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AUGUST CHRON FILES

1993

AUGUST CHRON FILES

1993

THE WHITE HOUSE

WASHINGTON

August 2, 1993

The Honorable Thirman L. Milner
Connecticut Senate
State Capitol
Hartford, Connecticut 06106-1591

Dear Senator Milner:

Thank you for your congratulations on my appointment as National AIDS Policy Coordinator. I appreciate your good wishes and offer of assistance in my new role.

The situation of Mr. Michael Sailor, the prisoner who is incarcerated in a Mississippi penal institution and is now dying of AIDS, is lamentable. Decisions on early release or parole of residents of penal institutions lie within the authority of a state's judicial system. It is possible that the state's chief health official can provide expert counsel on this matter to the appropriate judicial official. I am forwarding a copy of your letter to Dr. Ed Thompson, Director of the Mississippi Department of Health. In addition, I suggest that you personally contact Dr. Thompson at 2423 N. State Street, Box 1700, Jackson, Mississippi, 39215.

I am also forwarding a copy of your letter to The Honorable Kirk Fordice, Governor of Mississippi, for his consideration.

Sincerely,

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

cc:
The Honorable Kirk Fordice
Dr. Ed Thompson

Sent cc's on
8/5/93

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Evelyn Perkins, RN, MSN
President, Empower US, Inc.
1517 Western, Suite 256
Chicago Heights, Illinois 60411

Dear Ms. Perkins:

Thank you for sharing your work on children's AIDS educational programs. I have forwarded your letter and materials to the Office of HIV/AIDS at the Centers for Disease Control and Prevention (CDC). The CDC is the agency responsible for developing and researching a wide range of HIV prevention efforts.

Good luck to you and your associates.

Sincerely,

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

cc:
Office of HIV/AIDS, CDC

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Evelyn Perkins, RN, MSN
President, Empower US, Inc.
1517 Western, Suite 256
Chicago Heights, Illinois 60411

Dear Ms. Perkins:

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Good luck to you and your associates.

Sincerely,

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

cc:
Office of HIV/AIDS, CDC

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Empower Us, Inc.

Specializing In Preventative Health Education

1517 Western
Suite 256
Chicago Heights, Illinois 60411
708-481-9759 voice
219-322-9273 fax

July 8, 1993

Ms. Kristine Gebbie, RN
AIDS CZAR
200 Independence Ave. S.W., Rm. 729 H
Washington, D.C. 20201

Dear Ms. Gebbie:

Congratulations on your appointment. We wish you the very best with the challenging task you are undertaking.

We are a small African-American female owned business. For the past two years, we have focused totally on researching and writing our children's AIDS prevention computer program. We have a wealth of information for our copyrighted database (enclosure).

We have heard you say that such educational programs are needed. It is our goal to meet this need. However, to obtain a business loan for the completion of our program, we need to present our bank with purchase orders.

If your office would be interested in purchasing state-of-the-art CD-ROM computer programs, or if your office has any grants available for development of children's AIDS educational programs, we would very much like to be informed of the protocols.

If you would be kind enough to have your office advise us of any interest in our program or any available grants, we would greatly appreciate it.

Your office may reach me at 219-865-2141 X 45740 or at 708-481-9759.

Sincerely,

Evelyn Perkins

Evelyn Perkins, RN, MSN
President, EUI

EP/ek

VITA

EVELYN PERKINS
206 Todd
Park Forest, IL 60466

Home: (708) 481-9759
Work: (219) 865-2141
Ext. 4740

EMPLOYMENT HISTORY

August 1990 - present	Saint Margaret Mercy Healthcare Centers - South Campus (Formerly Our Lady of Mercy Hospital) U.S. Highway 30 Dyer, IN 46311 Program Director/Head Nurse Child Psychiatric Unit
1987 - August 1990	Our Lady of Mercy Hospital U.S. Highway 30 Dyer, IN Nurse Manager, Adolescent Psychiatry
June 1987 - November 1987	Evangelical Health Systems Administrative Director Mental Health Services Bethany Hospital
April 1986 - July 1987	Our Lady of Mercy Hospital Director of Quality Assurance Department of Behavioral Medicine
1980 - 1986	Northwestern Memorial Hospital Clinical Specialist Chemical Dependence Program Joint Clinical Faculty Position: Northwestern Department of Medicine School of Nursing
1979 - 1980	George S. May, International Co. Health Care Division 111 S. Washington St. Park Ridge, IL Executive Consultant
1976 - 1979	Department of Psychiatry University of Chicago Hospital 950 E. 59th St. Chicago, IL Staff Nurse

ACADEMIC TRAINING

St. Xavier College
Master of Science in Psychiatric Nursing (MSN)
1977-1979

St. Xavier College
Bachelor of Science in Nursing (BSN)
1973-1976

Loop Junior College
Biology Major
1971-1973

Prairie State College
French 101-102
1991-1992

HONORS

Phi Beta Kappa, National Honor Society for Junior Colleges

Sigma Theta Tau, National Honor Society for Nursing

TEACHING EXPERIENCE

COORDINATOR/TEACHER
"Alcohol, Drugs and Nursing: The Recognition and Management of Chemically Dependent Patients," a twice-a-year, 10-week course offered to Chicago area Nurses, approved for 20 continuing education contract hours by the Illinois Nurses Association CEARP #783-1598.

Sangamon State University, Springfield
"Supervising Mental Health Workers in Chemical Dependence Programs." Melvin Hall, Director, Continuing Education

CONSULTANT EXPERIENCE

1986 — CBS-TV 10:00 News, "Addicted Nurses"

1984 — Chicago Tribune, "Treatment Facilities for Impaired Nurses," Leigh Behren, reporter, March 1984.

Ingalls Nursing News, Vol. 7, No. 1, Winter, 1984, "Impaired Nurses," Steve Marks, investigator.

1984

Newsweek Magazine, cover story "Drugs on the Job," August 22, 1983.

The Champaign-Urbana news Gazette, "Impaired Nurses, Drug Addicted Nurses Are More Common Than Many Think," Sunday, October 30, 1983, Jim Dey, reporter.

United States Senate - Dr. Irving Soloway, questions on proposed legislation on drug diversion among nurses.

1982

WLS-TV 6:00 p.m. and 10:00 p.m. News, Three-part series "Addicted Nurses." Roberta Baskin, reporter.

Illinois Department of Registration and Education Referrals for Treatment of Addicted Nurses, Jim Cervone, investigator.

GUEST LECTURES

1992

AIDS Prevention Lectures:

-Yost Elementary School
Chesterton, IN
1 hour presentation to 60 4th graders

Henry W. Eggers Elementary School
Hammond, IN
1 hour presentation to 90 4th graders

Scott Middle School
Hammond, IN
1 hour presentation to 50 6th, 7th and 8th graders

Bailly Elementary School
Chesterton, IN
1 hour presentation to 50 4th graders

1985	Commonwealth Edison, Joliet, Harvey and County Line Stations, "Recognizing Employees with Chemical Dependence Problems."
1985	Purdue-Calumet University Nursing Research Class, "Substance Abuse Among Nurses."
1983	Illinois League for Nursing - Illinois Society of Nursing Administrators, Ambassador West Hotel, "Assisting the Impaired Nurse." Dennis McCleverty, Director.
1983	University of Chicago Hospitals and Clinics: Administrating Nursing Service, "Characteristics of Nurse Substance Abusers." Mirion Stokes, Director of Staff Education.
	Trainer for volunteers, Contact Chicago, 24-hour Hotline Crisis Center, Lake Point Towers, 505 North Lake Shore Drive, "Telephone Management of the Addicted Caller."
PUBLICATION	"Substance Abuse Among Nurses: Curriculum as a Primary Preventive Strategy." National Council on Alcoholism, Second Spring Conference for Nurse Educators in Alcohol and Drug Abuse Nursing, pp. 106-121, 1983.
UNPUBLISHED MANUSCRIPTS	"I Respect You, Mr. Virus" AIDS Prevention for 6 to 10-year-old Children.
	"Can't Touch This" Sexual Abuse Prevention for 6 to 10-year-old Children.

Dear Ms Perkins

Thank you for sharing your work on children's AIDS educational programs. I have forwarded your letter & materials to the National CDC & prevention. That is the agency responsible for developing & researching a wide range of HIV prevention efforts.

Good luck to you and your associates

Sincerely

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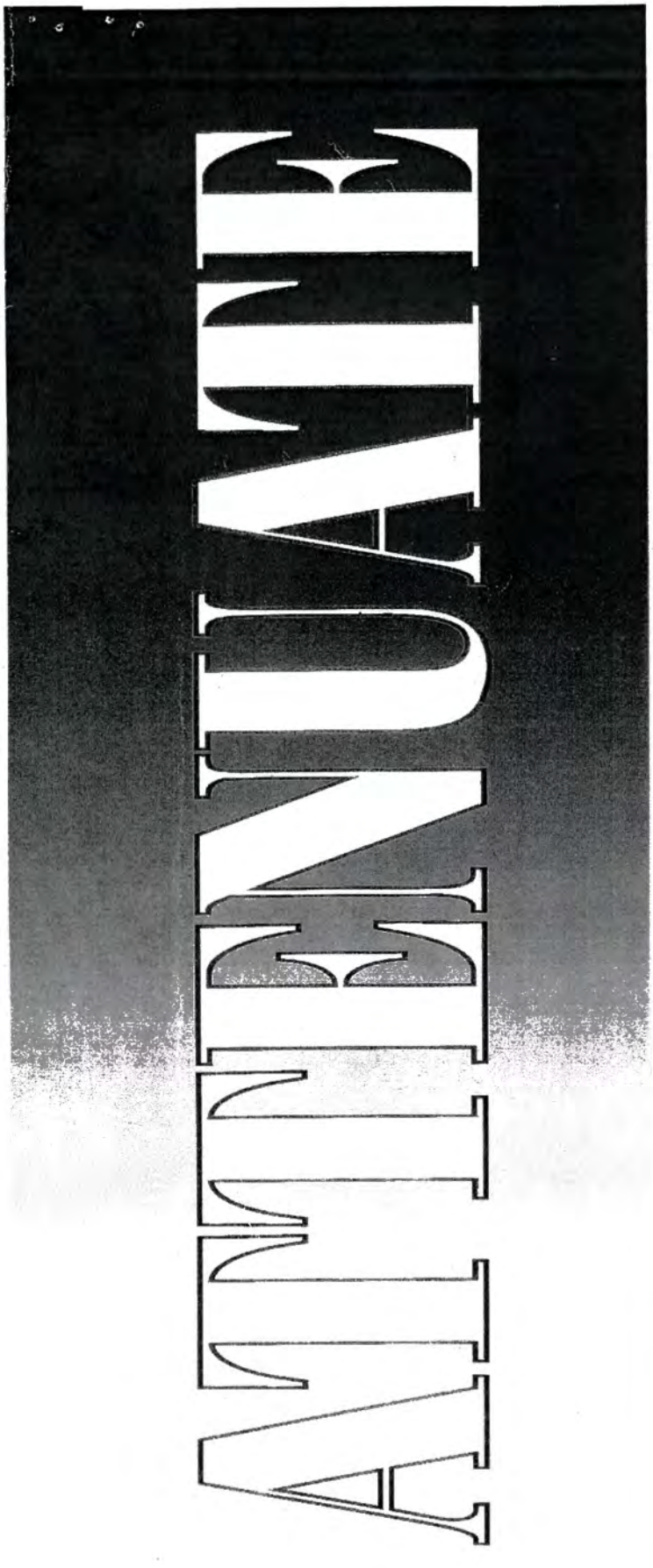

SERIOUS EDUCATIONAL GAMES

INTERACTIVE EDUCATIONAL VIDEO

In medical terminology, true disease prevention simply means early education

Empower *Us*, Inc. (EUI) has developed an interactive video targeted at 6-12 year olds. Educating children in their formative years, while they are developing beliefs and attitudes about health and safety, positively impacts their adolescent and adult health decisions.

EUI's multimedia, interactive video is not only clinically accurate it's fun.

MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7090 PHS Number : OS Number : Document Type : White House Letter

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

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

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

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

EMPOWER US, INC. - 1517 WESTERN, SUITE 256 - CHICAGO HEIGHTS, IL 60411

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7089 PHS Number : OS Number : Document Type : White House Letter

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

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

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

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

THE ARIEL PROJECT - 81 DIGITAL DRIVE - NOVATO, CA 94949

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Arthur J. Ammann, M.D.
Chair, Health Advisory Committee, PAF
Director, The Ariel Project
81 Digital Drive
Novato, California 94949

Dear Dr. Ammann:

I am so glad we had a chance to meet, although briefly. As you probably know, since then I have had the opportunity to spend some time with Elizabeth Glaser and Susan DeLaurentis as well.

The points you raise in your editorial are excellent ones, and I look forward to working with you. If you will be back in D.C. in the near future, please call so we can arrange some time together. The Pediatrics AIDS Foundation is an important part of our national effort, and you are a key component!

Your personal experience with health insurance adds fuel to the fire regarding need for universal coverage. I hope you have shared that information with others, including Dr. Lee.

I hope to see you soon.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 4, 1993

Mr. Richard H. Larsen
6 Oyster Shell Lane
Hilton Head Island, South Carolina 29926

Dear Mr. Larsen:

Thank you for writing. You identify a key part of the national response to AIDS: supporting behavior change which reduces spread of the virus. I will be making this a part of my efforts. I appreciate hearing from you.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Dr Amram

I'm so glad we had a chance to meet, although briefly. As you probably know, since then I have had the opportunity to spend some time with Elizabeth Glaser & Susan Dr Laurentis as well.

The points you raise in your editorial are excellent ones, & I look forward to working with you. If you will be back in DC in the near future, please call so we can arrange some time together. The Pediatric AIDS Plan is an important part of our national effort, ~~& I look forward~~ & you are a key component!

Sincerely,

Your personal experiences with health insurance add fuel to the fire regarding need for universal coverage. I hope you have shared that information with others, including Dr Lee.

I hope to see you soon,

Sincerely

Hope for Children with AIDS

The Ariel Project
for the Prevention of HIV Transmission from Mother to Infant

July 8, 1993

Kristine Gebbie
Room 729-H
HHH Building
200 Independance Ave. S.W.
Washington, DC 20201

Dear Kristine:

It was a welcome surprise to meet you last week. I look forward to working with you on many issues. Please let me know where and when the Foundation can be of assistance.

I have attaached an editorial (a 10 year follow up) on priorities in Pediatric AIDS, which I recently submitted for publication. The most controversial recommendation is on newborn screening. I believe you and Leslie Hardy will be talking about the IOM meeting on this issue and I would welcome the opportunity to discuss it with you in the future.

Sincerely,

Arthur J. Ammann, MD
Chair, Health Advisory Committe, PAF
Director, The Ariel Project

Enclosure

81 Digital Drive, Novato, CA 94949
Tel: (415) 883-1796 FAX: (415) 883-1845

Pediatric Human Immunodeficiency Virus Infection: The Next Decade

Arthur J Ammann MD
Chairman: Health Advisory Board
Pediatric AIDS Foundation
Director: The Ariel Project
For the Prevention of HIV Infection

In 1983, shortly after pediatric acquired immunodeficiency syndrome (AIDS) was first described by three investigators in distinct geographic areas, I wrote a commentary for "Pediatrics" titled "Does pediatric AIDS exist?"[1] The editorial, which was written prior to the discovery of the human immunodeficiency virus (HIV), addressed the criticism that pediatric AIDS was not a unique syndrome and described the features of pediatric AIDS which would allow recognition of the syndrome and differentiate it from congenital immunodeficiency disorders. During the first decade of pediatric AIDS, 1983 to 1993, there were significant advances in the recognition, diagnosis and treatment of the syndrome.[2,3,4] This was primarily the result of the discovery of the human immunodeficiency virus (HIV) in 1983 and the subsequent widespread availability of an antibody based diagnostic test in 1985.[5,6,7] With the use of antibody testing, epidemiological studies defined the extent of the syndrome in the population, and identified the major risks for transmission in children which included blood transfusion, maternal infant transmission, breast feeding and sexual abuse.[8] There were, retrospectively, few surprises, many frustrations, and many new problems. Now, as we enter the second decade of pediatric HIV infection, it is necessary to identify the issues which must be addressed and resolved to control and prevent HIV infection in infants and children. Priorities for the future are identified in the following discussion.

1- **Pediatric AIDS research should be prioritized to address the critical issues over the next decade.** There are many research questions which are unique to pediatric AIDS. The most important of these, if answered, has the potential of interrupting HIV transmission from mother to infant. Over 85% of pediatric AIDS cases are a result of maternal-infant transmission.

Therapeutic interventions should concentrate on the prevention of viral transmission during the perinatal period. Because potential therapeutic agents include many different approaches including passive antibody, drugs, and vaccines, clinical trials must be carefully designed and coordinated. It is likely that some trials will need to be performed in developing countries. Each placebo controlled trial will require 400 or more patients per arm depending on the transmission rate. This further emphasizes the need for routine newborn screening for HIV, not only in the United States but also world wide.

Since the time of infection and the source of HIV is clearly defined in maternal infant transmission and since 20 to 30% of infants born to HIV infected mothers are infected, the pediatric population is ideally suited to answering questions regarding protective immunity and pathogenesis of HIV infection. Infants also have unique clinical endpoints, such as growth and development, and neurologic abnormalities, which can be used to determine drug efficacy in a shorter time period and with smaller numbers of subjects than adult trials.

Other areas of critical research include the evaluation of new therapies for opportunistic infections, the effect of HIV on growth and development, the role of co-infection on disease progression, the effect of HIV on neurodevelopment, the evaluation of long term survivors, the role of mucosal immunity in transmission, and characterization of the immune response to HIV.

HIV infection in the infant occurs in the context of a rapidly developing immune system associated with a defined source of infection, which can be detected shortly after birth. This provides an opportunity to evaluate new experimental therapies, such as gene therapy and immunomodulators in patients who are most likely to respond.

2- **Provide equal access to health care resources.** Pediatric HIV infection affects individuals who are members of multiple minorities - children, poor, diverse ethnic origins, orphaned, foster care, racial, and victims of isolation and ostracism. Many of the traditional protectors of children in our society were slow to become advocates for these children and in some situations, even ignored the injustices in spite of the increasing numbers of children who became infected. For the future, the gap between health care for the poor and

the wealthy must be eliminated. Child advocacy groups must insist that high quality health care be provided for all children, including routine immunizations, social services and access to the newest treatments.

3- **Institute routine screening for HIV infection in newborn infants.** The major arguments of the past decade against routine screening of newborn infants for HIV stated that screening of the infant violated the confidentiality of the mother (who would indirectly be known to be infected with HIV if the infant were found to be HIV antibody positive), an early diagnosis of HIV infection could not be established in the presence of maternal antibody, early diagnosis of HIV in the infant had no advantage since treatment for HIV infection was not available, and counseling and social services had to be in place prior to screening to accommodate the increased numbers of HIV infected infants which would be diagnosed.

As we look to the future, the arguments of the past decade are no longer valid. Current public health goals of early diagnosis of HIV infection are to identify individuals at risk, provide early medical care to infected individuals, and prevent additional cases of HIV infection. All of these goals are facilitated by routine screening of newborn infants for HIV. Importantly, the confidentiality of the mother is not violated since it is naive to assume that an HIV infected infant will not eventually be diagnosed and the source of infection identified.

The presence of maternal antibody is not a significant confounding factor in establishing an early diagnosis of HIV infection. A diagnosis can now be made with certainty in the immediate newborn period in at least 50% of infants using PCR, viral culture or acid dissociated p24 antigen assays.[9,10] By 3 months of age a diagnosis can be made in 95% of patients. As a result, it is no longer necessary to wait until 9 to 12 months of age for maternal antibody to disappear before making a definitive diagnosis.

Early diagnosis of HIV infection of infants results in early access to treatment for both mothers and infants. There is increasing evidence of a higher mortality in undiagnosed infants who present with a preventable infection such as pneumocystis carinii pneumonia, in contrast to infants with an established diagnosis who present with similar infections.[11,12,13] Current

recommendations for prophylaxis and treatment extend to asymptomatic infants, who are best identified by early routine screening.[11]

Rather than viewing a diagnosis of HIV infection in the mother negatively, it should be considered an opportunity for early evaluation of the mother for treatment, prophylaxis, and counseling. Delays in treatment for either the mother or the infant can no longer be considered acceptable for their health and survival. Further, some infected infants may not become symptomatic for years. If testing is linked to symptoms, additional pregnancies may occur, placing an additional infant(s) at risk for HIV infection.

It is no longer possible to argue that routine newborn screening should not be performed because treatment is not available. Both licensed and experimental therapy are available for all children. Zidovudine has been approved by the FDA for use in children since 1990.[14] Recommendations for antibiotic prophylaxis for pneumocystis carinii have been in effect for several years and have recently been amended to included infants less than one year and with CD4 counts less than 1500/mm3.[11] Several clinical research studies require that infants be enrolled at birth for therapeutic interventions which have the potential of preventing HIV infection, such as passive antibody therapy and active immunization. Studies requiring the enrollment of newborn infants born to HIV infected mothers can only be successfully completed in a timely manner if adequate numbers of infants are rapidly enrolled. This can be achieved by routine newborn screening.

It is unreasonable to delay routine newborn screening until all health care and social services are in place. The public health response to contemporary epidemics has rarely included anticipatory provision of adequate health care and psycho social resources. In fact, the inability to document the number of HIV infected infants has resulted in delays in providing adequate health care. The calculated numbers of HIV infected infants based on CDC surveys of pregnant women indicates that there should be approximately 2000 newly HIV infected infants diagnosed each year.[15] Although the actual number has not been documented, since routine newborn screening is not being performed, it is generally agreed that significant numbers of HIV infected infants are not recognized and therefore are not receiving recommended medical care.

4- **The designation, "pediatric HIV infection", rather than, pediatric AIDS should be routinely used.** As early as 1983, suggestions were made to alter the definition of AIDS in children.[16] The CDC's definition of pediatric AIDS was intended to be used for epidemiological purposes only and not to direct treatment or medical care reimbursement. The definition was in place prior to the discovery of HIV, and was necessary at that time to restrict the inclusion of patients with vague or unclear features. The CDC has moved to a broader definition of pediatric AIDS.[8] In the interest of providing optimal individual care, it seems appropriate to now move to a diagnosis based solely on whether an infant is, or is not HIV infected, e.g. pediatric HIV infection. Such terminology has traditionally been used for most infectious diseases and permits the physician to determine, on an individual basis, when and what treatments should be utilized. Classification of disease status, such as the CDC classification, should be confined to specific epidemiologic studies and clinical studies where staging of disease may provide guidelines for therapy.

5- **Institute rapid evaluation of new therapies for life threatening diseases in children.** In spite of the recognition of the tragic delay in the approval of Zidovudine for infants and children (3 years following the approval for HIV infected adults), there continues to be a lag in drug and vaccine evaluation for children. Dr. Samuel Katz, speaking at the VIIIth International AIDS meeting in Amsterdam, pointed out the paradox, that in spite of the fact that children have been the historical recipients of experimental vaccines which have proven to be efficacious for both adults and children, all AIDS vaccine candidates at that time were being evaluated in adults. There is no single reason for this delay. Difficulties in performing studies in children, a pharmaceutical market too small to be of economic interest to the manufacturer and potential liability, have all been given as major impediments.

The HIV epidemic has highlighted many of the difficulties in drug development for life threatening diseases. Currently there is no requirement that a pharmaceutical or biotechnology company perform pharmacokinetic and

safety studies children. Early access to drugs for life threatening diseases is needed and will require rules and/or legislation for implementation. Recently, the FDA has provided new rulings to encourage pharmaceutical companies to perform studies in children with life threatening diseases by offering extended label claims based on adult efficacy, provided that acceptable pharmacokinetic and safety studies are performed in infants and children. This might result in earlier availability of drugs to children but, as there is still no requirement to perform these studies in children, delays are likely to continue. New incentives must be developed to encourage earlier drug evaluation in children. The pediatric community must insist that these issues be addressed if safe and efficacious drugs are to be made equally available to children and adults.

6- **Educational efforts to prevent HIV infection must explore methods for inducing behavior modification rather than simply providing factual information.** Prevention of HIV infection should be considered the highest priority over the next decade. None of the currently available drugs controls or cures HIV infection and it is likely that an effective vaccine will not be available for at least a decade. Therefore, effective education must be introduced at all levels. Children often receive confusing messages concerning sexual behavior and risk of HIV infection. Although factual information may be presented through home and school education, the plea for responsible behavior is often countered by multimedia exposure to messages of unprotected sex, multiple sexual partners, sexual partners with unknown medical histories and the lack of any consequences for engaging in high risk sexual behavior. Except for selected groups, education has not yet had a pronounced effect on teenage sexual behavior.

Summary

The next decade of research and health care in pediatric HIV infection must resolve critical issues. It will be necessary to probe deeply to examine what we now know, identify what we need to know, find ways to solve the issues that confront us and how to best achieve the solutions in a timely manner. I have identified six priorities of major importance. There are others, and there will be new ones. Each issue is complex, but each one must be faced with the hope

that solutions will be found. After 10 years, HIV infection is at risk of becoming institutionalized, bringing with it an acceptance of the issues as inherent to the disease. The patients look to the medical profession and scientific community to provide hope. But there are also significant educational, psychological, social and public health issues which must be resolved. The first decade of AIDS consisted of recognition, diagnosis and early treatment. If we are to bring hope to our children and their parents, the next decade must consist of prevention and therapeutic control of HIV and its complications.

References

1. Ammann AJ: Is there an acquired immune deficiency syndrome in infants and children? Pediatr 1983: 72:430

2. Rubinstein, A, Sicklick, M, Gupta A, et al: Acquired immunodeficiency with reversed T4T8 ratios in infants born to promiscuous and drug addicted mothers. JAMA 1983; 249:2350

3. Oleske J, Minnefor A, Cooper R, et al: Immune deficiency syndrome in children. JAMA 1983; 249:2345

4. Scott GB, Buck BE, Letterman JB, et al: acquired immunodeficiency syndrome in infants. N Engl J Med 1984; 310:76

5. Barre-Sinoussi F, Chermann JC, Rey F et al: Isolation of a T lymphotropic retrovirus from a patient at risk for acquired immunodeficiency syndrome (AIDS). Science 1983; 22:868

6. Petricciani JC: Licensed tests for antibody to human T lymphotropic virus type III. Ann Int Med 1985; 103:726

7. Allain, JP, Laurian Y, Paul DA, et al: Serological markers in early stages of human immunodeficiency virus infection in hemophiliacs. Lancet 1986; 1:1233

8. Centers for Disease Control. Update: acquired immunodeficiency syndrome - United States, 1989. MMWIR 1990; 39:81

9. Report of a consensus workshop. Early diagnosis of HIV infection in infants. J AIDS 1992; 5:1169

10. Miles SA, Balden E Magpantay L, et al: Rapid serologic testing with immune-complex dissociated HIV p24 antigen for early detection of HIV infection in neonates. N Eng J Med 1993; 328:297

11. Working Group on Antiretroviral Therapy. National Pediatric HIV Resource Center. J Pediatr Inf Dis 1993; in press

12. Tovo PA, DeMartino M, Gabiano C et al: Prognostic factors and survival in children with perinatal HIV-1 infection. Lancet 1992; 1:1249

13. Scott GB, Hutto C, Makuch RW et al: Survival in children with perinatally acquired human immunodeficiency virus type 1 infection. N Engl J Med 1989; 32: 1791

14. Pizzo PA, Wilfert C: Treatment considerations for children with HIV infection, in Pizzo PA, Wilfert C(eds): Pediatric AIDS. Baltimore, Williams and Wilkins, 1991, pp 478-494.

15. Oxtoby MJ: Perinatally acquired HIV infection, in Pizzo PA, Wilfert C (eds): Pediatric AIDS. Baltimore, Williams and Wilkins, 1991, pp 3-21.

16. Ammann AJ: The acquired immunodeficiency syndrome in infants and children. Ann Int Med 1985; 103:734

For your interest:

The attached reflects some of the issues involved in obtaining health insurance. In 1992 I left Genentech, a biotechnology company, where complete health insurance was provided. The acceptance of the position of chairman of the Health Advisory Board of the Pediatric AIDS Foundation was contingent on my being able to obtain adequate replacement health insurance. Because of age (56) and a pre-existing condition (controlled hypertension), this proved difficult. After working with many individuals I was finally able to obtain insurance, but at a cost of $7264/year and a $2000 family deductible per year. There was also a one year exclusion for my cardiovascular complications. This covered myself and my wife. After one year, and no claims for reimbursement, I received the notice of premium increase to $9088/year (25% increase).

I have spoken to several friends, similar in age, and in similar professions who, because they are not part of a group, have incurred similar high premiums and deductibles.

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TIME INSURANCE COMPANY
501 West Michigan
P. O. Box 624
Milwaukee, WI 53201-0624
Telephone: (414) 271-3011

TIME

RECEIVED
JUN 10 1993
Ans'd RK

JUNE 03, 1993

0004024452-M
ARTHUR J AMMANN
PEDIATRIC AIDS FOUNDATION
10866 WILSHIRE BLVD 10TH FLOOR
LOS ANGELES CA 90024

Agent #: 00028086I 00001

CONTACT & ADVISE

Policy/Certificate: 0004024452-M
ARTHUR J AMMANN

Dear Mr. AMMANN

Effective 08/01/1993, your current premium of $ 1,816.11 will increase to: $ 2,272.53 QUARTERLY This new premium is guaranteed for 12 months, which is based upon the above address and the coverage currently in force.

In order to reduce your overall premium, you have the option to increase your current Deductible Amount of $ 1,000. This will also increase the maximum amount you might spend out-of-pocket. These two items are the costs you initially pay that your insurance does not cover. Please complete and return the enclosed form if you wish to increase your deductible.

I realize the premium increase adds to your financial burden. I would also like to assure you that TIME Insurance Company is making every effort to help control these rising costs. We urge you to read the enclosed brochure about health insurance. The brochure explains why health care costs and premiums are rising, what we are doing and what you can do.

I would like to take this opportunity to thank you for being a valued customer of TIME Insurance Company. Please feel free to contact our Individual Policyholder Service Desk at (414) 299-8311, or your TIME Representative, with any questions you may have.

Sincerely,

Spencer N. Smith, Vice President
Health Administration

MAIN
03007

NAPO Document Control Slip

NAPO Number : 7088 PHS Number : OS Number : Document Type : White House Letter

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

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

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

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

8406 WHITE ROAD - ORLANDO, FL 32818

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Georgene Hadley
8406 White Road
Orlando, Florida 32818

Dear Ms. Hadley:

Your request for the HIV/AIDS information has been forwarded to the National AIDS Clearinghouse, which will send you a catalog describing the posters and brochures that they have available in bulk or individually. For you further information, the number for the Clearinghouse is 1-800-458-5231. In addition, I suggest you contact the office listed below for any State-specific materials which may be available:

Florida Department of Health and Rehabilitative Services
HIV/AIDS Office
1317 Winewood Boulevard
Tallahassee, Florida 32399-0700

As we continue our fight against this disease, individuals such as you are an essential part of the effort to get accurate, unbiased information to as many people as possible.

Best wishes in your efforts.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

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8406 White Road
Orlando, Florida 32818

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1317 Winewood Boulevard
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Best wishes in your efforts.

Sincerely,

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

Prepared by: APO: SWBart: gw: 7/28/93: 690-5471: b:\hadley.geo
Revised by: KGebbie: 7/29/93

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

7/1/93 Refer to Clearinghouse

Dear Sir:

I need information I can use for teaching a HIV/AIDS course for nurses. I would appreciate any information you can provide to help me stay current.

Thank you,

Georgene Hadley

Georgene Hadley
8408 White Road
Orlando, FL 32818

SH. ,D.C. 20201 [illegible] DCR#8 07/08/93 02:21

ORLANDO FL 328
PM
05 JUL
1993

USA 19

Public Health Svc. Aids
Coordinator
Hubert N. Humphrey Bldg Rm 729H
200 Independence Ave SW
Washington, DC.
20201

Ms. Georgene Hadley
8406 White Road
Orlando, Florida 32818

Dear Ms. Hadley:

~~This is in response to~~ Your request for HIV/AIDS information. ~~Unfortunately we do not routinely distribute educational materials from the AIDS Policy Office. My staff~~ has been forwarded ~~your request~~ to the National AIDS Clearinghouse, which will send you a catalog describing the posters and brochures that they have available in bulk or individually. For your further information, the phone number for the Clearinghouse is 1-800-458-5231. In addition, I suggest you contact the Florida DHRS HIV/AIDS office for any state-specific materials which may be available. As we continue our fight against this disease, ~~we are~~ counting on individuals such as ~~yourself to educate~~ the public. ~~Instructive programs such as yours are essential~~ to getting accurate, unbiased information to as many people as possible. Also an essential part of the effort. Best wishes in your efforts

Sincerely,

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

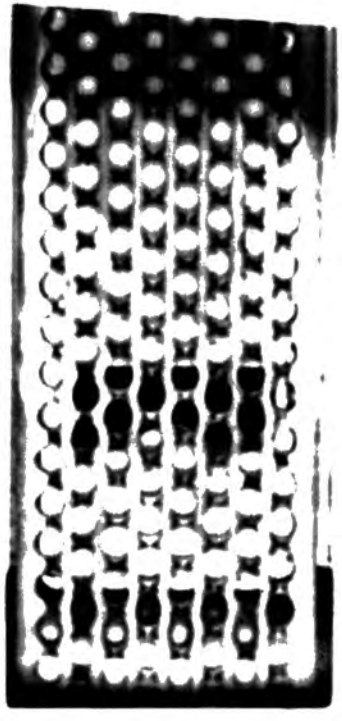
SH. , D.C. 2[illegible]

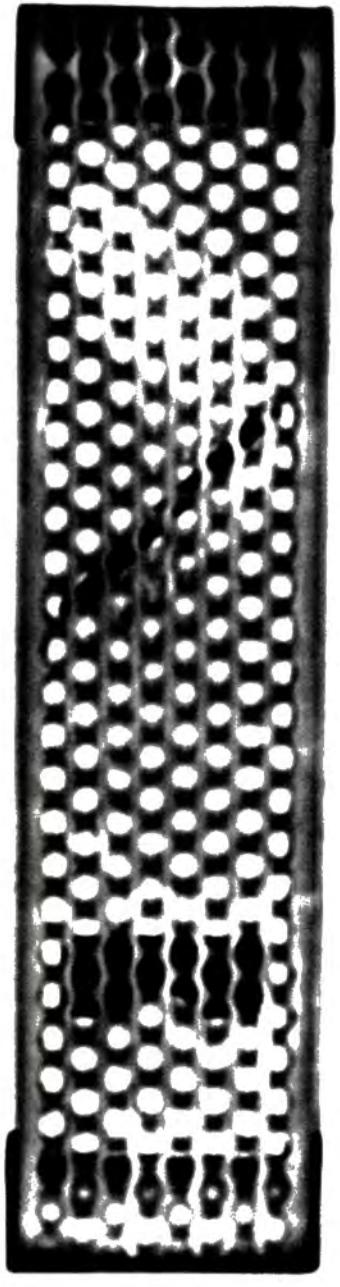
Georgene Hadley
8466 White Road
Orlando, FL 32819

DCR#8 07/08/93 02:21

USA 19

Public Health Ser. Aids
Coordinator
Hubert N. Humphrey Bldg Rm 729H
200 Independence Ave SW
Washington, DC.
20201





MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7086 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/12/93 Refer'd Date : 8/12/93 Int Due Date : 8/12/93 Ext Due Date : 8/12/93
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Purge Date : 8/12/95 Disposition : DESTROY Final Date : 8/12/93 Document Loc : MAIN-03D07

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

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

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

REVOLUTION - THE JOURNAL OF NURSE EMPOWERMENT - 56 MCARTHUR AVENUE - STATEN ISLAND, NY 10312

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Joan Swirsky
Editor in Chief
Revolution
The Journal of Nurse Empowerment
56 McArthur Avenue
Staten Island, New York 10312

Dear Ms. Swirsky:

Thank you so much for your warm letter of congratulations. I am looking forward to this new challenge.

Please call Ms. Retina Holmes at (202) 690-5471 to arrange an appointment time. I look forward to meeting with you and sharing my views with your readers.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Joan Swirsky
Editor in Chief
Revolution
The Journal of Nurse Empowerment
56 McArthur Avenue
Staten Island, New York 10312

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Sincerely,

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

Prepared by: APO: nhazleton: gw: 7/28/93: 690-5471: b:\swirsky.kg

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

REVOLUTION
THE JOURNAL OF NURSE EMPOWERMENT

A.D. VON PUBLISHERS, INC.
56 McArthur Avenue
Staten Island, New York 10312
1-800-331-6534 · FAX (718) 317-0858

Kristine M. Gebbie, R.N.
White House AIDS Coordinator
National AIDS Program Office
Department of Health & Human Services
200 Independence Avenue, S.W., Room 738
Washington, D.C. 20201

July 7, 1993

Dear Kristine,

Heartiest congratulations on being appointed by President Clinton to be the "AIDS Czar" of the United States! How fitting that a nurse — who is familiar with both the clinical aspects of health and illness, as well as the caring aspects that this disease, in particular, cries out for — be selected for this important post.

We at *Revolution - The Journal of Nurse Empowerment* have been lobbying the Clintons for greater inclusion of registered nurses in mainstream and decision-making roles. Hence, we were very thrilled to read about your appointment.

In that regard, we would like to feature an article about you in our Fall or Winter 1993 issue, under the category, "Making A Difference." What we need is a picture of you, a biographical sketch, and answers to a few questions. I'll be calling you next week, and hoping to catch you in (although I very much appreciate that you must have an incredibly busy schedule). If, for any reason, I am not able to speak with you, I'd appreciate your faxing the answers to these questions to my office at 516-482-2965. Also, please don't hesitate to call me anytime at 516-482-6546.

The questions are:

1. What goals do you have as the new White House AIDS Coordinator?

2. What qualities will you bring to your new post that you feel derive directly from your nursing background, and how will you utilize these qualities to bring about your goals?

3. Nurses all over the country have designed and implemented some of the most innovative and effective programs and care facilities for people with AIDS. Do your plans include utilizing some of these programs?

4. It is clear by your appointment that President and Mrs. Clinton value the contribution that registered nurses have to make. Is there any way in which you plan to further the "image" (and substance) of registered nurses in your new job?

Thank you for your consideration of my request. There is no doubt that our readers will be greatly heartened to read of your accomplishments in this important area.

I look forward to speaking with you.

Best Regards,

Joan Swirsky
Editor-in-Chief

MAIN
03007

NAPO Document Control Slip

NAPO Number : 7085 PHS Number : OS Number : Document Type : White House Letter

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

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

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

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

7031 GLEN TERRA COURT, S.E. - OLYMPIA, WASHINGTON 98503

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. Joseph G. Hattersley
7031 Glen Terra Court, S.E.
Olympia, Washington 98503

Dear Mr. Hattersley:

Thank you for writing and sharing ideas about possible approaches to fighting AIDS. A successful answer will require creative thought and hard work from all of us.

I appreciate your interest.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

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7031 Glen Terra Court, S.E.
Olympia, Washington 98503

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Hattersley

Thank you for writing and sharing ideas about possible approaches to fighting AIDS. A successful answer will take much creative thought & hard work from all of us.

I appreciate your interest

Sincerely

NR

Joseph G. Hattersley
7031 Glen Terra Court, S.E.
Olympia, WA 98503

Ms. Christine Gebbie:
AIDS Administrator
U.S. Dept. of Health and Human Services
Washington, D.C.

Dear Ms. Gebbie:

The enclosed may be of interest if you really want a cure for AIDS. See page 647, second column, bottom paragraph.

Sincerely yours,

Joseph G. Hattersley

Oxygen and The Future of Life on Earth – Part 2

by Waves Forest

Now What

For Mae Brussel, John Wayne, and the many millions whose lives have been shortened by "incurable" diseases.

Chlorine and Heart Disease

Dr. Jospeh M. Price demonstrated over twenty years ago the undeniable connection between the practice of chlorinating water supplies, and atherosclerosis, in which a plaque composed mainly of cholesterol builds up inside arteries, resulting eventually in heart attacks and strokes. Cholesterol is a lipid substance present in all animal cells and essential to life; it's a precursor for many common bio-chemical compounds. But when excess chlorine has been absorbed from drinking chlorinated water, it reacts with some of the cholesterol in the blood, forming the yellowish fatty deposits that accumulate along artery walls, narrowing and hardening them, and often causing ruptures.

The fact that the buildup is mostly cholesterol has led to the common assumption that the amount of cholesterol consumed is what determines susceptibility to heart disease. But while reducing cholesterol intake can lower risk somewhat, the theory that cholesterol is the sole cause of heart attacks has serious flaws. It ignores the fact that heart attacks were virtually unknown until this century, when chlorination of water began, and they remain quite rare in places such as China as long as the practice is not adopted. It also does not explain how people such as eskimos with massive cholesterol intakes remain free of heart disease. Nor does it account for the buildup of a chemically similar deposit on inorganic surfaces where chlorine and cholesterol come in contact, such as in containers and hoses which are washed in chlorinated water, then used in dairies for handling milk, which of course is full of cholesterol. This and much related evidence is detailed in Dr. Price's 1969 book, *Coronaries, Cholesterol, Chlorine* (Jove Books, NY).

Chlorine in water also reacts with other substances present to form such carcinogens as chloroform and assorted organic halides. Chlorine, fluorine, iodine and bromine are known as halogens ("salt-formers"). These all have seven electrons in their outer orbits, so to fill in the eighth they readily latch on to electrons in other atoms. Since they seldom part with electrons they and their compounds tend to be very non-conductive, so their roles in our conductive organic tissues are quite limited. With their fiercely reactive nature, too much of any halogen can bring biological processes to a grinding halt. Their relative scarcity is a lucky break for life in general.

The effectiveness of H_2O_2 or ozone in reversing atherosclerosis is due to the scouring effect of the active singlet oxygen released, which oxidizes the accumulated lipids from arterial walls, restoring the arteries' flexibility and capacity. This is a good a place as any to mention the various commercial oxygen supplements that have been appearing as "better-tasting alternatives" to H_2O_2. The basic idea is certainly worth pursuing. There are bound to be more oxygenating compounds out there waiting to be discovered, some of which could indeed turn out to be more effective than H_2O_2. A few of the more organic products have received good reviews so far; as with H_2O_2 and ozone, users' opinions are welcome. However, several of these brand-name supplements are made of chlorine-oxygen electrolytes. These include Aerox, Aerobic-7, EQ-O2, Dioxychlor, and others.

These need to be evaluated impartially against H_2O_2, in extended use. While initial reports suggest their oxygen content may be adequate to neutralize the chlorine's detrimental effects, and still provide therapeutic amounts of oxygen, the bottom line on chlorine is that it is a corrosive, poisonous gas, harmful in all but the smallest amounts even in "safe" compounds like sodium chloride (salt). It plays a much smaller role in human biochemistry than oxygen, hydrogen, carbon and many other elements, and most North Americans have already absorbed dangerous excesses of chlorine from their tap water.

To liberate the oxygen from these products internally, one must also take on the added chlorine. In view of chlorine's serious drawbacks, taking on still more of it seems a risky way to get extra oxygen. The makers of these supplements need to be able to show that they neutralize any long-term threat from their own chlorine, and still provide effective doses of extra oxygen at least comparable to H_2O_2, considering they cost four to ten times as much per ounce.

It's interesting to note that one major proponent of one of these supplements has also written extensive warnings about the dire consequences of oral H_2O_2 use. None of these seem to have actually happened to any of us who have been using H_2O_2 at the proper dilutions, which tends to weaken his arguments a little.

The only product in this category for which we've heard any favorable reviews, from someone not actually selling it, is Aerox, which contains sodium peroxide along with chlorine peroxide. For details contact APW, P.O. Box 3048, Iowa City, IA 52244. They also print a newsletter, *Search for Health*, which contains more useful and wide-ranging nutrition and health info than most promotional publications usually have.

Other high-oxygen supplements involving no toxic ingredients should offer more promise in the long run. These include the oxygen-magnesium compound "Homozon," described earlier, and Father Wilhelm's sodium oxy-carbonate or "peroxide pills," made from 35% H_2O_2, sodium bicarbonate, and a third ingredient which is apparently proprietary.

Germanium sesquioxide could also be included in this category, but at this time effective quantities are too expensive for wide use as a pimary oxygenating agent. Nonetheless germanium itself is in the carbon-silicon family and as a semiconductor is no doubt involved in some of the bio-electric functions metioned earlier. Organic germanium supplements have been quite helpful for some people, and may be necessary temporarily in places where it's missing from the soil.

Rational Water Purification

Strangely enough, the chlorine added to water supplies doesn't itself directly kill germs; it causes the water to release singlet oxygen atoms, which then oxidize the germs. So chlorination is basically a roundabout, expensive, toxic and less effective way of doing the same thing as ozone or H_2O_2 in water. Despite the effectiveness in Europe of ozone and H_2O_2 in city water supplies, and the increasingly obvious link between chlorination and heart disease, it will take sustained public pressure to get most US water authorities to make the transition any time soon. Until then everyone's pretty much on their own as far as obtaining safe drinking water, or purifying what's available. H_2O_2 will clean up most tap water, though the amount needed varies widely, and an effective quantity tends to be close to the amount that makes the water noticeably metallic-tasting. Ozone, on the other hand, purifies water without altering the taste too much.

idiopathic

One can absorb as much chlorine through the skin from swimming in a pool treated with it, as from drinking chlorinated tap water. To prevent this, some pool and spa owners are switching to adding H2O2, or using ozone generators, although those represent a much greater initial expense. One H2O2 distributor gave these proportions as being effective: For individual (not commercial) spas, start with 8 ounces of 35% H2O2. Test the water with H2O2 test strips (available from lab Safety Supply at 800-356-0783) for a reading of 30-50 parts per million. When adding additional H2O2 use smaller amounts. The pH range is from 7.2 to 7.8. For individual swimming pools (10,000 gallon size), start with three gallons of 35% H2O2. Pour it in at the deep end and test for a reading of 100 ppm, with a pH range of 8.0 to 8.4. Again, use smaller amounts to bring it up to the right level. There's also an H2O2 injection system for swimming pools or agricultural use. Note that H2O2 is not compatible with diatomaceous earth types of filters. One comparatively low-cost source for ozone generators for home water purification, is Ozotech in Yreka, California, 916-842-4189.

AIDS, Syphilis, Scientific Shell-Games and Mass Attitude Control

Nearly a decade into the AIDS crisis, there's still considerable disagreement among qualified pathologists as to whether the HIV/HTLV-III virus really is the sole cause of AIDS. And there has been no plausible explanation of how this virus could manage to cause such wide-ranging and devastating effects. The enthusiasm felt by biologists for the accepted HIV-causation theory appears to be proportional to the government funds available to them for research specifically along lines depending on that assumption.

A different and quite rational theory has been repeatedly suggested and it rates close consideration. Physicians who are familiar with the symptoms of both fully developed AIDS and tertiary syphilis have noted the uncanny resemblance. The pneumocystosis, dementia and Kaposi's sarcomas are all described in standard literature on the final stages of untreated syphilis. Dr. Irwin Sperber has done an excellent study on the AIDS-syphilis link, and some of the reasons why those who should be most interested in it are looking the other way. It's titled "AIDS Research and Social Policy: Historical and Iatrogenic Aspects of the AIDS-Syphilis Connection," and runs more than fifty pages. The date on it is March 3, 1988, and copies may still be available from the Sociology Department of SUNY at New Paltz, NY 12561.

As Dr. Sperber points out, Moritz Kaposi (1837-1902) "...first described the syndrome of bluish, idiopathic [spontaneous, originating independently from other disease], hemorrhagic nodules on the skin as having a tendency towards malignancy and appearing in syphilis cases." Advanced AIDS appears to be syphilis compressed into a much faster time frame; a dormant, undetected infection that runs wild once the body's normal defenses against it are compromised by the HIV virus, and by oxygen deficiency, as shown earlier. This would also explain why so many who test positive for the virus show no signs of the disease itself, if syphilis is a necessary co-factor. Health authorities recently acknowledged the sharp rise in syphilis cases in many depressed urban areas, though the news got little attention in the shadow of the more serious and profitable AIDS crisis. When AIDS patients are given the most reliable and sophisticated tests for syphilis, they turn up positive; generally it has been hiding in their central nervous systems.

The conventional US medical practice of burying syphilis infections with one-shot penicillin treatments has encouraged the growth of strains that are more resistant and better at concealing their presence during the infection's long second stage. Apparently it has also set us up for the present epidemic. And considering the disproportionate infection and mortality rates among blacks as opposed to whites, perhaps there is some connection with the infamous 1932 Tuskeegee Syphilis Study, in which 400 black syphilitics were never informed of their condition or offered treatment, so that the progression of their disease could be observed over the next 35 years.

The official approach to combating the AIDS crisis mostly involves "education." This apparently consists of getting everyone to cower before the mighty AIDS virus, clamp down on their natural inclinations toward physical contact, and be sure and put insulators (condoms) between sexual partners so as to impede their bio-electric exchange and keep sex primarily on the physical level. What a waste.

The Federal agencies involved with the AIDS crisis have been notified repeatedly that there are AIDS patients who have been cured through oxygen therapy. Yet their official releases all continue to insist there's no cure and there won't be one any time soon. Just whose priorities are being served by continuing to prolong the public hysteria over AIDS and its possible carriers, and delaying relief for those who are infected?

Oxygen & Life on Earth

The AIDS crisis is tailor-made for those who want to sow fear and mistrust between people, and make them feel more dependent on central authority for protection. The epidemic is being used to put barriers in the path of the natural human tendency to help others who need it, and to band together in times of emergency. The fear of AIDS can serve to persuade many citizens that it's no longer worth the risk to come to the aid of the sick or homeless, and even abandoned infants and children might possibly be infected. New twists on an old strategy: divide and conquer.

One also has to wonder why the mass media is constantly reminding us that we all have to get used to the idea that millions of people must die. Americans do not traditionally just lie down and accept defeat without a struggle; why should we start now? And from some stupid little virus, yet.

AIDS is also well-suited to social control programs aimed at trying to reverse the last 20 years' mass trend toward greater sexual awareness, which was raising citizens' individual sense of confidence and independence; that's always a threat to authoritarianism. While the sexual revolution was overall a healthy one, it was incomplete and accompanied by so many bizarre sideshows that it was nearly impossible for most religious fundamentalists to let themselves assimilate any of its more beneficial aspects. Feeling left out, and hampered by confused indoctrination that denies any non-reproductive functions of sex, many of these people have joined the sexual counter-revolution. Unfortunately this backlash is being manipulated by interests with very different priorities from the decent-sounding goals used to pull in public support.

In any case far more people are threatened by cancer, heart disease and so on than by the AIDS virus. One thing about the future wide adoption of oxygen therapy is that the identities and behaviors of individual pathogens will lose significance once the choice of full-spectrum immunity is available. Specialized antibiotics will become largely obsolete, and it will no longer be necessary to pay much attention to which particular germ does what. They're all equally incapable of invading, once we're sufficiently oxygenated.

FDA, AMA and Accomplices Could Face Massive Lawsuits

The US medical establishment's collective disregard of the oxygen therapy option has enabled breathtaking sums of ➤

money to flow into the drug industry, but has also caused enormous suffering for those denied the alternatives. Whether this was intended or "just happened," the effect has been the same as deliberately allowing millions to die of poisoning (from toxic by-products of inadequate oxidation) while withholding the antidote.

Practically everybody has known someone unnecessarily struck down by one of many diseases which could have been reversed if oxygen therapy had been widely available. As public awareness of this situation grows, those agencies seen as responsible could face unprecedented wrongful death lawsuits. So for those who control the primary medical information channels, the safest thing to do is recognize that the game's up, if that's what it's been, and get in on publicizing this breakthrough in their own professional style. That way while helping others they can protect themselves from potentially disastrous future legal judgements.

Whose Fault? Who Cares?

An oxygen-starved brain as the Ultimate Excuse for Everything is sort of irresistable when you think about it. But it works both ways; those who might be considered to bear greater responsibility for the situation are presumably also affected by it. Once you allow for the possibility that any given blunder might have been influenced by an oxygen shortage to someone's brain, it lets you grant everybody a lot more slack, including those who may have played major roles in causing oxygen depletion or preventing availability of oxygen therapy.

Awareness of the severity of global oxygen depletion will overshadow all other world crises in the 1990's. It threatens everyone in the long run, though city-dwellers are the most immediate risk. Reversing the situation will call for cooperation on the biggest scale we've ever managed. The massive effort required will leave no time for assigning blame for all the lucrative but ecologically devastating industrial decisions made over the years. Anyhow, guilt is never as effective as enlightened self-interest, for encouraging whole-hearted cooperation.

Anyhow, for all we know pathogens can collectively act in some rudimentary co-ordinated fashion to partially take control of their hosts' nervous systems. Parasites such as the ant brainworm have shown they can induce their hosts to do things that are self-destructive but serve specific needs of the parasite. Perhaps we've all been under the subtle neurological influences of oxygen-avoiding microbes all this time, encouraging us to wreck the biosphere's oxygen producing capabilities, and use ineffective methods of fighting off diseases.

Other Applications of H2O2 - Animals

The health of other mammals and birds, like our own, depends on maintaining a high internal oxygen tension. Not only can their diseases be reversed by dosing them with H2O2, but they grow bigger and stronger and live longer when it's added regularly to their drinking water. Given a choice between plain water and water containing up to 0.1% of H2O2, animals will choose the oxygenated water. One rancher said after he started adding H2O2 to his horses' watering trough, his dog took to jumping the fence to drink from the trough, instead of from his bowl of ordinary water. The dog resumed drinking from his own bowl when H2O2 was added to it also.

Kittens who are given 0.5% (1/2 of 1%) H2O2 through a dropper, to ward off colds and other infections, will grow up familiarized with the taste and apparently don't mind it even at that strength; as adult cats they'll voluntarily drink it right off the end of the dropper when it's offered, usually taking about one or two teaspoons at a time. Such cats appear to be immune to infections of feline leukemia, despite frequent exposures in areas where the disease is common. Cats who have already contracted FL can be pulled out of it if an oral H2O2 regimen is started soon enough. One to two tablespoons of 1% (or 0.5%, if 1% is too strong for them to keep down), three times a day, seems to be enough. Some vets might be willing to provide H2O2 IV's as well, though these need to be slow infusions (around 1/2 hour), and with cats that could be a bit tricky.

As with humans, animals' wounds remain uninfected and heal more rapidly when they are cleaned daily with 2% H2O2. Even bites that have already abscessed can be washed out with H2O2; the dead matter comes away, the inflammation goes down and good granular tissue forms swiftly.

Robert Stroud, the "Birdman of Alcatraz," reported in his highly respected book *The Diseases of Birds* that he administered .075% strength H2O2 (3/4 of 1%) to his birds to knock out a wide range of disorders. Also, a few drops added to birds' drinking water appears to increase their energy, longevity and fertility. The field is wide open for research into this area. A good summary for the applications of H2O2 in raising livestock may be found in the article, "Farming with H2O2," in the October, 1988 issue of *Acres, USA*. It's $2.25 an issue or $15 a year, from 10008 East 60th Terrace, Kansas City, Missouri 64133; 816-737-0064.

While the consumption of animal proteins is gradually declining in popularity, it will continue to be a key factor in many land use and economic decisions for the foreseeable future. So obviously it's in the interests of everyone, including those who limit their predation to parts of the food chain that don't object to getting eaten, to encourage

"The doctor's lawyer will see you now."

the swift adoption of healthier and less wasteful livestock production methods.

H2O2 and Agriculture

Although plants take in CO2 and release a net excess of oxygen during photosynthesis, their own metabolisms and immune systems require a high internal oxygen saturation for reasons similar to our own. After dark they must absorb some oxygen from the air to keep their own cells alive, which is why the potted plants are often removed from hospital rooms at night.

Oxygen starvation is killing entire forests downwind from regions that generate heavy air pollution. It can readily be demonstrated that lowering the oxygen level around plants slows their growth rate and weakens their resistance to pests and infections. Anyone can also verify by experiment that plants grow stronger and faster when H2O2 is added to their water, at one part 35% H2O2 to 300 to 400 parts water. The optimum concentration will vary slightly among different species. Even adult trees that are struggling with disease or drought can usually be restored to good health by spraying with a mild solution of oxygen water.

The "Farming with H2O2" article cited above recommends one pint of 35% H2O2 to 20 gallons of water, per acre, sprayed on as a foliar feed. Soaking seeds in water containing 0.2% to 0.5% H2O2 will increase the germination rate by up to 50%, and produce bigger, healthier sprouts.

Oxidation and Weight Problems

Excess weight is due to inadequate oxidation of food, leaving it to get stored in lipid form for later. If there are no extended breaks from eating in which to burn off the extra stored fuel, it continues to accumulate and interferes with free movement, among other things. The added weight compresses the body's cells, further restricting their oxygen supply and intensifying their sensation of under-nourishment, to which the usual response is greater food consumption.

A higher oxygen level allows the body to oxidize its fuel more effectively, including fuel that was stored away for hard times that never came. More efficient oxidation provides greater energy and nourishment from less food, eliminating inaccurate hunger signals and letting the body's weight drop into its optimum range. It should be mentioned in passing that oral use of H2O2 does not harm the beneficial bacteria that aid in digestion, though it will eliminate those which live on fermentation rather than oxidation of organic matter. Clearly when the body is at an optimum oxygen saturation, any bacteria necessary for digestion would have to be able to tolerate the same high oxygen levels in order to co-exist.

Oxygen and Temperature Control

Some Tibetan monks are reported to be able to internally generate enough body warmth to keep from freezing in subzero temperatures, overnight without protective clothing, while even drying out wet sheets draped over their shoulders. Supposedly there was a time when many people were able to keep warm in this way, by summoning the heat directly from dormant energy in their own cells, rather than burning dried up chunks of old departed carbon life forms. Body warmth comes from oxidation so staying warm should have been easier with a higher level of free oxygen in the air. The monks' temperature-control feat partly involves raising their internal oxygen tension through breathing exercises. Some elderly people and others who have trouble keeping warm enough should find it helps to improve their oxygen saturation and thus increase their oxidation rate.

Oxygen & Life on Earth

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Sources for H2O2

In many places the local health food stores now sell 35% H2O2, but for people in areas where no one carries it yet, here are a few of the many mail-order sources which are springing up to meet the rising demand:

The cheapest source we've heard of so far sells "Food-Grade" 35% H2O2 for $10 a pint, including postage: Pat Lee, 233 SE Rogue River Hwy #451, Grants Pass, OR 97527.

The more common going rate is $12 a pint. The cost drops considerably if you're getting gallon containers (around $58) or 15-gallon drums, the most common size purchased for agricultural use. (One Ontario distributor said he sells sixty 15-gallon drums a month to local farmers.) Other sources at $12 a pint include:

- Dr. A.J. McDonald: at P.O. Box 775, Lodi, CA 95240; 209-368-8681.
- Oasis, Inc: P.O. Box 151287, San Diego, CA 92115; 619-286-9635.
- Exotic Herbal Products, Inc.: 29504 Evergreen Dr., Waterford, WI 53185; 414-534-4200.
- Murray Bast: R.R. #3, Wellingsley, Ontario, N0B 2T0 Canada; 519-656-2460.
- Dennis Swayda: 4115 N. 18th St., Phoenix, AZ 85016; 602-274-5807.
- Agric Health, 3853 E. Kleindale Rd., Tucson, AZ 85716; 602-881-2452.

H2O2 Warnings

It is extremely important for those using 35% H2O2 to handle and store it as carefully as any other potentially dangerous disinfectant. Although it is highly beneficial when diluted to low concentrations, if undiluted it is a powerful oxidizer that can do serious internal damage. No solutions stronger than 2% are indicated for internal use, and that concentration is only for the swish method, where the H2O2 is kept in the mouth for several minutes before swallowing. When chugging it down straight, one half of 1% strength is about the most one can comfortably handle. For comparison, H2O2 IV's use no more than 0.035% strength, or one part in a thousand, at about 250 cc's per infusion.

Pure 35% H2O2 should never be left anywhere within reach of children, or transferred to an unlabeled container. It keeps best in the freezer; at that concentration it won't crystallize until it gets down around 33° below zero. If it freezes in a regular domestic freezer, toss it out and find a different source.

Current and prospective distributors should be aware that the use of the designation "Food-Grade" is being challenged in a court case in Texas. Despite long-standing use of the term by manufacturers of 35% H2O2, and its continuing use in water and some foods, the prosecution maintains there is no such thing, and that it constitutes mis-labeling. The case stems from an injury caused by drinking undiluted 35% H2O2, which the label is pretty specific about not recommending. The situation is complicated by charges that the H2O2 is actually a drug and thus not saleable without special permits. This claim was made because in their effort to help educate the public, the distributors, Pam and Ron McCaa, were providing articles on its health applications with each order. Their company, called Lighthouse, is at P.O. Box 4315, Brownsville, TX 78520; phone is 512-544-4050.

There are many people out there who have benefited greatly from H2O2, but that's only because distributors like the McCaas took on the personal risk of making it available. The outcome of this case could establish a precedent that affects everyone's future health options. Anyone who doesn't want to take a chance on 35% H2O2 becoming considerably harder to obtain should lend their support, whether by providing testimonials and legal assistance, helping to arrange unbiased media coverage, or informing the Texas Attorney General's office through calls and letters about personal results and the extensive documentation in favor of H2O2.

Depending on the decision reached in this case, distributors might be allowed to continue selling H2O2, but may need to abandon the Food-Grade designation and replace it with something less explicit, like Disinfectant or Water Purifier. This wouldn't stop anyone from using it to purify the water in their own bodies. At this stage, however, our right to choose the best available remedy is still at risk. Whether oxygen therapy finally gains wide acceptance, or gets buried again while millions more die to protect medical profits a while longer, depends mostly on the efforts of those who have been helped by it and don't want to see it made unavailable.

Things To Do

It is the responsibility of those who desire sweeping reforms, whether in health, science, economics or government, to develop practical programs for implementing major change while producing minimal upheavals in the lives of those affected. The larger the area to be changed, the more formidable a task this becomes. It is further complicated by the current popularity of belief systems that encourage large-scale postponement of change and adaptation.

The continuous failure of "free energy" devices, for example, to become an accepted part of our everyday technology, despite our ever-growing need to stop burning oil, has been largely due to the absence of any realistic, step by step agendas for making the awesome industrial and economic transitions involved.

The coming broad adoption of oxygen therapy can open a path for other related breakthroughs that have been resisted until recently, but only as long as no one is left out of the benefits from them. Clear explanations of the immediate advantages and long-range necessity of such a massive technological overhaul need to be made particularly available for those whose occupations would be most affected, and for anyone who might be concerned about their potential short-term financial losses from it.

Even those who've profited from the tacit burial of oxygen therapy options are left stranded without any effective cure when they or someone they care about are stricken by terminal whatever. There are people in high enough positions that you'd think they'd have access to such privileged information as a wide-spectrum cure left unused because it was too cheap to be profitable. Nonetheless when they're sufficiently afflicted most of them apparently endure ordeals similar to everyone else's, though more expensive. So ultimately everyone would benefit by removing a primary barrier to their health.

Apart from personal advantages, there are other angles which should appeal to people in various occupations. Part of our task is to identify these and point them out to encourage wider application of oxygen therapy and its underlying principles. A few examples:

While government agencies tend to follow popular movements rather than lead them, there are many government officials whose job descriptions include cutting health care costs, and who could be presumed to actually wish to do so. It should interest them to hear that one billion dollars, a small fraction of present US health expenditures, would pay for enough H2O2 to knock out virtually all disease nationwide, and effectively boost the entire population's immunity to future infection. Persuading some of the more farsighted officials to help integrate oxygen therapy into the ranks of accepted medical procedure will require emphasizing that this is an inevitable

improvement, so they might as well get in on it early.

The short-term economic advantages of oxygen therapy for all the health and life insurance agents should be immediately obvious. By simply informing a policy holder facing major medical expenses of the alternative option, the client is directly helped, and the company need pay only a small fraction of the benefits that covering conventional treatments would have cost them. Of course, eventually people at high enough oxygen levels will stop feeling the need to buy health insurance at all, unless they have dangerous jobs, but until then there are a lot of opportunities for insurance companies to slash the medical bills they would otherwise have to cover. And of course every "terminal" case that gets cured instead is one less life insurance policy to have to pay out on. Insurance underwriters should also find this possibility interesting.

All professional athletes, coaches, sports physicians and athletic organizations could take a clue from the Soviets' oxygen cocktails for enhancing speed, reflexes and endurance. Educators seeking ways to improve academic performance should try improving their school's ventilation and adding ozone or H_2O_2 to the water supply. There's a strong correlation between oxygen depletion and declining test scores in the affected regions. Young oxygen-starved brains will have a hard time trying to build a better tomorrow; lots of older ones are barely managing to keep today going. The increasingly destructive and deranged behavior of some humans, particularly in inner cities, could be better understood by taking oxygen-deprived nervous systems into account, and remedied by increasing the oxygen available to them.

The prospect of greatly enhancing alertness and neurological efficiency in general should catch on quickly in professions where that sort of competitive edge is especially noticeable, such as for high-pressure business executives, test pilots, soldiers, surgeons and taxi drivers. There's an additional benefit to everyone, if the business world starts picking up on the advantages of improved oxygen saturation: its tendency to widen awareness of the "big picture" and enhance one's sense of compassion and global responsibility.

By getting the proper channels involved, the military could play an extremely beneficial role in all this. If the defense department exists to protect the country's safety, the prospect of mass suffocations and cancer plagues would seem to be a serious enough threat to draw their attention. Oxygen therapy clearly offers direct advantages for improving the health and efficiency of both military personnel and civilians.

But beyond that, the armed forces are a vast untapped resource in general, millions of trained and highly disciplined individuals able to swiftly mobilize and carry out massive coordinated projects directed through longstanding and familiar chains of command. Large numbers could be engaged in reforestation programs, for example, on a rotating basis without weakening our defenses enough to tempt anyone suicidal enough to consider attacking the US. Another huge project within their capabilities could be the construction of ocean-going wave-powered and/or wind-powered electrolysis rafts, for liberating oxygen from seawater; some of the hydrogen could be drawn off for fuel. Something of this scale may well be necessary to carry us through while the planet's oxygen producing forests are re-established.

Oxygen & Life on Earth

Virtually every major disease has organizations devoted to raising money to assist its victims and/or find a cure. Most are listed in the *Encyclopedia of Associations* and similar references. These should all be notified, especially local chapters, that their patient search has been rewarded. Many will be genuinely delighted once they grasp the principle involved.

Phone up hospitals and doctors' offices and ask if they offer oxygen therapies yet. If they say yes, ask what sort; oxygen masks, tents and hyperbaric oxygen tanks (thoroughly covered in mainstream literature) are sometimes referred to as oxygen therapy. Inhaling higher oxygen concentrations, while always helpful, is often not effective enough alone due to lung damage and/or the phenomenon described earlier: during many disease conditions, the blood is too overloaded with metabolic waste products to be adequately oxygenated in the lungs.

The vast majority of doctors contacted will still be unfamiliar with ozone therapies or internal and IV uses of H2O2, in which case fill them in briefly and give them IBOM's number and whatever other references they want to write down. Emphasize that the news is just now breaking, and the main medical journals are still figuring out how to deal with it, but they should probably get ready for when the demand hits. They could soon be getting many such inquiries, and will not want to appear uninformed.

Demand will materialize as fast as the service can be made available. H2O2 IV's are simple and inexpensive to deliver, and where their effectiveness becomes known, oral and skin applications will eventually be discovered and catch on also, along with awareness of the need to cut back on oxygen-wasting practices. Also, the chances for launching a properly funded all-out search for improved oxygenation methods and substances would be greatly improved by encouraging the existing medical system to spearhead the transition in methodologies, rather than feeling victimized by it. No longer having to deal at length with most illnesses, physicians can have more time to further refine their amazing techniques for repairing the injuries that will still be occuring. (While the sharpened reflexes and alertness from maintaining a high oxygen saturation reduces accident rates dramatically, people with higher energy levels also tend to enjoy placing themselves more often in exhilarating but physically risky situations.)

If there was ever a story the animal-rights and anti-vivisection organizations needed to pounce on, this is it. Oxygen therapy has been proven effective against so many disorders, there can no longer be the slightest justification for animal medical experiments aimed supposedly at finding new treatments. Someone could make a full-time activity just out of briefing animal-rights activists, or their targets, for that matter, on the implications of oxygen therapy for their purposes. Animals can benefit in quite a different way as well. The veterinary staffs at zoos can take clue from the livestock breeders who are boosting their animals' health and vitality by adding H2O2 to their drinking water. Oxygen therapy can be readily adapted to resolve the often frustrating health problems of exotic mammals and birds who've been uprooted from their normal environments.

We definitely need to get the senior citizens' action groups fired up about using oxygen therapy more widely against Alzheimer's, Parkinsonism, arthritis and other conditions particularly affecting the elderly. It clearly slows the aging process itself; high oxidation rates can be found in all long-lived peoples, and low oxygen saturations in short-lived ones. Our elders are another great resource, largely untapped, that can help strengthen this country to the extent they are allowed to regain their own strength, vitality and potential longevity.

On a more mundane level, the executives of efficiency-consulting firms can greatly cut production losses from sick leave, by showing clients how to get their employees to improve their internal oxygen levels.

Farm labor organizations have shown they can affect policy decisions on certain agricultural practices. They should be told about the health and safety advantages to workers of the use of H2O2 on crops to boost yields and resistance to diseases and pests, instead of dangerous chemicals.

There are countless public service organizations and foundations that seek to aid or improve their communities in various ways. Arming them with the details on oxygen therapy can further enhance their ability to help others, while accelerating citizens' awareness of it by relaying the information through familiar local sources.

Women's organizations should not be overlooked. For some of them, this is just the sort of breakthrough they'd want to help push forward. The basic concept may be inherently easier for women to accept anyway, as they tend to be more in touch with natural principles.

"Do you think your failure to bloom could be caused not just by improper location but also by a fear of having your blooms compared with those of other African violets?"

Another task up for grabs is to call the news directors of your local TV and radio stations and newspapers, and ask who's covering the oxygen therapy story because you have some updates for them, which you do. If nobody's working on it yet, fill them in, mentioning it'll be good community relations for whoever's breaking the story locally; few can object to lives getting saved. Anyhow, that's the general idea. Armed with a toll-free phone directory and a bit of contagious enthusiasm, one could clue in dozens of representatives from relevant businesses in a single afternoon, at no personal cost. Inventiveness is encouraged.

Naturally one of the most direct ways of helping is to personally contact people with major health problems and tell them about oxygen therapy. This can sometimes be difficult and frustrating however, because as patients they've often gotten convinced that anything that could help them, their doctors would already know about. The oxygen principle is so fundamental it can seem pretty unreal, especially since it usually gets described by a layman rather than a health professional. Some people simply won't grasp it in time, others may seem to understand the idea but nevertheless choose not to try it for whatever reasons. Still, anyone who's trying to fight off a disease, or who's been told they've lost the battle, deserves to at least be informed that there is an effective alternative to the conventional treatments and dismal prognoses.

A Fork in Evolution

Life on earth can now go in either of two directions. The atmospheric oxygen level can continue to decline until all the forests are gone and the higher animals have all suffocated, anaerobic life forms become dominant and an Age of Decay really sets in. Or the humans who have brought this situation about can get it in gear to restore a healthy balance of global oxygen production and consumption. The technology exists; the only question is whether there's enough collective sense of responsibility to overcome long-standing industrial habits, and make the transition to clean energy sources and massive reforestation. Meanwhile humanity itself seems to be on the verge of dividing into two distinct species, and only one of these will eventually inherit the Earth. One type of human is increasingly oxygen-starved, unhealthy, low in energy, short-lived and miserable, failing utterly to understand what's wrong while continuing the oxygen-depleting practices causing it.

The other type is starting to grasp the importance of oxygen in maintaining health and sanity, and is taking whatever steps may be necessary to ensure an adequate internal supply, for the duration of the atmospheric oxygen crisis. This second type is healthier, happier, and more energetic, can think and react faster, and is better at planning and carrying out long-range activities, and more likely to live to see the results. If enough of them emerge in time, they can effectively take over and clean up mankind's ecological niche, and choose a more enjoyable path for life on Earth to take from here.

More Information Sources

ECHO is 8 pages for $2 from Walter Grotz, P.O. Box 126, Delano MN 55328; 612-972-2144. Provides intro and updates on oral H2O2 therapy. He also has a book composed entirely of the abstracts of the 5000 medical articles on H2O2, turned up in the computer search; it's bigger than most phone books. A few copies of that may still be available.

The Peroxide Story, George L. Borell, P.O. Box 487, Stanton CA 90680 is 83 pages, for $7.00.

The International Bio-Oxidative Medicine Foundation (IBOM) Newsletter contains technical updates for physicians offering intravenous H2O2 therapy. P.O. Box 61767, Dallas/Ft. Worth TX 75261; 817-481-9772.

Rex Research, P.O. Box 1258, Berkeley CA 94701, has several folios on ozone therapy. They're updated frequently so get the $2 catalog, which describes 230 other folios also, and see what the current deal is.

The International Ozone Association, 83 Oakwood Ave., Norwalk CT 06850; 203-847-8169 has available *Medical Applications of Ozone*, the largest single volume on the subject for $50.

International Oxidation Institute, P.O. Box 1360, Priest River ID 83856. $2 plus SASE for list and samples of references on oxidative therapies.

An English translation is now available, of *Use of Ozone in Medicine*, by Drs. S. Rilling and Renate Viebahn, two of the physicians reporting complete cures of AIDS patients. It's about 200p, from Karl Haug Publishers, Heidelberg. Source: Medicina Biologica, 4830 NE 32nd Ave., Portland OR 97211; $27 plus $2 postage.

A new book has been published called *Oxygen Therapies: A New Way of Approaching Disease*, by Ed McCabe. It's 212 pages for $12 from Energy Publications, 4-RD1, Morrisville NY 13408; 315-684-9284.

Oxygen & Life on Earth

Sauerstoffkrise (Oxygen Crisis) (10.80 DM) by Hans Bassfeld documents the drop in atmospheric oxygen levels over Europe. This is an ongoing research project at Ingenieurburo fur Umweltfragen, Gleiwitzer Strasse 4, 4220 Dinslaken, Germany; telefon (02134) 55488. (in German only).

"The Prime Cause and Prevention of Cancer," lecture by Otto Warburg (Director, Max Planck Institute for Cell Physiology, Berlin-Dahlem) at the meeting of Nobel Laureates on June 30, 1966 at Lindau, Lake Constance, Germany; available from the IOI.

The Treatment of Virus Diseases with Ozone, Dr. Horst Kief, July 1988; Arzt, Londoner Ring 105, 6700 Ludwigshafen/Rhein; no price given, but $8 should cover the copying and postage.

Blood Chemistry in Malignancy, The Function of Cancer, Clinical Demonstration of the Laws of Chemical Structure that Determine Immunity to Disease, and *The Survival Factor in Neoplastic and Viral Diseases* (advises cancer patients to drink H2O2), by Dr. William F. Koch; from IOI.

Oxygen Radicals: A Common Sense Look at their Nature and Medical Importance, B. Halliwell (Department of Biochemistry, University of London King's College); Medical Biology 62:71-77, 1984.

"Ozone Selectively Inhibits Growth of Human Cancer Cells," Frederick Sweet, Ming-Shian Ka, Song-Chiau D. Lee; *Science*, Vol. 209, 22 August 1980

The Unmedical Miracle Oxygen by Elizabeth Baker, Drelwood Communications, P.O. Box 149, Indianola WA 98342, $11.00.

The Usual Disclaimer: "This information is given for research and educational purposes only and is not intended to prescribe treatment."

Correspondence:
Waves Forest
P.O. Box 768
Monterey, CA 93942
four issues $15, sample $4

Joseph G. Hattersley
7031 Glen Terra Court, S.E.
Olympia, WA 98503

Christine Gebbie, AIDS Administrator
U;S. Dept. of Health and Human Services
Washington, D.C.

MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7083 PHS Number : OS Number : Document Type : White House Letter

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

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

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

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

AMERICAN HEALTH FOUNDATION - 320 EAST 43RD STREET - NEW YORK, NY 10017

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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Kristine M. Gebbie	_____	DIRS	CLOS	8/12/93	8/12/93	

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Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ernst L. Wynder, M.D.
American Health Foundation
320 East 43rd Street
New York, New York 10017

Dear Dr. Wynder:

Thank you for writing. I am pleased that you share the interest many of us have in beginning appropriate health education and support for healthy choices early in life.

I would be happy to meet with you if you are going to be in the D.C. area.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

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320 East 43rd Street
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Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mr Wynder

Thank you for writing. I am pleased that you share the interest many of us have in begin appropriate health education & support for healthy choices early in life.

I would be happy to meet with you if you are going to be in the D.C. area.

Sincerely

AHS

320 East 43rd Street
New York, New York 10017
Telephone: (212) 953-1900
FAX: (212) 687-2339

American Health Foundation

OFFICE OF THE PRESIDENT

July 2, 1993

Kristine Gebbie, R.N.
Federal AIDS Coordinator
Member Domestic Policy Council
The White House
Washington D.C. 20500

Dear Ms. Gebbie:

I heard with interest about your commitment to early youth education as part of a comprehensive school health education program to reduce known risk factors for AIDS. We have long felt that such strategies should get much more attention and should be carried out with funding taken from preventive measures directed against all risk factors that relate to health habits that have their beginning early in youth. In all of our health research-related activities, we must strike a better balance between biomedical and behavioral activities.

As you may know, our Institute has long been involved in tobacco and health-related research activities, and we have become increasingly conscious of the fact that one of the most cost-effective ways to improve the health of the nation is through health-directed programs initiated early in life.

I am sending a copy of a letter to Ron Wyden whom I understand is well known to you and who is familiar with our research, in case you would like to get some further background about our research studies which are largely funded by the National Institutes of Health.

Looking forward to wishing you the very best in your important assignment and hoping to meet with you personally, I am

Sincerely,

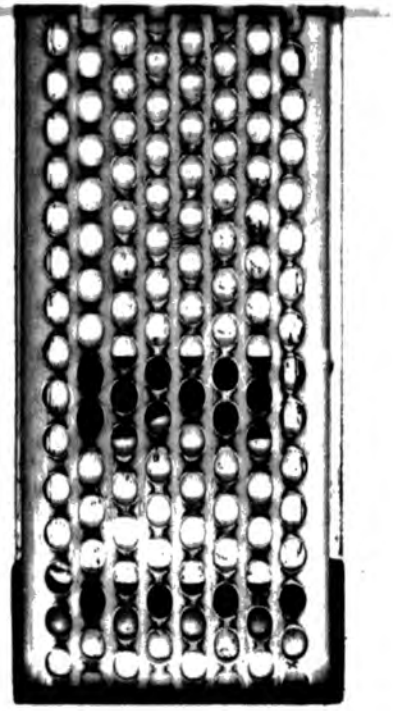
Ernst L. Wynder, M.D.

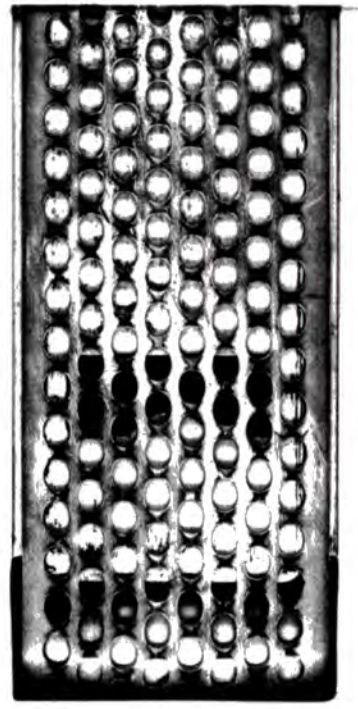
ELW:CH, 9771

cc: Rep. Ron Wyden

EL Wynder
American Health Foundation
320 East 43rd Street, New York, New York 10017

Kristine Gebbie, R.N.
Federal AIDS Coordinator
Member Domestic Policy Council
The White House
Washington DC 20500





EL Wynder
American Health Foundation
320 East 43rd Street, New York, New York 10017

Kristine Gebbie, R.N.
Federal AIDS Coordinator
Member Domestic Policy Council
The White House
Washington DC 20500

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

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

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

698 HASTINGS STREET - BOCA RATON, FL 33487

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

GEBBIE

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

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

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. Vivek Manoharan
698 Hastings Street
Boca Raton, Florida 33487

Dear Vivek:

Thank you for writing to me about your father and his work in AIDS research. There are many new research programs regarding this disease, and I hope he is successful in finding one closer to your home. It must be hard having him so far away.

Good luck to you in your 4th grade gifted program. I would like to hear from you part way through the year, to learn how it is going.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Vivek Manoharan
698 Hastings Street
Boca Raton, Florida 33487

Dear Vivek:

Thank you for writing to me about your father and his work in AIDS research. There are many new research programs regarding this disease, and I hope he is successful in finding one closer to your home. It must be hard having him so far away.

Good luck to you in your 4th grade gifted program. I would like to hear from you part way through the year, to learn how it is going.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Vivek:

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Good luck to you in your 4th grade gifted program. I'd like to hear from you partway through the year, to learn how it is going.

Sincerely

4NS

June 25, 19[illegible]

Dear Madame Kristine,

Today I was watching T.V. and I saw President Clinton giving his speech appointing you as the first czar of research on Aids. I live with my mom and my younger sister in Boca Raton, FL. I just passed the test to go to the gifted program. I will be going to the 4th grade after the holidays. My dad lives in Puerto Rico doing Aids research in the Ponce School of Medicine.

I would like my dad, Kai [illegible] Manahan, to be encouraged in his research. I want you to get my dad to get a better job here in the mainland. Then my whole family will be together again. Congratulations, and best wishes with your [illegible]

research. God bless you.

Sincerely yours,

Vivek Manoharan

P.S: I am mailing this letter to you only on June 30th '93. I was not able to find a forwarding address; so I am mailing this letter to the address recommended by my public librarian.

Thanking you.

Mrs. Bala Manoharan.

(Mother of Vivek Manoharan).

VIVEK MANOHARAN
698 HASTINGS ST
BOCA RATON, FL 33487.

738.6

MS. KRISTINE GEBBIE
c/o DONNA E. SHALALA
HEALTH AND HUMAN SERVICES - H
HUBERT H. HUMPHREY BUILDING (ROOM # 615F)
200 INDEPENDENCE AVE, S.W.
WASHINGTON D.C. 20201

MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7084 PHS Number : OS Number : Document Type : White House Letter

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

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

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

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

THE AIDS COUNCIL OF GREATER KANSAS CITY - 2801 WYANDOTTE, SUITE 167 - KANSAS CITY, MO 64108-3345

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

John D. Renner, M.D.
The AIDS Council of Greater Kansas City
2801 Wyandotte, Suite 167
Kansas City, Missouri 64108-3345

Dear Dr. Renner:

Thank you for sharing information on the AIDS Council of Greater Kansas City. I know you have many active and concerned organizations and individuals working toward a more effective response.

If you are ever in D.C., please call so that we can get together. Best wishes in your work.

Sincerely,

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

THE WHITE HOUSE

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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Sincerely

THE AIDS COUNCIL
OF GREATER KANSAS CITY
A CATALYST FOR A COMPREHENSIVE RESPONSE TO HIV DISEASE

LESLIE CAPLAN
Executive Director

(816) 751-5166
FAX 751-4623

July 19, 1993

Ms. Kristine M. Gebbie
c/o National AIDS Policy Office
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

I am writing, on behalf of The AIDS Council of Greater Kansas City, to express our pleasure at your recent appointment to the White House post of AIDS policy coordinator.

As an organization engaged in planning, advocacy and public policy work locally and in the contiguous states of Missouri and Kansas, we recognize the importance of a national AIDS strategy. We will watch, with interest, your efforts in this regard.

I am enclosing a brief fact sheet about our organization. If there is any way we may be of help to you, please call Betsy Topper, our executive director, at (816) 751-5166.

I look forward to meeting you at a future time.

Sincerely,

John D. Renner, M.D.
Chair

John H Renner

Enclosure

2801 WYANDOTTE, SUITE 167, KANSAS CITY, MISSOURI 64108-3345

THE AIDS COUNCIL
OF GREATER KANSAS CITY
A CATALYST FOR A COMPREHENSIVE RESPONSE TO HIV DISEASE

LESLIE CAPLAN
Executive Director

(816) 751-5166
FAX 751-4623

VISION

To serve as a catalyst for a comprehensive response to the HIV crisis.

MISSION

To provide leadership in facilitating and advocating a planned and coordinated response to the HIV/AIDS crisis in metropolitan Kansas City.

STRUCTURE

The Executive Committee consisting of seven members meets monthly providing direction and leadership to the Board of Directors.

The Board of Directors consisting of 35 members from the private and public sector meets four times a year. Committee chairmen will be chosen from the 35 member Board. These committee chairmen will focus on the objectives that have been identified as priorities such as advocacy and education.

FUNDING SOURCES

City of Kansas City Missouri (general revenue fund)	$75,000.00
United Way - Planning Affiliate	14,156.00
Jackson County (general revenue fund)	5,000.00

-over-

2801 WYANDOTTE, SUITE 167, KANSAS CITY, MISSOURI 64108-3345

COMMITTEES

The Service Provider Network meets monthly to address service delivery issues, identify needs and plan for meeting those needs.

The Education Committee addresses issues related to high risk groups.

The Advocacy and Public Affairs Committee addresses legislative issues at the local , state and national level.

The Clergy Committee works with local clergy to help effectively minister to those affected HIV/AIDS.

NATIONAL COMMUNITY AIDS PARTNERSHIP

In April, 1990, Heart of America United Way in cooperation with The AIDS Council of Greater Kansas City, Hallmark Corporate Foundation and the Greater Kansas City Community Foundation applied for a two-year grant from the National Community AIDS Partnership. NCAP is the nation's largest private AIDS care and prevention program. It was initiated by the Ford Foundation in 1988 to encourage local communities to develop collaborative planning and grantmaking programs for AIDS.

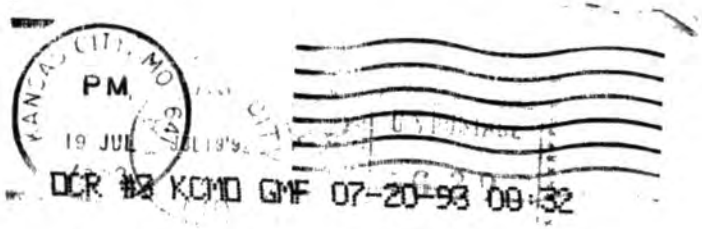
With grant approval in October 1990, the Heart of America Community AIDS Partnership became an associate member of the national partnership. In its first two years, the local partnership made $446,000 in grants.

RESOURCE DIRECTORY

In July 1993, a resource directory of services for people who are HIV challenged will be available. This loose leaf directory provides over 110 pages of information dealing with available services, how to access these services, geographical location of the delivery area and the times these services are available.

THE AIDS COUNCIL
OF GREATER KANSAS CITY
A CATALYST FOR A COMPREHENSIVE RESPONSE TO HIV DISEASE

2801 WYANDOTTE, SUITE 167, KANSAS CITY, MO 64108-3345



Ms. Kristine Gebbie
c/o National AIDS Policy Office
200 Independence Avenue, S.W.
Washington, D.C. 20201

MAIN
03D07

NAPO Document Control Slip

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

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

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

HARVEST MOON PRODUCTIONS - 307 STEGMAN PARKWAY - JERSEY CITY, NJ 07305

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. Pedro Carvajal
Producer
Harvest Moon Productions
307 Stegman Parkway
Jersey City, New Jersey 07305

Dear Mr. Carvajal:

Thank you for the information and good luck on finding funds to complete your documentary on women and AIDS, **What Women Should Know.**

As the AIDS epidemic enters its 13th year, women continue to account for a growing percentage of people with AIDS in the United States. AIDS is now one of the 10 leading causes of death in women of childbearing age. Documentaries such as yours will play a vital role in educating women about HIV infection and hopefully help to reverse this alarming trend.

Sincerely,

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

cc:
Dr. James Curran, CDC

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National AIDS Policy Coordinator

cc:
Dr. James Curran, CDC

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Harvest Moon Productions
307 Stegman Pkwy
Jersey City, NJ 07305
Tel/Fax: (201) 432-7661

Mrs. Kristine M. Gebbie
White House AIDS Coordinator
Department of Health and Human Services
200 Independent Avenue SW
Washington, DC 20201

July 2nd, 1993

Dear Mrs. Gebbie:

I am enclosing a proposal package in order to solicit completion funding regarding **What Women Should Know**, a one hour documentary on women and AIDS.

Several leading figures in the AIDS community in New Jersey are acting as advisors and consultants to the project, namely, Dr. Patricia Kloser who heads a special AIDS clinic for women at the University of Medicine and Dentistry in Newark, New Jersey; Jean Forest, Project Director of the North Hudson Regional Council of Mayors AIDS Project; Marion Banzhaf, Coordinator of the New Jersey Women and AIDS Network; Alicia Diaz, Coordinator of the Division on AIDS Prevention and Control at the State of New Jersey Department of Health; Kitty Pierfelice, Project Coordinator of the Hyacinth AIDS foundation in the Delaware Valley Region of New Jersey; Irma Maldonado, Executive Director of the National Hispanic Education and Communication Projects (HDI), based in Washington DC.

We are currently trying to raise completion funds for the documentary. By the beginning of August we will commence post-production, and the documentary will be completed by October 1993. The majority of shooting for the project has been completed with funding from the New Jersey Council on the Arts. Both Lifetime Television and ITVS have already stated their interest in airing the finished work as part of their programming. A detailed post-production budget is enclosed.

Please contact me if you have any questions.

Your sincerely,

Pedro Carvajal
Producer

PROJECT DESCRIPTION

WHAT WOMEN SHOULD KNOW -
A Documentary on Women and HIV/AIDS

- By the end of this century conservative reports predict that at least 15 million women world-wide, representing all races and social classes, will have become infected with the HIV virus.
- In the United States there are over 13,400 reported cases of women with AIDS, and it is estimated that for every woman diagnosed there are ten of her HIV-positive sisters in the community who have not sought testing and care.
- According to statistics, between 1990 and 1991, the rate of increase amongst U.S. women was more than 3 times higher than that of men.
- Women represent the lowest percentage of enrollees in nationally sponsored AIDS clinics, or in experimental drug trials.
- Over 75% of these women will have contracted the disease heterosexuals, and will have been sexually monogamous when they became infected.

These facts and figures do not fit into widely held suppositions about AIDS. Over the last decade there has undoubtedly been a heightening of awareness about the disease in the United States, and in the first clearly identified, habitually at-risk groups - homosexuals and intravenous drug-users -, there has been noticeable success in slowing down the spread of HIV/AIDS. However, it appears that women, originally considered low-risk, have suffered from the lack of specific targeting for education on AIDS prevention, detection, and specialized social and medical support.

This 1 hour documentary follows five remarkable women: Lisa Tiger, Louise Denson, Karen Sofield, Melodie Stockdale, and Vivian Torres. Although they represent diverse social and racial backgrounds - African American, Latina, Native American Indian, and White - they are all living with HIV/AIDS. Using their cases as the program's main subject, we will present a humane and hopeful picture of women with AIDS, while addressing the hard facts, and discussing possible solutions to the discrimination experienced by HIV positive women.

Although AIDS is viewed by many as a disability, these women provide outstanding examples of how adversity can be turned into a driving force, resulting in the enhancement of their quality of life. Over the past year the producer has spent many hours establishing a good working relationship with Vivian, Melodie, Lisa, Karen and Lousie, based on understanding and trust. Using a cinema verite style, the documentary observes the everyday frustrations and accomplishments of their struggle to cope with AIDS. We see how they interact with their families and communities, and how, using their courage, and their skills of articulation and motivation, they have reached out to help others as well as themselves. For example:

Lisa Tiger is a Cherokee Indian. In July 1992, when she was diagnosed as HIV positive, she also discovered that there weren't any kind of support groups within her American Indian community. Tiger did not hesitate to speak out at a tribal meeting, alerting them of her HIV status and raising the question of setting up an organization to offer support and information

on HIV/AIDS to the entire Native American Indian community. Lisa's family are Native American artists, and with their support she is currently running her organization out of the family's art gallery. She says, "*We founded AIDS Coalition for Indian Outreach because we know conditions exist in Native communities that may allow AIDS to spread like wildfire. Native Americans are at the top of the list of victims in almost every category: Fetal Alcohol Syndrome, murder, suicide, alcoholism, drug-addiction, poverty, and now HIV/AIDS. With a total population of less than two million we do not have the people to lose.*"

We follow Lisa Tiger as she travels to high schools and local centers talking to her community: *"So far I've been just going out into communities and talking to them and telling them my personal story. Because they know that I'm HIV positive they listen more."* Tiger continues, *" Only by learning who we are can we regain the heritage, pride and self-esteem that will give us strength and will to fight this dreadful epidemic. Native American leaders are aware that we are in the midst of a crises but no one else seems to know or care. We never see a Native American face at AIDS benefits. There is not a Native American on the National Commission on AIDS. And so, we as always, are just ignored by the media. What I'd like to do by me going out and talking about my situation, is to bring national attention and media coverage about how HIV/AIDS can also affect the native American population. "*

The women in this documentary have each come up with ways of making something positive out of living with HIV/AIDS. In many cases, using their personal experience coping with the disease, they have taken the initiative in setting up creative programs to help others in their community. For example:

Vivian Torres, a 47 year old Latina woman, is the founder and primary organizer of "Vivian's Place," a drop in center in New Jersey staffed and run by people with HIV/AIDS, to specifically meet their own needs: We follow Vivian around the center as she describes the various services they offer including support groups for the members, their friends and family, a legal clinic, and advice on social services. Vivian chats to her friends and members of the group as they avail of the auxiliary services she has organized - visits from a massage therapist, hairdressing, chiropractic adjustments and alternative healing methods. *"People with AIDS have to know that there are people out here who care about them. We deserve to be treated good and to be relieved of some of the stresses of living everyday with AIDS/HIV,"* says Torres.

One of the projects run out of "Vivian's Place" is The Latino Support Group which is open to anyone with HIV whose first language is Spanish. This is part of Vivian's quest to provide support, information, training and services for low-income members of her Latino community. As part of the project she teaches a special program in leadership skills. *"More people with AIDS, especially women, have to be able to speak publicly about how the disease is affecting them and our communities,"* says Torres.

Recognizing that the stigma surrounding AIDS only serves as a barrier against the dissemination of important information on the disease, Vivian, Karen, Lousie, Melodie and Lisa concentrate on speaking out about AIDS prevention in their communities. They have come up with successful and original educational programs which take into account cultural background, social behavior and economic standing. For example:

Louise Denson is a 51 year-old African American. Her way of coping with HIV was to go back to the streets where she contracted the disease through I.V. drug use, and work as a health educator. We follow Louise as she does her daily rounds giving counseling to the drug addicts who are in rehab, or still out on the street. Whether they are HIV infected or not, she talks to them about methods of prevention to stop them either contracting the disease or infecting others. *"My main concern is going to the crack houses, going to the shooting galleries, going to the corners, going into churches, going into corporate offices, going to the police department, going into high schools, teaching people to change their behavior, because that's what puts them at risk . . . I go and speak to the women in the community, and let them know that we have to do something about this HIV epidemic, otherwise we're going to be in deep trouble. I just go out on my own and try to educate people. Not only in black communities - white women are also discriminated against, so I try to reach them also,"* says Denson.

When women seek treatment they are more than twice as likely as men to have opportunistic infections that may be missed or misdiagnosed because HIV infection is not suspected. As a result, for many women, the survival time from AIDS diagnosis to death is considerably shorter than that for a man. In addition, if not properly diagnosed women cannot qualify for adequate treatment and services that depend on an AIDS diagnosis. Because women are still likely to be under-represented in the official count of people with AIDS, funding is not accurately apportioned to their needs. Through the experiences of Vivian, Lisa , Louise, Karen and Melodie this documentary will address, head-on, the discrimination faced by HIV positive women from some members of the health and social services. They reflect the common concerns of women with HIV/AIDS, and are eager to speak out about changes needed in methods of treatment, access to care, research targets, and local and government attention to essential medical and social support programs. For example:

Karen Sofield is a white, middle-class woman from New Jersey. Her story began in 1984 after a six-month romance with a co-worker. She had worked with the man for five years but never knew that he was an intravenous drug user. *"In 1984, women didn't get AIDS."* Now, she says, it should have been obvious that something was wrong. She has a strange series of rashes. Her hair was thinning and falling out. She had diarrhea and had lost a lot of weight, yet her doctor hadn't suspected her of being infected with the HIV virus and prescribed Metamucil!

In the end Karen had to ask her mother, a laboratory technician, to test her. She was HIV positive. *"I felt my whole life being sucked through a*

vacuum." But that was just the beginning of her problems. As she was HIV positive and had not developed full-blown AIDS she could not be declared disabled. For a year she and her son survived on $300 a month welfare. We will see Karen in action as she works with the New Jersey Women and AIDS Network campaigning for on-going education for all members of the professional and social services within her community on how HIV/AIDS effects women . *"We are extremely vulnerable at a time like this (being infected with HIV) and it's imperative that the doctors and social workers that we're dealing with have our best interests at heart, and really know what they're talking about,"* says Karen.

As WHAT WOMEN SHOULKD KNOW is primarily designed to provide encouragement and practical information for people who have to deal with HIV/AIDS, highly qualified social workers and medical experts will be filmed, both interacting with the individuals, and addressing the camera on specific concerns raised by them. This will allow direct access to qualified, up-to-date opinions and research. For example:

Dr. Patricia Kloser heads a clinic at the University of Medicine and Dentistry in Newark, New Jersey. She has treated over 2,000 women for HIV-related problems since 1986. She leads us around her clinic pointing out the children's day-care center, social services bulletin board and workshops in nutrition - services which she feels are imperative to provide in order to make it easier for low-income women to get proper medical care.

Dr. Kloser describes some of her concerns about dealing with HIV in women: *"I've lost count of the number of times women have come to me with well-advanced cases of AIDS, and yet their doctors have failed to test, and consequently treat them for it. We certainly know a lot about HIV in gay men, we certainly know more about I.V. drug use and HIV. But one area where there is still need for more work, is in the area of women with HIV disease. We still don't know how the opportunistic infections associated with HIV disease differ between men and women. We don't know how they differ as far as incidence, natural history and response to treatment and prophylaxis. So in essence women are being treated exactly as men are being treated with HIV disease, and that may be appropriate in most instances, but there may be areas where this will differ. And we have to learn how women respond to various medications. If we don't have early diagnosis, we don't have early treatment. And that drastically cuts down on the survival period."*

An important aspect of the documentary will be to avoid the hopeless hospital-bed scenario and instead show what one of our subjects called "positive living." The women in the program are all extremely active, and in most cases say that they are achieving a quality of life higher than before they realized they were infected with the HIV virus. They are eager to speak about how the disease has helped them take control of their lives - teaching them how to lead a healthy lifestyle, how to focus their energies, how to organize and set goals. To fully understand what it means to live with HIV/AIDS, the program will focus on the personal elements in each woman's life which expresses her

feelings toward the illness, whether it be home movies, photos, artwork, writing, or music. For example:

> In 1973 **Melodie Stockdale** was awarded a scholarship to study music at Jersey City State College. Coming from a comfortable, white, middle-class background her future seemed bright. Sitting in a small recording studio in Newark, New Jersey, where with the help of some friends, she is recording a song she recently wrote about living with AIDS, Melodie explains further. *"At that time it looked like I had a very promising singing career, but I already had my first disease which was addiction, "* she recalls. *"Nobody knew about AIDS then; life was all about rock and roll, drugs and sex. I ended up leaving school, and started to use drugs heavily. I lived a nightmare as a drug addict. Addiction is scarier than AIDS: it can kill instantly. "* Stockdale continues, *" We have a saying in my recovery group: you keep it down by giving it away. That's why I do what I do. I try to stay healthy by convincing other people to stay healthy. "*

In order to insure that the program addresses issues that are of top priority to those affected by HIV/AIDS or involved in its treatment/prevention, the featured individuals are being asked to review scripts, footage and edits. Their advice and concerns will determine the final structure of the program.

VIEWER APPEAL:

Although the primary purpose of this documentary is to bring recognition and hope for HIV positive women, an equal responsibility is to empower the larger population of uninfected women with the necessary knowledge to avoid infection. The ultimate goal of the program is to prompt a national awareness network, linking up disparate communities. To do this it is imperative that this documentary appeal to a broad national audience. The diverse social and racial backgrounds of the chosen subjects is designed to attract a similarly broad television audience.

People living with HIV/AIDS, have stated that they are tired of watching sensationalized or despairing television programs on HIV/AIDS, and stress that, frequently, they are most empowered and encouraged by hearing from their peers. What is significant about this documentary - apart from the importance of drawing attention to a group who have been, hitherto, largely overlooked by the media - is that it approaches the topic through the eyes of those most immediately involved. Equally, by casting a positive light on the subject of HIV/AIDS by the affirmative actions of the women involved, and the wealth of up-do-date information, the appeal of the documentary will extend beyond the HIV community and attract anyone with a concern about the future of AIDS in this country.

	A	B	C	D
1		NO.	RATE	TOTAL
2	**Producing Staff**			
3	Producer/Director	1 @	$2,400 per month x 12 mths.	$2,888
4	Associate Producer	1 @	$1,800 per month x 12 mths.	$21,600
5	Writer		Flat Fee	$8,000
6	Researcher	1 @	$1,400 per month x 6mths.	$8,400
7			Sub total	$40,888
8				
9	**Production Personnel**			
10	Camera/Production manager	1 @	$400/day x 45 days	$18,000
11	Soundperson	1 @	$150/day x 45 days	$6,750
12	P.A.	1 @	$375/wk x 20 weeks	$7,500
13			Sub total	$32,250
14	**Production Expenses**			
15	Equipment rental -			
16	Sony BVW 300 Betacam	45 days	@ $500 per day	$22,500
17	Fluid head w/tripod, hi-hat	45 days	@ $80 per day	$3,600
18	Lights, power belts	45 days	@ $60 per day	$2,700
19	Sony wireless lavaliers	Buy 2	@ $1,500 each	$3,000
20	Van rental	45 days	@ $75 per day	$3,375
21			Sub total	$35,175
22				
23	Stock & Lab expenses -			
24	Beta SP video stock	135 @	$30 per tape	$4,050
25	3/4" windowdub transfers	135 @	$20 per tape	$2,700
26	3/4" edit stock	60 @	$15 per tape	$660
27			Sub total	$7,410
28	**Travel Expenses**			
29	NY/Muskogee, OK, airfare	3 @	$400 R/T each	$1,200
30	Hotel	3 @	$75 per night x 3	$675
31	Per diem	3 @	$50 day x 3	$450
32	Car rental		$75 per day x 3	$225
33				
34	NY/Washington, by car			
35	Gas and tolls			$55
36	Hotel	3 @	$75 per night x 2	$450
37	Per diem	3 @	$50 day x 2	$300
38				
39	Taxi/subway fares		$150 per month x 9 months	$1,350
40				
41			Sub total	$3,900
42				
43	**Post Production**			
44	3/4" A/8 roll edit system	40 days	@ $95 per day (35 per hour)	$3,800
45	On-line 1" edit system	5 days	@ $1,600 per day (200 per hour)	$8,000
46	Music - original score			$5,000
47	Acquisition of additional footage from chat-shows			$5,000
48			Sub total	$21,800

	A	B	C	D
49	**Production Office Expenses**			
50	Office rental		12 months @ $500/month	$6,000
51	Office permanent equipment - fax, copier, computer etc.			$2,100
52	Phone		$150 per month x 12 mths.	$1,800
53	Postage/Shipping		$100 per month x 12 mths.	$1,200
54	Insurance		Flat fee (shared*)	$1,250
55			**Sub total**	**$12,350**
56				
57			**Total**	**$153,773**
58				
59	Contingency	c.10%		**$15,227**
60				
61			**Grand Total**	**$169,000**
62				
63	**FUNDING SUMMARY**			
64				
65	Budget breakdown		Production =	$104,500
66			Post-production =	$64,500
67			Grand Total	$169,000
68				
69	Funding received/expended		New Jersey Council/Arts	$12,000
70			Cash/In-kind	$40,000
71			I.T.V.S.	$25,000
72			Subtotal -	**$77,000**
73				
74	Funding pending		I.T.V.S.	$25,000
75			New Jersey Council/Arts	$12,000
76			Jerome Foundation	$15,000
77			MacArthur Foundation	$15,000
78			Subtotal -	**$67,000**
79				
80	Women in Film Foundation Request			**$25,000**
81				
82			**Grand Total**	**$169,000**
83				
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96				

CURRENT STATUS OF PROJECT

The majority of production shooting has been completed for this documentary.

* Three final weeks of shooting will be completed by the end of August.
* Off-line editing will take place in September and October.
* The on-line is scheduled for one week in late October.
* The documentary will be complete by November, 1993.

DISTRIBUTION AND EXHIBITION PLANS

Harvest Moon will undertake an extensive outreach effort in connection with the broadcasting of WHAT WOMEN SHOULD KNOW in order to reach the largest possible audience at the national level. In addition, we will also target those who are directly involved in the making of national policy. We want to keep an influential segment of the public up to date about the catastrophic and disproportionately bad healthcare system for women infected with HIV.

Plans include the hiring of a public relations firm who will handle all publicity connected with carriage on PBS stations, press coverage in national and major market press, advertising and outreach to the target educational audience.
Requests for promotional funds will be made in later submissions, including the NEA, the New Jersey Council on the Arts, and various foundations.

We anticipate a projected audience of 2.8 million homes, or 12 million viewers, through public television broadcast. Subsequent distribution on cable television service is expected to add an additional 3.5 million viewers to the national television audience.

In addition to marketing WHAT WOMEN SHOULD KNOW through public television and cable broadcast, other distribution and exhibition plans include the following:

* We anticipate entering various festivals such as The Chicago Film Festival, The San Francisco Film Festival, The American Film Festival, The National Educational Film Festival, and the Atlanta Film/Video Festival.

* Distribution of the program to universities and colleges. The tape would have direct appeal to departments of Sociology, Economics, Medicine and Latin-American studies.

* Tapes will be made available to appropriate libraries and public interest groups.

KEY PERSONNEL

Director, Editor: Pedro Carvajal is an independent producer/director. In 1990 he produced the award-winning documentary **Art Pushes: Art Provokes: ArtFux** for PBS. He has also worked with UNICEF, WCBS-TV, WNET-TV, CAPITAL CITIES/ABC, Inc, N.Y., and MTV in production and post-production. Recent work in the field: directed and edited **A Friend Too Late** and **Running From the Fire**, anti-drug/anti-substance abuse videos targeted at teenagers in New Jersey; produced and directed **What Minority Women Should Know**, a 30 second PSA on AIDS for the New Jersey Department of Health; produced **Marketing Disease to Hispanics** a 10 minute expose of the targeting by alcohol and tobacco companies of poor Latino neighborhoods; produced a 30 minute PSA on the HIV test.

Producer, Production Manager: Melissa Shaw-Smith is an independent producer based in New York. She has just completed work as a producer and scriptwriter for a three part series on the writer Samuel Beckett for PBS. She is a founder and vice President of the **Irish Film Association, USA**., of **On The Bank Theatre Company**, and the **I.U.T.C**. Theatre Company. Other recent film/video work includes co-producer of **Indentured**, a half-hour, 16 mm drama on the plight of undocumented foreign "nannies" in the U.S.

Writer: Gena Corea is author of the book **The Invisible Epidemic: The Story of Women and AIDS**. She is the Associate Director of the Institute of Women and Technology. As an investigative reporter her articles have appeared in publications including *The New York Times*, *Ms*, and *The New Republic*. She is also author of the **The Hidden Malpractice** and **The Mother Machine**, and co-founder of the journal Issues in Reproductive and Genetic Engineering. Corea has lectured at conferences around the world.

Camera: Jean De Segonzac is an accomplished cinematographer who has worked on several award-winning documentaries, including **Common Threads: Stories From the Quilt** (Academy Award-winner, 1990), **Inside Gorbachev's U.S.S.R.** (Golden Baton Winner, Dupont Awards, 1990), **Crack U.S.A.: Country Under Siege** (Academy and Emmy Award nominee for Best Cinematography). He has shot several documentaries and documentary specials for PBS, including **Portrait of Milos Forman**, **Making Sense of the Sixties**, **Our Children At Risk, A Little Vicious, Road Scholar**. He has also shot numerous **Frontline** episodes for PBS.

Assistant Editor: Christine McNamara is an independent videomaker and has produced, directed, shot and edited numerous videos. She is currently shooting and editing commercials for Cape Cod Communications in Massachusetts. She has also edited for UNICEF, and Blue Cross/Blue Shield.

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. Bill R. Bearden
Executive Director
AIDS Resource Center
P.O. Box 12088
800 Lexington
San Antonio, Texas 78212

Dear Mr. Bearden:

Thank you for writing, and sharing your experiences in providing HIV-related services in San Antonio.

I am aware of the problems many cities have with distribution of Ryan White funds. While some decisions are federal, based on case counts and the statute, others are locally controlled. I assume you are working with the Texas Department of Health in your efforts to identify resources.

I am sorry I do not have an immediate answer to your service and funding needs. One of my tasks is to make it possible for local communities to more easily develop needed services. Please stay in touch with me, as your experiences, frustrations and (hopefully) successes can be a useful perspective on the process.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

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P.O. Box 12088
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Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

AIDS RESOURCE CENTER

July 14, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
National AIDS Policy Office
200 Independence Avneue S.W.
Number 73-G HHH Building
Washington, D.C. 20201

Dear Ms. Gebbie:

Please allow me a moment to introduce myself. I am Bill Bearden and I serve as Executive Director of the AIDS Resource Center in San Antonio, Texas. I am past President of the Board of Trustees of the San Antonio AIDS Foundation, a member of the Bexar County HIV/AIDS Consortium, past chair of "HEARTSTRINGS," and the AIDS Memorial Quilt Display at the Henry B. Gonzalez Convention center. I am actively involved in all aspects of AIDS Education and Direct service to those children, women and men living with HIV/AIDS. I do it proudly and to the best of my ability.

Ms. Gebbie, the purpose of this letter is very specific and desperately important. I know you are well aware of the epidemic and the mammoth task we are facing in the coming years, especially amoung women, children, minorties and low income persons.

The Ryan White Comprehensive AIDS Act, Public Law 101-381-August 18th, 1990 provides for a broad range of medical and social support for those Person's Living With AIDS. San Antonio receives Ryan White Title II and III. According to the Act and the flawed tracking system of the C.D.C., we do not qualify for Ryan White Title I. The difference is San Antonio for Fiscal 93-94 is we receive $871,000 versus Dallas and Houston receiving between $8 - 10 million per annum <u>each</u>. The ACT specifies that a metropolitan area must have at least 2000 cases, cumulative, or .0025 of population.

Ms. Gebbie, as of June 1, 1993 we had a <u>reported</u> 1470 clinically diagnosed cases of AIDS in this district, well below what we know to be our total case load. Those of us with CBO's and the hospital district feel we have approximately 3000+ cases of AIDS.

The problem is, according to the C.D.C., wherever you test positive for AIDS is where you will always be counted, even unto and after death.

P.O. Box 12088
800 Lexington
San Antonio, Texas 78212
Office# (210) 222-2437
Fax# (210) 222-2385

If you are living with AIDS in the State of Texas and need the support of HIV/AIDS medical and social support, you have basically three choices... Dallas, Houston or San Antonio! If you live, Geographically, anywhere from El Paso, San Angelo, Victoria, Corpus Christi, The Valley, Del Rio, Kerrville, (with 61 AIDS cases) or any points in between, more than likely you will come to San Antonio to access help. We even have clients from Mexico, Honduras, Puerto Rico, San Salvador, etc. If you are in the military and test positive for AIDS in Biesbadahn, Germany, where will you eventually end up... in San Antonio at Wilford Hall. If your primary language is Spanish, you're coming to San Antonio.

Ms. Gebbie, we have worked very hard to ensure a quality of life and death with dignity to those Person's Living with AIDS, but unless some how we are able to crack into Ryan White Title I very soon, almost immediately this whole infrastructure of AIDS services here may soon collapse leaving half of the State of Texas with less than adequate care. It now takes almost 3 months for a new AIDS client to access a doctor at the Brady-Green, FFacts Clinic, the AIDS Clinic. Our doctors, nurses, support staff, the Metropolitan Health District and Bexar County Hospital District are to be counted among the best service providers in the nation . . . . they are overwhelmed with work and client load and they are still doing an incredible job of holding it together, as well as the grass-roots community based organizations.

Ms. Gebbie, I know of your commitment to human rights and dignity.... I am quite simply begging for your help! We need an immediate change or variance in the law. We need your strength and guidance.

"As Thomas Mann said, "Be ashamed to die, until you have won some victory for humanity."

Please, help us win this victory!

I anxiously look forward to hearing from you.

Respecfully,

Bill R. Bearden
Executive Director
AIDS Resource Center

STATE OF TEXAS
OFFICE OF THE GOVERNOR
AUSTIN, TEXAS 78711

ANN W. RICHARDS
GOVERNOR

June 18, 1993

Greetings:

It is my pleasure to congratulate the administrators, staff, and supporters of the AIDS Resource Center of San Antonio on the opening of your new facility.

This new facility represents a major step in providing effective AIDS education and counseling to the people of San Antonio. In addition, it will provide a wide variety of necessary services such as day-care respite, legal assistance, housing and job bank programs, a food bank, support groups, emergency transportation, and advocacy. These services are invaluable to people with AIDS and their families, and I commend everyone involved in making this new facility a reality.

Best wishes!

Sincerely,

Ann Richards

ANN W. RICHARDS
Governor

Dear Mr Beeson

Thank you for writing, & sharing your experiences in providing HIV-related services in San Antonio.

I am aware of the problems with many cities have distribution of Ryan White funds, including those. While some decisions are federal, based on case counts & the statute others are locally controlled. I assume you are working with the Texas Dept of Health in your efforts to ~~secure~~ identify resources.

One of my tasks is to make it possible for local communities to more easily develop needed services. Please stay in touch with me, as your experiences, frustrations and (hopefully) successes can be a useful perspective on the process.

I'm sorry I do not have an immediate answer to your service & funding needs.

Sincerely

cc
My file letter
to Texas DOH

AIDS RESOURCE CENTER
P.O. BOX 12088
800 LEXINGTON
(CORNER OF LEXINGTON AND EUCLID)
SAN ANTONIO, TEXAS 78212

PHONE: (210) 222-AIDS 222-2437
FAX: (210) 222-2385

HOURS:

MONDAY-FRIDAY	9:00 P.M. TO 5:00 P.M.
SATURDAY	10:00 TO 3:00 P.M.
SUNDAY	12:00 TO 4:00 P.M.

SERVICES: THE AIDS Resource Center was incorporated as a 501-C-3 charitable trust in 1990 to serve as a Daycare-Respite Center which also provides transportation, meals on wheels, pro-bono legal assistance, utility, community newsletter, rental and housing subsides, food bank, nutritional guidance, support groups, case management, job bank, prescription and funeral assistance, speakers bureau, HIV prevention and education for the HIV infected individual; man, woman, or child without regard to race, ethnic origin, sexual orientation, age, or financial status.

FEES: None

BILL R. BEARDEN
EXECUTIVE DIRECTOR

Nurturing seeds of assistance
and compassion in the gravity of AIDS.

AIDS RESOURCE CENTER
800 Lexington, P.O. Box 12088
San Antonio, Texas 78212
(210) 222-2437
(210) 222-2385 Fax
_____ *Pgr.*

AIDS RESOURCE CENTER
Nurturing seeds of assistance and compassion
in the gravity of AIDS

800 Lexington
P.O. Box 12088
San Antonio, Texas 78212

(210) 222-2437
(210) 222-2385 Fax

AIDS RESOURCE CENTER

Nurturing seeds of assistance and compassion
in the gravity of AIDS

(210) 222-2437
(210) 222-2385 Fax

SERVICE	DAY	HOURS	CONTACT
Day-Care Respite	M - F Saturday Sunday	9:00 - 5:00 10:00 - 3:00 12:00 - 4:00	Sylvia Widell
Legal Assistance	M - F	9:00 - 5:00	Robert Aaron
Utility Rental Assistance	M - F	9:00 - 5:00	Fran Mendez
Housing and Job Bank	M - F	9:00 - 5:00	
Food Bank	Tuesday - Friday (Call for emergency food bank)	11:00 - 4:00	Cortney Balboa
SUPPORT GROUPS			
a. HIV+ Support Group	Monday	6:30	Scott Gambuti
b. Sign Language	Saturday	6:00 - 7:00	Fran or Sylvia
c. Coffee House	Saturday	7:00 - 9:00	Fran or Sylvia
d. N/A & A/A Support Group	Wednesday	7:00 - 8:00	Sylvia
Prescription & Funeral Assistance	M - F Saturday & Sunday (by beeper *)	9:00 - 5:00	Bill Bearden or/ Fran Mendez
HIV/Prevention and Education (Speaker's Bureau)	By Appointment		Bill, Fran or Scott
Emergency Transportation	On Call		Sylvia Widell
HIV/AIDS Advocacy	On Call		Bill, Fran & Scott
	* * * * * * * * * * * *		
* Medical Emergency and Other	Digital Pager / 871-1592 Digital Pager / 650-2046		Fran Mendez Bill Bearden

MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7081 PHS Number : OS Number : Document Type : White House Letter

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

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

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

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

P.O. BOX 12088 - 800 LEXINGTON - SAN ANTONIO, TX 78212

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. Victor Popp
113 Nokomis Road
Hingham, Massachusetts 02043

Dear Mr. Popp:

Thank you for writing, and for sharing your work on HIV prevention education. I agree that humor can be a useful tool in an educational program. Many State and local HIV education programs prepare materials and might be interested in your contributions. I suggest you contact the Massachusetts Department of Public Health AIDS Bureau, as a starting point.

Best wishes in your continuing efforts to help in combatting this epidemic.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mr. Victor Popp
113 Nokomis Road
Hingham, Massachusetts 02043

Dear Mr. Popp:

Thank you for writing, and for sharing your work on HIV prevention education. I agree that humor can be a useful tool in an educational program. Many State and local HIV education programs prepare materials and might be interested in your contributions. I suggest you contact the Massachusetts Department of Public Health AIDS Bureau, as a starting point.

Best wishes in your continuing efforts to help in combatting this epidemic.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

—

Dear Mr Popp

Thank you for writing, and for sharing your work on HIV prevention education. I agree that humor can be a useful tool in an educational program. Many state & local HIV education programs prepare materials, & might be interested in your contributions, ~~though the latter~~. I suggest you contact the Mass. Dept of Health AIDS program, as a starting point.

Best wishes in your continuing efforts to help in combatting this epidemic

Sincerely

—

Victor Popp
113 Nokomis Road
Hingham, MA 02043
7/2/93

Ms. Christina Gebbie
Room 2132
Switzer Building
330 C Street Southwest
Washington, DC 20201

Dear Ms. Gebbie,

Congratulations on your recent success! I heard about your being considered for the position of A.I.D.S. Czar on National Public Radio, and I was impressed by their descriptions of your pragmatic style.

I am a father of four young children, who feels very strongly that ignorance about A.I.D.S. is a serious problem in this country, and that education is the answer. I am a professional engineer, but I am also a published cartoonist and writer (mostly of humor).

Enclosed I am sending you a book that I wrote and published myself. It is called Safe Sex. When I wrote it, I had some difficulty in distributing it. I believe that humor is one way to help diffuse the controversial element of safe sex education and felt that this was the right approach. I have sold and given away some 200 copies, and have mostly found the responses positive.

I would like to offer the rights to use any and all of the material in it to you for use in any pamphlets and/or informational brochures. I have some other ideas which I would like to share with you, if you are interested. I believe that the cartoons in my book, interspersed with the latest facts about this deadly disease could be a valuable tool in public education and awareness.

My brother who has lost several close friends to A.I.D.S. has said that I should edit out some of the items in the book, and I trust he may be right. I would be interested in your comments regarding "Safe Sex."

I can be reached at (617) 575-5800 (days) and at (617) 740-2351 (nights), or at the above address. I look forward to your reply.

Sincerely,

Victor A. Popp

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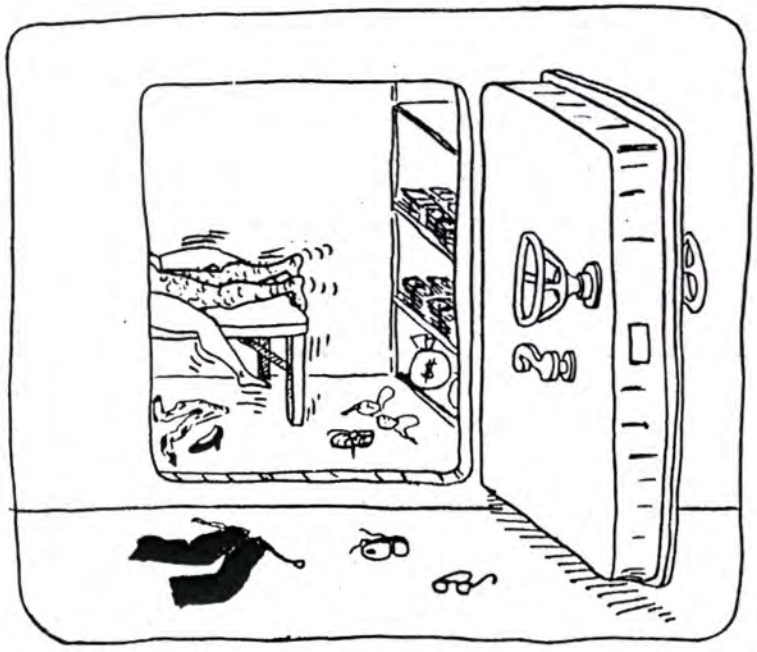
The Complex Book of
Safe Sex

46 pgs

THE COMPLETE BOOK OF

SAFE SEX



DANGEROUS SEX, AND OTHER SORDID SUBJECTS

A MANUAL FOR THE NINETIES AND BEYOND