FOIA Number: 2018-0756-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3766

FolderID:

Folder Title:
July Chron Files 1993 [3]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	3	2

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Bessie Hadley
Executive Director
Children's Animated Television, Inc.
3 Washington Street, Suite 4
Dedham, Massachusetts 02026

Dear Ms. Hadley:

Thank you for writing, and for sharing your video on HIV and AIDS. I have not yet had time to review it, but will be doing so.

In our nationwide efforts to stop the spread of HIV infection, we need a wide range of approaches to reach multiple audiences. I appreciate your interest in being a part of the solution.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Ms. Hadley

Thank you for writing, & for sharing your videos on HIV & AIDS. I have not yet had time to review it, but will be doing so.

In our nationwide efforts to stop the spread of HIV infection we need a wide range of approaches to reach multiple audiences. I appreciate your interest in being a part of the solution.

Sincerely

CAT
CHILDREN'S ANIMATED TELEVISION, INC.

Ms. Kristine Gebbie, RN, MN, FAAAN
AIDS Policy Coordinator
200 Independence Ave. SW Room 738-G
Health & Human Services Building
Washington, DC 20201

June 30, 1993

Dear Ms. Gebbie,

I am the executive director of Children's Animated Television, Inc. (CAT). We produce high quality educational television programs and videotapes for children on contemporary social and ethical issues. Topics include diversity, violence and HIV/AIDS. This week I saw you interviewed on "CBS This Morning." I applaud your effort to publicly recognize the importance of AIDS education and prevention. CAT shares in this opinion.

Recently, CAT in consultation with the Foundation for Children with AIDS produced a video program called "The Cool Cat's Show - HIV & AIDS." The target audience is children ages 8-12. Our research has found very little material specifically for preteens. We feel a strong need to educate young people before they become sexually active. In this way, lives can be saved.

"HIV & AIDS" is currently included in the database, as a resource, in the U.S. Centers for Disease Control AIDS Bureau. I have enclosed a VHS videocassette of our program. More copies are available upon request. Please review this tape and I would appreciate your comments. Also, if you feel this effort worthy, your endorsement would be most appreciated. Congressman Moakley of Massachusetts has endorsed our video. Enclosed is information on CAT and a copy of the congressman's endorsement. Feel free to call me if you have any questions. Thank you in advance for your time and consideration.

Sincerely,

Bessie Hadley

Bessie Hadley
Executive Director
Children's Animated Television, Inc.
3 Washington St. Suite 4
Dedham, MA 02026
(617) 461-0670

Children's Animated Television, Inc.
3 Washington St. Suite 4
Dedham, MA 02026
(617) 461-0670

The Cat Chronicle

June 1, 1993

We just couldn't stand it anymore !!!

Running our organization from home has finally worn us out !!! Some of you have probably experienced the same sort of thing. Too easy to become distracted, not enough room, etc. Well we've at last taken the proverbial plunge. Effective June 1, 1993 CAT will be located at: 3 Washington St. on the Dedham - Boston line. (D'International Travel Building)

(Fanfare)

We've moved into the big city !!! (sort of)

ANNOUNCING

CAT is now offering to schools, youth organizations and other groups two innovative new programs. Due to an unprecedented increase in teen violence and AIDS, CAT is making available:

Violence intervention for young children

CAT's videotape The Cool Cat's Show - "Differences" was created to help children understand that differences (ethnic, cultural etc.) make each one of us unique and special. They are also taught that people are afraid of these differences, which leads to misunderstanding, violence and war. CAT will provide to a group, on request, an expert to discuss the video after the children have watched it. A study guide is also available for groups who can not afford this service, but wish to utilize "Differences" in a similar manner. CAT feels a small investment in our young children can help eliminate this growing and frightening problem, before they become teenagers.

HIV & AIDS - Talk before they're active

Parents and children that view CAT's videotape The Cool Cat's Show - "HIV and AIDS" learn how people become infected, that they do not have to be afraid of someone with AIDS and that people with AIDS need our love and understanding. CAT is offering a program, as above where an expert and study guide will be available. CAT hopes that by tackling this most difficult topic before children become sexually active, lives can be saved and fear can be lessened. Please call us if you are interested.

AIDS Committee considers purchase of video for kids

By Adam Zoll
CORRESPONDENT

The Board of Health AIDS Committee is considering the purchase and endorsement of a new video which teaches kids about AIDS.

The video, called "The Cool Cat's Show," was produced by Children's Animated Television, Inc. (CAT), a local company which produces videos designed to educate kids about social issues. The show has already run on Cable Channel 13.

The video was prepared in consultation with the Center for Disease Control in Atlanta and the Pediatric AIDS Foundation in Dorchester.

"The Cool Cat's Show" is aimed at children ages 8-12 and uses a combination of still cartoon images, straight talk, and funky jazz music to educate kids in a positive, friendly tone. "When we put it together we were concerned about how much information to give kids," said Bessie Hadley, Executive Director of Children's Animated Television. "We don't want to insult their intelligence."

The video explains the various ways to contract AIDS but assures kids that there are ways to avoid getting the fatal condition. The show speaks to kids frankly, saying that one way people get AIDS "is from sex, which your parents will tell you about when you are older." Kids are also told that people with AIDS are not to be feared and can still lead productive lives.

Hadley said she hopes the video will "open the door for parents to talk to their kids" about AIDS. The video encourages adults to openly answer any questions kids may have.

Hadley and her partner, Claude DiDomineca, are marketing the video to schools and libraries around the Boston area and hope to develop a study guide to accompany it. The video has aired on cable access television in Needham.

Committee Chairwoman Rachel Spector also announced that the Board of Health has purchased a book entitled "Common Sense About AIDS" which is available for public use.

The next AIDS Committee meeting is scheduled for September 27.

'When we put it (the video) together, we were concerned about how much informations to give kids. We don't want to insult their intelligence.'

BETSY HADLEY
EXECUTIVE DIRECTOR, CHILDREN'S ANIMATED TELEVISION

New AIDS video aimed at young

BY DAPHNE ABEEL
STAFF WRITER

This coming weekend, Continental Cablevision's Channel 13 will air a new program for children, "The Cool Cat's Show - HIV and AIDS." It will be shown Friday, Feb. 5 at 4 p.m. and Saturday, Feb. 6 at 12:30 p.m., repeating for the next few weeks.

This is the second in a series of programs Needham residents Claude DiDomenica and Bessie Hadley have produced for young viewers. The first, "Differences" which dealt with ethnic and racial differences won an award in the 1992 Massachusetts Community Television Competition in the category of Children's Programming.

DiDomenica and Hadley are committed to creating programming that raises the social awareness of viewers in the eight to twelve year old age group.

Says DiDomenica, "We feel this is a very important subject. We're hoping that the kids who see it will ask their parents and teachers questions. It's aimed at younger children, but the information in it is absolutely basic and accurate so older kids and adults can learn from it, too."

In preparation for writing the script, DiDomenica and Hadley obtained information from the Center for Disease Control in Atlanta. The script was also checked for accuracy by Kathy Sherrieb, R.N., who works for the Foundation for Children with AIDS in Dorchester.

Using the background of The Cool Cat's Club and a friendly cartoon spokesman, "Dr. Furball", The twenty one minute video stresses several themes, amongst them the concept that AIDS is preventable. While explaining that HIV can be contracted through sexual contact - through the exchange of blood, semen and vaginal fluids, young viewers are encouraged not to have sex until they are older.

It also explains that people who contract AIDS do die of it, and repeats several times the notion that "Everyone has a responsibility to protect themselves and others from contracting AIDS."

'We make an important subtle point - that it's people who get AIDS, not a specific segment of the population, for example, homosexuals. AIDS can and does touch everyone.'

BESSIE HADLEY
CHILDREN'S ANIMATED TELEVISION, INC.

Another theme that runs through the presentation is that people with AIDS need love and respect.

Says DiDomenica, "We'll probably get some flak on this, but we feel it is so important to bring this subject out into the open."

Says Hadley, "We're trying to get the tape into the Needham Public Library, and we're going to be sending it to Needham's Board of Health and the School Committee."

The Norwood Public Library has already purchased the tape.

Prior to airing the finished video on cable, DiDomenica and Hadly showed it to a group of children aged six to eleven.

Laura Schindler, a Needham resident, and producer of a cable show for children called "KidsBeat", watched the tape with her own children and the children of a enighbor..

"The reaction was very good. My six year old had a lot of questions about catching AIDS. The older children all understood it. It's done very well in terms of what kids are able to take in. It comes down to their level and talks to them."

Schindler says she feels the video can take the pressure off parents and teachers who have trouble discussing the subject of AIDS.

"When the news about Magic Johnson came out, my own children were scared. They had a lot of questions. I could not have explained the subject as well as this show does."

Schindler also agrees that DiDomenica and Hadley are right to aim the video at a younger age group.

Says Schindler, "It's very difficult to explain AIDS to young people. Kids are so oblivious. You have to get to them before they won't talk to you. When kids get over the age of twelve, they don't want to have anything to do with you."

Says DiDomenica, "If you feel you don't want your children to watch this, that's OK. Most of the folks in town are going to want to see it, I think."

Says Hadley, "We make an important subtle point - that it's *people* who get AIDS, not a specific segment of the population, for example, homosexuals. AIDS can and does touch everyone."

The producers are sending the video to Gov. Weld, hoping that he will endorse it.

For viewers who don't have cable and would like to borrow the tape, it can be obtained by writing PO Box 509, Needham, MA 02192 or by calling the Norwood studio of Children's Animated Television, Inc., 769-5150.

PHOTO BY DAPHNE ABEEL

Claude DiDomenica and Bessie Hadley, partners in Children's Animated Television, Inc., are the producers of a new video, "The Cool Cat's Show - HIV and AIDS." The tape will air twice this coming weekend on Continental Cablevision's Channel 13 in Needham.

JOHN JOSEPH MOAKLEY
9TH DISTRICT, MASSACHUSETTS

COMMITTEE ON RULES
CHAIRMAN

JOHN WEINFURTER
CHIEF OF STAFF
235 CANNON BUILDING
(202) 225-8273
FAX: (202) 225-3984

Congress of the United States
House of Representatives
Washington, DC 20515-2109

ROGER KINEAVY
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(617) 737-9055
FAX: (617) 439-5157

4 COURT STREET
TAUNTON, MA 02780
(508) 824-6676

BROCKTON FEDERAL BUILDING
166 MAIN STREET
BROCKTON, MA 02401
(508) 586-5555

June 17, 1993

To Whom It May Concern:

I am writing to heartily endorse Children's Animated Television, Inc. of Norwood, Massachusetts and its efforts at enlightening children about different issues such as racism, diversity, violence and HIV/AIDS.

Children's Animated Television, Inc. has developed innovative and creative educational television programing aimed at children to help them understand many of the complicated issues that many of them are exposed to today, like drugs and violence. With clear, concise and simple explanations of these complex issues, Children's Animated Television, Inc. is helping children achieve a better understanding of many troubling issues and hopefully prevent many of the problems that occur in our world today.

Children are our most valuable resource, but too often they are neglected and their voices are not heard. It is this type of quality and artistic programming that will enlighten children and parents as to the dangers of drugs, the importance taking responsibility to prevent the spread of HIV and the value of diversity in our world. Children are exposed to so many puzzling and conflicting ideas and issues and I believe Children's Animated Television, Inc. is model programing aimed at alleviating much of this confusion.

Again, I applaud Children's Animated Television for their energy and efforts at creating innovative educational programming for children.

Sincerely,

JOHN JOSEPH MOAKLEY
Member of Congress

JJM:kt

Kids and the social issues

Duo plan issue oriented television programs for children

BY DAPHNE ABEEL
STAFF WRITER

Claude DiDomenica of Needham and Bessie Hadley of Norwood have a dream - to produce educational television programming that will put young children in touch with the social issues that dominate the headlines.

Currently, their first program is airing on Continental Cablevision, demonstrating that their dream can become a reality.

Their recently formed company, Children's Animated Television, Inc., has applied for non-profit, tax exempt status, but in the meantime, they have invested their own monies, talents and energies to produce a first video titled "The Cool Cats' Show - Differences." The 23 segment, which airs on Needham Continental Channel 13 and Metrowest Channel 14, tells a simple story of cats who are different shapes, colors, and sizes, and explores the theme of how to get along with people who are different from you.

The message, which comes across in a series of graphic illustrations and voiceovers is that differences are normal and natural, and that there's no reason to be afraid of people who look or seem different.

DiDomenica, a 1979 Needham High school graduate, who holds a certificate from the New England Conservatory of Music, composes the music for the sound track, as well as writes the script, and edits the video. Hadley handles promotion and business matters.

The son of Needham composer, Robert DiDomenica, Claude says he did not study with his father, who is on the faculty of the New England Conservatory, but that he "picked up his love of jazz" from his father, and that he grew up surrounded by music of all kinds.

DiDomenica, who has held various jobs in business, says he is grateful to Needham's Continental Cablevision for the chance to learn video taping and editing skills at their studio.

Both DiDomenica and Hadley say they were motiviated to produce television for children by the desire to teach children about the world.

Says Hadley, "There is a lot of fear and distrust, and even hatred out there. 'The Cool Cat' film's message is that we can achieve a better understanding of eachother and our differences."

DiDomenico has already finished a new script for children about AIDS, which will go into production once the script has been approved by a qualified physician.

Says DiDomenica, "We need to teach that people with AIDS need love and understanding. Children need to learn that, and also that the disease is not contagious like a cold or chickenpox. It's transmitted in a few very specific ways. Yet, there is a terrible paranoia about it."

Future plans include segments on substance abuse and addiction.

Says DiDomenica, "I feel that children really need to know how to identify addiction. It's not enough to talk to kids and tell them just to say 'no.' It could be a problem in anyone's family. What happens is that kids grow up with very little knowledge and then in junior high school or high school, they are presented with the opportunity to take drugs.'

Says Hadley, they hope to distribute the videos to schools and libraries.

"We also want to achieve broadcast quality in our production, and we're seeking a national distribution, eventually."

The duo have already approached Channel 11, the PBS Channel in Durham, NH, to ascertain interest.

Right now, however, DiDomenico and Hadley are filling many of the roles necessary to produce television themselves - from camera work to voiceovers, while they seek more exposure for their work.

For interested viewers, "The Cool Cats' Show - Differences" is aired on Channel 13, Fridays at 4 p.m., and Saturdays at 12:30 p.m. Channel 14, the Metrowest Channel, airs the segment Sunday at 8 p.m.

To direct inquiries, write Children's Animated Television, Inc. PO Box 509, Needham, MA 02192.

PHOTO BY DAPHNE ABEEL

Bessie Hadley, and right, Claude DiDomenica discuss a new script for a series of cable television rams for children.

Channel 13 wins two awards

Continental Cablevision's Needham Channel 13 received two awards in the 1992 Massachusetts Community Television Competition. The awards were presented in ceremonies largely attended by cable professionals and community volunteers at Cambridge Community Television at One Kendall Square in Cambridge.

The award in the category of Entertainment/Variety by Media Professionals was presented to Needham Channel 13 news editor Tom Giarrosso for his production of the locally-produced comedy series "Bent!"

In the category of Children's Programmming by Community Volunteer, Needham residents Claude DiDomenica and Bessie Hadley received the award for their animated special "The Cool Cat's Show: "Differences."

Both programs can be seen regularly on the Needham Channel 13.

Needham's Channel 13 received a total of four nominations in the eighth annual competition, which is sponsored by the state's cable television commission.

CAT
CHILDREN'S ANIMATED TELEVISION, INC.

For Their Future...

Children's Animated Television, Inc. (CAT) is a non-profit organization dedicated to producing educational television programs and videotapes for children. The focus of CAT's effort is to stimulate discussion of important, contemporary social and ethical issues, such as diversity and AIDS. The power of television and home video has yet to be fully exploited in this special area. CAT has created two programs that are available on professional 3/4" U-Matic and VHS videocassettes. An uncommon blend of cartoon illustrations, dialogue and original jazz music are combined to educate as well as entertain families.

Program title: The Cool Cat's Show - "Differences"

"Differences" is a delightful tale about ethnic and cultural diversity. The focus is to help children understand that differences make each one of us unique and special. This program has been awarded first place (children's programming category) in the *1992 Massachusetts Community Television Contest.* *"Differences"* can be enjoyed by the entire family.

Program title: The Cool Cat's Show - "HIV and AIDS"

"HIV and AIDS" is an unusual approach to presenting a difficult subject to children in a non-threatening way. Parents and children learn about HIV and AIDS, and also that people with AIDS need our love and understanding. Children are taught that they do not need to fear people with AIDS. *"HIV and AIDS"* is included in the AIDS resource database of the *U.S. Centers for Disease Control.*

ORDER FORM

Program Title	Quantity/Type/Price	Quantity/Type/Price
The Cool Cat's Show "Differences"	____ VHS $25.00 ea.	____ 3/4" $50.00 ea. (Note: Special Video Recorder Needed - U-Matic VTR)
The Cool Cat's Show "HIV and AIDS"	____ VHS $25.00 ea.	____ 3/4" $50.00 ea. " "

Sub-total _____ ***+ 5% Sales Tax*** _____ ***= Total*** _____

Please send your order or <u>tax deductible contribution</u> to: **Children's Animated Television, Inc.**
Any Questions? Please Call: (617) 461-0670
3 Washington St. Suite 4
Dedham, MA 02026

Thank You

CAT
CHILDREN'S ANIMATED TELEVISION, INC.

Children's Animated Television, Inc.
3 Washington St. Suite 4
Dedham, MA 02026
(617) 461-0670

Did you ever wish you could have something entirely unique? Be one of the first to receive one of these really cool mugs! CAT introduces another way for you to support our cause. The design on the mug is from the marquee of the "Cool Cat's Coffee Club" as seen in our award winning videos. For only $10.00 (plus tax, shipping and handling) you and your friends can be a proud owner of this mug, direct from the coolest place in town!

ORDER FORM

Please send me _____ "Cool Cats" Mugs @ $10.00 each Subtotal : _____

Mass. sales tax (Subtotal X 5%) _____

Shipping and handling ($3.00 each) _____

Total enclosed _____

Please send your order or *tax deductible contribution* to: **Children's Animated Television, Inc.**
Any Questions? Please Call: (617) 461-0670 **3 Washington St. Suite 4**
Dedham, MA 02026

Thank You !

Main
H03D06

NAPO Document Control Slip

NAPO Number : 7024 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 : 8/10/93 Document Loc : MAIN-03D06

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

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : BESSIE HADLEY

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

Executive Director Children's Animated Television, Inc - 3 Washington Street, Suite 4 - Dedham, MA 02026

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
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Comments FROM assignees:

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

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

From : GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : KENNETH BORELLI

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

AIDS Service Committee - 10486 Anderson Road - San Jose - CA 95127

********** 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

Mr. Kenneth Borelli, MSW, ACSW
AIDS Service Committee
10486 Anderson Road
San Jose, California 95127

Dear Mr. Borelli:

Thank you for your good wishes, and your observations on the AIDS coordination effort. The issues you identify are indeed most important areas for action, and will be receiving my attention. There will be some form of a national body working with my office over the coming months.

I appreciate your concern, and your continued efforts as we proceed.

Sincerely,

Kristine Gebbie

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

cc:
Congressman Don Edwards
Senators Dianne Feinstein and Barbara Boxer

Copies sent to Congressman Don Edwards + Senators Dianne Feinstein + Boxer on 8/2/93

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Kenneth Borelli, MSW, ACSW
AIDS Service Committee
10486 Anderson Road
San Jose, California 95127

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Sincerely,

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

cc:
Congressman Don Edwards
Senators Dianne Feinstein and Barbara Boxer

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

—

Dear Mr Borelli

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I appreciate your concern, and your continued efforts as we proceed.

Sincerely

CD's assistant Libby —

ANS

10486 Anderson Rd
San Jose, Ca. 95127
July 3, 1993

Kristine Gebbie,
National AIDS Policy Coordinator
c/o White House
Washington D.C.

Dear Ms. Gebbie:

My sincere best wishes for you appointment as the National AIDS Policy Coordinator. From my perspective as a person who has worked in AIDS support services in Santa Clara County for many years I want to respond to several news articles about your position,it's predicted inherent ambiguity, and in effect--its eventual ineffectiveness. I disagree with this observation and want to present my expectations.

What I expect from an "AIDS Czar" is national coordination in the following areas:

- o Medical Research
- o Medical Treatment
- o Coordination of Support Services
- o Education
- o Discrimination Prevention

I would also expect that a National AIDS Coordinating Council composed of major public AIDS Service Agencies and Departments be established under your leadership to focus on National goals, priorities, and fixed resource deployment

In the past, though the National AIDS Commission and various community groups have made recommendations, their impact has been muted by a seriously diffused governmental response. I think this response was intentional, and reflected a tragic governmental ambiguity. The Clinton Presidency has promised to correct this situation, and clearly your position is pivotal in providing the crucial leadership to change our National AIDs policy.

Sincerely
Ken Borelli

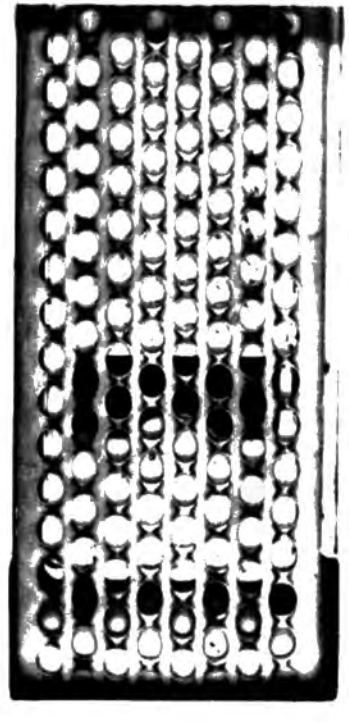
Kenneth Borelli, MSW, ACSW
AIDS Service Committee

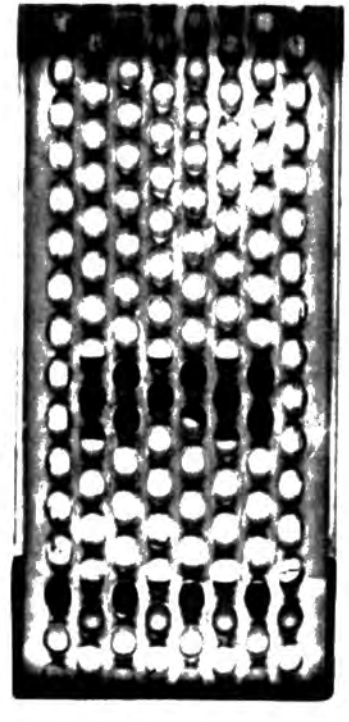
cc:
Congressman Don Edwards
Senators Feinstein, and Boxer

Ken Borelli
10486 Anderson Rd.
San Jose, CA 95127

JOSE CA
1993
MLOCR #C8

Kristine Gebbie
National AIDS Policy Coordinator
c/o White House
1600 Pennsylvania Ave.
Washington D.C. 20500





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NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : ROCHELLE WAITE

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

RD 2 Box 276 - Carthage, New York 13619

********** 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

Ms. Rochelle Waite
RD 2 Box 276
Carthage, New York 13619

Dear Ms. Waite:

Thank you for writing and sharing information on Caring Hands AIDS Support, and the SACK program. Community groups such as yours have been developing all across this country and are an important part of our national effort to stop the spread of the virus and to help care for those infected.

Financial and other support from local groups generally comes from State and local health departments. I am forwarding a copy of your letter to the New York State Department of Health, AIDS Institute, with the request that they provide you information on any relevant State programs or resources.

I appreciate your concern for your community, and for our next generation. Thank you and best wishes.

Sincerely,

Kristine Gebbie

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

cc:
Mr. Dennis Whelan, Executive Deputy Director
New York State Department of Health

Copy sent to
Mr. Whelan on
8/2/93

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Rochelle Waite
RD 2 Box 276
Carthage, New York 13619

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Sincerely,

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

cc:
Mr. Dennis Whelan, Executive Deputy Director
New York State Department of Health

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Ms Waite

Thank you for writing & sharing information on Caring Hands AIDS support & the STOCK program. Community groups such as yours have ~~sprung~~ been developing all across this country & are an important part of our national effort to stop spread of the virus & to help care for those infected.

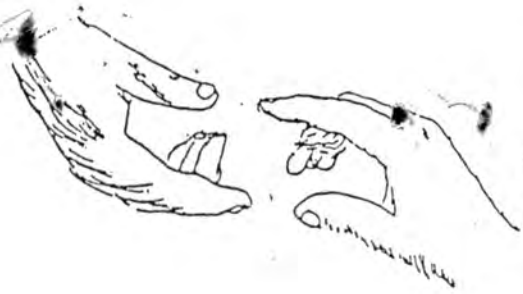
Financial & other support for local groups generally comes from State & local health departments. I am forwarding a copy of your letter to the N.Y. State Dept of Health, ~~so that~~ with the request that they provide you information on any relevant state programs or resources.

I appreciate your concern for your community, & for our next generation.

Thank you & best wishes

Sincerely

NYSDOH
Copy of her letter
to Commissioner



C.H.A.S.

Caring Hands AIDS Support
P.O. Box 523
Carthage, N.Y. 13619

June 30, 1993

Dear Kristine,

We are an AIDS support group in Northern New York. My brother Charles Harper died of AIDS on July 4th 1989. At that time AIDS wasn't even discussed, soy nothing about getting support. In March of 1990 we started the support group CHAS (Caring hands AIDS support), named after my brother.

the group has grown from 5 or 6 family members to a group of now about 46 members. It is a mixed group of Moms, Dads sisters, brothers, aunts, uncles, and friends of loved ones who have died of AIDS. We also have 14 infected members.

the aids task ~~force~~ force has finally placed a case worker in our area, but that has only been for about a year. People just don't think AIDS has hit N.N.Y and are very scared and closed minded about this very scary virus. For so long it was only talked about as a Gay disease or an IV drug user disease and it is very hard to get through to people that AIDS does not discriminate.

We are very pleased to see that President Clinton has appointed you to be the AIDS policy coordinator. We need to have you know how tough it is in N.N.Y. to get financial help and the kind of exposure we need to reach out and help others.

A friend of ours, who has AIDS. and is very weak and unable to promote the SACK program on his own, has given us permission to promote

this as much as we can and get to small children before they get into drugs & sex. Millions of dollars are being or spent on a cure, why not work on a prevention also? My brother had no choice, small children of today do, if we can just get into the day care centers and lower grades at schools and share this with young children. I think there is hope.

I have 7 grand children and it scares me to think about their feature. I have talked to them very much about Uncle Chuck and to be aware of touching others blood, no matter what the circumstance this virus is a ~~bll~~ blood disease and anyone can contact it.

Won't you please take time to look over the SACK program and let me know if ~~it~~ you think it is possible to get funding for supplies and to help promote it to young children before it is too late for them.

We need all the help we can get to help promote AIDS awareness in N.N.Y. and the World.

Hope to hear from you soon.

Sincerely,

Rochelle

WHAT IS SacK? Stop AIDS in our Country - KIDS

SacK is geared to the 4-7 age group and only this age group. Speaking to grade schoolers is the saddest of all the public speaking assignments that there are. SacK knows that tender-aged students (age 8 and up) are having unprotected sex. Some are sharing needles....if not for drugs, then for steroids. Sounds crazy, but 8-9-10 year olds want to be hunks, jocks, or an Arnold Shwartzeneger. They're getting HIV.

Four to seven is the last age group we can speak to with the hope that they are virgins/needle-free. Here's the presentation.....

"Hi, guys - I'm here to talk about HIV which is a teeny-tiny little germ that you can't see except with a microscope/magnifying glass" -- (SacKer should have in hand a magnifying glass). "If you get HIV in your body, sometimes it can lead to AIDS. Does anyone here know about AIDS??" (...time for hand-raising/comments/etc.....) "Well, AIDS is very bad, and you don't want to get it." (...mention Magic Johnson and his HIV status....tell kids that they have to be careful about blood....you can't mention the word sex or penis/vagina/anal - these kids haven't a clue about any of that - but you can mention blood.....you explain that, as kids, they are prone to accidents/mishaps....blood is not uncommon...mention falling off bikes, etc., tripping, cutting fingers, nosebleeds, fighting - and say this...."Look, it's OK if there's an accident and there's blood - that's part of growing up and being a kid. Even grownups have accidents that are bloody. BUT - if you have a choice...to TOUCH someone's blood or NOT to touch someone's blood...DON'T TOUCH IT! Call a grownup - a teacher/fireman/policeman/mailman/mommy/daddy. AND if you're bleeding, don't let your friends touch your blood. Call a grownup." (...repeat all the different kinds of grownups). Next explain what your red ribbon means. Pin one on every kid (time and size of group permitting) and tell them they should all

wear them over their hearts all of the time...and - here's the KEY...tell them to tell a friend about what they've just learned about HIV/AIDS/and BLOOD. Give them more red ribbons to give to friends. Tell them to have mommy buy them some red ribbon so they can start making more red ribbons to give to friends. And the kids will tell the kids who will tell more kids and more kids....and then the older kids will start learning from the younger kids - and eventually.....eventually, the "grownups" will learn from the kids. The 4-7 year old kids are the key - they are the ones. That's SacK!!

SacK is approved, endorsed, and blessed by the Anthony Jordan Health Center in Rochester, New York and also Action for a Better Community - Head Start.

Founder: Donald L. Hurwitz

Please write to:

SacK Headquarters
2604 Elmwood Avenue Suite 227
Rochester NY 14618

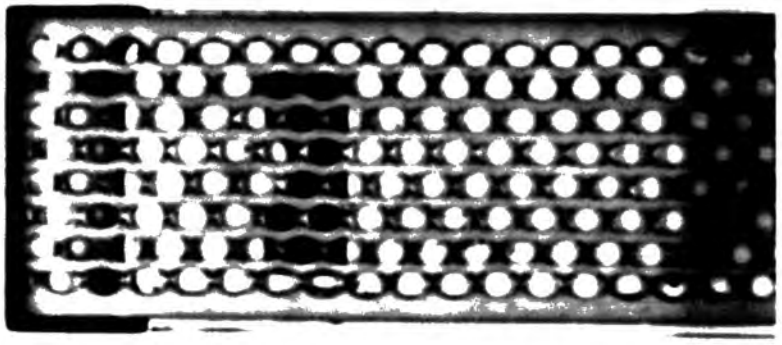
FAX: 716-244-4106

11/23/92/mp

CHAS
CARING HANDS AIDS SUPPORT
P.O. BOX 523
CARTHAGE, N.Y. 13619
785-8222

Rochelle Waite
RD 2 Box 276
Carthage, N.Y. 13619
315-493-2397

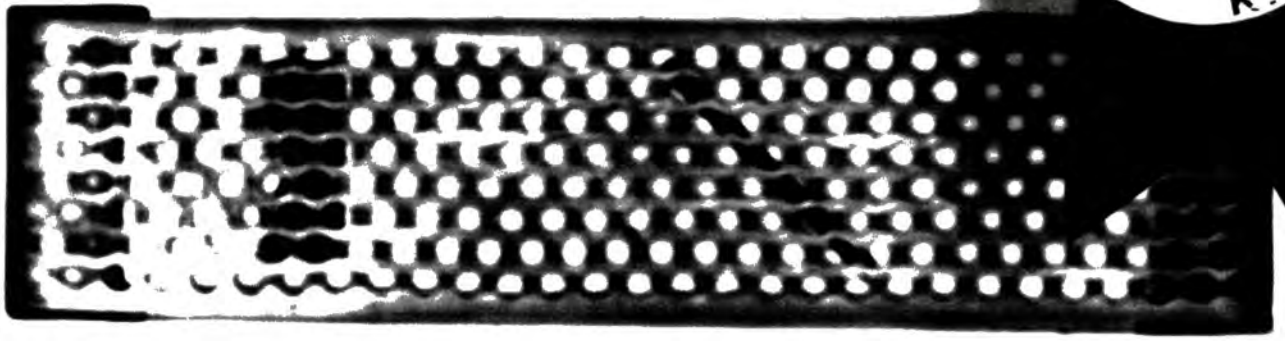
[redacted]



STOP AIDS IN OUR COUNTRY

SacK

KIDS



STOP AIDS IN OUR COUNTRY

SacK

KIDS

Main
#03006

NAPO Document Control Slip

NAPO Number : 7021 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 : KWilliam
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : ANDREW MORRISON

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

Route 4, Box 586 - Beechwood Lane - Hollywood, Maryland 20636

********** 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	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Andrew D. Morrison
Route 4, Box 586
Beechwood Lane
Hollywood, Maryland 20636

Dear Mr. Morrison:

Thank you for writing. While we disagree on the most useful approaches to the HIV epidemic, any national effort can only be developed if all viewpoints can be expressed.

I have asked the National AIDS Clearinghouse to send you some information on the epidemic and the virus which causes AIDS. I hope you find it of interest.

Sincerely,

Kristine Gebbie/c

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

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National AIDS Policy Coordinator

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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We asked the National AIDS clearinghouse to send you some information on the epidimic & the virus which causes AIDS. I hope you find it of interest

Sincerely,

ask Clearinghouse to send basic info packet

No response

Dear Kristine,

You are as arrogant as the rest of the Clinton administration Elitists! To actually stand in front of a television camera and tell the Proletariats that the Gay community warned us that the Aids disease was coming and we did nothing, and to say that this is not a Homosexual disease but a Heterosexual one, why, you must truly believe that the working class people of this Country are the unwashed.

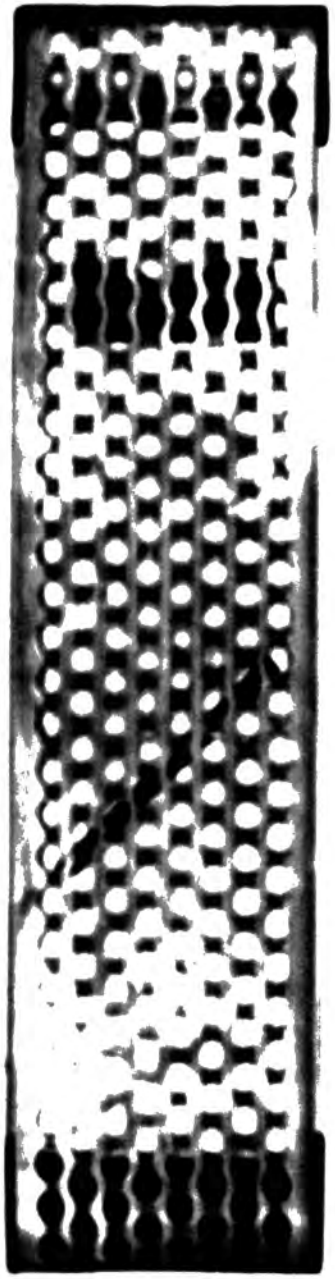
Kristine, as I remember, it was the fags alone who brought this disease into the country and it was us who warned them to STOP their nasty behavior ~~b~~ because it was making them terminal. If Aids is not a Gay disease but a Heterosexual one, then why are the Fags screaming the most?

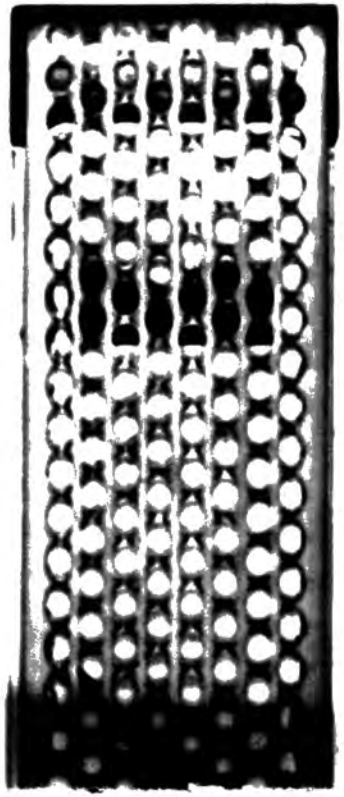
Now I am sure you will never read this letter because

some low level Cretin will read this, call me a bigot, and throw this letter away and think they're making the planet a better place;

However, I do feel better about getting my point across.

Andrew D. Thornton





The Morrisons
Rt. 4, Box 586
Beechwood Lane
Hollywood, MD 20636

SCF SOUTHERN MD
PM
30 JUN
1993
206

PARTNERS FOR ENERGY EFFIC
TOMORRO
29 USA

KRISTINE GEBBIE
AIDS CZAR
c/o THE WHITE HOUSE
1600 ~~ALE~~ PENNSYLVANIA AVE.
WASH D.C.

Main
#03006

NAPO Document Control Slip

NAPO Number : 7019 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 : KWilliam
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : LENORE KARO

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

2539 Bedford Street 38-0 - Stamford, Connecticut 06905-3938

********** 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	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Lenore Karo
2539 Bedford Street 38-O
Stamford, Connecticut 06905-3938

Dear Ms. Karo:

Thank you for writing, and for your support for vigorous action.

You mention Dr. Haffner of SIECUS, a group already involved in discussing direction for my new office. I have found them to be very helpful over the years.

I appreciate your interest in responding appropriately to the epidemic.

Sincerely,

Kristine Gebbie, /c

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

THE WHITE HOUSE

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National AIDS Policy Coordinator

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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I appreciate your interest in responding appropriately to the epidemic.

Sincerely

—

ANS

Lenore Karo
2539 Bedford Street 38-O
Stamford, Connecticut 06905-3938

July 1, 1993

Kristine M. Gebbie
White House AIDS Coordinator
The White House
Washington, D.C.

Dear Ms. Gebbie,

I would like to congratulate you on your new appointment as AIDS Czar. I have been waiting rather impatiently for this appointment to be made as my son is a person with AIDS with a count of 20 for the past two years. We can't wait much longer for the Washington Red Tape to do something about this epidemic.

Advocates for people with AIDS have outlined ambitious programs that would increase spending by $1 billion to increase education and research & development of a drug that will stop AIDS. I know that this country has the power to do this if they had the WILL to do so. This disease will kill my son and will start killing all our children if something is not done NOW!

According to the NY Times, June 27, 1993, in a telephone interview with you, "Ms. Gebbie was cautious about her prospects. AIDS politics are always difficult. The subjects you must confront are sex and drugs and death and money. I don't come into the job with any illusions that it won't be difficult at every step. But my job is to look forward." I would like to contend that your job is not to look forward, but to turn this county around and stop the spread of AIDS and the trail of death. Also, "to find a couple of issues that we can move on very quickly so that we won't like we are we're doing nothing." Please don't try to pacify the AIDS advocates by doing meaningless projects as that is all we have gotten in the past. We want meaningful policies and programs to stop our children and friends from dying.

I would like to express my support of Dr. Debra Haffner, Executive Director of Sexual Information and Education Council of the United States. I support her views especially in the area of AIDS education as I expressed to her today in our telephone conversation.

Thank you for accepting this major responsibility. If I can be of any service, please do not hesitate to contact me. I can be reached at (203) 357-9200.

Sincerely,

Lenore Karo

Lenore Karo

THE WHITE HOUSE

WASHINGTON

JUL 30 1993

Mr. Eugene L. Schulte
Route 1, Box 186
Bridgeport, Texas 76426

Dear Mr. Schulte:

I have forwarded your figures to the epidemiologists at the Office of HIV/AIDS at the Centers for Disease Control and Prevention and asked them to send you their most current numbers.

Thank you for your kind wishes.

Sincerely,

Kristine Gebbie /c

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

cc:
Office of HIV/AIDS, CDC

6-28-93 NR

EUGENE L. SCHULTE
RT#1 BOX 186
BRIDGEPORT, TX 76426
817-683-2855

Christine Bibiff
AIDS ZAR
1600 Pennsylvania
WASHINGTON DC

SUBJECT: HIV PROBLEM

GOOD LUCK ON YOUR NEW JOB. I THINK YOU NEED AN ACCURATE PERSPECTIVE TO BE SUCCESSFUL.

IT IS OFTEN QUOTED THAT THE CHANCE OF CONTRACTING AIDS IS 1 IN 250

$$\frac{250,000,000 \text{ PEOPLE IN US}}{1,000000 \text{ HIV CASES}} = 250$$

NOT TRUE AS THE RISK AMONG HETS., GAYS & NEEDLE USERS IS NOT THE SAME
(SEE DATA ON PAGE 2)

1 HETROSEXUALS THAT DO NOT KNOW THAT THEY HAVE HAD SEX WITHA BI-SEXUAL OR NEEDLE USER HAVE A ONE IN 3080 CHANCE OF CONTRACTING AIDS

2 GAYS HAVING SEX HAVE A ONE IN 25 CHANCE OF CONTRACTING AIDS. CONSIDERING THE POOR ODDS I BELIEVE THAT CHASTITY IN THE GAY COMMUNITY IS THE ONLY OPTION CONSIDERING CONDOMS FAIL 17% OF THE TIME.

WHO WOULD TAKE A 1 IN 25 CHANCE EVEN WITH A CONDOM,

3 WORSE YET, SOME ARE SPREADING HIV WHILE ON AZT. SEE, ENCLOSED NEWSPAPER ARTICLE.

PLEASE REVIEW MY FIGURES AND IF FOUND INACCURATE, REVISE & SEND ME YOUR FIGURES

Eugene L. Schulte

DATA 1991 (CDC)

1 HIV CARRIERS IN US 1,500,000

2 4% HIV CARRIERS ARE IN THE HTETROSEXUAL COMMUNITY

$4\% \times 1{,}500{,}000 =$

HETROS WITH HIV (OCCURRED OVER 10 YEARS) $= \frac{60{,}000}{50 \text{ STATES}} = 1200/\text{STAT}$

3 ASSUME 280,000,000 PEOPLE IN US, AND 66% ARE SEXUALLY ACTIVE, THEN 184,000,000 ARE SEXUALLY ACTIVE

$$\frac{184{,}000{,}000}{60{,}000 \text{ HETRO-HIV}} = 3080$$

THIS MEANS A HETRO HAS A 1 IN 3080 CHANCE OF CONTRACTING AIDS IN MID WEST & WEST (EX CALIF.) MY GUESS IS 1 in 6000

4 ASSUME 20% OF THE POPULATION IS GAY

SEXUALLY ACTIVE: 184,000,000 $\times$ 20% = 36,800,000 GAYS SEXUALLY ACTIVE.

$$\frac{36{,}800{,}000}{(1{,}500{,}000 - 60{,}000)_{\text{HETRO}} = 1{,}440{,}000 \text{ HIV (GAY \& NEEDLE USERS)}} = 25$$

THIS MEANS A GAY HAS A 1 IN 25 CHANCE OF GETTING HIV WHEN HAVING SEX WITH ANOTHER GAY

(ASSUMES GAYS & NEEDLE USERS AT EQUAL RISKS.

DECREASE NUMERS FOR GAY POPULATION & RISK GOES UP.

g in AIDS patients, study indicates

ɔlood from people infected
ıe human immunodeficiency
vhich causes AIDS, and then
the sample until the virus
tion has increased.
ıis occurs, said Ching, there is
ge in the relative numbers of
nt strains of HIV. This tends
ık the dominance of AZT-
ıt strains, he said.
ɔrrect this problem, Ching
colleagues drew blood from
s and tested for different
rains before the virus could
e new generations.
d samples were divided, with
lf being treated with AZT.

The viruses in the blood were then cultured and the population of viruses in the two samples was compared. A high survival rate of virus in the AZT-treated sample showed that the patient's virus load was dominated by AZT-resistant strains.

"People usually are infected with various strains of HIV," Ching said. "Once they start taking AZT, the resistant strains are the ones that survive."

Eventually, the resistant strains become the dominant HIV population in the body. If the virus is then spread to another person, the new patient develops an HIV infection that is dominated by AZT resistance.

If this occurs widely among new cases of HIV, there is a risk that AZT will become of little value in combating the epidemic," Ching said.

"That's what we're afraid of," h said.

Resistance to drugs is a common medical phenomenon, Ching said.

For example, penicillin was once the most effective treatment for a common nursery skin infection caused by *staphylococcus aureus.* But over the years, Ching said, penicillin killed off the susceptibl strains of the bacteria and stapl infections arose that would no respond to the drug. Other drug must now be used to treat th infection.

Something similar, he said, coul happen with HIV and the use o AZT.

Researchers said their studie suggest that "with widespread use o AZT, the modest beneficial effect o the drug may diminish in time.

"This concern emphasizes th urgent need to quickly develo other anti-HIV drugs for clinica use," the study said.

AZT resistance rising in AIDS patients, study

Researchers say that the new findings underscore the immediate need to develop alternative drugs.

BY PAUL RECER
The Associated Press

WASHINGTON — More AIDS patients are showing early resistance to AZT, the drug most commonly used against the disease, and researchers say there is an urgent need to develop new drugs.

Dr. Wendell T.W. Ching of the UCLA School of Medicine said that blood tests are turning up increasing numbers of HIV-infected patients who have never taken AZT and are ill with a virus that is naturally resistant to the drug.

"Some of the patients may have gotten the virus from other patients who had been taking AZT and who are now transmitting the resistant virus," Ching said. A report on the blood test study appears today in the *Proceedings of the National Academy of Sciences.*

Ching said that earlier studies have attributed AZT resistance to long-term use of the drug. The new study shows that resistance can occur naturally even in patients who have never taken AZT. The reasearch also indicates that the resistant virus can spread from a patient who has taken the drug to another who had been disease-free.

AZT is the common name for zidovudine, the first anti-viral drug approved for use against the virus that causes AIDS. There now are two other drugs, ddI and ddC, but AZT remains the primary therapeutic.

The rise in the AZT-resistant virus may not have been detected earlier because of the way blood tests were conducted, Ching said.

Typically, he said, researchers draw blood from people infected with the human immunodeficiency virus, which causes AIDS, and then culture the sample until the virus population has increased.

As this occurs, said Ching, there is a change in the relative numbers of different strains of HIV. This tends to mask the dominance of AZT-resistant strains, he said.

To correct this problem, Ching and his colleagues drew blood from patients and tested for different HIV strains before the virus could produce new generations.

Blood samples were divided, with one half being treated with AZT. The viruses in the blood were then cultured and the population of viruses in the two samples was compared. A high survival rate of virus in the AZT-treated sample showed that the patient's virus load was dominated by AZT-resistant strains.

"People usually are infected with various strains of HIV," Ching said. "Once they start taking AZT, the resistant strains are the ones that survive."

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Altered cells fight tumors in rat studies

BY PAUL RECER
The Associated Press

WASHINGTON — By altering

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Thank you for your kind wishes

sincerely

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Sincerely,

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National AIDS Policy Coordinator

cc:
Office of HIV/AIDS, CDC

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Main
#03006

NAPO Document Control Slip

NAPO Number : 7007 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 : KWilliam
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : EUGENE SCHULTE

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

Route 1, Box 186 - Bridgeport, Texas 76426

********** 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	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

Main
#03D06

NAPO Document Control Slip

NAPO Number : 7009 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 : KWilliam
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : LARRY DIDCOCT

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

1256 West 8th Place - Golden, Colorado 80401

********** 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

Ms. Mildred Warner
E6505 Yellowstone
Coeur d'Alene, Idaho 83814

Dear Ms. Warner:

Thank you for sharing your views on the HIV epidemic. It is important that I hear directly from a wide range of individuals as I begin my new responsibilities.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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

FILE COPY

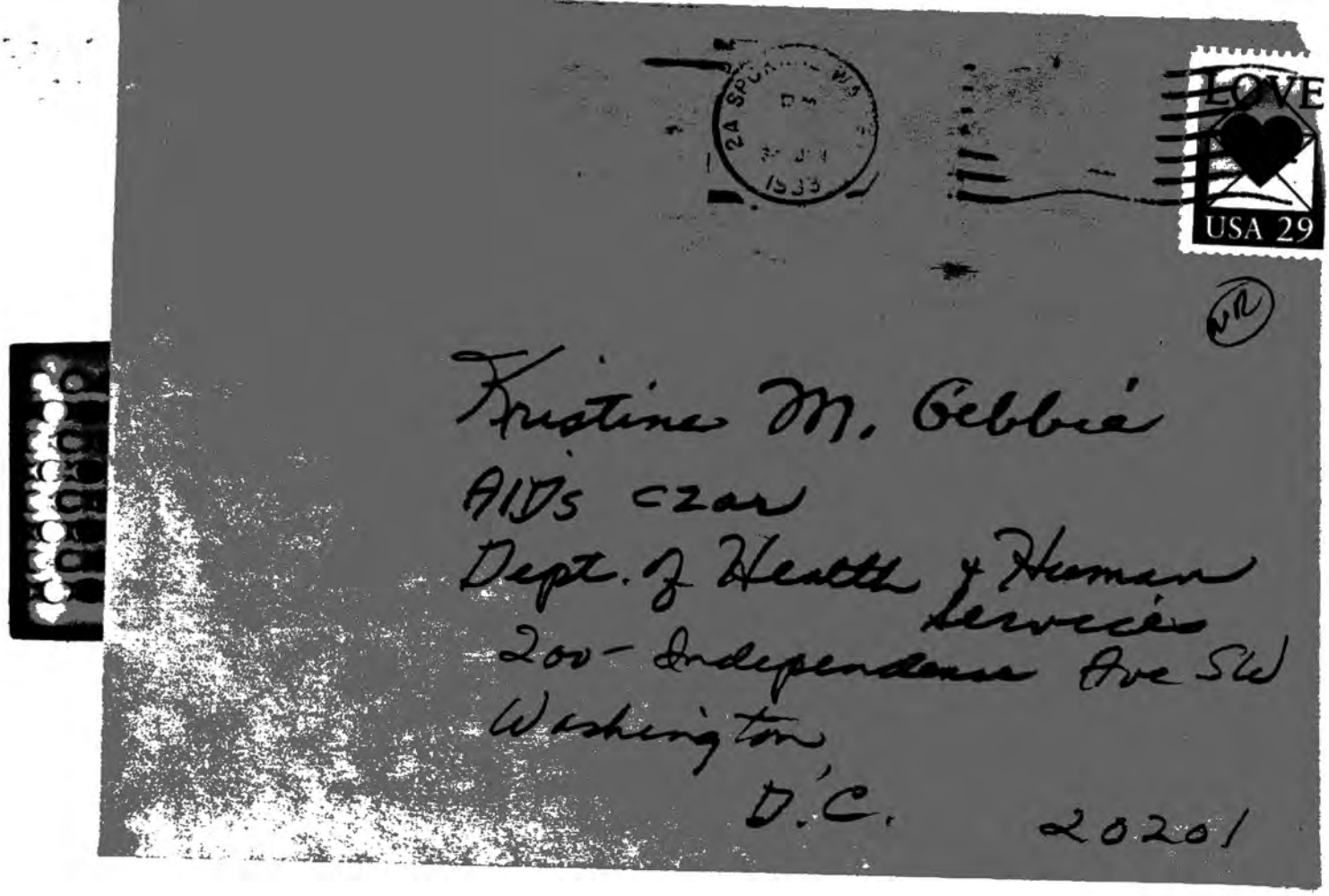
OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

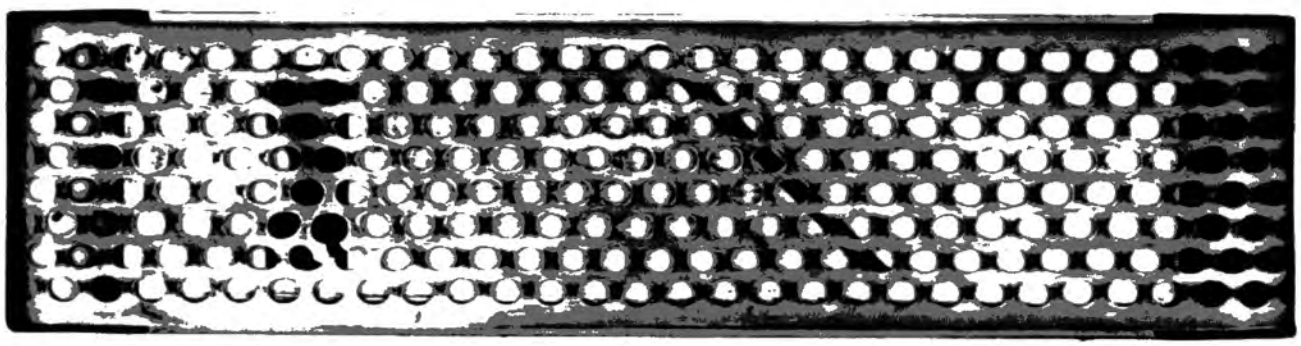
Dear Ms Warner

Thank you for sharing your views on the HIV epidemic. It is important that I hear directly from a wide range of individuals as I begin my new responsibilities.

Sincerely

God bless you, Kristina.
Keep doing good for our
country. It's so immoral
now, & AIDS is a punishment.
Homosexuality = bad
Leviticus 20:13 (6, 6a)
Romans 1:26, 27 "
Adultery = bad
I Corinthians 6:9-20
Fornication = bad ("")
Abortion = murder of the
innocent - Jeremiah 2:34
It's an evil world & few
go God's way to life.
(Matthew 7:14)
Be bold & strong for God
& country. "
Love you - Mildred Warner
2505 Yellowstone
Coeur d'Alene, Idaho


LOVE
USA 29
Kristine M. Gebbie
AIDS czar
Dept. of Health & Human Services
200 - Independence Ave SW
Washington
D.C. 20201



Main
#03D06

NAPO Document Control Slip

NAPO Number : 7008 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 : KWilliam
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : MILDRED WARNER

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

E6505 Yellowstone - Coeur d'Alene, Idaho 83814

********** 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:

Main
#03D06

NAPO Document Control Slip

NAPO Number : 7000 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/09/93 Refer'd Date : 8/09/93 Int Due Date : 8/09/93 Ext Due Date : 8/09/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/09/95 Disposition : DESTROY Final Date : 8/09/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : JOSHUA STEWART

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

Box 176 RR#1 - Loganton, Pennsylvania 17747

********** 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	8/09/93	8/09/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Joshua Stewart
Box 176 RR#1
Loganton, Pennsylvania 17747

Dear Joshua:

Thank you for writing about your concern that we have a much more extensive AIDS education program in our schools. I agree that this is an essential part of our national effort to stop the spread of the disease and respond appropriately to those already infected.

I have asked the National AIDS Clearinghouse to send you their most current information. As an informed and caring teen, you can help by sharing accurate information with those around you.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Loganton, Pennsylvania 17747

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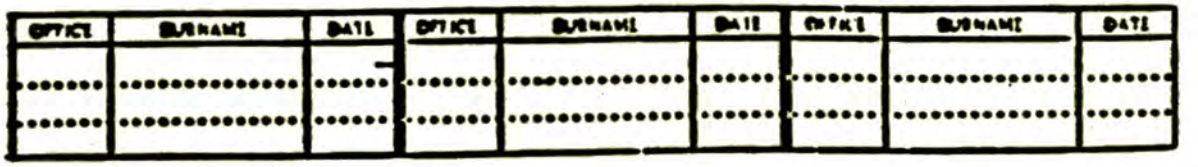
Sincerely,

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

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

FILE COPY



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Sincerely

ANS

14 JUNE, 1993 - MONDAY

JOSHUA STEWART
BOX 176 RR#1
LOGANTON, PA 17747

Dear sir, ma'am,

I have decided to respond to the governments irrational actions hence the admittance of the dangerous AIDS infected refugees into Florida and then moved further north, into such states as Pennsylvania and New York.

Do you realize the threat of an AIDS EPIDEMIC here in the U.S.? Obviously, you don't. In the end of the year 1992 (November), nearly 900 cases have been diagnosed. No, this doesn't seem like much, however, this is only refering to teens from 13 to 19 years of age. What about the adults? Clearly, too many! Now remember, this is only 1992. What by 1999? Well, its been estimated to some 6,500 new cases to develope, with teens! Clearly, the new AIDS infected cases in Florida will not help, but kill.

First off, not to be smart, but this country is our country, the citizens of the United States. Further more, as with the refugees, we (the citizens) should INDEFINATLY have a say in such matters!!! As is said, the children are our future (and I'm sure you realize that) but if you (the government) continue with your asinine behavior, I am sure that a reputation in ruins will filterethrough out the world! I don't want any disease that could kill me! My God, I'm only 15 years old! But anyway, I also ask that AIDS education expands further, alot further! Believe me when I say this. Kids in schools, I believe, are not porperly trained to deal with AIDS and, for that matter, sex. Well, I ask that you think this letter and its context over CAREFULLY!

Worried, honest and hopefully yours,

Joshua Stewart

Joshua Stewart - concerned teen

Joshua Stewart
Box 176 RR#1
Loganton, PA 17747

WILLIAMSPORT PA 17
1 PM
JUN
1993

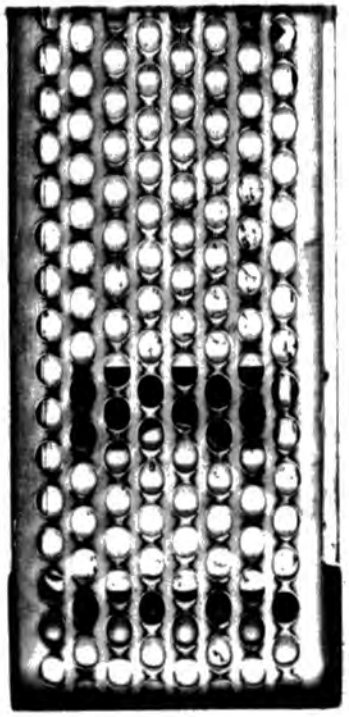
USE 29

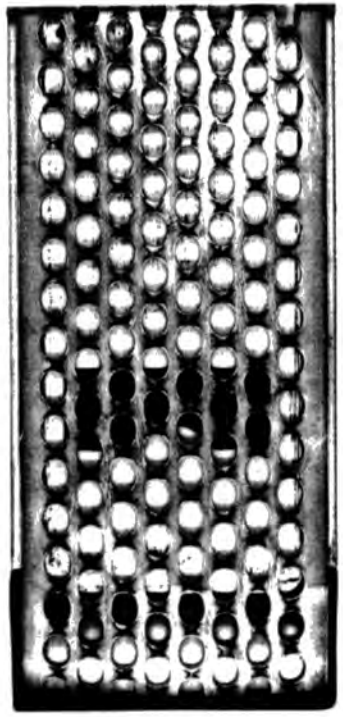
738-G

WHITE HOUSE.* Dept. of Health and Human Services

1600 PENNSYLVANIA AVE.
WASHINGTON, D.C.

URGENT!!!





Main
#03D06

NAPO Document Control Slip

NAPO Number : 7001 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/09/93 Refer'd Date : 8/09/93 Int Due Date : 8/09/93 Ext Due Date : 8/09/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/09/95 Disposition : DESTROY Final Date : 8/09/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : ROBERT KOEPF

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

P. O. Box 6129 - Fernandina Beach, Florida 32035

********** 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	8/09/93	8/09/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Robert E. Koepf, Jr.
P. O. Box 6129
Fernandina Beach, Florida 32035

Dear Mr. Koepf:

I am pleased that you have taken the time to learn more about HIV infection, and hope you will continue to do so. I have asked the National AIDS Clearinghouse to send you their current information packet.

Only open exploration of all of the issues raised by this disease will enable us to move forward effectively.

Thank you for writing.

Sincerely,

Kristine Gebbie

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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P. O. Box 6129
Fernandina Beach, Florida 32035

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Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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Thank you for writing.

Sincerely

Josh Cleary-Howe

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Carton: Got an Itch
You Just Can't Scratch

4pgs

☐ **YES!** I HAVE PRAYED TO TRUST IN CHRIST TO BE MY SAVIOR.

☐ PLEASE SEND MORE INFORMATION ON HOW I CAN GROW IN THIS RELATIONSHIP.

NAME _____

ADDRESS _____

CITY _____ STATE ___ ZIP ___

AMERICAN TRACT SOCIETY · P.O. BOX 462008 · GARLAND, TEXAS 75046
CANADIAN TRACT SOCIETY · P.O. BOX 203, PORT CREDIT · MISSISSAUGA, ONT L5G 4L7

CARTOONS BY RON WHEELER, BIBLE QUOTES FROM NEW INTERNATIONAL VERSION
PRINTED IN USA
CK 156

KRISTINE GEBBIE
AIDS CZAR
C/O THE WHITE HOUSE
1600 PENN. AVE.
WASHINGTON D.C. 20500

—

ROBERT E. KOEPF JR. NK1
PO BOX 6129
FERNANDINA BEACH, FL
32035

JULY 5, 1993

DEAR MS. GEBBIE,

GREETINGS, IN THE LOVE OF GOD, THROUGH JESUS CHRIST THE ONLY POSSIBLE SAVIOR OF SOULS!

HOW ARE YOU TODAY? I SINCERELY HOPE THAT YOU ARE VERY WELL, IN ALL WAYS, ESPECIALLY SPIRITUALLY. ARE YOU ??

THAT'S A GOOD QUESTION IN TODAY'S VERY UNCERTAIN WORLD OF TERRORIST BOMBINGS, RANDOM KILLINGS, GAY-DRUNK-DRIVERS... AD INFINITUM, ISN'T IT ?!

NOW, MAY I ASK YOU ANOTHER QUESTION: HAVE YOU REACHED A POINT IN YOUR PERSONAL SPIRITUAL LIFE, WHEREBY YOU KNOW FOR SURE THAT YOU WOULD BE ALLOWED INTO GOD'S HEAVEN, IF YOU DIED SUDDENLY ?? JUST FOR EXAMPLE, WHAT IF YOU HAVE A FATAL HEART-ATTACK, OR GET HIT BY A SEMI-TRAILER, TODAY?

—

WOULDN'T YOU RATHER REPENT OF YOUR SINS AND FOLLOW JESUS INTO HEAVEN; INSTEAD OF SUFFERING IN HELL WITH SATAN, FOREVER?!

DID YOU KNOW THAT ONE OF THE FIRST AIDS CASES WAS A TEENAGE BOY WHO DIED AT JOHNS HOPKINS HOSPITAL, AT AGE 17? THAT MEANS HE WAS MOLESTED, RAPED AND/OR PIMPED AS A YOUNG BOY. THAT'S CRIMINAL!!

UNFORTUNATELY, HIS DOCTOR DIDN'T KNOW IT WAS AIDS, AND ACCIDENTALLY CUT HIMSELF ON A BROKEN TUBE OF THE BOYS BLOOD. YEARS LATER, THE DOCTOR GOT SICK WITH HIV+ AND SUBSEQUENTLY TESTED PRESERVED TISSUE SAMPLES OF THAT DEAD BOY. SURE ENOUGH THE BOY HAD DIED FROM AIDS. SADLY, THAT NICE DOCTOR IS PROBABLY DEAD FROM AIDS, TOO,

WITH ALL DUE RESPECT TO THE PRESIDENT, PERVERTS SHOULD KILL ONE ANOTHER WITH AIDS, NOT INFLICT AIDS UPON CHILDREN.

PLEASE, FOR THE SAKE OF PUBLIC HEALTH AND SAFETY, SUPPORT THE BAN AGAINST AIDS-SPREADING-PERVERTS(GAYS) IN THE MILITARY.

THANK YOU FOR YOUR ANTICIPATED COOPERATION.

BY THE WAY, RECENTLY I COMPLETED THE "HRS" SPONSORED AIDS 104 COURSE.

SINCERELY,

Robert E. Kopp Sr.

'Monstrous evil' haunts town

Brutal deaths puzzle police, terrify parents

By Carol J. Castaneda
USA TODAY

They were three 8-year-old boys, pals living in West Memphis, Ark. One was nicknamed "Worm." One was a Cub Scout.

They were last seen riding their bikes.

Last week, police found their bodies submerged in shallow water just blocks from their homes in Robin Hood Park.

Their hands and feet were tied. An autopsy found they died from blows to their heads.

On Sunday, four days after the boys disappeared, no one could say why.

Police are searching for clues that might lead them to the killer. And parents in West Memphis, a close-knit farming community of 30,000, were fearfully keeping their children close by their sides.

"My heart is very troubled," the Rev. Fred Tinsley told members of the Holy Cross Episcopal Church Sunday. "I hope yours is too. We've been subjected to a monstrous evil."

The boys — Michael Moore, Steve Branch, and the "Worm," Christopher Byers — disappeared Wednesday afternoon. The next day, a police investigator spotted a tennis shoe floating in a ditch.

"He just jumped in the water and found them," said Police inspector Gary Gitchell.

Police are chasing hundreds of leads and going door-to-door to interview residents in the middle-class neighborhood where the boys disappeared.

They've also turned to the FBI's national crime database to look for similarities to other crimes and have talked with FBI experts about the psychological profile of the killer.

The wooded area near the ditch where the boys were found has bicycle paths and a rope swing.

"Most all of the kids have used the area as a playground for years," said Andy Taylor, a close family friend of the Byers and a spokesman for the family. "It's very tragic something like this would happen in an innocent place like this."

Police have been criticized for not responding quickly enough when the boys were reported missing. The area is near a truck stop, just off a busy interstate highway.

Gitchell would not comment on a rumor that the boys were sexually mutilated. And he would not talk about what the motive for the killings might have been.

On Sunday, the forested area where the boys' bodies were found remained cordoned off with yellow tape.

For its part, the community is banding together to help the families with burial costs. Police have collected at least $6,000 in reward money for information leading to the arrest of the killer or killers.

A day after the boys were found, school officials sent extra counselors to Weaver Elementary School, where the boys were second-graders.

Residents in this suburb of Memphis, Tenn., across the Mississippi River, aren't taking any chances until the killer is caught.

Fathers accompany their children delivering newspapers. Children are being required to stay in their yards, an adult visibly present.

And, "everyone is trying to cope," says Pat Van Gundy, who has two boys and two girls. "But it's on their mind. Everybody is hanging on to their children a little tighter."

© The Memphis Commercial Appeal/Steve Jones, via AP

IN MOURNING: Todd and Dianna Moore, parents of Michael, comfort each other at the Holy Cross Episcopal Church Sunday.

© The Memphis Commercial Appeal via AP

MURDERED: From left, Michael Moore, Steve Branch and Christopher Byers, all 8, were found dead in a ditch Thursday.

© The Memphis Commercial Appeal/Troy Glasgow, via AP

IN WEST MEMPHIS: An officer talks to friends of the three murdered boys. There are no suspects in the case.

WASHINGTON

A QUICK LOOK AT WHAT'S GOING ON IN THE NATION'S CAPITAL

Sailors to air views on gays at hearing

The Senate Armed Services Committee today will hear sailors talking about homosexuals in the military at a hearing at the Norfolk, Va., naval base.

Chairman Sam Nunn, D-Ga., ordered the base visit, one of several hearings by his committee, because it's "important to hear the views of the people who would be most affected by any change in the current policy."

Gay groups expressed concern.

▶ "They're staging the perfect 'photo op' of cramped quarters to skew public attitudes. It's spin doctoring at its worst," says David Smith of Campaign for Military Service.

▶ Nunn sets "a bad precedent" by canvassing troops on a critical issue, says Gregory King of the Human Rights Campaign Fund. "Will we be polling them on Bosnia next?"

The committee has taken steps to get the views of rank-and-file sailors out of earshot of Navy brass. During the visit, members of the panel plan to go aboard several ships and speak privately with selected crew members and others who request a meeting.

Crew members also can call a special phone number to request time with a senator.

After the committee visits several ships and submarines, it will hold a public hearing at the Naval Station.

AP

THORNE: Faces Navy discipline

The committee also is likely to hear today from Navy Lt. j.g. Tracy Thorne, a gay aviator based in Norfolk. Thorne, who publicly acknowledged he was homosexual last year on *Nightline*, this week is expected to become the first gay service member placed on inactive reserve duty under President Clinton's interim plan to deal with the ban.

— Debbie Howlett

3 "WRONGS" NEVER MAKE A RIGHT. THE LITTLE BOYS WERE MURDERED BY 3 HOMOSEXUALS.

SAVE AMERICA'S CHILDREN.... SUPPORT THE BAN, EXCLUDING PERVERTS (GAYS) FROM THE MILITARY.

TIME MAGAZINE JUNE 21, 1993

This exclusive series of photographs documents the lives of Marik, Sasha and Dima as they ply their trade in Moscow

By MICHAEL S. SERRILL

SASHA, A SCRUFFY-LOOKING long-haired resident of Moscow, has a lucrative profession. He sells the sexual services of small boys. His base of operations is a garden in front of Moscow's magnificent Bolshoi Theatre, where both local and foreign clients know to seek him out. Sasha pimps for a number of male teenagers who hang out with him near the Bolshoi, but his main "team" consists of three younger boys—Marik, 8, and Volodya and Dima, both 9.

The three boys wound up in Sasha's clutches when they were cast into the street during the social upheaval that followed the collapse of communism. The ex-collective farmworker dresses them up in girls' clothes and sells their favors, given eagerly, he maintains, for as little as $20 a day. "I am helping them," he insists, flashing gold teeth set into a pockmarked face. "This type of work is profitable. The boys are grateful."

The exploitation of Marik, Volodya and Dima exemplifies the single most unsavory element of the worldwide growth in the sex trade: an explosion in child prostitution, driven in part by the fear of AIDS. In Moscow alone an estimated 1,000 boys and girls of tender age are selling their bodies. Three years ago, police say, there were only a very few. A similar rise in child prostitution has occurred in other Russian and East European cities. In the Third World the numbers are also staggering: an estimated 800,000 underage prostitutes in Thailand, 400,000 in India, 250,000 in Brazil and 60,000 in the Philippines. The newest international sites for child prostitution: Vietnam, Cambodia, Laos, China and the Dominican Republic.

Everywhere, including affluent Europe and the U.S., the pattern is the same: kids run away to escape domineering parents or because they are being physically or sexually abused, or they are kicked out because their parents can't or don't want to take care of them. Some children fall into prostitution through abduction or trickery. Easy prey, they become chattel for the sex merchants. Sasha says Marik was sold to him for a case of vodka, while he found Volodya abandoned at the Moscow railway station—together with thousands of other youngsters who have turned the terminal into a street urchin's paradise. Once victimized by the violent gangsters and pimps who control the sex trade, most children end up addicted to alcohol or drugs. Despair is the norm; suicide is common.

Sasha makes up Marik as a girl, which appeals to some clients.

At 11, Sandra Patricia has not reached puberty and yet has been a prostitute in Bogotá, Colombia, for two years. The youngest of eight children, she fled an abusive stepfather for what she describes as the "dangerous but exciting" life of the streets. A recent Chamber of Commerce study concludes that the number of prostitutes ages 8 to 13 in Bogotá has quintupled in the past seven years—while government funding of programs to help youth in trouble has declined. Sandra Patricia is riddled with venereal disease; her favorite pastime is sniffing glue. "I know I'm sick," she moans, "and people treat me like dirt, and sometimes I'd just like to die."

Child prostitution is no less a product of poverty and drugs in the U.S. than it is in Colombia. Estimates of the number of U.S. prostitutes under age 18 range from 90,000 to 300,000. "The combined impac of the deterioration of the cities and th drug epidemic is driving this phenomeno forward fast," says Kenneth Klothen, hea of Defense for Children Internationa U.S.A. in Philadelphia. Poor teenagers se their bodies to acquire drugs, jewelry o even food and household items for thei families. Once initiated, says Klother "kids learn that they can use sex to ge things in the world—status, acceptance material things—or the prevention o worse things, like physical abuse."

The sex trade among chil dren receives a further boost i the U.S. and elsewhere by th child pornography industry. I Germany annual sales of "kid die porn" are estimated at $25 million and the number of con sumers between 30,000 an 40,000. Since penalties in devel oped countries are severe, mos dealers buy films made in Asia where operations can be easil run from hotel rooms an where there is an abundance o potential victims in the streets.

The market for child prosti tutes has always been strong especially in Asia. In India chil dren command a price thre times that of older women, i part because of a common be lief that sex with a virgin or a child cures venereal disease "Having sex with children provides a greater sexual thrill to many men," ex plains I.S. Gilada, secretary-general o the Bombay-based Indian Health Organi zation. "They find it more titillating, an it gives them an added sense of power." To feed the sex market, tens of thousands of girls as young as 12 are recruited i Bombay and other cities; many are deva dasis, "slaves of god," a distorted legacy of a 7th century religious practice i which girls were dedicated to temples fo lives of dance and prayer. Today the girls pledge fealty to the goddess Renuka at pu berty and then—with the full knowledge of their parents—are shunted off t brothels.

One of the more tragic, and ironic reasons for the recent upswing in child prostitution is the mistaken belief that

PHOTOGRAPHS BY ALEXEY GORDEEVICHEV

SAVE AMERICA'S CHILDREN... SUPPORT THE BAN, EXCLUDING PERVERTS (GAYS) FROM THE MILITARY!!

Sasha finishes dressing Marik; haggling over the price with a regular customer; Marik on the lap of a client before leaving with him.

Dinner at home outside Moscow; the lure for the kids is food and a place to live. A third boy, Volodya, is in detention

young sex partners are less likely to have AIDS. In fact, the opposite may be true. "Both boys and girls are more vulnerable to infection because they are prone to lesions and injuries in sexual intercourse," says Dr. Pers-Anders Mardh, director of the World Health Organization's Collaborating Center for Sexually Transmitted Diseases in Uppsala, Sweden. "Imagine intercourse occurring millions of times under these conditions." The AIDS epidemic alone is enough to justify a crackdown on child prostitution, says Mardh. "There is too little attention being paid to the health of these children," he says. "Yet they are playing Russian roulette with their lives."

ONE SURVEY FOUND THAT MORE than 50% of Thai child prostitutes are HIV-positive. Still, with Thai men and foreign sex tourists unaware of or unfrightened by those statistics, the country has the world's largest child sex industry, and sex mobsters go to great lengths to find virginal youngsters. Entire villages in northern Thailand along the Burmese border are almost bereft of young girls because they have been sold into prostitution, often by parents willing to sacrifice a daughter for payments that range as high as $8,000. Having exhausted the Thai supply, child traffickers have expanded recruitment into Burma and China. And when the girls are no longer useful, they are tossed away. Prostitutes returned to Burma from Thailand infected with AIDS have reportedly been locked in prisons by the military government or even killed.

A typical victim of the Thai trade in prepubescent sex is Armine Sae Li, 14. She was spirited away from northern Chiang Rai province at age 12 when child traffickers convinced her parents they would give her a good job in a beach-resort restaurant. When she reached Phuket, a center for sex tourism, she was forced into prostitution in conditions of virtual slavery until she was rescued last December by Thai police. But they arrived too late; Armine has tested HIV-positive and will die of AIDS.

During Armine's brief career as a prostitute she entertained two to three customers a night, almost all of them foreigners. In recent years Europeans, Australians, Japanese and Americans have flocked to Southeast Asia by the thousands to engage in sex acts with Thai, Filipino and Sri Lankan youngsters that would win them a jail term in their home countries.

Dozens of tourist agencies cater to this clientele, which is made up of both pedophiles and pederasts taking advantage of lax law enforcement in Third World nations. Pederasts in particular have lots of help in finding a good time in Asia, Africa or Latin America. Numerous gray-market publications and computer networks provide information. One of the most notorious guides to world sex spas for homosexuals seeking boys is called the *Spartacus International Gay Guide;* available since the 1970s, it is now published in Germany in several languages.

One Mecca for pederasts is Sri Lanka. "There are no ads in catalogs for sex tours, and yet people are coming for sex," says Maureen Seneviratne, an anti-child prostitution activist in Colombo. Guides to the local boy-sex scene are easy to find, she says, and the illegal trysts frequently occur behind the walls of well-guarded compounds where police never venture.

Another favorite destination is Pagsanjan in the Philippines, about 40 miles south of Manila. Many sex tourists return there again and again, and have established permanent relationships with not just the boys of the town but their families as well. According to Ronnie Velasco, secretary of the Center for the Protection of Children in Pagsanjan, the wealthiest pederasts buy homes, businesses, automobiles and other expensive items for the boys' parents. Some even "adopt" boys and take them home to Europe or America.

Tourism whose sole aim is the exploitation of children is so out in the open that a new organization has sprung up to combat it: ECPAT, or End Child Prostitution in Asian Tourism. Founded three years ago by three Asia-based Christian groups, ECPAT now has offices in 14 nations—there are four in the U.S.—and extensive links with religious and social organizations around the world dedicated to fighting child prostitution. Pressure by ECPAT and groups like it have already had some impact; in 1992 the Philippine government adopted a Child Protection Code to guard against child abuse. And Thai Prime Minister Chuan Leekpai has announced a campaign to wipe out child prostitution.

But few expect much to come of such efforts. Rather, attempts to suppress the trade have shifted to the First World nations that supply the clients. "We live in a world of contradictions, lies and cowardice," says François Lefort, a French priest and doctor who has fought child prostitution throughout the world. "This problem is not just Bangkok's, Colombo's, Manila's. It's Paris', Brussels', Rome's. It's the nice, respectable white man who goes down there to molest these kids."

Officials have recently taken the point to heart. In Australia the government has declared war on illicit sex tourism, and the federal police have been targeting travel agencies catering to pedophiles. Germany is expected to pass a law by the end of the summer that for the first time would make patrons of foreign child prostitutes violators of German law, as is already the case in France and the Scandinavian countries. "Sexual abuse of children is a crime, worldwide, and will be prosecuted by criminal law," warned German Bundestag President Rita Süssmuth in an address opening a May ECPAT conference in Stuttgart.

IN BRITAIN 153 MEMBERS OF PARLIAment so far have signed a motion introduced in January asking Thailand to take action to stamp out sex tourism. "The Thai government has come down hard on foreigners who try to smuggle drugs into the country," M.P. Nigel Evans told the House of Commons. "I only wish that they would come down equally hard on foreigners visiting Thailand to prey on the children of that country." Britons are apparently well represented among such visitors. In 1991 83% of all British tourists to the Philippines, and 80% of all visitors to the Philippines, were men.

One effective fight
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"From Thailand with
on the back, signed b
Fritzl, Morsel and Joe,
now. The tarts in the
are waiting for us."

Bruce Crumley/Paris, Ann and Rhea Schoenthal/Bon

"... FORNICATION AND MURDER DEFILES A MAN..."
— JESUS CHRIST, HOLY BIBLE

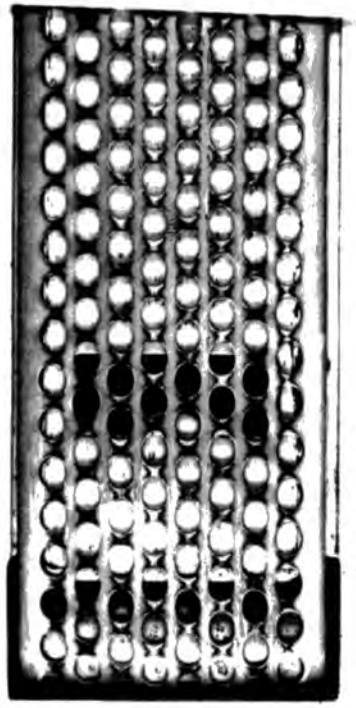
JACKSONVILLE, FL 32
PM
06 JUL
1993

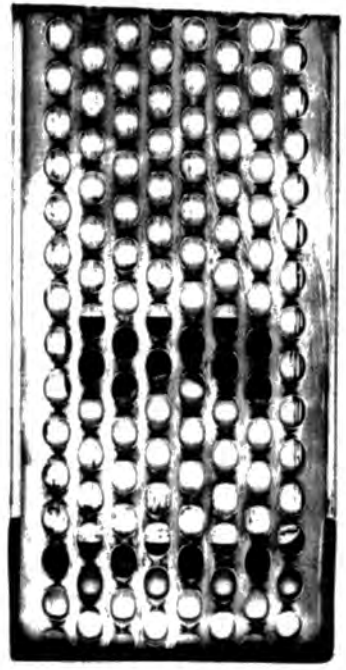
USA 29
I pledge allegiance...

RE: NATIONAL CRIME VICTIM'S RIGHTS WEEK

3 8-YEAR-OLD BOYS WERE RAPED AND MURDERED BY 3 HOMOSEXUALS

KRISTINE GEBBIE, AIDS CZAR
C/O THE WHITE HOUSE
1600 PENNSYLVANIA AVE.
WASHINGTON D.C. 20500





THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Isabel A. Morales
Executive Assistant
Medical Awareness Association
3421 M Street, N.W.
Suite 303
Washington, D.C. 20007

Dear Ms. Morales:

Thank you for writing. I would be pleased to meet with you and other representatives of the Medical Awareness Association. My first couple of weeks may be a bit hectic, so a date in later August or September would probably be most easy to schedule. Please call Ms. Retina Holmes at (202) 690-5471 to arrange a time.

I look forward to meeting with you soon.

Sincerely,

Kristine Gebbie

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

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National AIDS Policy Coordinator

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

R

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Sincerely

The Safest Blood Is Your Own. Use It Whenever Possible.

■ AUTOLOGOUS BLOOD - Using Your Own Blood

Option	Explanation	Advantages	Disadvantages
PRE-OPERATIVE DONATION Donating Your Own Blood Before Surgery	The blood bank draws your blood and stores it until you need it, during or after surgery. For elective surgery only.	Eliminates or minimizes the need for someone else's blood during and after surgery.	Requires advance planning. May delay surgery. Medical conditions may prevent pre-operative donation.
INTRA-OPERATIVE AUTOLOGOUS TRANSFUSION Recycling Your Own Blood During Surgery	Instead of being discarded, blood lost during surgery is filtered, and put back into your body during surgery. For elective and emergency surgery.	Eliminates or minimizes the need for someone else's blood during surgery. Large amounts of blood can be recycled.	Not for use if cancer or infection is present.
POST-OPERATIVE AUTOLOGOUS TRANSFUSION Recycling Your Own Blood After Surgery	Blood lost after surgery is collected, filtered and returned. For elective and emergency surgery.	Eliminates or minimizes the need for someone else's blood during surgery.	Not for use if cancer or infection is present.
HEMODILUTION Donating Your Own Blood During Surgery	Immediately before surgery, some of your blood is taken and replaced with I.V. fluids. After surgery, your blood is filtered and returned to you. For elective surgery.	Eliminates or minimizes the need for someone else's blood during and after surgery. Dilutes your blood so you lose less concentrated blood during surgery.	Limited number of units can be drawn. Medical conditions may prevent hemodilution.
APHERESIS Donating Your Own Platelets and Plasma	Before surgery, your platelets and plasma, which help stop bleeding, are withdrawn, filtered, and returned to you when you need it. For elective surgery.	May eliminate the need for donor platelets and plasma, especially in high blood-loss procedures.	Medical conditions may prevent apheresis. Procedure has limited application.

√ ASK YOUR PHYSICIAN ABOUT NEW DEVELOPMENTS IN TRANSFUSION MEDICINE
√ CHECK WITH YOUR INSURANCE COMPANY FOR THEIR REIMBURSEMENT POLICY.

PLEASE NOTE: Your options may be limited by time and health factors, so it is important to carry out your decision as soon as possible.

WHAT ARE THE RISKS OF BLOOD TRANSFUSIONS?

Hepatitis (liver infection)

Both Hepatitis B and Hepatitis C (non A-non B) may be transmitted through a blood transfusion, despite rigorous donor screening and testing procedures. In most instances, the hepatitis infection is so slight that it is not clinically detected, and the patient usually recovers. In extreme cases, however, the infection will progress to chronic disease.

AIDS

Blood from donors who have been exposed to the AIDS virus can transmit the infection, if transfused into the recipient patient. Such an infection may result in development of the acquired immunodeficiency syndrome by the patient. Although donor screening and laboratory testing procedures, which are now being utilized for blood testing have helped to significantly reduce this risk, they cannot totally eliminate this possibility altogether.

Sensitization

Although donor blood is tested for many different blood types, white blood cells and platelets have a variety of "tissue types" which may cause a transfusion recipient to become "sensitized" to these donor cells. While this generally causes no immediate problem for the patient, if the patient receives future transfusions or is otherwise exposed to cells of a similar "tissue type", it may result in an "allergic reaction." This is of particular concern to young women of child-bearing age.

Reactions

Following a donor blood transfusion, a patient may occasionally develop hives or a chill and fever. Although these reactions may be uncomfortable, they are generally not serious. A more serious transfusion reaction may occur as a result of errors in testing or administration of donor blood. Such reactions are generally quite rare due to the rigorous precautions taken in the preparation, storage and management of donor blood.

In some cases, you may require more blood than anticipated. If this happens and you receive blood other than your own, there is a possibility of complications, such as hepatitis or AIDS.

DONOR BLOOD

Using Someone Else's Blood

Donor blood and blood products can never be absolutely 100% safe, even though testing makes the risk very small.

VOLUNTEER BLOOD - From the Community Blood Supply

Blood and blood products are donated by volunteer donors to community blood banks. The advantage is that it is readily available and can be life-saving when your own blood is not available.

The disadvantages are the risk of disease transmission (such as hepatitis or AIDS) and allergic reactions.

NOTE: *You may wish to check whether donors are paid volunteers, since blood from commercial (paid) donors may not, in some cases, be as safe as blood from volunteers.*

DESIGNATED DONOR BLOOD - From Donors You Select

Blood and blood products are donated by a donor you select who must meet the same requirements as volunteer donors. The advantage is that you can select people with your own blood type who you feel are safe donors.

The disadvantages are the risk of disease transmission (such as hepatitis or AIDS), and allergic reactions. Also it may require several days of advanced donation and it is not necessarily as safe, nor safer, than volunteer donor blood.

NOTE: *Care should be taken in selecting donors. Donors should never be pressured into donating. Donations from certain family members may require irradiation of blood.*

Even if you practice safe sex, even if you are not an intravenous drug user, you are still at risk of contracting AIDS.

Hotline

1 - 800-899-0005

Medical Awareness Association

If You Need Blood...

the safest blood is your own!

3421 M Street NW
Suite 303
Washington, DC 20007
Phone: (800) 899-0005
Fax: (410) 280-3430

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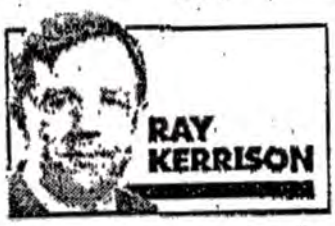
Prepared by: APO: KMGebbie: gw: 7/28/93: 690-5471: b:\morales

NEW YORK POST WEDNESDAY JULY 7 1993

10 years after Ashe got tainted blood, it still could happen



RAY KERRISON

THE real tragedy of Arthur Ashe's death is that it should not have happened.

The tennis star, esteemed universally for his gifts, gracious manner and quiet dignity, died last February of AIDS, which he contracted through a contaminated-blood transfusion. He was the victim of a blood-bank system that refused to acknowledge its shortcomings and alert him to its dangers.

But an even greater shock is that if Arthur Ashe were to undergo the same surgery program today, he would still risk the same tragic fate — because blood banks still fiercely resist changes that would inform patients of blood-transfusion dangers.

The almost-casual decision that led to Ashe being stricken with AIDS is told in his recently published memoir, "Days of Grace."

In June 1983, Ashe checked into a hospital for corrective double-bypass surgery. He felt miserable after the operation. He wrote, "After I complained, a doctor laid out my options. 'You can wait it out, Arthur, and you'll feel better after a while,' he said. 'Or we can give you a couple of units of blood.'"

"'I would like the blood,'" I replied. I don't think I hesitated for a moment. Surely there was nothing to be feared from the blood bank of a major hospital."

That blood became a death sentence for the 49-year-old sports star. The horrible truth is that months before Ashe's surgery and blood transfusion, blood banks had been warned of the threat of contamination of their supplies.

Dr. Donald P. Francis, formerly of the Centers for Disease Control, said, "In early 1983, my colleagues and I at the Centers for Disease Control warned blood bankers that AIDS posed a real threat to recipients of blood and blood products. We outlined simple measures that should have been taken to prevent further spread.

"The leaders of the blood-banking industry ignored these warnings, and did not implement effective prevention measures. Instead, they told the American public that 'blood is safe.'"

In early January 1983 — five months before Ashe was given his transfusion — Dr. Francis had an angry confrontation with blood bankers, and at the peak of a tirade cried out, "How many people have to die?" The blood industry opposed wider testing of blood on fiscal grounds. Their profits would be threatened.

It is obvious that if Ashe had been warned of the risks, he would never have opted for the transfusion. Or, if the transfusion were vital, his wife, who has tested negative for HIV, could have donated the blood. There's no escaping the conclusion that Ashe was the victim of a system that stubbornly refused to face facts or heed warnings.

Tragically and inexplicably, some of the conditions that prevailed then are still in force today. Blood testing has improved dramatically since 1985 to reduce the risk of contamination. But the system is not foolproof, not by a longshot.

As many as 460 Americans each year are still being stricken with HIV through blood transfusions. Just as shocking, there is no law in New York mandating medical authorities to warn patients of the risks of transfusions or to alert them to the alternatives of providing their own blood in advance of surgery or recruiting family members to donate blood. So if Ashe were to have his double-bypass this week, he would not necessarily be informed of his options.

That's intolerable. Bills to correct the omissions have been submitted in Albany by Republican Sen. Guy Velella and Democratic Assemblyman Richard Brodsky. The bills did not get out of committee this session, but will be reintroduced in the new session in January. Later this year, Velella plans to conduct public hearings on the subject.

The chief opposition, naturally, comes from the blood banks. They have lobbied aggressively against any changes in the system. They have assailed me. One attack came from Dr. Celso Bianco, vice president of the New York Blood Center, who challenged a column reporting that 54,000 Americans contract hepatitis, and up to 460 get HIV from contaminated blood transfusions every year.

"The figures on transfusion risk are incorrect and never were published by the Food and Drug Administration," said Dr. Bianco.

Wrong. At hearings on blood-supply safety before the Dingell Commission in Washington in April 1991, Dr. Gerald Quinnan, an FDA director, gave the transmission rates I quoted. They are on Page 78 of the transcripts.

If blood-bank directors can err on so simple a matter as an FDA report, they can err on the safety of their blood.

Arthur Ashe paid with his life because a system refused to face reality and make changes. That system is more effective today, but it still resists change. As Dr. Francis asked, "How many people have to die?"

Please excuse the bad copy. Ray Kerrison (of New York Post) has been doing many articles on blood banks, on account of the Blood Safety Bill, which is currently being reviewed.

I will be more than happy to show you these.

NEW YORK STATE SENATE
INTRODUCER'S MEMORANDUM IN SUPPORT
submitted in accordance with Senate Rule VI, § 1

(X) Memo on original bill
( ) Memo on amended bill

SENATE BILL #: S. **ASSEMBLY BILL #:** A.

SENATE SPONSOR(S): Senator Guy J. Velella

ASSEMBLY SPONSOR(S):

TITLE:

AN ACT to amend the Public Health Law, in relation to establishing the New York State Blood Safety Act.

PURPOSE:

The purpose of this bill is to give medical patients who are in need of a blood transfusion the opportunity to be informed of the merits and disadvantages of autologous, designated and homologous blood transfusions. The bill also sets standards for the use of autologous blood and protects the patient's right to use autologous and directed blood donations.

SUMMARY OF PROVISIONS:

Section 1 adds a new Article 31-A to the Public Health Law setting disclosure requirements for physicians to inform a patient of the positive and negative options associated with autologous, designated or homologous blood transfusions. The article would also set standards for the use of autologous and designated blood donations and protect a patient's right to donate their own blood or receive designated blood donations.

EXISTING LAW:

None.

JUSTIFICATION:

This bill, if enacted, would give patients greater protection against blood transfusions containing the HIV/AIDS virus, hepatitis or other blood-borne diseases. Medical logic is correct to assume that one's own blood is safest, and permitting patients to be advised of the opportunities to receive autologous or designated blood transfusions and to avoid the risks associated with receiving blood from unknown multiple donors would be in the best interest of a patient's health.

Also, setting standards for the use of autologous blood and protecting a patient's right to predonate or receive designated blood transfusions would ensure that a patient will have every opportunity to utilize an accepted and safe medical practice.

LEGISLATIVE HISTORY:

This is a new bill.

FISCAL IMPLICATIONS:

None to the State.

LOCAL FISCAL IMPLICATIONS:

None to localities.

STATE OF NEW YORK

3584

1993-1994 Regular Sessions

IN SENATE

March 16, 1993

Introduced by Sens. VELELLA, HOLLAND, LARKIN, MARCHI, SPANO, TRUNZO, VOLKER -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishing the New York state blood safety act

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The public health law is amended by adding a new article 31-A to read as follows:

ARTICLE 31-A

The New York State Blood Safety Act

Section 3125. Short title.

3126. Blood transfusions; disclosure requirements.

3127. Procedure for collection of autologous or designated blood.

3128. Procedure for transfusion of blood.

§ 3125. Short title. This act shall be known and may be cited as the "New York State Blood Safety Act".

§ 3126. Blood transfusions; disclosure requirements. 1. Whenever a blood transfusion may be necessary during a surgical procedure, and if no emergency medical contradictions exist or the surgery is not performed on an emergency basis, a physician or surgeon shall inform the surgery patient, prior to performing the surgical procedure, of the positive and negative options of receiving autologous blood transfusions, designated blood transfusions or homologous blood transfusions. In the event that a surgery patient is unable to acknowledge or understand the information provided by a physician as required by this section due to emergency medical conditions, then the physician shall in-

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [ ] is old law to be omitted.

LBD06245-01-3

form a family member, legal guardian or designated proxy of these disclosure requirements.

2. The physician or surgeon who will perform the surgery shall note on the medical record of the patient that the patient or family member, legal guardian or designated proxy was advised of the opportunity to receive an autologous, designated blood or homologous blood transfusion if a transfusion becomes necessary.

3. If no emergency medical contradictions exist or the surgery is not performed on an emergency basis, the physician or surgeon shall allow adequate time, prior to surgery, for predonation of blood to occur. If the patient waives the option to predonate blood, the physician or surgeon shall not incur any liability for their failure to allow the predonation to occur. Documentation of the waiver of predonation by the patient shall be required.

§ 3127. Procedure for collection of autologous or designated blood. 1. Any health care facility which performs a transfusion shall be required to accept autologous or designated blood for a potential transfusion to a patient if the blood is received from a blood bank licensed by the department and has been tested and prepared in accordance with standards approved by the department or by a blood bank with an interstate license approved and registered by the federal government.

2. Any health care facility or blood bank which accepts autologous or designated blood and similar blood components shall pay a service fee or similar reasonable fee to the blood bank which provides the blood or blood components, which fee shall be equal to the price the blood bank is charged for homologous blood or blood components.

3. Any health care facility or blood bank which collects autologous or designated blood shall inform the donor of the blood or the intended recipient of the blood, in the case of a designated blood transfusion, of all fees that the blood bank charges to process, store, transport or otherwise prepare the blood for transfusion.

§ 3128. Procedure for transfusion of blood. 1. A patient shall not be transfused with non-quarantined blood when blood quarantined for a period of not less than six months is available for that patient.

2. a. Any health care facility which performs blood transfusions shall endeavor whenever possible to provide the recipient of a blood transfusion with the largest number of blood units or blood component units from a single donor, or the least possible number of donors.

b. Any patient who needs a transfusion on a non-emergency basis shall be informed by the physician or surgeon of all existing options to lower multiple donor exposure to blood or blood components.

3. A patient shall be informed by the physician or surgeon that homologous blood donors may be infected with the Human Immunodeficiency Virus, the Acquired Immune Deficiency Syndrome or hepatitis. A patient shall also be informed that the Human Immunodeficiency Virus, the Acquired Immune Deficiency Syndrome and hepatitis may be undetectable in the donor from whom the patient would receive blood for up to six months after the date the blood or blood component was last tested.

4. A patient who has their own blood available for their use in any health care facility or blood bank and who has lost more than one pint of blood shall be informed by the physician or surgeon of the estimated quantity of the blood that was lost. No health care facility or blood bank shall withhold transfusions of a patient's own donated blood unless the patient provides informed consent to the physician or surgeon indicating the patient understands the quantity of blood lost and approves the withholding of their own blood. If a patient is unable to provide

informed consent, then a family member, legal guardian or designated proxy may approve the withholding of a patient's own blood.

5. No health care facility or blood bank shall allow or cause to allow any blood donated by a patient to be donated to another patient without the informed consent of the original blood donor. Such donation may occur only if the original blood donor has authorized the release of their own blood for non-designated use by the health care facility for other patients. If the original donor is unable to approve such an authorization, then a family member, legal guardian or designated proxy may permit an authorization.

6. No health care facility or blood bank shall retain for their own use blood donated by an individual when the blood is provided as a designated donation for a specific person. Only the individual blood donor or, in the event of their inability to do so, their family member, legal guardian or designated proxy, may consent to the retention of their own blood by a health care facility or blood bank for the use by that facility.

§ 2. This act shall take effect on the ninetieth day after it shall have become a law.

SENATE BILL 427

J1 3lr1884

By: **Senator Boozer**
Introduced and read first time: January 29, 1993
Assigned to: Finance

A BILL ENTITLED

AN ACT concerning

Blood Safety Act of 1993

FOR the purpose of requiring a physician or surgeon whenever a blood transfusion may be necessary during a surgical procedure to inform the patient of certain predonation autologous blood options; providing certain exceptions; requiring the physician or surgeon to allow adequate time prior to the surgery for the patient to predonate; requiring certain health care facilities to accept certain blood for potential transfusion to a patient under certain circumstances; requiring health care facilities to pay tissue banks a certain fee; requiring a tissue bank to inform certain individuals of certain fees charged related to the preparation of blood for transfusion; defining certain terms; and generally relating to requiring a physician or surgeon whenever a blood transfusion may be necessary during surgery to inform the patient of certain predonation autologous blood options under certain circumstances.

BY adding to
Article – Health – General
Section 18–404
Annotated Code of Maryland
(1990 Replacement Volume and 1992 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

18–404.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (I) "AUTOLOGOUS BLOOD" MEANS BLOOD DONATED BY AN INDIVIDUAL FOR THE INDIVIDUAL'S OWN USE.

(II) "AUTOLOGOUS BLOOD" INCLUDES:

1. PREDONATION;

2. INTRAOPERATIVE AUTOLOGOUS TRANSFUSION;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets**]** indicate matter deleted from existing law.

3. POSTOPERATIVE AUTOLOGOUS TRANSFUSION;

4. PLASMAPHERESIS; AND

5. HEMODILUTION.

(3) "DESIGNATED BLOOD" MEANS BLOOD DONATED FOR A SPECIFICALLY INDICATED RECIPIENT OTHER THAN THE DONOR.

(4) "HEALTH CARE FACILITY" MEANS A FACILITY WHERE HEALTH OR MEDICAL CARE IS PROVIDED TO PATIENTS, INCLUDING A HEALTH CARE FACILITY AS DEFINED IN § 19–101(E) OF THIS ARTICLE.

(5) "HOMOLOGOUS BLOOD" MEANS BLOOD THAT IS DONATED ON A VOLUNTARY BASIS WITHOUT DESIGNATING OR KNOWING THE RECIPIENT OF THE BLOOD.

(6) "TISSUE BANK" HAS THE MEANING STATED IN § 17–301(C) OF THIS ARTICLE.

(B) (1) WHENEVER A BLOOD TRANSFUSION MAY BE NECESSARY DURING A SURGICAL PROCEDURE, THE PATIENT'S ATTENDING PHYSICIAN OR THE SURGEON PERFORMING THE SURGICAL PROCEDURE SHALL INFORM THE PATIENT, PRIOR TO PERFORMING THE SURGICAL PROCEDURE, OF THE OPTIONS OF RECEIVING AUTOLOGOUS BLOOD TRANSFUSIONS, DESIGNATED BLOOD TRANSFUSIONS, OR HOMOLOGOUS BLOOD TRANSFUSIONS.

(2) THE PATIENT'S ATTENDING PHYSICIAN OR THE SURGEON WHO WILL PERFORM THE SURGICAL PROCEDURE SHALL NOTE ON THE PATIENT'S MEDICAL RECORD THAT THE PATIENT WAS ADVISED OF THE OPPORTUNITY TO RECEIVE AUTOLOGOUS, DESIGNATED BLOOD, OR HOMOLOGOUS BLOOD TRANSFUSION IF A BLOOD TRANSFUSION BECOMES NECESSARY.

(3) THE PATIENT'S ATTENDING PHYSICIAN OR THE SURGEON WHO WILL PERFORM THE SURGERY IS NOT REQUIRED TO PROVIDE THE PATIENT WITH THE EXPLANATION REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION IF MEDICAL CONTRAINDICATIONS EXIST OR THE SURGERY IS PERFORMED ON AN EMERGENCY BASIS.

(4) (I) IF THERE ARE NO MEDICAL CONTRAINDICATIONS OR THE SURGERY IS NOT PERFORMED ON AN EMERGENCY BASIS, THE PATIENT'S ATTENDING PHYSICIAN OR THE SURGEON WHO WILL PERFORM THE SURGERY SHALL ALLOW ADEQUATE TIME FOR PREDONATION TO OCCUR PRIOR TO SURGERY.

(II) IF THE PATIENT WAIVES THE OPTION TO PREDONATE BLOOD, THE PATIENT'S ATTENDING PHYSICIAN OR THE SURGEON PERFORMING THE SURGERY MAY NOT INCUR ANY LIABILITY FOR FAILURE TO ALLOW PREDONATION TO OCCUR.

(C) (1) A HEALTH CARE FACILITY THAT PERFORMS BLOOD TRANSFUSIONS IS REQUIRED TO ACCEPT AUTOLOGOUS OR DESIGNATED BLOOD FOR A POTENTIAL TRANSFUSION TO A PATIENT IF THE BLOOD:

(I) IS RECEIVED FROM A TISSUE BANK THAT HAS A PERMIT ISSUED BY THE SECRETARY; AND

(II) HAS BEEN TESTED AND PREPARED IN ACCORDANCE WITH THE STANDARDS REQUIRED BY THE DEPARTMENT.

(2) A HEALTH CARE FACILITY THAT ACCEPTS AUTOLOGOUS OR DESIGNATED BLOOD AND SIMILAR BLOOD COMPONENTS SHALL PAY A SERVICE FEE TO THE TISSUE BANK THAT PROVIDES THE BLOOD OR BLOOD COMPONENTS THAT IS EQUAL TO THE PRICE THE HEALTH CARE FACILITY IS CHARGED FOR HOMOLOGOUS BLOOD OR BLOOD COMPONENTS.

(D) A TISSUE BANK THAT COLLECTS AUTOLOGOUS OR DESIGNATED BLOOD SHALL INFORM THE DONOR OF THE BLOOD OR, IN THE CASE OF A DESIGNATED BLOOD TRANSFUSION, THE INTENDED RECIPIENT OF THE BLOOD OF ALL OF THE FEES THAT THE TISSUE BANK CHARGES TO PROCESS, STORE, TRANSPORT, OR OTHERWISE PREPARE THE BLOOD FOR TRANSFUSION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 1993.

Medical
Awareness
Association

July 8, 1993

Kristine Gebbie
RM 729H
HHH Building
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Ms. Gebbie:

On behalf of the Medical Awareness Association, I would like to congratulate you on your appointment to the Presidential AIDS czar. It is a relief to know there is a spokesperson on behalf of the HIV virus, and a director of all efforts involving AIDS research, prevention and education. I am writing to you in the hopes you can help us stop the spread of AIDS.

The Medical Awareness Association is a non-profit organization dedicated to educating the public about a method of AIDS prevention that is consistently bypassed. The public is led to believe there are only two ways of contracting the HIV virus; through unsafe sex and dirty drug needles. However, the Presidential Commission on the Human Immunodeficiency Virus, knows otherwise.

On Page 7, Chapter Six, Section IV, of the Presidential Report it is stated that our blood supply is not 100% safe. Regardless of how many tests are employed to screen out infected blood from the national pool, we will never be able to guarantee this reserve safe. We are led to believe by the American Red Cross, the American Association of Blood Banks, and the Council of Community Blood Centers, that the risk of receiving a blood-borne disease through a tainted transfusion is practically non-existent. This unrealistic picture has resulted in many infected individuals, whether by HIV or hepatitis, in the past eight years, after the establishment of the present screening tests.

There are methods available to eliminate the risks involved in receiving a blood transfusion and there is no reason why these methods should not be employed. Autologous blood, or the use of one's own blood, provides a series of techniques that allows a patient the safety and security of his own blood. Unfortunately, blood bank institutions suffer some monetary loss as they lose profits when blood is not sold, and so they interfere with any program we may begin to educate the public.

3421 M Street NW • Suite 303 • Washington, DC 20007
1-800-899-0005 • FAX (410) 280-3430

Ms. Gebbie, we have been trying to inform the people of America that there is an alternative to using donor blood, however, we are having trouble competing against the lucrative blood banks. We simply want the people to be able to make an informed decision and allow them the well-established right of informed consent.

We need the help of someone more powerful than blood banking institutions in order to stop the spread of AIDS. All avenues of transmission must be considered if this task is to be completed.

I will be delighted to speak further with you on this issue, and am looking forward to a more in depth conversation. Please give me a call at your earliest convenience so that we may set up a time and date to meet.

Thank you for your consideration. I look forward to hearing from you soon.

Sincerely,

Isabel A. Morales
Executive Assistant

enclosures

Medical Alert

Autologous Blood User

If I am in need of surgery or a blood transfusion, I hereby request the use of autologous blood.

Medical Awareness Association
1 (800) 899-0005

BUSINESS PLAN

May 1993

MEDICAL AWARENESS ASSOCIATION

SECOND YEAR BUSINESS PLAN

May, 1993

Business Plan Copy Number 46

Michael S. Hay
Founding Chairman

Joseph J. Drach
Co-Chairman

3421 M Street NW
Suite 303
Washington, DC 20007
(800) 899-0005 Fax (410) 280-3430

TABLE OF CONTENTS

FINANCIAL EXHIBITS

EXECUTIVE SUMMARY

Even if you practice safe sex, even if you are not an intravenous drug user, you are still at risk of contracting AIDS. Receiving tainted blood through a transfusion is the third, and largely unspoken, manner of acquiring a blood-borne disease, such as AIDS or hepatitis. Most Americans never imagine themselves in need for blood, but statistics show that 4 million Americans receive a blood transfusion each year, and that by the age of 70, 80% of all Americans will have received a transfusion.

AIDS and hepatitis are known contaminators of blood. The Food and Drug Administration has authorized a number of tests to screen out impurities from the national blood supply, however, no matter how sophisticated these tests may be, disease continues to filter through the blood banking system.

The nation's blood supply is still not safe. Each day we are faced with individuals who contract a blood-borne disease through a transfusion. Viruses can run rampant in our blood supply for years before a screening test is formulated; the HIV virus has a window period that allows the virus to pass undetected into the banking system; and human error and computer problems are common in the buying and selling of blood.

Fortunately, there are alternatives to the use of homologous, or banked blood. A safe, viable alternative to donor blood is autologous blood. This includes all methods of using your own blood for surgery, including pre-donation, intra-operative donation, post-operative donation, hemodilution, and apheresis. The opportunity to use your own blood eliminates the threat of contracting a blood transmitted virus or reaction through a tainted donor blood transfusion.

Autologous blood, as the safest solution to donor blood, is an option scarcely known to the public-at-large. Hospitals and health care providers are not required to supply information concerning the options of autologous blood use. Therefore, any patient lacking an alternative source for medical information, is unable to make an educated decision about this procedure.

The Medical Awareness Association is a non-profit organization established to address medical issues of public concern, and to enhance the medical education of all individuals. Presently, the main focus of the MAA is on blood, blood-borne diseases, and AIDS prevention through the awareness of blood transfusion risks. Most organizations target unprotected sex and unsafe drug use as the methods of AIDS transmission. Certainly these areas are important, however, we must not overlook the third means of HIV contraction.

PRESENT SITUATION

The demand for blood transfusion options rises daily with each new disclosure doubting the safety of banked blood. The Medical Awareness Association's concern for the public's education of medical options has brought us national attention, as well as a multitude of requests from individuals concerned about the safety of banked blood. To these individuals we send our brochure, "If You Need Blood...", listing all available options for autologous blood transfusions.

The most effective way to stop the spread of AIDS is through education. Our pamphlet, "If You Need Blood...", provides a thorough summary of choices for autologous blood transfusions, allowing the patient to make an educated decision about this medical procedure. As a second priority we have developed a Medical Alert Card, which specifies that an individual requests the use of his own blood in the event of an emergency. The card was created in order to give people a better chance at receiving autologous blood if they are unable to speak for themselves. In addition, the blood card acts as a reminder for a patient to ask his physician about the available autologous options.

The MAA has a team of educators who are prepared to share the information of safe blood with the public. Lectures are done frequently at senior centers, and in the in-house education units of certain corporations.

Our legislative team proposed a Blood Safety Act to the 1993 Maryland General Assembly. It is similar to laws passed in California and New Jersey. The act requires a physician or surgeon to inform a patient of all their blood transfusion options, homologous and autologous, prior to surgery if there is any chance a blood transfusion may be necessary. This is an extremely important bill since most individuals rely on their physicians to tell them all the information necessary to make an informed choice about blood transfusions.

The MAA is gathering all legislation throughout the United States similar to the Blood Safety Act. With this information we will be able to determine which states need our immediate help to propose and pass a comparable Bill of Rights.

The Medical Awareness Association has established a National Blood Council, as well as an advisory board for companies, manufacturers, and individuals who are interested in medical awareness as an insured right. The members of these committees support the MAA with monetary donations, projects of public relations, and advice and opinions on the educational advancement of the public.

Our financial resources are limited at the moment. We have received donations in excess of $50,000. With these donations, and good financial management, we have covered the start up costs and initial educational programs.

OBJECTIVES

The long term goal of the Medical Awareness Association is to open doors to the public in all areas of medical concern. For major medical issues we will provide information that is easily understood and available in all institutions. We will push proper legislation through Congress, ensuring informed education about blood options, and will offer assistance to all states with similar legislation. We will provide educational videos for health care providers and administrators to learn about new advances in the medical field, and assist the institutions with the implementation of these techniques. The Medical Awareness Association intends to be the leading public educator in medical issues.

Our immediate goal is for every American to be able to make an educated decision before receiving a blood transfusion. The MAA is establishing itself as an educational institution with the ability to inform persons nationwide about the options of autologous blood. Our project description includes the following:

- Develop and distribute brochures defining, in detail, autologous blood options, blood and its functions, and the risks of donor blood in relation to AIDS, hepatitis, and other blood transmitted diseases.

- Create a library of materials, consisting of articles and pamphlets, relating to blood, blood transfusions, and AIDS issues.

- Provide speakers for hospitals and private health care providers, in the form of Continuing Education Units, to prepare physicians and surgeons with the knowledge and ability to perform autologous blood transfusions.

- Produce blood cards that will ensure each carrier the right to autologous blood. This card acts as a reminder for a patient to request information on autologous blood.

- Provide speakers for school assemblies, including primary, secondary, and institutions of higher learning, to inform individuals at the educational level; and to

- Provide speakers to groups of special interest with concentration on senior centers.

- Produce and distribute a medical video concerning blood safety and the risks of blood-borne diseases. This video will present autologous versus homologous blood information. The options of autologous blood will be demonstrated in detail with the advantage of a visual agent.

- Continue the services offered through our Medical Awareness Hotline. This hotline was established for the ability to access specific information regarding autologous blood transfusion methodology and the risks of receiving donor blood.

- Present legislation, referred to as the Blood Safety Act, to the Maryland General Assembly. Assist the proposal of this bill in states around the country, and eventually, present the Blood Safety Act to the federal level.

- Produce a public service announcement conveying all methods of AIDS prevention, concentrating on prevention through safe blood transfusions.

MANAGEMENT AND COMPANY STRUCTURE

The MAA was founded in 1992 by Michael S. Hay, who saw the need for an educational organization to communicate with the general public on their medical options. While starting the MAA, Mr. Hay was joined by Joseph J. Drach and Dr. John D. Stafford, M.D., M.P.H., who also believed in his goals. These three individuals have a combined experience in the medical field in excess of forty years. They bring to the association complimentary experience and expertise in the key areas of medical education, medical legislation, administration and medicine. The legal form of the Medical Awareness Association is non-profit, 501(C)(3) tax-exempt.

1. Chairman

Our Chairman, Michael S. Hay, attended the University of Maryland-Baltimore Campus and the University of Tampa, where he studied business administration. In 1989 he began working for Clinical Perfusionists, Incorporated (CPI), the second largest perfusion firm in the country, where he assisted in the development of CPI's Autotransfusion Division.

With this Division he worked in upper management, providing marketing analysis, sales plan preparation, and account negotiation and management. He was also involved in the establishment of the Episcopal Hospital School of Perfusion Science, which is one of the largest such institutions in the country.

In August 1990, he founded Consulting Management, Incorporated (CMI), a diversified consulting management firm. One of CMI's main divisions, which he continues to oversee, is the Medical Reimbursement Division, which provides medical reimbursement services to hospitals and doctor's offices nationwide.

Thanks to his experiences with CPI and CMI, Mr. Hay brings valuable information regarding autologous blood methods in relationship to the general public and medical professionals.

2. Co-Chairman

Joseph J. Drach is the retired former Director of Procurement and Supply for the University of Maryland Professional School of Medical Systems in Baltimore, Maryland. He and his wife currently own and operate a 200-acre livestock farm in Western Pennsylvania.

A former U.S. Air Force Officer, he is an active pilot with 15,000 flying hours in more than 50 kinds of aircraft, ranging from the Douglas DC3 to the Boeing 707.

Among his recent aviation projects, he was selected by the Maryland State Board of Public Works, to be the Procurement Officer for the purchase of Medical Evacuation helicopters currently being flown by the Maryland State Police.

A former athlete of the University of Maryland, he graduated with a Bachelor of Science Degree, and holds a Masters Degree in Public Administration from George Washington University. He has additional credits in Engineering and Russian studies from Drew University and Long Island University. While in the U.S. Air Force, he graduated from the U.S.A.F. Command and General Staff College. Mr. Drach subsequently served as an Assistant Professor of Air Science and Tactics at Fordham University before being assigned to the U.S. Air Force Academy as the Assistant Chief of Military Training.

During his years as Director of Procurement and Supply at the University of Maryland, Mr. Drach was responsible for managing the procurement of all blood supplies and blood products for the University Hospital and Medical System. His innovative handling and acquisition methods, for both blood products and the essential equipment for utilizing these products, were noted when he was selected to receive the Joseph P. Golden award as the outstanding Hospital Material Management Person in the State of Maryland during his service with the University.

The wealth and experience Mr. Drach brings to the MAA as a director provides our company with the kind of stability essential to meet the non-profit goals of the corporation.

3. President

John D. Stafford, M.D., M.P.H., is a graduate of Johns Hopkins School of Hygiene and Public Health, the University of Maryland Medical School and California State University.

From September 1973 to July 1975, Dr. Stafford was the Executive Director for a non-profit corporation-the Emergency Medical Services Development, Inc., which was created to develop a communication system consisting of ambulance and medical facilities within Baltimore City and surrounding counties. He has held such prestigious positions as Director for Emergency Medical Services (EMS) Systems Programs at the University of Maryland Shock Trauma Center. He served as Chairman of the statewide Emergency Medical Services Council and as Medical Director of the statewide EMS system.

Dr. Stafford also served as the Deputy Secretary for Public Health Services. During this time his mission was to prevent and reduce the consequences of illness and disability to individuals and society.

At present, Dr. Stafford is Medical Director for the Baltimore Recovery Center. This center is a private, non-profit health care organization, which offers a variety of in-patient and outpatient programs for those patients experiencing alcohol or drug dependency conditions.

Dr. Stafford's impressive medical background and his vast network of professional colleagues has been an enormous help in the success of our corporation. Dr. Stafford shared his experience with the Medical Awareness Association for its first year, but was forced to resign due to his demanding personal schedule.

4. Secretary

Stephanie L. Hay has over fifteen years of experience in the medical field in the areas of management and administration, in both the private corporate setting and the physician's office.

She is also president of Consulting Management, Inc. (CMI), and oversees several employees in the diversified tasks of the company. She is experienced in all aspects of developing and managing a business.

5. Administrative Assistant

The responsibilities of these representatives include the daily operation of the MAA Hotline, working with news media personnel nationwide to advance the educational process, contacting federal and state agencies to expand our availability, lobbying the Blood Safety Act, grant application and brochure designing responsibilities, and the overall responsibilities of the association.

6. MAA Hotline Task Force

The Task Force's responsibility is to manage the MAA's Hotline. Information is immediately sent out to individuals concerned about the safety of anonymous donor blood. This task force is overseen by the administrative assistants.

7. National Council / Advisory Board

The Advisory Board consists of all individuals who contribute their expertise to the advanced accomplishments of the Medical Awareness Association.

The National Council consists of those corporations who support the MAA through donations, volunteered time, and public relations.

CONCLUSION AND SUMMARY

The opportunity to educate the public is here. We need to contact as many people as we can, in order to further their understanding of the autologous blood option. It is only through stimulating the public's interest and increasing their awareness that lives can be saved.

The Medical Awareness Association is ready to educate the public on the options for receiving safe and uncontaminated blood for all types of surgery. Our management team is in place, and our HOTLINE is already handling inquiries from private citizens and various organizations across the country.

MEDICAL AWARENESS ASSOCIATION

BOARD OF DIRECTORS

Founding Chairman
Michael S. Hay

Chairman
Joseph J. Drach

Secretary
Stephanie L. Hay

NATIONAL ADVISORY BOARD

Dr. Marc Blasser
Dr. Theresa Crenshaw
Dr. Monaghan
Joleen Ottosen
Roberta Myers
Larry Cavanaugh
Jerry Richmond
Ray Childress
Jessica H. McCarthy
Thomas McCarthy
Carol J. Dreyer, R.N., B.S.N.
Dr. Robert L. Moser
John D. Stafford, M.D., M.P.H.

MEDICAL AWARENESS ASSOCIATION
BUDGET

OPERATING COST:

Office Rent	3,600.00	
Salaries	45,000.00	
Benefits (Health Insurance)	3,000.00	
Post Office Box Rental	500.00	
Postal Expense	5,000.00	
Office Supplies	3,000.00	
Telephone Lines (including 800 Hotline)	4,000.00	
Misc. Contingency	5,000.00	
TOTAL OPERATING COST:		$ 69,100.00

MARKETING AND EDUCATIONAL COST:

Marketing Campaign Development	5,000.00	
Marketing Material (Corporate Brochure) (Non-Profit Annual Report)	5,000.00	
Advertising	4,000.00	
Public Relation/Education Pamphlets	6,000.00	
Education Poster	3,000.00	
Public Service Announcements	5,000.00	
TOTAL MARKETING AND EDUCATIONAL COST:		$ 28,000.00

FUNDRAISING COST:

Advertising	2,000.00	
Printing Cost	2,000.00	
Communication Cost	2,400.00	
TOTAL FUNDRAISING COST:		$ 6,400.00

LEGISLATIVE COST:

Printing	2,000.00	
Consultant	3,000.00	
TOTAL LEGISLATIVE COST:		$ 5,000.00

MISCELLANEOUS COST:

Travel	8,000.00	
Board Meetings (Advisory meetings)	5,000.00	
TOTAL MISCELLANEOUS COST:		$ 13,000.00

OPTIONAL COST:

Educational Video Production (See Table 3)	60,500.00	
Blood Transfusion Book	15,000.00	
TOTAL OPTIONAL COST:		$ 75,500.00

TOTAL SECOND YEAR BUDGET: (Excluding optional cost)	$ 121,500.00
TOTAL SECOND YEAR BUDGET: (Including optional cost)	$ 197,000.00

MEDICAL AWARENESS ASSOCIATION
INCOME STATEMENT
SECOND SIX MONTH PERIOD
SEPT. 92 - FEB. 93

REVENUE:		
Donation	35,104.00	
TOTAL REVENUE:		$ 35,104.00
EXPENSES:		
Payroll	6,060.00	
Employee Benefits (Health Insurance)	502.00	
Taxes	4,714.00	
Office Rent	1,800.00	
Phones and Phone Lines (including 800 Hotline)	1,200.00	
Printer	2,000.00	
P.O. Box Rental & Postage	800.00	
Printing	3,000.00	
TOTAL EXPENSES:		$ 20,076.00
NET INCOME:		$ 15,028.00

EDUCATIONAL VIDEO PROJECT

PRODUCT

- One 15 minute Educational video on Autologous blood methods

PRODUCTION

- (4) 10 Hour Day Shoots on Location
  - Full 3/4" SP Broadcast Equipment Package and Steadicam Lighting Audio Package.
  - Crew: Director, Cameramen, Sound Engineer, Lighting Director, Production Assistant, VTR Operator.
  - Includes: Travel, meals, lodging, transportation and tape stock $ 21,180.00

- Narration - Voice over
  - Talent Selection, Casting, Audio Recording, Technician and Final Edit. $ 800.00

POST PRODUCTION

- (6) 10 Hour Days off-line Editing for Rough-cut Approval
  Copy with Window Burns
  Logging and Assembly of Audio/Video Element with
  Off-Line Editor $ 2,400.00

- (3) 10 Hour Days On-Line Editing of 1" Master
  Graphics for logo work.
  Final Assembly of all elements: video, audio, title, etc. $ 4,500.00

PRODUCTION FEES

- Management / Producing
  - Script writing
  - Site coordination and production releases
  - Shot list, location insurance, logging and office support $ 11,620.00

TOTAL PRODUCTION COST **$ 40,500.00**

AFTER PRODUCTION COST

- 100 Copies and Distribution $ 10,000.00

Main
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NAPO Document Control Slip

NAPO Number : 7014 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 : KWilliam
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D06

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : ISABEL MORALES

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

Executive Assistant - Medical Awareness Association - 3421 M Street Street , N.W. - Suite 303 - Washington, D.C. 20007

********** 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	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Eva Kasten
Executive Vice President
The Advertising Council, Inc.
1730 Rhode Island Avenue, N.W.
Washington, D.C. 20036

Dear Ms. Kasten:

Thank you so much for writing. I am familiar with the work of the Advertising Council, and would be pleased to meet with you. Please call Ms. Retina Holmes at (202) 690-5471 to schedule a time that would be convenient for you and Ms. Wooden.

I look forward to seeing you.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Eva Kasten
Executive Vice President
The Advertising Council, Inc.
1730 Rhode Island Avenue, N.W.
Washington, D.C. 20036

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I look forward to seeing you.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

PGK

The Advertising Council inc

Eva Kasten
Executive Vice President

July 12, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
National AIDS Program Office
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

Congratulations on your new appointment. I want you to know we have a great deal of interest in and support for you and your endeavors. I'd also like to let you know that our organization has a considerable body of experience and an amazingly economical means to reach millions of Americans; people with AIDS, people at risk, and everyone else who should be concerned and better informed.

The Advertising Council, as you may know, addresses in public service advertising issues of national social concern. The media donates the time and space to our campaigns and advertising agencies give their services. The advertising offers individual citizens opportunities to make choices in attitudes and behaviors, choices that will ultimately be in their best interests and their neighbors'.

You know us by our work: "A mind is a terrible thing to waste," Smokey Bear and the lifesaving crash dummies, Vince and Larry as well as the Peace Corps' "The toughest job you'll ever love."

With all the concern over the delivery of health service and its enormous cost, communications "therapy" is often the most valuable and reasonable method of preventing disease. We have numerous examples of this, including a national campaign on drugs and AIDS for the National Institute on Drug Abuse and the first national advertising campaign ever to mention condoms for AIDS prevention. We are currently working to shape attitudes of understanding that will reduce the toll from mental illness, child abuse and addictions, to name a few more cases.

1730 Rhode Island Avenue N.W. Washington, D.C. 20036 202/331-9153 Fax: 202/331-9790
261 Madison Avenue, New York, New York 10016 212/922-1500 Fax: 212/922-1676

Ad Council

I believe you would find it interesting to spend a short time learning how we provide public service communications. President Clinton has honored you with enormous challenges. We can help you meet those challenges.

I welcome the chance to meet with you along with the Ad Council's President, Ruth Wooden.

With all the scientific activities that are on-going, it is relevant but tragic to think that the most substantial progress against the further spread of AIDS can still be attributed to communications.

I hope you'll let me know when we can get together.

Sincerely,

Eva Kasten

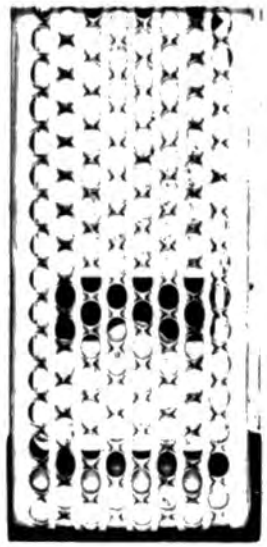
Dear Ms. Kasten -

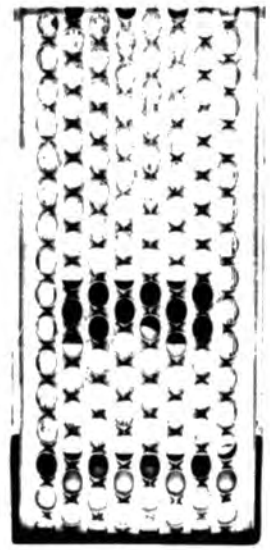
Thank you so much for ~~writing~~ writing. I am familiar with the work of the Advertising Council, and would be pleased to meet with you. Please call Retina Holmes at 202 690-5471 to schedule at a time convenient for you & Ms Wooden.

I look forward to seeing you. Sincerely

The Advertising Council inc
1730 Rhode Island Avenue NW Washington DC 20036

Ms. Kristine Gebbie
National AIDS Policy Coordinator
National AIDS Program Office
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201





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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : EVA KASTEN

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

Executive Vice President - The Advertising Council, Inc. - 1730 Rhode Island Avenue, N.W. - Washington, D.C. 20036

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

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Raul Feliciano, M.D.
29-2M-48 H Street
Altomonte
Caguas, Puerto Rico 00725

Dear Dr. Feliciano:

Thank you for writing. I certainly agree with you that multiple approaches will be needed to successfully stop the spread of HIV infection in our society. Many have been disappointed in the lack of a cure or vaccine at this point, though remarkable progress has been made.

You indicate a need for funding to pursue your own studies of the virus. The largest source of Federal research funding is the National Institutes of Health, and I have asked that you be sent information on funding cycles and application procedures.

Good luck to you in your efforts.

Sincerely,

Kristine Gebbie, RN

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

cc:
Office of AIDS Research

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Raul Feliciano, M.D.
29-2M-48 H Street
Altomonte
Caguas, Puerto Rico 00725

Dear Dr. Feliciano:

Thank you for writing. I certainly agree with you that multiple approaches will be needed to successfully stop the spread of HIV infection in our society. Many have been disappointed in the lack of a cure or vaccine at this point, though remarkable progress has been made.

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Good luck to you in your efforts.

Sincerely,

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

cc:
Office of AIDS Research

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

~~Dear Mr [illegible]~~

Dear Dr Feliciano

Thank you for writing. I certainly agree with you that multiple approaches will be needed to successfully stop the spread of HIV infection in our society. Many have been disappointed in the lack of a cure or vaccine at this point, though remarkable progress has been made.

~~The~~ You indicate a need for funding to pursue your own studies ~~other~~ of the virus. The largest source of federal research funding is the NIH, & I have asked that you be sent information on funding cycles & application procedures.

Good luck to you in your efforts

Sincerely

ask NIH to send info

.ons ∅

Caguas, Puerto Rico
July 03, 1993

Mrs. Kristine Sebbie
A.I.D.S. Policy Coordinator
The White House
Washington, D.C.

Dear Mrs. Sebbie:

As you know AIDS research has lapsed into a kind of silence. That does not mean that nothing is being done, of course. On the contrary, there is a substantial army of people at work on characterization of the strains of HIV responsible for individual infections, while detailed parameters of different epidemiological models are being steadily, if slowly refined. But it seems a long time since Mrs. Margaret Heckler, then Secretary of Health and Human Services in the U.S. administration, was talking eagerly of a vaccine against HIV. In fact that was nine years ago. It is not surprising that the field is rife with disappointment.

The obvious prophilactic, a vaccine, must be intrinsically more difficult to develop than Heckler and her advisors could have imagined.

The search for drugs effective in the treatment of patients with AIDS has also been frustating. AZT, like other inhibitors of DNA replication, is palliative only, and understandably has damaging side-effects.

On February 1993 the journal Nature published a study made by Yung-Kang Chow, a Harvard medical student, in which he proved (test tubes study) that a three-drug combina-

nation might halt the spread of AIDS by attacking a single enzyme that the virus needs to reproduce. Researchers in Harvard expect to begin testing Chow's multi-drug therapy on patients with advanced AIDS infection, later this year.

Illnesses are not natural. Many of them may be created by the way we live, by the food, water and air we put into our bodies. By the exercise we do, or don't get. And more. The response to therapy will also depends of said factors .....

We must remember that medical discoveries are very important in our lives, but probably the greatest medical discovery of our time is the awesome power within the human body to heal, if we help him. This tremendous discovery is destined to change the way we live and research for the treatment of many illnesses, including AIDS.

In the treatment of AIDS we may follow different strategies. Best results will probably be achieved with a combination of three well-oriented scientific strategies. Please refer to xerox copy of different strategies in the treatment of AIDS.

In order to complete the studies of my proposal, financial support is necessary. I am also willing to sell my proposal. The important thing is that one way or the other, we could do something practical, logical + intelligent to ameliorate said illness. The rules or guidelines (health programming) to treat AIDS have already ben established by our bodies and the applicability of said rules (modules) depends of a proper understanding of them.

We must also keep in mind that drugs relieve suffering and have been of tremendous help in Medicine in the last two centuries, but they have never and will never constitute part of our body or the immunologic system.

Hoping to hear from you soon, remain,

Sincerely yours,

Raul Feliciano, M.D.
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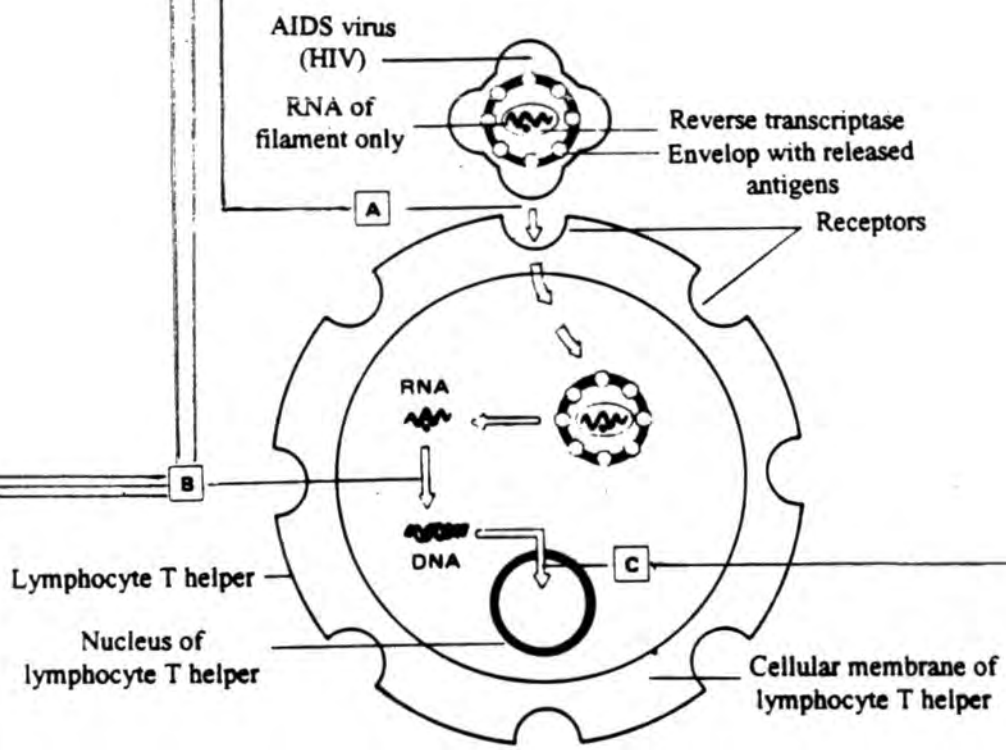
Palliatives With Damaging Side-effects,
Oriented Toward (B) Component Only

AZT

AZT + DDI



Strategies in the treatment of the AIDS virus. (A) In plasma: neutralizing antibodies; (B) inside lymphocyte T and other cells: reverse transcriptase inhibitors; (C) inside the nucleus of lymphocyte T: viral replication inhibitors.

Palliatives With Damaging Side-effects,
Oriented Toward (B) Component Only
AZT + DDI + Pyridinone
(Chow et al., Harvard Univ.)

AZT + DDI + Pyridinone +____
+____ +____ +____ +____ +____

Complete (Effective In Components A, B, C),
Tailor-made, Balanced and Simultaneous
Approach of Dr. Feliciano.

By: Raul Feliciano, M.D

A disappointing decade of AIDS

Hopes that research would quickly yield a prophylaxis for AIDS, or possibly a cure, appear to be evaporating, together with the belief that infectious disease is historical only.

THE organizers of this year's international AIDS conference, arranged for June in Berlin, are fearful that potential participants from elsewhere will be deterred from taking part by news reports of attacks on foreign visitors to Germany. In a statement last week (see page 6), they sought to reassure visitors by referring to the brave stand on xenophobia taken by the federal German president, Dr Richard von Weizsäcker, among others. The hope seems to be that there will be 15,000 people in Berlin in June, as there have been at earlier annual conferences in this series (which alternates between a US venue and one elsewhere).

In reality, this year may be different for reasons other than participants' fear of being attacked. One obvious difficulty is the general impression that the annual AIDS conferences are no longer a preferred means of describing the results of new research, but instead are occasions of a more theatrical character. To the extent that they throw together researchers in the field and those who suffer from AIDS, or at least are infected by the human immunodeficiency virus (HIV), they are a vehicle by which the patients may express their frustration, even anger, that research has done so little for them.

This year, there may well be even more of that than previously. To put it mildly, AIDS research has lapsed into a kind of silence. That does not mean that nothing is being done, of course. On the contrary, there is a substantial army of people at work on the characterization of the strains of HIV responsible for individual infections, while the detailed parameters of different epidemiological models are being steadily if slowly refined. But it seems a long time since Mrs Margaret Heckler, then the Secretary of Health and Human Services in the US administration, was talking eagerly of a vaccine against HIV. In fact, that was nine years ago next June. It is not surprising that the field is rife with disappointment.

For what it is worth, this is far from being a unique occasion when the high promise of some field of research has turned out to be less attainable than serious people believed. In 1958, for example, *Nature* published a clutch of papers from the UK Atomic Energy Research Establishment at Harwell purporting to have demonstrated that thermonuclear fusion (not the cold kind) could be brought about in a laboratory apparatus (**181**, 217–233; 1958). Only shrewd Lyman Spitzer of Princeton expressed doubts on the subject (**181**, 221–222; 1958). Most of those involved were already sketching the designs of the working fusion reactors they saw being thrown up around the world. Now, nearly half a century later, a great deal has been learned about hot plasmas and their confinement, but nobody would now dare say whether thermonuclear reactors will ever be feasible in the sense of being economic.

AIDS seems now to be in the same case. The obvious prophylactic, a vaccine, must be intrinsically more difficult to develop than Heckler and her advisers could have imagined. How do you set about destroying all T cells harbouring the retrovirus HIV, perhaps as complementary DNA integrated within the genome, without causing an immune deficiency as damaging as that of AIDS itself? If, on the other hand, the pathogenesis of AIDS resembles that of an autoimmune disease, which is plausible enough, it is prudent to remember that there are no systemic prophylactics for other candidate autoimmune diseases.

Quite how a vaccine, if there were one, would be used is also perplexing. Would it be administered to all children before puberty, or to the groups known to be most at risk, and what would be made of it in the poor countries of Africa, where the incidence of HIV infection is alarming, but where health budgets are usually too small for even diagnostic tests for HIV infection to be affordable?

The search for drugs effective in the treatment of patients with AIDS has also been frustrating. Wellcome's AZT, like other inhibitors of DNA replication, is palliative only, and understandably has damaging side-effects. The search for drugs which, perhaps in conjunction with AZT, may offer better protection is promising but necessarily slow. It should be within the power of the pharmaceutical industry to improve on the methods of treating the secondary infections to which AIDS patients succumb, but the frequency of Kaposi's sarcoma in some kinds of AIDS patients is not, as yet, understood.

What, in these circumstances, should be our view of the place of AIDS in the modern world? And how should rich countries like ours respond? To say that the outcome of the research of the past ten years has been disappointing does not imply that research should be abandoned. To understand the pathogenesis of AIDS is an even more important goal now than when it was thought there might be a vaccine around the corner.

So too is a better understanding of the way in which the existence of a substantial pool of people with serious immune suppression may contribute to the emergence of virulent forms of other infections, tuberculosis for example. Is there really a connection between AIDS and the emergence in New York of tuberculosis strains immune to BCG, for example? But, at least temporarily, the interests of people with AIDS suggests that there should be a more vigorous attempt to treat the secondary infections, symptoms though they are.

That amounts to acknowledging that AIDS will be among us for some time yet, and that we must learn to live with it as safely as we can. That means that the condom is no longer just a contraceptive, but a medicine. To recognize it as such requires a greater degree of openness about sexual practices than many people find palatable. But there is no choice.

There is also an urgent need to meet head-on the anger now common among the community of AIDS patients, especially in the United States. It is an almost palpable phenomenon. Many carriers of HIV believe they have been given a death sentence by their physicians and hold, however irrationally, that the establishment is bent on doing them down; intravenous drug users and male homosexuals, already persecuted as they see it, are naturally the most prone to share this socially corrosive resentment. Wild advocacy at the outset of the epidemic of quarantine for those infected did not help.

How else to blunt this anger except by making sure that AIDS patients are dealt with sympathetically and civilly, and that they are given the best care that can be afforded? That does not imply that AIDS patients are intrinsically more deserving of care than people with, say, some fatal form of cancer. It is merely that they are the unlucky victims of a common fallacy of just a decade ago, the belief that fatal infections had either been eliminated or would soon be eliminated.

Meanwhile, it is only seemly to record that little headway is likely to be made against the incidence of AIDS, in some of the poorer countries of Africa for example. If there were the funds for diagnostic tests, it might be more prudent to spend them in other ways, to combat intestinal diseases in infancy for example. But if things drag on as they are for another decade, that is what will make us feel badly. **John Maddox**

Extracts from a talk at Green College, Oxford, 9 February 1993.

2/21/93

AP Photostream

Yung-Kang Chow, a Harvard University medical student who discovered a breakthrough in the fight against AIDS, stands outside his lab at the Massachusetts General Hospital in Boston Friday.

Student's AIDS 'cure' causes stir

The Associated Press

BOSTON — The inspiration for the latest possible breakthrough in AIDS research didn't come in the laboratory or library. It happened at the dinner table.

Yung-Kang Chow, a Harvard medical student, recalls that he was reviewing a grant application during a meal in August 1991 when, he says, "the idea just came to me in an instant."

The idea was Chow's theory that a three-drug combination might halt the spread of AIDS by attacking a single enzyme that the virus needs to reproduce.

That concept is a break with medical dogma about multi-drug therapy, which involves aiming different drugs at different targets.

Novel though it may be, the triple threat works — at least in the lab. The combination of the AIDS drugs AZT and dideoxyinosine, or ddI, and a third compound called pyridinone, stopped the AIDS virus from reproducing in a test tube, according to a report published last week in the journal Nature.

Since the story broke, Chow, 31, has been bombarded with calls from the media — and from AIDS patients. By Friday night, he started canceling interviews because he felt overwhelmed.

"We didn't expect this at all," he said, referring to his research colleagues and his adviser, Dr. Martin Hirsch, a Harvard medical professor and director of AIDS research at Massachusetts General Hospital.

Chow, who became interested in AIDS research because he knew some patients who later died of the disease, fears patients and the public believe he has discovered a cure or treatment. He hasn't, at least not yet.

"We have said repeatedly this is just laboratory results and there is no evidence that it works in humans," Chow said.

He's also afraid desperate patients will try to mix their own anti-AIDS cocktails. Home experiments could prove toxic, since researchers don't yet know how the combination affects humans.

Chow credits Hirsch, one of the nation's foremost AIDS researchers, with providing an environment conducive to groundbreaking research. It was while reviewing a Hirsch grant application mentioning multi-drug therapy that Chow got his brainstorm, and it was Hirsch who encouraged his offbeat experiment.

Researchers expect to begin testing Chow's multi-drug therapy on patients with advanced AIDS infections later this year. But Chow won't be involved in the clinical trials — he's not a doctor yet.

NSF does well, NIH does not in Clinton's 1994 budget

Washington. The US budget for fiscal year 1994 that President Bill Clinton will next week send to Congress assigns a favoured position to the US National Science Foundation (NSF) in the projected economic recovery while treating the US National Institutes of Health (NIH) as a bit player, reinforcing the perception that the president's vision for technological change does not include biomedical research.

The president is requesting $216 million more in the year beginning on 1 October for NSF, an increase of 7.3 per cent that would raise its budget to $3.18 billion. This week the US Congress was expected to approve a $16-billion supplementary budget package for 1993 that would add $206 million to NSF's existing budget. Even so, a combination of those two increases would raise NSF only slightly above the level requested last year by former President George Bush but rejected by the US Congress.

In contrast, unofficial budget figures for NIH show an increase of only 3.3 per cent ($340 million) that would bring its budget to $10.67 million. The increases are almost entirely in three areas — breast cancer research, AIDS and the human genome project — previously targeted for growth by the Congress and the administration, leaving nine of the 18 institutes and centres with less money next year than at present.

This has been an unusual year for the president's budget, normally submitted to Congress at the end of January. New rules allowed Bush to compile only an outline of the annual $1,500 billion federal budget; despite working feverishly for several weeks, the new administration has pushed back from mid-March to early April the release of its budget. Congress has begun work on the budget anyway, with NSF and NIH officials testifying last week at separate appropriations hearings. NSF provided details the next day, but NIH is officially remaining silent until the full budget is unveiled sometime next week.

For NSF, the good news in the president's request is an increase of 7 per cent for its basic research programmes, 14 per cent more for science and mathematics education and enough to keep three major new facilities on schedule — $17 million towards twin 8-metre telescopes to be built jointly with Britain, Canada and three Latin American countries, $43 million towards a laser interferometer gravity wave observatory (LIGO) and $12 million towards a national high magnetic field magnet laboratory. The bad news is that Congress, which jealously guards its role in setting spending priorities, may remember NSF's good fortune this year in getting a supplementary budget that provides about half of the increase it had originally sought from Congress.

"If this committee had had an additional $206 million available to it last year, it probably would not have given it all to the NSF", said Representative Louis Stokes (Democrat, Ohio), chairman of the House appropriations subcommittee that funds NSF and several other agencies. "And if this subcommittee's allocation does not match the president's 1994 request, we'll have to take into account the rather generous increase given to NSF in the 1993 supplemental."

In contrast, there is little for NIH to cheer about in what Clinton has so far proposed. The supplementary appropriation contains only $9 million for its share in a high-speed computer initiative, and the 1994 request, if

NIH plans to begin AIDS drug trials at earlier stage

Washington. The US National Institutes of Health (NIH) will begin treating people who are HIV-positive as soon as possible after infection in the wake of new information (see *Nature* **362**, 355; 1993) that the HIV virus is active in the body in large numbers much earlier than was previously thought.

"We must address the question of how to treat people as early as we possibly can with drugs that are safe enough to give people for years and that will get around microbial resistance", says Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases (NIAID). Any delay, he adds, would be the result of questions regarding safety and resistance rather than a lack of funds.

However Fauci, who co-authored one of the two papers on the subject published last week (*Nature* **362**, 355 & 359; 1993), hotly denies the suggestion by one of his co-authors, Cecil Fox, that the new evidence means that "$1 billion spent on vaccine trials" has been "a waste of time and money" because the trials were started too long after the patients were infected and were ended too quickly. Fox, of the Yale University School of Medicine, says that data showing the extent to which the HIV-1 virus is active in the lymphoid organs during the early stages of HIV infection mean that "for the first time, the pathogenetic dynamics of the disease are properly understood".

But Howard Temin of the University of Wisconsin is more cautious. "I only wish life were so simple", he says. "If we understood its pathogenesis we'd understand how the HIV virus does what it does — but that mystery has not dissipated."

No meeting of minds for Fauci, left, and Duesberg.

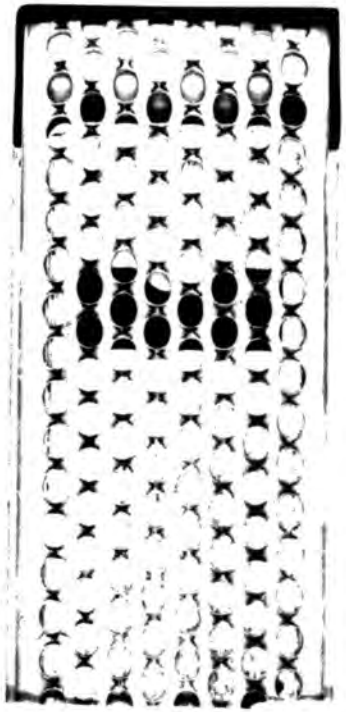
John Tew of the Medical College of Virginia in Richmond says that the new evidence makes a strong case for early treatment of HIV-positive patients. "These data would argue that early intervention is critical and, if they are correct, that very early intervention may have a heck of a lot of benefits."

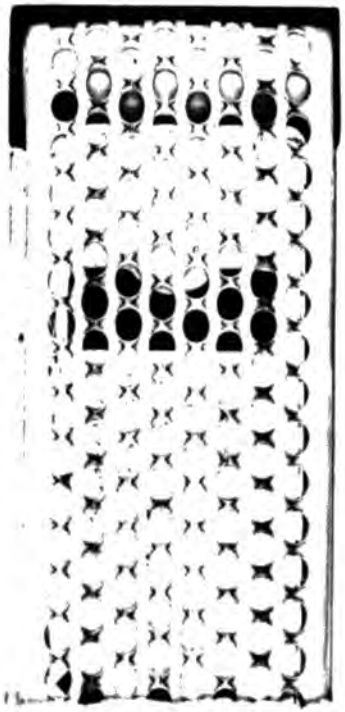
AIDS activists welcomed the new information but said that the scientific community has been slow to understand the significance of infection of the lymph tissue. "We've known about this for five years, but we're glad it is now in the public domain", says Jesse Dobson of the California-based Project Inform. Dobson says that he hopes the work would lead researchers to take "a more pathogenesis-focused approach, as opposed to a drugs-based approach".

The authors of the papers and their supporters see the evidence of infected lymphoid tissue as a mixed blessing in treating HIV-positive patients before AIDS develops. As Ashley Haase of the University of Minnesota and co-author of one paper, puts it: "It is very sobering that we have infection early on, on such a vast scale. But I'm impressed by how the human immune system is able to contain the infection for a very long time."

Critics of the conventional view of HIV as the precursor of AIDS say that there is nothing in the papers to change their minds. Peter Duesberg of the University of California at Berkeley says that the data are "absolutely irrelevant" to AIDS. "We are several paradoxes away from an explanation of AIDS — even if these papers are right", says Duesberg, who believes that AIDS is independent of HIV and is a result of recreational drug abuse in the West and immunization programmes in the developing world.

Colin Macilwain





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