist

By STEFANIE ASIN
Houston Chronicle

A Methodist Hospital employee infected with the AIDS virus is suing the hospital for at least $1.3 million, claiming invasion of privacy and harassment in the work place.

"This is a deliberate HIV/AIDS discrimination case, and I have the documents to prove it," said Richard Parrott, who is on medical leave. "I want to pave a smoother avenue for those people in Methodist Hospital who are HIV positive."

Parrott's state court suit claims he has been harassed, humiliated and treated unfairly at work since his supervisors learned in 1989 he has HIV.

Parrott, on leave since June 11, said he was sick in a hospital bed when a non-medical employee in his department looked at his medical chart. Minutes later, he said, his department knew about the infection.

Parrott was transferred from pharmacy technician to a secretarial position. Under hospital policy, employees infected with the AIDS virus are moved to non-invasive positions.

Methodist spokeswoman Blythe Schaffer said Parrott's supervisors thought they had ironed out the problems.

"We cannot figure out why he would sue us; I thought he was a happy employee," she said.

Apparently, Parrott is on medical leave because he submitted a note from his physician recommending he discontinue working.

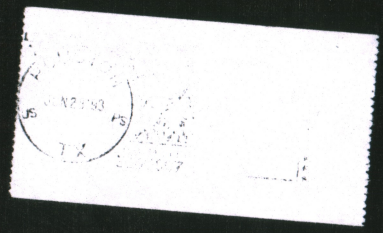
Jim Kuhn, Parrott's attorney, said his client was forced to quit because harassment was taking a toll on his health.

"The behavior of his supervisor caused the physician to write that letter," Kuhn said.

Kuhn said Parrott's supervisor wrote a memo approving a salary advance for Parrott to pay for medication and specified the medication as an AIDS drug.

Schaffer, however, said that when an employee has HIV or AIDS, it is handled confidentially and other employees are not notified.

Richard Parrott
9009 Richmond #414
Houston, TX 77063



CONFIDENTIAL

ATTN: CHRISTINE GEBBY
AIDS POLICY COORDINATOR
C/O - ~~The White House~~
~~1600~~ Pennsylvania Ave.
Washington, D.C. 20500

INITIALS: JGP DATE: 6/30/19
2018-0756-F

NO. # 92-035780

RICHARD PARROTT

VS.

THE METHODIST HOSPITAL
DARRELL R. NEWCOMER
AND
KAREN S. HUHNKE

IN THE DISTRICT COURT
OF HARRIS COUNTY, TEXAS

_____ JUDICIAL DISTRICT

PLAINTIFF'S ORIGINAL PETITION

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW RICHARD PARROTT, Plaintiff herein, complaining of The Methodist Hospital, Darrell R. Newcomer and Karen S. Huhnke, defendants herein, and for cause of action would show the following:

I.

Plaintiff is a resident of Harris County, Texas.

Defendant The Methodist Hospital is a non profit corporation doing business in Harris County, Texas whose agent for service is R. G. Girotto, 6565 Fannin, Houston, Texas 77030.

Defendant Darrell R. Newcomer may be served at his place of employment, the Department of Pharmacy Services, The Methodist Hospital, 6565 Fannin, Houston, Texas 77030.

Defendant Karen S. Huhnke may be served at her place of employment, the Department of Pharmacy Services, The Methodist Hospital, 6565 Fannin, Houston, Texas 77030.

From August 5, 1988 to June 11, 1992 Richard Parrott was employed by The Methodist Hospital in the Department of Pharmacy Services. His final salary level was $22,500 per year.

In 1989, Plaintiff was hospitalized a The Methodist Hospital where he was diagnosed as having AIDS. At that time a non medical employee of Methodist Hospital read his medical chart and told several people about Plaintiff's medical condition, thereby breaching Plaintiff's right to medical confidentiality and privacy. On December 20, 1991, Defendant Newcomer who was Plaintiff's department manager sent a memorandum through non-confidential channels disclosing Plaintiff had AIDS, although such disclosure was not necessary for the purposes of the memorandum. Defendant Newcomer's action invaded Plaintiff's privacy and negligently exposed him to emotional distress. The foregoing action of the Defendant Methodist and Defendant Newcomer amount to deliberate and negligent infliction of emotional distress and invasion of privacy which aggravated Plaintiff's medical condition to his damage in the amount of $100,000.

III.

On March 9, 1992, Defendant Huhnke became one of Plaintiff's supervisors in the Department of Pharmacy Services. Defendant Huhnke engaged in a course of conduct deliberately intended to force Plaintiff to quit his job. Defendant Huhnke falsely accussed him of using the office telephone for personal calls, faking illness and failing to perform his duties all of which accusations were defamatory. The defamatory statements of Defendant Huhnke damaged Plaintiff's professional reputation and caused him severe emotional distress and aggravated his medical condition to his damage in the amount of $100,000.

IV.

On May 25, 1992, Plaintiff returned to work after an absence for illness. Defendant Huhnke maliciously and ignorantly accused Plaintiff of being a danger to his co-workers as a result of his illness. Said states were false or uttered without regard to their truth or falseness and were defamatory. The false accusation publicly humiliated Plaintiff and caused him severe emotional distress to his damage in the amount of $100,000.

V.

When Plaintiff returned to work on May 25, 1992, he brought a letter from his physician releasing him to return to work. Defendant Huhnke demanded a further statement from the Plaintiff's Physician and told Plaintiff that the Infection Control, R.N. coordinator, Ms. Slater, had voiced concern about the Plaintiff endangering his co-workers. This statement was false and defamatory. As a result, Plaintiff filed a Conflict Resolution Request persuant to the internal grievance procedure of Defendant Methodist. Shortly thereafter, on June 8, 1992, Defendant Huhnke approached Plaintiff in front of co-workers and visitors to the office and loudly demanded he report to the employee clinic for evaluation. Defendant Newcomer drafted an "Employee Request For Treatment" form falsely stating that Plaintiff needed a medical release to return to work and that the Plaintiff had requested the medical consultation due to nose bleeds. Simultaneously, a performance evaluation report on Plaintiff was created which strongly attacked Plaintiff's job performance. As a direct and proximate result of the foregoing actions of Defendants Huhnke and Newcomer, Plaintiff's Physician declared him to be

(V. Cont.)

totally and permanently disabled on June 11, 1992 to Plaintiff's damage in the amount of $22,500 per year, for three years less disability income.

VI.

The cause of action of defamation, invasion of privacy and intentional infliction of emotional distress described in Paragraphs II through V herein above were willful, malicious, and intensional violations of Plaintiff's rights rendering all Defendants liable for exemplary damages in the amount of $1,000,000.

WHEREFORE, PREMISES CONSIDERED, Plaintiff Richard Parrott, prays that Defendants, The Methodist Hospital, Darrell R. Newcomer and Karen S. Huhnke be cited to appear and answer herein and that, upon final hearing hereof, he have judgment against the Defendants jointly and severally in the amount of $300,000 plus $22,500 per year for three years less disability income payment as actual damages and in the amount of $1,000,000 in exemplary damages together with pre and post judgment interest of the legal rate and costs of this action. Plaintiff requests a jury.

Respectfully submitted,

JAMES R. KUHN
SB#11757000
717 Pacific
Houston, TX 77006
(713) 529-3020

ATTORNEY FOR PLAINTIFF

Main
#03D06

NAPO Document Control Slip

NAPO Number : 7022 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/10/95 Disposition : DESTROY Final Date : Document Loc : MAIN-03D06

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : W. SCHWARZ

********** Subject or Title **********

6221 South Land Park Drive - Sacramento, CA 95831

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/10/93	8/10/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mrs. W. Schwarz
6221 South Land Park Drive
Sacramento, California 95831

Dear Mrs. Schwarz:

Thank you for taking time to write to me. The issue of housing and care for low income HIV-infected patients is a complex one, and some form of assisted group home is indeed an answer for some patients. In addition, the time and talents of many volunteers have augmented other efforts.

I appreciate your concern, and your good wishes.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

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July 30, 1993

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\schwartz

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mrs. Schwarz

Thank you for taking time to write to me. The issue of housing & care for low income HIV infected patients is a complex one, and some form of associated group home is indeed an answer for some patients. In addition, the time & talents of many volunteers have augmented other efforts. I appreciate your concern and your good wishes.

Sincerely

June 27, 1993 ANS

Mrs. W. Schwary
6221 So Land Park Dr.
Sacramento, CA. 95831

Miss Kristine Gebbie
Aids Policy Coordinator
Domestic Policy Council
The White House

RE: Self-help for aids sufferers at a minimum cost

Dear Miss Gebbie:

Congratulations on achieving your new position and best of wishes for your success.

As the number of cases multiply and we see on television the suffering of homeless and poverty stricken Aids patients, it occurred to me that a solution for T.B. sufferers at the turn of the century might be an example of what could be done.

In 1917 my grandmother, an orthodox Jewess, left with great trepidation her home in the L.A. area for Duarte Sanatorium (T.B.) in the mountains where she died. While there she was allowed to help herself and others, while she was able, prepare kosher food, keep herself clean and her garments clean and write letters for those who were sicker than she to families often very far away, and help with arts and crafts and the library.

We have many homes, hotels, buildings on the tax roles in cities and in rural areas. Why not set up hospices in cities and in rural areas where aids patients could help each other. Obviously, if you have means you would want to be in your own home but for the many who are alone in dingy rooms

or sleeping out under bridges or in doorways this could be a god-send.

It would center the care rather than burden the city hospitals and the price of admission would be the volunteer efforts of each patient, each to his ability and strength. Obviously, there would have to be a core professional staff (resident or visiting) but much could be done by the patients. It would be both economical and more humane than a bed in a city hospital. Over a year or two, or even a few months, bonds can be made that ease dieing. At least it would not be as impersonal as it is presently. And when you are helping others you are more apt to forget your own pain. So it was in Duarte, or so I was told it was, I was not born until 1925.

When we find a cure the buildings could be used as primary care centers or for whatever need the community presents.

Again, best wishes in the years ahead.

Sincerely,

Mrs. W. Schwab

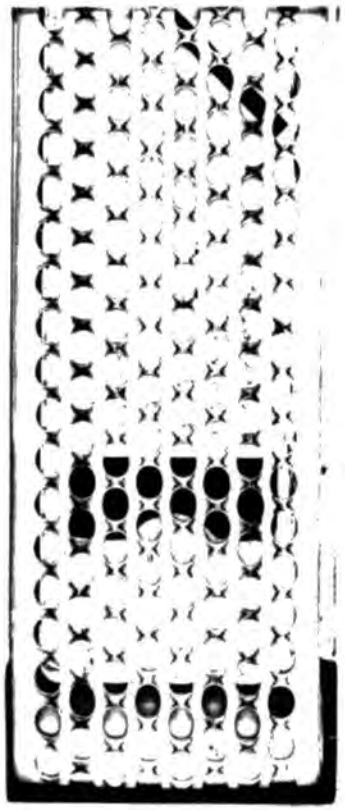
*P.S. In those days as soon as T.B. became infectious the patient was removed from the home to a sanatorium. As you no doubt know, T.B. is an air-borne disease and so was quarantined.

WASH.,D.C.200 GMF DCMS 08 30 93 16-29

SACRAMENTO, CA
28 JUN
1993
PM
956

29 USA

Miss Kristine Gebbie
Aids Policy Coordinator
Domestic Policy Council
The White House
Washington, DC.



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NAPO Document Control Slip

NAPO Number : 7065 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
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********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : R.B. WHITE

********** Subject or Title **********

BOX 745 - WINFIELD, KS 67156

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. R. B. White
Box 745
Winfield, Kansas 67156

Dear Mr. White:

Thank you for writing to share your questions regarding application of quarantine to HIV infected individuals.

You are right that this approach has been used for centuries. Current scientific evidence shows that it is far less important than once thought, though some forms of isolation and restriction are regularly used in limited instances by current public health officials.

In addition to the JAMA article, you might be interested in looking at articles appearing in the American Journal of Public Health regarding the AIDS epidemic. They provide interesting additional view points.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Box 745
Winfield, Kansas 67156

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\white.200

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr White:

Thank you for writing to share your questions regarding application of quarantine to HIV infected individuals.

You are right that this approach has been used for centuries. ~~However~~ Current scientific evidence shows that it is far less important than once thought, though ~~it is~~ some forms of isolation & restriction are regularly used in limited instances by current public health officials.

In addition to the JAMA, you might be interested in looking at articles appearing in the Bmj Jour of P.H. regarding the AIDS epidemic. They provide interesting additional viewpoints.

Sincerely

JAMA 100 Years Ago

June 10, 1893

QUARANTINE.

One of the most important questions of the hour is that of quarantine. During the past year the apprehensions of the country have been fully aroused upon this subject, and there is every disposition on the part of the people to have such laws enacted as will render us safe against the introduction of Asiatic cholera and typhus fever. The latter has entered one of our principal ports and has infected a limited number of the population of the city of New York. Thanks to the efficiency of the board of health it has been kept under relative control and is now abating. The former, starting from its home in the East some two years since and following the track along which it has heretofore traveled, has not only reached the most frequented ports of Western Europe, but it has traversed the Atlantic, and during the last summer sought admission to our shores. Through a number of fortuitous circumstances rather than by the aid of any well-ordered quarantine, we have been spared the misery of an active invasion. It has retreated to the farther side of the ocean and seems to be preparing with renewed energy and increasing activity for a second attempt to invade us. Shall it succeed? This is the vital question which we are called upon to meet and if possible to solve. The subject is not incapable of solution, but there are difficulties which beset us owing to the character of our institutions and the organic laws under which we live. It has been shown on more than one occasion that the strict enforcement of quarantine laws in America, as well as in Europe, has prevented contagious diseases from entering the seaports of a country, when full and judicious measures were put into execution. During the late war between the States every seaport along the south Atlantic and Gulf States that was effectually blockaded was spared an invasion of yellow fever. Even New Orleans which, prior to that period, had been so frequently visited by it, was kept exempt from it through the measures resorted to for the purpose by the military commandant. Even after one case had escaped the vigilance of the quarantine officer and had taken up its abode in one of the most populous sections of the city, by prompt removal of it to a vessel in the river, which made a speedy exit from the port, the disease was prevented from obtaining a foothold; while Wilmington, N.C., which until the last year of the war remained comparatively open to vessels plying between that point and the outside world, was subjected to a frightful scourge from yellow fever, owing to its introduction from the Bermudas. Do not these facts warrant the conclusion that yellow fever is of alien origin and never endemic in this country? I offer this to show what can be brought about where a preventive system of quarantine is scrupulously carried out. The circumstances and environment were such at New Orleans as to make it imperative upon the military officers there to keep the disease out of the city, as the army of occupation was, owing to the configuration of the country, necessarily encamped within its limits. It was an army recruited from the more northerly section of the United States and unaccustomed to the oppressive and enervating heat of so warm a climate. Had yellow fever once established itself that army would simply have been annihilated and the chronicler of the leading events of the war would have found adequate figures of comparison only in the plague of London or the Black Hole of Calcutta. These visitations come to us, however, in the majority of instances in times of profound peace, when it is difficult to induce the authorities of the country to enact laws sufficiently stringent to maintain a judicious quarantine. In America, while we enjoy the blessings of a freedom never before equalled, yet the greatest enthusiast will not fail to acknowledge that our form of government has some defects when it is called upon to grapple with questions that require the curtailment of the personal liberty of the citizen for the benefit of the people at large.

... Personally I am not in favor of a quarantine of detention, but of anticipation and prevention. This is the true way of avoiding the introduction of epidemic diseases into this country. The modern system of quarantine is not a system of exclusion or even of prolonged detention; it is based upon the application of scientific methods and apparatus. I call your special attention to the significant fact that this "system of maritime sanitation" has kept New Orleans free from yellow fever for the last twelve years, and absolutely without interfering with commerce; it has been pronounced by competent observers the most complete system of quarantine in the world; and it should be adopted as a model by the federal government for our common defense, at every point where pestilence may be imported.

(*JAMA*. 1893;20:624-626)

Edited by Annette Flanagin, RN, MA, Associate Senior Editor, and Micaela Sullivan-Fowler, MS, MA.

Dear Howard & NR
Kristine Gebbie
natl coordinator for
AIDS policy
7-6-93 Since
Bible records
quarantine &
rules to segregate
infected persons
have been used.
Why can't HIV
positive persons
be sent to Molokai,
or at least to
a quarantine area.
As recently as
1930's soldiers
were sent to the
Rockside if they
developed syphilis
& were quarantined
when I had measles
Aids patients
should be put in
old TB hospitals
Please consider this
Sincerely, R Bullock
P.O. Box 3745
Winfield KS 67156

R. B. White MD
Box 745
Winfield Ks
67156

Kristine Gebbie
Aids Coordinator for AIDS
White House
1600 Penn Ave
Washington, D.C.
20500

Main
#03007

NAPO Document Control Slip

NAPO Number : 7066 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : C. KINDLER

********** Subject or Title **********

BOX 118 - MEDORA, IN 47260

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. C. Kinder
Box 118
Medora, Indiana 47260

Dear Mr. Kinder:

Thank you for writing. You are right that forms of isolation have been used in the past for a variety of diseases. Isolation (or "quarantine") is still used by public health officials when current scientific information supports it as effective in stopping transmission.

As I take up my responsibilities, I intend to look at all appropriate actions which could be useful in stopping this epidemic.

Sincerely,

Kristine Gebbie/c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Box 118
Medora, Indiana 47260

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\kinder.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Kinder

Thank you for writing. You are right that forms of isolation have been used in the past for a variety of diseases. ~~It is~~ Isolation (or "quarantine") is still used by public health officials when current scientific information supports it as effective in stopping transmission.

As I take up my responsibilities I intend to look at all appropriate actions which could be useful in stopping this epidemic.

Sincerely

NYR

6-28-93

Kristine Gebbie

Here is hoping some one can an will do something about AIDs finally its being called an "epidemic" all down thru the years an "epidemic" was treated as such - Int a quarantine plus medication but "isolation" was very important - now we have the most deadly of all, an nothing is being done + more + more are dying.

Since the government already owns the military Basis (they are so "readily" closing) - which are equiped with hospitals etc. etc.

Please, quarantine all aids patients place them in these quarters - place affected Doctors + Nurses to run the place - seperate the aids patients from regular day to day bjs + start saving the rest from this dreaded disease + death: Stop fooling around:

I was quarantined with Measles when I was a child + no one was about to "die" from it - now we have a killer disease running rapid + our government brings more "affected" into our midst - when is it to end? after someone is affected ?? or dead?

We all know Mr Clinton appointed you, yes - but will he let you get to the bottom of this mess? - not very many of us can understand why he lets more + more "affected" patients enter the U.S or why our tax payers are made to support them, do we all have to die for them too?

This is worse than leprocacy - smallpox or any other disease in the history of this country

we pray you are - (with the help of God) successfull in your new job

Sincerly

C. Kinder

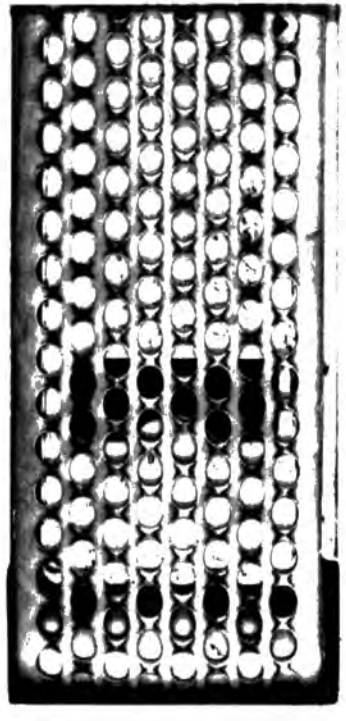
Dr Hill 8
Midora dr
47260

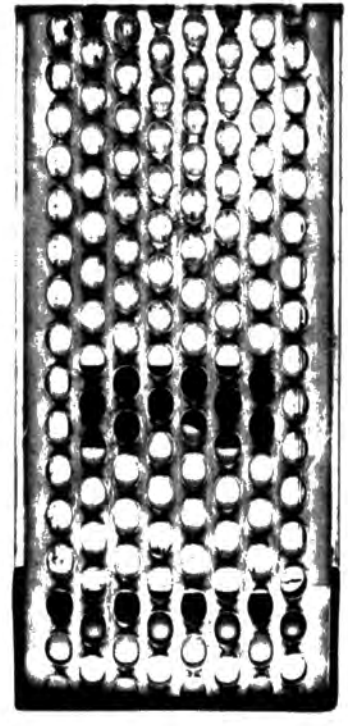
Ms Kristine Gebbie
Aids Policy Coord.

White House 1600 Penn. ave

Wash. D.C.

20500





Clinton names first AIDS czar

Associated Press

WASHINGTON — President Clinton today named Kristine Gebbie, a former state health administrator, to be the nation's first AIDS czar, saying the nation must "look for unprecedented remedies to unprecedented problems."

"We must redouble our government's efforts to promote research, funding and treatment for AIDS," Clinton said in a ceremony on the White House south lawn.

He called Ms. Gebbie, whose formal title will be AIDS policy coordinator, "a proven health-care leader" who will bring years of experience to the job.

Gebbie is a former nursing professor who served as the Washington state secretary of health from 1989 until leaving the post this spring.

She will oversee a $2.7 billion effort to combat the disease and lend comfort to its victims.

"This position has never existed before but circumstances now require us to look for unprecedented remedies to unprecedented problems," Clinton said.

The appointment would "assure our nation no longer ignores an epidemic that has already claimed too many of our brothers and sisters, our parents and children, our friends and colleagues," he said.

Gebbie said she was "thrilled to have a chance" to work on the problem.

"We've all been working a balancing act with this epidemic for a long time," she said. "For too long, most of that balancing and coordination has had to happen at the local level."

Health and Human Services Secretary Donna Shalala said the appointment "sends a very clear message that health care in this country is very much the responsibility of health professionals, not just doctors but nurses and other kinds of health providers."

Gebbie steps into a post that so far has existed only in title. The authority and duties have not been publicly defined.

"I think the nature of the job description will determine the effectiveness of that job," said Dr. Ruth Osborn, calling Gebbie a "very able person."

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Louis Strumskis
4527 Iris Drive
New Port Richey, Florida 34652

Dear Mr. Strumskis:

Thank you for writing about your discovery.

The Food and Drug Administration is responsible for the review and approval of any new pharmaceutical products, and you should contact that Agency directly at the address listed below to receive information on the product testing procedures required.

I appreciate your interest in helping stop the terrible impact of HIV infection on our society.

The address is:

Office of AIDS Coordination
Food and Drug Administration
Parklawn Building, Room 12-A-40
5600 Fishers Lane
Rockville, Maryland 20857

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

cc:
Office of AIDS Coordination, FDA

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Rockville, Maryland 20857

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

cc:
Office of AIDS Coordination, FDA

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\strumski

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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I appreciate your interest in helping stop the terrible impact of HIV infection on our society.

Sincerely

END Ø

June 26, 1993

Ms. Kristine Gebbie
The AIDS Czar
The White House
1600 Pennsylvania Ave. N.W.
Washington, D.C. 20500

Re: THE SAFE, PROVEN COMPLETE CURE OF AIDS.

Dear Ms. Gebbie;

Good News! The long-awaited cure of AIDS is here. It must be confirmed by Dr. Joseph Meschino of DAIDS, phone (301)496-8213. Please call him and urge him to do a speedy Pilot Test using my drug, PHARMACEUTICAL COMPOSITION. See enclosures.

The same drug was once called IMPROVED VIRUCIDE-3 and many AIDS patients in the Seattle, Washington area have been cured by using the oral method. However, the I.V. Injection mode found in page 10 of the draft is more active on HIV.

Rejoice! Your success as the Chief on AIDS hinges upon your review of the enclosed matters and contacting Dr. Meschino and tell him that many HIV patients in Seattle have been cured already.
Encl.
cc
Honorable Karen Thurmond

Wishing you the very best,

Louis Strumskis

Louis Strumskis
4527 Iris Drive
New Port Richey, Fla. 34652
(813)849-0320

June 23, 1993

Dr. Joseph Meschino
DAIDS
SOLAR Bldg. Romm 2A02
6003 Executive Blvd.
Bethesda, Md. 20892

Re: THE SAFE AND COMPLETE CURE OF AIDS. IND#39,731.

Dear Dr. Meschino;

Mr. Tony DeCicco of Dr. Feigal's Office, (301)443-9550, suggested I contact you in order to confirm the efficacy and safety of my drug, PHARMACEUTICAL COMPOSITION, in the treatment of AIDS.

As you know, AZT, ddi, ddc and Pyridinone or a combination of these have proven to be worthless in the treatment of HIV. My drug offers a safe, inexpensive and a complete cure of AIDS.

Your efforts are a MUST before I License my drug to the U.S. Govt. and thereby cure all known cases of HIV in the U.S. and Puerto Rico within a 90-day period by furnishing my drug to each County Health Department. The sooner, the better.

To prove NEGATIVE for the HIV, you need to do a PCR or an HIV Cell Culture Test because the antigens may still be present. The 35% Food Grade Hydrogen Peroxide can be obtained from your Chemical Supplier in Hyatsville or the manufacturer, FMC Corp., Buffalo, N.Y.

Please call or write if you require any assistance in this most important and overdue cure of AIDS. My drug is very active in the latter stages of AIDS and the best method is the I.V. injection mode found in page 10 of the draft. This injection can be given direct or with a saline solution for the drip mode.

Encl.

Sincerely,

Louis Strumskis

Louis Strumskis
4527 Iris Drive
New Port Richey, Fla. 34652
(813)849-0320

FLORIDA HRS PLAYS THE VIOLIN....WHILE FLORIDA "BURNS WITH AIDS".

AND state

section B

★ ★ ★ SATURDAY, JUNE 12, 1993

Number of AIDS cases rises 40%

■ AIDS is becoming a heterosexual epidemic in Florida, says Dr. Charles Mahan, the state health officer.

By DIANE RADO
Times Staff Writer

TALLAHASSEE — The latest figures on AIDS in Florida show a nearly 40 percent jump in cases since last year, a bleak trend for women, blacks and heterosexuals, and bad news for babies.

Compared with national figures, Florida has greater percentages of females and blacks with acquired immune deficiency syndrome and a greater percentage of cases transmitted through heterosexual contact.

Also, the state is second only to New York in the number of pediatric AIDS cases, according to June 1 figures from the state Department of Health and Rehabilitative Services.

Dr. Charles Mahan, Florida's outspoken state health officer, is worried — and disgusted.

He criticized what he described as "the juvenile way Americans deal with tough sexual problems." He said Florida and the nation need to get serious and pour more money and thought into fighting the AIDS battle.

Mahan said Friday he is going to sit down this weekend and write a letter of apology to Miss America.

Leanza Cornett, a former Miss Florida, has been promoting AIDS awareness during her reign as Miss America. But she was surprised earlier this month when Bradford County school officials told her she couldn't mention AIDS or discuss sex when she visited three elementary schools there.

"I'm going to say, unfortunately, that's

Please see **AIDS** 5B

Now it's official — kissing DOES cause AIDS!

WARNING!

By SUSAN JIMISON / *Staff writer*

It doesn't take dirty needles, transfusions or sex to give you AIDS, a top expert says — a simple kiss will do it!

Any kiss involving an exchange of saliva puts lovers at risk if one of the two sweethearts is HIV-positive, according to Dr. Helen Singer Kaplan of the Sex Therapy and Education Program at New York Hospital.

"Saliva is an ideal environment for the AIDS virus," says Dr. Kaplan, who is also a professor at Cornell University Medical College. "In fact, the count is larger in saliva than in the blood of an HIV-positive person.

"And if the healthy person has lacerations on his inner cheeks or gums — a common occurrence — the chance is increased."

Dr. Kaplan made her shocking statements in an interview with author Howard Fast last August, but she expected that her revelations would stir up little official reaction. The Manhattan sexpert, who has worked with AIDS victims and AIDS researchers for years, thinks authorities are purposely ignoring this dangerous method of spreading the deadly virus.

"You get denial from every side," she says.

"They will say there are no reliable statistics, no scientific tests. They will tell you that doctors disagree. They will tell you that my information is invalid. But I stand by my statements."

Dr. Kaplan advises kissing with the lips closed to be absolutely safe from the AIDS virus.

April 14, 1993

Mr. David Isom, Safety Officer
Division of Antiviral Drug Products
Office of Drug Review II (HFD-530)
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, Md. 20857

Re: IND 39,731...IS MORE OF A CURATIVE FOOD THAN A DRUG.

Dear Sirs:

History shows that the AMA hates the use of a Food Grade Hydrogen Peroxide as a disease fighter because many Medical Surgeons would then have to learn to drive Fords instead of Mercedes.

What then? If one were to say that "An apple a day keeps the Doctor away" because Malic Acid performs as a curative agent...Will FDA consider this GRAS product a DRUG which requires filling out 3 lbs. of Bureaucratic paper work before you eat an apple?

Listen: The use of 2 fl. oz. of table vinegar in a glassful of tap water will cure a common cold or flu overnight. Your M.D. will have you spend $100 dollars and still not cure the same cold. G. Poli, et al in Italy found that Citric Acid and Malic Acid are very active agents against Herpesvirus. A 3.5% Hydrogen Peroxide I.V. injection is now widely used by Holistic Medicine.

As you can see in page 10 of the enclosed PHARMACEUTICAL COMPOSITION Draft, I have lowered the acidic content of my "Drug" and cut the dosage in half...for increased safety and still have efficacy against AIDS and other viruses.

My "CURATIVE FOOD DRUG" is more active and safer in-vivo than your already approved AZT, ddi, ddc and Pyridinone....or a very dangerous combination of these, which cures NOTHING and merely destroys the liver and produce an altered Monster Virus to deal with in the end result....At a cost of $70,000 dollars per patient/year. This could easily bankrupt our National Treasury in 5 years.

Therefore, please allow me to keep my IND 39,731 so that I may gather the required 10 lbs. of Curative Clinical Reports with the help of bona-fide Medical Physicians. More better, you people can do a Pilot Test using my I.V. mode in your Research Section. Were any FDA Personnel to have AIDS, you can bet he would use my "Drug".

cc
Mr. Frank Cefali
Dr. Mary Anne Luzar
Dr. Anthony Fauci
U.S. Congress

Sincerely,

Louis Strumskis

Louis Strumskis
4527 Iris Drive
New Port Richey, Fla. 34652
(813)849-0320

CONNIE MACK
FLORIDA

United States Senate

WASHINGTON, D.C. 20510

August 20, 1992

Louis Strumskis
4527 Iris Drive
New Port Richey, Florida 34652

Dear Louis:

Thank you for contacting me concerning Acquired Immune Deficiency Syndrome (AIDS). I fully share your concern.

Continued funding for intensive research and aggressive disease control are important to combat the spread of AIDS. Funding to battle AIDS has increased substantially to over 2 billion dollars for fiscal year 1992, a 6.5 percent increase from 1990.

In 1990, I cosponsored the Emergency Resources AIDS Act which provides grants to improve the quality and availability of care for people with AIDS. I support the revision of the Food and Drug Administration's experimental drug approval process. In addition, I recently introduced legislation expressing the Sense of the Senate that the FDA should incorporate a means by which all terminally ill patients, following consultation and approval from their physicians, may have quick access to experimental drugs awaiting the Food and Drug Administration's approval.

Again, thank you for your comments concerning this important issue.

Sincerely,

Connie Mack

Connie Mack

CM/wam

PTO-103X
(Rev. 1/1-86)

FILING RECEIPT

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
08/003,580	01/13/93	1205	$ 429.00	S173/1	1	11	5

DOMINIK, STEIN, SACCOCIO, REESE,
COLITZ & VAN DER WALL
3030 NORTH ROCKY POINT DRIVE WEST
TAMPA, FL 33607

Receipt is acknowledged of the patent application identified herein. It will be considered in its order and you will be notified as to the examination thereof. Be sure to give the U.S. SERIAL NUMBER, DATE OF FILING, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this transmittal.

Applicant(s)

LOUIS STRUMSKIS, NEW PORT RICHEY, FL.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF	07/883,414	05/04/92	
WHICH IS A CIP OF	07/774,975	10/15/91	ABAN
WHICH IS A CIP OF	07/668,616	03/13/91	ABAN
WHICH IS A CIP OF	07/432,626	11/06/89	ABAN
WHICH IS A CIP OF	07/305,110	02/02/89	ABAN
WHICH IS A CIP OF	07/210,936	06/23/88	ABAN

FOREIGN FILING LICENSE GRANTED 02/10/93 * SMALL ENTITY *

TITLE
PHARMACEUTICAL COMPOSITION

PRELIMINARY CLASS: 514

(see reverse)

PHARMACEUTICAL COMPOSITION

This application is a continuation-in-part of 08/003,580 filed January 13, 1993, which is a continuation-in-part of 07/883,414 filed May 4, 1992, abandoned, which is a continuation-in-part of 07/774,975 filed October 15, 1991, abandoned, which is a continuation-in-part of 07/668,616 filed May 13, 1991, abandoned, which is a continuation-in-part of 07/432,626 filed November 6, 1989, abandoned, which is a continuation-in-part of 07/305,110 filed February 2, 1989, which is a continuation-in-part of 07/210,936 filed June 23, 1988, abandoned.

SUMMARY OF THE INVENTION

The present invention concerns a pharmaceutical composition having health improving properties, including anti-viral and anti-bacterial properties, the active ingredients comprising hydrogen peroxide, citric acid, and acetic acid.

BACKGROUND OF THE INVENTION

The medicinal uses of hydrogen peroxide have been extensively investigated. An article published in the February 21, 1920 Lancet describes the intravenous infusion (I.V. drip) of hydrogen peroxide in a normal saline solution as a treatment for influenza during the influenza epidemic following World War I. A series of articles on the use of hydrogen peroxide for imparting immunity to malaria appear in Lancet on December 25, 1982 (pages 1431-1433), January 29, 1983 (page 234) and February 12, 1983 (pages 359-360).

Further examples of investigations of therapeutic effects of hydrogen peroxide are reported in:

Nathan et al, Antitumor Effects of Hydrogen Peroxide in Vivo, J. Exper. Med. 1981, 154, 1553;

Finney et al, Removal of Cholesterol and Other Lipid from Experimental Animal and Human Atheromatous Arteries by Dilute Hydrogen Peroxide, paper available from Baylor University Medical Center, Dallas, Texas;

Clifford, Hydrogen Peroxide Mediated Killing of Bacteria, Molecular and Cellular Biochemistry 49:143-149 (1982); and

Shenep et al, Lack of Antibacterial Activity After Intravenous Hydrogen Peroxide Infusion in Experimental Escherichia coli Sepses, Infect Immun 48:607-610 (1985).

A review of the medicinal uses of hydrogen peroxide is given in Donsbach, Hydrogen Peroxide, Wholistic Publications (1990), the entire contents of which are incorporated herein by reference. Dr. Donsbach reports, at page 27 of this booklet, the effects of self injection of a dilute solution made from 35% food grade hydrogen peroxide, and the subsequent infusion of over 30,000 patients with this solution. Dr. Donsbach reports a variety of improvements in the patients, which he attributes to increase in blood oxygen levels and oxidation of toxins. Dr. Donsbach teaches that results could be obtained by orally taking doses of 25 to 40 drops of 35% hydrogen peroxide, further diluted in water, on an empty stomach, over the course of days or weeks.

Hydrogen peroxide infusions have been found to have an effect on healing. See, e.g., Balla et al, Use of Intra-Arterial Hydrogen Peroxide to Promote Wound Healing, Am J Surg 1964, 108:621-629. Hydrogen peroxide has also been shown to have anti-microbial properties. See, e.g., Dockrell, et al, Killing of Blood-Stage Murine Malaria Parasites by Hydrogen Peroxide, Infect Immun 1983, 39:456-459.

The USDA has approved the use of a food grade hydrogen peroxide to be used in the drinking water of farm animals to treat such diseases as poultry Asian flu, mastitis in diary cows and intestinal parasites.

European Patent Application No. 0 086 071 describes the use of ozone to inactivate enveloped viruses for use as a vaccine.

US Patent No. 4,632,980 discloses a method for freeing blood and blood components of visible enveloped viruses while retaining physiological characteristics, the method comprising bubbling humidified air enriched with 2 ppm ozone at a rate of 6 L/min through bottles containing whole blood and hepatitis virus. After the blood has been treated, it may be further treated with small amounts of physiologically acceptable reducing agents, such as ascorbic acid, glutathionine or sodium thionite, to insure the absence of any active oxygen. The lipid-envelope virus is inactivated by the treatment, and the ozone treated blood is returned to a mammalian host. Although this method would not lend itself to the treatment of mammals infected with virus, it is conceivable that the ozone (O_3), when introduced into the virus

infected blood sample in low levels, may form chemical intermediates having an activity similar to those formed upon the introduction of peroxide (H_2O_2).

Despite some encouraging results, the use of hydrogen peroxide has not received wide-spread acceptance in the medical community.

SUMMARY OF THE INVENTION

In consideration of the above, the present inventor has undertaken to find a means to improve the therapeutic effectiveness of hydrogen peroxide. As a result of extensive investigations, the inventor has discovered that significant improvement can be achieved by means of a pharmaceutical composition which is in the form of a water based solution comprising three main active ingredients: acetic acid, citric acid and hydrogen peroxide (H_2O_2).

In a preferred embodiment of the invention, magnesium sulfate ($MgSO_4$), which may be in the form of Epsom Salt, is added to reduce surface tension and also to stabilize the hydrogen peroxide while in storage.

In a further preferred embodiment of the invention, blood pH can be buffered against the acidity of the pharmaceutical composition by the oral intake of calcium. Iron supplements may be included where the patient is anemic, and vitamin D may be included as a dietary supplement where indicated, such as when administering to patients suffering from Acquired Immune Deficiency Syndrome (AIDS) and those who tend to stay indoors.

BRIEF DESCRIPTION OF THE FIGURES

Fig. 1 is a graph representing the antiviral and cytotoxic effect of the pharmaceutical composition of the present invention as a function of concentration.

DETAILED DESCRIPTION OF THE INVENTION

The present invention is based on the discovery of the synergistic effect obtained by the combined use of hydrogen peroxide, acetic acid and citric acid.

The anti-viral effects of various monocarboxylic and dicarboxylic acids is reported in, e.g., Garibaldi, Acetic Acid as a Means of Lowering the Heat Resistance of Salmonella in Yolk Products, Food Technology, 22:1031-3 (1968); and Poli et al, Virucidal Activity of Organic Acids, Food Chemistry, 251-258 (1979).

Poli indicates that a variety of organic acids have been used as additives for the preservation of foodstuffs as antimicrobial, fungistatic, acidulants and antioxidants, the most common of these organic acids being benzoic acid, sorbic acid, propionic acid, acetic acid, succinic acid, fumaric acid, lactic acid, malic acid and citric acid. Poli tests the effects of various organic acids on serum extract/viral suspensions, and particularly on suspensions containing envelope-type viruses, and reports that all polycarboxylic acids (citric, malic, fumaric, malonic and succinic acids) exhibit a high virucidal activity while monocarboxylic acids show a range of activities, with best results being exhibited by glycolic and pyruvic acids.

At page 256 of the above cited paper, Poli hypothesizes mechanisms by which organic acids may inhibit cellular infections caused by viruses. The organic acids are suspected to attack the viral envelope, rendering the virus incapable of infecting the cell. It is suspected that the organic acids chemically alter the glycoprotein structure of the envelope, making the specific adsorption of the viral particle onto the cellular membrane structure ineffective.

The present inventor has not yet discovered the precise mechanism underlying the remarkably enhanced effects of the three ingredient pharmaceutical composition of the present invention as compared to the use of one or two of the ingredients alone, but it is suspected that the mono- and di-carboxylic acids of the present invention act in a manner which strongly and synergistically supplements the activity of hydrogen peroxide in disturbing the protein structure of the virus, hydrogen peroxide alone or organic acids alone not being sufficiently effective as pharmaceutical agents in vivo to fully cure serious viral infections.

The pharmaceutical composition of the present invention can be administered orally or intravenously, or one component (e.g., citric acid) could be administered orally (e.g., by eating of citrus rich fruit such as grapefruit), while the remaining ingredients are administered by injection or by IV drip. Both the oral and intravenous forms are relatively antiseptic and can be stored in a refrigerator above 32 degrees F. for better shelf life.

Regarding the role of acetic acid, it has been known that table vinegar has beneficial effects, e.g., for prevention or treatment of cold or flu. For prevention of cold or flu, no later than the day that either flu or common cold symptoms are felt, the patient should drink 2 fl. oz. of common table vinegar in a large glass filled with tap water just before going to bed. Pollen allergies have been treated by taking 1 fl. oz. of a 5% acetic acid solution in a large glass of tap water at night, every other night, five times. In one case of grass pollen allergy, the patient has not had to repeat the cure in the last 4 years.

The pharmaceutical composition of the present invention is effective against various types of virus, and particularly envelope-type virus, both RNA and DNA type, such as hepatitis virus, herpes virus, Type-1 Human T Cell Lymphotropic Virus (HTLV-I), HTLV-II, HTLV-III, influenza virus, etc.

The composition appears to be effective against the Human Immune Deficiency Virus (HIV-1), the agent causing AIDS. As a result of the intra-venous administration of the pharmaceutical composition of the present invention, AIDS patients in the Tampa Bay, Florida, area have exhibited an increased white blood cell count, gained body weight, have lost the feeling of being fatigued, and after two to three weeks of treatment, have resumed full-time employment.

The oral mode can be used to kill intestinal parasites.

The pharmaceutical composition of the present invention is preferably used intravenously at a rate of approximately 5-15 cc,

preferably 10 cc, per 100 lbs. of weight of the patient, with the proviso that not more than about 20 cc, preferably not more than 15 cc, are to be administered to an adult patient who weighs more than 150 lbs. In the case of intravenous injection, it is preferred that the injection be given evenly over a period of at least 22 seconds. Preferably, the total injection can be given in one minute for better initial coverage of the blood. The IV formulation should, of course, be isotonic with respect to blood.

At least eight injections, with two injections per week, should be administered for severe conditions such as infection with HIV. To condition the patient, the first injection can be given at 50% of the full dosage amount and the second at 75% of the full dosage amount.

The intravenous dosage for large animals (such as a horse or a cow) is approximately 5-10 cc per 100 lbs., to be injected slowly.

To stabilize blood pH and generally maintain health, the patient can take tablets containing, e.g., 1,500 mg. calcium, 600 mg. iron and 125 I.U.'s vitamin D with meals three times a day.

Preferably, one fluid ounce of the pharmaceutical composition of the present invention for intravenous use is made by mixing 26 to 28 ml., preferably 28 ml., of a 2% acetic acid/distilled water solution; 200 to 500 mg., preferably 300 mg., of citric acid; 0.5 to 1.5 ml., preferably 1 ml., of 35% food grade hydrogen peroxide; and 50-300 mg., preferably 75-150, and most preferably 100 mg.

magnesium sulfate, with distilled water to make up to one fluid ounce.

To prepare the oral form of the pharmaceutical composition of the present invention, begin with 6 to 8, preferably 6 tablespoons of white sugar, 1 tablespoon (12-18, preferably 15 ml.) 35% food grade hydrogen peroxide, 1 tablespoon (12-18, preferably 15 ml.) food grade acetic acid and about 1 tablespoon citric acid granules, and add distilled water to make one gallon total. Keep the mixture cool.

The oral dosage for an adult is 4 fl. oz. to be taken four times per day on an empty stomach. For example, the composition may be taken once at waking, once between breakfast and lunch, once between lunch and suppertime, and once before retiring to bed. A dosage for a child above 5 years old is approximately 2-1/2 fl. oz. per dose four times per day. Treatment should be continued over 24 days. Calcium tablets should be taken three times per day with meals to stabilize blood pH. Vitamin B complex and vitamin C can be given for better health, perferably along with zinc tablets.

EXAMPLE 1

A female patient suffering from AIDS began treatment showing Kaposi's Sarcoma on her face. Treatment began with 2 intravenous injections of hydrogen peroxide and ended with the oral method dosage. Citric acid was ingested in the form of grapefruit, three to four being eaten each day. Treatment lasted for a total of thirty days. The patient supplemented the treatment with CALTRATE

tablets containing 1,500 mg. calcium, 600 mg. iron and 125 I.U.'s vitamin D with meals at least twice a day to assist in the maintenance of the blood pH.

At the time the treatment began, the patient weighed 78 lbs. and clinical tests indicated a WBC of 2.38. After thirty days, the WBC count rose to 7.1. and weight increased to 110 lbs.

For 10 days following such treatment, the patient can drink an oxygen-enriched water made by taking out 1 fl. oz. of water from each gallon of distilled water, then adding 1 tablespoon (15 ml.) of 35% food grade hydrogen peroxide. Also recommended within these 10 days is for a cured patient to drink 3 ten fl. oz. glassfuls of fresh grapefruit juice, one glassful with each meal. This post-treatment will help chelate the dead HIV viruses and antigens from the body.

EXAMPLE 2

A sample of the pharmaceutical composition of the present invention for intravenous injection was formulated as follows:

(1) 28 ml. of a 2% acetic acid/distilled water solution;

(2) 300 mg. of citric acid;

(3) 1 ml 35% food grade hydrogen peroxide; and

(4) 100 mg. magnesium sulfate.

The sample of the pharmaceutical composition was submitted to Southern Research Institute for <u>in vitro</u> anti-viral testing (MTT Assay) on HIV35 virus in MT2 cells. The results, tabulated on the Summary Graph attached hereto as figure 1, show that the

composition had a high anti-viral effect at low concentrations, with complete viral inactivation at concentrations as low as 1 microgram per millileter.

The Federal Law under compassionate use allows for the pharmaceutical composition of the present invention to be used by terminally ill patients, following consultation and approval from their physicians.

ABSTRACT OF THE DISCLOSURE

A pharmaceutical composition having health improving properties, including anti-viral and anti-bacterial properties, the active ingredients comprising hydrogen peroxide, citric acid, and acetic acid.

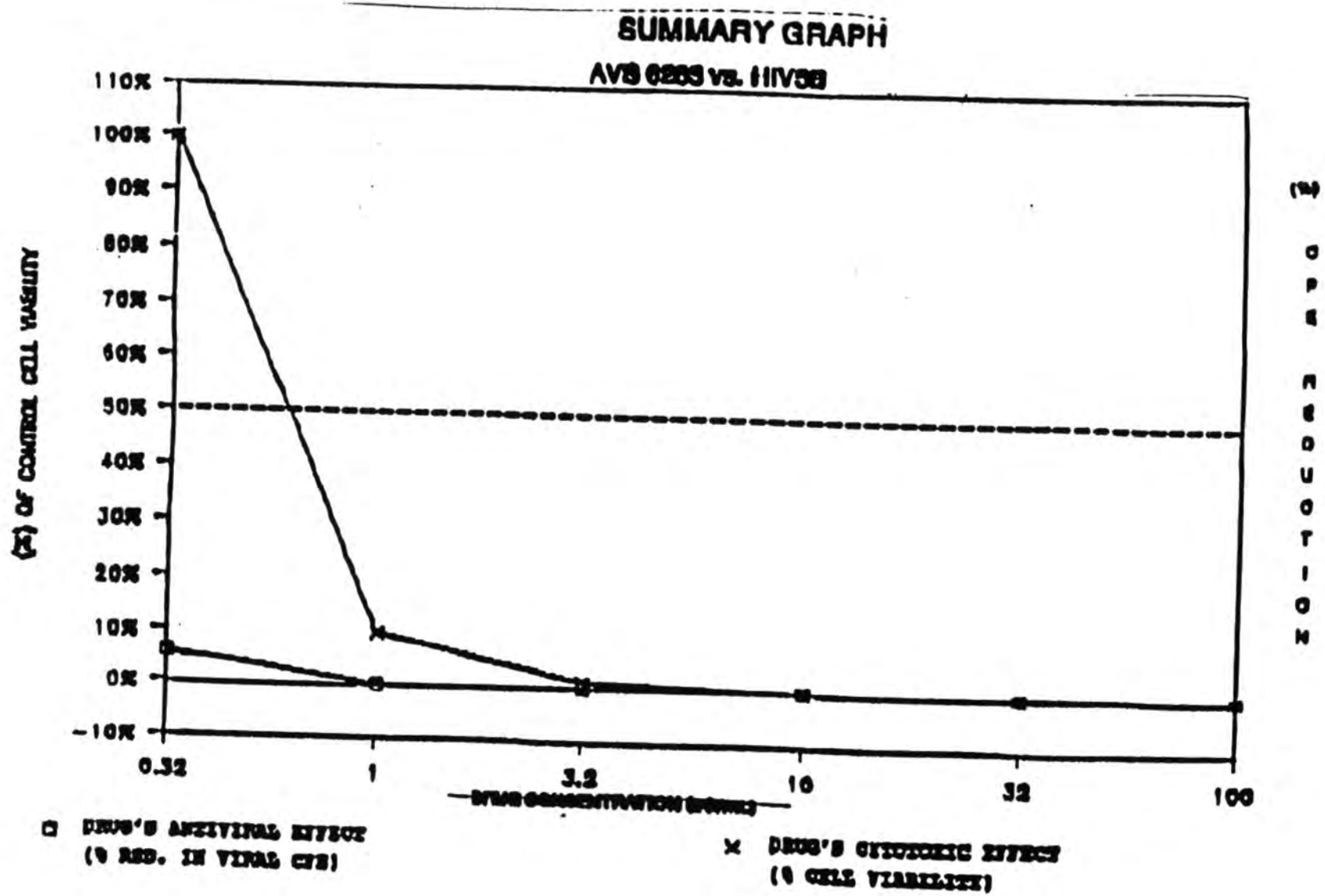
SUMMARY GRAPH
AVS 6205 vs. HIV3B
110%
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
-10%
(%) OF CONTROL CELL VIABILITY
(%) CPE REDUCTION
0.32
1
3.2
10
32
100
DRUG'S ANTIVIRAL EFFECT
(% RED. IN VIRAL CPE)
DRUG'S CYTOTOXIC EFFECT
(% CELL VIABILITY)

Fig. 1

MAIN
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********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : LOUIS STRUMSKIS

********** Subject or Title **********

4527 IRIS DRIVE - NEW PORT RICHEY, FL 34652

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

Main
#03007

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NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : AUDREY EWING

********** Subject or Title **********

5375 WILDER - VASSAR, MI 48768

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Audrey Ewing
5375 Wilder
Vassar, Michigan 48768

Dear Ms. Ewing:

Thank you for taking the time to write. Your point that condom distribution alone is not an adequate approach to responsible sexual behavior is an excellent one. A much more comprehensive education program must be developed, and put into place across the country.

Your continued interest is appreciated.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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5375 Wilder
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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\ewing.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr. Ewing

Thank you for taking the time to write. Your point that condom distribution alone is not an adequate approach to responsible sexual behavior is an excellent one. ~~I agree that~~ A much more comprehensive education program must be developed, ~~and~~ and put into place across the country.

Your continued interest is appreciated.

Sincerely

NR

June 30, 1993

Hello Kristine Gebbie;

Being relistic I know we must encourage safe sex in all forms however I believe you could give every male above 12 years old a dozen condoms and maybe they would use them 4 times the 5 someone would get pregnant or aids after all 12 condoms were used up there would still be 3 pregnancys Very pessimistic I know but even if eggerated, the expense for the free condoms dont justify in my books and if I were a poor parent I probly would have the school kids give them to me to use and they would still be unprotected.

For these reasons I think Abstence must be our first lesson and mentioned in each and every ad, comerical, training or what ever. The odds of Any one using a condom every time is low so the cost is ineffective.

Audrey Ewing
5375 Welder
Vassar, Mi.
Phone 1-517-823-2258

Audrey Ewing
5375 Wilder
Vassar, Mi. 48768

AIDS ADVISOR
KRISTINE Gebbie
1600 Penn. Ave.
Washington, D.C.

Main
#03D07

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NAPO Number : 7063 PHS Number : OS Number : Document Type : White House Letter

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NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : ANA MATOS

********** Subject or Title **********

626 RIVERSIDE DRIVE - APARTMENT #3M - NEW YORK, NY 10031

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Ana L. Matos
626 Riverside Drive
Apartment #3M
New York, New York 10031

Dear Ms. Matos:

Thank you so much for you letter. You highlight some of the most critical areas:

- continued research in a wide range of immune-system-related topics
- local involvement in services and funding and,
- clear education on sexuality for all young people.

Your active involvement with any HIV-related prevention or service activities in your own neighborhood would be a great contribution. The New York City Department of Health could refer you, if you are not currently involved.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\matos.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Ms Matos

Thank you so much for your letter. You highlight several of the most critical areas:

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local involvement in services & funding

clear education on sexuality for all young people.

Your active involvement with any HIV-related prevention or service activities in your own neighborhood would be a great contribution. The NY City H.D. could refer you, if you are not currently involved.

Sincerely

1st 4 2 pages ① NR
part 1

ANA L. MATOS
626 RIVERSIDE DR.
N.Y., N.Y. 10031
Apt # 3M
212-926-4158

6/30/93

Ms. Christine Geddes, Esq.
1600 Pennsylvania Ave N.W.
Wash. D.C. 20500

Dear Ms. Geddes;

CONGRATULATIONS ON BEING PRESIDENT APPOINTED AIDS CZAR BY BILL CLINTON.

I SAW A SPECIAL ON T.V. THE OTHER DAY ON ANTI-AGING, THEY MENTIONED A DEVELOPMENT OF A SERUM THAT NOT ONLY RETARDS AGING BUT ALSO STRENGTHENS THE IMMUNE SYSTEM, THEY ARE DOING WORK WITH THIS AT MT. SINAI HOSPITAL IN NYC, ALSO I BELIEVE DR. CHRISTIAN BARNARD, THE FAMOUS HEART-TRANSPLANT DR., WHO LIVES SOMEWHERE IN AFRICA (UNDER BRITISH RULE PROBABLY) AND HE IS ALSO WORKING ON THIS ANTI-AGING SERUM - UNFORTUNATELY THIS IS JUST FOR THE RICH AT THE PRESENT TIME. ALSO I HAVE HEARD THAT A DR. IN KENYA HAS CURED ~~SAVED~~ APPROX 1,500-1600 patients from AIDS AND THE VERY ADVANCED AIDS PATIENTS HE HAS RETARDED THE FURTHER DEVELOPMENT OF THE DISEASE

I THINK THAT LIKE THE PRINCE'S TRUST CONCERT IN ENGLAND TO RAISE MONEY FOR CERTAIN GOV'T PROGRAMS (A ROCK CONCERT) THAT WE COULD DO THE SAME IN THE U.S.A. ONLY WE COULD DO IT IN VARIOUS REGIONS IN THE COUNTRY — (MAJOR CITIES LIKE NYC, WASHINGTON D.C., SAN FRANCISCO, CA., NASHVILLE, CHICAGO MIAMI, DALLAS - A GOV'T SPONSORED CONCERT COULD HAPPEN - IN TH MAJOR CITIES SIMULTANEOUSLY AND BE TELEVISED WITH THE T.V. STATIONS DONATING THE TIME FOR CHARITY AND POSSIBLY RECEIVING SOME TAX BENEFITS FOR DOING THIS

I ALSO BELIEVE THAT IT IS VERY IMPORTANT FOR THE EDUCATIONAL SYSTEM FROM PRIMARY SCHOOL ON UP TO TEACH THE CHILDREN THOROUGHLY ABOUT THE AIDS DISEASE, PREVENTION, BEHAVIOR TO FIGHT THE DISEASE, PASSING OF CONDOMS TO ALL SCHOOL CHILDREN REGARDLESS OF PARENTAL PERMISSION

2nd of 2 pages (3)
Part 3
6/30/93

Ana Linda Mateos
626 R.S.D.
N.Y., N.Y., 10031
#3M
(212) 926-4158

BECAUSE ITS LIKE ~~THE~~ WHEN WE REFUSED TO RECOGNIZE RED CHINA IT DIDNOT GO AWAY + NOW WE RECOGNIZE AND DO BUSINESS WITH RED CHINA TO EVERYONES BENEFIT IF YOUNG CHILDREN ARE FULLY EDUCATED ABOUT AIDS SEXUAL BEHAVIOUR + FAMILIE SYSTEMS (OF COURSE ~~THIS SITUATION SHOULD~~ THE PARENTS SHOULD BE DONE BY THE PARENTS, BUT I THINK THAT STATISTICS WILL SHOW THAT TEENAGE SEX IS VERY PREVALENT (IN EVERY BODY ELSE'S CHILDREN BUT THE PARENT'S YOU ARE DEALING WITH) IT SHOULD BE MADE CLEAR THAT THE DISTRIBUTION OF CONDOMS + TEACHING SAFE SEX BEHAVIOR IS NOT CONDONING THE SEX ~~BEHAVIOR~~ ACT AMONG TEENS BUT STATISTICALLY IT IS ASKING THE PARENTS TO WAKE UP TO THE STATISTICS IT IS NOT GOING TO GO AWAY BY IGNORING OR DENYING IT + TEACHING VALUES IS WHAT IS IMPORTANT + RECOGNIZE REALITY IS CRUCIAL TO FIGHT AIDS
Feel free to contact me as I would be happy to

work with you on any thing that I can do.

Sincerely,

Ana L. Matos
626 Riverside Drive
N.Y., N.Y., 10031
Apt # 3W
212-926-4158

2nd of 2 pages
put A

work with
thing

A

Ms. Christine GEDDIS
THE WHITE HOUSE
1600 Pennsylvania Ave N.W.
Washington, D.C. 20500

AMMTOS
626 R.S.D.
N.Y. N.Y. 10031

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Dr. Mitchell S. Rosenthal
Phoenix House Foundation, Inc.
164 West 74th Street
New York, New York 10023

Dear Dr. Rosenthal:

Thank you for you kind words of congratulations on my appointment as the National AIDS Policy Coordinator and for the information about Phoenix House.

Drug abuse treatment is an essential component in any plan to limit the spread of HIV infection as is responsible sexual behavior. We know that substance abuse, including alcohol abuse, is a factor in the sexual transmission of HIV. I applaud you for the excellent work being done at the Phoenix House to stem the twin epidemics of drug abuse and HIV infection.

As yet, we do not have definite scientific information on the efficacy of needle exchange programs. Currently, research efforts are underway to determine the benefits of such programs. I am committed to limiting the spread of this disease in all populations affected through means which prove most effective.

Thank you for sharing your thoughts with me. It will take the efforts of all Americans to stem this epidemic.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: JMessore: gw: 7/28/93: 690-5471: b:\rosental.200

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OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

July 29, 1993

Jo Messore

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Phoenix House Foundation, Inc./164 West 74 Street, New York, New York 10023/(212) 595-5810 AHS

Phoenix House

OFFICE OF THE PRESIDENT

July 8, 1993

Ms. Khristine M. Gebbie
National AIDS Policy Coordinator
National AIDS Policy Office
200 Independence Avenue S.W.
HHH Building - Room 738-G
Washington, DC 20201

Dear Ms. Gebbie:

Let me congratulate you on your appointment to head the Office of National AIDS Policy. I have been deeply impressed by your thoughtful approach to the post and delighted by what you have been saying about both the importance of drug abuse treatment and the need for careful study of any strategies designed to limit the spread of AIDS.

I hope you have time to glance at the attached material. It will give a sense of what we do at Phoenix House and how we have responded to the AIDS crisis.

Your cautious comments about needle exchange programs (NEPs) are most encouraging. Although I will be interested in seeing the results of comprehensive studies, I fear that the present political enthusiasm for NEPs will not be matched by any equivalent benefits. At Phoenix House, the majority of our HIV-positive residents contracted the disease as the result of irresponsible sexual activity rather than IV drug use. And, to date, we have had few, if any, NEP referrals.

I would welcome an opportunity to discuss this and other issues with you and hope it will be possible for you to arrange to visit one of our Phoenix House treatment centers before too long.

Sincerely,

MSRosenthal MD

Mitchell S. Rosenthal, M.D.

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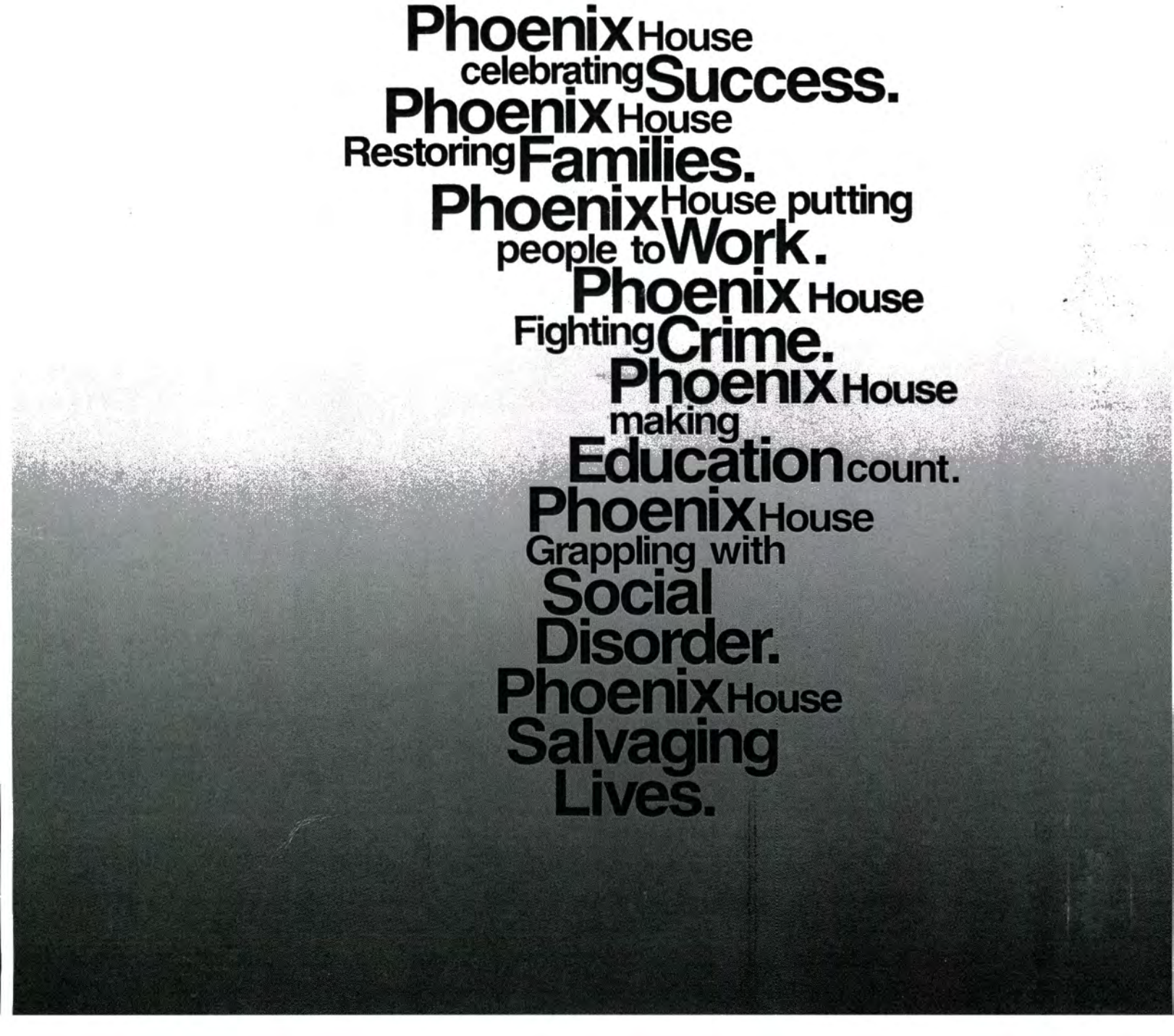

Phoenix House
celebrating Success.
Phoenix House
Restoring Families.
Phoenix House putting
people to Work.
Phoenix House
Fighting Crime.
Phoenix House
making
Education count.
Phoenix House
Grappling with
Social
Disorder.
Phoenix House
Salvaging
Lives.

Los Angeles Times

SUNDAY, JUNE 27, 1993

Crack Was His Life; AIDS Probably Will Be His Death, but He's Coping

By LARRY McSHANE
ASSOCIATED PRESS

NEW YORK—Crack was Carl Robinson's life. AIDS will likely be his death. There won't be much time in between.

Robinson, a muscular 27-year-old with a Magic Johnson smile, was one month into drug treatment when his HIV test came back positive. The life he had left behind—partying, promiscuity—would cut short the life ahead.

The test results made Robinson a member of a growing subset: recovering addicts with HIV, the virus that leads to AIDS. The number of those sharing the diseases of addiction and AIDS has more than quadrupled in the last two years at Phoenix House's East Coast drug treatment centers.

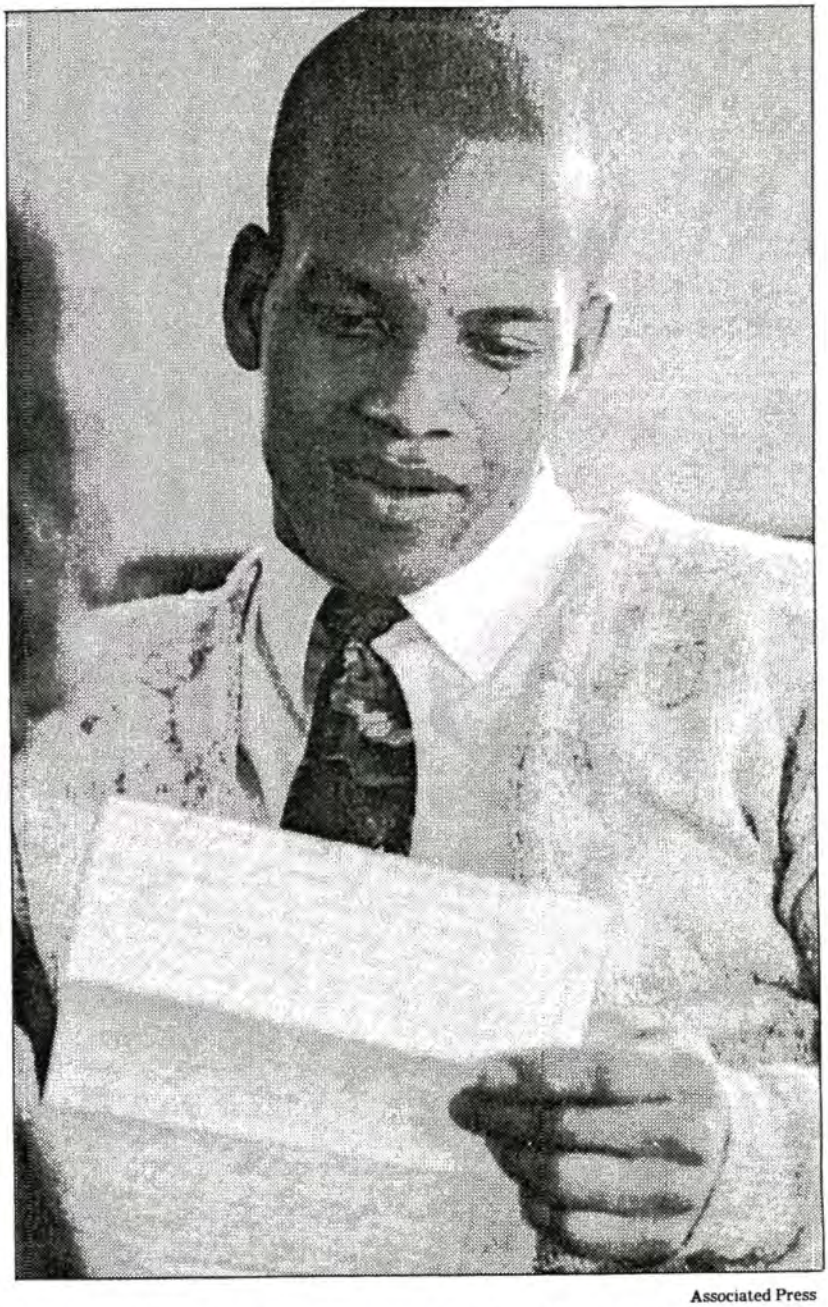
The unique needs of people like Robinson are handled differently at Phoenix House. Experts at the national drug treatment center have developed a ground-breaking program to help the HIV-positive endure.

"I don't see them as moving toward death. I see it as, what can we do to enhance their quality of life?" said Dr. Isidoro Gonzalez, who helped concoct a treatment that evolved nearly as fast as the need for it.

"When I was first here, the HIV-positive population averaged anywhere from 12 to 16 people," recalled Gonzalez, who's been on the job more than two years. "Now we're averaging 70. It's just going to keep going up."

The shock of his HIV test result left Robinson considering a return to the streets, but "I decided to go back was insanity," he recalled.

Hope is in short supply for Robinson, who knows the bottom line of AIDS: The disease killed his mother two years ago. But Gonzalez, the Phoenix House staff and a support group of fellow HIV victims helped Robinson get past the disease and go on with life.



Associated Press

Carl Robinson, 27, a recovering crack addict afflicted with AIDS, reads a letter from home at a Phoenix House facility in Yorktown, N.Y.

What makes the program work?

No. 1 is the 36-year-old Gonzalez, a caring, energetic physician known to his patients as Izzy. His home phone number is common

knowledge among his patients.

Then there's the program itself: Patients are prepped for five hours and walked through the HIV testing process. Positives are united in support groups. Professionals are there to help when the group can't.

National figures on recovering addicts with HIV aren't available, but the percentage of drug users with AIDS keeps creeping higher. Nationally, they make up 21% of the AIDS population for men and 45% for women, according to the Centers for Disease Control and Prevention in Atlanta.

Among minorities with AIDS, the figures are similarly striking: 39% of all black and 40% of Hispanic victims are drug users, a higher percentage than homosexuals in those racial groups.

The people in Robinson's support group reflect the increasingly varied faces of HIV: They range in age from 23 to 40. They are single and divorced, male and female, heterosexual and homosexual. Some have children, some are childless. Some contracted the virus through drug use, some through unsafe sex.

All five are black; they have come to regard one another as brothers and sisters.

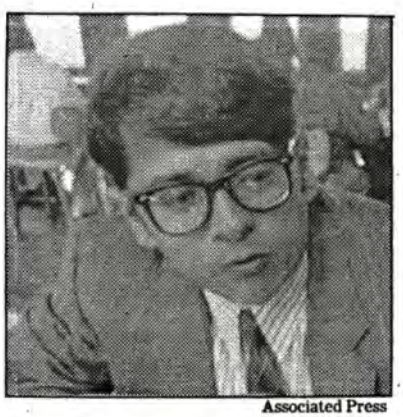
"This is my family," said 40-year-old Rose Woods, a single parent, in a soft rasp. "We share everything."

Gonzalez's own family experience led him to Phoenix House. Counseling HIV-positive recovering addicts seemed right after he saw an older brother die of AIDS—watching the highs, the lows, the inevitability of what was ahead.

"It was a roller-coaster ride. And I had to learn I couldn't ride with him," Gonzalez said. "I had to just sit tight and be there with him. This is what I began to see was going to be my career."

On the day his brother died, Gonzalez watched with a strange mix of sadness and satisfaction.

"There's a beauty in dying, the process of dying, that we're never taught about," he said. "And I was able to clearly see it with my brother."



Associated Press

Dr. Isidoro (Izzy) Gonzalez

He sees it now in the faces of people like Craig Richardson, 25. The lithe, handsome man is a dancer who said he contracted AIDS from a prison rape. When his test results came back positive, he insisted they were wrong.

"At first I wouldn't accept it," Richardson recalled. "I didn't want to believe it was true. I was afraid of dying."

The fear is gone for him now. He's making a comeback as a dancer, cheered on by the support group he shares with Robinson and Woods.

Gonzalez, with his staff of four full-timers and nine liaisons, personally oversees each group.

The key to the Phoenix House program is grouping HIV-positives to discuss their problems. Their common bonds are addiction and AIDS; they speak honestly and openly about anything and everything.

"I used to beat myself up for not saying anything," Robinson said. "But little by little, I started talking about how I was feeling. You can't zero in on the negative aspects of HIV. You have to focus on the life beyond."

Robinson's focus now is on beating his addiction. Long-term residential treatment at Phoenix House, which includes getting a job in the facility, lasts from 18 months to two years. Once completed, Robinson will attempt his return to a normal lifestyle.

Each person testing positive also gets an HIV-negative "buddy" for additional support.

The group members deal with specific disease-related problems, and most of all with denial. All addicts and alcoholics must face denial, and HIV patients are the same, said Gonzalez.

Getting past it is the first step in what will become a lifelong fight against addiction and AIDS.

"You know they may be a week away from dying, or a day away from dying, and they're not going to give up," Gonzalez said. "That's astounding. We had a resident who passed away, but kept stressing that point: 'I'm going to keep fighting.'"

Clinton Library Transfer Form

Case #, if applicable	2018-0756-F	**Accession #**	
Collection/Record Group	Clinton Presidential Records	**Series/Staff Member**	Kristine Gebbie
Subgroup/Office of Origin	National AIDS Policy Office	**Subseries**	
Folder Title	July Chron Files 1993	**OA/ID Number**	3766 **Box Number**
Description of Item(s)	The New York Times Magazine, June 27, 1993 (68 pages)		

Donor Information

Last Name:		**First Name:**		**Middle Name:**		**Title:**	
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MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7077 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : MITCHELL ROSENTHAL

********** Subject or Title **********

PHOENIX HOUSE FOUNDATION, INC. - 164 WEST 74TH STREET - NEW YORK, NY 10023

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

Main
A03007

NAPO Document Control Slip

NAPO Number : 7067 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/34 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : JAMES J. LEAHY, SR.

********** Subject or Title **********

276 43RD STREET - AVALON, NJ 08202

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mrs. James J. Leahy, Sr.
276 43rd Street
Avalon, New Jersey 08202

Dear Mrs. Leahy:

Thank you for writing to share your views on approaches to prevention of further spread of the HIV epidemic.

I agree with you that teaching children self-respect is a central part of the necessary programs.

The concerned attention of all Americans is important as we continue our efforts to protect the next generation.

Sincerely,

Kristine Gebbie /c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

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July 30, 1993

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The concerned attention of all Americans is important as we continue our efforts to protect the next generation.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\leahy.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Ms Keithy.

Thank you for writing to share your views on approaches to prevention of further spread of the HIV epidemic.

~~Dear Secretary~~

I agree with you that teaching children self-respect is ~~at the heart~~ a central part of the necessary programs.

~~We need~~ The concerned attention of all Americans is important as we ~~fight~~ continue our efforts to protect the next generation.

Sincerely,

Please Respond but Don't EXCUSE your behavior!

NR

Mrs. James J. Leahy, Sr.
276-43rd St.
Avalon, N. J. 08202

Tues. June 29, '93

Dear Miss Gebbie

you are speaking on "Today" as I write.

I am infuriated w/ your wicked and incorrect policy!

With such power over OUR innocent children AND OUR hard earned money, you are leading our Nation down the primrose path to DESTRUCTION.

How can you be so brainwashed to BELIEVE that CONDOMS WORK!!!! They are proven NOT to be useful because the virus is so small it can even go through SURGICAL GLOVES!!!!!!

You are taking our youngsters' CHILDHOOD away TELLING them to indulge in a sacred act for REPRODUCTION, before marriage!!

Psychologically they will SUFFER w/ guilt and shame (all) their lives. you shall (RE) morals - (RE) family values, but of course your salary

and seeing appointment is all that matters to you. you have (no) conscience, and since before the damnable '60's - ("do what feels good") - you do not know, we had great, great times dating all the time (w/out) taking our pants off - to be blunt!

I teach our children proper self respect - holiness of marriage - the beauty of sex; - SAVED for (1) alone!

Oh YES it can happen - It always DID before the likes of you and your funneled crew.

you are (not doing good) you are blindly being deceived, but we are not asleep.

you won't like my letter, but I don't like the violence you are creating in our (once) wonderful America.

Go to bed and pray and THINK, THINK. Please heed what I say, Thanks Judy & Lesley

P.S. Is KRISTINE DERIVED FROM "CHRIST"? THIS BEHAVIOR IS SINNE IN HIS BOOK...

MAIN
#03D07

NAPO Document Control Slip

NAPO Number : 7078 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : WILLIAM NOWILL

********** Subject or Title **********

8839 OAK HILL ROAD - SAVONA, NY 14879

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

William K. Nowill, M.D.
8839 Oak Hill Road
Savona, New York 14879

Dear Dr. Nowill:

Thank you for taking time to share your views on a response to the HIV epidemic.

I believe it is possible to craft a scientifically sound and responsible program of public health efforts, medical care and education which can limit further spread. I also know that much more basic science research is needed before we can completely understand this virus and its impact on people. The continued dialogue among health professionals, elected officials and the public is an essential part of the effort. I appreciate your input.

Sincerely,

Kristine Gebbie/c

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\nowill

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Dr. Novello

Thank you for taking time to ~~write~~ share your views on a response to the HIV epidemic.

I believe it is possible to craft a scientifically sound & responsible program of public health efforts, medical care & education which can limit further spread. I also know that much more basic science research is needed before we can completely understand this virus & its impact on people. The continued dialogue among health professionals, elected officials & the public is an essential part of the effort. I appreciate your input. Sincerely —

ANS

WILLIAM K. NOWILL, M.D.
~~963 Walnut Street~~
~~Elmira, New York 14901~~
~~(607) 732-1991~~

8839 Oak Hall Rd
Savona NY 14879
607-583-4631

Ms Kristie Gebbie
A.I.Ds Czar
Washington D.C

Dear Ms Gebbie

I am a retired physician - practiced medicine for 45 yrs - I am astounded that the federal govt has succumbed to political pressure by the homosexual tribe to mishandle the AIDs epidemic —

HEW should ① require the reporting of all AIV positive blood to the public health system for follow up, tracking, etc. with All other contagious diseases, physicians, hospitals, clinics are required to report - i.e syphilis, GC, measles, polio, etc.

② Require all homosexuals (80% are positive); drug users, pregnant women, Hospital admissions pre marital & any other high risk groups to be tested.

③ We are unable to cure any viral disease (exception? Influenza) - Luckily some are self limited. We also have effective vaccines for some for prevention.

(over)

④ make it known publicly that all the money in the world will not make a cure. At the present time, more money is spent on AIDs research than for heart, hypertension & cancer combined.

⑤ make it known to the President that there are 10x the number of heterosexuals voting than homosexuals.

⑥ make it known to the homosexuals that pills will not get them a cure.

⑦ make it known that the prevention of the spread of A.I.Ds is:

a) Sex for heterosexuals only in a monogamous state & HIV negative

b) Sex for homosexuals only in HIV negative monogamous individuals. Anal sex has the highest risk for transmission

c) Condoms & spermacidal foam are not reliable prevention.

8) Make it known to the public that Syphilis, TB, & fungus infections are now drug resistant as a result of the AIDs epidemic.

∴ Handle H.I.V. the same as any other contagious disease!

Thank you

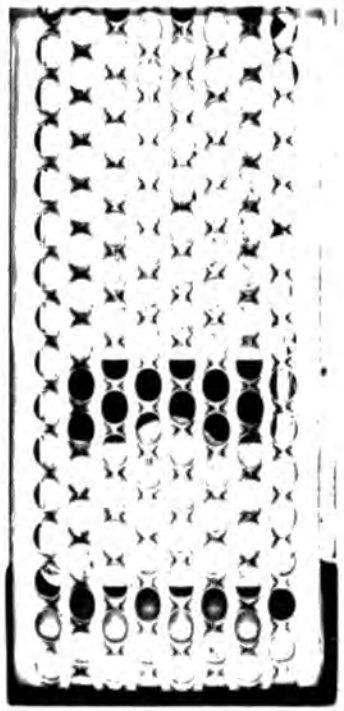
William K Norvill MD

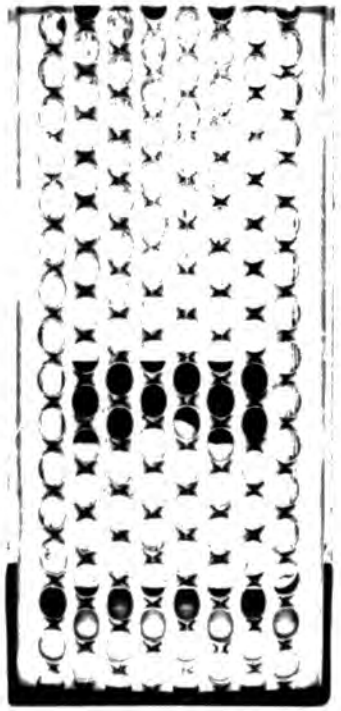
WILLIAM K. NOWILL, M.D.
~~963 Walnut Street~~
~~Elmira, N.Y. 14901~~
8835 Oak Hill Rd
Savona NY
14879

ELMIRA N.Y. 149 06-30-93 19:07

29 USA

Ms Kristie Stebbins
" AIDS Czar
H.E.W.
Washington D.C.





MAIN
#03D07

NAPO Document Control Slip

NAPO Number : 7069 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

********** Correspondent Information **********

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : MICHAEL DESMOND

********** Subject or Title **********

55 CHUMASERO DRIVE - SAN FRANCISCO, CA 94132

********** Keywords **********

GEBBIE

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

****

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. & Mrs. Michael Desmond
55 Chumasero Drive
San Francisco, California 94132

Dear Mr. & Mrs. Desmond:

Thank you for writing to share your interest in a sound approach to the AIDS epidemic.

The views and concerns of all Americans must be heard as we work toward a national plan.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. & Mrs. Michael Desmond
55 Chumasero Drive
San Francisco, California 94132

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The views and concerns of all Americans must be heard as we work toward a national plan.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\desmond.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr & Mrs Desmond

Thank you for ~~this~~ writing to share your interest in a sound approach to the AIDS epidemic.

The views & concerns of all Americans must be heard as we work toward a national plan ~~of action~~

Sincerely

NR

Dear Kristine Gebbie June 26th 1993

I am enclosing my dear friends letter to me, age 75, and my wife, age 65 Doctor Screen.
I have an up to date letter but our filing is fierce so please settle for 1988
Congratulate on your presidential appointment as Policy Coordinator for AIDS.
Since our retirement, Europe has become our second vacation area (Home our first) and our friends laughter in Europe can be heard in America when they hear homosexuality is not the cause of AIDS.
If you don't start off with the truth (POOR Galileo was condemned for his truth) You will never succeed.
Mike Desmond & Denelle Desmond

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE

Please address reply to the undersigned at
Department of Orthopaedic Surgery, 3A36
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, California 94110
(415) 821-8812

September 8, 1988

Michael Desmond
55 Chumasero Drive
San Francisco, CA 94132

Dear Mr. Desmond:

Thanks so much for your support regarding the AIDS crisis. New information, still being withheld from the public, shows that the epidemic will be far worse than anyone has ever imagined. I hope we can make a difference by forcing the AIDS "experts" and the government to be truthful with the American people. There is a new book available entitled "The AIDS Cover-Up" by Gene Antonio (Ignatius Press, San Francisco) and stocked by B. Dalton bookstore which tells the truth about the epidemic. The facts are horrifying. The book documents how the information has been withheld from the population at large as well as from the majority of the medical profession.

Thanks again for your support. I appreciate your taking the time to write.

Sincerely,

Lorraine Day, M.D.
Chief, Orthopedic Surgery
San Francisco General Hospital

LJD/wh

Aids was first called G.R.I.D (GAY related immune defiency)

AIDS WAS FIRST CALLED G.R.I.D. Gay related immune deficency

LETTERS

San Francisco Catholic welcomes letters from readers. Correspondence should be limited to 250 words, signed and mailed to 441 Church St., San Francisco, CA 94114.

Farmworker Conditions

Irresponsible journalism in a publication such as *San Francisco Catholic* leaves one to ponder the differentiation between freedom of speech and the right to raise funds. Your article, "The Voice of the People" (April 1988), was meant to raise funds and create involvement but has instead sparked controversy and anger.

There are not 14,000 migrant farmworkers in Pescadero. There are not 14,000 people in Pescadero of any occupation. In fact, you cannot factually support there being 14,000 migrant farmworkers in all of San Mateo Co

The lack of housing in San Mateo County, for all peoples, is a documented fact. Yet your publication points only to housing provided for farmworkers. Are you aware that farm labor housing is inspected yearly, unannounced, by San Mateo County Environmental Health? Did you know that labor camps, those employing more than 50 workers, are licensed by the state? As a grower I represent an industry that often provides housing and still pays a wage, a wage which on the average is above minimum. What other industry employs people at minimum wage and provides housing? We offer housing as a courtesy, not as a requirement of our business.

Our organization is a non-profit organization directed by farmers. We represent at least 80 percent of those employers which, by innuendo, your article describes as exploiters.

We exploiters have opened an Immigration Service Qualified Designated Agency. We have committed funds to keep this office through Nov. 30, 1988, for agricultural amnesty applicants. Pescadero farmers and San Mateo County farmers, through their Farm Bureau, supplemented amnesty. We have spent time visiting churches and ranches encouraging and explaining amnesty.

San Mateo County Farm Bureau provides outreach programs for farmworkers in their native language and recognizes the importance of education to the farmworking community; we collaborate with the AIDS Outreach Program in San Mateo County and we encourage employee seminars; we offer employee employer pesticide safety programs; we are investigating English and civic lessons.

In a format appearing to be factual, the article presents an opinion that is not substantiated. These articles often result in more harm than good. When helpful efforts go unnoticed, they soon disappear.

Ray Chiesa
President, San Mateo County Farm Bureau

Their Faith Is Constant

As a visiting priest, studying at the time, the Archdiocese of San Francisco graciously assigned me to a Marin County parish in the 1980-1983 period. I was the only native Spanish-speaking priest there at the time, but there were several very generous and constant Anglo priests making themselves present to the Hispanic population. These priests are loved by the Hispanic population and identified as one of their own. Your article ("La Voz de la Gente: Centro Pastoral," *San Francisco Catholic*, April 1988) is a great step forward in exploring the needs, recognizing the presence and trying to look for viable ways to better serve the Hispanic community within the archdiocese. Congratulations to the Centro Pastoral for their forward-looking vision.

I want to particularly refer to the Spanish community of Marin County mentioned in your article, which I had the privilege to serve for two-and-a-half years. We may have gotten only the crumbs: the permission to celebrate Mass and give basic sacramental service, but the people were constant. I as a priest praise and hold in the highest esteem a community such as that one. They did then, and still do now, belong to the Church, love the Church and—far better than myself—learned to walk along in the life of the Church despite the frequent frustrating attitude of some of its resident clergy. Some people got offended or discouraged and left the Church or do not come any more; they await the day of liberation, but they still keep their faith in God and the Church.

May the archdiocese continue its positive work; the need is great, the laborers few, but many are willing and waiting to be welcomed. I am grateful to the archdiocese and my pastor at the time for having allowed me to serve that Marin County community—and to God for such hope-filled people.

Tomas Alfonso Elis C.
Archdiocese of Panama

Filled to Overflowing

In April's *San Francisco Catholic*, the article on Centro Pastoral refers to a mission in Marin County which is "filled to overflowing every week." That part in quotes is true. The next part of the article said "when unforeseen numbers started coming together for family occasions, such as baptisms, the parish stopped offering these services in Spanish." This second quote is not accurate.

Perhaps it refers to the fact that we do not baptize babies in the Spanish Eucharistic Liturgy every time, as we had done for a while. Basically there are still baptisms in Spanish at the mission chapel, only they are after Mass.

I know about the situation because I work in Marin County with Spanish-speaking Catholics for Centro Pastoral.

Anne Dolan, OP
Catholic Charities of Marin County

Proposal for the Homeless

I just finished your good April issue with the "Vatican Declaration on Homelessness" and your very sensitive story, "Accepting the Mentally Ill," that read: "About half the homeless people in this country are thought to be mentally ill:"

I related to Billy Graham, Mitch Snyder, President Reagan and others that our army camps should open up and give food, shelter, clothing, medical care and education in a way that would separate the ill from the healthy in a humane and sensitive manner.

Then we can find the healthy jobs and the ill medical care. There surely would be no expense since we would, in a sense, be recycling these homeless back on the tax roll.

This should not be made a money-making bureaucracy but a law and order approach to help the homeless find their self-confidence, respect and love for their fellow man.

Mike Desmond
San Francisco

A Day of Hope

Today was a day of hope for those families of the mentally ill who have lived in isolation and silence in parishes throughout the nation. At last, in a major Catholic journal that reaches many homes (April 1988 *San Francisco Catholic*), I am able to read the story of the Walker family with its courage and determination to improve life for all of us.

Our time is now. We have waited for the stigma, like a cruel fog, to dissipate. My son, who became ill while a freshman at Notre Dame University, was discarded like a used Kleenex when he entered a hospital for treatment of a major mental illness. No one came to visit from that great Catholic university. No one sent a card to say "Get well."

California has led the way in so many areas. Thank you for attending, at last, to the story of an average Catholic family who were

Mike Desmond
55 Chumasero Dr. #6M
Park Merced Towers
San Francisco, CA 94132

Honorable
Kristine Gebbie
White House Coordinator
AIDS Policy
The White House
1600 Pennsylvania S.W.
Washington D. C.
20500