FOIA Number: 2018-0756-F

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001. note	Sandra to Steve; re: Add Name to List; [Personally Identifiable Information] [Partial] (1 page)	10/29/1993	b(6)
002. list	re: Attendees To November Meetings with Kris Gebbie and HRSA [Heath Resources and Services Administration]; [Personally Identifiable Information] [Partial] (3 pages)	10/29/1993	b(6)

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

FOLDER TITLE:
October Chron Files 1993 [9]

2018-0756-F
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RESTRICTION CODES

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

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

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

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

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Mr. Jean Baptiste Jalbert, Esq.
Captain Chevalier D.S.C.
Veteran's Memorial Manor
310 - Alexander Street, Rm. 525
Vancouver, British Columbia V6A 1C4
CANADA

Dear Mr. Jalbert:

Thank you for sharing your views on how to take care of people with AIDS. As may you know, the Office of National AIDS Policy was created out of the commitment of the President of the United States 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 and provide adequate care for those already infected. I am also devoted to finding a cure for AIDS as soon as possible.

You offer interesting insights on the need to care for people with AIDS. As you correcty point out, 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.

In my continuing work, I hope that you will continue to share your views on caring for people with AIDS with me and with decision-makers both in British Columbia and in the Canadian Federal Government. It is only through the continued input and collaboration of individuals like yourself that we will be able to succeed in ending this epidemic.

Again, thank you for your interest and support.

Sincerely,

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

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Again, thank you for your interest and support.

Sincerely,

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

Prepared By: Arc. Velez, 202 690-5590: 10/20/93: b:\velez.lus\jalbert

FILE COPY

OFFICE	SURNAME	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Jack W. Shields, MD, MS, FACP
Department of Internal Medicine and Hematology
Santa Barbara Medical Foundation Clinic
Santa Barbara, California 93102

Dear Jack:

Thank you for sharing your thoughts on the need to stress the use of barriers to stop the spread of HIV. As you may know, my office 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.

We are currently working closely with the Public Health Service, which is reviewing barrier methods to HIV transmission. This includes research, regulation and education needs. Particular emphasis is being placed on female controlled barrier methods.

As we move forward in our work, I hope that you will continue to share your views and input with me. I have shared the letter and materials you mailed to me with Carlos Vélez, JD, Director of HIV/AIDS Prevention of my office. If you would like to discuss any of these issues with him, please contact him at (202) 690-5560.

Thank you again for your input and materials.

Sincerely,

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

cc: Carlos Vélez, JD

THE WHITE HOUSE

WASHINGTON

October 7, 1993

Jack W. Shields, MD, MS, FACP
Department of Internal Medicine and Hematology
Santa Barbara Medical Foundation Clinic
Santa Barbara, California 93102

Dear Dr. Shields:

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

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Thank you again for your input and materials.

Sincerely,

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

cc: Carlos Vélez, JD

Prepared by: APO: CVelez: 202-690-5560: 10/26/93: b:\velez.lts\shields

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

29 September 1993

Carlos
draft reply

Kristine Gebbie, RN, MN
National AIDS Coordinator
The White House
Washington, D.C. 20201

Dear Kristine,

Thanks for your note of 16 September 1993. I'm sorry our meeting in Washington, D.C. between 9/20/93 and 9/25/93 didn't occur while I was attending a week's meeting of the International Society of Lymphology. I didn't get your letter till I went back to seeing patients yesterday. However, some of the needle material I wanted to discuss is still awaiting publication in the *J.A.M.A.* This will probably issue within the next 2-4 weeks.

For background, I enclose xeroxes which reflect my ongoing interest in lymph glands and lymphocytes, and specific interest in human lymphocytopathic retroviruses:
1- Proc. SBMFC 1984. 2- Proc. Internat Soc Lymphology 1988. 3- Lymphology 1989.
4- Lymphology 1993. 5- The AIDS Booklet 1993 (Complete Revision in Press).
6- References from JAMA, probably Oct 1993 and Lymphology Dec 1993 will follow.

From a practical point of view, no safe vaccines or truly effective cures for HIV or HTLV infections are imminent. However, such lymphocytopathic retroviral infections continue to spread in pandemic fashion in the U.S. and worldwide through the sharing of human blood, semen, endocervical secretions and/or colostrum. World-wide, heterosexual transmission by means of small lymphocytes in semen or in uterine secretions is statistically most important, along with AIDS in infants infected by migration of infected lymphocytes through the placenta or colostrum. In the U.S. the sharing of blood lymphocytes in hollow bore needles used for shooting drugs, giving transfusions or sampling blood is of tremendous import. Recent studies on the paucity of circulating cell-free HIV-1 throughout the latent period of AIDS, coupled with reproduction of HIV-1 proviral DNA in the germinal centers of lymph glands, emphasize the importance of cell-borne as opposed to cell-free virus in person to person transmission.

Confronting the problem of heterosexual transmission, the use of standard, currently available barriers to cell migration such as male condoms, vaginal diaphragms, cervical caps and/or female condoms can prevent great morbidity and death from AIDS, as well as other cell-borne STD (including Chlamydia, HPV, GC, HBV and HHS infections). The adjunctive use of spermicides which immobilize and kill migrating diploid cells, along with spermatozoa, can increase the efficiency of such barriers. Therefore, I would appreciate your recommending more widespread optional use of all such preventive measures, especially those especially designed for women, along with assistance in the development of improved devices which combine barriers and spermicides to mutually increase efficiency. I discussed accelerated development of some of the latter 9/20/93 with Dr. Nancy Alexander, Head of Contraceptive Development Branch of the NIH.

Confronting transmission through hollow-bore steel needles, we can accelerate needle education, as well as development and use of safer ones. (Additional notes will follow).

With best regards

Jack

Jack W Shields, MD,MS,FACP
Department of Internal Medicine and Hematology
Santa Barbara Medical Foundation Clinic
Santa Barbara, CA 93102-1200
Phone: (805) 681-7602; Fax (805) 681-7502

THE WHITE HOUSE

WASHINGTON

September 16, 1993

Jack W. Shields, MD, MS, FACP
Department of Internal Medicine and Hematology
Santa Barbara Medical Foundation Clinic
Santa Barbara, California 93102-1200

Dear Dr. Shields:

Thank you for writing. I will share your information and ideas with the appropriate people.

I would be happy to meet with you if we can find time. Please call Ms. Retina Holmes at (202) 690-5471 to arrange an appointment time.

I will look forward to meeting with you.

Sincerely,

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

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September 16, 1993

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

Prepared by: APO: TFox: 9/16/93:202-690-5560:b:\foxltrs.gbe\shields.gbe

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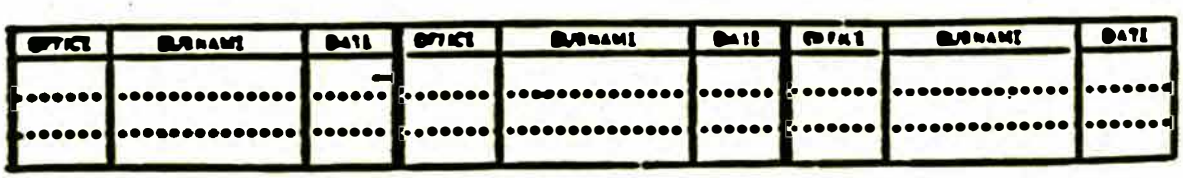

Thanks for writing. Feel share your info & ideas with group. people. I'd be happy to meet with you if we can find time. Pam Coad Peter Holmes

8 September 1993

Christine Gebbie, RN
National AIDS Coordinator
Department of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Ms. Gebbie

I'm sure your new appointment is super-charged with problems and challenges. In the hope that my input could prove helpful, I enclose copies of letters sent 8/17/93 to persons I consider pivotal in preventing the AIDS pandemic more effectively, especially in areas where women and children are involved.

These letters are self-explanatory. If you have any questions, please contact me my office address. However, I will be away from 9/8/93 to 9/28/93. I well be in Taos, NM from 9/11/93 to 9/17/93(Phone 505-776-8997). Should you like to discuss some of this material in person, you might contact me in Washington, D.C between 9/18/93 and 9/27/93. My wife and I will be at the Hyatt Regency in Bethesda 9/18/93 to 9/22/93; and at the Ramada Renaissance in Washington, D.C 9/22/93 to 9/27/93. So, if you can find time for a brief personal encounter between 9/19/93 and 9/26/93, it could prove mutually worth-while.

I might be able to offer some input in the area of epidemiology and education, as well as in the area of devices designed to prevent AIDS during heterosexual relations and the use of hollow-bore steel needles.

With best regards

Jack W Shields, MD,MS,FACP
Department of Internal Medicine and Hematology
Santa Barbara Medical Foundation Clinic
Santa Barbara, CA 93102-1200
Phone: (805) 681-7602; Fax (805) 681-7502

Encl: 1. Copies of letters to Drs. Elders, Shalala, Alexander and Varmus.
2. Reprint from Lymphology March '93.

Volume 26, No. 1 March 1993

LYMPHOLOGY

LYMPHATICS • LYMPH • LYMPHOCYTES • LYMPH NODES

This journal is the official organ of the International Society of Lymphology and is regularly listed in Current Contents, Science Citation Index and Index Medicus.

LYMPHOLOGY 26(1) 1-55 ISSN00247766

Lymphology 26 (1993) 1-3

COMMENTARY

A RATIONAL BIOLOGIC BASIS FOR SAFE SEXUAL CONDUCT IN PREVENTING THE SPREAD OF AIDS

J.W. Shields

Department of Medicine and Hematology, Santa Barbara Medical Foundation Clinic, Santa Barbara, California, USA

AIDS (acquired immunodeficiency syndrome), ARC (AIDS related complex) and ARL (AIDS related lymphoma) are infectious diseases respectively manifesting lymphocyte hypoplasia with progressive depletion, hyperplasia and neoplasia induced by human immunodeficiency virus, type 1 (HIV-1) (1). AIDS, ARC and ARL are commonly spread within and between individuals by infected *emperipoletic* (inside roundabout wandering) small lymphocytes in blood, semen, colostrum or endocervical mucus (2). Normally in healthy humans, each of these secretions has ~$2x10^{5-6}$ small migrant lymphocytes/ml (3,4). Such *emperipoletic* small lymphocytes, migrating randomly at velocities observed to be as fast as 40μM/min, serve as effective vectors for AIDS, ARC and ARL because they normally migrate through single layers of cells, such as endothelial cells and columnar epithelial cells forming the lining of the rectum and uterus (2). They normally migrate through the interstices, meninges and placenta, but do not normally migrate through stratified epithelial cells, such as superficial layers of skin, mouth and vagina (5). The *emperipoletic* lymphocytes are unique in that they actually enter other cells, wander about inside, sometimes undergo lysis therein or induce lysis in other cells, or wander through without overt reaction (5,6).

Usually HIV-1 are demonstrated in tissue culture by showing retrovirion or reverse transcriptase production after injecting concentrated peripheral blood mononuclear cells or lymph node specimens into established cultures of PHA-stimulated lymphocytes, usually with added interleukin-2. Despite prolific retroviral RNA production in large germinal center lymphocytes (8), encapsulated, mature HIV-1 virions have not been shown to form or shed from lymphocytes or monocytes in the body, and remain to be observed in human blood, semen, milk or in endocervical secretions. Such retroviruses can sometimes be cultured from cell-free supernates or filtrates added to such lymphocyte cultures (4), but it is not certain whether the infectious elements are actually intact virions, fragments of DNA containing integrated provirus released from fragile lymphocytes or monocytes during the handling or culturing of specimens, or non-integrated cytoplasmic viral RNA. Letvin et al (9) found that purified simian proviral DNA obtained from lymphocytes can transfect AIDS, when injected into monkeys. Because lymphocytes with or without CD4 surface receptors have never been shown to endocytize organic particles other than India ink or mycoplasma (5,10) but are prone to reutilize

**Presented in part at the North American Society of Lymphology meeting, Anaheim, CA , April 6, 1992.*

and re-express DNA derived from other migrant lymphocytes, (5) it would seem that the integrated HIV-1 provirus within *emperipoletic* lymphocytes is a more common means of human AIDS transfection than the mature encapsulated HIV-1 virion. Moreover, if encapsulated virions were the most common means of spread, we would still have to explain: how, in the absence of independent motility and lytic enzymes (apart from *reverse transcriptase* or *integrase*), such retrovirions actually penetrate living cells, especially cells lacking CD4 receptors and single layers of columnar cells which normally line the uterus and the gut?

Looking carefully at the numbers of small cytoplasm-poor *emperipoletic* lymphocytes normally found in human secretions (i.e., per milliliter of liquid samples) the averages we found were: semen—$2.5x10^6$; colostrum—$1.3x10^6$; saliva—$2.5x10^5$; endocervical mucus—$1\text{-}3x10^5$; cerebrospinal fluid—$1\text{-}5x10^3$; urine—$0\text{-}2x10^3$; sweat and tears—practically none (1,3). Anderson et al (4) found a median of $1\text{-}2x10^5$ CD4+ lymphocytes per ml in semen before vasectomy; and $6.1x10^3 \pm 2.6x10^4$ T-lymphocytes (CD2, CD3) per ml in healthy vaginal pools. All counts varied greatly, depending on sampling times and methods (3,4). Looking at the barriers through which infected emperipoletic lymphocytes in various secretions are obliged to migrate to transfect AIDS, it appears that:

1. The transmission of AIDS via blood transfusions or sharing IV needles to inject drugs is extremely efficient, depending on the volumes shared, because each ml of blood normally contains $2\text{-}5x10^6$ small migratory lymphocytes which need not migrate through epithelium or connective tissues to gain circulatory access.

2. The transmission of AIDS via semen to a receptive partner, male or female, during anal intercourse is relatively efficient because the rectum is lined entirely by a single layer of cells through which lymphocytes normally migrate with ease (1,2). Moreover, feces is alkaline and, thus, unlikely to interfere with lymphocyte life-span or motility.

3. The male to female transmission of AIDS during conventional vaginal intercourse is less efficient, because the healthy vagina is normally lined by a thick stratified layer of epithelial cells through which lymphocytes do not normally migrate in the body (1,2), or in tissue culture (6). Therefore, like sperm which migrate much faster, "Trojan horse" seminal lymphocytes (11) must gain access through a relatively small opening into an alkaline uterine cervix lined by a single layer of columnar epithelial cells penetrable by *emperipoletic* lymphocytes (1,2).

4. The female to male transmission of AIDS during penile-vaginal intercourse is relatively inefficient because endocervical and vaginal secretions normally contain few lymphocytes compared with semen; and because the male penis and urethra are normally lined by a variably thick layer of stratified epithelial cells. However, if the endocervix is inflammed, or fresh blood oozes from the uterus during coitus, many more *emperipoletic* lymphocytes may be encountered. Moreover, if the penis is ulcerated by sexually transmitted diseases (STD), or the foreskin is thinned by lack of circumcision or balanitis, mutual risks multiply (12).

It should be added that AIDS transmission via spinal fluid, urine, sweat or tears has not been reported, possibly because such secretions are seldom shared; and they contain few lymphocytes. Salivary transmission is uncommon, possibly because the mouth is normally lined by thick stratified epithelium and most people don't bite others. Colostral spread is a major problem because the newborn gut is lined by a thin single layer of cells through which *emperipoletic* lymphocytes can migrate; and gastric acid production is minimal (5). Transplacental transmission is a vexing problem, possibly because *emperipoletic* lymphocytes of maternal and fetal origin normally exchange through the placenta (1,2).

HIV-provirus-infected small lymphocytes are commonly found in semen and cervical

mucus whereas mature cell-free HIV-1 virions remain to be demonstrated therein. Therefore, along with sexual abstinence or use of condoms, we should promote the use of currently available female barriers, such as vaginal diaphragms and cervical caps, which prevent the endocervical and uterine access of infected cells (7). Such female-choice barriers in common use for at least 50 years have not been found deleterious to women's health, particularly when used to prevent the intrauterine migration of sperm. Moreover, we should urge the addition of detergents, such as nonoxynol-9, which in low, non-toxic concentrations reduce surface tension in fluids such that migratory cells, including lymphocytes and sperm cannot migrate effectively and, subsequently, gradually undergo lipid surface membrane deterioration (7). Such recommendations could provide life-saving for many young people at risk for AIDS and other cell-borne sexually transmitted diseases, especially if a male sexual partner does not use a condom, and we know from the microscope and clinical experience that *emperipoletic* lymphocytes seldom migrate through healthy stratified epithelium.

Therefore, until such time that mature, encapsulated HIV-1 retrovirions are demonstrated in blood, colostrum or semen, or actually shedding from any cell contained therein, we should broadcast our message loud and clear that female-choice, as well as male contraceptive barriers, fortified with detergents, such as nonoxynol-9, can prevent the heterosexual spread of AIDS by integrated provirus or non-integrated viral RNA in "Trojan horse" (11) lymphocytes migrating from semen into the female uterus; or from endocervical mucus through the thinned foreskin of an uncircumcised male (12).

In summary, the heterosexual spread of human immunodeficiency virus, Type 1 (HIV-1) infection has become the #1 public health problem among young people in the USA, and throughout the world. Emphasizing the *emperipoletic* nature of small lymphocytes, lymphologists can help many people to prevent spread of AIDS and other cell-borne sexually transmitted diseases (STD) by urging increased use of female as well as male contraceptive barriers fortified by chemicals stopping the interpersonal migration of infected cells.

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11. Anderson, D, EJ Yunis: "Trojan horse" leukocytes in AIDS. N. Engl. J. Med. 309 (1983), 984-985.
12. Fink, AJ: A possible explanation for heterosexual male infection with AIDS. N. Engl. J. Med. 315 (1986), 1167 and 316 (1987), 1545-1547.

Jack W. Shields, M.D., M.S., FACP
Department of Medicine and Hematology
Santa Barbara Medical Foundation Clinic
Santa Barbara, CA 93102-1200 USA

Volume 26, No. 1 March 1993

LYMPHOLOGY

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1. The transmission of AIDS via blood transfusions or sharing IV needles to inject drugs is extremely efficient, depending on the volumes shared, because each ml of blood normally contains $2\text{-}5x10^6$ small migratory lymphocytes which need not migrate through epithelium or connective tissues to gain circulatory access.

2. The transmission of AIDS via semen to a receptive partner, male or female, during anal intercourse is relatively efficient because the rectum is lined entirely by a single layer of cells through which lymphocytes normally migrate with ease (1,2). Moreover, feces is alkaline and, thus, unlikely to interfere with lymphocyte life-span or motility.

3. The male to female transmission of AIDS during conventional vaginal intercourse is less efficient, because the healthy vagina is normally lined by a thick stratified layer of epithelial cells through which lymphocytes do not normally migrate in the body (1,2), or in tissue culture (6). Therefore, like sperm which migrate much faster, "Trojan horse" seminal lymphocytes (11) must gain access through a relatively small opening into an alkaline uterine cervix lined by a single layer of columnar epithelial cells penetrable by *emperipoletic* lymphocytes (1,2).

4. The female to male transmission of AIDS during penile-vaginal intercourse is relatively inefficient because endocervical and vaginal secretions normally contain few lymphocytes compared with semen; and because the male penis and urethra are normally lined by a variably thick layer of stratified epithelial cells. However, if the endocervix is inflammed, or fresh blood oozes from the uterus during coitus, many more *emperipoletic* lymphocytes may be encountered. Moreover, if the penis is ulcerated by sexually transmitted diseases (STD), or the foreskin is thinned by lack of circumcision or balanitis, mutual risks multiply (12).

It should be added that AIDS transmission via spinal fluid, urine, sweat or tears has not been reported, possibly because such secretions are seldom shared; and they contain few lymphocytes. Salivary transmission is uncommon, possibly because the mouth is normally lined by thick stratified epithelium and most people don't bite others. Colostral spread is a major problem because the newborn gut is lined by a thin single layer of cells through which *emperipoletic* lymphocytes can migrate; and gastric acid production is minimal (5). Transplacental transmission is a vexing problem, possibly because *emperipoletic* lymphocytes of maternal and fetal origin normally exchange through the placenta (1,2).

HIV-provirus-infected small lymphocytes are commonly found in semen and cervical

mucus whereas mature cell-free HIV-1 virions remain to be demonstrated therein. Therefore, along with sexual abstinence or use of condoms, we should promote the use of currently available female barriers, such as vaginal diaphragms and cervical caps, which prevent the endocervical and uterine access of infected cells (7). Such female-choice barriers in common use for at least 50 years have not been found deleterious to women's health, particularly when used to prevent the intrauterine migration of sperm. Moreover, we should urge the addition of detergents, such as nonoxynol-9, which in low, non-toxic concentrations reduce surface tension in fluids such that migratory cells, including lymphocytes and sperm cannot migrate effectively and, subsequently, gradually undergo lipid surface membrane deterioration (7). Such recommendations could provide life-saving for many young people at risk for AIDS and other cell-borne sexually transmitted diseases, especially if a male sexual partner does not use a condom, and we know from the microscope and clinical experience that *emperipoletic* lymphocytes seldom migrate through healthy stratified epithelium.

Therefore, until such time that mature, encapsulated HIV-1 retrovirions are demonstrated in blood, colostrum or semen, or actually shedding from any cell contained therein, we should broadcast our message loud and clear that female-choice, as well as male contraceptive barriers, fortified with detergents, such as nonoxynol-9, can prevent the heterosexual spread of AIDS by integrated provirus or non-integrated viral RNA in "Trojan horse" (11) lymphocytes migrating from semen into the female uterus; or from endocervical mucus through the thinned foreskin of an uncircumcised male (12).

In summary, the heterosexual spread of human immunodeficiency virus, Type 1 (HIV-1) infection has become the #1 public health problem among young people in the USA, and throughout the world. Emphasizing the *emperipoletic* nature of small lymphocytes, lymphologists can help many people to prevent spread of AIDS and other cell-borne sexually transmitted diseases (STD) by urging increased use of female as well as male contraceptive barriers fortified by chemicals stopping the interpersonal migration of infected cells.

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LYMPHSPIRATION

LYMPHOCYTE EMPERIPOLESIS IN AIDS

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ABSTRACT

Excepting sperm, lymphocytes are the most motile cells within and outside of the body in mammals. In the body, lymphocytes are the primary victims of the Acquired Immune Deficiency Syndrome (AIDS). This photo-essay illustrates that migrant lymphocytes outside of the body are the primary vectors of AIDS spread.

BACKGROUND

In 1924 McCutcheon (1) observed that small cytoplasm-poor lymphocytes migrate at the rate of 0-40μm/minute in tissue cultures maintained near 37°C. Lewis (2) emphasized the extraordinary motility of lymphocytes in tissue cultures and described a characteristic "hand mirror" configuration during migration. Studying lymphocytopoiesis and lymphocyte migration in the body, Kindred (3) showed that small lymphocytes normally migrate into and through most, if not all body tissues and into many body secretions. He calculated that migrating small lymphocytes, circulating lymphocytes and their larger precursors in lymph glands, normally constitute 1-2% of the total body mass in healthy well-fed mammals. Observing that small lymphocytes commonly migrate into, as well as through other kinds of cells, Humble, Jayne, and Pulvertaft (4) coined the term, *emperipolesis* (Gr. EM, in - PERI, around - POLESIS, wandering about), to describe this unique form of migration peculiar to lymphocytes. Subsequently, others confirmed in tissue cultures that small lymphocytes actively migrate into and through, as well as around other cells, such as endothelial cells, fibroblasts, reticulum cells, macrophages, and single layers of epithelial cells (5-8). During the course of migration, the small lymphocytes may lyse other cells, undergo lysis to release their substance, or wander about without causing apparent reactions (4-8).

OBSERVATIONS

Studying lymphocyte *emperipolesis* in healthy humans through oil immersion light microscopy (1000x) of freshly fixed thin tissue sections (6μ), we found that "intraepithelial" lymphocytes within and between epithelial cells are roughly proportional to the rate of cell renewal in selected tissues (9,10). For instance, in single layered jejunal, bronchial and endometrial epithelium, and in the basal layer of uterine exocervical and corneal epithelium, we found a mean of 75, 47, 35, 87, and 25 intraepithelial lymphocytes, respectively, per 1000 individual epithelial cells counted consecutively. More than half of these lymphocytes within or between the epithelial cells showed progressive degenerative changes, such as cloudy swelling, nuclear pyknosis or almost complete lysis with dispersion of chromatin

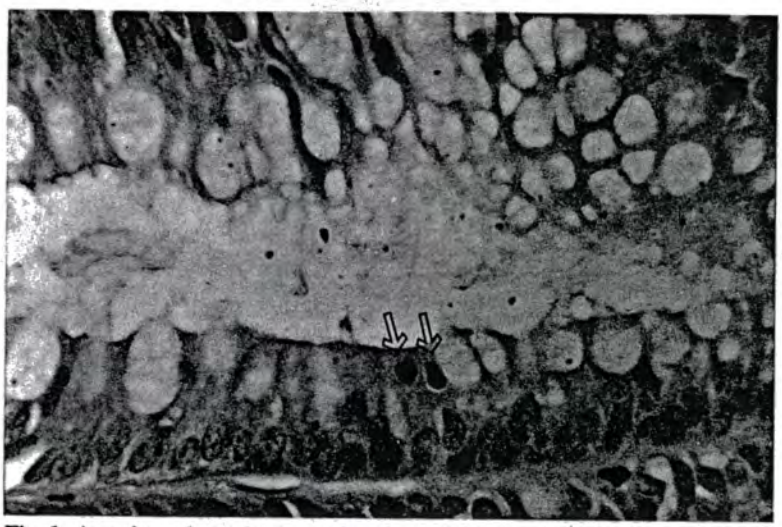

Fig. 1. A section of rectal mucosa in a healthy human (x1000). Arrows point to small cytoplasm-poor emperipoletic *lymphocytes migrating between or within the epithelial cells which form this vulnerable monolayer, especially in homosexual men sharing anal sex.*

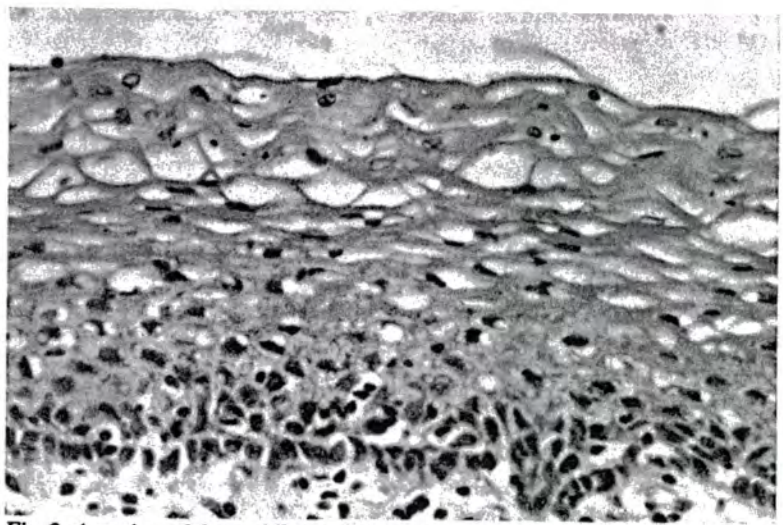

Fig. 2. A section of the multilayered squamous mucosa which normally lines the female vagina and exocervix (x250). Note the absence of emperipoletic *lymphocytes in the superficial mucosal layers which usually prevent the transmission of many kinds of infections during conventional heterosexual intercourse.*

(9,10). Such observations support the conclusion that lymphocyte *emperipolesis* is an important mechanism whereby migrant lymphocytes normally nourish, control growth and carry immunologic protection to other cells in the body (10).

Recently, we counted in hemocytometers the numbers of small cytoplasm-poor lymphocytes migrating through body sections of healthy humans (11,12). Blood colostrum, semen pre-vasectomy, semen post-vasectomy, vaginal pools, saliva and

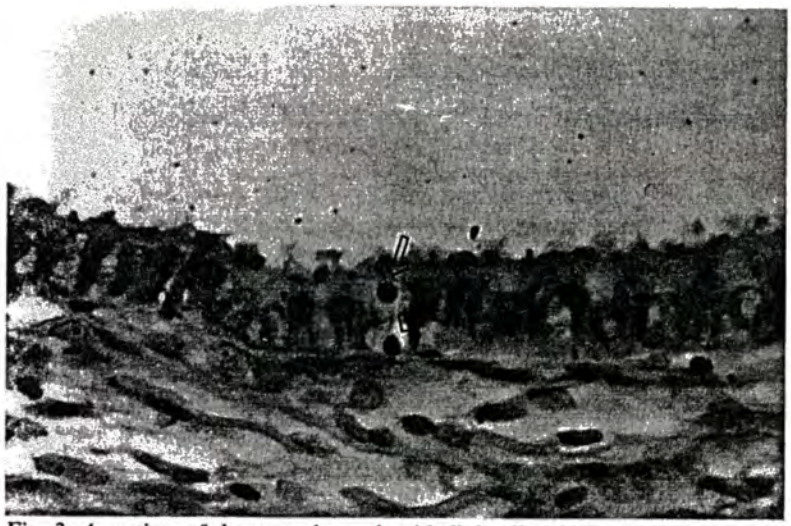

Fig. 3. A section of the monolayered epithelial cells which normally line the female endocervix, uterus and Fallopian tubes (x1000). Arrows point to small emperipoletic *lymphocytes which, if infected with lymphocytopathic retroviruses, are prone to transmit infection from male semen to the female or from female blood to the male penis during coitus, especially in sexually promiscuous persons, female partners of male bi-sexuals, drug-shooting heterosexual persons and in women inseminated through the artificial placement of male ejaculate in the cervical canal.*

spinal fluid, respectively, contained 1-$3x10^6$, 1-$2x10^6$, $2.5x10^6$, $2.5x10^5$, 1-$5x10^5$, 1-$2x10^5$, and 1-$5x10^3$ per ml. We noted that the small lymphocytes commonly migrate into and through single layers of epithelial cells, such as endocervical and rectal epithelium; but seldom do so through superficial layers of stratified epithelia, such as skin, oral mucosa, and vaginal epithelium *(see Figs. 1-3)*. We noted that small lymphocytes are the only cells which normally migrate through the "blood-brain barrier" and brain substance to show up in spinal fluid. Others have demonstrated that many maternal, as well as fetal lymphocytes normally cross the placental barrier during pregnancy (13). Such observations, in addition, support the consideration that *emperipolesis* is an important mechanism whereby lymphocytes can carry virus infections into other body tissues, as well as between individuals sharing body secretions, especially blood, semen and colostrum (12).

AIDS: PATHOGENESIS

AIDS is caused by retroviruses which integrate their RNA into lymphocyte DNA under the influence of viral reverse transcriptase (14). The integrated proviral DNA propagates through replication of infected lymphocytes and reutilization of infected lymphocyte DNA (7,10,12), as well as by transfection via migrating lymphocytes to other replicating cells, such as macrophages and glial cells supporting neurones (14). Expression of the proviral DNA in the form of viral RNA or virus shedding usually occurs at extremely low levels, such that the infection usually appears latent for months or years. In tissue cultures re-expression of proviral DNA in permissive cells can be stimulated by combinations of plant mitogens and interleukins derived from rapidly dividing lymphocytes (14). In the body the large and small lymphocytes in lymph glands, the small lymphocytes in circulation, and the

tiny lymphocytes migrating in tissues are ultimately destroyed by the retrovirus infection, or by coinfection with other viruses capable of integrating into lymphocyte nuclear DNA. With reduction of all these lymphocytes below a critical mass in the body, normal tissue nutrition, regulation of cell growth and immunologic protection of diverse tissues usually fail--more or less like that seen in athymic newborn mammals (10,12). Consequently, the infected individual develops combinations of emaciation (as seen in Slim Disease), defective regulation of cell growth and function (as seen in Kaposi's sarcomas, poorly differentiated lymphomas, epithelial carcinoma, or AIDS-related dementia), and decreased resistance to opportunistic, as well as common infections ordinarily kept in check by cell-mediated immunity (12).

AIDS: TRANSMISSION

AIDS spreads between human adults mostly by means of shared secretions rich in *emperipoletic* small lymphocytes, especially semen and blood (15). In infants, spread is most likely via infected maternal lymphocytes which normally migrate through the placenta or colostrum. Semen, colostrum, vaginal secretions, saliva and tears from persons whose blood contains evidence of human immunodeficiency virus or human leukemia virus infection have been shown to contain infected lymphocytes but seldom any retroviruses which can be cultured from the cell-free fluid (15). Therefore, it would appear that the small *emperipoletic* lymphocytes in such body secretions are the primary vectors for transmission of integrated proviral DNA or viral RNA between individuals, as well as within the body.

COMMENT

1. *Fig. 1* illustrates why "receptive anal intercourse" is very risky.
2. *Fig. 2* illustrates why conventional vaginal intercourse is less risky.
3. *Fig. 3* illustrates why artificial insemination, effaced endocervices and intercourse with male bisexuals or intravenous drug users are not without risk.
4. Because the skin and most mucous membranes are normally lined by stratified epithelia somewhat like that shown in *Fig. 2*, the "casual" transmission of AIDS via *emperipoletic* lymphocytes is practically nil.
5. Although circulating lymphocytes seem to "home" to specific tissues and cells, especially cells in mitosis; small lymphocyte *emperipolesis* is universal, bi-directional, indiscriminate, and at random around, into, within, and through other cells, benign and malignant (1-12). Therefore, lymphocyte spread of retroviruses causing AIDS does not, necessarily, depend entirely on specific surface CD4 molecules, receptors, or the reproduction of free retrovirus particles lacking the power to move independently.

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17 August 1993

Joycelyn Elders, MD
U.S. Surgeon General (Hopefully !)

Dear Dr. Elders,

I'm sorry you've had to put up with so much political and vicious flack in order to become the next Surgeon General (SG). Whether you do, or don't, I'd like to pass on some thoughts which might prove valuable wherever you direct your talents next.

1. After Drs. Koop and Novello, you have staunchly advocated and fostered the use of condoms among young persons. As you see it, condoms are currently the best means to prevent pregnancy, STD, AIDS and abortion in young persons who received insufficient education in school, churches or from parents to embrace sexual abstinence. If you equate condom failure with failure to use condoms, or to use them properly, you will find that failure on the part of the condom is negligible --- even though arbitrary FDA standards with respect to breakage have been used to undermine your good intentions in Arkansas.

2. Soon it will become obvious that AIDS is a cell-bourne STD, transmitted during sexual intercourse very much like Chlamydia, gonorrhea, hepatitis B, HPV, etc. AIDS differs primarily in that it's slow to develop, is almost uniformly fatal, and is vectored primarily by HIV-1 provirus-infected small lymphocytes which, next to sperm, are the most motile cells in the human body. Whereas sperm customarily migrate at the rate of 1-4 mm./minute toward the Fallopian tubes after gaining access through the uterine cervix, lymphocytes customarily migrate randomly at the rate of 0-40µm./min. into and through other cells and single layers of cells throughout the body. As shown in Figs. 1-3 in *Lymphology* 22, 62-66 (1989) and in *The AIDS Booklet*, Figs 3.1-3.3, small lymphocytes customarily migrate through the single layers of columnar cells lining the endocervix and the rectum, but do not migrate through intact stratified epithelium, such as that lining the skin, mouth and vagina. This form of small lymphocyte migration, called *emperipolesis*, is extremely cogent in the world-wide spread of retroviral infections, especially AIDS, Adult T-cell leukemia and Tropical spastic paraparesis. This is probably because ejaculated semen normally contains $\pm 2.5 \times 10^{5-6}$ small migratory lymphocytes per ml.; while endocervical mucus in women with normal appearing uterine cervices usually contains $\pm 2 \times 10^{4-5}$ / ml. The numbers of small lymphocytes in semen and endocervical mucus vary greatly, but are usually increased in persons having ulcerative STD or chronic genital infections. Moreover, in persons who are HIV-1 seropositive, ± 1% of the small lymphocytes migrating in blood, semen, endocervical secretions and colostrum apparently contain integrated HIV-1 proviral DNA, even though no appreciable cell-free HIV-1 burden can be identified in circulating blood or body fluids. Thus, using a condom or a female-choice barrier such as a cervical cap, vaginal diaphragm or a female condom can prevent interpersonal migration of many infected small lymphocytes, whether these are of female uterine or male seminal origin.

3. Several studies on the use of female contraceptive barriers, i.e. caps or diaphragms, coupled with the use of spermicides, e.g. nonoxynol-9, have shown significant protection *versus* cell-borne STD, especially Chlamydia trachomatis, Neisseria intracellulare and Hepatitis B virus (Cf. Reprints). It well-documented that several kinds of STD increase the risk of HIV infection during coitus. Less well known is that "spermicides", especially low concentrations of nonoxynol-9 immobilize and kill small lymphocytes, as well as sperm through detergent action. Detergents lower surface tension in liquid secretions so that motile cells can't "swim"; and then, dissolve surface lipids such that the cells ultimately disintegrate. It appears that small lymphocytes are ±10 times more sensitive to detergents

than sperm. Thus, it would seem that using an impermeable barrier, plus a tolerable detergent, can prevent interpersonal migration of many potentially provirus-infected lymphocytes, as well as sperm during coitus.

4. The use of nonoxynol-9 soaked sponges, such as the Today™ contraceptive sponge has proven moderately effective in the prevention of pregnancy and some cell-borne STD. These sponges have several flaws.
a. They do not necessarily stay in place over the uterine cervix before, during and after vaginal coitus, and are not useful during receptive anal intercourse.
b. Consisting of ± 1 gm. of powdered nonoxynol-9 adherent to ± 9 gm. of polyelthylene open cell foam, it's not certain what concentrations of "spermicide" are eluted after wetting or during intercourse.
c. Excessive use of such sponges, e.g. 4-6 per day has been found to produce severe cervicitis, vaginitis and/or vulvitis which increase the risk of cell borne STD, at least in Nairobi prostitutes.

5. The use of vaginal suppositories, inserts or films intended to release "spermicidal" concentrations of nonoxynol-9, has proven moderately effective in preventing conception, but not as effective as the use of a definitive barrier, such as a condom, cap or diaphragm. Never-the-less, such vaginal inserts have been well-tolerated by many women for many years and are known to have some effect in the prevention of cell- born STD.

6. The uses of oral contraceptives since 1960 and, more recently, implanted progesterones to suppress ovulation have proven extremely effective in the prevention of unwanted pregnancy. Side effects, such as missed periods, breakthrough bleeding, mood changes, chloasma, headaches, hypertension and thrombo-embolism have not significantly diminished their use, more or less to the exclusion of older barrier methods of birth control. More insidious, but morbid side effects are not yet well appreciated, partly because "the pill" has taught people that reversible contraception can be completely separated from coitus, such that a young woman can easily decide whether and how to control her own fertility. The "sting" of course is that a woman may elect to embrace more than one sexual partner and, at the same time, efface her uterine cervical canal such that the part of the cervical canal near the endocervical os becomes covered by delicate mucus-secreting columnar cells that normally reside inside the canal (such as those shown in *Lymphology* and in *The AIDS Booklet*). As results, "the pill" offers no protection against any kind of STD, and actually invites the spread of cell borne STD transmissible via endocervical mucus, as well as semen. Thus, your recommendation that prostitutes should be given Norplant might be ill-advised.

7. Your other recommendations concerning sex and drug education in schools are right on the mark. Very important and novel, you might recommend increased use and improvement of female-choice barriers, including cervical caps, diaphragms, condoms and spermicides, more or less as suggested by Dr. William Merson of the WHO (see reprint from *Science*). The spin-off here, especially toward those who profess "pro-life", but not strict Papal Catholicism with respect to birth control, is that effective birth and STD control will minimize the incidence of abortion, and, possibly, reduce poverty in some communities where is little effort toward birth and population control.

8. A second area where you might exert great influence is in the customary use, as well as abuse of hollow-bore steel needles. Survey of the HIV/AIDS Surveillance Report issued July 1993 will that reveal that the CDC now reports 315,390 U.S. persons sick or dead with AIDS, including 172,085 men who had sex with men; 21,873 who were infected during vaginal intercourse; 4121 children whose mothers were infected by various means;

76,610 persons who shared needles to inject intravenous (IV) drugs; 2964 adults or children who received IV antihemophilic factors contaminated with HIV-1 or proviral HIV; 6054 adults or children who received IV blood or blood products containing HIV-1 or HIV-1 proviral DNA in transfused lymphocytes; and 115 health care workers accidentally stuck with hollow steel needles containing HIV-contaminated blood.

In this area the following items are cogent:

a. Among the health care workers who seroconverted, the first 29 wherein seroconversion was well-documented 26/29 accidents were percutaneous; 24/29 involving sticks with hollow-bore steel needles contaminated with HIV-infected blood; 12/24 occurring through protective gloves during or after needle use. 2/29 were "muco-cutaneous" exposures wherein infected blood splashed on skin which was reduced to a single layer by eczema or multiple cuts, through which provirus-infected small lymphocytes could be expected to migrate with ease.

b. In medical and surgical health care settings, hollow-bore steel needles are almost always used to withdraw blood. Transfusions of antihemophilic globulins or blood products are often infused by teflon catheters inserted by technicians using hollow-bore steel insertion needles. 9018 (2964 + 6054) U.S. persons got AIDS from transfusions administered in health care settings since 1978, and 2 patients got AIDS after accidental reuse of a syringe/needle combination. There is still no well-documented case of health care worker transmitting AIDS to a patient during a medical or surgical operative procedure involving instruments other than hollow-bore steel needles.

c. In dental health care settings, side-loaded syringes employing hollow-bore steel needles sharp on each end are customarily used to inject local anesthetics from cartridges whose latex caps are usually not sterile. So far, 6 clients of one Florida dentist with AIDS and 7 dental health care workers have seroconverted or developed AIDS, probably through accidental needle sticks. The use of such equipment was the only factor common to most, if not all cases. [Cf. JW Shields. JAMA 270, (1993) - In press - issue ? 9/8/93 and; see USP Convention File #M-56973; #D92-9-22-161].

d. Although risk factors for the occurrence of HIV-1 infections remain to be identified in 5% of the 315,390 U.S. persons currently reported sick or dead with AIDS, no consistent pattern of transmission has emerged other than those listed by the CDC for adults. This can be explained simply by the consideration that cell-free HIV-1 remain to be demonstrated as as a free-agents in Nature, as well as definitive particles in body fluids having the capacity to invade persons or cells by means of inherent motility or proteolytic enzymes active on cell surfaces. Instead, HIV-1 depend on motile cells, such as macrophages or lymphocytes, for reproduction, as well as person to person transmission. Because lymphocytes and macrophages do not survive long apart from body fluids, person to person transmission, as well as intrapersonal spread is limited by the customary migration patterns of these cells.

e. In U.S. children less than 13 years old the patterns of transmission differ, partly because few normally have had sex, unless molested. Few shoot IV drugs or get shot with a syringe/needle previously used on another person. Most are infected by means of provirus-infected maternal lymphocytes which migrate through the placenta, or by means of maternal colostral lymphocytes which migrate through the single layer of atrophic cells lining the newborn gut. In this regard, it should be mentioned that materno-fetal exchange of small lymphocytes is common and, undoubtedly, essential during gestation; and that colostrum normally contains 1-3 x 10^6 small migratory lymphocytes/ml. when nursing commences. The numbers are higher in cases of premature delivery. The numbers fall during continued nursing more or less proportional to the concentrations of glucose and protein in breast milk, and inversely proportional to the lipid content later on. Thus, to prevent AIDS in infants, the most practical way is to educate and protect their mothers, especially in parts of the world where nurseries are not sterile and newborn infants depend greatly on colostral lymphocytes to suppress enteric organisms prevalent in given communities.

Therefore, from a scientific point of view it would be prudent to urge universal education in the female, as well as male use of artificical barriers and detergents to prevent cell borne STD and AIDS, as well as pregnancy; and to concentrate on safety with respect to the use, as well abuse of hollow-bore steel needles. If properly implemented through education, as well as edict, such measures would simultaneously and serendipitously attack four of the worst public health problems now affecting the U.S., i.e. STD, AIDS, IV drug abuse and unwanted infants born with fatal disease.

From a politico-social point of view, emphasis on education at all levels and female choices might prove refreshing, especially at this time when so many "conservatives" have become of tired of dealing with gay rights, "condomania" and the diverse problems caused by drug abuse.

As you are well aware, many of these considerations are critical issues over which we must supervene, if we want to sustain optimal Public Health in the U.S. Unfortunately, there remains considerable political and Catholic opposition to your confirmation as the next U.S. Surgeon General. Fortunately, if you are confirmed by the U.S. Senate we can expect you to do a superb job, partly because you speak out and are endowed with boundless energy for doing what you think is right. I will send copies of this letter to Donna Shalala MD, Harold Varmus and Michael Huffington, my representative in Congress, to assure that these considerations are not just thrown into another circular file.

With best regards

Jack W Shields.

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Cover letter
Sharon - Merck
Am J Pub Health Nov 92
Int Dis Mon Chlamydia Ag 93
Nurse Baby
Jama 6/9/93 Progest
Urology Nov 93
June '89
Fall '92
AIDS Booklet

17 August 1993

Donna Shalala, Ph.D
U.S. Secretary of Health, Education and Welfare
Washington, D.C.

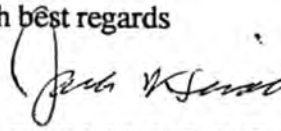
Dear Dr. Shalala,

With this note I enclose a copy of my letter of this date to Joycelyn Elders MD, who I hope will become the next U.S. Surgeon General. Copies will go to Harold Varmus MD, probably the next Director of the NIH; to Nancy Alexander MD, a scientist in the Contraceptive Development Branch of the NIH; and to Michael Huffington, my regional representative in Congress. Previous communications on the same subject matter are matters of Congressional Record handled since 1983 by Robert Lagomarsino, our previous regional Congressman. Therefore, I hope you will consider my suggestions seriously, before throwing them into circular or dusty files.

The gist is simply:
1. We can do a lot more at relatively little expense to universally educate U.S. citizens in how cell-borne sexually transmitted diseases (STD), including acquired immune deficiency syndromes (AIDS) are spread between persons; and how such STD can be prevented by time-tested contraceptive devices currently available.
2. We can much more to prevent AIDS and serum hepatitis commonly transmitted by means of hollow-bore steel needles, if we educate people in their use, abuse, and mandate the production of safer ones.

Upon request, I will be happy to supply the bulky cogent data pertinent to 1 and/or 2. I'm sure that you already have sufficient agenda on your hands concerning how we can supply optimal care, more or less equally, to > 250 x 10^6 U.S. citizens. Never-the-less, if we can prevent significant numbers from becoming sick as results of STD, AIDS and IV drug abuse, we might have accomplished something extremely worth-while.

With best regards



Jack W Shields MD, MS, FACP
Department of Medicine and Hematology
Santa Barbara Medical Foundation Clinic
Santa Barbara, CA 93102-1200
Phone: (805) 681-7602; Fax: (805) 681-7502
Home: (805) 965-1638

P.S. Please give Phil Lee --- my Stanford classmate MD'48 ---my best regards. With his political experience, he could help immensely.

Georg Lotter

Letters to

Elders

Alexander

Hellwig Inv

Lymphology March '93

June '59

Diagn 1.3

Morson Science

J. Inf Dis Chlamydia Aug 193

17 August 1993

Nancy J. Alexander MD
NIH/CHD Contraceptive Development Branch
Executive Plaza South, Suite 450
6120 Executive Blvd
Bethesda, MD 20892

Dear Dr. Alexander,

With this note I enclose selected reprints of my published works pertaining to the prevention of cell-borne STD, including AIDS, during coitus. I hope you will reciprocate by sending me some of your own, including one published in Fertility and Sterility **54,** 1-18 (1990), wherein, according to a recent United Nations Development Programme (UNDP) publication is stated,"The cervix has been postulated as the most likely site of HIV infection in women[25]." — the reference[25] being yours. I'm sure Peter Bailey would agree.

Recent findings confirming a low cell-free HIV-1 burden in circulating blood throughout the course of infection after prodrome, coupled with a continuing ± 1% incidence of proviral HIV-1 in 1-5 x 10^{4-6} lymphocytes per ml. normally migrating in blood, semen, endocervical mucus and colostrum, indicate that sharing such secretions with infected persons is hazardous, and often suicidal. Starting 2/27/91 I wrote a series of letters to Dr. Herbert Peterson, and after 9/26/91 to Dr. Gabe Bialy at NIH urging your department to recommend the use of standard female contraceptive barriers, such as cervical caps and vaginal diaphragms, with added nonoxynol-9 releasing agents to minimize the spread of AIDS during vaginal coitus. (Copies of my Bialy letters are included with this note). Your responses were vague and non-committal, mostly because you assumed that cell-free HIV-1 can pass through vaginal epithelium during intercourse. Therefore, barriers which preclude the migration of sperm and infected lymphocytes into the cervical os would be insufficient to preclude the coital spread of AIDS. I'm sorry you didn't take my suggestions seriously at that time, along with series of similar recommendations which are matters of Congressional Record supplied from this segment of California since the Fall of 1983. Goodness only knows how many cases of female and pediatric AIDS we might have prevented, if your branch of the NIH had only mentioned that standard methods of contraception prior to the advent of "the pill" could help prevent cell-borne HIV-1 infections, in a manner similar to the prevention of other cell-borne STD (including Chlamydia, gonorrhea, HBV).

As it turned out, the customary use of FDA-approved progesterones which prevent ovulation have made it less likely for females to become pregnant any time during a usual month, but more likely to contract cell borne STD during coitus because such agents designed to prevent ovulation are prone to efface the uterine cervix and, thus, invite several forms of cell borne STD including HBV, HIV, HPV, HSV, HTLV, Chlamydial and Neisserian infections, as well as sanction coital frequency without fear of pregnancy.

Thus, to prevent feminine STD/AIDS it is prudent now to barrier the uterine cervical os and use detergents which impede the migration of small lymphocytes, as well as sperm.

Sincerely

Jack W Shields, MD, MS, FACP
Santa Barbara Medical Foundation Clinic
Santa Barbara, CA 93102-120

Nancy Alexander

Corey Lesk
Letter to Bialy
Lipstology March 93
June 89

Digram 1.3
Serena Nelson
Mike Bialy
Int Ds Aug 1993
Condom

17 August 1993

Harold Varmus, MD
University of California
San Francisco, CA

Dear Dr. Varmus

Congratulations on your nomination as Director of NIH ! (See *Science* 8/13/93). I wish you well, as well as a serendipitous tenure.

You might remember me from correspondence in 1985 when you were involved in choosing a name for HIV vs. HAV, HTLV-III, HLRV, etc. As you might remember, I liked HLRV.1 (Human Lymphocytopathic Retro-Virus), because this one reverse transcribes to sequentially produce hyperplasia, dysplasia and aplasia or neoplasia of lymphocytes (Cf. Nature 317, 480 (1985). However, the choice of HIV, later HIV-1, HIV-2, was good because it's easy to pronounce, and describes the usual end results in humans. HAV (Human Adenopathy Virus) or HARV (Human Adenopathy Retro-Virus) might have been just as easy to pronounce, but to have HAV or HARV, might create more confusion than we already have concerning circulating cell-free forms.

My main reason for writing at this time has to do with a letter just sent to *Nature* and another just sent to Dr. Jocelyn Elders, whose confirmation as U.S. Surgeon General is less likely than yours at NIH. Copies of each are enclosed. These are self-explanatory. A tertiary reason concerns reports in the current 8/13/93 issue of *Science* (S) and 8/5/93 issue of Nature (N), e.g.:

1. (S - p. 20, col.3) : You and Dr. Bishop got the 1989 Nobel prize for "showing that a retrovirus gene that causes cancer in chickens first existed as a normal gene in chickens and even in mammals. Early in its evolution, the virus acquired genetic material - key instructions affecting cell growth - from one of its hosts and incorporated this information into its own genetic code, altering it in such a way that it often produces cancer."
(N - p. 468, col 2): Chow *et al* admit that discrepancies in their data on preventing HIV-1 mutation with a cocktail of reverse transcriptase (RT) inhibitors "can be explained by four previously unnoticed mutations in one of their HIV-1 clones". Therefore I wonder:
a. Does RT breed true, if it randomly inserts retroviral RNA into DNA?
b. If randomly inserted with retroviral RNA , does integrated proviral DNA code consistently for retroviral mRNA capable of producing uniform products ?

2. (S - p. 833) emphasizes that cell surfaces are sticky membranes wherein adherence, as well as penetration, are poorly understood. In my experience, lymphocyte surfaces are peculiar in that they normally shed soluble ectoplasm during maturation and may form the envelopes for cell-free retroviruses in tissue culture, but do not endocytize particles other than carbon or mycoplasma. Small lymphocytes poor in cytoplasm are prone to migrate through the plasmalemma of other cells, especially during mitosis when chromosomes are unstable. (N - p. 489-490) summarizes development of sub-unit vaccines mimicking HIV surface antigens. Although naturally occurring antibodies do not eliminate all lymphocytes containing integrated HIV-1 proviral DNA, (S - p. 819, 824-825) reports that Redfield hopes to do so with MicroGeneSys gp-160 under somewhat irregular circumstances.

With best regards

Jack W Shields, MD, MS, FACP
Santa Barbara Medical Foundation Clinic
Santa Barbara, CA 93102-1200

P.S. Please give my best to Phil Lee --- one of my classmates at Stanford. '47 8

Send to Varmus 8-19-93

Letter Cover
Letter to Holmes 12 Aug 93
Elders
Shalala
Alexander
Epidemiologic Memo 93
" June '89
Disease 1.3
Epidemiology Epidemic Fact '92

Harold Varmus MD
UCSF 513 Parnassus Ave
Box 0502
San Francisco 94143
(415) 476-2824

OCT 2 6 1993

THE WHITE HOUSE

Dear Mrs Scherer —

Thank you for the copies of the AIDS Reader - & thanks for putting my office on the mailing list —

Kristine Gebbie

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Ms. Alba E. Martínez
Executive Director
Congreso de Latinos Unidos
704 West Girard Avenue
Philadelphia, Pennsylvania 19123

Dear Ms. Martinez:

Thank you for sharing information about your organization's current activities with me. I am very excited to hear of the wonderful work you do with the Hispanic/Latino community in Philadelphia, and especially persons at risk for HIV. The work that organizations such as yours do is critical to stop the spread of HIV and to provide services for those already infected. Although I received information about the AIDS Walk on October 17, unfortunately, due to a previous commitment, I was not be able to travel to Philadelphia on that weekend.

As you may know, my office was created out of the commitment of the President to take positive steps to end the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I am devoted to stopping the spread of HIV and to providing adequate care for those already infected. I am also devoted to finding a cure for AIDS as soon as possible.

I hope to continue to work with organizations such as yours in the development of policies that will serve those at risk for HIV infection. I have shared the information on your organization with Carlos Velez, JD, Director of HIV/AIDS Prevention in my office. If you have any questions, please feel free to contact him at (202) 690-5560.

Sincerely,

Kristine Gebbie

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

cc: Carlos Velez, JD

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Mr. Alan F. Harre
President
Valparaiso University
Valparaiso, Indiana 46383

Dear Mr. Harre:

I would like to thank you for your invitation to attend
afternoon concert at the Kennedy Center on November 14.
like to convey my deepest regrets, as due to a previous
commitment, I will be traveling away from Washington on
date.

I have heard of the excellent academic record of Valpa
University. It is through the continued efforts of ins
of higher education such as yours that young people in
country will be able to face the many challenges they w
facing in the future.

As National AIDS Policy Coordinator, I am devoted to s
spread of HIV and to provide adequate care for those a
infected. In my work, I cannot overlook the importanc
colleges and universities in disseminating information
the most critical populations in the fight against HIV,

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Mr. Ellsworth O. Johnson
364 S. Coeur d'Alene Street
Spokane, Washington 99204

Dear Mr. Johnson:

This is a belated thank you for sharing information about the need to find a cure for AIDS with me. As you may know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to end the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I am devoted to stopping the spread of HIV and to provide adequate care for those already infected. I am also devoted to finding a cure for AIDS as soon as possible.

I have shared the information you sent me with the Office of AIDS Research at the National Institutes of Health (NIH). As you may know, NIH is the Federal agency which carries the most extensive research into the causes and treatments for AIDS. They will be able to determine whether the information you provide can be used in their research programs.

Thank you again for sharing this information.

Sincerely,

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

cc: Office of AIDS Research, NIH

THE WHITE HOUSE

WASHINGTON

October 26, 1993

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Executive Director
Congreso de Latinos Unidos
704 West Girard Avenue
Philadelphia, Pennsylvania 19123

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Sincerely,

Kristine Gebbie

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

cc: Carlos Velez, JD

THE WHITE HOUSE

WASHINGTON

October 26, 1993

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Executive Director
Congreso de Latinos Unidos
704 West Girard Avenue
Philadelphia, Pennsylvania 19123

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Sincerely,

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

cc: Carlos Vélez, JD

Prepared by: APS: CVelez: 202-690-5560: 10/26/93: b:\velez.ltr\martinez

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

"Acompáñanos Hacia el Futuro"

CONGRESO DE LATINOS UNIDOS, INC.
704 WEST GIRARD AVENUE
PHILADELPHIA, PENNSYLVANIA 19123
TEL: (215) 625-0550 FAX: (215) 625-9645

Alba E. Martínez-Vélez, Esq.
Executive Director

should have had a "good luck" letter — where has this been?

October 7, 1993

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

Dear Ms. Gebbie:

On Sunday, October 17, 1993, Philadelphians From All Walks Of Life will show support for people living with HIV/AIDS by joining the annual AIDS Walk to raise much needed funds for the fight against HIV/AIDS in the Delaware Valley.

Please hold this day on your calendar and become an elite member of people who will tell the world that people with AIDS are everywhere; they are our friends, brothers, sisters, spouses, lovers, parents, children, co-workers. In one way or another, we are all people affected by HIV/AIDS. Therefore, it is important to demonstrate to the world that we are united in our commitment to end HIV/AIDS and to help people with HIV/AIDS live with respect, dignity and hope.

The AIDS Walk is not only about raising money. It is about raising awareness in our community. It is a chance for all of us to get our friends involved in the fight against AIDS by asking them to make pledges to support a cause so close to our hearts.

I am enclosing a pledge form for the AIDS Walk. Please take it with you to work and to social events. Get your friends, family and neighbors to sponsor you. Set a personal goal and go for it.

Please mark your calendars now and decide to walk with the Congreso contingent on October 17, 1993. On behalf of the thousands of our sisters, brothers and children affected by HIV/AIDS who will benefit from your participation in the AIDS Walk 1993, I thank you.

Sincerely,

Alba E. Martinez
Executive Director

Enclosure
mas

Last year, more than 10,000 people walked with us and raised $500,000.

Join us this fall for the seventh annual Philadelphia AIDS Walk!

Sunday
October 17, 1993
Eakins Oval

The seventh annual Philadelphia AIDS Walk to benefit AIDS care and education

Sunday
October 17, 1993
Eakins Oval

From All Walks of Life salutes these generous corporations who join us as partners in the struggle against HIV/AIDS in the Delaware Valley.

Wawa Inc.

CAREMARK

Greater Media Cable Philadelphia

Revere National Corporation

SB SmithKline Beecham

The 1993 Philadelphia AIDS Walk is also sponsored in part by

Au Courant
City Paper
CoreStates
Curaflex Infusion Services
Danellie Foundation
Samuel S. Fels Fund
Fifteen Minutes
Home Nutritional Services, Inc.
Warren Musser Foundation
Philadelphia Gay News
WDRE 103.9FM
WMMR 93.3FM
WXPN 88.5FM
Wissahickon Water Company

172361

FROM ALL WALKS OF LIFE 1234 LOCUST STREET 2nd FLOOR PHILADELPHIA PA 19107

(see event schedule on back)

INFO 215 731-WALK

TEAM NUMBER

Walker's Name _____

Street Address _____ Apt No. _____

_____

City/State _____ Zip _____

Telephone (day) _____ (eve) _____

Employer's Name _____

The seventh annual Philadelphia AIDS Walk to benefit AIDS education and care

SUNDAY, OCTOBER 17

Last year, each walker raised an average of $125. Please have your sponsors pre-pay their pledges. All contributions are tax-deductible and should be made payable to FROM ALL WALKS OF LIFE.

PLEASE TYPE OR PRINT CLEARLY

SPONSOR'S NAME	COMPLETE ADDRESS/CITY/STATE	ZIP CODE	PHONE	PLEDGE/Km	x12Km	AMT PREPAID
JEFFREY WASHINGTON	200 Hunt Club Drive, Radnor PA	19087	215 896-4222	$ 5	$ 60	$ 60
LORETTA SANCHEZ	2216 East Girard Avenue, Phila PA	19123	215 222-1895	1	12	12

If you sign up more Sponsors than will fit on this form, use a second (or third) form, staple them together and enter the Grand Total at right.

Many companies have a Matching Gifts Program; if your employer does, attach the form to this pledge form and bring both to the AIDS Walk.

	PLEDGE	PRE-PAID
THIS PAGE, SUB-TOTAL		
MATCHING GIFT, if applicable		
GRAND TOTAL, ALL PAGES		

BEFORE THE WALK

SIGN UP SPONSORS Ask your friends, family, neighbors and co-workers to sponsor you. Most walkers set themselves a goal of raising at least $125. The suggested minimum pledge is $1 per kilometer, though many pledge much more to support your effort. And, of course, you can also sponsor yourself!

COLLECT THE MONEY IN ADVANCE
There are no checkpoints along the route—you walk on your own honor. Collecting pledges in advance saves the Walk time and administrative expense and ensures that the money raised goes where it's needed right away.

FORM A TEAM Each year, many companies and organizations form Walk teams. It's a great way to support each other and get others involved in the excitement of the Walk. For more information about forming a team at your work-place and to receive your Team Captain's Kit, call **Lisa Schwartz** at **215 731-WALK.**
All team members are required to register individually.

DOUBLE YOUR MONEY You may be able to dramatically increase your pledge total to the Walk. Check to see if your company has a **Matching Gifts Program** (all Matching Gifts count toward special gift incentives, including the Grand Prize).

VIP REGISTRATION: OCTOBER 14, 15, 16

If you collect over $200 in pledges, you can use VIP registration. Just bring your pledge form and money to our offices (1234 Locust Street, at 13th Street) anytime Thursday through Saturday, 10am - 8pm (till 6pm on Saturday) and pick up your T-shirt or sweatshirt gift on the spot. No waiting at all. And you get to sleep a little later on Sunday morning!

DAY OF THE WALK

RAIN OR SHINE, THE WALK IS ON!
Bring this pledge form with all your pre-paid pledge money to Eakins Oval in front of the Art Museum steps on **Sunday morning, October 17.** Grab your favorite footwear and join your friends in a fun-filled day of community spirit.

Here's the schedule of activities:

9:00	**Registration opens,** Eakins Oval
9:15	**An Hour of Remembrance** A reading of the names of those lost to AIDS. To participate or for more infor mation, call **Ken Morgan** at **215 731-WALK**
10:15	**Aerobic stretch/warm-up**
10:30	**Opening ceremonies**
11:00	**Walk begins** at Art Museum steps
2:00-4:00	Walk concludes with a **free picnic** for all and the **Celebration Concert** at Eakins Oval in front of Art Museum steps
4:01	**"That's What Friends Are For"** simulcast on radio stations throughout the Delaware Valley

HOT TIPS FOR LINING UP SPONSORS

1. Set a money goal: $125, $250, $500 or more
2. Ask at least one person a day to sponsor you
3. Use Voicemail, E-mail, computer networks to get the word out that you're looking for sponsors.
4. Form a Walk team: walk together, support each other in enlisting sponsors
5. Write to your friends, family, holiday card list
6. Record a Walk message on your answering machine
7. Set aside a couple of hours a week to solicit sponsors—you'll find many will sign up in an amazingly short period of time
8. Put up a notice at work, school, church/synagogue or community center.

SPECIAL GIFTS FOR ALL

For all registrants	Commemorative AIDS Walk buttons
For those raising $200 or more	Free Walk T-shirt
$400 or more	Free Walk sweatshirt or mock turtleneck
Grand Prize	Coach airfare for two, anywhere in the continental US, for the person who submits the greatest prepaid pledge total on October 17.

FROM ALL WALKS OF LIFE, INC,

The volunteer-based, sponsoring organization of the AIDS Walk is dedicated to ensuring quality of life for those living with HIV/AIDS through funding local AIDS organizations providing direct care services, and outreach and education initiatives aimed at stopping the spread of the disease in all communities.

THE IMPACT OF HIV/AIDS

- "100 million with HIV worldwide by the year 2000"
- Of the 1.5 million Americans estimated to be infected with HIV today, over 40,000 live in the City of Philadelphia
- Between 1,500 to 2,000 children born each year in the US are believed to be infected with HIV
- The number of people diagnosed with HIV in the Philadelphia area alone doubles every 22 months
- By the end of next year, it is estimated that 5 million people worldwide will have contracted AIDS, and nearly 18 million will be HIV-infected
- In 1981, only three Delaware Valley residents were diagnosed with AIDS; by 1987, 780 had died of AIDS. And, as of January 1993, 3,800 had succumbed

1992/1993 BENEFICIARIES

ActionAIDS
AIDS Coalition of Southern New Jersey
AIDS Information Network
AIDS Law Project of Pennsylvania
Asociacion de Puertorriqueños en Marcha
Black Lutheran Community Development Corporation
BEBASHI (Blacks Educating Blacks About Sexual Health Issues)
Elizabeth Blackwell Health Center for Women
The Children's Hospital of Philadelphia
CHOICE
The Church of St Luke & The Epiphany
Congreso de Latinos Unidos, Inc.
The William J. Craig Memorial Foundation
Critical Path AIDS Project
Delaware County AIDS Network
Drenk Mental Health Center
Ecumenical Information AIDS Resource Center
Episcopal Community Services
Family Service Association of Bucks County
Family Service Association of Chester County
Family Service Association of Montgomery County
Fund for Living
MANNA (Metropolitan AIDS Neighborhood Nutrition Alliance)
Pennsylvania School for the Deaf
Philadelphia AIDS Coordinated Therapy Services
Philadelphia AIDS Task Force
Planned Parenthood of Southeastern Pennsylvania
Prevention Point Philadelphia
St Mary's Family Respite Center
Visiting Nurse Association/ Home Health Services of Montgomery County
We the People Living with AIDS/HIV of the Delaware Valley
West Philadelphia Coalition of Neighborhoods and Businesses

172361

FROM ALL WALKS OF LIFE 1234 LOCUST STREET 2nd FLOOR PHILADELPHIA PA 19107

(see event schedule on back)

INFO 215 731-WALK

TEAM NUMBER

Walker's Name _____

Street Address _____ Apt No. _____

_____

City/State _____ Zip _____

Telephone (day) _____ (eve) _____

Employer's Name _____

The seventh annual Philadelphia AIDS Walk to benefit AIDS education and care

SUNDAY, OCTOBER 17

Last year, each walker raised an average of $125. Please have your sponsors pre-pay their pledges. All contributions are tax-deductible and should be made payable to FROM ALL WALKS OF LIFE.

PLEASE TYPE OR PRINT CLEARLY

SPONSOR'S NAME	COMPLETE ADDRESS/CITY/STATE	ZIP CODE	PHONE	PLEDGE/Km	x12Km	AMT PREPAID
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LORETTA SANCHEZ	2216 East Girard Avenue, Phila PA	19123	215 222-1895	1	12	12

If you sign up more Sponsors than will fit on this form, use a second (or third) form, staple them together and enter the Grand Total at right.

Many companies have a Matching Gifts Program; if your employer does, attach the form to this pledge form and bring both to the AIDS Walk.

	PLEDGE	PRE-PAID
THIS PAGE, SUB-TOTAL		
MATCHING GIFT, if applicable		
GRAND TOTAL, ALL PAGES		

Your first-class stamp will help us keep expenses down and provide more funds to beneficiaries. Thanks!

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 34082 PHILADELPHIA PA

Postage will be paid by addressee

FROM ALL WALKS OF LIFE/PHILADELPHIA AIDS WALK
1234 LOCUST STREET
PHILADELPHIA PA 19107-9820

A 12-kilometer walk to benefit AIDS care and education

Sunday October 17, 1993

172361

On October 17, make every step a giant step!

Walk with us, and bring your pledge form!

YES, I will support AIDS Walk '93.

❑ I'll be walking with you on Sunday, October 17.

❑ I'd like to organize a Walk team.
Please send me a Team Captain Kit.

❑ Please send me the following; I'll put them up at work:
- ❑ Press release (for newsletter)
- ❑ Pledge forms (qty) _____
- ❑ Posters (qty) _____

❑ I'll be a public supporter of the Walk with a contribution in the category indicated below.
Please list my name in the Walk Program.
- ❑ Marathoner ($50 or more)
- ❑ Pacesetter ($25)

My contribution is made in memory of _____;
please list this name with my own in the Program.

❑ Sorry, I won't be at the Walk, but I want to support this important event, so I've enclosed a contribution:
❑ $35 ❑ $50 ❑ $100 ❑ $250 Other $____
All contributions are tax-deductible .

Complete and return this form to us, and receive your free AIDS Walk '93 button.

Name _____

Street Address _____ Apt No. _____

City/State _____ Zip _____

Telephone (day) _____ (eve) _____

Please tell us how you heard about the AIDS Walk: ❑ Radio ❑ TV ❑ Newspaper
❑ Friend ❑ Work ❑ Advertising (where?) _____ ❑ Mailing

❑ Check, made payable to *From All Walks of Life*
Amount enclosed $ _____
❑ MasterCard ❑ VISA
Account No. _____ Expiration date _____
Signature _____

INFO 215 731-WALK

If you already have a pledge form, please pass this along to someone who might like to walk with us on October 17, 1993.

Detach, fold over, enclose your check and tape three sides before mailing.

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Ms. Mary Chapin Carpenter
c/o Studio One Artists
7010 Westmoreland Avenue, #100
Takoma Park, Maryland 20912

Dear Ms. Carpenter:

You are cordially invited to participate in a number of World AIDS Day events that are to be hosted by Cabinet Agencies and Congressman Barney Frank. These events will take place at several different locations in Washington, D.C. on December 1, 1993.

You may confirm your participation and coordinate your travel arrangements through Ms. Angie Hammock at the Centers for Disease Control and Prevention, Public Health Service. Ms. Hammock can be reached at (404)-639-0975.

I look forward to meeting you and working with you to help raise the Nation's awareness about AIDS.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Mr. Mark Chesnutt
c/o BDM Management
1106 16th Avenue South
Nashville, Tennessee 37212

Dear Mr. Chesnutt:

You are cordially invited to participate in a number of World AIDS Day events that are to be hosted by Cabinet Agencies and Congressman Barney Frank. These events will take place at several different locations in Washington, D.C. on December 1, 1993.

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Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Mr. Joe Diffie
c/o Image Management Group
11 Music Square East
Nashville, Tennessee 37203

Dear Mr. Diffie:

You are cordially invited to participate in a number of World AIDS Day events that are to be hosted by Cabinet Agencies and Congressman Barney Frank. These events will take place at several different locations in Washington, D.C. on December 1, 1993.

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Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Mr. Doug Stone
c/o Take Three Management
815 18th Avenue South
Nashville, Tennessee 37203

Dear Mr. Stone:

You are cordially invited to participate in a number of World AIDS Day events that are to be hosted by Cabinet Agencies and Congressman Barney Frank. These events will take place at several different locations in Washington, D.C. on December 1, 1993.

You may confirm your participation and coordinate your travel arrangements through Ms. Angie Hammock at the Centers for Disease Control and Prevention, Public Health Service. Ms. Hammock can be reached at (404)-639-0975.

I look forward to meeting you and working with you to help raise the Nation's awareness about AIDS.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE

WASHINGTON

October 26, 1993

Diamond Rio
c/o International Artists Management
1105 16th Avenue South Suite D
Nashville, Tennessee 37212

Dear Diamond Rio:

You are cordially invited to participate in a number of World AIDS Day events that are to be hosted by Cabinet Agencies and Congressman Barney Frank. These events will take place at several different locations in Washington, D.C. on December 1, 1993.

You may confirm your participation and coordinate your travel arrangements through Ms. Angie Hammock at the Centers for Disease Control and Prevention, Public Health Service. Ms. Hammock can be reached at (404)-639-0975.

I look forward to meeting you and working with you to help raise the Nation's awareness about AIDS.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

October 27, 1993

Fred Kroger, Director
National AIDS Information and Education Program
U.S. Centers for Disease Control and Prevention
1600 Clifton Road, NE MS - A24
Atlanta, GA 30333

Dear Mr. Kroger:

We are planning to make extensive use on World AIDS Day of the song, "The Miracle of Love," which Angie Hammock has been so instrumental in producing. We understand that three CDC employees -- Tamika Brown, Felisha Price, and Yolanda Dangerfield -- volunteered their time and considerable talents to provide the backup vocals for the song.

We would be very grateful if CDC could arrange for these three women to travel to Washington for World AIDS Day to participate in events scheduled at The Department of Justice, the Department of Labor, the Small Business Administration, the Department of Health and Human Services, and on Capitol Hill. "The Miracle of Love" will be featured at each of these events, and it would be a meaningful addition to have these generous women participate in the live performances.

Thank you for your consideration of this request.

Sincerely,

Warren W. Buckingham III
Special Assistant for Planning and Development

American Red Cross

National Headquarters
Washington, DC 20006

September 8, 1993

Bill Johnson, Organizer
Ellie Noel, Executive Producer
Country Music AIDS Awareness Campaign Nashville
c/o Sony Music
34 Music Square East
Nashville, TN 37203

Dear Mr. Johnson and Ms. Noel:

I have been asked by Elizabeth Dole, President of the American Red Cross, to respond to your letter requesting Red Cross support for the "Country Music AIDS Awareness Campaign". The American National Red Cross and its Office of HIV/AIDS Education strongly support your efforts to reach people in major cities and communities across the United States where the incidence of AIDS is fast growing. As you are aware, your campaign goals complement our efforts both to increase the public's compassionate response to persons infected with HIV and their awareness of AIDS and how to prevent infection.

We look forward to the many opportunities to work with you at the national level as you plan for the promotion of this campaign. Please send proposed dates and locations for national activities and the schedule of concerts as soon as possible to your contact in the Red Cross Corporate Communications office who will be coordinating all media events:

Leslie Hill
Department of Promotion
American Red Cross
431 - 18th Street, N.W., 4th Floor
Washington, DC 20006
Phone (202) 639-3629

Leslie will forward copies of all your correspondences to me since staff in my office will also be supporting your efforts with our chapters. Carolyn Branson, Manager of Marketing and Program Support, at (202) 973-6003 will be your contact in the Office of HIV/AIDS.

Your exciting campaign offers the Red Cross a unique opportunity for a collaboration. We are especially pleased that you have been working so successfully with the Nashville Area Chapter.

Thank you for including the American Red Cross. We look forward to meeting with you in person or by conference call soon to further discuss this partnership. Leslie Hill will be contacting you, or feel free to call her at the above number.

Sincerely,

Mary F. Cotton

Mary F. Cotton, Ph.D.
Director,
Office of HIV/AIDS Education

cc: Mrs. Dole
Ms. Hensley
Leslie Hill

CO-CHAIRS
Mary Chapin Carpenter
Mark Chesnutt

CONTRIBUTING ARTISTS
Lynn Anderson
Clint Black
Larry Boone
Garth Brooks
Johnny Cash
Mark Collie
Charlie Daniels
Skeeter Davis
Desert Rose Band
Diamond Rio
Joe Diffie
Holly Dunn
Darryl & Don Ellis
Rodney Foster
Cleve Francis
Clinton Gregory
Vern Gosdin
Emmylou Harris
Waylon Jennings
George Jones
Kentucky Headhunters
Kris Kristofferson
Little Texas
Kathy Mattea
Willie Nelson
Lee Roy Parnell
Dolly Parton
Collin Raye
Sawyer Brown
Ricky Skaggs
Larry Stewart
Marty Stuart
Kevin Welch
Michelle Wright
Tammy Wynette
Wynonna

IMMEDIATE RELEASE

Call: Ellie Noel
615/352-0338

COUNTRY AIDS AWARENESS

Country Music AIDS Awareness Campaign Nashville

MARK CHESNUTT AND MARY CHAPIN CARPENTER LEAD COUNTRY MUSIC INDUSTRY INITIATIVE ON AIDS

-AIDS Prevention Campaign to Break Nationally in Jan '94-

Nashville, TN -- Country singer Mark Chesnutt and singer/songwriter Mary-Chapin Carpenter, announce the launch of an ambitious public service announcement campaign to prevent the spread of HIV and AIDS in the U.S., "Country Music AIDS Awareness Campaign Nashville."

The artists are serving as Co-Chairs of the industry initiative which has received the official endorsements of the Country Music Association and the American Advertising Federation. The campaign features messages by 35 country music stars - including Garth Brooks, Wynonna and Willie Nelson - and will break nationally on radio, television and print in Jan. '94.

The campaign is the initiative of MCA recording artist Mark Chesnutt in response to published reports that AIDS is fastest growing in the South. "I know lots of people outside urban areas who think that AIDS is strictly a big city problem or one that doesn't concern them. But it's affecting rural areas all over the country and these are places that country music can speak to directly."

Added Chesnutt's fellow Co-Chair, Columbia artist Mary Chapin Carpenter, "We're hoping the campaign will help make it more acceptable for people to use condoms regularly, for parents to talk to their children openly about AIDS - how you get it and how you don't - and for learning about HIV from local AIDS agencies."

The campaign is organized by a coalition of country music industry professionals led by Bill Johnson, Design Director of Sony Music. Stated Johnson, "This is the first national effort by the country music industry for AIDS education and is one of unprecedented frankness and directness. We're utilizing the strategy that the most effective way of changing behavior is not through fear, but through the support of leaders and trendsetters who then set the pace for the acceptance of behavior."

(more)

ORGANIZER
Bill Johnson

EXECUTIVE PRODUCER
Ellie Noel

MARKETING CHAIR
Walt Wilson

AGENCY CHAIR
Tony Conway

AD FEDERATION CHAIR
Larry Frankenbach

MANAGER CO-CHAIRS
Ted Hacker &
Anita Hogin

MEDIA CHAIR
Mary Hyde

RADIO PROMOTION CHAIR
Jack Lameier

VIDEO CHAIR
James V. Carlson

Creative Team - Film: Deaton Flanigen Productions / Radio: Audio Productions
Copy: Carden & Cherry Advertising Inc. / Score: 615 Productions

Organizers are garnering the support of the entire industry in an effort to saturate every country music media outlet with education and prevention messages. The total audience potential for these outlets is estimated at 50 million.

Plans call for capitalizing on country music's burgeoning popularity by also aiming for exposure to a broad national consumer market as well. The campaign will be distributed to all television networks, cable networks and cable systems as well as consumer print publications. The American Advertising Federation is also working to mobilize its network of advertising federations to distribute the campaign on a local level to television network affiliates, radio stations and print outlets in 250 major markets across the U.S.

"Country Music AIDS Awareness Campaign" is being created by a volunteer team of some of Nashville's best talents. The television spots are directed and produced by Deaton Flanigen Productions; copywriting is contributed by Carden Cherry Advertising Agency, Inc.; the radio campaign is produced and directed by Audio Productions; the print campaign is art directed by Rollow Welch; and scoring is by 615 Productions.

Campaign logistical and distribution support is provided by an impressive group of industry committees headed by respected community professionals. Walt Wilson of MCA Nashville is Marketing Chair; Mary Hyde of Warner Bros. Records is Media Chair; Jack Lameier of Sony Music is Radio Chair; Tony Conway of Buddy Lee Attractions is Agency Chair; and Ted Hacker & Anita Hogin of International Artist Management are Manager Co-Chairs.

Mary Chapin Carpenter and Mark Chesnutt

Lynn Anderson
Clint Black
Larry Boone
Garth Brooks
Johnny Cash
Mark Collie
Charlie Daniels
Skeeter Davis
Desert Rose Band
Diamond Rio
Joe Diffie
Holly Dunn
Radney Foster
Clinton Gregory
Vern Gosdin
Emmylou Harris
George Jones
Cleve Francis
Kentucky Headhunters
Kris Kristofferson
Little Texas
Kathy Mattea
Willie Nelson
Dolly Parton
Collin Raye
Sawyer Brown
Ricky Skaggs
Larry Stewart
Marty Stuart
Kevin Welch
Michelle Wright
Tammy Wynette
Wynonna
Waylon Jennings
Lorrie Morgan
Darryl & Don Ellis

COUNTRY AIDS AWARENESS

Country Music AIDS Awareness Campaign Nashville

September 14, 1993

Carlos - would you take lead on drafting reply? Thanks K

Ms. Kristine Gebbie
National AIDS Policy
The White House
Washington, DC 20500

Dear Ms. Gebbie:

It is our pleasure to submit to you materials on a new and exciting campaign that the country music industry is launching in the battle against AIDS. It is one for which we would also very much like your official support.

Country AIDS Awareness is a national public service campaign breaking in January of 1994. It comprises youth-oriented radio, television and print ads featuring frank AIDS education and prevention messages delivered by country music's most well-loved and trusted artists.

We are targeting a very large and important segment of the U.S. population estimated at 50 million people that traditional AIDS organizations have had trouble reaching. We believe this audience mistakenly feels they are not at risk for HIV infection. Our messages have been reviewed for accuracy and effectiveness by both the Tennessee Health Dept. AIDS Program and the Education Department of the CDC.

BREAK THE SILENCE

Support from national organizations has been very enthusiastic. We currently have pledges of support from the CDC, the Country Music Association, the American Advertising Federation, the American National Red Cross, and the National Association of Broadcasters.

We will launch the campaign simultaneously on a single day with a national news conference in January. We are currently considering various launch sites including Nashville, New York, Washington, and Los Angeles, or a satellite combination thereof. Our goal is to gain maximum national media exposure in order to underscore extensive grassroots distribution efforts.

(more)

Creative Team - Film: Deaton Flanigen Productions / Radio: Audio Productions
Copy: Corden & Cherry Advertising Inc. / Score: 615 Productions

A complete packet of information is enclosed on the campaign including our extensive distribution plans as well as articles from The New York Times, The Washington Post, The Chicago Tribue, Variety, and Billboard.

The country music industry is hoping that a campaign of this stature and magnitude that speaks directly to middle America is deserving of the highest level of national support.

Will you join our effort to help us attain this? Specifically, will you lend your name and office to the campaign and assist in the following:

1) Advice with regard to resources for distribution you may have access to.
2) Advice with regard to optimum lauch time and place.
3) An official letter of support from your office.
4) Participation in the actual news conference launch. (We would be delighted, incidently, for the event to serve as a forum for a policy announcement.)
5) Assistance with gaining letters of support from President Clinton and fellow Tennessean Vice President Gore.
6) Assistance with gaining the personal participation of the White House in the campaign launch.

We're sure your assistance will prove invaluable and we sincerely hope your schedule allows for your participation. We are very much looking forward to the chance of meeting you here in Nashville September 23 at the Business Responds to AIDS Conference. If you have a spare moment while you're here, we would be delighted to meet with you personally to review the campaign in greater detail.

Many thanks for your consideration.

Sincerely,

Bill Johnson

Bill Johnson, Organizer
c/o Sony Music
34 Music Square East
Nashville, TN 37203
(615) 742-4321

Ellie Noel, Exec. Prod.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
Atlanta GA 30333

August 5, 1993

Ms. Ellie Noel
Country Music Cares About AIDS
2409 Belmont Boulevard
Nashville, Tennessee 37212

Dear Ms. Noel:

Thank you for the opportunity to review your plans for *Country Music Cares About AIDS*. Your campaign can play a major role in supporting HIV prevention efforts and reaching an important segment of the American public.

The Centers for Disease Control and Prevention (CDC) strongly supports efforts, such as yours, to educate the American public about the risk of HIV infection and how to reduce or eliminate that risk. The goals of your campaign complement the goals of our national program.

We support the Country Music Committee on AIDS in calling the country music industry to action. Your public service announcement campaign will be particularly effective in delivering messages to country music media outlets. This is a major market that has not been previously reached, and we applaud your efforts. Let us know if we can help you in any other way.

Sincerely yours,

Fred Kroger
Director
National AIDS Information and
Education Program

Fax #'s

Ms Mary Chapin Carpenter
c/o Studio One Artists
7010 Westmoreland Avenue, #100
Takoma Park, Maryland 20912
Ms. Carpenter

John Simson 301-891-0704

Mr. Mark Chesnutt
c/o BDM Management
1106 16th Avenue South
Nashville, Tennessee 37212
Mr. Chesnutt

Stan Byrd 615-244-7520

Mr. Joe Diffie
c/o Image Management Group
11 Music Square East
Nashville, Tennessee 37203
Mr. Diffie

615-256-0900 Johnny Sloter

Mr. Doug Stone
c/o Take Three Management
815 18th Avenue South
Nashville, Tennessee 37203
Mr. Stone

Sharon Allen 615-256-9402

Diamond Rio
c/o International Artists Management
1105 16th Avenue South Suite D
Nashville, Tennessee 37212
Diamond Rio

Lloyd Anita Hogan 615-329-9397

contact Ellie Noel - 615-269-5374

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500

Phone: (202)632-1090
Fax: (202)632-1096

Deliver To: John Simson

Sent From:

X Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

Number of Pages: 1 + Cover Fax Number: 301)891-0704 Date: 10)26)93

Message:

(See attached)

****
*** ACTIVITY REPORT ***
****

TRANSMISSION OK

TX/RX NO.	2754
CONNECTION TEL	913018910704
CONNECTION ID	
START TIME	10/25 23:14
USAGE TIME	01'18
PAGES	2
RESULT	OK

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500

Phone: (202)632-1090
Fax: (202)632-1096

Deliver To: Stan Byrd

Sent From:

X Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

Number of Pages: 1 + Cover Fax Number: 615-244-7520 Date: 26 Oct 93

Message:

****
*** ACTIVITY REPORT ***
****

TRANSMISSION OK

TX/RX NO.	2755
CONNECTION TEL	916152447520
CONNECTION ID	
START TIME	10/25 23:16
USAGE TIME	00'44
PAGES	2
RESULT	OK

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500

Phone: (202)632-1090
Fax: (202)632-1096

Deliver To: Johnny Slate

Sent From:

X Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

Number of Pages: 1 + Cover Fax Number: 615-256-0900 Date: 26 Oct 93

Message:

****
*** ACTIVITY REPORT ***
****

TRANSMISSION OK

TX/RX NO.	2756
CONNECTION TEL	916152560900
CONNECTION ID	API/IMAGE MGMT
START TIME	10/25 23:18
USAGE TIME	00'54
PAGES	2
RESULT	OK

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500

Phone: (202)632-1090
Fax: (202)632-1096

Deliver To: Shawn Allen

Sent From:

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

Number of Pages: 1 + Cover Fax Number: 615-256-9402 Date: 26 Oct

Message:

****
*** ACTIVITY REPORT ***
****

TRANSMISSION OK

TX/RX NO.	2757
CONNECTION TEL	916152569402
CONNECTION ID	
START TIME	10/25 23:19
USAGE TIME	01'15
PAGES	2
RESULT	OK

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500

Phone: (202)632-1090
Fax: (202)632-1096

Deliver To: Anita Hogan

Sent From:

X Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

Number of Pages: 1 + Cover Fax Number: 615-329-9397 Date: 26 Oct 93

Message:

THE WHITE HOUSE

WASHINGTON

October 26, 1993

name~
address~

Dear salutation~:

You are cordially invited to participate in a number of World AIDS Day events that are to be hosted by Cabinet Agencies and Congressman Barney Frank. These events will take place at several different locations in Washington, D.C. on December 1, 1993.

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I look forward to meeting you and working with you to help raise the Nation's awareness about AIDS.

Sincerely,

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

Prepared by: IGelberg: ONAPC: 10/26/93: 202-690-5560

Identical Letter sent to list attached

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
ONAPC	Gelberg	10/26						

October 26, 1993

name~
address~

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Sincerely,

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

Prepared by: IGelberg: ONAPC: 10/26/93: 202-690-5560

Identical Letter sent to list attached

Ms Mary Chapin Carpenter
c/o Studio One Artists
7010 Westmoreland Avenue, #100
Takoma Park, Maryland 20912
Ms. Carpenter

Mr. Mark Chesnutt
c/o BDM Management
1106 16th Avenue South
Nashville, Tennessee 37212
Mr. Chesnutt

Mr. Joe Diffie
c/o Image Management Group
11 Music Square East
Nashville, Tennessee 37203
Mr. Diffie

Mr. Doug Stone
c/o Take Three Management
815 18th Avenue South
Nashville, Tennessee 37203
Mr. Stone

Diamond Rio
c/o International Artists Management
1105 16th Avenue South Suite D
Nashville, Tennessee 37212
Diamond Rio

THE WHITE HOUSE

WASHINGTON

October 27, 1993

Rafael H. Pagán, M.D.
Puerto Rico CoNCRA
One Stop Station Box 30
103 University Avenue
San Juan, Puerto Rico 00925

Dear Dr. Pagán:

Thank you for sharing your comments on the Health Care Reform HIV Community process with me. Enclosed you will find the materials on issues for persons living with HIV that were produced after two meetings with community leaders and PWAs. I apologize for not making this information available to you earlier.

Also included is the summary of questions and answers from a presentation made by Dr. Judith Feder at the meeting of the National Organizations Responding to AIDS. I hope that these will be helpful in responding to questions related to the President's Health Care Reform plan.

As you correctly point out, it would have been advisable to include representatives from your community in the process. Due to budgetary constraints, we were not able to provide travel for any participants in the three meetings that have been held. We were able, however, to include representation from several national organizations to which your organization belongs, including the National Minority AIDS Council and the National Alliance of Gay and Lesbian Community Health Centers.

Carlos Vélez, JD, and I will be travelling to Puerto Rico on the first week of December. I have asked Mr. Vélez to assist in making arrangements for meetings at various locations while we are on the island. I hope that we will be able to meet then.

Thank you again for your comments.

Sincerely,

Ben Merrill, JD
Special Assistant to the
Coordinator

CONCRA
PUERTO RICO Community Network
For Clinical Research
On AIDS

Send material

October 18, 1993.

Ms. Ben Merrill, J.D.
Special Assistant
Office of the National AIDS
Policy Coordinator
The White House
Washington, D.C.

Dear Ms. Merrill:

In has been a great satisfaction to receive from you the document from the First Focus Group regarding the chief concerns of PWA and CBO in the process of the National Health Care Reform.

It is a concern that even though there are some puertorricans in the first focus group, there is no one from the island especially when the participation of Puerto Rico in the National Health Care Reform is being discussed. I believe that these kinds of initiatives are the ones that give the spirit to the letter.

My suggestion is that the resentatives from the territories should be included in all kind of discussions regarding the process of the reform. You can count with my support for this kind of initiative. I will look forward to obtain suggestions and comments from my own community in order to present them to you.

Cordially,

Rafael H. Pagán,M.D.
Executive Director
P.R. CoNCRA

cc: Carmen Feliciano de Melecio - Secretary, Department of Health
Carlos Romero Barceló - Resident Comissioner
Files

Luis Albornoz

AGENCIA PARTICIPANTE
FONDOS UNIDOS DE PUERTO RICO

PUERTO RICO COMMUNITY NETWORK FOR CLINICAL RESEARCH ON AIDS
Ave. Universidad 112, Santa Rita • Río Piedras, Puerto Rico 00925
One Stop Station Box 30 • 103 University •Avenue San Juan, P. R. 00925
Telephone (809) 753-9443 • FAX (809) 753-2894

THE WHITE HOUSE

WASHINGTON

October 27, 1993

Mr. Robert Triefus
Vice President, Communications
The Body Shop, Inc.
135 5th Avenue, Floor #3
New York, New York 10010

Dear Mr. Triefus:

Thank you for sharing with me information about your public awareness campaign and plans to enhance the knowledge level of your staff. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take positive steps to end the epidemic. As National AIDS Policy Coordinator, I am committed to stop the spread of HIV and to provide adequate care for those already infected. I am also committed to finding a cure for AIDS as soon as possible.

In my work I have become acquainted with the leadership role excercised by The Body Shop in promoting HIV/AIDS awareness among the general public. I am very encouraged to see that you are planning such extensive campaigns to promote safer sexual practices. It is uncommon to see businesses that stand up and use such positive messages in voluntary campaigns. As we work to stop HIV/AIDS, I am interested in hearing about new concepts and ideas that individuals may have on this subject.

I would like to encourage you to continue in your labor, we need more interested businesses like yours. Although I was not able to respond in a timely fashion to assist you in the launching of your campaign, I would be interested in playing a more active role in the future. I have shared your letter with Carlos Vélez, J.D., Director of HIV/AIDS Prevention in my office, who is very interested in hearing more about your campaign and finding ways of working closely with you.

Thank you again for your letter and keep up the good work.

Sincerely,

Kristine Gebbie

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

cc: Carlos Vélez, JD

THE WHITE HOUSE

WASHINGTON

October 27, 1993

Mr. Robert Triefus
Vice President, Communications
The Body Shop, Inc.
135 5th Avenue, Floor #3
New York, New York 10010

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Thank you again for your letter and keep up the good work.

Sincerely,

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

cc: Carlos Vélez, JD

Prepared by: APO: CVelez: 202-690-5561: 10/27/93: b:\velez.its\triefus

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

What is the Body Shop?

6pgs

What is The Body Shop?

The BODY SHOP

Skin & Hair Care Preparations

• ANS
• END ϕ

Kristin Gebbie
National AIDS Policy Coordinator
Old Executive Office Building
Washington DC 20500

July 8, 1993

Dear Ms. Gebbie,

Congratulations on your appointment as National AIDS Policy Coordinator. You will be filling a role that is crucial in our nation's fight against this terrible epidemic, and there's no question that you have a challenging job ahead of you! I am sure that The Body Shop joins many other businesses across the country in supporting your goals and wishing you well.

As we know from the recent conference in Berlin, there is little hope of a cure for AIDS in the next few years; consequently prevention is the best advice. Yet so many people, including millions of young people, are ill-informed about HIV and AIDS, and about safer sex.

This September The Body Shop will address these issues through a national public education campaign in approximately 150 retail stores across the country. Our window posters will incorporate images of people living with HIV under the slogan "Protect and Respect." Inside our stores, we will give customers free leaflets on how to have safer sex as well as free broadsheets discussing various aspects of the AIDS epidemic and what the reader can do about them.

In most of our stores, we will also sell high quality condoms manufactured by Okamoto Industries and two varieties of lubricant (with and without nonoxynol-9) and donate all profits to local AIDS service organizations. To make sure our staff are as educated as we want our customers to be, we are working with the American Red Cross who will conduct HIV/AIDS in the Workplace trainings for all of our employees before the campaign begins.

The Body Shop, Inc.
Communications Office
135 5th Avenue Floor #3
New York, NY 10010
Telephone (212) 420-8959 Fax (212) 995-1855

Our raison d'etre for the campaign is simple: 90% of our customers are women, and a huge percentage are in their teens and early 20s. Teens and women are the two fastest growing risk groups for HIV infection, yet they have very limited access to information about how to protect themselves or to places where they can feel safe buying condoms. In addition, we recognize that people who are HIV+ or who have AIDS need a lot more help and support than they are getting and we hope that our campaign will encourage the public to reach out to those in need during this crisis.

Let me tell you a bit about The Body Shop to put our AIDS campaign in context. We are a British-based cosmetics retailer and we sell approximately 350 naturally-based hair and skin care products in more than 1000 stores around the world. Anita Roddick, the founder and Managing Director of the Company, built the business on a firm foundation of philosophies she calls "profits with principles." They include concern for the natural environment, using business as a force for positive social change, and the support of human rights around the globe. Indeed, The Body Shop is as well known for its campaigns on these issues as it is for its products.

So the AIDS campaign, while quite ambitious in its mission and scope, is not at all unusual for us. However, we know that many of our customers and the public at large will be challenged by the campaign and perhaps even angry about it, because they are confused about the facts regarding HIV and AIDS, or simply because they are frightened. Consequently, we have sought the good will and endorsement of hundreds of small AIDS organizations around the country as well as the National Leadership Coalition on AIDS, the American Red Cross, the Gay Men's Health Crisis, and the San Francisco AIDS Foundation.

Ms. Gebbie, we would welcome your support and endorsement of this very important campaign. Specifically, we would love to do a videotaped interview with you for a video loop that will be played continuously in our stores for our customers. Other segments on that

loop will include a safer sex educator demonstrating condom use, a variety of clips from "people on the street" interviews, and interviews with people living with HIV and AIDS. Your endorsement would help us to emphasize the value of both education and compassion in the fight against AIDS.

Many thanks for your time and consideration. The Body Shop looks forward to working with you to address the AIDS crisis across the United States.

Sincerely,

Robert Triefus
Vice President, Communications

enclosures

THE WHITE HOUSE

WASHINGTON

October 27, 1993

Mr. Robert Triefus
Vice President, Communications
The Body Shop, Inc.
135 5th Avenue, Floor #3
New York, New York 10010

Dear Mr. Triefus:

Thank you for sharing with me information about your public awareness campaign and plans to enhance the knowledge level of your staff. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take positive steps to end the epidemic. As National AIDS Policy Coordinator, I am committed to stop the spread of HIV and to provide adequate care for those already infected. I am also committed to finding a cure for AIDS as soon as possible.

In my work I have become acquainted with the leadership role excercised by The Body Shop in promoting HIV/AIDS awareness among the general public. I am very encouraged to see that you are planning such extensive campaigns to promote safer sexual practices. It is uncommon to see businesses that stand up and use such positive messages in voluntary campaigns. As we work to stop HIV/AIDS, I am interested in hearing about new concepts and ideas that individuals may have on this subject.

I would like to encourage you to continue in your labor, we need more interested businesses like yours. Although I was not able to respond in a timely fashion to assist you in the launching of your campaign, I would be interested in playing a more active role in the future. I have shared your letter with Carlos Vélez, J.D., Director of HIV/AIDS Prevention in my office, who is very interested in hearing more about your campaign and finding ways of working closely with you.

Thank you again for your letter and keep up the good work.

Sincerely,

Kristine Gebbie

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

cc: Carlos Vélez, JD

THE WHITE HOUSE

WASHINGTON

October 27, 1993

Mr. Marco Antonio Grimaldo
Clearinghouse Coordinator
Congressional Hispanic Caucus
Institute, Inc.
504 C Street, N.E.
Washington, D.C. 20002

Dear Mr. Grimaldo:

Thank you for your kind letter of October 13 and the memo you sent today. Enclosed you will find the materials on Health Care Reform issues for persons living with HIV that were produced after two meetings with community leaders and PWAs. The Hispanic/Latino community was represented by Carlos Vega, M.P.H., Director of Chronic Diseases at COSSMHO, Elena Alvarado, Consultant at Hispanic Designers, Inc., and Regina Aragón from the San Francisco AIDS Foundation. I apologize for not being able to forward this information to you earlier.

Also included is the summary of questions and answers from a presentation made by Dr. Judith Feder at the meeting of the National Organizations Responding to AIDS. I hope that these will be helpful in responding to questions related to the President's Health Care Reform plan.

I am also encouraged that you have talked to Mr. Semansky about placement opportunities. I would be interested in talking to Mr. Semansky and, if he is interested in doing an internship in our office, I could direct him to the appropriate person to talk to.

I hope that I will be able to talk to you in the near future. I hope to call you when I return from my trip to New Orleans on the week of October 31. Also, please feel free to contact me at my office at (202) 690-5560.

Sincerely,

Carlos Vélez, JD
Director, HIV/AIDS Prevention

504 C STREET, N.E., WASHINGTON, D.C. 20002 • TEL 202-543-1771 • FAX 202-546-2143 • 1-800 EXCEL DC

FAX TRANSMITTAL

To: CARLOS VELEZ

From: MARCO GRIMALDO

Date: 10-13-93

RE:

FAX Number: 690-7560

This is page 1 of 2 pages

Confirmation requested: _____ Yes _____ No

If you have a problem in receiving this message, please call 202-543-1771.

CONGRESSIONAL HISPANIC CAUCUS INSTITUTE, INC.

October 13, 1993

Carlos Velez, J.D.
Director of HIV/AIDS Prevention
Office of National AIDS Policy
Executive Office of the President
Washington, D.C. 20500

Dear Mr. ~~Velez~~ Carlos:

It was a pleasure to meet you at the National Council of La Raza reception on Tuesday night. In our conversation, you asked if I had any information on the health care perspectives of the Latino organizations which we work with. The answer is that I am just now in the process of working with that data as it comes in. I will not however be able to put it in any type of useable form before your deadline of Friday, October 15, 1993.

I am certain that I will have a good data set by the beginning of 1994, however at this point I have not had enough responses to feel confident releasing even preliminary results. I would be happy to speak with you informally regarding health care issues. I look forward to keeping in contact with you. Please do not hesitate to call me if I may be of service.

Very best regards,

Marco Antonio Grimaldo
Clearinghouse Coordinator

504 C STREET, N.E., WASHINGTON, D.C. 20002 • 202-543-1771 • FAX 202-546-2143 • 1-800 EXCEL DC

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FAX TRANSMITTAL

To: CARLOS VELEZ

From: MARCO GRIMALDO

Date: 10/27/93

RE:

FAX Number: 690-7560

This is page 1 of 2 pages

Confirmation requested: _____ Yes _____ No

If you have a problem in receiving this message, please call 202-543-1771.

CONGRESSIONAL HISPANIC CAUCUS INSTITUTE, INC.
504 C. STREET, N.W., WASHINGTON D.C. 20002
(202) 543-1771 1*800*EXCEL DC

To: Carlos Velez
From: Marco A. Grimaldo
Re: P.M.I. Placement
Date: October 27, 1993

It was good to see you again last week. I look forward to the information you are sending. I am writing you today because I understand that you might be interested in qualified personell in your office. I have suggested that one of my colleagues from Georgetown contact you since he is a Presidential Management Intern who preparing his rotational assignments and has a background in working with HIV issues.

Rafael Semansky is a PMI currently assigned to the Health Care Finanicing Administration. He holds a Master's degree in Public Policy from Georgetown University with an emphasis on public health. I would appreciate it if you would review his resumé and perhaps offer some suggestions for potential placement.

Thank you very much for your attention to this matter. Please do not hesitate to call me if I may be of service.

MG

File chron

THE WHITE HOUSE
WASHINGTON

Bob Nolan —

I'm reasonably certain
I signed a pledge in
June (23rd or 24th), but
here's another, just
in case —

Katrina Swett

10/28/83

OCT 2 8 1993

SENIOR APPOINTEE PLEDGE

As a condition, and in consideration, of my employment in the United States Government in a senior appointee position invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:

1. I will not, within five years after the termination of my employment as a senior appointee in any executive agency in which I am appointed to serve, lobby any officer or employee of that agency.

2. In the event that I serve as a senior appointee in the Executive Office of the President ("EOP"), I also will not, within five years after I cease to be a senior appointee in the EOP, lobby any officer or employee of any other executive agency with respect to which I had personal and substantial responsibility as a senior appointee in the EOP.

3. I will not, at any time after the termination of my employment in the United States Government, engage in any activity on behalf of any foreign government or foreign political party which, if undertaken on January 20, 1993, would require me to register under the Foreign Agents Registration Act of 1938, as amended.

4. I will not, within five years after termination of my personal and substantial participation in a trade negotiation, represent, aid or advise any foreign government, foreign political party or foreign business entity with the intent to influence a decision of any officer or employee of any executive agency, in carrying out his or her official duties.

5. I acknowledge that the Executive order entitled "Ethics Commitments by Executive Branch Appointees," issued by the President on January 20, 1993, which I have read before signing this document, defines certain of the terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive order as a part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Federal Government service.

Kristine M Gebbie Oct 27, 1993

Signature **Date**

GEBBIE, KRISTINE MOORE

Print or type your full name (Last, first, middle -- spell out each fully)

Privacy Act Statement

Executive Order 12834 entitled "Ethics Commitments by Executive Branch Appointees," issued by the President on January 20, 1993 (and published at 58 Federal Register 5911-5916 on 1/22/93), requires every senior appointee in every executive agency appointed on or after January 20, 1993 to sign this pledge upon becoming a senior appointee. This pledge establishes a contractual commitment regarding your post-employment activities and your activities after your personal and substantial participation in a trade negotiation has ceased. If there is a violation or apparent violation of this pledge, this pledge may be disclosed to the Department of Justice or any other appropriate Federal agency charged with the responsibility of investigating, prosecuting, enforcing or implementing the Executive order. Disclosure of this pledge can also be made to another Federal agency, a court or a party in court litigation or an administrative proceeding when the Government is a party as well as to another Federal agency in connection with your hiring when the pledge is relevant and necessary thereto. Further, this pledge may be disclosed to the Executive Office of the President and the Office of Government Ethics to enable them to carry out their responsibilities under Executive Order 12834 and other ethics oversight authorities. This pledge will be filed for permanent retention in your official personnel folder or equivalent folder. Your signing this pledge is a condition, and in consideration, of your employment as a senior appointee, or your receiving a pay raise that will make you a senior appointee, as defined in the Executive order.

OCT 2 8 1993

THE WHITE HOUSE

WASHINGTON

October 26, 1993

MEMORANDUM FOR CERTAIN WHITE HOUSE STAFF

FROM: BETH NOLAN
ASSOCIATE COUNSEL TO THE PRESIDENT

CHERYL MILLS
ASSOCIATE COUNSEL TO THE PRESIDENT

SUBJECT: Clinton Ethics Pledges

As you know, the President's first official act in office was to sign Executive Order 12834, "Ethics Commitments by Executive Branch Appointees." This Order requires certain persons appointed on or after January 20, 1993, to sign pledges that established a contractual commitment regarding their activities after they have been employed as "senior appointees" or after they have participated personally and substantially in trade negotiations.

We are in the process of verifying that all White House staff who meet the criteria for signing the Clinton ethics pledges have done so. We recognize that some staff have recently joined this office and therefore may not yet have signed the pledges. To ensure that we have pledges from all appropriate Clinton appointees, we are sending this memorandum to remind you of your obligations.

We do not have a record of receiving a signed pledge or pledges from you. If you have already signed the Trade Negotiator and/or the Senior Appointees pledge, see attached, please forward a copy of the signed document(s) to our office (OEOB, Room 128) **by Friday, October 29, 1993.**

If you have not signed the Trade Negotiator and/or the Senior Appointee pledge, please review the following materials, sign the Senior Appointee pledge, and the Trade Negotiator pledge if appropriate, and promptly and return the form(s) to our office (OEOB 128) **by Friday, October 29, 1993.**

Thank you for your prompt attention to this important matter. Please call Beth Nolan (x6229) or Cheryl Mills (x7900) if you have questions regarding the Clinton ethics pledges.

THE WHITE HOUSE

WASHINGTON

March 1, 1993

MEMORANDUM FOR EOP SENIOR STAFF

FROM: MARK GEARAN
DEPUTY CHIEF OF STAFF

BERNARD NUSSBAUM
COUNSEL TO THE PRESIDENT

SUBJECT: Ethics Guidelines

As you know, one of the President's first actions was to issue Executive Order 12834, requiring certain ethics commitments by senior appointees of the executive branch. "Senior appointees" is defined in the Order as those employees who are paid at or above Executive Schedule ("ES") Level V (currently $108,200). However, as a result of the salary reductions that President Clinton implemented for a wide range of senior positions in the EOP, the Order by its terms applies to a smaller than expected group of senior EOP staff. Indeed, the Order does not cover some personnel who are in fact "senior appointees" entirely apart from their pay grades.

Accordingly, beginning today we are requesting, as a condition of appointment, that all EOP staff earning at or above ES Level V as well as all Assistants and Deputy Assistants to the President sign and adhere to the ethics guidelines in the Order.

A copy of the President's Executive Order and the pledges are attached.

Attachment

United States
Office of Government Ethics
Suite 500, 1201 New York Avenue, N.W.
Washington, D.C. 20005-3917

OCT 2 8 1993

January 22, 1993

MEMORANDUM

TO: Designated Agency Ethics Officials

FROM: Stephen D. Potts
Director

SUBJECT: President Clinton's Executive Order Entitled "Ethics Commitments by Executive Branch Appointees"

On January 20, 1993, President Clinton signed Executive Order 12834, "Ethics Commitments by Executive Branch Appointees." See 58 Fed. Reg. 5911-5916 (Jan. 22, 1993). The Executive order requires certain persons appointed on or after January 20, 1993, to sign a pledge which establishes a contractual commitment regarding their activities after they have been employed as "senior appointees" or after they have participated personally and substantially in trade negotiations.

A copy of the Executive order is attached. The activities which will be restricted by the pledges are set forth in section 1 of the Executive order.

Who Must Sign a Pledge

"Senior appointees" and "trade negotiators," who are appointed on or after January 20, 1993, must sign a pledge. Under the terms of the Executive order, "senior appointee" means "every full-time, noncareer Presidential, Vice-Presidential or agency head appointee in an executive agency whose rate of basic pay is not less than the rate for level V of the Executive Schedule (5 U.S.C. 5316) but does not include any person appointed as a member of the senior foreign service or solely as a uniformed service commissioned officer." "Trade negotiator" means "a[ny] full-time, non-career Presidential, Vice-Presidential or agency head appointee (whether or not a senior appointee) who personally and substantially participates in a trade negotiation as an employee of an executive agency." The Executive order does not cover career officials at any level, or those officials of President Bush's Administration who are staying on in President Clinton's Administration for a period of time without receiving a new appointment.

OCT 2 8 1993

Forms of Pledges

Senior appointees will sign a "Senior Appointee Pledge." Trade negotiators who are not senior appointees (and who therefore will not have signed a "Senior Appointee Pledge") will sign a "Trade Negotiator Pledge." This Office has developed forms for these pledges, based upon language provided in the Executive order. A copy of each pledge form is attached to this memorandum for local reproduction and immediate use. The Executive order is incorporated by reference in both pledges, so senior appointees and trade negotiators must be given a copy of the Executive order to read before signing a pledge.

When a Pledge Must Be Signed

A senior appointee must sign the pledge "upon becoming" a senior appointee, i.e., at the time that person is appointed to a position that meets the terms of the Executive order. A person who is being paid less than the rate for level V of the Executive Schedule, but who otherwise meets the terms of the Executive order, must sign the pledge when his or her rate of basic pay is raised so that it equals or exceeds the rate for level V of the Executive Schedule (for example, a person in the Senior Executive Service whose rate of basic pay changes to ES-5 from ES-4.)

A non-career trade negotiator who is not a senior appointee must sign the pledge prior to personally and substantially participating in a "trade negotiation," which the Executive order defines as "a negotiation that the President determines to undertake to enter into a trade agreement with one or more foreign governments, and does not include any action taken before that determination." This Office will, after consultation with the White House, notify Designated Agency Ethics Officials of any negotiation which the President determines to be a "trade negotiation" for purposes of requiring a pledge under the terms of the Executive order. Until such notification, agencies need not collect any trade negotiator pledges; but agencies should be prepared to collect such pledges promptly.

A person who has signed a senior appointee pledge does not have to sign another pledge if that person changes senior appointee positions, unless there was a period of time between those positions during which that person was not a senior appointee. Similarly, a trade negotiator who is not also a senior appointee and who has signed a trade negotiator pledge once does not have to sign the pledge again for other trade negotiations in which that person will be participating personally and substantially, unless prior to the person's personal and substantial participation in those other trade negotiations there was a period of time during which the person was not employed in the executive branch.

Collection of the Pledges

A senior appointee is to submit his or her signed pledge to the head of his or her agency upon becoming a senior appointee. A trade negotiator who is not a senior appointee is to submit his or her signed pledge to the head of his or her agency prior to participating personally and substantially in a trade negotiation. At the Executive Office of the President, pledges are to be submitted to the White House Counsel or other official(s) to whom the President delegates that responsibility.

Signed pledges will be placed in the senior appointee's or trade negotiator's Official Personnel Folder or equivalent personnel file.

Waivers

Only the President can grant a waiver of any of the restrictions contained in a pledge. A request for a waiver should be submitted to the head of the affected agency for submission to the President through the Counsel to the President. A waiver requires the President's written certification, and publication in the Federal Register, that it is in the public interest for the waiver to be granted.

Enforcement

The Executive order specifies that the contractual commitments established by the pledges will be enforced by any legally available means, including debarment proceedings within the affected agency, or judicial or civil proceedings brought by the Attorney General for declaratory, injunctive, or monetary relief.

Further Guidance

This Office will assist Designated Agency Ethics Officials in providing advice to current or former senior appointees and trade negotiators regarding the application of the pledges. In providing this assistance, this Office will consult with the Attorney General or Counsel to the President when appropriate. In addition, within the next six months, the Attorney General will be publishing in the Federal Register a "Statement of Covered Activities" regarding the restriction on a former senior appointee's activities on behalf of a foreign government or foreign political party.

Attachments (3)

•helping one's hard of hearing aunt with her dealings with the social security representative in her home town;

• submitting an application for a USDA program to the local county agent on behalf of a farm held by a former employee and her father in partnership;

• defending an indigent in a federal criminal court;

• making a claim to the Postal Service for damaged mail sent to one's business;

• seeking a camping permit in a National Park for the local Boy Scout troop.

Federal Register
Vol. 58, No.13
Friday, January 22, 1993

Presidential Documents

Title 3—

The President

Executive Order 12834 of January 20, 1993

Ethics Commitments by Executive Branch Appointees

By the authority vested in me as President of the United States by the Constitution and laws of the United States of America, including section 301 of title 3, United States Code, and sections 3301 and 7301 of title 5, United States Code, it is hereby ordered as follows:

Section 1. *Ethics Pledges.* (a) Every senior appointee in every executive agency appointed on or after January 20, 1993, shall sign, and upon signing shall be contractually committed to, the following pledge ("senior appointee pledge") upon becoming a senior appointee:

> "As a condition, and in consideration, of my employment in the United States Government in a senior appointee position invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:
>
> "1. I will not, within five years after the termination of my employment as a senior appointee in any executive agency in which I am appointed to serve, lobby any officer or employee of that agency.
>
> "2. In the event that I serve as a senior appointee in the Executive Office of the President ('EOP'), I also will not, within five years after I cease to be a senior appointee in the EOP, lobby any officer or employee of any other executive agency with respect to which I had personal and substantial responsibility as a senior appointee in the EOP.
>
> "3. I will not, at any time after the termination of my employment in the United States Government, engage in any activity on behalf of any foreign government or foreign political party which, if undertaken on January 20, 1993, would require me to register under the Foreign Agents Registration Act of 1938, as amended.
>
> "4. I will not, within five years after termination of my personal and substantial participation in a trade negotiation, represent, aid or advise any foreign government, foreign political party or foreign business entity with the intent to influence a decision of any officer or employee of any executive agency, in carrying out his or her official duties.
>
> "5. I acknowledge that the Executive order entitled 'Ethics Commitments by Executive Branch Appointees,' issued by the President on January 20, 1993, which I have read before signing this document, defines certain of the terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive order as a part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Federal Government service."

(b) Every trade negotiator who is not a senior appointee and is appointed to a position in an executive agency on or after January 20, 1993, shall (prior to personally and substantially participating in a trade negotiation) sign, and upon signing be contractually committed to, the following pledge ("trade negotiator pledge"):

> "As a condition, and in consideration, of my employment in the United States Government as a trade negotiator, which is a position

invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:

"1. I will not, within five years after termination of my personal and substantial participation in a trade negotiation, represent, aid or advise any foreign government, foreign political party or foreign business entity with the intent to influence a decision of any officer or employee of any executive agency, in carrying out his or her official duties.

"2. I acknowledge that the Executive order entitled 'Ethics Commitments by Executive Branch Appointees,' issued by the President on January 20, 1993, which I have read before signing this document, defines certain of the terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive order as a part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Federal Government service."

Sec. 2. *Definitions.* As used herein and in the pledges:

(a) "Senior appointee" means every full-time, non-career Presidential, Vice-presidential or agency head appointee in an executive agency whose rate of basic pay is not less than the rate for level V of the Executive Schedule (5 U.S.C. 5316) but does not include any person appointed as a member of the senior foreign service or solely as a uniformed service commissioned officer.

(b) "Trade negotiator" means a full-time, non-career Presidential, Vice-presidential or agency head appointee (whether or not a senior appointee) who personally and substantially participates in a trade negotiation as an employee of an executive agency.

(c) "Lobby" means to knowingly communicate to or appear before any officer or employee of any executive agency on behalf of another (except the United States) with the intent to influence official action, except that the term "lobby" does not include:

(1) communicating or appearing on behalf of and as an officer or employee of a State or local government or the government of the District of Columbia, a Native American tribe or a United States territory or possession;

(2) communicating or appearing with regard to a judicial proceedings, or a criminal or civil law enforcement inquiry, investigation or proceeding (but not with regard to an administrative proceeding) or with regard to an administrative proceeding to the extent that such communications or appearances are made after the commencement of and in connection with the conduct or disposition of a judicial proceeding;

(3) communicating or appearing with regard to any government grant, contract or similar benefit on behalf of and as an officer or employee of:

(A) an accredited, degree-granting institution of higher education, as defined in section 1201(a) of title 20, United States Code; or

(B) a hospital; a medical, scientific or environmental research institution; or a charitable or educational institution; provided that such entity is a not-for-profit organization exempted from Federal income taxes under sections 501(a) and 501(c)(3) of title 26, United States Code;

(4) communicating or appearing on behalf of an international organization in which the United States participates, if the Secretary of State certifies in advance that such activity is in the interest of the United States;

(5) communicating or appearing solely for the purpose of furnishing scientific or technological information, subject to the procedures and conditions applicable under section 207(j)(5) of title 18, United States Code; or

(6) giving testimony under oath, subject to the conditions applicable under section 207(j)(6) of title 18, United States Code.

(d) "On behalf of another" means on behalf of a person or entity other than the individual signing the pledge or his or her spouse, child or parent.

(e) "Administrative proceeding" means any agency process for rulemaking, adjudication or licensing, as defined in and governed by the Administrative Procedure Act, as amended (5 U.S.C. 551, *et seq.*).

(f) "Executive agency" and "agency" mean "Executive agency" as defined in section 105 of title 5, United States Code, except that the term includes the Executive Office of the President, the United States Postal Service and the Postal Rate Commission and excludes the General Accounting Office. As used in paragraph 1 of the senior appointee pledge, "executive agency" means the entire agency in which the senior appointee is appointed to serve, except that:

(1) with respect to those senior appointees to whom such designations are applicable under section 207(h) of title 18, United States Code, the term means an agency or bureau designated by the Director of the Office of Government Ethics under section 207(h) as a separate department or agency at the time the senior appointee ceased to serve in that department or agency; and

(2) a senior appointee who is detailed from one executive agency to another for more than sixty days in any calendar year shall be deemed to be an officer or employee of both agencies during the period such person is detailed.

(g) "Personal and substantial responsibility" "with respect to" an executive agency, as used in paragraph 2 of the senior appointee pledge, means ongoing oversight of, or significant ongoing decision-making involvement in, the agency's budget, major programs or personnel actions, when acting both "personally" and "substantially" (as those terms are defined for purposes of sections 207(a) and (b) of title 18, United States Code).

(h) "Personal and substantial participation" and "personally and substantially participates" mean acting both "personally" and "substantially" (as those terms are defined for purposes of sections 207(a) and (b) of title 18, United States Code) as an employee through decision, approval, disapproval, recommendation, the rendering of advice, investigation or other such action.

(i) "Trade negotiation" means a negotiation that the President determines to undertake to enter into a trade agreement with one or more foreign governments, and does not include any action taken before that determination.

(j) "Foreign Agents Registration Act of 1938, as amended" means sections 611-621 of title 22, United States Code.

(k) "Foreign government" means "the government of a foreign country," as defined in section 1(e) of the Foreign Agents Registration Act of 1938, as amended (22 U.S.C. 611(e)).

(l) "Foreign political party" has the same meaning as that term in section 1(f) of the Foreign Agents Registration Act of 1938, as amended (22 U.S.C. 611(f)).

(m) "Foreign business entity" means a partnership, association, corporation, organization or other combination of persons organized under the laws of or having its principal place of business in a foreign country.

(n) Terms that are used herein and in the pledges, and also used in section 207 of title 18, United States Code, shall be given the same meaning as they have in section 207 and any implementing regulations issued or to be issued by the Office of Government Ethics, except to the extent those terms are otherwise defined in this order.

Sec. 3. *Waiver.* (a) The President may grant to any person a waiver of any restrictions contained in the pledge signed by such person if, and to the extent that, the President certifies in writing that it is in the public interest to grant the waiver.

(b) A waiver shall take effect when the certification is signed by the President.

(c) The waiver certification shall be published in the Federal Register, identifying the name and executive agency position of the person covered by the waiver and the reasons for granting it.

(d) A copy of the waiver certification shall be furnished to the person covered by the waiver and filed with the head of the agency in which that person is or was appointed to serve.

Sec. 4. *Administration.* (a) The head of every executive agency shall establish for that agency such rules or procedures (conforming as nearly as practicable to the agency's general ethics rules and procedures, including those relating to designated agency ethics officers) as are necessary or appropriate:

(1) to ensure that every senior appointee in the agency signs the senior appointee pledge upon assuming the appointed office or otherwise becoming a senior appointee;

(2) to ensure that every trade negotiator in the agency who is not a senior appointee signs the trade negotiator pledge prior to personally and substantially participating in a trade negotiation;

(3) to ensure that no senior appointee or trade negotiator in the agency personally and substantially participates in a trade negotiation prior to signing the pledge; and

(4) generally to ensure compliance with this order within the agency.

(b) With respect to the Executive Office of the President, the duties set forth in section 4(a), above, shall be the responsibility of the White House Counsel or such other official or officials to whom the President delegates those duties.

(c) The Director of the Office of Government Ethics shall:

(1) subject to the prior approval of the White House Counsel, develop a form of the pledges to be completed by senior appointees and trade negotiators and see that the pledges and a copy of this Executive order are made available for use by agencies in fulfilling their duties under section 4(a) above;

(2) in consultation with the Attorney General or White House Counsel, when appropriate, assist designated agency ethics officers in providing advice to current or former senior appointees and trade negotiators regarding the application of the pledges; and

(3) subject to the prior approval of the White House Counsel, adopt such rules or procedures (conforming as nearly as practicable to its generally applicable rules and procedures) as are necessary or appropriate to carry out the foregoing responsibilities.

(d) In order to promote clarity and fairness in the application of paragraph 3 of the senior appointee pledge:

(1) the Attorney General shall, within six months after the issuance of this order, publish in the Federal Register a "Statement of Covered Activities," based on the statute, applicable regulations and published guidelines, and any other material reflecting the Attorney General's current interpretation of the law, describing in sufficient detail to provide adequate guidance the activities on behalf of a foreign government or foreign political party which, if undertaken as of January 20, 1993, would require a person to register as an agent for such foreign government or political party under the Foreign Agents Registration Act of 1938, as amended; and

(2) the Attorney General's "Statement of Covered Activities" shall be presumed to be the definitive statement of the activities in which the senior appointee agrees not to engage under paragraph 3 of the pledge.

(e) A senior appointee who has signed the senior appointee pledge is not required to sign the pledge again upon appointment to a different office, except that a person who has ceased to be a senior appointee, due to

termination of employment in the executive branch or otherwise, shall sign the senior appointee pledge prior to thereafter assuming office as a senior appointee.

(f) A trade negotiator who is not also a senior appointee and who has once signed the trade negotiator pledge is not required to sign the pledge again prior to personally and substantially participating in a subsequent trade negotiation, except that a person who has ceased employment in the executive branch shall, after returning to such employment, be obligated to sign a pledge as provided herein notwithstanding the signing of any previous pledge.

(g) All pledges signed by senior appointees and trade negotiators, and all waiver certifications with respect thereto, shall be filed with the head of the appointee's agency for permanent retention in the appointee's official personnel folder or equivalent folder.

Sec. 5. *Enforcement.* (a) The contractual, fiduciary and ethical commitments in the pledges provided for herein are enforceable by any legally available means, including any or all of the following: debarment proceedings within any affected executive agency or judicial civil proceedings for declaratory, injunctive or monetary relief.

(b) Any former senior appointee or trade negotiator who is determined, after notice and hearing, by the duly designated authority within any agency, to have violated his or her pledge not to lobby any officer or employee of that agency, or not to represent, aid or advise a foreign entity specified in the pledge with the intent to influence the official decision of that agency, may be barred from lobbying any officer or employee of that agency for up to five years in addition to the five-year time period covered by the pledge.

(1) The head of every executive agency shall, in consultation with the Director of the Office of Government Ethics, establish procedures to implement the foregoing subsection, which shall conform as nearly as practicable to the procedures for debarment of former employees found to have violated section 207 of title 18, United States Code (1988 ed.), set forth in section 2637.212 of title 5, Code of Federal Regulations (revised as of January 1, 1992).

(2) Any person who is debarred from lobbying following an agency proceeding pursuant to the foregoing subsection may seek judicial review of the administrative determination, which shall be subject to established standards for judicial review of comparable agency actions.

(c) The Attorney General is authorized:

(1) upon receiving information regarding the possible breach of any commitment in a signed pledge, to request any appropriate federal investigative authority to conduct such investigations as may be appropriate; and

(2) upon determining that there is a reasonable basis to believe that a breach of a commitment has occurred or will occur or continue, if not enjoined, to commence a civil action against the former employee in any United States District Court with jurisdiction to consider the matter.

(d) In such civil action, the Attorney General is authorized to request any and all relief authorized by law, including but not limited to:

(1) such temporary restraining orders and preliminary and permanent injunctions as may be appropriate to restrain future, recurring or continuing conduct by the former employee in breach of the commitments in the pledge he or she signed; and

(2) establishment of a constructive trust for the benefit of the United States, requiring an accounting and payment to the United States Treasury of all money and other things of value received by, or payable to, the former employee arising out of any breach or attempted breach of the pledge signed by the former employee.

Sec. 6. *General Provisions.* (a) No prior Executive orders are repealed by this order. To the extent that this order is inconsistent with any provision of any prior Executive order, this order shall control.

(b) If any provision of this order or the application of such provision is held to be invalid, the remainder of this order and other dissimilar applications of such provisior shall not be affected.

(c) Except as expressly provided in section 5(b)(2) of this order, nothing in the pledges or in this order is intended to create any right or benefit, substantive or procedural, enforceable at law by a party against the United States, its agencies, its officers, or any person.

William J. Clinton

THE WHITE HOUSE,
January 20, 1993.

[FR Doc. 93-1871
Filed 1-21-93; 12:20 pm]
Billing code 3195-01-M

OCT 2 8 1993

TRADE NEGOTIATOR PLEDGE

As a condition, and in consideration, of my employment in the United States Government as a trade negotiator, which is a position invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:

1. I will not, within five years after termination of my personal and substantial participation in a trade negotiation, represent, aid or advise any foreign government, foreign political party or foreign business entity with the intent to influence a decision of any officer or employee of any executive agency, in carrying out his or her official duties.

2. I acknowledge that the Executive order entitled "Ethics Commitments by Executive Branch Appointees," issued by the President on January 20, 1993, which I have read before signing this document, defines certain of the terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive order as a part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Federal Government service.

_____ _____, 19____

Signature **Date**

_____

Print or type your full name (Last, first, middle -- spell out each fully)

Privacy Act Statement

Executive Order 12834 entitled "Ethics Commitments by Executive Branch Appointees," issued by the President on January 20, 1993 (and published at 58 Federal Register 5911-5916 on 1/22/93), requires every trade negotiator (who is not a senior appointee) in every executive agency appointed on or after January 20, 1993 to sign this pledge prior to personally and substantially participating in a trade negotiation. This pledge establishes a contractual commitment regarding your activities after your personal and substantial participation in a trade negotiation has ceased. If there is a violation or apparent violation of this pledge, this pledge may be disclosed to the Department of Justice or any other appropriate Federal agency charged with the responsibility of investigating, prosecuting, enforcing or implementing the Executive order. Disclosure of this pledge can also be made to another Federal agency, a court or a party in court litigation or an administrative proceeding when the Government is a party as well as to another Federal agency in connection with your hiring when the pledge is relevant and necessary thereto. Further, this pledge may be disclosed to the Executive Office of the President and the Office of Government Ethics to enable them to carry out their responsibilities under Executive Order 12834 and other ethics oversight authorities. This pledge will be filed for permanent retention in your official personnel folder or equivalent folder. Your signing this pledge is a condition, and in consideration, of your employment in the United States Government as a trade negotiator, as defined in the Executive order.

NOV - 2 1993

CAPITOL SANITIZING SYSTEMS INC.

P.O. Box 39111 - Friendship Station
Washington, D.C. 20016
(202) 298-8357

Oct. 28, 1993

Dr. Carl W. Dieffenbach, Ph.D.
Chief, Developmental Therapeutics Branch
Basic Research and Development Program
Division of AIDS - Nat. Institute of Allergy & Infectious Diseases
Bethesda, MD 20892

Dear Dr. Dieffenbach:

Many thanks for your letter of Oct. 6, last.

I did contact Dr. Robert Schultz by letter and telephone, as you suggested. He informed me, however, by telephone today that his organization was "not set up to do combination studies". This policy would, of course, exclude all potential synergists from evaluation!

Enclosed, please find copies of my letter of Oct. 15th to Dr. Schultz, copy of an anti-malarial test conducted by the U.S. Navy and copy of an excerp from an U.S. Patent (#4,917,901) showing a partial list of enzyme/substrate "couples" of unicellular microorganisms.

I am writing to elicit your kind suggestions as to how to proceed further.

Respectfully yours,

George Farquhar

G.R.P. FARQUHAR, Mgr. & Res. Dir.

GF/rl

cc: Hon. Kristine Gebbie

10-28-93

Best regards – GF

CAPITOL SANITIZING SYSTEMS
P O Box 39111 - Friendship Sta.
Washington, D.C. 20016

G.R.P. FARQUHAR
Manager & Research Dir.

(202) 298-8357

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: _____

_____

FROM: **KRISTINE M. GEBBIE**

_____ For your information

_____ For your action _____

_____

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____.

✓ File

COMMENTS: _____

_____

_____

_____

_____

CAPITOL SANITIZING SYSTEMS INC.

P.O. Box 39111 - Friendship Station
Washington, D.C. 20016
(202) 298-8357

(301) 496-8795

Oct. 15, 1993

Dr. Robert Schultz
Drug Synthesis & Chemistry Branch
National Cancer Institute
Executive Plaza North - Room 831
Bethesda, MD 20892

Re: Evaluation of Activators for Use with Anti-HIV Drugs

Dear Dr. Schultz:

I am confirming our telephone chat of Oct. 13th, last, in which I advised that I was contacting you through the kind courtesy of Dr. Carl W. Dieffenbach, Ph.D.

Briefly, I am seeking to evaluate the use of NaF, reagent grade, as an activator for anti-HIV drugs (i.e. AZT, ddI, nevirapine or other - singly or in combination). There is no suggestion that NaF be used alone against HIV: the fluoride anion merely reinforces the action of other drugs.

Enclosed is the result of a test conducted by the U.S. Navy, wherein "Drug #3" is NaF, reagent grade.

I have reason to hope that the so-called mutation of HIV may be blunted by the disruption of its enzyme/substrate "couple". Enclosed, please find an excerp from U.S. Patent #4,917,901, which contains a partial list of enzyme/substrate "couples".

Finally, I have arranged with Aldrich Chemical to send you directly 100 grams of NaF, reagent grade, when you give us the go-ahead.

Respectfully,

George Farquhar

GF/rl

G.R.P. FARQUHAR, Mgr. & Res. Dir.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

6003 Executive Blvd.
Bethesda MD 20892
Tel: 301-496-8199
FAX: 301-402-3211

October 6, 1993

George Farquhar
Capital Sanitizing Systems, Inc.
P.O. Box 39111 - Friendship Station
Washington, D.C. 20016

Dear Mr. Farquhar:

Thank you for your letter of September 7, 1993. As the Chief of the Developmental Therapeutics Branch of the National Institute of Allergy and Infectious Diseases, it has been referred to me for response.

There are two main mechanisms by which the Federal Government will independently evaluate proposed therapies for treatment of HIV. First, the National Cancer Institute has a screening program where pure chemical entities are studied to determine their ability to block HIV growth. The second program, admistered under me, studies chemicals with a defined anti-HIV activity to determine the relative potency of the compounds. If you have a chemical to be evaluated the contact person at the National Cancer Institute is Dr. Robert Shultz, Antiviral Evaluations Branch, (301) 496-3246. Both activities described here are offered as a public service and no fees are charged or paid for aquisition of the compound.

9-7-93

I hope this helps you in your pursuet of defining the activity of your anti-HIV compound. Thank you for your interest in finding a treatment for this devastating disease.

Sincerely,

Carl W. Dieffenbach, Ph.D.
Chief, Developmental Therapeutics Branch
Basic Research and Development Program
Division of AIDS
National Institute of Allergy
and Infectious Diseases

CWD/kms

10/28/93

FILE

(1)

Draft Press Statement about "The Human Immunodeficiency Virus Vaccine Challenge: Issues in Development and International Trials"

The Office of Science and Technology Policy today released the report, "The Human Immunodeficiency Virus Vaccine Challenge: Issues in Development and International Trials." The report was produced by a panel of expert federal scientists, the Working Group on HIV Vaccine Development and International Field Trials, which was convened in April 1992. This group conducted its work under the Federal Coordinating Council for Science, Engineering and Technology's (FCCSET) Committee on Life Sciences and Health.

Human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) is a global epidemic that is causing widespread sickness and death and inflicting large economic and social-cost burdens to societies worldwide. No drug is available to cure HIV infection, nor is one likely to be in the near future. The report notes that "curbing the HIV epidemic worldwide requires a vaccine."

Vaccines have been key to the effective and affordable prevention of other viral diseases. Widespread use of vaccines has eradicated smallpox worldwide, eliminated polio from the Americas, and controlled measles in most areas of the world. Developing a vaccine for HIV, however, presents formidable challenges.

When one or more potential HIV vaccines will be available for widespread trials of their effectiveness is unknown. Complete evaluation of the most promising HIV vaccine(s) will require both domestic and international field trials. Safety and initial efficacy testing will be carried out domestically. International trials in cooperation with countries with high rates of new HIV infections will yield answers about efficacy within the shortest possible time.

Sensitive ethical, political, and societal issues face governments and researchers involved in vaccine development and trials. Trials will require planning and negotiations between host and sponsoring countries, vaccine manufacturers, and international organizations. Large-scale trials will take time to set up and are likely to be long and costly. Furthermore, the developing countries where new infections are occurring most rapidly, and which would benefit most from a safe and effective vaccine, are also those where the health and research infrastructure are least developed.

The report presents several clear conclusions about the issues accompanying HIV vaccine development and testing:

- Development of an HIV vaccine will require additional scientific knowledge about the virus and its

(2)

interaction with its human host and strategies for translating this knowledge into practical, safe, and effective vaccine products.

- Evaluation of an HIV vaccine is complex because the virus changes rapidly, and, in addition, because social and behavioral factors are associated with transmission. Studies will need to be conducted in domestic populations and in international settings, which may lack well-developed health and research infrastructures.

- A large investment must be made in each potential trial site to prepare the research infrastructure. The U.S. government should cooperate with WHO and other industrialized countries in development of foreign sites for HIV vaccine efficacy trials, including the training of host country investigators.

- Organization and implementation of HIV vaccine trials will require close collaboration among governments, multinational organizations, scientists, and manufacturers, with particular attention to ethical, legal, and social considerations for countries conducting and hosting trials.

The Working Group on HIV Vaccine Development and International Field Trials was chaired by Walter Dowdle, Ph.D., of the Centers for Disease Control and Prevention and co-chaired by Col. Donald Burke, M.D., of the Walter Reed Institute of Research and by Anthony Fauci, M.D., of the National Institutes of Health. Representatives from the U.S. Departments of Agriculture, State, Health and Human Services, Veterans Affairs, Defense, and their component elements[1], the Environmental Protection Agency, and the Office of Science and Technology Policy, as well as the National Science Foundation, the National Commission on AIDS and the World Health Organization contributed to this report.

The report's recommendations will be given careful study as federal agencies plan and implement their HIV-research and vaccine-development programs. The report will be distributed to the Congress, to United States and international research communities, and to those in the international health and policy agencies who will necessarily play significant roles in a successful worldwide campaign against HIV.

---

[1]National Institutes of Health; National Cancer Institute; National Institute of Allergy and Infectious Diseases; Food and Drug Administration; Plum Island Animal Disease Center; Walter Reed Institute of Research; Agency for International Development; National AIDS Program Office.

(3)

Press Contacts: CDC Office of Public Affairs, 404-639-3286; Ms. Laurie Doepel, NIAID Office of Communications, 301-402-1663; Dr. Marvin Rogul, Walter Reed Public Affairs Office, 202-576-3061.

For copies of the report, contact: Ms. Fran Collier, Centers for Disease Control and Prevention, 404-639-0904.

DANIEL K. INOUYE
HAWAII

PRINCE KUHIO FEDERAL BUILDING
SUITE 7325, 300 ALA MOANA BOULEVARD
HONOLULU, HAWAII 96850
(808) 541-2542

United States Senate

ROOM 722, HART SENATE OFFICE BUILDING
WASHINGTON D. C.
(202) 224-3934

October 29, 1993

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

Dear Ms. Gebbie:

I am writing to share with you a copy of an interim report I recently received from Ms. Mary Frances Widner, Legislative Advisor of the Office of Congressional Relations, General Accounting Office, in response to my request to develop an updated report on the issue of the extent to which various mental health disciplines are required to possess professional licensure to work in state mental health systems.

You may be assured that I shall keep you informed of further developments which come to my attention.

Aloha,

Daniel K. Inouye

DANIEL K. INOUYE
United States Senator

DKI/pdw
Enclosure

CN12 — WidnerF
10/25 PHD/[illegible]
— RDBDG4DW [illegible]

GAO

United States
General Accounting Office
Washington, D.C. 20548

1994 OCT -4 AM 10: 04

Office of Congressional Relations

September 28, 1993

The Honorable Daniel K. Inouye
United States Senate

Dear Senator Inouye:

We have received your letter dated September 10, 1993, requesting the General Accounting Office to report on the extent to which various mental health disciplines are required to obtain licensure to work in state mental health systems and be reimbursed under the state's Medicaid programs or other federal health programs.

We have forwarded your letter to our Human Resources Division. Staff from that division will contact your office to discuss this matter further.

Sincerely yours,

Mary Frances Widner

Mary Frances Widner
Legislative Advisor

UNITED STATES SENATE
WASHINGTON, DC 20510–1102

OFFICIAL BUSINESS

Daniel K. Inouye U.S.S.

BLVD. RT.

WHITE HOUSE MAIL
ROOM 49 OEOB

P2: 24

NOV - 5 1993

Sent to Carlos Valer
1415
A.

October 29, 1993

Stephen Drew Keating
2556 Liberty Lane #15
Janesville, WI 53545

Executive Office of the President
Ms. Christine Gebbie
750 17th Street N.W. #1060
Washington, D.C. 20503

Dear Ms. Gebbie:

Perhaps this is overkill but I thought that I would quickly respond to your recent letter which you wrote me pertaining to my AIDS slogan "Rationality Before Impulse (think before acting)". The slogan is not only "Rationality Before Impulse", it includes "think before acting". I understand that the latter phrase is necessary to explain the former phrase. But I think that with the explanation, the three words "Rationality Before Impulse" would stick with most people. I have shown this slogan to a number of my friends and they all think that it is the perfect slogan for the AIDS campaign.

I am sure that you know best that blanket statements are not always the most effective, but it is my opinion that national programs must have unifying ideas. However, I do thank you for your letter and wish you luck with your new position.

Sincerely,

Stephen Keating

Stephen Drew Keating

RATIONALITY BEFORE IMPULSE
(Think Before Acting)

October 11, 1993

Stephen Drew Keating
2556 Liberty Lane #15
Janesville, WI 53545

Executive Office of the President
Ms. Christine Gebbie
750 17th Street N.W. #1060
Washington, D.C. 20503

Dear Ms. Gebbie:

I thought that I would submit my slogan for the AIDS campaign to you for your consideration. The slogan is "Rationality Before Impulse (think before acting)". I submitted this idea to the National Commission on AIDS last February and I received a polite but somewhat unenthusiastic response. The letter suggested that the wording may be changed, should the slogan be used at all.

The catchy phrase "Rationality Before Impulse" is likely to stick with people; "think before acting" or any trite way of conveying this message is likely to fade away. I consider the slogan to be the next main focus in AIDS education: teaching people to become aware of their impulses and hence actions. Until there are more advanced medical developments, the most effective way to combat AIDS is for people to act responsibly.

I cannot think of a better application for this important slogan than the AIDS campaign.

Sincerely,

Stephen Keating

Stephen Drew Keating

THE WHITE HOUSE

WASHINGTON

October 25, 199

Mr. Stephen Dre Keating
2556 Liberty Lane
Janesville, Wisconsin 53545

Dear Mr. Keating:

Thank you for sharing your slogan "Rationality Before Impulse" with National AIDS Policy Coordinator, Kristine M. Gebbie, RN, MN. 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. As Director of HIV/AIDS Prevention, I agree with you, that until we find a cure, the most effective tool we have against the spread of HIV is education.

I have closely looked at your slogan, and am very encouraged by your interest in the area of HIV/AIDS prevention. As we work to stop HIV/AIDS, we are interested in hearing about new concepts and ideas that individuals may have on this subject. We are very interested in the use of education prevention materials that speak the language of those at risk. In order to accomplish that, we have determined the messages must be population specific. That means the message must speak the language of those it is intended for, taking into account the specific cultural background of the intended audience. Twelve years of the epidemic have shown that blanket campaigns may not be as effective as targeted programs.

I would like to encourage you to continue in your labor, we need more interested Americans like yourself. I would also like to encourage you to develop slogans that will work with your local community and let me know of your progress. I would be interested to hear of additional steps you take.

Thank you again for your thoughtful words.

Sincerely,

Carlos Vélez, JD
Director, HIV/AIDS Prevention

cc: Kristine M. Gebbie, RN, MN

Office of the National AIDS Policy Coordinator

Executive Office of the President
750 17th Street, N.W. Suite 1060
Washington, D.C. 20500

Phone: (202)632-1090
Fax: (202)632-1096

Deliver To: Steve

Sent From:

___ Kristine Gebbie, RN, MN, National AIDS Policy Coordinator
_X_ Sandra Massenburg
___
___

Number of Pages: 5 + Cover Fax Number: _____ Date: 10/29/93

Message:

ASTHOFAX

Association of State and Territorial Health Officials
415 Second Street, N.E., Suite 200
Washington, D.C. 20002
PHONE: (202) 546-5400 FAX: (202) 544-9349

TO: Sandra Massenburg
FAX 690-7560

FROM: Margaret Skelley

DATE: October 29, 1993

COMMENTS:

Attached is the list of people coming to the November 8 meeting with Kris Gebbie. You can refer to the legend on page 3 to see what the code(s) near each person's name means. Please contact me at the number above if you have any questions.

cc: Steve Lee

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. note	Sandra to Steve; re: Add Name to List; [Personally Identifiable Information] [Partial] (1 page)	10/29/1993	b(6)

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

FOLDER TITLE:
October Chron Files 1993 [9]

2018-0756-F
jp4798

RESTRICTION CODES

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

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

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

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

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

October 29, 1993

Steve:

This is the list of names for the November 8th meeting.

I have not been informed about staff participation but as soon as I know I will get the appropriate info to you.

Please add my name to the list of attendees.

Sandra C. Massenburg
Management Analyst
Office of the National AIDS Policy Coordinator
(b)(6)

Thanks!

[001]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	re: Attendees To November Meetings with Kris Gebbie and HRSA [Heath Resources and Services Administration]; [Personally Identifiable Information] [Partial] (3 pages)	10/29/1993	b(6)

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

FOLDER TITLE:
October Chron Files 1993 [9]

2018-0756-F
jp4798

RESTRICTION CODES

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

ATTENDEES TO NOVEMBER 8/9 MEETINGS WITH KRIS GEBBIE AND HRSA
AS OF OCTOBER 29, 1993

H • John Auerbach
Massachusetts Department of Health
AIDS Program and Health Resources
150 Tremont Street
Boston, MA 02111
(617) 727-0368
Fax (617) 727-6943
(b)(6)

S • Dot Bon, MSW, MSPH
South Carolina Department of Health
2600 Bull St.
Columbia, SC 29201
(803) 737-3950
Fax (803) 737-3946
(b)(6)

Bill Butynski (Nov. 8 Only)
NASADAD
444 N. Capitol St., Suite 642
Washington, D.C. 20001
(202) 783-6868
Fax (202) 783-783-2704
(b)(6)

S • Barbara A. DeBuono, M.D.
Chair, ASTHO HIV Committee
Rhode Island Department of Health
Cannon Bldg., 3 Capitol Hill
Providence, RI 02908
(401) 277-2231
Fax (401) 277-6548
(b)(6)

N John W. Farrell, MSW
NASADAD HIV Committee Chair
Div. of Alcoholism, Drug Abuse and Addiction Services
New Jersey Department of Health
CN 362
Trenton, NJ 08625-0362
(609) 292-9068
Fax (609) 292-3816
(b)(6)

H • Dave Fleming, M.D.
Epidemiology
Oregon Health Division
800 N.E., Oregon St.
Portland, OR 97232
(503) 731-4023
Fax (503) 731-4082
(b)(6)

H • Richard E. Hoffman, M.D.
State Epidemiologist
State Health Department
4300 Cherry Creek Dr.,South
Denver, CO 80222-1530
(303) 692-2662
Fax (303) 782-0904
(b)(6)

• Joe Kelly
NASTAD
444 N. Capitol St., Suite 617
Washington, D.C. 20001
(202) 434-9091
Fax (202) 434-8092
(b)(6)

[002]

H • Robert O. McAlister, Ph.D.
HIV Program Manager
Oregon Health Division
800 NE Oregon St.
Suite 745
Portland, OR 97232
(503) 731-4029
Fax (503) 731-4082
(b)(6)

S • Pat McInturff
Seattle-King County Department of Health
110 Prefontaine Pl., S.
Seattle, WA 98104
(206) 296-4966
Fax (206) 296-0208
(b)(6)

II • Rebecca Merriweather, M.D.
North Carolina Department of Health, Environment and Natural Resources
P.O. Box 27687
512 N. Salisbury St.
Raleigh, NC 27611
(919) 733-3419
Fax (919) 733-0513
(b)(6)

N • David Mulligan
Department of Public Health
150 Tremont Street
Boston, MA 02111
(617) 727-0201
Fax (617) 727-2559
(b)(6)

Sondra Nelson (Nov. 8 Only)
NASADAD
444 N. Capitol St., Suite 642
Washington, D.C. 20001
(202) 783-6868
Fax (202) 783-783-2704
(b)(6)

H • Patricia A. Nolan, M.D.
State Health Department
4300 Cherry Creek Dr.,South
Denver, CO 80222-1530
(303) 692-2012
Fax (303) 782-0095
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N • Lloyd Novick, M.D. (Nov 8 Only)
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N • James Pearson, Ph.D.
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• Julie Scofield
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[002]

H* • Dennis Srover
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Division of Acquired Diseases
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[002]

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LEGEND

H HRSA Paying Travel/Hotel/Per Diem/Ground
H* HRSA Paying Hotel/Per Diem/Ground Only
N NAPO Paying Travel/Hotel/Per Diem/Ground
S State Paying Expenses
No Code Indicates Local Washington, D.C. Staff Responsible For Own Expenses
* Attending November 8 Meeting from 4:00 p.m. - 6:30 p.m. at 750 17th St. Offices

[148] From: Sandra Massenburg 10/28/93 11:00AM (1049 bytes: 16 ln)
To: Sandra Bart, Steve Lee
Receipt Requested
cc: Sandra Massenburg
Subject: After-Meeting of Meeting in OEOB on November 8, 1993
---------- Message Contents ----------

This is to confirm arrangements for an after-meeting of the ASTHO group to be held after the meeting with Kristine in the Old Executive Office Building on November 8th.

Steve agreed to arrange for the group (19 people - Kristine will not be involved in this meeting) to meet in the 6th floor conference room from 4:00 - 6:30 pm per request from Margaret Skelly.

I also requested from Margaret the SS#; DOB and an "*" be placed by the names of persons in the group for the "after-meeting" - this will be helpful for Steve.

I spoke with Deborah this morning about getting the tickets Fedex out today and I requested that she let me see them before sending them out - they will go out today!

Nov. 8th
1-5
5-6 6th Flr

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

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

Margaret Skelly
Sandy will call her for
this
617 8921800

August 13, 1993

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

Dear Kris:

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

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

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

Thank you again, Kris, for your time.

Very truly yours,

Barbara

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

BDB:vfl

CANNON BUILDING, Three Capitol Hill, Providence, Rhode Island 02908-5097
Telephone 401-277-2231, FAX 277-6548

THE WHITE HOUSE

WASHINGTON

November 2, 1993

MEMORANDUM

TO: Rosalyn Kelly, Executive Assistant
Domestic Policy Council

FROM: W. Steve Lee, Executive Assistant W Steve Lee
National AIDS Policy Office

As we discussed, the attached list of individuals require clearance for a November 8, 1993 meeting from 12:00 - 4:00 p.m. in the Indian Treaty Room in the Old Executive Office Building. Please forward the list to the Waive Center for appropriate action. Please note that I am also sending a memo to the Office of Administration seeking authority for someone in this office to request clearance in the future and alleviate this step. I will be sure to copy you on the memo and any subsequent follow-up.

Thank you for your assistance and please call me at 632-1090 if need additional information.

Attachment

THE WHITE HOUSE

WASHINGTON

OCT 29 1993

NOTE TO: PHILIP R. LEE, M.D.
Assistant Secretary for Health

Subject: CDC Guidance for Counselling and Testing in Health Care Settings
Action: Need to Expedite PHS Clearance Process

Background

A meeting was held on October 27, 1993, to discuss the process by which the new CDC guidance on counselling and testing would be distributed for comment by health care practitioners. This letter is to request your attention to the need to expedite the clearance process for a Federal Register announcement and a draft of the guidance that will be distributed to all CDC, HRSA, SAMHSA and NIH grantees.

Action

In order to distribute the guidance as quickly as possible, it will be necessary for the PHS clearance process to be expedited. PHS Executive Secretariat should be alerted and be appraised of the priority being attached to the guidance to be distributed in draft form as well as for the Federal Register and MMWR publication.

Discussion

Staff from CDC, HRSA, NIH and my office came together at a meeting to discuss the distribution of the guidance on Counselling and Testing in Health Care Settings that was prepared and distributed to all three agencies and to SAMHSA this past summer.

The participants at the meeting agreed that the guidance must be published for comment in the Federal Register and MMWR. However, in order to expedite the process of obtaining comments, the participants also agreed that the guidance should be issued in draft form to all grantee organizations while the Federal Register Announcement is in the PHS clearance process.

In order to distribute the guidance to the widest possible audience, CDC agreed to take the lead in drafting a cover letter to be mailed to all CDC, HRSA, SAMHSA and NIH grantees, requesting comments be mailed to a centralized location in

CV

CDC. Based on this understanding, Carlos Vélez, J.D., of my staff, discussed the need to to expedite the clearance process for the distribution of the draft guidance and the Federal Register announcement. The meeting participants, including Mr. Vélez, committed to the staff present to work to facilitate the clearance process.

Those present committed to distributing the draft guidance as soon as clearance was obtained. Finally, NAPO staff will determine why there was no representation from SAMHSA at the meeting on the 27th and will communicate to them the need to work to distribute this guidance.

I am very encouraged that steps are being taken to make this guidance widely available. It is very exciting that we are able to distribute this information to health care providers that may not currently have any guidance on such a critical issue.

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

THE WHITE HOUSE

WASHINGTON

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FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

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

Prepared by: APO: CVelez: 202-690-5560: 10/29/93: b:\velez.lts\drlee1