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004. letter	To: Kristine Gebbie; re: Enclosed Pages; [Personal] (Partial) (1 page)	09/25/1993	b(6)

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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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]

12/12/93

THE WHITE HOUSE

Elizabeth —

I've gone too long without a call or note — Thanks for your visit, & for the frank comments — appreciated & them & am not ignoring them at all. I'll be in LA for about 24 hours next week - will try to call —

Kirsten

THE WHITE HOUSE
WASHINGTON

Ms. Elizabeth Glaser
Co-Founder
Pediatric AIDS Foundation
1311 Colorado Avenue
Santa Monica, CA 90404

THE WHITE HOUSE

Dear Barry —

I'm sloo with this Thank you — the chance to relax over dinner, & to get to know Helen & Jack, was great. There are so many interesting changes brewing - I look forward to watching them with you from time to time — Thanks again - Kristine

THE WHITE HOUSE
WASHINGTON

Mr. Barry Passett
5441 33rd Street, N.W.
Washington, D.C. 20015

THE WHITE HOUSE

Dear Dr Sharp—

Many thanks for sharing St Clare's with me last week - you and your colleagues are doing an incredible job and I admire your commitment and professionalism. I look forward to seeing you again before long—

Laura Bush

10/19

OCT 19 1993

THE WHITE HOUSE

Dear Deem —

Thank you for the materials on the Community Health Project. I hope there will be time for a proper visit another time. You're doing critical work — Thank you.

Kristina Gallina

CHP
COMMUNITY
HEALTH
PROJECT

October 14, 1993

Kristine M. Gebbie
AIDS Policy Coordinator
Washington, D.C.

Dear Ms. Gebbie:

Welcome to New York City and welcome to **COMMUNITY HEALTH PROJECT - CHP!** CHP is New York's only health care facility dedicated to serving the health care needs of the lesbian, gay, bisexual and HIV/AIDS communities of the greater New York metropolitan area.

In 1985, CHP opened the first community-based HIV primary care clinic in the nation. Former U.S Surgeon General C. Everett Koop, M.D. visited CHP in July of 1987 and acknowledged the uniqueness of our program - at that time the only one of its kind in the United States - and said that he would inform his colleagues at the Public Health Service in Washington about the clinic and its special qualities.

Due to the increasing demand for HIV early intervention services, CHP established our AIDS Assessment Program (AAP) in 1986. This program provides newly diagnosed HIV-positive patients with immediate medical assessment, treatment, case management and HIV-related health education.

Just this past April, I had the privilege of meeting with Secretary of Health and Human Services Donna Shalala at a meeting of the National Alliance of Lesbian and Gay Health Clinics. For the first time ever, CHP and the other lesbian and gay clinics in the country have been offered a seat at the government's table. Recognition of our many years of providing high quality, comprehensive and affordable health care services - **and most notably, our response to the AIDS epidemic** - has finally been acknowledged.

I look forward to working with you and others within the Clinton administration. We must ensure that those who are living with HIV/AIDS receive the care and compassion that are necessary; and we must ensure that HIV/AIDS education and prevention efforts are strengthened and enhanced.

Best of luck to you in your new position. The Community Health Project stands ready, willing and able to assist you in the challenges that lie ahead.

Sincerely,

Dean J. LaBate
Executive Director

208 West 13th Street, New York, N.Y. 10011 212/675.3559

CHP COMMUNITY HEALTH PROJECT

208 West 13th Street
New York, New York 10011

Dean J. LaBate
Executive Director

(212) 675-3559 phone
(212) 645-0013 fax

CHP COMMUNITY HEALTH PROJECT

COMMUNITY HEALTH PROJECT (CHP) is New York City's only lesbian and gay health clinic. For more than twenty years, CHP has been one of the lesbian and gay community's most precious and important resources.

CHPs MISSION is to provide high quality, sensitive and comprehensive primary medical care and social services to the lesbian and gay community of the greater New York metropolitan area, in a caring, nonjudgmental manner, regardless of any patient's ability to pay.

To date, there are over 22,000 registered patients in our six distinct programs:

* **GENERAL MEDICAL CLINIC**
* **HIV/AIDS ASSESSMENT PROGRAM**
* **HIV/AIDS PRIMARY CARE CLINIC (BELLEVUE SATELLITE)**
* **LESBIAN HEALTH PROGRAM**
* **PEER COUNSELING PROGRAM**
* **HEALTH OUTREACH TO TEENS PROGRAM (H.O.T.T.)**

CHP strives to break down as many obstacles and barriers in accessing quality health care services and empower our clients/ patients to become educated health care consumers. To this end, CHP's dedicated staff (30) and volunteers (more than 120) are committed to individualized attention, trust-building and the development of positive self-esteem and self-image for all our patients, regardless of their lifestyle choices.

Over the next few months, CHP will embark on our greatest challenge and effort to date - to move into a new, spacious and dignified facility. A new "home" will enable CHP to provide enhanced and expanded health services to ensure that our lesbian and gay community will thrive and not just survive.

6/93

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CHP

CHECK-UP

NEWS FROM COMMUNITY HEALTH PROJECT

VOL 6/NO 2 SUMMER 1993

THE MISSION of Community Health Project is to provide low cost, accessible and quality health care primarily to the lesbian and gay community of the greater New York metropolitan area in a caring, nonjudgmental and humane manner.

Hepatitis – An Overview

by Steve Dillon, M.D.

In an age when AIDS receives so much of our concern, it is easy to overlook other persistent medical problems in the lesbian and gay community. Such is the case with hepatitis, one strand of which—Hepatitis A—experienced a threefold increase from 1990 to 1991 among gay men ages 20-49 in Manhattan.

The disease "hepatitis" usually refers to a group of similar symptoms and signs brought on by different possible causes, mostly viral but also possibly from alcohol, toxins or medications. They provoke inflammation of the liver and thus "hepatitis" (in Greek, "hepar" = liver; "itis" = inflammation).

The majority of hepatitis cases are viral in etiology and usually named by a letter of the alphabet. (With the identification of the viruses that caused them, what formerly were known as non-A, non-B Hepatitis are now called Hepatitis C.) These viruses are similar in that they can all potentially be sexually transmitted and cause symptoms such as yellowing of the skin and eyes, fatigue, decreased appetite, nausea, and sometimes fever, dark urine and light colored stools. Where they differ is in means of transmission, the incubation period, and treatment.

Hepatitis A is almost always transmitted by the fecal-oral route, either by sexual activity such as rimming or by ingesting contaminated water or food. Though the increase is dramatic, as mentioned above, gay men have always been identified as a risk group, and woman to woman sexual transmission is possible as well. The time from exposure to symptoms (incubation period) is from

Continued on page 6

A Personal View

D.C. in '93: Some Thoughts on Our March

by Felice Picano
(Felice Picano is a prominent gay writer, co-author of "The New Joy of Gay Sex.")

I had been to Washington, D.C. of course in the years since the 1969 March and Demonstration Against the War in Vietnam. I'd been there for book-autographings, writing conferences, and weekends of tourism. But I'd not been back to D.C. as a *Citizen* since 1969: an irate, concerned, speaking-out citizen: a citizen in a specific, unsatisfied relationship to my government.

That last time had turned out to be crucial in ending the war. Historians are now saying it wasn't. But all of us who were there, and everyone at home, and everyone in the country at the time *knew* that we'd finally, ineluctably, changed the country's mind. We weren't hippies and yippies and draft dodgers. We were close to a million strong of just regular American people against the war. After our demonstration, we'd already won, though it took another five years to get our men—and more importantly our minds—out of the jungly meshwork of Southeast Asia.

And here I was, a quarter-century later, twice as old as I had been then, taking another 2 a.m. bus filled with excited, sleepy people down to D.C. for another day of demonstrations. What was I doing? I who had marched and sat-in and been dragged and kicked and arrested for integration and against the war, for gay rights and for equal rights for women and for more money against AIDS in a half dozen cities across the country over the years? Did I think I could make a difference? One little voice? With insuf-

Continued on page 8

Community Health Project
208 W. 13th Street, New York NY 10011

For Appointments and Test Results or to Volunteer or Donate

212-675-3559

CLINIC HOURS:
Monday through Thursday
7 p.m. to 9 p.m.
Lesbian Health Program, alternate Saturdays
TTY users call through relay service: 1-800-662-1220

For routine syphilis, gonorrhea and Hepatitis B screening, no appointment is needed. To see a physician, for Women's Services, or for the AIDS Assessment Program, please call to schedule an appointment.

HOTT PROGRAM:
To make an appointment for free adolscent health services, call 212-255-1673 from 2 p.m. to 6 p.m.

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CHECK-UP

NEWS FROM COMMUNITY HEALTH PROJECT

VOL 6/NO 1 WINTER 1993

THE MISSION of Community Health Project is to provide low cost, accessible and quality health care primarily to the lesbian and gay community of the greater New York metropolitan area in a caring, nonjudgmental and humane manner.

Paul Knowles

Dean LaBate Takes Over as New CHP Executive Director

by Stanley Ely

A five-month search by a committee of the Community Health Project's board of directors was concluded last November 20th when the board unanimously elected Dean J. LaBate to be the clinic's new executive director. LaBate started in his post at CHP on January 19th.

Dean comes to CHP from the William F. Ryan Community Health Center, a nationally-recognized health facility on Manhattan's Upper West Side. For the last four years he served as the Ryan Center's health services administrator, supervising a large staff while also assuming responsibilities for both short- and long-term planning. In increasingly responsible positions over thirteen years, Dean helped guide the Ryan Center from a small community clinic through major growth and expansion, with goals parallel to those of CHP. Also active in community affairs, Dean serves as a board member of the Upper Manhattan Task Force on AIDS and as an active participant on the PWA/HIV Advisory Group to the New York City HIV Health and Human Services Planning Council.

Speaking of the new executive director, Dr. Nicholas Rango, Director of the New York State AIDS Institute, said: "Mr. LaBate combines the administrative strength and progressive vision needed to ensure a strong future for this exemplary facility." Manhattan Borough President Ruth Messinger stated: "I am delighted with the selection of Dean LaBate as executive director. I am confident that the addition of Dean's skills and commitment will serve to further burnish the already excellent reputation of the Community Health Project in this city." ■

— A visit with Dean LaBate on page 6

Lesbian Health Fair Set for March 13th

CHP will again serve as co-sponsor of the annual lesbian health fair at the Center, scheduled for Saturday, March 13th.

Lasting from 10 a.m. until 5 p.m., the fair will offer free mammograms and free pap smears, along with demonstrations, support groups and workshops on subjects ranging from stress to menopause.

All lesbians are welcomed, without charge. If you wish to have a mammogram, please call CHP for an appointment beforehand. Pap smears do not require a prior appointment. ■

Community Health Project
208 W. 13th Street, New York NY 10011

For Appointments and Test Results
or to Volunteer or Donate

212-675-3559

CLINIC HOURS:
Monday through Thursday
7 p.m. to 9 p.m.
Lesbian Health Program,
alternate Saturdays
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1-800-662-1220

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CHP

CHECK-UP

News from the Community Health Project

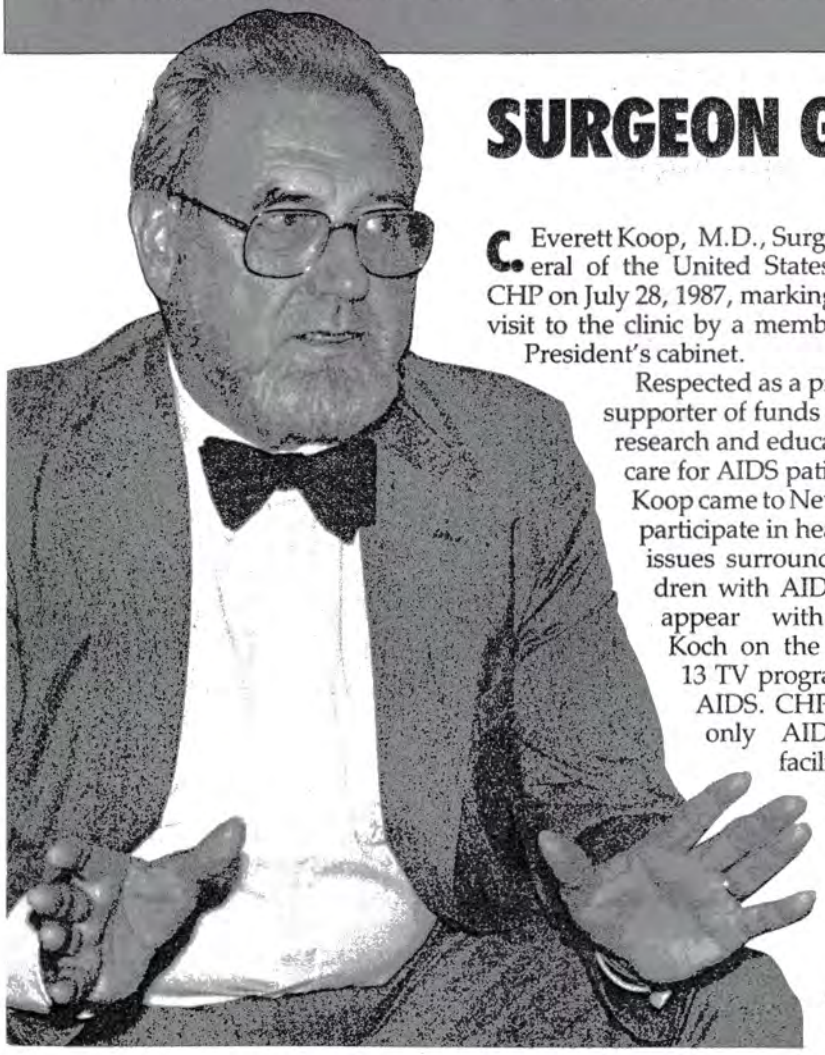
Volume 1, Number 1 Winter 1988

A Letter of Introduction

We're very glad to publish this first issue of *CHECK-UP*.Through this newsletter we hope to:give you in-depth information on the operations of the clinic; bring us closer to you by presenting profiles of some of our CHP staffers and volunteers; keep you, as members of the community, informed on general topics of interest; and offer you a chance to ask questions and express your own views in our Letters section.

The CHP depends on its volunteers for help of every kind.For this newsletter to be successful we need you again.Please use the "News Box" located at the front desk to drop in your ideas for articles or suggestions.The more input we have, the more interesting *CHECK-UP* will be!

And how about joining our staff?If you can put words together, type or do layout, we need you.Please leave your name and phone in the "News Box" or tell your night's Board member.



SURGEON GENERAL VISITS CHP

C. Everett Koop, M.D., Surgeon General of the United States, visited CHP on July 28, 1987, marking the first visit to the clinic by a member of the President's cabinet.

Respected as a prominent supporter of funds for AIDS research and education and care for AIDS patients, Dr. Koop came to New York to participate in hearings on issues surrounding children with AIDS and to appear with Mayor Koch on the Channel 13 TV program about AIDS. CHP was the only AIDS-related facility which Dr. Koop personally visited. The Executive Director of Bellevue Hospital, Ms. Harriet Dronska, the Director of Ambulatory Care Services, Sandra Kammerman, M.D., the Assistant Executive Director of Planning and Clinical Services, Ms. Patsy Yang, as well as several members of the CHP Board of Directors were also in attendance. Dr. Koop was shown the clinic and then spent more than an hour in discussions with individual members of the Satellite Clinic staff and Richard Haymes, the nighttime Clinic Coordinator.

Dr. Koop was very impressed with CHP's work and gave great encouragement to the staff. He acknowledged the uniqueness of the program—the only one of its kind in the United States—and said that he would inform his colleagues at the Public Health Service in Washington about the clinic and its special qualities.

Everyone present felt that Dr. Koop was sincere in his commitment to the issues surrounding AIDS and that he would do everything possible to influence public policy decisions regarding AIDS in a positive manner.

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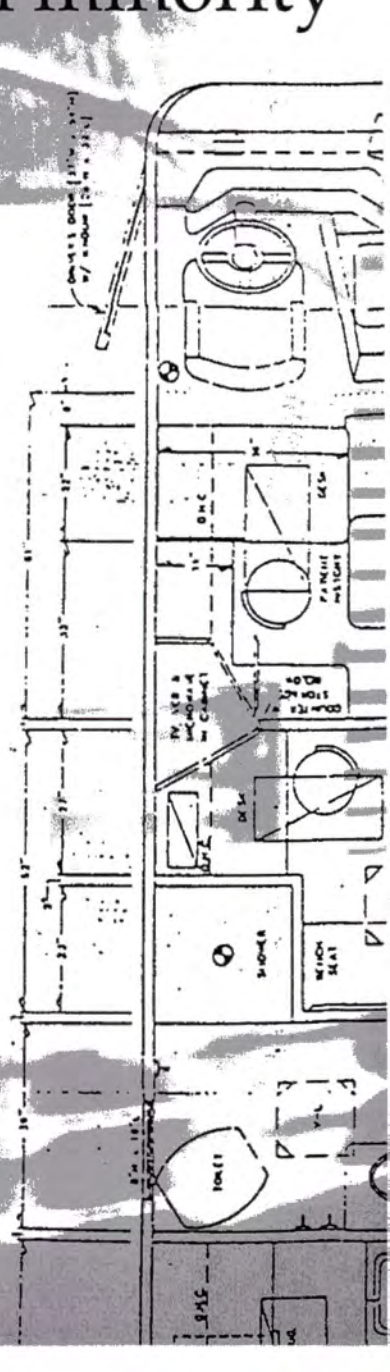
HOTT

HOTT is a unique, community-based, medical program that delivers free health care to sexual minority youth, where and when they congregate. HOTT is health care from *very* caring people!

CHP COMMUNITY HEALTH PROJECT



Programa de Salud Para

LESBIANAS

Cuidado de Salud Relacionado a las Mujeres

Dirijido Por Mujeres, Para Mujeres

Clinica de Servicios Voluntarios

Lunes, Martes & **Miercoles**: 7-9 pm:
Gynecologia y Cuidado de Salud General.
Favor de colocar una cita.

Lunes, Martes & **Miercoles**: 7-9 pm:
Determinacion y tratamiento disponible a su llegada para STD (Enfermedades de Transmision Sexual) y otro infecciones vaginales.

Sabados: Programa de Salud Para Lesbianas
Servicios disponibles en un establicimiento dirijido por mujeres.

Opportunidades: Hacerse voluntario
Entrenamiento disponible para personal de salud y tecnicos de laboratorio, etc.
Provedores voluntarios del cuidado de salud son bienvenidos.

Community Health Project

(Projecto de Salud de la Communidad)
208 West 13th Street, New York
(212) 675-3559

Community Health Project's

Lesbian Health Program

Women's Health Care; For Women, By Women.

An All Volunteer Clinic

Monday, Tuesday & **Wednesday**: 7-9 pm:
Gynecology and General Health Care.
By appointment.

Monday, Tuesday & **Wednesday**: 7-9 pm:
Walk-In screening & treatment available for STDs & other vaginal infections.

Saturdays: All Lesbian Health Program
Services Available in an All Woman Space

Opportunities: Volunteer in the Program!
Training available for screeners, lab techs, etc.
Volunteer Health Care Providers welcome!

For more information or to make an appointment, contact:

Community Health Project
208 West 13th Street, New York
(212) 675-3559

21 or Under?

Absolutely Free & Strictly Confidential!

Health Care** & **Eduaction** for **Lesbian, Gay, Bisexual, Questioning, Transgender** & **Cross-Dressing

Youth

at

CHP

Health Outreach To Teens

HOTT PROGRAM

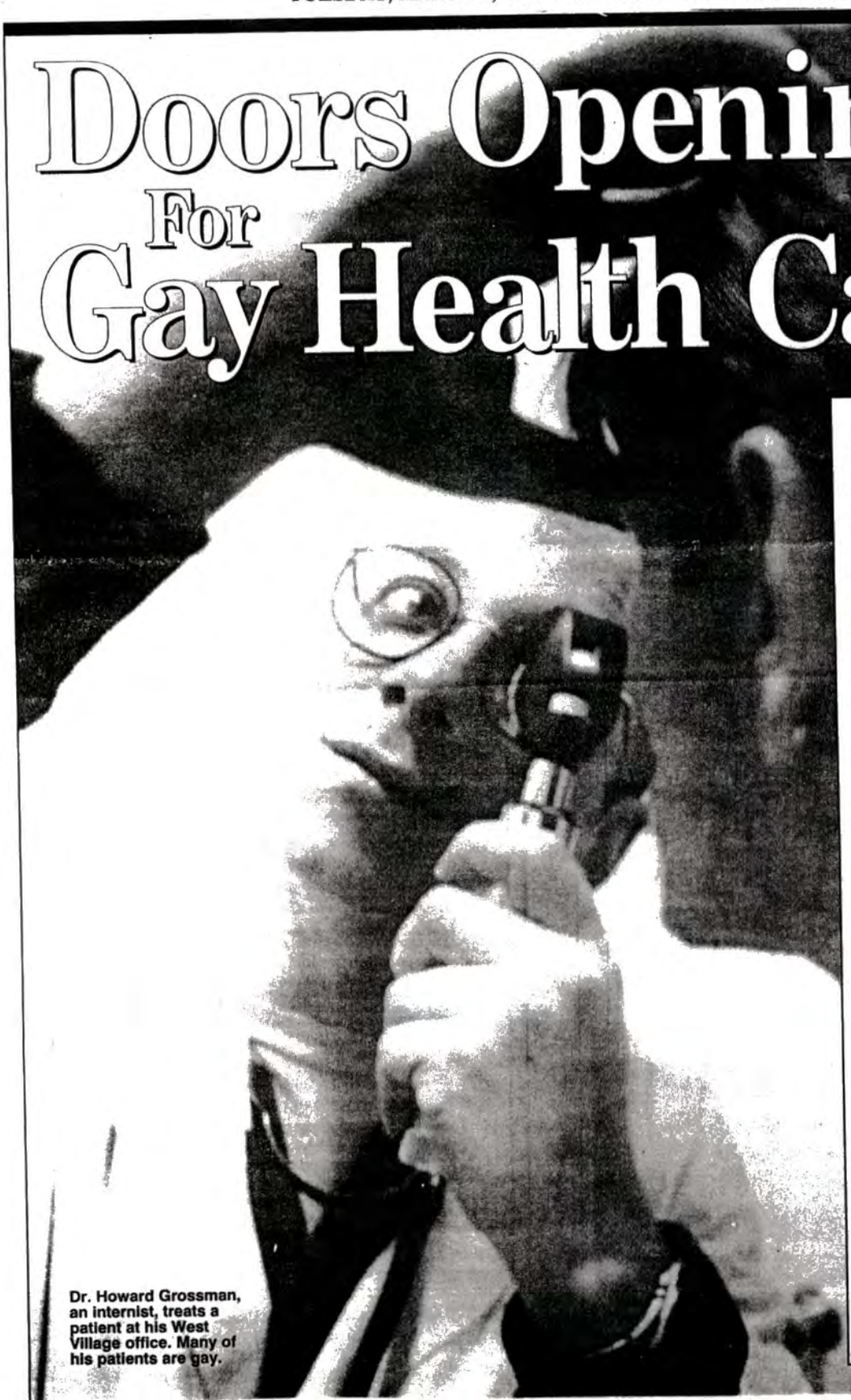
Talk to the HOTT Team tonight:
Marie, Phyllis, Richard or **Rick**
Or call for an appointment!

255-1673

HOTT Misc. 92/Exam Room Sign

MANHATTAN SPORTS FINAL
New York Newsday
EDITION
TUESDAY, MARCH 2, 1993 • MANHATTAN • 35 CENTS

Doors Opening For Gay Health Care



Dr. Howard Grossman, an internist, treats a patient at his West Village office. Many of his patients are gay.

After 10 years of the AIDS epidemic, homosexuals are seeking more responsive treatment for other medical needs

By Barbara W. Selvin
STAFF WRITER

AT THE COMMUNITY Health Project, a Manhattan clinic, even the patient history form is different: It has no place to check off a patient's marital status.

That's because "single-married-divorced-widowed" usually doesn't apply. The patients here are gay. Instead, the form asks whom to notify in an emergency, and the relationship to that person.

It's the subtle touches, the absence of assumptions that the world is made up of heterosexual couples and nuclear families, that separate good health care for gay men and lesbians from standard medical practices. Born of the 1970s gay-rights movement, its adolescence clouded by the AIDS crisis, health care with a gay consciousness is coming into its own — although advocates say there's still a long way to go. They cite surveys of doctors that have revealed negative attitudes toward gays, and other studies that have found that many gay men and lesbians, fearing mistreatment, stay away from physicians and skip routine medical tests.

For the past 10 years, gay health has been synonymous in the public mind with acquired immune deficiency syndrome, or AIDS, which devastated a generation of gay men. But through it all, gays and lesbians have had other health needs — the same as anyone's, from asthma to zits. As agencies caring for AIDS patients have matured, the gay community has drawn its collective breath and begun addressing other issues. Mostly, say patients, physicians and policy makers alike, what's im-

Please see GAY HEALTH on Page 68

Doors Opening For Gay Health Care

GAY HEALTH from the Cover

portant is acceptance. "Finding a health care provider who is sensitive to one's needs, [who is] not prejudiced or biased, is the first issue," said Dr. Billy E. Jones, president of New York City's Health and Hospitals Corp. and the first openly gay agency head in the city's history.

In the ramshackle warren on West 13th Street that houses the Community Health Project's offices and examining rooms, gay city dwellers have found a safe haven. The project, formed in 1983 by the merger of two separate clinics, is the city's only lesbian and gay community health facility. With a budget of $1.2 million from donations, grants and government funding, its 30 staffers and 150 volunteers treat more than 22,000 patients. The project offers low-cost general medical care, treatment for sexually transmitted diseases, an HIV/AIDS assessment and intervention program, and a mobile van that serves homeless homosexual youths living on the streets. If patients need care beyond what the volunteer counselors, nurses and doctors can provide, they have access to the project's extensive resource list. In the city, gays and lesbians also can tap into a large, open community where word-of-mouth about friendly doctors flows freely.

One doctor who volunteers at the project and also maintains a private practice nearby is internist Howard Grossman. "This is clearly an office full of gay people," Grossman said. "I have The Advocate and QW [two gay-oriented publications] in the magazine rack along with People and the others."

Gays in the suburbs, however, often live a much more closeted life. Finding sensitive physicians can be a struggle. Many choose not to reveal their sexual identity at all. "It took me a long time to say who I was" to doctors, said one Nassau County psychotherapist, a lesbian, who asked for anonymity to protect her married patients' sexual double identities from exposure to their spouses.

Finding a caring, sensitive suburban doctor means networking through gay friends, say Long Island residents. Whether or not the doctor is homosexual is less important than a welcoming, accepting attitude.

One Suffolk County internist, who is gay, has many gay patients — though not all of them are aware of the doctor's preference. He's open only with those referred by friends. "I don't think a straight doctor would tell things about his private life," the internist said. He added, "Sometimes patients can use information against you."

In Nassau, the grapevine has brought many gay patients, among others, to Plainview internist Allan Shapiro. "Basically it's a nonjudgmental approach," he said. "I don't feel it's my place to tell someone how to live their life."

Shapiro, who is not gay, said his approach to homosexual patients stems from a lifetime backing civil rights and individual freedoms. He's direct with patients he thinks may be gay, believing openness is the key to a good doctor-patient relationship. For Shapiro, attitude grew from conviction. But for many doctors, stereotypical attitudes toward homosexuals flourish unchecked, as in society at large.

Some health care advocates say the problem begins in medical school. Physician training varies in how much attention is given to patients' needs. This has been the subject of debate for years, and goes far beyond sexual orientation.

For at least one gay student at the prestigious College of Physicians and Surgeons, part of Columbia University, the curriculum has done little to promote understanding of gays as either doctors or patients. He's heard one instructor say "faggot," and has listened to a psychiatry professor's assumptions that the goal of therapy is a "normal" relationship with a member of the opposite sex. "I'm embarrassed not for myself, but for my student colleagues who know I'm gay and hear this," said the student, who asked for anonymity.

Robin Donaldson, a spokeswoman for the school, said the curriculum offers "no one course [in sensitivity], but those are the kinds of issues that come up in course discussions of class interactions."

In contrast, sensitizing students toward their patients' sexuality — gay or straight — has been institutionalized at Robert Wood Johnson Medical School in Piscataway, N.J., a branch of that state's University of Medicine and Dentistry. Dr. Sandra Lieblum, a clinical psychiatry professor, directs the 21-year-old Human Sexuality Teaching Program, a weeklong course for medical students. The course covers human sexual response and the impact of homosexuality, among other topics.

The philosophy is simple: "If they don't feel comfortable with their own sexuality and that of their patients, they're going to have trouble giving physical exams," Lieblum said.

Without such training, gay advocates say, many doctors reflect the homophobia rampant in American society. Gay men and women alike still fear that "coming out" to a doctor may mean a lower quality of care or outright rejection. In one survey of lesbians, 96 percent of respondents agreed with the statement, "You'd get poorer care if they knew you were a lesbian."

These fears may have a basis. One study of physicians' attitudes in San Diego found that 23 percent had unfavorable attitudes toward homosexuals generally and 40 percent said they were "sometimes" or "often" uncomfortable treating homosexual patients. A nursing journal reported that more than half of nursing faculty surveyed consid-

Newsday Photos / Donna Dietrich

Community Health Project's Greene, and Richard Haynes, .: addressing issues other than AIDS.

Social worker Rondinaro leads a group session in Regent Hospital's chemical-dependency unit

ered homosexuality unnatural.

The essence of "gay health care" may be emotional rather than physical, but when emotional needs are unmet, medical matters also might go unaddressed. For instance, consider the matter of Pap smears, the tests doctors say women should have annually to detect cervical cancer. What brings a woman to her gynecologist? Often, it's the need for a birth control prescription.

For a woman who never has sex with men, birth control is irrelevant. But lesbians know they will always be asked about it. If they say they don't need it, they're usually asked, "Are you sexually active?"

Then what? Either the patient says no, which may or may not be true, or answers yes, which means either she's perceived as irresponsible (assuming she's single) or she must confess her sexual preference. For a lesbian, *the question* looms, like a boulder in her path, when she thinks about getting a gynecological checkup.

"We don't have the motivation to get birth control, and we have the disincentive: Why put ourselves in one more situation where we may have to come out?" said Susan Hester, a Washington woman whose lover died of breast cancer in 1989. As a result, lesbians tend to see gynecologists less frequently. And that means they get fewer Pap tests, less education about breast self-examination, and fewer referrals for mammograms.

One survey found that lesbians averaged 21 months between Pap smears, compared to eight months for heterosexual women. Research by Dr. Suzanne Haynes of the National Cancer Institute estimated that lesbians have three times the risk of contracting breast cancer as straight women, mainly because 70 percent of lesbians don't bear children, and childlessness is a major risk factor for the disease. Also, lesbians are screened less often.

Gay patients worry that if they become critically ill, doctors might not acknowledge their partners' right to take part in discussions of the health chart, or to visit patients at intensive care units where access is restricted to spouses and family members. Horror stories abound about AIDS patients whose lovers were barred from their deathbeds.

When Hester's lover, Mary-Helen Mautner, was suffering through the final stages of breast cancer, the couple had abundant support from family, friends and medical personnel. Mautner wanted other lesbians in similar straits to be as well treated, and shortly before she died, she wrote up her ideas on how to make that happen.

Hester made the plan her mission and founded the Mary-Helen Mautner Project for Lesbians with Breast Cancer. Modeled after agencies that sprang up to serve AIDS patients, the project organizes volunteers who drive patients to doctors' appointments and give caregivers a break. It sponsors support groups and seeks to educate lesbians about cancer. The project is one of several efforts to promote lesbian health care that have emerged in recent years. New York City's Office of Gay and Lesbian Health Concerns, which has a $1.8 million budget, runs sensitivity training workshops for physicians and other health care workers in community clinics, hospitals, shelters and prisons. The city's municipal hospital system is considering a fellowship program in gay psychiatry.

The American Association of Physicians for Human Rights, a gay doctors' organization, last year launched a National Lesbian Health Foundation with $35,000 in seed money. Its goals include exploring and publicizing issues related to lesbians' poor access to health care.

At the Community Health Project, limited efforts to treat lesbians blossomed last year into a full-fledged Lesbian Health Program, which provides medical services and educates lesbians about prevention and their rights. In San Francisco, the city's health department is undertaking a major survey of lesbians' health and sexual practices. Much of the survey focuses on lesbians and AIDS, just one area of medicine with a glaring lack of information.

For years, the assumption has been that lesbians aren't likely to get AIDS, but research has been almost totally lacking. This blase attitude may have led to some dangerous practices. "Lesbians are perceived as a population not at risk for HIV, so [some think it's OK to] share needles," said Dana Greene, coordinator of the Lesbian Health Program at the Community Health Project.

The survey will dramatically augment the meager research literature on lesbians' attitudes toward and experiences with health care. "It's hard to target us as a population," said Carmen Vazquez, coordinator of San Francisco's Office of Lesbian and Gay Health Services, "because you can't just find us in a phone book." With the new efforts under way, however, gaps in knowledge — and attitude — are beginning to be filled in.

Benefits Still Are Hard to Find

ONLY A HANDFUL of employers offers health insurance to workers' "domestic partners."

Montefiore Medical Center in the Bronx, with 9,000 workers, was one of the first and largest private employers to offer health benefits to partners of employees who are "unable to marry because of laws prohibiting marriage to persons of the same sex . . ." In announcing the program two years ago, the hospital said that all employees were entitled to equal compensation, regardless of sexual preference.

The program has 19 participants, Montefiore spokeswoman Barbara Janes said. The cost? "It's as we predicted: really insignificant," she said.

Dr. Katherine O'Hanlan, a gynecological cancer specialist who fought for and won the Montefiore program, has since moved on to Stanford University — where, under her prodding, the trustees adopted domestic-partnership benefits, effective Feb. 1, 1993. "Oh, please — the financial impact on, say, me and my lover is significant," O'Hanlan said. "In the last seven years of our marriage-like situation, we have spent $17,000 that would have been free to a married couple for medical insurance, medical care and dental care."

Mayor David N. Dinkins, who recently created a citywide registration program in New York for domestic partnerships — gay and straight — for certain benefits, did not offer health insurance as part of the package. Dinkins endorsed a City Counsel bill that would do so at a cost of $50 million to $75 million. Such a move may require state legislation.

According to the Lambda Legal Defense and Education Fund, a gay-rights organization, among the employers who provide health insurance for domestic partners are Seattle and the California cities of Berkeley, Santa Cruz, West Hollywood and Laguna Beach; the American Friends Service Committee, the American Psychological Association, and the Village Voice newspaper.

— Barbara W. Selvin

Specially Designed Programs Focusing on Gay Drug Addicts

BRYAN OLES' LIFE hasn't been easy. At 20, he met the older, married man who would be his lover for the next 15 years. During their time together, they abused drugs. His lover died of AIDS in 1985.

"I was a kept boy for fifteen years and suddenly I was all by myself," Oles recalled. "I didn't know how to deal with straight people."

He entered a residential drug-treatment program on Manhattan's Lower East Side. "I told people my story and . . . I was tortured," Oles said. "Very often they questioned my sexual identity." He moved to a similar program in Harlem, where he kept his homosexuality a secret.

He was drug-free for five years and earned a college degree. But then he tested positive for HIV, the virus that causes AIDS. His new lover walked out on him, and Oles turned to heroin.

"I was able to keep it under control. I had no problems at work — but it was destroying my life," Oles said.

After more than a year of struggling with his addiction, he decided to try a program he'd heard about that specialized in drug and alcohol abuse among gays. "My problem, why I slipped, was because of my sexuality — HIV, single, a lover left because of the HIV — those are all issues I could not disguise," said Oles, now 43, clean and working as a mental health specialist with AIDS patients. "I'd be making up stories to make it sound like normal and that would not be correct."

Newsday / John Paraskevas

Oles, now a mental health specialist

Experts say that Oles' story shows clearly why gay substance abusers need specially trained counselors and a therapeutic setting where they can feel safe discussing their problems.

Oles enrolled in Together, a program at Regent Hospital, a private, 67-bed psychiatric hospital on the Upper East Side. It's one of an increasing number of nationally marketed chemical-dependency programs aimed at gays. Others include Conifer Park in Scotia, N.Y., near Albany, and the Pride Institute in Eden, Minn.

Regent opened its Together program in the fall of 1991. Hospital administrator Arthur McGrath said candidly that as a profit-making entity, the hospital chose a gay-lesbian market "to pick a focus that would carry enough admissions to justify the business . . . It was clear from the people we talked to and the research we did that there was a very high rate of addiction and chemical dependency in the gay community."

Several studies have concluded about a third of gays and lesbians abuse alcohol, compared to an estimated 9 percent of all Americans. Because it's hard for gays to meet other gays, many socialize in bars or clubs, over drinks. The stresses of constant self-censorship, the self-hatred many gays feel because they have internalized social attitudes, and what McGrath called "self-medication to deal with the pain of being hated, rejected and scorned" may lead to a drinking or a drug problem.

Unfortunately for Regent, as Together opened its doors, insurance companies were rejecting in-patient treatment programs, which can cost $1,300 a day and up, in favor of outpatient services that may run as little as $60 a session. Together's beds were never more than half-filled and after several money-losing months, Regent changed Together to what officials there call a gay "track" within its broader chemical-dependency program, and opened a separate outpatient program on 44th Street.

Instead of being treated solely with other gays, Together participants now join in some group sessions with other patients, while meeting daily for individual therapy and in a gay group. "In our gay groups we're talking about HIV, we're talking about . . . dealing with loss," said social worker Jeff Rondinaro, who runs Together. Segregating the gay group also benefits "traditional" patients who may not be equipped to hear about the tragedies imposed by AIDS, Rondinaro said, like losing most of one's friends or coping with skin lesions. As these programs spread, the Washington-based National Lesbian and Gay Health Foundation has drafted standards, the most important of them stressing that a program or track marketed to gays offer 30 hours per week of gay-specific counseling. Other issues will also be covered.

Low-cost resources for gay addicts include 1-800-4-GAYNET, a free, national referral service offered by Regent Hospital, and Project Connect, a 5-year-old state-funded prevention and intervention program for gay substance abusers at the Lesbian and Gay Community Services Center in Greenwich Village.

— Barbara W. Selvin

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THE NEW YORK CITY
DEPARTMENT OF HEALTH

April 1993 Vol. 12 No. 2

CHI CITY HEALTH INFORMATION

Lesbian and Gay Health

We Can Help You Find the Answers to Your Questions

The only public health unit of its kind in the United States, the New York City Department of Health's Office of Gay and Lesbian Health Concerns has for the last decade been a national model for communication between health- and social-service professionals and this large and exceptionally diverse population. *This issue illustrates some of the ways we can help you.* On this page, we describe services available directly from us. Inside we feature selections from our newly expanded *Referral Guide* to health and social services. The anonymous reader survey on Page 4 asks how you address the sexual orientation of patients, and how you feel about it. Your answers will help us serve you better. Results will appear in this publication.

CALL 212-788-4310
FOR SERVICES ON THIS PAGE

(*CHI*, 1993; 12, 2:1-6)

LESBIAN HEALTH

● Are you the director of a family planning agency whose staff could use training in responding to the needs of lesbian clients? A physician who'd like to receive lesbian-sensitive patient literature? A lesbian or bisexual woman who needs a medical referral? The Health Department's **Lesbian Health Project** offers a variety of services to consumers and providers, including educational workshops and patient's rights information services; advocacy of health concerns to provider and government agencies; referrals to lesbian- and bisexual-sensitive providers, and education and staff development workshops at health-care and social-service agencies, women's shelters, and correctional facilities. Volunteers are welcome, and internships are available.

SEXUAL MINORITY HEALTH REPORT

● While what stands in the way is being increasingly well-documented, more exploration is needed about just how to achieve access to appropriate health care for sexual minority populations. As a step in that direction, the Office of Gay and Lesbian Health Concerns will release this summer *Health-Care Access for Lesbian, Gay, Bisexual, and Transgender New Yorkers.* Based on an extensive literature review and interviews with providers, consumers, and representatives of community-based organizations, the report—which features recommendations for research and suggestions for models of care—should be a useful reference for health professionals, policy-makers, community-based organizations, and members of the community. Copies are free.

RESERVED FOR PROFESSIONALS

● Our staff are expert consultants on serving sexual minority communities. Under our **Professional Education Project** we sponsor conferences for physicians and other health and social service providers and conduct seminars and workshops at medical and professional schools. Any health or social service organization can call us for help in developing staff training sessions and creating educational programs and materials sensitive to the needs of lesbians and gay men. Lesbian and gay providers may call for information about gay professional medical organizations. We welcome requests from individual clinicians for consultation on any subject related to lesbian and gay health concerns. Usually we can answer your question. If not, we'll find out who can.

MEN OF COLOR Since 1987, the **Men of Color AIDS (MOCA)** Prevention Program has brought HIV education to thousands of gay and bisexual men in New York City. Activities include HIV education at gay bars, street one-to-one peer education, HIV-risk reduction workshops, tabling events at health fairs, and the distribution of condoms and safer sex information. MOCA holds network meetings, forums, and focus groups for AIDS organizations and publishes a bulletin that describes these organizations, features articles, and lists events, funding sources, and job openings.

LAVENDER HEALTH TELEVISION A segment of the weekly cable program Gay USA, Lavender Health is seen by an audience of 126,000 in the New York metropolitan area. Gay USA is aired Thursdays at 11 PM on Channels 34 and 35, and Saturdays at 7 PM on Channel 56. If you'd like to suggest a topic, call us.

DO SOMETHING FOR YOUR HEALTH, AND THE HEALTH OF OUR COMMUNITY. HERE'S HOW YOU CAN HELP CHP:

- ***Send us your check.*** We'll use it to provide medical care to people who couldn't otherwise afford it. Get your friends to do the same.
- ***Throw a house party.***
- ***Tell others what we do.***
- ***Put us in your will,*** or make CHP the beneficiary of a charitable trust.
- ***Volunteer!***
- ***Let us know you exist.*** Mail us your name and address on the form below, and we'll send you our quarterly newsletter.

NAME _____

ADDRESS _____

_____

PHONE NUMBER _____

☐ Here's my check for:
___$25, ___$50, ___$75, ___$100, ___$250, ___$500, _____ Other

☐ Send me more information.

☐ I want to volunteer.

Community Health Project
208 W. 13th Street, New York NY 10011

CHP
COMMUNITY
HEALTH
PROJECT

CLINIC INFORMATION

For appointments in the General Medical, HIV/AIDS Intervention & Assessment or Women's Programs, call CHP at

212-675-3559

between 3 and 9 p.m., Monday through Thursday. All services are offered without regard for any person's ability to pay.

Walk-in services are available Monday through Thursday evenings between 7 and 9 p.m. for people who think they may have a sexually transmitted disease or for hepatitis B testing and vaccination. All others should call for an appointment.

People who are HIV-positive or think they have HIV-related symptoms should call for information about CHP's HIV/AIDS Primary Care Program or CHP's HIV/AIDS Intervention and Assessment Program.

To make an appointment for free adolescent health services, call the HOTT Program at **212-255-1673**.

CHP's administrative offices are open Monday through Friday from 10 a.m. to 6 p.m.

Community Health Project
208 W. 13th Street, New York NY 10011

Community Health Project

HEALTH CARE FROM CARING PEOPLE

§§§

Community Health Project (CHP) is New York's only lesbian and gay community clinic. It was founded in 1973 to provide caring, affordable health services to lesbians, bisexuals and gay men in New York City.

Today, almost twenty years later, CHP's 30 paid staff and 150 volunteers provide a wide range of medical services to over 20,000 patients, including teenagers.

CHP is a precious community resource, a safety net for gay, lesbian and bisexual people who cannot afford private health care. But regardless of their financial status, anyone can choose to come to CHP for services that are specifically sensitive to their needs.

Since CHP knows first hand the health concerns of the gay and lesbian community, it serves also as an important advocate to obtain our fair share of public and private health care funding.

PROGRAMS & SERVICES

GENERAL MEDICAL CLINIC

The oldest and largest of CHP's clinical programs, the General Medical Clinic provides routine health care, walk-in STD screening and treatment, vaccination services including hepatitis B, physical exams, HIV/AIDS education and counseling, and general health education to over 17,000 registered patients. Operating Monday through Thursday evenings between 7 and 9 p.m., this program's staff is made up almost entirely of volunteers.

HIV/AIDS ASSESSMENT & INTERVENTION PROGRAM

This unique program provides immediate medical assessment, treatment, health education, case management and benefits advocacy services to men and women who know or think they are HIV-positive but who have no other source of health care. All its patients are guaranteed services at CHP until satisfactory, long-term sources of affordable primary health care and related HIV/AIDS services can be found. This program also functions during the evening with a nearly all-volunteer staff, serving up to several hundred patients.

HIV/AIDS PRIMARY CARE CLINIC

CHP's program providing health care and comprehensive social services to people with HIV/AIDS was begun in 1985 as the first of its kind in the nation. Today it serves over 2,000 patients during daytime hours and is the country's largest such facility.

WOMEN'S HEALTH PROGRAM

Begun in 1990 by an all-woman volunteer corps, CHP's Women's Health Program provides general medical, gynecological and HIV/AIDS-related health and educational services that are specially designed for lesbians and bisexual women. The program, operating during the evening, has registered over 500 patients.

HEALTH OUTREACH TO TEENS (HOTT)

The HOTT Program is a unique effort to serve adolescent members of our community, particularly among the growing population of sexual minority youth who live in the streets of Manhattan. The HOTT team provides free, ongoing and comprehensive primary health care services to over 500 young men and women during the day and night on site at CHP, off site at other agencies that serve youth, and in its own mobile medical van.

Community Health Project
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CHP
COMMUNITY
HEALTH
PROJECT

THE MISSION OF *Community Health Project is to provide low cost, accessible and quality health care primarily to the lesbian and gay community of the greater New York metropolitan area, in a caring, nonjudgmental and humane manner.*

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CHP COMMUNITY HEALTH PROJECT

Community Health Project (CHP) is New York's only community-based clinic dedicated to meeting the specific health care needs of gay men, lesbians, and bisexuals. Formed in 1983 after the merger of St. Mark's Community Clinic and the Gay Men's Health Project, CHP now represents a nearly twenty-year tradition of high quality, compassionate, and low cost health care.

Since its founding as a small grassroots STD (sexually transmitted disease) clinic, CHP has evolved to meet the challenges of its patients' growing health care needs. A paid staff of 30 and a 150-person volunteer corps provide a wide range of medical services to over 20,000 registered patients. CHP's volunteer pool, the organization's backbone and lifeblood, includes licensed medical providers and trained lay persons.

The majority of CHP patients are un- or under-insured gay men and lesbians who cannot afford private health care. However, a portion of the population includes men and women who, although they may be able to afford private medical providers, have chosen to rely on CHP's nonjudgmental and sensitive care.

Currently, CHP offers five distinct programs to serve a diverse and growing client base:

1. The General Medical Clinic, run by an all-volunteer staff, which provides routine and acute health care, walk-in STD screening and treatment, hepatitis B prevention, HIV/AIDS education and peer counselling, and general health education.

2. The HIV/AIDS Assessment and Intervention Program, also run by volunteers, which provides immediate medical assessment, health education, case management, and benefits advocacy to women and men who are HIV-positive.

3. The HIV/AIDS Primary Care Clinic, which provides ongoing health care and comprehensive social services to people living with HIV/AIDS.

4. The Lesbian Health Program, which provides general medical, gynecological, and HIV/AIDS-related health and educational services from an all-women team of volunteers.

5. Health Outreach to Teens (HOTT), a free, comprehensive medical program which delivers primary health care and education to lesbian, gay, bisexual, transgender, and other sexual minority youth, both on-site at CHP and on board a mobile medical van.

6. The Peer Counseling Program, which provides sensitive counseling, as well as concrete and immediate referrals to community resources.

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CHP COMMUNITY HEALTH PROJECT

GENERAL MEDICAL CLINIC

The General Medical Clinic is the oldest, largest, and most well known of CHP's five clinical programs. Since its founding in 1983, the clinic has provided low cost, high quality health care to nearly 20,000 registered patients.

Started as a walk-in screening and treatment center for STDs (sexually transmitted diseases), the program has grown and expanded dramatically, now offering physical examinations, vaccinations (hepatitis B, flu, pneumovacs, tetanus-diptheria), HIV health education, and medical referrals. Providers also treat acute medical (bronchitis, ear aches, colds) and dermatological needs. The clinic recently instituted a peer counseling program, allowing walk-in clients to discuss their concerns about HIV, STDs, and safer sex.

Operating Monday through Thursday evenings from 7 to 9 p.m., the General Medical Clinic is like a large gay and lesbian family practice. With one exception. Its 100-person staff of internists, dermatologists, general practitioners, physician assistants, nurse practitioners, counsellors, screeners, laboratory technicians, and receptionists is all volunteer. As diverse as the community they serve, these volunteers share a common commitment: to provide sensitive and professional health care to all gay and lesbian New Yorkers.

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CHP COMMUNITY HEALTH PROJECT

AIDS ASSESSMENT PROGRAM

CHP's HIV/AIDS Assessment and Intervention Program (AAP) is like an HIV 101 course for asymptomatic patients without access to private health care. AAP provides its patients, many of whom have recently tested positive, with immediate medical assessment, treatment, case management, and health education. AAP is conducted on Thursday evenings as an adjunct to CHP's General Medical Clinic and is staffed by an all-volunteer corps of doctors and nurse practitioners. Since its founding in 1986, the program has treated over 1200 patients.

During his/her initial appointment, an AAP patient receives a comprehensive medical examination that includes a battery of laboratory tests. Subsequent clinic visits address the development and implementation of a patient-specific medication regimen, as well as ongoing monitoring of the patient's HIV infection. AAP patients also work with CHP's two full-time benefits advocates, who guide them through the maze of governmental entitlement programs.

With its focus on assessment and monitoring, AAP is not designed to provide primary HIV care. When an AAP patient becomes symptomatic, the CHP staff works closely with him/her to find an appropriate and affordable source of long-term HIV care. Most often, the patient is enrolled in CHP's daytime HIV/AIDS Primary Care Clinic.

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CHP COMMUNITY HEALTH PROJECT

HIV/AIDS PRIMARY CARE CLINIC

CHP's HIV/AIDS Primary Care Clinic opened its doors in 1985, the result of a unique partnership between New York City's only community-based gay and lesbian health clinic and the NYC Health and Hospitals Corporation. Operated jointly with Bellevue Hospital, this daytime program has served close to 2500 men and women with HIV. With its multifaceted approach to HIV care, the program has been cited and duplicated nationwide as a health care model.

The core of this model is the consistent relationship between the client and provider. All CHP patients are assigned one provider (doctor, nurse practitioner, or physician assistant) and this relationship forms the basis for the development of the clinic's care plan. The client also has an ongoing relation with the clinic's nurses, whose expertise in HIV treatment, nutrition, and health education is an essential component of the program.

The HIV Primary Care Clinic also addresses its clients' emotional and financial needs. A mental health team, comprising a psychiatrist, community liaison worker, and social workers, provides crisis intervention, ongoing therapy, support groups, and linkages with community support services. CHP's benefits advocates, with their extensive working knowledge of local, state, and federal welfare systems, guide clients through the maze of public agencies. By ensuring that clients receive every governmental penny possible, our benefits advocates help to avert the financial crises that so many people with AIDS face.

While the HIV Primary Care Clinic provides client care in an intimate, compassionate setting, its affiliation with Bellevue Hospital offers all the advantages of a large urban medical center. When clients need x-rays, lab tests, or the services of a medical specialist, they have an "in" at Bellevue without having to endure the chaos and protracted delays of an emergency room.

Clients of the HIV Primary Care Clinic represent the diversity of the New York area's HIV population. In fact, our clients' only common denominator is their lack of adequate health insurance. CHP's reputation for high quality, low cost, and compassionate health care, combined with a profound respect for patient confidentiality, has led to patient referrals from all of new York's major medical institutions and AIDS service organizations. However, the clinic's most telling referrals come from patient word of mouth.

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CHP COMMUNITY HEALTH PROJECT

PEER COUNSELING PROGRAM

Sexually transmitted diseases, relationships, coming-out, HIV and AIDS, self-esteem, keeping up safer sex, jobs, sexual assault and discrimination...these are some of the issues that face gays and lesbians in our community today. Gay people deserve to talk and be heard in a caring, nonjudgemental and humane manner.

The Peer Counseling Program at CHP provides just that. Peer Counselors create the space for gay people to come and talk about their issues. Counselors provide concrete and immediate community resources and referrals, information on STDs, support to keep up safer sex, and HIV/AIDS education.

The Peer Counseling Program operates at CHP's evening gay and lesbian clinic and at the Lesbian Health Program. Walk-in, no appointment necessary and no-charge.

Peer Counseling at CHP is not to be confused with on going therapy. It is one-session or very short term in nature. It is designed to empower clients with tools, information, or referrals.

Volunteer Peer Counselors possess sensitivity, genuiness, and warmth, all that are necessary to effective counseling. They are trained and supervised by CHP's Health Educator and are knowledgable of community resources and referrals.

The goal of the Peer Counseling Program is to empower, promote self-determination, and listen and respond to the needs of gay and lesbians in our community.

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CHP COMMUNITY HEALTH PROJECT

HOTT (HEALTH OUTREACH TO TEENS)

Developed by CHP in 1988 to address the special health care needs of lesbian, gay, and bisexual youth, Health Outreach to Teens (HOTT) has provided nearly 2500 adolescents with free direct medical care, health education, and non-medical support. The HOTT team, consisting of a full-time administrator, coordinator/driver, nurse/health educator, and a part-time physician, has worked hard to earn the trust of young patients who too often are abused by adult society.

HOTT patients are primarily cultural and/or sexual minority youth, frequently runaways or throwaways living on the street. HOTT is especially sensitive to cross-dressing and transgender youth who largely are unwelcome at other youth service organizations. Responding both to their unmet medical and health education needs, as well as to their institutional mistrust, the HOTT team befriends these often friendless young people, giving them confidence, a sympathetic ear, and the tangible support of free hot meals, bag lunches, clean clothes, and free condoms and dental dams.

One of HOTT's most significant innovations is the way it delivers health care to where its service population congregates. With monies appropriated by the Manhattan Borough President, CHP designed, purchased, and outfitted the 34-foot "HOTT Van," replete with reception and consultation areas, examining rooms, mini-lab, and a bathroom with shower. The HOTT Van brings health care literally to the streets of New York.

Frequently, a HOTT client will visit the mobile van three or four times before any health care or education occurs. It can take that long to earn his or her trust. Once that trust is earned, however, subsequent visits may also take place on-site at CHP. The CHP staff and volunteers, welcoming to all who come to the clinic, have been specially trained to make the clinic a safe and nurturing space for these young patients.

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CHP COMMUNITY HEALTH PROJECT

LESBIAN HEALTH PROGRAM

In healthcare, as in every aspect of society, lesbians are invisible. Lesbians have been ignored in medical research, overlooked in most women's clinical programs and unreached by instruction on preventive health care. The failure of the medical industry to recognize (let alone address) lesbian health needs means that we are at higher risk for breast cancer, pelvic inflammatory disease and other common serious illnesses. In addition, lesbians who come-out to their doctors report being treated with fear, hostility and violence.

All this boils down to one thing. Lesbians are not getting the healthcare they need.

Responding to this dearth of sensitive, affordable care, CHP implemented the Lesbian Health Program in 1990. The goals of the Program are to provide medical services in a lesbian-positive, feminist space and manner; to educate lesbians about healthcare needs and preventive care; and to aid lesbians in understanding and asserting their rights with other healthcare providers.

Community need has ensured the program's rapid growth: over 500 women have become registered clients. The personal experiences share through the program fuels our commitment to expanding lesbian health services. Our average client has not had a pap smear in over five years, if ever. She has never had a mammogram. And before coming to see us she didn't know anything about how to protect herself from HIV, because she had always heard that lesbians don't get AIDS. Ninety-eight percent of CHP's lesbian clients do not have any health insurance and typically have incomes below $20,000 per year.

On three evenings each week, lesbian health services are provided alongside the general medical clinic, and on two Saturdays a month the clinic is transformed into an all women's space by the Lesbian Health Program. Appointments with providers are available for pap smears, pelvic exams, general medical and HIV-related services. Treatments for STDs (sexually transmitted diseases) and vaginal infections are available on a walk-in basis. The all-woman staff includes one full-time coordinator and 30 volunteers including licensed providers, CHP-trained screeners, lab technicians and administrators ("front desk workers").

Peer counselling is provided at the clinic on a wide range of issues including lesbian STD transmission and safer sex, preventive healthcare, and patients' rights. Community referrals are also made for health services beyond the scope of what the Program can now provide. Volunteers are available to speak on lesbian safer sex and preventive care.

With these basic services in place, the Lesbian Health Program plans an aggressive outreach effort for 1993. Our two-part goal is to ensure that we are accessible and well-known to the women most in need or our services and to learn from lesbians how we can improve our services to meet their specific health needs. In doing this outreach, the Lesbian Health Program is collecting data critical to understand the health needs of lesbians—an area completely ignored by medical research and traditional health care settings.

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CHP COMMUNITY HEALTH PROJECT

TRIBUTES

I'm an artist, and don't have any health insurance. At CHP, I found affordable health-care. The quality of care is excellent, and it's homo-friendly! I love CHP!

Kelly K.
ACTUP member

Women come to CHP to get respect, which is a first step to good health. Each woman is considered an expert about her body, and as a volunteer screener, I encourage women to take active roles in their own health care. Working with women in this way is an invaluable investment in my future and the future of women's health care.

Salena Cummins
CHP volunteer

My doctor was patient and understanding and really took time out to explain what I didn't understand. I felt comfortable discussing issues regarding my sexuality. The people at CHP made me feel comfortable about asking questions that other doctors made me feel stupid about.

In the past I felt embarrassed talking to doctors and staff about my sexuality but at CHP I felt comfortable and relaxed.

Leah R.
Bisexual, age 26

Unemployed. Uninsured. Returning to NYC after 15 years, healthy and determined to stay that way after a decade of ill health. There was/is only one place you can get friendly basic, preventive care, where you can get an appointment in a month or less, where they will take the time to teach you self-help methods, answer all your stupid questions, seriously answer all your petulant complaints: CHP.

Thank God I'm a lesbian!

Danielle Zora

Community Health Project
208 West 13th Street
New York, New York 10011

phone (212) 675-3559
fax 645-0013

CHP COMMUNITY HEALTH PROJECT

TRIBUTES

The Community Health Project is an incredible asset to the Lesbian and Gay community. The staff and volunteers are tireless advocates for the health and well being of our community. Their grassroots efforts on behalf of the community's health issues deserve tremendous support from everywhere possible.

Tom Duane
Manhattan Counselmember

CHP fulfills a vital need in our community by providing accessible, culturally sensitive health care to lesbians gay men and bisexuals. It is critically important that we have safe and caring environments like CHP to learn about our health care needs and how to take better care of ourselves.

Deborah Glick
New York State Assembly Member

THE WHITE HOUSE

WASHINGTON

October 19, 1993

Dr. Ruth H. Gordon-Bradshaw
301 East Riding Road
Montgomery, Alabama 36116

Dear Dr. Gordon-Bradshaw:

This is a belated thank you for your note card and comments on the need for comprehensive secondary prevention services for people living with HIV. As you know, as National AIDS Policy Coordinator, I am devoted to developing and implementing policies at the national level to stop the spread of HIV and to provide adequate services for those already infected. I am also devoted to finding a cure for AIDS as soon as possible.

Unfortunately, due to a prior commitment, I will not be able to attend the National People of Color Council on AIDS meeting in Atlanta. The organizers had sent me an invitation to attend, but I had a prior commitment to make several presentations in San Francisco at the American Public Health Association Conference.

Thank you again for your comments.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 19, 1993

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Thank you again for your comments.

Sincerely,

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

Prepared by: APO: CVelez: 202-690-5560: 10/14/93: b:\velez.lts\gordon

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Sept. 18, 1993

Dear Kristine,

I appreciate your prompt response. Truly hope that things are going well. However, AIDS work is labor-intensive, as you know.

I am looking forward to seeing you at the National People of Color Multipurpose Conference... in Atlanta on Oct. 26-28, 1993.

Sorry there are no direct Fed. regulations for correction health services. The need has recently been brought here to us by a recent exposure to Tb. All of us immunocompromised folks are being taken through the paces.

See you soon.

Sincerely,
Ruth

DR. RUTH H. GORDON-BRADSHAW
301 EAST RIDING RD.
MONTGOMERY, AL 36116

OCT 4 1993

USA 19

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
T
U

501224O9 ** CR 0001
***** AUTOMATED MAIL (MUM) *****
WHITE HOUSE
1600 PENNSYLVANIA AVE NW
WASHINGTON DC 20500-0005

10/19/93

THE WHITE HOUSE

Elizabeth —

I've gone too long without a call or note — Thanks for your visit, & for the frank comments — appreciated & them & am not ignoring them at all. I'll be in LA for about 24 hours next week - will try to call —

Kirsten

THE WHITE HOUSE
WASHINGTON

Ms. Elizabeth Glaser
Co-Founder
Pediatric AIDS Foundation
1311 Colorado Avenue
Santa Monica, CA 90404

THE WHITE HOUSE
WASHINGTON

OCT 19 1993

Ms. Ellen Rautenberg
Executive Director
Office for Special Population
Projects, NY Academy of Medicine
1216 5th Avenue
New York, NY 10029

THE WHITE HOUSE

Dear Ellen —

Thank you so much for your efforts last week - I learned so much in my brief time at St. Claire's, & in the dialogue over lunch. You have your work cut out for you - but I know you're up to it - I'm looking forward to seeing you again - Christine

THE WHITE HOUSE
WASHINGTON

OCT 19 1993

Dr. David E. Rodgers
Senior Advisor
NY Academy of Medicine
Room 606
1216 5th Avenue
New York, NY 10029

THE WHITE HOUSE

Dear David —

Just a quick word of thanks for last week's visit to New York - both St. Clairs & the N.Y. Academy - I learned a great deal about day-to-day efforts to respond to care needs, & enjoyed the interaction over lunch — you're a great host! Kristine

OCT 19 1993

THE WHITE HOUSE

Doris —

Thanks for the kind words —
I enjoyed visiting with you —
and I may never call "printing"
by it's common name again!
Hope to see you again —

Christine

Ms. Doris Stoll
Candid Litho Co., Inc.
170 Varick Street
New York, NY 10013

Candid Litho Co., Inc.

170 Varick Street
New York, N.Y. 10013
(212) 243-3305
Fax (212) 691-7209

DORIS STOLL

Christine —
You are clearly Concerned —
you are Courageous —
I'm sorry you had to
experience this even —
all the best in your
journey —
"The PRINTER"

OCT 19 1993

THE WHITE HOUSE

Dear Nancy —

Thank you for including me in the AIDS Action Foundation fundraiser — and for the "Dutch Uncle" (or should I say Dutch Aunt) conversation — I appreciate the feedback & the suggestions. Keep them coming; if you will —

Hillary

THE WHITE HOUSE
WASHINGTON

Ms. Nancy Campbell
Executive Director
Northwest AIDS Foundation
127 Broadway East
Seattle, WA 98102-5786

OCT 19 1981

THE WHITE HOUSE

Dear Barry —

I'm slow with this thank you — the chance to relax over dinner, & to get to know Helen & Jack, was great. There are so many interesting changes brewing - I look forward to watching them with you from time to time — Thanks again - Cheers

THE WHITE HOUSE
WASHINGTON

Mr. Barry Passett
5441 33rd Street, N.W.
Washington, D.C. 20015

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. William J. Healy
1405 Warrington Road
Deerfield, Illinois 60015

Dear Mr. Healy:

Thank you for sharing your thoughts about information you have received on the HIV/AIDS epidemic. As you may know, over 300,000 Americans have been diagnosed with AIDS as of June 30, 1993. Almost 200,000 have died. The statistics also suggest that a substantial number of persons that have been diagnosed with AIDS became infected during their teenage years.

Although we have been fighting AIDS for twelve years, there is still no vaccine and no cure is in sight. The best tool we have to combat this epidemic is education. Although some of the prevention information may be less appropriate appropriate for certain audiences, it is critical that we reach those who are at risk in the most effective way possible, and that we target our effort. I have been entrusted by the President with finding ways of stopping the spread of HIV, and effective educational messages are the best way.

I hope that you will continue to share your thoughts with me.

Sincerely,

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

cc: Carlos Vélez, JD
Director, HIV/AIDS Prevention

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Ms. Sylvia Goldstaub
6515 Kensington Lane #404
Delray Beach, Florida 33446

Dear Ms. Goldstraub:

This is a belated thank you for your input and information on your book Unconditional Love. 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 my work as National AIDS Policy Coordinator, 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 20, 1993

Robert E. Hughes, Jr., Ed.D.
6373 Wood Bridge
Memphis, Tennessee 38119

Dear Dr. Hughes:

This is a belated thank you for sharing information on your dissertation "AIDS Education on college Campuses: A National Survey of Perceptions, Practices, and Recommendations" with me. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV. Effective education for young men and women is paramount in this effort.

After 12 years of the HIV/AIDS epidemic we are still in need of effective tools and programs that will deliver an effective message to those at risk. I am in full support of effective teaching tools and methods that will reach those most at risk for HIV infection and to assist those already infected.

I have shared the information on your letter and the dissertation itself with Carlos Vélez, J.D., Director of HIV/AIDS Prevention in my office and with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV. The Associate Director (HIV) will be able to determine whether there is any way that you can obtain funding through their current program structure. If you would like to talk to Mr. Vélez about any of the issues you discuss in your letter, please feel free to contact him at (202) 690-5560.

Again, thank you for sharing your information. I wish you success in your project.

Sincerely,

Kristine Gebbie

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

cc: Carlos Vélez, JD, ONAP
Associate Director (HIV), CDC

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Ms. Elizabeth O. Harmon, Ed.D., C.H.E.S.
The School District of
Lee County
2055 Central Avenue
Fort Myers, Florida 33901

Dear Ms. Harmon:

This is a belated thank you for sharing information on Lee County's voluntary HIV/STD screening program with me. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV. Effective education for youth is paramount in this effort.

After 12 years of the HIV/AIDS epidemic we are still in need of effective tools and programs that will deliver an effective message to those at risk. I am in full support of effective teaching tools and methods that will reach those most at risk for HIV infection and to assist those already infected to obtain early treatment.

I have shared the information on your letter with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV. The Associate Director (HIV) will be able to determine whether your protocol can be used for their current operations.

Again, thank you for your interest and support.

Sincerely,

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

cc: Associate Director (HIV), CDC

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Ms. Lynda Blake
Director of Sales
Essential Medical Information
Systems, Inc.
P.O. Box 1607
Durant, Oklahoma 74702

Dear Ms. Blake:

This is a belated thank you for sharing Gynecological Care Manual for HIV Positive Women and Safe Sex: A Guide to Condoms with me. As National AIDS Policy Coordinator I am devoted to the development and implementation of policies that will stop the spread of HIV and provide adequate services for those already infected. I am also devoted to finding a cure for AIDS as soon as possible. Current and accurate information about services for women and the appropriate use of condoms 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) and the Bureau of Health Resource Development at the Health Resources and Services Administration (HRSA), 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: Associate Director (HIV), CDC
Director, Bureau of Health
Resource Development, HRSA

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. Milton W. Lewis
1870 Pleasantdale Lane
Encinitas, California 92024

Dear Mr. Lewis:

This is a belated thank you for sharing "Fight, Fight, Fight, Till AIDS is Dead" with me. As National AIDS Policy Coordinator, I appreciate your interest in the fight against HIV/AIDS. Your taking the time to share your song with me clearly shows your dedication to the eradication of this disease.

I have shared your song with members of the National Association of People with AIDS, which is a national organization devoted to the development and implementation of policies favorable to persons living with HIV/AIDS in the United States.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Ms. Rose Solomon
1766 Donnell Road
West Palm Beach, Florida 33409

Dear Ms. Solomon:

This is a belated thank you for sharing Roger's Recovery from AIDS with me. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV and provide adequate care for those already infected. As you state in your letter, I am also devoted to finding a cure for AIDS as soon as possible. Current and accurate information about alternative therapies has been very useful to individuals who struggle against HIV on a daily basis.

I have forwarded the book and other information to the Office of AIDS Research at the National Institutes of Health, who will be able to determine whether the book can be used in their programs.

Sincerely,

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

cc: Office of AIDS Research, NIH

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. Eddie Leiper
5507 Hollings Street
Ventura, California 93003

Dear Mr. Leiper:

This is a belated thank you for sharing your song "AIDS" with me. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV and provide care for those already infected. I am also devoted to finding a cure for AIDS as soon as possible. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take some positive steps to end the HIV/AIDS epidemic.

It is through the efforts and input from individuals like yourself, especially in obtaining much-needed resources, that we will be able to fight to end this epidemic. A coordinated approach for AIDS research is critical if we are going to be successful in our endeavor. In our labor, we need the inspiration that comes from the courage and love of life that many individuals like yourself display on a daily basis. I applaud your efforts to communicate such a potent message.

I have shared your materials with the staff of the American Foundation for AIDS Research (AmFAR), who conduct extensive fundraising activities on behalf of community-based research programs. They will be able to determine whether they can coordinate their efforts with you.

Sincerely,

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

cc: American Foundation for
AIDS Research

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. Enzo Krahl, M.D.
15 Cotton Crossing
Savannah, Georgia 31411

Dear Dr. Krahl:

This is a belated thank you for sharing your thoughts on the need for an effective national strategy to stop the spread of HIV with me. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will accomplish that. I am encouraged by the interest of individuals like yourself on the complex issues of HIV/AIDS prevention.

As you correctly point out in your letter, HIV/AIDS prevention is very controversial. As the current Admistration's leader in the fight against HIV, I will disagree with you that it is our intent to let HIV/AIDS "just go away." I have been entrusted by the President to take positive steps to end this epidemic. I believe that in order to stop the transmission of the virus, we must address the issues from a public health standpoint.

Your comments address the need to contain the spread of the virus. You indicated, however, that this should be done by isolating persons living with HIV. HIV/AIDS is not like other diseases for which quarantine and isolation have been the traditional methods of containment. HIV is transmitted by very specific behaviors, not by casual contact. Effective education campaigns have proven effective in changing those behaviors in persons that have participated in programs in all parts of this country. Under those circumstances, it would be more advisable to improve the nature of the prevention messages that we are delivering to populations at risk rather than trying to limit the civil liberties of those infected.

My primary aim is to promote programs and educational campaigns that are flexible enough to address the needs of those who choose to abstain as well as those who choose to be sexually active. In order to do this effectively, it is my belief that the messages must speak the language of those we are trying to reach. If the language of abstinence will prevent some from hearing the more

important message of HIV/AIDS prevention, then it may not be the correct message to concentrate on.

I would like to thank you again for your input.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

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I have forwarded the book and other information to the Office of AIDS Research at the National Institutes of Health, who will be able to determine whether the book can be used in their programs.

Sincerely,

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

cc: Office of AIDS Research, NIH

gr ccd

THE WHITE HOUSE

WASHINGTON

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Sincerely,

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

cc: Office of AIDS Research, NIH

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\solomon

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

ANS

June 16, 1993

Hon. Kristine Gebbie,
Office of Aids Policy Coordinator
Washington, D.C. 20500

Dear Ms. Gebbie,

I was delighted to learn from your interview this evening on the MacNeil - Lehrer program that you believe very strongly on "prevention" being a most important tool in the battle against AIDS.

Under separate cover I am mailing you a copy of "Rogers Recovery from Aids" by Bob Owen, publisher - Adar.

It is a most interesting and exciting account of the simple procedure which was used to rid Bob Owen's friend Roger of aids.

I gathered from your excellent presentation that you propose to leave no stone unturned, i.e. that you would consider alternative methods of healing. (which,

unlike drugs) are non-toxic.

There are health resorts both in this country and abroad which are using one such method very successfully — detoxification!

One resort is located in West Palm Beach, Florida, namely: Hippocrates Health Institute. I have had occasion to speak with a young man, who, with his friend recovered from Aids at the institute. He said they feel fine as long as they "stay on the program." (offered by Hippocrates)

Prof. Peter Duesberg, professor of molecular and cell biology at U.C. Berkeley, a member of the National Academy of Sciences, says: "The theory that says HIV is the cause of Aids is wrong. "It has not saved one life, not predicted the spread of AIDS correctly, not lead to any useful medication or vaccine and is the basis for the daily poisoning of 125,000 with AZT."

"We should warn against drugs, not against sex if we want to prevent AIDS", urges Duesberg.

Please feel free to contact me for further information at 1766 Donnell Rd, WPB, FL. 33409 — (407) 640-3626

Sincerely,

Rose Solomon

R. Solomon
1766 Donnell Rd.
W. P.B. Fl. 33409

Hon. Kristine Gebbie
Office of Aids Policy Coordinator
Washington, DC
20500

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. Milton W. Lewis
1870 Pleasantdale Lane
Encinitas, California 92024

Dear Mr. Lewis:

This is a belated thank you for sharing "Fight, Fight, Fight, Till AIDS is Dead" with me. As National AIDS Policy Coordinator, I appreciate your interest in the fight against HIV/AIDS. Your taking the time to share your song with me clearly shows your dedication to the eradication of this disease.

I have shared your song with members of the National Association of People with AIDS, which is a national organization devoted to the development and implementation of policies favorable to persons living with HIV/AIDS in the United States.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

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Sincerely,

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

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\lewis

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Accent

MILT LEWIS

• **HE WRITES THE SONGS:** It's hard to believe Milt Lewis was ever bashful about singing his songs to an audience. The 81-year-old Encinitas resident recently won gold and silver medals at the 1992 National Veterans Creative Arts Festival, which recognizes veterans' creative abilities. He adds the two awards to the gold medal he won in the 1990 competition. When asked about his songs, Lewis is not afraid to launch right into them. "I don't know a sharp from a flat, but I can compose songs," Lewis said before beginning "Fight, Fight, Fight Till AIDS Is Dead," which won him this year's silver medal. **Page D-1.**

America needs
a fight song
to defeat AIDS
My song could
help get the
job done
Sincerely
Milt Lewis

MILTON W. LEWIS
1870 Pleasantdale Ln., Encinitas, CA 92024

United States Health Dept
Capitol Bldg.
Wash. - D.C.
20500

20201

HEW

Health Dept.

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. Eddie Leiper
5507 Hollings Street
Ventura, California 93003

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It is through the efforts and input from individuals like yourself, especially in obtaining much-needed resources, that we will be able to fight to end this epidemic. A coordinated approach for AIDS research is critical if we are going to be successful in our endeavor. In our labor, we need the inspiration that comes from the courage and love of life that many individuals like yourself display on a daily basis. I applaud your efforts to communicate such a potent message.

I have shared your materials with the staff of the American Foundation for AIDS Research (AmFAR), who conduct extensive fundraising activities on behalf of community-based research programs. They will be able to determine whether they can coordinate their efforts with you.

Sincerely,

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

cc: American Foundation for
AIDS Research

FILE COPY

THE WHITE HOUSE

WASHINGTON

October 20, 1993

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5507 Hollings Street
Ventura, California 93003

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

cc: American Foundation for
AIDS Research

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\leiper

FILE COPY

HNS

July 2, 1993

Kristine Gebbie
Federal AIDS Coordinator
The White House
1600 Pennsylvania Ave
Washington D.C. 20500

Re: Piano Marathon for AIDS.

Dear Ms. Gebbie:

I'd like to take this opportunity to introduce myself to you. My name is Eddie Leiper. I am a song writer and composer. This summer I was planning to undertake a big challenge in my life. I was preparing myself to perform a One Month (30 Days) Piano Marathon to raise money for AIDS research; my goal was to raise one million dollars.

The marathon was to take place this summer of 1993 here in Ventura California. However the city told me I can only play for seven days with a permit. But, it would have been a miracle to raise one million dollars in seven days.

My big challenge went down the drain to raise money for AIDS research. I had planned to put on a show if my piano marathon didn't come through. I was to rent an Auditorium, lineup Celebrities, but the school district said I had to have a One Million Certificate Liability Insurance. After that, everything went down.

I wrote to President Bill Clinton, Actress Liz Taylor, Former Laker Star Magic Johnson, and our State Senator, Gary Hart, for support. I received letters from them all wishing me the best success in my fund raising project.

I'm writing this letter to you in my efforts with AIDS research. I would like to know if you can pass this along to our President Bill Clinton in this matter.

Also, I would welcome the opportunity to send you a copy of a song I wrote about AIDS. Thank you for your consideration of my request.

Sincerely
EDDIE LEIPER
Eddie Leiper
5507 Hollings Street.
Ventura, CA. 93003

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. Enzo Krahl, M.D.
15 Cotton Crossing
Savannah, Georgia 31411

Dear Dr. Krahl:

This is a belated thank you for sharing your thoughts on the need for an effective national strategy to stop the spread of HIV with me. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will accomplish that. I am encouraged by the interest of individuals like yourself on the complex issues of HIV/AIDS prevention.

As you correctly point out in your letter, HIV/AIDS prevention is very controversial. As the current Admistration's leader in the fight against HIV, I will disagree with you that it is our intent to let HIV/AIDS "just go away." I have been entrusted by the President to take positive steps to end this epidemic. I believe that in order to stop the transmission of the virus, we must address the issues from a public health standpoint.

Your comments address the need to contain the spread of the virus. You indicated, however, that this should be done by isolating persons living with HIV. HIV/AIDS is not like other diseases for which quarantine and isolation have been the traditional methods of containment. HIV is transmitted by very specific behaviors, not by casual contact. Effective education campaigns have proven effective in changing those behaviors in persons that have participated in programs in all parts of this country. Under those circumstances, it would be more advisable to improve the nature of the prevention messages that we are delivering to populations at risk rather than trying to limit the civil liberties of those infected.

My primary aim is to promote programs and educational campaigns that are flexible enough to address the needs of those who choose to abstain as well as those who choose to be sexually active. In order to do this effectively, it is my belief that the messages must speak the language of those we are trying to reach. If the language of abstinence will prevent some from hearing the more

important message of HIV/AIDS prevention, then it may not be the correct message to concentrate on.

I would like to thank you again for your input.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 20, 1993

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15 Cotton Crossing
Savannah, Georgia 31411

Dear Dr. Krahl:

This is a belated thank you for sharing your thoughts on the need for an effective national strategy to stop the spread of HIV with me. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will accomplish that. I am encouraged by the interest of individuals like yourself on the complex issues of HIV/AIDS prevention.

As you correctly point out in your letter, HIV/AIDS prevention is very controversial. As the current Admistration's leader in the fight against HIV, I will disagree with you that it is our intent to let HIV/AIDS "just go away." I have been entrusted by the President to take positive steps to end this epidemic. I believe that in order to stop the transmission of the virus, we must address the issues from a public health standpoint.

Your comments address the need to contain the spread of the virus. You indicated, however, that this should be done by isolating persons living with HIV. HIV/AIDS is not like other diseases for which quarantine and isolation have been the traditional methods of containment. HIV is transmitted by very specific behaviors, not by casual contact. Effective education campaigns have proven effective in changing those behaviors in persons that have participated in programs in all parts of this country. Under those circumstances, it would be more advisable to improve the nature of the prevention messages that we are delivering to populations at risk rather than trying to limit the civil liberties of those infected.

My primary aim is to promote programs and educational campaigns that are flexible enough to address the needs of those who choose to abstain as well as those who choose to be sexually active. In order to do this effectively, it is my belief that the messages must speak the language of those we are trying to reach. If the language of abstinence will prevent some from hearing the more

important message of HIV/AIDS prevention, then it may not be the correct message to concentrate on.

I would like to thank you again for your input.

Sincerely,

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

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\krahl

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

15 Cotton Crossing

ENZO KRAHL, M.D.
~~33 Magnolia Crossing~~
Savannah, Georgia 31411
(912) 598-0756

July 1, 1993

Ms.Kristine Gebbie
Aids Czar
The White House
Washington D.C. 20510

Dear Ms. Gebbie :

I am enclosing copy of a letter to the Editor I wrote December 13, 1991. I have received dozens of letters of support and positive phone calls, and only one negative response.

I want to share these thoughts with you at this time, as you are beginning your new responsibilities as "Aids Czar".

The authorities' present approach to this grave problem is based on wishful thinking, namely that eventually this calamity will go away and that eventually a cure will be found while the officialdom is giving lip service, and perhaps a few more dollars.

This is not so. The fact is that the epidemic is spreading, and that asking people to behave responsibly does not work. Had they behaved responsibly, the epidemic would not have reached these proportions.

If the government really cares about the health of its citizens, rules must be made and drastically enforced to identify and isolate the carriers and to contain the spread of this deadly contagious disease. And the sooner, the better. Anything less is only window dressing.

Sincerely yours ,

Enzo Krahl, M.D.

encl.

Lift the Veil of AIDS Secrecy

Editor:

Since Magic Johnson's revelation he had tested HIV positive, the debate over AIDS has warmed up again, culminating in distribution of free condoms to children in the New York public school system. This brought to mind the old saying: "Two wrongs don't make a right."

When the first cases of AIDS were reported some 10-plus years ago, a political decision was made by authorities to deal with this infectious disease differently than other infectious diseases were dealt with, based on the fact that at that time most known cases involved male homosexuals.

All other serious infectious diseases; from measles to syphilis, have to be reported to health authorities, and an epidemiological investigation is carried out involving all "contacts." In the case of AIDS it was decided the "privacy rule" should apply. I blame the American Medical Association as much as I blame lay authorities for playing along in this political game instead of insisting AIDS be subject to the same rules as other serious infectious diseases.

There was no known treatment for AIDS then, and there is still no effective treatment. When there was no effective treatment against leprosy, society protected itself by isolating lepers; this time, not only were HIV positive people not isolated, their anonymity was protected by the "privacy act," and they were allowed to knowingly or unknowingly transmit the deadly virus freely in geometric progression.

By distributing free condoms to children, society condones and encourages promiscuity. It would be better to have large billboards in classrooms and elsewhere stating: "You carry out promiscuous sex at your own risk, and it may cost you your life."

As for men and women known to be HIV-positive, the law should require them to inform their sex partners before the act, with very severe penalties if they fail to do so. Patients undergoing invasive procedures and health providers administering them should have the same obligation.

Repeated testing should be required (one may carry the virus and still test negative for several months), and certainly no one testing positive should be granted a visa to the U.S. I don't understand the fuss about this since no one has ever objected to a TB test, and no visa was ever granted to anyone who tested positive.

Certainly, studies must continue to find a cure, but in the meantime the privacy clause should be revoked, epidemiological studies instituted, and people infected with the virus made accountable for knowingly spreading this deadly disease.

ENZO KRAHL, M.D.

ENZO KRAHL, M.D.
~~38 Magnolia Crossing~~ 15 COTTON CROSSING
Savannah, Georgia 31411

SAVANNAH, GA 314
PM
1 JUL
1993

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

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Ms. Elizabeth O. Harmon, Ed.D., C.H.E.S.
The School District of
Lee County
2055 Central Avenue
Fort Myers, Florida 33901

Dear Ms. Harmon:

This is a belated thank you for sharing information on Lee County's voluntary HIV/STD screening program with me. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV. Effective education for youth is paramount in this effort.

After 12 years of the HIV/AIDS epidemic we are still in need of effective tools and programs that will deliver an effective message to those at risk. I am in full support of effective teaching tools and methods that will reach those most at risk for HIV infection and to assist those already infected to obtain early treatment.

I have shared the information on your letter with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV. The Associate Director (HIV) will be able to determine whether your protocol can be used for their current operations.

Again, thank you for your interest and support.

Sincerely,

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

cc: Associate Director (HIV), CDC

THE SCHOOL DISTRICT OF LEE COUNTY

2055 CENTRAL AVENUE • FORT MYERS, FLORIDA 33901-3988 • (813) 334-1102

DAVID S. GRAHAM
DISTRICT 1

MARGARET SIRIANNI
DISTRICT 2

PATRICIA ANN RILEY
DISTRICT 3

DICK RIPP
DISTRICT 4

BARBARA WALLACE
DISTRICT 5

DR. JAMES A. ADAMS
SUPERINTENDENT

MARIANNE KANTOR
STAFF ATTORNEY

June 30, 1993

Ms. Kristine Gebbie, Federal AIDS Coordinator
The White House
Washington, DC 20500

Dear Ms. Gebbie:

Congratulations on your appointment as our national leader with the HIV/STD challenge. My heart was warmed as I heard you speak those golden words of Comprehensive Health Education (CHE) as a CORE curriculum, Pre K - 12, in our schools. For the last 18 years I have been a public school Health Educator in the classroom and at the District level as a Coordinator. The curriculum has proven most effective when certified teachers with proper training, resources and materials, plus adequate time in the school day, have been honored. Our HIV/STD screening in the high schools is a result of a Pre K-12, articulated Comprehensive Health Education curriculum and it is now a community enhancement to our CHE program.

Enclosed, please find the protocol for Lee County's voluntary HIV/STD screening program and materials from our largest Health Education association in the country, the Association for the Advancement of Health Education (12,000 members). At the moment, we are pressing for the inclusion of Comprehensive Health Education in both the Goals 2000 legislation and a prevention component of the National Health Care Plan. As an AAHE Board member, I solicit your support for both of these projects.

Thank you again, for accepting this most challenging position and know that those of us in the trenches are cheering you forth. If we can be of assistance, please call.

Sincerely,

Elizabeth O. Harmon

Thanks
General support postmarked
END of

Elizabeth O. Harmon, Ed.D., C.H.E.S.

EOH:mms

cc: David Graham
Dr. James Adams
Dr. Douglas Whittaker
Dr. Becky Smith

HEALTH EDUCATION: THE PROACTIVE COMPONENT OF THE PROPOSED HEALTH (DISEASE) CARE SYSTEM

RECOMMENDATIONS FROM THE ASSOCIATION FOR THE ADVANCEMENT OF HEALTH EDUCATION

The Clinton administration should be commended for initiating a national movement in health care reform that address provision of health care for ALL Americans. The current medical model focusing on diagnosis and treatment of illness does not encompass the full meaning of HEALTH care. A true health care reform package must include policies and activities that include health education as well as illness prevention and disease care. The "disease care" costs could be substantially reduced by strong programs for health education in every state and territory. Health education includes essential elements of cost containment including preventive care, accountability and target group participation in decisions and outcomes.

A national health care system needs to focus not only on disease treatment and rehabilitation, but also primary prevention through health education and health promotion. Health education addresses many of the greatest public health concerns of our time such as youth violence, teen suicide, alcohol and substance abuse, and adolescent pregnancies. These actions increase substantially health care costs at both ends of the age spectrum. Current costs for teens who abuse their bodies and later costs for that same teen population whose bodies are aging ineffectively.

Health education is essential of all Americans having productive and fulfilling lifestyles. Health education enables people, as individuals and as members of social structures, to make decisions voluntarily, modify behaviors, and change social conditions in ways which are health enhancing. Health education is formally occurring in schools, hospitals and clinics, business and industry, retirement centers, and nursing homes, public and private agencies. Yet most health education programs continue to function in a crisis-driven mode and are sporadic. If effectively organized and administered in all of these settings, health education can reach the total population at <u>all</u> age levels in rural, urban, and/or inner city areas.

Health education is a readily available means for all people to access the health care system. Health education responses to the public's need for knowledge and sills that will prepare them to act on health related issues that they confront daily.

A clear strength of health education is its use of expertise on site. It provides an infrastructure of shared resources, networking among settings and across age groups, geographic areas, gender, race and class. These networks reduce duplication and establish working relationships among providers. Health education offered in a culturally competent context contributes to reinstating a sense of community while addressing needs of underserved populations as well as individuals participating in existing systems.

Many models of health education programs are in place currently that could facilitate full implementation of health education. For example, the Division of Adolescent and School Health of the Centers for Disease Control (CDC) has funded all state and U.S. territories to implement STD/HIV prevention programs. Similar funding to departments of public health has facilitated establishment of numerous community-based programs. New funding from CDC will establish infrastructures at the state level to implement comprehensive school health programs.

The federal Drug Free Schools and Communities Act of 1986 provides resources to schools and community-based organizations to establish programs to eliminate use of drugs by the nation's youth. The U.S. Department of Education provides funding for implementing comprehensive health education programs in schools. Some

states, such as Michigan, have comprehensive health education in grades K-12.

These efforts are occurring but it needs to occur nationally. The incremental steps need consolidation and functioning in a comprehensive fashion, coordinating independent efforts, and eliminating duplication, gaps in services, and inefficient use of resources. Proposed legislation introduced in the Senate and House represents independent efforts that are supportive of the need for health education of the American public. These are important initial steps yet again offer a fragmented approach. Health education as part of health care form affords an opportunity for an approach that would be simple and flexible yet comprehensive. Existing programs, if strengthened and provided national reinforcement, could be part of the national health care plan.

The following steps are proposed for consideration by the Task Force:

1. Establishment of a national comprehensive health education program that is planned and administered in each state and territory by certified health education specialists positioned in both the state public health departments and the departments of education. These positions would ensure statewide coordination of "quality" health education programs in all settings (i.e., schools, colleges and universities, community agencies, medical care/clinical, and business/corporate).

2. Establishment of statewide coalitions with representation from all settings where health education is provided. These coalitions would coordinate independent health education efforts and eliminate duplication and/or gaps in services and inefficient use of resources.

3. Development of national guidelines to provide a framework for the initiation of health education programs in each state and territory. This national framework would ensure that programs would be delivered and institutionalized throughout each state in schools, college and universities, community agencies, medical care/clinical, and business/corporate, on an equitable basis to rural, urban and inner city areas.

4. Consolidation of categorical funding earmarked for specific health issues and "crises" in K-12 education. This combined funding would be used to establish comprehensive health education programs K-12, focusing on health promotion as well as disease prevention.

5. Establishment of a system to monitor implementation of comprehensive health education programs across the United States. This monitoring system would not only ensure "quality control" but also identify local and state barriers to program implementation as well as areas where additional technical assistance may be needed for effective programming.

Although emphasis on health education and primary prevention may initially be expensive, the existing system is far more expensive than this proposal. Every dollar spent on prevention defers four dollars in treatment resulting in an enormous savings over time. Based on the Year 2000 Health Objectives for the Nation, education for prevention should be a main feature of the 1990's.

Health education is a profession with standards of practice and national credentialing. It is established in states and territories in a variety of delivery settings. Thus, inclusion and enhancement of health education is all settings can be an essential ingredient in health care reform. Please consider that the most effective way of reducing health care costs is to educate the public for health beginning with children.

April 1993

National Association
for Sport &
Physical Education
(703) 476-3410

Association
for the
Advancement of
Health Education
(703) 476-3437

June 7, 1993

Dear NASPE/AAHE Member:

I am writing today to solicit your immediate support for an urgent need. The Goals 2000: Educate America Act is scheduled to be voted on by the U.S. House of Representatives on Friday, June 18, and the U.S. Senate shortly thereafter. This bill supports important educational reform, but it has ignored and omitted a vital component of the total education of our children in physical education and health education.

Goals 2000 Act will provide support for each state and school district to develop a "comprehensive action plan" as well as provide grants totaling $393 million in Fiscal Year 1994 to assist states and communities in planning and implementing these reforms. **If physical education and health education are not included in the Act, these important subject areas will be excluded from any funding possibilities for improvements in curriculum, instruction, teacher preparation, and assessments. This will also undermine our ability to achieve the Healthy People 2000 objectives.**

The 30,000 signatures we delivered to the U.S. Department of Education urging that they strive to "Educate the Whole Child" were not enough! Physical education and health education are still not an integral part of the President's plan.

Please make your concern known now. As a constituent, your voice will be heard. Call your Senators/Representative today. Follow up your call with a fax or letter. Urge parents and community leaders to let their congressional representatives know that physical education and health education programs are essential. High and rigorous standards must be set for student outcomes in these essential, fundamental components of education. Our students must be physically healthy and know how to maintain their physical vitality so that each can achieve his or her full potential mentally, socially and physically.

On the reverse side is a letter which you may duplicate. Use it or draft your own, encourage others to do the same. Have your students or children join the appeal. **DO NOT WAIT. DO NOT THINK SOMEONE ELSE WILL TAKE CARE OF THIS. WE ALL MUST ACT TODAY!**

Sincerely,

Larry D. Hensley

Larry Hensley
NASPE President

Sincerely,

Bob Blackburn

Bob Blackburn
AAHE President

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. Maja Joles Jedrak
67-05 Exeter Street
Forest Hills, New York

Dear Mr. Jedrak:

Thank you for sharing your views on immunology with me. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to finding a cure for AIDS as soon as possible. I am also devoted to the development and implementation of policies that will stop the spread of HIV and provide adequate care for those already infected.

Although you offer interesting insights on the human immune system, we have found from our work in AIDS research, that there is too little information on what makes some individuals immune to some diseases. In the case of AIDS, because we have been tracking the disease for such a relatively short time, we do not have the natural history on the progression of the disease that we need to determine whether everyone infected with HIV will develop AIDS.

The National Institutes of Health (NIH), and in particular the National Institute of Allergy and Infectious Diseases (NIAID) is conducting research in various locations around the country to find a cure through the most effective means possible.

Again, thank you for your interest and support.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. Maja Joles Jedrak
67-05 Exeter Street
Forest Hills, New York

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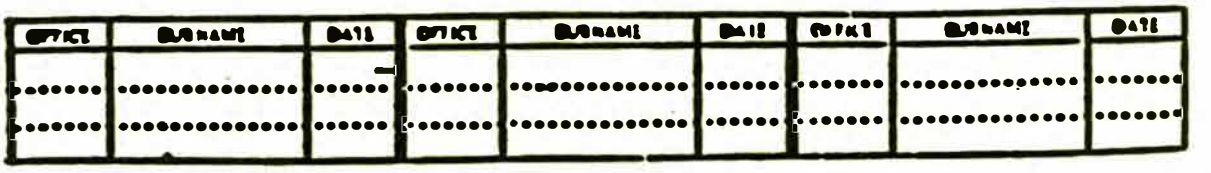
Again, thank you for your interest and support.

Sincerely,

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

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\jedrak

FILE COPY



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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	re: Gratefulness to Scientists (1 page)	08/31/1993	b(6)

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

FOLDER TITLE:
October Chron Files 1993 [6]

2018-0756-F
jp4796

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]
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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]
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. report	re: New Idea (1 page)	09/07/1993	b(6)

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Kristine Gebbie
OA/Box Number: 3767

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003. report	re: All Rights Reserved (1 page)	06/29/1990	b(6)

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National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3767

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THE FUTURE OF AIDS

New research suggests HIV is not a new virus but an old one that grew deadly. Can we turn the process around?

BY GEOFFREY COWLEY

Ten years ago, Benjamin B. got what might have been a death sentence. Hospitalized for colon surgery, the Australian retiree received a blood transfusion tainted with the AIDS virus. That he's alive at all is remarkable, but that's only half of the story. Unlike most long-term HIV survivors, he has suffered no symptoms and no loss of immune function. He's as healthy today as he was in 1983—and celebrating his 81st birthday. Benjamin B. is just one of five patients who came to the attention of Dr. Brett Tindall, an AIDS researcher at the University of New South Wales, as he was preparing a routine update on transfusion-related HIV infections last year. All five were infected by the same donor. And seven to 10 years later, none has suffered any effects.

The donor turned out to be a gay man who had contracted the virus during the late 1970s or early '80s, then given blood at least 26 times before learning he was infected. After tracking him down, Tindall learned, to his amazement, that the man was just as healthy as the people who got his blood. "We know that HIV causes AIDS," Tindall says. "We also know that a few patients remain well for long periods, but we've never known why. Is it the vitamins they take? Is it some gene they have in common? This work suggests it has more to do with the virus. I think we've found a harmless strain."

He may also have found the viral equivalent of a fossil, a clue to the origin, evolution and future of the AIDS epidemic. HIV may not be a new and inherently deadly virus, as is commonly assumed, but an old one that has recently acquired deadly tendencies. In a forthcoming book, Paul Ewald, an evolutionary biologist at Amherst College, argues that HIV may have infected people benignly for decades, even centuries, before it started causing AIDS. He traces its virulence to the social upheavals of the 1960s and '70s, which not only sped its movement through populations but rewarded it for reproducing more aggressively within the body.

The idea may sound radical, but it's not just flashy speculation. It reflects a growing awareness that parasites, like everything else in nature, evolve by natural selection, changing their character to adapt to their environments. Besides transforming our understanding of AIDS, the new view could yield bold strategies for fighting it. Viruses can evolve tens of thousands of times faster than plants or animals, and few evolve as fast as HIV. Confronted by a drug or an immune reaction, the virus readily mutates out of its range. A few researchers are now trying to exploit that very talent, using drugs to force HIV to mutate until it can no longer function. A Boston team, led by medical student Yung-Kang Chow, made headlines last month by showing that the technique works perfectly in a test tube. Human trials are now in the works, but better drug treatment isn't the only hope rising from an evolutionary outlook. If rapid spread is what turned HIV into a killer, then condoms and clean needles may ultimately do more than prevent new infections. Used widely enough, they might drive the AIDS virus toward the benign form sighted in Australia.

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004. letter	To: Kristine Gebbie; re: Enclosed Pages; [Personal] (Partial) (1 page)	09/25/1993	b(6)

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

FOLDER TITLE:
October Chron Files 1993 [6]

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September 25-1993

Ms. Kristine Gebbie
White House AIDS Coordinator
200 Independence Ave.
Room 729

[redacted]

Dear Ms. Gebbie,

First of all I wish to thank you for the time you spent with me on August 17, 1993.

From that time I finished to write enclosed two pages (21-22) of manuscript related to AIDS and AIDS n. First I thought to deliver it personally at quickly as possible believing that contents of those two pages was very, very important. [c4f]

About a week ago, speaking over the phone with your secretary I was informed that your time was very limited, and it was very hard to make appointment. Although I got desireable message over the phone from Mr. Burt Redmont (Friday September 24) who told me that I would get the letter in the near future — from you Ms. Gebbie, I decided to mail my work promptly.

Sending my best wishes

Sincerelly yours

[redacted]

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Mr. William J. Healy
1405 Warrington Road
Deerfield, Illinois 60015

Dear Mr. Healy:

Thank you for sharing your thoughts about information you have received on the HIV/AIDS epidemic. As you may know, over 300,000 Americans have been diagnosed with AIDS as of June 30, 1993. Almost 200,000 have died. The statistics also suggest that a substantial number of persons that have been diagnosed with AIDS became infected during their teenage years.

Although we have been fighting AIDS for twelve years, there is still no vaccine and no cure is in sight. The best tool we have to combat this epidemic is education. Although some of the prevention information may be less appropriate appropriate for certain audiences, it is critical that we reach those who are at risk in the most effective way possible, and that we target our effort. I have been entrusted by the President with finding ways of stopping the spread of HIV, and effective educational messages are the best way.

I hope that you will continue to share your thoughts with me.

Sincerely,

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

cc: Carlos Vélez, JD
Director, HIV/AIDS Prevention

THE WHITE HOUSE

WASHINGTON

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

cc: Carlos Vélez, JD
Director, HIV/AIDS Prevention

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\healy

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

OCT 4 1993

Carlos -
draft copy

September 17, 1993

Ms. Christine Gebbie
National AIDS Policy Coordinator
The White House
Washington, DC

Dear Ms. Gebbie:

You were quoted in yesterday's *Chicago Tribune* as saying that "I don't think businesses have got it yet about AIDS."

I disagree. I think they have got it and what they've found is that it is an over-hyped disease that has never reached the epidemic proportions projected by the AIDS industry and the media. As a matter of fact, it is still a homosexual and IV drug-user disease and no matter how often and large you increase the definition of diseases that comprise AIDS, it's still not lived up to its predictions.

I think it is absolutely appalling, based on this phony premise we are allowing condom distribution in our schools and speakers like the one yesterday in Barrington who admitted to being HIV positive discussing oral and anal sex, and other intimate subjects with young children, including how to put on a condom. These people are at less risk from AIDS than they are from being hit by lightning, and no matter how hard you try, it still doesn't change the figures.

Let's get some honesty into AIDS reporting.

Sincerely,

William J. Healy
1405 Warrington Road
Deerfield, IL 60015

cc: Michael Millinson, Chicago Tribune

William J. Healy
1405 Warrington Road
Deerfield, IL 60015

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23 SEP
1993

Ms. Christine Gebbie
National AIDS Policy
Coordinator
The White House
Washington, DC

1600 PENN; 50052709 ** CR 0001
***** AUTOMATED MAIL (MUM) *****
WHITE HOUSE
1600 PENNSYLVANIA AVE NW
WASHINGTON DC 20500-0005

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Robert E. Hughes, Jr., Ed.D.
6373 Wood Bridge
Memphis, Tennessee 38119

Dear Dr. Hughes:

This is a belated thank you for sharing information on your dissertation "AIDS Education on college Campuses: A National Survey of Perceptions, Practices, and Recommendations" with me. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV. Effective education for young men and women is paramount in this effort.

After 12 years of the HIV/AIDS epidemic we are still in need of effective tools and programs that will deliver an effective message to those at risk. I am in full support of effective teaching tools and methods that will reach those most at risk for HIV infection and to assist those already infected.

I have shared the information on your letter and the dissertation itself with Carlos Vélez, J.D., Director of HIV/AIDS Prevention in my office and with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV. The Associate Director (HIV) will be able to determine whether there is any way that you can obtain funding through their current program structure. If you would like to talk to Mr. Vélez about any of the issues you discuss in your letter, please feel free to contact him at (202) 690-5560.

Again, thank you for sharing your information. I wish you success in your project.

Sincerely,

Kristine Gebbie

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

cc: Carlos Vélez, JD, ONAP
Associate Director (HIV), CDC

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THE WHITE HOUSE

WASHINGTON

October 20, 1993

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6373 Wood Bridge
Memphis, Tennessee 38119

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Again, thank you for sharing your information. I wish you success in your project.

Sincerely,

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

cc: Carlos Vélez, JD, ONAP
Associate Director (HIV), CDC

FILE COPY

Prepared by: ANCP:Velez: ext 690-5560: 10/20/93: b:\velez.lts\hughes

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

-AWS

June 28, 1993

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

Dear Kristine Gebbie,

Enclosed is a copy of of my dissertation: *AIDS Education on College Campuses: A National Survey of Perceptions, Practices, and Recommendations.* Dr. Richard Keeling, Chair of the American College Health Association's Task Force on HIV-Disease, and President of the International Society for AIDS Education (editor, *AIDS on the College Campus: A Special Report of the American College Health Association*, 1986, 1989; author, *Association of Governing Boards Special Report: What Governing Board Members Need to Know about AIDS*, 1990), wrote a cover letter of support for the survey that I mailed out to 556 Vice-Presidents of Student Affairs around the country. I thought that you would be particularly interested in the conclusions chapter.

Dr. Keeling has just informed me that he cited my findings in his keynote address at the annual meeting of the American College Health Association in Baltimore. Selected findings from the dissertation will also be presented at the American Psychological Association (APA) convention in Toronto (August 1993).

I also have sent a copy to Representative Schroeder, Chair of the Select Committee on Children, Youth, and Families, whose report, *A Decade of Denial: Teens and AIDS in America*, was just released in March, 1993, and whose similar conclusions are mentioned in the last two pages of the dissertation. **I also have sent copies (or the summary and conclusions chapter) to President and Hillary Clinton, Vice-President Al Gore** and Harlan Dalton (member of the National Commission on AIDS), who were both classmates of mine at Harvard**, 30 Representatives** (including Foley, Gephardt, Natcher, Stark, Kildee, Mfume, Washington, Rostenkowski, McCurdy, Sabo, Waters, Pelosi, Kennedy, Michel, and Waxman), **73 Senators**, Dr. Isa Fernandez (Staff Collaborator, AIDS Programs, NIMH), Dr. Greg Herek (AIDS Psychosocial Research Group, UC-Davis), Dr.John Anderson (Director, APA's AIDS Training Project), Dr. Thomas Coates (Director, AIDS Prevention Studies, UCSF), and Dr. Robert Fullilove (Associate Dean, and Director, HIV Behavioral Studies, Columbia University School of Public Health). **Dr. Keeling in his letter to me (May 26, 1993) thought that although there was encouraging news from the survey, the number of colleges and universities which "still fail to provide comprehensive HIV prevention education for their students is truly alarming".**

The response from the Capitol has been very positive. **Senator Rockefeller** wrote me that he will be using the dissertation as a resource in his office and "will continue to promote education and prevention initiatives". **Senator Ford** (Kentucky) stated: "The paper was not only interesting but also very informative". **Senator Boren** (Oklahoma) **wrote: "Your thesis provides a valuable effort to clarify the important link between AIDS education and any effort to prevent the spread of AIDS".** **Representative Natcher** (Kentucky; Chair of Labor/HHS/Education) was appreciative of the information. **Senator Pryor** (Arkansas) wrote: "I...look forward to its careful reading and study in the coming days". **Senator Mitchell** thanked me for the detailed recommendations and added: "I appreciate your input and I will keep your comments in mind as I work with President Clinton to address this serious matter".

Representative Waxman (Chair, Subcommittee on Health and Environment) stated: "You have reached some disturbing conclusions about the lack of AIDS awareness and prevention programs at many undergraduate

institutions, and your recommendations would be valuable to institutions interested in implementing AIDS education programs. Your suggestions will be very helpful to me and to my staff as we work with different groups to encourage early and comprehensive AIDS awareness programs."

Dr. Coates, Director of AIDS Prevention Studies, University of California-San Francisco, declared: "I am pleased that you are sending this to important politicians in our country, as maintaining strong support for AIDS prevention activities, especially among adolescents, is essential.

Given the latest research information on teenage sexuality, the high sexually transmitted disease (STD) rates in the U.S., **the conclusions of the Congressional Select Committee on Children, Youth, and Families that regardless of region of the country or socioeconomic status, HIV was spreading unchecked among American adolescents, and the recommendations of college and university Vice Presidents of Student Affairs,** I asked our national leaders to consider what additional steps they could take in the area of AIDS prevention. **The Select Committee called the denial of the problem a national disgrace and offered an urgent plea to address the silent threat of AIDS and to institute policy changes.**

Respectfully, I asked President Clinton, Vice President Gore, and Hillary Clinton's Health Task Force to devise and implement a national plan to reduce the spread of HIV. I urged them, and the senators and representatives, to use the power and prestige of their office to speak out forcefully and frequently and to coordinate a national effort to combat this epidemic. As you already know, **unless positive remedial actions are taken, increasing numbers of high school and college graduates will carry HIV along with their diplomas out of American institutions.** As I told the DC-leaders: from my previous association with the University of Tennessee's Department of Community Medicine and the Mid-South Medical Center Council's Task Force on Preventive Medicine, I am certain that with additional national leadership, **effective educational efforts could be implemented so that many more high school and college students will be alive and HIV-free at their tenth reunions.** A comprehensive program of prevention of HIV-disease is more fiscally prudent, cost-effective, and humane, than medical treatment.

The example of federal funds for VD education, research, and health services distributed to colleges and universities after World War I offers an appropriate precedent for Congress (or state or local governments) to consider for HIV education. The majority of Vice Presidents surveyed have recommended mandatory AIDS education, training for their staff, and various comprehensive programs for addressing the challenge of AIDS. Otherwise, given the latest research on the spread of HIV among heterosexual teenagers (U.S. House of Representatives, 1992), it appears increasingly likely that 5 to 10 years hence, research may well reveal that 10 to 50 out of every 1,000 college students and 2 out of every 1,000 high school students are HIV-positive.

I certainly wish you success in your new position and hope that my sending of this information to our elected officials over the past four weeks will be of some assistance in your endeavors. I intend to send out more copies of the summary and conclusions chapter to some of the remaining Senators and members of the House. Please let me know if I can be of any assistance.

Sincerely,

Robert E. Hughes

Robert E. Hughes, Jr. Ed.D.
6373 Wood Bridge
Memphis, TN 38119 (901-682-0855)

Dr. R. Hughes

5-35454

Memphis State University

Center for Research in Educational Policy
College of Education
Memphis, Tennessee 38152-0001

Kristine Gebbie
AIDS Policy Coordinator
The White House
Washington, DC 20500

THE WHITE HOUSE

WASHINGTON

blind copy of letter & reply ~~to White House~~ local govt liaison offices

October 20, 1993

The Honorable Nettie Mayersohn
Member of Assembly
The Assembly of the
State of New York
Legislative Office Building, Rm. 746
Albany, New York 12248

Dear Rep. Mayersohn:

This is a belated thank you for sharing the information related to your "Baby AIDS" legislation with me. The issue that you related to me, dealing with the need to provide adequate care for babies that test positive for the HIV antibodies, is a very complex one. Primary among my concerns on the issue is the need to provide adequate health care for the mother and all members of the family, in addition to providing for the wellbeing of the baby.

The statement indicates that the needs of the child would be better served by informing the mother of the serostatus of the baby. Although I fully agree with you that the babies would be better served by entering a training modality early if infected, and by not being exposed to the virus if uninfected, the statement brings to the forefront the critical need for adequate pre-natal and post-natal care. According to the statistics from the Centers for Disease Control and Prevention (CDC), over 75% of the children born with HIV are African American or Hispanic. We also know that the same figures apply to the cases among women.

I cite these statistics because what is not apparent is that the number of AIDS cases among babies is directly traceable to the lack of access to care in the populations at highest risk. In conversations that I and my staff have had with care providers in medically underserved areas, particularly in urban centers in the Northeast, we have been told of the dire need for obstetricians and gynecologists that can provide vital information to women at risk and who can address the concerns you raised.

Although I see that your legislation will address the need to inform the mother and allowing her to make an informed choice on her and her babies healthcare, I believe that informed choice does not fully benefit mothers and children living with HIV in areas where health care is not readily accessible.

As National AIDS Policy Coordinator, I am committed to finding ways to stop the epidemic. The most important issue that we must all address is the need to provide adequate and affordable health care for all Americans. The President's Health Care Reform Plan is intended to accomplish this. I see this as an essential first step to fulfill the health care needs of babies who test positive for HIV.

Again, I would like to thank you for sharing information on your legislation with me. I hope that we can continue to exchange ideas on the subject.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

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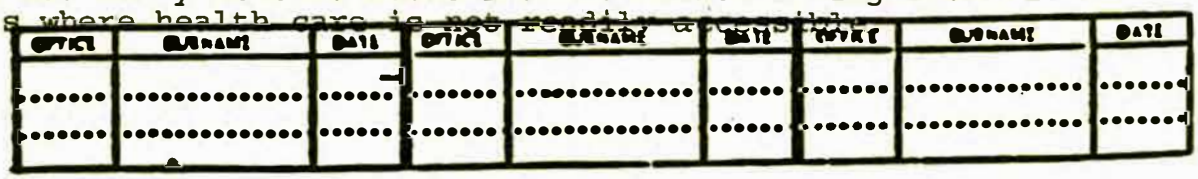

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National AIDS Policy Coordinator

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\mayersoh

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

NETTIE MAYERSOHN
Assemblywoman 27th District

ALBANY OFFICE
Room 746, Legislative Office Building
Albany, New York 12248
(518) 455-4404

DISTRICT OFFICE
65-01 Fresh Meadow Lane
Flushing, New York 11365
(718) 463-1942

Carlos — draft reply

CHAIRWOMAN
House Operations Committee

Subcommittee on
Elderly Crime Victims

COMMITTEES
Rules
Health
Labor
Housing
Governmental Operations
Insurance

September 13, 1993

Hon. Kristine M. Gebbie
AIDS Policy Coordinator
750 17th Street
N.W., Washington, D.C. 20006

Dear Dr. Gebbie:

Attached is a packet I am distributing covering my "Baby Aids" legislation, an issue that consumed a great deal of my time and energy during this past session.

I would appreciate your comments.

Many thanks.

Sincerely,

Nettie Mayersohn

Nettie Mayersohn
Member of Assembly

NM:gs

☐ Albany Office: Room 746, Legislative Office Building, Albany, NY 12248, (518) 455-4404
☐ District Office: 65-01 Fresh Meadow Lane, Flushing, NY 11365, (718) 463-1942

news from assemblywoman NETTIE MAYERSOHN

27th ASSEMBLY DISTRICT

Date: July 1993

"IT'S A BABY, NOT A STATISTIC, STUPID"

Assembly Bill No. 6747 was introduced by me during the 1993 session of the Legislature; it provides for the unblinding of test results of newborns who have tested positive for the HIV virus. This legislation brought me face to face with a condition that for me was shocking and chilling and beyond belief. In fact, when the issue was first raised in a conversation with the State Medical Society, I did not believe the facts as they were related -- I was sure that there was some missing link that would make the policy more rational and less ruthless.

As you may know, babies in New York State are routinely tested at the time of birth for the HIV virus; the purpose of the blind testing program, initiated in 1987, is to track the epidemic. **Those infants -- and the figures indicate that since 1987 approximately 7,500 infants have tested positive for the virus -- incredibly, those babies are sent home and their HIV status is never disclosed to the parents. (In 1992 there were 1,900 babies who tested positive.)** My proposed legislation, Assembly Bill No. 6747, would have required the Health Department to notify the parents of the HIV status of their baby.

My involvement in this issue has introduced me to a whole new definition of illogical rationalization. I have been lectured at by countless people, who know with godlike certainty that by not revealing the test results, they are acting in the best interests of the mother. They assure me that the mother really did not want to know her own status and telling her would be an invasion of her privacy and her right not to know.

They completely dismiss the fact that there is now another human life involved whose right to medical care -- and, indeed to life, is being violated.

Interestingly, too, some of the same individuals who are demanding that AIDS treatment be made available even before the FDA is ready to approve such treatment -- were assuring me that it doesn't make much difference if the HIV baby is treated six months or a year later--when the disease becomes apparent.

But it does make a difference; 75% of the newborns who show up as HIV positive at birth -- are not true HIV cases; they have the mother's antibodies which their own bodies throw off in a matter of months; if the mother is aware of the condition and exercises caution, the babies can escape the virus. The fact is that when a baby tests positive for the virus, it means the mother has the virus -- and, under no circumstances, should she be breast feeding that baby.

What do the New York State Health Department and the Centers for Disease Control (CDC) say about breast feeding by HIV mothers: **The Department of Health has issued pamphlets recommending that if a woman is known to be HIV infected, she should be warned about the risks of HIV transmission through breast milk and informed not to**

breast feed. The Centers for Disease Control recommended in 1985 that because the HIV virus has been found in human breast milk and because cases of HIV transmission through breast milk have been documented, women who are HIV infected must not breast feed their infants.

It has also been argued that since breast feeding would take place before the mother had the information of the HIV status of her baby, the information would not be relevant. Certainly we would want that mother to have the information immediately and work is now being done to speed up the process; nevertheless, it is not likely that the virus will be transmitted in the first instance -- but there is no question that prolonged breast feeding increases the risk.

And can you imagine the horror that mother will experience when one year later she discovers that her baby has AIDS -- and that **she may, in fact, have needlessly transmitted the virus because she did not have the information she needed to protect the infant.**

I also heard a colleague argue at a meeting of the Assembly AIDS Task Force that it would be unkind to notify the mother that the baby is HIV positive because that would stigmatize that baby for life; she/he would be labeled an HIV baby. Please understand that delivering the message for the purpose of saving the infant's life is essential -- and the sooner it is delivered, the better that baby's chance for survival. In the past when dealing with sexually transmitted diseases, we have been successful in protecting confidentiality; we can certainly keep all the same safeguards in place. In any event, any reasonable person would argue that the baby's right to survive must be our first concern.

Now let's talk about the 25% of the newborns who do have the virus and will develop full blown AIDS. Recent medical developments have led the Centers for Disease Control and the N.Y.S. Department of Health to conclude that early diagnosis of the infection is essential in determining the course of treatment.

One of the major concerns in early HIV, is pneumonia associated with the virus and doctors emphasize the importance of prophylaxis treatment to protect the newborn from pneumonia or pneumocystis carinii pneumonia (PCP). Mortality rates for these infants is high -- the median survival time from the first episode is 1 to 4 months. Many of these early deaths can be prevented. Prophylaxis treatment is available and involves administering antibacterial medication before the onset of PCP. However, because it strikes so early, the opportunity is lost if health care providers have no idea of an infant's HIV status. CDC determined that PCP prophylaxis is most effective when administered beginning at one month of age for HIV exposed children.

Another reason for knowing an infant's status at birth or soon thereafter is that HIV infants are subject to a different immunization schedule. For example, you would not use the Sabin or live polio vaccine since this puts the baby at risk for superinfection by the polio virus.

HIV children also require a more aggressive approach to every day childhood diseases which can be fatal because of their defective immune system.

And I'd like to talk to the issue of the mother not wanting to know. I have been repeatedly assured by well-meaning people that if the mother really wanted to know, she would get herself tested. Sounds logical -- but it isn't, of course. When any of us go even for a routine physical examination, there is a sense of dread, sometimes bordering on panic. It takes a certain kind of strength to volunteer to go through testing, particularly when you have reason to believe you have a serious illness -- and too many high risk women do not have that kind of strength, and may, in fact, be

in denial. In addition, I think it is also true that most individuals will assume that the doctor would pick up on anything that may be wrong and share that information with them. There is no reason for a woman to believe her baby was diagnosed as carrying the HIV virus, and that the hospital would permit them to go home without telling the mother of the infant's condition; unfortunately, the fact is that the doctor does not have the information on the baby's HIV test and undoubtedly assured the mother that "everything was fine."

During my discussions of this issue with individuals who work with HIV cases, I found a sincere belief, particularly among public health workers, that if only more money and more staff were available to do more counseling, the problem would be cured.

Unfortunately, there is no evidence that counseling and voluntary testing initiatives have been successful. I have available in my file studies by the Health Department indicating that these initiatives have, in fact, had little success. In the three month period of time between January 1, 1992 and March 31, 1992, for example, the Health Department study shows there were 268 infants who tested positive through blind testing; of the 268 babies, only 68 were identified through the Department of Health initiatives. And even among the 68 mothers who agreed to be tested and therefore were identified as HIV positive, my conversation with the doctors indicate that a majority of these mothers never came back for the results -- and therefore we had no opportunity to put those babies into treatment.

In conclusion, it must be obvious that once we undertook to do testing of newborns, we cannot walk away from the results; we cannot say: "Well, it's only for statistical purposes; we have to track the disease" -- and then deny those infants the care they need. We cannot claim an invasion of the mother's privacy if we attempt to get that child into treatment as quickly as possible -- and indeed in 75% of the cases to give those babies who are not infected a chance at life.

Those babies, if they were able to give consent, would be pleading for protection from the AIDS virus -- just as adult AIDS victims are insisting on State of the Art medical treatment. We here, in the State Legislature, have to make the determination that we stand in the place of that infant -- and that our highest priority has to be the life of that infant. The secret is out -- that the State of New York has been using babies for statistical purposes -- but has been denying them treatment and the protection they need to save their lives.

NOTE: THE ASSEMBLY HEALTH COMMITTEE ON JUNE 15, 1993 BY A VOTE OF 10 TO 9 VOTED TO HOLD THE BABY AIDS BILL PENDING A STUDY PANEL TO BE CONVENED BY DR. DAVID ROGERS, CHAIRMAN, AIDS INSTITUTE ADVISORY.

The New York Times

Founded in 1851

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ORVIL E. DRYFOOS, *Publisher 1961-1963*
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AIDS Babies Pay the Price

Each year in New York State some 200 or more newborn babies infected with the AIDS virus leave the hospital without anyone lifting a finger to identify them or care for them. The babies receive no special treatment for their infections until, months or years later, they develop the first symptoms of their fatal affliction.

How could this happen in a supposedly enlightened community? The answer is not callousness or carelessness. The neglected babies are simply the price knowingly paid for what is perceived as a greater good — protecting the privacy of the mothers and thus enhancing the likelihood that mothers will voluntarily cooperate with the health system, not only in fighting AIDS but in improving overall family health.

No doubt privacy is vital for many AIDS campaigns. But in applying it to newborns, the experts are following their theology over a cliff, dashing the prospects for babies who desperately need help.

•

The infected babies could be identified almost effortlessly. The state already tests every newborn for exposure to the AIDS virus in order to track the course of the epidemic. But it does not link the tests with specific babies and does not inform parents or doctors of the results.

Instead it uses the results to place counselors in hospitals with the biggest load of infected babies, who are mostly poor, urban and black or Hispanic. The counselors urge the mothers to allow themselves to be tested voluntarily.

This policy stems from a dilemma: There is no way of identifying the infected newborns without also revealing that their mothers, from whom they got the disease, are also infected. Testing the baby is thus a proxy test of the mother. And it is against state law to test anyone, adult or child, without written, informed consent.

The law reflects the belief of health experts that involuntary testing often drives people underground, whereas voluntary testing on a confidential basis encourages them to participate in health programs. Many health experts fear involuntary tests would drive some women to have their babies delivered outside the hospital and would even scare many women away from prenatal clinics. If that happened, involuntary testing of babies might do more harm than good.

But those dangers seem hypothetical and pale compared with the concrete fact that hundreds of babies are being neglected for whom something useful might be done. Each year some 1,600 to 1,900 babies are born in New York State with antibodies to the AIDS virus passed on from their mothers. Approximately 400 to 600 of these babies are themselves infected with the AIDS virus; the rest simply have harmless maternal antibodies that disappear over time.

Only half of the infected mothers are now being identified through voluntary tests, leaving about 200 to 300 infected babies unidentified each year. If their identities were known, limited steps could be taken to help them. Doctors could use antibiotics to ward off fatal infections, monitor indicators of damage to the immune system, try hard to insure proper nutrition and adjust vaccine schedules to minimize any harmful effects.

That would not cure any baby, but it might add months or years of extra life. And alerting the mothers who are infected might help them avoid possible transmission of the virus to uninfected babies through breast feeding.

The neglect could be ended by a bill introduced in Albany by Assemblywoman Nettie Mayersohn, a Democrat from Queens; it would require that test results on newborns be given to the parents. The bill was blocked in committee this year until a panel of experts can assess whether such a change is needed. But the legislators will almost certainly return to the issue next year.

From the evidence at hand, a strong case can be made for exempting newborns from the general policy of voluntary testing after informed consent. It seems cruel and misguided to protect parental privacy when the welfare of tiny babies is at stake.

"All the News That's Fit to Print"

The New York Times

Late Edition
New York: Today, patchy clouds partly sunny. High 83. Tonight, n clear. Low 66. Tomorrow, mostl ny, pleasant. High 84. Yesterday 71, low 62. Details are on pa

VOL. CXLII ... No. 49,417 NEW YORK, SUNDAY, AUGUST 8, 1993

$2 beyond the greater New York metropolitan area.

Testing Newborns for AIDS Virus Raises Issue of Mothers' Privacy

By MIREYA NAVARRO

A growing effort in New York State to identify and quickly treat children infected with H.I.V. has led to a struggle over how to reconcile the health needs of the children with the right to privacy of their mothers.

The debate has sharpened with a proposal that state disclose to mothers the results of H.I.V. tests that the State Health Department now performs anonymously on all newborns. Those tests are conducted in 44 states to help health officials track the progression of the epidemic, but in no state do the testers know who the babies are, say officials from the Federal Centers for Disease Control and Prevention in Atlanta.

But because children who are born H.I.V.-positive would have been infected by the mother, a positive test result for the child means that she, too, has the virus. Screening newborns and telling the mothers of the test results, then, would in effect impose H.I.V. testing on all women who give birth.

Conflict With New York Law

Only Federal prisoners are subject to such mandatory testing now, C.D.C. officials said.

The proposal also collides with New York State's law governing H.I.V. testing, one of the toughest in the country. This law, reflecting the state's overall goal of protecting the privacy and civil rights of those with AIDS, requires that people give written consent and that they receive counseling before and after the tests.

Behind these "informed consent" laws, AIDS experts say, is the belief that the epidemic can be slowed only through changes in behavior that require the cooperation of those infected.

Opponents of the plan say it unnecessarily tramples on the women's right to decide whether to take an H.I.V. test; similar goals, they say, could be achieved through voluntary testing. But they also fear that the proposal

Continued on Page 44, Column 3

NEW YORK STATE

If Newborns Have H.I.V., Should Mothers Have Privacy?

Continued From Page 1

could chip away at the armor of civil rights and confidentiality protections now afforded to those infected, and perhaps lead to broader mandatory testing and more coercive measures.

Proponents say many women do not have tests for different reasons but would want to know their status if it meant helping their children. The debate, which began a few years ago, has been made urgent by advances in treatment that can significantly prolong the lives of infants who are born with H.I.V.

The proposal is supported by many pediatricians and was included in a bill sponsored by Assemblywoman Nettie Mayersohn, a Democrat of Queens, that almost cleared the Assembly's Health Committee in June. Committee members, who split 10 to 9 because of strong opposition to the bill from many advocates for people with AIDS, instead asked that a panel of doctors, medical ethics specialists, patients' advocates and others be set up to examine whether the change is needed and to make a recommendation for the new legislative session.

Although the most far-reaching, the screening of newborns is not the only effort that potentially pits the rights of the mother against those of her child. Another proposal would give the State Commissioner of Social Services authority to evaluate children entering the foster-care system for risk of H.I.V. infection and to test those who are believed to have been exposed to the virus. The consent of the biological parents is now required under most circumstances.

Potential Harm Feared

The Association to Benefit Children, a children's advocacy group, has lobbied New York City's Child Welfare Administration for the policy and says it is preparing a lawsuit to continue the effort for both the city and the rest of the state.

The two proposals would potentially affect the largest population of infected women and children. Twenty-nine percent of the nation's reported AIDS cases among women and 27 percent of the pediatric cases come from New York State.

The proposals involve what Dr. Mark R. Chassin, the state's Health Commissioner, calls "the most difficult of all the difficult issues around H.I.V." Although Dr. Chassin has not taken a formal position on the proposals, he said he had several concerns about their possible impact, including the potential for great harm if pregnant women were in any way driven away from health care for fear of the test.

Ideally, experts say, all women should be counseled on the benefits of early diagnosis for their children and themselves, and should be encouraged to allow the test. But such counseling is not routinely given by doctors during or after pregnancy, state officials say, and some women at high risk for H.I.V. infection may also miss it because they did not have prenatal care or for other reasons.

Many Do Not Want to Know

Also, some women refuse to take the test even when reached by H.I.V. counselors, fearing that they would lose their children or suffer discrimination if the test indicated infection. A common reason for refusal, counselors say, is that many women at high risk do not want to know the result.

The state's anonymous H.I.V. testing program has found that 1,600 to 1,900 babies — less than 1 percent of all newborns — test positive every year, a figure that has been fairly stable since the study began in 1987. Of those, only about a third actually carry the virus. The rest have antibodies to H.I.V. that have crossed the placenta from the mother.

State health officials, who have used the study to identify and focus counseling on clinics and hospitals with high H.I.V. rates, estimate that at least half the infected mothers have already taken the test by the time they leave the hospital with their babies.

But proponents of disclosing the test results of newborns argue that many of these women do not return to learn the results, and that informing them and the others who do not take the tests is essential because it will also help prevent new infections that can occur through prolonged breast-feeding.

Experts also agree that early detection of H.I.V. in children can help them survive the disease longer. Preventive treatments, for example, can help some avoid infections like Pneumocystis carinii pneumonia, or P.C.P., a major killer of infants. Doctors say they could also adjust vaccine schedules, monitor indicators of damage to the immune system and offer other care that could improve the children's chances.

A Cruel Way to Find Out

Dr. Louis Z. Cooper, director of pediatrics at St. Luke's-Roosevelt Hospital Center in Manhattan and district chairman of the American Academy of Pediatrics for New York State, said he could think of no crueler way of revealing the infection to a mother than when her child becomes sick, sometimes too late to do much. He said that the academy's three New York chapters were divided 2 to 1 in favor of notifying mothers of newborns' test results.

He noted that newborns are already routinely screened for several genetic disorders like sickle cell disease and hypothyroidism, which, if detected early enough, can be treated effectively.

"There's no question that this poses an intrusion on an adult's right to make a decision," he said. "But from where I sit the tradeoff says I need to know so I can protect the infant."

But others say the issue is not that simple. Dr. Chassin, who said he was awaiting the recommendation of the state panel that is being formed before he takes a position on the

Screening newborns, in effect, screens their mothers.

study of newborns, said that if the decision were made to notify mothers, enough money would have to be available to meet the demand for services that early H.I.V. detection would create. Most infected women who give birth each year are black or Hispanic and from New York City, and, he said, many come from some of the most underserved areas.

"It is incumbent that we can deliver the care that is needed to achieve the benefit that we think is there and that underlies the reason for the policy," he said.

Usual Allies Divide

The proposals have caused divisions among people who often agree on AIDS issues, including liberal legislators, doctors and even advocates for people with H.I.V.

Many opponents of disclosure recognize the need to identify women and children with the AIDS virus, but say that less drastic measures can achieve the same results. One way, they say, is to expand counseling efforts beyond the 25 hospitals and about 100 clinics the state already focuses on.

At Harlem Hospital, which has made H.I.V. counseling a priority, 95 percent of patients agree to be tested for the virus after giving birth, state health officials said.

Some opponents of disclosure are bothered by the focus on the children and say they find it disconcerting that women are seen as a source of transmission of the virus and not as people who are infected and in need of treatment themselves.

Brenda Goodman, a 46-year-old H.I.V.-positive woman in Manhattan who gave her daughter up for adoption after giving birth in 1988, said she would have consented to have the baby tested had she been asked. She said she would have resented it if that decision had been taken away from her. But she said she understood why some people may argue in favor of bypassing the mother.

"It's a hard decision," she said. "I know a lot of women who are still doing drugs and are not responsible people. But even these women have a right to be asked first. Once they start doing that, it's like you have no say in your life."

Health Risks of Waiting

Gretchen Buchenholz, executive director of the Association to Benefit Children, said that the needs of the mother must be addressed, but that in the case of foster children, a policy of waiting for their biological mothers' consent had contributed to delays in diagnosing the conditions of infected children.

In New York City, for instance, the Child Welfare Administration usually seeks the consent of birth parents, even though the Commissioner of Social Services has ultimate responsibility over the child's medical treatment and can overrule the parents. In most cases the parents consent to the test, said Pat Burton, who supervises the welfare administration's Pediatric AIDS Unit.

"We think the birth parents should be involved," she said.

But Ms. Buchenholz said that because time is of the essence in treating the children, the agency should have the authority to consent to the test for children believed to have been exposed to the virus up to the age the children have the ability to consent themselves.

Ms. Buchenholz said she understood the concerns about the mothers but she said her proposal for testing the children with only the Commissioner's approval, however imperfect, would work best for the children.

"I deal with that — with a lot of pain," she said. "But when I see babies die and suffering unnecessarily it's more compelling to me to force the state to give treatment to babies.

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Ms. Ann Redpath
Senior Editor
American Guidance Service, Inc.
4201 Woodland Road
Circle Pines, Minnesota 55014

Dear Ms. Redpath:

This is a belated thank you for sharing "Critical Issues" with me. As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV. Information that addresses the prevention needs of our youth is critical in this effort.

After 12 years of the HIV/AIDS epidemic we are still in need of effective tools and programs that will deliver an effective message to those at risk. I am in full support of effective teaching tools and methods that will reach those most at risk for HIV infection and to assist those already infected to obtain early treatment.

I have shared the information on your letter with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV. The Associate Director (HIV) will be able to determine whether your teaching model can be used for their current operations.

Again, thank you for your interest and support.

Sincerely,

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

cc: Associate Director (HIV), CDC

FILE COPY

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National AIDS Policy Coordinator

cc: Associate Director (HIV), CDC

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Prepared by: APOP:Velez: 10/20/93: b:\velez.lt\redpath

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American Guidance Service, Inc.

- 4NS
Thanks

June 30, 1993

Ms. Kristine M. Gebbie
White House AIDS Coordinator
The White House
1600 Pennsylvania Avenue
Washington, DC

Dear Ms. Gebbie:

I read with pleasure of your appointment as AIDS Coordinator and I wish you a strong, steadfast spirit to accompany your already remarkable credentials. The New York Times account of your background makes it seem that this is a perfect job for you and, more importantly, for our country's AIDS crisis.

In wishing you courage in your actions, I send you one of my publishing efforts-- an AIDS journal-book for junior and senior high students. I've been in publishing 25 years and have recently begun working on curriculum for at-risk students. The series I just completed, called "Critical Issues," dealt with the issues most important and difficult for today's youth-- suicide and depression, alcohol, teen pregnancy, etc. The series necessarily included AIDS, and the approach takes a turn away from lists of do's and don'ts. Instead, it looks at the issue from the human story angle-- from literature, history, short story, contemporary quotes and art. I hope you find it useful. I wish you good luck in your new position.

Sincerely,

Ann Redpath
Senior Editor

Enc.

CRITICAL ISSUES

READINGS FOR THINKING & WRITING

AIDS

CRITICAL ISSUES: HIV/AIDS

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READINGS FOR THINKING & WRITING

TEACHER GUIDE

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THE WHITE HOUSE

WASHINGTON

October 20, 1993

Ms. Lynda Blake
Director of Sales
Essential Medical Information
Systems, Inc.
P.O. Box 1607
Durant, Oklahoma 74702

Dear Ms. Blake:

This is a belated thank you for sharing Gynecological Care Manual for HIV Positive Women and Safe Sex: A Guide to Condoms with me. As National AIDS Policy Coordinator I am devoted to the development and implementation of policies that will stop the spread of HIV and provide adequate services for those already infected. I am also devoted to finding a cure for AIDS as soon as possible. Current and accurate information about services for women and the appropriate use of condoms 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) and the Bureau of Health Resource Development at the Health Resources and Services Administration (HRSA), 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: Associate Director (HIV), CDC
Director, Bureau of Health
Resource Development, HRSA

THE WHITE HOUSE

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Sincerely,

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

cc: Associate Director (HIV), CDC
Director, Bureau of Health
Resource Development, HRSA

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez_ltr\blake

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OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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Director, Bureau of Health
Resource Development, HRSA

Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\blake

Essential Medical Information Systems, Inc.
P.O. Box 1607 • Durant, OK 74702

ANS
Thanks

Lynda Blake
Director of Sales

June 30, 1993

Kristine M. Gebbie
White House Coordinator on AIDS
1600 Pennsylvania Ave.
Washington, DC 20335

Dear Ms. Gebbie:

Congratulations on your recent appointment to the President's Council on AIDS. We respect your willingness to assume such a significant public responsibility.

We also support your statement that we must all contribute what we can to a solution to this international epidemic.

Essential Medical Information Systems would like to present to the Council a complimentary copy of our most recent publication Gynecological Care Manual for HIV Positive Women. Also enclosed is a copy of Safe Sex: A guide to condoms for your review.

We feel the authors of these two center-indexed books have presented comprehensive information to aide both the health professionals and the public in their respective educational efforts.

We look forward to hearing from the Council to answer any questions you may have.

We wish you well on your appointment, and the success of the Council.

Sincerely,

Lynda Blake

Lynda Blake
Director of Sales

LB/dw

Encl.

405/924-0643
1-800-225-0694
FAX 405/924-9414

THE WHITE HOUSE

WASHINGTON

October 20, 1993

Ms. Sylvia Goldstaub
6515 Kensington Lane #404
Delray Beach, Florida 33446

Dear Ms. Goldstraub:

This is a belated thank you for your input and information on your book Unconditional Love. 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 my work as National AIDS Policy Coordinator, 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

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Prepared by: APO: CVelez: 202-690-5560: 10/20/93: b:\velez.lts\goldstrb

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OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

6515 Kensington Lane #404,
Delray Beach, Fl. 33446
September 24, 1993
(407) 498-8614

Carlos — fyi — I wrote her a short note after the Mothers' Voices mtg - draft another letter to appoint. K

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

Dear Kristine:

It was indeed a great pleasure meeting with you on Monday, September 13, 1993.

I deeply appreciate your taking the time out of your busy schedule to listen to the people of AIDSWATCH '93 and to respond to my book **UNCONDITIONAL LOVE: "MOM! DAD! LOVE ME! PLEASE!"**

I've taken the liberty of enclosing some of the many news items and responses to my lectures. I'm especially proud of the HONOR Cornell University has bestowed upon my book. I have IMMORTALIZED OUR DEARLY BELOVED SON MARK.

My MISSION, my VOICE is to reach all MANKIND. I would like to accomplish this through your NATIONAL AIDS POLICY PROGRAM. Please feel free to call upon me.

I'm happy to have acquired a paperback publisher. Release date approximately November 1, 1993 or sooner.

Thank you for your compassion, making a difference. For your caring.

Best of Luck! I know you will have much success.

Looking forward to hearing from you in the very near future.

With much gratitude,

Sylvia Goldstaub

Sylvia Goldstaub

AIDSWATCH '93
MOTHERS' VOICES

enclosed, packet of letters, etc.

MOTHER IMMORTALIZES SON

RENOWNED LECTURER AND AUTHOR, SYLVIA GOLDSTAUB HAS WRITTEN A BOOK ABOUT THE HUMANISTIC SIDE OF AIDS. THE POSITIVE PARENT OPPOSED TO THE NEGATIVE PARENT. THIS BOOK - UNCONDITIONAL LOVE: "MOM! DAD! LOVE ME! PLEASE!" SET ABOVE ALL OTHERS, HAS BEEN GIVEN THE DISTINCTION OF BEING CHOSEN BY CORNELL UNIVERSITY DEPARTMENT OF MANUSCRIPT AND ARCHIVES TO MAKE UP THE FIRST COLLECTION OF FAMILY PAPERS AND RELATED MATERIALS DEALING WITH ISSUES OF HOMOSEXUALITY AND HIV/AIDS IN CONTEMPORARY SOCIETY...TO BE HOUSED IN CORNELL'S NEW CARL A. KROCH LIBRARY, ONE OF THE MOST DISTINCTIVE BUILDINGS TO APPEAR ON THE CORNELL CAMPUS IN RECENT YEARS. THIS CORNELL UNIVERSITY DEPARTMENT OF RARE AND MANUSCRIPT COLLECTIONS WAS ESTABLISHED WITH A BROAD MANDATE TO RECORD AND PRESERVE THE CULTURAL AND POLITICAL CONTEXT OF SEXUALITY, IT IS THE ONLY UNIVERSITY COLLECTION OF ITS KIND. GOLDSTAUB IS PROUD OF THE HONOR CORNELL UNIVERSITY HAS BESTOWED UPON HER BOOK.

SYLVIA GOLDSTAUB - AUTHOR