FOIA Number: 2018-0756-F

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

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July Chron Files 1993 [7]

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Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Thanks for Writing (1 page)	07/23/1993	b(6)
002. letter	To: Kristine Gebbie; re: Best of Luck in New Position (1 page)	07/29/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3766

FOLDER TITLE:
July Chron Files 1993 [7]

2018-0756-F
jp4785

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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THE WHITE HOUSE

WASHINGTON

JUL 26 1993

NOTE TO: PATSY FLEMING

FROM: National AIDS Policy Coordinator

SUBJECT: AIDS Walk

This may be one of those good public visibility opportunities: I've agreed to go to the walk (will probably walk the whole route) and think it would be great if Donna Shalala would walk with me. If not available for that, her appearance at either the beginning or the end would be good.

The additional possibility would be an appearance/participation of some sort by the President. This would be an early, more than symbolic confirmation that his interest in HIV is not ended just by making my appointment.

If either or both of these ideas make sense, let me know what I need to do to pursue them further. Thanks. I'll be in Olympia all this week, but back in DC on the 1st of August. If we need to talk before then, the office can reach me. Thanks again.

Kristine M. Gebbie, RN, MN, FAAN

July 22, 1993

Ms. Kristine Gebbie
National AIDS Policy Office
200 Independance Avenue, SW
Washington, DC 20201

Dear Ms. Gebbie:

Thank you for speaking to me on the phone today. I hope that you will be able to make it to AIDSWALK/Washington, and be able to speak briefly, as well as use your influence to get the President, Vice President or First Lady to speak at the Walk.

As you know, AIDS is a terrible crisis facing our nation. The only way to meet this disease head on is to combat it through education to the uninfected and services for those who are infected. I believe AIDSWALK/Washington accomplishes both goals

AIDSWALK/Washington, which will be held on September 18th in Washington, DC. raises over a million dollars and benefits over 20 AIDS service organizations throughout the metropolitan Washington area. This year, we anticipate over 30,000 individuals to participate. The Walk will begin and end this year on the Ellipse. Last year there were over 65 print and broadcast placements about the walk, including national coverage on CNN.

We have already requested consideration by the President for participation in the Walk because we believe that his participation will send an important message concerning AIDS to the nation in addition to underlining his commitment to health care reform. We would be grateful if you and the President could speak briefly at the beginning of the Walk at 9:45 AM on September 18th or at the end of the Walk at 2:00 PM.

Mr. Clinton's participation could make a difference in thousands of dollars for AIDS services in the Washington, DC, area. As a resident of this community, we do hope Mr. Clinton will join his fellow

A PROJECT OF

WHITMAN-WALKER

CLINIC INC

1407 S STREET, NW

WASHINGTON, DC 20009

202-797-3508

202-797-4408

FAX 202-797-3504

Washingtonians at AIDSWALK. You may reach me at 202-797-3508.

Thank you so much,

John Miles
Director
AIDSWALK/Washington

DAVID E. DICKMAN, M.S.W., A.C.S.W.
Clinical Social Worker

402 S. 333rd, Suite 108
Federal Way, WA 98003
Telephone: (206) 874-7111

June 25, 1993

Ms. Kristine Gebbie
AIDS Policy Coordinator
c/o The White House
1600 Pennsylvania Ave. N.W.
Washington, D.C. 20500

Dear Ms. Gebbe:

I watched with enthusiasm President Clinton's announcement today of your appointment as AIDS Policy Coordinator, and am writing to offer you my most heartfelt congratulations. As you may recall, I was the Executive Director of the WA State Chapter of the National Association of Social Workers for 8½ years during your term as Secretary of our State Department of Health.

Although most of our conversations pertained to the regulation of social workers in our state, AIDS treatment and research has always been of the highest priority to both our Chapter and our National Office. The devastation of this disease has been compounded by 12 years of neglect, and I am thrilled that an individual of your qualifications, dedication and enthusiasm has been appointed to this new position. I had the opportunity to observe your efforts "first hand" here, and look forward to the results that your group will bring.

I am quite sure that your office will be contacted by our National Office in the future to offer any support or information that we can provide. In the past, you have expressed your awareness of the pivotal role that social workers have played throughout the United States in the development of humane and intelligent policies with regard to HIV and AIDS individuals. We greatly appreciate your recognition.

Again, from an individual in the field, my congratulations on your appointment.

Sincerely,

David E. Dickman, MSW, ACSW

P.S. Lets hope they learn how to spell your name correctly! C-SPAN had it as Christine Gebby.

cc: Dr. Foster Brown, WA State NASW
David Dempsey, Nat. NASW

DAVID E. DICKMAN, M.S.W., A.C.S.W.
Clinical Social Worker

402 S. 333rd, Suite 108
Federal Way, WA 98003

TACOMA WA 984 14
PM
25 JUN
1993

Ms. Kristine Gebbie
AIDS Policy Coordinator
c/o The White House
1600 Pennsylvania Ave. N.W.
Washington, D.C. 20500

July 23

THE WHITE HOUSE

Dear David —

Thanks for your letter - I do look forward to working with NASW & individual social workers as our mutual efforts to respond to HIV go forward — & however they spell it, the mail & phone calls will get through! Cristine

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Office of the Dean
School of Public Health

A304 Mayo Building
Box 197
420 Delaware Street S.E.
Minneapolis, MN 55455-0381

612-625-1179
Fax: 612-626-6931
Internet: joseph@mailbox.mail.umn.edu

July 13, 1993

Kristine Gebbie
Humphrey Building
National AIDS Program Office
200 Independence Avenue, SW
#738G
Washington, DC 20201

Dear Kris,

I didn't want to pass by the formality of congratulating you on your accession as Czarina (?Czar), though our several talks over the past months about the position make that a bit superfluous.

Anyway, herein my heartfelt wishes for success in the washer-dryer. I thought all along you were the person for the job -- tough but fair, and canny (hopefully enough) to thread your way through the currents. Needless to say, anyway I can be of help formally or informally ...

I don't know whether you appropriated the copy of my book, "Dragon Within the Gates," that Macy sent to all the State Health Departments. In case not, here is an inscribed copy. You will find that it, of course, contains all you need to know, though much of it is politically incorrect.

The very best, my friend. You have what it takes to do this, if do-able it is (and it may not be). In any case, I know you will give it a good whack.

Sincerely,

Stephen C. Joseph, MD, MPH
Dean, School of Public Health
Professor, Public Health and Pediatrics

/sk

Enclosure

July 23

THE WHITE HOUSE

Dear Steve—

Thanks for the autographed copy of your book — politically correct or incorrect, it provides an invaluable window on our experiences with decision-making around this disease. Delighted reading it. Don't know how I'll fare at this, but will give it a great try. Your support is much appreciated! Curtis

4NS

DENNIS JOEL O'LEARY
914 OYSTER BAY ROAD
EAST NORWICH, NY 11732
(516) 922-7991

JUNE 26, 1993

MS. CHRISTINE GEBBIE, R.N., PHD
WHITE HOUSE AIDS COORDINATOR
PENNSYLVANIA AVE.
WASHINGTON, D.C.

Dear Dr. Gebbie;

To begin with, I extend my most heartfelt, and approving congratulations for this latest appointment in an already impeccable track record within this arena.

To be sure, as a PWA myself, for just over Eight (8) years now, I find myself highly desirious of fighting this Virus on a multiple manner, to expend all available energies upon my personal status and health, as well as continuing to particpate, perhaps as a "low-key" activist. The latter has been true for me virtually since day-one of my known exposure; i.e.: Constant reading, educational methods designed to keep my body of knowledge intact, and current. Further, I have done extensive Volunteer Work, in the HIV community. To name a few, FOOD BANK INTAKE COUNSELOR, GRANT WRITER (Project Inform), SPEAKER IN SCHOOLS (The WEDGE PROGRAM), as well as full participation in both Drug, and non-drug studies; CARDIO-PULMONARY (S.F. General Hospital), AEROSOLIZED PENTAMIDINE, Phase II Efficacy trials, and N.A.S. STUDY at SFGH.

Dr. Gebbie, I find myself becoming increasingly disheartened, as I stand by and watch the vituperative implosion of many of the finest Models/Modalities, due,, I feel as a result of an ever-widening polarization within various "camp's", compounded by a virtually palpable backlash amonst much of the general, non-infected population. This most certainly fails to augur well for foward progress, as previously high hopes, and energy levels slowly dissipate.

To be certain, I am aware that I have not offered you anything of 'great' substantative value, nonetheless, I wish to convey to you, that should you deem to work on any localized community-based models, creation of a corp of Ombudsman, for one, it would not only be a terrific honor for me, more important is MY personal need to remain mentally, and physically active, and engaged. I truly belive the very idea can only serve to slow the pathogenisis, plus the obvious attendant values.

Finally, I wish you the greatest possible sucsess, in this, your very WAR, on behalf of those such as myself. A parting thought, one must keep, in mind, the very HUMAN face of HIV disease, for to fail to do so, shall only cause ever larger morass in the wilderness of the pandemic.

You may contact me, by mail or telephone, information at head of first page.

Sincerely,

Dennis J. O'Leary

DENNIS JOEL O'LEARY

fd/DJO

cc; FILES

DENNIS J. O'LEARY
914 Oyster Bay Road
Wast Norwich, NY 11732

DR. KRISTINE GEBBIE, R.N., PhD.
WHITE HOUSE AIDS COORDINATOR
1600 PENNSYLVANIA AVENUE
WASHINGTON, D.C.

PLEASE FOWARD

July 23

THE WHITE HOUSE

Dear Mr O'Leary -

Thank you for writing - one of the greatest things you can do is to continue learning, writing, talking about this epidemic and your own experiences - with decision makers, friends, the community - open discussion is one of our most powerful weapons - and take care of your own health along the way — Kristine Gebbie

Withdrawal/Redaction Marker
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Wellcome

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3030 Cornwallis Road
Research Triangle Park, N.C. 27709

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Tabloid Raleigh, N.C.
TWX 5109270915
tel. 919 248-3000

July 14, 1993

Kristine Gebbie
AIDS Czar
White House
Washington, DC

Dear Kristie:

This is a test. If this address will reach you, I won't even bother to change my address book! It was wonderful seeing you in Woods Hole, and while it's too bad that you won't be joining the Board, I suspect the Board will be far better served by what you are doing instead!

As usual, I loved your representation of critical issues facing the health promotion/disease prevention world under health care reform - both advocating for an intelligent approach between the interface between public health and health services delivery, on the one hand, and continuing to advocate on the other hand that, outside the "swamp" there is plenty of dry land which no one contests that also desperately needs intelligent analysis and forceful support.

Let me enclose a copy of some correspondence and enclosures to Mike Stoto in this regard. Perhaps, some of the old Portlandia will bring a nostalgic smile to the lips!

But enough about the old times. The new times will be exciting and rewarding as well, and you know you have my full support as friend and colleague in the AIDS world. The world of pharmacoepidemiology - the emerging public health presence inside the four walls of the private sector of pharmaceuticals - is something which our prior roles did not prompt much discussion of. When next we get together, I hope we have some time to explore it in some depth. Because as you explore the pharmaceutical issues in AIDS, you will doubtless need to turn to this extraordinary cadre of public health leaders inside industry.

Knowing you, I wasn't the least bit surprised that you would be interested in helping to advance the science of documentation of health related quality of life in AIDS. So let me enclose a current working copy of the variant of the Medical Outcomes study SF36, the use of which we are currently exploring in our support of ongoing Retrovir® (AZT) studies at NIH. Your observation about involvement of the community in professional affairs did not fall on deaf ears with me. We have been working hard in this arena at Wellcome for some time as you know, and our community feedback is that this quality of life instrument differs from others that have been tried in the AIDS/HIV community because it is both less pessimistic (and therefore more suitably involving of the respondent) and more sensitive to AIDS/HIV specific disability. I'll be interested in your thoughts.

Congratulations to us for having landed such a superb leader of our nation's HIV effort in the likes of you. We will be elegantly, eloquently, professionally and personally led. Look for me in the pack of followers! And best wishes ever.

Sincerely,

Hugh H. Tilson, M.D., Dr. P.H.
Vice President
Epidemiology, Surveillance and
Pharmacoeconomics (ESP) Division

TNZA/93/0271
HHT/ag*

Enclosures: Stoto letter (with enclosure)
Quality of life instrument

QL0600(204)/12-04-92
WELLCOME 123-014-

MOS-HIV 30-ITEM INSTRUMENT

NIAID AIDS CLINICAL TRIALS GROUP

IND #34526

Patient Number

Date of Patient Visit (mmm dd yy)

Study Number 2 0 4

Institution Code

Form Week

Key Operator Code

FOR OFFICE USE ONLY - TEAR OFF SHEET

INSTRUCTIONS TO THE STUDY COORDINATOR:

The following questionnaire asks the patient about many aspects of his/her health and health care. It should be given to the patient prior to the clinical exam and preferably in a quiet secluded area (e.g., exam room or other office).

It is important to be familiar with the content and format of the questionnaire before giving it to study participants. At the first visit, please begin by telling the participant:

> "We would like you to answer some questions about how you are feeling and the kinds of things you are able to do. Your answers will help us understand the effects of the medication you are taking. We appreciate your filling out this questionnaire."

You should then briefly go over the format of the questions and how to complete them. Have the participant complete the questionnaire before vital signs, history and physical are completed.

The questionnaire is very brief and should take no more than 10 minutes to complete. Before giving the patient the questionnaire, please fill out the header(s) and DETACH THIS PAGE.

Each question is in the same general format. Note that the patient is always asked to check one box for each question. All questions refer to the PAST 4 WEEKS.

Collect the completed questionnaire before the clinical exam. Before going on, review the questionnaire for omissions. If the participant missed any of the questions, point this out and have him/her complete the omissions.

PLEASE COMPLETE THE FOLLOWING ITEMS AFTER PATIENT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:

1. How was the questionnaire completed? .....
   1 - Self administered by the study participant
   2 - Face-to-face interview that you conducted
   3 - Phone interview
   4 - Not completed
   9 - Other

   If Other, specify [30]: _____

2. If you answered 2 or 4, please indicate the reason(s) why: (1-Yes, 2-No)
   - Patient refused initially: .....
   - Patient's reading level not adequate: .....
   - There was not enough time: .....
   - Patient forgot reading glasses: .....
   - Other reason: .....

   If Other, specify [30]: _____

QL0600(204)/12-04-92
WELLCOME 123-014-____

MOS-HIV 30-ITEM INSTRUMENT

NIAID AIDS CLINICAL TRIALS GROUP

IND #34526

Patient Number ☐☐☐☐☐☐☐ Date of Patient Visit ☐☐☐ ☐☐ ☐☐ (mmm dd yy)

INSTRUCTIONS TO PATIENT: **Please answer the following questions by placing a "✓" in the appropriate box.**

1. In general, would you say your health is:

	(Check One)
Excellent	1 ☐
Very Good	2 ☐
Good	3 ☐
Fair	4 ☐
Poor	5 ☐

2. How much **bodily** pain have you generally had during **the past 4 weeks?**

	(Check One)
None	1 ☐
Very Mild	2 ☐
Mild	3 ☐
Moderate	4 ☐
Severe	5 ☐
Very Severe	6 ☐

3. During **the past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

	(Check One)
Not at all	1 ☐
A little bit	2 ☐
Moderately	3 ☐
Quite a bit	4 ☐
Extremely	5 ☐

QL0600(204)/12-04-92
WELLCOME 123-014-
IND #34526

MOS-HIV 30-ITEM INSTRUMENT

Patient Number ☐☐☐☐☐☐☐ Date of Patient Visit ☐☐☐ ☐☐ ☐☐ (mmm dd yy)

4. The following questions are about activities you might do during a typical day. Does your health **now limit you** in these activities? If so, how much?

(Check **one** box on **each** line.)	YES, limited a lot 1	YES, limited a little 2	NO, not limited 3
a. The kinds or amounts of **vigorous** activities you can do, like lifting heavy objects, running or participating in strenuous sports.	☐	☐	☐
b. The kinds or amounts of **moderate** activities you can do, like moving a table, carrying groceries or bowling.	☐	☐	☐
c. Walking uphill or climbing (a few flights of stairs).	☐	☐	☐
d. Bending, lifting or stooping.	☐	☐	☐
e. Walking one block.	☐	☐	☐
f. Eating, dressing, bathing or using the toilet.	☐	☐	☐

5. Does your health **keep** you from working at a job, doing work around the house or going to school?

	(Check One)
Yes	1 ☐
No	2 ☐

6. Have you been unable to do **certain kinds or amounts** of work, housework, or schoolwork because of your health?

	(Check One)
Yes	1 ☐
No	2 ☐

MOS-HIV 30-ITEM INSTRUMENT

Patient Number ☐☐☐☐☐☐☐ Date of Patient Visit ☐☐☐ mmm ☐☐ dd ☐☐ yy

For each of the following questions, please check the box for the one answer that comes closest to the way you have been feeling during the past 4 weeks.

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
	1	2	3	4	5	6
7. How much of the time, during the past 4 weeks, has your **health limited your social activities** (like visiting with friends or close relatives)?	☐	☐	☐	☐	☐	☐
8. How much of the time, during the past 4 weeks:						
a. Have you been a **very nervous person?**	☐	☐	☐	☐	☐	☐
b. Have you felt **calm and peaceful?**	☐	☐	☐	☐	☐	☐
c. Have you felt **downhearted and blue?**	☐	☐	☐	☐	☐	☐
d. Have you been a **happy person?**	☐	☐	☐	☐	☐	☐
e. Have you felt so **down in the dumps that nothing could cheer you up?**	☐	☐	☐	☐	☐	☐

QL0600(204)/12-04-92
WELLCOME 123-014-
IND #34526

MOS-HIV 30-ITEM INSTRUMENT

Patient Number ☐☐☐☐☐☐☐ Date of Patient Visit ☐☐☐ ☐☐ ☐☐ (mmm dd yy)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
	1	2	3	4	5	6

9. How often during the **past 4 weeks:**

(Check **one** box on **each** line.)

a. Did you feel full of pep?	☐	☐	☐	☐	☐	☐
b. Did you feel worn out?	☐	☐	☐	☐	☐	☐
c. Did you feel tired?	☐	☐	☐	☐	☐	☐
d. Did you have enough energy to do the things you wanted to do?	☐	☐	☐	☐	☐	☐
e. Did you feel weighed down by your health problems?	☐	☐	☐	☐	☐	☐
f. Were you discouraged by your health problems?	☐	☐	☐	☐	☐	☐
g. Did you feel despair over your health problems?	☐	☐	☐	☐	☐	☐
h. Were you afraid because of your health?	☐	☐	☐	☐	☐	☐

QL0600(204)/12-04-92
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IND #34526

MOS-HIV 30-ITEM INSTRUMENT

Patient Number ☐☐☐☐☐☐☐ Date of Patient Visit ☐☐☐ mmm ☐☐ dd ☐☐ yy

	All of the Time 1	Most of the Time 2	A Good Bit of the Time 3	Some of the Time 4	A Little of the Time 5	None of the Time 6
10. How much of the time, during the **past 4 weeks:** (Check **one** box on **each** line.)						
a. Did you have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things?	☐	☐	☐	☐	☐	☐
b. Did you forget things that happened recently, for example, where you put things and when you had appointments?	☐	☐	☐	☐	☐	☐
c. Did you have trouble keeping your attention on any activity for long?	☐	☐	☐	☐	☐	☐
d. Did you have difficulty doing activities involving concentration and thinking?	☐	☐	☐	☐	☐	☐

11. Please check the box that best describes whether each of of the following statements is true or false for you. (Check **one** box on **each** line.)

	Definitely True 1	Mostly True 2	Don't Know 3	Mostly False 4	Definitely False 5
a. I am somewhat ill.	☐	☐	☐	☐	☐
b. I am as healthy as anybody I know.	☐	☐	☐	☐	☐
c. My health is excellent.	☐	☐	☐	☐	☐
d. I have been feeling bad lately.	☐	☐	☐	☐	☐

QL0600(204)/12-04-92
WELLCOME 123-014-
IND #34526

MOS-HIV 30-ITEM INSTRUMENT

Patient Number ☐☐☐☐☐☐☐ Date of Patient Visit ☐☐☐ ☐☐ ☐☐
mmm dd yy

12. How has the quality of your life been during the **past 4 weeks**? That is, how have things been going for you? (Check One)

Very well; could hardly be better	1	☐
Pretty good	2	☐
Good and bad parts about equal	3	☐
Pretty bad	4	☐
Very bad; could hardly be worse	5	☐

13. How would you rate your physical health and emotional condition now compared to **4 weeks ago**? (Check One)

Much better	1	☐
A little better	2	☐
About the same	3	☐
A little worse	4	☐
Much worse	5	☐

THANK YOU VERY MUCH

Date Form Keyed: (DO NOT KEY)____/____/____

July 14, 1993

Michael Stoto, Ph.D.
Institute of Medicine
Director, Health Promotion and
Disease Prevention
Board on Health Promotion
and Disease Prevention
2101 Constitution Ave.
Washington, DC 20418

Dear Mike:

What can I say . . . if I don't get confirmed by the IOM for this Board, I'll be heartbroken. The first meeting was simply outstanding. I can't thank you enough for the honor of nomination and for the pleasure of invitation. It turns out the timing wasn't nearly as bad as I'd expected, and I was delighted to be able to make more than the clam bake! You have clearly assembled an outstanding group of leaders (present company excluded), and I'll look forward to many happy returns . . . your governance willing!

Thanks for your interest in the Belmont Vision. I'll be interested to know whether you consider it of value. Clearly the cast of characters was impressive and their reconceptualization of health care reform into social contract terms a useful point of departure for Institute of Medicine revisitation of the "Future of Public Health" issues. I know Clem Bezold of the IAF would be happy to make cleaner, nicer copies available for others at the IOM who may have some interest.

I promised a copy of the current working draft from the consensus conference put on by the UNC School of Public Health to address the ticklish questions relating to the intersection between public health and health care delivery reform at the state level. Funded as it was by a single state with a focus on advising North Carolina on its health care reform, it nevertheless has already received considerable and lively interest from other states as a template for state-level consensus conferences and/or as a point of departure for other legislative deliberations.

In addition to the printed material, the entire conference is available on videotape. And as part of the project, we are distilling the tapes down into conference/teaching quality shorter thirty to sixty minute segments. In the fall of 1993, we will be "taking the show on the road" into regional meetings around North Carolina ("IOM-Style"). Of course, I welcome your interest and any suggestions you might have about how to make the document more useful outside of North Carolina, particularly as a point of departure for one or more Institute of Medicine activities, e.g., taking an intensive (and urgently needed) look at state-level health care delivery reform in general and state-level specific deliberations regarding the role of public health and health care delivery.

Finally, also enclosed is a copy of a report depicting a project which I had the joy of presiding over during my earlier days as a local public health official - "Project Health," Portland, Oregon's

attempt at interfacing public health and health care reform during the 1970's. Amazingly enough, it remains one of the few examples of a "pure managed competition model" in existence. I've already had informal correspondence with W.T. Johnston (now long since retired) who has the entire archive from Project Health and who would be happy to make it available for anyone who wishes to revisit the lessons learned from this and other managed competition local demonstrations. Dave Lawrence and I have also had some dialogue on the matter. As you will recall, Dave came down to join us in Portland midway through the Project Health experience and was my successor as human resources director when I left for North Carolina in 1978. He remains vitally interested in these issues and would, I suspect, find IOM interests worthy.

How I look forward to many happy years of continuing collaboration. Your assumption of these critical responsibilities for the Institute of Medicine at this watershed time must be as exciting for you as it is pleasing for many of us. You know you have lots of support out here. And I hope you can tell that I count myself among the staunchest!

Best wishes.

Sincerely,

Hugh H. Tilson, M.D., Dr. P.H.
Vice President
Epidemiology, Surveillance and
Pharmacoeconomics (ESP) Division

TNZA/93/0270
HHT/ag*

Enclosures

July 23

THE WHITE HOUSE

Dear Hugh—

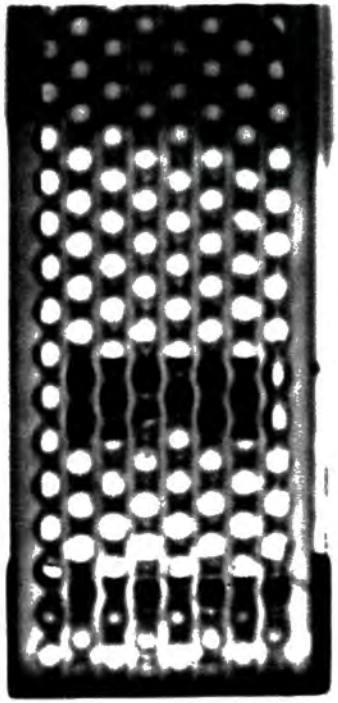
Don't change the address Good!!. Good to hear from you - I look forward to continued dialogue on the many issues of our mutual interest. The Quality of life survey does look good - haven't pestered all that many of late, but it does have a good positive tone. I'm still working on public input / dialog structure for the office - hope you'll be a part of it however I work it out. And the infra structure work at HUD re No. Carolina is so critical to HUD that I'll stay tuned to that. Thanks for the affirmation, dear friend - Kristie

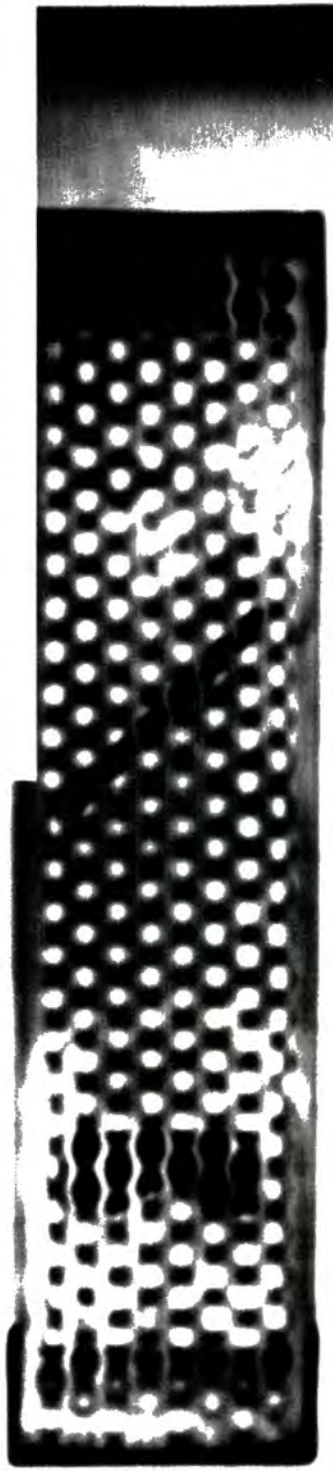
THE WHITE HOUSE

Dear Dr Wawszkiewicz -

Thank you for sharing your experiences at Univ. of Illinois. I am appreciative of all materials I have received regarding this epidemic -

Katherine Gebbie





July 22

The New York Times

Founded in 1851

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Mideast Peace: Close but Stuck

Israel and Syria agree in principle on swapping Golan Heights land for peace, though they don't yet agree on how much land and what kind of peace. Israeli and Jordanian negotiators are even closer to agreement and talks between Israel and Lebanon are making modest progress.

Even on the Israel-Palestinian front there are constructive new proposals, with Israel now offering to transfer some local government powers immediately, even before concluding a formal autonomy agreement.

For all these hopeful signs, the Mideast peace talks, which resumed this week in Washington, are dangerously stalled. Unless there is a breakthrough soon, opponents of the peace process are likely to come to power in Israel and among Palestinians in the occupied territories. Shortsightedly, Mideast leaders are seeking to lower public expectations. Washington needs to raise their sights.

•

Despite the progress on some negotiating fronts, the Arab delegations have pledged that none will break ranks to make a separate peace. And the Palestinian delegation, already under fire from Islamic militants for even negotiating with Israel, isn't prepared to let the other Arabs go ahead on the basis of Israel's present proposals.

That risks squandering a historic opportunity. Unlike the Likud Governments of the past, and probably of the future, Israel's present Labor Government is serious about making peace. Prime Minister Rabin has demonstrated that seriousness in a variety of ways, from curbing Jewish settlements in the occupied territories to relaxing rules about contact with the Palestine Liberation Organization. And he is now offering plausible proposals for limited self-government.

The Palestinian delegation argues that by agreeing to partial proposals now, it risks compromising its overall position. By accepting interim political authority in Gaza ahead of the West Bank, for example, or by not including East Jerusalem, the Palestinians contend they would be agreeing to a further partition of Palestinian territory. But by demanding that everything be put on the table at the start, they threaten to paralyze the talks. Until they summon the courage to move forward one step at a time, no breakthrough is likely on *any* front. The U.S., as the main sponsor of these talks, needs to address this problem head on.

Washington is well positioned to do so. Secretary of State James Baker got the peace process going some 20 months ago with a formula he described as "constructive ambiguity." Arabs and Israelis agreed to take part on the basis of the U.N. resolutions mandating the exchange of land for peace. But each was allowed to bring to the table its own interpretation of the resolutions, whose actual words refer to Israel's withdrawal from "territories occupied" in exchange for its "right to live in peace within secure and recognized boundaries."

The Arabs argue that Israel is required to withdraw from all the territory it occupied in the 1967 war. Israel argues that it is entitled to retain some of that territory to establish secure boundaries. The U.S. insists only that all the occupied territory be subject to negotiation between the parties.

That American position could give the Palestinians the reassurance they need to move forward. By publicly reminding all parties that no matter what is agreed to in the present talks on interim autonomy, the final status of *all* occupied territories will remain the subject of future negotiations, Washington could encourage the Palestinians to take the vital first steps now on offer.

Given the perversities of Mideast politics, there can be no guarantee that this approach will work. But it's surely worth trying. The alternative is to watch the peace process expire.

The Unyielding AIDS Epidemic

The international AIDS conference in Berlin last week left a depressing message: no scientific breakthrough is apt to wipe this scourge from the earth any time soon. Indeed, the existing medical weapons against AIDS are less successful than once believed. There is little choice now but to shift the emphasis to prevention programs.

The drug AZT, long the mainstay of AIDS treatment, has only limited value for a limited time — and is highly toxic to boot. Worse yet, it apparently has little or no effect when given to people who are infected with the virus but have not yet developed symptoms. That dashes the hopes of millions of infected individuals that early treatment might ward off death.

Other drugs have proved equally disappointing, and combination therapy with two or more drugs has yet to be shown to work. Meanwhile, vaccines that might prevent infection and slow the epidemic seem as far away as ever. Some vaccines may be ready for human testing within two years but these early candidates are not apt to be the highly effective, cheap, easy-to-handle vaccine that the world so desperately needs.

What a letdown to find, after a decade of rapid progress in understanding AIDS, that practical medical accomplishments are still years away.

The epidemic itself is not waiting. Some 14 million people around the world are now infected with the AIDS virus, and that number will soar above 30 million by the year 2000, the World Health Organization predicts. In the United States, AIDS is now the leading cause of death among young men 25 to 44 years of age in 5 states and 64 cities.

With such gloom all around, health officials need to reorganize their attack. Current drugs are a dead end; researchers need radically new approaches in the search for cures and vaccines. But the experience so far suggests that breakthroughs won't come quickly.

The only immediate hope for containing the epidemic is a heavier emphasis on prevention programs. That means patient, persistent, unglamorous work yielding small gains in areas that are often controversial: better sex education, promotion of condoms, needle exchange programs for drug addicts, safer blood supplies abroad and better treatment of venereal diseases that foster the spread of AIDS.

Dr. Michael Merson, head of the AIDS program of the World Health Organization, suggests that $1.5 billion to $2.9 billion a year spent on prevention programs in developing countries could cut in half the number of new infections between now and the end of the century. Such a campaign would not only be humane, it would save money in the long run. Against a formidable disease like AIDS, prevention is almost certain to be cheaper than cure.

Topics of The Times

Taming Toxic Goop

Who says New Yorkers don't recycle? On a recent blustery Sunday, 275 Brooklynites bearing hazardous

Wanted: Summer Jobs for Teens

The latest national figures show an increase in job growth and a slight easing of the unemployment rate,

Don't Treat Air Quality in Pla

To the Editor:

One step forward, two steps back. I was astonished to read "Frequent Fliers Saying Fresh Air Is Awfully Thin at 30,000 Feet" (front page, June 6), on the reduction of circulation of fresh air on newer airplanes. Just as we were permitted to breathe more freely when smoking was eliminated on short flights, we learn that the quality of the air in the cabins has been decreased.

Now, in addition to the normal stress of travel, those prone to headaches and the nausea of motion sickness will have to worry about not getting enough fresh air.

Migraine and its associated symptoms of visual disturbance and nausea are a very common human ailment. It is well known by physicians that migraine syndrome or vascular headaches can be triggered by several different stimuli such as reduced levels of oxygen, pollutants, toxic fumes and certain foods.

In addition, you cite studies stating that decreased circulation of fresh air may increase the rate of transmission of contagious respiratory infections among passengers.

Air quality on and off the ground should be a primary concern to all of us. With all of the discussion regarding health care in our country, our best method of cost containment is preventive medicine. Whether or not airline officials have received a "significant increase in passenger complaints" should not be an argument for ignoring air quality on airplanes.

I would hope the scientists and business people of the airline industry would put passenger health above economic considerations. In any ca air quality should be a top-prio item regulated by the Governm not subject to entrepreneurial namics. JANE PORTNOY, M Louisville, Ky., June 10, 1

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Getting Off the Grour

To the Editor:

As a former airline executive, thor of two books on the airline ind try and industry consultant, I concerned by the rumblings emar ing from the 90-day airline comn sion headed by Gerald Baliles, mer Virginia governor.

The worst thing that could co out of this commission would be so

form of pricing controls or tinker with the bankruptcy laws. Sug tions that some Government p ence is needed in management of

Minimum Tax Closes Corporate Loopholes

To the Editor:

"Liberals Fight Clinton Plan to Ease Tax on Companies" (Business Day, June 10) states:

"For many large companies, the best news about President Clinton's economic package is a little-known frighteningly complex provision that would ease requirements for companies to pay a minimum tax when their profits fall to zero."

On the contrary, the point of the minimum tax is to tax profitable companies that report little or no taxable income because of loopholes in the regular corporate tax system.

For instance, last year, Texas Utilities reported more than $1 billion in profits to shareholders. Without the minimum tax, it would have paid no Federal income tax at all. Because of the minimum tax, the company paid $19.6 million — better than nothing.

If the minimum tax is gutted, profitable corporate giants will again avoid paying any significant Federal income tax. The proposed change is a bad idea. MICHAEL P. ETTLINGER
Tax Policy Director
Citizens for Tax Justice
Washington, June 11, 1993

Let's Stop Using 'I

To the Editor:

Your June 6 front-page report c New York Times/CBS News poll fi ing that most Americans view Pr dent Clinton as "liberal" was inc plete and carried a hidden bias. W the poll indicates a growing perc tion of the President as liberal, other message seeps through: " eral" as negative.

You are encouraging an ill formed and reactionary "libe equals marginal" stance that d not reflect the diversity and stren of liberal belief. I do not think would so blithely present contrast ideological viewpoints in this li One cannot imagine your giving s a spin to "conservative."

I was pleased that you analyzed poll extensively, including the figu that show negative opinions on C gress and Ross Perot. However, was buried deep in the article, an casual reader would simply abs the bias of the first few paragrap

A large segment of the Ameri political body is progressive and apologetically liberal. To many of President Clinton's cautious and c stantly revised budget does not nearly far enough. With the Pr dent's tendency to placate the ri

Science Education Must Discover Real World

To the Editor:

As a graduate of the California Institute of Technology, I share the pain of the capable young men and women who find their futures clouded by the uncertainty in science and engineering careers (front page, June 6). Caltech and its sister institutions are in trouble. The roots of this problem are deep.

The first part of the problem is historical. Directly or indirectly, the Department of Defense, the national laboratories and the defense and space industry consumed more than half the scientists and engineers the universities produced. These national needs also affected research and teaching. Now that market for graduates has weakened, and they are the first to feel the pain.

The second part of the problem is the specialization within the universities. Caltech has virtually the same divisional structure as at its beginnings, seven decades ago. The highly specialized training this provides is good up to a point. However, it ha be complemented by interdisci ary programs that address the br problems of society. Caltech has erally shied away from these m er, real-world problems.

Caltech, other universities and lated institutions must re-exan their roles. Scientific and enginee skills are still needed for a myria problems, including preserving environment, providing a sustain economy and assuring human he and well-being. It is up to each ins tion to reorganize or redirect itse meet these needs, before its gr ates are no longer marketable.

At the same time, Federal polic science and applied technology h share the risk taking with the uni sities. The Government needs to r ganize and redirect the way it vides Federal supporting funds. W out Federal flexibility and vision tiative from the universities wil succeed. KENNETH L. HEI Vienna, Va., June 6,

attn: Dr. Ed

Nathaniel S. Lehrman, M.D., L.F.A.P.A.
10 Nob Hill Gate
Roslyn NY 11576
~~516/626-0238~~
fax - after a warning call - 484-0273

June 17, 1993

The Editor
The New York Times
229 West 43rd Street
New York NY 10036

Dear Sir. submitted for publication

Is the AIDS epidemic "unyielding" (editorial, June 17) because the National Institutes of Health has put all of America's research eggs into a wrong basket labeled "infection" and then tried to discredit or destroy those who differ?

Since the time of Pasteur, infection has been repeatedly blamed for illnesses with other causes. In the 1920's, before Joseph Goldberger proved pellagra was a non infectious vitamin deficiency, the U.S. Public Health Service considered it an infection caused by poor hygiene among southern corn farmers and tens of thousands died. In Japan during the 1960's and 1970's, at least 10,000 suffered from a medication-induced neuropathy, including blindness, which had been misdiagnosed for more than 10 years as viral.

In November, 1985, I pointed out that infection seemed insufficient to explain the burgeoning AIDS epidemic because of HIV's low transmissibility after accidental needlestick, and suggested that chemical and other non infectious causes should also be looked into. In 1987, the first paper by Professor Peter Duesberg of Berkeley, a member of the National Academy of Sciences, appeared criticizing the infectious AIDS-HIV hypothesis, and since then he has repeatedly pointed out how the AIDS epidemic is epidemiologically more closely associated with drug use than with HIV. The prestigious and widely-distributed *Proceedings of the National Academy of Science*, which is charged with publishing its members' submissions, refused his latest papers - "The Role of Drugs in the Origin of AIDS" (1992) and "AIDS Acquired by Drug Consumption and Other Non-Contagious Risk Factors" (1993) - which therefore appeared in less widely-read journals, and the N.I.H., accepting the recommendation of a "peer panel" of official AIDS-doctrine supporters, cancelled his research grants. Dr. Edward J. Wawszkiewicz, a tenured Associate Professor of Microbiology at the University of Illinois College of Medicine in Chicago, raised similar questions about the official AIDS-HIV hypothesis in the lay media. He was then evicted from his laboratory, placed on involuntary disability leave and removed from both teaching and payroll. Nevertheless, the Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis, which has published five issues of *Rethinking AIDS* and is headed by Dr. Charles A. Thomas, Jr., former professor at Harvard and Hopkins, now has over 200 members.

The "unyielding" nature of the AIDS epidemic may therefore be the product of the N.I.H.'s successful deception of the media, including the systematic suppression and/or discrediting of dissenting views. That process began with a Big Bang - or a Big Lie - when United States Health and Human Services Secretary Margaret Heckler announced in 1984 that Dr. Robert Gallo had found the cause of AIDS: HIV.

Sincerely yours

Clinical Director, Retired, Kingsboro Psychiatric Center, Brooklyn NY:

*Wawszkiewicz

N. B.: It's an excellent letter and the Times ought surely to publish it even if my name is misspelled!

Edward J. Wawszkiewicz
June 28, 1993

Of Hemingway's heroes Dorothy Parker wrote that they exhibited "grace under pressure." In his study of the psychology of group evil, M. Scott Peck elaborates, in People of the Lie, a comparable notion of heroism. "The truly good," he observes, "are they who in time of stress do not desert their integrity, their maturity, their sensitivity." If a professor blows the whistle on scientific misconduct and other white collar crime within a university, he can today expect degradation, pain and mental agony to be foreseeable hardships that may be visited upon him. Nevertheless, the good professor, the professor faithful to his subject and to the public trust, must raise the whistle to his lips. He must do this because he knows, as should his peers and the press, that it is itself a serious crime not to report one.

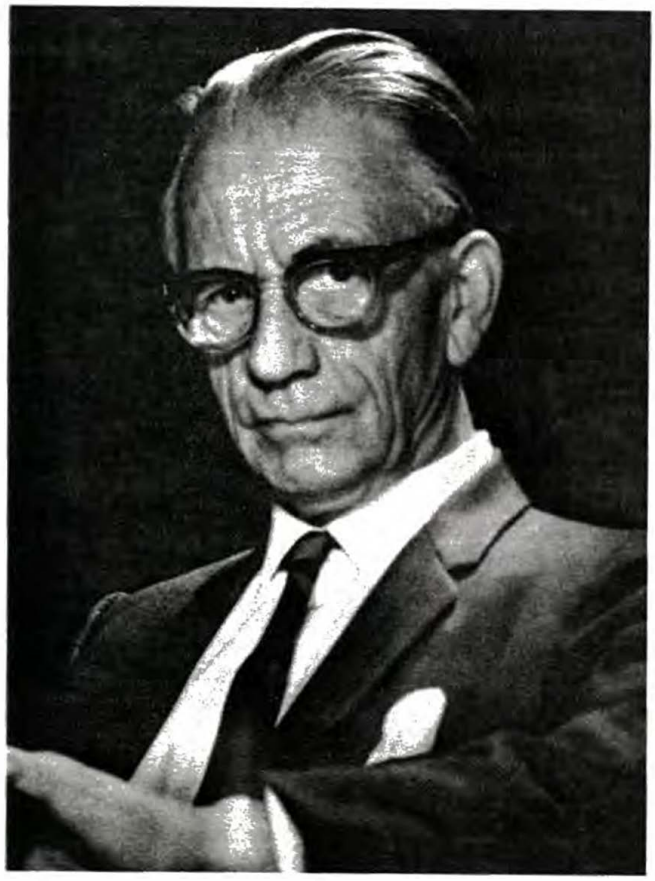
Edward J. Wawszkiewicz

THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT CHICAGO

ONE OF THE TEACHERS OF
PROFESSOR EDWARD J. WAWSZKIEWICZ
1960 Lincoln Park West, Apt. 1809
Chicago, Illinois 60614
(312) 477-5622

He considered the virtues of honesty and integrity so indispensable to the scientist, that, from this standpoint, as in the case of Geoffrey Chaucer's Oxford Cleric:

"The thought of moral virtue filled his speech,
And gladly would he learn, and gladly teach."



CORNELIS BERNARDUS VAN NIEL

November 4, 1897–March 10, 1985

BY H. A. BARKER AND ROBERT E. HUNGATE

C. B. van Niel

CORNELIS BERNARDUS VAN NIEL —Kees to his friends and students—is best known for his discovery of multiple types of bacterial photosynthesis, his deduction that all types of photosynthesis involve the same photochemical mechanism, and his extraordinary ability to transmit his enthusiasm for the study of microorganisms to his students. His interest in purple and green bacteria developed in his first year as a graduate student. After thoughtful analysis of the confusing literature dealing with these bacteria, he carried out a few simple experiments on their growth requirements. Interpreting the results in accordance with the theories of his professor, A. J. Kluyver, on the role of hydrogen transfer in metabolism, he developed a revolutionary concept of the chemistry of photosynthesis that was to influence research on the topic for many years.

As a teacher he was unsurpassed: Although he taught in a small, somewhat remote institution with modest facilities, the force of his personality, his eloquence and scholarship made the Hopkins Marine Station a mecca for students of general microbiology throughout the western world.

He always placed great emphasis on possible alternative interpretations of the available information at each phase of scientific development and on the frequently slow and difficult process of moving from clearly erroneous to more nearly correct—but never immutable—conclusions.

THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT CHICAGO

HELP EXPOSE THE "AIDS"-RESEARCH-RELATED SCANDAL

June, 1989

In an Open Letter dated May 22, 1989, concerning the University's "AIDS"-Research-Related Scandal and addressed to all the Illinois State Senators and Representatives, I have charged the entire University of Illinois administration with malfeasance so gross that it led to physical injury of my person.

Subsequent to, and in retaliation for, my whistleblowing with regard to a theft of intellectual property by a former graduate student of mine, and six professor signatories to the Certificate of Approval of the former student's doctoral thesis, I have been subjected to continuous, prolonged, and physically unendurable psychological harassments by the University administration. The steps taken against me have been taken in retaliation largely also for my whistleblowing about certain felonious and other misconduct on the part of administrators and other University personnel.

Although I am a tenured professor, and remain a member of the University's Department of Microbiology and Immunology, I have been deprived of office and laboratory since 1986, and contractual salary since 1987. Since September, 1988 I have been placed on involuntary disability leave, in such a way as to prohibit my receiving, honestly, disability payments even if I wanted them.

The former student's thesis is deceptively written, in such a manner as to rob me of credit for over six years of collaborative effort spent with the student and two professors of the College of Pharmacy, without which collaboration the research could not have taken place.

The research has to do with a compound I myself discovered, isolated and named: METHYL PACIFARINIC ACID. I am the only person on earth presently possessing the requisite knowledge and the bacterial cultures necessary to produce the compound, one of the three currently known pacifarins, which protect multiply-typhoid-infected mice from the disease, without killing the causative bacteria. As methyl pacifarinic acid may exert its protective effect by enhancing the activities of the test animals' cellular immune systems, IT MAY HOLD PROMISE AS A POSSIBLE THERAPEUTIC AGENT, BY ITSELF, OR IN CONJUNCTION WITH AVIRULENT SALMONELLA BACTERIA, FOR BOOSTING DYSFUNCTIONAL CELLULAR IMMUNE SYSTEMS OF PERSONS AFFLICTED WITH "AIDS."

I cannot present here the scientific evidence for this claim, but I can note some of my credentials. In 1950 I was a Westinghouse Science Talent Search Winner. I obtained my A. B. degree from Harvard in 1954, did graduate work at Stanford (1954-1956), and received my doctorate from the University of California at Berkeley in 1961. Then I did research at the Max-Planck-Institut für Zellchemie (Munich, West Germany, 1961-1963) with Feodor Lynen, who subsequently won the Nobel Prize in Medicine. Before joining the University of Illinois faculty in 1970 I was on the staff of Argonne National Laboratory (1964-1966) and then of the (now disbanded) American Medical Association Institute for Biomedical Research (1966-1970). There, I was a member of the laboratory of experimental medical ecology, headed by Howard A. Schneider, who served as a Presidential Commissioner on World Hunger during the Carter administration.

Last year I assisted the Presidential Commission on the HIV Epidemic (The Watkins Commission) and my writing on HIV-1, the so-called Human Immunodeficiency Virus, affected the recommendations made in the Final Report of the Commission and has had widespread effects in the scientific community both here and abroad. Facts reported in my essay "Can It Be That HIV Is Not the Cause of AIDS?" (Windy City Times, March 31, 1988) have forced Drs. Gallo (SPIN interview, March, 1989) and Montagnier (remarks at the Fifth International AIDS Conference, Montreal, June, 1989) to retreat from their original hypothesis that HIV-1 is, of itself, the cause of "AIDS," and that infection with the virus is lethal.

Meanwhile, I have had to call for a Congressional Investigation of the University of Illinois "AIDS"-Research-Related Scandal and other matters directly connected to the U. S. "AIDS"-research effort. Although I anticipate that the requested investigation will take place, in the interim I am in desperate need of immediate financial assistance. So I urgently request that contributions or offers of other practical assistance, or both, be sent me, addressed to "SURVIVAL FUND," C/O DR. ED WAWSZKIEWICZ, 1960 LINCOLN PARK WEST, APT. 1809, CHICAGO, ILLINOIS 60614. Thanks very much.

Your friend,

Edward J. Wawszkiewicz

Edward J. Wawszkiewicz, Ph. D.
("Dr. Ed")
Associate Professor of Microbiology

HELP EXPOSE THE SCANDAL

Send Contributions To "Survival Fund," c/o DR. ED Wawszkiewicz,
1960 Lincoln Park West, Apt. 1809, Chicago, Illinois 60614

FEDS ADMIT FAILURE IN "AIDS" WAR

Chicago Tribune, Friday, September 29, 1989

Nation/world

AIDS drug to be available during testing

WASHINGTON (AP)—A promising new anti-AIDS drug still in the early stages of testing will be made widely available while safety and effectiveness trials continue, the government announced Thursday.

The plan for expanded distribution of dideoxyinosine, or DDI, marks the first time an unapproved, experimental AIDS drug will become so widely available so early in testing.

"The epidemic of AIDS is extraordinary, and must be met with extraordinary measures," said Food and Drug Administration chief Frank Young.

Louis Sullivan, health and human services secretary, said the plan "reaffirms our commitment to speeding both the development and the availability of promising new drugs for patients with AIDS whenever possible."

DDI has stirred much anticipation and expectation among AIDS patients because early study results have shown it may be effective in stopping replication of the AIDS virus with fewer side effects than zidovudine, known as AZT, the only FDA-approved drug to combat the AIDS virus.

Under the plan, DDI would be available to about 2,600 people with AIDS or AIDS-related complex in controlled clinical trials to test it head-to-head against AZT.

The plan will also make DDI available to people with AIDS or advanced AIDS-related complex who cannot take AZT and those for whom the disease is progressing despite AZT and who have no other treatment options.

Bristol-Myers, which holds the license to manufacture DDI, has said it will distribute the drug at no cost under the plan. But people receiving it are likely to incur charges from their doctors and for laboratory costs.

Neither the company nor the FDA would estimate how many people with AIDS might benefit under the plan.

Clinical trials will be conducted at 50 sites around the country, the company said. AIDS patients will have to have been rejected for one of the clinical trials before they will be able to receive DDI under the other distribution options.

The plan is the first demonstration of a concept that has been under consideration by officials at the Public Health Service, an HHS division that includes the FDA and the National Institutes of Health, to make promising AIDS drugs available to more people earlier in the testing process.

They have called the concept "parallel track," meaning that a drug would be made available to people with AIDS in clinical trials as well as to those who cannot participate in the trials.

The first phase of clinical trials, during which dosage is examined, have been completed on DDI by the National Cancer Institute and the National Institute of Allergy and Infectious Diseases.

"These studies showed that, while DDI appears promising, it has toxicities related to the dose taken; thus, its use requires careful monitoring," said an HHS announcement of the plan.

The department also cautioned that, "Despite the promising early results with DDI, it is important to emphasize that zidovudine [AZT] is the only drug with proven efficacy for the treatment of patients with AIDS and advanced [AIDS related complex]."

The second phase of clinical trials on DDI is scheduled to begin soon under the plan. These studies are intended to provide more data on whether the drug is safe and effective.

Bristol-Myers said registration for the clinical trials will begin immediately.

Physicians, patients and others who want information may call a toll-free government number, 1-800-TRIALS-A, 8 a.m. to 6 p.m. Chicago time Mondays through Fridays.

Physicians who want to find out how to enroll patients can call Bristol-Myers' toll-free number, 1-800-662-7999.

The making available, to "AIDS" patients, untested drugs known to be toxic but not known to be efficacious, is an open admission, by Federal Government scientists, of defeat, in their war against "AIDS." Meanwhile, having been denied office, laboratory and salary by the University administration, in retaliation for his "blowing the whistle" on academic and other misconduct, Dr. Edward J. Wawszkiewicz ("Dr. Ed"), a tenured University of Illinois microbiology professor whose analysis of the "AIDS" phenomenon, and whose researches on methyl pacifarinic acid may constitute part of the solution to "AIDS," remains completely thwarted in efforts to apply his discoveries to the problem.

THE SILENCE OF THE NEWSMEDIA CONCERNING THE PLIGHT OF PROFESSOR WAWSZKIEWICZ

MUST BE BROKEN!

"The epidemic of AIDS is extraordinary, and must be met with extraordinary measures," said Food and Drug Administration chief Frank Young.

Although a British study says AZT is worthless, the federal government and many AIDS groups say they will still advocate its use.

The AZT fire storm

A new study fans the flames of controversy regarding AZT's effectiveness

The AZT debate has flared again, reignited by a suggestion in the April 2 edition of *The Lancet* medical journal that the antiviral drug may not slow the onset of AIDS in HIV-infected people.

But activists in both the pro- and anti-AZT camps may be jumping the gun: The item in *The Lancet* was not a formal report on completed medical research. It was an eight-paragraph letter to the editor written by researchers, reporting interim results in the AZT study, known as the Concorde trial, the completion date of which is uncertain. The jury on AZT, other researchers note, still is very much out.


JIM MARKS


GENE BAGNATO

Krim, Staley: urging a cautious reaction

"The pro-AZT camp has gone out of its way to trash this study before there is enough information to go on," said Peter Staley of the Treatment Action Group, an AIDS research organization. "And the anti-AZT crowd finally has what it thinks is its smoking gun and is leaving the impression in the media that people shouldn't take AZT."

The Concorde researchers reported they had tracked almost 1,800 HIV-infected patients who had no AIDS symptoms. One group was given AZT; another, a placebo. The researchers concluded that the condition of those taking AZT progressed to AIDS at the same rate as that of those treated with the placebo. "This is the most powerful study that has been carried out," said Ian Weller, one of the project's principal investigators. "It casts doubt on the value of early intervention."

AZT advocates countered that the study merely confirms their belief that the antiviral goes only so far in treating AIDS. "AZT is not a perfect drug by any means," said Dr. Mathilde Krim, a cofounder of the American Foundation for AIDS Research (AmFAR), a private research group. "It's very important that people don't lose their faith in AZT, that they continue using it—just not for too long," because HIV becomes resistant to AZT within months.

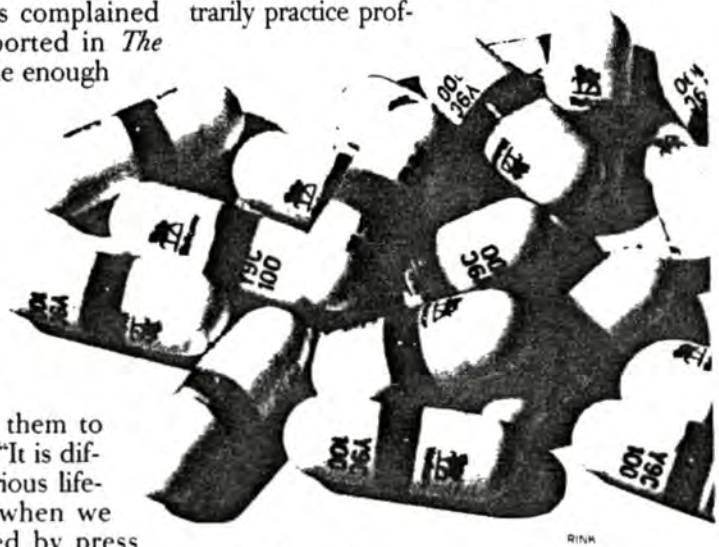
Krim said recent research indicated, however, that alternating or combining AZT with other drugs may provide more effective treatment.

Meanwhile, doctors complained that the findings reported in *The Lancet* failed to provide enough information to allow them to judge its conclusions. "It is difficult to manage a serious life-threatening disease when we have science reported by press conference and major studies summarized in eight paragraphs," said Dr. Marcus Conant of San Francisco, whose practice is predominantly AIDS-related. "It is essential that the raw data from this study be released as quickly as possible for independent analysis."

Staley said that while the research ultimately may indicate that AZT is ineffective for early intervention, it was not intended to address how AZT works during other stages of HIV infection. "There's a fair amount of evidence that for the individual who is symptomatic, this drug can make you feel better," he said. "We're not sure if it will make you live longer, but it damn sure will not kill you quicker."

A one-year study of 1,300 HIV-infected people, done by Dr. Paul Volberding of San Francisco General Hospital and published in the *New England Journal of Medicine* in 1990, indicated AZT helped people with low counts of T-cells, a blood cell diminished by HIV.

But Project AIDS, International, an advocacy organization in Los Angeles, said the Concorde trial is further proof that AZT is a fraud. The group—which goes so far as to characterize the drug as "deadly" and "toxic"—said it is urging AZT users to file lawsuits seeking financial compensation from "those who irresponsibly and/or arbitrarily practice prof-


RINK

it over human life."

Staley, who credited low-dosage use of AZT with other drugs for raising his own T-cell count, said that telling people to discontinue AZT because of the Concorde trial would be a disservice. "These drugs are mediocre, and for that we should be burning down buildings in Washington," he said. "But don't do that with a message that can be interpreted by other people living with this disease as 'Don't take these drugs because they are worthless.' That's playing with fire."

By John Gallagher in San Francisco

Last word

AZT is shit

It's official. It's not the poison some warned it was. If anything, it's not strong *enough*. They bought us off with it. To shut us up. We thought it was only until something better came along. But instead of looking for something else, they spent $300 million *restudying* it. *The NIH has not come up with one single new thing to fight AIDS.* Why are they given $9 billion each year? *No cure for any major illness has ever come out of the NIH.* Why can't everyone see that! Our murderers are many: Broder, who found the shit on his shelf and then disappeared (just what does NCI do?); Volberding (the best undertaker in San Francisco) and Fishel, creators of the corrupt study that gained AZT approval by the FDA; Krim, who threw Joe Sonnabend out of AmFAR for having the courage to say we shouldn't use it; the TAG/AIDS Action Council/GMHC know-it-all fraternity (Barr, Bross, Levi, Harrington, Gonsalvez, Staley, Franchino), with friends like these...; Fauci, who even though he knew AZT wasn't working, *to this day* says take it; the thousands of physician sheep who *unquestioningly* follow every NIH guideline; and the truly wretched Burroughs Wellcome. On the day preliminary results of the "Concorde" trial were announced [See story on page 29], Burroughs Wellcome conference-called all its indentured servants to concoct a "spin" on the damaging news. How truly vomitously *gross*, Volberding and company! The spin, I predict, will be "This is all the activists' fault." *New York Times* chameleon Dr. Lawrence Altman said as much in his ineptly reported article "AIDS Study Casts Doubt on Value of Hastened Drug Approval in U.S." In it he neglects to mention that Concorde *confirmed* the results of earlier U.S. AZT studies, if you chose to interpret those U.S. results—as only Sonnabend and Michael Lange did—as negative. Two years ago the New York Veterans Administration study said much the same as Concorde. This doesn't invalidate fast drug trials at all. What it does is invalidate the idiots who saw Shinola when there was only shit.

Donna Shalala hired a *head hunter* to find our AIDS czar. Tom Goodwin was contracted *"to fill a bunch of lower-level jobs."* By the time this appears, a shitty dumb bozo will no doubt have been chosen as AIDS czar. Finding the new director for the Office of AIDS Research (OAR) (mandated by the stupid reorganization Ted Kennedy, Harrington, and Krim forced upon our weary lives) has fallen to Dr. Phil Lee, the new assistant health secretary. The names on his short list are stupid.

Brothers and sisters, once again we're fucked. This new president does not give a damn about us, about keeping promises, about finding a cure, about finding a czar who's any good, about finding an OAR director to lead a Manhattan Project to end this plague. Clinton is piling the Reaganbush shit even higher. If David Geffen and Barry Diller can put together the Campaign for Military Service overnight to fight for an issue most gays don't even want to fight for, why in humanity's name don't they respond to pleas to do for the gay community what Diller did for the Democratic Party: put us together to make us work? Barry: QVC is about making you as rich as David. There's *nothing* in QVC remotely resembling anything *decent*. It's all about greed and how to *force* people to spend more of their hard-earned money. I am totally ashamed of you. You, who created two major networks and ran one of the best film studios, now pimping for Diane Von Furstenburg's schmatah wraparounds! When are you going to do *something* for those you have held in your arms, have loved, long for, and miss? You and Geffen could save the gay community. You helped put Bill Clinton in office. Please help save us from him!

Larry Kramer is an author, a playwright, a screenwriter, and the founder of ACT UP.

EDWARD J. WAWSZKIEWICZ

Associate Professor of Microbiology
The University of Illinois at Chicago
College of Medicine at Chicago

UIC

Home address:
1960 Lincoln Park West, Apt. 1809
Chicago, Illinois 60614-5456
Tel. (312) 477-5622

DEAR MS. GEBBIE:

FOR FURTHER INFORMATION PLEASE CALL ME AT THE ABOVE TELEPHONE NUMBER.

MOST LIKELY, WHEN YOU CALL, YOU WILL ACTIVATE MY ANSWERING MACHINE, WHICH CAN RECORD 30-SECOND MESSAGES.

PLEASE IDENTIFY YOURSELF AND I WILL THEN RESPOND AS SOON AS I CAN. I AM ABLE TO SUPPLY BOTH WRITTEN AND VIDEOTAPED MATERIAL.

THANK YOU.

Edward J. Wawszkiewicz

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JUNE 17, 1993

VOLUME 8, NUMBER 40

NEWS

Speaking at the International AIDS Conference in Berlin, Martin Delaney (r), of San Francisco's Project Inform, said that "the ugly reality of AIDS is that there are no answers right now."

FEATURES

In the new show 'Songs of Love and Remembrance,' the music world hears the beginning of its belated response to AIDS.

NIGHT TIME

Navigating 'Without a Compass'

Berlin Hosts an AIDS Conference with Precious Little Good News

By Bruce Mirken

BERLIN—This city that wears its heroic and horrible history like the scars on the face of a proud but battered old soldier hosted what may have been the most surreal and depressing AIDS conference yet June 6-11. The mammoth international gathering felt like the battle of Waterloo as scripted by Lewis Carroll on a bad acid trip.

News Analysis

It wasn't just that the medical news was almost uniformly grim or that the atmosphere ranged from surly to downright bizarre. Many knowledgeable observers went away feeling that they had just watched the edifice built during the last eight or nine years of AIDS research crash and burn, leaving precious few survivors.

The opening night reception confirmed the sense of disconnection from reality. Thousands of doctors, scientists and drug company public relations representatives swigged hundreds of gallons of beer and wine, while scattered around the hall hung occasional panels from the AIDS Quilt, apparently to remind us why we were all there. Spread out in one place, the Quilt is awesome, but here, fragmented and distant, it felt more like an interior decorator's touch, a little piece of AIDS chic. Meanwhile, the band—a third-rate lounge act at best—massacred pop chestnuts like "All of Me" and "Love Me Tender." You half expected them, like the band on the *Titanic*, to end the show by singing "Nearer My God to Thee" as the ship went down.

Clinton Administration Disappoints

Wandering through the reception was a somewhat forlorn-looking Victor Zonana, formerly of the *Los Angeles Times* and now a spokesman for the federal Department of Health and Human Services. Zonana, who left the *Times* to work for HHS out of a genuine conviction that the good guys were finally in charge, was handing out a welcoming statement from HHS Secretary Donna Shalala.

But the statement, full of pleasant generalities, did little to change the AIDS community's snowballing disappointment with the Clinton administration, which has yet to keep any of the president's major campaign promises on AIDS: to initiate a "Manhattan Project" to speed research, to implement the 30 recommendations of the National AIDS Commission and to appoint an "AIDS Czar" to whip the government's efforts into shape. And many were furious that it had taken a court order to force Clinton to free 158 HIV-infected Haitian political refugees whom the government had imprisoned in a squalid, rat-infested concentration camp at Guantanamo Bay. Zonana went about his business gamely, but he had the look of a man who knew his task was hopeless.

Problems with Vaccine Development

The tone of the scientific proceedings was neatly, if inadvertently, summed up by Dr. Dani Bolognesi of Duke University in a talk surveying the state of HIV vaccine research. A large number of potential vaccines have been or are being tested, and the good news is that a great many of them have proven to be both safe and to generate some sort of immune response. The bad news is that nobody has a clue what kind of immune response will actually protect people against the virus: Almost everyone exposed to HIV produces an immune response, but the virus overpowers the body's natural defenses. How and why remain a mystery.

So researchers have only the vaguest idea of just what it is they need to get the immune system to do. "Vaccine developers," explained Bolognesi, "have, in a sense, been forced to navigate without a compass."

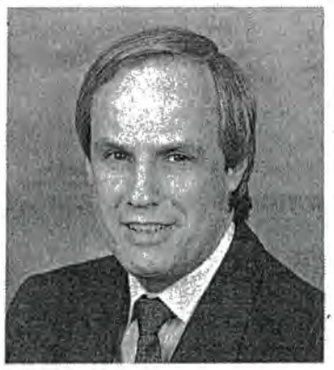
But wisely or not, this area of research continues to gobble up piles of money: Nearly $89 million just in government funds this year, with a considerably larger expenditure slated for 1994. During the conference, New York's Treatment Action Group (TAG) released a disturbing report based on interviews with 36 top AIDS researchers that said, "Many of the scientists thought we were far from having a viable candidate [vaccine] . . . and some doubted that we ever will. It was commonly felt that pushing for large-scale testing of vaccines at this point was motivated primarily by political considerations and had little basis in scientific reality." Without a compass, indeed.

AZT, Other Common Drugs Assailed

But if vaccine research looks shaky, the presentations on anti-HIV drugs amounted to a chronicle of disaster. The news about the anti-retroviral drugs now commonly in use—AZT, ddI and ddC—and the experimental compounds that had been assumed would form the next generation of drugs, was almost universally depressing. And along the way, researchers and AIDS activists alike got a jolting lesson on how little we really know and how easy it is to massage data to make a study say almost whatever you want it to.

It has been standard for some time to recommend one or more of the current drugs to anyone with HIV whose count of the immune system cells known as CD4 cells drops below 500 per cubic milliliter, even if the person is symptom-free. But a series of papers, including a more detailed report from the controversial British Concorde study which recently cast doubt on the early use of AZT, chopped the legs out from under this practice.

The reports—including another European study known as Alpha, which looked at ddI, the American trial known as ACTG 155 looking at AZT vs. ddC vs. AZT and ddC together, and a followup report on an earlier AZT study called ACTG 019—left little room for cheer.



AIDS activist Martin Delaney: "There are no answers right now."

They painted a picture of a group of drugs that don't do very much, don't do it for very long and often have serious side effects. No one produced any data showing that early use of the current anti-retrovirals prolongs life.

Ferd Eggan, Los Angeles city AIDS coordinator and himself a person living with HIV, pronounced a blunt judgment. The information presented, he declared, "proves definitively that early intervention with the anti-retrovirals we have doesn't work." British researcher Dr. Anthony Pinching characterized the benefits of present drugs as "marginal." Even Martin Delaney of San Francisco's Project Inform, long a strong supporter of early anti-HIV therapy, backed off significantly. "The ugly reality of AIDS," he noted, "is that there are no answers right now."

Just about the only cheerful viewpoint came from AZT manufacturer Burroughs Wellcome, whose PR people, in frantic spin-control mode, churned out press releases and newsletters that practically stood the data on its head trying to make it look favorable.

All Study Results Questioned

Meanwhile, large chunks of what we thought we knew about how to understand study results began to evaporate. It had long been assumed that if taking anti-retrovirals caused an overall boost in study subjects' CD4 counts, that would translate into longer survival. But the Concorde study found no clear connection.

At another session, Dr. James Neaton of the University of Minnesota at Minneapolis cast serious doubt on the marker most clinical trials use to judge whether or not an anti-HIV drug is working: The time it takes participants to either die or have a so-called "AIDS-defining event," one of the opportunistic infections or conditions that trigger an AIDS diagnosis. In a devastating, elegantly simple presentation, he illustrated the folly of treating all 19 such conditions as if they are equal, when some are much more life-threatening than others, and of effectively discounting later infections by looking only at the time it takes to have the first one. It's not just what results you get, it's how you count the numbers; Neaton made it painfully clear that researchers aren't counting the numbers very well.

Another prominent researcher, the University of Miami's Dr. Margaret Fischl, gave what turned out to be a textbook lesson in how to slant data. Fischl presented the results of ACTG 155, a study designed to determine whether combined use of AZT and ddC is more effective than either drug alone in patients with fewer than 300 CD4 cells who have previously taken AZT. The simple answer is that there was no difference, but you'd never have known it from Fischl's presentation. Fischl spent the entire time discussing the differences between three subgroups of the study subjects, divided based on their CD4 numbers at the start of the trial, emphasizing that those with CD4 counts between 150 and 300 appeared to show a slight benefit from combination treatment.

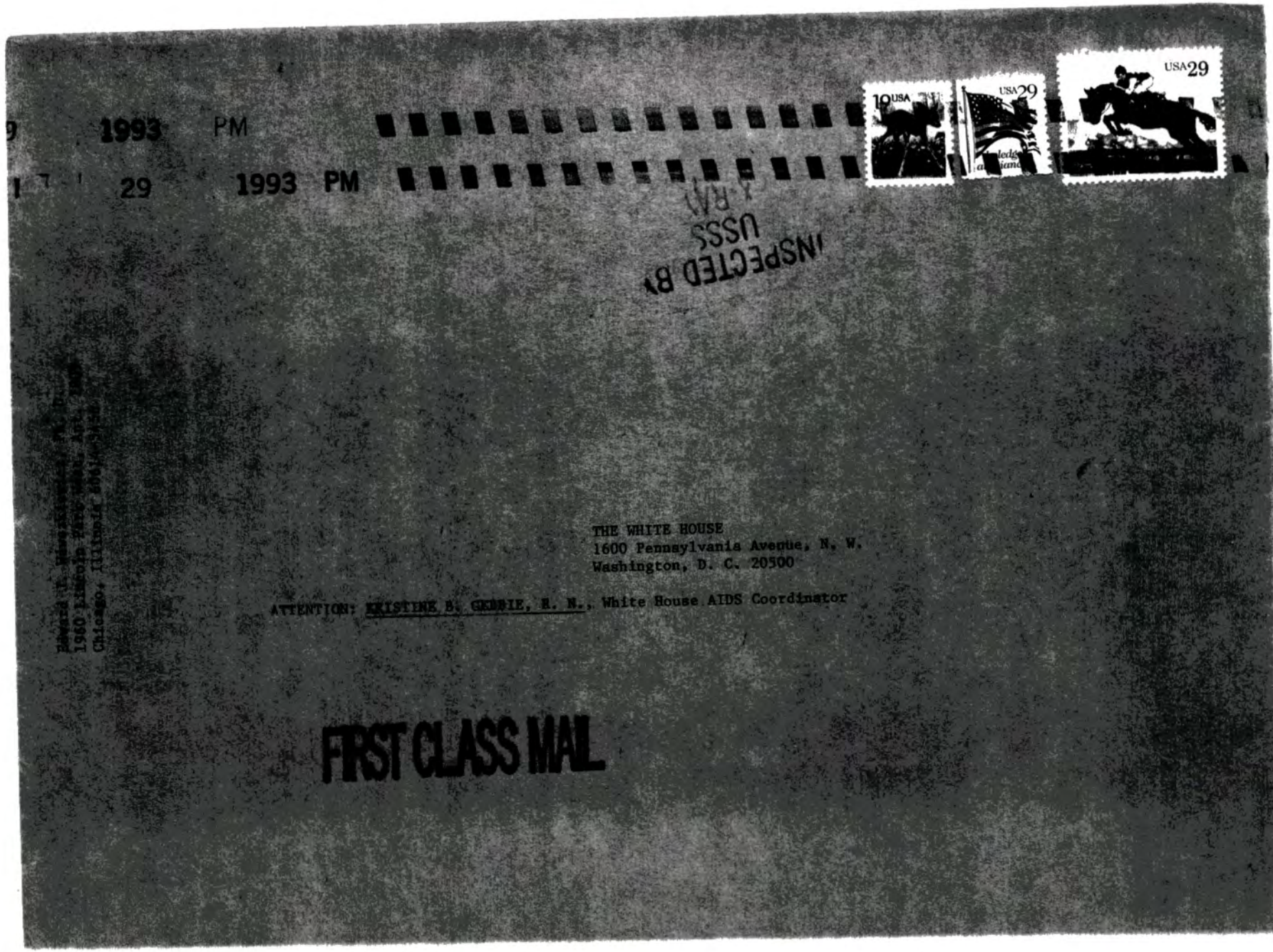
But the division into subgroups wasn't part of the study's original plan, and it is an axiom of research that such an after-the-fact analysis that departs from the question you originally set out to ask is inherently suspect—a fishing expedition for something that proves what you want to prove rather than an honest interpretation of the data. During the question-and-answer period, activists Mark Harrington of TAG and David Barr of Gay Men's Health Crisis angrily confronted Fischl. "The study doesn't show what you said it showed," a furious Harrington shouted.

The activists pointed out Fischl's long association with the companies manufacturing the two drugs. Derek Hodel of the AIDS Action Council in Washington, D.C., had no doubt that the researcher's biases were showing. "There's no question, given that the answer to the original question was not even presented," he said.

What good news there was in Berlin consisted almost entirely of lab results that, in the best-case scenario, are some years away from producing a usable treatment. University of California at San Francisco's Dr. Jay Levy, for example, is on the trail of a substance, produced by CD8 cells, that seems to protect at least some people against HIV. But to continue the research, he said, would take "hundreds of thousands of dollars," funding he has not yet been able to scare up.

The real good news from Berlin is that funding for new approaches may now become more available. "The failure of most existing research is so complete they've got to try something new," commented the head of one community-based research organization.

British researcher Anthony Pinching voiced similar sentiments: "An acknowledgment of how little we know is an absolute prerequisite for moving forward."



THE WHITE HOUSE
1600 Pennsylvania Avenue, N. W.
Washington, D. C. 20500

ATTENTION: KRISTINE B. GEBBIE, R. N., White House AIDS Coordinator

MAIN
03D08

NAPO Document Control Slip

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Purge Date : 8/13/95 Disposition : DESTROY Final Date : 8/13/93 Document Loc : MAIN-03D08

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

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Address : City : WASHINGTON State : DC Zip : 20500
On Behalf Of : To : EDWARD WAWSZKIEWICZ

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

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

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

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Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

JUL 16 1993

AIDS Walk 93
2030 Coffee
Suite C-1
Stanislaus County
Modesto, CA 95355

Put your best foot forward. . .

Thank you for your kind invitation to participate in the Stanislaus County 1993 AIDS Walk. I am sorry that I am unable to attend, but want to convey my best wishes to all who participate.

AIDS Walk and similar events in other cities provide a visible sign of community as we pull together around those infected by and affected by HIV. The funds raised, essential as they may be, are only part of the contribution. By walking together we put a human face on the concern: concern for those already ill and in need of our care and support, and concern for those yet uninfected and in need of education, services and support to stay that way.

I hope that you break all records in the number of participants, in the amount of money raised, and in the continuing demonstration of community to those who support you and watch you walk. I'd enjoy seeing a report of your success!

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

JUL 16 1993

The Honorable Hazel O'Leary
Secretary
Department of Energy
1000 Independence Ave., S.W.
Washington, D.C. 20585

Dear Secretary O'Leary:

It has been my pleasure to serve as chair of the Department of Energy's Environment, Safety and Health Advisory Committee. My appointment as National AIDS Policy Coordinator makes it impossible for me to continue with the Committee, and I ask that you accept my resignation effective immediately.

My departure from the Committee does not mean an end to my interest in the Department of Energy's public health-related activities. If I can be of help in some other capacity, please let me know.

Sincerely,

Kristine M. Gebbie, RN, MN, FAAN

cc: Tara O'Toole, Assistant Secretary
Environment, Safety and Health
Members, ESHAC

July 7, 1993

NOTE TO THE SECRETARY

A copy of the attached memorandum recommending the creation of a National Task Force on AIDS Drug Development was provided to me today.

I wanted you to know that I am fully supportive of the creation of such an advisory body, particularly one including community representatives such as this one.

Before moving forward with the formation of this advisory committee, however, I would like to have the opportunity to meet with you, or your designee, to discuss the scope of work and charge to the group. I propose that you, Dr. Lee, Nan Hunter, D.A. Henderson, myself and my senior staff, and others whom you wish to include, get together as soon as scheduling permits.

As I will be travelling for a substantial proportion of July, please have your scheduler contact Dr. Arthur Lawrence, Acting Director, National AIDS Program Office at 690-6248 to set a time for the meeting.

I am pleased to be a member of the Administration's team and to be working with you and your staff.

Kristine M. Gebbie, R.N., M.N., F.A.A.N.
National AIDS Policy Coordinator

cc: Dr. Lee

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

June 4, 1993

MEMORANDUM

TO: The Secretary
Through: DS_____
COS_____
ES_____
Acting ASH Audrey F. Manley JUN 30 1993

FROM: David A. Kessler, M.D., FDA
Anthony S. Fauci, M.D., NIH

SUBJECT: National Task Force on AIDS Drug Development--ACTION

ISSUE

The purpose of this memorandum is to request your review and approval of a proposal to create a National Task Force on AIDS Drug Development by the Department of Health and Human Services in conjunction with the President's Domestic Policy Advisor for AIDS. The objective of the task force is to ensure continuity, enhance cooperation, eliminate barriers, and establish a national strategy in all aspects of the development of treatments for AIDS and HIV-related diseases.

BACKGROUND

A number of innovative and creative approaches have been developed and implemented in the effort to find effective treatments and preventatives for HIV-related diseases. These have included a broad range of efforts on the parts of the Public Health Service, private industry and community advocacy organizations, as well as a number of important reviews of critical aspects of drug development conducted by both governmental and non-governmental bodies. There has not, however, been a systematic over-arching effort to ensure that all aspects of drug development--from initial drug discovery to the use of the product in the clinical setting --are rapidly taking place in a coordinated manner, free of unnecessary barriers.

PROPOSAL

The proposal calls for the creation of a Task Force on AIDS Drug Development that would be created, and charged, by the Secretary of the Department of Health and Human Services and the President's Domestic Policy Advisor for AIDS. The chairperson of this task force would be the Assistant Secretary for Health while the vice chairs of the task force would be

Dr. David A. Kessler, Food and Drug Administration, and Dr. Anthony S. Fauci, National Institutes of Health. The task force would be composed of a cross-section of those involved in AIDS drug development, including representatives of the pharmaceutical industry, clinical researchers, practicing physicians, and community-based advocacy (see proposed list at Tab A). Additionally, the membership of the task force may be periodically supplemented to meet the needs of a particular topic area. The task force would meet frequently and would provide for both broad public testimony and public deliberation. Immediately after announcement of the task force, the chairperson and vice chairs will meet to finalize organization and establish administrative mechanisms for accomplishing goals.

It would be the responsibility of the task force to ensure that all aspects of AIDS drug development are effectively coordinated, that all appropriate avenues of research are pursued, and that all unnecessary barriers to effective development and utilization of treatments for AIDS are eliminated. Suggested topics for consideration by the task force are provided at Tab B.

We recognize that this task force would constitute an advisory committee and, as such, would be subject to all requirements and restrictions applying to advisory committees, including the recent Executive Order to reduce their number. However, because the White House has expressed interest in being involved in this task force, we believe that its formation could be justified. If you agree with this proposal, we will assemble a full committee management package with a proposed slate of candidates as well as a memorandum for your signature to the Office of Management and Budget requesting concurrence for a new advisory committee.

RECOMMENDATION

I recommend that you approve the formation of the National Task Force on AIDS Drug Development.

DECISION

Approved_____ Disapproved_____ Date_____

Anthony S. Fauci, M.D. David A. Kessler, M.D.

2 Attachments:
Tab A - Task Force Proposed Membership
Tab B - Suggested Topics for Consideration

TAB A

NATIONAL TASK FORCE ON AIDS DRUG DEVELOPMENT

PROPOSED MEMBERSHIP

PANEL CHAIR: The Assistant Secretary for Health

CO-CHAIRS: Anthony S. Fauci, M.D., NIH
David A. Kessler, M.D., FDA

MEMBERSHIP: A total of 12 members to include:

- leading AIDS researchers/Chief Executive Officers from the Pharmaceutical Industry
- leading AIDS researchers from academia, AIDS Clinical Trials Groups, and community-based research sites
- leading experts in AIDS drug development from the NIH, FDA, CDC, and other government bodies, such as VA and DoD
- community-based AIDS advocates

The membership could be periodically supplemented, to meet the needs of a particular topic area, e.g., AIDS-experienced clinicians, representatives from third party payers, or representatives from trade associations/professional organizations.

PROPOSED TOPICS FOR CONSIDERATION

Barriers to drug development
- use of effective animal models
- the use of surrogate end-points in early clinical trials
- use of observational data bases
- prophylactic treatments for opportunistic infections
- studies involving pregnant women
- including minorities and women in clinical trials

Barriers to novel medical intervention
- immunomodulators
- preventative vaccines
- combination products and treatment regimens
- products to prevent perinatal transmission
- products for treating HIV in childhood
- clinical trials in patients with early disease

Accelerated Review and Approval Procedures
- predicting clinical relevance from pre-clinical data
- selection of products for entry into clinical trials
- correlation of in-vivo and in-vitro product effects
- improved use of pharmacokinetic data
- innovative models for clinical trial design

Access for People with Missing or Inadequate Health Care
- to clinical trials
- to products on expanded access

Health Policy Issues
- early distribution of the results of clinical trials
- definition and distribution of standards of care
- educating physicians in the standards of care
- problems with reimbursement for non-approved standards of care
- prevention of AIDS Health fraud
- international aspects of drug development

JUL - 6 1993

Mr. Robert L. Haywood
Human Resource Director
State of Utah
Department of Health
Office of Human Resource Management
and Employee Development
288 North 1460 West
Salt Lake City, Utah 84116-0700

Dear Mr. Haywood:

Thank you for sharing the announcement of the Deputy Director position at the Utah Department of Health. While I will not be applying, I have shared the announcement with a couple of well qualified individuals. I wish you well in your search to fill this key position.

Sincerely,

Kristine M. Gebbie, R.N., M.N.,
F.A.A.N.
National AIDS Policy Coordinator

State of Utah

DEPARTMENT OF HEALTH
OFFICE OF THE EXECUTIVE DIRECTOR

Office of Human Resource Management and Employee Development
288 North 1460 West
P.O. Box 16700
Salt Lake City, Utah 84116-0700
(801) 538-6130

Rod L. Betit
Executive Director

June 2, 1993

Kristine M. Gebbie, RN, MN
606 Lilly Road, NE #723
Olympia, WA 98506

Dear Kristine:

I have received a copy of your resume you provided to us recently and discussed it with Rod Betit, Executive Director of the Utah Department of Health. We are retaining the information realizing it is only the short version of your background.

I am enclosing a draft copy of an advertisement we are about to place in newspapers in the State and selected contacts nationally. I don't believe there will be substantial changes to the final copy. In any event, we would like to encourage you to submit your application for our Deputy Director job. You can see by the ad that we are most interested in leadership skills, the energy to be dynamic, the "where with all" to take calculated risks, and finally the ability to support a state wide effort to bring a new, higher level of performance to our programs.

Should you have any questions please do not hesitate contacting me at (801)538-6623. I am looking forward to you putting your "hat in the ring".

Sincerely,

Robert L. Haywood
Human Resource Director

Enclosures

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DEPUTY DIRECTOR OF HEALTH (APPOINTED POSITION)

Deputy Director, Utah Department of Health, Office of the Executive Director, Salt Lake City. Directs the administration of State public health programs which include, Family Health Services, Community Health Services, Health Care Resources, Local Health Department Liaison, Community Nursing, Medical Examiner, State Health Laboratory, and Administrative Services; reviews and evaluates present and proposed programs assigned to various Department entities; may act as Executive Director in the Executive Director's absence; oversees strategic planning efforts of the Department. Physician candidates should be licensed in pediatrics, physical medicine, preventive medicine or internal medicine, and have at least one year's graduate work in public health. Non physician candidates should have education and administrative experience in public health. **Should the successful candidate for this position be a physician , employment will be contingent on the successful outcome of a drug screen.** **Women and minorities are encouraged to apply.** Submit your resume, transcripts, and salary requirements to the Utah Department of Health, Human Resource Office, 288 North 1460 West, SLC UT 84116. (801) 538-6130 TDD (801)538-6622. Opening date: Closing date: When filled

Equal Opportunity Employer

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STATE OF UTAH
EMPLOYMENT APPLICATION

DHRM-7 6-92

PLEASE READ INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING APPLICATION.

I. APPLICANT INFORMATION

APPLYING FOR: _____ (POSITION TITLE & GRADE)

NAME (Last, First, Middle Initial) _____

OTHER NAMES PREVIOUSLY USED _____

NO. & STREET, R.D., OR POST OFFICE BOX NO. _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ (DAY) (EVENING) (WORK)

SOCIAL SECURITY NUMBER _____

FOR OFFICE USE ONLY				
ACCEPT ☐ REJECT ☐		RATER		
TEST	R S	C S	W	WS
T & E				
WRITTEN				
ORAL				
TYPE				
SHORT-HAND				
		EARNED SCORE		
		VETS. PREF.		
		FINAL SCORE		

Circle examination center preferred:

Blanding	Fillmore	Moab	Provo	Salt Lake City
Brigham City	Heber City	Ogden	Richfield	Tooele
Cedar City	Kanab	Panguitch	Roosevelt	Vernal
Ephraim	Logan	Price	St. George	

If out of state, indicate city and address of nearest Employment Security Office in your state: _____

Date available for appointment _____

If you have a relative(s) currently working for the State, indicate name(s) and department(s) _____

Circle counties in which you are willing to accept employment:

All Counties		15	Morgan
1	Beaver	16	Piute
2	Box Elder	17	Rich
3	Cache	18	Salt Lake
4	Carbon	19	San Juan
5	Daggett	20	Sanpete
6	Davis	21	Sevier
7	Duchesne	22	Summit
8	Emery	23	Tooele
9	Garfield	24	Uintah
10	Grand	25	Utah
11	Iron	26	Wasatch
12	Juab	27	Washington
13	Kane	28	Wayne
14	Millard	29	Weber

Check if you will accept: ☐ Permanent ☐ Temporary ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Night Work ☐ Rotating Shifts

If employed, are you willing to accept the approved salary for the position? ☐ Yes ☐ No

II. VETERAN'S PREFERENCE is determined by active military service for 90 or more consecutive days. Disabled veteran's preference is determined by active military service and a disability of 30% or more incurred in the line of duty, whether or not the person completed 90 days of active duty.

Persons claiming veteran's or disabled veteran's preference must submit a photocopy of their honorable discharge (such as DD-214) showing the dates of service with each application form. Veterans claiming disability must also submit a letter of verification of 30% or more disability from the Veteran's Administration dated within the last 90 days.

Do you claim Veteran's Preference?
☐ Yes ☐ No

If Yes, "X" one of the following:
☐ 1. As a veteran
☐ 2. As an unremarried surviving spouse of a veteran

Do you claim Disabled Veteran's Preference?
☐ Yes ☐ No

If Yes, "X" one of the following:
☐ 1. As a disabled veteran
☐ 2. As a spouse of a disabled veteran not gainfully employed due to a military related disability
☐ 3. As an unremarried surviving spouse of a disabled veteran.

THE STATE OF UTAH IS AN EQUAL OPPORTUNITY EMPLOYER
Department of Human Resource Management, Room 2120 State Office Building, Salt Lake City, Utah 84114

It is the policy of Utah State Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. The State provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

Main
#03008

NAPO Document Control Slip

NAPO Number : 7099 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : SHenson
Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D08

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

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

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

STATE OF NEW YORK - DEPARTMENT OF HEALTH - EMPIRE STATE PLAZA - CORNING TOWER BUILDING - ALBANY, NY 12237

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

****

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

PHOTOCOPY
PRESERVATION

July 27

THE WHITE HOUSE

Dear Mark -

Thank you for sharing the latest edition of AIDS in New York State. Your experience with this infection have been critical to many across the country. I look forward to working with you & your staff as I move into my new responsibilities.

Sincerely,

Christine Gebbie

STATE OF NEW YORK
DEPARTMENT OF HEALTH
EMPIRE STATE PLAZA
CORNING TOWER BUILDING
ALBANY, NEW YORK 12237

MARK R. CHASSIN, M.D., M.P.P., M.P.H.
COMMISSIONER

July 21, 1993

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
Department of Health and Human Services
200 Independence Avenue SW, 738G
Washington, D.C. 20201

Dear Ms. Gebbie:

The enclosed 1992 edition of AIDS in New York State depicts the continuing, devastating impact of the HIV/AIDS epidemic upon New York's citizens, health care system and fiscal resources.

The human toll now exceeds 60,000 AIDS cases and nearly 45,000 deaths. The cost of HIV/AIDS prevention programs, support services and medical care now approximates $1.6 billion annually in New York State.

Tables and graphs in this publication illustrate the increasing burden of HIV infection and AIDS among minority men, women and children. In 1992, 70 percent of reported AIDS cases were African-American or Hispanic. More than 82 percent of all women with AIDS are black or Hispanic, as are 88 percent of pediatric AIDS cases.

These data demonstrate the need to intensify our efforts to halt the spread of this deadly virus, particularly within high risk communities. We also must expand access to appropriate medical services for the estimated 150,000 New Yorkers who are already infected. Meeting these challenges will require the support and active participation of government and voluntary agencies, political and community leaders, health professionals and educators.

Sincerely,

Mark R. Chassin, M.D.
Commissioner of Health

Enclosure

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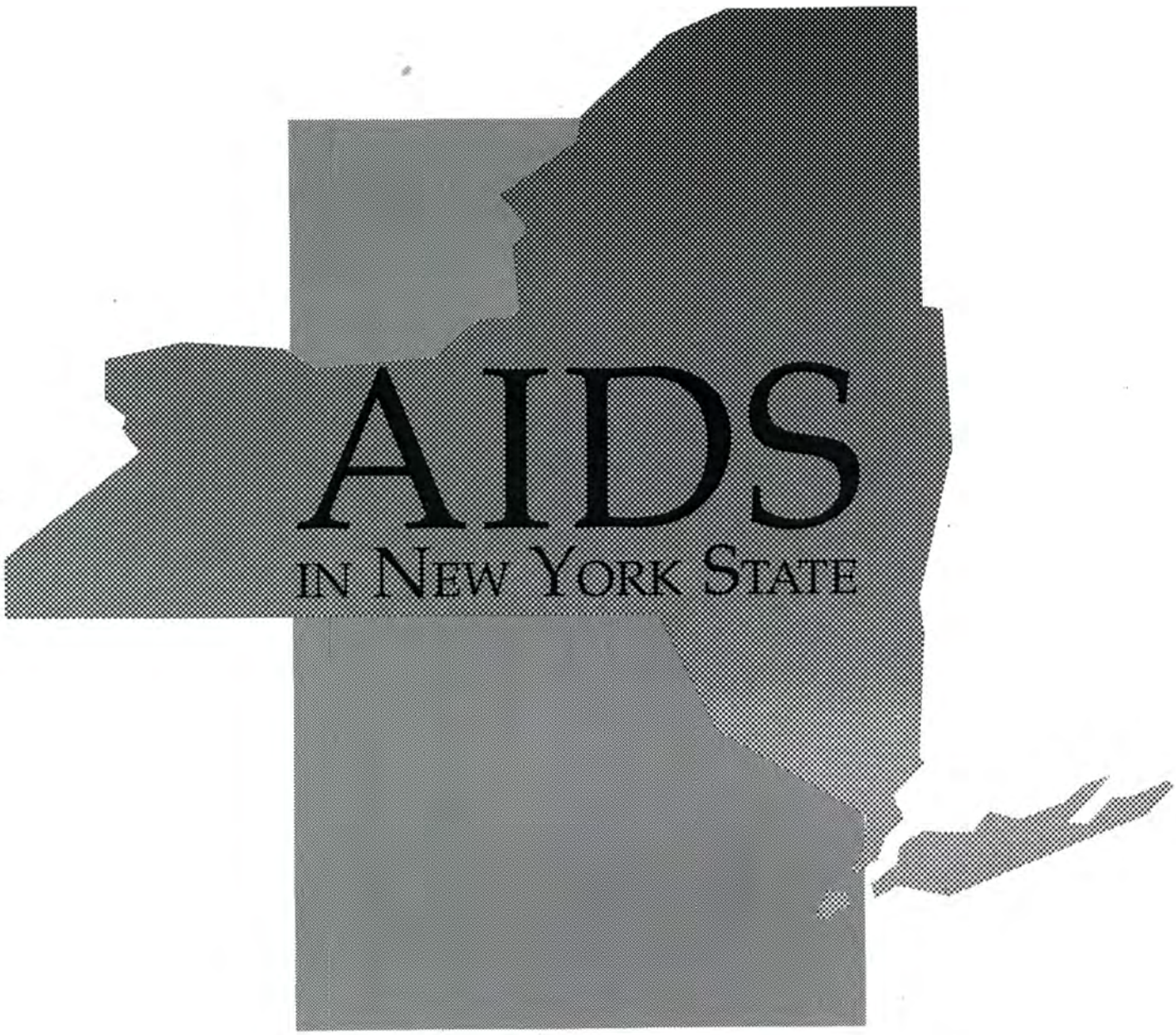

AIDS
IN NEW YORK STATE

New York State Department of Health

1992