FOIA Number: 2018-0756-F

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3766

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July Chron Files 1993 [4]

Stack:	Row:	Section:	Shelf:	Position:
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Main
#03D06

NAPO Document Control Slip

NAPO Number : 7006 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 : F. D. ANDERSON

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

409 Three Mile Road - Glastonbury, Connecticut 06033

********** 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	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. F.D. Anderson
409 Three Mile Road
Glastonbury, Connecticut 06033

Dear Mr. Anderson:

You are correct that a large percentage of currently diagnosed cases of AIDS are directly related to homosexual sexual activity and injecting drug use (including heterosexual sexual activity with an infected user).

We need a combination of both broad education for all Americans and specific education services for those most at risk of infection. My responsibility is to assure that our tax dollars are well-spent in a well-designed, coordinated effort, drawing on all the expertise in the country.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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409 Three Mile Road
Glastonbury, Connecticut 06033

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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:\anderson.100

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Anderson

You are correct that a large percentage of currently diagnosed cases of AIDS are directly related to homosexual sexual activity and injecting drug use (including heterosexual sexual activity with an infected user).

We need a combination of both broad education for all Americans, & specific education and services for those most at risk of infection. My responsibility is to assure that our tax dollars are well-spent in a well designed, coordinated effort, drawing on all the expertise available in the country.

Sincerely

NR

409 THREE MILE ROAD
GLASTONBURY CT 06033

JUNE 29,1993

KRISTINE GEBBE
WHITE HOUSE AIDS COORDINATOR
WASHINGTON DC

DEAR MISS GEBBE:

SINCE THE NATIONAL HEALTH INSTITUTE INDICATES,I BELIEVE,THAT 84% OF AID CASES CAME FROM HOMOSEXUAL ACTIVITY OR DRUG USER ACTIVITY,I AM APPALLED THAT YOUR INITIAL STATEMENTS ON TELEVISION MADE NO MENTION OF THESE OBVIOUS AREAS AND YOUR PLANS TO ATTACK THESE BEHAVORIAL PROBLEMS.

RATHER THAN DISSIPATE YOUR EFFORT ON BROAD BASED EDUCATIONAL MANDATES WHY NOT CALL A SPADE A SPADE AND GET TO THE IMMEDIATE ROOT CAUSE OF THE PROBLEM.

IF MY UNDERSTANDING OF THE 84% OF THE CASES IS NOT CORRECT,I WOULD APPRECIATE YOUR CORRECTION.

IN ANY EVENT,I WOULD LIKE TO KNOW WHAT YOU INTEND TO DO IN THESE TWO CORE AREAS. IF THESE SECTORS ARE BENT ON SELF-DESTRUCTION,THAT IS THEIR PROBLEM. WHEN IT IS NOT STOPPED AND I HAVE TO PAY FOR THE CONSEQUENCES IT IS IMMORAL AND UNJUST TO TAXPAYERS.

I AWAIT YOUR REPLY.

SINCERELY,

F.D.ANDERSON

Kristine Gebbie
AID Coordinator
White House
Washington
D.C.

Main
#03006

NAPO Document Control Slip

NAPO Number : 7028 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 : ROLLIN SHOVE

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

3700 North Capitol Street NW - Washington DC 20317-9998

********** 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. Rollin Shove, USSAH 589
3700 North Capitol Street, N.W.
Washington, D.C. 20317-9998

Dear Mr. Shove:

Thank you for writing. As I begin my duties as AIDS Policy Coordinator, a major effort will be made to include all voices from across the country.

I appreciate your interest.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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3700 North Capitol Street, N.W.
Washington, D.C. 20317-9998

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I appreciate your interest.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

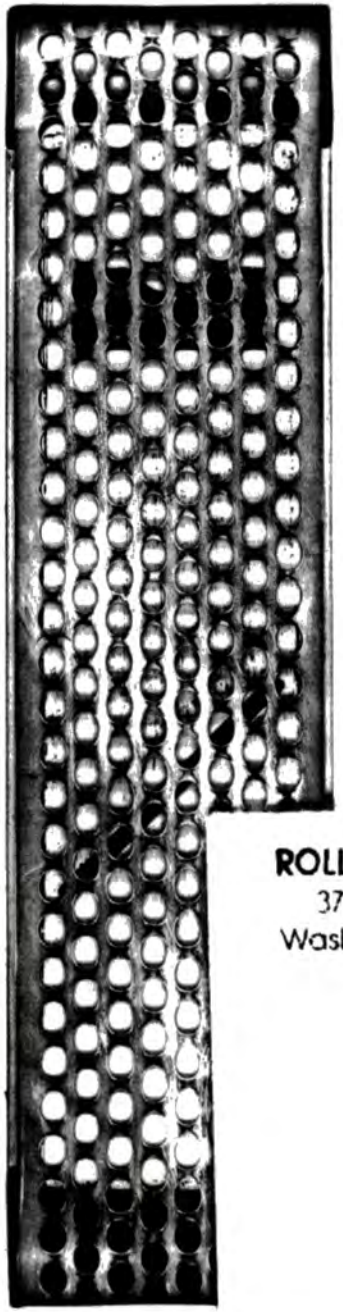
—

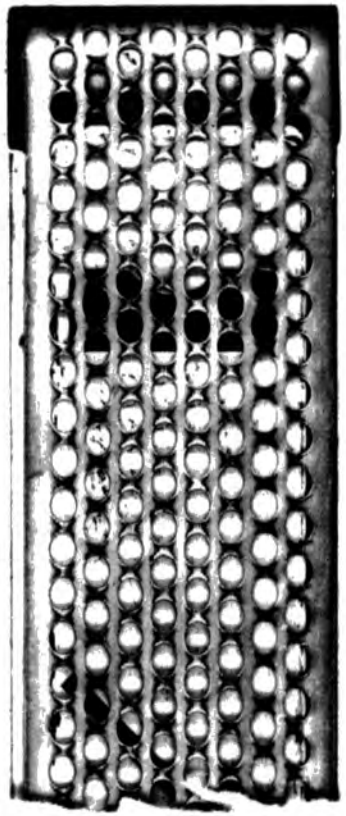
Dear Mrs Shove —

Thank you for writing. As I begin my duties as AIDS Policy Coordinator, a major effort will be made to include all voices from across the country.

Sincerely

—





ROLLIN SHOVE USSAH 589
3700 N. Capitol St NW
Washington, DC 20317-9998

KRISTINE M. GEBBIE
DOMESTIC POLICY COUNCIL
OLD EXECUTIVE OFFICE BUILDING
17th St & PENNSYLVANIA AVE
WASHINGTON DC 20500

ANS

28 JUNE 1993

DEAR KRISTINE:

I'M 78 YEARS OLD,BORN IN RI OF ANGLO-SCANDANAVIAN ANCESTRY,SCHOOLED IN CT(8 YEARS),RETIRED NAVY,(ENLISTED), RETIRED CIVILIAN,(MECHANIC),NOW WORKING AS A POSTAL CLERK HERE AT USSAH.

I BELIEVE:

WOMEN ARE THE NATURAL CARRIERS OF HUMANITY,WOMEN SHOULD BE RESPECTED IN ALL WAYS AND AT ALL TIMES WITHOUT ANY PREJUDICE WHATSOEVER.

HOMOSEXUALITY IS NOT NATURAL.

RESPECTFULLY,

ROLLIN SHOVE

Main
#03006

NAPO Document Control Slip

NAPO Number : 6992 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 : SHenson
Purge Date : 8/09/95 Disposition : DESTROY Final Date : 8/9/93 Document Loc : MAIN 03006

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

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

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

1 Elm Court - Waterville, MA 04901

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

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Marguerite Begin
1 Elm Court
Waterville, Maine 04901

Dear Ms. Begin:

I am sorry you could not get through the C-Span line, and am glad you took the time to write.

With regard to your questions, I will briefly try to answer them.

All HIV educators I know, identify abstinence as the most absolute prevention of sexual transmission. But sexual activity is a part of human existence, and it is appropriate to explain how it can be done more safely. This includes information on mutual monogamy as well as specific practices such as proper use of condoms. While condoms are not perfect, they are effective when used properly.

There are many reasons for HIV testing, and I encourage use of the test. But HIV is not a food-borne disease, and testing of food service workers would not be a good use of resources.

Developing national policy is complex, and requires active dialogue with many people of diverse viewpoints. Thank you so much for writing.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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1 Elm Court
Waterville, Maine 04901

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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:\begin

FILE COPY

Dear Mrs Bejin -

~~Appreciate~~

I'm sorry you couldn't get through the C-span line, and am glad you took the time to write.

With regard to your questions, I'll try to answer, at least briefly.

All HIV educators I know to identify abstinence as the most absolute prevention of sexual transmission. But sexual activity is a part of human existence, & it is appropriate to explain how it can be done more safely. This includes information on mutual monogamy as well as specific practices such as proper use of condoms. While condoms are not perfect, they are effective when used properly.

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Sincerely,

1 Elm Court
Waterville, Maine
04901
July 8, 1993

Kristine Gebbie
National Aids Prog. Officer
200 Independent Ave. S/W
738-G
Washington, D.C.

Dear Ms. Gebbie:

I watched you on C-Span this evening, (July 7th). I have some comments and questions as I could not get through to C-Span.

First, I would like to know why the Aids education people do not stress abstinence more than you do?? It has taken years before our country finally adopted and promoted the "No Smoking" policy and this happened only after many deaths were attributed to smoking.

Now, you and I both know that homosexuality is not a normal behaviour and it has been proven to be so far, the greatest cause and spread of Aids. I do not understand and would like to know why the government wants to educate our innocent children to this behaviour as an alternate lifestyle in giving sex education on Aids prevention??

Gays, even they are told this is a dangerous behaviour, are not willing to give up their lifestyle, but expect the government and the American people to accept their actions and expect people to donate billions of dollars for a cure, or prevention, so they can continue to do as they please.

Aids is no doubt a politically protected disease. So many of the gay population are working in restaurants and handle food but they are not required to be tested even when they are HIV positive. In the past when Tuberculosis was common, it was mandatory to be tested when working around the food.

In the matter of advocating the use of condoms, as a preventative to catching Aids, they are being told a lie, as statistics show that condoms are not all that dependable. There is a book out about these statistics "What you have not been told about Aids"

If only some of our leaders would have the courage to tell it like it is.. I sincerely hope, on your being chosen National Aids Program Officer that you will have the strength and courage to address this Aids situation with the truth for the American people, and not be led by gay activists.

Thank you.

Most sincerely,

Marguerite Begin

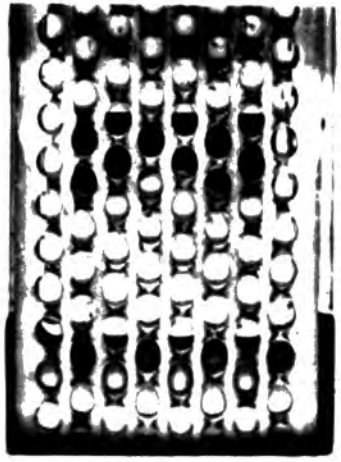
Marguerite Begin

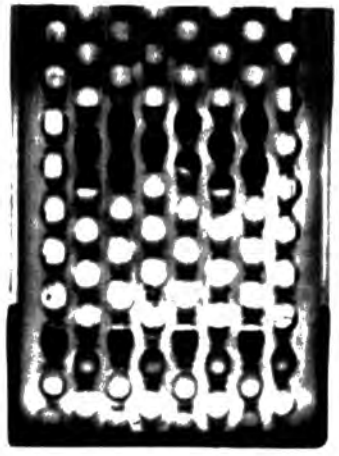
[redacted]

M. Begin
1 Elm Court
Waterville Me
04901

[redacted]

Krustine Gebbie
National Aids Program Officer
200 Independent Ave S.W 738-G
Washington, DC.





THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Diane Lyons
Project Choice AIDS/ABUSE
Intervention/Prevention Program
6770 438th Street
Harris, Minnesota 55032

Dear Ms. Lyons:

Thank you for sharing your HIV prevention materials. I am forwarding them to the Office of HIV/AIDS at the Center for Disease Control and Prevention which is responsible for educational materials.

Prevention of further spread of the epidemic will be a major focus of my efforts in the coming months.

Best wishes to you in your work in Minnesota.

Sincerely,

Kristine Gebbie /c

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

cc:
Office of HIV/AIDS, CDC

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

cc:
Office of HIV/AIDS, CDC

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Diane Lyons
Project Choice

Dear Ms Lyons

Thank you for sharing your HIV prevention materials. I am forwarding them to the CDC which ~~handles~~ is responsible for educational materials.

Prevention of further spread of this epidemic will be a major focus of my efforts ~~&~~ in the coming months.

Best wishes to you in your work in Nimes.

her packet plus
cover letter to CDC

7/19/93

To: Kristine Gebbie
FEDERAL AIDS POLICY DIRECTOR

From: Diane Lyons
"PROJECT CHOICE" AIDS/ABUSE
INTERVENTION/PREVENTION PROGRAM
6770 438TH ST.
HARRIS, MN. 55032

Dear Ms. Gebbie,

On June 30th the "Project Choice" intervention/prevention program was mailed to you. On May 11, it was mailed to President Clinton. Because of media coverage showing hundreds of volunteers routing the White House mail, we are concerned that it may have never reached him, and possibly may not have reached you.

It is IMPERATIVE that this program be reviewed immediately! This program will redirect State and Federal funds to cover national disaster victims immediately, while allowing the State to cover much of the burden on their own. It also intervenes in our global disaster providing AIDS intervention/prevention.

Please contact us with the review results.

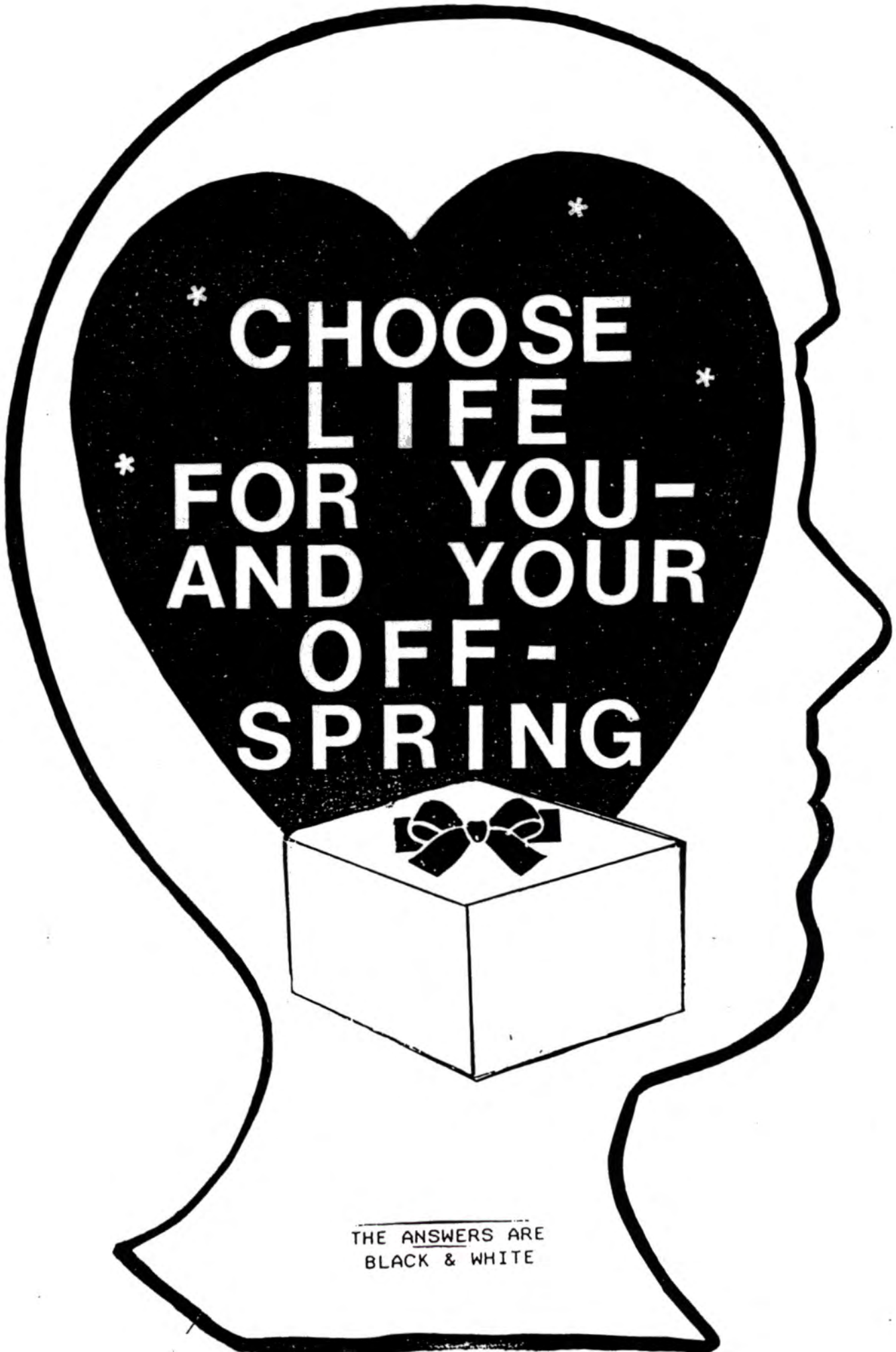
Thankyou.
Sincerely

Diane Lyons 612-674-8217

Diane Lyons
"PROJECT CHOICE"

a reply to her
was in the other
envelope

Looter in CFFR.


CHOOSE
LIFE
FOR YOU-
AND YOUR
OFF-
SPRING
THE ANSWERS ARE
BLACK & WHITE

THIS ADULT/CHILD WORKBOOK SET
IS INTENDED TO CREATE AWARENESS
AND PROVIDE THE BASIC TOOL
NEEDED FOR SELF EDUCATION -
MOTIVATION...

BEHAVIIORS PUT US AT RISK FOR:
SOCIAL DEPENDENCE
DOMESTIC ABUSE
CHILD ABUSE
HIV/AIDS

CONCENTRATING ON SETTING HEALTHY LIMITS
IN RELATIONSHIPS WILL PROTECT US
MINIMIZING THAT RISK

IMPROVING OUR QUALITY OF LIFE

TO ORDER ADULT/CHILD WORKBOOK SET - SEND $10.00 TO:

PROJECT CHOICE
6770 438TH ST.
HARRIS, MN. 55032

BULK ORDER RATE FOR 5000 SETS OR MORE
CALL 612-674-5898

CONTENTS

SELF EDUCATION SOURCES

SELF EDUCATION SOURCES

CHEMICAL DEPENDENCE ISSUES: Consult your local directory for listing of Alcohol Anonymous Groups, or call local addiction treatment programs.

CO-DEPENDENCE ISSUES FOR THE AFFECTS OF DEPENDENCE ISSUES ON THE ENTIRE FAMILY: Consult your local directory for listing of Alanon Groups, or call local chemical treatment programs for information.

RELATED BOOKS AVAILABLE: "Getting Them Sober" Vol. one and two, by Toby Rice Drews - "Co-Dependent No More" by Melody Beattie - "Women Who Love Too Much" by Robin Norwood - "The Pleasers" by Dr. Kevin Leman - "Why Love Is Not Enough" by Sol Gordon PH.D.

CHILD BEHAVIOR ISSUES: Consult your local directory for Parent Anonymous Groups

RELATED BOOKS AVAILABLE: "Making Children Mind Without Losing Your's" by Dr. Kevin Leman - "Raising Positive Kids in a Negative World" by Zig Ziglar - "The Teenage Survival Book" by Sol Gordon PH.D. - "Children Without Childhood" by Marie Winn - "Teenage Marriage-Coping With Reality" by Jeanne Warren Lindsay

BATTERED WOMENS SHELTERS: Consult your local directory or call THE NATIONAL DOMESTIC VIOLENCE HOTLINE - 1-800-333-SAFE

RUNAWAYS: call THE NATIONAL CRISIS LINE 1-800-666-8149
THE NATIONAL HOTLINE 1-800-231-6946,
332-2114

OR THE NATIONAL COUNSELING/REFERRAL
LINE 1-800-366-3433

AIDS HOTLINE 1-800-248-AIDS

#1 WHY SHOULD WE **EXAMINE** OUR LIFESTYLE?

Ask yourself -

* Am I totally satisfied with my personal relationships?
* Do people treat me in the considerate manner I need and deserve?
* Do I treat others in the considerate manner they deserve?
* Am I holding others accountable for their behavior, choosing not to associate if they refuse my requests for change?
* Do I discuss my feelings freely, letting others know what I need from them?
* Do I allow others to learn by their own mistakes without trying to save them by controlling events around them?
* Do I abide by the law?
* Do I practice safe sex, use drugs/alcohol?
* Are children learning from my example? Is MY LIFE what I want for them?

SOME KIDS HEAR what we say, some DO what we say, but ALL KIDS DO WHAT WE DO!

I HAVE_____CHILDREN LEARNING FROM MY EXAMPLE.

We all feel the most comfortable in the lifestyle we grew up with, unless we learn something new, practicing it until it feels comfortable.

#2 OUR **MIND** is like a File Cabinet. From the moment we are born, we are busy watching and learning how those important people around us THINK, FEEL AND ACT as different situations come up.

We learn what makes them Happy, Sad, Angry, and how they react or handle those situations. The more often that same type of situation arises, the stronger the memory in our minds file cabinet. Eventually, we will THINK, FEEL, ACT AND REACT in the same manner, automatically, because that is what we have learned.

However, ANYTHING WE HAVE LEARNED - CAN BE RE-LEARNED!! That means we can change any THOUGHT/FEELING OR REACTION that we don't like about ourselves, with practice, by stopping long enough to reason with our mind. The more often we are able to STOP and CHOOSE to think differently about a situation, we will then be able to FEEL and ACT the way we choose in that situation. Eventually our practiced THOUGHT/FEELING/ACTION will come just as

automatically!

WE CAN CHOOSE TO MAKE THE WORLD MUCH MORE SAFE AND PEACEFUL FOR OURSELVES.

WE LEARN BY_____

ANYTHING WE HAVE LEARNED CAN BE_____

WE CAN CHANGE ANY THOUGHT/FEELING/REACTION WITH_____
BY_____

Most people don't set out to deliberately hurt others. In fact they don't think about their action causing hurt. THEY HAVE LEARNED THAT A PARTICULAR ACTION WILL CAUSE THE OUTCOME THEY WANT TO HAPPEN.

EXAMPLE -
You are demanding a commitment from me to stop doing drugs.

I could use sidetracking as a tool to get you off the subject, so I never have to give you that commitment.

I might start yelling that you think you're perfect, that 10 years ago you used to use drugs, that you're no better. The idea behind this is probably to get you to defend yourself which now changes the subject. I then might slam out of the door before the subject returns to MY COMMITMENT.

However you could choose NOT to get drawn away from the subject, repeat your demand for commitment, making it clear that you will not allow me to affect your life with continued drug use.

MOST PEOPLE DON'T SET OUT TO_____HURT OTHERS.
THEY HAVE LEARNED_____
WILL CAUSE THE_____

YOU CAN CHOOSE TO NOT_____
REPEAT YOUR_____MAKING IT CLEAR YOU WILL NOT_____
ME TO_____YOUR LIFE.

#3 RELATIONSHIP PROBLEM **CLUES**:

Ask yourself - does your partner...
* A. Find it hard to say I'm sorry?

* B. Go out of their way to help friends, but act put upon at your slightest request?

* C. Have chauvinistic attitudes?

* D. Blame others for their mistakes?

* E. Change jobs often, complaining about their boss or other employees?

* F. Only initiate activities they like, without showing concern for what you like?

* G. Have unexplained fears, lack self confidence but won't talk about it?

* H. Have uncalled for fits of rage? Beg forgiveness, but repeats the infraction?

* I. Lacks warmth in relationships?

* J. Have an exaggerated ego - acts above it all?

* K. Have a drug or alcohol problem?

* L. Control your actions with pity, guilt, and the desire to help them?

ABOVE CLUES I NEED TO THINK ABOUT ARE_____

_____

#4 POSITIVE **ACTIONS**:

* SET LIMITS you can stick to in all relationships.

* DON'T MAKE IDLE THREATS.

* BE CONSISTENT.

* THINK OUT ALL SOLUTIONS AND HOW TO HANDLE THEM BEFORE YOU STATE THEM, or others will get the message that they don't have to take you seriously.

* YOU ARE IN CONTROL IF YOU STAY CALM.

* FIGHT FAIR. Describe the behavior that needs to change, don't cut down the person.

* GET A COMMITMENT. Remember that loyalty that is placed in "how great the PAST was" or dreaming about "how great the FUTURE might be" is misplaced. TODAY COUNTS. THIS IS YOUR LIFE!

* REQUIRE PHYSICAL ACTION. Don't settle for others telling you what they know you want to hear. Alcohol/drug problem ..treatment program. Negative attitude/rage....counselor etc. Remember if nothing changes.....nothing changes. INSANITY is doing exactly the same thing over and over and over, but expecting a different result each time.

* BEWARE OF THE WEAK. If someone is very capable of handling situations that step on their toes, chances are they can handle the other situations also, in fact chances are, they are best at HANDLING YOU, if you find you are doing all their work.

* GIVE YOURSELF 5 MINUTES BEFORE ANSWERING A REQUEST. If

you feel constantly taken advantage of, ask yourself - can this person do this for their self? Do I have something else planned? Do I really want to do this?

* BUILD YOUR OWN SELF ESTEEM. Make a self positive list - resolve to read it constantly during the day, (at breakfast, lunch, when you feel down, dinner, before bedtime etc.)

* ALANON MEETINGS can further your education of how to take care of you.

I CAN SET_____
BE_____THINK OUT_____
_____BEFORE_____
I'M IN CONTROL IF I STAY_____FIGHT_____
DESCRIBE THE_____
DON'T CUT DOWN_____
GET A_____REQUIRE_____
DON'T SETTLE FOR_____
BEWARE OF_____GIVE MYSELF 5_____
_____BUILD MY OWN_____
_____MEETINGS WILL FURTHER MY EDUCATION OF HOW TO TAKE CARE OF MYSELF.

#5 DETACHMENT

The ability to live our own life, one that is not a reaction to someone else's action. The ability to be happy, to feel free to be responsible for ourselves and to fill our own needs.

* WE MUST ALLOW OTHERS TO GROW. When we handle their problems or protect them from consequences we only POSTPONE their maturity.

* WE ARE NOT RESPONSIBLE FOR ANYONE ELSES BEHAVIOR, NOR CAN WE CONTROL WHAT THEY CHOOSE TO DO OR THINK. We must remind ourselves to stop worrying about that which we cannot control. Worrying doesn't change anything.

* WE MUST STOP MAKING OURSELVES VICTIMS. It may be someone VERY CLOSE to us that is heading for disaster with their behavior - our husband, child, or parent. However if we don't detach and let them take responsibility for their actions (refusing to cover for them with their boss, to bail them out of jail, to pay their bills after they have spent their money etc.) we make ourselves Victims of a life filled with pain.

* SUGGEST A POSSIBLE OPITON OR CONSEQUENCE. Then allow them to make their own decision.

* DETACHMENT TAKES PRACTICE!!!

* PRACTICE LISTING OUR OWN PROBLEMS - THEN LIST 2 OR 3 POSSIBLE SOLUTIONS TO EACH PROBLEM. When we do this we open our mind to new possibilities.

* DECIDE WHAT YOU NEED.
  MAKE PLANS.
  CARRY THEM OUT REGARDLESS OF THE RESISTANCE FROM OTHERS.
  If physical abuse is one of your problems, you must make safety a part of your plan.

* KEEPING A JOURNAL can be helpful in sorting out your goals. List all "happenings" daily for 2-3 weeks, do not minimize behaviors or make excuses, simply write what happened as a stranger would see it. Read over it looking for patterns.

* STOP WHEN YOU FEEL SORRY FOR YOURSELF! We chose the current direction of our lives and we can choose another should the need arise. FATE DOES NOT RULE OUR LIVES!

* TRUST YOUR "GUT INSTINCT". If something feels wrong - it probably is. The choice to do or not to do is OUR RESPONSIBILITY.

We can't change the past, we can't be sure there's a tommorrow, however we CAN do something worthwhile TODAY. If all we do is "THINK" of alternative solutions - we are working toward a plan to fill our own needs.

DETACHMENT IS: _____

_____

_____

_____

_____

_____

_____

SITUATIONS I NEED TO DETACH FROM ARE:

_____

_____

_____

_____

THINGS I CAN DO TO DETACH ARE: _____

_____

_____

_____

I NEED TO TRUST MY _____ IF ALL I DO IS THINK OF _____ I AM _____
A PLAN TO _____

#6 DEPRESSION

* SIGNS - you feel tired all of the time, lose weight or gain weight, you have trouble sleeping. Everything you attempt leaves you feeling like a failure.

* POSSIBLE CAUSES - the death of a loved one, someone moves away or otherwise withdraws affection from you. Feeling

overwhelmed by financial worries, job loss etc.

* NORMAL TEMPORARY EMOTIONS - under depressing circumstances are anger and low self esteem. However if these are not reasoned out or if dwelled upon these feelings can get exaggerated and out of proportion leading to chronic depression even suicide.

* EMOTIONAL DISGUISE - pleasure binging, endless heavy drinking or eating, loss of appetite, sexual promiscuity etc.

* GET BACK ON TRACK - everyone suffers from depression sometimes, but it takes practice to learn HOW to bounce back from lifes upsets. If your depression interferes with your normal lifestyle, presists or feels severe, you may need to consult a doctor to determine if the disorder is physical or mental, and in any case receive the needed treatment to get you back on track.

* TALKING to others is the BEST way to cope with depression. Making a self positive list and resolving to read it often, and doing your best when doing any job always boosts feelings of low selfworth.

* DOING FOR OTHERS IN NEED is another sure way to feel better about yourself.

* LOOK FOR THE GOOD QUALITIES IN OTHERS. Comment on them. This helps us to see the brighter side of everything along with prompting others to make upbuilding comments to us.

DEPRESSING SITUATIONS
ARE: _____

SIGNS OF DEPRESSION
ARE: _____

EXAMPLES OF EMOTIONAL DISGUISE
ARE: _____

METHODS TO BOUNCE BACK
ARE: _____

GOALS:

STEPS NEEDED TO REACH GOALS ARE:

RESISTANCE EXPECTED:

STEPS I WILL TAKE TO HANDLE RESISTANCE:

#8 THERAPEUTIC **BEHAVIOR** MANAGEMENT

Adults are in charge. Adults will decide. It is the responsibility of the adults to set the limits. The child can negotiate for change, however the Adult should always consider whether the child shows enough responsibility and maturity to safely handle what they are asking for, emotionally and physically. If the child cannot make the parent feel comfortable with what they are asking for, the parent should not allow it.

If the child does not like the parent's decision, REMEMBER, it's OK to be angry! This in NO WAY implies a lack of caring from either the child or the parent. You can care very much about someone and not always like or be happy with their decisions or their behavior. Everyone has a right to their feelings, even anger - but we need to teach the child appropriate methods of dealing with their feelings.

FAMILY RULES

Adults should be flexible enough to advance their parental goals, while helping the child develop skills to control their own life. Children need rules to feel secure. If you as a parent act as if your child's behavior doesn't matter, you imply that the child themself doesn't matter. Clear consistant rules give the child a way to build their own self esteem, knowing what will happen if they do this or that, knowing that someone competent is in charge and that they care about them, and knowing that if they work hard at meeting these demands they can succeed.

1. The purpose of making a rule is to insure your childs safety and welfare, to benefit the family, and to promote harmony.

2. A rule is something you insist on. Rules apply to a behavior you want to see change.

3. Start with as few rules as possible, you can add or delete rules as necessary.

4. Each rule should include an appropriate consequence for disobedience. This is a specific punishment the child knows about IN ADVANCE, that restricts their freedom. A three year old might sit down on a chair for a time out for two minutes where the parent can see them, a seven year old might be sent to his room for 15 minutes, a twelve year old might be grounded for the night, a seventeen year old might be denied the use of the telephone or family car, etc.

5. Be sure you are going to be around to enforce the new rule until the child internalizes it. Don't tell the child that homework must be done immediately after school, if you can't plan to be there immediately after school, after dinner might work better etc.

6. Present the written rules and consequences to each

THIS PROGRAM FOR BEHAVIOR MANAGEMENT IN THE HOME
IS DESIGNED FOR USE WITH CHILDREN AGES 7 YEARS
THRU THE TEEN YEARS.

BASIC GUIDES MAY ALSO BE USED FOR YOUNGER CHILDREN

SEE "YOUNGER CHILDREN" INSERT AFTER THIS SECTION

SEE INCENTIVES INSERT AFTER THIS SECTION

child. Different child - different rules. Explain to each child that these are YOUR rules and you are expected to follow them, and that the other children have their own rules to follow.

7. Expect your children to test the rules. Show you are serious by consistently following through with the consequence. This means you must list only consequences you are willing and able to perform. This is time consuming but will pay off in the long run.

8. Amend your rules as necessary. Escalate the consequences by adding the smallest increase necessary to get your message across. "Your laundry was not in the hamper, you must now do your own. Your room was not neat enough to vacuum, you must now vacuum it yourself." If your child doesn't care about the consequence you can either drop the rule, or you can escalate the consequence. The child cannot leave the house until they finish this chore, etc.

9. Don't play detective. State your rules in such a way that everyone who might have been involved will be punished if it isn't obvious who is guilty. This forces the children to work things out among themselves when possible.

10. Give immediate and natural consequences. Screaming while you're on the telephone, put the phone down, and remove them. You broke it, you pay for it. Misuse the phone, lose the phone, etc.

11. If you are caught complaining about something that is not a part of your written rules, apologize and either drop the subject or make a new rule.

12. Teach your child appropriate methods of handling anger. What is OK in your home? A few appropriate methods are: Hitting a pillow or a mattress, never people. Writting anger down on paper, even though they might never intend to give it to the person who angered them. Physical exercise, running hard, or scrubbing a floor. Talking is always helpful, to a parent, a relative, a counselor or anyone they can trust. Possible situations they might run into at school or dating, might be discussed in advance, giving the child practice at avoiding possible dangers or consequences.

13. GET THEM WHERE THEY LIVE - the appropriate consequence for each child is removing the thing they like the best. For some their allowance, others the telephone, stereo or TV, being grounded for a specific time away from their friends, missing an activity (rollerskating, dance, etc.) Adding a chore they DON'T LIKE to do, etc. DON'T FORGET THE CONSEQUENCE!!! KEEP TRACK IN A NOTEBOOK IF NECESSARY.

14. If you are too angry to discuss a problem, WAIT. Send them to their room and calm down first.

We want to teach our children to look at the consequence before they make a decision, and we should explain that

often - Prisons are full of adults that never learned to do that.

LIST THE MOST NEEDED RULE FOR EACH CHILD:

AGE_____

AGE_____

AGE_____

AGE_____

AGE_____

AGE_____

AGE_____

LIST APPROPRIATE CONSEQUENCES FOR EACH CHILD:

AGE_____

_____

AGE_____

_____

AGE_____

_____

AGE_____

_____

AGE_____

_____

AGE_____

_____

AGE_____

_____

AGE_____

_____

#9 TIME

Ideally we should make sure that we give each one of our children at least 10 minutes per day of positive time JUST FOR THEM. This doesn't sound like much but if we are not making ourselves conscious of it, our day can easily slip by, especially if we have many children. TIME is the most precious gift we have to give them. Time to listen to their interests, fears, give them a hug, tell them we love them etc.

TIME I WILL SPEND WITH EACH CHILD

_____

_____

_____

_____

_____

_____

_____

_____

SUBJECTS I'M INTERESTED IN TALKING WITH EACH ABOUT:

_____

_____

_____

_____

_____

_____

YOUNGER CHILDREN - 3 AND OLDER

When your younger children start to recognize changes in your household rules/consequences for older siblings, they may show you they need to be included by:

1. Deliberate acting out, breaking obvious rules.

2. Asking questions. ie. "If I don't mind do I get a time out?" or "Do I get to play outside if I'm not minding?" or "Do I have to do a chore?" etc.

YOUNGER CHILDREN SHOULD BE SUPERVISED AT ALL TIMES.

SUGGESTIONS:

1. Tell them you believe they are old enough to have expectations of their own, AND a chore.

2. Print out their expectation (use only one at first), read it to them. Hang the paper up where they can see it, on the refrigerator etc. Repeat it to them often asking them if they remember it.

3. Make the expectation easy for them to accomplish to avoid overwhelming the child, and to boost self esteem. ie. "I will "help" mommy pick up my toys before my nap." or "I will do what mommy or daddy tell me to do with no more than 2 reminders" etc.

4. Praise them whenever you see them doing something you can relate to this expectation.

5. Give the child an easy chore. ie. A damp cloth to wipe off walls where they can reach. Always supervise and praise them.

6. Disipline - A. always make them aware they have a choice of how they wish to act.
B. Use redirection to an alternative activity whenever possible.
C. A short time out away from playing, where you can see them, may be necessary to get your direction across at times.
D. If a child can not calm down, it may be that they need your attention and haven't yet learned to ask for it. You can help them by asking if they need you to hold them, telling them they need to ASK you for attention when they need it.
E. You might put a toy away for 10 minutes if they cannot play safely with it.
F. Try to use a calm voice when consequencing, letting the child know that you love them, but that this behavior is not OK.

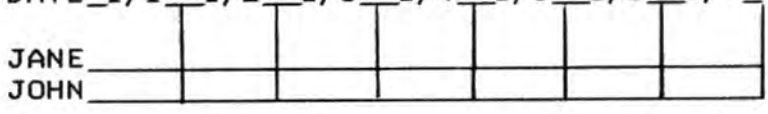
INCENTIVES - FREE/LOW COST

Younger children and children with constant behaviors may need more immediate gratification. Using small incentives spaced throughout the day can be helpful.

ie. "If you meet your expectation til 10 A.M. you will earn this priviledge...", ".....til noon you will earn...", ".....til dinner you will earn...", ".....til bed time..." or for older children - ".....during school hours, you will earn....", ".....during the school bus ride, you will earn..." etc.

Sample list of incentives:
Play time - outside or with special toy
Visiting with friends time
TV time
Drawing or coloring time
going to a park/beach/store with parent
telephone time
Showing they can follow directions might earn them the priviledge of borrowing something from mom or dad - curling iron, radio, car etc.

KEEPING TRACK -



Make a chart that you review each evening.

Place a * under date for each child that meets their expectation, place an N for each child that needs improvement.

If you use allowance, you might want to divide it up into daily amounts that need to be earned by the end of their pay period. Then add up the earned amount before paying them.

CREATING A PRIZE BOX IS FUN!! The children can decorate a small cardboard box, in which you put inexpensive incentives. Each child may choose a prize when they accumulate X number of * on their chart. (7 * etc.)
If they miss a day, they need to wait a day longer.

SUGGESTIONS FOR PRIZE BOX:
Small toys/knick knacks/jewewry/hair accessories, mirror's, comb's, brushes/blank cassette tapes/batteries for toys/fancy pens, pencils, writting tablets, envelopes, stamps/card games/coloring books, crayon's, marker's etc.

Sometimes you may find packages with multiple items in it. Break open the package and use each item as one prize.

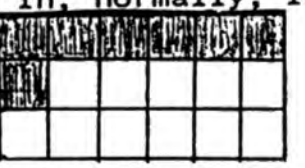
Place a P on the chart under the day each child receives their prize, making it easy to keep track of when their next prize is due.
Discount stores and sales will make this effort well worth your money.

#10 CONSTANT OR EXTREME SITUATIONS

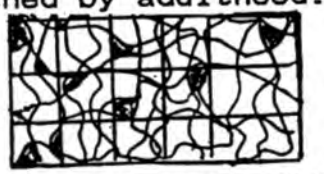
Children coming from an abusive or dysfunctional background may have more anger and take longer to internalize the rules. The parent has the best chance to make an impact on their belief system.

One therapist described the problem as follows:

A child growing up in a consistent lifestyle learning at an early age to look at the consequences, has clear cut boundaries, much like a box drawn with straight lines. As they learn, each square can be colored in, normally, in order, according to age development.



A child growing up in a nonconsistent lifestyle does not learn clear boundaries. What might be OK to do today, may NOT be tomorrow, depending on the parents frame of mind. The box would then be drawn with crooked lines, boundaries overlapping each other, and the order they develop in may vary according to circumstances. In this case we have to provide the consequences over and over until the child can learn that this is now dependable, and the development gets colored in, by the order that they learn each boundary. Hopefully all boxes will be accomplished by adulthood.



TRY NOT TO REACT - YOU ARE IN CONTROL IF YOU STAY CALM. Children will want to be in control, especially when the rules change and they feel insecure. Many will try very hard to make the parent react to see if the change is permanent.

SUGGESTIONS:

* 1. If your child wets the bed/soils/or doesn't take care of their self during menstrual cycles:

Making the child take as much responsibility for the clean up as they are capable of (depending on their age) will quickly discourage deliberate behaviors, and sort out for you whether or not a doctor needs to be consulted.

This also teaches the child to take responsibility for their self. A 3 year old can (under supervision) help to wash off the plastic mattress cover. Older children can be expected to put their bedding in the wash, clean the mattress cover, take their shower, and scrub any stains out of clothing by hand.

A natural consequence is that they have less clothes to choose from if they are ending up stained, or that you will

shop at used stores (maybe out of their allowance) and you refuse to make or buy NEW clothes until the behavior stops. If you are using their allowance to pay for destruction, try to take a specific amount each week, leaving something left for incentive to earn with appropriate behavior.

* 2. You buy your teenage son a new wrist watch, and within hours he shows you that the band is broken off beyond repair. You might reply, "Why didn't you tell me you wanted a pocket watch? Of course you know that the next WRIST watch you want, you'll have to buy yourself." Then drop it. The natural consequence here is that he is the one without the watch - NOT YOU. He didn't even get the reaction he expected. IT WASN'T WORTH IT.

* 3. Be sure to praise good behaviors. "I'm proud of you for putting your belongings up so they won't get broken." "Your room looks so nice today!" "You put a very nice outfit together!" "That was a very considerate thing to say!" "I like the way you handled that conflict."

* 4. A chore that doesn't get done right the first time needs to be re-done. If you are finding scratches on your appliances or floor etc. after a chore has been completed you might decide that the child doesn't know how to do the chore correctly, and now needs supervision, until they CAN do it correctly on their own. While you are supervising you might have the child put MORE effort out by scrubbing harder on a certain area, or redoing a portion, making it clear that it takes more time and is not as easy as when they were allowed to do it on their own.

* 5. Explain to the child OFTEN that THEY TELL you HOW to PARENT by their behavior, that they are CHOOSING a consequence when THEY KNOW ABOUT IT IN ADVANCE, that they TELL you when they HAVE LEARNED by not repeating the behavior.

LIST BEHAVIORS THAT WERE UPSETTING, AND HOW YOU COULD HAVE HANDLED THEM DIFFERENTLY BY NOT REACTING:

_____

_____

_____

_____

_____

_____

_____

CONSTANT OR EXTREME BEHAVIORS REQUIRE A TEAM EFFORT.
WHO IS YOUR TEAM? Your Social Worker, the school psychologist, a counselor etc. All important people in your childs life.
OUR TEAM INCLUDES_____

_____

SHOULD ALSO INCLUDE_____

_____

Be sure to have good communication with all members of your team. This will insure that the child is getting the same message from everyone involved.

WHEN A PARENT HAS A LONGTERM OR TERMINAL ILLNESS

A small child seeing his/her parent in a weakened state for any length of time, might have the following worries:

1. That they too will become ill, or might die.

2. That any adult assigned to take care of them in the event of a tragedy, cannot be any stronger than their own parent, and will eventually die and leave them also.

3. What happens to the parent if they die? A fear of the unknown.

They feel insecure and are constantly trying to search for a way to feel a sence of security. It is important to discuss what their fears are and to address these fears as often as may seem necessary. It is helpful if you can encourage the child to ask questions.

The most obvious way for a child to search for security is by acting out with their behavior. While the child is fighting 2 feet away from a very sick parent, the parent might be thinking "he/she knows how sick I am - don't they care about me?" However the child is in a state of denial and subconciously feeling that if this sick parent has the strength to control their behavior - they are really not that sick.. The child has to keep making this parent prove that everything is OK.

When a parent is in a stage of their illness that they cannot control the behavior, the child will feel totally out of control. It is important to get the necessary help to keep everything as consistent as possible.

Include the child in plans for the future, avoiding as many surprises as you can. Talk about your reasons for these plans. Discuss what will be hard about the plans, and what the child should do when things seem too hard for THEM. Who do they feel most comfortable talking to? Going over plans will help the child feel less angry, knowing you are not abandoning them, but because you love them, are making the plans to make sure they are taken care of.

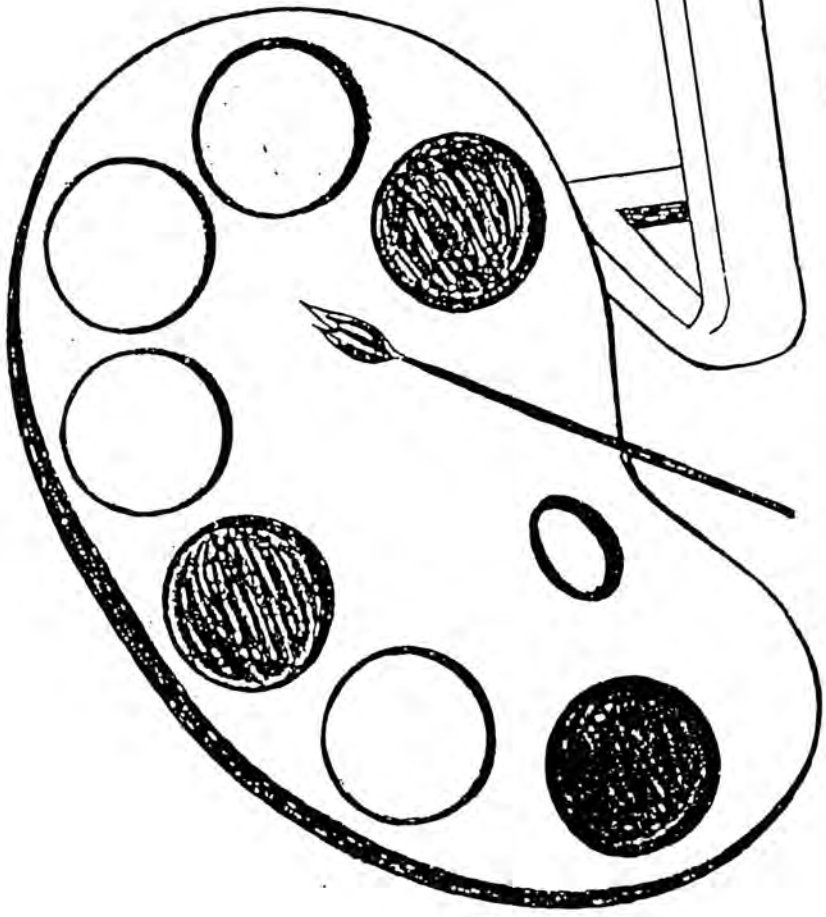
Taking the time to discuss your beliefs regarding death, and to support them by reading and discussing any related materials you may have on the subject, will help relieve fears as much as possible for the child - and for you.

Having the child speak to your doctor or attend any support groups you may be connected with, will also help the child with understanding the illness and feeling included.

NOTES

INSPIRE A
CREATIVE MIND
WITH

CHOICES



THIS MATRIAL IS INTENDED TO BE USED UNDER ADULT DIRECTION
FOR CHILDREN AGES 7 YEARS OLD THRU THE TEEN YEARS.

TO ORDER ADULT/CHILD WORKBOOK SET - SEND $10.00 TO:

PROJECT CHOICE
6770 438TH ST.
HARRIS, MN. 55032

BULK ORDER RATE FOR 5000 SETS OR MORE
CALL 612-674-5898

ALLOW 6-8 WEEKS DELIVERY

CONTENTS

SELF EDUCATION SOURCES

CHEMICAL DEPENDENCE ISSUES: Consult your local directory for listing of Alcohol Anonymous Groups, or call local addiction treatment programs.

CO-DEPENDENCE ISSUES FOR THE AFFECTS OF DEPENDENCE ISSUES ON THE ENTIRE FAMILY: Consult your local directory for listing of Alanon Groups, or call local chemical treatment programs for information.

RELATED BOOKS AVAILABLE: "Getting Them Sober" Vol. one and two, by Toby Rice Drews - "Co-Dependent No More" by Melody Beattie - "Women Who Love Too Much" by Robin Norwood - "The Pleasers" by Dr. Kevin Leman - "Why Love Is Not Enough" by Sol Gordon PH.D.

CHILD BEHAVIOR ISSUES: Consult your local directory for Parent Anonymous Groups

RELATED BOOKS AVAILABLE: "Making Children Mind Without Losing Your's" by Dr. Kevin Leman - "Raising Positive Kids in a Negative World" by Zig Ziglar - "The Teenage Survival Book" by Sol Gordon PH.D. - "Children Without Childhood" by Marie Winn - "Teenage Marriage-Coping With Reality" by Jeanne Warren Lindsay

BATTERED WOMENS SHELTERS: Consult your local directory or call THE NATIONAL DOMESTIC VIOLENCE HOTLINE - 1-800-333-SAFE

RUNAWAYS: call THE NATIONAL CRISIS LINE 1-800-666-8149
THE NATIONAL HOTLINE 1-800-231-6946,
332-2114

OR THE NATIONAL COUNSELING/REFERRAL
LINE 1-800-366-3433

AIDS HOTLINE 1-800-248-AIDS

SAFETY

RULES:

1. I ALWAYS CHECK WITH AN ADULT FIRST IF:

   A. Food has been in the refrigerator for a long time, to make sure it will not make me sick.
   B. I am not sure if something is food or OK to drink. (cleaning products etc. should be labeled and stored away from food.)

2. I ALWAYS USE MY SEAT BELT WHEN RIDING IN A CAR, IN CASE THERE IS AN ACCIDENT. I also tell the adult if smaller children undo safety belts.

3. I NEVER GO PLACES ALONE, ESPECIALLY AFTER DARK.

4. I KEEP DOORS AND WINDOWS LOCKED WHEN I'M HOME ALONE. I NEVER OPEN THE DOOR UNLESS I AM SURE I KNOW AND CAN TRUST the person on the other side.
   MY FAMILY AND I HAVE A SECRET CODE WORD that ONLY WE know, and I will know if they send someone to pick me up and bring me to them, because that person will know the code word.

5. IF ANYONE I'M NOT SURE I CAN TRUST, tries to get me to go with them, or offers me a gift, I YELL AND RUN.

6. I TELL if anyone touches me in a way that makes me feel uncomfortable, like in my bathing suit area.
   I KNOW IT'S NEVER MY FAULT IF SOMEONE TOUCHES ME AND I TELL!
   I KNOW THE ADULTS CAN ALWAYS PROTECT ME, or contact someone who will, so if I'm threatened I TELL!

   WHO DO I TELL? ANY ADULT I CAN TRUST.
   My Mom, Dad, Grandparents, Aunts, Uncles, Teacher, School Nurse, Counselor or I can dial 911 and tell the police officer on the phone.

   If the adult I tell doesn't believe me, I TELL ANOTHER ADULT, AND I KEEP TELLING ADULTS UNTIL ONE LISTENS.

TO KEEP SAFE I NEVER GO PLACES_____

I KEEP DOORS AND WINDOWS_____

I NEVER OPEN THE DOOR WHEN I'M HOME ALONE UNLESS

_____

IF ANYONE TOUCHES ME IN A WAY I DON'T LIKE I

_____

WHO DO I TELL?_____

_____

_____

WHO'S FAULT IS IT IF SOMEONE TOUCHES ME?

_____

WHO CAN ALWAYS PROTECT ME_____

_____

IF THE ADULT I TELL DOESN'T BELIEVE ME I SHOULD

_____

NAME MORE RULES_____

DO THEY MAKE ME SAFE IN ANY WAY?

RIVALRY

Babies and little sisters or brothers, are so cute that EVERYONE seems to love them. They get so much attention, especially when they cry.

Sometimes I wish I were the baby! I get angry when Mom or Dad doesn't seem to have time for me. When I feel angry, it helps when I can explain how I feel to them, and ask if there might be something I can do to help them. This will give them more time, and will help me to feel included.

I need to remember that it's MY baby too! My sister, or My brother. I can teach my sister or brother lots of things. To crawl, to talk, how to play with their toys, and how to give me kisses! Little sisters and brothers give lots of love! They too want to be included by their OLDER sisters and brothers!

THINGS I CAN DO TO HELP WITH MY YOUNGER SISTER/BROTHER.....

THINGS MOM AND DAD SAY ARE OK TO HELP WITH.....

THINGS I LIKE BEST ABOUT MY SISTER/BROTHER_____

_____

_____

_____

_____

DRAW A PICTURE

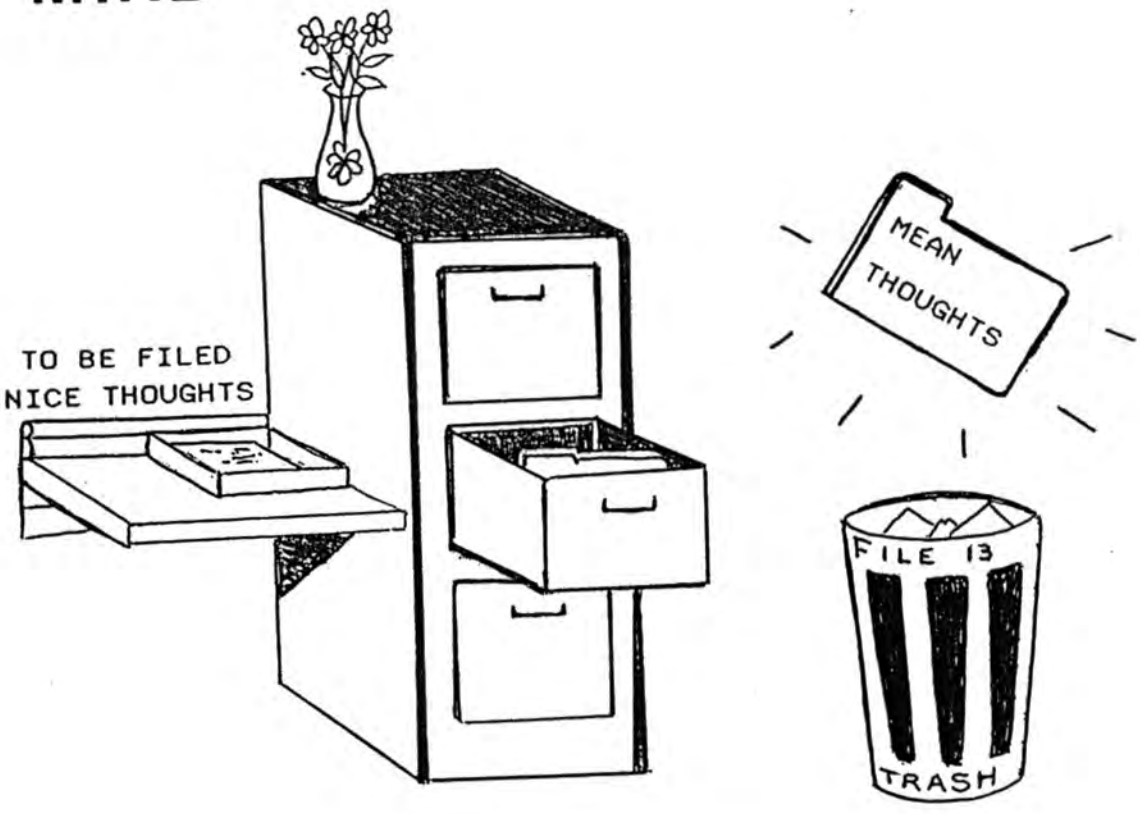
THIS IS MY WHOLE FAMILY

DRAW A PICTURE

WHAT I LIKE TO DO BEST WITH MY MOM

WHAT I LIKE TO DO BEST WITH MY DAD

MIND



Our mind is like a File Cabinet. From the moment we are born, we are busy watching and learning how those important people around us Think, Feel, and Act as different situations come up. We learn what makes them Happy, Sad, Angry, and how they react to those situations. The more often we see that same situation, the stronger the memory in our minds file cabinet. Eventually we will think, feel, and react the same, automatically, because that is what we have learned.

However, anything that we have learned, can be RE-LEARNED. That means we can change any THOUGHT/FEELING OR REACTION that we don't like about ourselves, with practice. The more often we are able to STOP and CHOOSE to think differently about a situation, we will then be able to FEEL and ACT the way we choose in that situation, and eventually our practiced thought/feeling/action will come just as automatically.

An example is: If I am used to yelling back at adults, I can stop and tell myself "This doesn't help matters, in fact yelling makes them worse!" I can choose to keep quiet and talk about the problem later when tempers have cooled down. I will feel better about myself AND about how others react to my new behavior. If the adults want the discussion right away, I can choose to speak respectfully. WE CAN MAKE THE WORLD MUCH MORE SAFE AND PEACEFUL FOR OURSELVES!

MY MIND IS LIKE A _____

I LEARN BY _____

SOME OF THE WAYS MY MOM AND DAD SHOW WHEN THEY ARE HAPPY ARE: _____

_____

_____

_____

SOME OF THE WAYS MY BROTHER AND SISTER SHOW WHEN THEY ARE HAPPY ARE: _____

_____

_____

_____

SOME OF THE WAYS MY MOM/DAD/SISTER/OR BROTHER SHOW WHEN THEY ARE ANGRY ARE: _____

_____

_____

_____

I WOULD LIKE TO RELEARN HOW TO: _____

_____

_____

_____

I CAN RELEARN BY PRACTICING _____

_____

IF I CHOOSE TO STOP AND THINK BEFORE I ACT I AM LEARNING TO _____

WE CAN MAKE THE WORLD MUCH MORE _____

FOR _____

ANGER

IT IS OK TO BE ANGRY. It is NOT OK to hurt myself or others, to talk disrespectfully, or to destroy my own or others property when I'm angry. These acts I will regret later. Just because we are angry with someone's behavior, does NOT mean we stop caring about that person, nor does it mean they stop caring about us when we misbehave.

APPROPRIATE ways to handle my anger are.....

1. I can choose to wait until tempers have cooled down and talk about what is bothering me.

2. I can write my feelings down on paper EVEN if I never intend to give the note to the person that angered me.

3. I can exercise - physical activity helps release anger. Running hard, scrubbing a floor etc.

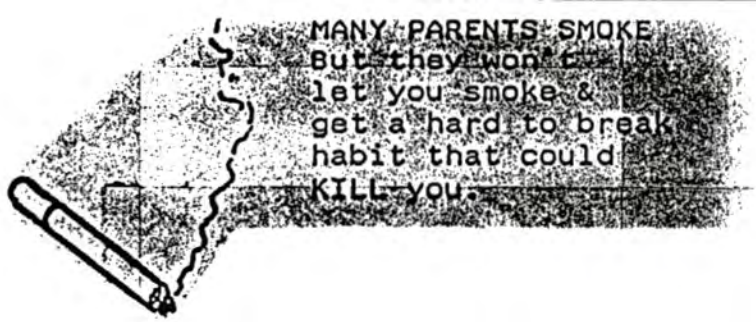
4. I can punch my pillow or mattress - NEVER PEOPLE.

5. I can hold my friends accountable for their behavior by choosing not to associate with them until they treat me in a respectful manner.

6. I can act respectfully toward others and set a good example of how I wish to be treated by them.

THINGS THAT MAKE ME ANGRY ARE:

A GOOD WAY TO HANDLE EACH ABOVE PROBLEM IS:



ADOLESCENTS

I WANT MORE FREEDOM!

ADULTS ARE IN CHARGE - I cannot change my parents, however I **CAN** earn trust and responsibility by following their rules. I can negotiate for change in a respectful manner. When they set limits for me, **AND** when they punish me for breaking a rule, they are showing me that they care about me. My parents job is to teach me to look at the consequence **BEFORE I make a decision. Adults have rules** too, they are called laws. Prisons are full of adults that never learned to think about the consequence **BEFORE** they decided to break the law.

If I don't like my parents discipline I can negotiate with them and ask for a change. However, it is then **MY** responsibility to do the consequence, and to show them I am learning from it.

Each child has different rules. Each child is different and needs to be parented differently. One child may be very responsible at an early age, while it may take another one longer to mature. One child might be very good at a certain chore, while the other child has problems with it etc. How I handle different situations tells my parents how to parent me.

I can realize that just because my parents example might not always be the best, that does not mean that everything they tell me is wrong, or that they don't know what I need.

THINGS I WOULD LIKE TO NEGOTIATE WITH MY PARENTS:

_____

_____

_____

_____ ARE IN CHARGE

I CAN EARN TRUST BY _____

_____

_____

MY PARENTS JOB IS TO _____

_____

ADULTS HAVE RULES TOO. THEY ARE CALLED _____

IF I DON'T LIKE THE CONSEQUENCES MY PARENTS USE I CAN _____

_____

IT IS THEN MY RESPONSIBILITY TO _____

_____

_____

AND SHOW THEM I

_____

_____

LIST REASONS THAT EACH CHILD HAS DIFFERENT RULES _____

_____

_____

_____

JUST BECAUSE MY PARENTS MIGHT NOT ALWAYS SET THE BEST EXAMPLE, THAT DOES NOT MEAN THAT EVERYTHING THEY SAY IS

_____

OR THAT THEY DON'T KNOW _____

LOVE

MY PARENTS DON'T LISTEN TO ME!

Some things I might try are:

1. I can try to find the right time to talk. When they are in a good mood, more relaxed, maybe at dinner time or before bed.

2. I can say something like "I know you are busy, but I have something that is really bothering me. Can we talk?"

3. I can REALLY listen to my parents. I can understand that they want to protect me from mistakes they might have made and suffered hurt from, or from obvious dangers, because they love me.

4. I can show interest in my parents, asking what they were like growing up, did they feel like I do? and how did they handle certain situations with peers? etc.

5. I can realize that sometimes they may not be feeling well, they might have other worries on their mind, or they might not understand what I'm trying to say if they seem to act insensitively.

6. I can always talk respectfully to them just because they gave me life, and they have provided food, shelter, and clothes for me. Acting in a respectful manner helps to close the generation gap, making parents more receptive to my feelings.

THE BEST TIME TO TALK TO MOM IS: _____

THE BEST TIME TO TALK TO DAD IS: _____

THINGS I NEED TO TALK ABOUT ARE: _____

_____

_____

_____

_____

_____

_____

DRAW OR WRITE ANOTHER EXAMPLE OF A HELPFUL OUTCOME:

ONE FOOLISH ACT can ruin my reputation and worse can end my life. I need to ask myself:

1. WHY SHOULD I DO IT?

2. IS THIS A REAL FRIEND? Real friends would not ask me to do something that would either hurt me or get me into trouble.

3. IS IT WORTH MY LIFE TO TRY DRUGS OR SEX? NO! The consequence for one try at either might be AIDS, Jail, or a very short miserable life.

4. IS IT WORTH LOSING TRUST TO BREAK THE RULES? NO! It doesn't feel very good to have important people in our life thinking we are incapable of making good decisions.

WHAT CAN I DO?

I can choose my friends wisely, give DARES the cold shoulder, or change the subject and let others know I am not interested. If I choose to do drugs or to have sex, I am responsible to find out what protection I need by asking adults (parents, counselors, doctors etc.) and to USE the protection, knowing that the only 100% protection there is, is ABSTINENCE! (Which means not doing it at all!)

DRAW OR WRITE AN EXAMPLE OF A SITUATION YOU FACED THAT YOU SAID NO TO:

QUESTIONS I SHOULD ASK MYSELF IF SOMEONE DARES ME TO DO SOMETHING I KNOW I SHOULD NOT DO

WHAT AM I MISSING BY NOT HAVING SEX?

WHAT AM I MISSING BY NOT DOING DRUGS/ALCOHOL?

SOME OF MY OPTIONS ARE

MY RESPONSIBILITIES ARE

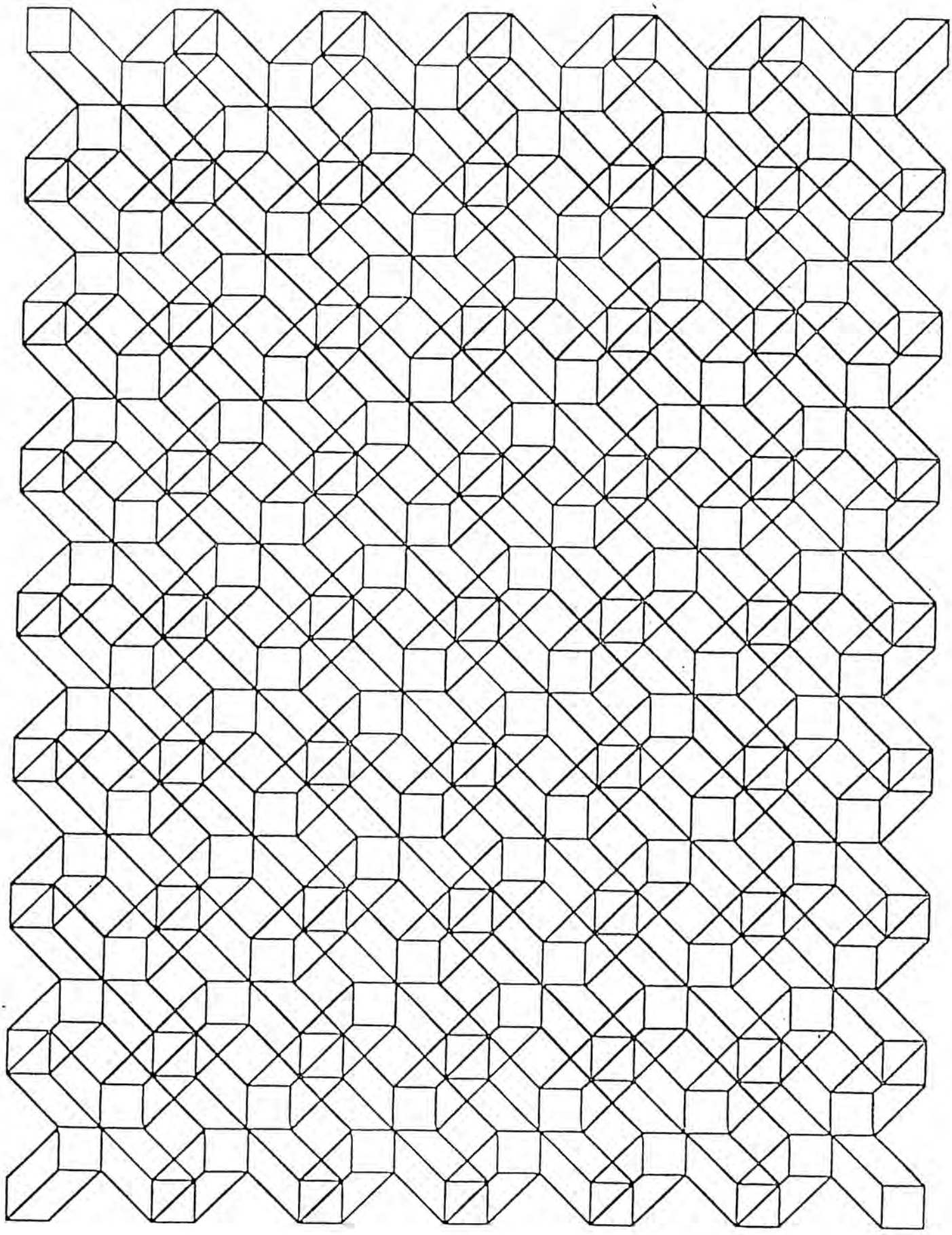
THE ONLY 100% PROTECTION IS

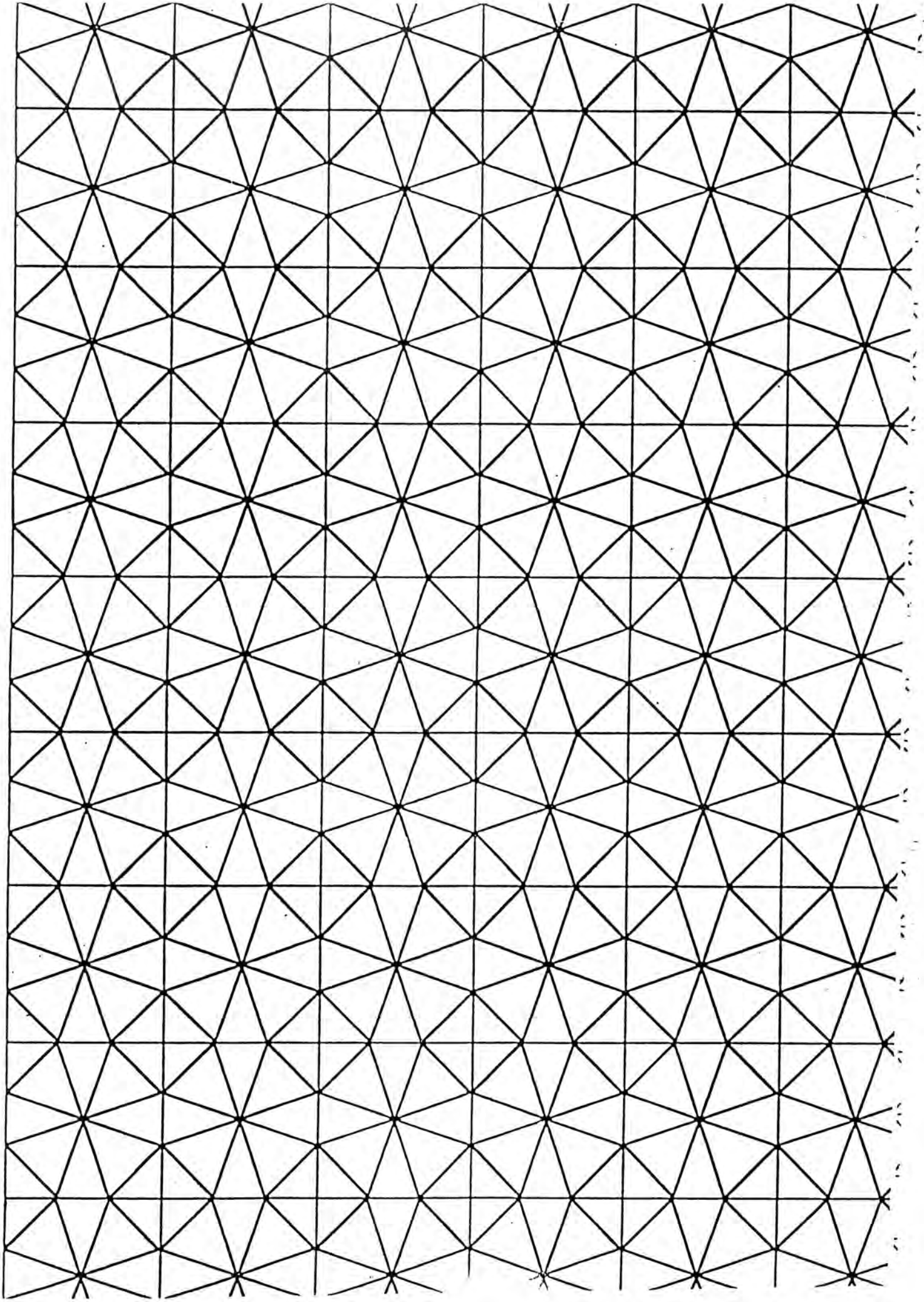
NAMES OF MY GOOD FRIENDS ARE

NAMES OF PEOPLE I SHOULD AVOID ARE

ONE FOOLISH ACT CAN

NOTES





Amherst H.
Wilder Foundation
Since 1906

May 3, 1993

To Whom It May Concern:

I am writing this letter regarding Diane Lyons in order to formally highlight her skills as a foster parent. Diane has strong skills in implementing a thorough behavior management system in her home. She and her husband, Dan, have been licensed as foster parents since 1987 through the Wilder Foundation and are currently licensed as a Group Family Foster Home (licensed capacity = 6).

They currently have two (2) developmentally disabled siblings (ages 15 & 16) as foster children and Diane has implemented an effective behavioral program that addresses the following issues:

1. Destructive behaviors (causing physical damage to the home and property).
2. Lying/manipulating.
3. Inappropriate sexual touching.
4. Anger/frustration.

Their ability to handle a great variety of childrens' behaviors over the years is quite evident. Diane has consistently made valuable use of trainings and workshops in order to enhance her strong parenting skills. I feel very confident in Diane's ability to translate these skills into a different arena, such as in education or professional consultation. In summary, I strongly recommend Diane Lyons as a valuable resource for expertise in parenting of children of all ages.

If there is any other information that I may provide, please feel free to contact me at 642-2035.

Sincerely,

Ken Jaslow

Ken Jaslow, LGSW
Children's Placement Service

Services to
Children and Families
Placement
Residential Service
919 Lafond Avenue
St. Paul, MN 55104-2198
(612) 642-4008

River City Mental Health Clinic, Inc.

April 23, 1993

To Whom It May Concern:

I have been familiar with Diane Lyon's work as a foster parent for approximately two years.

It is my opinion, having observed Diane deal with significantly behaviorally disturbed children, that she is an exceptionally skilled individual at applying behavior management strategies and techniques. Her abilities in effectively communicating her expectations, working with children in a consistent manner, and treating children with respect, understanding and caring are at the root of her success in managing even the most challenging of children.

I believe that Diane Lyons would be an excellent choice for training other parents in the area of behavior management. She would bring to such a position a wealth of practical experience as well as a creative and intelligent approach to any management issue.

Sincerely,

Dr. William R. Spitzmueller, Psy.D.
Licensed Psychologist

cmk

2265 Como Avenue • Suite 201 • St. Paul, MN 55108 • (612) 646-8985

St. Paul-Ramsey Medical Center

RAMSEY

640 Jackson Street
St. Paul, Minnesota 55101-2595
(612) 221-1280

HIV/AIDS Programs

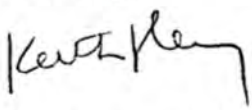
August 5, 1991

Diane Lyons
Therapeutic Home Group
Foster Parent Program
6770 438th Street
Harris, Minnesota 55032

Dear Ms. Lyons:

This is a letter in support of your application to the Minnesota AIDS Funding Consortium (MAFC) in support of your program entitled "Adult/Child Lifestyle Workbook: An Education Tool For Those at High Risk of Becoming Chemically Dependent and Contacting HIV/AIDS". The cycle of dysfunctional families and broken families leading to low feelings of self worth and problems with chemical dependency have been well documented. This situation also leads to higher levels of unsafe sexual behavior, as well as drug use patterns that make it more likely for someone to come in contact with a person who is HIV infected. Ms. Lyons' program is an effort to boost the self esteem and awareness levels of persons involved with these situations and to stimulate their level of self awareness and provide guidance as to where they can turn for additional help. More specifically, she is hoping that by increasing awareness and promoting a feeling of self empowerment, that persons utilizing her program will have higher expectations of what agencies that are serving them can deliver. If persons are unhappy with the services that they receive or that are available, they will be encouraged to constructively comment about the situation to the involved agencies or their legislators. This process where the groups most affected learn to apply pressure at the appropriate points is one that is worthy of financial support. I am familiar with Ms. Lyons through work she has done on behalf of several of my patients with AIDS. I feel she is a quite concerned and capable individual who is most desirous to interrupt dysfunctional cycles of personal behavior early which is the most cost effective way to approach the social milieu which can lead to behaviors placing a person at risk for HIV infection. I hope that you will strongly consider her application, which represents a creative method to positively impact the HIV problem as it now exists and is developing in Minnesota.

Sincerely,



Keith Henry, MD
Director
HIV/AID Clinic and Programs
St. Paul-Ramsey Medical Center and the
University of Minnesota AIDS Clinical Trials Group

October 28, 1991

To Whom It May Concern:

I am writing this letter in support of Ms. Diane Lyons and her efforts to provide educational and support materials for children whose parent(s) have AIDS. Diane knows first hand the difficulties and fears children face when a parent has AIDS. She assisted her sister with her own children when she was diagnosed with AIDS and continues to provide support for them since her sister's death.

Diane has developed a concept whereby children can learn about AIDS through activities in a workbook designed to be non-threatening and helpful in assisting with answers to questions that children often want to ask. The book also includes pictures that children can color and use to express difficult feelings.

As a Program Specialist for the Minnesota Department of Health AIDS/STD Prevention Services, I have become aware of the lack of services and materials for children. I know that Diane's project will fill a void in this area. I also know that Diane's own personal experience with foster children and her sister's children has given her the unique insight to develop this project.

I encourage you to give her project consideration for funding or incorporation in your program. I am confident that Diane's project will serve as a model for AIDS organizations to develop services for children and their families affected by AIDS.

Sincerely,

Stella Whitney-West

Stella Whitney-West
Program Specialist
AIDS/STD Prevention Services
Minnesota Department of Health

TURNING POINT

8/6/91

To whom it may concern:

I've known Diane Lyon's for two years. Her involvement as a caregiver for a couple of Turning Point clients has demonstrated her ability and concern to provide health care as well as emotional support to HIV-AIDS persons.

I had the opportunity to review Ms. Lyons booklets and found them to be an EXCELLENT tool to educate people. As a street outreach counselor, and educator to people that put themselves at risk due to their drug use, these booklets can increase one's self awareness, and provide information and support pertaining to risk reduction, thru empowerment.

The booklet for children can be very helpful. I believe that children today have more opportunity to get into trouble because of drug and alcohol abuse than any generation in the past. This booklet teaches children how to communicate with their parents, as well as teaching them they have a responsibility to the family unit.

I urge you to consider the positive impact this project will have on the community as you review her application for funding.

Sincerely,
Carol L. Fitzgerald
AIDS Outreach Counselor

DEBORAH A. RANDOLPH

Attorney-at-Law
701 Fourth Avenue South
Suite 500
Minneapolis, MN 55415
612-337-9563
Fax 612-338-0359

August 9, 1991

Ms. Mary Hunter
Minnesota Aids Funding Consortium
Minneapolis, Mn

Re: Funding Proposal : Ms. Diane Lyons

Dear Ms. Hunter:

This letter supports the proposal submitted by Ms. Diane Lyons to develop and distribute child/adult educational material for those in the community who are at high risk for chemical dependency and are at high risk for contacting the HIV/AIDS virus. Such materials are long overdue.

I am an attorney in private practice in the Twin Cities. I have been a guardian ad litem in Hennepin County Juvenile and Family Court since 1985. Currently, I am under contract with Hennepin County Family Court to provide lawyer/guardian ad litem services for children who are involved in custody/visitation disputes and for children who have been abused or are in domestic abuse situations. I also represent children in the Juvenile Court setting. I am a volunteer attorney for the Minnesota Aids Project and I have received in-service training concerning HIV/AIDS. In all these capacities I am acutely aware of the tragic results of life style choices leading to chemical dependency and HIV/AIDS. The workbook materials developed by Ms. Lyons would provide those of us working in this field with a sorely needed resource. The format is simple, direct, and readable. The children's materials provide an excellent opportunity for young people to gain some power and control over their lives through information. There's ample materials on the medical aspects of HIV/AIDS and on the ill effects of chemical dependency, but I am not aware of any hands on materials which will enable children to claim their own positive physical and mental health. I fully support the materials submitted by Ms. Lyons for funding by the MAFC.

I have known Ms. Lyons since 1988. I have worked with her personally and professionally around issues of foster care, chemical dependency, and the effects of HIV/AIDS on families and children. Ms. Lyons' motivation, commitment, and training are indeed impressive.

I urge the MAFC to fund this most worthwhile project.

Sincerely,

Deborah A. Randolph

Deborah A. Randolph

jt/DR
CC Diane Lyons

CERTIFICATE OF COPYRIGHT REGISTRATION

FORM TX
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 3 107 562

TXU

EFFECTIVE DATE OF REGISTRATION

JUL 15 1991

Month Day Year

OFFICIAL SEAL

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

REGISTER OF COPYRIGHTS
United States of America

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1 TITLE OF THIS WORK ▼

Choose Life For You And Your Offspring

PREVIOUS OR ALTERNATIVE TITLES ▼

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. **Title of Collective Work ▼**

If published in a periodical or serial give: **Volume ▼** **Number ▼** **Issue Date ▼** **On Pages ▼**

2 NAME OF AUTHOR ▼

Diane Louise Lyons

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country: United States of America
OR { Citizen of ▶ ____ Domiciled in ▶ ____

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☒ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No
If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Entire Text

NOTE
Under the law the "author" of a work made for hire is generally

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

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OR { Citizen of ▶ ____ Domiciled in ▶ ____

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0446186675

3 a YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases.
1991 ◀ Year

b DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK Complete this information ONLY if this work has been published.
Month ▶ July Day ▶ 3 Year ▶ 1991
United States of America ◀ Nation

4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Diane Louise Lyons
6770 438th Street
Harris, MN 55032

See instructions before completing this space

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

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JUL 15 1991

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- Complete all applicable spaces (numbers 5-11) on the reverse side of this page.
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☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

☐ This is the first published edition of a work previously registered in unpublished form.

☐ This is the first application submitted by this author as copyright claimant.

☐ This is a changed version of the work, as shown by space 6 on this application.

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DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. **Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▼

b. **Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

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See instructions before completing this space

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See instructions

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Name ▼ **Account Number** ▼

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CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

Law Office of Glen A. Boyce
P.O. Box 277-725 Main Street
North Branch, MN 55056

Area Code & Telephone Number ▶ (612) 674-6259

Be sure to give your daytime phone number ◀

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check one ▶
☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☒ authorized agent of Diane Louise Lyons

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

10

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Glen A. Boyce date ▶ 7-9-91

Handwritten signature (X) ▼ Glen A Boyce

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Name ▼
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Number Street Apartment Number ▼
P.O. Box 277-725 Main Street
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YOU MUST:
- Complete all necessary spaces
- Sign your application in space 10

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:
1. Application form
2. Non-refundable $10 filing fee in check or money order payable to *Register of Copyrights*
3. Deposit material

MAIL TO:
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Library of Congress
Washington, DC 20559

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than $2,500.

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United States of America

FORM TX
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 3 138 383 TXU

EFFECTIVE DATE OF REGISTRATION

7 (Month) 15 (Day) 91 (Year)

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1 TITLE OF THIS WORK ▼

Inspire A Creative Mind With Choices

PREVIOUS OR ALTERNATIVE TITLES ▼

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. **Title of Collective Work ▼**

If published in a periodical or serial give: **Volume ▼** **Number ▼** **Issue Date ▼** **On Pages ▼**

2 NAME OF AUTHOR ▼

a Diane Louise Lyons

DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR { Citizen of ▶ United States of America / Domiciled in ▶ }

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Anonymous? ☒ Yes ☐ No Pseudonymous? ☐ Yes ☐ No If the answer to either of these questions is "Yes," see detailed instructions

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Entire Text

NOTE
Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

NAME OF AUTHOR ▼

b

DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼

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United States of America ◀ Nation

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See instructions before completing this space

Diane Louise Lyons
6770 438th Street
Harris, MN 55032

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☐ owner of exclusive right(s)
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Name of author or other copyright claimant, or owner of exclusive right(s) ▲

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Glen A. Boyce date ▶ 7-9-91

Handwritten signature (X) ▼

Glen A. Boyce

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YOU MUST:
- Complete all necessary spaces
- Sign your application in space 10

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:
1. Application form
2. Nonrefundable $20 filing fee in check or money order payable to *Register of Copyrights*
3. Deposit material

MAIL TO
Register of Copyrights
Library of Congress
Washington, D.C. 20559

11

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than $2,500.

PROGRAM: _____ PROJECT CHOICE WORKBOOK EVALUATON SHEET CLIENT NAME: _____

Listed below are subjects contained in the Adult workbook "Choose Life For You and Your Offspring". Briefly describe how the information will help you, next to the subjects that relate to your situation.

OUR MIND: _____

_____

PROBLEM CLUES: _____

_____

POSITIVE ACTIONS: _____

_____

DETACHMENT: _____

_____

DEPRESSION: _____

_____

GOALS: _____

_____

THERAPEUTIC BEHAVIOR MGMT.: _____

_____

EXTREME BEHAVIORS: _____

_____

PARENTAL ILLNESS: _____

_____

I RATE THIS PROGRAM - EXCELLENT - GOOD - FAIR - POOR

STAFF - PLEASE COMMENT ON WHY YOU THINK THIS WORKBOOK WILL OR WILL NOT BE AN EFFECTIVE EDUCATIONAL TOOL IN WORKING WITH FAMILY CRISIS:

_____

_____

I RATE THIS PROGRAM - EXCELLENT - GOOD - FAIR - POOR

DATE: _____

Listed below are subjects contained in the Child's workbook "Inspire a Creative Mind with Choices". Briefly describe how the information will help you relate to and educate your children, next to the subjects that relate to your situation:

SAFETY: _____

_____

RIVALRY: _____

_____

OUR MIND: _____

_____

ANGER: _____

_____

FREEDOM: _____

_____

PARENTS WON'T LISTEN: _____

_____

DARES: _____

_____

I RATE THIS WORKBOOK - EXCELLENT - GOOD - FAIR - POOR

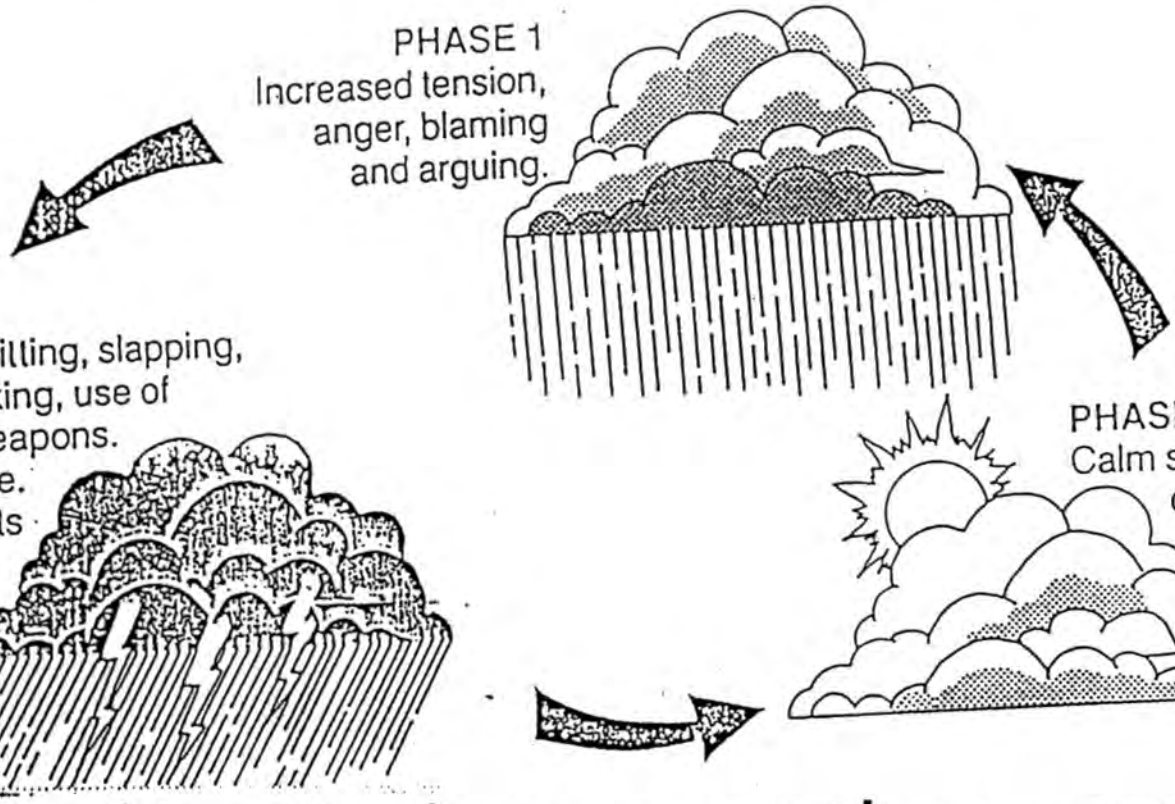
STAFF - PLEASE COMMENT ON WHY YOU THINK THIS WORKBOOK WILL/WILL NOT BE AN EFFECTIVE EDUCATIONAL TOOL WHILE WORKING WITH FAMILY CRISIS: _____

_____

_____

DATE: _____

Battering Cycle



Effects of battering, over time, on:

Women

- Isolation from others
- Low self-esteem, depression
- Increased alcohol or drug abuse
- Emotional problems, illness
- Pain and injuries
- Permanent physical damage
- Death

Children

- Emotional problems, illness
- Increased fears, anger
- Increased risk of abuse, injuries, and death
- Repetition of abuse behavior

Men

- Increased belief that power and control are achieved by violence
- Increase in violent behavior
- Increased contact with law enforcement
- Increased emotional problems
- Decreased self-esteem

Society

- Increase in crime
- Increase in legal, police, medical and counseling costs
- Cost of prison
- Perpetuation of cycle of violence
- Perpetuation of myths of inequality of women and men
- Decrease in quality of life

Even at risk of death, leave abuser

By Anonymous

The National Organization for Women has a new award titled "Women of Courage." I propose such an award be given to every woman who finds the courage to leave her battering spouse or boyfriend. With the recent spate of fatalities among local women who have left their abusers, other abused women may hesitate even more to leave a violent man. And who can blame them? Their fear of being hunted and killed is real.

I know. My father beat my mother and us kids. Tremendous fear and shame, along with physical and emotional violence, dominated our home during my growing-up years. My mother's goal was to raise and get us kids "out of the house alive and in one piece," as she told me. She succeeded, but the price we paid, emotionally and physically, was too high.

I encourage any woman in a violent situation to leave as soon as possible, despite the abuser's serious — even deadly — threats of retaliation. My mother often told me, "It is better to stay and be abused than to leave and risk death." I think she was wrong. By remaining, my mother gambled with her life and with the lives of us kids, too. Many times my father became so enraged while beating me that I feared for my life. More than once my mother intervened by calling the police, only to hang up when they answered. Her phone calls jolted my father back to reality so he'd back off enough for me to sneak away.

But we never knew if or when he'd back off. And what if my mother wasn't home to make the call? Or what if he'd stop beating me and start on one of my sisters or my mother? She feared that. So she waited to call until she feared for my life.

Death can come as quickly as a violent outburst. I believe only a miracle allowed us to get out of our home alive. In his rages my father was so wild (the experts' term is "lacking in impulse control"), we were totally at his mercy. Our home became a battlefield. We suffered a gradual death of spirit and a crippling of emotional health. Even during cease-fires we prepared for the next attack, walking on eggshells and trying to heed our mother's warnings not to fight or even spill the milk. But invariably, some annoyance would set him off, causing us to run for cover.

All of us were casualties. I recall my 5-year-old sister — saucer-eyed, her mouth gaping — peering furtively from behind her shield, the couch, as she watched my father beating one of us older kids. The long-term stress affected us physically, too. Our family doctor (unaware of the abuse) expressed surprise when, at age 15, my sister developed chronic high blood pressure. Another sister and I developed that disease as young adults.

But we suffered the most damage emotionally. Though invisible, these wounds hemorrhaged and festered deep in our psyches, maiming us as surely as if we'd been shot or stabbed.

Even intermittent abuse is damaging and dangerous. We appeared to be an average, middle-class family. My father held a steady job. My mom cooked and cleaned and cared for us kids. We attended church regularly, and my dad was active in local politics. We had a large extended family with frequent picnics and holiday gatherings.

The periodic violence remained hidden even from our relatives because of our silence due to overwhelming fear and shame. Gradually the fear and shame, like the violence, became a permanent part of our lives. We kids grew up to be people-pleasers and doormats, afraid to disagree with anyone on even the simplest issues. Afraid that they, like our father, would erupt at the slightest provocation.

Fear and Shame were my father's greatest allies, for they kept the abuse secret. They became my greatest enemies, accompanying me after I left home and no longer needed to live in fear. Much of my life has been spent in psychotherapy and 12-Step groups recovering from the tenacious hold of Fear and Shame. If my mother had dared to leave, becoming healed and whole would not be my life's task.

I was lucky. Most kids from violent homes do not get near a psychiatrist unless they're in court awaiting trail for some crime. Many are inflicting violence upon others, or languishing in prisons, or straddling the edge of society as "street people." Countless others exist as the "walking wounded," living joyless, unfulfilled lives because Fear and Shame are their constant companions.

Ladies, is this the legacy you want to leave your children? I hope not. You and they deserve better. If you can't leave for yourself, leave for your kids. Their safety and emotional health are reason enough.

My mother was wrong. It is better to leave and risk death than to live with Violence and Fear and Shame. For to live with abuse is always to die emotionally, if not physically.

You; the women living with abuse, can break its destructive cycle. Pick up the phone. Call a women's shelter, the police, a lawyer, a minister, your doctor or all of them if necessary. But don't hang up. Complete the calls. Make plans to leave. I wish my mother had 40 years ago.

The author, a Minneapolis writer, requested anonymity. She suggested two groups to call for help: Domestic Abuse Crisis Line, 646-0994, and National Domestic Violence Hotline, 1-800-333-SAFE.

WHAT IS SAFE SEX?

Safe sex is the way to manage your sex life so that you have the least risk of exposure to the virus that causes AIDS.

There is one basic principle to safe sex: Because the AIDS virus is passed by semen and blood, AVOID EXPOSURE TO YOUR PARTNER'S BODY FLUIDS AND WASTES. Most importantly, this means blood, menstrual blood and semen, but getting saliva, urine or feces into the bloodstream is also risky.

For more information:

Statewide Tollfree AIDSLine
1-800-248-AIDS

Twin Cities AIDSLine
612-870-0700

Minnesota AIDS Project
2025 Nicollet Avenue
Minneapolis, MN 55404
(612) 870-7773

For free, anonymous AIDS antibody testing call:

Minneapolis 347-3302
St. Paul 292-7752
Rochester (507) 285-8370
Duluth (218) 722-1497
St. Cloud (612) 255-6155

SAFE SEX

SAFE SEX LOWERS THE RISK OF TRANSMITTING AIDS IN BODY FLUIDS

SAFE

- Mutual masturbation
- Massage
- Body-to-body rubbing
- Hugging and holding
- Watching and showing off
- Clean dildoes and other toys that are not shared
- Social (dry) kissing
- Fantasies

POSSIBLY SAFE

- Intercourse, using a condom
- Oral sex when the penis is withdrawn before climax
- Watersports (urinating) if none is swallowed or hits open wounds
- French (wet) kissing
- Oral sex with a condom

UNSAFE

- Intercourse without a condom
- Semen or urine in mouth, anus, or open wounds
- Sharing needles or any activity involving blood exchange
- Rimming (licking the anal area)
- Use of poppers, alcohol or other drugs that impair judgement.
- Shared sex toys
- Fisting

HAVE ONLY SAFE SEX. LEARN TO SAY NO. CHOOSE PARTNERS WHO PLAY SAFE.

Minnesota Department of Health
AIDS/STD Prevention Services Section
STD Fact Sheet

STD	WHAT TO WATCH FOR	HOW DO YOU GET THIS STD?	WHAT HAPPENS IF YOU DON'T GET TREATED?
HIV INFECTION and AIDS (caused by human immunodeficiency virus)	* Symptoms show up several months to several years after person becomes infected with human immunodeficiency virus (HIV). * Flu-like feelings that don't go away. * Unexplained weight loss. * Diarrhea that lasts for several days. * White spots in mouth. * Purple bumps on the skin and inside mouth and nose. * Persistent fever and night sweats. * Swollen glands (lymph nodes) in the neck, armpits or groin.	* Spread by sharing needles to inject IV drugs. * Spread during anal sex, vaginal sex, and possibly oral sex with someone who has AIDS or is carrying HIV. * Spread from infected mother to infant during pregnancy or birth. * HIV is <u>not</u> spread by casual contact, air, food, insects, or animals.	* HIV CAN BE PASSED TO SEXUAL PARTNER(S) OR SOMEONE SHARING A NEEDLE. * A mother with HIV can give it to her baby in the womb, during birth, or while breastfeeding. * Early intervention and treatment of HIV with existing medications can keep an HIV-infected person healthier longer and delay the onset of AIDS. * AIDS cannot be cured. Most people die from the disease.
CHLAMYDIA (caused by <u>Chlamydia trachomatis</u>, a bacteria-like organism)	* Symptoms show up 7-21 days after having sex with an infected person. * Most women and some men have no symptoms. However, possible symptoms are: WOMEN: * Discharge from the vagina. * Bleeding from the vagina between periods. * Burning or pain during urination. * Pain in lower abdomen, sometimes with fever and nausea. * Anal discomfort. MEN: * Watery, white pus from the penis. * Burning or pain during urination. * Anal discomfort.	* Spread during vaginal sex, oral sex, and anal sex with someone who has chlamydia.	* CHLAMYDIA CAN BE PASSED TO SEXUAL PARTNER(S). * Reproductive organs can be damaged. * Both men and women may no longer be able to have children. * A mother with chlamydia can give it to her baby during childbirth and cause eye, ear, or lung infections.

STD	WHAT TO WATCH FOR	HOW DO YOU GET THIS STD?	WHAT HAPPENS IF YOU DON'T GET TREATED?
GENITAL WARTS (caused by the Human papilloma virus - HPV).	* Symptoms show up 1-6 months after having sex with an infected person. * Small, bumpy warts on the sex organs and anus. * The warts do not go away. * Itching or burning around the sex organs. * Warts may be "hidden" inside the vagina or anus with no pain or discomfort.	* Spread during vaginal sex, oral sex, and anal sex with someone who has genital warts.	* VIRUS THAT CAUSES GENITAL WARTS CAN BE PASSED TO SEXUAL PARTNER(S). * More warts grow and are harder to get rid of. * A mother with warts can give them to her baby during childbirth. * May lead to precancerous condition.
GONORRHEA ("Clap") (caused by Neisseria gonorrhoeae, a bacteria)	* Symptoms show up 1-30 days after a person becomes infected. * Most women and many men have no noticable symptoms. However, possible symptoms are: WOMEN: * Thick yellow or white pus from the vagina. * Burning or pain during urination or a bowel movement. * More pain than usual during periods. * Cramps and pain in the lower abdomen not associated with period. * Anal discomfort, itching or discharge. MEN: * Thick yellow or white pus from the penis. * Burning or pain during urination or a bowel movement. * Anal discomfort, itching, or discharge.	* Spread during vaginal sex, oral sex and anal sex with someone who has gonorrhea.	* GONORRHEA CAN BE PASSED TO SEXUAL PARTNER(S). * Can spread throughout reproductive organs. * Both men and women may no longer be able to have children. * A mother with gonorrhea can give it to here baby during childbirth and cause eye damage and infant pneumonia. * Can cause heart trouble, arthritis. and blindness.
HERPES (caused by Herpes-simplex virus type 1 and 2, HSV)	* Symptoms show up 2-30 days after a person becomes infected. * Small, painful blisters on the sex organs, mouth, and/or anus. * Some people have symptoms they can not see or feel. Flu-like feelings. * Itching or burning before the blisters appear. Blisters go away, but HSV is still in the body. * Blisters can come back.	* Spread during vaginal sex, oral sex and anal sex with someone who has herpes. * "Cold sores" on the mouth are caused by HSV. * HSV can be spread from mouth genitals of another person during oral sex.	* HSV CAN BE PASSED TO SEXUAL PARTNER(S). Herpes cannot be cured. * A mother with herpes can give it to her baby during childbirth. * Herpes sores can become infected by other germs. * Herpes, with its blisters and eruptions, can contribute to transmission of AIDS.

STD	WHAT TO WATCH FOR	HOW DO YOU GET THIS STD?	WHAT HAPPENS IF YOU DON'T GET TREATED?
NONGONOCOCCAL URETHRITIS (NGU) (caused by various organisms other than gonorrhea)	* Both men and women are affected by NGU. Symptoms show up 1-3 weeks after having sex with an infected person. * Most women and some men have no symptoms. * Clear yellow or white pus from the penis. * Discharge or burning of the vagina. * Burning or pain during urination.	* Spread during vaginal sex, oral sex and anal sex with someone who has NGU.	* GERMS THAT CAUSE NGU INFECTION CAN BE PASSED TO SEXUAL PARTNER(S). * Can lead to more serious infection. * Reproductive organs can be damaged. * Both men and women may no longer be able to have a child. * A mother with the germs that cause NGU infection can give them to her baby during childbirth, and cause eye problems or pneumonia.
SYPHILIS (syph, the pox) (caused by Treponema pallidum, a bacteria)	1st Stage (primary syphilis): * Symptoms show up 1-12 weeks after having sex with an infected person. * A painless, reddish-brown sore on the mouth, sex organs, or anus. * Sores can be "hidden" in the vagina or rectum. Sore lasts 1-5 weeks. * Sore goes away, but syphilis is still in the blood. 2nd Stage (secondary syphilis): * Symptoms show up 6 weeks - 6 months after sore appears. * A rash anywhere on the body. * Flu-like feelings. Latent: * No sores or rashes, but syphilis is still in the blood.	* Spread during vaginal sex, oral sex, and anal sex with someone who has syphilis.	* THE GERM THAT CAUSES SYPHILIS CAN BE PASSED TO SEXUAL PARTNER(S). * A mother with syphilis can give it to her baby in the womb. * Can cause heart disease, brain damage, blindness and death. * Early syphilis, with its sores and eruptions, can contribute to transmission of AIDS.
VAGINITIS (caused by a variety ms and	* Some women have no symptoms. * Itching, burning or pain in the vagina. * More discharge from the vagina than normal. * Discharge smells and/or looks different.	* Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis. * Can be spread during vaginal sex, oral sex, and anal sex. * Men can carry germs which cause vaginitis without having any symptoms.	* THE GERMS THAT CAUSE VAGINITIS CAN BE PASSED TO SEXUAL PARTNER(S). * Uncomfortable symptoms will continue. * Men can get infections in the prostate gland and urethra.

STD	WHAT TO WATCH FOR	HOW DO YOU GET THIS STD?	WHAT HAPPENS IF YOU DON'T GET TREATED?
CHANCROID (caused by Haemophilus ducreyi, a bacteria)	* Painful swelling and draining open sores that ooze pus.	* Sexual contact or from skin to skin contact with someone who has infected sores. Sores may be on or near the genitals. * Chancroid can be transmitted from a person who has no visible signs of having it.	* Its primary danger is that the open sores make it easy to pick up other STDs, like HIV, the AIDS virus. * Also causes destruction of tissues if left untreated, and can cause phimosis (inability to retract foreskin) and paraphimosis (inability of foreskin to go back over head of penis once it's retracted).
PUBIC LICE (Crabs) & SCABIES	* Sometimes lice can be seen in hairy parts of the body, particularly in the pubic region. * Severe itching, sometimes blood on the underwear if lice get under the skin. * Scabies can cause severe itching . Also, reddish zigzag furrows under skin in genital area and buttocks --or between fingers, skin folds of elbows, wrists, under arms, feet.	* Mostly by sexual contact or other close physical contact. * Also by infested towels, toilet seats, bedding, and clothing	* Both crabs and scabies are very contagious. * Crabs can move from pubic hair to other hairy areas (under arms, eyelashes) if other areas are scratched and touched. * Scabies often spread through a family.
HEPATITIS: Types A and B (caused by Hepatitis A and Hepatitis B viruses)	* Most men and women have no symptoms. However, possible symptoms are: Type A (infectious hepatitis): * Symptoms show up 15-50 days after infection. * Fever and flu-like symptoms. * Loss of appetite. * Abdominal discomfort. * Yellow eyes and skin. * Dark urine. Type B (serum - blood - hepatitis) * Symptoms show up 45-180 days after infection. * Same symptoms as Type A.	Type A: Fecal-oral transmission is most common where a personwho is infected doesn't wash hands after bowel movement. Virus gets on things he or she touches, like food. Type A is not usually transmitted sexually, but can spread by sex acts such as oral/anal or finger/anal play. Type B: spread by sexual contact, shared drug needles, or through unclean surgical needles. Also, from infected mothers to child during birth.	* Highly infectious in early stages. Can be serious because it affects liver and other body functions. * Baby born to woman with Type B may develop it and the infant may become chronic carrier; if not immunized at birth. * May develop into chronic liver disease. * Type B can lead to fatal disease, or infected person may become carrier and could transmit infection to others.

* Don't have sex with anyone who engages in high risk behavior, like someone suspected of having a lot of sex partners.
* USE CONDOMS DURING SEX
  Wearing latex condoms is the most effective preventive measure sex partners can take. Men should wear condoms. Women should insist male partners use them. Condoms are not foolproof, but they are usually effective.
* USE SPERMIDICIDALS
  Spermicide foams, creams or jellies containing non-oxynol 9 may reduce STD risk.
* WASH AFTER SEX
  Washing with soap and water after sex may flush away STD germs that haven't infected a person yet. Women should not douche, however; douching may force germs higher up in the vagina and actually increase the risk of infection. This is no substitute for using a condom.
* URINATE AFTER SEX
  Urinating after sex may wash away germs before they cause an infection. Again, this is no substitute for using a condom.
* The partner(s) of someone with an STD must get treated when the infected person gets treated. This will prevent reinfection.
* Persons with an STD should not have sex until their doctor says they're cured.
* Get checked for STDs during each health exam. This is very important for women, who often have no signs of an STD. If persons have more than one sex partner, they may need a regular STD checkup every 6 months.

IF YOU ARE UNSATISFIED WITH SERVICES YOU RECEIVE OR FEEL NEEDED SERVICES ARE NOT AVAILABLE - call information to find out the name and address of your DISTRICT REPRESENTATIVE in your State Legislature.* WRITE TO YOUR REPRESENTATIVE. Be sure to include your name/address/telephone number/the date your title and the name of the association you are affiliated with if any. State your concern and ask them to please respond with needed information. Your letter WILL be read and answered. EACH PERSON DOES HAVE THE CHANCE TO EFFECT POLICY! If you feel this concern also affects others, encourage them to join you in creating awareness.

*MINNESOTA LEGISLATURE INFORMATION NUMBER 296-2146

GOVERNMENT AGENCIES THAT REGULATE COMPANIES AND HEALTH MAINTENANCE ORGANIZATIONS:

QUESTIONS and COMPLAINTS regarding INSURANCE COMPANIES should be directed to:

Insurance Division
Dept. of Commerce
500 Metro Sq.
7th & Robert Streets
St. Paul, Mn. 55101
612-296-2488

QUESTIONS and COMPLAINTS regarding HEALTH MAINTENANCE ORGANIZATIONS should be directed to:

HMO Section
Mn. Dept. of Health
717 Delaware St. S.E.
Mpls. Mn. 55440
612-623-5365

LOCAL NUMBERS

BATTERED WOMEN'S CRISIS LINE 646-0994
CHILDRENS HOME CRISIS NURSERIES 641-1300
CHRYSALIS WOMEN'S CTR. 222-2823
CRIME VICTIM CRISIS CTR. 340-5400
NEON NIGHTTIME EMERGENCY 379-6366
YES EMERGENCY SERVICES 379-6363
SEXUAL OFFENSE SERVICES 298-5898
GAY & LESBIAN CRIME ADVOCATE 822-0127
SUICIDE PREVENTION 347-2222
POISON CONTROL 221-2113
RUNAWAY HOTLINE 231-6946
CITY BUS INFORMATION 827-7733
LAWYER REFERRAL SERVICE STATEWIDE.....800-292-4152
ALCOHOLICS ANONYMOUS 776-6566
AL-ANON/ALATEEN 771-2208
PARENTS ANONYMOUS 459-6980
RED DOOR CLINIC 347-2437
WILDER COMMUNITY CARE RESOURCES.....642-4060
NATIONAL SOCIAL SECURITY HOTLINE 1-800-234-5772
FIRST CALL FOR HELP
COMMUNITY RESOURCE DIRECTORY FOR PUBLIC &
SOCIAL SERVICES - MPLS.....340-7431
ST. PAUL.....224-1133
MINNESOTA AIDS PROJECT 870-7773
AIDS - SUPPORT GROUPS 429-9792
221-3173
822-7946
HISPANIC 296-9587
227-0831
292-0117
375-9476
BLACK AMERICANS 824-7809
588-0707
374-3835
AMERICAN INDIANS 725-7425
870-1723
721-9875
WOMEN 871-0118
870-0700
LESBIANS 822-0127
GAY MALES 429-9792
LESBIANS/GAY MALES 822-8661
CAREGIVERS/FAMILY/FRIENDS 825-8016
GRIEF/LOSS SUPPORT GROUPS 481-8750
SUICIDE SURVIVORS SUPPORT GROUP 929-6448

CAREGIVERS TRAINING-RED CROSS 291-3867
HOME DELIVERED MEALS PROGRAM 822-7946
AIDS/HEALTH COVERAGE .....TWIN CITIES 926-0699
GREATER MN. 800-642-6121
NATIONAL SPANISH AIDS HOTLINE 800-344-SIDA
MINNESOTA AIDS LINE 612-870-0700
ADVOCATES FOR PEOPLE WITH AIDS 870-8026
ARCHDIOCESE AIDS MINISTRY PROGRAM 337-4345
AIDS FINANCIAL ASSISTANCE 339-8965
AIDS EMERGENCY FUND 331-7733
CREMATION SOCIETY OF MN. 825-2435

TAKEN FROM AN ARTICLE FROM THE ST. PAUL MN. PIONEER PRESS 9/19/92

Hospitals perceived as greedy

Minnesota hospitals are perceived as arrogant, greedy organizations that care more about money than the patients they serve, a survey of 89 legislators, lobbyists, business leaders, union leaders and reporters has found.

ARE TREATMENT CENTERS ANY LESS GREEDY AT PRICES OF $1500-$2000+ PER PERSON WHEN ALL ADDICTIONS-FOOD, CHEMICALS, RELATIONSHIPS, ETC. HAVE THE SAME DYNAMICS - NEEDING THE SAME BASIC INFORMATION?

WHAT ABOUT HOME STUDY PROGRAMS COSTING $500+ FOR EACH SUBJECT?

ARE WE ENDANGERING THE PUBLIC BY EXPLOITING THEIR NEEDS?

ALL ARE ONLY AVAILABLE TO THE HIGHER INCOME UNLESS CASES BECOME EXTREME AND <u>THEN THEY QUALIFY FOR GOVERNMENT FUNDING.</u>

HOW DO WE KNOW THAT THOSE FUNDED WILL <u>USE THE INFORMATION? WHAT DO THESE EXPENSIVE PROGRAMS CONSIDER A SUCCESS?</u> THEY ARE HAPPY IF THE STUDENT LEARNS THE "BASICS"

WHY ARE WE ALLOWING THIS? WHY ARE WE WAITING FOR CASES <u>TO BECOME EXTREME</u> BEFORE WE EDUCATE?

YOU CAN MAKE ANOTHER CHOICE!

THOUGHTLESS

BEHAVIORS PUT US AT RISK -

*HIV/AIDS
*DOMESTIC ABUSE
*CHILD ABUSE
*SOCIAL DEPENDENCE

NOW WE CAN MINIMIZE THE PERCENTAGE WITH

PROJECT CHOICE

IMMEDIATE RESULTS:
REDIRECTION OF SOCIAL SERVICE BUDGETS -

*LESS NEED FOR INHOME AND OUTSIDE THERAPY
*LESS NEED FOR FOSTER CARE PLACEMENT
*LESS PLACEMENT DISRUPTION
*THERAPEUTIC TRAINING RULES/EXAMPLES OF INTERVENTION FOR ALL PARENTS - KEEPING ADULTS IN CHARGE
*PUBLIC AWARENESS

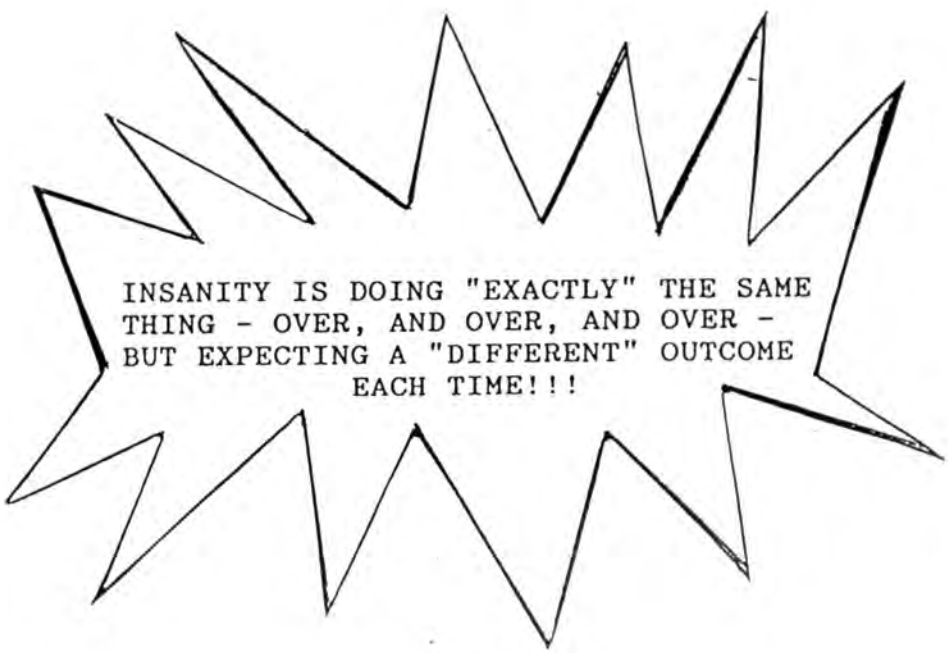
This Adult/Child workbook set provides awareness/basics, giving the family tools to work with, along with sources for self advancement as problem areas are identified.

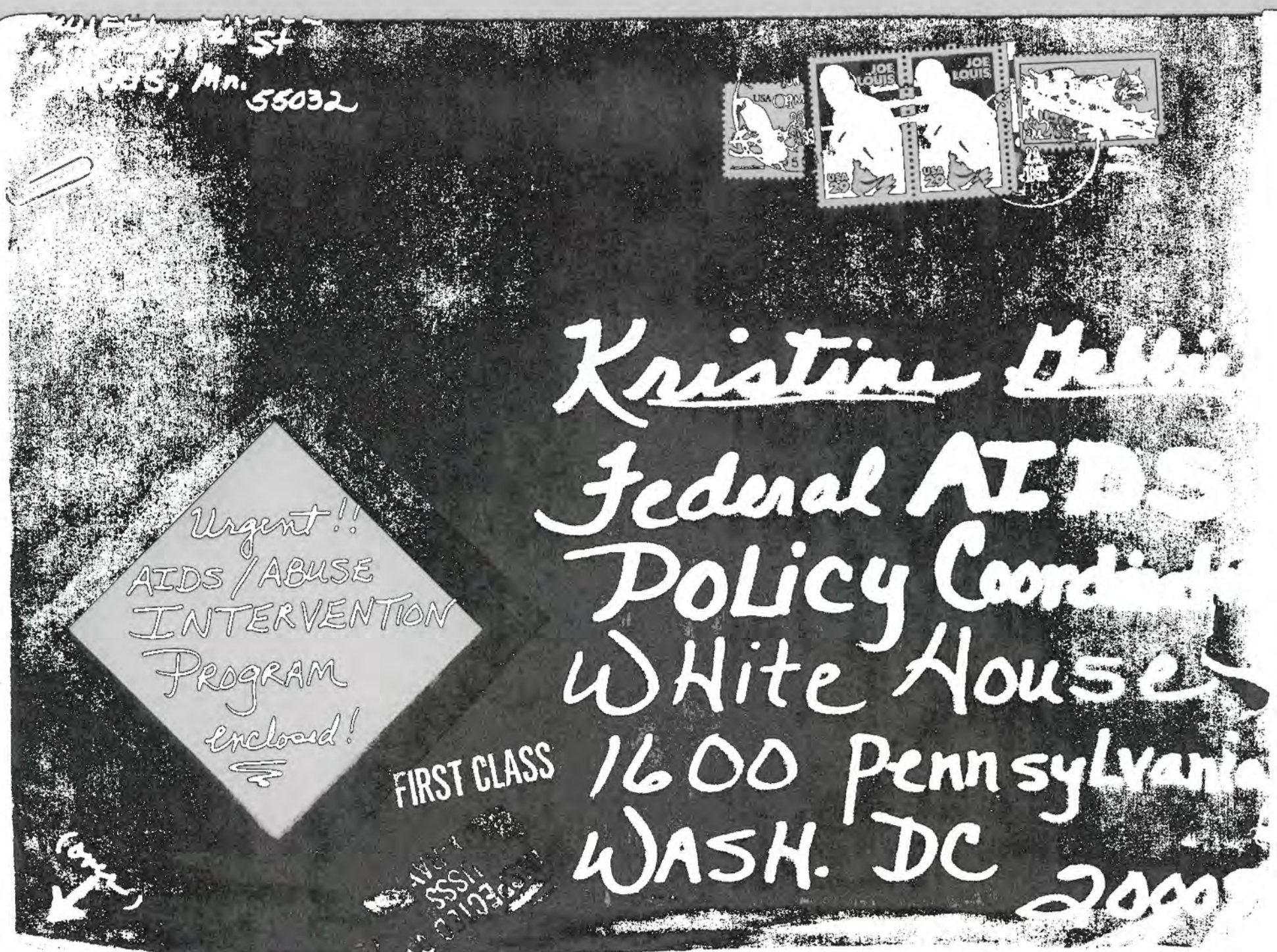
DESCRIPTION

ADULT'S WORKBOOK
*IDENTIFIES PROBLEM AREAS
*PROVIDES POSITIVE ACTIONS
*ENCOURAGES SELF INVENTORY OF INDIVIDUAL STRENGTHS
*DISPELLS THE BELIEF THAT "FATE" KEEPS US STUCK
*TEACHES DETACHMENT
*PUTS THE RESPONSIBILITY ON EACH INDIVIDUAL TO SEEK ALTERNATIVES
*GIVES THERAPEUTIC BEHAVIOR MANAGEMENT RULES/EXAMPLES OF INTERVENTION, KEEPING THE ADULT IN CHARGE/PREVENTING CHILD ABUSE

CHILD'S WORKBOOK

*TEACHES APPROPRIATE METHODS OF HANDLING ANGER
*SUPPORTS THE ADULT BEHAVIOR RULES
*TEACHES COMMUNICATION/NEGOTIATION
*TEACHES SAFETY AND RESPONSIBILITY TO THEMSELVES, THE FAMILY AND SOCIETY




St
Minn. 55032
JOE LOUIS
JOE LOUIS
USA 29
USA 29
Kristine
Federal AIDS
Policy Coord
White House
1600 Pennsylvania
WASH. DC
2000
Urgent!!
AIDS/ABUSE
INTERVENTION
PROGRAM
enclosed!
FIRST CLASS

Main
#03D06

NAPO Document Control Slip

NAPO Number : 6997 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 : Wahsington State : DC Zip : 20500
On Behalf Of : To : DIANE LYONS

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

Project Choice AIDS/Abuse - Intervention/Prevention Program - 6770 438th Street - Harris, Minnesota 55032

********** 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	

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Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Armando B. Rico
Writing Programs
P.O. Box 5262
Tucson, Arizona 85703

Dear Mr. Rico:

Thank you for your kind message of congratulations regarding my appointment as the National AIDS Policy Coordinator. I appreciate your words of support and encouragement.

HIV infection is a serious and escalating problem, especially among young people. Education is indeed a critical aspect of our fight against the AIDS epidemic, and efforts need to be made to reach school age children across the Nation.

I have forwarded your publication on AIDS, Later with the Latex, to the Office of HIV/AIDS at the Centers for Disease Control and Prevention which has the lead responsibility for HIV prevention and education efforts.

All Americans need to participate as we move ahead in our fight against this devastating disease. I am confident that together we will be able to make a difference.

Thank you again for writing.

Sincerely,

Kristine Gebbie

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

cc:
Office of HIV/AIDS, CDC

THE WHITE HOUSE

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National AIDS Policy Coordinator

cc:
Office of HIV/AIDS, CDC

Prepared by:JLehman:SBart:NAPO:7/22/93:B:Rico:202-690-5560
Revised per:KGebbie:7/23/93

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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~~Unfortunately, in my public position as the National AIDS~~ Policy Coordinator, I am unable to endorse or ~~promote individual products, no matter their merit~~. I have ~~asked my staff to~~ forwarded your publication on AIDS, Later, with the Latex to the Centers for Disease Control and Prevention (CDC), ~~an Agency of the Public Health Service, in the Department on Health and Human Services. The CDC~~ which has the lead responsibility for HIV prevention and education efforts.

~~The views and ideas of~~ All Americans need to ~~be~~ participate ~~considered~~ as we move ahead in our fight against this devastating disease. I am confident that together we will be able to make a difference. Thank you again for writing.

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National AIDS Policy Coordinator

Prepared by:JLehman:SBart:NAPO:7/22/93:B:Rico:202-690-5560
Revised per:KGebbie:7/23/93

Novel • School • Health

AHS
6/17

ARMANDO B. RICO

June 26, 1993

Writing Programs
P.O. Box 5262
Tucson, AZ 85703
(602) 628-1135

Ms. Kristine Gebbie
AIDS Policy Coordinator
The White House
Washington, D.C. 20500

Dear Ms. Gebbie:

Congratulations on your appointment to coordinator of AIDS policy. I shall be praying for you and for the success of your proposals.

Allow me to introduce myself. My name is Armando B. Rico. I am a writer, teacher and lecturer. I write novels, school texts, drug prevention publications, and I teach and lecture on creative writing and drug awareness education and prevention, bilingual.

During the summer months I teach writing workshops for young writers, 3rd through 6th grade. These intensive writing classes are held at our University of Arizona.

I am pleased to send you a copy of my latest publication on AIDS, Later, with the Latex. You will find the comprehensive preventive guide methodized for the modern teenager, with thoroughly researched STD awareness education and prevention information appropriate for all classes of readers.

The format and shock treatment are intentional and target our "invulnerable" youth.

At a time when the federal government continues to ignore scientific data on changing sexual practices and the spread of HIV among teenagers, and in a climate of near-panic as Americans plead for disease control bureaucrats to redefine and killer virus and formulate a consistent approach to the prevention and cure of AIDS, we must not forget the ultimate weapon we have against this terrible disease -- education.

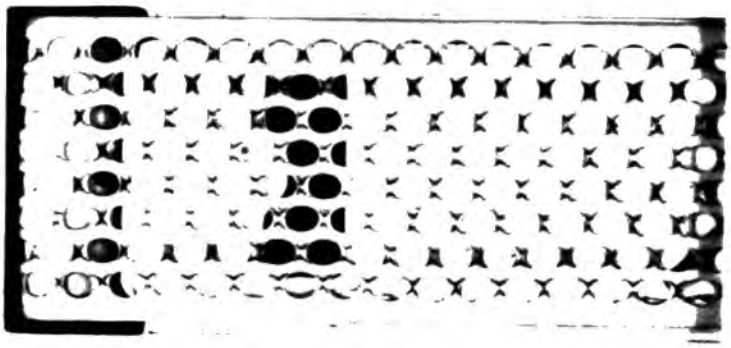
Please review my publication and give me a minute of your thoughts.

Thank you.

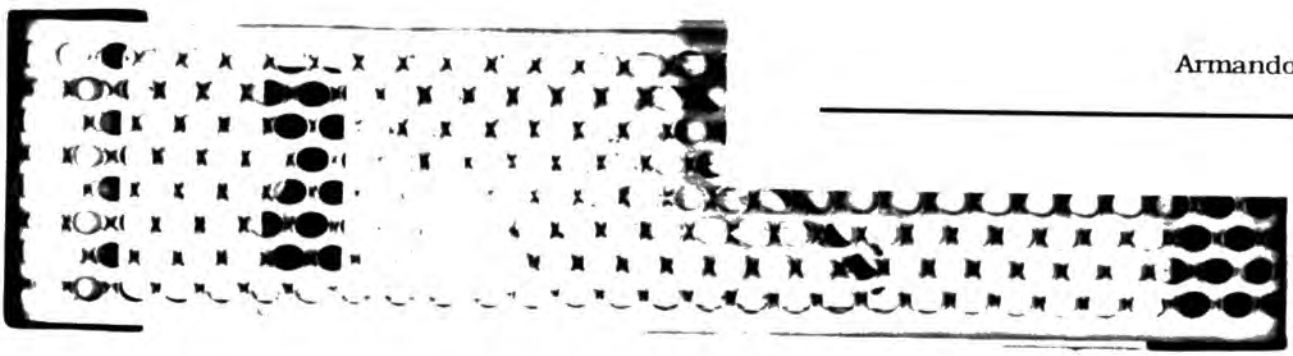
Very truly yours,

Armando B. Rico

Disease Control Studies
Indicate More Than
5 Million Americans
May be Carrying
the Killer Virus
AIDS



Later, with the Latex



Armando B. Rico

Disease Control Studies
Indicate More Than
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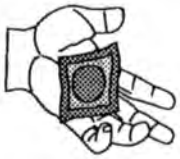
AIDS

Later, with the Latex

Armando B. Rico

Veracruz Publishers
P.O. Box 5262
Tucson, Arizona 85703

International Standard Book No. 1-879219-06-9



If you were infected with the AIDS virus when you were in junior high school, chances are you'll die around your third year of college. You might want to reconsider that heavy tuition expense. Also, if you're now carrying straight A's and going for full scholarship, you should ask your counselor about the possibility of assigning your grant awards to another student who may be around for a few more years.

•••

THERE IS PRESENTLY NO CURE FOR AIDS.

•••

It is estimated that almost 25% of Americans infected with the AIDS virus (HIV) are teenagers. Based on incubation periods of a few months to as long as ten years between infection and diagnosis, 90% of infected teens may not be aware of the deadly disease they are carrying and transmitting to their sexual partners.

•••

THERE IS PRESENTLY NO EFFECTIVE, SAFE vaccine to prevent AIDS.

The only way to reduce the spread of AIDS (HIV) is:

- ❑ Education
- ❑ Education
- ❑ Education

(No guessing - either you know it or you don't.)

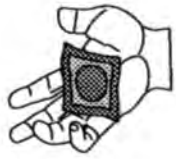
•••

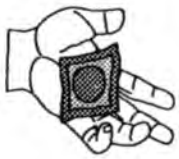
AIDS stands for Acquired Immunodeficiency Syndrome. It is a disease. The disease is caused by a virus, a microorganism that invades the human body and causes infection. The virus is called HIV - Human Immunodeficiency Virus.

•••

"Can I become infected with the AIDS virus from 'French' kissing? I don't do it, of course, but my friend is not taking this class and she, you know ..."

"The answer is no - but let's make sure we understand the difference between a deep kiss, 'French' kissing, and chewing on your partner's tonsils."





The AIDS virus is not spread by casual contact. However, HIV has been found in a number of body fluids and secretions such as blood, urine, tears, semen, breast milk, vaginal secretions and saliva. Therefore, scientists have not been able to rule out the possibility that tiny cuts and sores on the lips, inside the mouth, or bleeding gums may provide access for HIV to enter the bloodstream during prolonged, heavy kissing.

• • •

"What's a syndrome?"

"Pay attention - are you supposed to be in this class?"

• • •

The human immunodeficiency virus (HIV) attacks and breaks down the body's natural immune defenses against disease. Without a healthy and functioning immune system, the body cannot fight off invading microorganisms or malignant cells that produce illness, impairment of organ function and death.

Among teenagers, it is estimated that the incidence of AIDS cases is almost doubling every year, and clinics are reporting that a far greater number of HIV cases in teens are the result of heterosexual sex.

• • •

The AIDS virus can be spread by an infected person who engages in sexual intercourse or prolonged sexual contact that may transmit body fluids and secretions from male to female, female to male, male to male, or female to female.

"Isn't there a name for that?"

"Yes. It's called bidirectional."

• • •

Most researchers believe that the AIDS virus began in Central Africa and arrived in the United States in 1975.

But get this:

The first case of an AIDS-related death in the U.S. was recorded in 1969 - Kaposi's sarcoma (cancer) of the rectum and anus - in a 14-year-old boy.

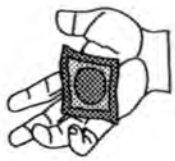
• • •

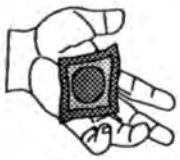
✔ The AIDS virus can be transmitted by an infected person during vaginal intercourse.

• • •

The virus spreads in the soft, moist skin of the vaginal area, then enters the blood stream through tiny tears or genital ulcers and infections on the lining of the vagina.

• • •





Condoms and spermicides, if properly used, will help prevent the spread of the AIDS virus (HIV) and other sexually transmitted diseases (STDs).

CONDOMS ARE NOT 100% SAFE

• • •

✔ The AIDS virus can be transmitted by an infected person during anal intercourse.

• • •

Anal sex involves friction and stresses that may rupture the blood vessels of the soft rectal lining, giving HIV a passageway to the bloodstream. Anal intercourse with an infected person remains one of the most serious high-risk methods of intercourse, and some health experts believe it is one of the ways HIV is most frequently transmitted.

• • •

Condoms and spermicides, if properly used, can reduce, but not eliminate, the risk of sexually transmitted disease (STD).

• • •

✔ The AIDS virus can be transmitted by an infected person during oral sex.

• • •

HIV-infected semen, pre-ejaculatory fluids and saliva secreted during oral intercourse may enter the bloodstream through tiny cuts and sores inside, or around, the mouth, gums, penis, anus, or vagina.

Condoms and spermicides, if properly used, will help prevent the exchange of HIV-infected fluids.

CONDOMS ARE NOT 100% FOOLPROOF

You better understand this:

Tiny breaks on the surface of the skin, or the presence of blood in the soft, moist tissue of the vagina, penis, rectum, or mouth may not be visible to the naked eye.

• • •

The average age for a girl in the United States to begin having sexual contacts is sixteen. The average age for a boy is fifteen.

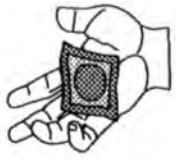
Does that worry you?

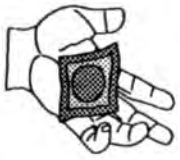
How about this:

Almost half (46%) of sexually active teens do not use condoms.

YET:

In a national survey conducted in the U.S. in 1992, 57% of the adults polled disapproved of sex education in public schools beginning in the 4th grade.





• • •

✔ The AIDS virus can be transmitted by sharing intravenous (IV) drug needles.

• • •

Steroid needles, ear-piercing needles, tattoo needles, or any IV injection equipment may contain infected blood that can be transmitted directly into the bloodstream of the person who shares in the use of the paraphernalia.

• • •

✔ The AIDS virus can be transmitted during pregnancy from an infected mother to her unborn child.

• • •

THERE IS PRESENTLY NO EFFECTIVE TREATMENT TO PREVENT THIS TRANSMISSION.

More than half of all babies born to AIDS-infected mothers become infected with HIV, and most of the infected babies die before the age of three.

• • •

JUST THINK:

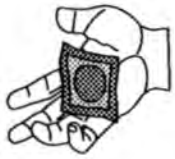
In 1983, there were 75 pediatric AIDS cases reported in the United States.

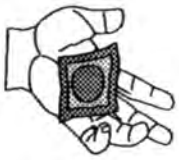
At the end of 1992, more than 4,000 cases of AIDS-infected children had been reported in the U.S.

• • •

Condoms, (prophlactics, rubbers, latex), if properly used, can be effective as a means of birth control, and reduce the risk of HIV and other sexually transmitted diseases.

CONDOMS DO NOT PROVIDE TOTAL PROTECTION





• • •

Many cases have been reported world-wide of children and adults becoming infected with the AIDS virus (HIV) through infected blood or blood products used for transfusions and in the treatment of hemophilia.

"I have a question."

Hemophilia is a heredity disease. It is the result of a defective gene attached to the X chromosome, one of two chromosomes that determine sex. Hemophilia is characterized by delayed clotting of the blood and consequent excessive bleeding or hemorrhaging.

"It was about syndrome."

In 1985, the United States began testing donated blood and plasma for the presence of antibodies to the AIDS virus. However, the blood testing cannot completely screen out all infected blood coming into the national blood supply.

"Why not?"

"Blood donors lie."

"How dare you say that! My dad has been donating blood all his . ."

"Class, please turn to the Immune System Section."

Lymphocytes are the white blood cells that form an intricate part of the human immune system. They defend the body against disease. Lymphocytes develop and mature in the thymus and are identified as T cells. Subsets of T cells (helper/inducer cells) are identified as CD_4 and are called T_4 cells. The AIDS virus attacks and eliminates these T_4 "helper" cells. Antibodies produced by white blood cells to fight invading organisms are not effective in destroying the AIDS virus. The presence of antibodies to the AIDS virus means that a person has been infected with HIV.

HOWEVER:

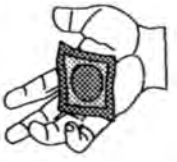
Blood of a newly infected person may not show the presence of antibodies to the AIDS virus during initial testing. This is because the antibodies do not form immediately after exposure to the virus. It may take from two weeks to three months for antibodies to the AIDS virus to appear in the blood.

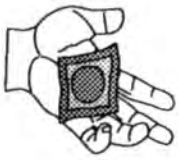
Still:

In the first seven years (1985 - 1992) of screening the blood supply in the U.S., there were 23 cases of reported persons who developed AIDS after receiving organs or tissue, blood or blood components screened negative of HIV antibodies.

And give this some thought:

In 1992, a U.S. blood bank was ordered to pay $8.1 million to a woman who was infected with the AIDS virus from a blood transfusion. The young woman, married and mother of four children, was given a blood transfusion with infected blood in a hospital during life-saving surgery. The infected blood bank supply was said to have been donated by a young homosexual man. The woman was diagnosed with AIDS in 1985. (She died in 1992, on the day before the sequestered jury awarded her the $8.1 million.)





Abstinence or sexual contact with one mutually faithful, drug-free, uninfected partner are the only totally effective measures to prevent the sexual transmission of AIDS.

"Class, before we move into products and quality control, I'd like to hear your comments and opinions on this question of abstinence. Is it totally unrealistic for us adults - or anyone - to expect you to abstain from having sex, or at least waiting, until you are in a long-term, mutually faithful relationship? Let's hear it from both sides."

"Class?"

"Seniors?"

"Anyone?"

"Yes?"

"Is syndrome capitalized?"

STD
Gonorrhea

The symptoms of gonorrhea usually appear two to ten days after infection. The signs include frequent and painful urination, and unusual, heavy discharge from the penis or vagina. Some infected persons do not experience early symptoms. If gonorrhea is not treated in its initial stages, local tissue damage can progress, and the disease may be carried to other parts of the body. Infections of the brain, heart and blood may occur, with severe damage to the eyes. Untreated gonorrhea may result in sterility.

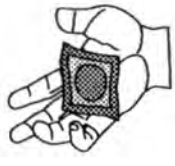
In its early stages, gonorrhea is easily cured by antibiotics.

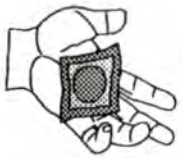
• • •

Tell a friend!

Latex condoms offer greater protection against the AIDS virus and other sexually transmitted diseases than natural membrane condoms.

Quality latex condoms must carry the label, for the prevention of sexually transmitted disease.





Condoms should be stored in sealed packages in a cool, dry place out of direct sunlight. Extreme temperature -- especially heat -- can deteriorate the latex. Storage in wallets, pockets or purses for long periods is not recommended for any brand or type of condom.

•••

"Guys in Arizona, California, New Mexico and Texas - don't even <u>think</u> about the glove compartment."

"Class, condom manufacturers produce dozens of brands and styles of condoms. You must do your homework before shopping - many condoms flunk."

"Sir, you don't mean they actually make defective ..."

"Yes, lots and lots."

"I can't hear in the back!"

"Move up. Most - repeat - <u>most</u> latex condoms are made to rigid laboratory and factory specifications. In addition, government inspectors conduct random inspections of production condoms. Lot samples must pass a standard pressure (volume) test, water (leakage) test, and most companies continually test the market for product design and customer preference. Still, you have to be careful."

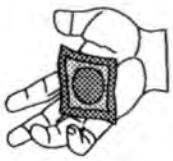
CONDOM BREAK

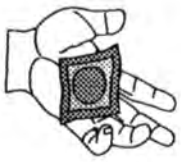
LIFESTYLES EXTRA STRENGTH LUBRICATED
GRADE: B+

•••

Spermicide nonoxynol-9 is a chemical used for birth control. The active ingredient has been shown in laboratory tests to inactivate sexually transmitted disease, including HIV. Spermicides come in the form of foams, creams, or jellies. Some models of condoms contain nonoxynol-9, but concentrations and amounts vary. <u>Condoms with spermicides have expiration dates.</u> The pharmaceutical term for the active ingredient in nonoxynol-9 is, <u>P-Diisobutylphenoxpolyethoxyethanol</u>.

•••





You must use a fresh condom every time you have sex, and the condom must cover the entire penis.

"Sir, I was . . ."

The condom must go on before any sexual contact is made to any part of the body. Preejaculatory fluids can carry the AIDS virus and other STDs.

". . . going to ask that, too."

The average price of one dozen condoms is six dollars.

Most novelty-end condoms on the market are designed for stimulation only, and are generally priced higher BUT they may not provide effective protection against disease.

•••

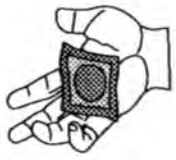
STD

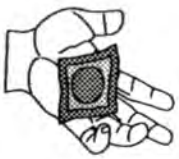
Syphilis

The symptoms of syphilis are genital lesions known as chancres, fever and rashes throughout the body. The lesions appear 10 to 90 days after exposure, and may disappear after four weeks. That is not the end of the disease. If not diagnosed and treated promptly, syphilis may progress through other stages and can seriously damage any tissue or organ. The greatest danger is to the heart and the central nervous system.

Syphilis may be transmitted by an infected mother to an unborn child, and if treatment is not begun before the fourth month of pregnancy, the baby may be born with meningitis, serious deformities, and may die shortly after birth. Syphilis is highly contagious through the secondary stage of the disease (two to four weeks after chancre appears).

If treated in its early stages, syphilis can be cured by antibiotics.





"Class, what do you think of this profound anti-smoking slogan: Smoke Carefully?"

"Dumb. How can you take careful drags from a cancer-causing cigarette?"

"It's stupid. It's like saying, smoke slowly and die carefully."

"I agree. A little, or a lot, smoking is still a very serious risk for smokers and non-smokers alike."

"Well, it is my opinion that there's a lot of politics behind this deceptive advertising, and we should all write to our . . ."

"Good! Great, class. I like your comments. Now, what do you guys think about this hard hitting anti-AIDS campaign motto: 'Love Carefully'."

"Student in the back row."

"Ah, I didn't raise my hand."

"Someone else?"

"It could say more."

"You agree?"

"Yeah."

"And you?"

"Pass."

Love Carefully is the central message of the government's anti-AIDS campaign in Uganda in east-central Africa. Uganda has a population of 18 million people, and some cities have reported HIV infection rates as high as forty percent in sexually active adults.

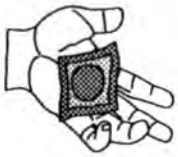
At the end of 1990, the AIDS virus had infected more than six million people in Africa.

YET:

Condoms are still regarded as something dirty by some classes of Africans, while others use condoms only occasionally, with harlots.

Africa is the second-largest continent. The population (1991) is 677 million people.

• • •



The History of Lifesavers

The origin of the word condom is believed to date back to the 16th century, when French physician, Dr. Condom gave his name to a penis sheath he was ordered to make for King Charles II of England to use as a birth control device. The original penis covers were hand-made, using crude methods of extracting and processing animal cecum, and were very costly to produce. By the 18th Century, however, condom use for contraception and prevention of venereal disease infection was common with the sexually active members of the affluent classes throughout Europe.

In 1839, Charles Goodyear, and American inventor, was experimenting over a hot stove and accidently spilled a sulphur-rubber mixture he was working with. To Charles's amazement, the rubber compound did not burn but was "cured" by the heat. The accidental discovery introduced the process of heating sulphur-rubber mixtures and became known as vulcanization.

In 1930, the manufacture and sale of latex condoms began in the United States, using the vulcanization technology to mass-produce the rubber shields at a lower cost. In 1987, more than 8 million condoms were manufactured in the Unites States.

• • •

Condoms should be handled with care to prevent punctures or tears, particularly around the reservoir tip. Do not unroll the condom until ready to put on. An unrolled condom is a used condom.

• • •

CONDOMS ARE NOT 100% EFFECTIVE

• • •

Health information experts and academic professionals have suggested that using two condoms at the same time may provide an added safeguard against the transmission of disease in the event of accidental breakage or leakage of the condom during sexual contact.

When ready to use -- add spermicide -- the condom must be carefully unrolled from the tip onto the erect penis, leaving space at the tip to collect semen, yet assuring that no air is trapped that may cause the latex to rupture.

• • •

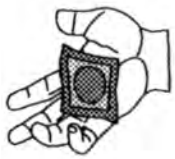
CONDOM BREAK

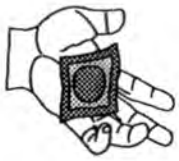
Sheik Non-Lubricated Plain End
Grade: F

• • •

If the condom ruptures or slips off during intercourse, stop. Pull out. Immediately bathe all areas of sexual contact with spermicide. Do not continue intercourse until a fresh condom with spermicide is put on.

After ejaculation, hold the rim of the condom and withdraw before losing the erection. Remove condom from penis carefully to avoid semen spill. Wrap and dispose of used condom safely.





Don't Panic

There are male condoms.

There are female condoms.

There are dry condoms.

There are lubricated condoms.

There are plain tip condoms.

There are reservoir end condoms

There are straight condoms.

There are flared condoms.

There are tapered condoms.

There are smooth condoms.

There are ribbed condoms.

There are stippled condoms.

There are skin condoms.

There are natural latex condoms.

There are novelty end condoms.

There are tinted condoms.

There are folded condoms.

There are tape-and-glue condoms.

There are thick condoms.

There are thin condoms.

There are large size condoms.

There are regular size condoms.

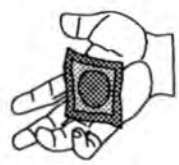
There are American condoms.

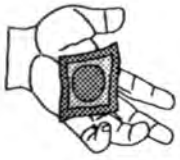
There are import condoms.

There are generic condoms.

There are 20-cent condoms.

There are two-dollar condoms.





Condoms and spermicides, if properly used, can reduce, but not eliminate, the risk of the AIDS virus (HIV and other Sexually Transmitted Diseases (STDs).

• • •

Condom size and width standards vary among manufacturers in foreign countries, and many products do not carry precise specifications.

Health officials in a country in Southeastern Asia, alarmed at the rising STD-infection rates, determined that the cause was the American-made condoms they were buying. They were "falling off." Asian officials took action to correct the slip. They contracted women at massage parlors to take comprehensive measurements of the situation to establish the standard condom size for the country. The problem was solved.

NOW, PANIC!

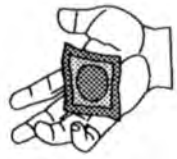
Since 1988, there have been **26** condom recalls in the United States, as a result of the government's condom inspection program. In one seizure in 1990, the government ordered destroyed millions of candy-coated condoms imported from England. The sweetened condoms leaked and carried false and misleading disease prevention labels.

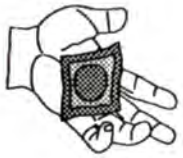
AND

In the same year, more than 47 million imported latex medical gloves were recalled. The examination and surgical gloves leaked and were made of poor quality materials.

• • •

"What if I used a defective...I mean, how can I prove...forget it."





STD
Herpes

There are two types of herpes simplex virus. Herpes simplex virus 1 (HSV-1) generally appears as cold sores or fever blisters around the mouth. Herpes Simplex virus type 2 (HSV-2) is the sexually transmitted form of the disease. Genital herpes causes small, painful blisters around the genital area and other parts of the body where sexual contact has occurred. The symptoms generally appear within 10 days of infection and will last from 2 to 6 weeks before healing by themselves. It is characteristic of the herpes infection to recur from time to time, and anyone with active sores can pass the virus to a sex partner. Although medication will help to relieve the pain, <u>there is no cure for herpes</u>.

• • •

More than 12 million Americans contract a sexually transmitted disease (STD) every year.

• • •

Condom Break

Koromex with Nonoxynol-9
Grade: B-

Don't Panic!

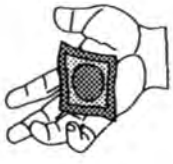
In 1990, an Italian physician reported in an international journal of medicine a case of the transmission of the AIDS virus by an athlete engaged in an athletic contest. The young athlete, known to be HIV-positive, smashed into another player during a soccer match. The contact caused in both athletes a severe skin wound of the eyebrows with heavy bleeding. As a result of the bloody collision, the second player, who had previously tested negative for HIV, became infected with the AIDS virus.

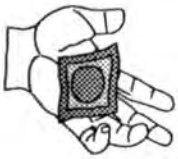
U. S. disease specialists called the medical evidence of the case "flimsy," and there was no further investigation of the case.

However:

In 1991, the Olympic Congress of the USA drafted a plan to educate athletes on the prevention of sexually transmitted diseases, including the AIDS virus and hepatitis B during athletic competition. The Olympic Congress plan described three sports as possibly being at greater risk in transmitting the AIDS virus:

TAE KWON DO
BOXING
WRESTLING





"Guess I'll stick with tennis."

"No syndromes there, I'm sure."

"The Olympic Congress has listed tennis as a "low-risk" sport for the transmission of the AIDS virus."

"What?"

•••

STD
Hepatitis B

Hepatitis B is a disease of the liver. It is transmitted by sexual contact with infected persons, and by sharing contaminated needles of infected IV-drug users. The hepatitis B virus (HBV) is also transmitted by the use of improperly sterilized medical instruments, and in blood transfusions. People infected with hepatitis B often are unaware of their infection, and chronic carriers may appear healthy and still transmit the virus to those with whom they have close contact.

Symptoms of hepatitis B appear from 6 to 12 weeks after infection, and include fever, nausea, weakness, loss of appetite, aching joints, and jaundice, a yellowish discoloration of the skin.

Most people with HBV recover naturally, and there is a vaccine available. However, hepatitis B can remain contagious in the body for years and can lead to cirrhosis of the liver and liver cancer.

The epidemiology of hepatitis B, including the mechanism of transmission in high-risk populations, is very similar to that of AIDS. This explains why hepatitis B infection is common among AIDS patients or persons with the AIDS-related complex.

The hepatitis B virus infects 300,000 Americans every year, with chronic HBV infections affecting more than 200 million people worldwide. <u>There is no cure for hepatitis B.</u>

•••

Condoms and spermicides, <u>if properly used</u>, will help prevent the spread of the AIDS virus and other sexually transmitted diseases.

•••

CONDOMS ARE NOT 100% SAFE

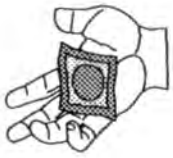
•••

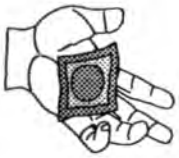
Medical experts recommend using condoms containing spermicide <u>and</u> vaginal applications of spermicide for greater protection.

"Against syndromes."

"Close. In the event of condom breakage, a larger volume of germ-killing spermicide would already be in place to help maintain the barrier against AIDS and other STDs."

More than 20% of foreign-manufactured condoms leak.





Laboratory tests have shown that quality latex condoms and spermicides, if properly used, will provide an effective mechanical barrier to HIV, herpes simplex virus (HSV), cytomegalovirus (CMV), hepatitis B virus (HBV, chlamydia trachomatis, and neisseria gonorrheae.

Natural membrane "skin" condoms have failed leakage tests.

•••

"Class, take this down, this important. Disease control specialists around the country have been reporting cases of allergic reactions to latex — latex condoms, latex gloves, latex diaphragms. Generally, the symptoms range from a mild skin rash to itching or swelling after coming in contact with latex products. Do not ignore the symptoms. See your doctor. Prolonged exposure to latex, particularly if you are allergy-prone, may lead to serious anaphylactic shock. However, class, almost all cases of latex condom allergies stem from the manufacturer's chemicals used on certain condoms, and these symptoms are easily treated and usually disappear if you try another brand of quality-inspected and approved latex condoms. Shop wisely."

"And don't swallow the spermicide."

"GET OTTA THIS ROOM!"

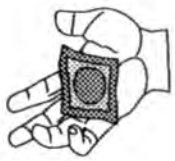
"Hey, sorry, I was just reading from the U. S. Government's prevention guide..."

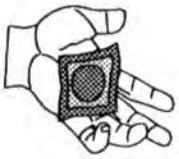
"Oh. Well. Get back in this room."

The nonoxynol-9 in spermicides varies in concentration from about one percent to high-strength concentrations of 15 percent. Disease control experts have not been able to rule out the possibility that swallowing concentrated amounts of spermicide during oral sex may be harmful to the human body.

However:

In a product liability lawsuit in New Jersey, the court awarded $4.7 million to a couple who claimed that the spermicide nonoxynol-9 had caused birth defects in their baby daughter. The child was born with a cleft lip, a nostril deformity, hypoplasia of the right optic nerve, a deformity of her right hand, the complete lack of a left arm, and only partial development of her left clavicle and shoulder.





Give this some thought:

Neurological studies of AIDS patients indicate that about 90 percent of AIDS victims may suffer some from of AIDS Dementia Complex (ADC), and some neurologists say that brain disease may be the first and sometimes the only sign of AIDS. The killer virus assaults the central nervous system and attacks the victim's ability to concentrate or perform mental tasks, feel, talk and move. The crumbling of brain functions in AIDS Dementia can be gradual or precipitous, and it can strike in the early or late stages of the disease.

•••

Condom Break

LifeStyles Extra Strength with Nonoxynol-9
Grade: F

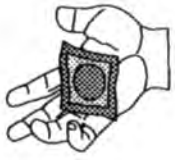
•••

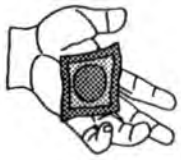
Don't Panic!

In 1987, an American physician advising on international travel reported the first case of the AIDS virus acquired by a traveler involved in a motor vehicle accident. The young white American male, in excellent health, was traveling in Africa. (Prior to leaving for Africa, he had donated blood and tested negative for the AIDS virus.) The bus in which the young man was riding attempted to avoid hitting an animal in the road, went out of control, and skidded over the edge of an embankment. The bus rolled several times, then lodged with the rear of the vehicle facing down the hillside. The young American received deep lacerations over his arms, legs and upper torso from broken glass and metal debris. In the roll-over, five severely injured and bleeding passengers tumbled and landed on top of the American, covering him with blood. The young American lost consciousness briefly but recalls blood on him from at least two individuals — a woman immediately on top of him who was severely cut and a man with a deep forehead wound — both dripping blood onto him.

The young American traveler was treated, using his own sterile equipment and medication. He was then flown to Nairobi and immediately admitted into a private hospital for intensive medical care. Three months later the young American, under continuous medical testing and treatment, tested positive for AIDS.

•••





You cannot tell by looking at your sexual partner whether he or she is infected with AIDS, and hope and prayer cannot change a cold and conclusive laboratory determination. Your friends and sexual contacts can look gorgeous, feel perfectly healthy and strong, and still be infected with HIV.

The only way to tell if you have been infected with the AIDS virus is by walking into a doctor's office or any counseling and testing center and taking an HIV-antibody blood test

The Enzyme-Linked Immunosorbent Assay (ELISA) is the most common screening test used today. The ELISA test looks for the presence of antibodies that the body might have developed to fight the AIDS virus if it is present in you system. ELISA does not test for the virus itself.

If the test results are positive, the test is repeated.

If the ELISA test yields two positive results, the Western Blot test is used to confirm the results.

If all tests result negative, a repeat test, at a later date, may be recommended.

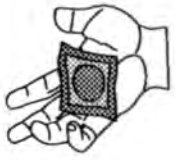
"Class, there is nothing difficult or embarrassing for you or your sexual partner when going for the HIV-antibody blood test. You can ask for it three ways: you want the test and counseling; you want a confidential test; or you want an anonymous test — no questions asked. It's that simple."

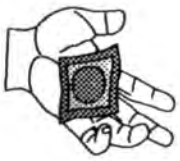
•••

BUT:

If you test positive for HIV, your sexual contacts — all your sexual contacts — must be notified, wherever they may be. (That includes what's-his-name at the state prison; Linda; Keith and his new partner; the exchange student at the concert, and Mister Burns.)

•••





DON'T PANIC!

In 1987, an AIDS-infected dentist in Florida transmitted the AIDS virus to five of his patients during routine dental examinations and treatments. The young dentist, who died from AIDS in 1990, had known for years that he was HIV-positive, but had refused to disclose the killer disease to any of his patients.

Yet:

In 1992, the National Commission on AIDS said that doctors, nurses and dentists should not be forced to disclose whether they have the AIDS virus. The Commission report said that mandatory disclosure inflates the risk of HIV transmission out of proportion to other risks and is inconsistent with the principles and practice of informed consent.

However:

The American Dental Association moved ahead to protect patients and, in 1992, announced new sterilization guidelines for dentists. The ADA recommended dentists use heat or chemicals — previously, less stringent cleaning and disinfection was allowed — to sterilize dental handpieces and cleaning tools between patients.

Still:

According to ADA officials, 30 percent of practicing dentists in the U.S. have technologically inferior handpieces and equipment that cannot be sterilized.

And:

Disease Control statistics indicate that in 1992 there were more than 40,000 health-care workers infected with the AIDS virus in the United States, including 5,000 physicians and 1,200 dentists.

• • •

HIV-related opportunistic infections begin to appear in the human body when the helper T-cell count falls to between about 400 and 200 per cubic millimeter of blood. The initial symptoms may be infections of the skin and mucous membranes, deteriorating and painfull sores of the mouth (thrush) and shingles. Unusually severe athlete's foot sets in, followed by the Epstein-Barr virus, causing oral hairy leukoplakia. At this stage, a person is said to have the AIDs-related complex (ARC). Impairment declines to chronic fevers, diarrhea and weight loss.

As immunity breaks down under increasing attacks, the serious AIDS-defining infections develop throughout the defenseless body. Bacterial infections invade the lungs and attack the liver, bone marrow, intestines and blood.

Pneumonia.

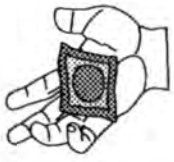
Brain infection and impairment.

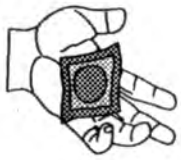
Cancers.

Death.

• • •

Condoms and spermicides, <u>if properly used</u>, can reduce the risk of AIDS and other sexually transmitted diseases.





•••

". . . And that — the collection of signs and symptoms — the complex of messy little infections that start to pull you down — is the meaning of the word syndrome."

"Class?"

"I found synonym."

"You passed it."

"This test?"

"No. Syndrome."

•••

FINAL

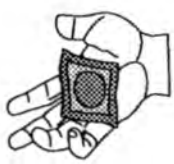
Boys (men):

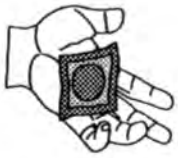
If sex is too easy, don't take it.

Girls (ladies):

If you can't look down his windpipe and discuss sexual histories and drug abuse, forget it.

AND LIVE!





• • •

Condom Break

Ramses Extra
Grade: no grade

• • •

Contact Notification

"Good Evening."

"Yes?"

"This is Doctor Vanravenswaay. I am a disease specialist at the department of health. Can you talk privately?"

"Ah — yeah, how did you get my — yeah, sure, is something wrong?"

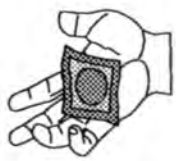
"I'm afraid so. I'm calling to notify you that one of your previous sexual partners has a sexually transmitted disease."

"A what? Oh, God, no. Who's this person? What kind of disease?"

"AIDS. There are others who may have been exposed to the virus because of sexual contact with this person. We would like for you to come in and take some tests."

"Tests? How serious is this — what do you mean <u>others</u>? Oh, God."

"Good evening."



NOTES

P. 2

P. 6, 10, 13 *(wallet)*

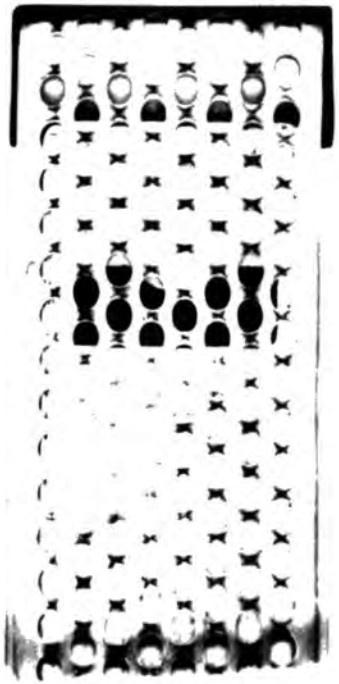
P. 20 P. 28 *(see other sports)*

P. 30 P. 34 P. 36

P. 40

P. 40

P. 40



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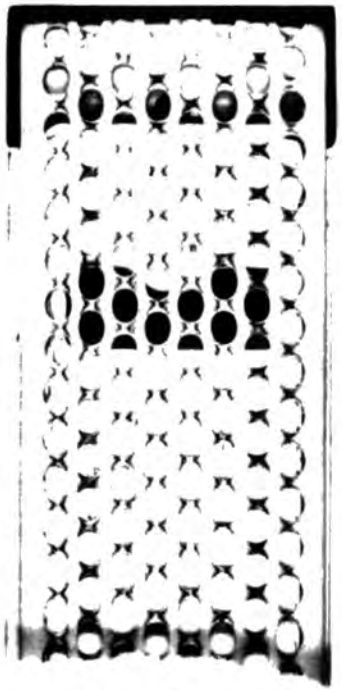

FIRST CL

Ms. Kristine Gebbie
AIDS Policy Coordinator
The White House
Washington, D.C. 20500

DO N ND

NAPO Document Control Slip

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

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Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : ARMANDO RICO

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

Writing Programs - P.O. Box 5262 - Tucson, Arizona 85703

********** 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:

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Lyla Mae Walberg
1013 Central
Superior, Wisconsin 54880

Dear Ms. Walberg:

Thank you for writing. I agree that responsible sexual behavior is a key to stopping the epidemic of HIV infection.

The information you provided regarding condoms is not entirely accurate, however. I am asking the Office of HIV/AIDS at the Centers for Disease Control and Prevention to send you current information regarding the capacity of latex condoms to prevent virus transmission.

I appreciate hearing from you.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

cc:
Office of HIV/AIDS, CDC

THE WHITE HOUSE

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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:\walberg.200

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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Superior, Wisconsin 54880

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National AIDS Policy Coordinator

~~Dr. James W. Curran~~ the Office of ~~Associate Director for~~ HIV/AIDS, at

CC:
~~Dr. James W. Curran~~
Office of HIV/AIDS, CDC

Dear Ms Walberg.

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I appreciate hearing from you

Sincerely

cc to CDC
request to send
condom info

June 30, 1993 NR

Kristine Gebbie; Aids policy Coordinator

HIV prevention starts with Adult Sexual responsibility towards themselves and their partners. Since Adults do not choose to use condoms now can you expect teenagers and children to use them.

Besides condoms are not "safe". Please look at enclosed picture of why they are not safe.

What are people really promoting in the use of condoms - sex with multiple partners, not because they really care about others just self gratification.

Please give this information to Ms Gebbie much of it is from govt studies data sources.

Lyla Rae Walberg
1013 Central
Superior, Wi 54880

The innocent infected with aids is a result of someone with a chosen lifestyle who was irresponsible. The innocent need help. Those who deliberately choose a risky lifestyle should in some way be responsible for their personal choice.

The Truth About Condoms and So-Called 'Safe Sex'

don't give our children false hope

Are condoms safe? You've heard this question addressed by AIDS activists and by politicians. But you probably haven't heard from the rubber industry — until now.

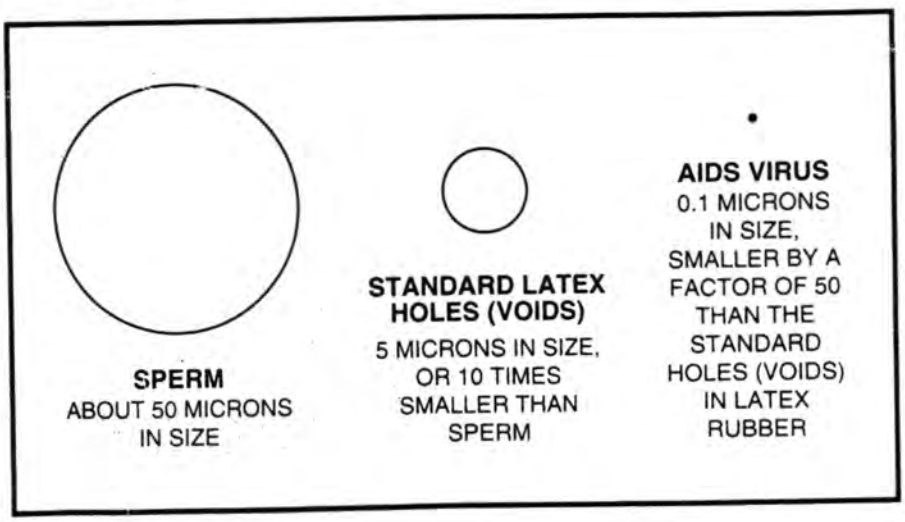
C.M. Roland, editor of *Rubber Chemistry Land Technology*, made a simple and startling point in a letter to the editor published in the *Washington Times* April 22, 1992. He wrote:

"The rubber comprising latex condoms has intrinsic voids about 5 microns (0.0002 inches) in size. Since this is roughly 10 times smaller than sperm, the latter are effectively blocked in ideal circumstances.

"The 12 percent failure rate of condoms in preventing pregnancy is attributable to in situ cracking, removal, ozone deterioration from improper sealing, manufactured defects, etc.

"Contrarily, the AIDS virus is only 0.1 micron (4 millionths of an inch) in size. Since this is a factor of 50 smaller than the voids inherent in rubber, the virus can readily pass through the condom should it find a passage."

They say a picture is worth a thousand words. The next time someone talks to you about "safe sex," show them the diagram below. Then tell them what "safe sex" really means: abstinence before marriage and faithfulness in marriage.



ata Sources: 1. Pamela McDonnell, Sexually Transmitted Diseases Division, Centers for Disease Control, U.S. Dept. of Health & Human Services, t.i., March 16, 1992. 2. Scott W. Wright, "1 in tested at UT has AIDS virus," *Austin American Statesman*, July 14, 1991, p. A14; The federally funded study was based on a non-random sample. 3. "Heterosexual HIV Transmission up in the United es," *American Medical News* (Feb. 3, 1992): 35. 4. U.S. Dept. of Health & Human Services, Public Health Service, Centers for Disease Control, *1991 Division of STD/HIV Prevention*, Annual Report, p.13. 5. 6. McDonnell, CDC, HHS, t.i., March 18, 1992. 7. STD/HIV Prevention, CDC, p. 13. 8. Ibid. 9. Ibid. 10. Robert E. Johnson et al, "A Seroepidemiologic Survey of the Prevalence of Herpes Simplex Virus e 2 Infection in the United States," *New England Journal of Medicine* 321 (July 6, 1989): 7-12. 11. *STD/HIV Prevention*, CDC , p. 13. 12. C. Kuehn and F. Judson, "How common are sexually transmitted ctions in adolescents?" *Clinical Practice Sexuality* 5 (1989): 19-25; as cited by Sandra D. Gottwald et al., "Profile: Adolescent Ob/Gyn Patients at the University of Michigan, 1989," *The American Journal of ecologic Health* 5, (May/June 1991), 23. 13. Kay Stone, Sexually Transmitted Diseases Division, Centers for Disease Control, U.S. Dept. of Health & Human Services, t.i., March 20, 1992. 14. Elise F. Jones Jacqueline Darroch Forrest, "Contraceptive Failure in the United States: Revised Estimates from the 1982 National Survey of Family Growth," *Family Planning Perspectives* 21 (May/June 1989): 103. 15. p. 105. 16. Lode Wigersma and Ron Oud, "Safety and Acceptability of Condoms for Use by Homosexual Men as a Prophylactic Against Transmission of HIV During Anogenital Sexual Intercourse," *British cal Journal* 295 (July 11, 1987): 94. 17. Marcia F. Goldsmith, "Sex in the Age of AIDS Calls for Common Sense and Condom Sense," *Journal of the American Medical Association* 257 (May 1, 1987): . 18. Susan G. Arnold et al., "Latex Gloves Not Enough to Exclude Viruses," *Nature* 335 (Sept. 1, 1988): 19. 19. Nancy E. Dirubbo, "The Condom Barrier," *American Journal of Nursing*, Oct. 1987, p. 1306. heresa Crenshaw, from remarks made at the National Conference on HIV, Washington, D.C., Nov. 15-18, 1991. 21. "Condom Roulette," *Washington Watch* 3 (Washington: Family Research Council), Jan. p. 1. 22. William D. Mosher and James W. McNally, "Contraceptive Use at First Premarital Intercourse: United States, 1965-1988." *Family Planning Perspectives* 23 (May/June 1991): 111. 23. Cheryl D. , ed., *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing* (Washington: National Academy Press, 1987) pp. 46-49. 24. Planned Parenthood poll, "American Teens Speak: Sex, Myths, d Birth Control," (New York: Louis Harris & Associates, Inc., 1986), p. 24. 25. "Condom Roulette," *In Focus* 25 (Washington: Family Research Council, Feb. 1992), p. 2. 26. Gilbert L. Crouse, Office of ng and Evaluation, U.S. Dept. of Health & Human Services, t.i., March 12, 1992, based on data from Planned Parenthood's Alan Guttmacher Institute. Increase calculated from 1973, first year of legal n. 27. U.S. Congress, House Committee on Energy and Commerce, Subcommittee on Health and the Environment, *The Reauthorization of Title X of the Public Health Service Act*, (testimony submitted by aine Yoest), 102nd Congress, 2nd session, March 19, 1991, p. 2. 28. Margaret A. Fischl et al., "Heterosexual Transmission of Human Immunodeficiency Virus (HIV): Relationship of Sexual Practices to nversion," III International Conference on AIDS, June 1-5, 1987, *Abstracts Volume*, p. 178. 29. U.S. Dept. of Health & Human Services, National Centers for Health Statistics, Centers for Disease Control, t of Women 15-19 Years of Age Who Are Sexually Experienced, by Race, Age and Marital Status: United States, 1988," *National Survey of Family Growth*. 30. Joseph S. McIlhaney, Jr., M.D., *Sexually ually Transmitted Diseases*, (Grand Rapids, Baker Publ., 1990) p. 137. 31. A.M.B. Goldstein and Susan M. Garabedian-Ruffalo, "A Treatment Update to Resistant Gonorrhea," *Medical Aspects of Human ty*, (August 1991): 39.

Federal Government has spent almost $3 Billion of our Taxes since 1970 to promote

contraceptives and "safe sex" among our teenagers. Isn't it time we asked,

What have we gotten for our money?

These are the facts:

- The federal Centers for Disease Control estimate that there are now 1 million cases of HIV infection nationwide.[1]
- 1 in 100 students coming to the University of Texas health center now carries the deadly virus.[2]
- The rate of heterosexual HIV transmission has increased 44% since September 1989.[3]
- Sexually transmitted diseases (STDs) infect 3 million teenagers annually.[4]
- 63% of all STD cases occur among persons less than 25 years of age.[5]
- 1 million new cases of pelvic inflammatory disease occur annually.[6]
- 1.3 million new cases of gonorrhea occur annually[7]; strains of gonorrhea have developed that are resistant to penicillin.
- Syphilis is at a 40-year high, with 134,000 new infections per year.[8]
- 500,000 new cases of herpes occur annually[9]; it is estimated that 16.4% of the U.S. population ages 15-74 is infected, totaling more than 25 million Americans — among certain groups, the infection rate is as high as 60%.[10]
- 4 million cases of chlamydia occur annually[11]; 10-30% of 15- to19-year-olds are infected.[12]
- There are now 24 million cases of human papilloma virus (HPV), with a higher prevalence among teens.[13]

To date, over 20 different and dangerous sexually transmitted diseases are rampant among the young. Add to that the problems associated with promiscuous behavior: infertility, abortions and infected newborns. The cost of this epidemic is staggering, both in human suffering and in expense to society; yet epidemiologists tell us we've only seen the beginning.

Incredibly, the "safe-sex" gurus and condom promoters who got us into this mess are still determining our policy regarding adolescent sexuality. Their ideas have failed, and it is time to rethink their bankrupt policies.

How long has it been since you've heard anyone tell teenagers why it is to *their* advantage to remain virgins until married? The facts are being withheld from them, with tragic consequences. Unless we come to terms with the sickness that stalks a generation of Americans, teen promiscuity will continue, and millions of kids . . . thinking they are protected . . . will suffer for the rest of their lives. Many will die of AIDS.

There is only one safe way to remain healthy in the midst of a sexual revolution. It is to abstain from intercourse until marriage, and then wed and be faithful to an uninfected partner. It is a concept that was widely endorsed in society until the 1960s. Since then, a "better idea" has come along . . . one that now threatens the entire human family.

Inevitable questions are raised whenever abstinence is proposed. It's

in preventing pregnancy.[14] They fail 36.3 percent of the time annually in preventing pregnancy among young, unmarried minority women.[15] In a study of homosexual men, the *British Medical Journal* reported the failure rate due to slippage and breakage to be 26 percent.[16] Given these findings, it is obvious why we have a word for people who rely on condoms as a means of birth control. We call them . . . "parents."

Remembering that a woman can conceive only one or two days per month, we can only guess how high the failure rate for condoms must be in preventing disease, which can be transmitted 365 days per year! If the devices are not used properly, or if they slip just once, viruses and bacteria are exchanged and the disease process begins. One mistake after 500 "protected" episodes is all it takes to contract a sexually transmitted disease. The damage is done in a single moment when rational thought is overridden by passion.

Those who would depend on so insecure a method must use it properly on *every* occasion, and even then a high failure rate is brought about by factors beyond their control. The young victim who is told by his elders that this little latex device is "safe" may not know he is risking lifelong pain and even death for so brief a window of pleasure. What a burden to place on an immature mind and body!

Then we must recognize that there are other differences between pregnancy prevention and disease prevention. HIV is 1/25th the width of sperm,[17] and can pass easily through even the smallest gaps in condoms. Researchers studying surgical gloves made out of latex, the same material in condoms, found "channels of 5 microns that penetrated the entire thickness of the glove."[18] HIV measures .1 microns.[19] Given these findings, what rational, informed person would trust his or her very life to such flimsy armor?

This surely explains why not one of 800 sexologists at a conference a few years ago raised a hand when asked if they would trust a thin rubber sheath to protect them during intercourse with a known HIV-infected person.[20] Who could blame them? They're not crazy, after all. And yet they're perfectly willing to tell our kids that "safe sex" is within reach and that they can sleep around with impunity.

There is only one way to protect ourselves from the deadly diseases that lie in wait. It is abstinence before marriage, then marriage and mutual fidelity for life to an uninfected partner. Anything less is potentially suicidal.

That position is simply NOT realistic today. It's an unworkable solution: Kids will NOT implement it.

Some will. Some won't. It's still the only answer. But let's talk about an "unworkable solution" of the first order. Since 1970, the federal government has spent nearly $3 billion to promote contraception and "safe sex." This year alone, 450 million of your tax dollars will go down that drain![21] (Compared with less than $8 million for abstinence programs, which Sen. Teddy Kennedy and company have sought repeatedly to eliminate altogether.) Isn't it time we ask what we've gotten for our money? After 22 years and nearly $3 billion, some 58 percent of teenage girls under 18 still did not use contraception during their first intercourse.[22] Furthermore, teenagers

Main
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NAPO Document Control Slip

NAPO Number : 6999 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 : LYLA WALBERG

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

1013 Central - Superior, Wisconsin 54880

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

Main
03D06

NAPO Document Control Slip

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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 : BETTY BANKS

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

HC75 Box 146A - Locust Grove, VA 22508

********** 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. Betty Banks
HC75 Box 146A
Locust Grove, Virginia 22508

Dear Ms. Banks:

Thank you for taking time to write and share your concerns.

It is true that isolation and quarantine have been used in the past and are still used when current scientific knowledge supports them as effective.

With regards to research, it is not "AIDS versus Cancer", because much of the basic science information we are learning is helpful in responding to both diseases.

We all need to be responsible for our own choices and for responsible work with government to craft policies that work. That is the challenge I am beginning in this new position. I appreciate your input.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

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July 30, 1993

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Sincerely,

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

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

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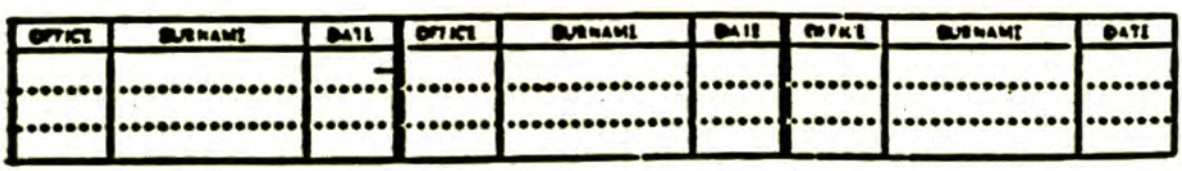


Dear Ms Banks -

Thank you for taking time to write & share your concerns.

~~Regarding~~ It is true that ~~at~~ isolation & quarantine have been used in the past - and are still used when current scientific knowledge supports them as effective.

With regards to research, it isn't "AIDS vs. Cancer", because much of the basic science information we are learning is helpful in responding to both diseases.

We all need to be responsible - for our own choices & for responsible work with government to craft policies that work. That's the challenge I'm beginning in this new position. I appreciate your input. Sincerely

8 JULY 1993

Kristine M. Gebble
AIDS Czar
Department of Health and Human Services
Washington DC 20200

Dear Mrs. Gebble,

I have opinions about a lot of things that are going on in our world today, but I don't write letters to everyone. AIDS, I guess, is uppermost in everyones thoughts, and I have very strong feelings about this subject.

First of all, if as much attention had been given to Cancer over the years, maybe we would have a cure by now. But we didn't and we don't.

Years ago, when I was a youngster, if you had a communicable disease you were quarentined until it ran its course, and nobody said anything about their rights, etc. because everyone knew that quarentine was for the common good. Granted the diseases were of a different type, and were airborne. But we did control the spread of the disease, so what is so different? Why haven't we done something similar with AIDS? While not carried through the air, AIDS is certainly communicable.

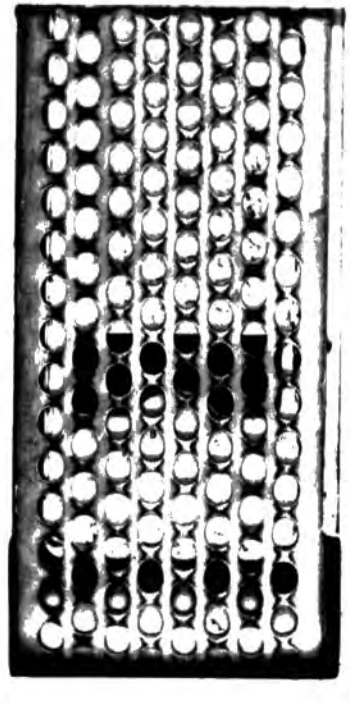
I feel the "gays" have got to take some responsibility. They are the ones who are responsible for the dilemma we're in. I am so sick of hearing about the gays and their disease. Look what they have done to our society - to our wives, mothers and precious children. Its unforgivable.

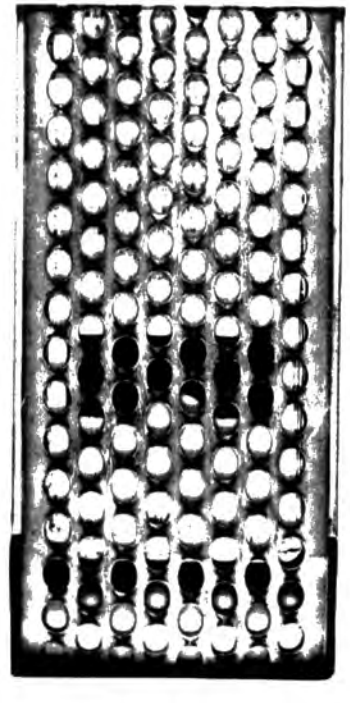
I do want to see a cure or a vaccination or something for Aids, but I'd also like some major attention given to cancer, a disease that no one gave to anyone. A horrible disease that attacks many more people than does Aids, and in most instances is not the fault of the sick person. Lets put our priorities where they belong, not just where the wheel squeeks the loudest!

Sincerely,
Betty Banks
Betty Banks
HC75 Box 146A
Locust Grove VA 22508

Mr. & Mrs. Daniel L. Banks
HCR 75 Box 146-A
Locust Grove, VA. 22508

Kristine M. Gebbie
~~Aids Czar~~
Department of Health & Human Services
Washington, D.C.
20200





THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Gene T. Dighera
742 E. Homer Street
Milwaukee, Wisconsin 53207

Dear Ms. Dighera:

Thank you for writing. I will try to use common sense in working with all views to develop a strong national policy in response to the HIV epidemic. There is an epidemic, but much we can do, just as we can reduce the incidence of cancer by reducing the use of tobacco in all its forms.

I look forward to input from many citizens such as you as I go about my new job.

Sincerely,

Kristine Gebbie, c

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

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Milwaukee, Wisconsin 53207

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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:\dighera

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mrs Dickerson

Thank you for writing. I'll try to use common sense in working with all views to develop a strong national policy in response to the HIV epidemic. There is an epidemic, but much we can do, just as we can reduce the incidence of cancer by reducing the use of tobacco in all its forms.

I look forward to input from many citizens such as you as I go about my new job.

Sincerely

Have a rainbow day!

Milwaukee, Wis.
July 4th, 1993

Dear Kristine: (may I?)

Happy 4th of July!
I have seen you on the TV News about 4 times now, and I like what I see.
So we have an AIDS epidemic?!
What about the Cancer epidemic?
Thats been around much, much longer than aids! Most people can prevent aids but how can one prevent Cancer?
The Aids activists are being real pests but don't let them tell you what to do.
I know you will use Common sense.

Sincerely yours,
(Miss) Gene T. Dighera
742 E. Homer St.
Milwaukee, Wis. 53207

Pres. Clinton was here

PRAYER FOR THE CONQUEST OF CANCER:

Our Lord, in Whose hands are the issues of life and death, we thank Thee that Thou art a God of Love.

From the gift of our lives to the moment we return to Thee, we are in Thy loving care. We turn to Thee in times of joy and times of pain.

We are concerned for those in pain, those who suffer from cancer, and for those who care for them.

Bless, we pray, that who minister to the victims of this dread disease. Give them skill and knowledge that cures may be wrought.

Heal, we pray, those who suffer that their pain may be replaced by joy.

Give, we pray, a discovery of the cure for cancer and knowledge of how to prevent it.

Increase, we pray, Thy minister of healing through the American Cancer Society and all who labor in research and the health problems...

That one day we may rejoice in a world free from the scourge of cancer in which all may live out their span of life useful service to Thee and thy Children.

To Thee we shall give the praise! **AMEN.**

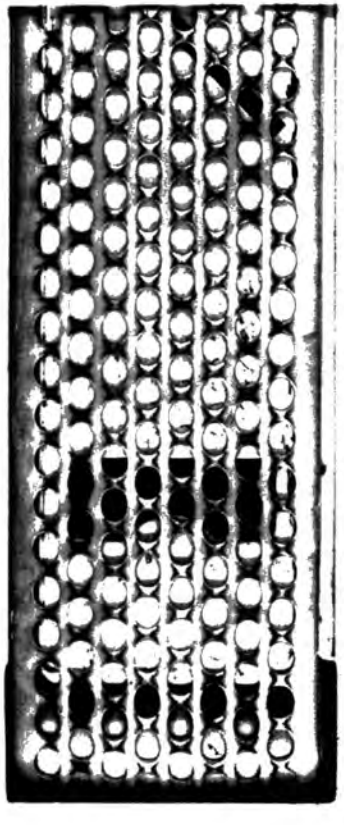
GENE T. DIGHERA
742 E. HOMER ST.
MILWAUKEE, WI 53207

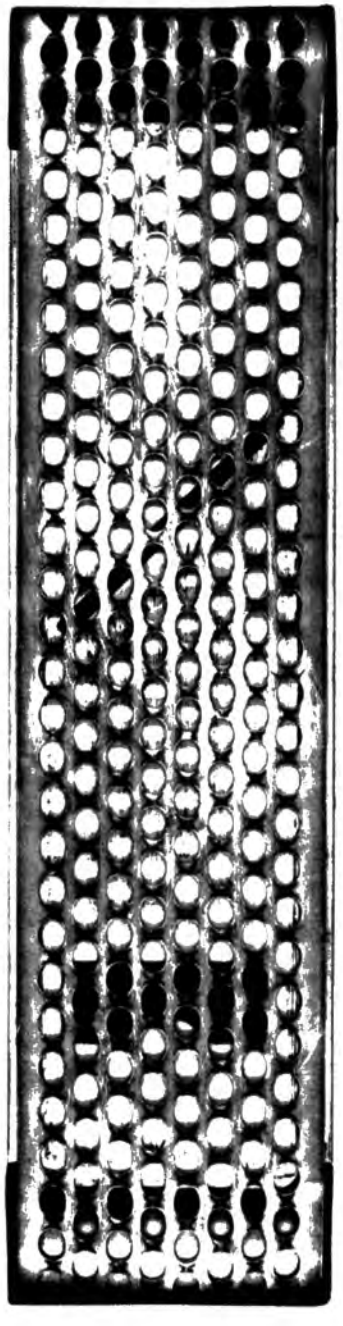
29 USA

PM
6 JUL
1993

Ms. Kristine Gebbie

KRISTINE M. GEBBIE
AIDS COORDINATOR
ROOM 738G
DEPT OF H.H.S.
WASHINGTON DC 20201





Mail
#03006

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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 : DIGHERA

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

742 E. Homer Street - Milwaukee, WS 53207

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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Comments FROM assignees: