FOIA Number: 2018-0756-F

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3766

FolderID:

Folder Title:
August Chron Files 1993 [2]

Stack:	Row:	Section:	Shelf:	Position:
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MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7080 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 : VICTOR POPP

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

113 NOKOMIS ROAD - HINGHAM, MA 02043

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

MAIN
03D07

NAPO Document Control Slip

NAPO Number : 7079 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 : HENRY KAHN

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

19655 RENO, APARTMENT #4 - DETROIT, MI 48205

********** 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. Henry Kahn
19655 Reno, Apartment #4
Detroit, Michigan 48205

Dear Mr. Kahn:

Thank you for your kind birthday wishes. I am sorry you have been so frustrated in your efforts to test your ideas regarding an AIDS treatment. In addition to the pharmaceutical companies you mention, many university medical centers are involved in HIV related research. Contact with a nearby medical school may give you useful feedback on your idea, or point you in an appropriate direction.

I appreciate hearing from you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

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19655 Reno, Apartment #4
Detroit, Michigan 48205

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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:\kahn

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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I appreciate hearing from you

Sincerely

. AIDS
. ØEND

SUBJECT - A.I.D.S.

DEAR KRISTINE

I JUST FINISHED A FIVE PAGE LETTER TO PRESIDENT CLINTON. ITS POSSIBLE YOU WONT HAVE A LONG JOB.

YES, I HAVE A CURE FOR A.I.D.S.

FOR OVER 3 YEARS I'VE BEEN TRYING TO GET MY ANTI-A.I.D.S. SERUM TESTED. WITH NO LUCK. THERE ARE TIMES WHEN I FELT LIKE THROWING IN THE TOWEL BUT "HOPE SPRINGS ETERNAL FROM THE HUMAN BREAST."

NOW WITH THE CLOUT PRESIDENT CLINTON HAS GIVEN YOU MAYBE, JUST MAYBE, THE PHARMACEUTICAL CO'S UPJOHN, MERCK AND BRISTOL MYERS SQUIBB MAY CHANGE THEIR NEG.-ATIVE STANCE TO ME.

HOPING TO HEAR FROM YOU SOON.

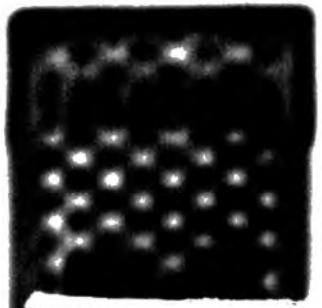
BEST WISHES

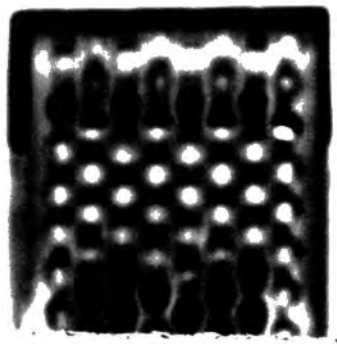
Henry Kahn (P.E.)

I AM A RETIRED PROFESSIONAL ENG'R HAVING, IN 1949, RECIEVED MY B.S.M.E FROM THE UNIVERSITY OF MICH.

(HAPPY BIRTHDAY)

HENRY KAHN
19655 RENO, APT. 4 TEL 1-313-8396249
DETROIT, MICH.
48205





19655 RENO, APT. #4
DET. MI 48205

WHITE HOUSE
C/O KRISTINE GEBBIE
1600 PENNSYLVANIA AVE, N.W,
WASHINGTON, D.C,
10006

!
!

MAIN
03D09

NAPO Document Control Slip

NAPO Number : 7156 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/13/93 Refer'd Date : 8/13/93 Int Due Date : 8/13/93 Ext Due Date : 8/13/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/13/95 Disposition : DESTROY Final Date : 8/13/93 Document Loc : MAIN-03D09

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

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

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

SAINT XAVIER UNIVERSITY - 3700 WEST 103RD STREET - CHICAGO, IL 60655

********** 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	8/13/93	8/13/93	

****

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Ann Filipski, R.N., M.S., Psy. D. (cand.)
Assistant Professor
Saint Xavier University
3700 West 103rd Street
Chicago, Illinois 60655

Dear Ms. Filipski:

Thank you for sharing information regarding the Illinois Postsecondary HIV Prevention Project. Young people of college age are indeed an important, vulnerable population. I would encourage you to share your experiences via the nursing professional literature, as there may be others who can learn from you and implement related activities.

I appreciate your interest, and that of Dr. Oesterle.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

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Assistant Professor
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3700 West 103rd Street
Chicago, Illinois 60655

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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:\filipski.200

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mary Oesterle, R.N., Ed.D.
Associate Professor
Saint Xavier University
3700 West 103rd Street
Chicago, Illinois 60655

Dear Dr. Oesterle:

Thank you for sharing information regarding the Illinois Postsecondary HIV Prevention Project. Young people of college age are indeed an important, vulnerable population. I would encourage yo to share your experiences via the nursing professional literature, as there may be others who can learn from you and implement related activities.

I appreciate your interest and that of Ms. Filipski.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Mary Oesterle, R.N., Ed.D.
Associate Professor
Saint Xavier University
3700 West 103rd Street
Chicago, Illinois 60655

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I appreciate your interest and that of Ms. Filipski.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Ms Filipski & Dr Oesterle

Thank you for sharing information regarding the Illinois Postsecondary HIV Prevention project. Young people in college age are indeed an important, vulnerable population. I would encourage you to share your experiences via the nursing professional literature, as there may be others who can learn from you & implement related activities.

I appreciate ~~the~~ ~~for~~ your interest.

Sincerely

SAINT·XAVIER·UNIVERSITY

July 13, 1993

Kristine Moore Gebbie
Room 2132 Switzer Bldg.
330 C Street SW
Washington, DC 20201

Dear Ms. Gebbie:

This letter is to express our support for the Illinois Postsecondary HIV Prevention Project. Over the past year, Saint Xavier University has been able to begin to address this very serious issue among young adults. This CDC sponsored project was central in providing us with the resources to have an impact on our campus. We have primarily a commuter student population, but are currently growing in the number of students who reside on campus. As members of the consortium, we have had the opportunity to hear experts in the area of college health, and have had access to the latest information on the AIDS and HIV infection. We have been able to develop a module in the new student orientation program to inform and dialogue with our students concerning HIV infection and risk behaviors.

Perhaps the greatest part of the project has been the opportunity to network with other institutions. We have found our colleagues across the state of Illinois to be helpful, inspiring, and knowledgeable as we search for ways to promote the health and well-being of all our students. Within the consortium, we have found colleagues who have addressed many of the special needs that we face at Saint Xavier--such as, the adult student who is returning to college, students from diverse ethnic and racial backgrounds, and students from varied religious traditions. We are actively seeking ways to reach all these groups, knowing their potential vulnerability as they make life style choices.

Finally, we wish to stress that as members of the School of Nursing, we have a particular passion in addressing HIV

3700 West 103rd Street • Chicago, Illinois 60655
(312) 298-3000 • FAX (312) 779-9061

prevention on campus. We have seen the very tragic outcomes of HIV infection in clinical practice. As educators, we are deeply committed to assisting college aged students realize their academic goals. As health care providers, our commitment is to the full realization of their potential in life by protecting their health.

Sincerely,

Ann Filipski

Ann Filipski, R.N., M.S., Psy. D. (cand.)
Assistant Professor

Mary Oesterle

Mary Oesterle, R.N., Ed.D.
Associate Professor

c\m\hiv-lupo

2563

SAINT·XAVIER·UNIVERSITY

3700 West 103rd Street • Chicago, Illinois 60655

CHICAGO IL 60607 07/14/93 20:45 #11

Kristine Moore Gebbie
Room 2132 Switzer Bldg.
330 C Street SW
Washington, DC 20201

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. William Thomas Dyall
921 Spencer Way
Los Altos, California 94024

Dear Mr. Dyall:

Thank you for taking time to write and voice your concerns about HIV and AIDS.

Prevention will be a major part of my agenda. Accomplishing prevention will take many activities to both educate individuals and support them in a lifetime of wise behavior choices. The exact words and programs must be shaped to fit different communities and various age groups.

Quarantine has a continuing, though small place in current public health programs. It should only be used when clearly supported by good public health science.

I appreciate your continuing interest in the good health of our society.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

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921 Spencer Way
Los Altos, California 94024

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Sincerely,

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National AIDS Policy Coordinator

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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I appreciate your continuing interest in the good health of our society.

Sincerely

ANS

WILLIAM THOMAS DYALL
921 SPENCER WAY
LOS ALTOS CA 94024
415 966 0299

28 June 1993

Ms Kristine Gebbie
c/o President William Clinton
White House
1600 Pennsylvania Ave
Washington DC 20501

Dear Ms Gebbie:

Congratulations on your appointment as AIDS Policy Coordinator. I hope you will include prevention in your agenda.

The information in the enclosed article from *First Things* amplifies my indignation: Firstly, at those who insist on pleasure even though it spreads contagious diseases, esp. HIV and AIDS; Secondly at those who insist that society should spend huge amounts of money to cure these diseases; Thirdly, at the contamination of the blood supply, and the resultant death of my friend Walter Singer, children with hemophilia, and many others (esp. in France).

It is time (past time) to reactivate the principles of old-time QUARANTINE. It worked in my childhood in the thirties--it will work again.

Perhaps better, it is time to encourage, even insist on, different behavior. The spread of AIDS would be drastically reduced if indiscriminate "penetrations" were eliminated.

Can Society dictate behavior? Can Society dictate morality? I say YES because Society should not waste money paying for the irresponsibility of anyone. Especially in amounts which exceed that spent on the major killer diseases.

Perhaps you will be the first to create a way to convey and emphasize the message of quarantine, discrimination and morality.

I have tried to compose slogans without being totally crude. I do not use the vocabulary used by school teachers of today, but I offer you a few anyway. You may use them or discard them.

What are your views? I anxiously await announcements of your policies and plans. I pray for your success.

Yours truly,

W. T. Dyall

P.S. I am a publisher of Christian spiritual works.
cy Correspondence Editor, *First Things*

ANTI-AIDS SLOGANS

PAPP
Prevent AIDS—Prevent Penetration
If you know neither your needle nor your partner.

C⁴ RULE
Copulation Creates Contagious Conflagration

NI-WOI
No introduction without an introduction.
Know the status of the needle and the body.

A Chapter Closing, Maybe

It seems that a small but not unimportant chapter may be closing in the culture wars. For years, gay activists have contended that AIDS puts everybody, homosexual and heterosexual alike, at risk. Medical authorities, on the other hand, have emphasized the behavior-specific nature of HIV infection and AIDS. The media strongly favored the first position. It had two chief advantages. First, it obscured, indeed attempted to deny, the fact that anybody might be responsible for getting AIDS. The disease was something that could happen to anybody, just sheer bad luck for the victims. Second, turning it into a pan-sexual epidemic justified "safe sex" programs in schools and elsewhere, providing an argument for the distribution of condoms and other measures implicitly normalizing sexual promiscuity.

Now, however, the scientific evidence has become so overwhelming that public authorities are emboldened to emphasize the need to "target" the fight against AIDS. This is happening even in New York, where a map of the city was recently published indicating the incidence of AIDS. Sections of the city where there are few or no cases are left white, sections with 400 to 1,000 cases per 100,000 adults are shaded gray, and those where there are 1,500 or more are rendered in black. It is a most revealing map. Better than half the city is white. Heavily black and Hispanic sections of the city are shaded gray, reflecting heavier drug use. Printed in black are Chelsea, SoHo, and Greenwich Village, the gay centers of the city. Most revealing, and most politically incorrect. One watches with interest to see whether the weight of facticity will change the media's coverage of AIDS as a plague that puts everybody at risk.

Lest readers be excessively cheered by evidence of a return to sanity, we note that New York City has again changed its policy with respect to sex clubs. There are dozens of these in the city, mainly male homosexual, and people go there to engage in, or to watch, group fellatio, sodomy, and sundry other perversities. There are S clubs and M clubs, and just about anything the imagination might conjure. These clubs are great places for spreading AIDS and other venereal diseases, as one might expect, and some years ago the city tried to close them. That, authorities decided, was futile. So now the city has adopted the policy of assigning "monitors" to the various clubs in order to encourage safe sex. Monitors—who presumably have an astonishing degree of erotic disinterest—are to watch the action very carefully. They have no enforcement powers, but they can, for example, point out to participants in the throes of erotic ecstasy that their condoms are slipping. (We are not making this up, either.)

One club advertises "HIV Positive Night." That's for men who are infected or, as hard as this may be to believe, want to become infected so that they will no longer have to worry about safe sex and all that. The assumption is, We're all dying anyway, so we might as well have a grand time while it lasts. It seems that that assumption is not so rare as one might think. An article in a gay publication, reprinted in the *Times*, quotes a man who explains that the least stressful condition for a gay man is to be newly infected with HIV. "I'm not going to have to live through fifty years of burying dead people. I've got another ten or fifteen years to go. Nothing's going to hit me for the next six years, and I don't have to worry about getting infected anymore."

Years ago, when AIDS was first being discussed, we were taken aback by the remark of an ordinarily

gentle friend. "It will not become a societal crisis," she calmly observed, "because they're going to kill each other off." It seemed then an unfeeling thing to say, and still does. And yet, by the time the disease runs its course or a cure is found, it is likely that hundreds of thousands of homosexuals will have died from it. Obviously, that constitutes unspeakable human suffering, as well as a devastating blow to a "gay community" that aspires to be the motor force of social-sexual revolution.

Many have remarked on the curious way in which a sector of the population bearing a deadly disease has been able to capitalize on tragedy in order to achieve acceptance and even approval. But now the dynamics may be turning. Less than a year ago, a *Times* reporter informed us that the little red ribbon indicating sympathy for gays had become more ubiquitous than the cross as a symbol of commitment. When—aside from the Academy Award presentations—was the last time you saw someone wearing the little red ribbon? There are other ribbons in the wind, so to speak.

We know that New York City is not America (and most readers may think it is too much of America), but the failure of gays and lesbians to be included in the St. Patrick's Day parade was a crushing defeat for them. As was the firing of Joseph Fernandez and the effective abandonment of "The Rainbow Curriculum" in the public schools. As was the informal national referendum, inadvertently actuated by President Clinton, on gays in the military. As is the above-mentioned decision to "target" AIDS prevention. As is the accumulating evidence that gays constitute a far smaller percentage of the population than Kinsey had suggested. We are prepared to entertain the possibility that those gay spokesmen are right who have said, sotto voce, that their movement is losing its momentum.

A key mistake was their confusion of tolerance and indifference. Americans want to be almost infinitely tolerant, but they are not indifferent to factors that bear upon their children, and homosexuality is inescapably about children, and grandchildren. That was the big jolt to gay activists in New York. They seemed utterly surprised that parents couldn't care less about what gays did on their own time, but they were not going to let them mess with their children. An additional, and grossly mistaken, assumption of the activists was that the more people learned about gays and homosexuality the more approving they would become. That has turned out to be, at best, a highly dubious assumption.

We are not about to suggest that the gay assault on the culture has come to an end. Far from it. The institutional, personal, and financial investment in this campaign is enormous, and the media support it has recruited seems almost unanimous. But there are ribbons in the wind. The self-confidence of the movement's leaders, the arrogant supposition that they represent the inevitable course of progress, has been deeply shaken. It is not impossible that in the not too distant future gay activism as we have known it will have taken its place in the history of popular culture along with wife-swapping and "open marriages." People will still commit adultery, and Greenwich Village and San Francisco will still have their sex clubs, but few people will mistake such things for the wave of the future. In the shadows of society, subcultures will flourish in their way, but nobody will mistake them for the culture. Except, of course, in academe, where the rages of yesteryear are deeply institutionalized in ever-proliferating special studies departments.

We are not saying that the general cultural shift is going to happen. We certainly are not saying that it has happened. We are saying that it is not impossible. And that we thought you might want to know, especially if this is the day of the week on which you are tempted to think that the jig is up in the culture wars. (Our days of temptation are Tuesday and Thursday. The above item was written on Saturday.)

FT

W. T. DYALL
921 SPENCER WAY
LOS ALTOS, CALIFORNIA 94024

Main
#03D08

NAPO Document Control Slip

NAPO Number : 7062 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/11/93 Refer'd Date : 8/11/93 Int Due Date : 8/11/93 Ext Due Date : 8/11/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/11/95 Disposition : DESTROY Final Date : 8/11/93 Document Loc : MAIN-03D08

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Wahsington State : DC Zip : 20500
On Behalf Of : To : WILLIAM DYALL

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

921 Spencer Way - Los Altos, California 94024

********** 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	8/11/93	8/11/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Esther Coello
1035 Grand Concourse
Bronx, New York 10452

Dear Ms. Coello:

Thank you for your interest in responding to the HIV epidemic. I am sorry that your attempts to get more formal education in this area have not as yet been successful.

There are many opportunities, however, for concerned health professionals to assist in AIDS service and prevention activities. The AIDS Office of the New York City Department of Health, should be able to refer you to such agencies in your area.

Best wishes to you in your efforts.

Sincerely,

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

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Sincerely,

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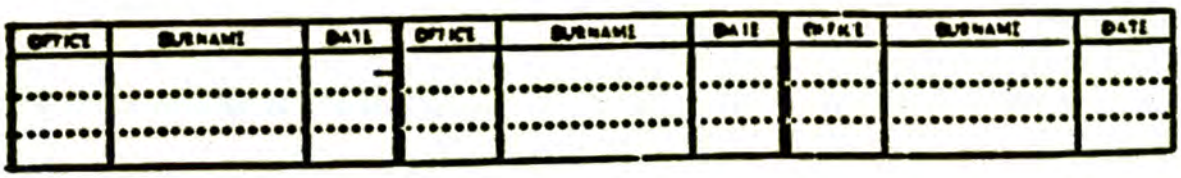
National AIDS Policy Coordinator

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

FILE COPY



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Best wishes to you in your efforts

Sincerely

ANS

Esther Coello

1035 Grand Concourse
Bronx, N.Y. 10452

June 26, 1993

Dear Ms. Gebbie:

I wish to congratulate you on your appointment with the Clinton cabinet. A nurse represents all of us. Understanding pain may be a rather large order but nurses understand that. I wish you great endeavor and success. Please accept the enclosed letter as an example of one nurses' (Puerto Rican nurses know about epidemics I feel sure) encounter with an HIV/AIDS Program in the NYC area.

Unmistakably the minorities, whether laymen or professional, may be apportioned last and the hurting stretched farthest.

Is there some research or writing or travel I can do? I'd be most happy to do it. Someone should be visiting labs and universities where AIDs work is being done. If so I remain

Most Cordially

Esther Coello R.N (Bellevue '52),
B.A. San José State University '76

Esther Coello
1035 Grand Concourse
Bronx, N.Y. 10452

June 20, 1993

Dear Mrs. Rodham Clinton,

I greet you on this beautiful Sunday in the hope you and your family is well and sheltered by faith in that hope.

I write because I see a morass of conflict in this need for laws to balance payee-payer-payment. This short story I will relate may make clearer for you where the hispanic vote on the East coast will go when the law becomes a fact.

For the entire 1993 plus half of 1992 I struggled with a determination to return to school (Columbia-Presbyterian School of Nursing) at age 62 I had earned an RN diploma, two years at Conservatory, New South Wales, Australia, two years Berkeley, CA, Bachelor of Arts San José State University, CA. Now a HIV/AIDS program would afford me a Bachelor of Science and a M.S. in Nursing.) Dr. Gilsdorf, Dr. Doddato, Dr. Antonini all top administrators at the School of Nursing assured me of such a chance.

Two weeks ago these same stalwart ladies, whose encouragement I took to be sincere, turned me

Esther Coello
1035 Grand Concourse
Bronx, N.Y. 10452

down- Their reason was scrappy. "We had so many who answered. We had to choose only so many." Had they gone one step further they would have quieted all my doubt. They could have said, "The Hispanic quota was well-filled from sources west of here where Nursing schools are filled with Mexican-Americans graduating in May." Now such a possibility would make a 62 year old, 1952 Bellevue graduate not look good. Right? What indeed makes the rejection look bad is that at this age the commitment to seek higher education is made carefully and responsibly. It is the older person to whom responsibility matters. The young graduate enters HIV/AIDS Program probably for pay. There certainly would be few, young or old, who enter this necessary nursing for honor. Some but not many.

You would be well aware of how much illness crosses borders. We Hispanic, professional people are very conscious of this both with Aids And T.B. and even venereal carriers. If Nursing Schools do not fulfill quotas that covers all the languages most necessary to the needs than there are needs that worsen. I don't care how Ivy league a school the monumental demand of disease control is

Esther Coello
1035 Grand Concourse
Bronx, N.Y. 10452

more important than the necessity to produce pretty young graduates without serious commitment.
While this is not my first brush-off in nursing (this is my fifth. The first one was in Australia. The head nurse could not reconcile my brown face, my white sneakers and a diploma better than her own.) The second was in Kentucky. I withstood against segregated wards in Paducah, although I was so green and really unread, I thought I was only meeting a patient's request for greater comfort. The fifth was in Hyland Sanatarium in Sunnyvale, CA. The authorities felt I wasted a sheet of paper!)
In effect there is a waste of hispanic personnel throughout these United States which will have to be uncovered. Because in the 50's only two hispanics finished at Bellevue I would guess of the six-seven other schools it would come to fourteen in 50's. In the 90's the approximate graduating number who are hispanic would be 224! Columbia could not possibly have fulfilled the quota of even 2% with this number of graduates in New York or even the state alone who may have graduated 1000. A program called HIV/AIDS doesnot draw the best of students. Particularly since the 16 month program was for those who had not made their B.S. in Nursing. This was the hitch. While I consider myself an excellent student now the ones who would be asked

Esther Coello
1035 Grand Concourse
Bronx, N.Y. 10452

into the program must be less sophisticated but not as committed as I, no way! It has taken years to develop my disciplines, my confidence under pressure, even a sense of calm I have worked to achieve. In all a program called Hiv/Aids would have not a great deal to teach. I felt sure I had more to give to such a program than the program stood to teach me. That is the reason I opted for such a program.

Permit me to tell you mrs. Rodham-Clinton the distribution of monies is the most important factor affecting medical practice. Schools are not yet lecherous with regard to how they pay but I feel sure that always the most promising, the more committed are not the ones administrators pick and choose. They choose and pick only where no conflict will affect that thing called recognition which determines the endowement.

So from where you are endowement may not be the fulcrum it is to my views. It may be the constant.

Forgive me. I write a lot. It's a bad habit. Too late to change-

I wish you so much blessed luck.

My best of regards to the President and your family.

Most Sincerely
Esther Coello RN, B.A.Arts

Esther Coello
1035 Grand Concourse
Bronx, N.Y. 10452

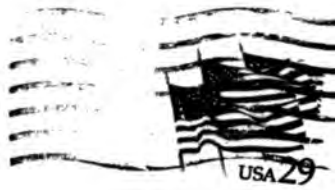
P.S.
This book seems to be a determining factor in AID's improvement.

DR. Ambrose's "Nothing But a Cry"

Read it only on a full tummy. It is a very difficult emotional experience. Try reading it by the brook or seashore or near a loving forest. Protection is necessary.

E.C.

Esther Coello RN, BA
1035 Grand Concourse
Bronx, N.Y. 10452



Ms. GEBBIE, DIRECTOR AIDS ADMINISTRATION
WHITE HOUSE
1600 PENNSYLVANIA AVENUE
WASHINGTON D.C. 20500

Main
#03D08

NAPO Document Control Slip

NAPO Number : 7061 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/11/93 Refer'd Date : 8/11/93 Int Due Date : 8/11/93 Ext Due Date : 8/11/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/11/95 Disposition : DESTROY Final Date : 8/11/93 Document Loc : MAIN-03D08

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

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

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

1035 Grand Concourse - Bronx, New York 10452

********** 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	8/11/93	8/11/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Andrea Croker
171 Deepwood Drive
Portland, Maine 04101

Dear Ms. Croker:

Thank your for writing, and thank you for your efforts to provide good HIV prevention information to your peers at Williams College. The wide-spread dissemination of accurate information and peer support for behavior modification, founded on sound information are critical parts of our effort. I am very supportive of finding ways to continue and expand them.

Options available to you after graduation include career choices not only in education at any level, but also in many citizen/volunteer roles such as work through an AIDS service organization, or work with a local school district to support comprehensive health education.

Best wishes to you in the future.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Andrea Croker
171 Deepwood Drive
Portland, Maine 04101

Dear Ms. Croker:

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Best wishes to you in the future.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Ms Croker

Thank you for writing, & thank you for your efforts to provide good HIV prevention information to your peers at William College. The wide spread dissemination of accurate information and peer support for behavior founded on sound information are critical parts of our effort. I am very supportive of finding ways to continue & expand them.

Options available to you after graduation include career choices in education at any level, but also include many college / volunteer roles such as work through an AIDS service organization, or work with a local school district to support comprehensive health education.

Best wishes to you in the future

Sincerely

AWS

Andrea Croker
171 Deepwood Drive
Portland, ME 04101

Ms. Kristine Gebbie
White House
Washington, D.C. 20510

Dear Ms. Gebbie:

I was encouraged to hear that President Clinton has appointed you as "Aids Czar," to coordinate the Federal Government's response to the epidemic. I hope that you will prove to be less of a czar, however, and open to working with young people who are closest to the sources of the problem. I am a senior at Williams College and have a sincere interest, along with many college students, in fighting this disease through the education of our country's youth. While continuing to spend more and more money on research will not gaurantee a cure anytime soon, investing in the sexual education of our young people cannot fail to yield positive results. Regardless of parents' efforts to keep their children uninformed, until students are given accurate information on contraception, teenage AIDS incidents and pregnancies will continue to soar. It is naive to expect that high school students will stop having sex. If students are denied accurate information, the conflicting messages encountered through the media, music, movies, and friends will build on the dangerous myths and misconceptions Americans of all ages hold. I do not doubt that you are not aware of the pressing need for better sex education in schools. What I want to know is how you are planning to address this issue while working within the Clinton administration.

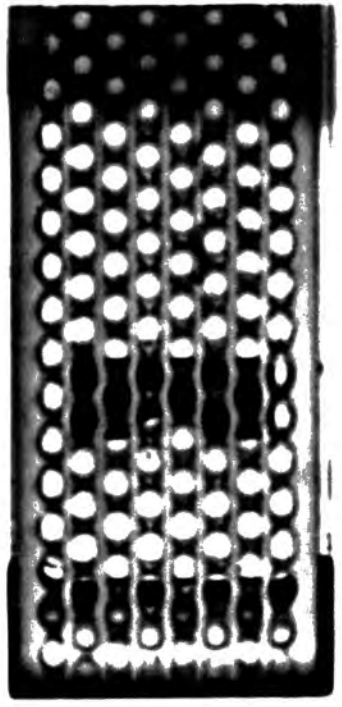
At Williams, one of my most valuable experiences has been serving as a Peer Health educator; through this organization I learned all I could about sexual issues, including sexually transmitted diseases, pregnancy, contraception, and rape. I gained much insight and satisfaction by sharing this knowledge with my peers. Shocked at how uninformed even college students are about their sexuality, I was driven to explore sexual education in schools. I am currently working on an independent study that involves designing a sexual education program for high schools which concentrates on communication, between partners, parents, and peers. After experimenting with the program in several neighboring public schools, I hope to get involved further in advocating and implementing sexual education in high schools. Do you have any ideas for young college graduates, like myself, who recognize the need to take practical steps in teaching children how to avoid AIDS? I appreciate your responding to me, then, with your plans concerning sexual education and how I may become involved. Thank you very much.

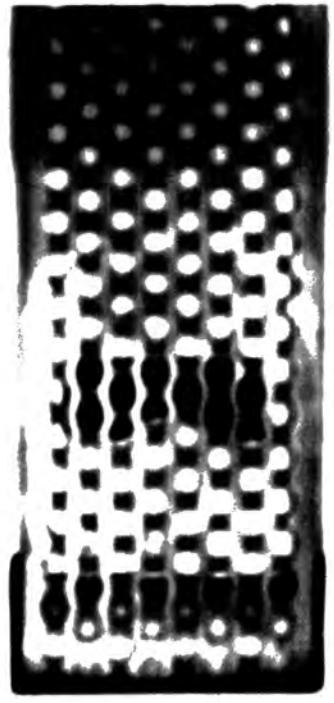
Sincerely,

Andrea Croker

Marcel Crozier
P.O. Box 654
Rangeley, ME 04970

Ms. Kristine Gebbie
The White House,
Washington, D.C.
20510





Main
#03D08

NAPO Document Control Slip

NAPO Number : 7060 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/11/93 Refer'd Date : 8/11/93 Int Due Date : 8/11/93 Ext Due Date : 8/11/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/11/95 Disposition : DESTROY Final Date : 8/11/93 Document Loc : MAIN-03D08

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

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

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

171 Deepwood Drive - Portland, Maine 04101

********** 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	8/11/93	8/11/93	

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Joy DeLange
Mr. Sidney Klein
340 South Mesa #202
San Pedro, California 90731

Dear Ms. DeLange and Mr. Klein:

Thank you for the birthday wishes. I appreciate your interest in the success of my efforts to coordinate a national response to the AIDS epidemic.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Joy DeLange
Mr. Sidney Klein
340 South Mesa #202
San Pedro, California 90731

Dear Ms. DeLange and Mr. Klein:

Thank you for the birthday wishes. I appreciate your interest in the success of my efforts to coordinate a national response to the AIDS epidemic.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Mrs DeLauro & Mr Klein

Thank you for the birthday wishes. I appreciate your interest in the success of my efforts to coordinate a national response to the AIDS epidemic.

Sincerely

I thank my God upon every remembrance of you.

Philippians 1:3

July 4, 1993

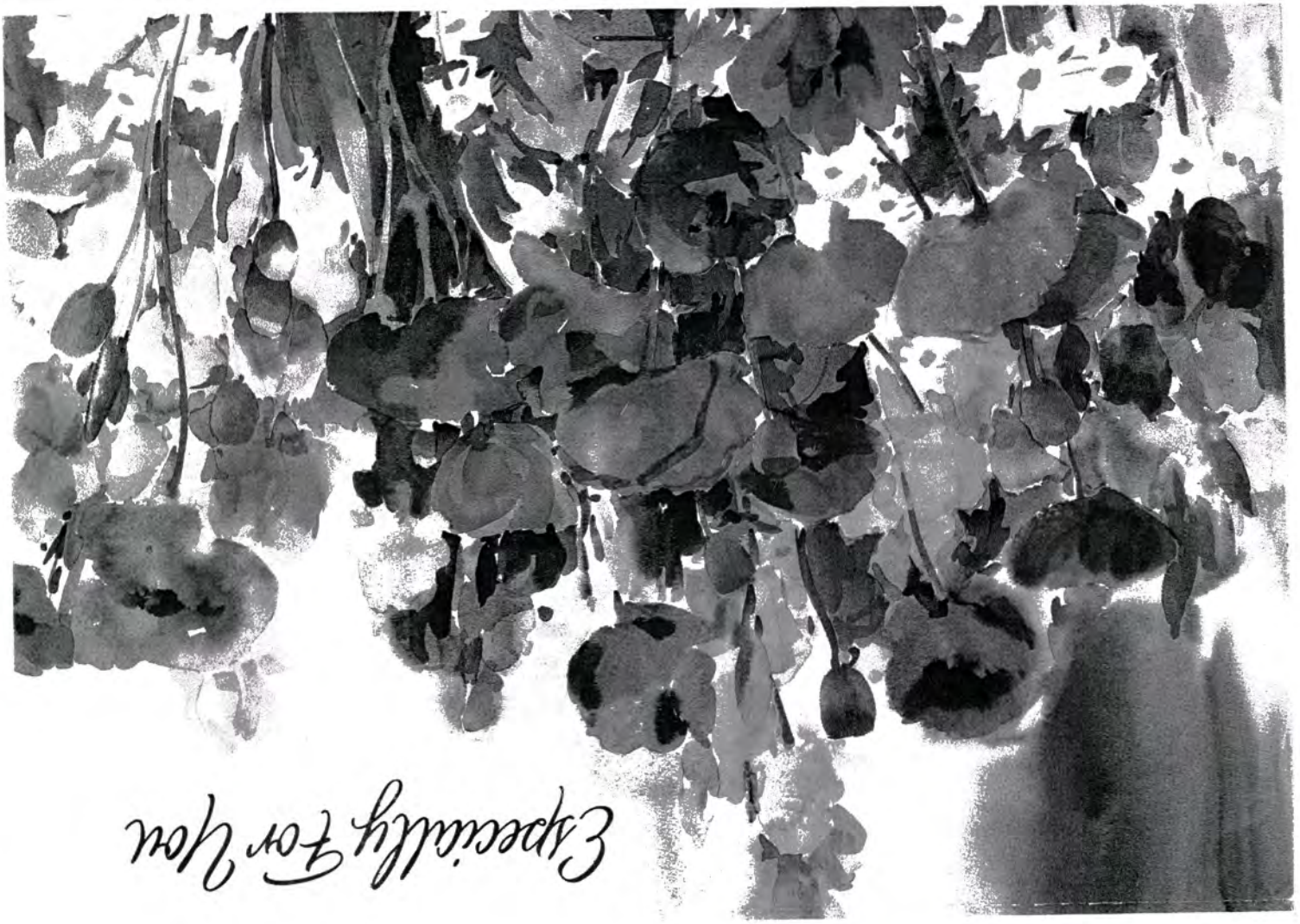
Dear Ms. Kristine Debbie,

Hope your day was as special as you are...
Sorry I missed it.

Happy Belated Birthday!

Bless all your new plans in the year ahead. May they include healing morals the only way to end AIDS!

Incidentally the "Gay Rights Bill" is the most disgusting bill ever before our government. It okays sexual abuse okaying sex perversion not God's plan for us. (over)



2

May your plans in Washington DC
be those of cleanliness, dearheart.

With Special Care,
Joy de Lange
Sidney Klein ee

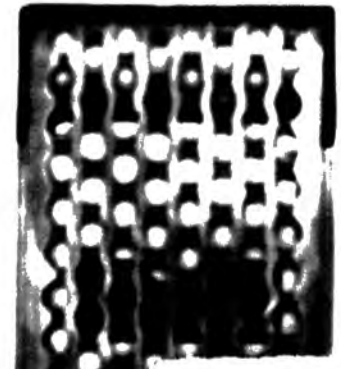
new, 8 year, undergrad.

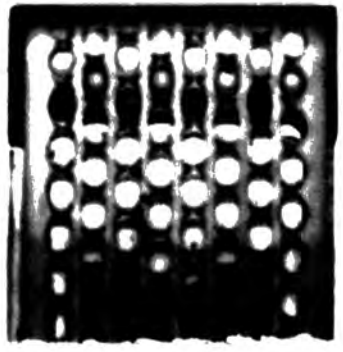
Olympia
SALES INC.
Enfield, CT 06083
Made in U.S.A.

Watercolor
by Mary Elizabeth LoPiccolo

E-3015
3-522-4BDL(S)

150X





[redacted]

LONG BEACH CA 908 43
PM
8 JUL
1993

NR

Ms. Kristine Debbie
AIDs Administrater
The White House
1600 Penn. Avenue
Washington DC 20500

TAKING ACTION IN GOOD AND GODLY DEEDS REVOLUTIONARY NOW BRINGS JOY AND ADMIRATION

From The Underground
God's holy people
God's chosen people
Leaders of WORLD PEACE

Special personal

Main
#03008

NAPO Document Control Slip

NAPO Number : 7059 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/11/93 Refer'd Date : 8/11/93 Int Due Date : 8/11/93 Ext Due Date : 8/11/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/11/95 Disposition : DESTROY Final Date : 8/11/93 Document Loc : MAIN-03D08

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

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

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

Mr. Sidney Klein - 340 South Mesa #202 - San Pedro, California 90731

********** 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	8/11/93	8/11/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Dotty Lagesse
P.O. Box 202
Kankakee, Illinois 60901

Dear Ms. Lagesse:

Thank you for writing. I am very aware that hospice care is an essential, cost effective part of care services for HIV infected persons and others. I strongly support inclusion of hospice services in care programs.

Best wishes to you in your services to the people of Illinois.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Ms. Dotty Lagesse
P.O. Box 202
Kankakee, Illinois 60901

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Thank you for writing. I am very aware that hospice care is an essential, cost effective part of care services for HIV infected persons and others. I strongly support inclusion of hospice services in care programs.

Best wishes to you in your services to the people of Illinois.

Sincerely,

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

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Ms. Lagesse -

Thank you for writing. I am very aware that hospice care is an effective, and cost effective, part of care services for HIV infected persons & others. I do strongly support inclusion of hospice services in care programs.

Best wishes to you in your services to the People of Illinois

Sincerely

ANS

Hospice of Kankakee Valley Inc.

P.O. Box 202
Kankakee, Illinois 60901
(815) 939-4141

June 26, 1993

Dear Coordinator Gebbie,

Hospice is part of the answer to healthcare reform and AIDS care that I as Exectutive Director of Hospice of Kankakee Valley would like you to take into account.

The Health Care Financing Administration determined hospice care to be 32% more cost effective than traditional care for the terminally ill. Hospices keep people at home where most want to be and where costs are lower than institutionalization (hospital and/or nursing home). Many hospices are frugal nonprofits, utilizing volunteers for much of the care (5 million hours donated by lay and professional hospice volunteers add to cost effectiveness) AND empowering families to provide care for their loved ones.

The goal of hospice care is to control the pain and symptoms of the terminally ill and enable them to remain in their home with loved ones. In the past year more than 7,000 patients and their families have received hospice care in Illinois, their families supported through the difficult processes of death and bereavement by 75 licensed Illinois hospices. When there is no longer hope for cure, we emphasize care, switching from "high tech" to "high touch" to humanize the dying process. **Dying AIDS patients need and deserve access to hospice care.**

In order to continue the cost effective care provided by hospices, the direction of national health care policy should continue to include hospice in its benefit package, with increased funding for care of AIDS patients, who continue to increase in number. **Hospices need appropriate funding to continue their cost-effective, humane care of AIDS patients.** We are not reimbursed adequately by Medicaid in Illinois, and very few (2%) patients qualify for Medicare. Charity care to sometimes costly AIDS patients by small hospices such as Hospice of Kankakee Valley could be lethal to our small organization--We **want** to care for terminally ill persons with AIDS, and deserve adequate reimbursement...

Hospice care provides a unique and valuable role in the health care system by providing high quality, cost effective, comprehensive care to the terminally ill. Please support hospice as a separate and **essential** element to be included in any "basic benefit package". Thank you for your time and considerations. (Please call at your convenience with questions or to visit our Hospice-815 9394163; 657 E. Court St., Kankakee IL).

Sincerely,

Dotty Lagesse

Dotty Lagesse
Executive Director

Hospice

- Provides sensitive hands-on care for dying people and their loved ones.
- Helps families learn how to manage pain and symptoms, and provide comfort.
- Furnishes 24 hour on-call help of nurses, and counselors.
- Supports the family emotionally by helping family members and patient deal with any unresolved issues and cope with feelings.
- Provides special bereavement care for the family for up to 13 months.

A special kind of caring

- Reduces financial stress on the family.
- Accepts Medicare, and private insurance.
- Serves people regardless of their ability to pay, race, color, ethnicity, gender, religion, sex, age, disability or background.
- Arranges for medical equipment, medications, and medical services.
- Provides connections with community service agencies.

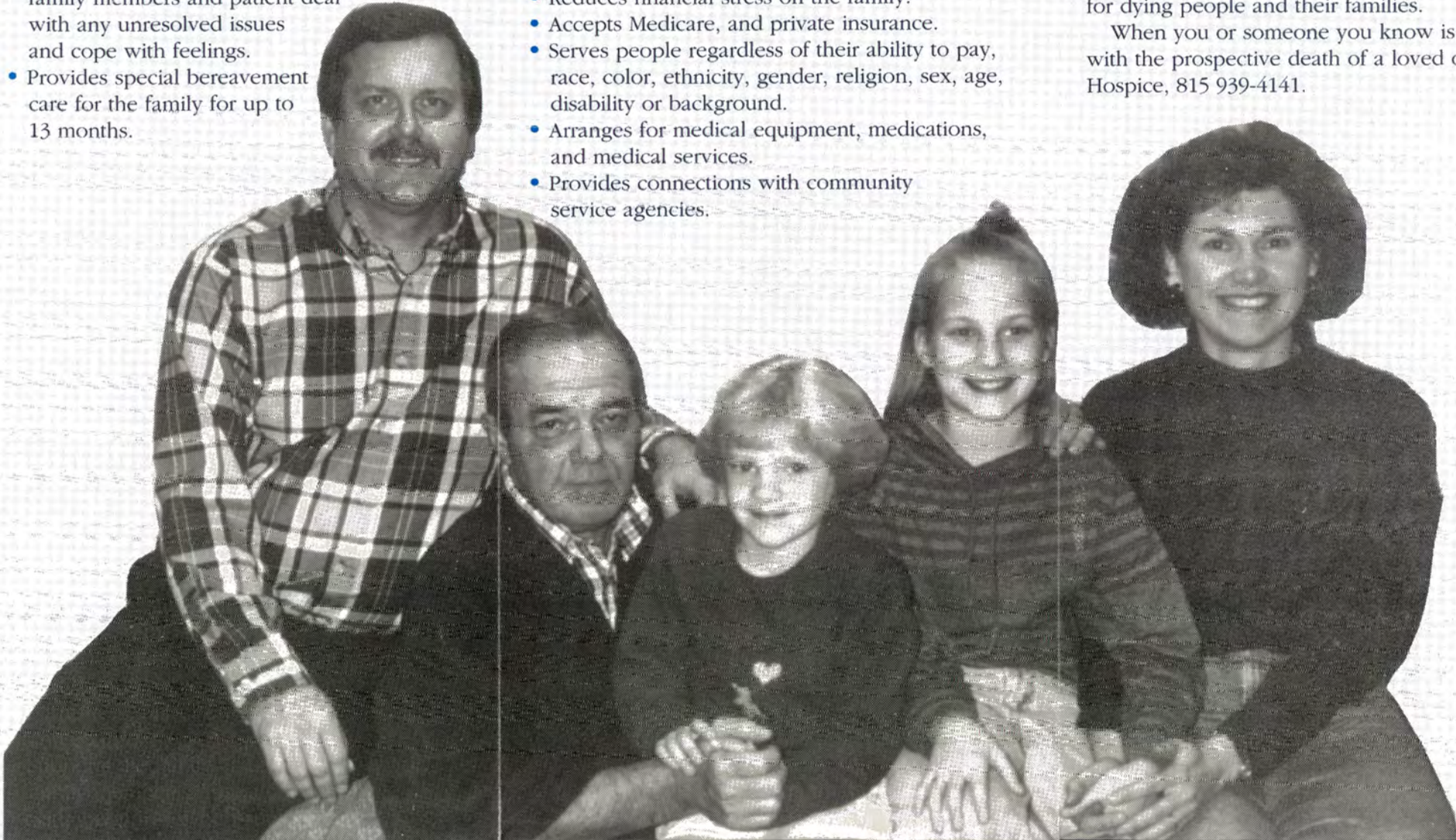
Hospice

of Kankakee Valley

The Hospice Team:

Nurses, physicians, home health aides, volunteers, spiritual counselors, and social workers all working together with families to provide compassionate, home-centered care for dying people and their families.

When you or someone you know is faced with the prospective death of a loved one, call Hospice, 815 939-4141.



Hospice's mission is to provide compassionate physical, emotional, spiritual and social support to terminally ill individuals and their families, in a manner that maintains the dignity and independence of the person and family. We provide hospice services regardless of ability to pay. THANKS to the generosity of area individuals, businesses, clubs, churches, the United Way of Kankakee County, Riverside Medical Center, St. Mary's Hospital, Memberships, Memorials, bequests and special events.

Hospice
a special kind of caring

of Kankakee Valley

P.O. Box 202
Kankakee, IL 60901-0202
815-939-4141

The United Way

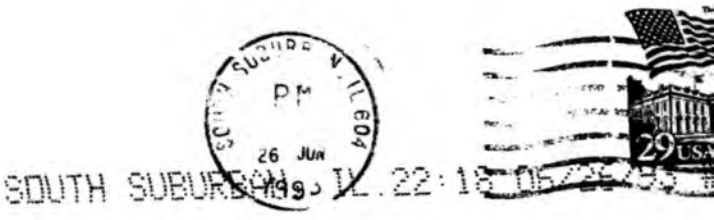
Hospice
of Kankakee Valley P.O. Box 202 Kankakee Illinois 60901-0202

NON-PROFIT ORG.
U.S. POSTAGE
PAID
KANKAKEE, ILL.
PERMIT NO. 16

Hospice
a special kind of caring

of Kankakee Valley

Hospice of Kankakee Valley Inc.
P.O. Box 202, Kankakee, Illinois 60901



PLEASE FORWARD TO CORRECT OFFICE
Kristine Gebbie
AIDS Policy Coordinator
c/o Executive Office of the President
WASHINGTON DC 20503

main
#03D08

NAPO Document Control Slip

NAPO Number : 7056 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/11/93 Refer'd Date : 8/11/93 Int Due Date : 8/11/93 Ext Due Date : 8/11/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/11/95 Disposition : DESTROY Final Date : 8/11/93 Document Loc : MAIN-03D08

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

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

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

P.O. Box 202 - Kankakee, Illinois 60901

********** 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	8/11/93	8/11/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. A. Auerbach
Aravaipa Associates, Inc.
Design and Manufacturing
P.O. Box 256
Oracle, Arizona 85623

Dear Mr. Auerbach:

Thank you for writing. I agree that condoms will continue to be a major part of our efforts to stop the spread of HIV infection.

Both the National Institutes of Health and the Centers for Disease Control and Prevention are conducting research on improved barrier methods. You many wish to contact them, as well as continue your efforts with manufacturers.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. A. Auerbach
Aravaipa Associates Inc.
Design and Manufacturing
P.O. Box 256
Oracle, Arizona 85623

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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:\auerback

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Dear Dr ~~Bud~~ Auerbach

Thank you for writing. I agree that condoms will continue to be a major part of our efforts to stop the spread of HIV infection.

~~I would~~ Both the National Institutes of Health & the ~~Be~~ National Centers for Disease Control & Prevention are conducting research on improved barrier methods. You may wish to contact them, as well as continue your efforts with manufacturers. ~~If you have~~

Sincerely

END 9

Aravaipa Associates Inc.

Design & Manufacturing

P.O. Box 256 Oracle, Arizona 85623 USA Phone (602) 896-9037

June 28, 1993

Ms. Kristine Gebbie
Aids Policy Coordinator
Washington, DC

Dear Ms. Gebbie:

Until a vaccine for AIDS proves practical, condoms will continue to be one of the major defenses.

I have a patented improvement in condoms that has been discussed with several public health physicians, who agree it is the first basic improvement in many years, and could make condoms both more effective - up to 50% more effective - and more popular. And it would add almost nothing to the cost.

But I have had no success with the current manufacturers, and what I hear is that it is because they have an easy market today and hence are not interested in change.

Considering the threat from AIDS, it seems almost criminal to ignore such an improvement for purely commercial reasons. In fact, I would forego royalties on condoms made for free distribution by governments and public agencies.

Let me know if you wish more information and a sample.

Sincerely,

A. Auerbach

A. Auerbach

A. A. Inc.
PO Box 256
Oracle AZ 85623

Ms. Kristine Gebbie
AIDS Policy Coordinator
c/o Office of the President
Washington DC 20500

Main #103008

NAPO Document Control Slip

NAPO Number : 7055 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/11/93 Refer'd Date : 8/11/93 Int Due Date : 8/11/93 Ext Due Date : 8/11/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/11/95 Disposition : DESTROY Final Date : 8/11/93 Document Loc : MAIN-03D08

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

From : KRISTINE GEBBIE Title : DIRECTOR Organization : ONAPC
Address : City : Washington State : DC Zip : 20500
On Behalf Of : To : A. AUERBACH

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

Aravaipa Associates, Inc. - Design and Manufacturing - P.O. Box 256 - Oracle, Arizona 85623

********** 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	8/11/93	8/11/93	

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. Damon F. Dunaway
Post Office Box 33380
Baltimore, Maryland 21218

Dear Mr. Dunaway:

Thank you for your heartwarming letter and the copy of the survey you have developed as an empowerment tool for those in your community suffering from life threatening, debilitating diseases, such as HIV infection and AIDS. I am moved by your generosity of spirit and your determination to make a contribution to fighting the HIV/AIDS epidemic. I would be interested in knowing the results of your "FAX SURVEY".

I am forwarding your letter and survey book to the National AIDS Information Clearinghouse to make it available as a model for others. Best wishes in your efforts.

Sincerely,

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

cc: NAIC

THE WHITE HOUSE

WASHINGTON

August 2, 1993

Mr. Damon F. Dunaway
Post Office Box 33380
Baltimore, Maryland 21218

Dear Mr. Dunaway:

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National AIDS Policy Coordinator

cc: NAIC

Prepared by: APO: JMessore: gw: 7/28/93: 690-5471: b:\dunaway

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

-AWS

Mr. Damon F. Dunaway
Post Office Box 33380
Baltimore, Maryland 21218

Ms. Kristine Gebbie
A.I.D.S. Policy Coordinator
A.I.D.S. PROGRAM OFFICE
200 Independence Avenue S.W. # 738-G
Washington D.C. 20201

July 9, 1993

Dear Ms. Gebbie

My name is Damon F. Dunaway I am a severely multiply handicapped black man living on a fixed income in Baltimore Maryland who helps people living with H.I.V. and, A.I.D.S. empower themselves, get much needed emotional support and, get the health care services they need in some cases using the surveys found in the enclosed booklet as a telephone interview process I can do from home when my condition permits. I am not a rich person but, yet I wrote this book because, I felt my inner city community and, our nation's people sorely needed an empowerment tool like this survey that serves to remind poor, minority and, forgotten people that they have a right to quality health care and, a good quality of life despite their H.I.V. or, A.I.D.S. diagnosis. I did not write this survey or, write this letter to you in the hope of making tons of money. Instead I wrote this survey booklet in the true hope that this could be part my ongoing contribution to helping enhance socital empathy for all H.I.V. positive human beings while, working to better the quality of life for people living with H.I.V. and, A.I.D.S. through self assessment and, personal empowerment. I envision this survey booklet that I have enclosed and, hope to publish soon not as a cure all but as one more valuable tool an arsenal of responses to be used in our shared the fight against H.I.V. and, A.I.D.S. I envision the enclosed survey booklet and, my "SURVEY FAX" concept as empowerment, education and, consciousness raising tools that will help some disenfanchasized poor, minority and, forgotten people on the margins of society to re-establish the strong abiding sense of self esteem, self control and, self worth that will make them want to follow doctors instructions, use safer sex practices, I. V. needle practices which builds on an personal unselfish hope of a new drug free life focused future for themselves, their families and, our society.

I envision this survey booklet as a shining light on our shared path toward our mutual goal of fighting H.I.V. and, A.I.D.S. that asks the world to join us in our life focused drug free personal unselfish human growth promoting struggle until we are victorious against this killer virus plaguing everyone in our world. If you share my vision to help empower poor, minority and, forgotten people with the words contained in this enclosed survey booklet then, please feel free to call me at (410) 323-0728. If you have any criticisms, ideas, comments or, suggestions about what you have seen in my booklet please do not hessistate to call me anytime at the above telephone number. Please note that I have enclosed a copy of the survey booklet similar to the one I eventually hope to publish. Do you think it is appropriate to publish the enclosed survey booklet and, offer the, "SURVEY FAX PROGRAM" described within to people living with H.I.V. and, A.I.D.S.in our nation as an empowerment and, feedback tool. I created and, use the enclosed survey as a telephone interview tool where I enter the findings into a computer as a means to help empower people living with H.I.V./A.I.D.S. I also use the survey data to provide quality of care ratings and, other feedback to professional, governmental, medical, human service, technical, support staff people or, other organizations dedicated to fighting this virus while offering the hand of humanizing compassion, education and, help to everyone in our world who is must become an active caring member in our global war to promote human life by fighting H.I.V.

Please look at the survey booklet and, associated inspirational material very carefully and, read if possible the sections about my, "SURVEY FAX CONCEPT" because, I am in the midst of preparing a version of the enclosed booklet for publication by the, "Dorrance Subsidy Publishing Company" called, "DO YOUR OWN H.I.V. / A.I.D.S. SURVEY Volume 1 in the marketplace. This booklet is intended to be both an empowerment tool for people living with H.I.V. and, a feedback / relationship rapport strengthening, open communication enhancing, educational, empathy building tool in society, a feedback mechanism for doctors, health care professionals and, other support service specialist's who care for or, care about people living with H.I.V. and, A.I.D.S. Ms. Gebbie when I publish an updated version of this enclosed survey booklet for sale to the general public it is my sincerest hopes that it might in no small part help you in reaching your goals as A.I.D.S. Policy Coodinator. If my book has a proper valid and, valuable place in your strategy to fight H.I.V. and, A.I.D.S. that you have been charged by our nations government with leading then please buy all needed copies when it is published by writing Dorranace Publishing Company, 643 Smithfield Street, Pittsburgh PA 15222 or, call the publishers at, Area Code (412) 288-4543. Ms. Gebbie if in your considered opinion you honestly feel my book does not have a place in your fight against H.I.V. always remember that I told you of its existance only because, we are on the same team in our fight against H.I.V. and, my offer of true support and, encouragement made to you still stands without regard to any decision you make about the book. Ms Gebbie due to my severe handicaps it would be very difficult for me to visit you in Washington D.C. however if by the unlikely chance you were truly interested in any aspect of this survey, my "SURVEY FAX" concept or, any other issue raised in my book please understand that I and, all I have is at your complete disposal.

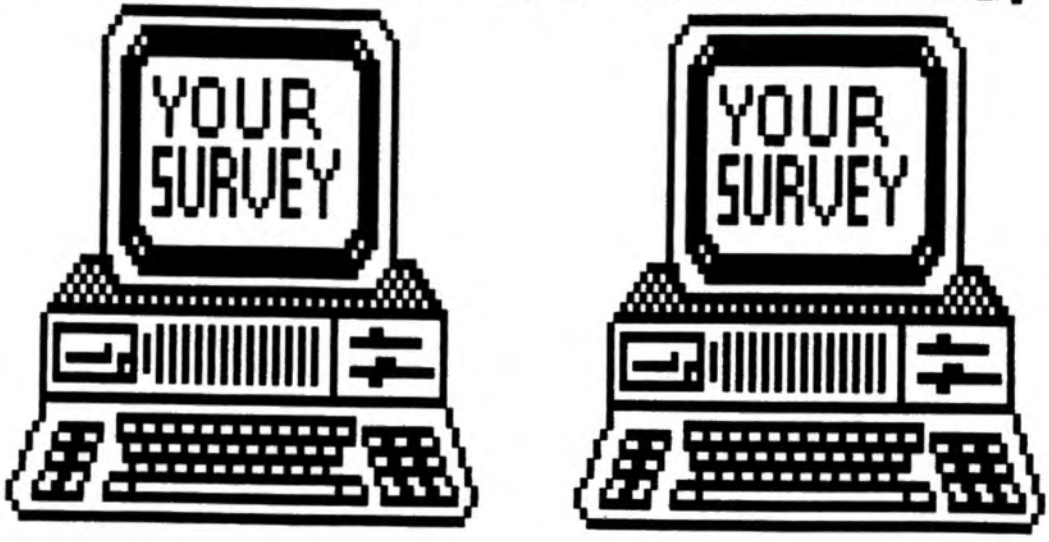
Ms. Gebbie despite my multiple and, severe disabilities I offer myself to help your cause in any way possible because, the war against H.I.V. and, A.I.D.S. is a war that must be joined by all members of our human society and, no individual regardless of handicap or, other excuse can ever afford to sit in idle silence while this H.I.V. pandemic continues its murderous romp across our world. In closing you have the hard road ahead of you of trying to balance the good you can do against the political and, social realities imposed upon you by the collective H.I.V. related fear, ignorance and, indifference of some in our nation that will sometimes feel as if it were aimed at you alone as the one visable focal point that is attempting to educate the uninfected people in our society and protect people living with H.I.V. and, A.I.D.S. yet, all I can offer you for your effrorts is my undying love, graditiude, thanks, support and, admiration for taking what has to be one of our nation's newest's and, most difficult but rewarding job. Please endure with the grace, strength determination and, uncommon dignity I am sure you possess deep in parts of yourself you have not yet discovered because, you will need those reserves of strength you will find when the unpopular but moral, humane and other difficult decisions have to be made by you. In all you do as A.I.D.S. Policy Coordinator please give our entire nation including its people living with H.I.V. or, A.I.D.S. and, those who are in need of proper H.I.V. education resources your unqualified best in terms of committed prayer, love, professionalism, strength, guidance and, hope then go home and, sleep secure in a job well done because, this is the only recipe for long term emotional survival that works well in Washington D.C. Live secure in peace, love and joyous giving always.

Yours In Sincerest Respect
Mr. Damon F. Dunaway

Damon F. Dunaway

P.S. I'm just plain old, "Damon" to my friends of which I hope you now number.

This book of self empowerment, self assessment and, survey tools designed to help People Living With H.I.V. and, A.I.D.S. is dedicated with respect to Dr. Joseph Jacques a tireless worker and, advocate in the struggle to instill in others a true abiding sense of self empowering H.I.V. related education, understanding, empathy, compassion, hope and, action that both guides and, encourages poor, minority, forgotten people, organizations or, others in the fight against A.I.D.S. by using his unique vigor, honor, candor, humor and, dignity that can rebuild the human self esteem of all who honestly desire to live life to its fullest despite their H.I.V. or, A.I.D.S.diagnosis.

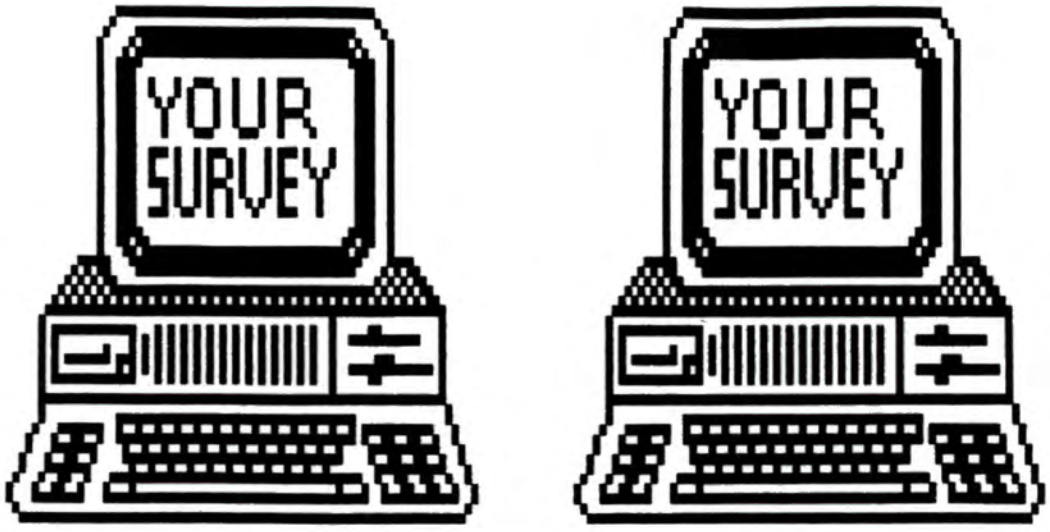


How Are You Treated By Society & Others
Now That You Are Living Daily With H.I.V. ?
Rate The Health Care & Support You Get !
Is Enough Being Done By All In Society ?
Rate Society On Its H.I.V. Compassion !
This & More Can Be Answered By Filling Out

DO YOUR OWN H.I.V. / A.I.D.S. HEALTH CARE & HUMAN SERVICES QUALITY ASSESSMENT SURVEY

DO YOUR OWN H.I.V. / A.I.D.S. HEALTH CARE & HUMAN SERVICES QUALITY ASSESSMENT SURVEY

THE SURVEYS CONTAINED IN THIS BOOK WERE ORIGINALLY PART OF A SATISFACTION SURVEY I DEVELOPED IN MY HOME TOWN TO HELP PEOPLE LIVING WITH H.I.V. THE SURVEY'S YOU SEE IN THIS BOOK ARE NOT MUCH CHANGED FROM THE COMPUTERIZED TELEPHONE BASED INTERVIEW SURVEYS I DID IN MY HOME TOWN SO PLEASE EXCUSE AND, IGNORE ANY STATEMENT ASSERTION, ASSURANCE OR, DIRECTIVE IN ANY PART OF THE SURVEY BOOKLET THAT SEEMS OUT OF PLACE... ALSO I WROTE A POEM AND, INCLUDED A FEW WORDS OF ENCOURAGEMENT IN THIS BOOK BECAUSE, WE ALL NEED LOVE.



YOUR SURVEY IS A SELF ASSESSMENT TOOL THAT CAN BE USED AS PART OF YOUR COMMITMENT TO PROMOTE BETTER H.I.V. RELATED HEALTH CARE & HUMAN SERVICES BY CREATING POSITIVE SOCIETAL ATTITUDES THAT GIVE PEOPLE LIVING WITH H.I.V. RENEWED STRENGTH, DETERMINATION AND, DIGNITY WHICH RESTORE A SENSE OF SELF WORTH. IN TIME THE SURVEY MIGHT HELP TO FORTIFY A LEVEL OF SUSTAINED SELF WORTH THAT MIGHT ALTER THE SELF HATING / SELF DESTRUCTIVE BEHAVIORS SOME H.I.V. POSITIVE PEOPLE ARE USING TO DEFINE THEMSELVES AS WORTHLESS

YOUR SURVEY CAN BE A QUALITY ASSESSMENT TOOL FOR H.I.V. CARE !

THAT ALLOWS DOCTORS, PATIENTS, CLINICS, HOSPITALS, HEALTH DEPARTMENTS, PARENTS, BUSINESSES, GOVERNMENT AGENCIES, H.M.O.s, H.I.V. SUPPORT GROUPS, NURSING HOMES, H.I.V. HUMAN RIGHTS ADVOCACY GROUPS, H.I.V. HUMAN SERVICE ORGANIZATIONS, DRUG ABUSE RECOVERY CENTERS, HOSPICES, SCHOOLS, CHURCHES, MEDICAL PROFESSIONS, LAWYERS, CLERGY, H.I.V. EDUCATORS & MORE TO DESTROY H.I.V. MYTHS SO SOCIETY CAN BEGIN BUILDING ON A STRONG FOUNDATION OF SUPPORT FOR PEOPLE LIVING WITH H.I.V. THAT IS BASED ON EMPATHY, COMPASSION & ACTION.

YOUR SURVEY CAN BE A H.I.V. CARE QUALITY ASSESSMENT TOOL

THAT PROMOTES OR BETTERS COOPERATION, TEAMWORK, SELF ASSESSMENT OF H.I.V. CARE, EMPLOYEE H.I.V. EDUACTION, SELF ESTEEM, SENSITIVITY / CONSCIOUSNESS RAISING, H.I.V. BASED CONSENSUS BUILDING, EMPATHY, ASSERTIVENESS TRAINING, POLITICAL ACTION, CONSISTENCY IN H.I.V. HEALTH CARE QAULITY, OPEN LINES OF COMMUNICATION, TRUE LOVE, ACTS OF COMPASSION / EMPOWERMENT, STAFF TRAINING/ASSESSMENT ACTIVITIES OR, PROPERLY DEFINED OFFICE PROCEDURES, THAT WILL HOPEFULLY FORM A LASTING SENSE OF SHARED COMMITMENT TO H.I.V.+ PEOPLE !

SHOW YOUR FAIRNESS IN ALL YOU EVALUATE !

Doctors & Health Care Professionals Are Usually Good People Who Want To Be Helpful If You Are Willing To Talk To Them And, Give Them A Chance To Resolve Any H.I.V. / Care Issue You Face So Please Use The Survey As A Tool That Fosters Positive Relationships Of Personal Human Growth For All Involved.

My name is, "**Damon**" I am not H.I.V. positive. While not H.I.V. positive I have been fighting a battle with a progressive auto-immune disease that has an active viral component to its make-up and, it has been and, is slowly destroying my immune system as it has for the past 33 years. Some have suggested to me and, others might privately think that because I am not H.I.V. positive that I do not know the joy, pain and, reality of living with a chronic debilitating disease that attacks the immune system. The things I wrote about below are lessons I have learned during my 33 years of battles with my own disease process and, I think it can teach much to those willing to put away their H.I.V. positive biases and, allow a kindred soul to walk with them in their H.I.V. related struggles. I feel we have much we can teach each other. Even though I am not H.I.V. positive I feel we as immune-suppressed people are made stronger because of my thirty-three plus years of living with my own debilitating auto-immune disease. I have learned to live with the many disappointments and, many stays in hospitals due to auto-immune related illnesses long before H.I.V. was known about. I have seen or, dealt with many good doctors and, not so good doctors over my thirty three years of living with an auto-immune disease that constantly threatens to kill me while simultaneously weakening my immune system every chance it gets. I ask each of you to evaluate in your hearts the message of what I wrote below and, if you can still say I or, my illness is irrelevant to your daily struggles with H.I.V. & A.I.D.S. then I will accept your judgement as valid.

The Rewards Of Personal Selfishness For People With H.I.V. & A.I.D.S

When you are able bodied life is about giving to others in the form of unselfish deeds done in the service of those in your life or, community who will benefit from the strengths you have to offer.

However when you get very sick life is about sharing yourself with close family and, friends in an unselfish full and, complete way without any reservation so that even in your worse sickness those who love you the most can still draw the strength needed to survive after having been made, more beautiful for the experience you being a part of their lives.

If you can not give to others by the most difficult act of sharing yourself with close family and, friends who still love and, need you because you look awful in your own eyes then you automatically reclassify as mere testimonials to your own selfish needs and, desires the many acts of caring and, kindness you have shown in the past. The act of sharing yourself fully and, gladly with your family and, friends when you are sick, burdensome and, ugly in you own sight is an act of boundless unselfishness like the act of boundless unselfishness Jesus demonstrated when he chose to share salvation with all humanity by dying on the cross for our sins. When you are at your sickest and, ugliest in your own mind is exactly when the act of sharing access to yourself with those close family and, friends who are part of your life becomes the most subtle yet powerful gift you have left to give to your friends and, family and, it should not be wasted because of mere human vanity or, pride that will pass into the never-land of idle, mindless, forgetfulness soon enough.

If you allow the love and, caring shown to friends and, family in the past to become testimonials to yourself then you are guilty of building an alter of personal selfishness and, pride that forces you to become an idol who is forcing their family and, friends to worship an idealized human god whose former glory is frozen and, cold. If you allow the love and, caring you've shown to friends and, family in the past to become testimonials to yourself then you become a callous distant arrogant stone idol or, lifeless god figure who is already dead because, living friends and, caring family are forced make excuses to look upon, talk to or, remain near enough to share their love with you. You pervert and, destroy the entire loving past you had built turning it instantly into an alter of personal selfishness that commands your family and, friends to look upon the former prideful, youthful, powerful, virile, dynamic, socially active you that is forever locked in the past like on the face of a cold hearted idol or, a statue trapped in human memory that is meant to be worshipped.

You set yourself apart from the family and, friends who love you as an idol sitting on an alter of selfishness whenever you command your friends to look at you only as you existed in the past and, remember you only as the far more worldly and, active person you were instead of encouraging them to concentrate on the much more human task's of caring about, loving and, committing to memory the still beautiful person you are right now. The commands, "**Remember me as I was when I felt great and, my strength, beauty, self control and, self esteem were at their peak and, do not remember me as I am today weak and, in need of your constant love and, caring**" these are the commands a false idol or, god would give their worshippers and, not words a loving human being would say to their closest family or, friends. What do sick people who build idols of their past selves for their friends to cherish get for all their trouble if they are entirely successful at forcing friends and, family members to worship the past glory of a person who H.I.V. has made ugly if only in their own minds eye.

Well while your friends are out pretending to worship the statue you built for them so you could be remembered at what you consider was your personal best you will find yourself sitting alone with only the devils suicidal thoughts to keep your company and, in a silent part of your heart you will yearn for the touch, love and, companionship of those close family members and, friends you have exiled. You will not be happy unless you share yourself with close family and, friends. Your friends will not be happy unless their access to you is unfettered by your personal selfishness, vanity and, pride. No one will be happy with your decision to cut yourself off from your supportive family and, friends except for those bigots in society who secretly hope in their twisted minds that every single H.I.V. infected individual or, Person With A.I.D.S. suffers a painful lonely existence until death makes it too late for them to share anything human with anyone who even remotely cared for them. These are the rewards of personal selfishness for H.I.V. positive people and, People With A.I.D.S. who fail to grow during their lifetimes. No matter how hard their physical or, emotional state might make the battle to be fully human the rewards of personal selfishness even in its most benign forms is a lonely death that satisfies only the bigots of the world who hate those with H.I.V. or, A.I.D.S. by celebrating every moment of their lonely vigil.

DEFINING A RETREAT TOWARD PERSONAL GROWTH PROMOTING VICTORY
(The Meaning Of Living Each Day With H.I.V. Or, A.I.D.S.)

In the name of Jesus Christ I leave these ole burdens of life behind,
As I retreat within myself to find,

The forgotten me life has left so tattered, torn and, jaded,
The true me GOD always loved and, I only thought I hated,

Fighting H.I.V. or, A.I.D.S. alone is a thought that really scares,
When what I need most is proof people in society with me really care,

H.I.V. is a condition where a frightened world in sickness makes you start a frantic revue,
To determine if the words human being ever rightly applied to you,

In pain I often contemplate an existence as a friend, addict, gay lover, husband or, wife,
But I need most a caring world's guidance that always reminds me of the value in my own human life,

Living with H.I.V. & A.I.D.S. certainly left its terrible string,
But my H.I.V. infection shows also the power a little unself love can bring,

I enter the Satisfaction Survey so even if this ole H.I.V. ravaged body of mine is not spared,
I will know my most enduring gift to all humanity will be my lifetime's wisdom and, H.I.V.experiences shared,

Author: Mr. Damon F. Dunaway of Baltimore Maryland.....

This is a poem of that attempts to offer love and, hope to all people living with H.I.V. and, A.I.D.S. will at least use the Satisfaction Survey as an empowerment tool that builds your confidence up in speaking to doctors, nurses and, other members of society and, other service providers who help you to live with H.I.V. The Satisfaction Survey is my way to help people living with H.I.V. to restore a sense of personal human growth promoting dignity and, control over their lives by giving them a book of questions and, rating systems that I hope will serve as a constant reminder of what they have every right in the world to expect and, demand as fully human beings who deserve and, need help offered in compassionate humane ways. The price of living with H.I.V. should not be paid at the terrible expense of stripping H.I.V. positive people of their remaining dignity so they can get health care and, community support. The cost of living with H.I.V. in terms of health care and, emotional support is a price all society must help pay together by investing ourselves in the person who must live with H.I.V. We are called upon by our commitment to love, humanity and, society to invest our support, caring, time, compaasion, talents and, strengths into people living with H.I.V. or, A.I.D.S.

I feel the vital essence of all love is embodied in the active actions we take individually to protect, promote and, defend even the weakest human life. I never felt the vital essence of human love was ever embodied by the cold calculated callousness of passive indifference like the type we show to people living with H.I.V. or, A.I.D.S. on a societal level. Love is an active vital life focused force while death is a passive doscile death focused force. Fear of H.I.V. or, A.I.D.S. NEED NOT STOP YOU FROM HELPING IMPROVE THE QUALITY OF LIFE OF PEOPLE LIVING WITH H.I.V. OR. A.I.D.S. because, love is embodied in whatever you, "can do to help others living with H.I.V." and, only those caught of in experiencing their own H.I.V. based pain to the exclusion of all else will blame you if you reached out to help people living with H.I.V. in targeted areas that did not provoke or, enhance your H.I.V. based fears.

An open letter to those H.I.V.+ people who have joined my Satifaction Survey Team.

WHAT TO DO IN THE ABSENCE OF A CURE IS CALLED,....LOVE

In the absence of a cure for H.I.V. and A.I.D.S. love strengthened by an understanding that breeds a committed devoted empowered compassion is indeed the best medicine for all people living with H.I.V. and, A.I.D.S. Empowered commited educated active love is however the one medicine today which remains in painfully short supply within general human society and, world community. My Survey asks people living with H.I.V. and, A.I.D.S. are they Satisfied with this situation of true humanizing love of our communities, familes, friends and, co-workers being the medicine in shortest supply. My SURVEY asks all H.I.V.+ people to tell me how SATIFIED you are with the quality of love you receive as an H.I.V.+ person from every part of our health care, social support, human services and, government maintenance agencies. My SURVEY asks H.I.V.+ people to tell me how SATISFIED they are with the quality of love our society gives, as they measure and, rate it by the level of caring, empathy, joy, professionalism and, commitment differing people bring to their job performance / personal relationship when they interact with you as a fully human H.I.V.+ positive individual in family, friendship, social, professional or, employment situations.

IN THE ABSENCE OF A CURE, "HOW SATISFIED ARE YOU"

My SURVEY'S ask HOW SATISFIED ! are you personally with the quality of love your doctor, nurse, family friends, support personnel and, government routinely give you as a person living daily with H.I.V.or, A.I.D.S. in our society this is why, I called this a, SATISFACTION SURVEY. Sendng my Satisfaction Survey back to become a permanent record of how you were treated by society. Sending my satisfaction survey back with its, "SIGNED, WITNESSED AND, DATED PAGE 3 is another chance for you to tell the world just exactly how you feel about the quality of love those whp were and, are a part of you life responded during your fight to keep the dignity of a fully human being while struggling to meet the challenges of living each day with H.I.V. or, A.I.D.S. in todays sometimes hostile society. Send back any part of a completed Satisfaction Survey whenever you feel you have something inportant to say about the quality of love, care or, support you experienced in society as a part of your continuing challenge and, struggle to live to the fullest extent humanly possible with H.I.V. or, A.I.D.S..

Yours In Respect: Damon F. Dunaway

Unified Systems Of Alpha
Data Base Survey & Drug Free Recovery Program

This 57 Page Booklet Called, "Human Services Satisfaction Survey For H. I. V. Positive People - Unit 1", Is A Copyrighted Work Comprised Of The Six Different Surveys Which Are Named Below,

The Following Material Named Below Is Protected By,

GENERAL INFORMATION SECTION - HUMAN SERVICES / NEEDS SATISFACTION SURVEYS

[OUTPATIENT SATISFACTION SURVEY]

EMERGENCY ROOM (E/R) SATISFACTION SURVEY

PRESCRIPTION DRUG DOSAGE MONITORING SURVEY

911 / PARAMEDIC-EMT EMERGENCY TRANSPORT SATISFACTION SURVEY

ALLIED HEALTH / SPECIALTY SERVICE RATINGS COMPONENT OF SATISFACTION SURVEY,
Client Visit Report Form, A Survey For Specialty Care / Helping Professions

[**WARNING TO ALL PARTIES USING OR, BUYING ANY PART OF THESE SURVEY SYSTEMS**]

THIS SURVEY IS NOT A SUBSTITUTE FOR MEDICAL ADVICE OF YOUR QUALIFIED FAMILY PHYSICIAN OR, APPROPRIATE HEALTH CARE SPECIALIST / PROFESSIONAL. THIS SURVEY SHOULD NEVER UNDER ANY CIRCUMSTANCES WHATSOEVER BE USED AS A REPLACEMENT FOR ADVICE AND JUDGEMENT OF YOUR MEDICAL PROFESSIONAL BECAUSE, THE NATURE OF H.I.V. TREATMENT STRATEGIES AND, MEDICAL KNOWLEDGE IS A FAST CHANGING / EVOLVING MEDICAL SCIENCE. THIS SURVEY SHOULD NEVER UNDER ANY CIRCUMSTANCES WHATSOEVER BE USED AS A REPLACEMENT FOR ADVICE AND, GUIDANCE OF YOUR MEDICAL PROFESSIONAL BECAUSE, THE INDIVIDUAL COURSE OF YOUR H.I.V. INFECTION OR, A.I.D.S. CONDITION CAN VARY GREATLY POSSIBLY CAUSING YOUR DOCTOR TO REJECT SOME BUT, NOT ALL OF THE INFORMATION ELEMENTS FOUND IN THIS BOOKLET. **THIS SURVEY IS NEITHER DESIGNED OR, INTENDED TO BE USED AS MEDICAL ADVICE...THIS SURVEY IS ONLY MEANT TO FOSTER HONEST / EMPOWERED / ENLIGHTENED DIALOGUE BETWEEN PATIENT AND, HEALTH CARE PROVIDERS / SUPPORT SERVICE ORGANIZATIONS.** H.I.V. AND A.I.D.S. REQUIRE A GREAT DEAL OF HARDENED BLUNT SPEAKING DEDICATION THAT IS, ONLY ACHIEVED BY THE TYPE OF EMPOWERMENT WHICH ONLY RESULTS WHEN THE PEOPLE WHO ARE INFECTED OR, OTHERS HELPING THOSE WE LOVE WHO ARE INFECTED HAVE A BOOKLET THAT FRAMES THE REAL LIFE ISSUES, FEELINGS AND, THE REAL NEEDS OF PEOPLE WHO LIVE WITH H.I.V. AND, A.I.D.S. IN THIS SOCIETY. THIS BOOK HOPES TO PROVIDE ITS READERS WITH A BASIC FRAMEWORK FOR CATALOGING OR GETTING TOUCH WITH THE MANY DIFFERENT REAL LIFE EVERYDAY ISSUES, RESPONSIBILITIES, PAINS, NEEDS AND, FEELINGS SO THEY CAN MAKE THE MOST OF THEIR TIME WITH DOCTOR'S AND, SUPPORT SERVICE ORGANIZATIONS.

THIS BOOK HOPES TO PROVIDE ITS READERS WITH A BASIC FRAMEWORK FOR CATALOGING OR GETTING TOUCH WITH THE MANY DIFFERENT REAL LIFE EVERYDAY ISSUES, RESPONSIBILITIES, PAINS, NEEDS AND, FEELINGS INVOLVED IN THE PROCESS OF LIVING WITH H.I.V. SO THEY CAN BECOME ACTIVE FORCE TO IMPROVE THE BASIC HUMAN, POLITICAL, SOCIAL LIFE OF PEOPLE WHO ARE LIVING EACH DAY WITH H.I.V. OR, A.I.D.S. I HOPE MY SURVEYS WILL BE A CATALYST FOR CHANGE AND, ENLIGHTENMENT IN THE LIVES OF BOTH PEOPLE LIVING WITH H.I.V. / A.I.D.S. AND, PEOPLE IN SOCIETY IN GENERAL THAT SPAWNS A COMING TOGETHER IN UNDERSTANDING AND LOVE THAT PROMOTES EMPATHY AND, COMPASSION. MAJOR AMONG THE GOALS OF THESE SURVEYS IS MY HOPE TO HELP PEOPLE LIVING WITH A.I.D.S TO SAY TO THE WORLD THAT THEY ARE INDIVIDUAL HUMAN BEINGS NOT GARBAGE OR, STATISTICS. THESE SURVEYS ARE MY ATTEMPT TO MAKE THE DAILY STRUGGLE TO GET HEALTH CARE, SUPPORT SERVICES AND, DEAL WITH SELF ESTEEM ISSUES FACING PEOPLE LIVING WITH H.I.V. / A.I.D.S. REAL TO THE AVERAGE UN-INFECTED PERSON IN OUR SOCIETY.

IN TODAYS SOCIETY, THE AVERAGE PERSON UN-INFECTED BY H.I.V. IS STILL FAR TOO INDIFFERENT TO THE HUMAN NEED FOR THEIR BASIC CONSISTENT LOVE, COMPASSION, TOUCHING, WARMTH, CONVERSATION, FRIENDSHIP AND, REASSURANCE MANY PEOPLE LIVING WITH H.I.V. AND, A.I.D.S. ARE STARVING FOR. I HOPE MY SURVEYS PROMOTE A SOCIETY WHERE NO PERSON LIVING WITH H.I.V. HAS TO FACE EACH DAY IN THEIR COMMUNITY OR, WORK PLACE AS, A HUMAN BEING ISOLATED, ALONE AND, STARVING FOR THE COMMONPLACE UNIFIED SOCIETAL DEMONSTRATIONS OF, BASIC CONSISTENT LOVE, COMPASSION, TOUCHING, WARMTH, CONVERSATION, FRIENDSHIP AND, REASSURANCE THAT TYPICALLY GREET PEOPLE WHO INFORM FRIENDS OF LIFE THREATENING DISEASES OTHER THAN H.I.V. OR, A.I.D.S. AFTER WE OVERCOME THE MASSIVE AND, PAINFUL INDIFFERENCE SOME GROUPS OF UN-INFECTED PEOPLE INTENTIONALLY OR, UNINTENTIONALLY DIRECT TOWARD PEOPLE LIVING WITH H.I.V. AND, A.I.D.S. ONLY THEN, WILL WE BE ABLE TO CONSIDER OURSELVES MEMBERS OF A TRULY HUMANE NATION. HOPEFULLY MY SURVEYS WILL GIVE PEOPLE WITH H.I.V. OR, A.I.D.S. AN OPPORTUNITY TO USE THEIR OWN WORDS TO TELL PEOPLE ABOUT THEIR DAILY STRUGGLES PAINS AND, JOYS IN WAYS THAT WILL HUMANIZE THIS DISEASE IN THE MINDS OF ALL IN SOCIETY.

MY MOTIVE IS ALSO TO FACILITATE LOVE OF SELF IN ALL ITS MANY FORMS IN THE LIVES OF PEOPLE LIVING WITH H.I.V. / A.I.D.S. BY ASKING QUESTION'S DESIGNED TO HELP H.I.V. POSITIVE PEOPLE DEFINE OR, RECOVERING ADDICTS RE-DEFINE THEMSELVES AS VALUABLE HUMAN BEINGS IN A SOCIETY. HELPING PEOPLE LIVING WITH H.I.V. / A.I.D.S. TO FOCUS ON WAYS TO LOVE THEMSELVES, FIND OUT WHY THEY DO NOT LOVE THEMSELVES OR, FIND OUT WHAT H.I.V. RELATED ISSUES OR, PAIN ARE AFFECTING THEIR LIVES IN WAYS THEY MIGHT NEED TO SEEK PROFESSIONAL MEDICAL, MENTAL HEALTH, DRUG ABUSE / ADDICTION AND, SUPPORT SERVICE HELP TO RESOLVE. I HOPE THESE SURVEYS ACT AS A TOOL PEOPLE NOT INFECTED WITH H.I.V. WILL USE TO EXAMINE THE LEVELS OF H.I.V. DRIVEN INDIFFERENCE OR, PAIN IN THEIR HEARTS SO THEY CAN WORK IN TANGIBLE MEANINGFUL EFFECTIVE WAYS ON FOCUSING AND, ENHANCING THEIR ABILITY TO SHARE THEIR LOVE, COMPASSION OR, SUPPORT IN THE LIFE OF A PERSON LIVING WITH H.I.V. OR, A.I.D.S. H.I.V. IS NOT A DEATH SENTENCE IT IS INSTEAD A PRISON SENTENCE THAT FORCES SOME PEOPLE LIVING WITH H.I.V. TO HIDE THEIR H.I.V. RELATED SECRETS AND, PAIN. H.I.V. IS NOT A DEATH SENTENCE IT IS INSTEAD A PRISON SENTENCE WHERE SOCIETY USES ITS INDIFFERENCE AND, OUTRIGHT BIGOTRY AS A WEAPON AIMED AGAINST PEOPLE LIVING WITH H.I.V. IN AN ATTEMPT TO ISOLATE THEM IN A PRISON OF LIFELESS LONELINESS WHERE SPIRITUAL DEATH OCCURS, HUMANITY DIES AND, HOWEVER THE HEART CONTINUES TO BEAT AND, ONLY A SHELL OF THE PERSON REMAINS. THIS IS WHY I FIGHT TO HELP ALL PEOPLE IN SOCIETY FACING LIVING WITH H.I.V.

GENERAL INFORMATION SECTION - HUMAN SERVICES / NEEDS SATISFACTION SURVEYS

If we are to succeed in improving the quality of your health care so that it nears the best service humanly possible, we need to fully document the type of care you receive during every visit you make to a doctor, dental or, specialized service appointment(s). You do not have to tell us who you are. However since we might uncover some serious shortcomings relative to your care which you might want to be made aware of, we therefore suggest that you identify yourself. Also to properly define the quality of care you receive many of the surveys had to be very long if they were to be most effective as agents for positive change in our health care system. It is highly unlikely we will finish some of the longer surveys during one phone call, making it vital that I have some means by which I can contact anyone of us who might mistakenly forget to complete a survey that they started. I must be able to contact anyone on the survey list because, it is absolutely vital that we have completed surveys in our records that show we are serious about fighting to get the quality health care and, support services you deserve. All computerized records we make will hopefully work to keep the names, addresses and, phone numbers of all participants confidential. The computerized record we make here is intended only to document the quality and, accessibility of health care services our medical system has seen fit to give H.I.V. positive human beings. We will never knowingly give out the names, addresses or, phone numbers of participants in this computerized satisfaction survey system.

Database Entry Code: _ _ _ _ _ **Data Entry Time:** _ _:_ _ _ _.M.

Your Date Of Birth: ___/ ___/ ___ **Are You A, Male:**___ **Or, Female:** __

You Must Be 18 Or Over To Enter This Survey FAX Data Base,.....

I DAMON DUNAWAY AM NOT A MEDICAL PROFESSIONAL AND, THUS I MAKE NO IMPLIED OR INFERRED PROFESSIONAL CLAIMS OR GUARANTEES CONCERNING USEFULNESS, FITNESS, DEPENDABILITY OR VALUE OF THIS SYSTEM AS A HEALTH PRESERVING, LIFE PROLONGING AND, GOAL ENHANCING TOOL FOR ANY OF ITS ORGANIZATIONAL OR INDIVIDUAL USERS. THESE SURVEYS ARE NOT DESIGNED, INTENDED TO SERVE AS AND, MUST NOT BE USED OR DEPENDED UPON AS ANY FORM OF MEDICAL ADVICE WHATSOEVER...THESE SURVEYS ARE ONLY MEANT TO FOSTER HONEST / EMPOWERED / ENLIGHTENED DIALOGUE BETWEEN H.I.V. POSITIVE PEOPLE AND THEIR HEALTH CARE PROVIDERS/SUPPORT SERVICE ORGANIZATIONS

This computerized record you make here can be checked on or, added to anytime you want by calling here and, accessing your records. When you first supply your database number you are showing an intent to freely create a survey record of your medical experiences in hopes that what is learned will allow or, force the health care community to make a dedicated and, informed effort to enhance the general quality of the health care available to clients who have H.I.V., A.I.D.S. and, related conditions. Medical professionals, media and, other's in positions to enhance the quality of care for people living with H.I.V. or, A.I.D.S. will see the results of your surveys with only a code number attached so no people who are now or, were past participants in this, "**Satisfaction Survey System**" are identified. We share only raw statistical information with those outside of our survey system. By activating your survey code number and, voluntarily supplying a re-counting of your personal experiences and medical challenges as a person living with H.I.V. or, A.I.D.S. you understand that you are giving informed consent to, "**Damon**" or, "**Members Of Unified Systems Of Alpha**" group to collect and, store the pain, wisdom and, hope of your life in his computer system. All survey information will be read to you to insure that the story it tells is one told by you in your own words so that others in our society can learn from lessons you teach us all as a H.I.V.+ person. Thank-You in advance for having the strength to reveal your need for humane medical care, compassion, caring and, hope that you are, sharing with the world about yourself by answering any surveys. You fully concent to "**Damon Dunaway**" using "**Satisfaction Survey**" data you supply as a tool to let you publicly share any medical, societal or, other important life experiences you feel accurately, convincingly or otherwise show where better H.I.V. care or services are needed while hopefully remaining anonymous. You fully concent to "**Damon Dunaway**" using, "**Satisfaction Survey**" data as a tool to let you publicly share any medical, societal or, other important life experiences you feel accurately, convincingly or, otherwise show how resources could be more effectively targeted to address issues and, reach populations ill served at this time by current H.I.V. health care and, outreach programs, methods, activities or, philosophies while hopefully still being able to keep your "name, address and, phone number confidential

You First Entered Database System On The Date Given Below,.....

_____ __ __, __ __ __ __

Funding To Help You Must Be Aimed At The, H.I.V.+ Persons Sex Partner's:__

Homosexuals/Bi-Sexual's:__ I.V. Drug Abusers:__ H.I.V.+ Homeless People:__

Specify Other:_____

Please Put A Check Mark Beside Any Surveys You Are Interested In Completing:

__ General Information Survey

__ Outpatient Satisfaction Survey

__ Ambulance & Paramedic Survey

__ Emergency Room Satisfaction Survey

__ Hospital Admissions Survey

__ Inpatient Satisfaction Survey

__ Drug Dosage Monitoring Survey

__ Drug Abuse 8 Stages Of Recovery

__ Medical / Services Visit Report

__ Primary Care Giver Rating Surve

__ Survey For Active Drug Abusers

__ Survey For Recovering Addicts

__ Pulmonary / Systemic TB Survey

__ Mental Health / Housing Survey

1. Your First H.I.V. Testing Experience With Medical Professionals Revealed,

__ You Tested Positive For Exposure To H.I.V. Virus Without Having A.I.D.S.

__ You Met Medically Defined Criteria For Having Full Blown A.I.D.S. Disease

2. Date Your First H.I.V.'Positive Diagnosis Was Made, __/ __/ __ Guess:__

3. Were Counseling Services And, Support You Received Before And, After The First Diagnosis Of Your H.I.V. Positive Status Or, A.I.D.S. Both Adequate And, Properly Designed To Humanely Meet The Unique Needs, Concerns Or, Circumstances That Define Your Everyday Life,..... Yes:__ No:__

4. Were Appropriate Social Support, Medical / Service Care Referrals To Doctors, Medical Assistance, Social Security Disability, Mental Health Counseling, Peer Support Groups, Special Nutrition Classes, Coping Skills Workshops Or, Safer Sex Education Information Offered By Those Who First Diagnosed Your H.I.V.+ Or, A.I.D.S. Related Condition(s),. Yes:__ No:__

5. Where Was Your First H.I.V. Diagnosis Made, **Red Cross Notification:__**

Drug Treatment Center:__ **Hospital Test:__** **Public Health Department:__**

Anonymous H.I.V. Testing Site:__ **Doctor Visit / Clinic Appointment:__**

Other Specify: _____

6. Did You Have To Ask Health Care Provider For H.I.V. Test,... **Yes:__** **No:_**

7. Did Health Care Provider Offer/Suggest You Get H.I.V. Test,. **Yes:__** **No:_**

8. If You Are **An Active Gay Man** Or, **I.V. Drug Abuser** You Also Have A Greater Hepatitis A, B Or C. Infection Risk,.... Have You Received The Following, **Hepatitis Virus Antibody Test:__** **All Appropriate Hepatitis Vaccines:__** **Test Was Positive For Prior Exposure To Hepatitis "B" No Vaccine Given:__**

9. Would You Like To Complete A Chemical Drug Abuse Survey,.... **Yes:__** **No:_**

10A Were You Delayed In Finding Out Your H.I.V. Positive Status Because A Doctor Or, Other Health Care Professional Inferred, There Was No Need To Test Since You Do Not Belong To Any Known High Risk Groups, **Yes:__** **No:_**

10B If Any Health Care Provider Actively Resisted Testing You For Exposure To The H.I.V. Virus That Causes A.I.D.S. Then Specify The Reasons You Were Given By This Medical Professional,.....

_____

11A Due To H.I.V. / A.I.D.S. Related Weakness Or, Illnesses, Do You Need Help With Basic Household Chores, Errands, Shopping, Food Preparation, Life Management Or, Living Skills Development,..... **Yes:__** **No:_**

11B List Or, Explain Below The Type Of Household Help Or, Support Services You Need Due Current H.I.V. Or, A.I.D.S. Caused Disability Or, Weakness,

_____

12. What Quality Of Life Defining Human Needs Have Been Left Unfulfilled Ignored By You Or Our Society Since Your H.I.V. Diagnosis Was Confirmed.

Love:__ **Sex:__** **Friendship:__** **Compassion:__** **Family:__** **Self Respect:__**

Please Share Your Feelings Of H.I.V. Related Loss,...Show How Any H.I.V. Related Loss Of Love, Sex, Friendship, Family, Compassion Or, Self Respect Affect You As A Human Being Who Daily Faces Living With, H.I.V. In Society.

_____
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13. Which H.I.V. Injustice Is Worse, **Passive Indifference:__** **Blatant Hate:__**

14. Have You Faced H.I.V. Motivated Discrimination At Any Time, **Yes:__** **No:__**

15. What Form(s) Of H.I.V. Related Discrimination Have You Experienced So Far:

Health Care:__ **Public Access:__** **Job/Co-Worker__** **Services:__** **Professional:_**

Housing:__ **Social Shunning:__** **Organized Intolerance:__** **Other:_____**

16. Is H.I.V. Based Discrimination You Faced Still Occurring,.. **Yes:__** **No:__**

17. Name Alleged Offender: _____

18. Date Alleged H.I.V. Based Discriminatory Act(s) First Began: __/ __/ __

19. Date Alleged H.I.V. Based Discriminatory Act(s) Finally Ended: __/ __/ __

20. What Time Did H.I.V. Based Discriminatory Act(s) Occur,__ __:__ __ __.M.

21. If Known Give Address Where Alleged H.I.V. Discriminatory Acts Occurred:

_____

22. Have Most People Shown Passive Indifference Toward Your Struggle To Live With H.I.V. In Ways Which Deliberately, Systematically And, Callously Deprive You Of Societies Validating, Life Affirming Emotional Support In Hope That By Trivializing Your Interpersonal Needs And Value As H.I.V.+ People You Become Socially Invisible Or, Easy To Ignore,... Yes:__ No:__

23. Have Most People Shown Active Hostility Toward Your Struggle To Live With H.I.V. By Using Hate Crimes And, Discrimination To Vent Their Fear, Anger And, Ignorance About How Nervous You Make Them Feel,. Yes:__ No:__

24. Has The Passive Indifference Of Some People, Businesses Or, Government Agencies To Your Struggle To Live With H.I.V. Ever Made You Feel Alone, Forgotten, Worthless, Bitter, Mean Spirited Or, Suicidal,.. Yes:__ No:__

25 Has The Active Open Hatred Of Some People, Businesses Or, Government Agencies To Your Struggle To Live With H.I.V. Ever Made You Feel Alone, Forgotten, Worthless, Bitter, Mean Spirited Or, Suicidal,.. Yes:__ No:__

26A Were You Ever A Chemical Drug Abuser At Any Time In Life,.. Yes:__ No:__

26B At What Age Did You First Begin Abusing Chemical Drug Products: ___ ___

27. Is Active Drug Abuse Still A Part Of Your Life In Any From, Yes:__ No:__

28. How Long Have You Been In Drug Free Recovery, Years:__ Months:__ Days:_

29. During Your Time As An Active Addict What Were Your Drug(s) Of Choice,

_____

30. Please Name The First Drugs You Ever Abused In The Order They Were Tried,

A._____ B._____ C._____

31. Of The "**Three Start-Up Drug(s)**" You Named Above, Please Specify The "One" Chemical Drug Product You Abused Most Often, _____

32. Why Did You Prefer To Abuse The Favored Chemical Drug Product Named Above

_____

_____

List H.I.V. Discrimination, Suggestions & How H.I.V.+ Discovery Affects You

THIS SATISFACTION SURVEY WAS TRANSMITTED USING THE FOLLOWING MEANS / METHOD,

TTD-TTY:__ FAX Transmission:__ U.S. Mail/Delivery:__ Telephone:__

NAME LAST:_____ FIRST:_____

ADDRESS NUMBER:_____ STREET:_____

CITY:_____ STATE:_____

ZIP CODE + 4:_____ + _____ PHONE (_ _ _) _ _ _--_ _ _ _

[Outpatient Satisfaction Survey].....Property Of Damon F. Dunaway

Date Data Was Entered, __/ __/ __ Your Database Entry Code: _____OUT____

Time Data Was Entered, __:__ __.M. Date Of This Visit: __/ __/ __

Date Of Next Clinic Appointment, __/ __/ __

Best Time To Call You Is, __:__ __.M. Client Will Call:__

Particulars Of This Visit: (Check Any & All Boxes That Apply To You)

Today You Were An, **Outpatient:__ Inpatient:__ Emergency Room Patient:__**

Today You Received, **Medical Care:__ Dental Care:__ Mental Health Care:__**

You Are A, **Male:__ Female:__ Minor:__ How Old Are You:_____**

Who Pays For Your Health Care: _____

SEGMENT A: Getting Care, (Check Any & All Boxes That Apply To You)

1. During This Visit You Saw Your, **Nurse:__ Medical Specialist:__**

Physicians Assistant:__ Doctor:__ Allied Health Care Professional:__

Your Doctors Name, (F, MI, L)_____
Doctor's P.O. Box/Suite # _____
Doctor's City: _____ **State:** _____
Doctor's Zip Code: _____ **Zip Plus 4 If Known** _____

2. Today You Were Seen In A, **Hospital Clinic:__ Home Visit:__**

Hospital Emergency Room:__ Private Office:__ Public Health Clinic:__

3. Estimate The Approximate Distance Between Your Home And Your Medical, Dental Or, Other Health Care Delivery Site,

Medical Miles:__.__ Dental Miles:__.__ Support Services Miles:__.__

SEGMENT B: Your Experience's (**Put Health Care Ratings In Boxes..__**)

Rate Each Aspect Of Your Health Care Experience's During This Visit Using The Following Terms: **Very Poor=1 Poor=2 Fair=3 Good=4 Very Good=5**

A. Rate how well the records / reception staff in your doctors office work to insure you feel welcomed to all clinics or, professional services and, other parts of the heath care delivery system you needed during todays visit.....__

B. Rate how willingly doctor's office staff work to insure you get an appointment when you need to see a doctor while, also allowing you to arrange life priorities so you arrive in office at appointed time,...__

C. Rate your doctor's office, clinic or, hospital's effort in trying to make it easy to get safely to and, from the health care delivery site in timely efficient ways like insuring enough lighting, mass transit and, cheap plentiful parking for patients.....__

D. Rate the judgement your health care providers showed in selecting their current location as a clinic site that provide the maximum accessibility for clients of all types and, income levels who are weakened by the effects of H.I.V. or, A.I.D.S.....__

E. Rate overall comfort level, environment and, atmosphere of the waiting area based on its ability to lift your spirits during todays visit...__

F. Rate overall cleanliness of the waiting area today during your visit.__

G. Rate the cleanliness of the doctor's office, examination rooms and, other areas where patient care or, other support services are given to you.....__

H. Rate how committed to your well being medical office and, support staff seem.....__

I. Rate level of care doctors, nurses and, technical support staff take to insure proper maintenance, storage or, condition of all medical equipment routinely used in delivering quality health care services to you.....__

J. Rate the accessibility of the rest room's and, other important facilities, useful human services or, specialized amenities offered within the building where you receive your health care or, other supportive programs during today's visit.....__

K. Rate promptness of having been seen by a doctor or, other health care professional after you arrived for today's outpatient services visit.__

L. Rate how quickly you were told by nursing, medical or, support staff about any known or, anticipated delays, bottlenecks or, snags in the process of delivering proper health care services to you during today's visit.....__

M. Rate the quality of answers doctor gives to your medical input, concerns, and, questions based on how ready you are to tackle the tough medical facts, pains, issues or, responsibilities living with H.I.V. infection or A.I.D.S. force you to face daily in our sometimes hostile society....__

N. Rate how well your doctor explains complex H.I.V. and, A.I.D.S. related medical terms and, disease processes affecting you in ways that are easy to understand and, use in promoting your long term survival and, quality of life.....__

O. Rate your doctor or, other health care professional's ability to accurately speak, write and, understand the english language.....__

P. Rate how easy it was to just sit down and, talk to your doctor about any or, all personal, medically sensitive and, H.I.V. or. A.I.D.S. related issues in your life you began coming to grips with during today's visit to the doctor's office.....__

Q. Rate overall amount of trust or, confidence you have in your doctor's ability to provide skilled care for all your medical or human needs..__

R. Rate level of support / encouragement you receive as a H.I.V.+ person from family members and, friends who you feel should be a dependable, compassionate source of unselfish strength, love and, commitment in helping you promote healthy behaviors that act to affirm your absolute irrevocable value and, dignity as a drug free human being.....__

S. Rate your nurse or, other health care professional on how well they explained or, shared results of all test's, temperature's, pulse checks and, other specialty services or, routine contributions they made as part of the care you received during today's visit.....__

T. Rate how easy it was to just sit down and, talk to your nurse about any or, all personal, medically sensitive and, H.I.V. or. A.I.D.S. related issues in your life you began coming to grips with during today's visit to the health care clinic, hospital or, office.....__

U. Rate level of confidence or, trust in the partnership between yourself and, office staff or, other medical professionals who provided direct health care, treatments, counseling and, supportive services to you in the clinic during today's visit.....__

V. Rate the actual written rules or, regulations your doctor and, their supporting staff created to insure that the privacy of both you and, your sensitive H.I.V.+ status and, medical information is always protected by strictly enforced medical and, ethical codes of conduct that applies uniformly to everyone working in your doctors office....__

W. Rate how well record keeper's, receptionist's, secretaries and, all other associated clinic or, support staff not directly mentioned by name use established privacy rules in their doing daily / routine office procedures, patient management policies and, patient information flow control activities in ways that insure your H.I.V.+ status or, other sensitive treatment details remain forever a private matter between you and, your medical team.....__

X. Rate the overall quality of the actual direct medical care or, support services you received from office, clinic or, medical staff during today's visit.....__

Y. Rate overall experience you had while visiting the health care delivery site or, building in which your doctor's office / clinic is located..__

Z. Rate the, "SURVEY FAX" process as a method to give ordinary people living with H.I.V./A.I.D.S. a way to humanize, express and, empower themselves by rating the quality of health care / services received,.__

Please Feel Free To Make Any Suggestions That Will Improve Your Care !

_____

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SEGMENT C: Other Staff

Rate The Courtesy And, Care Of The Following Person's Only If You Were Seen By Them On This Particular Visit Being Discussed Using The Following Scale: 1=**Very Poor** 2=**Poor** 3=**Fair** 4=**Good** 5=**Very Good**

A. Patient Transport / Escort:__ B. Clinic Clerk:.....__

C. Dietitian:.....__ D. Social Worker:.....__

E. Pharmacist:.....__ F. Blood Drawing Staff:.....__

G. Case Manager:.....__ H. I. V. Therapy Staff:.....__

I. X-Ray / Cat Scan / M.R.I. Diagnostic Imaging Staff:..__ J. Occupational Therapist:....__

K. Hearing And, Speech Staff:.__ L. Prosthetic Services Staff:.__

M. Respiratory Therapist:.....__ N. Physical Therapist:.....__

O. Neurologists:.....__ P. Dermatologists:.....__

Q. Other Specific Listings, Comments & Ratings Of Specialty Staff Courtesy

_____

_____

_____

SECTION D: Charting The Progression Of The H.I.V. Viral Process,

1. **Your Last T-4 Helper Cell Count Was:** __ __ __ __ **Guess:**__

2. **Your Last T-4 Helper Cell Count Was Taken On,** __/ __/ __ **Guess:**__

3. **Your First Full Blown A.I.D.S. Diagnosis Was Made On,** __/ __/ __ **Guess:**__

4. **The Percentage Of T-Lymphocytes Compared To The Total Population Of Other Immune System Components Found In The Person Being Tested Is:**

Total T-Cell Count: ____/ ____ **Total Population Of Other Immune System Cells.**

5. **Your Blood Is Tested, Each Month:**__ **Every 3 Months:**__ **Every 6 Months:**__

When Is Your Blood Tested: _____

6. Check The One That Best Defines Your Current Condition Or, Health State:

__ **Asymptomatic Of H.I.V. Related Illness At This Time:** Which Means That Today You Feel Well, Look Healthy And, Have No Hint Of H.I.V. Effects.

__ **Symptomatic Of H.I.V. Related Illness:** Which Means Sometimes You Suffer Symptoms Of H.I.V. Infection Without, Having The Full Group Of Conditions Needed For An A.I.D.S. Defining Diagnosis Using Current Medical Standards.

__ **Have Full Blown A.I.D.S. Disease:** Which Means You Have The Constellation Of Illnesses That Medically Define "**Acquired Immune Deficiency Syndrome**". The Social Security Administration Uses, "**A Less Than 200 T-4 Helper Cell Count With One Or More Medically Recognized H.I.V. Related Opportunistic Infection Driven Definition**" In Determining Who Has Full Blown A.I.D.S.

7. What Type Of H.I.V. / A.I.D.S. Related Discrimination Have You Faced,...

Employment:__ **Medical Care:**__ **Mental Health Care:**__ **Dentistry:**__

Refused Service By Organizations/Providers Open To The Public:__ **None**__

Specify All Others, _____

_____

Check Any Symptoms Listed You Are Now Or, Have Recently Experienced:

A. Sinus Infection:.....__ B. Difficulty Breathing:.....__

C. Headache:.....__ D. Pulmonary/Systemic Tuberculosis:__

E. Skin Rash:.....__ F. Active Herpes Virus Flare-Up:...__

G. Diarrhea:.....__ H. Active Hepatitis:.....__

I. Active Thrush / Candidia:..__ J. Weight Loss:.....__

K. Fatigue:.....__ L. Vaginitis:.....__

M. Chronic Depression:.....__ N. Pelvic Inflammatory Disease:....__

O. Fungal Infections Of Feet Or, Toenails:.....__ P. Invasive Cervical Cancer:.....__

Q. Chronic Athletes Foot:.....__ R. Prostate Infection:.....__

S. Recurrent Bacterial Pneumonia:.....__ T. Jock Itch:.....__

U. Specify All Other Symptoms You Have Now Or, Recently Experienced Whether You Feel They Are Related To Your H.I.V. Infection Or, Not.

_____

_____

SEGMENT F: What Current Strategies Are You Using To Fight H.I.V.

1. Are You Currently Taking Anti-Retroviral Drug(s)/Agent(s), Yes:__ No:__

2. Please Indicate The Anti-Retroviral Agent(s) You Are Currently Taking:

A.Z.T.:__ D.D.I.:__ D.D.C.:__ D4T: __ Stavudine

2-A Specify Any Other Anti-Retroviral Medicines You Take To Fight H.I.V.,

_____

_____

3. If You Are Not Now Taking Anti-Retroviral Drug(s) And, Your T-4 Count Is Below 500..**Please Explain Why You Are Not Taking An Anti-Retroviral Drug.**

_____

_____

4. Are You Currently Allergic / Intolerant Of Any Anti-Retroviral Or, Other Drugs Used In Treating / Fighting The H.I.V. Virus That Causes A.I.D.S. **Yes:__ No:__ List All Anti-Retroviral Drug Reactions You Experienced**

_____

_____

_____

5. Do You Know Which Drugs Should Be Taken Based On Your Current Physical, Mental Health State And, Symptoms You Are Experiencing,... **Yes:__ No:__**

6-A. Does Your Condition Indicate That A Particular Drug Or, Treatment Should Be Prescribed But, It Is Not Offered To You,..... **Yes:__ No:__**
Please Indicate Condition For Which You Feel Current Treatment Is Less Than Effective And, What Drugs Or, Therapy You Feel Would Be Helpful.

_____

_____

_____

6-B Why Are The Appropriate Treatments Or, Drugs Which Are Effective, Useful and, Vital To Your Continued Long Term Survival Not Taken Or, Dismissed As Part Of Your Health care Teams Effort To Help You Achieve Your Mutual Goal Of Managing H.I.V./A.I.D.S. In Ways That Maximize Your Long Term Survival And, Quality Of Life.....

_____

_____

_____

_____

7. Does You Doctor Consider Your Wishes, Input Or, Requests When Making Health Care Decisions Regarding Which Drug Or, Therapy Should Be Started, Changed Or, Stopped,.....**Yes:__ No:__**

8. Has Your Doctor Told Where To Go Or, How To Get A Hard To Find Or Rare Drug's Needed To Treat Your Illnesses Or, Conditions,. **Yes:__ No:__**

9. Does Your Doctor Keep Up With The Latest Therapy Or, Methods Of Successfully Managing H.I.V., A.I.D.S. & Its Complications That Affect Your Quality Of Life Or, Long Term Survival,..... **Yes:__ No:__**

10. Is Your Doctor Willing To Start New Or, Experimental Drug Products, Therapy Or, Treatment Strategies To Fight H.I.V. At Your Request If It Would Enhance Quality Time Or, Survival Time,..... **Yes:__ No:__**

11. Does Your Doctor Encourage Your Participation In Clinical Trials Of New Drug Products Or, Therapy Programs That Show Promise In Fighting H.I.V. Or, Related Conditions,..... **Yes:__ No:__**

How Do You Get The Prescription Medications You Need,

__ GOV'T Medical Assistance Program

__ GOV'T Pharmacy Assistance Program

__ Blue Cross Prescription Card

__ Veteran's Administration

__ Health Maintenance Organization

__ Cash Payments / Co-Payments

__ Employer Run Drug Plan

__ Doctor's Sample Donations

__ Church / Community Service Organization's

__ Support Of Family Or, Friends

__ Drug Company / Hardship Cost Waiver Program

__ I Have Other Way Paying For Required Medicines That Is Explained Below:

_____

_____

_____

_____

Limitations & Conditions Of Your Payment Plan

If Your Drugs Are Covered By An Insurance Indicate The, "Co-Payment" Amount You Must Pay On A Per-Prescription Basis Also, Specify Any Product Limitations Or, Caps On The Amount The Drug Plan Will Pay.

1. **Your Co-Payment Per Prescription Is, $ __ __ __. __ __ Or, __ __ %**

2. Is There A Dollar Cap, Increasing Deductible Or, Other Form Of Spending / Reimbursement Limits On Your Drug Plan,..... **Yes:__ No:__**

3. Rx Drug Plan Has A, **Yearly Dollar Limit:__** Or, **Lifetime Dollar Limit:__**

3-A **Give Amount Of Drug Plan Dollar Limit $ __, __ __ __, __ __ __. __ __**

4. Does Your Prescription Drug Plan Cover Experimental Uses Of Old Or, Established Drugs For New Purposes That Show Promise In Fighting H.I.V., A.I.D.S. Or, Its Related Conditions,..... **Yes:__ No:__**

5. Does Your Drug Plan Cover Experimental Drug Treatments Or, Pharmaceuticals That Show Promise Of Fighting H.I.V., A.I.D.S. Or, Its Related Conditions If They Have Not Been Approved By, **"The United States Food And, Drug Administration"**,..... **Yes:__ No:__**

SEGMENT G: Prophylaxis **(Get Missed Vaccinations When H.I.V.+ Is Confirmed!)**

1. Which Vaccinations Have You Received, **Pneumovax:__ Hepatitis B:__**

Flu:__ D.P.T.:__ Every 10 Years Mumps:__ Rubella:__ Measles:__

Specify Others: _____

Drug Abuse Treatment Strategies You Are Currently Using Or, Investigating,

1. Are You Actively Seeking Treatment For Drug Addiction,.... **Yes:__ No:__**

2. Are You In A Methadone Based Drug Abuse Treatment Program, **Yes:__ No:__**

3. Are You Taking Antabuse To Combat Active Alcoholism,..... **Yes:__ No:__**

List Any Doctor Prescribed Medicines You Take To Combat Your Drug Addiction,

_____

4. "How Many Drug Abuse Treatment Program Waiting Lists Are You On Now" ____

Name Any Drug Abuse Treatment Programs With You On Their Waiting List Now

_____

_____

Indicate The Medical Test's You Have Had With A, **"Yes"** Or, **"No"** Answer.

_____ **Hepatitis A. B. C. Or, Hepatitis Core Antigen Test**

_____ **Cytomegelo Virus, C. M. T. Test**

_____ **Tuberculosis Test**

_____ **Vaginal Yeast Test**

_____ **Vaginal Pap Smear**

Toxoplasmosis:....._____

Herpes Virus Test:..._____

Syphilis Test:....._____

Gonorrhea Test:....._____

Chlamydia Test:....._____

Papilloma Virus Test:_____

Other Test's Not Listed That You Have Had Please Specify Below:

_____

_____

_____

Prophylaxis Against H.I.V. Caused Opportunistic Processes & Organisms.

1. Your T-4 Cell Count Above 200 Then, P.C.P. Prophylaxis Is Not Needed:.__

2. You Never Had TB At Anytime In Life Then, TB Prophylaxis Not Needed:..__

3. What P.C.P. Prophylaxis Drugs Or, Therapy Are You Currently Taking,

Dapsone:__ **Aerosolized Pentamadine:**__ **Bactrim / Septra:**__

Other, _____

_____

4. At First Hint Of Chest Or, Respiratory Difficulty Or Involvement Was A Chest X-Ray Performed,..... Yes:__ No:__

5. Was A Sputum (Spit) Sample Taken To Test You For TB,... Yes:__ No:__

6. Was A Throat Culture Done To Test For Tuberculosis,..... Yes:__ No:__

7. Was A Broncoscophy Performed To Rule Out TB In Suspicious Or, Atypical Cases Where Your Complaint Was A Respiratory Problem,.... Yes:__ No:__

8. Have You Ever Tested Positive For Exposure To Tuberculosis At Anytime In Your Life, Even If You Never Felt Sick As A Result,... Yes:__ No:__

9. If You Ever Had Tuberculosis In Your Lifetime, Has Your Doctor Prescribed Isoniazid Or, Another Anti-TB Drug As A Part Of A One Year Long Prophylaxis / Preventative Against A Recurrence Of "Active TB" In A Person Whose Immune System Is Compromised By H.I.V.,..... Yes:__ No:__

Please Specify Anti-TB Drug Doctor Prescribed As A Tuberculosis Prophylaxis

_____

10. Are You Able To Get Medical Specialty Services Such As Dermatology, Neurology, Psychology, Psychiatry, Infectious Disease, Internal Medicine, Urology And, Gynecology When They Are Needed,. Yes:__ No:__

Rate The Overall Quality Specialty Services You Have Received Using, 1=Very Poor 2=Poor 3=Fair 4=Good 5=Very Good As A Rating Scale.

General Counseling:__ Medical Specialties:__ Psychological Aid:__

Drug Abuse Treatment & Rehabilitation:__ Social Work Services:__

List Needed Sub-Specialty Medical Services That Remain Unavailable To You.

A. _____ B. _____

C. _____ D. _____

Explain Why Listed Medical/Support Services Remain Unavailable To You,

_____

_____

11. Has Your Doctor Ever Said You Have **Anemia** That Is Caused By The A.Z.T. You Must Take To Fight The Reproduction Of H.I.V.,..... **Yes:__ No:__**

12. If Doctor Says You Have **A.Z.T. Caused Anemia**,...Then Have You Asked Your Doctor If They Feel "**Epoetin-Alfa**" Which Fights Anemia By Stimulating The Bodies Own Red Cell Production System Is A Valid Way Of Treating A.Z.T. Caused Anemia In H.I.V.+ Patients With Your Situation,... **Yes:__ No:__**

13. Due To H.I.V. / A.I.D.S. Related Weakness Or, Illnesses, Do You Need Help With Basic "**Household Chores, Shopping, Food Preparation, Household Management Or, Living Skills Training**",..... **Yes:__ No:__**

14. Has Your Drug Abuse Habit Returned, Continued Or, Gotten Worse At This Time In Your Fight With H.I.V. Infection Or, A.I.D.S.,... **Yes:__ No:__**

15. Are You Continuing Or, Intensifying Your Chemical Abuse Activities In Hope That You Might Die A Drug Related Death And, Be Spared The Painful Process Of Coming To Grips With And, Fighting Your H.I.V. Infection Or, A.I.D.S. Disease,..... **Yes:__ No:__**

16. Do You Need Help Or, Support In Developing The Living Skills Needed To Understand, The Demands And, Responsibilities Of Living In Our World As A Productive Drug Free Recovering Addict,..... **Yes:__ No:__**

17. Would You Take A Drug Treatment Opportunity If One Became Available And, Was Willing To Start Helping You Get Clean Today,.. **Yes:__ No:__**

18. Has The Demands Of Living Each Day As A H.I.V. Positive Recovering Addict In Our Stressful World Become An Especially Difficult To Understand Painful Process In Your Ongoing Fight To Stay Drug Free, **Yes:__ No:__**

19. Does Homelessness Contribute To Your Inability To Get Quality Health Care Or, H.I.V. Support Services,..... **Yes:__ No:__**

20. Does Your Clinic Or, Other Specialty Care Providers Communicate With Your Private Doctor Or, Primary Care Physician,..... **Yes:__ No:__**

21. Are You Confident In The Current Level Of Care You Receive For H.I.V. Or, A.I.D.S. Related Conditions And, Circumstances,..... **Yes:__ No:__**

911 / PARAMEDIC-EMT EMERGENCY TRANSPORT SATISFACTION SURVEY

If we are to succeed in improving the quality of your health care so that it nears the best service humanly possible, we need to know about the medical care and, support you received during the time you were transported to a hospital or, care facility by a specialty transport care team or, emergency ambulance crew. As is the case with all other information you give in any of my Satisfaction Survey Unit's, your name address and, phone number are not a part of the computerized record we are making now and, we do try to keep these identifying facts about you strictly confidential.

Date This Data Was Entered: _____ __ __, __ __ __ __

Database Entry Code: C__ __ __ __ER__ __ __ Male:__ Female:__ Minor:__

Age:___ Did E/R Admit Client,.Yes:__ No:__ Date Of E/R Visit:__/ __/ __

Health Care Funding Source:_____

Name Of Private Ambulance Company:_____

Information About Emergency Room Service Location:

Location Of E/R:_____

Number:_____ Address:_____

City:_____ State:_____ Zip Code:_____

Results Of Transport Appropriateness Decisions Made At Emergency Call Scene,

You Were Not Transported:__ You Fail Emergency Transport Need Requirement:_

You Were Transported And, Billed For Emergency Transport Services Rendered:_

Ambulance Crew Did Not Transport & Did Suggest You See Doctor Immediately:__

Ambulance Crew Gave No Explanation For Its Decision's At Emergency Scene:__

Ambulance Crew's Explanation Of Why You Were Not Transported To Destination,

_____

_____

What Conditions / Symptoms Are Responsible For This Emergency Room Visit,

_____

_____

Was This Emergency Room Visit In Any Way Drug Abuse Related, Yes:__ No:__,

Please Name Drug Abuse Activity Responsible For This Emergency Transport,

_____

Name The Drug Product(s) Most Responsible For Causing Your This Emergency, To Become Necessary,.....

_____

Give Name's Of Ambulance Personnel Who Transported You To Your Destination,

1. M __ __ . :_____ _____ ID. #_____

Paramedic:__ Emergency Medical Technician/E.M.T.__ Transport Assistant:__

2. M __ __ . :_____ _____ ID. #_____

Paramedic:__ Emergency Medical Technician/E.M.T.__ Transport Assistant:__

List All Doctor Ordered Medications Given To You At Scene Or, In Transit,

1._____ 2._____ 3._____ 4._____

A. Did You Have Pay For Transportation To Your Destination At The Time This Emergency Situation Being Discussed Occurred,.....Yes:__ No:__

B. Were You Or, Your Insurance Carrier Billed At Some Later Date / Time By A Patient Transport Company / Ambulance Or, Government Agency Responsible For Providing This Emergency Transport Service In Connection With Your Emergency Incident / Event Being Discussed In This Survey,.Yes:__ No:__

C. Did Your Social Agency, Medicare, Medical Assistance Or, Private Medical Insurance Carrier Pay, "Part":__ Or, "All":__ Of The Cost's Associated With Any Emergency Transport Services Billed To You As A Result Of This Emergency Situation,..... **Yes:__ No:__**

Establishing A Record Of Events

1. Who Called 911, **P.W.A. Themselves:__ P.W.A.'s Family:__ Partner:__**

P.W.A.'s Friend:__ Other Please Specify:_____

2. When Did You Reveal Your **H.I.V. Positive Status** To Any Of The Ambulance Crew Who Transported You To Your Destination During This Emergency Call,

At Scene Of Emergency:__ In Transit To Hospital / Care Facility:__

Disclosed Your H.I.V. Positive Status After Transport Was Completed:__

You Never Revealed H.I.V.+ Status To Ambulance Crew During This Event:__

Specify Point When You Revealed Your H.I.V.+ Status To Ambulance Crew:

_____

3. Did Ambulance Staff Take Universal Precaution's Without Your Having To Do Or, Say Anything To Remind Them To Do So Every Time, **Yes:__ No:__**

4. Which Following Universal Precautions Did Your Ambulance Staff Take,

Wore Double Gloves:__ Wore Eye Protection:__ Wore Facial Mask:__

5. If There Blood Present At Emergency Call Scene How Much Was There,

Little Blood Or, Scratch:__ Moderate Amount Of Blood:__ Lots Of Blood:__

If Known Define Your Behavior At The Time Of Your Emergency Transport:

Cooperative:__ Uncooperative:__ Combative:__ Delirious:__ Stable:__

Describing The 911 Emergency Call Scene,

1. When Emergency Ambulance / Support Crew Came To The Scene And, Found Out That You Were H.I.V. Positive Or, Had A.I.D.S. Did They,

Yell Out The News Of Your H.I.V.+ Status So All Who Could Hear Would Know,._

Tell Only Those With A Direct Medical Or, Other Appropriate Need To Know,.._

Alerted All Public Safety People At Scene Regardless Of Their Need To Know,_

2. Were You Rescued From Dangerous Situation Before Transport, **Yes:__ No:__**

3. Did Your 911 Emergency Call Scene Involve,

Fire Department/Ambulance Only,..__ Police Who Were On The Scene Also,. __

Part Of An Accident Scene,.....__ Part Of A Drug Abuse Related Scene, __

Part Of Domestic Violence Scene,.__ A Mental Health Emergency Scene,... __

Please Describe The Unique Parts Of Your 911 Emergency Call Scene,

_____

_____

Defining Your State Of Mind At, This 911 / Emergency Call Scene:

A. Was Ambulatory At The Emergency Call Scene, (**Walking**)..... **Yes:__ No:__**

B. Was Conscious But **Not Fully Aware** Of Things At Call Scene,. **Yes:__ No:__**

C. Was Fully Aware & Able To Make Decisions At Call Scene,.... **Yes:__ No:__**

D. Depressed Due To Issue(s) Having Nothing To Do With You Being H.I.V. Positive,..... **Yes:__ No:__**

E. Depressed Due To Issue(s) Directly Tied To Being H.I.V.+,.. **Yes:__ No:__**

F. Was Very Emotionally Upset Or, Depressed At The Scene Of Your Emergency Call You Were Unable To Deal With The Fact That, You Had Tested Positive For Exposure To H.I.V. The Virus That Causes A.I.D.S.,..... Yes:__ No:__

G. Was Very Emotionally Upset Or, Depressed At The Emergency Call Scene Because, You Have Been Diagnosed By Your Doctor Or, Medical Professional As Having Passed From Being H.I.V. Positive To Having Full Blown A.I.D.S. Disease,..... Yes:__ No:__

H. You Were Very Emotionally Upset At The Emergency Call Scene Because, In Your Mind Being H.I.V. Positive Or, Being Diagnosed As Having Full Blown A.I.D.S. Is A Far More Certain Death Sentence Guaranteeing You Will Suffe And Die In Ways, More Painful Than Any Criminal Execution,. Yes:__ No:__

I. Which Of The Following Scares You Most About Having Tested Positive For Exposure To The H.I.V. Virus That Causes A.I.D.S.,

Fear Of Possible Response's Of Friends & Family To News You Are H.I.V.+:__

Fear Of Rejection By Friends Or, Family:__ Fear Of Being Blamed:__

Fear Of Suffering But No Fear Of Death:__ Fear Of Economic Retaliation:__

Fear Of Death Without Fear Of Suffering:__ Fear Of Being Left Alone:__

Fear Of Death And, Suffering:__ Fear Of Becoming Invisible In Society:__

Fear Of Becoming A Physical Burden On Those You Love:__

Fear Of Becoming A, Financial Burden On Those You Love:__

Fear Of Becoming A, Emotional Burden On Those You Love:__

Fear Of Being Hurt By Ignorant Societal Concerns About H.I.V. / A.I.D.S.:__

Fear Of H.I.V. Inspired Physical Or, Emotional Violence Aimed At You:__

Other Fear Please Specify,_____

J. Are You Afraid Of Becoming Or, Otherwise Dealing With Being The Victim Of H.I.V. Or, A.I.D.S. Based Discrimination As You Try To Live With H.I.V. Or, A.I.D.S.,..... Yes:__ No:__

K. Was This Emergency Situation Caused In Part By The Emotional Upset That, Occurred Because, After Revealing Your H.I.V.+ Status You Were Promptly Rejected By A Family Member, Close Friend Or, Lover Whose Continued Support Had Always Counted On To Play A Vital Part In Helping You To Cope With Living With As An H.I.V.+ Person In A Dignified Way,. Yes:__ No:__

L. Have You Had Thoughts Of Isolating Yourself From People Or, Committing Suicide Due To A Depression That Is Hard To Get Rid Of,... Yes:__ No:__

M. While Depressed Did You Have Thoughts Of Striking Out At Or, Hurting Others In Society Who Seem Callous Or, Indifferent To Your Human Needs Because, You Are Infected With H.I.V. Or, You Have Been Diagnosed With Full Blown A.I.D.S. By A Qualified Medical Professional,.. Yes:__ No:__

N. Did A Diagnosis Of H.I.V. Or, A.I.D.S. Make You Feel Like A Dirty, Bad, Evil Or, Immoral Person In Your Own Eyes,..... Yes:__ No:__

O. Did You Ever Feel Like Wanting To Commit Suicide Because, Some Uneducated People In Society Prejudge Almost Anyone Diagnosed With H.I.V. Or, A.I.D.S. As Someone Who Must By Definition Be Evil, Bad, Dirty Or, Immoral In Nature,..... Yes:__ No:__

P. Are You Seriously Depressed Due To Feeling Totally Unworthy Or, Undeserving Of Even The Basic Human Compassion, Concern Or, Sympathy Because, Of What Society Considers The Dirty, Evil, Bad Or, Immoral Activity You Engaged In To Become Infected With H.I.V. The Virus That Causes A.I.D.S.,..... Yes:__ No:__

Q. Do You Feel That Your H.I.V. Positive Status In Any Way Marks Or, Labels Or, Defines You As, "**A Bad Person**" Or, "**One Of Those People**" In The Eyes Of Un-infected People Of General Human Society Regardless Of How You Became Infected By H.I.V.,..... Yes:__ No:__

R. Would You Like To Fill Out A, Survey That Asks How You Cope With The Mental Health Issues And, Stress Of Living With H.I.V.,... Yes:__ No:__

What If Anything Triggered This Serious Episode Of Depression,...Explain:

_____

_____

_____

_____

What Personal Situation Is Responsible For This Emergency Services Visit,

1. You Felt Physically Ill And, Needed Emergency Medical Help, **Yes:__ No:__**

2. You Could No Longer Care For Yourself Correctly At Home,... **Yes:__ No:__**

3. You Had An Accident At **Home** Requiring Emergency Services,.. **Yes:__ No:__**

4. You Had An Accident At **Work** Requiring Emergency Services,.. **Yes:__ No:__**

5. You Had An Accident In **Public** Requiring Emergency Services, **Yes:__ No:__**

6. This Medical Emergency Was Caused After Discovery Of Your Hidden H.I.V. Positive Status Was Made By Someone You Lived With And, They Then Asked You To Leave And, Never Return To Your Former Home,..... **Yes:__ No:__**

7. Was An Offer Of Transport To An **Emergency Mental Health Services Facility** Made By Ambulance Crew And, Refused By, You At The Scene,.. **Yes:__ No:__**

8. Was An Offer Of Transport To An **Emergency Medical Health Services Facilit** Made By Ambulance Crew And, Refused By, You At The Scene,.. **Yes:__ No:__**

How Did You Get The Emergency Transportation Needed During This Crisis,

1. Was There Anyone Who Refused You Emergency Transport To A Hospital Or, Acute Care Facility,..... **Yes:__ No:__**

2. **Please Use Space Below To Give Reasons Ambulance Companies Or, Others Gave For Refusing To Help You Get To Emergency Care Center Or, Hospital,**

_____

_____

_____

3. If You Were Refused Transport Please Indicate By Which Of The Following,

City Ambulance:__ County Ambulance:__ State Ambulance:__ A Friend:__

A Family Member:__ A Stranger:__ A Helicopter / Air Ambulance:__

A Co-Worker:__ Private Ambulance Company:__ Volunteer Fire / Ambulance:__

Other Please Specify:_____

4. You Were Transported To Acute Care Center Or Hospital Emergency Room By,

City Ambulance:__ County Ambulance:__ State Ambulance:__ A Friend:__

A Family Member:__ A Stranger:__ A Helicopter / Air Ambulance:__

A Co-Worker:__ Private Ambulance Company:__ Volunteer Fire/Ambulance:__

A Cab:__ Mass Transit:__ Walking:__ Drove To Emergency Room:__

5. Was An Intravenous Unit (I.V.) Started By Medic / E.M.T. At Any Time During This Trip From Your Origin To Your Final Destination,. **Yes:__ No:__**

6. Did This Ambulance Transport You To An Emergency Room Or, Hospital Where Your Primary Care Physician Is On Staff Or, Has Admitting Privileges Or, Works On The Staff,..... **Yes:__ No:__**

Did Your Emergency Transport Arrive With Proper Equipment And, Crew:

A. Did Each Member Of The Ambulance Crew Seem To Possess All Basic Medical Or, Personal Skills Required To Deliver Quality Care And, Services In Ways That Competently Met Your Emergency Transport Needs,. **Yes:__ No:__**

B. After Summoning Ambulance Transport Services, How Long Did It Take A Fully Prepared And, Capable Emergency Services Or, Transportation Crew To Arrive At Your Location,.....**Hours:__ Minutes:__**

C. Was Your Ambulance Fully Stocked With Medical / Sterile Supplies Needed To Allow A Paramedic, E.M.T. Or, Crew Member To Perform All Emergency And / First Aid Duties That Could Be Expected Of Them,..... Yes:__ No:__

D. Did A Member Of The Ambulance Crew Cover You With A Warm Blanket Or, Sheet If Appropriate Before Transport Began,..... Yes:__ No:__

E. Were Ambulance Storage Bins / Areas Clearly Marked,..... Yes:__ No:__

F. Was An Oxygen Supply & Mask Available If Needed By You,... Yes:__ No:__

G. Was Your Heart Being Monitored By An E.K.G. Machine,..... Yes:__ No:__

H. Did Objects Fall From Storage Areas During Transport,..... Yes:__ No:__

I. Was There Doctor Directed Constant Two Way Communication With The Ambulance Crew Who Were Providing, You With Direct Emergency First Aid Care To You During The Time You Were Being Transported,... Yes:__ No:__

J. Did Doctor And, Ambulance Crew Have Their Own Independent Way To Talk To Each Other If There Was No Phone Available,..... Yes:__ No:__

K. Did Ambulance Crew Reassure You With Appropriate Voice, Manners And, Touch At All Time During Your Transportation Process,..... Yes:__ No:__

L. Aboard The Ambulance Were Sterile Supplies Used In Your Care Like Gauze, Bandages, Syringes, I.V. Solutions / Tubing And, Other Sterile Medical Supplies Stored In Ways Insuring They Would Be Protected From Damage, Environmental Degradation Or, Medical Cross Contamination, Yes:__ No:__

M. Aboard Ambulance Were Sterile Medical Supplies Carelessly Stored Or Store In A Way That Destroyed The Protective Sterile Barrier Between Any Medica Equipment / Supplies Stored On Board And, Our Dirty World, Yes:__ No:__

N. Were There Adequate And, Well Conceived Provisions Made For The Fast, Efficient And, Safe Disposal Of Any Infectious Medical Waste Generated During The Emergency Transit To Your Final Destination,... Yes:__ No:__

O. Did The Nature Or, Way This Ambulance Crew Handled The Delivery Of Direct First Aid/Support Services To You, Suggest That Transporting H.I.V.+ Patients Was A Routine Event They Seemed Comfortable With, **Yes:__ No:__**

P. Did The First Aid Or, Supportive Care This Ambulance Crew Gave To You At Any Point In The Transportation Process Suggest That They Functioned With A Severe Lack Of Training, Experience Or, Compassion That Would Tend To Place Their H.I.V. Positive Clients At Undue Additional Risk Of Painfu Physical Harm Or Emotional Stress While Being Transported, **Yes:__ No:__**

Q. If Your Ambulance Crew Seemed Uneducated About What Steps To Take In Safely Helping Clients Who Are Living With H.I.V. Then, Was This Crew Also Unusually Paranoid, Nervous Or, Cautious During The Trip To Your Destination,..... **Yes:__ No:__**

R. How Would You Define The Attitude Of The Ambulance Crew You Met During This Transport To Your Destination,

Calm:__ Business Like But Nice:__ Caring:__ Fun To Be With:__

Compassionate:__ Empathetic:__ Warm:__ Cold But Professional:__

Arrogant:__ Paranoid:__ Nervous:__ Cautious:__ Afraid:__

Callous:__ Other Please Specify:_____

_____

S. Did Your Ambulance Crew Maintain The Right Balance Of Caring, Compassion, Skill, Personality And, Professionalism At All Times,..... **Yes:__ No:__**

T. During This Emergency Encounter Your Ambulance Crew Talked To Their Base Station, Doctor Or, Hospital By, Control / Operations Center By:

Cellular Phone:__ Two Way Radio:__ Regular Telephone Lines:__

U. Were There Any Unexplained, Pre-Existing, Sour, Rotten Or, Pungent Smells Dangerous Conditions / Safety Hazards Or, Nasty Personal Habits/Behaviors That You Noticed In The Ambulance After It Was In Transit, **Yes:__ No:__**

V. Did Any Of The Ambulance Crew Member's Smell Heavily Of Cigarette Smoke, Powerful Body Odor's Or, Other Strongly Annoying Smells,.. Yes:__ No:__

W. Did Your Ambulance Crew Function Without Constant Contact, Support, Assistance, Guidance Or, Medical Direction Of A Doctor, Nurse Or, Other Qualified Medical Professional,..... Yes:__ No:__

Please Specify Any Problems You Observed Or, Suggestions You Can Make That, Would Enhance The Overall Quality Of Emergency Services Or, Ambulance Transport Services H.I.V.+ Clients And, Others Receive In Your Community,..

_____

_____

_____

_____

_____

Was Transport To An Appropriate Emergency Mental Health Or, Emergency Medica Care Center Or, Hospital Offered By, Ambulance Crew On The Scene But, Refuse By You,.. Yes:__ No:__ Give Your Reasons For Refusing Emergency Transport

_____

_____

_____

_____

_____

Rate The Professionalism, Attitude And, Skills Of Your Ambulance Crew, Using 1=**Very Poor** 2=**Poor** 3=**Fair** 4=**Good** 5=**Very Good** As A Scale Please,

A. Rate Ambulance Driver On Their **Overall** Professionalism And, First Aid Skill During Any Time When They Provided Direct Patient Care Or, Assistance To You At The Emergency Call Scene,..... __

B. Rate Ambulance Crew Member Who Provided Direct Patient Care In Transit On Their **Overall** Basic Medical / Life Saving Skill And, Professionalism During Your Entire Time Spent Together During This Incident,..... __

C. Rate How Well Ambulance Crew Dealt With The Need To Guess / Gossip About Which Lifestyle Choices Most Likely Caused Your H.I.V. Infection, As They Went On With The Job Of Meeting Your Medical Or Transport Needs, __

D. Rate Ambulance Crew On How Well They Avoided All Homophobic Behavior If You Are An Openly Or, Obviously Gay Individual,..... __

E. Rate Ambulance Crew On How Well They Showed Understanding And Compassion To You As A Drug Addicted Person, If Your Active Drug Abuse Behavior Was Known To The Ambulance Crew Providing Your Transport / Care Services, __

F. Rate Ambulance Crew On How Well They Avoided Treating You As Just Another Dumb, Street Hardened, Hateful, Ignorant Active Drug Addict, If Your Active Drug Abuse Became Known To The Ambulance Crew Providing Emergency Medical And, Transport Services To You At Anytime During This Call,.. __

G. Rate The Ambulance Crew On Their Skill At Asking Questions And, Making Statements In Ways Designed To Keep You From Feeling Guilty Or Worthless Or, Ashamed Of Being A Person Living With H.I.V. Or, A.I.D.S.,..... __

H. Rate How Well Your Ambulance Crew Performed Their Duties In A Humane, Mature, Compassionate Professional Way That, Defines Quality Care,... __

I. Rate Ambulance Crew On Their Knowledge About H.I.V. / A.I.D.S.,..... __

J. Rate Ambulance Crew On Its Ability To Use Their Knowledge About H.I.V. Or, A.I.D.S. To Provide The Special Care Needed To Safely Transport You To Your Destination With Dignity And, Respect,..... __

K. Rate How Well The Ambulance Crew Did In Showing Proper Respect To You And, All Other Members Of Your Living Situation Without Idle Comments / Moralizing About Your Lifestyle Choices, Living Conditions, Race Or, Other Things That Had Nothing To Do With Their Mission Of Providing Emergency Medical Attention, Support Or Transport Services To You,... __

L. Rate How Clean The Outside Parts Of Your Ambulance Were At The Time You Were Transported To Your Destination In It,..... __

M. Rate How Clean The Inside Parts Of Your Ambulance Were, At The Time You Were Transported To Your Destination In It,..... __

N. Rate How Well Your Ambulance Crew Worked Together As A Medical Team,. __

O. Rate How Clean And, Well Care For The Ambulance Equipment Used In Delivering Direct Care To You Seemed During This Transport Trip,..... __

P. Rate How Fresh/Clean Sterile Medical Supplies Or, Packaging For Sterile Supplies Stored In Ambulance / Patient Cabin Seemed,..... __

R. Rate How Well Your Ambulance Crew Avoided Engaging In Insulting Sexist Behaviors Or, Making Offensive Sexist Statements During The Time You Spent Together During This Emergency Transport Situation,..... __

S. Rate Ambulance Crew On How Well They Avoided Degrading You Or, Stereotyping Your Value In Society Because, You Happen To Be Poor Or, You Come From A Poor Section Of Your Community,..... __

T. Rate Ambulance Crew On How Well They Managed To Resist All Temptation To Show Feelings Of Resentment, Judgment, Anger, Moral Outrage Or, Arrogance Toward You, If They Were Aware Of Your Active Drug Addiction,..... __

U. Rate Ambulance Crew On How Well They Managed To Resist All Temptation To Show Feelings Of Resentment, Judgment, Anger Moral Outrage Or, Arrogance Toward You, If They Were Aware Of Your H.I.V. Positive Status,..... __

V. Rate Ambulance Crew On How Well They Managed To Resist Any Temptation To Make Hurtful And, Degrading H.I.V., A.I.D.S., Drug Addict / Abuse, Gay Jokes Or, Similar Behaviors Even If They Were Innocently Intended To Be Just Funny Fire House Humor,..... __

W. Rate Ambulance Crew On Their Overall Response To Your Medical Needs Or, Mental Health Stresses During All Phases Of Preparation, Transport And, Delivery To Or, From A Hospital, Chronic Care Facility, Receiving Area Or, Other Health Care Service Destination,..... __

Please List Any Special H.I.V. Based Caring Your Ambulance Crew Showed You,

Please List H.I.V. Related Fears Observed In Your Ambulance Crews Behavior,

Please List Any Way To Improve This Paramedic / Emergency Transport Survey,

Use Space To Give Your Opinion On Any Issue Raised By This Ambulance Survey,

MEDICINE ONE Client Code:__ __ __ __ RX__ __ __ Unit 1 Of 5

PRESCRIPTION DRUG DOSAGE MONITORING SURVEY

NAME MEDICATION 1:_____, __, __ **AMOUNT PER DOSE:**__, ___

NUMBER OF DOSES TAKEN PER DAY:__ **DATE DRUG WAS FIRST PRESCRIBED:**__/ __/ __

PRESCRIBING DOCTOR:_____ _____**M.D.**

PRESCRIBING ORGANIZATION:_____

THIS MEDICINE SUPPLIED IN, **INJECTION:**__ **CAPSULE:**__ **PILL:**__ **LIQUID:**__ FORM.

THIS PRESCRIPTION DRUG WAS, **FILLED:**__ **REFILLED:**__ ON THIS DATE: __/ __/ __
Number Of Refills Remaining On This Current Prescription Medication Order:_

Specify Name & Address Of Pharmacy Where Prescription Medicine Was Prepared

_____

Did You Get A Medication Fact Sheet, Package Insert Or, Other Information From Your Pharmacist At Anytime During Your Transaction That, Explained The Purpose Of This Prescription Drug And, All Its Possible Side Effects In Words You Could Understand,..... **Yes:**__ **No:**__

Date Prescription Drug Was Delivered Or, Ready For Use By Client:__/ __/ __

List Any Special Instructions, Warnings Or, Advisory Written On & Contained Within Medicine Packaging Or, Offered By Your Doctor On Lines Below.

_____

_____

Doctors Instructions Written Somewhere On Medicine Container Are As Follows,

_____

_____

State The Reason Your Doctor Gave For Prescribing This Specific Medication,

_____

What Problem Did Your Doctor Say Would Be Helped By This Prescription Drug,

_____

Is This Prescription Medicine Intended To Solve / Address The Problem Or, Condition For Which You Initially Sought Treatment In Ways That Satisfy Both Doctor And, Patient Involved,..... **Yes:__ No:_**

When Did You Stop Taking This Doctor Ordered Prescription Medicine:__/ __/ _

Please List All Side Effects You Think Are Related To This Doctor Prescribed Drug In Space Provided,.....

_____

_____

Was Doctor Told By You Or, The Patient Of All Side Effects This Prescription Drug Is Believed To Have Caused,..... **Yes:__ No:__**

Patient Told Doctor About Drug Side Effects On,__/ __/ __ At, __:__ __.M.

Why Was Doctor Not Told About All Known Or, Suspected Prescription Drug Caused Side Effects Patient Discovered,.....

_____

_____

Did You Ever Stop Taking This Prescription Medicine On Your Own Without First Telling Your Doctor Or, Other Qualified Health Care Provider,..... Yes:__ No:__

Doctor's Response To Medication Caused Side Effects, **Nothing Done:__**

Dosage Adjustment Made:__ **Additional Drug(s) Added With This One:__**

Another Medicine Discontinued:__ **Doctor's Office Visit Scheduled:__**

This Prescription Drug Was Cancelled:__

If This Prescription Medicine Failed, Was Another Replacement Medication Started In Its Place, Yes:__ No:__ Name Replacement Drug(s)_____

_____

MEDICINE TWO Client Code:__ __ __ __ RX__ __ __ Unit 2 Of 5

PRESCRIPTION DRUG DOSAGE MONITORING SURVEY

NAME MEDICATION 1:_____, __, __ **AMOUNT PER DOSE:**__, ___

NUMBER OF DOSES TAKEN PER DAY:__ **DATE DRUG WAS FIRST PRESCRIBED:**__/ __/ __

PRESCRIBING DOCTOR:_____ _____**M.D.**

PRESCRIBING ORGANIZATION:_____

THIS MEDICINE SUPPLIED IN, **INJECTION:**__ **CAPSULE:**__ **PILL:**__ **LIQUID:**__ FORM.

THIS PRESCRIPTION DRUG WAS, **FILLED:**__ **REFILLED:**__ ON THIS DATE: __/ __/ __

Number Of Refills Remaining On This Current Prescription Medication Order:__

Specify Name & Address Of Pharmacy Where Prescription Medicine Was Prepared

_____

Did You Get A Medication Fact Sheet, Package Insert Or, Other Information From Your Pharmacist At Anytime During Your Transaction That, Explained The Purpose Of This Prescription Drug And, All Its Possible Side Effects In Words You Could Understand,..... **Yes:**__ **No:**__

Date Prescription Drug Was Delivered Or, Ready For Use By Client:__/ __/ __

List Any Special Instructions, Warnings Or, Advisory Written On & Contained Within Medicine Packaging Or, Offered By Your Doctor On Lines Below.

_____

_____

Doctors Instructions Written Somewhere On Medicine Container Are As Follows,

_____

_____

State The Reason Your Doctor Gave For Prescribing This Specific Medication,

_____

What Problem Did Your Doctor Say Would Be Helped By This Prescription Drug,

_____

Is This Prescription Medicine Intended To Solve / Address The Problem Or, Condition For Which You Initially Sought Treatment In Ways That Satisfy Both Doctor And, Patient Involved,..... **Yes:__ No:_**

When Did You Stop Taking This Doctor Ordered Prescription Medicine:__/ __/ _

Please List All Side Effects You Think Are Related To This Doctor Prescribed Drug In Space Provided,.....

_____

_____

Was Doctor Told By You Or, The Patient Of All Side Effects This Prescription Drug Is Believed To Have Caused,..... **Yes:__ No:__**

Patient Told Doctor About Drug Side Effects On,__/ __/ __ At, __:__ __.M.

Why Was Doctor Not Told About All Known Or, Suspected Prescription Drug Caused Side Effects Patient Discovered,.....

_____

_____

Did You Ever Stop Taking This Prescription Medicine On Your Own Without First Telling Your Doctor Or, Other Qualified Health Care Provider,..... Yes:__ No:__

Doctor's Response To Medication Caused Side Effects, **Nothing Done:__**

Dosage Adjustment Made:__ Additional Drug(s) Added With This One:__

Another Medicine Discontinued:__ Doctor's Office Visit Scheduled:__

This Prescription Drug Was Cancelled:__

If This Prescription Medicine Failed, Was Another Replacement Medication Started In Its Place, Yes:__ No:__ Name Replacement Drug(s)_____

_____

MEDICINE THREE Client Code:__ __ __ __ RX__ __ __ Unit 3 Of 5

PRESCRIPTION DRUG DOSAGE MONITORING SURVEY

NAME MEDICATION 1:_____, __, __ **AMOUNT PER DOSE:**__, ___

NUMBER OF DOSES TAKEN PER DAY:__ **DATE DRUG WAS FIRST PRESCRIBED:**__/ __/ __

PRESCRIBING DOCTOR:_____ _____**M.D.**

PRESCRIBING ORGANIZATION:_____

THIS MEDICINE SUPPLIED IN, **INJECTION:**__ **CAPSULE:**__ **PILL:**__ **LIQUID:**__ FORM.

THIS PRESCRIPTION DRUG WAS, **FILLED:**__ **REFILLED:**__ ON THIS DATE: __/ __/ __

Number Of Refills Remaining On This Current Prescription Medication Order:_

Specify Name & Address Of Pharmacy Where Prescription Medicine Was Prepared

_____

Did You Get A Medication Fact Sheet, Package Insert Or, Other Information From Your Pharmacist At Anytime During Your Transaction That, Explained The Purpose Of This Prescription Drug And, All Its Possible Side Effects In Words You Could Understand,..... **Yes:**__ **No:**__

Date Prescription Drug Was Delivered Or, Ready For Use By Client:__/ __/ __

List Any Special Instructions, Warnings Or, Advisory Written On & Contained Within Medicine Packaging Or, Offered By Your Doctor On Lines Below.

_____

_____

Doctors Instructions Written Somewhere On Medicine Container Are As Follows

_____

_____

State The Reason Your Doctor Gave For Prescribing This Specific Medication,

_____

What Problem Did Your Doctor Say Would Be Helped By This Prescription Drug,

_____

Is This Prescription Medicine Intended To Solve / Address The Problem Or, Condition For Which You Initially Sought Treatment In Ways That Satisfy Both Doctor And, Patient Involved,..... Yes:__ No:_

When Did You Stop Taking This Doctor Ordered Prescription Medicine:__/ __/ _

Please List All Side Effects You Think Are Related To This Doctor Prescribed Drug In Space Provided,.....

_____

_____

Was Doctor Told By You Or, The Patient Of All Side Effects This Prescription Drug Is Believed To Have Caused,..... Yes:__ No:__

Patient Told Doctor About Drug Side Effects On,__/ __/ __ At, __:__ __.M.

Why Was Doctor Not Told About All Known Or, Suspected Prescription Drug Caused Side Effects Patient Discovered,.....

_____

_____

Did You Ever Stop Taking This Prescription Medicine On Your Own Without First Telling Your Doctor Or, Other Qualified Health Care Provider,..... Yes:__ No:__

Doctor's Response To Medication Caused Side Effects, Nothing Done:__

Dosage Adjustment Made:__ Additional Drug(s) Added With This One:__

Another Medicine Discontinued:__ Doctor's Office Visit Scheduled:__

This Prescription Drug Was Cancelled:__

If This Prescription Medicine Failed, Was Another Replacement Medication Started In Its Place, Yes:__ No:__ Name Replacement Drug(s)_____

_____

MEDICINE FOUR Client Code:__ __ __ __ RX__ __ __ Unit 4 Of 5

PRESCRIPTION DRUG DOSAGE MONITORING SURVEY

NAME MEDICATION 1:_____, __, __ **AMOUNT PER DOSE:**__, ___

NUMBER OF DOSES TAKEN PER DAY:__ **DATE DRUG WAS FIRST PRESCRIBED:**__/ __/ __

PRESCRIBING DOCTOR:_____ _____**M.D.**

PRESCRIBING ORGANIZATION:_____

THIS MEDICINE SUPPLIED IN, **INJECTION:**__ **CAPSULE:**__ **PILL:**__ **LIQUID:**__ FORM.

THIS PRESCRIPTION DRUG WAS, **FILLED:**__ **REFILLED:**__ ON THIS DATE: __/ __/ __
Number Of Refills Remaining On This Current Prescription Medication Order:__

Specify Name & Address Of Pharmacy Where Prescription Medicine Was Prepared

_____

Did You Get A Medication Fact Sheet, Package Insert Or, Other Information From Your Pharmacist At Anytime During Your Transaction That, Explained The Purpose Of This Prescription Drug And, All Its Possible Side Effects In Words You Could Understand,..... **Yes:**__ **No:**__

Date Prescription Drug Was Delivered Or, Ready For Use By Client:__/ __/ __

List Any Special Instructions, Warnings Or, Advisory Written On & Contained Within Medicine Packaging Or, Offered By Your Doctor On Lines Below.

_____

_____

Doctors Instructions Written Somewhere On Medicine Container Are As Follows,

_____

_____

State The Reason Your Doctor Gave For Prescribing This Specific Medication,

_____

What Problem Did Your Doctor Say Would Be Helped By This Prescription Drug,

_____

Is This Prescription Medicine Intended To Solve / Address The Problem Or, Condition For Which You Initially Sought Treatment In Ways That Satisfy Both Doctor And, Patient Involved,..... **Yes:__ No:__**

When Did You Stop Taking This Doctor Ordered Prescription Medicine:__/ __/ __

Please List All Side Effects You Think Are Related To This Doctor Prescribed Drug In Space Provided,.....

_____

_____

Was Doctor Told By You Or, The Patient Of All Side Effects This Prescription Drug Is Believed To Have Caused,..... **Yes:__ No:__**

Patient Told Doctor About Drug Side Effects On,__/ __/ __ At, __:__ __.M.

Why Was Doctor Not Told About All Known Or, Suspected Prescription Drug Caused Side Effects Patient Discovered,.....

_____

_____

Did You Ever Stop Taking This Prescription Medicine On Your Own Without First Telling Your Doctor Or, Other Qualified Health Care Provider,..... Yes:__ No:__

Doctor's Response To Medication Caused Side Effects, **Nothing Done:__**

Dosage Adjustment Made:__ Additional Drug(s) Added With This One:__

Another Medicine Discontinued:__ Doctor's Office Visit Scheduled:__

This Prescription Drug Was Cancelled:__

If This Prescription Medicine Failed, Was Another Replacement Medication Started In Its Place, Yes:__ No:__ Name Replacement Drug(s)_____

_____

MEDICINE FIVE Client Code:__ __ __ __ RX__ __ __ Unit 5 Of 5

PRESCRIPTION DRUG DOSAGE MONITORING SURVEY

NAME MEDICATION 1:_____, __, __ **AMOUNT PER DOSE:**__, ___

NUMBER OF DOSES TAKEN PER DAY:__ **DATE DRUG WAS FIRST PRESCRIBED:**__/ __/ __

PRESCRIBING DOCTOR:_____ _____**M.D.**

PRESCRIBING ORGANIZATION:_____

THIS MEDICINE SUPPLIED IN, **INJECTION:**__ **CAPSULE:**__ **PILL:**__ **LIQUID:**__ FORM.

THIS PRESCRIPTION DRUG WAS, **FILLED:**__ **REFILLED:**__ ON THIS DATE: __/ __/ __

Number Of Refills Remaining On This Current Prescription Medication Order:__

Specify Name & Address Of Pharmacy Where Prescription Medicine Was Prepared

_____

Did You Get A Medication Fact Sheet, Package Insert Or, Other Information From Your Pharmacist At Anytime During Your Transaction That, Explained The Purpose Of This Prescription Drug And, All Its Possible Side Effects In Words You Could Understand,..... **Yes:**__ **No:**__

Date Prescription Drug Was Delivered Or, Ready For Use By Client:__/ __/ __

List Any Special Instructions, Warnings Or, Advisory Written On & Contained Within Medicine Packaging Or, Offered By Your Doctor On Lines Below.

_____

_____

Doctors Instructions Written Somewhere On Medicine Container Are As Follows,

_____

_____

State The Reason Your Doctor Gave For Prescribing This Specific Medication,

_____

What Problem Did Your Doctor Say Would Be Helped By This Prescription Drug,

_____

Is This Prescription Medicine Intended To Solve / Address The Problem Or, Condition For Which You Initially Sought Treatment In Ways That Satisfy Both Doctor And, Patient Involved,..... **Yes:__ No:_**

When Did You Stop Taking This Doctor Ordered Prescription Medicine:__/ __/ _

Please List All Side Effects You Think Are Related To This Doctor Prescribed Drug In Space Provided,.....

_____

_____

Was Doctor Told By You Or, The Patient Of All Side Effects This Prescription Drug Is Believed To Have Caused,..... **Yes:__ No:__**

Patient Told Doctor About Drug Side Effects On,__/ __/ __ At, __:__ __.M.

Why Was Doctor Not Told About All Known Or, Suspected Prescription Drug Caused Side Effects Patient Discovered,.....

_____

_____

Did You Ever Stop Taking This Prescription Medicine On Your Own Without First Telling Your Doctor Or, Other Qualified Health Care Provider,..... Yes:__ No:__

Doctor's Response To Medication Caused Side Effects, **Nothing Done:__**

Dosage Adjustment Made:__ Additional Drug(s) Added With This One:__

Another Medicine Discontinued:__ Doctor's Office Visit Scheduled:__

This Prescription Drug Was Cancelled:__

If This Prescription Medicine Failed, Was Another Replacement Medication Started In Its Place, Yes:__ No:__ Name Replacement Drug(s)_____

_____

EMERGENCY ROOM (E/R) SATISFACTION SURVEY

If we are to succeed in improving the quality of your health care so that it nears the best service humanly possible, we need to know about the medical care and, support you received during this emergency room visit. As is the case with my other Satisfaction Surveys your name address and, phone number are not a part of the computerized record we are making now and, we will always try to keep this information strictly confidential.

Date Data Was Entered: _____ __ __, __ __ __ __

Database Entry Code: C__ __ __ __ER__ __ __ Male:__ Female:__ Minor:__

Age:___ Did E/R Admit Client,.Yes:__ No:__ Date Of E/R Visit:__/ __/ __

Health Care Funding Source:_____

Information About Emergency Room Service Location:

E/R Location:_____

Number:_____ Address:_____

City:_____ State:_____ Zip Code:_____

What Conditions/Symptoms Are Responsible For This Emergency Room Visit,

_____

_____

Was This Emergency Room Visit In Any Way Drug Abuse Related, Yes:__ No:__,

Please Name Drug Abuse Activity Responsible For This Emergency Room Visit,

_____

Name & Staff Position Of Doctor You Saw During Today's Emergency Room Visit,

E/R Doctor Name:_____ _____

Doctor/Emergency Medicine:__ Resident:__ Intern:__ Physicians Assistant:_

Prescription Medications Given While In Emergency Room:

1._____ 2._____ 3._____ 4._____

Define The Type Of Emergency Room In Which You Were Seen During This Visit,

1. Was Emergency Room A Stand Alone Facility Operated By A Group Of Doctor's At A Location Not Linked To A Hospital Support System,.... **Yes:**__ **No:**__

2. Was Emergency Room A Drop In Center With A Fully Staffed Hospital That Acts As A Full Time Backup For Severe Cases Of Crisis,.... **Yes:**__ **No:**__

3. Was Emergency Room Operating Within The Structural Confines Of A Full Service General Hospital Or, Medical Center,..... **Yes:**__ **No:**__

Define The Basic Facts About Your Emergency Room Visit

In The Emergency Room You Saw A, **Emergency Room Doctor:**__ **Private Doctor:**__

You Entered E/R During, **Morning:**__ **Afternoon / Evening:**__ **Night:**__

You Entered E/R On A, **Weekend:**__ [Fri, Sat & Sun] **Weekdays:**__ [Mon - Thur]

Take Home Medications Prescribed By Emergency Room Doctor During This Visi

1._____ 2._____ 3._____ 4._____

5._____ 4._____ 7._____ 8._____

Rating Your Emergency Room Experiences:

Using **1=Very Poor 2=Poor 4=Fair 4=Good 5=Very Good** As A Scale Please

A. Rate The Promptness Of Being First Seen By A Member Of The Emergency Room Medical Staff When You Arrived Seeking Treatment,.....__

B. Rate The Promptness Of Being Admitted To The Hospital Once Your Medical Need Was Confirmed And, Acted On By Members Of Emergency Room Staff,...__

C. Rate Courtesy Or, Caring Of Your Emergency Room Admissions Officer,....__

D. Rate How Ample, Seating Space Was In Emergency Room Waiting Area,.....__

E. Rate How Ample & Accessible Patient Rest Rooms's In Hospital E/R Were,.__

F. Rate E/R On Keeping Patient Areas Free Of Needless Cramp And, Clutter,.__

G. Rate How Pleasing, Clean, Pleasant E/R And, Its Staff Members Were,....__

H. Rate Your Emergency Room **Exam Area / Exam Cubical** On How Free It Was Of Dirt, Old Gauze, Medical Packaging, Wrappings, Inserts And, Other Indications That This Area Has Not Received A Complete Cleaning After Its Former **Patient Occupant** And, Their Supporting Cast Of Doctors, Technicians, Nurses, Support Staff Or, Relative's Has Moved On,.....__

I. Rate How Quickly Spills Or, Major Dangers Are Detected And, Resolved By, Hospital Support Services Staff Or, Emergency Room Personnel,.....__

J. Rate How Well Emergency Room Doctor Reached Out To Truly Understand Your Medical Problems During Your Visit For Immediate Attention,.....__

K. Rate How Well Emergency Room Doctor Reached Out To Share Results Of Test's In Ways That Made Your Medical Condition And, Options Appear Understandable And, Clear To You The Patient,.....__

L. Rate How Well The Emergency Room Doctor Acknowledged, Handled And, Helped You To Deal With Any Special H.I.V. Related Physical Or, Emotional Stresses You Experienced During This Particular Visit,.....__

M. Rate How Well All Members Of The Emergency Or, Support Staff Who Had A Legitimate Need To Know Maintained Appropriate Patient Confidentiality Precautions About Your H.I.V. Positive Status During This E/R Visit,...__

Did Your Emergency Room Visit Occur In A, **State / University Hospital:__**

Veterans Administration Medical Center:__ **Private For Profit Hospital:__**

Community Hospital:__ **Major Teaching Hospital:__** **Mental Health Center:__**

Did Your Emergency Room Visit Occur In A,

(Small Town) Rural Hospital:__ Big City Hospital:__ Suburban Hospital:__

Drug Abuse / Addiction Rehabilitation Hospital:__ Sectarian Hospital:__

Specify Other Type Of Hospital: _____

Answering Questions That Define This Emergency Room Experience,

1. **At What Time Did You First Enter Hospital Emergency Room,.. __:__ __.M.**

2. **At What Time Did You First See An Emergency Room Doctor,... __:__ __.M.**

3. **Did You Feel Abandoned By E/R Staff As You Waited For Eventual Emergency Room Treatment Or, Hospital Admission Processes To Occur,. Yes:__ No:__**

4. **How Long Did You Have To Wait In The Hospital Emergency Room Before Actual Medical Treatment Addressed Or, Hospital Admission Resolved The Health Care Crisis Responsible For This Visit,.... Hours:__ Minutes__**

5. **At What Time Were You Released From The Emergency Room,.... __:__ __.M.**

6. **If You Were Seen By An Emergency Room Doctor Who Said You Must Be Admitted To The Hospital As An Inpatient, Were You Then Asked To,**

Sit / Walk:__ Lay On Bed:__ Lay On Stretcher:__ Sit In Wheelchair:__

7. **Until A Doctor Was Ready To Treat Your Complaints Or, Until A Hospital Room Became Available, Where Did Emergency Room Staff Ask You To Wait.**

Public Emergency Room Seating Area:__ Separated From Other Patients:__

Non-Public Emergency Room Seating Area:__ Deserted Section Of E/R:__

Busy Main Hallway:__ Deserted Back Hallway:__ Open Triage Area:__

Mixed In Among Other E/R Patients:__ Waiting Area Outside E/R Room:__

Specify Any Adverse Placement Or, Emergency Room Conditions You Endured,

_____

_____

Please Give Yes Or, No Answers About Your Emergency Room Experiences,

A. Were You Covered With A Blanket Or, Sheet If This Action Was Appropriate As A Response To Maintain Your Comfort Or Personal Dignity, **Yes:__ No:__**

B. Did You Have A Call Button Or, Other Accessible Way To Communicate Your Urgent Medical Or, Unanticipated Human Need For Assistance To Members Of The Emergency Room Staff Responsible For Your Well Being,.. **Yes:__ No:__**

C. Did Any Emergency Room Staff Regularly Circulate Amongst E/R Patients Returning At Intervals To See How You Were Doing By Monitoring Your Vital Signs, Talking To You Or, Trying To Make Your Wait Easier,. **Yes:__ No:__**

D. Did You See An Emergency Room Nurse During This Visit,..... **Yes:__ No:__**

E. Was The Human Compassion That Is A Vital Part Of All Medical Care Made Evident In All Aspects Of The Care You Received During This Visit To The Emergency Room We Are Discussing In This Survey,..... **Yes:__ No:__**

F. Were You Asked To List All Of Your Known Allergies / Medication Reactions By Anyone During This Visit To The Emergency Room,..... **Yes:__ No:__**

G. Does This Emergency Room Has Access To A Medical History Detailing Recent Care, Diseases, Treatments, Complaints And, Cultural Details Currently Affecting Or, Defining Your Lifestyle / Health Care Needs,. **Yes:__ No:__**

H. Did Emergency Room Staff Offer You Water, Punch, Snack Foods, Sandwiches Or, Cafeteria Meal Tickets To Insure That Any Patient Waiting Long Period Of Time For Treatment Or, Rooms To Become Available Received, The Proper Nourishing Food Until Their Complaints Could Be Addressed,. **Yes:__ No:__**

I. Did Emergency Room Staff Try To Build And, Maintain A Serious But, Uplifting Relationship With You Throughout Every Part Of This Emergency Room Visit In Hopes The It Would Help Reduce Any Pain Or, Anxiety You Had To Confront, Cope With And, Conquer During This Visit,. **Yes:__ No:__**

J. Were Steps To Preserve Your Human Dignity, Like Holding Your Hand, Helping You Meet Demand's Of Medical Test's, Taking Time To Speak In Reassuring Tone's When Explaining Things Or, Asking For Your Help / Compliance In A Caring Way The Type's Of Human Courtesies That Were Routinely Practiced By All Emergency Room Staff Members,... Yes:__ No:__

K. Did You Feel There Was Any Intentional Moral Or, An Arrogant Tone Evident Or, Implied By The Questions Or, Actions Of The Emergency Room Staff Members Or, Support Services Staff During This Visit, Yes:__ No:__

L. For Other Than Purely Medical Reasons Or Rational's, "Like Ability To Pay For Services Rendered", Were You Transferred To A Public / Inner City Hospital After Being Stabilized And, Interviewed By A Member Of The Emergency Room Clerical Staff / Hospital Admissions Office,.Yes:__ No:__

M. Did You Visit The Emergency Room Today For Treatment Of A Complaint, Illness Or, Injury That Is Or, Was Entirely Unrelated To H.I.V. Or, A.I.D.S., Only To Be Surprised Later By News That Your Blood Tested Positive For The H.I.V. Virus That Causes A.I.D.S. Found Using Routine Emergency Room Medical Screening Lab Tests,..... Yes:__ No:__

N. Did Any E/R Staff Ask About Every Medicine You Now Take,. Yes:__ No:__

O. Were You Asked To Give A Personal And, Family Medical History At Any Time During This Emergency Room Visit,..... Yes:__ No:__

P. How Soon After Your Arrival In The Emergency Room Were Your Vital Signs Taken By Nurse Or, Other Member Of The E/R Staff,. Hours:__ Minutes:__

Q. Were You Told The Results Of Each Of Vital Signs Test's After Each One Had Been Completed By, Your Health Care Professional,.... Yes:__ No:__

R. During This Emergency Room Visit Which Following Vital Sign's Were Taken,

Heart / Lungs:__ Blood Pressure:__ Temperature:__ Pupil Check:__

Pulse:__ Height:__ Weight:__ Ears:__ Other:_____

S. Your Height: __' __" Your Weight:___ You Eat Well:__ You Eat Poorly:__

T. Is The Hospital Emergency Room Your Primary H.I.V. Care Option Due To Lack Of Health Insurance, Poverty Or, Homelessness,..... Yes:__ No:__

Rate Courtesy Of Medical Professionals Seen During Your Emergency Room Visit Using **1=Very Poor 2=Poor 3=Fair 4=Good 5=Very Good** As Your Scale, Only If You Actually Were Referred To Them For Services During This E/R Visit.

Rate Electrocardiogram / E.K.G. Staff,..... __

Rate Blood Drawing, Urine Collection Or, Laboratory Staff,..... _

Rate X-Ray / M.R.I. / Cat Scan Diagnostic Imaging Staff,.. __

Rate Your Entire Emergency Room Experience Using Scale Provided,.. _

Use Space Below To List Ratings Of Other Departments & Staff Seen During This Emergency Room Visit That Are Not Otherwise Specified By Name Here,

Dept. A._____ Rating,__ Dept. B._____ Rating,_

Dept. C._____ Rating,__ Dept. D._____ Rating,_

Dept. E._____ Rating,__ Dept. F._____ Rating,_

What Information Was Uncovered During This Emergency Room Visit,

1. Were You Diagnosed H.I.V. Positive By Emergency Room Blood Test Given During Or, As A Result Of This E/R Visit,..... **Yes:__ No:__**

2. Was An A.I.D.S. Diagnosis Made By A Qualified Doctor During Any Part Of The Medical Examination You Received As Part Of Treating The Complaint Which First Caused You To Seek Help At The Emergency Room,. **Yes:__ No:__**

3A. Your T-4 Count Is: __, __ __ __ Resulting From Test Given On __/ __/ __

3B. If Your Last T-4 Count Test Result Is Old Or, You Do Not Know Your Current T-4 Count, Did You Ask Doctor If He Would Order The T-4 Blood Count Test Today And, Share Its Results With You,..... **Yes:__ No:__**

Use Your Own Words To Add Or Clarify Any Details You Would Like To Explain,

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

How Were Your Emergency Health Care Needs Resolved During This Crisis,

A. How Many Separate Visits To The Same Emergency Room Did It Take To Cure This Health Care Crisis Or, Complaint To Your Total Satisfaction,

1 Visit:__ 2 Visits:__ 3 Visits:__ 4 Visits:__ 5 Or, More Visits:__

B. If You Had To Visit More Than One Other Hospital Or, Emergency Room, Were You In Search Of, **Proper Medical Treatment:__** Or, **Timely Medical Care:__** For The Emergency Conditions You Believed Needed Immediate Attention.

C. To Insure You Received Proper Or, Timely Medical Care Did You Have To Visit More Than One Hospital During Your Crisis,..... **Yes:__ No:__**

Were You Refused Treatment At Any Emergency Room,

1. Were You Refused Treatment At Any Hospital Emergency Room Because Of Your Inability To Pay For The Immediate Medical Care, Treatment Or, Services You Needed During This Emergency Room Visit,..... **Yes:__ No:__**

2. Which Following Types Of Crisis Best Define Why You Sought Immediate Emergency Room Physician Treatments, Services And, Attention.

Medical Crisis:__ Mental Health Crisis:__ Drug Abuse/Addiction Crisis:__

3. Did Anyone In Authority At The Hospital Emergency Room Give A Reason Why You Were Denied Emergency Medical Treatment, Mental Health Interventions, Drug Abuse / Addiction Treatment Services You Requested,.... **Yes:__ No:__**

4. **In The Space Provided Below, Please Give The Explanation Or, Rationale Any Person In Authority At Emergency Room Site Gave As The Hospital's Reason For Denying You The Immediate Medical Treatment, Mental Health Interventions Or, Drug Abuse / Addiction Services You Requested,.....**

_____

_____

_____

_____

_____

_____

_____

_____

5. In The Space Provided Below, Please Give The Name And, The Job Title Of Anyone In Authority Who Explained Why Your Request For Emergency Medical Or, Psychological Treatment Was Being Denied,..... **Yes:__ No:__**

Name First:_____ Last:_____

Job Title Of E/R Staff In Authority, _____

6. Did The Emergency Room Accept Any Of The Following As Full Payment For The Medical Services You Had Received During This Visit: **Medicare:__**

Federally Funded Medical Assistance:__ State Medical Assistance Program:__

Blue Cross / Blue Shield:__ Other:_____

Receiving Emergency Room Services As A GOV'T Or, H.M.O. Member

1. When You Asked For Emergency Room Services, Were You Told That A Participating H.M.O. Or, GOV'T Doctor Had To Be Called In Or, An Insurance Program Official Had To Authorize, Authenticate Or, Monitor Your Visit Based On Its Individual Merits Before Any Medical Treatment, Drug Abuse Rehabilitation Services Or, Mental Health Care Could Be Offered To You By Any Hospital Or, E/R Staff Member,..... Yes:__ No:__

2. Were You Asked To Wait By Hospital Or, Emergency Room Staff After Being Told That Only A Participating GOV'T, Insurance Program Or, H.M.O. Doctor Was Allowed To Care For The Complaints Or, Ailments That Caused You To Seek Emergency Room Treatment At Time Of This Visit, Yes:__ No:__

3. If A You Had To Wait For A Participating GOV'T, Insurance Program, H.M.O. Doctor To Visit You At The E/R, Then Did He Arrive In A Timely Manner After E/R Staff Told Your Insurers On Call Operations / Financial Control Center Officer Of Your Emergency Health Care Needs, Yes:__ No:__

4. How Long Did It Take For Your Participating GOV'T, Insurance Program Or, H.M.O. Doctor To Arrive After They Were Contacted By The Emergency Room Medical Staff And Told About All Complaints Or, Illnesses For Which You Sought Immediate Treatment Today, Hours:___ Minutes:___ Spent Waiting.

5. At Anytime During This E/R Visit Did A H.M.O., Insurance Program Or, GOV'T Doctor Instruct You To Leave Emergency Room And, Come To Doctor's Office During Regular Hours Because, They Felt You Had, "A Non-Emergency Problem / Complaint Best Treated During An Office Visit",. Yes:__ No:__

6. Will Your H.M.O., GOV'T Or, Other Health Care Insurance Coverage Pay For Justified / Approved Emergency Room Care At Any Hospital That Can Offer The Immediate Medical Treatment, Mental Health Intervention Or, Drug Abuse / Addiction Rehabilitation Services You Need,.. Yes:__ No:__

7. Has Your Membership In A H.M.O. Or, GOV'T Program Limited Your Possible Choices For Emergency Room Care To A Pre-Approved List Of E/R Facilities Or, Hospitals Supplied To You In Your Program Policy,..... Yes:__ No:__

List Your Health Plans Approved E/R Sites, _____

_____

ALLIED HEALTH / SPECIALTY SERVICE RATINGS COMPONENT OF SATISFACTION SURVEY, Client Visit Report Form, A Survey For Specialty Care / Helping Professions

You can report visits to allied medical, mental health professionals for services and, human social support that did not require a visit to your dentist, primary care physician or, your usual infectious disease doctor. You can summerize the nature, quality and, other points of both interest or, concern that affected this or, any other visit for services using your own words. **You can use this part of the Satisfaction Survey System to make suggestions, comment on your physical, mental health or, make status reports / running progress notes of any special medical / mental problems or, pains you are experience.** You can also use this form to document any ongoing medical, support or, service quality complaints as they head toward eventual resolution or, crisis. You can make suggestions, comments or, complaints about any aspect of the care you received during a visit for doctor ordered therapy's, diagnostic test's, treatment program's or, support services. The **Visit Report** component of the survey also serves as an incident report form, where positive and negative **behaviors / acts** of health care staff in any allied professional offices can be recorded using your own words to describe your side of any noteworthy event that occurs outside and, independent of your primary physician or, infectious disease doctor's direct supervision.

Date Data Was Entered: _____ __ __' __ __ __ __

Database Entry Code: C__ __ __ __VR__ __ __ **Male:**__ **Female:**__ **Minor:**__

Age:___ Was Client Seen Today,.. **Yes:**__ **No:**__ **Date Of Visit:**__/ __/ __

Health Care Funding Source:_____

Location Where Visit Occurred,_____

Department:_____

Care Providers Name,_____

Number:_____ **Address:**_____

City:_____ **State:**_____ **Zip Code:**_____

Please Mark One Of The Following That Best Describes Purpose Of This Report,

Progress Report:__ Comments:__ Suggestions:__ Complaint Report:__

NEGATIVE INCIDENT REPORT:__ For Issue's You Feel Need Immediate Attention:

Continued Comments:

Using 1=**Very Poor** 2=**Poor** 3=**Fair** 4=**Good** 5=**Very Good** As Your Scale,

Please Rate Only Those Office Staff, Specialist's Or, Technicians You Saw During Your Visit For Allied Health Care / Professional Services,

1. **Office Receptionist / Secretary / Clerk,**..... __

2. **Medical Records Staff,**..... __

3. **Technical Support Services Staff,**..... __

4. **Blood Drawing Staff,**..... __

Please Specify Others Here,

_____,..... __

_____,..... __

_____,..... __

IS A NATIONAL SURVEY FAX LINE WHERE H.I.V. POSITIVE CONSUMERS CAN GIVE QUALITY RATINGS, MAKE SUGESSTIONS AND, GIVE OPINIONS ABOUT THE QUALITY OF HEALTH CARE, COMMUNITY SUPPORT, HUMAN SERVICES AND, COMPASSION THEY GET IN SOCIETY NEEDED ?

The NATIONAL SURVEY FAX Hotline Is Still A Concept And, Will Only Be Established After Enough People Have Called In And, Shown They Would Like To Use My Book To Create A NATIONAL SURVEY FAX DATA BASE Where Ordinary People Living Daily With H.I.V. Can Rate Effectiveness, Complain, Express Themselves & Make Suggesstions From Their Own, "CONSUMERS PERSPECTIVE" Concerning Health Care, Outreach Issues, Human Services, Personal Experiences & Social Attitudes They Face Everyday.

IS A NATIONAL SURVEY FAX LINE WHERE H.I.V. POSITIVE CONSUMERS CAN RATE THE QUALITY OF THEIR HEALTH CARE & SERVICES NEEDED ?

What do you think about a nationwide survey fax hotline where many different types of H.I.V. positive consumers of health care and, other speciality services can speak out about issues, voice their opinions and, rate the quality of life defining needs that concern them the most. I want to know what people living with H.I.V. and, A.I.D.S. think about using the surveys found in this book and the other additional survey'a that will be released in another book that will hopefully be published in the near future as tools that give individuals a strong voice so they can have input into the national quality of health care debate occuring now in all levels of society and, government. I am not entirely, "SURE" that a NATIONAL SURVEY FAX HOTLINE is needed, but as a person who does not live each day with H.I.V. it is not my place to make this judgement for H.I.V. infected people this is why I ask people who are living with H.I.V. & A.I.D.S. every day to call me at (410) 433-2758 and, register your opinion on the question, IS A NATION WIDE SURVEY FAX HOTLINE NECESSARY. IF YOU WANT A SURVEY FAX LINE AND, YOU ARE WILLING TO PARTICIPATE IN ACTUAL SURVEY FAX DATA BASE "IF" IT GETS STARTED" THEN BUY THIS BOOK,THEN CALL ME, GIVE ME, SOME REQUIRED STATISTICAL INFORMATION AND, I WILL LOG YOU ON WITH YOUR OWN SURVEY FAX IDENTIFICATION / ACCESS NUMBER.

DON'T WORRY BECAUSE YOU ARE LOVED, RESPECTED & VALUED BY ME, even if you can not buy the book or, call in to take the first step in the process of informing society about what H.I.V. positive people themselves think about the quality of health care, basic human social support services, government leadership and, daily personal stresses people living with H.I.V. and, A.I.D.S. must face each day. A big, "THANK-YOU if you have already called or, are about to call the SURVEY FAX REGISTRY number to show your support for my attempt to establish a national SURVEY FAX HOTLINE that will allow H.I.V. positive people themselves to rate the HEALTH CARE, ASSOCIATED HUMAN SOCIAL SUPPORT SERVICES AND, GENERAL LEVEL OF H.I.V. COMPASSION they recieve based on their own assessments, experiences, beliefs and, values. If you want to see a national survey fax network set up to allow H.I.V. positive consumers to voice their opinions on the qaulity of health care services they are getting you can sign up to participate. YOU CAN REGISTER IN THE SURVEY FAX DATA BASE ONLY IF YOU AGREE TO ENTER THE SURVEY AT YOUR OWN RISK AND, ONLY IF YOU FULLY ACCEPT THAT ALL INFORMATION, TRANSMITTED, PHONED, FAXED OR OTHERWISE OFFERED FOR PLACEMENT IN THE INTO THE SURVEY FAX DATA BASE BECOMES THE SOLE LEGAL PERSONAL PROPERTY OF DAMON DUNAWAY TO PUBLISH, DISPLAY OR, OTHERWISE DO WITH AS HE PLEASES. ALL APPLICANTS WHO CALL, REGISTER, PROVIDE DATA ABOUT THEMSELVES OR, OTHERWISE TAKE ANY ACTIVE PART IN ANY CURRENT OR FUTURE SURVEY FAX DATA BASE OR, ANY OTHER SYSTEM WE OFFER FUTHER AGREES TO RELEASE MR DUNAWAY FROM ALL LEGAL LIABILTY.

Call me only if you want to see a national, "SURVEY FAX NETWORK" set up that allows people living with H.I.V. & A.I.D.S. to voice their concerns, opinons, ratings and, commentary about the quality of health care, human social support services and, societal compassion for H.I.V. positive people in this society you must 1. call me, 2 agree to be contractually bound by all the conditions of the SURVEY FAX SYSTEM PROGRAM and, 3. answer a few questions so I can have enough raw statisical information to understand what segment of our society you will represent, "IF" my, "NATIONAL SURVEY FAX DATA BASE SYSTEM IS EVER BUILT AND, ACTIVATED with you as a contributing VOLUNTEER MEMBER OF OUR, "ALL VOLUNTEER TEAM". Call me if you would send your survey results back regualrly so we could have a true to life running histroy of the types of support, health care and, stresses you must face daily given from your perspective as a H.I.V. positive person. If you would like to be a part of SURVEY FAX PROGRAM then register as a SURVEY FAX TEAM MEMBER and, if I ever establish A NATIONAL SURVEY FAX PROGRAM you will already have your computerized identification code number which allows you to participate in it. For anyone who has registered their support for the giving ordinary H.I.V. positive people a voice in rating and, giving an opinion of the quality of the health care, supportive services and, societal attitudes towards people living with H.I.V. or, A.I.D.S. by calling the number in this book, I would like to take this time to say a big, "THANK-YOU FOR YOUR STRENGTH, LOVE, COMPASSION AND, CONCERN FOR OTHERS WHO ARE LIVING WITH H.I.V. AND, A.I.D.S.". Using this SURVEY FAX SYSTEM with the help and, support of many H.I.V. positive team members who contibute facts about their experiences regularly maybe together with me, we will be able to humanize this disease and, build compassion, enhance tollerance and, irradicate ignorance by showing our society the good and, bad of what it is like to live with H.I.V. or, A.I.D.S. everyday. H.I.V. has far too many people who feel 'VICTIMIZED" by their disease process.

I has been my experience as a severely multiply handicapped person that true humaizing empowerment can not take place if the person living with H.I.V. or, A.I.D.S. in question sees themselves as a, "VICTIM" because, a victim has already surrendered to a person, a thought, an idea or, an ideal that has already very effectively dehumanized the individual in their own eyes. Empowerment can not occur whenever an individual admits to themselves, agrees, submits to or, otherwise conforms to societal or, any other pressures that tell them they are both powerless to change anything and, not worth the effort of intervention by those truly compassionate people among us in a position to educate, motivate, protect and, otherwise better their miserable quality of life because this is the self imposed dying process all dehumanizing self victimization eventually takes on. I hope the education process this SURVEY FAX service begins helps to spur our society to recognise or develop more compassionate effective ways of delivering high quality health care, human services and, community support that all H.I.V.+ people need. I hope the SURVEY FAX service will humanize our outlook toward marginalized people like drug addicts who are becoming infected by H.I.V. in increasingly large numbers.

Drug abuse is an evil death focused consuming rightfully illegal heinious crime that destroys everything and, everyone it touches but, hopefully with the help of my SURVEY FAX service we as a society will be able to accomplish the emotionally difficult job of separating the very sick, frightened, morrally adrift H.I.V. positive drug abuser from their ugly evil crimes long enough to see the hurting human being who despartely needs our love because this is the face of the human being that still is at the center of every active drug addict. I want the SURVEY FAX service I hope to provide someday to be a tool that helps each individual in society find their own personal powerful and, uniquely genuine unselfish life focused reasons and, needs to help people living each day with H.I.V. or, A.I.D.S. that is based on true feelings of empathy with the real day to day human face of pain and, suffering that is still being engendered into the body and, soul of all humanity by this pandemic. In my heart I feel that when a disease like H.I.V. ravages any community the entire society becomes sick but the largest burden of pain and, suffering of the entire world in a pandemic like this one only manifests itself most seriously and, severely on and, in the people among us who are quietly meeting the daily challenges of living with H.I.V. or, A.I.D.S.

The question then becomes what will you do to help people living with H.I.V. and, A.I.D.S. who need your help, love, support and, contributions NOW ! as they once even needed me a poor handicapped black man to make his contribution to their fight. If a fight is for an honorable cause no good woman, man or, child can in good consciousness excempt themselves from any part of a truly just war like this one against H.I.V. and, A.I.D.S. our entire world community finds itself currently engaged in. I personally feel anyone who decides not to help in this world wide war against H.I.V. & A.I.D.S. by doing or, giving any valuable / unique talents you can safely contribute without hurting yourself automatically brands themselves a deserter at best or, a collaberator in the war with the WORLD'S VIRAL H.I.V. enemy at worse. I am a very severely handicapped 34 year old black man living on a fixed income of social security and, supplemental security income payments writing to you from a section 8 subsidized housing unit in our nation and, this book was my way to help people living with H.I.V. and, A.I.D.S. If a poor, black, severely handicapped, inner city man who seldom gets out can write this book to help in the fight against H.I.V. and, A.I.D.S. it should make you think about two questions. If a very poor, severely handicapped, black man like me can write this book, the question becomes what could you do to help people living with H.I.V. or, A.I.D.S. in your community, locally or, nationally if you really put your mind and, resources to the goal of helping, learning and, caring about people living with H.I.V. Action and, not indifferent thought alone will win the fight against H.I.V. and, A.I.D.S. so if a poor severely handicapped black man like me can take on the difficult action of writing this book as my contribution to the fight against H.I.V. and, A.I.D.S. then where is your action. Where is your unselfish action to help people living with H.I.V. this is AND, SHALL REMAIN MY CHALENGE TO ALL IN SOCIETY, who seek the death focused indifferent solace of ignoring people living with H.I.V. by saying its someone else's problem, by just wishing H.I.V. & the prickly issues it raises would go away, by blaming the ugly social ills that ehanace the spread of H.I.V.or, by using other equally selfish self isolating defeatist tools.

H.I.V tests our humanity and commitment to help those among us whom we find most repulsive. What bold audacious action have you taken to fight H.I.V. and, A.I.D.S. Being handicapped I never had a chance to serve my country in the millitary services but if I were not disabled I would have loved to have been a, "UNITED STATES MARINE" because, I like bold audacious well thought out actions that frighten the enemy so maybe this is why I stuck to believing that in writing these surveys and, suggesting the idea of the survey fax system to everyone I had something of true value to offer the world community dispite my severe multiple handicaps. This book is not the last of my audacious acts either it is instead just the first born fruit of many future abundant seasons of love I plan to share with the world. I shall continue rising over the obsticles in my path by the sheer force of my determination and, my belief in GOD Almighty which is why this book has been published dispite all of the strikes many would say I have against me. Please join me in the fight to help people living with H.I.V. and, A.I.D.S. because, I need you but, more importantly it is the right thing to do and, people living with H.I.V. as a part of their daily lives need you more than I do even with all my many severe multiple disabilities.

In reaching your decision on if it is right for you to contact, register, offer or, otherwise send any information about yourself to the, "SURVEY FAX DATA BASE" I am compelled by caring to make the following statement which is meant and, should be considered a, "STERN WARNING"....."PLEASE DO NOT BE OVERCOME BY THE DECEPTIVE STRONG EMOTIONAL RUSH OF HUMAN KINDNESS THAT OFTEN COMES OVER ALL TRULY GOOD PEOPLE WHEN THEY FIRST REALIZE THEY ARE IN A POSSIBLY UNIQUE POSITION TO HELP OTHERS WHO ARE SUFFERING OR, DYING. Deciding to take the risk of calling this SURVEY FAX service is a decision that demands your most careful considered deliberative thought, talents and, skills so, please do not make a decision to call me or, register in as a potential SURVEY FAX team member list as a rash or, impulsive act. Do not be overcome by your compassionate need to give out sensitive information about your H.I.V. related conditions and, personal experiences as a impulsive act of self sacrifice made in a moment when you are driven by the passion of your natural deep seeded love for your fellow human being amplified by any inspirational ideas I suggest anywhere within this book.

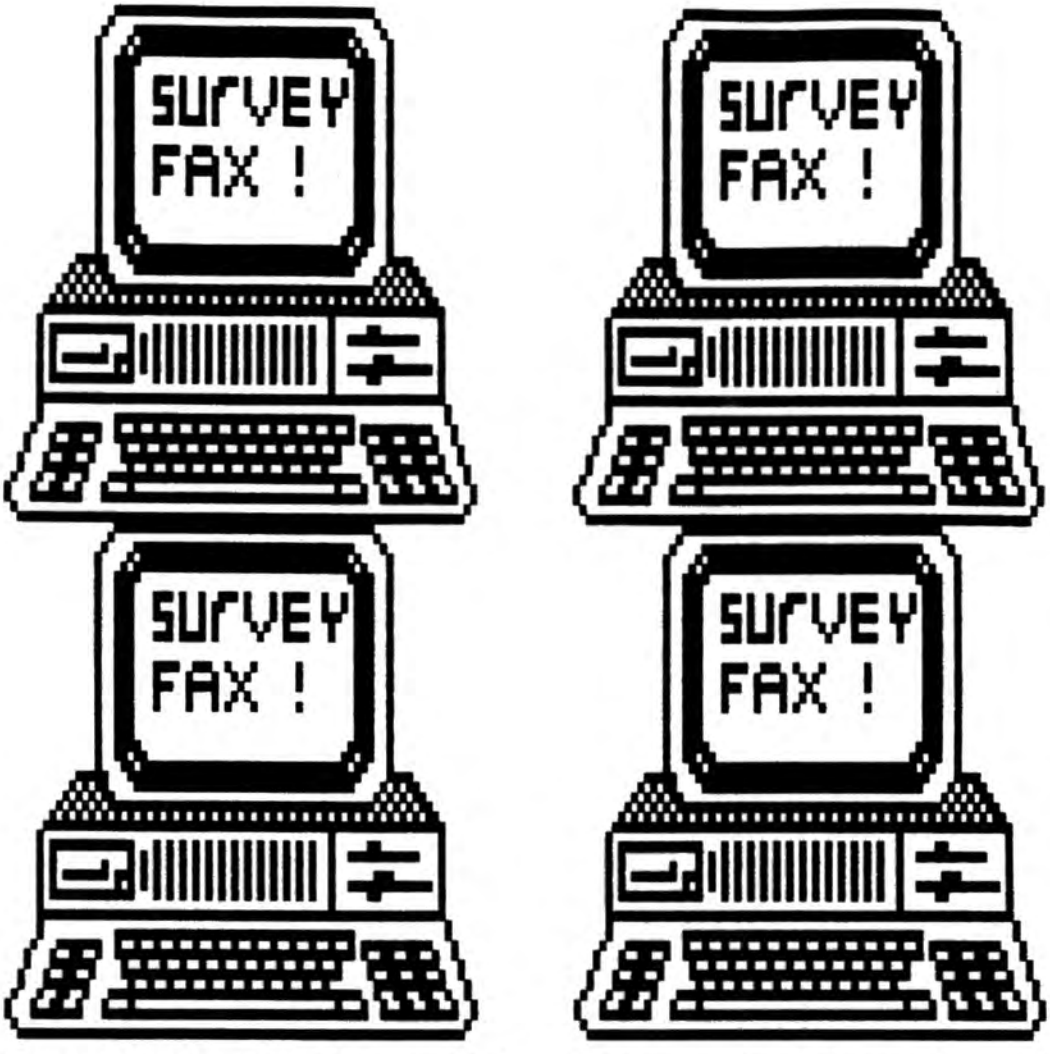
While your best intentioned desires to help others living daily with H.I.V. are very commendible you must still very carefully consider the fact that revealing any part of your H.I.V. related conditions or, personal life experiences no matter how seemingly small and, insegnificant might still place you at a real risk of economic, social, political or, other violence / retaliation by strong ignorant and, active bigoted people in our society who are very capable of H.I.V. motivated haterd, descrimination, indifference and, callousness. Please ponder long and, hard over any decision you make before contacting, joining or, otherwise engaging in any relationship with the "SURVEY FAX CONCEPT TEAM". Remember that I love you and, my prayers, my total love and, humanizing support are with you always. Remember that your struggles to live with H.I.V. with dignity have been joined and, ultimate victory over H.I.V. shall be ours to savor, remember this even as your medical condition or, bigoted frightened arrogant ignorant members of our society suggest that you would do better to devalue yourself in your own mind by seeking death.

YOU MUST BE 18 YEARS OF AGE OR OLDER TO ENTER ANY PART OF THE SURVEY FAX CONCEPT-TEAM

YOU MUST AGREE NOT TO HOLD THIS SURVEY FAX DATA BASE LEGALLY LIABLE FOR ANYTHING ARRISING FROM YOUR CALLING THESE SYSTEMS

ALL DATA
SUBMITTED TO
SURVEY FAX
BECOMES THE
SOLE PROPERTY
OF: DAMON
DUNAWAY
TO BE USED OR,
PUBLISHED AS
HE SEES FIT
NO EXCEPTIONS.

ENTER THIS SURVEY FAX DATA BASE AT YOUR OWN RISK AND, EXPENSE BY CALLING (410) 433-2758

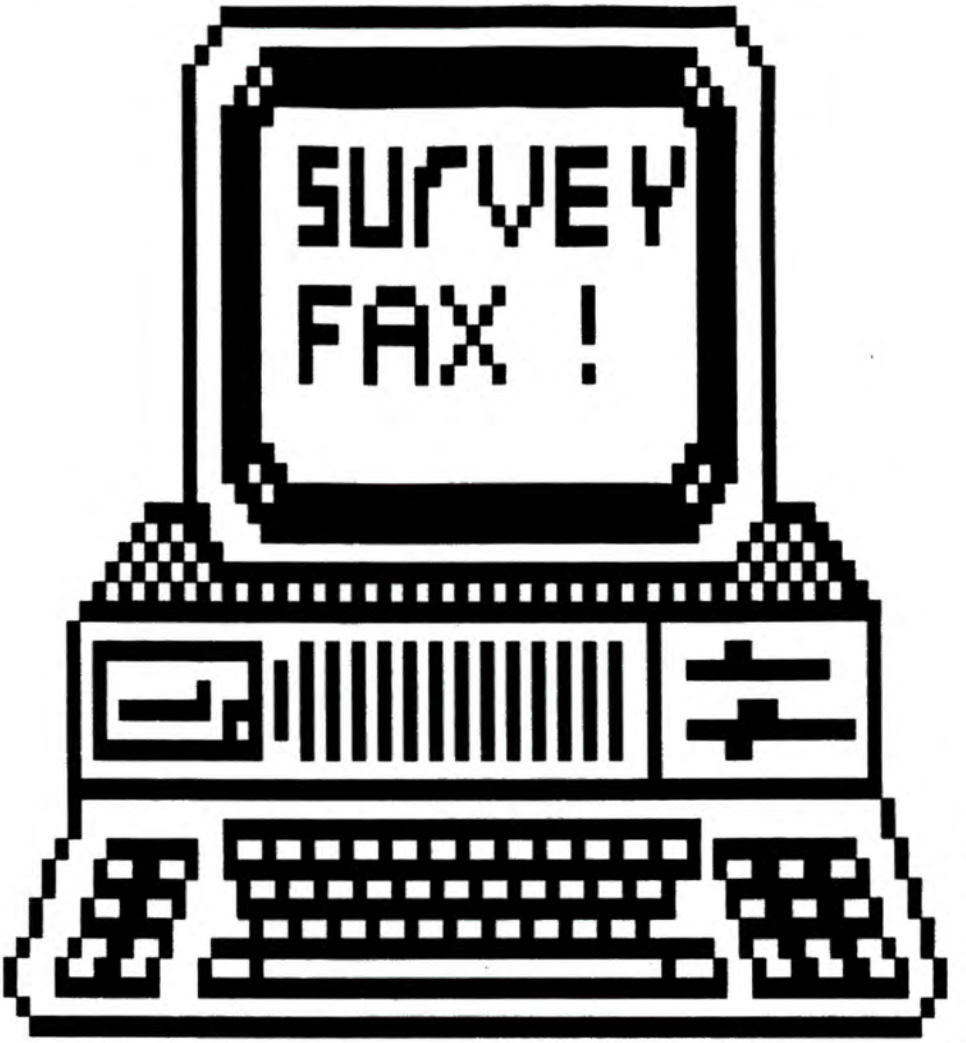


If You Wish To Enroll In Survey Fax Program!
You Must First Apply For Your Own Personal
Survey Fax Database System Access Code
Identification Control Number By Calling,

Survey Fax Resigtery

At: (410) 433-2758

You Can Choose Not To Identify Yourself & You Can Always Refuse To Answer Any, Question(s) In All The, "HUMAN SERVICES SATIFACTION SURVEY FOR H.I.V. POSITIVE PEOPLE, Unit's We Publish But, You Must Have A Confirmed H.I.V.+ Diagnosis To Resigter In Our National H.I.V. Health Care/ Human Support Services Assessment Team.



OBSERVE THE FOLLOWING SURVEY FAX RULES!

Never Use Ficticious Survey Fax I.D. Codes.

Never Combine Data About Many Individuals

Do Not Create Fictionalized Or, False Data.

Do Not Report Gossip Or, Guesses As Fact.

Do Not Manufacture Data To Fit Any Agenda

Report Only Your Own Personal Experience

Be Careful, Factual & Crictical In Reporting

"CONSENT AGREEING TO ENTER SURVEY FAX COMPUTERIZED DATA BASE AT YOUR OWN RISK & Making all data collected Damon Dunaway's sole property"

Please do not enter the, "SURVEY FAX DATA BASE SYSTEM" if you can not afford to risk any of the information you provide includung your name, address, identity, and, date of birth becoming known to the general public. Do not call or attempt to enter the, "SURVEY FAX DATA BASE" unless you agree that all the information you supply shall become the undisputed sole property of Mr. Damon Dunaway to do with as he pleases. "ENTER THE SURVEY FAX DATA BASE AT YOUR OWN RISK because, although I will try to safeguard any data you send me, well as my very limited financial resources allow, I can neither guarantee or otherwise allow myself to be legally or, morally liable for any act or result arrising from any, SURVEY FAX TEAM MEMBERS" participation in this national computerized survey billboard. Enter the, "SURVEY FAX DATA BASE" only if you fully agree to release Mr. Damon Dunaway his agents, heirs and, Unified System Of Alpha from all present and, future legal, moral and, financial responsibility for any event, leak, issue or, damage arrising directly or, indireclty from your decision to participate in this, "SURVEY FAX DATA BASE". Please do not apply to enter the, "SURVEY FAX DATA BASE SYSTEM" if your H.I.V. or, A.I.D.S. condition is not fully known to all the important "people, businesses, employers, family members, friends, organizations, clubs, lovers and, others" who alone or, in combination contibute to your ability to maintain your quality of life and, will to fight A.I.D.S. or, live with H.I.V.

General public release of all data you give to the, "SURVEY FAX DATA BASE" is definitely possible. Even if you do not give your name, address or, phone it is still quite possible for a dedicated person with little intelligence to use the information we do provide to track down your name and, address using investigative techniques and, systems available today. ALL APPLICANTS TO THE SURVEY FAX PROGRAM MUST BE COMPLETELY PUBLIC WITH THEIR H.I.V. RELATED PERSONAL AND, MEDICAL HISTROY BECAUSE THIS SURVEY FAX SYSTEM IS AN OPEN COMPUTER BILL BOARD DATABASE THAT ANY ORGANIZATION OR AGENCY CAN ACCESS BY JUST SAYING IT IS IN THE FIGHT AGAINST H.I.V. AND, A.I.D.S. I can not now and, never will be able to give a full guarantee that any data you send me will ever be 100% safe and, secure because this, "SURVEY FAX DATA BASE IS OPEN TO EVERYONE". "THE ACCIDENTAL RELEASE OF YOUR NAME, ADDRESS AND, OTHER PERSONAL DATA IS, BOTH A CONSTANT AND REAL POSSIBILITY THAT YOU ABSOLUTELY MUST CONSIDER AS PART OF YOUR DECISION TO ENTER THIS SURVEY FAX DATA BASE SYSTEM".

SO I CAN CREATE A STATISTICAL INDEX THAT WILL MAKE YOUR SURVEY A VALID TOOL IN THE FIGHT AGAINST H.I.V. AND, A.I.D.S. THE FOLLOWING PAGE OF QUESTIONS WILL BE ASKED AND, ALL MUST BE HAVE COMPLETE VOLUNTARY ANSWERS BY ALL CALLERS WHO WISH TO BE ASSIGNED A SURVEY FAX COMPUTER IDENTIFICATION / ACCESS NUMBER THAT THEN WOULD ALLOW THEM TO PARTICIPATE IN THE SURVEY FAX SYSTEM.

Do you agree that all your personal data you voluntarily send as part of your participation in the, "SURVEY FAX PROGRAM" becomes the undisputed sole personal property of Damon Dunaway to publish, display publicly or do with as he pleases,.....YES:___ NO:___

Do you further agree that the act of calling/faxing in your personal data is a demonstration of your deep personal commitment and full unqualified agreement to voluntarily enter this, "SURVEY FAX COMPUTERIZED DATA BASE" entirely "AT YOUR OWN RISK" in which you totally release, "Mr. Damon Dunaway and, his assignees, agents, heirs, agencies" from any and, all legal, financial or, moral liability and resposibility for any reprocussions resulting from anything associated with or resulting from your participation in the "SURVEY FAX DATA BASE" ? ..... YES:___ NO:___

County/City:_____ STATE:_____

ZIP CODE: _ _ _ _ _+ _ _ _ _ PHONE: (_ _ _) _ _ _ - _ _ _ _

GENERAL STATISTICAL INFORMATION (Fill In Only Those That Apply To You)

DATE OF BIRTH: _ _/ _ _/ _ _ YOUR CURRENT AGE IS: _ _

MALE:___ FEMALE:___ TRANSGENDER:___ UNASSIGNED:___

BLACK:__ WHITE:__ HISPANIC:__ ORIENTAL:__ OTHER:_____

ACTIVE DRUG ADDICT:___ RECOVERING DRUG ADDICT:___ SMOKER:___

HETEROSEXUAL:___ HOMOSEXUAL:___ BI-SEXUAL:___ ASEXUAL:___

YEARLY INCOME SOURCE CURRENTLY EMPLOYED IN WORKFORCE:___

GENERAL PUBLIC ASSISTANCE:___ DISABILITY PAYMENTS:___ S.S.I.:___

SOCIAL SECURITY:___ A.F.D.C.:___ PENSION:___ GENERAL WELFARE:___

GIVE YOUR ESTIMATED YEARLY INCOME (Total Of All Current Income Sources)

$ 0.00 To $9,999:__ $10,000 To $19,999:__ $20,000 To $34,999:__

$35,000 To, $49,999:__ $50,000 To $100,000:__ Above $100,000 Yearly:__

Do you have any form of basic health care, pharmacy or hospitalization coverage, Yes:__ No:__

YOUR SURVEY FAX IDENTIFCATION / ACCESS NUMBER IS GIVEN BELOW:

PC:___ ___ ___ ___-___ ___-___ ___ ___ ___ ___ ___-SR-___ ___ ___ P-2

No Collect Calls Accepted.

Satisfaction Survey Registry

(410) 433-2758

Main
#03008

NAPO Document Control Slip

NAPO Number : 7035 PHS Number : OS Number : Document Type : White House Letter

Document Date: 8/10/93 Refer'd Date : 8/10/93 Int Due Date : 8/10/93 Ext Due Date : 8/10/93
NAPO Xref : PHS Xref : OS Xref : Keyer ID : KWilliam
Purge Date : 8/10/95 Disposition : DESTROY Final Date : 8/10/93 Document Loc : MAIN-03D08

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

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

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

Post Office Box 33380 - Baltimore, Maryland 21218

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

GEBBIE

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

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

Process Type : Kristine Gebbie Correspondence

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

****

Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees: