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Health Information Network

September 20, 1993

Kristine Gebbie, RN, MN
Office of National AIDS Policy
750 17th NW, Suite 1060
Executive Office of the President
Washington, D.C. 20500

Dear Kristine:

First, let me offer my congratulations on your appointment as National AIDS Policy Coordinator. It's great to finally have someone like yourself in place at the federal level and I'm sure you'll meet the challenge very well.

Not only did I want to convey my congratulations, but I also wanted to let you know about an event coming up that might be of interest and give you a brief update on the Network.

Two friends of Richard Carper's, Larry Schacher and Melody Funk of Schacher and Funk are planning a very exciting album release party for their new work, "Boots and Lace" on Sunday, September 26, 1993 at 7:00 p.m. at Parker's. One of the songs, "Walk for Life" which was inspired by their friend Richard, will debut that evening. I've enclosed a copy of just the song itself. They also showed me the news footage of the beginning of Richard's walk, and there you were! I thought you would want to know about this, and especially if you are in the area, you might want to come. Additionally they have designated a freewill offering during their "Boots and Lace" album release party to go to the Health Information Network.

Let me briefly update you on the Network's activities. Since beginning in 1981, our primary mission has been to provide health education; the agency has provided over 700 in-services and exhibits, focusing on STDs and HIV/AIDS. Audiences reached include health care providers, businesses, women, teens and the religious community. Staff from the CDC have recognized our efforts, and give the Network for credit in helping to make Washington State a leader in HIV/AIDS education.

The Network has provided 6 different series of HIV/AIDS educational programs around Washington State since 1986, which have reached groups as the general public, women, pharmacists and the religious community.

A Washington Non-Profit Organization
P.O. Box 30762 • Seattle, Washington • (206) 784-5655
98103-0762

Also, our "HIV/AIDS Personal Perspectives Panel", which consists of 2 to 3 persons living with HIV/AIDS, have addressed a wide range of audiences. We began to include People with AIDS in our educational programs in 1983, at the suggestion of one of the first people affected by AIDS in the Seattle area. His comment to me was that "People with AIDS were the real experts"; I agreed readily with him and since that time have honored his request by including this panel.

A highlight in 1991 was a project with the U.S. Public Health Service and Social Security Administration, which culminated in the completion of AIDS in the Federal Workplace, a video for educating federal employees about HIV/AIDS. I served as a technical consultant. It contains current information regarding transmission, discrimination and confidentiality issues; feedback about the tape has been superb. In September 1992, the video won a very esteemed award from the National Assoc. of Government Communicators. I've enclosed a copy of the tape for your information. Perhaps you can have this tape used for educational purposes on wider scale.

In 1992, we offered 110 programs and inservices offered and we reached 2,735 people. Also in the same year we also provided another twelve exhibits, reaching another 500 people.

Current projects include offering HIV/AIDS licensing programs for health care providers (2 a month), day care and adult family home providers (also 2 a month). Plus, we respond to requests for our "HIV/AIDS Personal Perspectives Panel." We are also in the process of developing a Part-time Job Bank for People with AIDS, a suggestion from another one of our HIV/AIDS Personal Perspectives Panelists.

I have also served as a reviewer for Questions & Answers on AIDS, first published in 1987 by Avon Books, and recently updated, to be published this fall by Practice Management Information Corp.

In the meantime, hope all is well and good luck.

Sincerely,

Kathi Knowles

Kathi Knowles
Project Director

Enclosures

A Washington Non-Profit Organization
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98103-0762

Health Information Network

WHAT IS THE HEALTH INFORMATION NETWORK?

Health Information Network (HIN) is a nonprofit organization providing health education and community resource information and referral since 1981. Our mission is to provide education through conferences, distribution of accurate, helpful printed materials through conferences, and provide health related community resource information by telephone. During our existence, we have provided tools and knowledge for a variety of audiences to work effectively with those affected by sexually transmitted diseases (STDs) and HIV/AIDS. Since 1987, the agency has been called upon with increasing regularity to provide health related resource information as well to the general public. HIN serves all those individuals, organizations, government agencies and corporations interested in information about STDs.

WHAT ARE THE PRIMARY GOALS OF THE ORGANIZATION?

1. To provide accurate information, increase public awareness and understanding of STDs, particularly AIDS.
2. To maintain STD/AIDS community resource directories.
3. Provide innovative ways to access and distribute this information.
4. Provide health related resource information for the public.

WHAT ARE THE SERVICES WHICH HIN PROVIDES?

- HIN provides a speakers' bureau for health care providers, nonprofit organizations, businesses, schools and others.
- HIN networks regionally with other nonprofits, health maintenance organizations, health departments, private practice community medical and national nonprofits.
- HIN is the editor of AIDS Services in Washington State, publishes AIDS Services in King County, disseminates information through its speciality lists, such as "AIDS and STD School Curriculums", "AIDS Informational Resources for Washington State Health Care Professionals", "AIDS Informational Resources for U.S. Health Care Professionals", and 5 lists of audiovisual resources for specific audiences.
- HIN provides a telephone information/referral service daily (9-5), linking the public with appropriate health care community resources.

The Network is supported by fees for service and donations. Donations are tax deductible as the Network is a Washington 501(c)(3) nonprofit organization. HIN is also registered as a charitable trust with the Attorney General's office and with the Secretary of State under Chapter 19.09 RCW.

A Washington Non-Profit Organization
P.O. Box 30762 • Seattle, Washington • (206) 784-5655
98103

WAYS YOU CAN GIVE TO HEALTH INFORMATION NETWORK

This list of ways to give can make your giving easier, more satisfying and more beneficial to you and to the Network.

- Make a one-time cash contribution by check or make a pledge to pay at some time in the future or with payments extended over the next year.

- Make your contribution through payroll deduction at your workplace:

  Designate your United Way deduction to the Health Information Network. Even though the Network is not a United Way agency, this is possible through their donor option program.

  Designate your gift to the Network through the Boeing Employees Good Neighbor Fund if you are a Boeing employee.

  If you are a King County or City of Seattle employee, designate your workplace gift to the Local Independent Agencies Federation which will forward your specific designated donation.

  Designate your gift to the Network through the Local Independent Agencies Federation to the Washington State Employees Combined Fund Drive if you are a Washington State employee; or through the same federation if you are a Federal employee.

- Obtain a matching gift from your employer if there is a program available.

- Consider donating company stock options to the Network; when exercised, employee receives a tax deduction.

- Consider a gift of non-cash of securities, real estate or other valuables. Consult your financial advisor for possible tax advantages.

- Share your estate with Health Information Network by including the Network as a beneficiary in your will.

- Shop at Olson's Foods, and send your grocery receipts to the Network once a month. Through Olson's Friendship Fund, they will donate 1% of the pre-tax total to the Network.

We are happy to answer any questions you may have in regard to these giving options. Your support is sincerely appreciated. Thanks for giving!

ANNUAL REPORT 1992

The Health Information Network, a non-profit corporation, continued its mission to provide health education and information/referral, focusing primarily on sexually transmitted diseases, specifically HIV/AIDS throughout 1992.

Highlights of 1992 included providing HIV/AIDS educational programs for Social Security Administration Auburn Telecenter, Seattle Housing Authority and Creative Living Services employees. Utilized in these programs was the educational video, AIDS in the Federal Workplace, produced by the Region X AIDS Ad Hoc Committee. And, the Network continued to provide our "HIV/AIDS Personal Perspectives Panels" for the King County Emergency Medical Services Division, and began a contract to provide these panels for the Washington State Police Academy. The Network also continued its successful series, HIV/AIDS Education for Day Care Providers. Also, we educated the general public, women and teenagers about HIV/AIDS. The Network also had its first major fundraiser, "All Saints Revel", a Halloween party and blown glass art auction, which raised over $10,000.

In 1992, the Network exhibited at 13 conferences, providing printed information regarding AIDS and STDs. The Network provided technical assistance for 110 conferences, workshops and in-services, furnishing speakers covering a variety of aspects related to HIV/AIDS. Since beginning, the Network has exhibited at a total of 195 conferences and participated in 503 programs.

Our Health Information Community Resource Project fielded calls from the public asking about HIV infection, other STDs, low cost health care, and other health related topics. In 1992, 517 calls were logged; over 2,500 callers have been served since 1987.

The Network continued to distribute a number of AIDS information lists: "AIDS Services in King County", "AIDS Informational Resources for Health Care Providers", "AIDS and STD Curricula" and five lists of AIDS audiovisual resources aimed at different groups. Work also continued on "AIDS Services in Washington State", a statewide directory of community resources.

Staff also participated in various task forces and committees, including the AIDSWATCH, and Women & AIDS Task Force.

Total income for 1992 was $30,432, gathered from contributions and fees for service. Also, we participated in the Federal Combined Campaign, the Washington State Combined Fund Drive, United Way, Boeing Employee Good Neighbor Fund, all of which are workplace donation programs. We continued to participate in Olson's Grocery Stores "Friendship Fund". The Network had a positive balance of $3,636.36. Volunteer staff provided a total of 3,0007.5 hours of service to the Network.

Plans for 1992 include more HIV/AIDS licensing programs for health care providers, additional programs for day care providers, HIV/AIDS Personal Perspective Panels for businesses and teens, and distribution of STD Resource Kit for Physicians, to over 1800 King County area physicians.

HEALTH INFORMATION NETWORK

EDUCATIONAL OUTREACH SERVICES AND COMMITTEE PARTICIPATION

EDUCATIONAL OUTREACH:

Exhibits at conferences, health fairs

1983	5
1984	7
1985	8
1986	22
1987	36
1988	27
1989	29
1990	32
1991	16
1992	12
1993	3

Invited addresses and in-services

1982	1
1983	2
1984	6
1985	32
1986	32
1987	75
1988	52
1989	62
1990	72
1991	60
1992	110
1993	6

The Network has also distributed AIDS educational materials to several foreign countries, including the Soviet Union in connection with Armenia disaster relief effort. Copies of AIDS in the Federal Workplace, in which the Network provided technical assistance, have also been distributed internationally as well.

CURRENT COMMITTEE PARTICIPATION INCLUDES:

Member, Seattle-King County Department of Public Health AIDS Advisory Task Force - 1986 to present.

Participant, Women & AIDS Task Force - 1991

Member, AIDSWATCH - 1990 to present.

HEALTH INFORMATION NETWORK
STATISTICS ON CALLS REQUESTING INFORMATION

Type of information requested	'87	'88	'89	'90	'91	'92
AIDS/HIV test	13	56	30	30	28	50
other STD	16	44	34	22	26	39
low cost health care	38	47	35	31	49	47
gay-sensitive MD	13	12	15	8	10	3
other health care resources equipment	26	32	39	23	14	25
clinics and other physicians	12	60	95	89	123	205
health insurance	6	49	47	42	36	49
other	70	157	190	139	105	99
TOTAL	194	457	485	384	391	517

FINANCIAL AND IN-KIND CONTRIBUTIONS

FINANCIAL CONTRIBUTIONS:

- December 1982 - $5000 Norcliffe Fund
- Private contributions 1982 - $1500
- Private contributions 1983 - $2000
- Private contributions 1984 - $3850
- Private contributions 1985 - $14,529
- ARCO 1985 - $300
- Burroughs Wellcome Co. 1985 - $1,500
- Plymouth Congregational Church July 1986 - $1000
- Washington State AIDS Program 1986-1987 - $16,000
- Plymouth Congregational Church 1987 - $1000
- WA State Employee Combined Fund Drive 1987 - $200
- Pride Foundation 1987 - $312.50
- Sisters of St. Joseph of Peace 1987 - $1500
- Washington State AIDS Program 1987-1988 - $10,000
- WA State Employee Combined Fund Drive 1988 - $225
- Boeing Employees' Good Neighbor Fund 1988 - $3100
- Pride Foundation 1988 - $150
- Plymouth Congregational Church 1988 - $1500
- Woodland Park Presbyterian Church 1988 - $655
- Puget Sound Cycle for Life 1988 - $250
- WA State Employee Combined Fund Drive 1989 - $250
- Plymouth Congregational Church 1989 - $1500
- Schering Pharmaceutical Company 1989 - $850
- Caremark Inc. 1989 - $200
- Darmic Labs 1989 - $50
- Woodland Park Presbyterian Church 1989 - $100
- Evergreen Pharmaceutical Service 1989 - $250
- Institute for ER Medical Education 1989 - $250
- Keystone Congregational Church 1990 - $250
- Plymouth Congregational Church 1990 - $1000
- WA State Employee Combined Fund Drive 1990 - $250
- Woodland Park Presbyterian Church 1990 - $150
- Burroughs Wellcome Co. 1990 -$500
- Caremark Inc. 1990 - $50
- Boeing Employee Good Neighbor Fund 1990 - $125
- Olson's Foods (Friendship Fund) 1990 - $150
- Evergreen Pharmaceutical Service 1990 - $250
- OPTIONCARE 1990 - $200
- Plymouth Congregational Church 1991 - $1,000
- Keystone Congregational Church 1991 - $210
- WA State Employee Combined Fund Drive 1991 - $250
- Combined Federal Campaign 1991 - $200
- Boeing Employee Good Neighbor Fund 1991 - $450
- Wallingford United Methodist Church 1991 - $100
- Our Redeemer's Lutheran Church 1991 - $164
- Sisters of St. Joseph of Peace 1991 - $200
- Grass Roots Partners 1991 - $325

- Care America 1991 - $1000
- Optioncare 1991 - $400
- Viral Diseases Clinic 1991 - $500
- Frazier & Company, L.P. 1991 - $250
- Vacation Internationale, Ltd. 1991 - $250
- Institute for Emergency Medical Education 1992 - $200
- Caremark Connection 1992 - $500
- Plymouth Congregational Church 1992 - $1000
- Woodland Park Presbyterian Church 1992 - $150
- Quantum Health Resources 1992 - $500

CORPORATE AND FOUNDATION IN-KIND CONTRIBUTIONS:

1983

- Office furniture - $500
- Professional services - $40
- The Playboy Foundation - printing of 3000 copies of the Sexually Transmitted Disease Community Resources directory, 1983.
- Group Health Cooperative of Puget Sound - $250 toward the typesetting cost of *STD Community Resources* directory and help with distribution of directories to 275 Group Health providers.
  Group Health providers.
- Kathy Spangler, Spangler Leonhardt, Inc. - graphic design assistance
- Kaplan Paper Company - assistance with paper supplies
  1984
- Books - $15
- Office Supplies - $10
- King County Medical Society - assistance with postage costs in mailing the *STD Community Resources Directory*.
- The Mason Clinic, Medical Secretaries - access to secretarial equipment
- Washington State Pharmaceutical Association - access to word processing equipment
- Financial Systems Products Corporation - donation of dictation equipment

1985

- Office Supplies - $150
- Typewriter Repair - $54
- Computer Services - $944
- Xeroxing - $206
- Professional consulting - $190
- Legal Services - $197
- Miscellaneous supplies - $910
- Typesetting/printing of 7500 brochures
- Typesetting/printing of stationery
- Kaplan Paper Company - assistance with paper supplies
- Washington Mutual Savings Bank - assistance with printing
- Printing of Network brochures - anonymous donation

1986

- Computer hardware and software - $2459
- Professional services -$60
- Legal services - $80
- Exhibit materials - Technical Communications Company
- Type Star - typesetting valued at $5010
- Computer consulting - $3500

1987

- First Interstate Foundation - copying machine
- Virginia Mason Medical Center - donated surplus office furniture
- Metropolitan Life - donated copy of video, "National AIDS Awareness Test"
- Channel 9 Nightsight - donated copy of program on AIDS
- Dartnell - donated copy of video, "One of Our Own"
- Light VT - donated copy of video, "AIDS: Can I Get It?"
- National AIDS Network - donated partial membership

1988

- Virginia Mason Medical Center - donated surplus office supplies and furniture.
- Delphi Development, Inc. - donated 720K disk drive and DOS upgrade
- Traveling Software, Inc. - donated Lap-Link Plus software
- Egghead Discount Software - donated Wordtech Systems DBXL database and EGA Paint by RIX
- Northwest Education Associates - donated Print Shop software through Pride Foundation Holiday Wish List
- Microsoft - donated Microsoft Word software
- National AIDS Network - donated partial membership
- AIDS Health Project - donated subscription to *Focus*

1989

- Multimedia Entertainment - donated video of Phil Donahue program on Ryan White
- Virginia Mason Medical Center - donated surplus office supplies and furniture.
- IBS Press - donated *AIDS: A Self-Care Manual*.
- Microsoft - donated Works and Excel and update of Microsoft Word Software
- Haworth Press - donated *How to Find Information About AIDS*, *Decade of the Plague*, and 8 issues of professional journals.
- Love Seasons - donated audiotape, "How to Talk with a Partner About Smart Sex".
- Joan Peter Video Production - donated video "AIDS Treatment: East Meets West".
- Oryx Press - donated AIDS, AIDS 1986, AIDS 1987, AIDS 1987, AIDS 1988, Part 1 and 2, *AIDS Information Sourcebook*.

- Channing L. Bete, Inc. - donated "About Protecting Yourself From AIDS"
- Appelwick, Trickey and Spicer, Attorneys and Counselors at Law - donated AIDS *Legal Handbook for Washington Healthcare Providers*.

1990

- St. Martin's Press - donated The AIDS Caregiver's Handbook, Notes on Living Until we Say Goodbye, Reports from the Holocaust: *The Making of AIDS Activist*, *AIDS: The HIV Myth*, and *Epidemic of Courage: Facing AIDS in America*.
- Microsoft - donation of Microsoft Word 5.0A and Microsoft Word 3.0.

1991

- SouthEnd Press - *Women, AIDS, and Activism*.
- Matthew Bender Times Mirror Books - *Health Care Law Sourcebook*, 2 volumes including release #2.
- Tom Hanes - donated Oak 4 drawer filing cabinet
- Microsoft - donated Publisher software
- Anonymous - donation of 1984 Volkswagen Jetta for Network business

1992

- Baby Diaper Services - in-kind services (xerox, postage) to support the Network's "HIV/AIDS Education for Daycare, Adult Family Home Providers and Foster Parents
- Kinko's Northgate - in-kind xerox services
- Anonymous - donation of stationery supplies

Health Information Network

Income and Expense Statement

For the period ending December 31 1992

	CURRENT MONTH	YEAR TO DATE
BEGINNING CASH ON HAND		
Checking		$537.87
Money market		$3,717.11
Total Beginning Cash on Hand		$4,254.98
CASH RECEIPTS		
Donations - Direct Public	$1,736.90	$20,097.60
Less Fundraising Costs	$352.00	$6,463.48
Net Direct Public Donations	$1,384.90	$13,634.12
Donations - Indirect Public	$532.94	$2,820.57
Program/Report Fees	$660.00	$13,457.50
Other Income	$0.00	$492.00
Interest Income	$9.15	$28.36
Total Cash Receipts	$2,586.99	$30,432.55
OPERATING EXPENSES		
Salaries	$1,024.36	$6,873.84
Rent & Utilities	$238.50	$3,100.50
Misc. Office	$136.03	$1,133.08
Postage/Shipping	$228.01	$1,580.78
Xerox	$76.78	$971.33
Bank Charges	$22.00	$166.00
Telephone	$105.97	$1,444.84
Payroll Taxes	($24.36)	$608.04
Misc. Business Taxes	$65.00	$227.12
Insurance	$0.00	$469.31
Suspense Item	($26.88)	$243.12
Meetings Expense	$0.00	$70.00
Dues & Subscriptions	$67.08	$157.08
Accounting/Legal	$0.00	$10.00
Mileage Reimbursement	$743.12	$3,239.73
Honorariums	$550.00	$6,355.00
Contributions	$0.00	$0.00
Total Operating Expenses	$3,205.61	$26,649.77
NET INCOME (LOSS)	($618.62)	$3,782.78
ENDING CASH ON HAND		
Checking		$436.41
Money Market		$3,199.95
Total Ending Cash on Hand		$3,636.36

Internal Revenue Service
District Director

Department of the Treasury

Date: 11 FEB 1982

Employer Identification Number:
91-1150583
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(1) and 170(b)(1)(A)(vi)
Advance Ruling Period Ends:
December 31, 1983
Person to Contact:
John Sutton
Contact Telephone Number:
(206) 442-5106

Health Information Network
8715 Dayton Avenue North
Seattle, WA 98103

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than $10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Arturo A Jacobo

District Director

Internal Revenue Service
District Director

Department of the Treasury

DEC 0 9 1985

Date:

Our Letter Dated:
February 11, 1982

Person to Contact:
EO Desk Officer

Contact Telephone Number:
(206) 442-5106

Health Information Network
P.O. Box 30762
Seattle, WA 98103

Dear Sir or Madam:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(2). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(2) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(2) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Michael F. Quinn

District Director

DOCNO:08180:ks

LETTERS SUBMITTED IN SUPPORT OF HEALTH INFORMATION NETWORK

May 1982 -	King County Medical Society
June 1982 -	Herpes Research Clinic, Harborview Medical Center, Seattle
June 1982 -	Seattle STD Training Program, Harborview Medical Center, Seattle
September 1982 -	King K. Holmes, MD, Ph.D., University of Washington, Seattle
March 1983 -	Gary Elmer, School of Pharmacy, University of Washington, Seattle
September 1983 -	Washington State Medical Association
June 1984 -	Washington State Pharmaceutical Association
May 1985 -	State of Washington, Department of Social and Health Services, Division of Health

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
Atlanta GA 30333

July 17, 1986

Ms. Kathi Knowles
Project Director
Health Information Network
P.O. Box 30762
Seattle, Washington 98103

Dear Ms. Knowles:

Thanks for your letter of June 27 to Dr. Macdonald, bringing him up to date on the activities of the Health Information Network in disseminating information to help prevent and control the spread of AIDS. As you know, at the Centers for Disease Control, we have been impressed by your outstanding efforts to inform the public about the epidemic of sexually transmitted diseases, the most tragic of which is AIDS.

I am glad that The Network will be receiving Federal funds to underwrite a portion of your educational outreach. The intention of our awards was to assist States, local governments, and community organizations to build their capacity to deliver AIDS health education and risk reduction programs. We hope to provide the fiscal impetus to appraise community needs and resources related to the AIDS problem, to develop effective community-based organizations to address these problems, and to begin actual implementation of community health education. Washington was able to build directly on your strong foundation, which is a tribute to your efforts.

Thank you again for your continuing Herculean efforts to keep the public informed about the risk of STDs in general, and AIDS in particular.

Sincerely yours,

Ward Cates

Willard Cates, Jr., M.D., M.P.H.
Director
Division of Sexually Transmitted Diseases
Center for Prevention Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
Atlanta GA 30333

FEB 13 1991

Ms. Kathi Knowles
Project Director
Health Information Network
Post Office Box 30762
Seattle, Washington 98103

Dear Ms. Knowles:

Thank you for your letter regarding the *CDC HIV/AIDS Prevention Newsletter*. We welcome the comments of our readers and look forward to the information they send us about existing prevention programs around the country.

The state of Washington has been among the leaders in HIV/AIDS education; we commend your efforts and share your concerns about the scarcity of funding for our programs. This budget situation, however, shows little evidence of changing, although we will work to obtain appropriate funding.

The CDC Advisory Committee will meet in April. Since you provided a copy of your letter to the committee chairperson, Kristine Gebbie, I am sure she will raise your concerns with the committee at the appropriate time.

As you pointed out, the religious community's response to the HIV epidemic is as varied as the general public's. The CDC National AIDS Information and Education Program's National Partnerships Development activity, headed by Mr. Ken Williams, whom you know, has been doing extensive outreach with the religious community for several years and has made many contacts within specific denominations and interdenominational groups.

Your experience with the religious community is not unique, but does not mean that such support is not possible. The CDC does not currently have specific grant programs to support national or local religioun-based programs, although such programs may compete with other groups for funding under CDC direct funding programs, as well as for federal funds that are allocated to state health agencies.

There are also some private foundations that can and do provide support for both general and religion-based HIV programs. I suggest you contact Dr. Richard Jimenez, who heads our religious outreach program, or Mr. Williams to find out more about possible funding opportunities. They can be reached at:

National Partnership Development
National AIDS Information and Education Program
Centers for Disease Control
1600 Clifton Road, N.E. MS/A24
Atlanta, Georgia 30333
Telephone (404)639-0979

You may wish to contact Ms. Kristine Gebbie or Dr. Mimi Fields in the Washington Department of Social and Health Services regarding possible state funding. Ms. Martha Farrish in Seattle may also be able to provide you with some suggestions regarding potential private funding sources in Washington State.

I hope you find this information useful in continuing the outstanding prevention work you have been providing the people of your state for so long. We appreciate your comments and your concern.

Sincerely yours,

Gary R. Noble, M.D., M.P.H.
Assistant Surgeon General
Deputy Director (HIV)

cc:
Ms. Kristine Gebbie, Chair, CDC Advisory
Committee on the Prevention of HIV Infection
Office of the Director
CDCW

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Region X
M/S _____
2201 Sixth Avenue
Seattle, WA 98121

August 22, 1989

Katharine Knowles, B.S.W.
Project Director
Health Information Network
Post Office Box 30762
Seattle, Washington 98103

Dear Ms. Knowles:

I am still resonating on the energy of the Women and HIV/AIDS Conference and the results you produced! Thank you very much for your contribution to the success of this event. All of the comments I heard -- and there were many of them -- praised the panelists and their ability to present their experiences in a way that had real meaning for conference participants.

You made an important contribution to this most important public health issue. Feel free to use the Dionne Warwick Foundation slogan: A.I.D.S. -- "And I Did Something!" I look forward to working with you again.

Sincerely,

Dorothy H. Mann, M.P.H.
Regional Health Administrator

P.S. Your panel won high praise — Kathy brought what we're about into strong perspective. Thanks.

D.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Region X
M/S _____
2201 Sixth Avenue
Seattle, WA 98121

December 18, 1991

Kathi Knowles
Health Information Network
P.O Box 30762
Seattle, Washington 98103

Dear Kathi:

On behalf of the Department of Health and Human Services Region X AIDS Work Group, I want to extend a sincere "*thank you*" for your valuable contribution to the production of the **"AIDS in the Federal Workplace"** video. Both by participating in planning the video, and by arranging for and then conducting interviews with people with HIV infection, you played a key part in the success of the production and, as usual, we thoroughly enjoyed working with you. The evaluations from our first showing of the video demonstrated the success of our efforts, and a summary of the evaluations is enclosed with this note.

As a token of our gratitude for your help with this important project, please accept the enclosed copy of the videotape with our compliments. Accompanying the videotape is a copy of the final, edited script, and the cover memo for the tape, both of which accompany the tape when we distribute copies to other individuals or agencies. Please feel free to contact me (553-0430) if you have comments about the tape, or have any questions. I look forward to working with you again on projects like this.

Best wishes for a happy Holiday Season, and may the New Year be one of joy and success.

Sincerely,

Jay Paulsen, M.D.
Chair, Region X AIDS Work Group

Enclosures
- Videotape **"AIDS in the Federal Workplace"**
- Script for the Video
- Cover memo for the Video
- Copy of evaluations

cc: AIDS Work Group Members

[P.S.: I have also enclosed letters and enclosures for each of the people with HIV/AIDS who participated in the video. If you would, please have these delivered to the PWAs. If there is any cost involved, please let me know how much it comes to so that I can reimburse you. Thank you once again for your help.]

DEPT OF HEALTH AND HUMAN SERVICES — Social Security Administration

Refer To : S2DX:443:1
File Code: PE-28

Auburn Teleservice Center
2801 C St SW No 35
Auburn, WA 98001

May 13, 1992

Ms. Kathy Knowles
c/o Health Information Network
224 North 70th
Seattle, Washington 98026

Dear Ms. Knowles:

I wish to take this opportunity to thank you for your participation and assistance in the "AIDS in the Work Place" training for our staff of 500+ on April 21 and 23.

I also wish to thank you for your leadership in making the video, "AIDS in the Federal Workplace". This film is factual, and by having real people living with AIDS tell their story, it gives a realistic view of HIV/AIDS and its effects, medically, physically and emotionally. After viewing this film, many of our staff realized that having a co-worker or family member, living with AIDS is a real possibility.

The numerous positive comments on the film focused on its attitude and tone. Our staff appreciated the style and manner that was the basis for a professional, factual approach to a very sensitive issue.

The part of the training that received the most positive comment was your lecture session following the showing of the film. Everyone I spoke with was impressed with your knowledge and your ability to share your knowledge in a pleasant, non-threatening manner. Several people commented on how pleased they were, to be able to ask questions of an expert. You provided one-on-one training at all levels.

Your presentation, as a follow-up to the film, was by far the most beneficial aspect of this training.

Again, thank you for all the effort and attention you put into this two day session. I would be happy to recommend this program to any organization. If I can be of assistance, please let me know.

Sincerely,

Carl Rabun

Carl Rabun
Director,
Auburn Teleservice Center

AMERICAN SOCIAL HEALTH ASSOCIATION

National Headquarters: 260 Sheridan Avenue, Palo Alto, CA 94306 (415) 321-5134
Regional Offices: Atlanta, GA Columbus, OH Washington, DC

VENEREAL DISEASES RESEARCH FUND VD NATIONAL HOTLINE HERPES RESOURCE CENTER

February 1986

Kathi Knowles
8715 Dayton Avenue, North
Seattle, WA 98103

Dear Kathi:

On behalf of the HRC Scientific and Medical Advisory Board, the American Social Health Association Board of Directors, and the staff of the HRC/ASHA we would like to thank you for your tremendous service to this organization. Your volunteer leadership in this important health concern sets an outstanding model for all of us to follow.

The contributions you have made have greatly advanced our mutual goals. We know that there are many people you have helped in your own special way. For both the big and little things you have done, we offer you our heartfelt thanks.

We know we couldn't have come this far without you.

Lawrence Corey, M.D.
Chairman
HRC Medical Advisory Board

John A. Graves
Director
Research & Development

Harald R. Hansen
President
ASHA Board of Directors

JAMES C. SCOTT
Executive Director

STATE OF WASHINGTON
WASHINGTON STATE CRIMINAL JUSTICE TRAINING COMMISSION
Criminal Justice Training Center • 2450 S. 142nd • Seattle, Washington 98168 • (206) 764-4301 • (SCAN) 443-4301
FAX: (206) 764-6476 • (SCAN) 443-6476

September 15, 1992

Kathi Knowles, B.S.W.
Health Information Network
P. O. Box 30762
Seattle, Washington 98103

Dear Kathi:

Since the beginning of my involvement in AIDS and Hepatitis education almost two years ago, I have noticed a real change in the audiences since you and I began to work together.

As you know, I am primarily involved in presentations to pre-hospital care providers, specifically, law enforcement and emergency medical services personnel. These people can be exceptionally tough students. They are the ones who become directly involved in situations where people are at their worst; critical incidents of either an emergent nature or of their own doing but, nonetheless, at their worst. The attitudes expressed, verbally or non-verbally, by law enforcement and EMS providers can help or hinder a situation, making it easier or much more difficult to conclude successfully.

Prior to bringing people with AIDS into the classroom, I was only just able, in some cases, to break through the barriers which many people erect when discussing such an extremely difficult and touchy subject. I believe that for every person I seemed to reach, there were twenty whom I wasn't sure about. For all I am able to do in presenting this material in a sincere, informed, and I hope, compelling way, I still fall short of being able to give a personal perspective. Human nature being what it is, people mentally shut off what is too discomforting to hear; they disassociate and deny that this could happen to them or a loved one; that these diseases are happening at all!

I have witnessed a profound change since Health Information Network has teamed up with me at the Criminal Justice Training Center. I know a change has occurred because of the direct feed-back which I receive through the student evaluation forms. Across the board, the comments which come in now -

without exception - have been positive, empathetic, and candid:

> "Thank you for bringing in the people with AIDS. This really has opened my eyes."

I think this universally expresses the impact which your speakers panel has had upon our students. Only the person who has walked that mile can tell it like it is. When these speakers talk, audiences listen.

As long as state law mandates AIDS and Hepatitis training for law enforcement and EMS personnel, and as long as I am involved in this training, I will do all I can to encourage the continued involvement of the Health Information AIDS Personal Perspectives panel.

Thank you for helping make this class more than just another lecture. It really might be called life saving.

Sincerely,

Brian

Philip Brian S. Nicholls, EMT Instructor

cc: Captain Dan Oliver
Tony Lukin

King County
Emergency Medical
Services Division
Seattle/King County
Department of Public Health
110 Prefontaine Place S. Suite 500
Seattle, Washington 98104
(206) 296-4693

November 12, 1991

Kathi Knowles
Health Information Network
P.O. Box 30762
Seattle, WA 98103

Dear Ms. Knowles:

On behalf of the King County Health Department Emergency Medical Services Division, I would like to express our appreciation for the services provided by the Health Information Network in support of our HIV/AIDS Training Program. This program has reached over 600 firefighters and Emergency Medical Technicians (EMT) in the past nineteen months. The program has helped these health care providers understand the HIV/AIDS disease process, how to better relate to HIV/AIDS patients, and instructed them in methods by which they can reduce the risk of infection in their personal and professional lives.

The Health Information Network has proved to be a reliable source of up-to-date information. Not only have you been willing to open your files to me, but also you have gone out of your way to keep me informed of local, state and national issues relative to the HIV/AIDS epidemic.

Without a doubt, the effort you have put into coordinating and facilitating the panel of people with AIDS has contributed the most to the success of our training program. The participation of panel members in our classes has had a universally positive impact. Class members have been able to meet and interact with the panel in a way which personalized the information presented, and which helped them deal with their feelings about people with AIDS in a positive, non-threatening manner. As you know, we have seen some remarkable changes of attitudes and expressions of genuine concern and understanding by class members as a result of this experience. Likewise, we have also seen a new

appreciation for the role and responsibilities of the EMT within the community of people with AIDS.

Finally, I would like to thank you for the time, interest, and patience you have displayed in helping me understand the issues and plight of HIV infected individuals and people with AIDS. Through your efforts, I feel that I have become better informed and more sensitive about the issues and needs affecting people with AIDS.

Thanks once again for the support and interest in our HIV/AIDS Training Program.

Sincerely,

Byron C. Byrne

Byron C. Byrne
EMT Training Coordinator

BCB:ejs

Seattle Housing Authority
120 SIXTH AVENUE NORTH • SEATTLE, WASHINGTON 98109-5003
PHONE 443-4400 • FAX 443-3722 • TTY 527-6028

9 July 1992

Ms. Kathi Knowles
Project Director
Health Information Network
P.O. Box 30762
Seattle, Washington 98103-0762

Dear Kathi:

Thanks again for the great workshops on *AIDS in the Workplace*. I've enclosed some of the comments I received from the employees attending. As you can see, I wasn't the only one who enjoyed what you and the panel members had to say.

I have forwarded your invoice to our Purchasing Department for payment and will send the check to you as soon as it is processed.

As I mentioned to you briefly, I have been requested by the Housing Management staff to schedule additional sessions - probably at the end of August. As soon as I have more details and the necessary approvals, I'll get in touch with you.

And, thanks again.

Sincerely,

Joanne Beaurain
Employee Training & Development Specialist

Attachment

cc: G. Terjung

CONTRACT NO. 1385

a:CONT053A.DOC

DRUG FREE

City of Bellevue

Fire Department 455-6892 Fire Prevention Bureau 455-6872
Post Office Box 90012 • Bellevue, Washington • 98009-9012

August 6, 1990

Kathi Knowles
Health Information Network
P.O. Box 30762
Seattle, WA 98103

Dear Ms. Knowles,

I would like to take this opportunity to express my sincerest appreciation for your participation in our recent Communicable Diseases Training sessions. The panel discussion was very well received by all of our personnel. Your efforts have given us the opportunity to view communicable diseases on a very human level which will undoubtedly assist our personnel in delivering the utmost care and compassion possible when dealing with patients afflicted with a communicable disease.

Our ongoing training allows us to ensure our personnel deliver service based on the most up to date informed medical facts. Being able to match a person to a disease allows our personnel to relate to the patients we serve.

Your assistance in this training and your efforts have not gone unnoticed. We are very grateful.

Sincerely,

Michael J. Ganz
Acting Emergency Medical Coordinator

Ron Profit
Acting Deputy Chief

Pam Bissonnette
Acting Fire Chief

:rf

THE SEATTLE GAY CLINIC

O. BOX 20066, SEATTLE, WASHINGTON 98102 (206) 329-8590

April 26, 1984

Kathy Knowles
Health Information Network
P.O. Box 3076
Seattle, Washington 98103

To Whom it May Concern:

The Seattle Gay Clinic and its Board of Directors firmly support the proposed activities of the Health Information Network. The Network's past activities have been very beneficial to the clinic and to the gay community of Seattle.

We look forward to the continued efforts of the Health Information Network to increase the awareness and health of not only our community but that of the Seattle area in general.

Sincerely yours,

Wayne T. Dodge, M.D., M.P.H.
for the Board

T he
C enter for
H ealth
T raining

August 21, 1990

Ms. Kathi Knowles
Health Information Network
P.O. Box 30762
Seattle, WA 98103

Dear Kathi:

On behalf of The Center for Health Training I want to express my appreciation for your coordination of the HIV panel at the **Reproductive Health '90** conference held at the Westin Hotel.

The response from participants was extremely positive. People 2were moved and impressed with the courage of the panel members. Many people indicated this experience increased their sensitivity to people with HIV/AIDS. The most frequent comment was concerning increased awareness and participation in using universal precautions.

Thank you for all your efforts; your enthusiasm and willingness to continue to work with us has been incredibly helpful and has enabled us to offer this type of session. Comments from the participants affirmed all of our hopes and expectations; I think we can anticipate some changes in attitude and behavior of participants from this experience.

We look forward to working with you in the future.

Sincerely yours,

Jennifer B. Albright
Conference Coordinator

/jba

400 Tower Building • 1809 Seventh Avenue • Seattle, WA 98101-1316 • Tel 206 447 9538

SEATTLE AIDS-SUPPORT GROUP
(VOLUNTEER SERVICES)
1501 Belmont Avenue
Seattle, WA. 98122
(206) 322-AIDS

August 1, 1985

To Whom it May Concern:

I am writing this letter of support for the Health Information Network on behalf of the Seattle AIDS-Support Group and Volunteer Services.

I have been associated and worked with the director of the Network, Kathi Knowles for almost three years, during which time we have worked together on various STD and AIDS-related projects as well as countless "in-services" and four major public forums.

Through Kathi's direction, the Network has served both the Seattle-King County area and the Pacific Northwest in a variety of educational pursuits. Her projects implement goals with a solid background of research and she presents backup source material which she has taken time to survey, sort and collate for practical and efficient presentation.

In addition, as an accomplished information specialist, Kathi routinely has displayed respect for the accessible use of information, conscientiously presenting materials to an audience in the simplest and most comprehensive manner, thus giving lay and professional alike a fair command of the subject.

In undertaking the variety of projects she has with the Network, Kathi has superb follow through and when necessary, has gone the "extra mile" to ensure a job's best possible conclusion.

With her work with the Network, Kathi has developed listening skills which have allowed her to hear different points of view and understand "the big picture".

On a personal level, her tact and commitment to the provision of STD and AIDS-related services to persons in a non-judgmental manner has brought her recognition by patients and care givers. I have seen her magical "touch" with local PWA's and ARC's, as well as displaying dignity and respect for all persons compromised by an STD condition.

Her knowledge of the variety of health care delivery systems both locally and regionally goes without saying, and she offered help and encouragement so that The Chicken Soup Brigade (which provides limited support services for local AIDS people), could get off the ground and become a reality. Since then I've lost count of how many hours this savvy and caring human being has given to this ongoing crisis.

Sincerely, D.M. "Josh" Joshua

D.M. "Josh" Joshua
Coordinator, Volunteer Services

PLEASE DON'T CALL ME A VICTIM

Often the medical community and the media use the word "victim" to describe people with chronic or life-threatening disease. As the Network's first focus is on sexually transmitted diseases, we are particularly sensitive to the use of this word in connection with STD's such as AIDS or genital herpes.

While the word "victim" may seem innocent, it is laden with psychological implications and sets up restrictions in people's minds. The problem is that people who contract these diseases may begin to react like a "victim" upon hearing the word used consistently in the media. Or those who already are coping to some degree may resent being labelled a "victim" when they do not feel that they are at all.

With any disease, there is a psychological component, which can vary from slight to intense, depending upon a number of factors, including: the patient's own current psychological functioning; their support systems already in place; where the disease affects the body; whether the disease is life-threatening; if there is loss of physical function (through either a reduction from the person's total "normal" state or a reduction in a part of a limb or sensory organ); and the amount of knowledge the individual has about the disease, the standard medical treatment for it and the predicted outcome.

Given these factors, the psychological impact of AIDS can be devastating. Although the life-threatening issue is not present in herpes, there are individuals who do not adjust well to the situation and the psychological impact can be intense.

The word "victim" has negative connotations, sets up a self-fulfilling prophecy of hopelessness and pity and further saps the psychological strength and energy of someone already coping with the above factors. The attitude of the person who has a disease such as AIDS or herpes plays an important role in either the improvement or progression of the disease.

One way you can help with the "positive attitude" concept is to choose some term other than "victim" to describe these people. One option might be "person with AIDS" (PWA). A consistent approach from both the medical community and the media in the choice of words describing these people might result in patients taking more responsibility for their health care and working more cooperatively with their health care providers.

You are in a position to influence the public as well as other health care or media professionals. By making this small change, you will ensure that your influence will be a positive one.

Thank you for taking the time to read this.

Health Information Network, P.O. Box 30672, Seattle, WA 98103
Edited by Kathi Knowles. 2/6/87

THE WHITE HOUSE

WASHINGTON

September 23, 1993

Carlos del Río, MD, FACP
Director General
CONASIDA
No. 35 Col. Copilco
Universidad C.P.
México, D.F., MEXICO

Dear Dr. del Río:

Thank you for sharing information about CONASIDA and your various programs. As National AIDS Policy Coordinator, I am very interested in finding out what other countries are doing for the prevention of HIV/AIDS. To that end, I would be very interested in meeting with you in December to discuss your programs and your findings on the effect of migration on the transmission of HIV in the Mexican population.

I have shared the information in your letter with Carlos Vélez, JD, Director of HIV/AIDS Prevention. If you have any questions, or would like to discuss the possibility of our meeting in December, please feel free to contact him at (202) 690-5560.

Sincerely,

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

cc: Carlos Vélez, JD

THE WHITE HOUSE

WASHINGTON

September 23, 1993

Carlos del Río, MD, FACP
Director General
CONASIDA
No. 35 Col. Copilco
Universidad C.P.
México, D.F., MEXICO

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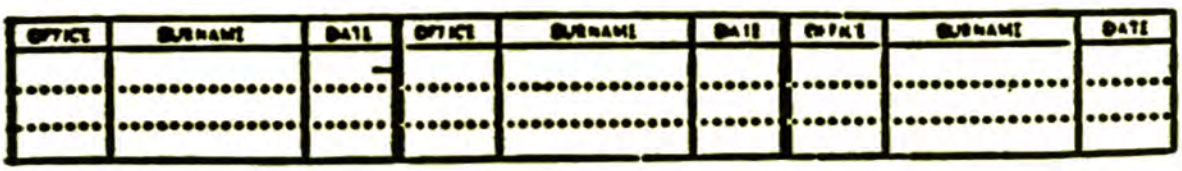
Sincerely,

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

cc: Carlos Vélez, JD

Prepared by: APO: CVelez: 202-690-5560: 9/23/93: b:\delrio

FILE COPY



CONASIDA

CONSEJO NACIONAL
DE **PREVENCION**
Y **CONTROL**
DEL **SIDA**

Carlos —
Can you follow up
& we meet with him —

Mexico City, September 6th, 1993

Thanks

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
Executive Office of the President
The White House
Washington, DC 20500

Dear Mrs. Gebbie:

Thank you for your recent letter dated August 19th. With this letter I am sending you some of our educational materials including three videos: one directed to migrants ("Si fueramos Angeles..."), one directed to bisexual men and their partners ("A little of this..") and one about safe sex directed to men who have sex with men ("Safe Sex"). The last two are subtitled in English. I am also enclosing a copy of one of our abstracts presented during the IX International Conference on AIDS last summer as well as some of the background work done by our group aout migration and the risk of HIV.

I would be able to go to DC any day during the first two weeks of December (between the 2nd and the 10th) to have a meeting with you so please let me know which day is most convenient to you.

I am looking foreward to talking to you.

Sincerely yours,

Carlos del Río, M.D., F.A.C.P.
Director General
CONASIDA

COMERCIO Y ADMINISTRACION No. 35 COL. COPILCO UNIVERSIDAD C.P. 04360, MEXICO, D.F.
TELEFONOS: 554-93-33 / 554-49-96 / 658-41-76 / 554-91-12 FAX: 554-42-02

IXth International Conference on

AIDS

in affiliation with the

IVth STD World Congress

BERLIN
June 6–11, 1993

PROGRAMME

Societal response: Mass media and AIDS

Chair: O. Kanene, Lusaka
B. Somaini, Liebefeld

WS - D27 - 1 ROLE OF THE MEDIA IN FOSTERING COMMUNITY COMMITMENT ON THE USE OF CONDOMS TO PREVENT THE SPREAD OF AIDS. Ikpeme. O.* (1): Akonjom. E. (2): Efa. A. (3). (1) Society Against The Spread of AIDS. Calabar. Nigeria: (2) Cross River Radio (3) SASA Member. Calabar. Cross River State. Nigeria

WS - D27 - 2 MASS MEDIA. ALTERNATIVE COMMUNICATION AND SOCIAL ANTHROPOLOGY: WORKING TOGETHER TO MOBILIZE PUBLIC OPINION TO FIGHT AIDS. Rodriguez. L.* (1): Ortega. G. (2). (1) PATH seconded to AIDSCAP Project/Family Health International. Arlington. USA. (2) APOYEMONOS Foundation. Santa Fe de Bogota. Colombia

WS - D27 - 3 SIX YEARS OF PROMOTION OF CONDOM USE IN THE FRAMEWORK OF THE NATIONAL STOP AIDS CAMPAIGN: EXPERIENCES AND RESULTS IN SWITZERLAND. Wasserfallen. F.* (1): Stutz Steiger. T. (1): Summermatter. D. (1): Häusermann. M. (2): Dubois-Arber. F. (3). (1) Federal Office of Public Health. Bern. Switzerland: (2) Swiss AIDS Foundation. Zurich. Switzerland: (3) Institut de médecine sociale et préventive. Lausanne. Switzerland

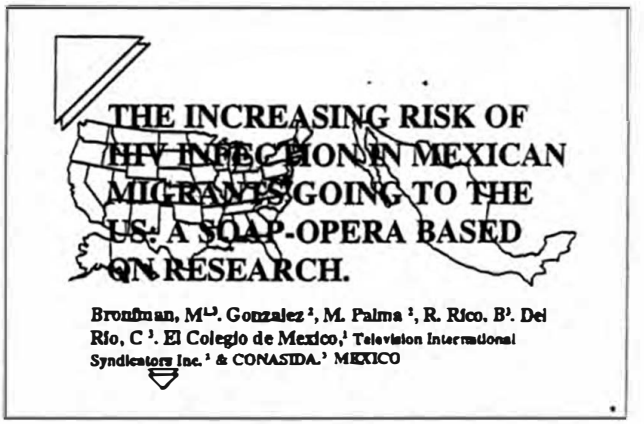
WS - D27 - 4 DEVELOPING AIDS AWARENESS THROUGH STREET DRAMA IN NEPAL. Gurubacharya. V.L.*: Suvedi. B.K.. AIDS Prevention & Control Project. Kathmandu. Nepal

WS - D27 - 5 THE INCREASING RISK OF HIV INFECTION IN MEXICAN MIGRANTS GOING TO THE US: A TV SOAP-OPERA BASED ON RESEARCH DATA. Bronfman. M.* (1,3): González. M. (2): Palma. R. (2): Rico. B. (3): del Rio. C. (3). (1) El Colegio de México. (2) Television International Syndicators Inc.. (3) CONASIDA. México

WS - D27 - 6 BE HERE FOR THE CURE: AN EARLY HIV INTERVENTION CAMPAIGN. Hayes. B.*: Pappas. L.. San Francisco AIDS Foundation. USA

ABSTRACT No. 1890
WORKSHOP D27: MASS MEDIA AND AIDS
IX INTERNATIONAL CONFERENCE ON AIDS
BERLIN 1993

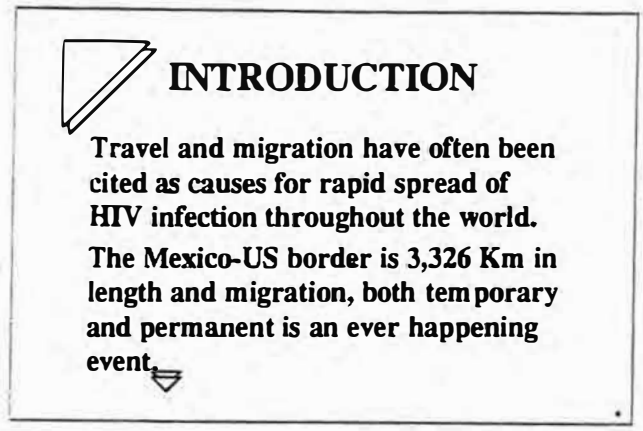
Introduction: In Mexico, 10% of AIDS cases have lived in the US, in states with high migration rates this figure can increase to >30%. In the US hispanics are over represented in AIDS statistics. This problem has received media coverage. Mexico, concerned about the potential impact of migration on the AIDS epidemic, requested a study and a campaign targeted to migrants and their families. Creative Process and Production: A research on sexual habits of temporary mexican migrant workers to the US was done (Abs PoD5219, VIII Int Conf on AIDS). The main conclusions were that high risk practices were acquired as a result of affective deprivation and social margination. Based on these findings a TV program was produced using "TV-theater" (soap-opera) since such a format allows to present information in a colloquial and socially accepted way. A simple script using only 5 actors was developed that combined frequently encountered situations, humor and testimonials. Campaign implementation: Broadcast in Mexico was on Dec 1/92 and in the US on Dec 6, 11 and 13th through syndicated and cable channels with a potential audience of 22 millon and an estimated 6 millon viewers. Impact was measured using the Spanish AIDS-Hot line in the US and rating by standard methods. Conclusions: The development of educational materials including mass-media campaigns must be based on solid research data and not only on intuition or assumptions. There is the need for good communication and team work between politicians, researchers and producers in order to have a successful outcome.



THE INCREASING RISK OF HIV INFECTION IN MEXICAN MIGRANTS GOING TO THE US: A SOAP-OPERA BASED ON RESEARCH.

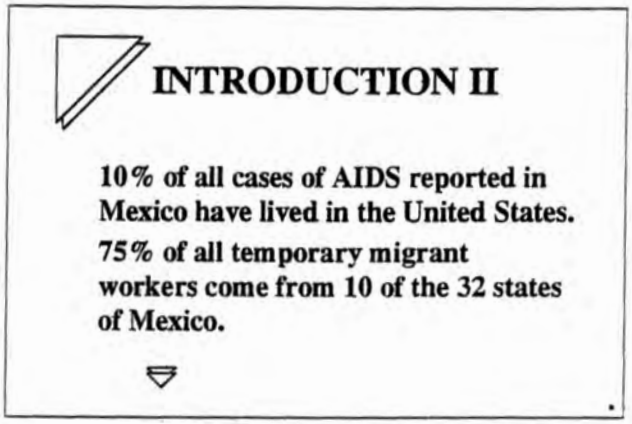
IX INTERNATIONAL CONFERENCE ON AIDS

BERLIN 1993



INTRODUCTION

SLIDE 1: Two of the mechanisms often cited to account for the rapid spread of HIV infection throughout the world have been international travel in general and labor migration in particular. Because of the shared 3,326 Km. border between Mexico and the United States migration, both temporary and permanent is an ever happening event. The beginning of the AIDS epidemic in Mexico can be traced to the movement of population between Mexico and the United States.



INTRODUCTION II

SLIDE 2: Even today, 10% of all cases of AIDS documented in Mexico have a background of residence in the United States, a history of travel to the United Sates, or sexual contact with foreigners. Although migration flows from Mexico to the United States date from the late nineteenth century, the characteristics of this phenomenon have changed over time: new areas of origin and destination have been incorporated into the flow as others have become less important; the skill requirements for labor have increased; the gender and household composition of migrants has varied; the sectorial distribution of workers has become more diverse; and the number of temporary and permanent movements has increased.

Seventy five percent of all temporary migrant workers to the United States come from 10 of the 32 states of Mexico. In order of importance these states are: Chihuahua, Michoacán, Baja California, Jalisco, Sonora, Zacatecas, Guanajuato, San Luis Potosi, Durango and Guerrero. Of these states, Jalisco, Baja California and, Morelos have AIDS rates which are higher than those of Mexico as a whole.

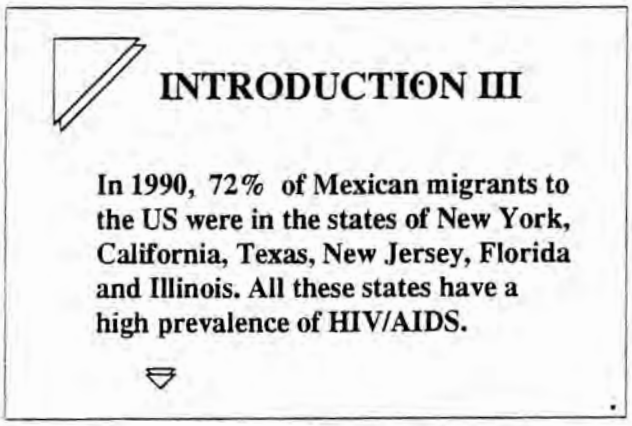
Data on the composition of migrants by age and gender indicate that the average age of migrants is 26.2 years with 84% between the ages of 15 and 34. Eighty-nine percent are men. As a group they have a low level of educational attainment (on average, four years of formal education), high illiteracy rates (about 10% illiterate) and limited English language ability. The probability that migrants seek casual sex with both male and female partners and thereby greatly increase their risk of infection is augmented if we take into account the following factors:

A) A large proportion of migrants to urban areas are single men, men travelling without their wives or partners, single women and women who have

experienced marital disruption.

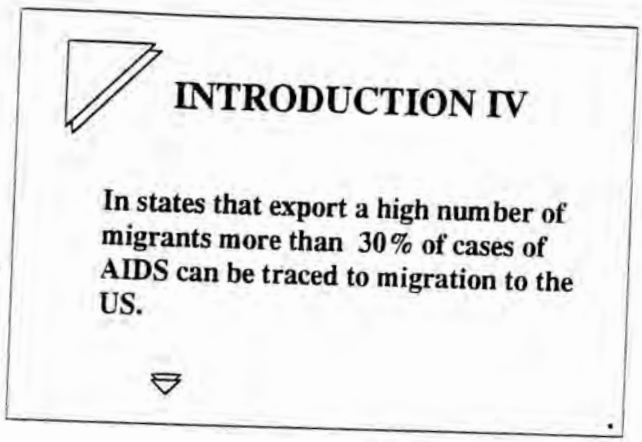
B) When migrants arrive to the United States they encounter a society with more "open" sexual mores than those prevailing in Mexico.

C) Migrants are concentrated in a highly sexually-active age group.



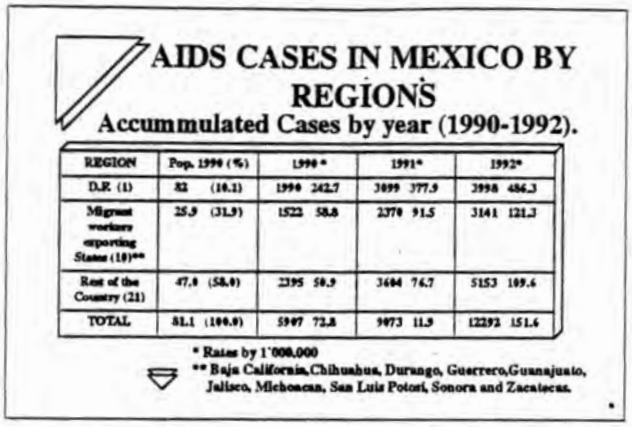
INTRODUCTION III

SLIDE 3: In 1990, 72% of Mexican migration to the United States is concentrated in California, Texas, New York, Florida, New Jersey and Illinois, all states with a high incidence of AIDS. Additionally, there has been a shift on migration from rural to urban areas. Whereas the State of California absorbs about 60% of the total flow of Mexican migration, currently more than half of this 60% is concentrated in the Los Angeles-Long Beach metropolitan area. Inasmuch as AIDS is a predominantly urban phenomenon, the growing flow of migrants to urban areas also implies an increase in HIV-related risk.



INTRODUCTION IV

SLIDE 4: In states that export a high number of temporary migrant workers to the United States more than 30% of AIDS cases can be traced to migration.



AIDS CASES IN MEXICO BY REGIONS
Accummulated Cases by year (1990-1992).

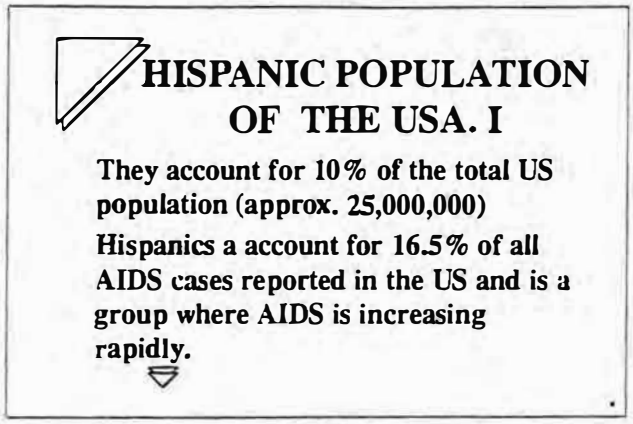
REGION	Pop. 1990 (%)	1990 *	1991*	1992*
D.F. (1)	82 (16.1)	1994 242.7	3699 377.9	3998 486.3
Migrant workers exporting States (10)**	25.9 (31.9)	1522 58.8	2370 91.5	3141 121.3
Rest of the Country (21)	47.8 (58.0)	2395 50.9	3604 74.7	5153 109.6
TOTAL	81.1 (100.0)	5907 72.8	9673 11.9	12292 151.6

* Rates by 1'000,000

** Baja California,Chihuahua, Durango, Guerrero,Guanajuato, Jalisco, Michoacan, San Luis Potosí, Sonora and Zacatecas.

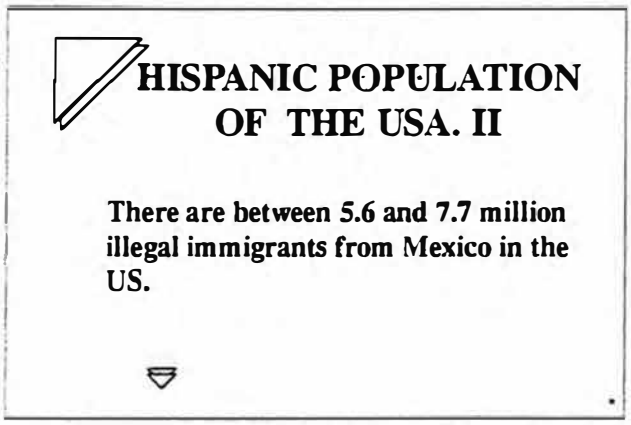
AIDS CASES IN MEXICO BY REGIONS

SLIDE 5: As depicted in this slide, in migrant exporting states we find a higher than expected number of AIDS cases as well as higher and more rapidly growing rates. Many of there cases can be traced to migrants, suggesting that migration and temporary residency in the United States can be considered an important risk factor for adquiring HIV infection in some areas of Mexico.



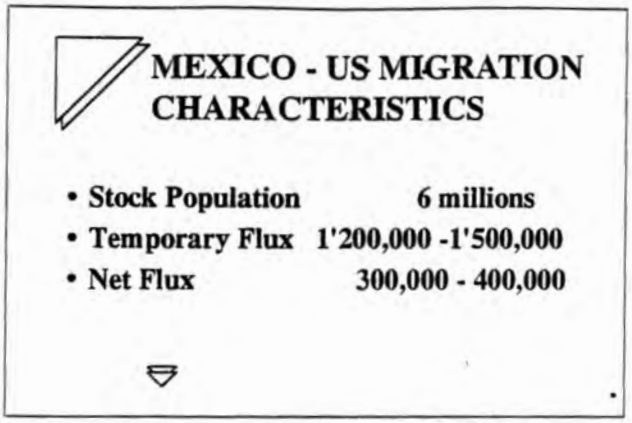
HISPANIC POPULATION OF THE USA. I

SLIDE 6: The total population of the United States is calculated to be 251,400,000 of which, approximately 10% (24,925,200) are Hispanic. Yet they are over-represented with 16.5% of all AIDS cases and is a group where AIDS is increasing rapidly.



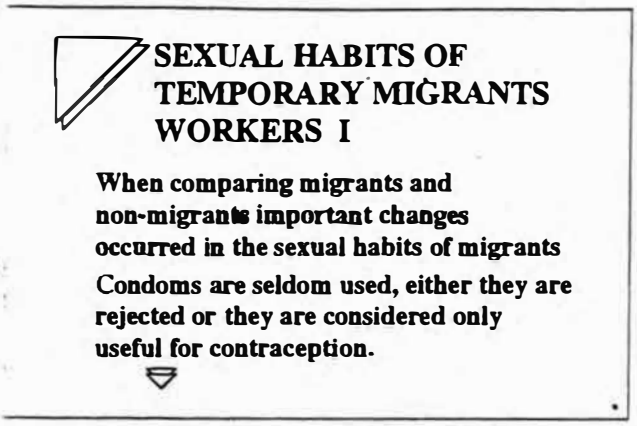
HISPANIC POPULATION OF THE USA. II

SLIDE 7: The number of total illegal immigrants (so called "illegal aliens"), both temporary and permanent, in the United States is difficult to calculate but it is estimated to be anywhere from 8 to 11 million with 70% of them coming from Mexico.



MEXICO - US MIGRATION CHARACTERISTICS

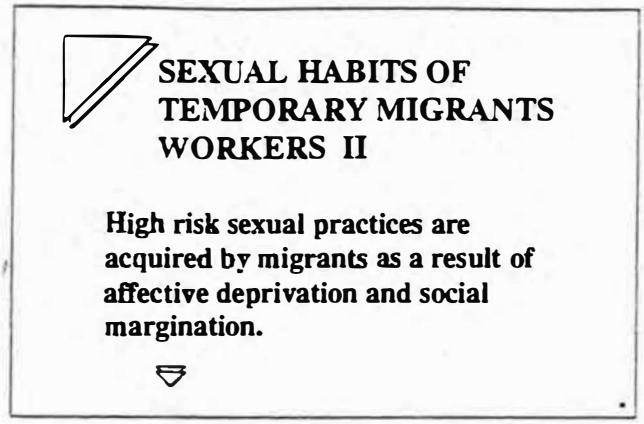
SLIDE 8: The characteristics of this migration from Mexico to the United States can be summarized as follows: there is a stock population of about 6 million with a temporary flux of 1.2 to 1.6 million and a net flux of 300,000 to 400,000. On average, 86% of Hispanics watch Spanish Television every day and spend about 2.7 hrs. per day doing so.



SEXUAL HABITS OF TEMPORARY MIGRANTS WORKERS I

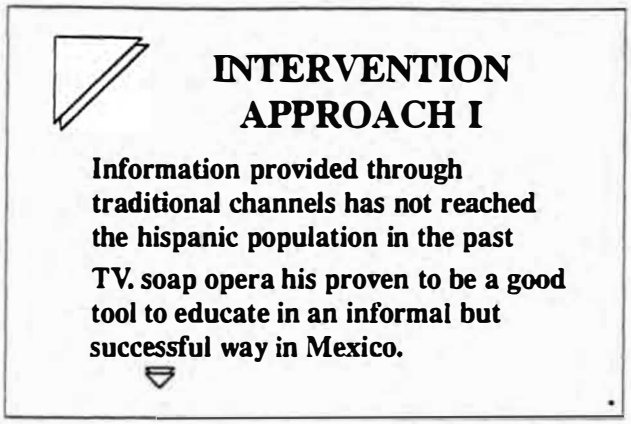
SLIDE 9: The Mexican government, concerned about the potential impact of migration on the AIDS epidemic requested to the National AIDS Council (CONASIDA) that a study be conducted and a campaign implemented specifically targeted to migrants and their families.

The study compared the sexual habits of temporary migrants with those of non-migrants from Mexico to the United States. Data from that study has been reported to the VIII International Conference on AIDS last year, (Bronfman, M. Abs PoD5219, VIII Int Conf on AIDS). The main conclusions were that important changes occurred in the sexual habits of migrants; condoms were seldom used, either because they were rejected or because they are considered only useful for contraception.



SEXUAL HABITS OF TEMPORARY MIGRANTS WORKERS II

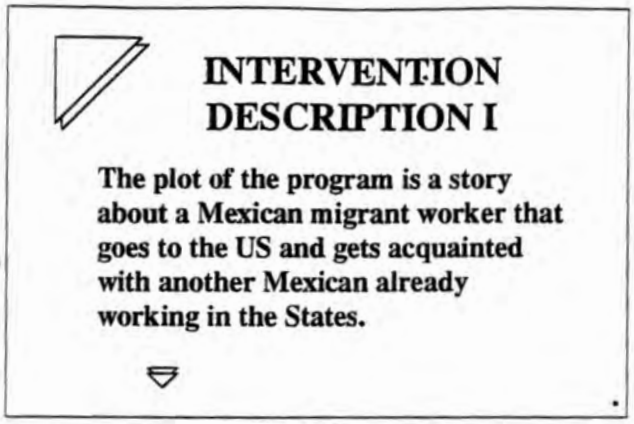
SLIDE 10: Finally, that high risk practices were acquired by migrants as a result of affective deprivation and social margination.



INTERVENTION APPROACH I

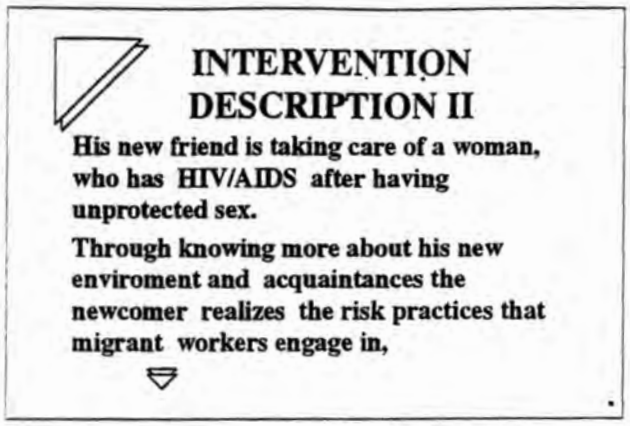
SLIDE 11: It has been suggested that, one of the reasons HIV infection is increasing rapidly among Hispanics is that the information provided through traditional channels has not reached this population in the past. In Mexico, television soap-operas have proven to be a good tool to educate in an informal but successful way.

Based on the findings from the previously conducted migration study, CONASIDA decided to produced a 48 minute long TV soap-opera called "SI FUERAMOS ANGELES: LA VIDA DE TODOS LOS DIAS", which develops in a single scenario (the interior of an apartment), includes two testimonials and combines humor with statements that address specific issues such as: What is AIDS?, who is at risk for AIDS?, how is it transmitted and how is it not?, what is a condom and who should use it? and issues related to human rights such as non discrimination, love and respect for patients. Thus, this format allowed us to present ample information in a colloquial and socially acceptable way.



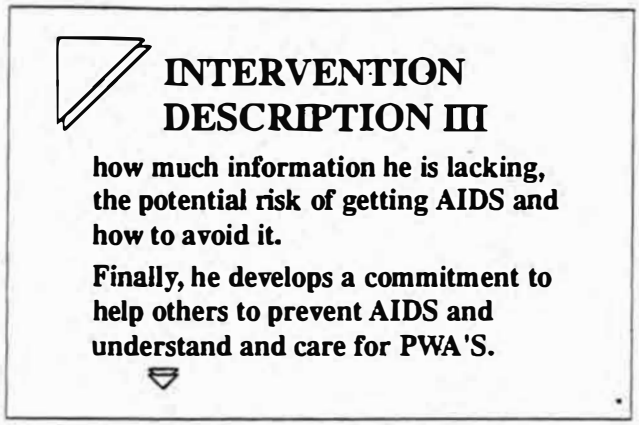
INTERVENTION DESCRIPTION I

SLIDE 12: A simple yet frequently encountered situation was then dramatized using only 5 actors, one of them a very popular comedian in Mexico. The plot of the program is a story about a newly arrived Mexican migrant worker that get acquainted with another Mexican migrant already working in the United States and is invited to his house to live. No where in the title is the word "AIDS" mentioned and, in fact, "AIDS" is not mentioned in the dialogue until we can be sure that we have interested the viewer in our story.



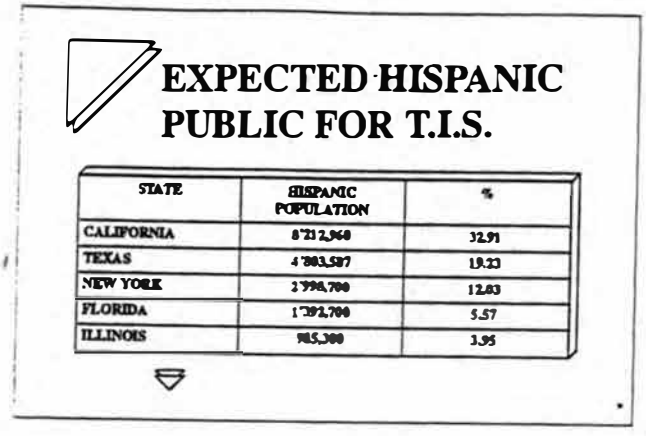
INTERVENTION DESCRIPTION II

SLIDE 13: This happens when the newcomer finds out that his new friend is taking care of a woman who has HIV/AIDS after having unprotected sexual intercourse. Knowing more about his new friends and through a testimonial the newcomer realizes that the risk practices that migrant workers engage in.



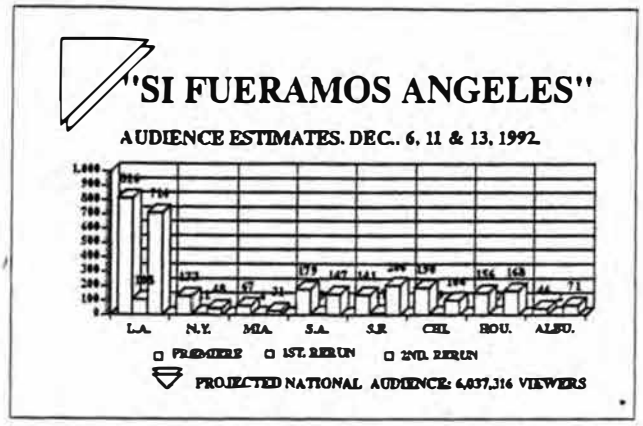
INTERVENTION DESCRIPTION III

SLIDE 14:... how much information he is lacking, the potential risks of acquiring HIV and how to prevent infection by using condoms. Finally, he develops a commitment to help others learn how to avoid HIV infection and to understand and care of PWA's.



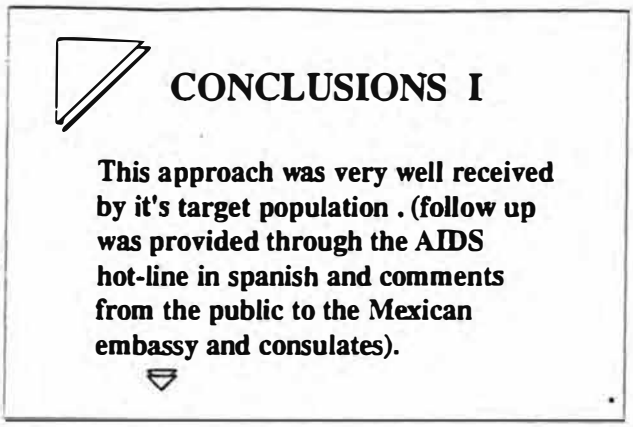
EXPECTED HISPANIC PUBLIC FOR T.I.S.

SLIDE 15: The show was broadcasted in Mexico on World AIDS Day (Dec 1st, 1992) and in the United States on Dec 6th, 11th and 13th through syndicated and cable channels. TIS (Television International Syndicator), has a potential audience of 22 million viewers and it is estimated to reach 33% of the hispanic population of California, 19% of that of Texas and 12% of that of New York, the three states that concentrate the higher number of Mexicans in the United States.



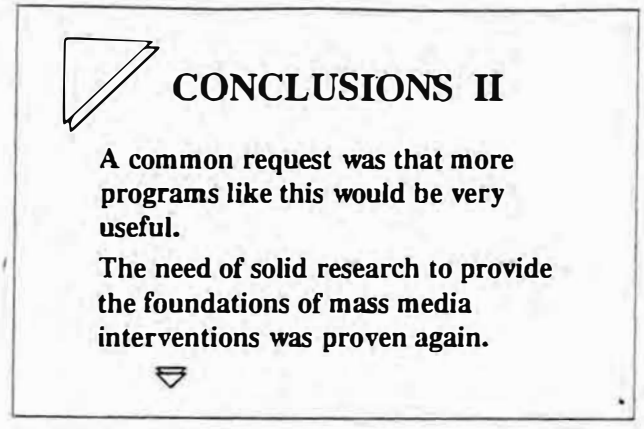
"SI FUERAMOS ANGELES"

SLIDE 16: Using standard television rating methods it was calculated that an estimated 6 Millon viewers saw the program. Impact, measured using the CDC's National Spanish AIDS-Hot line in the United States, revealed that the show was very well accepted and welcomed by Spanish-speaking viewers. Most calls to the hot-line occurred after the Premier on Sunday December 6th. Callers' initial concerns related to transmission, information on referrals and testing questions. Many requested that more programs like such as this one should be produced, given the need for information among migrants to the United States. Callers also stated that the program was "tastefully done".



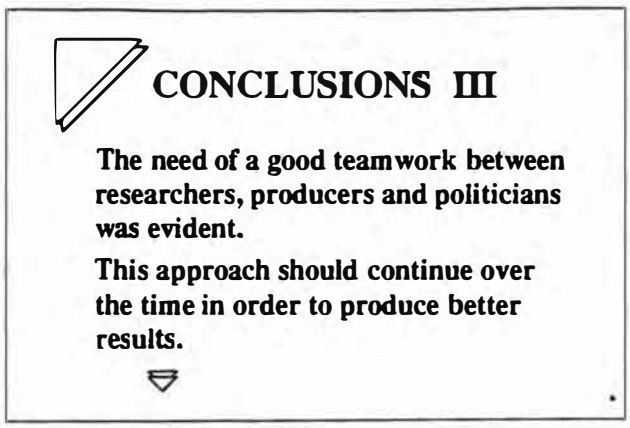
CONCLUSIONS I

SLIDE 17: Based on the comments from the US National AIDS Hot-line and comments made to the Mexican Embassy and Consulates we believe that these educational approach was very well received by it's target population.



CONCLUSIONS II

SLIDE 18: A common demand was that more programs like were much needed and would be useful. It was proven again that the development of educational materials, including mass-media campaigns, must be based on solid research data and not only on intuition, say-so or assumptions.



CONCLUSIONS III

SLIDE 19: Throughout this process there is the need for good communication and team work between researches, producers and politicians in order to have a successful outcome.

This approach should continue to be perfected over time in order to produce better results.

We are now in the process of producing two more soap-operas directed to migrants in order to re-enforce our AIDS educational message.

SI FUERAMOS ANGELES:
LA VIDA DE TODOS LOS DIAS
(OUR EVERYDAY LIFE: IF WE WERE ANGELS)
an educational video directed to Mexican migrants to the US
CONASIDA (National AIDS Council), MEXICO

Based on studies on migration as a risk for HIV/AIDS, CONASIDA decided to produced a 48 minute long TV soap-opera to inform migrants about AIDS.

PRODUCTION IDEA

The story develops in a single scenario (the interior of an apartment), includes two testimonials and combines humor with statements that address specific issues such as:

- what is AIDS?,
- who is at risk for AIDS?,
- how is it transmitted and how is it not?,
- what is a condom and who should use it? and,
- issues related to human rights such as non discrimination, love and respect for patients.

This format allowed us to present ample information in a colloquial and socially acceptable way.

STORY

A simple, yet frequently encountered situation was dramatized using only 5 actors, one of them a very popular comedian in Mexico. The plot of the program is a story about a newly arrived Mexican migrant worker (Vinicio) that get acquainted with another Mexican migrant already working in the United States (Romualdo) and is invited to his house to live. His new friend is taking care of a woman who has HIV/AIDS (Dulce) after having unprotected sexual intercourse. Knowing more about his new friends through testimonials and their conversation the newcomer realizes that the risk practices that migrant workers engage in, how much information he is lacking, the potential risks of acquiring HIV and how to prevent infection by using condoms. Finally, he develops a commitment to help others learn how to avoid HIV infection and to understand and care of PWA's.

BROADCASTING

The show was broadcasted in Mexico on World AIDS Day (Dec 1st, 1992) and in the United States on Dec 6th, 11th and 13th through syndicated and cable channels. In the United States the show was broadcasted through Telmundo as well as TIS (Television International Syndicator) channels which have a potential audience of 22 million viewers and it is estimated to reach 33% of the hispanic population of California, 19% of that of Texas and 12% of that of New York, the three states that concentrate the higher number of Mexicans in the United States.

IMPACT

Using standard television rating methods it was calculated that an estimated 6 Millon viewers saw the program. Impact, measured using the CDC National Spanish AIDS-Hot line in the United States, revealed that the show was very well accepted and welcomed by Spanish-speaking viewers. Most calls to the hot-line occurred after the Premier on Sunday December 6th. Callers' initial concerns related to transmission, information on referrals and testing questions. Many requested that more programs like such as this one should be produced, given the need for information among migrants to the United States. Callers also stated that the program was "tastefully done". Based on the comments from the US National AIDS Hot-line and comments made to the Mexican Embassy and Consulates we believe that these educational approach was very well received by it's target population.

CONCLUSIONS

A common demand was that more programs like were much needed and would be useful. It was proven again that the development of educational materials, including mass-media campaigns, must be based on solid research data and not only on intuition, say-so or assumptions. Throughout this process there is the need for good communication and team work between researches, producers and politicians in order to have a successful outcome. This approach should continue to be perfected over time in order to produce better results.

IVth STD WORLD CONGRESS CONFERENCE NEWS

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IXth International Conference

IXth INTERNATIONAL CONFERENCE ON AIDS

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Miles Away from a Solution

The challenge of AIDS prevention in Mexico illustrates many problems faced by developing countries.

Transmission is primarily through heterosexual contact. HIV acquired through blood transfusion also remains a significant problem. "About 20% of our cumulative cases are secondary to blood transfusion," Dr. Carlos del Rio, Executive Director of AIDS Prevention in Mexico, told "Conference News."

With an estimated half a million HIV infections in the country, AIDS is the fourth leading cause of death in men between ages 25 and 34 years.

After eight years of training in infectious diseases and public health in the U.S., del Rio returned to Mexico and became director of that country's AIDS campaign last year.

One of the major problems facing Mexico is the ruralization of the AIDS epidemic. To the natural movement of people between cities and countryside comes the special condition created by migrant workers, a problem shared with many developing countries.

Sexual habits changed

Sexual habits of rural men changed when they worked as migrant laborers in the U.S., a survey showed. They used condoms less frequently than men remaining in Mexico. Moreover, in response to a situation in which they had low status, often did not speak the local language, and experienced social and sexual deprivation, they began engaging in high-risk sexual behavior.

A soap opera broadcast on World AIDS day effectively launched a public education campaign directed toward migrants. An estimated six million people watched it, and reaction was very favorable.

Since 90% of Mexicans belong to the Catholic Church, convincing Church authorities to assume a position of "benign neglect" toward government AIDS policies was essential, del Rio said. Otherwise programs of sex education and condom promotion were doomed to fail.

"We have tried to convince them that saying that AIDS is a curse from God is not helpful if we want to change behavior and slow the epidemic," del Rio said. This effort has met with some success: at an ecumenical World AIDS Day celebration last year, a representative of the Bishop of Mexico City publicly termed AIDS a medical condition, not a curse from God.

School sex education efforts are just beginning. Here too, public health workers have to negotiate with the Catholic Church and conservative parents. But such programs are essential, del Rio emphasized, in a country where 40% of the population is under age 15.

In one way Catholicism has contributed to the spread of HIV. "A Catholic country does not allow a homosexual to express his sexuality openly, so he needs a wife to advance socially," del Rio said. Many homosexual men marry, but pursue sex with other men secretly.

Woman have no control

The result is that married women are increasingly at risk of HIV infection through heterosexual contact with their husbands. Finding solutions to this problem is very difficult, del Rio said. "For most women, their major risk factor is their inability to control the sexual behavior of their partners."

The inability of women generally, whether prostitutes or socially respectable married women, to protect themselves from sexually acquired HIV continues to be a major problem. "Like other countries, we are baffled by the fact that, more than a decade into the epidemic, we still do not have a single inexpensive, effective female-controlled method of STD/AIDS prevention," Dr. del Rio said.

Preliminary studies have showed that the female condom is well accepted by prostitutes. But, del Rio said, "It is probably going to be too expensive for poor women to afford. We are still miles away from a solution."

But such a method is essential. "If we are going to rely on fidelity or monogamy, we are not going to succeed." WAC

AIDS AMONG MEXICAN MIGRANT WORKERS
A Sociologist's View

Nelson Minello
El Colegio de México[1]

Before I begin this talk, I would like to thank the Dean Alan Smith of the School of Arts, Letters and Social Sciencies of California State University, Hayward, the Departament of Ethnic Studies, and especially Professors Richard Garcia and Mark Van Aken for the invitation to offer my thoughts to you today.

I will talk about a research project carried out among Mexican workers migrating to California, which is being conducted by Professor Mario Bronfman and me, both of us members of *El Colegio de México* in Mexico City. Our research has enjoyed the financial support of CONASIDA, a Mexican governmental institution created to combat AIDS (note "SIDA" in CONASIDA).

What is the purpose of this research project? Our main concern is the AIDS epidemic in Mexico and how to fight it. Our contribution is to be made through the study of sexual habits among Mexican migrant workers in the United States and any effects that migration may have on their habits. In other words, we want to know if the fact of living in another country, in a different society, in contact with another culture, even temporarily, brings about changes in the sexual habits of men and women.

Why are we interested in the sexual habits? Because knowledge of these habits can shed light on practices that increase the risk of infection by HIV. As you may know, there are now over nine thousand AIDS patients in Mexico (up to November 1990). We know how many of these patients are men and how many are women, about their professions, their sexual preferences, age, marital status, and so on. However, we know little about the sexual habits of these people. In other words, we do not know much

[1] Transcripción de la conferencia ofrecida dentro del ciclo "Turning Points Lecture Series", en la California State University, Hayward, California, el 13 de febrero de 1992.

about their sexual practices, how these are learned, or what brings about changes in their habits.

The basic idea of our project is based on the fact that different cultures have different sexual habits. However, we do not know how one culture can influence another, and in the case of migrant workers, modify their sexual habits. Neither do we know if these new habits become permanent or not when the worker goes back to his original culture.

Our belief is that the results of this research project may suggest several ways to design educational campaigns, change habits, inform about risks involved in some practices, teach safety measures that a man or woman should know when he or she chooses this or that form of sexual activity.

It is intended that this project should contribute to the design of public policies to fight infection by HIV. The place in Mexico that we have chosen for study is Gómez Farías, a small town in the State of Michoacan of about 10,000 inhabitants. Its inhabitants work in agriculture, basically in the cultivation of strawberries for export, sorgum, chickpeas, and peas for a regional market, and corn and beans for local consumption.

Nevertheless, the lands available are scarce, and many *gomeños*, as the people of this town are called, must emigrate to find work elsewhere. Since the beginning of this century there has been an important current of migration to the United States. Since the 1940s, with the Bracero Program, *gomeños* have come primarily to California (about 90% of the migrants). Within this state they go to Watsonville and nearby towns.

Perhaps I should point out that these migrants are not poor peasants, but rather that they are those who have lands and whose families enjoy a certain economic position in their home town. The reason for this is very simple: the journey to the United States and the first days here require that they have some monetary savings. In the mid-1980s a family of four had to invest more than a thousand dollars to arrive in Watsonville, where they had to rent a house, buy clothes, and so on. Bear in mind that the minimun monthly wage was, and still is, about $100 (U.S.)

Finally, with regard to educational attainment, these immigrants have an average of four years of elementary school, but many have attended high school.

Some researchers investigating this subject have chose to use questionaires, and others have selected a qualitative focus. Because our interest is directed to learn about sexual habits, we have chosen the interview as our primary research method. Getting to know each person (subject) by means of an interview was the method that would help us to understand more thoroughly their answers.

As a result of the interviews with migrant workers, we found that some were legal residents, but others were probably illegal aliens. Because of this and because the nature of the questions could prove embarrassing for some of the persons interviewed, we used the "snow ball" method to select informants. With the snow ball method one person interviewed referred us to another, and so on. To try to avoid bias in selection, interviews were controlled according to age and work site. Both men and women were interviewed.

We also interviewed "key informants", which is to say, persons who, not being migrants themselves, are related to the project's interest because of their professional activities, personal concern, or other relevance. Interviews with key informants could provide valuable information on the subject.

The interview was focused on obtaining information about the following:

-sexual habits of the subject

-use of condoms

-information about AIDS and if the person interviewed considered the information to be trustworthy

FIELD WORK

Field work for this project has taken place in two periods. The first was between May and October, 1991, in Watsonville, and the second was conducted from November to January, 1991-92, in Gómez Farías. During both periods several field trips were made.

Twenty-seven men and 18 women were interviewed. They were both migrant and non-migrant workers. Their ages and marital status varied. Some were employed in agricultural work, others in towns.

I must tell you that not all of our work has consisted of sociological interviews. One time during our field work my friends invited me to a bar in Castroville, with which I was not familiar. You can

imagine my surprise when I found myself in a gay bar called the *Norma-Jean* –the real name of Marylin Monroe, as you may know-- where most of the customers were local field hands. My presence did not surprise anyone, and I was able to enjoy a transvestite show in which the "actors" were people who during the day were farm workers.

In the transvestite show several of these men appear either in groups or singly on the stage while a P.A. system plays songs. The transvestite lip-sincs with the recording, as you know, and appears to be singing. It was interesting to see how members of the audience, just as if they were in a straight nihgtclub, would go up to the perfomer and place money (bills) in the decolletage of the transvestite's dress.

Our visits to the *Norma Jean* bar, or canteen, did not constitute merely idle recreation for us. The fact that the customers were field hands, essentially *latinos*, permitted us to learn about their forms of recreation. And it is important that, among other things, we not only had personal experiences of the places where they live and work, with a very high proportion of single men, but that we were also able to observe some of that high concentration of men in a gay bar.

Getting back to the project, we have not yet fully analyzed the information gathered, although preliminary conclusions may be drawn form its examination. I will refer to three main points of interest.

SEXUAL HABITS

After examining the information provided by the interviewed migrant and non-migrant workers it is possible to find a change in the migrant's sexual habits.

For example, women have mentioned that in the United States sexual relations (with Anglo men) are slower and more pleasant. Their lover, they say, takes more care in leading her all the way to orgasm. Also, they indicate, they have learned new positions and new habits such as oral sex, and in a few cases, anal intercourse.

Incidentally, one of the women interviewed tolds us that:

-She is very happy in the United States because here she has learned the "roasted chicken" position.

-Well, here [sexual relations] are better, because they [Anglo men] are more tender [and gentle],

and they [the relations] last longer before climax.

There are similar affirmations in several interviews. But let's go back to the point.

In one way or another, it seems that women interviewed in the United States have a better chance of expressing their own desires in sexual matters. In other words, they have the feeling that they have a better chance to own their own body and to demand the satisfaction of its needs (whithin certain limits).

However, I think feminine sexuality for these women is still a subordinate sexuality. The women interviewed indicated they are very young when the begin their sex life, related to marriage. For example:

-I was a 14 years old. Well, it was with the one who is now my husband [...] Before, one didn't even know what sex was. When one went with the boyfriend, one thought it was only to cook his food, wash his clothes or iron them. When one went to bed with him one didn't know what he was going to do to you.

- I was 16, [it was] with my husband. Well, I felt nice because it was my first experience: and I did like it.

- I got married when I was 15 year old, it was my first experience.

Their sexuality is subordinated to the husband's desire. When asked about oral or anal sex, they answered:

- he hasn't even asked me to, that's why I didn't know what that was.

- not anal either, we havent'n needed it because he has not asked me to do it [in that way].

The men interwieved in the United States refer differently to changes in their sexual habits, compared to those they had in Mexico.

According to our research, heterosexuals have modified some habits and they spoke about these changes:

-In Mexico I only knew how to do it in the front, and I think no girl had ever given me oral sex. But here [in the US] I do it and I like to have them to do it to me.

- Here I learned better ways of doing it.

In summary, the sexuality of heterosexual men and women appear to change appreciably. First, sex is somewhat easier to practice than in Mexico; there is less social control (paradoxically even though they continue living in communities formed by Mexicans). Second, sexual activity becomes more erotic for them because of more attention to sexual foreplay. There is more attention to achieve not only self-gratification but also satisfaction for the female partner. This implies a greater development of such important facets in human life as sexuality. One could say, in this regard, that they are acquiring a better quality of life.

However, there is another side to the coin, a contradiction to the attainment of a better life. First, the improvement in sexual relations is not accompanied by the adoption of safe-sex practices. And, second, California, and the USA in general, have a much higher incidence of AIDS than Mexico, which greatly increases the possibility of HIV infections. In summary, better sex mean more sex, which means greater danger. But this, of course, does not require us to eliminate sex!

During our research, we also interviewed homosexuals.
Allow me a brief digression. When we asked our interviewer to relate to migrant homosexuals, he stated enphatically that there are none. He said that he worked in the fields and that none of his fellow workers was a homosexual. We had to ask another interviewer to help us, because the first interviewer could not perform objectively. The second was gay.

Homosexuals interviewed indicated that they feel freer in the United States. Here they have the chance to express their sexual preference without feeling rejected by their community.

I should like to explain to you why these Mexican gays feel freer here. If one of us were to visit any town in Mexico and were to ask if there homosexuals in the town, people would reply that there are none. This is because Mexican society makes them invisible. It does not recognize them: gays are not permitted to express this sexual option openly.

When gays arrive in the US (or better, in California) they find that social pressures are diminished and that, in one way or another, they can express themselves without such difficulty as they encounter in Mexico.

-In Mexico I did it with kids, and the only thing they liked to do was put it in (penetrate), but

the Mexicans that live here like [to do] more things.

-Here they are totally different.

To sum up, as I have just pointed out, the homosexual option is not "satanized", and, the gay option presuposes the acquisition of new practices. Sex is no longer only a matter of penetration, but rather is broadened to include a greater eroticization of gay relations. This, like the case of heterosexuals, may be seen as the development of greater freedom for there human beings.

However, again we find a contradiction. Anal sex without a condom, as we all know, is highly dangerous with great risk of HIV infection. Oral sex carries similar risk if there is any lesion in the mouth, such as in the gums. The solution is not to prohibit this kind of sex, of course, but rather to provide education that teaches alternative methods of sexual expression.

Probably, the most distinct changes may be observed in bisexuals' habits. They continue to have regular relations with women as they did in Mexico, but they also relate to men with whom they generally have oral sex, or have them masturbate them. They sometimes pay these men. In one of the cases, the person interviewed stated that out of respect for his wife, he only has vaginal sex with her. However, because he has other sexual fantasies, he goes into the town of Seaside, where he rents sex videos and has a man practice oral sex on him.

Bisexuals also show changes in their sexual practices, because with them the new practices with both women and men are combined. And, of course, the familiar contradiction arises: Their new practices bring greater satisfaction and greater risk.

To conclude this section, let me recapitulate briefly. Both men and women interviewed in our study have spoken to us of changes in their sexual practices (They know new forms or positions; they feel they have greater liberty to express their sexual option, repressed before) and through this development of their sexuality they also develop as persons. But this, positive *per se*, carries within greater risk of HIV infection.

INFORMATION ABOUT AIDS AND TRUSTWORTHINESS

Although, as I said at the beginning, the great majority of immigrants know how to read newspapers and

magazines -at least in Spanish- the habit of reading is not widespread. They prefer to listen to the radio or watch television.

Then, television and radio are the most common information source about AIDS referred in the interviews. Both in the US and Mexico they prefer to watch two networks that transmit in Spanish (in Gomez Farias many migrants have dish antennas). In the US both networks carry programs about AIDS, interviews with HIV-positive people, and so forth. Also, when the migrants are in the US, government agencies and non-profit organizations offer them talks about health and AIDS.

Unfortunately these programs are scarse or simply don't exist in the Mexican networks, and in general there is much less information on AIDS and the forms of protection.

Other sources mentioned in lesser degree are: *a)* their elders (mother or father, older brother or sisters, aunts or uncles, grandparents); *b)* their peers (girls or boys of similar ages). In this case, men tend to believe less in their peers, because they "talk of imaginary adventures", whereas women indicated that they frequently talk about sex with other women; *c)* information is also obtained from what I call subordinated sexuality: women often mention that they believe in what their sexual partner has to say; *d)* Doctors and paramedics are also a generally truthful sources; *e)* Priests and Protestant ministers, however, seem to be the least trusted source, about AIDS, since they were only mentioned in a couple or interviews.

USE OF CONDOMS

The interviews do not give an encouraging view of the use of condoms. On one hand, men and women who have migrated to California have more information about the necessity of using condoms to prevent the infection by HIV. Nevertheless, this information does not seem to be put into practice when it comes to actually using the condom. Most of the time, men indicated they don't like to use condoms, because, they claim, it does not feel the same when they use it or, in an obvious expression of machismo, they state that *Yo no uso condon, a mí a palo pelado* "I don't use a condom, only the naked dick".

One woman told us

> If I tell him [hem husband, to use a condom] he gets mad and doesn't come here for at least three days. That's why I don't tell him anything

The persons interviewed who have not migrated have little information about AIDS. They have much less information about the use of condoms and, at the same time, more difficultty in getting them. However, I believe that more important than having access to the condom, is knowing why it is really needed. Most of the non migrant men and women interviewed indicated thath the condom is used to avoid pregnancy. It is also used, according to those interviewed, when a woman has a gynecological disease or problem (such as vaginal discharge) that could make sexual relations with the partner unpleasant or even prevent them, if a condom is not available. In other words, among our subjects the condom is not used to prevent diseases such as AIDS.

SUMMARIZING, I believed that this research on sexual habits of the Mexican migrant workers to the United States has shed light on the changes in the customs and practices of sexual relations, among both men and women. On the other hand, it allows us to infer that these changes, such as oral and anal sex without the use of condom, mean that migrants are learning forms of behavior that are increasing the risk of HIV infection.

I should like to conclude this talk today by emphasizing an idea previously expressed. All of these changes in sexual behavior involve a terrible irony. On the one hand, the possibility of a more complete sexual fulfillment; but on the other, the new behavior brings with it the major danger of HIV contagion.

The authoritarian solution, preferred by some, would be to practically eliminate sexual expression -a virtual impossibility. The challenge is to find a road leading to greater sexual fulfillment that is also safer.I believe that social scientist can help find the path and build this road.

* * *

Sexual Habits of Temporary Mexican Migrants to the USA: Risk Practices for HIV Infection.

by M. Bronfman, N. Minello

INTRODUCTION

Migratory movements all over the world have been identified as an important factor in the spread of the HIV infection. Temporary movements of the workers through the borders has been incriminated as a determinant factor for the introduction and transmission of the infection of the native population by migrant groups. In the case of Mexico the temporal migration of workers to the USA is a very important and extensive phenomena:

- By 1984, 75% of the migrant population came from 10 states in the north and center part of the country. This states have 35% of the national population and concentrate 40% of AIDS cases in the country.
- In 1988, 30% of the AIDS cases reported in USA were from the southern states (Texas and California) that are highly attractive areas or states where migrants necessarily go through.
- In 1990, 72% of Mexican immigrants were located in New York, California, Texas, New Jersey, Florida and Illinois. The first four states are among the most affected by AIDS epidemic in the USA.
- In Mexico, 10% of the AIDS cases reported have a residence background in the USA and their demographic profile is similar to that of the migrant workers.

OBJECTIVES

A) Identify the sexual habits of the population that temporally moves from Mexico to the USA.

B) Identify the sexual habits of a non-migrant population in a zone with a high rate of migrant expulsion.

C) Evaluate the impact of the migration in the sexual habits of both groups.

D) Identify and evaluate the type and sources of information about AIDS that both groups have.

E) Define the impact of the disease and the available information about AIDS on the changes in the sexual habits of both groups.

METHODS

- Selection of localities with an established migratory pattern that allowed the study of both groups (migrant & non-migrant) in its native as well as in their destinity place.
- Construction of a typology according to the following variables: sex, age, sexual preference and migratory status.
- In-depth qualitative interviews in a small sample drawn from the typology.
- Interviews to key informants (22): Health personnel, community leaders, social scientists, men a women with commercial sex pactices, etc.

RESULTS

Sexual habits and knowledge about AIDS in male and female population

MALES

Migrants	*Non-migrant*
Sexual habits Homosexual, bisexual and heterosexuals were found in this population. Homosexuals are more sexually active and their sexual practices are of higher risk for AIDS transmission (oral & anal sex). Ocassional oral sex was reported by bisexuals and heterosexuals.	*Sexual habits* An excluisively heterosexual population with traditional sexual practices (vaginal intercourse). Sexual activity similar to those heterosexuals in the migrant group (once or twice a week).
Condom use Bisexuals & heterosexuals reject its use and only perceived it as a contraception measure. Use among homosexuals is variable.	*Condom use* Not frequently use and only as a contraceptive measure.
Sources of Information The principal source is T.V.. In the homosexual groups their partners are providers of information and the most trustworthy.	*Sources of Information* T.V. is the most common source. Older people (parents) are trustworthy as well as doctors.
Knowledge about AIDS Some misinformation, deformations, myths and doubts about transmission.	*Knowledge about AIDS* Well informed though some myths persist.

FEMALES

Sexual habits Early sexual life, mainly vaginal intercourse but inclined for changes.	*Sexual habits* Early sexual life with resistance to oral and anal sex.
Condom use Not seen as a defense against HIV infection. No frequently use because denial of partner or sexual insatisfaction.	*Condom use* Not used because of male resistance and sexual insatisfaction.
Sources of Information The principal source is T.V. although written information is also accessible in working centers.	*Sources of Information* T.V. is the most common source.
Knowledge about AIDS Good information about AIDS and mechanisms of transmission.	*Knowledge about AIDS* Good information about AIDS and mechanisms of transmission.

CONCLUSIONS

- Important changes occurred in the sexual habits of migrant and non-migrant groups according to their sexual preference and their gender.

- Although sexuality is given a private and intimate space not easily shared with others, there are trustworthy vehicles that allow the information about AIDS to get through.

- Information about AIDS is considered to be good. The level of information varies among groups while myths or distorsions still persist. Again the study demonstrated, as in other studies, that information is not enough to adopt the measures and practices that decrease the risk of HIV/ AIDS.

- Condom use is identified as a preventive measure but very much linked to contraception practices. Sporadic use to prevent HIV infection was detected.

Prof. Mario Bronfman P., Profesor-Investigador, Centro de Estudios Sociológicos, El Colegio de México. ***Adress***: Camino al Ajusco Nº 20, Col. Pedregal de Santa Teresa, CP 01000, México, D.F. ***Telephone:*** 553-7046. ***Fax:*** 553-4359.

Berlin, June 7 - 11, 1993
in affiliation with the
IVth STD World Congress

ABSTRACT FORM

Only this official form is acceptable as the original submission (no facsimile transmission).
This form should be accompanied by 5 photocopies.

Choice of Topics

IMPORTANT:
Please indicate your preference according to the list of topics on the reverse side (A 1 - D 38).

1st choice	D35
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See List of Key Words in "Call for Abstracts" and type in corresponding numbers.

1021	567	361	1110	1254	1359

THE INCREASING RISK OF HIV INFECTION IN MEXICAN MIGRANTS GOING TO THE US: A TV SOAP-OPERA BASED ON RESEARCH DATA. M. Bronfman[1,3]; M. González[2]; R. Palma[2]; B. Rico[3]; C. del Río[3]. El Colegio de México[1], Television International Syndicators Inc[2] & CONASIDA[3]. México.

Introduction: In Mexico, 10% of AIDS cases have lived in the US, in states with high migration rates this figure can increase to >30%. In the US hispanics are over represented in AIDS statistics. This problem has received media coverage. Mexico, concerned about the potential impact of migration on the AIDS epidemic, requested a study and a campaign targeted to migrants and their families. Creative Process and Production: A research on sexual habits of temporary mexican migrant workers to the US was done (Abs PoD5219, VIII Int Conf on AIDS). The main conclusions were that high risk practices were acquired as a result of affective deprivation and social margination. Based on these findings a TV program was produced using "TV-theater" (soap-opera) since such a format allows to present information in a colloquial and socially accepted way. A simple script using only 5 actors was developed that combined frequently encountered situations, humor and testimonials. Campaign implementation: Broadcast in Mexico was on Dec 1/92 and in the US on Dec 6, 11 and 13th through syndicated and cable channels with a potential audience of 22 millon and an estimated 6 millon viewers. Impact was measured using the Spanish AIDS-Hot line in the US and rating by standard methods. Conclusions: The development of educational materials including mass-media campaigns must be based on solid research data and not only on intuition or assumptions. There is the need for good communication and team work between politicians, researchers and producers in order to have a successful outcome.

Name PROF. MARIO BRONFMAN P.

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COL. COPILCO UNIVERSIDAD
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Instructions:

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Mail original abstract and 5 photocopies to:

IXth International Conference on AIDS
IVth STD World Congress
Institute for Clinical and Experimental Virology
of the Free University of Berlin
Hindenburgdamm 27
D-1000 Berlin 45

ABSTRACTS MUST BE RECEIVED NO LATER THAN JANUARY 15, 1993

DESCRIPCION DE COBERTURA Y ALCANCE DE LA TRANSMISION DEL PROGRAMA "SI FUERAMOS ANGELES"

I.- Mercado de origen latino de los Estados Unidos de América.

POBLACION LEGAL:	25 millones de habitantes (legalmente inmigrados).
POBLACION ILEGAL:	Estimada en 11 millones de habitantes (ilegalmente inmigrados).
POBLACION TOTAL:	36 millones
POBLACION DE ORIGEN MEXICANO:	70%
COBERTURA:	a) Televisión libre: Red nacional en 51 Estados de E.U.A. por Television International Syndicators, Hispanic Markets Network, compuesta por 41 estaciones en 41 ciudades y que incluye a Telemundo Network. b) Televisión de paga (Cable): Red nacional Z-Cable. c) Propietarios de antenas parabólicas: Z-Sat para el área de los Estados Unidos continental y sur de Canadá.
FECHAS DE TRANSMISION:	Diciembre 6, 1992, domingo 9 p.m. (CST) Diciembre 11, 1992, viernes 9 a.m. CST) Diciembre 13, 1993, domingo 11 p.m (CST)
ALCANCE:	El auditorio potencial tan sólo para la televisión libre asciende a 22 millones de habitantes y las estimaciones preliminares de nivel de audiencia nos hacen suponer que el programa fué visto por alrededor de 6 millones de televidentes.

II.- Población de la República Mexicana

POBLACION TOTAL: 80 millones de habitantes.

COBERTURA: a) Televisión Libre: Red nacional canales 13 y 7 y sus repetidoras en los 31 Estados de la República y el Distrito Federal.

b) Televisión de paga (Cable): Canal TVC enlazando a 108 sistemas de cable en 31 Estados de la República Mexicana con un auditorio potencial de 830 mil telehogares.

FECHAS DE TRANSMISION: a) Televisión libre: Diciembre 1o. 1992. martes, (Día mundial contra el sida) 11 p.m. (TCM).

b) Televisión de paga (cable): mismos días y horarios que para el mercado de E.U.A. con una hora de adelanto por la diferencia del horario local correspondiente al tiempo del centro de México.

AMERICAN SOCIAL HEALTH ASSOCIATION

CDC National AIDS Hotline

MEMORANDUM

To: Nikki Vangsnes

From: Lynnette Chaparro

Date: January 19, 1993

Subject: CONASIDA "La Vida de todos los días..."

On November 18th. 1992, Dr. Carlos del Río contacted me to inquire if the CDC NAH Spanish service number could be used after a TV program planned to air in December. Dr. del Río was informed that the hotline number was in the public domain and information on the hotline services was sent via Fax. I was informed that the program, entitled "La vida de todos los días, si fuéramos ángeles..." dealt with daily concerns of Hispanics and HIV. The program was made and taped in México under the auspices of the "Consejo Nacional de Prevención y Control del SIDA" (CONASIDA). According to our information, the program was aired by the Telemundo Spanish Network and not by Univisión.

Information on call attempts, calls answered and comments as a result of the viewing of the program follows:

Sunday 12-06-92

According to Dr. del Río, the program was to air at 10pm (Eastern time). The first calls were received around 11pm. According to telephone company (AT&T) reports 65% (182 out of 278) of all attempted calls that day to the hotline's Spanish service, were reported between 10pm and 12am.

According to our in-house reporting system, 30% (33 out of 112) of calls received that day were answered between 10pm and 12am. Thirty five percent (35%) of all productive calls received reported seeing our number as a result of a TV program.

Callers' initial concerns related to transmission, information on referrals and testing

questions.

CDC NAH Spanish service staff reported the following calls which indicate the impact the program had on the viewers:

> *A grandmother from Hialeah, FL called requesting written information to share with her grandchildren, so that they would be informed.*
>
> *A woman who has been married for 5 years and had an affair three years ago with a man who shared drugs. It was not until she saw the program that she realized she may have been at risk and have placed her husband at risk. She was also concerned about transmission via blood transfusions. She asked for information about the test and a testing site referral.*
>
> *A man caller from New York, very thankful for the program. He mentioned the importance of bringing awareness to the Hispanic community. He has a brother diagnose with AIDS who is very depressed. He was ashamed and angry at his brother, but the program made him realize that he needed to learn more about AIDS.*
>
> *A caller from Florida, works with immigrant Hispanic families in the Department of Education for the State of Florida. She requested printed information and outlined the need for more programs as part of AIDS prevention education in the Hispanic community.*

Sundays are usually low call volume days, however, an increase of 35% was observed when compared to average Sunday calls answered volume during November 1992.

Monday 12-7-92

Call attempts several hours following the airing of the 12-6-92 program showed that 32% of all attempted calls to the Spanish service took place between 12am and 3am.

Throughout the day callers reported hearing our number as a result of the program. Twenty one percent (21%) of all productive calls reported seeing our number as a result of a TV program. Initial concerns that prompted people to call the hotline were again transmission, testing and referral information.

Examples of calls indicating the impact of the program follow:

> *Female caller interested in the hotline's printed resources. She was going to visit relatives in México and wanted to take the information to them. She was grateful for the program.*

Several callers from N.J. called inquiring if the program was going to be shown again. They missed part of it and were very interested in watching it again.

Several callers congratulated the producers of the program and commented that TV is one of the best methods of reaching the Hispanic community. They said more programs of this type should be produced.

Female caller from Elizabeth, N.J. wanted written educational material in both Spanish and English for her family. She enjoyed the show and commented that it was "tastefully done". She wondered why there were few if any other programs of that nature available for the Hispanic community. She complimented our efforts to help educate the Hispanic community on HIV and AIDS.

Female caller from México City, who was visiting relatives in Tucson, Arizona, wanted brochures to take back to México.

An increase of 31% was observed when compared to the average calls answered volume reported for Mondays in November 1992.

Friday 12-11-93

The telephone company reports (AT&T) showed that 70% of all attempted calls to the Spanish Service took place between 9am and 3pm, hours following the airing of "La vida de todos los días..".

Throughout the day, 19% of all productive calls reported seeing the hotline number as a result of a TV program. Concerns outlined by callers included testing and transmission.

Comments from callers:

A woman commented that more programs like these were needed to inform and alert the Hispanic community about HIV and AIDS transmission.

A man from Miami, FL felt motivated to call the hotline after viewing the program on T.V. He initially requested brochures but, after asking questions on transmission, he decided that he needed to be tested.

A female caller loved the program and found its contents very informative. She said that programs like these should be aired on prime time so that the whole family could see it.

A woman caller from Chicago wanted testing information as a result of the show. She

suspects that her husband is being unfaithful, having an affair with another man. Testing information and transmission was offered. She was very distraught and concerned about her and her husband's health, but was grateful that the program gave her a resource where she could get more information.

Sunday 12-13-92

Only six percent (6%) of all productive calls reported seeing our number as a result of a TV program.

No comments about the program were provided by callers. Judging from the lack of response, it is possible that the program was aired at a different date than planned. It is also possible that it was aired by a local TV station, so there was only a small viewing that day.

THE WHITE HOUSE

Stan —

This week's schedule changed & I won't be around in the evening - the dinner is rescheduled — so we can try again! If not before, how about something at ~~WPHA~~ ? I'll be there Sun. pm through Tuesday

Christine

OCT 4 1993

Columbia University School of Public Health
600 West 168th Street
New York, NY 10032

Allan Rosenfield, M.D.
DeLamar Professor and Dean

Tel: (212) 305-3929
Fax: (212) 305-1460

September 23, 1993

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

Dear Kris:

I understand that you will be speaking at Columbia on Thursday, October 7th. I truly regret that I will be unable to be present at the time you're speaking. I am currently chairing the Alan Guttmacher Institute Board, and its Board meets all day on the seventh and I have to host a dinner right after the meeting in honor of the outgoing Board Chair. I am truly saddened, as I would very much like to be there both at the time you speak, and to have had a chance to chat with you afterwards.

If you are staying in New York for the evening, perhaps we could meet for a drink at your hotel after your session is finished. My dinner should end a little after 9 and I suspect you will be finished by 9:30 as well. I'll call your office to see if it is possible.

I hope that things are going well for you in the new job. I look forward to having a chance to talk either in New York or in Washington.

With warm regards.

Sincerely,

Allan Rosenfield, MD

AR\di

29\white.923

THE WHITE HOUSE

WASHINGTON

September 23, 1993

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

Dear Mr. Rico:

Thank you for writing and for sharing information about your publication, "Later With the Latex." As to your comment about wanting to translate this work into Spanish, and to have it published, you might wish to contact Steve Trujillo, CODAC Behavioral Health Services. He can be reached at (602) 327-4505.

Best of luck in your efforts.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

September 23, 1993

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Best of luck in your efforts.

Sincerely,

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

Prepared by: APO: CVelez: 202-690-5560: 9/23/93: b:\rico2.923

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Carlos

Novel • School • Health

ARMANDO B. RICO

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

August 31, 1993

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
The White House
Washington, D.C. 20500

Dear Ms. Gebbie:

Thank you for your letter of July 30, 1993.

I have been asked by many of my readers to translate my AIDS publication, Later, with the Latex, into Spanish. I could easily do it, of course, but the expense of publishing the work would be too much for me at this time, so I'm still considering it.

People who would not ordinarily "read that kind of material" have been very receptive to my format and style of writing, have learned from my drug prevention and AIDS publications, and agree that health education messages presented in creative and effective ways do indeed reach at-risk audiences, young and old.

I hope your first 100 days are going well.

Thank you.

Very truly yours,

Armando B. Rico

Armando B. Rico

Refer to
Steve Trujillo
Cosac Behavioral
Health Services
(602) 327-4505.

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Hay Roca EN Tu Coca
[There's Rock in your Coke]

48 pgs

EL BOLETIN DE 1987 SOBRE
LOS NARCOTICOS Y EL ABUSO DE
LAS DROGAS REPORTO QUE 1200
MILIGRAMOS DE COCAINA ES UNA
DOSIS FATAL
PARA EL CINCUENTA
POR CIENTO DE LA POBLACION

HAY ROCA EN TU COCA

- ❑ Cuarto Año
- ❑ Tercer Año
- ❑ Segundo Año
- ❑ Primer Año

THE WHITE HOUSE

WASHINGTON

September 23, 1993

Ms. Mauricette Hursh-César
President
Intercultural Communication, Inc.
2400 Virginia Avenue, Suite C-103
Washington, D.C. 20037-2601

Dear Ms. Hursh-César:

Thank you for sharing your work, "A Model for Community-Based Teen Health Centers." I have forwarded your letter and material to the Division of Adolescent and School Health, Center for Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC).

Good luck to you and your associates.

Sincerely,

Kristine Gebbie

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

cc:
Division of Adolescent and School Health, CDC
Office of HIV/AIDS/CDC

THE WHITE HOUSE

WASHINGTON

September 23, 1993

Ms. Mauricette Hursh-Cesar
President
Intercultural Communication, Inc.
2400 Virginia Avenue, Suite C-103
Washington, D.C. 20037-2601

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Sincerely,

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

cc:
Division of Adolescent and School Health, CDC

Prepared by: APO: CVelez: 202-690-5560: 9/22/93: b:\hurshce.sar

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

INTERCULTURAL
COMMUNICATION, INC

Carlos
drft reply

Ms. Christine Gebbie
National AIDS Policy Coordinator
750 17th Street, N.W.
Suite 1060
Executive Office of the President
Washington, D.C. 20503

17 September 1993

Dear Ms. Gebbie,

We were pleased to hear your recent comments on Morning Edition (National Public Radio). As a small research and evaluation firm, we have always been convinced of the vital necessity of grassroots efforts in the development process. Now, we are most gratified to hear this philosophy come to the fore on a variety of topics and perhaps most urgently on the issue of AIDS prevention.

Our firm recently designed a model, for the Indian Health Service, for community-based teen health centers. A copy is enclosed for your possible interest. I hope you will find it confirms your view of the importance of community-based efforts for health.

I would be pleased to have the opportunity to discuss further with you how such a model could be adapted and applied to your current initiatives. In the meantime, please accept my best wishes for success in your endeavors.

Sincerely yours,

Mauricette Hursh-César
President

2400 VIRGINIA AVENUE, N.W. ■ SUITE C-103 ■ WASHINGTON, DC 20037-2601 ■ 202/223-7668 ■ FAX: 202/223-1699

INTERCULTURAL
COMMUNICATION, INC

Ms. Katharine Blakeslee, Acting Director
Office of Women in Development
U.S. Agency for International Development
320 21st Street, Room 4941
Washington, D.C. 20523

16 September, 1993

Dear Ms. Blakeslee:

We met with you a few years ago, together with Richard Bissell, regarding AIDS education and communication. You may not recall but ICI is a woman-owned small business, working in health, population, and education services. In this connection, we assist the **Woman-to-Woman: Partners in Business** training program in Poland.

Currently, we are completing our evaluation of AID's 10-year Development Education program. Also, we are collaborators with Harvard School of Public Health – Data for Decision Making (DDM) project; Education Development Center – Learning Technologies for Basic Education (LearnTech); and Academy for Educational Development – Support for Analysis and Research in Africa (SARA).

We have also assisted the U.S. Indian Health Service on teenage health issues. In 1992, we developed a model for community-based Teen Health Centers in American Indian communities, based in part on a self-help community participation approach we developed in 1991 for Poland.

Recently, we heard Christine Gebbie, President Clinton's AIDS Policy Coordinator, speak of the need for community-based approaches to AIDS Education. With our model, we feel that we can demonstrate the realistic opportunity of moving beyond lessons learned to concrete, self-reliant community action for dealing with Adolescent Health problems, including Preventive Care, AIDS, and Teen Pregnancy.

We wish to discuss with you convening a roundtable of key domestic and international agencies and PVOs to focus on Teen Health, initially in the Caribbean and the United States. The purpose is to synthesize the lessons of previous efforts. The participants would bring to the table their successful and unsuccessful experiences in attacking adolescent health problems – for example, teenage birthing and mentoring efforts in the U.S. The roundtable would produce a summary of lessons learned cast as a blueprint for community-based action, for wide dissemination to other agencies to promote information-sharing, partnerships and joint ventures.

As we have adapted U.S. and western aproaches to development assistance, we also have found in our domestic work that there are valuable trade-offs in applying the communication and community mobilization practices used in developing countries to U.S. problems of health and education. We would greatly appreciate an opportunity to meet with you to discuss this further.

Yours sincerely,

Mauricette Hursh-César
President

cc: Dr. Robert Clay, AID/Health

2400 VIRGINIA AVENUE, N.W. ■ SUITE C-103 ■ WASHINGTON, DC 20037-2601 ■ 202/223-7668 ■ FAX: 202/223-1699

SEP 2 7 1993

Vanderbilt University Medical Center

Vanderbilt University School of Medicine
Department of Pathology

C-3321 Medical Center North
Nashville, TN 37232-2561
(615) 322-2102
Fax (615) 343-7023

September 23, 1993

Art / Ben / George
let's talk about
this —

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Kristine

Dear ~~Ms. Gebbie~~:

Thank you very much for your time. It was a great pleasure to meet you and reassuring to hear of your plans for the campaign against AIDS. In follow-up to our conversation:

1. I would be delighted and honored to serve on a committee of HIV+ individuals. To the best of my knowledge, I am the most highly educated health care worker to become infected with HIV-1 to date. The majority of my time is now devote to clinical and basic research related to CNS manifestations of AIDS. Perhaps, someone with my background might be a contributing member to such a critical committee.

2. Within the next month, I hope to begin a manuscript outlining the crucial and pivotal role of AIDS nurses in the care and support of HIV+ individuals. HIV+ and AIDS patients interact almost exclusively with these nurses who represent their primary and most trusted allies in the struggle to survive. I remain in their debt for that empathy and kindness they have shown me over the last several months. The public needs to understand the strategic role they play in this struggle. Should I contact Dr. Colleen Conway-Welch as a collaborator in this effort?

3. I would be delighted to travel frequently to Washington at my own expense to participate in other activities including first person talks if you feel these efforts might contribute to the long-term goals of your office. Since there are only two neuropathologists at Vanderbilt (and one travels frequently), it may be difficult to leave Vanderbilt for prolonged periods of times. Consequently, the possibility of my prolonged absence was not received with enthusiasm. Nonetheless, shuffling back and forth would be quite easy since I could stay with family in Alexandria.

Thank you again for you consideration. I look forward to seeing you again.

Sincerely,

Mahlon

Mahlon D. Johnson, M.D., Ph.D.
Assistant Professor of Pathology
Division of Neuropathology

MDJ/lae

SEP 2 2 1993

Vanderbilt University Medical Center

Vanderbilt University School of Medicine
Department of Pathology

C-3321 Medical Center North
Nashville, TN 37232-2561
(615) 322-2102
Fax (615) 343-7023

September 20, 1993

file

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Ms. Gebbie:

Thank you for the kind letter and consideration.

As I understand it, the CDC will soon report my case via the MMWR bulletin.

Despite grant renewals and clinical responsibilities, I am increasingly involved in support efforts for families and individuals with AIDS. Through these efforts (and considerable match-making by several AIDS nurses), I have met an extraordinarily courageous and charming HIV-1-positive woman who would brighten the nation's outlook on AIDS. Together, like Bonnie and Clyde, we hope to steal back our lives from this nefarious virus.

We look forward to meeting you.

Sincerely,

Mahlon Johnson

Mahlon D. Johnson, M.D., Ph.D.
Assistant Professor of Pathology
Division of Neuropathology

MDJ/lae

1/23

THE WHITE HOUSE

Dear Ms. Gebbie —

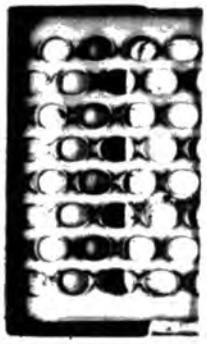
Thank you for writing, but I'm afraid I cannot help much on your family tree. I acquired the name by marriage some time ago. The family was from Greenock, Scotland. I am not aware of any New Zealand connections.

Best wishes —

Christine Gebbie

Miss D. Gebbie
Poplar House
Poplar Road
Ashley, New Milton
Hants BH25 5XP
ENGLAND

9/23



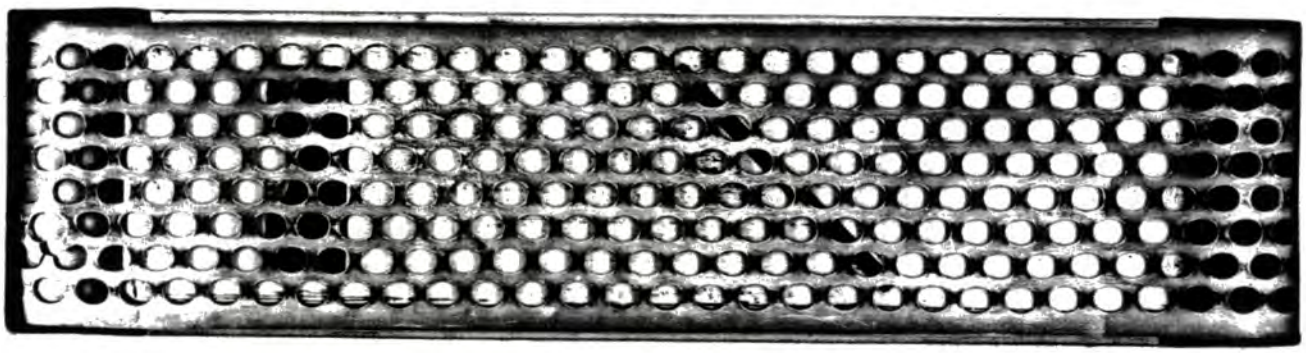
THE WHITE HOUSE

Dear Carol –

Thanks for writing, and for the good wishes – I understand you have your hands full these days! I hope our paths cross before long –

Cordially

Carol A. Lindeman, RN, PhD, FAAN
Dean, School of Nursing
Oregon Health Sciences University
3181 S.W. Sam Jackson Park Road, SN-ADM
Portland, Oregon 97201-3098



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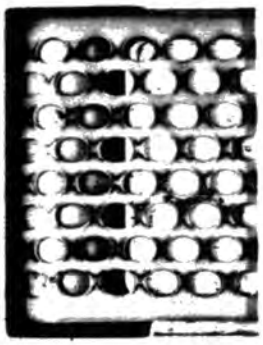
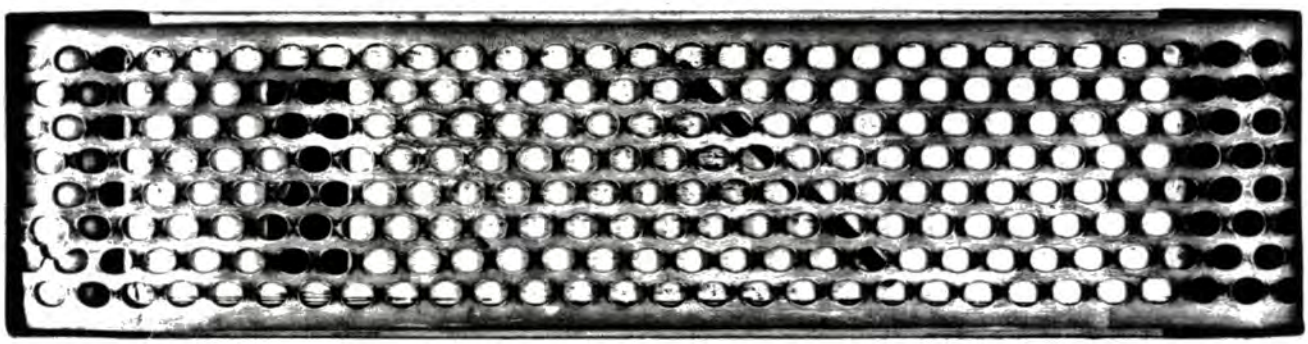


THE WHITE HOUSE

David - Thanks for your note — I know & respect Cas - but I'm no longer on the Governing Council (had to resign because I was a candidate for Director). I know Tim Westmoreland - he's great & has been a great help. & Thx for having Ben here - I'll pass along your greeting —

all the best - Kristine

David I. Rosenstein, DMD, MPH
Professor and Chairman
Dept. of Public Health Dentistry
Oregon Health Sciences University
611 S.W. Campus Drive, ~~XXXXX~~ SD206
Portland, Oregon 972-3097



9/23

THE WHITE HOUSE

Dennis —

Thanks for the protocols — and for your contributions — See you again soon, I hope —

Mr. Dennis P. Whalen
Executive Deputy Director
AIDS Institute
Dept. of Health
State of New York
Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, NY 12237

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Toni Young
Co-chair
Women and AIDS Coalition
9007 Eton Road
Silver Spring, MD 20901

Dear ~~Ms. Young~~ Toni:

Thank you for your taking time to brief me on the Women and AIDS Coalition. I appreciate hearing first hand about your interests and concerns. I look forward to hearing from you regularly as issues arise.

I will make certain that you receive the position announcements for my staff when they are available.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Aimee Berenson
Legislative Counsel
AIDS Action Council
1875 Connecticut Ave., N.W.
Suite 700
Washington, D.C. 20009

Dear Ms. Berenson:

Thank you for your taking time to brief me on the Women and AIDS Coalition. I appreciate hearing first hand about your interests and concerns. I look forward to hearing from you regularly as issues arise.

I will make certain that you receive the position announcements for my staff when they are available.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Dimetria Jackson
Staff Attorney
National Health Law Program
1800 M Street, N.W.
Washington, D.C. 20036

Dear Ms. Jackson:

Thank you for your taking time to brief me on the Women and AIDS Coalition. I appreciate hearing first hand about your interests and concerns. I look forward to hearing from you regularly as issues arise.

I will make certain that you receive the position announcements for my staff when they are available.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Christina Lewis
National Association of People with AIDS
1413 K Street, N.W.
7th Floor
Washington, D.C. 20005

Dear Ms. Lewis

Thank you for your taking time to brief me on the Women and AIDS Coalition. I appreciate hearing first hand about your interests and concerns. I look forward to hearing from you regularly as issues arise.

I will make certain that you receive the position announcements for my staff when they are available.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Frances Page
Grandma's House
1222 T Street, N.W.
Washington, D.C. 20009

Dear ~~Ms.~~ Frances Page:

Thank you for your taking time to brief me on the Women and AIDS Coalition. I appreciate hearing first hand about your interests and concerns. I look forward to hearing from you regularly as issues arise.

I will make certain that you receive the position announcements for my staff when they are available.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Claudia Page
HIV Education Department
The Center for Population Options
1025 Vermont Avenue, NW, Suite 210
Washington, DC 20005

Dear Ms. Page:

Thank you for sharing information about your organization and its programs with Kristine Gebbie, the National AIDS Policy Coordinator. As her Director of HIV/AIDS Prevention, I know that the work you do with adolescents at risk for HIV is critical to stop the spread of HIV among the young people of this country.

I hope to continue to work with organizations such as yours in the development of policies that will serve those at risk for HIV infection. If you have any questions, please feel free to contact me at (202) 690-5560.

Sincerely,

Carlos Velez, JD
Director, HIV/AIDS Prevention

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Mr. Scott T. Williams
829 El Dorado
Vallejo, California 94590

Dear Mr. Williams:

Thank you for writing. I appreciate your encouragement as I begin my new duties.

Several reports have circulated regarding my view on HIV reporting. I do believe that at some point, perhaps many years in the future, HIV reportability will be a norm across the country. It should only happen when we have a system to assure that anyone diagnosed as infected is quickly connected to a full range of care and prevention services, and when there are full protections for records and against discrimination.

There are many issues high on my agenda -- reporting is not one of them.

My best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

September 24, 1993

David E. Berry, Dr.P.H.
Professor and Chair
College of Health Sciences
Department of Health Care Administration
University of Nevada Las Vegas
4505 Maryland Parkway
Box 453023
Las Vegas, Nevada 89154-3023

Dear Dr. Berry:

Thank you for sharing your paper on the "Emerging Epidemiology of Rural AIDS." I found it to be very interesting.

Best wishes and I will look forward to meeting you later this Fall.

Sincerely,

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