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Kristine Gebbie
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THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Jennifer Hincks Reynolds
Director, HIV Education Department
The Center for Population Options
1025 Vermont Avenue, NW, Suite 210
Washington, D.C. 20005

Dear Ms. Reynolds:

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

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Sincerely,

Carlos Velez, JD
Director, HIV/AIDS Prevention

Prepared by: APO: CVelez : 9/24/93: 202-690-5560:b:\hincks

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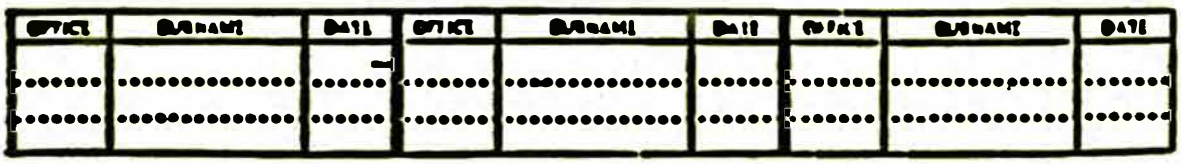

THE WHITE HOUSE

WASHINGTON

September 24, 1993

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

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Prepared by: APO: CVelez: 9/24/93: 690-5560: b:\page

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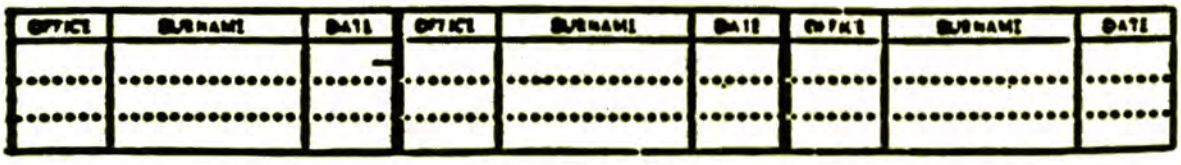

Carlos
200 Independence
Ave SW
RM-7386

the Center for Population Options

September 20, 1993

Kristine Gebbie
National AIDS Policy Coordinator
Hubert H. Humphrey Building
Room 7386
200 Independence Ave., S.W.
Washington, D.C. 20201

Carlos — fyi - reply directly if you want —

Dear Ms. Gebbie,

Thank you for attending last week's NORA meeting and responding to questions and updating us on the work you and your staff have begun to do. I was pleased to have the chance to reintroduce myself, and glad to know that you received the package of information from the Center For Population Options (CPO).

While I know you have already received information from us, enclosed are materials that specifically address adolescent HIV prevention and a program description from CPO's HIV Education Department.

Comprehensive HIV education including access to condoms is a topic you were asked to comment on by a number of people at the NORA meeting. Responding to the growing need for information, CPO developed **Condom Availability in Schools: A Guide for Programs**, to assist communities in advocating, planning, implementing and evaluating school condom availability programs. Enclosed is a copy of the guide.

CPO also maintains a national clearinghouse of information on condom availability programs. Included is the most recent list of school condom availability programs that CPO has identified. This list is updated regularly, as is our information on program evaluation.

I hope that the enclosed materials are helpful to you and your staff. Both Jennifer Hincks Reynolds, Director of the HIV Education Department, and I are pleased to offer our assistance and hope that you will call on CPO should you need information on adolescents, HIV or related topics.

Sincerely,

Jennifer Hincks Reynolds
Director
HIV Education Department

Claudia Page
Associate
HIV Education Department

Margaret Pruitt Clark, Ph.D.
Executive Director
1025 Vermont Avenue, N.W.
Suite 210
Washington, D.C. 20005 USA

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FAX 202/347-2263

CITIES OR SCHOOLS WITH SCHOOL CONDOM AVAILABILITY PROGRAMS

Identified, as of 9/15/93

School-Based Health Centers Programs Implemented

Nationally, CPO estimates that over 70 school-based health clinics make condoms available to sexually active students, including:

Little Rock (AR)
Chicago (IL)
Baltimore (MD)
Portland (OR)
Minneapolis (MN)
Philadelphia (PA)
Cambridge (MA)
Los Angeles (CA)
Quincy (FL)
Miami (FL)
Dallas (TX)
New York City (NY)
Portsmouth (NH)
Culver City (CA)

School-wide or district-wide programs implemented

Falmouth (MA)
New York City (NY)
Philadelphia (PA)
Somerville (MA)
Martha's Vineyard (MA)
Commerce City (CO)
Hatfield (MA)
Seattle (WA)
Los Angeles (CA)
Washington (DC)
Santa Monica (CA)
Mt. Desert (ME)

Programs approved and being designed

Chelsea (MA)
Newton (MA)
Brookline (MA)
Provincetown (MA)
New Haven (CT)
Stockton (CA)
San Francisco (CA)
Holden (MA)
Sharon (MA)
Lincoln/Sudbury (MA)
Alexandria (VA)
Santa Fe (NM)
Northboro (MA)
Northhampton (MA)
Amherst (MA)
Chapel Hill (NC)

Programs rejected

Chester (VT)
San Lorenzo Valley (CA)
Springfield (MA)
Randolph (MA)
Weymouth (MA)
Grafton (MA)
Laurence (MA)
Norwood (MA)
Everett (MA)
North Andover (MA)
Southbridge (MA)
West Newbury (MA)
Albuquerque (NM)
Talbot County (MD)
Tamalpais HS, Marin Co. (CA)
Worcester (MA)
Dedham (MA)
Canton (MA)
Hopedale (MA)
Fitchburg (MA)
Swampscott (MA)
Grafton (MA)
Reading (MA)
Southwick-Tolland (MA)
Teaneck (NJ)
East Lyme (CT)
Swansea (MA)
W. Springfield (MA)
Kennebunkport (ME)
North Shore (WA)
Palmer (MA)
Whitman (MA)
Lake Washington (WA)
Uxbridge (MA)
Winchester (MA)
New Bedford (MA)
Hansen (MA)
Millville (NJ)
Nashua (NH)

Center for Population Options
1025 Vermont Ave, N.W.
Washington, DC 20005
(202) 347-5700

THE CENTER FOR POPULATION OPTIONS
National Adolescent AIDS and HIV Prevention Initiative

Program Description

The Center for Population Options (CPO) was established in 1980 as the only national organization with an exclusive focus on reproductive health, health promotion and "life planning" for adolescents in the U.S. and in developing countries. CPO channels diverse resources into finding and applying promising solutions to help young people prevent pregnancy and infection with sexually transmitted diseases, including HIV.

CPO's involvement in HIV prevention and AIDS education dates back to 1986, when it became apparent that no national organization was addressing the very real threat of AIDS to the nation's adolescent population. Because HIV prevention education was a logical extension of CPO's work in pregnancy prevention, the National Adolescent AIDS and HIV Prevention Initiative was created.

Through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), CPO has developed and implemented a comprehensive adolescent HIV prevention education program which includes **policy development; model program design, implementation, evaluation and replication; training for youth service professionals; education of other organizations' staff, members and affiliates; publication of new resource materials, including fact sheets, resources for educators and articles on prevention education strategies; and advising the entertainment industry on the responsible portrayal of these issues in the mass media.** Some of the highlights of CPO's HIV prevention activities include:

- the development, pilot-testing and evaluation of the **Teens for AIDS Prevention (TAP)** model peer education program which trains young people to develop activities to educate their peers about HIV prevention. In 1990, this program won the American Medical Association's National Congress on Adolescent Health award for "Excellence in HIV/AIDS Prevention."

- the provision of technical assistance, workshops/training sessions and materials to encourage and help youth-serving organizations reaching youth in high-risk situations develop and implement programs. Examples of such organizations include: the Salvation Army, YWCA of the U.S.A., National Urban League, National Youth Employment Coalition and Campfire Boys and Girls.

- hosting national adolescent AIDS and HIV prevention conferences which have drawn hundreds of youth-serving professionals and HIV experts. CPO's conferences are the only such events that focus solely on young people and HIV. The Fifth National Adolescents, AIDS and HIV Conference entitled "Back to School < = = > Out of School: Reaching Adolescents with HIV Education was held in September 1991.

the Center for Population Options
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- the creation of the "National School Condom Availability Campaign and Clearinghouse" to assess interest and concerns regarding initiatives that make condoms available to sexually active students in the nation's schools as part of HIV prevention programs.

Publications

A partial listing of CPO's HIV prevention resource materials follows:

The Facts: Adolescents, AIDS and HIV
The Facts: Adolescents and Sexually Transmitted Diseases (also available in Spanish)
The Facts: Adolescents and Condoms
The Facts: Gay, Lesbian and Bisexual Youth: At Risk and Underserved
The Facts: Condom Efficacy and Use Among Adolescents

Adolescents, AIDS and HIV: A Community-wide Responsibility

Resources for Educators: Volumes I - VI (an ongoing series of annotated bibliographies of high quality HIV prevention education materials)

Adolescents, AIDS and HIV: Guidelines for Review

Guide to Implementing TAP: Teens for AIDS Prevention Peer Education Program

Teens for AIDS Prevention Rap Cassette (featuring songs written and performed by TAP participants)

Out of the Shadows: Building an Agenda and Strategies for Preventing HIV/AIDS in Street and Homeless Youth

Reaching High-Risk Youth Through Model AIDS Education Programs: A Case by Case Study

America's Least Wanted: Sexually Transmitted Diseases (written by CPO's Teen Council)

Advice from Teens on Buying . . . Condoms (written by CPO's Teen Council)

Spread the Word - Not the Virus (an HIV prevention brochure written for teens)

Condom Availability in the Schools: A Guide for Programs (available in January 1993)

Center for Population Options

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12023½ Ventura Boulevard Studio City, CA 91604 818/766-4200

NATIONAL SCHOOL CONDOM AVAILABILITY CAMPAIGN AND CLEARINGHOUSE

Center for Population Options
1025 Vermont Avenue, NW
Suite 210
Washington, DC 20005

202-347-5700

the Center for Population Options

Dear Colleague:

In response to escalating need, the Center for Population Options (CPO) late last year announced formation of its National Condom Availability Campaign and Clearinghouse. Through this clearinghouse, CPO hopes to foster public support for and better understanding of initiatives that make condoms available to sexually active students in the nation's schools.

Increasingly, various jurisdictions have begun or are deliberating adoption of condom availability plans as part of larger HIV prevention efforts. (A current list is included in the attached material.) And news about school condom availability programs is developing rapidly as cities around the country are opening up discussions on this once-taboo subject.

We expect that many organizations that work with adolescents - particularly religious organizations and those in the health and education fields - will be forced to take a position on these programs. We offer the enclosed background material, which includes our original media release, both to assist your coverage of the issue in newsletters and to help inform organizational discussions.

We also encourage you and other national and local organizations to discuss including condom availability components within comprehensive HIV/AIDS education programs, to incorporate workshops and seminars on this issue in state and national conferences, and to adopt supportive policy. We would be pleased to be of assistance to you or your constituency on a variety of aspects of this issue.

In addition, we ask your help in keeping current with developments. Please let us know if you become aware of efforts to propose or implement condom availability plans. Feel free to contact the Public Affairs or HIV Department directly or to refer others to us for information or requests.

Sincerely,

Pam Haughton-Denniston

Pam Haughton-Denniston
Director of Public Affairs

1025 Vermont Avenue, N.W.
Suite 210
Washington, D.C. 20005 USA
202 347-5700
FAX 202 347-2263

For Immediate Release
November 27, 1991

Contact: Robin K. Lewis
(202) 347-5700 (w)
(301) 916-1390 (h)

CPO Launches National School Condom Availability Campaign and Clearinghouse

Just as New York City's condom availability program is getting under way, the Center for Population Options (CPO) announces the opening of its new Condom Availability Campaign and Clearinghouse. The announcement also coincides with the World Health Organization's (WHO) "World AIDS Day" and answers its call for "all levels of society to join together in building a foundation for continuing activities against AIDS."

"Communities must explore bold new initiatives for HIV/AIDS prevention. CPO believes the renewed public attention to the threat posed by the HIV/AIDS epidemic that has resulted from Earvin 'Magic' Johnson's brave revelation that he is HIV-positive can become the catalyst for a nationwide commitment to protecting our young people. Every agency and institution that deals with our youth must be engaged in the war against ignorance and denial. Teenagers must be provided both the skills and the means to protect themselves from this deadly disease. We want to see discussions of school condom availability programs on the agendas of policymakers, educators and health professionals everywhere." said Judith Senderowitz, Executive Director of CPO.

To date, over 40 school-based and school-linked clinics surveyed in a CPO study of 306 school clinics as well as the school districts in New York City, Philadelphia, San Francisco, Baltimore and Los Angeles have initiated or are planning to launch school condom availability programs. "CPO is encouraged by the response to these programs so far, but we are committed to ensuring that more of these needed programs are begun throughout the country. We must ensure that all sexually active teens have access to condoms." said Senderowitz.

CPO, already in the forefront of HIV/AIDS prevention for adolescents, has established its clearinghouse to encourage and help schools, communities and policymakers establish these programs in their localities. The clearinghouse will collect and disseminate information regarding current programs, legislation and public opinion to inform the debate surrounding new and existing programs.

"There are advantages to providing condoms in schools. These programs facilitate adolescents' access to a necessary and possibly life-saving health device and build upon the prevention strategies of sexuality and AIDS education. By fostering an openness about condom use these programs encourage the behaviors that reduce risks for young people." said Senderowitz.

-more-

CPO staff will also work closely with other youth-serving agencies, health and education associations and AIDS-related organizations to foster widespread support for school condom availability programs. As an advocate of these programs, CPO will encourage groups to become active in promoting state and local policies favoring condom availability programs. CPO will arm these groups with information, share date on existing efforts, assist in the design and implementation of new programs and offer workshops to organizations considering the issue.

Any youth-serving agencies, health and education professional associations, AIDS-related organizations or individuals sponsoring, considering or interested in school condom programs should contact CPO for additional information and support. For more information on programs already in place, contact CPO.

###

The Center for Population Options (CPO) is a non-profit educational organization dedicated to improving the quality of life for adolescents and assuring their successful transition to adulthood by preventing too-early childbearing.

CPO's national and international programs seek to improve decision-making through life-planning and sexuality education programs, promote access to comprehensive health care, including family planning, through school youth centers and work to prevent the spread of sexually transmitted diseases, including HIV/AIDS, among adolescents.

Briefing Paper
on
Condom Availability in Schools

Spurred by growing concern over high levels of adolescent fertility and the rising incidence of sexually transmitted diseases (STDs) among adolescents as well as the threat of AIDS, policymakers have begun to suggest that condoms be made available to sexually active students in the schools. While most state health departments have programs in place to promote condom use among all sexually active people, in the last few months several local initiatives have emerged to promote condom use by sexually active adolescents. Baltimore's health department began in the fall of 1990 to make condoms available free of charge to students at clinics in seven city schools. In New York City, after a long and highly publicized debate, the board of education voted to make condoms available in all public high schools and began this program in November 1991.

Recently, education boards in other major cities around the country, including Albuquerque, Los Angeles, Philadelphia, San Francisco and Seattle have begun to explore the issue of condom availability. Massachusetts is the first state in which the Board of Education has issued a statewide policy recommending high schools consider making condoms easily available to students. The Mayor of Washington, D.C., Sharon Pratt Dixon, has publicly stated that her administration will address the issue of condom distribution in schools and the school board in Talbot County, Maryland in the fall of 1990 considered making condoms available in school, but rejected the measure by a vote of four to three.

Adolescent Contraceptive Use

Although some recent studies suggest that use of condoms by sexually active adolescents is increasing, others indicate that one out of four sexually active teens reports using no method or an ineffective method of contraception at last intercourse.

* 23 percent of boys and 29 percent of girls failed to use an effective method or any method of contraception at most recent intercourse.

* 38 percent of 15- to 19-year-old males and 41 percent of 15- to 19-year-old females report using an ineffective method or no method of contraception at first intercourse.

* When contraception is used at first intercourse, it is more likely to be a male method than a female one. Among adolescents using contraception at first intercourse, 47 percent of females and 55 percent of males report using the condom, while only 17 percent of females report using the pill.

* The most common methods of contraception used by adolescents are the pill and the condom. Among sexually active 15- to 19-year-old females who do practice contraception, 64 percent report using the pill and 21 percent report using the condom as their primary method of contraception.

* A Massachusetts study found that two-thirds of sexually active teens ages 16 to 19 reported recent sexual intercourse without the use of condoms.

* On average, teenagers wait 11.5 months between initiating intercourse and making their first visit to a family planning clinic. Many do so then only because they suspect that they are pregnant.

* More than 20 percent of all initial premarital pregnancies occur in the first month after the initiation of sexual intercourse, and half occur in the first six months.

* Three-quarters of all unintended teenage pregnancies occur to adolescents who do not use contraception.

Adolescents and Sexually Transmitted Diseases (STDs)

While one million teenage girls become pregnant every year, 2.5 million sexually active adolescents--male and female--are infected with an STD annually. The facts are

alarming:

* One out of every six sexually active teens becomes infected with an STD every year.

* Teenagers comprise one-fifth of the nation's STD cases.

* The most common STD in the U.S., chlamydia, is most prevalent among adolescents.

* One study found that 38 percent of sexually active teens examined were infected with human papillomavirus (HPV), which causes genital warts. HPV is also associated with a higher incidence of cancer in women.

* Among sexually active women, rates of gonorrhea and syphilis infection are highest among adolescents and drop rapidly with increasing age.

* While rates of gonorrhea in the general population have steadily declined, rates among adolescents have declined more slowly than any other age group and have actually increased among black adolescents.

* 16 to 20 percent of the one million women who experience pelvic inflammatory disease (PID) every year are adolescents. These women are at high risk of becoming infertile.

Many of the behaviors which predispose adolescents to becoming infected with STDs also put them at a high risk of HIV infection. Currently, over one-fifth of people with AIDS are in their 20s. Because the latency period between HIV infection and onset of symptoms is about ten years, most of these people probably were exposed to HIV as adolescents.

That many teenagers are at risk of suffering the sometimes extreme negative consequences of unprotected intercourse is indisputable. Aside from abstinence, latex condoms, when properly used, are the most effective method for preventing infection with HIV and other STDs. Yet, are schools an appropriate place to make condoms available? Can't teens get condoms elsewhere? What are the advantages of making

condoms available in school? Can we expect that a program that makes condoms available to students in school will increase rates of condom use?

Condom Availability

Although condoms are legally available to adolescents, they are not often easily accessible. Three United States Supreme Court cases--*Griswold v. Connecticut* (1965), *Eisenstadt v. Baird* (1972) and *Carey v. Population Services International* (1977)--together affirm the constitutional right of all people, including minors, to purchase and use contraception. In *Griswold* the Court ruled that a married couple has the right to prevent a pregnancy as part of their decision about whether or when they want to bear children. *Eisenstadt* extended that privacy right to unmarried persons. In *Carey* the Court found that a New York statute barring the distribution of nonprescription contraceptives to minors younger than 16 by a non-physician was unconstitutional. Ensuring teenagers' right to use contraception, however, does not guarantee unimpeded access.

A 1988 survey by members of the Center for Population Options (CPO) Teen Council examined the accessibility of family planning methods in drugstores and convenience stores in Washington, D.C. and found that:

* One-third of the stores kept condoms behind the counter forcing teens to ask for them.

* Only 13 percent of the stores had signs that clearly marked where contraceptives were shelved.

* Adolescent girls asking for help encountered resistance or condemnation from clerks in the stores 40 percent of the time.

For adolescents, these kinds of obstacles can represent significant barriers to contraceptive access.

Condoms are currently available to teens from a variety of sources: drugstores, family planning clinics, health clinics, supermarkets, convenience stores and even vending machines in some areas. Making them available within schools does not entail introducing an otherwise unobtainable commodity to students. It simply expands the range of public sources, thereby increasing access to an already legal and ostensibly available commodity. Condom availability programs within schools eases access, which is a critical factor in encouraging condom use. Such programs also communicate the important message that society prefers protection to disease, teen pregnancy and death.

Encouraging Contraceptive Use by Sexually Active Adolescents

A survey which sought to identify obstacles to safer sex found that unavailability of condoms was one of the most frequently cited. Furthermore, for adolescents, confidentiality is often crucial, overshadowing even concern for health. Another survey sought to identify what influences teenagers to use birth control and found that teenagers thought the most important factors were: telling teenagers where they can get birth control without anyone else finding out (confidentiality); making birth control free of cost; and making birth control easy to get (accessibility). All of these would be addressed by a program within a school setting.

Moreover, making condoms available in schools enables programs to reach a majority of adolescents where they spend most of their time. It also encourages an

openness about condom use that may encourage sexually active teens to use condoms. Several studies have shown that teens are more likely to use condoms if they believe that their peers are using them.

Contraceptives in School: What is the Impact?

The research on the efficacy of providing condoms in a school setting is sparse. The proposal in New York is the first of its kind; no other major school system has undertaken to make condoms available to all its students. One other school, in Colorado, has trained teachers to provide condoms to students as part of its comprehensive AIDS prevention program.

While making condoms available to all students in schools and dispensing contraceptives through school-based clinics (SBCs) are two very different matters, all that is known about providing contraception in schools is gleaned from research on school-based clinics that provide reproductive health care. CPO's survey of 306 SBCs reveals about 40 clinics provide birth control to sexually active students on site. These clinics are located throughout the United States, in cities such as Baltimore, Houston and Chicago. Clinics that provide contraceptives on site are also found in California, Colorado, Florida, Maine, Massachusetts, Mississippi and New Mexico.

The most comprehensive study of SBCs and family planning services to date is CPO's five-year longitudinal study of six clinics. Of the six, three distributed contraceptives. A fourth provided vouchers for contraceptives for students to use at a local family planning clinic.

* The study found no evidence that SBCs promoted sexual activity. Furthermore, a majority of sexually active students were sexually active before

entering high school and attending the clinic. The clinics, including those which provided contraception, *neither hastened the initiation of sexual activity nor promoted greater frequency of intercourse among students*. In fact, in some sites the mean age at first intercourse was older or frequency of intercourse was lower at the clinic schools.

* The study found no significant differences between pregnancy rates at clinic and non-clinic schools. However, many of the pregnancies--from 44 percent at one school to 90 percent at another--occurred to students who had never attended the clinic. Between 62 and 89 percent of the reported pregnancies occurred prior to any type of contraceptive counseling with the clinic staff, and between 68 and 89 percent occurred prior to receiving any type of contraceptives from the clinic.

* The clinics were successful in facilitating contraceptive use among sexually active students who used the clinic. In two sites, significantly more students from clinic schools than students from non-clinic schools used some type of contraception at most recent intercourse. It is important to note that in both these schools, education was a key element in their pregnancy prevention programs. The availability of contraceptives through a school-based clinic facilitates their use; however, it does not automatically provide greater incentive to use them. For that, a broader education campaign may be necessary. Just as education isolated from services is ineffective, the impact of services is strengthened when combined with an education campaign.

Other research findings related to the issue include a study conducted by Laurie Zabin of Johns Hopkins University which describes four inner-city schools in Baltimore, two of which provided sex education, counseling and access to contraceptives and two of which did not. At the schools that did not have programs, pregnancy rates rose 57.6 percent over a three year period, while pregnancy rates dropped 30.1 percent at the schools where the program operated.

Opposition to Making Condoms Available

The arguments against condom availability in schools center around several main themes: making condoms available in schools sends a wrong message to teens, represents a failure to instill values, encourages sexual activity among teens, has not

been proven effective in reducing teen pregnancy rates and wrests control from parents. In New York, a group called Coalition of Concerned Clergy opposed the Chancellor's proposal. This group includes Monsignor John Woolsey of the Roman Catholic Archdiocese of New York. The Roman Catholic church has long opposed "artificial" birth control and non-marital sex. In addition to the Roman Catholic Church, the coalition includes leaders from the Calvary Baptist Church, the Rabbinical Alliance of America, the Greek Orthodox Archdiocese of North and South America, the Pentecostal Faith Church and others. In a letter to the Board of Education, the Community School Boards and the City Council, the Coalition condemned the "moral bankruptcy" of the Chancellor's proposal, calling it "a symbol of the school system's ethical despair." The letter also reiterated the claim frequently made by opponents of making condoms available in schools: that such a plan "would not accomplish what is claimed to be its only objective, the reduction of teenage pregnancies and the incidence of sexually transmitted diseases, especially AIDS."

Opponents contend that making contraception available in schools increases adolescent sexual activity. They argue that this approach sends adolescents a mixed message sanctioning sexual activity, while what most parents really want is for their teenagers to practice abstinence. But our society, largely through the media, already sends mixed messages about sex, often portraying the glamourous side while ignoring consequences such as unintended pregnancy and STDs, including HIV. As long as adolescents continue to receive these mixed messages about sex, they need to be armed with the knowledge and the equipment to protect themselves.

Opponents often misuse research findings in an effort to support their point. In the testimony presented at a hearing on the condom issue in New York City, one witness contended that "contraceptive education" increases sexual activity rates. This statement misrepresents all the available research on the impact of sexuality education. In fact, students who have had sex education are no more likely to be sexually active or to initiate sexual activity than their peers who have not received such instruction. Similarly, research indicates that students at schools with clinics which provide reproductive health services are no more likely to be sexually active than their peers at non-clinic schools. Moreover, sexually active teenagers who have received sexuality education are more likely to use an effective method of contraception than their peers who have not received sexuality education. While encouraging abstinence is a laudable goal, it can be only one of a number of approaches. The fact that a large proportion of adolescents are sexually active must be recognized; the risks of pregnancy and STDs, including HIV, which these sexually active adolescents face can not be ignored. Arguably, to fail to provide sexually active teens with the means to avoid life-threatening consequences of unprotected sex is itself immoral.

There is very little evidence to date that programs which promote abstinence have affected adolescent sexual behavior. One such program which is frequently cited is "Postponing Sexual Involvement," developed at the Grady Hospital in Atlanta. Yet, the program was not effective for those teenagers who had already become sexually active. Although 76 percent of program participants (compared with 61 percent of non-participants) had not begun sexual activity by the end of ninth grade, one-fourth of

the program participants had initiated sexual activity and thus were at risk of pregnancy and sexually transmitted diseases.

Support for Making Condoms Available in School

According to a 1988 poll by Louis Harris and Associates, 73 percent of adults favor making contraception available in schools. One out of three teens report that they believe their school needs a clinic which provides birth control. A 1991 Roper poll found that 64 percent of adults say condoms should be available in high schools.

Organizations on record in support of New York City's comprehensive AIDS education program including condom availability in schools include:

American Association of School Administrators

American Jewish Congress

American Medical Association

American Public Health Association

Center for Population Options

National Center for Health Education

National Family Planning And Reproductive Health Association

Sex Information and Education Council of the United States

Zero Population Growth

In addition, the following organizations are among the members of the National Coalition to Support Sexuality Education that have signed on to a general statement in support of condom availability programs in public schools:

American Home Economics Association

American Social Health Association

Child Welfare League of America

National Education Association Health Information Network

National Network of Runaway and Youth Services

Planned Parenthood Federation of America

Society for Behavioral Pediatrics

U.S. Conference of Local Health Officers

The National Research Council, which released in 1987 a report entitled *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing* recommended "the development, implementation and evaluation of condom distribution programs." Recognizing that "there is little program research that has explored the effects and effectiveness of different models of condom distribution among young men in the U.S.," the panel concluded that "efforts should be launched to develop and evaluate distribution programs."

Editorials in *The New York Times, The Philadelphia Inquirer* and *The Sun* and *The Evening Sun* in Baltimore have expressed strong support for programs to make condoms available in schools, lauding the plans of their respective cities. *The Washington Post* in its Health section carried a guest editorial praising New York City's initiative, as well as efforts by the health departments of Massachusetts, Michigan and Oregon to promote the use of condoms and to make them more available to adults and adolescents.

By no means is condom availability in the schools a panacea for the high rates

of pregnancy, STD and HIV infection among our adolescents. No single approach--neither sexuality education, nor condom distribution, nor abstinence programs--can alone eliminate the incidence of STDs and pregnancy among adolescents. These are complex problems which will not be solved by any single intervention. Behavior is a stubborn knot to untie. The many complex strands of cultural influence, socio-economic status, environment, and individual personality which determine why people do the things they do are not easily disentangled. Yet society must begin to weave a safety net of services, care and education for adolescents. Making condoms available in schools is one essential element in what must be a community-wide response to the crises of adolescent pregnancy, STD infection and the threat of AIDS.

Citations available upon request.

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November 1991

CONDOM AVAILABILITY IN SCHOOLS: FREQUENTLY ASKED QUESTIONS AND ANSWERS

How do condom availability programs work?

It is important to remember that condom availability is only one component in a comprehensive HIV/AIDS prevention program, and that all students should be receiving class-room instruction about HIV/AIDS transmission and prevention. There are several different methods actually being used to provide condoms to sexually active students. In some schools, condoms are available on a walk-in basis at school-based health centers. These centers provide a wide range of medical and counselling services, usually including pregnancy testing and treatment of sexually transmitted diseases (STDs.) Clinic personnel are available to provide individualized counselling and instruction in the proper use of condoms. In other schools, volunteers from the school staff or the community are specially trained to work with teenagers on HIV/AIDS prevention strategies. These volunteers are available to teens at specified times and places to provide one or more condoms, information, and/or referrals for counselling. Some schools require teens to have a counselling session before being given condoms, but others may not. All provide written or verbal instruction on the proper use of condoms, and require interaction with an adult.

How are the costs of programs covered?

In existing programs, costs are being covered a number of ways: through private or corporate donations, grants from foundations, in-kind contributions, or with public funds through local health departments.

Why should the school be involved in giving out condoms when they are available to teens elsewhere?

Although condoms are available to teenagers in a variety of settings and condom use among sexually active teenagers is increasing, in 1988 only 26% of sexually active teen women reported condom use at last intercourse. Concerns about confidentiality, cost, and ease of access are often given as reasons for failure to use contraceptives, including condoms. Other reasons include lack to transportation, embarrassment, objection by a partner, and lack of perceived risk of pregnancy or infection. School condom availability programs, coupled with comprehensive HIV/AIDS and sexuality education, address each of these barriers and help establish condom use as a norm, with both peer and cultural acceptance.

Would making condoms available in schools encourage early initiation of sexual activity?

There is absolutely no evidence to support the belief that making condoms available in a school setting would promote early sexual activity. By the time they enter high school, one-fourth of girls

and one-third of boys are already sexually experienced. 77 percent of females and 86 percent of males have had sexual intercourse by the time they are twenty years old. Neither sexuality education nor the availability of contraceptives increases sexual activity in teenagers. Instead, those young people who were already sexually active were more likely to use effective methods of birth control. In a study of six school-based clinics, the availability of contraceptives did not increase the observed rates of sexual experience. Another study showed that girls who had received family planning counseling delayed first sexual intercourse an average of seven months longer than those not enrolled in the program.

Would making condoms available in schools encourage promiscuity?

Teens do not need any encouragement to have sex. 2.5 million cases of STDs and one million pregnancies to teenagers every year make an urgent case for providing sexually active teens with the means to protect themselves. In 1988, 10,588 babies were born to girls aged 14 or younger, and the number of reported cases of HIV disease (AIDS) increased 71 percent among 13 to 19 year olds between September 1989 and September 1990. Furthermore, adolescents who initiate sexual intercourse at younger ages are more likely to have many sexual partners during their teenage years, increasing the risk of exposure to HIV and other STDs. Clearly, teens have not responded to simplistic or moralistic messages to "just say no". And while adolescents exhibit a high level of knowledge about modes of HIV transmission, few sexually active teens change their behavior based on factual information alone.

Doesn't it send the wrong message to teens?

Despite the opinions of a vocal minority, many young people are engaged in sexual activity, as evidenced by the rise in STDs among adolescents and the rates of teen pregnancies and births. By making condoms available to sexually active students, schools are letting students know that the community cares about their total health and well-being; that there are adults who are prepared to deal with the reality of their lives rather than maintain a posture of denial about adolescent sexual behavior; and that, while adults may prefer teens to refrain from sexual intercourse, it is of primary importance to help those who do not to avoid the extreme negative consequences of HIV and other STDs, as well as unwanted pregnancy.

Why is making condoms available in school different than teaching teens how to use drugs in school?

Expression of the sexual impulse is a natural part of the human experience. At a primary level it is the means for the continuance of society; at a higher level, sexual intercourse is a physical symbol of the emotional commitment between two people. Responsible sexual behavior is a skill that young people must learn as part of their transition to adulthood. For those who are sexually active,

condoms can be life saving. Teenagers who are not currently sexually active can learn from the example of their peers and the obvious concern of schools that make condoms available; when they make the decision to become sexually active later in life, condoms can play an important role in protecting their health and in planning their families.

Substance use is an unnecessary addition to the human experience, as can be seen by the overwhelmingly negative impact on the physical, emotional and intellectual functioning of the body. In fact, substance use impairs judgement and increases risk-taking behavior, inhibiting the ability for sexually active teenagers to practice safer sex or use contraception at all. Substance abuse is often lethal; in order to keep sexual intercourse from being lethal, young people have to learn to make responsible decisions and to protect themselves when they choose to have sexual intercourse.

Why shouldn't we focus all of our attention on abstinence messages?

Abstinence messages are extremely useful as one aspect of the range of factual information about sexual decision-making, pregnancy prevention and STD prevention. However, abstinence messages alone, especially those that tout sex as an evil or societal ill, are harmful. Teaching only abstinence denies the reality that some teenagers are having sexual intercourse and will continue to have sexual intercourse. These sexually active teenagers need to be using condoms every time they have sexual intercourse to reduce the risk of HIV and other STDs. And very few of them will permanently cease having sexual intercourse after their first initiation until marriage.

Adolescence is the time to learn about adult roles and responsibilities, including sexual roles and responsibilities. For a variety of reasons, youth who are not currently sexually active may or may not wait until marriage to have intercourse. They need to understand now how to protect themselves from STDs or unplanned pregnancies in the future. Also, condom availability programs are aimed mainly at senior high schools and some junior high/middle schools. Messages about abstinence are most effective when targeted to much younger children, those for whom sexual initiation is still a future event, not an event that is in the past.

Doesn't making condoms available in schools undermine parental authority?

By the time they reach high school, young people are usually aware of how their parents feel, and have made decisions about whether or not to discuss their own choices with parents. Parents who communicate their values early, in a caring and respectful way, can usually trust young people to make thoughtful, responsible decisions. When surveyed, most parents actually supported condom availability in schools, as a means of helping teenagers avoid the negative consequences of unprotected sex.

Shouldn't parents be allowed to keep their teenagers out of condom programs if they choose?

As one member of the New York City Board of Education said, "There is no way...that someone is going to tell my son that he can have a condom when I say he can't!" Unfortunately, teenagers do not seek parental permission to become sexually active. Sexually active young people whose parents would refuse them access to condoms are just as vulnerable to infection with STDs -- including the deadly HIV -- and unwanted pregnancy. Requiring parental permission to receive condoms would be an insurmountable barrier for many and would threaten confidentiality for all students, by requiring proof of identity before they could be given a condom. Public health considerations and concern for the health and well-being of teens should be the public's priority in any program design.

Center for Population Options
November, 1991

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Condom Efficacy and Use Among Adolescents

Aside from abstinence from sexual intercourse, proper use of latex condoms is the best protection against the transmission of sexually transmitted diseases, including the human immunodeficiency virus (HIV) which causes AIDS. In 1987, U.S. Surgeon General C. Everett Koop stated, "The greatest problem with condoms is that many people do not know how to use them." [1] Adolescents, in particular, often lack access to information about the proper use of latex condoms. When latex condoms **do** fail, it is likely due to human error which is preventable when users are educated, skilled and motivated to use condoms properly. Condoms and information on how to use them must be widely available and accessible to all, including our nation's youth, if the spread of HIV is to be contained.

Condom Use Increasing Among Adolescents, But Many Still Having Unprotected Intercourse

- As of September 1992, 10,182 cases of AIDS among young people (ages 13-24) were reported to the CDC. Nearly 20 percent (39,840) of persons reported with AIDS are 20 to 29 years old. Given the average ten-year latency period between HIV infection and onset of AIDS symptoms, many of these people were infected with HIV during their teenage years. [9]
- Among sexually active 17-19-year-old males living in metropolitan areas, reported rates of condom use at most recent intercourse more than doubled from 21 percent in 1979 to 58 percent in 1988. [7]
- Among sexually active 15 to 19-year-old females, 65 percent report using some form of contraception at first intercourse; almost half report using condoms at first intercourse. Among sexually active 15 to 19-year-old males, 55 percent report using condoms alone or with other contraceptive methods at first intercourse.[7,8]
- Adolescents are more likely to rely on condoms than are older individuals. Twenty-six percent of 15-19-year-old women who are at-risk for unintended pregnancy rely on the condom while only 13.1 percent of all American couples use the condom as their most common method of contraception.[3]
- Possible factors found to increase the likelihood of teen condom use include: feeling personally at risk for infection with HIV; believing condoms are effective in preventing HIV infection; having the skills to negotiate condom use with a partner; having talked to a physician about condoms; and perceiving peer approval of condom use.[20,21]

Condoms Are Very Effective When Used Correctly

- Studies have found that when used properly condoms fail as a contraceptive method 2 percent of the time.[3] In one British study, 17,856 acts of intercourse resulted in only one pregnancy.[22] However, with human error factored in, the percentage of women ages 15-44 who become pregnant in the first year of using a condom ranges between 9.5 [5] and 16 percent.[3]
- Research indicates that as with most contraceptive methods, condom failure rates are highest among 20-24-year-olds and lowest among 35-44-year-olds. 15-19-year-olds have slightly lower failure rates than 20-24-year-olds. [3]

Latex Condoms Help Protect Against HIV, Other STDs and Pregnancy and May Be More Effective When Used With Spermicide

- Standard tests assure that latex condoms do not allow the passage of water, HIV or sperm. To illustrate the relative size of each substance, imagine the following: if a single sperm were the size of a freight train (in actuality, a sperm is 45,000 nanometers (nm)), HIV would be the size of an average man (100nm) and a water molecule would be the size of his small dog (20nm).[13]
- Laboratory tests indicate that latex condoms used with a contraceptive spermicide during vaginal intercourse have a projected effectiveness rate of 97.5 percent in preventing pregnancies, 99.90 percent effective in preventing transmission of STDs and even slightly higher for HIV.[2,11]

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Compiled by Jennifer Hincks Reynolds and Kris Keith, January 1993

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- Spermicide applied in the tip of a latex condom arrests up to 90 percent of active sperm within 30 seconds of contact; within two minutes, 98.5 percent of sperm present have stopped moving.[10] Spermicide may also reduce the risk of STD transmission in the case of leakage or slippage of the condom.[2, 10]

Human Error is the Primary Cause of Condom Failure

- Studies conclude that most latex condom failure is due to human errors including: incorrect or inconsistent use, damage caused by snags on fingernails or jewelry, improper lubrication and improper storage.[2, 7, 19] Additional reasons for latex condom failure include: using the condom after genital contact, failure to unroll the condom completely, insufficient lubrication, inadequate space for the ejaculate at the tip and withdrawing after loss of erection.[2]
- Poor and minority women are frequently cited as having higher contraceptive failure rates, which may be related to their limited access to health information, services and education.[19]
- To maintain durability of latex condoms, they must be stored in their original packaging in a cool, dry place. Leaving them in in ultraviolet light weakens their strength 80-90 percent within 8 to 10 hours. Leaving them is wallets is also not recommended.[13]
- More than 80 percent of latex condom integrity is lost with the use of oil-based lubricants such as petroleum jelly, baby oil, shortening or other household oils. Oils break down the latex, increasing its susceptibility to tears and breakage in as little as 60 seconds. Appropriate lubricants are water-based and most contraceptive foams, gels and creams are also effective.[17, 18]
- According to one study of homosexual and bisexual men engaging in anal intercourse, one in 27 condoms broke due to physical stress on the condom and human error occuring before, during and after intercourse.[6]

High Standards Are Required in Testing Condom Efficacy

- Latex condoms made in the United States meet the voluntary industry standards developed by the American Society for Testing and Materials (ASTM) which govern acceptable size, elasticity/elongation, thickness/thinness, strength and leakage of condoms.
- The FDA's official acceptable quality level (AQL) specifies that if more than 4/1000 latex condoms fail the water leakage test, the entire lot must be recalled or withheld from sale. The average failure rate is 2.3/1000 among batches meeting the AQL.[4]
- The surface of FDA approved latex condoms are free of holes when inspected under a scanning electron microscope at 30,000 magnification power. Latex condoms remain free of pores even when stretched.[4, 12]
- Natural membrane, "skin" or "lambskin" condoms are not recommended for use in preventing the transmission of HIV and other STDs. Natural membrane condoms have pores up to 150 times larger than HIV, allowing for the possible transmission of HIV, herpes simplex and the hepatitis-B virus.[4, 14, 15, 16]

DIRECTIONS FOR CONDOM USE

Before Sexual Intercourse

1. Use a new condom every time you have oral, anal or vaginal intercourse - before foreplay and before the penis gets anywhere near any body opening (to avoid exposure to semen, vaginal fluid or blood that can carry infection). Handle the condom gently. Check which way it unrolls (but do not unroll it yet).
2. Put the condom on before intercourse as soon as penis is hard. Be sure rolled-up ring is on the outside and make sure to leave space at the tip to hold semen after ejaculation.
3. Squeeze tip gently so no air is trapped inside. Hold tip while unrolling the condom - all the way down to the base of the penis. If the condom does not unroll, it is on incorrectly. Throw it away. Start over with a new one.

Warning

Some condoms contain the spermicide Nonoxynol-9, which helps prevent pregnancy and may help prevent HIV infection. A very small number of users are sensitive or allergic to latex rubber, spermicide, or lubricants. If either partner has any reaction to latex condoms or spermicide, stop use and see your doctor.

After Sexual Intercourse

1. Pull out slowly right after ejaculation, while penis is still hard, holding condom in place to avoid spilling semen.
2. Turn and move completely away from partner before letting go and removing condom.
3. Remove used condom and throw away properly. Do not flush condoms down the toilet. Use a new condom each time you have oral, anal or vaginal intercourse.

Tips for Success

- Never let a condom touch oil of any kind - petroleum jelly, baby oil, mineral oil or vegetable oil - because oil deteriorates latex or rubber. Baby powder also damages latex.
- For lubrication, always use something water-based, such as personal or surgical jelly.
- For extra safety, pull out the penis with condom still on before ejaculation.
- Keep new condoms in their packs in a cool dry place.
- If a new condom feels sticky or stiff or looks damaged in any way, throw it out and use a fresh one.
- Always have several condoms available.

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ADOLESCENTS AND CONDOMS

Recent data suggest that more teenagers are becoming sexually active at younger ages. These teenagers are at risk of becoming pregnant/making someone pregnant and contracting/spreading sexually transmitted diseases (STDs), including HIV which causes AIDS. Condoms are particularly well-suited as a contraceptive method for adolescents and, aside from abstinence, properly used latex condoms are the most effective method for preventing infection with HIV and other STDs. There is considerable evidence that teenagers are knowledgeable about the threat of HIV and about the means to protect themselves, yet many sexually active teens still do not use condoms consistently.

Sexual Activity Among Teenagers Is Increasing

- By age 20, 75 percent of females and 86 percent of males are sexually active.[1,4]
- The percentage of never-married 15- to 19-year-old females reporting sexual activity rose from 42 percent in 1982 to 51.5 percent in 1988, the most recent year for which data are available.[1] In 1988, 60 percent of 15 to 19-year-old never-married males reported sexual activity.[4]
- 26 percent of females report having had sexual intercourse by age 15.[1] 26 percent of white males, 33 percent of Hispanic males and 69 percent of black males report having had sex by age 15.[4]

Rates Of Contraceptive Use Among Sexually Active Adolescents Are Also Rising, Mostly As A Result Of Increased Condom Use[2,3,4]

- Among sexually active 17- to 19-year old males living in metropolitan areas, reported rates of condom use at most recent intercourse more than doubled from 21 percent in 1979 to 58 percent in 1988.[4]
- Among sexually active 15- to 19-year-old females, only 65 percent report using any form of contraception at first intercourse; almost half report using condoms at first intercourse.[3] Among sexually active 15- to 19-year-old males, 55 percent report using condoms alone or with other contraceptive methods at first intercourse.[4]
- One study of sexually active teens found that 31 percent reported always using condoms, 32 percent sometimes and 37 percent reported never using condoms.[6]

Despite Increased Contraceptive Use, Many Teenagers Remain At Risk Of Pregnancy

- 21 percent of sexually active 15- to 19-year-old females use no method of contraception. An additional 8.4 percent use withdrawal as their contraceptive method.[3] Three-quarters of all unintended adolescent pregnancies occur to teenagers who do not use contraception.[11]
- An estimated 43 percent of all adolescent girls will become pregnant at least once before age 20.[30] Among 15- to 19-year-olds in the U.S., the pregnancy rate is 123 per thousand.[8]
- More than one million teenage girls - or one in 10 - become pregnant every year.[9] Almost 473,000 teenagers gave birth in 1987; another 407,000 are estimated to have had legal abortions.[29]

One Out Of Four Teens Becomes Infected with a Sexually Transmitted Disease (STD) by Age 21 [12]

- Two and a half million adolescents are infected with an STD annually.[13]
- From 1960 to 1988 the prevalence of gonorrhea among 15- to 19-year-olds increased by 170 percent, more than quadruple the rate of increase among 20- to 24-year-olds.[14]
- The prevalence of chlamydia among adolescent women is estimated at 8 to 40 percent. Whether due to sociobehavioral factors or biological susceptibility, teenagers are at greater risk of chlamydial infection than older women.[16]

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The Center for Population Options

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- The risk of acquiring pelvic inflammatory disease (PID), which is associated with chronic pelvic pain, infertility and increased risk of ectopic pregnancy, is estimated at one in eight for sexually active 15-year-olds, compared with one in 80 for sexually active women 24 years of age and older.[17]
- One study found that 38 percent of sexually active teens are infected with the human papilloma virus (HPV) which causes genital warts and is associated with a higher risk of cancer in women.[18]
- Over one-fifth of people with AIDS are in their 20s; because the latency period between HIV infection and onset of symptoms is about 10 years, most of these people probably became infected as adolescents.[16]
- Reported cases of AIDS among adolescents increased 29 percent between July 1990 and July 1991.[31] In 1986 AIDS was the 7th leading cause of death among 15- to 24-year-olds; in 1987 it climbed to the 6th leading cause.[19]

Almost Half of All Teens Do Not Receive HIV/AIDS Education at School

- A 1989 survey found that only 54 percent of teenagers reported receiving HIV/AIDS education in school.[25]
- Every state but Louisiana, Massachusetts, Mississippi and Wyoming requires or encourages the provision of AIDS education in public schools. Twenty-seven states and the District of Columbia have produced AIDS curricula.[26]
- Nineteen state curricula include instruction on condom use to prevent the transmission of STDs, including HIV.[26]
- Of AIDS curricula used by large school districts around the country, 86 percent discuss condoms as a means of preventing HIV infectionbut only 41 percent of these curricula include information about clinics and physicians that can provide contraceptives.[26]
- A recent survey of sexuality education teachers in public schools found that nine out of 10 cover such topics as how HIV and other STDs are transmitted, sexual decision-making, abstinence and contraceptive methods; 77 percent include instruction on how to use a condom, but only about half provide information on where students can obtain contraceptives.[27]

Concerns About Confidentiality, Cost and Access Are Among the Reasons Sexually Active Teenagers Do Not Use Contraception[7,21,22,23]

- A study of adolescents' attitudes towards condoms found that the beliefs that condoms are popular with peers, permit spontaneityand are easy to use are positively associated with the intention to use them.[5]
- A 1988 survey of Washington, D.C. drugstores and convenience stores found that in more than one-third of the stores, condoms were kept behind.the counter. Only 13 percent of the stores had signs that clearly marked where contraceptives were shelved. Adolescent girls asking for help encountered resistance or condemnation from store clerks 40 percent of the time.[24]
- 93 percent of the adolescents in one survey knew that condoms prevent the spread of STDs, however, belief in the preventive benefits of condoms was not associated with increased motivation to use them.[5]

Two Out of Three Adults Believe Condoms Should Be Available in Schools

- A 1991 Roper poll found that 64 percent of adults say condoms should be available in high schools; 47 percent favor making condoms available in junior high schools.[20]
- An in-depth study of school-based clinics which dispense birth control found that making contraceptives available in school does not promote sexual activity.[21]
- A poll conducted between March and June, 1987, determined that 83 percent of parents, 89 percent of adolescent females and 92 percent of adolescent males approved of condom advertisements on television.[28]

Compiled by Elizabeth Armstrong, October 1991

The Facts

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the Center for Population Options

ADOLESCENTS, HIV AND OTHER SEXUALLY TRANSMITTED DISEASES (STDS)

Although the number of reported adolescent AIDS cases is relatively low, the vast majority of youth with HIV are not included in the country's AIDS statistics, given a median 8-10 year incubation between infection and diagnosis. Furthermore, one out of five people with AIDS aged 20-29 probably was infected as a teen. Teens also have the highest rates of STDs of any age group, causing severe health consequences and further indicating risk for HIV. To curb the AIDS epidemic, studies prove that adolescents need long-term, comprehensive and skills-based interventions.[1]

HIV is Spreading Rapidly Among Teens

- The Centers for Disease Control and Prevention (CDC) estimates that approximately one million Americans are infected with HIV and that at least 40,000 new HIV infections occur each year among adolescents and adults.[2] AIDS is the sixth leading cause of death for 15-24 year-olds.[3]
- 946 cases of AIDS among teenagers ages 13-19 were reported to the CDC by the end of 1992. When cases among 20-24 year-olds are added, the total increases to 10,528.[4] Between December 1990 and December 1992, the number of AIDS cases among 13-24 year-olds increased by 43 percent.[5,4]
- National studies indicate varying infection rates for teens. Among teenagers who applied for military service between 1985 and 1989, one out of 3,000 tested positive for HIV; for African American teens, the infection rate was one in 1,000.[6] Among U.S. Job Corps entrants between 1987 and 1990, more than one in 300 youth ages 16-21 tested HIV positive. Among African American and Hispanic entrants at age 21, the infection rate was nearly one in 80.[7] Both studies found higher infection rates among women than men ages 16-18.
- Between November 30, 1987 and March 31, 1990, one in 170 women under age 20 who gave birth in New York City was infected with HIV.[8] Over a four-month period in 1987, about one in 50 teens at an STD clinic in Baltimore was infected with HIV.[9] Between 1987 and 1992, the rate of HIV infection among youth ages 13-21 receiving ambulatory care in Washington D.C. increased from one in 248 to one in 57.[10]
- A greater percentage of adolescents than adults with AIDS are female (29 percent vs. 11 percent), are African American and Hispanic (58 percent vs. 46 percent) and were infected with HIV through heterosexual contact (16 percent vs. 6 percent). Among teenage women with AIDS, 72 percent are African American or Hispanic.[4]
- Young gay males face particularly high risks for HIV. In a study of 29 gay or bisexual male adolescents ages 15-19, almost half reported having had a STD.[11]
- AIDS cases among people under age 25 have been reported in 49 states, the District of Columbia and nearly 100 large cities. Almost one-third of the teen AIDS cases are in communities with populations of less than 500,000.[12]

High Rates of STDs Pose Major Health Threat

- Every year, three million teens—one out of every six—are infected with an STD. In 1990, almost two-thirds of the reported 12 million STD cases were among people under age 25.[13]
- Lesions from STDs, such as syphilis and genital herpes, facilitate transmission of HIV.[14]
- In one study, 38 percent of sexually active teens had the human papillomavirus (HPV) which causes genital warts and is associated with a higher risk of cervical cancer.[15]
- Many STD infections are asymptomatic or display symptoms that adolescents do not recognize. Left untreated, STDs can result in death, pelvic inflammatory disease, ectopic pregnancy, infertility, neoplasia, adverse pregnancy outcome, infant pneumonia, infant death, mental retardation and immune deficiencies.[13]

- Risk of pelvic inflammatory disease (PID), associated with chronic pelvic pain, infertility and increased risk of ectopic pregnancy, is estimated at one in eight for sexually active 15-year-olds, compared to one in 80 for sexually active women age 24 and older.[16]

Condom Use Increasing But Many Youth Still Have Unprotected Intercourse, Often with Multiple Partners

- Sexual activity among adolescent women ages 15-19 increased from 47 percent in 1982 to 53 percent in 1988—with the greatest increases occurring among white and non-poor teenagers.[17] Among urban males, ages 17-19, 76 percent reported having had sexual intercourse in 1988—up from 66 percent in 1979.[18]
- In 1988, 26 percent of both white females and males, 33 percent of Hispanic males and 69 percent of African American males reported having sexual intercourse by age 15.[19,18]
- Although little data exist on anal intercourse among adolescents, a study found that over one-fourth of teenage females attending an adolescent clinic in New York City reported having had anal intercourse.[21]
- In 1990, one in four 12th graders reported four or more sexual partners. Only 41 percent of students with multiple sex partners in 1990 reported using condoms at last sexual intercourse and only 45 percent of all sexually active students reported doing so.[20]
- Between 1982 and 1988, the proportion of sexually active 15 to 19-year old females who reported using condoms at first intercourse more than doubled—from 23 percent to 47 percent.[17] Among sexually active urban males, aged 17-19, reported condom use at last intercourse increased from 21 percent in 1979 to 58 percent in 1988.[18]

High-Risk Situations and Abuse Make Youth Vulnerable

- The use of crack cocaine is associated with high levels of sexual activity and risk-taking. A study of female crack users found that they reported twice as many sexual partners per month as non-users.[22]
- Approximately one million youth leave home each year due to family conflict, violence and abuse.[23] In a shelter serving runaway and homeless youth in New York City, almost all (91 percent) reported sexual activity, with an average of three sexual partners per week. Thirty-eight percent said they used crack and 29 percent admitted to exchanging sex for food, money, shelter or drugs.[24]
- Nationally, approximately one in four girls and one in six boys are sexually assaulted before age 18. A history of sexual abuse has been associated with behaviors that increase risk of exposure to HIV—such as prostitution, teenage pregnancy and multiple sexual partners.[25]
- One in four gay or bisexual males is forced out of the parental home prematurely due to issues of sexual orientation. Up to half resort to prostitution to support themselves, and dramatically increasing their risk of HIV infection.[26]

HIV Education in Schools Has Increased But Content Still Lacking

- All states either mandate or recommend HIV/AIDS education and two-thirds (34 states) require it through law or policy. A state mandate does not necessarily reflect the quality of programs offered as they may be inadequately funded or lack political support for strong local programming.[27]
- While all states stress abstinence, only 11 states provide balanced information on safer sex and abstinence. Thirty-seven states indicate that they include condom information for prevention, but only five states provide information on how to use, obtain and dispose of condoms.[28]
- 94 percent of Americans surveyed support HIV/AIDS education in schools; 80 percent believe it should include information about condoms. Nearly all said instruction about condom use should occur by the time students complete junior high or middle school and 40 percent think it is acceptable to teach about condoms in grade school.[29]
- Runaway youth in New York City, who participated in up to 30 comprehensive HIV/AIDS intervention sessions, reported significant increases in consistent condom use and decreases in high-risk patterns of sexual behavior. The impact of the program increased with each successive intervention.[30]

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Compiled by Christina Biddle, May 1993.

The Center for Population Options

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THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Ruth Wooden
President
The Advertising Council
1730 Rhode Island Avenue, NW, Suite 414
Washington, D.C. 20036

Dear Ms. Wooden:

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 to disseminate information on a wide variety of issues is critical to the country.

I hope to be able to meet with you in the near future to discuss ways in which we can collaborate to stop the spread of HIV/AIDS. I am looking forward to working with organizations such as yours in the development of policies that will serve those at risk for HIV infection. If you have any questions, or would like to set up a time to meet, 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

Ms. Ruth Wooden
President
The Advertising Council
1730 Rhode Island Avenue, NW, Suite 414
Washington, D.C. 20036

Dear Ms. Wooden:

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Sincerely,

Carlos Velez, JD
Director, HIV/AIDS Prevention

Prepared by: APO: CVelez: 9/24/93:202-690-5560:b:\wooden

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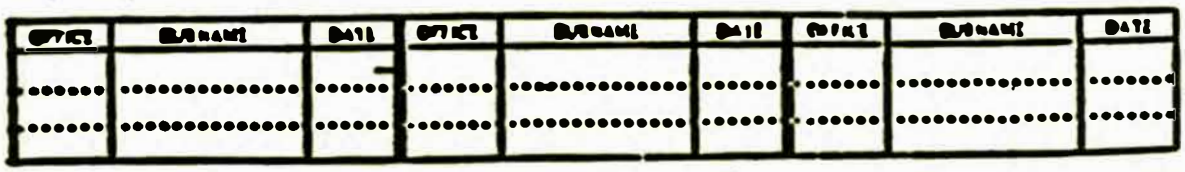


September 23, 1993

Kasten

Ms. Eva Kasten
Executive Vice-President
The Advertising Council
1730 Rhode Island Avenue, NW, Suite 414
Washington, D.C. 20036

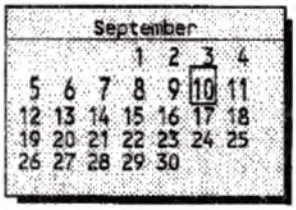
Dear Ms. Kasten:

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 to disseminate information on a wide variety of issues is critical to the country.

I hope to be able to meet with you in the near future to discuss ways in which we can collaborate to stop the spread of HIV/AIDS. I am looking forward to working with organizations such as yours in the development of policies that will serve those at risk for HIV infection. If you have any questions, or would like to set up a time to meet, please feel free to contact me at (202) 690-5560.

Sincerely,

Carlos Velez, JD
Director, HIV/AIDS Prevention



September 1993

KRISTINE G

NETWORK SCHEDULER 3

From 07:00a until 12:00a (Where: ALL Why: ALL)

Hold for Carlos V

10 Friday

KRISTINE G

07:30a - 08:30a		Breakfast with Tom Coates	@Pullman Hotel on Conn. Ave.
09:00a - 09:45a	MTG	The Advertising Council, Inc.	Attendees: Ms. Ruth Wooden, President and Ms. Eva Kasten, Executive Vice President - Contact Person: Althia 331-9153
10:30a - 02:00p		DC Tour	
03:00p - 03:45p		Meeting with Tim Wirth	@ Department of State - 22nd & C Sts. N.W. - Contact Person: Sandra or Debbie 647-6240.
04:00p - 05:00p	MTG	GP160	Attendees: Kevin Thurm, Patsy Fleming, Jerry Kplener, and Beverly Dennis in Rm. 606-G, HHH Bldg.

THE ADVERTISING COUNCIL, INC.

EVA N. KASTEN
EXECUTIVE VICE PRESIDENT

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ANNUAL REPORT TO THE AMERICAN PEOPLE 1991-1992

THE ADVERTISING COUNCIL, INC.

50TH YEAR ANNIVERSARY

The Advertising Council, Inc.
1730 Rhode Island Avenue, N.W., Suite 414
Washington, D.C. 20036

Carlos

September 10, 1993

Ms. Kristine M. Gebbie
National AIDS Policy Coordinator
AIDS Policy Office
750 17th Street, N.W.
Room 1060
Washington, D.C. 20503

Dear Kristine:

Ruth and I want to thank you for taking the time to meet with us. Clearly, you have much on your agenda, too few hands and too little time to accomplish all.

We would like to be able to help you reach your objectives, particularly in the area of public awareness and education. We look forward to hearing from you once you have additional staff on board. As we clearly discovered in even these preliminary discussions, there are many communication needs that we could help serve.

We will give you a follow up call in October, if we have not heard from you in the meantime.

We enjoyed meeting you.

Sincerely,

Eva Kasten

Eva Kasten
Executive Vice President

cc: Ruth Wooden

THE ADVERTISING COUNCIL'S GOVERNMENT CAMPAIGNS

AGENCY AS CAMPAIGN SPONSOR	CAMPAIGNS OBJECTIVES	MEDIA DONATIONS (Millions)		
		1991	1990	1989
DEPARTMENT OF AGRICULTURE				
1. *FOOD AND NUTRITION SERVICE, FOOD AND CONSUMER SERVICES*	FOOD STAMP INFORMATION PROGRAM (1988) Encourage food stamp recipients to seek information on nutrition and health at their local food stamp offices.	-0-	$ 0.3	$29.2
2. *FOREST SERVICE*	PREVENT FOREST FIRES (1942) Stress that man is responsible for doing tremendous damage to our forests.	$41.0	$50.1	$13.1
DEPARTMENT OF COMMERCE				
3. *BUREAU OF THE CENSUS*	ANSWER THE CENSUS (1950) Encourages the U.S. citizens to participate in the Census.	-0-	$68.3	-0-
DEPARTMENT OF DEFENSE				
4. *FEDERAL VOTER ASSISTANCE PROGRAM*	VOTE CAMPAIGN (1973)	-0-	$ 2.6	-0-
5. *NATIONAL COMMITTEE FOR EMPLOYER SUPPORT OF THE GUARD AND RESERVE*	EMPLOYER SUPPORT OF THE GUARD AND RESERVE (1973) Communicates to employers the importance of giving time off to employees in the National Guard and Reserve.	$55.4	$48.7	$39.1

AGENCY AS CAMPAIGN SPONSOR	CAMPAIGNS OBJECTIVES	MEDIA DONATIONS (Millions)		
		1991	1990	1989
DEPARTMENT OF ENERGY				
6. *PUBLIC AFFAIRS OFFICE*	Energy Conservation (1990) Communicates ways for car drivers to use gasoline more efficiently.	$26.7	$36.5	n/a
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
7. *NATIONAL INSTITUTE ON DRUG ABUSE, PUBLIC HEALTH SERVICE*	DRUG ABUSE AND AIDS PREVENTION (1989) Communicates to most effective approaches to prevention the transmission of AIDS associated with intravenous drug use. for help.	$42.3	$22.2	n/a
8. *HEALTH RESOURCES AND SERVICES ADMINISTRATION*	HEALTHY START (1992) Will aim to communicate the importance of pre-natal care for healthy birthweight babies.	n/a	n/a	n/a
9. *SOCIAL SECURITY ADMINISTRATION*	UNDERSTANDING YOUR SOCIAL SECURITY (1985) Builds a greater understanding by current and potential beneficiaries of their rights and responsibilities under the program.	-0-	$39.3	$ 1.4

AGENCY AS CAMPAIGN SPONSOR	CAMPAIGNS OBJECTIVES	MEDIA DONATIONS (Millions)		
		1991	*1990*	*1989*
10. *ADMINISTRATION FOR CHILDREN AND FAMILIES*	HEAD START (1993) Will aimto recruit volunteers to Head Start programs.	n/a	n/a	n/a
11. *CENTER FOR DISEASE CONTROL*	IMMUNIZATION (1993) Will promote timely immunization of our children.	n/a	n/a	n/a
DEPARTMENT OF THE INTERIOR				
12. *OFFICE OF THE SECRETARY*	TAKE PRIDE IN AMERICA (1987) Promotes the stewardship of public lands. Campaign target adults, and, currently children.	-0-	$ 4.0	$13.8
DEPARTMENT OF TRANSPORTATION				
13. *NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION*	DRUNK DRIVING CAMPAIGN (1984) Aims to hold a community concensus against drunk driving.	$60.4	$13.7	$17.1

AGENCY AS CAMPAIGN SPONSOR	CAMPAIGNS OBJECTIVES	MEDIA DONATIONS (Millions)		
		1991	1990	19
14. *NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION*	BUCKLE YOUR SAFETY BELT (1985) Aims to raise the percentage of people who practice regular safety belt use.	$87.1	$39.4	$6
DEPARTMENT OF THE TREASURY				
15. *INTERNAL REVENUE SERVICE*	MAKING YOUR TAXES LESS TAXING (1987) Encourages early and accurate filing during tax season or urges people to volunteer to help the IRS, during other periods.	$57.5	$40.0	$8
INDEPENDENT AGENCIES				
PEACE CORPS				
16. *OFFICE OF THE DIRECTOR*	PEACE CORPS (1961) Encourages colleges graduates to consider two years in the Peace Corps as part of their career development.	$9.9	$ 9.1	$1
ENVIRONMENT PROTECTION AGENCY				
17. *OFFICE OF RADIATION*	RADON PROTECTION (1989) Aims to raise public awareness of the radon problem and motivates to test.	$15.2	$20.0	$1

AGENCY AS CAMPAIGN SPONSOR	CAMPAIGNS OBJECTIVES	MEDIA DONATIONS (Millions) 1991	1990	1989
PRESIDENTIAL COMMISSION				
18. *COMMISSION OF THE BICENTENNIAL OF THE U.S. CONSTITUTION*	COMMEMORATION OF THE BICENTENNIAL OF THE U.S. CONSTITUTION (1987) Honors the 200th anniversary of the Constitution and aims to increase public awareness of the Constitution in a manner which will have long term impact.	$ 1.3	$ 7.4	$30.5
19. *DEPARTMENT OF JUSTICE*	CRIME PREVENTION (1980) Motivates individuals to organize to address crime in their neighborhoods	$60.3	$50.6	$17.0
20. *DEPARTMENT OF EDUCATION*	EDUCATION REFORM (1993) Raises awareness that all our schools can improve to better prepare our children for the future.	n/a	n/a	n/a
	TOTAL:	**$457.1**	**$452.2**	**$341.0**

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Ad Council

August-September 1993

PSA BULLETIN

Number 141

Education Secretary offers:

Priorities for media to help the nation's schoolchildren

Editor's Note: *The PSA Bulletin is pleased to present this exclusive interview with Richard W. Riley, U.S. Secretary of Education.*

What can advertising do in communicating important education issues to the public?

The Keep the Promise campaign on Education Reform is an excellent example of just what advertising can do. This five year campaign, in which the Education Department is a full partner, uses powerful TV, radio and print ads to communicate the urgency of school reform to the American public. It will encourage Americans to feel a sense of "ownership" of the problem and, just as importantly, will help recruit additional support for the work of school reform already underway in states and communities all around the country.

What education/children's issues would the Department of Education like to see represented in public service advertisements?

The three important themes we would like to see addressed are:

(1) Children are not born smart, they get smart. We must destroy the insidious notion that permeates our society that it is innate ability, rather than hard work and effort, that determines a child's academic success. Until we get people to believe this, our reform efforts are doomed.

(2) Parental involvement and support are key to the success of our youth and our nation. The most recent poll of

See p. 2

Special Back to School Issue

Behind the campaigns: Our "school house sponsors" and their concerns

Education has always been a priority for the Ad Council. From the early 1950s' call for "better schools" to current efforts, Ad Council education sponsors are committed to meeting diverse challenges. Here is an overview of the Council's current education clients:

RECRUITING NEW TEACHERS, INC. (RNT)

RNT was formed in 1986 out of concern that a projected teacher shortage would leave America's classrooms without qualified teachers. Over the next decade, between 1.5 and 2.5 million new teachers will be needed to fill vacancies and respond to increased enrollment. RNT, operates a toll-free hotline, which provides information on teaching careers. Callers may choose to enter the database of teacher candidates, a referral network shared with state agencies, school districts and other education organizations nationwide.

THE EDUCATIONAL EXCELLENCE PARTNERSHIP (EEP)

Education Reform - Keep the Promise

This coalition was specifically formed to promote education reform and sponsor the "Keep the Promise" campaign. It comprises representatives of The Business Roundtable, National Governors' Association, American Federation of Teachers, and National Alliance of Business with support from the U.S. Department of Education. EEP provides information on the steps people can take to improve schools in their communities.

See p. 2

The Advertising Council inc

MAJOR CAMPAIGN PROPOSAL

What Is A Major Campaign?

1. It is developed by The Advertising Council utilizing our "Campaign Team" approach. "The Team" consists of a Volunteer Advertising Agency (selected through the American Association of Advertising Agencies), a Volunteer Campaign Director (a major marketing/advertising executive selected by the Association of National Advertisers), a Campaign Manager (assigned from the Ad Council staff) and other pro bono communications volunteers. As the campaign's Sponsor, you serve as the Issue Expert and are integrally involved in all steps of development, production and evaluation.

2. It is focussed on a "critical" issue and seeks not only to bring awareness to said issue but also offer an action step to help solve it.

3. It is a multi-year effort, utilizing multi-media. The average Major Campaign receives approximately $18 million in donated media time and space annually.

4. The campaign is reviewed at regular intervals by the Campaigns Review Committee for approval.

5. The Sponsor's and The Advertising Council's signatures are placed on all materials and distributed extensively nationally to the media.

6. Results of campaign effectiveness are tracked and reported at least quarterly.

Why Request Ad Council Assistance For A Major Campaign?

The Council has almost 50 years of expertise in this field and the ability to marshall leaders in the communications industry.

The media recognizes the Ad Council signature as the "Seal of Quality" for Public Service Advertising. PSAs developed by the Council are often more readily accepted and chosen.

Review Process:

Complete attached questionnaire and submit any additional information which may be relevant (eg. supportive research).

Provide any additional information in writing that may be requested after the initial review of your proposal.

The full review process usually takes between two to six months. This should be factored in when planning a campaign which will culminate with or focus on a specific calendar event.

The Advertising Council inc

QUESTIONNAIRE FOR MAJOR CAMPAIGN PROPOSAL

I. Organization - Related Questions

A. Please indicate the full name, address, and telephone number of your organization and the person who would act as the liaison between your organization and the Council.

B. When, where and for what purpose was your organization formed?

C. Is yours a non-profit group? What is its tax-exempt status with the Internal Revenue Service?

If yours is a private not for profit organization, please submit a copy of your most recent audited financial statement along with the answers to the following questions:

1) How many chapters or local organizations are affiliated with your national office, and where are they located? 2) Is your organization sufficiently organized and staffed to respond to a large public as a result of your major national effort? 3) Will your chapters, locals and/or affiliates help your national office promote the campaign locally?

D. What services does your organization offer and who are the recipients?

E. How is your organization funded?

F. If funds are solicited from the general public, is your organization registered with the National Charities Information Bureau or the Council of Better Business Bureaus? If it is registered, do the Bureaus state in their current reports that your organization meets their standards?

G. What expertise/resources does your organization possess on the particular issue?

H. What other organizations or individuals are familiar with your organization and can provide a reference or attest to your expertise on the proposed campaign issue?

II. Campaign Issue - Related Questions

A. What is the nature of the problem which you believe can be alleviated with the help of public service advertising? Please document the problem, using some key statistics or other evidence. What research reports can you share with the agency, Ad Council and the media on the problem?

B. How is this problem affecting different racial groups? What percentage of the people affected by the problem are African-American?...Hispanic?...Native American?...Asian?

C. To whom are your advertisements to be addressed? (Age Range? Males/Females? Both? Occupations? Geographical Location? Other Characteristics?)

D. What is the ideal response you would expect from these people? What will the individual, the "person on the street", be asked to do in the advertisements?

E. What is the single most important objective of your use of public service advertising.

F. In your opinion, to what extent, if any, would the proposed public service advertising campaign be -- regional, sectarian, politically partisan, commercial, of special interest or an influence upon pending legislation?

G. What other organization(s), private or governmental, presently offer public service advertisements addressed to the same problem? How does your program differ? How does your program relate to Federal, State and Local City activities?

H. Have funds been allocated and budgeted with which to conduct the public service advertising campaign, and if so, what amount?

I. What arrangements have been made to have the public service advertisements promoted among your associates, constituents, and the media?

J. Has an advertising agency volunteered to create the campaign advertising? If yes, please provide the name of the advertising agency.

K. When does your organization hope to launch your public service advertising campaign? How long will you continue the campaign with the help of the Ad Council? Would you continue the campaign and the program it supports if Ad Council assistance were withdrawn?

L. Have you or are you prepared to undertake a marketing program related to your campaign objective.

In addition to the answers requested above, please provide us with your most recent Annual Report.

July 12, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
National AIDS Program Office
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

Congratulations on your new appointment. I want you to know we have a great deal of interest in and support for you and your endeavors. I'd also like to let you know that our organization has a considerable body of experience and an amazingly economical means to reach millions of Americans; people with AIDS, people at risk, and everyone else who should be concerned and better informed.

The Advertising Council, as you may know, addresses in public service advertising issues of national social concern. The media donates the time and space to our campaigns and advertising agencies give their services. The advertising offers individual citizens opportunities to make choices in attitudes and behaviors, choices that will ultimately be in their best interests and their neighbors'.

You know us by our work: "A mind is a terrible thing to waste," Smokey Bear and the lifesaving crash dummies, Vince and Larry as well as the Peace Corps' "The toughest job you'll ever love."

With all the concern over the delivery of health service and its enormous cost, communications "therapy" is often the most valuable and reasonable method of preventing disease. We have numerous examples of this, including a national campaign on drugs and AIDS for the National Institute on Drug Abuse and the first national advertising campaign ever to mention condoms for AIDS prevention. We are currently working to shape attitudes of understanding that will reduce the toll from mental illness, child abuse and addictions, to name a few more cases.

The Advertising Council

I believe you would find it interesting to spend a short time learning how we provide public service communications. President Clinton has honored you with enormous challenges. We can help you meet those challenges.

I welcome the chance to meet with you along with the Ad Council's President, Ruth Wooden.

With all the scientific activities that are on-going, it is relevant but tragic to think that the most substantial progress against the further spread of AIDS can still be attributed to communications.

I hope you'll let me know when we can get together.

Sincerely,

Eva Kasten

THE WHITE HOUSE

WASHINGTON

July 30, 1993

Ms. Eva Kasten
Executive Vice President
The Advertising Council, Inc.
1730 Rhode Island Avenue, N.W.
Washington, D.C. 20036

Dear Ms. Kasten:

Thank you so much for writing. I am familiar with the work of the Advertising Council, and would be pleased to meet with you. Please call Ms. Retina Holmes at (202) 690-5471 to schedule a time that would be convenient for you and Ms. Wooden.

I look forward to seeing you.

Sincerely,

Kristina Gebbie

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

Executive Offices

261 Madison Avenue
New York, NY 10016-2303
(212) 922-1500

1730 Rhode Island Avenue, N.W.
Washington, DC 20036
202-331-9153

740 North Rush Street
Chicago, IL 60611
(312) 751-8055

Ad Council

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Mr. Derek S. Wilson
8720 18th Avenue, NW
Seattle, Washington 98117

Dear Mr. Wilson:

Thank you for sharing your concerns about programs promoting condom usage among heterosexual men. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV. In order to be effective, those policies will have to address concerns such as yours.

I have shared the information in your letter with Carlos Vélez, JD, Director of HIV/AIDS Prevention in my office. If you have any questions, 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 24, 1993

Mr. Derek S. Wilson
8720 18th Avenue, NW
Seattle, Washington 98117

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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: 9/24/93: b:\wilson.cv

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

9/13/93

Derek S. Wilson 1/3
8720 18th Ave. N.W.
Seattle, WA. 98117

Kristine Gebby
C/o Domestic Policy Council
C/o The White House
1600 Pennsylvania Ave.
District of Columbia, 20500

Carlos
Left reply T

Dear Ms. Gebbie

I am writing this letter to express my thoughts that the AIDS prevention programs undertaken by the public health service to date to encourage condom use have failed in both the public relations element and in the communication of practical skills to hetrosexual men. Evidence of this failure is obvious; condom acceptance among men is very low and is getting lower. I know that I speak for most hetrosexual men when I say that efforts to promote condom usage have bred anger, resentment, and unhappiness. Most every man I have discussed this with thinks only one thing

about condom use and the efforts to promote it - that it is an attack upon their sexuality and happiness by anti-male lobbying groups that have grabbed the attention of the Public Health Service and the government. Men do not feel they can enjoy a happy sex life using condoms as it has been presented so far.

The reasons for this feeling are obvious. No effort has been undertaken directly targeting men and their concerns and teaching practical skills to enjoy condom use. Men see one thing - that they have no choice and that choice is unhappiness. They do not think of condom use as self-protection and they have no faith that they can be happy. Whoever has advised the Public Health Service and AIDS prevention groups that fear and lack of choice are the messages that should be communicated to men has done a great disservice to the AIDS prevention effort. They should be removed from that capacity.

I point out that in my metropolitan area of Seattle, Washington, neither the Public Health Service, Planned Parenthood, Northwest AIDS Foundation, or any other group has a single program promoting condom use among hetrosexual men in a positive way or a program assisting men having difficulty with it. As a taxpayer supporting many of these organizations, I ask why is this so.

I remind you that if men accept condom use that the battle to promote it is won. That acceptance is so far away now, farther away now than just a few years ago, that efforts to promote it will have to start at the beginning. I hope that you will do something to remedy the present situation. I consider it your duty by virtue of the office you hold. I would like to hear, by letter if possible, what you can do in this regard.

— Derek S. Wilson

Derek Wilson
8720 18th Ave. N.W.
Seattle, WA. 98117

SEATTLE WA 981
PM
15 SEP
1993

29 USA Daffodil

Kristine Gebbie
c/o Domestic Policy Council
c/o The White House
1600 Pennsylvania Ave.
District of Columbia, 20500

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Jane E. Manley
Associate
Medical Consulting Group
25 Atherton Street
P.O. Box 118
Somerville, Massachusetts 02143

Dear Ms. Manley:

Thank you for sharing Dailey's Notes on Blood with me. As National AIDS Policy Coordinator I am devoted to the development and implementation of policies that will stop the spread of HIV. Current and accurate information about blood and blood products is critical in this effort.

I have forwarded the books and other information to the Office of the Associate Director (HIV/AIDS) at the Centers for Disease Control and Prevention (CDC), who will be able to determine whether the books can be used in their programs.

Sincerely,

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

cc: Carlos Vélez, JD

sent to CDC HHS 2/3093

THE WHITE HOUSE

WASHINGTON

September 24, 1993

Ms. Jane E. Manley
Associate
Medical Consulting Group
25 Atherton Street
P.O. Box 118
Somerville, Massachusetts 02143

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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: 9/24/93: b:\manley

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Medical Consulting Group

Thanks & forward to CDC

September 15, 1993

Ms. Kristine Gebbie
National AIDS Program Office
750 17th St. NW Suite 1060
Executive Office of the President
Washington, DC 20500

Dear Ms. Gebbie:

This is in reference to the enclosed publication, *Dailey's Notes on Blood.* We believe it might be of use in your organization's efforts to educate the public about AIDS.

The author, John Dailey, feels strongly that a knowledge of blood is essential to understanding AIDS and AIDS prevention - for teachers, students, and the public. Most AIDS education programs focus on the sexual spread of AIDS, which although important, is only part of the picture. Understanding blood is basic to comprehending the destruction the virus causes throughout the body.

Dailey's Notes on Blood is a comprehensive, easy-to-understand guide to the basics of blood. It has multiple uses - reference, teaching tool, and self-study or group discussion resource. Please refer to the enclosed reviews from healthcare organiztions and professionals.

If *Dailey's Notes on Blood* is of interest to the National AIDS Program, either for cooperative marketing or for use in educational programs, Medical Consulting Group will donate half the purchase price of the book to AIDS research.

We very much look forward to our next contact with you.

Sincerely,

Jane Manley

Jane E. Manley
Associate

Enclosures

Medical Consulting Group

Jane E. Manley

Seminars • Medical Publications

25 ATHERTON STREET, P.O. BOX 118, SOMERVILLE, MA 02143
617/623-0049 • FAX 617/623-3319 • Orders 800/851-8518

Some Comments on Dailey's Notes on Blood, Second Edition, 1993

This edition of *Dailey's Notes on Blood* has been reviewed and extremely well received by many people, both medical and nonmedical.

Major pharmaceutical and hematological equipment manufacturers provide the book for customers and sales representatives and trainers. We are always told, usually with superlatives, that the book is easy to understand and concise.

We have had the Second Edition reviewed by local teaching nurses and lab personnel at Tufts Medical Center, Mass General, Weymouth Hospital, Symmes Hospital, and Emerson Hospital. They are all positive in their comments. Not only is the book considered a very useful teaching tool but a timesaving reference as well.

The Second Edition has been accepted by the Nurse's Book Society and will appear as a main feature in book club literature to members.

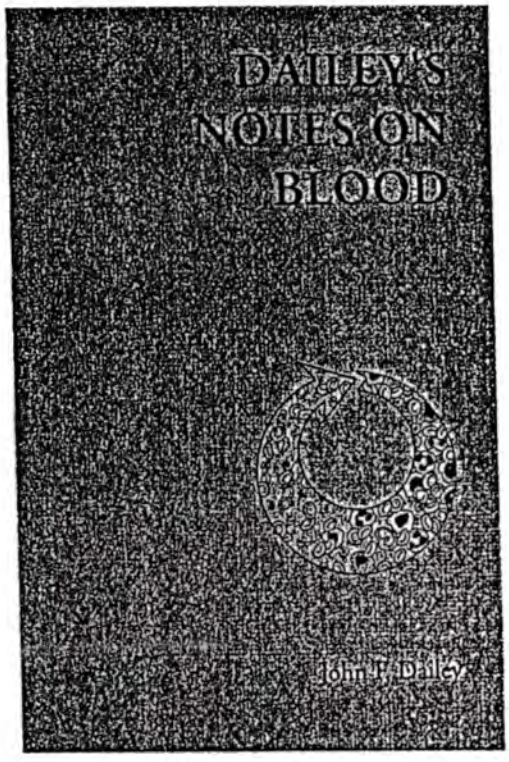
Medical Consulting Group
25 Atherton St.
Somerville, MA 02143
617-623-0049
fax: 617-623-3319

Book Review

Dailey's Notes on Blood

Dailey's Notes on Blood
By John F. Dailey, BA
©1991 Medical Consulting Group
170 pages, 15 sections, 35 illustrations

Medical Consulting Group
25 Atherton St., Box 118
Somerville, MA 02143
(800) 851-8518



One of the fundamental objectives that perfusionists and other medical personnel face is learning and understanding the physiology of blood and the circulatory system. Even the experienced perfusionist or medical health professional should have a concise, easy-to-understand book available for reference. Dailey's Notes on Blood is a book that fulfills both criteria.

Dailey's Notes on Blood was written by John F. Dailey, a perfusionist with 20 years' experience. Dailey's expertise includes a BA in biology and graduate studies in biochemistry and physiology. During his perfusion career he was responsible for the training of physicians and allied health personnel throughout the United States and Canada on the use of autologous blood recovery systems.

This book is written in a style that makes it an excellent primer text for the student. At the same time, it is comprehensive enough to be used by the experienced reader as a permanent reference text. It allows the reader to acquire the basic conceptual knowledge of blood physiology without requiring a complex background in chemistry.

Drafted with the medical educator and instructor in mind, this book presents the material in an easy-to-understand format that should make teaching and learning this complex subject easy. The use of "sidebar" notes throughout the text simplifies the understanding of the fundamental concepts required and makes it easy to locate key phrases or concepts for reference. At the end of each section there are questions with answers to allow the reader to assess his learning progress and review the material. The book covers many basic concepts such as "What is Blood?" "The Circulatory System," "Cardiopulmonary Bypass" and the "Coagulation System." In addition, complex subjects like immunoglobulins, humoral and cell-mediated responses, T cells and B cells, prostaglandins and the role of 2,3 DPG are also addressed.

There are 35 excellent diagrams supplementing the text, making many of the difficult concepts easier to understand. A complete glossary and appendix significantly enhance the value of this book for reference use.

This book should be required reading for perfusion students and is an excellent reference for medical students, perfusionists and all allied health personnel. It provides a solid foundation for further study of subjects like pathophysiology.

Paul Page, BS, CP, PA
JECT Associate Editor
Englewood, Colorado

Books

(Continued from p. 304)

DAILEY'S NOTES ON BLOOD. J. F. Dailey, Medical Consulting Group, 25 Atherton St., P.O. Box 118, Somerville, MA 02143, 1992,

Blood is an incredibly complex biologic system. Therefore, any attempt to simplify its study will and should be met with a healthy skepticism. In this case, the skepticism is unwarranted. The book is well-designed to enlighten and teach the subject to diverse groups, including physicians, nurses, and medical technologists.

Mr. Dailey brings us the results of almost twenty years of experience with blood in hospital operating rooms and in industry. Academic preparation in both biology and biochemistry have served him well. But what serves him best, and also tangentially the lucky reader, is his penchant for simplifying a difficult subject without losing any important details in the process. Thus, the book serves the first-time student of blood as well as constituting a good review for the busy professional.

This fine *paperback* is composed ideally for its role as a teaching text and aid. There is plenty of room in the right margin of all pages for notes. In addition, the right-hand margins contain important vocabulary terms. Each section is followed by questions with answers that additionally subserve the teaching function. The book is replete with illustrations. These are simple in design yet adequate for the purpose intended.

At the end of the book is a detailed glossary, an appendix of charts with normal values for common tests done on blood, and an adequate bibliography. This reinforces the didactic function of the text.

It is well to point out that Medical Consulting Group, the producers and publishers of the book, make available seminars on blood based on this text used as source material.

Both the medical technology student and the practicing medical technologist will find this treatment of hematology, coagulation & hemostasis, and physiology a refreshing change from the often abstruse texts which constitute the usual offering to students. Revel in its simplicity, savour its knowledge, and come away intellectually and professionally enriched.

Government (Continued from page 293)

When the case was first tried in 1989, a jury found that United was not negligent because it had instituted all screening procedures deemed to be appropriate by the blood banking community at the time. The plaintiff appealed and won, convincing the Court of Appeals that the trial court had improperly relied on a "professional standard of care," which focuses on the usual custom and practice of other professionals practicing in that field. The court agreed with the plaintiff that the blood banking industry does not constitute a profession, and accordingly should be judged under a simple negligence standard rather than by the accepted practices of the industry.

United then appealed to the Supreme Court of Colorado. The Supreme Court agreed with the Court of Appeals that the case should be retried, but used different reasoning to reach that conclusion. The Supreme Court found that blood banking is a profession; accordingly, it should be judged primarily by the usual custom and practice of experts in that field.

The Supreme Court determined, however, that the professional standard itself can be challenged as being "unreasonably deficient in failing to utilize available scientific safeguards." The Supreme Court reasoned that unless a plaintiff has an opportunity to prove prevailing practices are inadequate, a profession could effectively insulate itself from liability, no matter how unreasonable and unsafe its usual practices. Accordingly, the court remanded the case for a second trial, with the instruction to allow evidence "establishing that the national blood banking community's standard of care was itself unreasonably deficient in not incorporating available safeguards designed to provide substantially more protection against risk of infecting a transfusion recipient with AIDS."

During the second trial, the plaintiff introduced expert testimony on stricter screening procedures used in 1983 by other blood banks and plasma centers. These screening procedures included direct questioning of potential donors to identify members of known risk groups, and the performance of surrogate testing on donated blood (tests for the presence of certain factors with a high correlation to AIDS infection, *e.g.* Hepatitis B). In light of this evidence, the jury found that customary screening practices utilized by the blood banking community were "unreasonably deficient" and that United acted negligently in failing to implement stricter screening procedures.

Thus, blood banks in Colorado have an enormous potential liability, based on their failure to implement the strictest AIDS screening procedures available. Whether an appellate court will uphold this high standard of care remains to be seen.

Congratulations on Election

William B. Robbins, MT(AMT), was elected Vice Chairman of the National Council on Health Laboratory Services (NCHLS) at their October 24 meeting in Alexandria, VA. Robbins holds the Past President's position on the AMT Board of Directors and acts as AMT Washington Representative. He officially represents AMT in his work with NCHLS.

Racquetball Injuries, *continued from cover*

CONCLUSION

The injuries mentioned were just highlighted and are commonly seen in today's game. It would be important to note that with the proper health management program some of these problems might be avoided. A good program might involve: A) Supportive athletic shoes to avoid foot and ankle injuries, B) Proper eye gear to avoid any possible eye injury, C) Eating a well balanced meal program with increased carbohydrate intake prior to a match or Tournament, D) Utilizing a correct racquet swing technique, E) A workout regime involving proper stretching exercises.

REFERENCES

Media Guide & Tournament Program: 1991 AARA

Frank has been involved in the Orthopaedic field for over 14 years, as an Orthopaedic Technologist and at present is a Regional Manager for a leading Sports Medicine & Orthopaedic Medical Company. He is a member of the American Amateur Racquetball Association and the Maryland Amateur Racquetball Association.

Literature Reference

In this issue we refer to:

Dailey's Notes on Blood
by: John F. Dailey

Published by:
Medical Consulting Group, Somerville, Mass.

As Orthopaedic Technologists we deal with blood on a daily basis, whether in surgery, performing wound care, or simply ordering laboratory tests for our physicians. Due to the close proximity of blood in our daily lives it is important that we have at least a basic understanding of blood as a tissue, both structurally and functionally.

Dailey's Notes on Blood was designed to provide people of various backgrounds with the knowledge of blood, its function, origins, components and disorders. Both the author and Medical Consulting Group have sifted through this complex subject and brought forth a comprehensive, easy-reference, learning/teaching guide to blood. The text itself provides clear organization with vocabulary terms defined, margin for personal notes, question and answer pages at the end of each chapter, self-check or section quizzes and a complete Glossary of all the important terms used throughout the text.

I would recommend this complete textbook/dictionary/notebook on blood to all Orthopaedic Technologists, for not only is an education on blood important in orthopaedics, but also for anyone working in today's blood-wary health care system. Please address all inquiries to: Medical Consulting Group, 25 Atherton St., PO Box 118, Somerville, MA 02134 or call: **Toll Free Order Line: 1(800) 851-8518.**

Brian Buck, OTC
Editor

DAILEY'S NOTES ON BLOOD

Professionals Comment

This volume is an excellent, clearly written guide to the elements of hematology, which is ideal for the education of paramedical personnel. The contents are comprehensive, beginning with explanations of basic principles of the anatomy and physiology of the hemopoietic system and, thereafter, evolving into a detailed, but easily understandable, discourse. The layout of each section is very pleasing to the eye, with running title in a margin next to the script for easy reference. The diagrams are simple, but drawn with care and precision and are easily understood. At the end of each section are questions, which the reader will find useful in consolidating the chapter. Finally, a glossary at the end of the volume is extremely useful for reference, together with tables, normal values, and appendix.

I can thoroughly recommend the volume as being especially useful to nurses and sales representatives for hematological materials, and to the lay public, who are interested in learning about hematology and its principles.

MICHAEL T. SHAW, M.D., F.R.C.P., F.A.C.P.
SUITE 330
JOHN CUMING BUILDING
CONCORD, MASSACHUSETTS 01742
TELEPHONE (508) 369-9376

Dailey's Notes on Blood by John F. Dailey is one of the most concise, well written and understandable books on blood that I have ever read. The material is broken down into manageable and smooth flowing sections and all terminology is defined so that someone unfamiliar with the subject can understand it. The inclusion of drawings provides an additional understanding of the printed text, and the tests at the end of each chapter assist the reader in identifying material that needs to be reviewed before continuing on.

This book has many applications for all members of the health profession. Nurses and other practicing health care providers can use it as a comprehensive review of blood. Educators and instructors will find it to be an excellent educational tool and text for medical, laboratory, anesthesia, operating room, and nursing students as it contains everything they need to know about blood.

Even laypeople will benefit from this book on blood because it takes a fairly complicated subject and makes it understandable. Physicians will find it particularly useful in teaching patients about diseases that affect blood, such as leukemia, hepatitis, and AIDS. It can also serve as an educational base for patients who are undergoing chemotherapy.

I would highly recommend this book for anyone who has anything to do with blood or blood-borne diseases.

KATHLEEN C. BARBER, R.N., M.ED.
NURSE EDUCATOR
3 PINEWOOD ROAD
ACTON, MASSACHUSETTS 01720

PAUL SIMON
ILLINOIS

COMMITTEES:
LABOR AND HUMAN RESOURCES
JUDICIARY
FOREIGN RELATIONS
BUDGET
INDIAN AFFAIRS

United States Senate

WASHINGTON, DC 20510-1302

File

September 27, 1993
Dictated September 26, 1993

OCT 19 1993

Ms. Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
Washington, D.C. 20500

Dear Kristine:

It was good meeting you and visiting with you the other day.

You have a major responsibility as the National AIDS Policy Coordinator, and I want to be of help in any way I can.

Please feel free to contact me with any suggestions at any time.

Sincerely,

Paul Simon
United States Senator

PS:bd

462 DIRKSEN BUILDING
WASHINGTON, DC 20510-1302
202/224-2152
TDD: 202/224-5469

230 S. DEARBORN
KLUCZYNSKI BLDG., 38TH FLOOR
CHICAGO, IL 60604
312/353-4952
TDD: 312/786-0308

3 WEST OLD CAPITOL PLAZA
SUITE 1
SPRINGFIELD, IL 62701
217/492-4960
TDD: 217/544-7524

250 WEST CHERRY
ROOM 115-B
CARBONDALE, IL 62901
618/457-3653

THE WHITE HOUSE

WASHINGTON

September 27, 1993

The Honorable David N. Dinkins
Mayor of the City of New York
52 Chambers Street
New York, New York 10007

Dear Mayor Dinkins:

I would like to thank you for your invitation to attend the garden reception in honor of the Black Leadership Commission on AIDS on September 29, 1993. I would like to convey my deepest regrets, as due to a previous commitment, I will not be able to travel to New York on that date. I have been informed, however, that Ms. Susan Johnson Cooke, will attend the event on behalf of the Administration.

I recently became acquainted with the work of the Black Leadership Commission on AIDS. It is through the continued efforts of organizations such as the Commission that minority communities, and African Americans in particular, will be able to effectively fight the HIV/AIDS epidemic.

Sincerely,

KS

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

THE WHITE HOUSE

WASHINGTON

September 27, 1993

The Honorable David N. Dinkins
Mayor of the City of New York
52 Chambers Street
New York, New York 10007

Dear Mayor Dinkins:

I would like to thank you for your invitation to attend the garden reception in honor of the Black Leadership Commission on AIDS on September 29, 1993. I would like to convey my deepest regrets, as due to a previous commitment, I will not be able to travel to New York on that date. I have been informed, however, that Ms. Susan Johnson Cooke, will attend the event on behalf of the Administration.

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Sincerely,

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

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

THE WHITE HOUSE

-file
9/28

KRISTINE —

Thanks for the update on Randy Jacobs. I shared it with the President.

JOHN PODESTA

THE WHITE HOUSE
WASHINGTON

John —

I've done some further follow up with Randy Jacobs - we'll stay in touch regarding possible activities which use his experiences to reach others. In addition, he will be hearing from the Northwest AIDS Foundation, a Seattle-based group which can help tie him into the AIDS/HIV network.

I'm glad the President was able to call him - it meant a great deal —

Christine Gebbie

UNIVERSITY OF CALIFORNIA, LOS ANGELES

BERKELEY · DAVIS · IRVINE · LOS ANGELES · RIVERSIDE · SAN DIEGO · SAN FRANCISCO

SANTA BARBARA · SANTA CRUZ

OFFICE OF THE CHANCELLOR
405 HILGARD AVENUE
LOS ANGELES, CALIFORNIA 90024-1405

September 28, 1993

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

Dear Ms. Gebbie:

Thank you for your recent letter expressing your view on UCLA's Professional School Restructuring Initiative. I understand and appreciate your concerns about the Schools of Public Health and Nursing.

UCLA faces the most severe fiscal crisis in its history. From 1990-91 through 1994-95, state appropriations to our campus will have been cut nearly 20 percent. With a budget crisis of this magnitude, UCLA has limited options. At a November budget conference, a broad cross-section of our campus community concluded overwhelmingly that UCLA should no longer impose cuts proportionately across the board because that would cause irreparable harm to all programs. Instead, the campus leadership was urged to make hard choices and assess cuts differentially.

We think the Professional Schools Restructuring Initiative is a constructive proposal that would enable us to preserve almost all programs in the affected schools while cutting costs substantially. The savings would come primarily from reductions in administrative overhead, which, in turn, would avert the need for widespread layoffs of assistant professors.

Although the proposal would save UCLA as much as $8 million annually, it represents only about 20 percent of our budget solution. UCLA regrettably has many other tough decisions yet to make. Virtually all campus programs will be affected in some way, but we hope to protect academic quality and as many ladder faculty as possible through other creative consolidations, mergers and amalgamations.

We understand the importance of public health and nursing programs to our local community and the larger society. But we believe that UCLA's public health and nursing faculties can continue to make significant contributions through existing and new interdisciplinary partnerships under the umbrella of a School of Public Policy or within the School of Medicine.

The restructuring proposal has now been submitted to UCLA's Academic Senate, which will scrutinize the academic and financial implications and render its assessment. The review process is expected to extend into next spring. It will provide an opportunity for a full and open airing of views before any final decisions are reached. The issues you raised will be examined during this process and will be considered alongside other proposed budget actions and their implications.

Thank you, again, for sharing your concerns.

Sincerely,

Charles E. Young
Chancellor

CEY:jk/sjp

THE WHITE HOUSE

WASHINGTON

September 29, 1993

Mr. Steven Ziolkowski
Director of Grants and Research
Oregon Health Sciences University
Foundation
1121 Southwest Salmon Street
Portland, Oregon 97205-2021

Dear Mr. Ziolkowski:

Thank you for the kind letter about Ben Merrill - he is doing a great job and I'm looking forward to a meeting with Mark Loveless later this week. Oregon has always been a leader, and it sounds like things are still full speed ahead. Best wishes.

Sincerely,

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

Dear Bill Swalkowski -

Thank you for the kind letter about Ben Merrill — he's doing a great job. And I'm looking forward to a meeting with Mark Loveless later this week. Oregon has always been a leader, and it sounds like things are still full speed ahead. Best wishes Sincerely

OHSU Foundation

Oregon Health Sciences University Foundation
1121 Southwest Salmon Street
Portland, Oregon 97205-2021
Phone: 503-228-1730
Fax: 503-228-9588

September 15, 1993

Ms. Kristine M. Gebbie
AIDS Coordinator
201 Independence Avenue SW, Rm 738 G
HHH Building
Washington, D.C. 20201

Dear Ms. Gebbie:

It is with great enthusiasm that I have followed Mr. Merrill's appointment to your staff. First your recognition by President Clinton, and now Ben's recognition by you, portend a tremendous opportunity for progress in the national fight against infectious disease.

My intention is not to reiterate Ben Merrill's administrative talents, legal abilities, his judgement or skills in consensus building - which I am sure you have gauged well in your assessment prior to calling him to Washington. It would seem presumptuous on my part to describe what would serve your purposes and your team best.

What is extraordinarily fortunate is the opportunity for cooperation as Oregon Health Sciences University moves forward with a series of grants and funding activities fighting risk and human vulnerability to infectious disease. Nearly one year ago, Dr. Mark Loveless and his clinic provided the inspiration for the commencement of a comprehensive long range plan enhancing treatment, clinical research, as well as professional and public education.

On behalf of us all who are working to reduce the pathogenic virulence of infectious disease, I wish to express my excitement at your choice of Ben to assist you. I know that I speak for Mark as well when I say that we congratulate you both and look forward to lending our assistance in any way possible.

Regards,

Steven Ziolkowski

Steven Ziolkowski
Director of Grants and Research

cc: Jay A. Barber, Jr.
Mark Loveless, M.D.
Ben Merrill, Esq.

THE WHITE HOUSE

WASHINGTON

September 29, 1993

Bernard Bennett
President
National AIDS Prevention Foundation
P.O. Box 1451
Lake Worth, FL 33460

Dear Mr. Bennett:

Thank you for taking the time to write and for sending examples of your educational messages about AIDS.

I have shared your materials with the Centers for Disease Control as your work is pertinent to their responsibilities.

In developing a strong national policy in response to the epidemic, I believe the voices and views of all Americans need to be heard. I want you to know that your ideas and concerns are important to me.

As I take up my responsibilities as the National AIDS Policy Coordinator, I intend to look at all appropriate actions that could be useful in stopping this epidemic.

I appreciate hearing from you and I applaud your efforts.

Sincerely,

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

NATIONAL AIDS PREVENTION FOUNDATION™
A DIVISION OF
LIFE/HEALTH Centers of America®
AN EDUCATIONAL NON-PROFIT TAX-EXEMPT PUBLIC CHARITY

PHONE (407) 586-8159 • FAX (407) 533-1104
Reply to: P.O. Box 1451 • Lake Worth • Florida 33460

Where are the materials he mentions?

AUGUST 25, 1993

Located in Bert's Cube in clear bag - they are 2 Big Poster Boards

THE HONORABLE KRISTINE M. GEBBIE
AIDS POLICY COORDINATOR
750 - 17TH ST., N.W., SUITE 1060
EXECUTIVE OFFICE OF THE PRESIDENT
WASHINGTON, D.C. 20500

DEAR MS. GEBBIE:

BY MEANS OF THIS LETTER I WISH TO ADVISE THAT OUR WASHINGTON REPRESENTATIVE DELIVERED PROMOTIONAL MATERIAL AND DISPLAY BOARDS OF THE FOUNDATION AND A COVERING LETTER, A COPY OF WHICH IS ENCLOSED, TO YOUR MS. KAREN WILLIAMSON AT YOUR INDEPENDENCE AVENUE OFFICE.

I TRUST THAT YOU WILL FIND THE AFOREMENTIONED MATERIAL INTERESTING AND EFFECTIVE SUPPORT OF THE EFFORT TO EDUCATE THE PUBLIC AS RELATES TO THE HIV/AIDS EPIDEMIC.

I WOULD APPRECIATE YOUR THINKING ONCE YOU HAVE HAD THE OPPORTUNITY TO REVIEW THE AFOREMENTIONED.

SINCERELY YOURS,

NATIONAL AIDS PREVENTION FOUNDATION

BERNARD BENNETT, PRESIDENT

BB:MG
ENCLOSURE

NATIONAL AIDS PREVENTION FOUNDATION™

A DIVISION OF

LIFE/HEALTH Centers of America®

AN EDUCATIONAL NON-PROFIT TAX-EXEMPT PUBLIC CHARITY

PHONE (407) 586-8159 • FAX (407) 533-1104

Reply to: P.O. Box 1451 • Lake Worth • Florida 33460

August 14, 1993

The Honorable Kristine M. Gebbie
AIDS Policy Coordinator
200 Independence Ave. N.W., Room 729H
Washington, D.C.

Dear Ms. Gebbie:

We invite your attention to the efforts of the National Aids Prevention Foundation, initiated in 1987, to provide constant and effective dissemination of information for the prevention of AIDS to schools, colleges and activities serving the public. Over 1,500,000 pieces of printed educational matter have been distributed.

Our administrative staff serves without compensation. Limited contribution support provides for our secretarial and other operational costs.

Please review the two new high-impact messages on the enclosed poster stick-ons that have received wide support in institutions of learning at limited levels. They are easily understood by the younger generation, the less educated and disadvantaged in particular.

Additionally, our 1-800-FACT-911 (533-5433) number has been in public service for five years with a periodically modified message. This number may be used to disseminate specific information on the proper use of accepted condoms and other information related thereto.

We request your advice and cooperation in order to present these messages to the public via TV, Radio and the Print Media for expanded and intensive national coverage.

Respectfully,

National AIDS Prevention Foundation

Bernard Bennett, President

BB:mg
Enclosure

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Kristine Gebbie to Frank Lautenburg; re: Response; [Personal] (Partial) (1 page)	09/29/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3767

FOLDER TITLE:
September Chron Files 1993 [7]

2018-0756-F
jp4792

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

September 29, 1993

The Honorable Frank R. Lautenberg
United States Senate
Washington, D.C. 20510-3002

Dear Senator Lautenberg:

(b)(6) and that he had responded positively to "hyperthermia" treatments provided in Italy. His concern was why this treatment was not being permitted in the United States.

Investigation of the merits of new HIV therapies is the responsibility of the National Institutes of Health (NIH). The Office of Alternative Medicine at NIH should be helpful in your pursuit of information regarding "hyperthermia" as a treatment for persons infected with HIV. They can be contacted at the following address:

[001]

Office of Alternative Medicine
National Institutes of Health
Executive Plaza South
6120 Executive Boulevard, Suite 450
Rockville, Maryland 20892-9904
(301) 402-2466

As the AIDS Policy Coordinator, I will advocate public health policy that has a sound scientific basis. You can be assured that I will support the use of therapies that have been shown to be safe and effective. If you have any questions, please call me or a member of my staff at (202) 632-1090.

Sincerely,

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

OCT 4 1993

THE WHITE HOUSE
WASHINGTON

9/29/93

file

Kristine,

Here is the final version of the memo I sent to Mark today.

Keith Boykin

THE WHITE HOUSE

WASHINGTON

September 29, 1993

MEMORANDUM FOR MARK GEARAN

CC: BOB BOORSTIN
DAVID DREYER
JEFF ELLER
KRISTINE GEBBIE
GEORGE STEPHANOPOULOS

FROM: KEITH BOYKIN,
SPECIAL ASSISTANT TO THE PRESIDENT

RE: HEALTH CARE/AIDS EVENT

In response to your request for suggestions for an AIDS event, I recommend the President participate in a health care town hall meeting in Chicago next month. The following memorandum will provide more details about the proposal.

WHO: President Clinton; moderator (perhaps Oprah Winfrey), representative group of real people, including people with AIDS; AIDS service providers. [Administration officials, including HHS Secretary Shalala, AIDS Czar Gebbie, Surgeon General Elders, and NIH nominee Natcher should also attend.]

WHAT: Health care/AIDS town hall meeting

WHEN: October (AIDS Awareness Month)

WHERE: University of Chicago; Chicago, IL (Hyde Park)

WHY: Sell the President's health care reform plan; address concerns about President's seriousness on AIDS; educate and shape opinions about the issue; get in front of a growing controversy rather than waiting until it's too late; to listen

HOW: Produced by a local Chicago television station

THE PROBLEM:

A well-organized, well-funded legion of public health advocates advances cautiously onto the battlefield of health care reform. Although they would like to join forces with the President, they have unaddressed concerns as to how his plan affects their community and how committed the President is to all six of his principles, particularly "security," "quality," and "responsibility." The political strength of these advocates will not be fully thrown into the battle for reform without clearer signals of presidential support. This scenario describes the position of the nation's AIDS community about the President's health care plan.

During the presidential campaign, in his election night acceptance speech, and again in his inaugural address, Bill Clinton promised his administration would straightforwardly address the AIDS epidemic. To fulfill this promise, the President dramatically increased funding for AIDS research and prevention, appointed the nation's first ever AIDS czar, and incorporated AIDS prevention into his health care reform plan.

Yet in spite of what has been accomplished, many people concerned about AIDS still doubt the President's sincerity in confronting this deadly disease. This doubt grows partly from the White House's inability to communicate effectively what the Administration has done and partly from general suspicion after a dozen years of inactive Republican presidents.

Part of the concern also stems from the ambiguous use of the word "responsibility" in the President's Joint Session Address to Congress. The President said, "Responsibility means changing some behaviors in this country that drive up our costs like crazy...the most important [is] the outrageous cost of violence...*We also have higher rates of AIDS*, of smoking and excessive drinking, of teen pregnancy, of low birth weight babies. And we have the third worst immunization rate of any nation in the western hemisphere." (emphasis added).

Although most AIDS organizations are inclined to support the President's health care plan, the word "responsibility" in the President's remarks frightens many who think it may mean "blame." The leaders of several AIDS organizations have expressed to me their deep concern about the President's rhetoric and some have prepared responses to his comments. These groups, who otherwise could be effective advocates for reform, will be less likely to support the plan if their concerns are not addressed. The President should tell them honestly that taking responsibility means each of us educating ourselves about the dangers of AIDS and acting accordingly. Encouraging people to begin taking responsibility for their actions need not mean blaming people who already have the disease. It does mean, however, stopping the behavior that will lead to the *further* spread of the disease.

THE SOLUTION:

As the President embarks on his campaign to sell health care reform, the need for effective foot soldiers could not be greater. To win the legislative battle will require not only public support but public advocates, who will lobby their representatives to support the plan on behalf of their communities. Because the AIDS community has much to gain from the President's plan, they can be enlisted to help fight for health care reform. Moreover, as a well-organized, well-funded lobbying force, AIDS organizations can be an effective force in persuading their constituents and their congressional representatives to support the plan. The Administration can marshal these troops by demonstrating its sincerity to deal with AIDS issues in its health care plan and in its policies.

The most effective way for the Administration to signal its sincerity is by dealing straightforwardly with the AIDS crisis rather than avoiding this issue as past presidents have done. One way to attack the credibility problem is for the President to take part in a town hall meeting on AIDS. Such a meeting would effectively communicate the Administration's accomplishments and counter the suspicions about inactive presidential leadership. I have discussed the town hall meeting concept with AIDS Czar Kristine Gebbie, who fully supports the idea. Gebbie says that such a forum would provide a positive opportunity to tie in the AIDS community to health care.

A town hall meeting would enable the President to address the concerns about his seriousness in dealing with AIDS. By participating in an event he was not pressured to schedule, the President would demonstrate bold leadership and proactive creativity in dealing with the AIDS crisis. President Clinton performs extraordinarily well in town hall meetings, which are effective forums to convey his understanding and compassion in ways that mere speeches cannot. Few public policy issues underscore the need for understanding and compassion as much as the discussion about AIDS does.

At this week's cabinet meeting, the Administration plans to unveil its new policy on AIDS in the federal workplace. Although this is a step forward, this announcement suffers two limitations that will not resolve the underlying problem. First, a cabinet announcement will garner a soundbite from the pool spray on the news but will not enable the President to connect with average Americans concerned about the disease. Only by making such a connection can the President uproot dozen-year-old seeds of doubt about presidential intentions. Second, because the policy's effect is limited to federal workers, it will appear less significant to the vast majority of people with AIDS, most of whom do not work for the federal government.

A town hall meeting would serve two valuable educational

roles. First, it would educate the AIDS community about the policies, budgeting, and initiatives undertaken and planned by this administration. Second, it would educate the general public about the scourge of AIDS, soon to be the nation's deadliest disease.

Education is a crucial component of the town hall meeting. Despite years and dollars spent educating the public, much of the public remains unaware that AIDS affects many people beyond the two high-risk group populations, sexually active gay men and IV drug users. A town hall meeting with a diverse and demographically representative collection of participants would educate the public by helping to put a different face on the AIDS crisis. This would be an enormously important accomplishment politically, because, unfortunately, changing the face of the disease is the most effective way to make the fight against the disease more politically palatable.

The town hall meeting will answer questions raised by the President's September 22 address to the Joint Session of Congress. The President's speech mentioned AIDS only once, in a reference about "Responsibility." The AIDS community is concerned about what this means and how the President's other health care principles affect people living with AIDS. For example, they want to know what type of "Security" will they be provided, how will "Simplicity" affect their ability to acquire needed drugs, and will the "Quality" of their health care decline. Ignoring these questions will lead some people to believe the President only wants to point the finger of responsibility without as vigorously attacking the real problems of security for those who have AIDS. Addressing these concerns, on the other hand, will help win committed supporters to lobby for health care reform.

The town hall meeting will demonstrate what the President has done to encourage responsible behavior. The President has been publicly and actively involved in finding solutions to all of the maladies described in the President's laundry list of responsible behavior in his speech. For example, the President spoke passionately about curbing *teen violence* in a Miami event last week. His health care plan will discourage *smoking* by imposing a sin tax. His Surgeon General has advocated sex education to stem *teenage pregnancy*. And the President's budget proposed funding for childhood *immunizations*. But other than rhetoric, what do people think the Administration or its health care plan offer to prevent the behavior (unprotected sex and IV drug use, for example) that leads to AIDS? Here, it would be a glaring omission not to communicate effectively the Administration's AIDS education and prevention efforts.

A town hall meeting will help to cool a heated controversy over AIDS. While some will certainly find reasons to complain, their complaints will not disappear merely because the President ignores them. Instead, ignoring criticism will insure that the

complaints intensify and that the number of complainants expands. By tackling the concerns head on, however, the President will educate those in the middle ground and help neutralize those leaning toward criticism but still wanting to give the Administration the benefit of the doubt. In his address to the Joint Session of Congress, President Clinton reminded Americans of the advice our mothers told us: "an ounce of prevention is worth a pound of cure." By participating in a town hall meeting, the President can help prevent a growing problem from becoming a disease requiring an expensive cure.

To keep the tone of the town hall meeting positive, the President could talk about his plans as well as his achievements. Victor Zonana, the Assistant Secretary of HHS for Public Affairs, offers a suggestion of a plan to focus on. Zonana informs me that HHS is about to launch a new drug approval initiative, possibly as early as next month. The initiative would team up HHS, the Food and Drug Administration, and independent drug companies to eliminate commercial and bureaucratic barriers to drug approval. The plan would establish a panel of community representatives, NIH officials, and others to monitor the drug approval process. Although the initiative is scheduled to be unveiled next month at HHS to much fanfare, Zonana suggests the President might announce the drug approval plan himself, which would heighten its profile and demonstrate concrete steps the Administration is taking to develop flexible responses to the disease. I should mention here that Kristine Gebbie suggested that the President could announce a less research-oriented AIDS *service* initiative instead of, or in addition to, the drug approval plan.

When President Clinton appointed Kristine Gebbie to be his AIDS czar, he said, "circumstances now require us to look for unprecedented remedies to an unprecedented problem." The problems today involve enlisting the support of the AIDS community for health reform, educating the public about responsible behavior to prevent AIDS, and reducing the distrust that inhibits productive dialogue. By holding a town hall meeting, the President would begin to remedy each of these problems.

THE LOGISTICS:

This section of the memorandum explains the rationale behind the answers to the four logistic questions (Who, When, Where, How) posed at the beginning of the memo.

WHO: The President's participation in a town hall meeting, by itself, significantly advances the struggle against AIDS. Because no other American president has taken this disease as seriously as necessary, President Clinton's mere participation in the discussion will send a signal to public officials and private organizations that this Administration will not sit by idly will

tens of thousands of Americans die. Only the President can convey this message convincingly.

Aside from the President, some key Administration officials (identified at the beginning of this memo) should also attend the town hall meeting, but they should not be the focus of the meeting. Rather than sitting on stage with the President, they should sit in the audience so the President can point to them and say he brought members of his Administration with him to hear people's concerns firsthand.

A well-respected local moderator should conduct the town hall meeting. To do this, perhaps no local broadcaster is more respected and more capable of conducting a sensitive, professional, and civil discussion than Oprah Winfrey. By selecting Winfrey as moderator, the President would reap the benefits of participating in the event while diffusing any possible risks in his participation. Winfrey lost a brother to AIDS and has contributed time and money to fight the disease. Because of this fact, she brings sensitivity and credibility to the discussion. But she is also an accomplished television moderator, skilled at crowd control and adept at making people feel comfortable. People who know her indicate that she would be willing to take part in such a forum.

WHEN: The simple answer to the question of when to do a town hall meeting is "before it's too late." I suggest October, which is AIDS Awareness Month. An October town hall meeting would also give the President the opportunity to announce his Administration's new drug approval policy initiative.

On October 29, 1992, on the eve of his election, Governor Clinton traveled to Jersey City, New Jersey to fulfill a campaign promise and deliver a speech on AIDS. Now, as we near a full year's time since that historic speech, the President has been *seen* only once seriously focusing on that disease, and that was when he spoke for fifteen minutes last summer to announce Kristine Gebbie as his AIDS Policy Coordinator.

Although the President has actively supported AIDS research and prevention, many of those concerned about the disease seem unaware of the President's actions. Meanwhile, their questions about his sincerity mount, waiting to boil over into public rage. The President cannot wait until health care and other difficult issues are resolved before mounting a communications offensive to inform the public and his critics about his accomplishments.

Three weeks ago, HBO premiered its much-hyped feature film, "And the Band Played On." The film, based on Randy Shilts's book, criticized the two Republican Presidents since the disease was discovered for failing to act decisively against a killer that quickly fanned throughout the country and claimed more lives than the Vietnam War. With a town hall meeting before the anniversary of his election, President Clinton has the

opportunity to seize the moment and show that his Administration has learned from the mistakes of the past.

WHERE: The best location for a town hall meeting would be a city affected by the disease, but not typically associated with the disease, with a supportive Democratic political climate and a mixture of black, white, gay, straight, children, and adult AIDS patients.

To demonstrate the size of the problem with the disease, the town hall meeting should take place in a city that is seriously affected by the AIDS crisis. The ten American cities with the highest number of AIDS cases would be the best candidates. They are, in order of number of cases: (1) New York, (2) Los Angeles, (3) San Francisco, (4) Miami, (5) Chicago, (6) Houston, (7) Washington, (8) Philadelphia, (9) San Juan, and (10) Atlanta.

No city is perfect, but some have more problems than others. New York, Los Angeles, and San Francisco are already heavily associated with AIDS, which is likely to draw vocal activists and others who may politicize the discussion. San Francisco is also heavily associated with the white gay community at a time when the disease is rapidly spreading beyond those boundaries. Neither of these cities would help to change the image of the disease. The selection of Miami, although not as publicly associated with AIDS, helps to perpetuate the perception of AIDS as only a bicoastal problem.

Houston, Washington, and Atlanta pose unique political problems. The AIDS communities in Houston and Washington are both dealing with political controversies about AIDS services. For example, here in Washington, the problem focuses on the lack of public funding for African American AIDS service organizations. In addition, Atlanta's unique setting as the hometown of the Centers for Disease Control (CDC) might focus the town hall discussion away from solutions and toward attacks on the CDC and its response. Also, the political climate regarding AIDS is not exactly hospitable in Georgia.

Philadelphia suffers from the same bicoastal perception problem that plagues other cities mentioned, and San Juan is unacceptable because it's out of the continental United States. Also, the Puerto Rican community may not be pleased if an AIDS event became the President's first or only visit to the island.

Chicago emerges as the best city among the 10 for a town hall meeting. Unlike the first three cities on the list, Chicago is not as readily associated with the AIDS epidemic. Unlike Miami and Philadelphia, Chicago is not a coastal city. And unlike several cities on the list, Chicago is not experiencing any big political controversies surrounding AIDS.

Chicago also has many positive virtues. As a midwestern city, Chicago is easier for people to understand or relate to

than coastal cities would be. But the city is large enough, diverse enough, and affected enough to entertain a sophisticated discussion about the disease. Politically, Chicago is a Democratic city with a Democratic mayor and two Democratic senators, all of whom would likely support and participate in the town hall meeting. I spoke with a legislative aide I know who works for Senator Braun, and he indicated that Braun and other Chicago politicians would support the event. No other non-coastal city (Atlanta, Houston, e.g.) can boast such a supportive political backdrop for the event. In fact, if the town hall meeting takes place outside the two coasts, Chicago may be the only city with both the sophistication and depoliticization necessary.

Because of its midwestern location, appropriate size, Democratic politics, and its ethnic, racial, and sexual orientation diversity, Chicago is the best location for the town hall meeting.

Although a rural AIDS event has some appeal in depoliticizing the discussion and shattering stereotypes, rural locations have distinct disadvantages as well. First, while AIDS has grown increasingly, even disproportionately, among non-whites, most rural communities do not offer this demographic diversity. Second, conducting the President's first AIDS event in a rural community could send the message that the Administration is afraid to go to an urban population to talk about the disease because of the politics in the cities.

In addition to selecting Chicago as the city, the location within the city is important as well. The University of Chicago at Hyde Park would provide an ideal location because it is situated in a multicultural, intelligent, community at a school with a positive national reputation. The adequacy of the facilities was demonstrated when the school was the site for an ABC News Nightline town hall meeting on health care during the 1992 presidential campaign.

HOW: Like other presidential town hall meetings, the event would be produced by a local television station in Chicago. I have already spoken with several Chicagoans, including a local television producer I know, about the logistics of staging such an event. Even if the event could not take place at the University of Chicago, several local television stations (e.g., the ABC affiliate that puts on the "Oprah" show) have adequate facilities to stage the town hall meeting.

CONCLUSION:

President Clinton's health care plan is a bold, new proposal to tackle long unmet challenges in our society. The campaign to win approval of this plan will require aggressive, effective advocacy by many different sectors of society. The stakes are

too high to lose this fight by failing to enlist AIDS service organizations in the struggle.

A town hall meeting would have other advantages beside gaining new supporters for the health care plan. The President would demonstrate his commitment to stopping the spread of AIDS, reveal his compassion, and prevent a heated controversy from brewing over. More importantly, for the first time since AIDS was discovered, the President of the United States would be seen seeking bold, new answers to the pressing social problem of our time.

THE WHITE HOUSE

WASHINGTON

September 30, 1993

Barbara A. DeBuono, M.D., M.P.H.
Association of State and Territorial
Health Officials
415 Second Street, N.E., Suite 200
Washington, D.C. 20002

Dear Dr. DeBuono:

Thank you for your letter on behalf of ASTHO formally requesting an analysis of the impact of existing state laws dealing with prescriptions and drug paraphernalia as they might impact HIV prevention programs aimed at injection drug using populations.

As you so clearly set forth, some states have repealed portions of their laws making possession or purchase of needles without a prescription illegal. Other states have undertaking pilot programs and even other states have passed legislation exempting such program clients from prosecution for purchasing or possessing such items.

I have asked Ben Merrill, a consulting contractor to my office, to undertake a review along the lines outlined in your letter. Additionally, Attorney General Janet Reno, has identified an assistant attorney general for policy development to work with Ben in preparing briefing materials for this office.

We will include you and your office in the development of a recommendation to the necessary agencies.

Sincerely,

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH

Barbara A. DeBuono, M.D., M.P.H.
Director of Health

August 13, 1993

Kristine Gebbie, RN
National AIDS Policy Coordinator
750 17th St., N.W., Suite 1060
Washington, DC 20006

Dear Kris:

I appreciate your meeting with Margaret Skelley and I last Monday to discuss the Association of State and Territorial Health Officials (ASTHO) role in collaborating with your office to shape national HIV/AIDS policy. As the national organization representing chief state health officials, ASTHO is well positioned to provide leadership on HIV/AIDS to other state entities both within and external to State Health Agencies.

ASTHO is supportive of the concept of a presidential advisory committee and has strong interest in being represented on such a body. We will be pleased to offer recommended nominees for your consideration as the plans for this body are more fully developed.

Margaret and I will proceed with organizing a meeting of state organizations with you this fall and look forward to the opportunity to exchange views and move forward in our collective efforts to combat this epidemic.

Thank you again, Kris, for your time.

Very truly yours,

Barbara

Barbara A. DeBuono, MD, MPH
Chair, ASTHO HIV Committee

BDB:vfl

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August 13, 1993

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
750 17th St., N.W., Suite 1060
Washington, D.C. 20006

Dear Ms. Gebbie:

I am writing on behalf of the Association of State and Territorial Health Officials (ASTHO), which represents the chief health officers in the 50 states and the U.S. territories, to formally request an analysis of the impact of existing state prescription laws and drug paraphernalia laws on HIV prevention programming in injection drug using (IDU) populations. Increasingly, states have been challenged with evaluating the benefits of such laws against their possible impediment to effective HIV prevention programming. States such as Connecticut and Maine have repealed the portions of these laws that make possession or purchase of needles without a prescription illegal. States such as Massachusetts, Hawaii, Connecticut, Washington, Oregon, New York and others have instituted or piloted needle exchange programs to further assess the impact of availability of clean needles and syringes on HIV prevention in drug using populations. ASTHO urges your office to expedite this state-by-state process by conducting or facilitating a nationwide analysis of the impact of this legislation on prevention of HIV.

The Centers for Disease Control and Prevention (CDC), along with its federal partners, the Center for Substance Abuse Treatment (CSAT) and the National Institute on Drug Abuse (NIDA) recently issued a joint statement that "cleaning injection equipment with disinfectants, such as bleach, does not guarantee that HIV is inactivated." The agencies cautioned that bleach should be used as a disinfectant for needles only "when no other safer options are available," and unequivocally found that disinfecting needles and syringes with bleach "is not as safe as always using a sterile needle and syringe." These findings only increase the urgency of addressing issues surrounding prescription drug and drug paraphernalia laws.

The joint statement issued by CDC, CSAT and NIDA further indicated that "given the importance of IDU access to sterile needles and syringes, public health officials may wish to review local laws and regulations that affect needle/syringe availability and possession." Such a review would be greatly facilitated by a national analysis of the impact of state prescription and drug paraphernalia laws which provided states with the information they need to determine whether prescription laws or criminal penalties for possession of needles and syringes should be amended or repealed; what impact changes in the law might have on disposal of needles and syringes; how health departments might better interact with pharmacists and law enforcement personnel with regard to needle sale and possession laws; and finally, how the impact of changes in such laws might be evaluated.

Restructuring or repeal of prescription laws and drug paraphernalia laws may ultimately prove to be a critical component to a comprehensive HIV prevention strategy. ASTHO calls on the Office of the National AIDS Policy Coordinator and its federal partners, such as Health and Human Services, the Department of Justice and the Office of National Drug Control Policy, to analyze the existing data so that states and localities may make informed decisions on the most effective HIV prevention interventions for their populations.

Sincerely,

Barbara

Barbara A. DeBuono, M.D., M.P.H.
Chair, ASTHO HIV Committee

cc: The Honorable Donna Shalala, Ph.D.
Phil Lee, M.D.
The Honorable Janet Reno
The Honorable Lee P. Brown