FOIA Number: 2018-0756-F

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Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3767

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October Chron Files 1993 [1]

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

FOLDER TITLE:
October Cchron Files 1993 [1]

2018-0756-F
jp4793

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]

OCTOBER CHRON FILES

1993

THE WHITE HOUSE

WASHINGTON

October 1, 1993

Mr. Valeriy Ivassiuk
Deputy Head
Parliamentary Committee on AIDS
Kiev, UKRAINE

Dear Mr. Ivassiuk:

Thank you for sharing information about your various AIDS-related programs in the Ukraine. As National AIDS Policy Coordinator, I am very interested in finding out what other countries are doing in the fight against HIV/AIDS. Per your request, I have enclosed the following information: current HIV/AIDS Fact Book, produced by the Centers for Disease Control and Prevention (CDC) of the United States Public Health Service, Department of Health and Human Services; a copy of the final report of the National Commission on AIDS; and, current information on school-based programs on HIV prevention.

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

Sincerely,

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

cc: Carlos Vélez, JD

Enclosure

THE WHITE HOUSE

WASHINGTON

October 1, 1993

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Deputy Head
Parliamentary Committee on AIDS
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Sincerely,

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

cc: Carlos Vélez, JD

Enclosed

Prepared by: APO: CVelez: 202-690-5560: 9/28/93: b:\velez.lts\ivassiuk

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

1

Bob

BRIEFING MATERIAL

9/20/93

Time: 8:30 - 9:00

With: Valeriy Ivassiuk, Deputy Heald of the Parliamentary on AIDS in Ukraine.

(and she knows who!)

Art —

Earlier correspondence from Mr Ivassiuk was not answered — he needs to receive some general info on HIV in us (a current CDC fact book?), copy of the final Commission report, and an up to date set of materials on school-based HIV education & on ARTA. Could someone get that together under a "nice to meet you" letter for my sig.?

Thanks.

Enclosed is info he brought on their efforts in the Ukraine —

CDC HIV/AIDS PREVENTION

CENTERS FOR DISEASE CONTROL AND PREVENTION

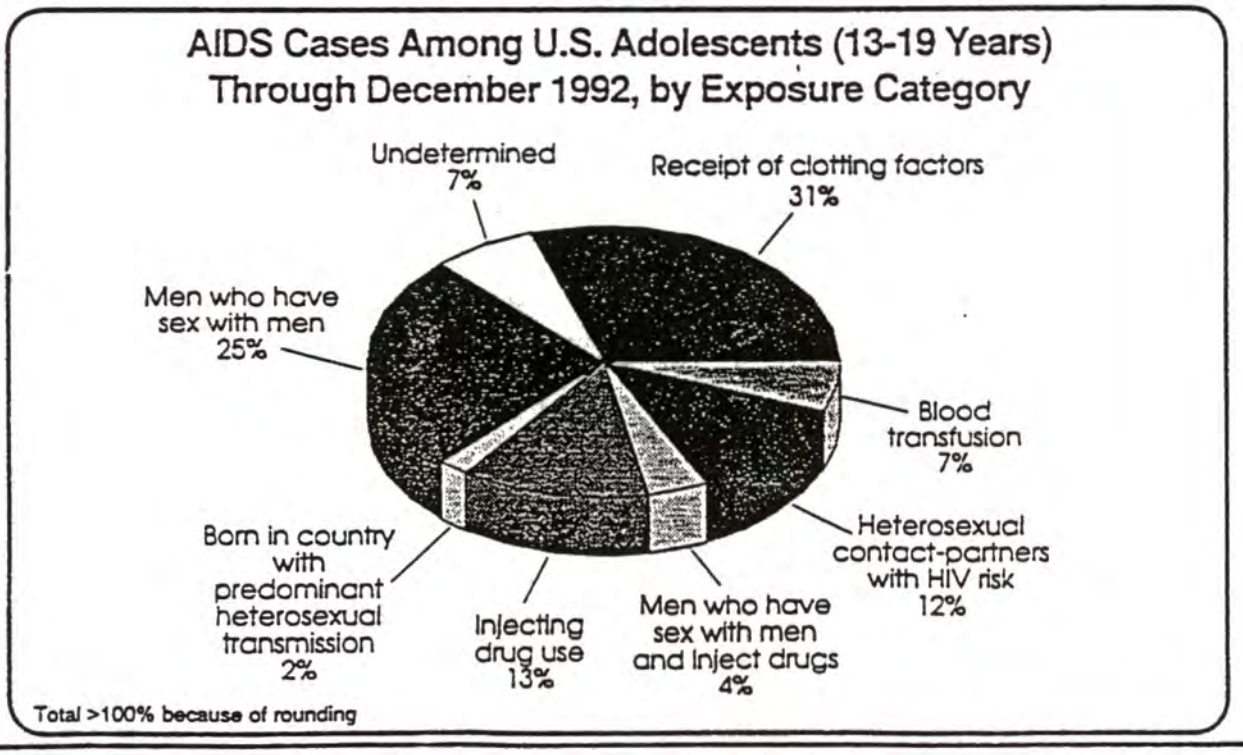
Facts about

Adolescents and HIV/AIDS

Young people, particularly adolescents, are vulnerable to HIV infection and AIDS. The number of AIDS cases reported among U.S. adolescents has increased, from 1 in 1981 to 159 cases in 1992. Through 1992, 946 cases of AIDS among adolescents (13-19 years of age) have been reported. In 1989, HIV infection and AIDS became the sixth leading cause of death among 15- to 24-year olds in the United States.

Although the number of adolescents with AIDS is small, we know many more young people are infected with the virus. Since 1 in 5 of all reported AIDS cases is diagnosed in the 20-29 year age group, and the median incubation period between HIV infection and AIDS diagnosis is about 10 years, it's clear that some proportion of those people in their 20s who are diagnosed with AIDS were teenagers when they became infected.

Among adolescents reported with AIDS, older teens, males, and racial and ethnic minorities are disproportionately affected. However, the proportion of females among U.S. adolescent AIDS cases has more than doubled, from 14 percent in 1987 to 38 percent in 1992.



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

CENTERS FOR DISEASE CONTROL

January 29, 1988 / Vol. 37 / No. S-2

MMWR

Supplement

MORBIDITY AND MORTALITY WEEKLY REPORT

Guidelines for Effective School Health Education To Prevent the Spread of AIDS

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
Center for Health Promotion and Education
Atlanta, Georgia 30333

AN ESSENTIAL STRATEGY TO IMPROVE THE HEALTH AND EDUCATION OF AMERICANS

Lloyd J. Kolbe, PhD
Director
Division of Adolescent and School Health
National Center for Chronic Disease Prevention
and Health Promotion
Mailstop K-32
United States Centers for Disease Control and Prevention
Atlanta, Georgia 30333

This paper was presented as the Milton J. E. Senn Memorial Lecture at the 1992 American Academy of Pediatrics Annual Meeting on October 13, 1992 in San Francisco; has been submitted for a special issue of Preventive Medicine that will focus on school health programs; and has been accepted for publication in P. Cortese and K. Middleton (eds.), The comprehensive school health challenge: Promoting health through education, Santa Cruz, CA: ETR Associates, October, 1993.

Research Papers

HIV Education and Health Education in the United States: A National Survey of Local School District Policies and Practices

Deborah Holtzman, Brenda Z. Greene, Gwendolen C. Ingraham,
Lisa A. Daily, David G. Demchuk, Lloyd J. Kolbe

ABSTRACT: *To determine the extent to which HIV education and health education policies and practices are required by school districts in the United States, a national probability sample of public school districts was surveyed by mail in 1990. Of 2,150 districts selected, 78.1% responded. HIV education was required by 66.9% of districts. Of these, the percentage requiring HIV education increased by grade level from 29.7% in kindergarten to 82.3% in 7th grade, then declined to 37.3% by 12th grade. Districts that required HIV education most often addressed HIV-related prevention skills in the upper grade levels. Similar to requirements for HIV education, health education requirements also declined from 7th to 12th grade, reaching even lower levels than HIV education by the last two years of high school. These declines are of particular concern given that students are most likely to engage in risk behaviors when HIV and health education is least likely to be required. Other practices and policies that support HIV and health education also were lacking in many districts.* (J Sch Health. 1992;62(9):421-427)

In the wake of the acquired immunodeficiency syndrome (AIDS) epidemic and recommendations[1,2] that schools play an active role in preventing human immunodeficiency virus (HIV) infection, many U.S. states and cities initiated policies and programs to educate students about HIV. Reported rates of sexual activity[3,4] and illicit drug injection[5] among adolescents — two primary modes of HIV transmission — indicate young people are at risk for HIV infection. Furthermore, the number of young adults with AIDS, many of whom were likely infected with the virus in adolescence, has increased over time.[6] Promoting healthy behavior and decreasing risky behavior among adolescents may be achieved, in part, by school health education programs. But what is the status of HIV education in U.S. schools?

This paper reports the extent to which U.S. school districts require HIV education. The type of education American students receive in school, including health education, is influenced not only by district policies, but by educational policies of their states. Further, the way in which schools and teachers interpret and implement state and district education policies may vary. How these different levels interact determines the process by which school-based HIV education is established.

To date, few studies have explored the extent to which HIV education is required and provided in the U.S., and these estimates vary. In 1987, a survey of state education agencies found 17 states had requirements for HIV/AIDS education.[7] By 1990, 31 states and the District of Columbia reported these requirements.[8] However, state requirements do not always indicate district requirements.[9]

In 1988, a survey of sampled school districts found 96% of districts supported AIDS education, and 80% required AIDS education.[9] The survey, however, included only large school districts and covered only grades 7-12. In 1989, another survey found 79% of school districts required HIV prevention education, and 87% required comprehensive health education.[10] However, only affiliates of one national educational organization were surveyed in this study; of these, only 59% responded.

In 1989, a third survey of school districts found 66% of districts required that students receive HIV education as part of their formal curriculum during the 1988-1989 school year.[11] A total of 232 school districts were randomly selected in this study; of these, 93% responded. However, this survey also was limited to grades 7-12.

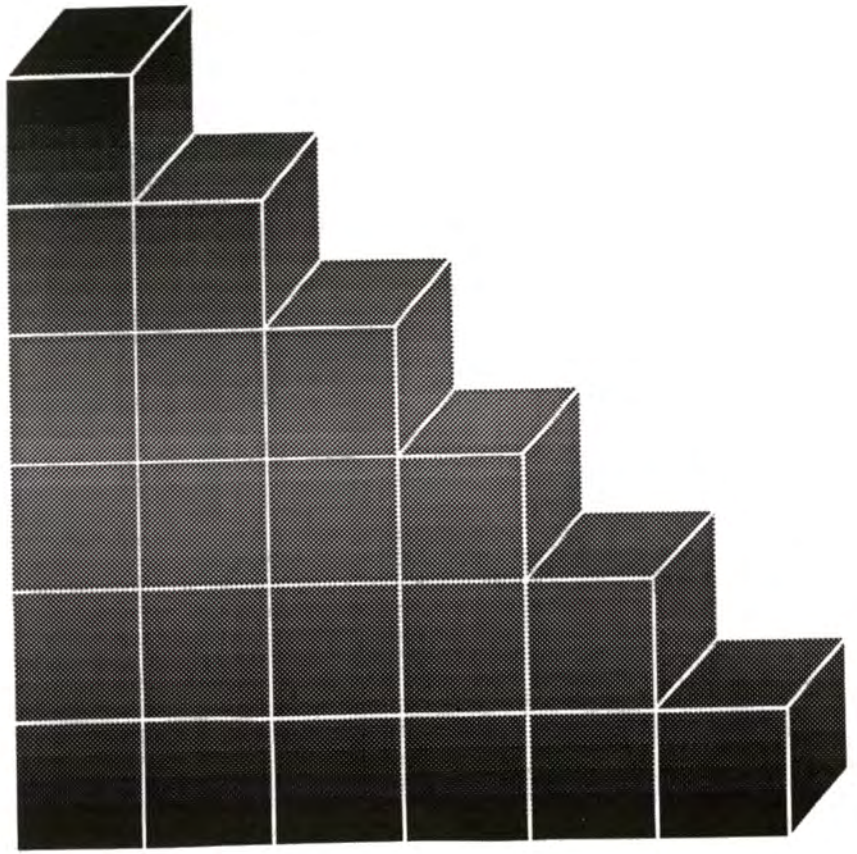
Another study reported results from a sample of public schools surveyed during the 1987-1988 school year.[12] Approximately 46% of schools (with any grades prekindergarten through 12) reported having an AIDS education program. In a survey of public school teachers who taught in grades 7-12, respondents were asked whether students were offered instruction in sexuality education and AIDS education.[13] Ninety-three per-

Deborah Holtzman, PhD, Sociologist, Surveillance Research Section; and Lloyd J. Kolbe, PhD, FASHA, Director, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, 1600 Clifton Road, NE, Mailstop K-33, Atlanta, GA 30333; Brenda Z. Greene, Manager, HIV/AIDS Education; and David G. Demchuk, Staff Assistant, National School Boards Association, 1680 Duke St., Alexandria, VA 22314; Gwendolen C. Ingraham, Manager, HIV/AIDS Education, American Association of School Administrators, 1801 N. Moore St., Arlington, VA 22209; and Lisa A. Daily, Chief, Planning and Evaluation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, 1600 Clifton Road, NE, Mailstop K-40, Atlanta, GA 30333. *This article was submitted March 30, 1992, and accepted for publication May 26, 1992.*

CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

HIV/AIDS PREVENTION



Fact Book 1993

U.S. Department of Health and Human Services
Public Health Service

THE WHITE HOUSE

WASHINGTON

October 4, 1993

Mr. Ray Verda
Box 7903
Tahoe City, California 96145

Dear Mr. Verda:

Thank you for your input on the need to develop a National AIDS Strategy. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take some positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS.

In the development of this National AIDS policy, I will stress the need to follow three basic principles: accountability, responsibility, and stewardship. With a solid foundation, we will be able to effectively carry to completion the President's mandate for a coordinated national effort against HIV/AIDS.

As we move forward in our work, I hope that you will continue to share your views and input with me. Only through the work and vigilance of individuals like yourself will we be able to effectively fight this epidemic.

Thank you again for your thoughtful words.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 4, 1993

Mr. Patrick Lenihan
Deputy Commissioner
Chicago Department of Health
50 West Washington Street
Chicago, Illinois 60602

Dear Mr. Lenihan:

Thank you for your kind wishes. I enjoyed meeting with you and Erica Salem during my recent trip to Chicago. Your support for a national planning effort is very much appreciated. As we discussed, this is very high on my list of priorities.

You can be assured that any plan developed under the auspices of my office will clearly delineate national priorities. I also intend that the process will include the opportunity for significant local input.

I have shared your thoughtful comments with the team that will develop the planning process. Mr. Moran and Mr. Walter from that team have expressed their interest in accepting your offer to share your experience in this area. One or both of them will be contacting you shortly. If you have additional suggestions, please do not hesitate to write.

Sincerely,

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

City of Chicago
Richard M. Daley, Mayor

Department of Health
Sheila Lyne, RSM
Commissioner

50 West Washington Street
Chicago, Illinois 60602
(312) 744-4323
(312) 744-2960 (TT/TDD)

SEP [illegible]93

September 22, 1993

~~Geo~~/Bob M
draft reply, please

Kristine Gebbie
Director
National AIDS Program Office
200 Independence Avenue, S.W.
Room 738-G
Washington, D.C. 20201

Dear Ms. Gebbie:

We enjoyed the opportunity to meet with you and discuss both local and national HIV planning issues. We share your belief that a planning effort is necessary to set a national direction for HIV policy and resource allocation. A key ingredient for success will be local participation so that the recommendations that emerge from the planning process have broad-based support and are implementable.

While the work of the past two Commissions on AIDS and other nationally focused policy development efforts have added greatly to creating a unified direction, they have for the most part lacked broad-based participation and an implementation focus. Thus, it would seem that this participation and a clear focus and sense of priorities should be among the objectives for national HIV planning.

Given the amount of work that has been done thus far, it should not be necessary for a national planning process to go through a lengthy period of analysis. Indeed if the analysis were to concentrate on synthesizing past work, the development of a comprehensive list of implementation options need not be a lengthy process. The major focus would then be on developing time-phased priorities from this list of options. Local participation could be structured to develop these priorities.

We took a similar approach in crafting the AIDS Strategic Plan in Chicago. After spending several months developing over 200 recommendations, based on a very detailed and comprehensive analysis, a priority-setting process singled out 80 recommendations for short-term action. This priority-setting process was completed in under three weeks.

Specific implementation action plans could be left to local planning bodies like those formed under Ryan White. The federal government could strengthen this process by incorporating priority recommendations into Ryan White funding priorities thereby insuring that local planning councils would indeed address their implementation.

While emerging policy issues such as merging categorical programs for HIV with national health reform and the impact of information technology could be included in this planning process, these issues might be better handled in a secondary phase after the first round of planning and priority setting.

Structurally, local input could be handled using a variety of mechanisms such as the network of Ryan White Councils and then consolidated on a regional basis perhaps using electronic teleconferencing such as the "electronic town hall meeting" format. Additionally, CARE Act activities have resulted in volumes of focus group reports and testimony from public hearings - valuable input which could also be considered in the development of a national plan. Formal adoption of the final plan could take place at a national conference. This layered approach would assure local input, provide great exposure to the effort, and allow for a systematic development of the plan.

Both Erica Salem and I would be very pleased to share our experiences in assisting you with this effort and we wish you success in what is a very challenging position.

Sincerely,

Patrick Lenihan
Deputy Commissioner

PL/jp/gebbie.922

THE WHITE HOUSE

WASHINGTON

October 4, 1993

Ms. Christine Lee
Box 485
1600 Campus Road
Occidental College
Los Angeles, California 90041

Dear Ms. Lee:

Thank you for your input on the need to develop a National AIDS Strategy. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take some positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS.

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As we move forward in our work, I hope that you will continue to share your views and input with me. Only through the work and vigilance of individuals like yourself will we be able to effectively fight this epidemic.

Thank you again for your thoughtful words.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

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Thank you again for your thoughtful words.

Sincerely,

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

Prepared by: APO: CVelez: 202-690-5560: 10/4/93: b:\velez.lts\lee

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

THE WHITE HOUSE

WASHINGTON

October 4, 1993

Ms. Carol Spain
Director
Publich Health Leadership Institute
1130 K Street, Suite LL70
Sacramento, California 95814

Dear Ms. Spain:

I would like to thank you for your invitation to attend the CDC/UC Public Health Leadership Institute Annual Program and Luncheon on October 24, 1993. I would like to convey my deepest regrets, as due to a previous commitment, I will not be able to attend your event on that date.

I am well acquainted with the work that the University of California and the Centers for Disease Control and Prevention have done in the development of the Public Health Leadership Institute. It is through the continued efforts of organizations such as yours, working in partnership with other governmental and non-governmental agencies, that we will be able to effectively fight the HIV/AIDS epidemic. Best wishes with your event.

Sincerely,

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

PS I haven't forgotten the health reform request — I'm just slow!

THE WHITE HOUSE

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1130 K Street, Suite LL70
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Sincerely,

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

Prepared by: APO: CVelez: 202-690-5560: 10/4/93: b:\velez.lts\spain

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

SEP 2 4 1993

CENTERS FOR DISEASE CONTROL UNIVERSITY OF CALIFORNIA
PUBLIC HEALTH
LEADERSHIP
INSTITUTE

September 17, 1993

Kristine Gebbie
Executive Office of the President
National AIDS Policy Office
750 Seventeenth Street, N.W., Suite 1060
Washington, District of Columbia 20503

Dear Ms. Gebbie:

I would like to invite you to attend our CDC/UC Public Health Leadership Institute Annual Program and Luncheon at the upcoming APHA annual meeting in San Francisco. The Program is from 10:00 a.m. - 12:00 Noon in the Sheraton Palace Hotel and the luncheon will be held at Chevys down the street (see enclosed flyer).

Please R.S.V.P. by October 15th if possible. Thanks! We hope to see you there!

Sincerely,

Carol Spain
Director

CS/lcd

Enclosures

CENTERS FOR DISEASE CONTROL UNIVERSITY OF CALIFORNIA
PUBLIC HEALTH LEADERSHIP INSTITUTE

CDC/UC Public Health Leadership Institute

Annual PHLI/APHA Program for Scholars and Alumni

Sunday, October 24, 1993
10:00 a.m. - 12:00 Noon

Sheraton Palace Hotel
Twin Peaks North and South
San Francisco, California

Keynote Address:

"Long Distance Leadership"

John O'Neil
Author of The Paradox of Success
President of The California School of Professional Psychology
Co-founder of California Leadership

- Welcome our Year 3 Scholars!
- Join us in celebrating the graduation of our Year 2 Scholars!

CDC CENTERS FOR DISEASE CONTROL

A PROGRAM OF THE WESTERN CONSORTIUM FOR PUBLIC HEALTH

CDC/UC PHLI/PHLS
1st Annual Luncheon

join us for

A California Foodfest
at Chevys Mexican Restaurant

Sunday October 24 1993

12:30 - 2:30 p.m.

150 Fourth Street
San Francisco

featuring... **PLATO GORDO**

A generous sampling of beef and chicken fajitas, quail and jumbo shrimp, mesquite grilled and served on a super size platter with flour tortillas, pico de gallo, guacamole, rice and beans a la charra

* vegetable fajitas may be substituted for beef and chicken

NAME_____

SPOUSE NAME_____ (spouses are invited)

_____ Count me in! I have enclosed a check for $12.50 to cover the cost of each lunch. Make check payable to Western Consortium for Public Health.

_____ Vegetarian

Send check and reservation form by October 19 to: Public Health Leadership Institute
1130 K Street, Suite LL70
Sacramento, CA 95814

THE WHITE HOUSE

WASHINGTON

October 4, 1993

Ms. Jennifer Marie Stevens
Box 260
1600 Campus Road
Occidental College
Los Angeles, California 90041

Dear Ms. Stevens:

Thank you for your input on the need to develop a National AIDS Strategy. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take some positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS.

In the development of this National AIDS policy, I will stress the need to follow three basic principles: accountability, responsibility, and stewardship. With a solid foundation, we will be able to effectively carry to completion the President's mandate for a coordinated national effort against HIV/AIDS.

As we move forward in our work, I hope that you will continue to share your views and input with me. Only through the work and vigilance of individuals like yourself will we be able to effectively fight this epidemic.

Thank you again for your thoughtful words.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 4, 1993

Ms. Aun Jou Do
9215 Belmont St.
Bellflower, California 90706

Dear Ms. Jou Do:

Thank you for your input on the need to develop a National AIDS Strategy. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take some positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS.

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Thank you again for your thoughtful words.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 4, 1993

Toshio Ogawa
Tosh Enterprises, Inc.
P.O. Box 82705
Hapeville, Georgia 30354

Dear Toshio Ogawa:

Thank you for writing to me about your product.

I understand that you have already contacted Dr. Walla Dempsey, the Division of Anti-Viral Drug Products, Food and Drug Administration. This division is responsible for the review and approval of any new pharmaceutical products for HIV and AIDS.

Best wishes in your efforts.

Sincerely,

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

cc: FDA

THE WHITE HOUSE

WASHINGTON

October 4, 1993

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Tosh Enterprises, Inc.
P.O. Box 82705
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Best wishes in your efforts.

Sincerely,

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

cc: FDA

Prepared by: APO: ALitwinowicz: 9/28/93: 690-5560: b:\ogawa.928

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

#1

TOSH ENTERPRISES, INC.

TO MRS ALICE

THANK YOU VERY MUCH FOR YOUR CONCERN ON CURE FOR AIDS ...
I APPLIED FOR APPROVAL FROM YOUR GOVERNMENT.

WE STARTED APPLYING TO

MR RAYMOND E. NEWBERRY
DEPUTY DIRECTOR
DIV. OF REGULAR GUIDANCE HFF-310
F.D.A.
CENTER FOR FOOD SAFETY AND APPLIED NUTRITION.
200 C STREET. WASHINGTON, DC. 8-28/89.

result... decline.

REFER TO
MR CHARLES HAYNES
ASSISTANT TO THE DIRECTOR
DIV. OF REGULATORY GUIDANCE CENTER FOR FOOD
SAFETY AND APPLIED NUTRITION. 3-1/91

REFER TO
A. JOEL ARONSON
CONSUMER SAFETY OFFICER
HEALTH FRAUD STAFF HFD-304
OFFICE OF COMPLIANCE
CENTER FOR DRUG EVALUATION AND RESEARCH 8-28/91

REFER TO
CHARLES HAYNES SENT TO LETTER AS SAYING
THIS PRODUCT AS A DRUG.

REFER TO
A. JOEL ARONSON SENT ME A LETTER AS SAYING 9-16/91
RESPONSIBILTIY OF THE DIV. OF ANTIVIRAL DRUG PRODUCT

GOT CONTACT TO DIV. OF ANTI-VIRAL DRUG PRODUCT
DR MICHEAL A. USSERY.PH.D.

10-8/91

JAPANESE COMPANY TOLD ME TO NOT GO ANY MORE FURTHER

[illegible]

TOSH ENTERPRISES, INC.

#2.

SAYING GO BACK TO APPLY TO FOOD SAFETY AND NUTRITION
GOING BACK TO START AGAIN.
NOT ONLY THAT WE NEED IT DO ANIMAL TEST.
WE DID PHASE I, II, III, IN WHICH INCLUDES ANALYZING OF CONTENTS,

ANIMAL TEST FOR TOXICITY PLUS MEDICAL DATA FROM
JAPANESE PREFECTURE HOSPITAL IN JAPAN. 9-29/93.

I SENT TO DR JACK KELLING ALL DATA AT N.I.H.
HEAD OF DIV. OF AIDS. THEN HE REFER TO DR FRANK
ZACEFALI. 9-14/93

I SENT TO FAX TO AIDS COMM. 9-27/93
TO HUMAN SERVICE MRS DANNA SHALALA 9-28/93

I LET YOU KNOW THAT THIS PRODUCT DO CURE AIDS AND ALL OF THE
WORLD DO PAY ATTENTION .
RIGHT NOW, IN JAPAN 32 AIDS PATIENTS ON A WAY TO RECOVERY BY
THIS PRODUCT.

VERY TRULY YOURS

TOSHIO OGAWA
P.O.BOX 82705
HAPEVILLE, GA. 30354
FAX/PHONE 404-209-1379

TOSH ENTERPRISES, INC.

Alice
draft copy

DEAR AIDS COMMTSSTONER.

I UNDERSTAND THAT YOU ARE VERY BUSY FROM MARY FTSHER REPLACEMENT.
I WOULD LIKE YOU TO PROCESS THIS PRODUCT FOR APPROVAL FOR ATDS
MEDICINE. YOU CAN CONTACT TO DR WALLA DEMPSEY AT F.D.A.
#301-443-9553
ALSO, DR FRANK ZACREALI
#301-402-2300.
We are in process for prc ind at F.D.A.
BOTH DOCTORS HAS A PAPERS FROM ME.
NOW I AM SENDTNG YOU PAPERS TO READ.
I THANK YOU FOR YOUR FULL CORPORATION THIS MATTER.

VERY TRULY YOURS

TOSHIO OGAWA.
P.S DO NOT HESITATE TO FAX OR PHONE ME.

FAX + PHONE
404 209-1379.

ENCLOSED
JAPANESE DOCTOR
FAX + PHONE, NUMBER

orig to alice 9/29/93

The report on the Shivon water effective in the AIDS

Fuji Kasseizai INC.
199-1 Nameri, Nagaizumi cho,
Sunto-gun, Shizuoka 411
JAPAN
TEL.:0559(87)1433
FAX:0559(87)1499

the person in charge of
Sakio Katsumata

We are pleased to announce to release our product and to explain how it was produced and was put on sale on the certification levied on from the Ministry of Welface of the Japanese Government, and to explain how the various efficacy against multifarious diseases have been verified by more than fifty thousand people.

As the initial release,it was a enterprise to stablize the water quality of some pond for the purpose of culture of eels.In the culture pond,60,000 or 70,000 eels per 80 square meters are cultured on growth,and as the natural consequencs due to the excretion from the eels the quality of water proved to be at large deteriorated in three days making the pond color blue as picture paint is dissolved in the pond.The solved oxige decreased to the level of 3ppm as the solution rate should be 3.7ppm——4ppm. Normally the concentration of dissolved oxige in water counts 4ppm,and the deterioration of water quality is contributed to by the excretion by eels.Therefore we tried dumping our mineral pebbles into the pond in the amount of 4——4.5 percents of the pond capacity in weigth concentration,and after the dumping of the mineral pebbles,in 100 hours,we observed the change of water quality,and around after 130 hours passed,the pond water returned to the previous state,with the oxige dissolved 5.5ppm.The growth of eels speed up, and on the average the growth interval shortened 40 50 days,and no irregular to size.

As the second release,we verified the efficacy on chicken growth.In case of chicken,from the initial administration of our product on chickens,the distinctive difference was observed.The subjects will drink our product dissolved water more than normal plain water in 12—— 15 percents.And at the stage of shipping to the market,all the subjects had growen in the larger size than the compared chickens which took normal plain water,and the weigth was 10——12 percents gained than the compared ones.In spite of the phenomenon occurrde was verified that the fat component was 40- 50 percents less than the compared ones.It is said that 40 50 percents chickens die on the occasion of deterioration of ventilation,because of trouble of electricity supply light and

ventilation. It was proved that our subjects in the number of more than 12,000 counts,only 10 subjects were sacrificed.
The chickens which did not drink the our product dissolved water contagious(as cold) to death in the number of more than the 30—40 percent of the total population.
The subjects took the feeding material more than the normal population,and the weight of the subjects was put on 10—12 percents but fat component 40—50 percents less.
As the subsequent experiment,we cooperated with some company who grow chickens. The number of experiment was four locations with more than 25,000 subjects for each locations. Each location kept distance of 20—70km of each other location,and we performed experiments and found no territorial differences.But what we emphasize is that the intestines of the internal organs of our subjects demonstrated 50—80 percents larger than more the compared. The recent feeding material contain rich calories and high nutrition resultant in the phenomenon that the intestines of chickens shrink thin,and our subjects verified growth as if they were fed in the natural circumstances. We tried the experiment on pigs. The average subjects drinked water in the amount of 5 6 littres a day. The subjects took more feeding material in 12—15 percents than the compared and consequent the growth was accelerated with component 30-40 percents less than the compared. As a outstanding phenomenon,the height of the subjects was 10 percents more than the compared.It is common that among sibling the growth of one pig is definitely retarded,whuch is called stone pig. And even if they are grown for 6 month,the weight and growth will terminate to the weight of 40 55kg.we tried collecting these stone pigs and fed them our product dissoloved water with the feeding material,and it is characteristic that the subjects grew 90—95kg. Putting the subjects under anatomy,what the stand-by scholars amazed was that the stomach walls and in testines walls romarkably were developed. Especially Dr.Ohashi rolled at the department of Agriculture,Shizuoka Univerity commented that he was very

impressed with the conditions of the organs general of the subjects,that is splendid.Each skin,mustles,and organs of the subjects verified to be remarkably growen,whose fact indicates that hormone dicretion and synthesis of proteins are characteristically stable.

For the fourth release,we performed an experiment on mice at pharmacy college run by Shizuoka prefecture. The professor who was in charge and conduct was Dr.Eiich Hayashi,I fervently explained the process of our continual experiments to the professor but he said it was impossible,for the first time we are rejected that he would perform an experiment,but we implored to him several times,and finally he accepted to render an experiment on mice.

He initiated his experiment on mice with 10 mice in the experimental territory and 10 mice in the comparative territory with the target of duration of of two months. After the termination of the experiment and on anatomy of the mice,the professor was astonished at the result. He extracted the glance and measured the fat amount, and confirmed the decrease of 25 35 percents and the development of mustle. As a next experiment,the interval was extended to three months,as the previous test,the territorial classification was the same 10 to 10. The state of growth and skin proved to be no ploblem and as the previous test,the fat amount was drastically decreased.

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cause of the decrease of ammonium internally to the amount of 50 percents. On anatomy of the subjects,the re-development of the breast part occurred and the size of the subjects was more to 20 percents. And the total organ system were free of fat adsorbed. Re-development of immunity was thought to be the proof of the influence to sexual hormone.

With the repetition of the animal experiments,we have made our merchandise whose brand name is SHIVON-MIZU-MOTO,what is most difficult lied in amount of quantity of dissolved water. We determined suitable amount with cooperation of thirty persons,but anxiety residued when we venturred to sale to the public as it is no problem for such persons as fat ones but it is questionable for lean persons.And how about for constitutionally weak persons? Many thing began to be understood as the amount of boxes proceeded to increase from 1,000 to 5,000.For persons with malfunction of fat metabolism,with the drinking interval of three months,some flockels sprout out from head or from back. But such condition dose not continue long and after two or three months lapse or for the worst case after five or six months lapse,all the flecles disappear and skin rejuvenate to be smooth or shiny as if skin is like that of youth of twenty of age,giving impression that no cosmetics could compete. Up to today more than 150,000 have been released to the customers. So far no tort suits were reported aganist us,whose evidence is verified by the national Hieyine Office.

Summorizing all the healing cases inclusive concerning of immunity,we tried in administration of our product on AIDS patients and the contagious patients. Tumor(kaposi sarcoma) were healed in three or five months and consumption(pneumocystis carinii pneumonia) are recovered in several days,whose fact is quite unbelievable.

For the first time we could not distinguch what kind of classified mineral pebbles(our product) would give efficacy from what sort of an other classified of our pebbles would not against immunity effect,and the subjects kept healthy,but no recovery of immunity

power was observed.As our subjects showed a good sign of health and power,judging from the test report,the immunity rose marks up to 1.10,and CD4 rose from 300 to 400 to even 700. But from that level, no up surge was observed.On such an occasion,we discvered that the once boiled Shivon water is cool down to be cold water.no effect against immunity was confirmed. If Shivon water was boild,then the subjects must drink the water as it is warm,which is an important mechanism. For quantity for one day in principle one litter Shivon water is optimum. Now that we succeeded in classification of our mineral pebbles for efficacy against immunity,efficacy has been proved in very high probability. Before the success of classification of our product, two or three subjects passed away. All the AIDS patients drinking Shivin water. And an accidental thing discovered. That is the patients who have drunk Shivon water for more than one year,need not use blood productive agent in 80 percents. The eigth factor will not increase in one or two years. But this phenomenon is considdred to be influenced by muscle protein. In this case the blood vessels experience a great change,so I think such constitution is created as dose not need blood productive agent. Currently I am watching with an expectation that the eigth factor will increase. Back to the story of AIDS,it is not because of death on drinking Shivon water,but because of the cause of the trouble of liver that is C type hepatitis ,not of virus.It is heard that the dead AIDS paticnts's bodies are covered with moulds on the bodily parts of mouths,eyes,or noses,but subjects who had drunk Shivon water,no such phenomenon was observed. The separation test just before death,showed separation occurred,but I judged that in the body no such a amount of virus existed as led to daeth. But Shivon itself has no efficacy against sterilization nor anti germ functions. As far as I observe,it is an avoidance.Its clue lies in the fact that in drinking Shivon water for several months,an extreme decrease of virus is occurring. If it is due to sterilization effect,all the virus shall be extinguished in one or two years,but even after two years passed,such phenomenon as

separation occcurs, which is that it is no other than an avoidance. In fact giving Shivon to grass or flowers,90 percents of bugs disappear. Immunity power recovers in 70-80 percents and after CD4 returns to 800, and after that phenomenon even if it will take some time, the subjects would not feel anxiety about AIDS and they even seem to gorge their condition. On earth in case of recovery from disease,I wonder whether medicine therapy is the most desirable or1 suppose that such a food based material therapy as re-construct the whole body shall be appropriate.

I believe that we should choose food even as it is if it controls the obstructions and prove it never incur obstructions. I recommend that children should take milk with Shivon water as they are not AIDS patients. First of all appetite is accerated, and they do not catch cold. For growing children, what is most important is they never have cavities. Growth of hair is remarkable for every children who drinks milk with Shivon water. I think that it is due to protein metabolism.

And we can obtain only one patient's record of the clinical test as more than 10 patients are under test and we enclose it and we wish you examine a careful and deliberate consideration.

very truly yours,

Fuji Kassaizai INC.

Sakio Katsumata

JUN ICHI MIMAYA, M. D. DIRECTOR OF HEMOTOLOGY-ONCOLOGY
CHIEF OF SHIZUOKA HEMOPHILIA CENTER
CHILDREN'S HOSUPTTAL OF SHIZUOKA PREFECTURE
860 URUSHIYAMA, SHIZUOKA SHI, SHIZUOKA 420 JAPAN
TEL:054-247-67251 (EXT. 442) FAX 054 247 6243

NAME OF PATIENT K. N. (the date of one's birth 1971. 10. 19) clinical chart 7171-2

DATE	CD4	CD4/CD8	β_2 micro	IgG	IgA	IgM	remarks column
1983. 2. 10				1960	260	305	
1983. 4. 21	579	0. 62		1460	260	340	
1984. 2. 10				2430	277	285	
1984. 10. 2	282	0. 18		2180	235	295	
1985. 4. 4				2250	220	280	
1985. 7. 25	494	0. 23	2. 47	2050	205	235	
1985. 10. 17	give madicine to a patient						(ショウサイコトウ) ～1989. 8.
1985. 12. 12	419	0. 25	2. 33	2190	200	271	
1985. 12. 12	give madicine to a patient						(イノシプレックス) ～1989. 8.
1986. 1. 9	549	0. 37	1. 59	1990	189	269	
1986. 1. 16				2080	187	265	
1986. 7. 3	560	0. 32	1. 72	1908	200	256	
1986. 10. 7	504	0. 35	1. 74	2100	217	295	
1986. 10. 30	give madicine to a patient						(グリチルリチン) ～1987. 8.
1986. 12. 25	659	0. 45	1. 29	1420	198	264	
1987. 6. 26			1. 96	2084	257	270	
1987. 9. 3	726	0. 31	1. 65	2036	227	208	
1988. 1. 28	345	0. 40	1. 82	2389	217	258	
1988. 5. 10	809	0. 64	1. 75	2036	216	220	
1988. 7. 4	713	0. 57	1. 76	1975	216	249	
1988. 7. 18	426	0. 54	1. 65	1890	212	263	
1988. 9. 17	give madicine to a patient						(プロルヒン) ～1989. 8.
1988. 10. 6	638	0. 34	1. 65	2090	243	258	
1989. 1. 10	give madicine to a patient						SHIVON WATER～
1989. 3. 13	760	0. 50	1. 86	1927	231	265	
1989 6. 22	1410	0. 55	1. 71	1957	237	236	

1989. 10. 19	663	0. 51	1. 84	1922	230	247	
1990. 3. 8	460	0. 57	1. 96	1954	229	239	
1990. 3. 8	give madicine to a patient						(AZT) --1991. 8. 22
1990. 5. 31	785	0. 73	1. 84	1591	148	218	
1990. 8. 30	663	0. 58	1. 78	1713	168	226	
1990. 12. 13	692	0. 77	1. 37	1663	165	206	
1991. 2. 14	622	0. 79	1. 76	1756	172	267	
1991. 4. 11	530	0. 66	1. 68	1755	154	230	
1991. 6. 27	876	0. 71	1. 98	1836	180	236	
1991. 8. 22	give singly the shivon to a paticmt stopped the others madicine						
1991. 9. 26	652	0 77	1. 95	1870	171	215	
1991. 12. 13	692	0. 47	2. 06	1789	187	211	
1992. 1. 9	445	0. 46					
1992. 2. 13	435	0. 72					
1992. 5. 19	762	1. 17	1. 87	1470	155	210	
1992. 7. 9	631	0. 69	1 71	1418	172	262	
1992. 8. 21	702	0. 93	2. 03	1600	183	250	
1992. 11. 5	581	0. 76	1. 85				
1992. 12. 10	662	1. 03					
1993. 1. 14	702	0. 74					
1993. 2. 4	559	0. 65					
1993. 3. 5	552	0. 61					
1993. 3. 16	610	0. 82					
1993. 4. 6	458	0. 58	1. 95				
1993. 4. 27	718	0. 77					
1993. 5. 14	805	0. 72					
1993. 6. 18	677	0. 55	1. 99	1692	153	220	
1993. 7. 2	520	0. 58					
1993. 7. 8	967	0. 80					
1993. 7. 15	813	0. 73					
1993. 7. 29	666	0. 66	1. 92				
1993. 8. 10	755	0. 71					
1993. 8. 24	978	0. 76					
1993. 9. 22	plan to testing						

TOSH ENTERPRISES, INC.

Alice
draft copy

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FAX + PHONE
404 209- 1379.

ENCLOSED
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As the second release,we verified the efficacy on chicken growth.In case of chicken,from the initial administration of our product on chickens,the distinctive difference was observed.The subjects will drink our product dissolved water more than normal plain water in 12—— 15 percents.And at the stage of shipping to the market,all the subjects had growen in the larger size than the compared chickens which took normal plain water,and the weigth was 10——12 percents gained than the compared ones.In spite of the phenomenon occurrde was verified that the fat component was 40- 50 percents less than the compared ones.It is said that 40 50 percents chickens die on the occasion of deterioration of ventilation,because of trouble of electricity supply light and

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. test	re: Children's Hospital (2 pages)	09/24/1993	b(6)

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

FOLDER TITLE:
October Cchron Files 1993 [1]

2018-0756-F
jp4793

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]

OCT 4 1993

بسم الله الرحمن الرحيم

[very important]

السيد الفاضل وزير الصحة الأمريكي

تحيه طيبه وبعد

لقد اكتشفت بطريق المصادفه علاجا شافيا لمرض A.I.D.S وهو يتكون من خليط بنسب معينه من مواد طبيعيه وأعشاب موجوده بكثره في البيئه المصريه وقد تم هذا الأمر عن الطريق الآتي :-

أثناء أحد رحلاتي الماجستير في الآثار المصريه وأثناء زيارتي لأحد الأماكن الأثريه المعروفه أثناء توغلي في داخل الصحراء خرجنا عن الطريق المؤدي للمكان الأثري ووجدنا أنفسنا أمام عدد من المواقع آثريه متناثره ولفتت نظرنا قطعه حجريه كبيره من مقبره الطبيب تبين بأنه نجح في علاج مريض في الوقت الذي فشل فيه أطباء مصر والبلاد المجاوره والذي آثار انتباهي أنه جاء هذا المريض جاء من منطقه في شبه الجزيره العربيه واشتهرت بالشذوذ الجنسي ومعظم أعراض هذا المرض ذكرها الطبيب وتكاد تنطبق مع مرض A.I.D.S

وأرجو من سيادتكم أن تتعاونوا معي من أجل إيقاف هذا الوباء الفتاك

ولسيادتكم جزيل الشكر

THE WHITE HOUSE

WASHINGTON

October 4, 1993

Mr. Frederick S. Mayer, R.Ph., M.P.H.
President
Pharmacists Planning Service, Inc.
200 Gate Five Road
P.O. Box 1336
Sausalito, California 94966

Dear Mr. Mayer:

Thank you for sharing your thoughts on the need to develop a National AIDS Strategy, which must address the issues of condom distribution and needle exchange. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take some positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS.

I am interested in meeting with you to discuss how we can work together to address these critical issues. I have shared the information you sent me with Carlos Vélez, JD, Director of HIV/AIDS Prevention and with Ben Merrill, JD, my Special Assistant, who has been working on needle exchange issues. Both of them are very interested in sharing ideas with you also.

As we move forward in our work, I hope that you will continue to share your views and input with me. If you could contact Retina Holmes of my office at (202) 632-1090, she can work with you to arrange a time to meet.

Thank you again for your input and materials.

Sincerely,

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

cc: Carlos Vélez, JD
Ben Merrill, JD

THE WHITE HOUSE

WASHINGTON

October 4, 1993

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Thank you again for your input and materials.

Sincerely,

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

cc: Carlos Vélez, JD
Ben Merrill, JD

FILE COPY

Prepared by: APO: Vélez: 202 690-5560: 10/4/93: b:\velez.its\mayer

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

pharmacists planning service inc.

200 GATE FIVE ROAD P.O. BOX 1336 SAUSALITO, CA 94966 (415) 332-4066

To return for Oct Schedule
Carlos I'll be for info
& draft reply

SEP 22 1993

September 13, 1993

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
The White House
Washington, D.C. 20005

Dear Ms. Gebbie:

Congratulations on your new appointment as the National AIDS Policy Coordinator.

As the instigator of National Condom Week fifteen years ago which occurs February 14-21 each year and the instigator of the Pregnant Man Poster along with October National AIDS Awareness Month we would like to get together with you on your next visit to the West Coast. Perhaps you might be coming to the American Public Health Association Annual Convention, October 23-28, 1993 in San Francisco.

Our reasoning for approaching you, Ms. Gebbie, it is time for the USA to get serious about the AIDS epidemic. We have just returned from our Third International Public Health Pharmacy Conference in Tokyo and a paper was presented by the Australian Pharmacists' Guild (see enclosed); whereas, in a five year period, they reduced AIDS 42% in New South Wales by putting together a National Condom Education Program, a needle exchange program along with Methadone maintenance and drug education in the schools.

We are ready to go. We have already been doing National Condom Week but need the Federal Government's help for next year's program. We have pharmacists who would like to do a needle exchange program in the USA but can't get through the regulations.

Please look over the enclosed and get back to me if we can get together and talk about what kind of mutual cooperation is available.

Sincerely,

Frederick S. Mayer, R.Ph., M.P.H.
President

cc: Mr. Nigel L. Gragg, R.Ph., President
The Foundation of Pharmacists and Corporate
American for AIDS Education

The PHARMACY GUILD of AUSTRALIA
NSW BRANCH

NSW GOVERNMENT AND THE PHARMACY GUILD OF AUSTRALIA (NSW BRANCH) JOINT SYRINGE EXCHANGE PROGRAM

BACKGROUND

One of the major risk factors in the transmission of the HIV infection is the sharing of contaminated needles by injecting drug users.

In 1985 the prevalence of HIV infection among Australia's injecting drug users was estimated to be very low. At the same time overseas experience had shown that a large increase of HIV infection could result in this group within a short period of time.

As well, the AIDS experts had identified the sharing of needles by injecting drug users as a key vector in the spread of the disease into the wider community.

The extent to which intravenous drug users will share needles is dependent on several factors including the following:

(a) Availability of sterile needles and syringes

(b) Laws regulating the sale and possession of needles and syringes

(c) Cultural norms regarding sharing within a drug-using sub-group

(d) Individual motivation of users to obtain sterile equipment

Two factors identified which could minimise the extent of needle sharing by government intervention were changing the laws regulating the sale and possession of needles and syringes, and facilitating the availability of sterile equipment.

A NSW Government policy decision was made to intervene on both factors. This led to the amendment of the Drug Misuse and Trafficking Act 1985 which removed the sanctions of selling or possessing needles and syringes. With regard to facilitating the availability of needles and syringes, the NSW Department of Health approached the NSW Branch of The Pharmacy Guild of Australia seeking the assistance of its members to voluntarily sell needles and syringes to injecting drug users.

79 LITHGOW STREET, ST. LEONARDS NSW 2065
PO BOX 565
TELEPHONE (02) 438 3333 • FACSIMILE (02) 439 6525

GUILD/GOVERNMENT SYRINGE EXCHANGE PROGRAM IN NEW SOUTH WALES (CONTINUED)

The Pharmacy Guild responded by providing members with information on AIDS and injecting drug use through its newsletter, the Guild Bulletin.

In December 1986, after much research and development, Stage 1 of the Guild/Government's joint programs was introduced.

Known as the Anti-Aids Syringe Kit, it comprised a plastic bag containing five disposable syringes and a health hygiene card explaining why needles and syringes should not be shared. The card also gave advice on proper disposal.

From January 1987 to November 1987 the number of syringes sold through pharmacy increased from 4,200 to 51,000 with a total of 422,000 dispensed over this period.

After preliminary studies had shown that the supply of the Anti-AIDS Kit was accepted practice in pharmacy, and that they were increasingly being used by the injecting drug users, in December 1987 Stage 2 of the Guild/Government Anti-Aids Program, the Guildpak, was introduced.

The aim of the Guildpak was to encourage users to return used syringes in the approved puncture-proof container for safe disposal. The "safe storage safe disposal" Guildpak would also lessen the risk of needle stick injury to the public by reducing the number of needles discarded on the streets.

The Guildpak contained 10 sterile needles and included a separate security compartment for retention of used syringes. A small professional fee of $2.60 was charged by the pharmacist.

The Guildpak was trialled over a 12 month period at 35 volunteer pharmacies in Sydney. In June 1989, as a result of the NSW Government subsidising the Guildpak, a further 70 pharmacies in Sydney, Newcastle and Wollongong became exchange outlets for Guildpak.

In September 1990 the Fitpack, a refined syringe exchange pack was introduced by the Guild and the NSW Government, replacing the Guildpak.

The Fitpack is available in three sizes, holding three, five and 10 syringes. It contains a locking mechanism which ensures that once a used syringe is returned to the container it cannot be taken out of the pack and used again. Users pay $3 for the initial pack, regardless of size and if they return the used Fitpack to the pharmacy it is replaced free of charge. The Fitpack is put in a special container, which the Health Department then disposes safely by incineration. Just over 400 NSW pharmacies stock the Fitpack, including 170 in country areas.

Over the years there has been a growing acceptance by pharmacists and the public to the sale of syringes in pharmacy and of the role syringe exchange programs play in maintaining HIV infection among IV drug users at the internationally low rate of between 3.5 and 4 per cent.

GUILD/GOVERNMENT SYRINGE EXCHANGE PROGRAM IN NEW SOUTH WALES (CONTINUED)

The Guild/Government Syringe Exchange Program has received a lot of interest from overseas and several countries have based their own programs on the NSW scheme. Concurrently, AIDS authorities have praised pharmacists for their role in helping to contain HIV rates among IV drug users.

NSW Aids Advisory Committee Chairman, Professor Ron Penny, said through pharmacists' cooperation many more needles and syringes had been distributed. He said injecting drug users were not just in Kings Cross and the Parramatta area - because pharmacies were everywhere they had been able to reach more people.

Professor Penny added that without the program there would have been a much higher rate of HIV infection among IV drug users which would have impacted on the whole community, in particular children as women IV drug users can pass the disease onto their babies in the womb.

The NSW AIDS Bureau echoed Professor Penny's comments, saying: "Pharmacy's involvement has meant a much larger number of injecting drug users have had access to sterile syringes, in particular in country areas. The availability of Fitpacks in chemists has also picked up the recreational drug user, who is more likely to go to a pharmacy for syringes than a drug treatment centre."

NSW GOVERNMENT AND THE PHARMACY GUILD OF AUSTRALIA

(NSW BRANCH) JOINT SYRINGE EXCHANGE PROGRAM

WHAT IS THE RATE OF HIV INFECTION AMONG IV DRUG USERS?

Current rates of HIV infection among IV drug users in NSW are 3 5 to 4 per cent. Of the total HIV infections recorded in NSW those attributable to IV drug use are estimated at 3 per cent.

WHAT IS THE RATE OF HIV INFECTION AMONG IV DRUG USERS OVERSEAS?

The latest available approximate figures are 60 per cent in New York; Edinburgh 51 per cent; Geneva 52 per cent; Bangkok 40 per cent. None of these cities have had syringe exchange programs, however the experience in NSW has led a number of governments to review their policies. Countries which now have syringe exchange programs are Australia, England, The Netherlands, France, Norway, Denmark, Germany, Switzerland, Nepal, Canada, New Zealand and parts of the United States.

WHAT IS THE FITPACK?

The Fitpack is a tamper-proof container available in three sizes, holding three, five or 10 syringes. It contains a locking mechanism which ensures that once a syringe is returned to the container it cannot be taken out of the pack and used again. Users pay $3 for an initial pack, regardless of size and if they return the used pack to the pharmacy it is replaced free of charge.

WHERE IS THE FITPACK AVAILABLE?

Of the 1790 pharmacies in NSW just over 400 stock the Fitpack, including 170 in areas outside Sydney, Newcastle and Wollongong. Fitpacks are also available from NSW Department of Health syringe exchange outlets. Participation in the Syringe Exchange Program is, and has always been, voluntary.

HOW MANY FITPACKS ARE SOLD?

In 1991/92 approximately 1.2 million syringes were distributed by the 400 pharmacies participating in the program.

HOW MANY FITPACKS ARE EXCHANGED?

The current rate for exchanged Fitpacks is 9,000 per month on average.

WHO PAYS FOR THE FITPACKS?

The NSW AIDS Bureau, (funded by the NSW Health Department) subsidises the syringe exchange program. The AIDS Bureau pays for the free supply of Fitpacks to pharmacies, the syringes, the cost of manufacturing the Fitpacks and the $3 professional fee paid to pharmacists for exchanged Fitpacks.

The Guild's budget to conduct the program, pay for the collection, incineration and reimbursement to pharmacies, was between $500,000 and $600,000 in 1991-92. The Guild is reimbursed for these costs by the NSW AIDS Bureau.

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Condoms and Sexually
Transmitted Diseases...
Especially AIDS

16pgs

Condoms

and Sexually Transmitted Diseases . . . Especially **AIDS**

Clinton Library Transfer Form

Case #, if applicable	2018-0756-F	**Accession #**	
Collection/Record Group	Clinton Presidential Records	**Series/Staff Member**	Kristine Gebbie
Subgroup/Office of Origin	National AIDS Policy Office	**Subseries**	
Folder Title	October Chron Files 1993 [1]	**OA/ID Number**	3767 **Box Number**
Description of Item(s)	4 posters: 1. National Condom Week; 2 - 4." Would you be more careful if it was you that got pregnant?" (Images of 3 different men looking pregnant)		

Donor Information

Last Name:		**First Name:**		**Middle Name:**		**Title:**	
Affiliation:		**Phone (Wk):**		**Phone (Hm):**			
Street:		**City:**		**State (or Country):**		**Zip:**	

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Other (Specify):	End of collection in oversize box	**New Location**	End of collection

Transferred by:	Debbie Bush	**Date of Tranfer**	5/2/2019
Received by:		**Date of Receipt**	

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A B S T R A C T S

THIRD INTERNATIONAL PUBLIC HEALTH PHARMACY ISSUES CONFERENCE

In conjunction with the
Eleventh International Pharmacists Symposium
on AIDS/STD/Family Planning

September 5, 1993
Hyatt Century Tokyo, Japan
2-7-2 Nishi-Shinjuku
Shinjuku-ku
Tokyo 160, Japan
Telephone (03) 349-0111
Fax (03) 344-5575

September 6-10, 1993
Pharmacy World Congress '93
Tokyo, Japan

Pharmacists Planning Service, Inc.
P.O. Box 1336, Sausalito, California 94966, USA
Telephone (415) 332-4066 • FAX (415) 332-1832

SIECUS

Sex Information and Education Council of the United States
130 West 42nd St.
Suite 2500
New York, NY 10036
212-819-9770

Meeting held 12/8/93 background sent to Carlos 12/10

Chron

Return — I assume this is being scheduled —

October 5, 1993

Kristine Gebbie, RN
National AIDS Policy Coordinator
Executive Office of the President
Washington, DC 20500

Dear Ms. Gebbie:

As Executive Director of SIECUS, the Sex Information and Education Council of the U.S., I would like to schedule a meeting with you on November 11 to discuss how SIECUS can be of assistance in your efforts to improve the nation's HIV/AIDS prevention strategies. Specifically, SIECUS believes that a key to success in HIV/AIDS prevention is to ensure that HIV/AIDS education programs address human sexuality in a more positive, honest, and straightforward manner.

Last week, Alan Gambrell of the SIECUS staff spoke with Buck Buckingham of your staff about arranging a SIECUS meeting with you next month. (SIECUS was pleased to have met with Mr. Buckingham in July, along with other national organizations, to discuss priorities for the National AIDS Coordinator's Office.)

In our meeting, I would like to discuss a number of key issues. Among them are: improving HIV/AIDS prevention efforts targeting school-age youth and gay/bisexual men; and sexual behavior research at NIH. Your coordinating role is a critical component of improving federal responses in these and other areas.

In confirming a convenient meeting time, Alan Gambrell of the SIECUS DC Policy Office will be in contact your staff next week. His number is (202) 265-2405. SIECUS is pleased to have you as the nation's National AIDS Coordinator. I look forward to meeting you in November.

Sincerely,

Debra Haffner

Debra W. Haffner
Executive Director

cc: Retina Holmes

12/7 10a -1030

October 5, 1993

TO: Retina Holmes

FR: Alan E. Gambrell
SIECUS DC Policy Office
(202) 265-2405

RE: Request for Meeting with Kristine Gebbie - November 11

Attached is a letter to Ms. Gebbie requesting a meeting between her and Debra Haffner, SIECUS Executive Director. I have discussed this previously with Buck Buckingham.

I will be in touch to discuss or can be reached at the above number. Thank you for your assistance.

THE WHITE HOUSE

WASHINGTON

OCT - 5 1993

Ms. Mary C. Smith, R.N., B.S., M.S.W., C.S.W.
133-15 234th Street
Laurelton, New York 11422

Dear Ms. Smith:

Thank you for writing about your sister and her work as an Associate Professor of Nursing and the HIV/AIDS Project Director at Howard University's School of Nursing. The First Lady has asked me to answer your letter. I apologize for the delay in responding, but I just received your letter.

You must be very proud of your sister's accomplishments. Nurses are key participants in today's fast changing health world. As providers of care, as managers of health systems, as policy makers and researchers, nurses make a difference! Reform of our health system and improvement of our national AIDS policy will benefit from that difference.

I appreciate hearing from you and will certainly keep Dr. Nicholas in mind for any recognition or for any collaborative activities that would make use of her considerable expertise and experience.

Sincerely,

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

AA—
we need to
reply

133-15 234th Street
Laurelton, NY 11422

August 5, 1993

First Lady
Hillary Rodham Clinton
Health Care Task Force
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear First Lady Hillary Rodham Clinton:

I am writing to you regarding AIDS Health Care.

As you know, AIDS is rapidly becoming another world "plague".

My sister and colleague, Doris E. Nicholas, R.N., B.S., M.S., Ph.D., is an able, knowledgeable professional in this area of health care.

Dr. Nicholas is an Associate Professor of Nursing and HIV/AIDS Project Director at Howard University, School of Nursing, Washington, D.C.

She wrote a grant proposal for AIDS education and created an AIDS nursing curriculum as a sub-specialty on a masters degree level at Howard University. Dr. Nicholas was awarded the grant for three years. They had a very successful first year - '92-'93 - and expect continued success with this program.

Dr. Nicholas has a lot to contribute to health care. I wish you could give Dr. Nicholas some recognition and involve her in some way with the AIDS Health Care. You may reach her by mail or telephone.

Her address: Dr. Doris E. Nicholas
HIV/AIDS Project Director
Howard University School of Nursing
Dept. of Graduate Education
501 Bryant Street
Washington, D.C. 20059
Work (202) 806-7464
Home (301) 540-7908

Respectfully yours,

Mary C. Smith
R.N., B.S., M.S.W., C.S.W.

PS: As a health professional, I am very interested in health issues and I am writing you another letter regarding Medicare under separate cover.

Mary Smith
133-15 234th Street
Laurelton, NY 11422

Fold at line over top of envelope to the right of the return address.

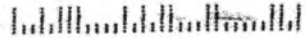
CERTIFIED

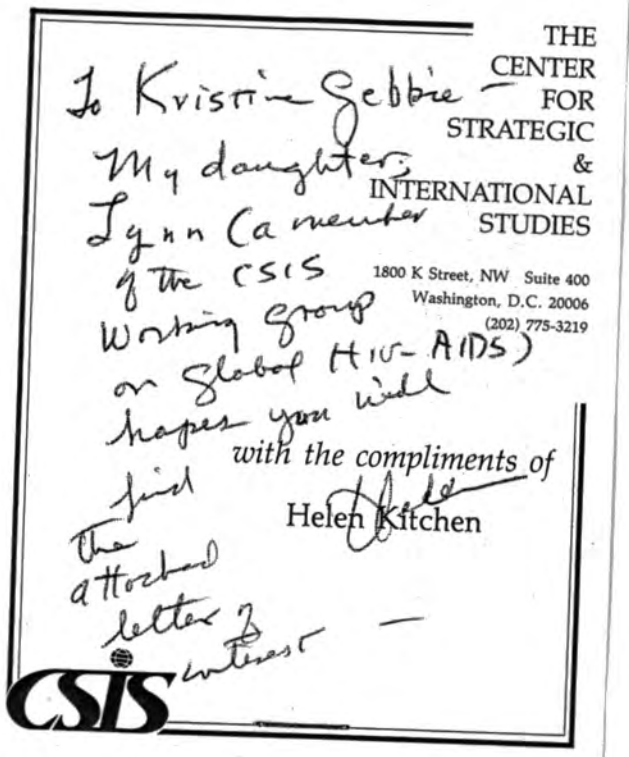
P 091 514 858

MAIL

First Lady
Hillary Rodham Clinton
Health Care Task Froce
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

RETURN RECEIPT REQUESTED




To Kristine Gebbie —
My daughter,
Lynn (a member
of the CSIS
Working Group
on Global HIV-AIDS)
hopes you will
find
the
attached
letter of
interest —
THE
CENTER
FOR
STRATEGIC
&
INTERNATIONAL
STUDIES
1800 K Street, NW Suite 400
Washington, D.C. 20006
(202) 775-3219
with the compliments of
Helen Kitchen
CSIS