FOIA Number: 2018-0756-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3767

FolderID:

Folder Title:
November Chron Files 1993 [1]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	3	3

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	To: Kristine Gebbie; re: My Office; [Personal] (Partial) (1 page)	11/01/1993	b(6)
002. letter	To: Kristine Gebbie; re: Huge Weight (2 pages)	09/20/1993	b(6)
003. envelope	To: Kristine Gebbie; [Personal] (Partial) (1 page)	09/30/1993	b(6)
004. letter	To: Kristine Gebbie; re: Letter; [Personal](Partial) (1 page)	10/21/1993	b(6)
005. envelope	To: Kristine Gebbie; [Personal] (Partial) (1 page)	10/21/1993	b(6)

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

FOLDER TITLE:
November Chron Files 1993 [1]

2018-0756-F
jp4800

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]

NOVEMBER CHRON FILES

1993

WORLD*

*Women Organized to Respond to Life-threatening Diseases

Number 31 A newsletter by, for and about women facing HIV disease November 1993

Working for hope, healing, prevention, and recovery

by Beneva Williams Nyamu

IMAGES speaks to the first social trauma I experienced—racism. It took more than 30 years and a trip to the motherland to heal and soothe the wounds caused by this disease and to make me realize that I am somebody.

Images speaks to the trauma of male chauvinism. It speaks to the trauma of aging and the rejection of one's experiences in their prime.

I am a 51 year old African American female, single parent (of a wonderful young lady), a professional with 3 academic degrees, and a career of 30 years in a variety of experiences, ready willing and able to pull all the colorful threads of my life into one magnificent tapestry... I THOUGHT.

I had planned to settle in Namibia which had won its independence after more than 25 years of war with the South Africans. I had plans to work with the children who had been victims of the war and racism of the South Africans. Images then recurred in my life on April 18, 1989. Here is something I wrote in June, 1989.

Why Me, Lawd!

What have I done? Why ME?
When one gets the news that there are factors affecting the longevity of her life which she cannot necessarily control by correcting her diet or her lifestyle, she does some serious thinking about what to do with the time left, if this is indeed a fact to be dealt with.

The NEWS I received was that I was HIV positive. That is not news a 47 year old woman—who is beginning to figure out who she wants to be and what she wants to do—wants to hear. This nigger, colored, Negro, Black, Afro-American, African American woman has just put her feet firmly on the ground after almost half a century of existence and is in no mood to be told that her days are possibly numbered.

IMAGES

by Waring Cuney

She does not know
her beauty
She thinks her brown body
has no glory.
If she could dance naked
under palm trees,
She would know.
But there are no palm trees
in the streets,
And dishwater gives back
no image.

Well, I have gotten IT and nothing can be done to erase it. What am I going to do, and how do I plan to handle it?

I can tolerate the physical pain which may come with the occupation of this virus in my body, but the social and moral stigma associated with possessing this virus may kill me first.

If one has experienced a traumatic event in one's life, one can begin to understand the process a person undergoes when diagnosed with a life threatening illness. BUT one may not know the chaos caused because one has to hide one's illness due to the shame and guilt forced upon one by ignorance. Maybe the homosexual forced to remain in the closet and not disclose his or her sexual preferences to people may be a similar experience to that of a person infected by HIV.

IT IS HELL!

A few of the adjustments I had to face after April 18, 1989:

1. Not wanting to return to this My country t'is of thee, Sweet land of bigotry, but medical care was at a minimum in Southern Africa.
2. Missing HISTORY in Southern Africa with the registration of Black Namibians as voters for the first time, and the campaigning and election of the first democratic government. Missing the release of Nelson Mandela from 27 years of imprisonment. Nelson Mandela is at the top of my HEroes and HERoes list, along with Harriet Tubman, Mary Mcleod Bethune, and Paul Robeson.
3. Not being able to put my "dream" into action—to heal the wounds of Namibian children as a result of war and racism. I wanted to use all of my 30+ years of education, experience, my love for children, and creativity to help children and their families.
4. Confronted with the issue of mortality and immortality.
5. The disease and the waiting for it to kick in. Each time I had a problem, I was sure it was the beginning of the end. I was so happy when I discovered the hot flashes were middle age menopause and not the night sweats of H.I.V.

➥

Contents

WORLD P.O. Box 11535 Oakland, CA 94611 phone: 510/658-6930 fax: 510/601-9746

6. Social-moral issues entwined with possessing HIV. I felt ashamed and guilty for a while.
7. Age and menopause. While in African countries, age, motherhood, and experience are respected, in the USA, all of it is for naught.
8. My child having to be left in Zimbabwe to finish high school.
9. Loneliness & being alone—a killer.
10. Not having a support system.
11. Establishing one's self from scratch at almost one half of a century old.
12. Being slapped in the face with racism (again) and the damage it imposes on all of its people.
13. The state of affairs of African American people after more than 300 years on this continent.
14. Exposure to the U.S. medical system and learning the inequalities of the "have's" and the "have nots."
15. Rejection within the social order. Being the odd person out and not being acceptable to the status quo because you do not think, talk, dress, etc., like "others" do.
16. Even with qualifications, I faced the difficulty of not being able to get a job. Race, sex, age, and ideology may have been factors in not being hired.
17. Could I have infected anyone during the time I was ignorant of my HIV status?
18. Haunting fear that my daughter could have been infected. She had been ill and in the hospital. Reuse of needles due to lack of foreign currency to purchase medical supplies is a major problem in some countries.
19. Trying to figure how and when I got this virus.
20. How would I look and feel if the virus ever kicked into AIDS.? Would I become a vegetable and have to be looked after by someone? How would my family deal with my being positive now and later?

There is more, but this is some of the psychological baggage one HIV positive person has to carry around.

Some of the angers associated with the possession of this virus:

1. I hate being asked how I got it.
2. I hate having to dance around the issue of being infected.
3. It annoys me to no end to have the "experts" carving dates on MY tombstone. I ain't finished yet. HIV negative people make my glass half empty—it is half full. Leave MY departure date up to my creator.
4. People put me in the sick category and discount everything I was, am now, and have been prior to becoming infected. Having this virus has had some very positive effects on my emotional and psychological development.
5. I hate wasting too much time. I always say to people now that as far as my life is concerned, I am now only interested in the fillet of life—no bones, no fat, no waste.
6. I am angry with the black church because it has chosen to place its head in the sand like the ostrich.
7. I hate being continually called a patient and a client by everyone. I am a human being and do not want to be continually given some designation which makes me stand out from other human beings.

My plans for the future.

1. I plan to continue LIVING with HIV rather than dying with it. I have reached my 51st year and am moving toward my 52nd. I may not live to 99 or 107 but I will die trying.
2. I plan to be more public about the disease so that people feel free to ask the questions that are frightening them most about this epidemic. It is frightening, but we cannot ignore it because of our fears. Our forefathers on those plantations were frightened when they planned those miraculous escapes to freedom. But that fear did not stop them. They became informed and fled. We would not be where we are today, with its good and evil, had they not overcome their fears.
3. I plan to present realistic information so that we all understand prevention, the disease progression, and sensitize HIV negative persons to the feelings, needs and desires of HIV positive persons.

Music has always played a major role in my life.

There are always songs associated with hurts and joys.

I've been buked and I've been scorned
I've been talked about shores you born

• • •

There is trouble all over this world

• • •

Ain't goin' to lay my burden down.

This African American spiritual reminds me how much HOPE has played in our survival. We cannot give up that hope. It would nullify all that our ancestors fought and died for. This is simply another HOLOCAUST for people of African descent in the U.S.

In Mother to Son, Langston Hughes writes:

Well, son, I'll tell you:
Life ain't been no crystal stair,
It has tacks, boards torn up, splinters, and
places with no carpet on the floor-BARE

• • •

But all the time
I'se been a-climbin' on

• • •

So, boy, don't turn back.
Don't you set down on the steps
'Cause you finds it kinder hard
Don't you fall now-
For I'se still goin', honey,
I'se still climbin'
And life for me ain't been no crystal stair.

What are we all going to do?

Kalamu Chache suggests:

Your talents are not yours to keep
But means by which to awake those who sleep
During doubled, troubled times;
Your talents are not yours to keep within
But means with which to share with your kin.
You MUST teach every man, woman, boy and girl
That they must strive for a better world
Your talents are not yours to keep
You must wake those who are still ASLEEP

THE WHITE HOUSE

WASHINGTON

November 1, 1993

Ms. Katherine B. Yankton
22 Hoffman Street, Apt. 2
Auburn, New York 13021

Dear Ms. Yankton:

We were contacted by Senator D'Amato's office related to your request for a transcript of the remarks I made at the meeting of the Association of Reproductive Health Professionals on October 2o. As you may see, my views on teenage sexuality and the need to stop the transmission of HIV are that we need to improve the views that our youth has towards sex in order to be more effective in our lessons.

As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV and provide adequate care for those already infected. I am also devoted to find a cure for AIDS as soon as possible.

I hope the enclosed transcript will clarify my view that in order to stop the spread of HIV we need to work with the tools we have available. Education is the most effective tool we have, and we must approach the subject from a public health standpoint in order to be successful.

Sincerely,

Kristine Gebbie /

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

Enclosure

Remarks of Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
at the meeting of the
Association of Reproductive
Health Professionals

October 20, 1993
Willard Hotel
Washington, D.C.

You used the phrase in my introduction that I am supposed to be working with the President or that the President has asked me to work towards developing a national plan for AIDS. We have one, it's called "Stop AIDS." That's the strategy, that's the plan and that's the goal, and the question is what are the strategies that we are going to use between now and then to get it to happen. And that is the vision of the future because we know we have already too many infected people. We still have an immense care burden that we will have through the end of the century and beyond even if we stop transmission today. But if stopping transmission is our vision of the future, for that to happen, it really is an issue of youth in our society.

You only have to look at the data now available about new cases of AIDS, remembering that that's a late stage in HIV infection, to know that much transmission, men and women, heterosexual and homosexual, is happening prior to adulthood. And that unless we can change patterns of sexual behavior with young people, we will not be able to stop this disease even if we invent a cure tomorrow. We know that from our work with other sexually transmitted diseases earlier in this century and even today.

To focus just a little then bit on a vision of the future in which we could change those sexual patterns, there are a couple of things that I think you can be most helpful on as we move towards the implementation of a national strategy:

The first is that we have to understand that this activity is both national and local. There are some things that can be done nationally to set the stage. Certainly at the national level we have big checkbooks that can be hauled out to pay for things, but changing human behavior at an intimate level happens at an intimate level, at a local level. It is affected by not what you saw for five minutes on the TV, and I think that many of you will be pleased and impressed with the new public service announcements coming out of CDC so the new materials, they will help. But not just those few seconds, those few minutes on national TV, but what kind of messages are being conveyed through the schools, through doctors and nurses in every health facility, through the churches and the boys and girls clubs and the community at large in our expectations. So that we need to keep organizing and developing people concerned about the future health of teens at the local

level at the same time we are developing better grass roots strategies to have an influence nationally.

The second point I want to make is critical to what our message has to be. I am more and more convinced that we will not change what we need to change, unless we as a nation, as a culture of many cultures, have an affirmative view of human sexuality as an essential thing to human life and as an essentially important and pleasurable thing as a part of human life. That as long as we couch our messages around sexuality in terms of don'ts and diseases and don't recognize it for the positive thing it is and figure out how to give those messages while giving the warning messages about the risk, we will continue to be a repressed Victorian society that misrepresents information, denies sexuality early, denies homosexual sexuality, most particularly in teens, and leaves people abandoned with no place to go.

I can help just a little bit in my job, standing on the White House lawn, talking about sex with no lightning bolts falling down on my head, but that's only a little bit. The work that the Surgeon General is doing, the work that each one of you is doing in your daily efforts will be a part of that. I invite you to remain a part of that dialogue and please share with each other and with me your ideas on how we can begin work on some of that social transformation.

Thank you.

THE WHITE HOUSE

WASHINGTON

NOV 1 1993

Ms. April A. Cain
Board Member
HIV/AIDS Legal Project of Kentucky
2229 Cherokee Parkway
Suite J
Louisville, Kentucky 40204

Dear Ms. Cain:

Thank you for your letter of October 14, inviting me to participate in your World AIDS Day program honoring volunteers. I am very pleased to learn that your organization is planning a special event to focus attention on those touched by the disease.

This year, the President, Cabinet members, and Federal Departments and Agencies will participate in a coordinated Federal effort to observe World AIDS Day with actions and programs designed to raise awareness about HIV disease. There will be many special events taking place in Washington, D.C., in which I must participate.

While I am unable to accept invitations to take part in other World AIDS Day programs, I appreciate your efforts to recognize the contributions of your volunteers as part of the fight against HIV disease. I know this will be a very successful event.

Sincerely,

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

HIV/AIDS
LEGAL
PROJECT
OF KENTUCKY

OCT 19 1993

October 14, 1993

Hon. Kristine M. Gebbie
National AIDS Policy Coordinator
Office of National AIDS Policy Coordination
Executive Office of the President
17th and G Streets, NW
Washington, DC 20500

Dear Ms. Gebbie:

December 1 is World Aids Day. To recognize this event, as a member of the Board of Directors of the HIV/AIDS Legal Project of Kentucky, I would like to invite you to be one of our honored guests at a reception honoring the Project's 1993 volunteers on November 30. 1993 beginning at 5:30 p.m.

While Health Care Reform and the affordability of medical services has received much publicity recently, persons in Kentucky infected by the HIV virus also have a crying need for affordable legal services as well. The HIV/AIDS Legal Project, which began in 1992, was formed to meet this need by developing a network of volunteer attorneys to provide free legal services to persons affected by HIV disease who cannot afford an attorney. Some of the areas in which assistance has been needed have been the preparation of wills, living wills and other life planning documents, Social Security Disability matters, obtaining medical care, adequate housing, and insurance issues. Please note that a great many persons in our state infected with the disease could not otherwise afford to obtain legal services if the project did not exist.

Enclosed is some information about some of the Project's activities this year. If you can attend, we would like you to make a few brief remarks at the beginning of the reception and stay as long as you would like to mingle with our other guests, who will represent members of the legal and medical communities, as well as elected officials.

2229 Cherokee Parkway
Suite J
Louisville, Kentucky 40204
502.451.1744

The reception's theme will be "People Fighting the Fight" and we hope that you will join with us in this important fight by honoring us with your presence. If you can attend, please drop me a note at 303 N. Hurstbourne Parkway, Louisville, Kentucky 40206, or call me at (502) 339-5725.

Thank you for your consideration.

Sincerely,

April A. Cain

April A. Cain
Board Member

Enclosure

cc: Jeffrey A. Been
Project Director

Pat Roles
Legal Aid Society

The Project Director, The Project Paralegal, volunteer law students and lawyers coordinate their efforts to provide legal representation. In some cases, the legal problem is simple; in others, the time required to provide assistance may exceed over one hundred hours on just one case.

Of the 76 clients referred to the Project, only 9 clients had income above the financial eligibility limit; the average monthly income of Project clients was $353.00.

On behalf of a client, the Project challenged Blue Cross Blue Shield of Kentucky's insurance policy which purportedly denied bone marrow transplant coverage to persons with AIDS; the Department of Insurance agreed with the Project, revoked the insurance policy, and Blue Cross Blue Shield has submitted a new policy which provides coverage as required by state law.

The Project and its volunteer lawyers provided clients with wills, powers of attorney, healthcare surrogates, and living wills. Often, these services were provided at a time of urgency at the hospital, at the client's home, or in a nursing home.

One client receiving hospice care at home was threatened by bill collectors on a debt nearly five years old. The Project intervened, explained the client's financial and medical circumstances, and the collectors agreed to waive the debt and to allow the client to die peacefully at home.

HIV AIDS LEGAL PROJECT
A Project of Legal Aid Society, Inc.

Jeffrey A. Been
Project Director
810 Barret Avenue, Suite 652
Louisville, Kentucky 40204
502/574-8199 502/574-5497 Fax

Dear Supporter:

Your vital and generous support of the HIV/AIDS Legal Project made this first six months of service an astounding success. Within thirty days of full funding, the Legal Project established an office and began service to needy clients. Publicity about the Legal Project, referrals from AIDS services agencies, and word of mouth have all contributed to the increasing requests for legal services from persons living with HIV disease.

Although these service statistics do not reveal the human dimension of the need and of the services provided by the Legal Project, please know that your support has made a significant difference in the lives of people affected by HIV/AIDS.

HIV/AIDS Legal Project
Service Statistics, January-June 1993

Number of Cases Opened	107
Number of Cases Closed	31
Number of Cases Rejected	9

Persons Represented by Open Cases:

Male	66
Female	10

Age Group:

20-29	14
30-39	44
40-49	16
50-59	2

Race:

White	57
African-American	17
Hispanic	2

County of Residence:

Jefferson	67
Bullitt	1
Oldham	3
Henry	2
Other	3

Types of Legal Problems Represented by Open Cases:

Insurance	10	Landlord/Tenant	7
Life-Planning	26	Divorce	5
Collection	20	Testing & Confidentiality	5
Social Security	20	Job Discrimination	3
Access to Health Care	4	Child Custody Issues	1
Food Stamps	2	Miscellaneous	4

The Project has had a 100% success rate in obtaining Social Security benefits for clients. The Project can gather medical evidence and assist clients in documenting the effect of the illness on daily activities so as to obtain benefits at the earliest possible stage. This work can prevent the delay of a hearing before a judge which could take as long as six to eight months.

In addition to the persons represented in legal matters, the Project assisted over 100 people with legal inquiries. Over 500 people (nurses, social workers, attorneys, and caregivers) were reached by the Project through trainings.

Women are among the fastest growing population affected by HIV disease. AIDS is the sixth leading cause of death of women between ages 25 and 44. The Project works with a growing number of single mothers who seek legal options in planning for the future care and custody of their children.

In Kentucky, Jefferson County has the greatest number of residents living with HIV/AIDS. State epidemiological experts predict this number will increase as people relocate here to receive medical treatment or to be with their families. The need for legal services will continue as this population increases.

In *John Doe v. Doe Hospital*, the Project represented a client whose privacy was violated when his physician and social worker disclosed to his family and friends his HIV status while he was a patient at the hospital. Doe Hospital has agreed as part of the settlement to provide education to all staff on HIV/AIDS confidentiality procedures.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	To: Kristine Gebbie; re: My Office; [Personal] (Partial) (1 page)	11/01/1993	b(6)

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

FOLDER TITLE:
November Chron Files 1993 [1]

2018-0756-F
jp4800

RESTRICTION CODES

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

November 1, 1993

(b)(6)

(b)(6) You and your husband are to be commended for the supportive and loving way you are dealing with his illness. It is unfortunate that your and his emotional burdens are added to by the uncaring acts of others.

My office is forwarding a copy of your letter and the attached materials from Coral Ridge Ministries in Florida to the Exempt Organizations Office of the Internal Revenue Service for their information, Tax-exempt organizations are permitted to engage in efforts to influence public policy (i.e., lobbying), but they must abide by certain limits.

I would like to take the opportunity to suggest two faith-based organizations whose response to the AIDS and HIV epidemic is very different from what you and your son have experienced. Both groups seek to be models of unconditional love and acceptance for all people living with AIDS. You may want to contact --

[001]

AIDS National Interfaith Network
300 "I" Street, NE
Suite 400
Washington, D.C. 20002
(202) 546-0807/Executive Director: Rev. Ken South

Presbyterian Network
P.O. Box 476
Fredricktown, JPA 15333
(412) 37700728/Co-Moderator: Rev. Phil N. Jamison, Jr.

You and your son will be in my thoughts as I seek to better coordinate our nation's response to this dreadful epidemic. Thank you for writing to me.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	To: Kristine Gebbie; re: Huge Weight (2 pages)	09/20/1993	b(6)

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

FOLDER TITLE:
November Chron Files 1993 [1]

2018-0756-F
jp4800

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]

Dr. D. James Kennedy
Coral Ridge Ministries
P.O. Box 407137
Ft. Lauderdale, Florida 33340-7137

Dear Friend,

As a minister of the Gospel of Jesus Christ, I am shocked and deeply concerned about one of the first policies President Bill Clinton has said he intends to enact:

> For the first time in this nation's history, gays and lesbians are about to be allowed in the military forces of the United States of America!

I find it hard to believe this is happening in our beloved nation. I have enclosed a recent Washington, D.C., newspaper article to give you the details.

My friend, my deep concern does not equate to "gay bashing." I wholeheartedly believe in extending Christian mercy and compassion to any repentant sinner, as Scripture teaches.

But make no mistake about it: Homosexuality is a sinful lifestyle. That is clearly stated in God's Word.

Therefore, I am asking thoughtful Christian citizens throughout America to join me in taking immediate action...

> PLEASE SIGN THE ENCLOSED PETITION TO BILL CLINTON TO KEEP HOMOSEXUALS OUT OF THE UNITED STATES ARMED FORCES.

There's very little time to lose! Please return your signed petition to me at once.

Homosexuals do not belong in the military...AND THAT'S EXACTLY THE WARNING AND ADVICE OUR MILITARY LEADERS HAVE GIVEN PRESIDENT BILL CLINTON.

But he made a campaign promise to militant homosexuals, and he seems likely to keep it. By Executive Order, homosexuality is about to be declared "acceptable behavior" in the Army, Navy, Marines, Air Force, and Coast Guard!

And when that happens, MANY MILITARY LEADERS WILL QUIT AND WALK OUT OF THEIR COMMANDS--SOME AT THE VERY HIGHEST LEVELS. They've already said so. Here's why:

Honorable and decent men and women of the military should never be forced to shower, share latrines, and bunker with homosexuals who find them sexually attractive. Not to mention the devastating effect this would have on the morale of our troops.

Further, military leaders know there's no pure blood supply during time of war. During a medical emergency, blood is often obtained from the soldier closest to the injured victim.

What if the blood-giver has AIDS? There's no way to find out on the battlefield.

Military leaders truly fear that decent men and women will not join the armed forces when the homosexuals come pouring in.

Honestly...would you want your son, daughter, or grandchild sharing a shower, foxhole, or blood with a homosexual?

President Clinton courted and received the homosexual vote. NOW, OUR HONORABLE MILITARY SERVICEMEN AND WOMEN WILL HAVE TO PAY THE PRICE FOR THIS SHABBY POLITICAL DEAL.

Here at Coral Ridge Ministries, we believe that obedience to God's Word is always the best policy for individual lives and the life of the nation. That's what I stand for and what this ministry stands for. If you agree, I need to hear from you!

Please, sign the enclosed petition to President Clinton demanding that he keep homosexuals out of the military.

Help me galvanize America against this horrible and destructive policy. And please help me with an emergency gift to get this petition into the hands of ONE MILLION more Americans.

PRESIDENT CLINTON MUST HEAR FROM AMERICA'S GOD-FEARING, MORAL CITIZENS BEFORE HE SIGNS AN EXECUTIVE ORDER THAT WILL DESTROY THE DECENCY AND INTEGRITY OF OUR ARMED FORCES!

Without your signed petition and emergency gift, I'm afraid I may not be able to stop the well-funded lobby of militant homosexuals, liberals, and radicals.

So please, send whatever gift you can afford--$25, $50, $100, or even more--to help me continue to actively defend our military and deliver at least ONE MILLION petitions from outraged Americans to President Clinton before it's too late.

The future readiness--and decency--of our military now rests in the hands of concerned Americans like you and I.

God bless you,

D. James Kennedy, Ph.D.

P.S. Please remember to pray for President Clinton. We are not mounting this campaign against him personally. God's Word commands us to pray for those in authority. But we are boldly standing against a policy which legitimizes homosexuality. We must always be ready to take a stand for righteousness!

If you haven't done so, please take a moment to review the chilling facts in the enclosed article. Then, return your petition and gift today. There is no time to lose.

NATIONAL PETITION TO KEEP HOMOSEXUALS OUT OF THE U.S. MILITARY

TO: Dr. D. James Kennedy, Coral Ridge Ministries

( ) YES, I have signed my petition to President Bill Clinton to keep homosexuals out of the military. To help you continue the defense of our troops, their morale and combat readiness, enclosed is my gift for:

( ) $1,000 ( ) $500 ( ) $100 ( ) $50 ( ) $25 ( ) Other $_____

LP/LP

CORAL RIDGE MINISTRIES *Reclaiming A One Heart At*

Thank you for your gift. Please make your tax-deductible check payable to Coral Ridge Ministries and return with this entire page to: D. James Kennedy, Ph.D., Co Ministries, Post Office Box 407137, Fort Lauderdale, Florida 33340-7137

---------- DO NOT DETACH - RETURN ENTIRE SHEET ----------

Official National Petition to: PRESIDENT BILL CLINTON

KEEP HOMOSEXUALS OUT OF THE U.S. MILITARY

Dear President Bill Clinton,

As a citizen and patriot of these great United States, I am shocked and deeply concerned about one of your first policies.

I am outraged over your policy to allow homosexuals into the U.S. Armed Forces.

Homosexuals do not belong in the military...AND THAT'S EXACTLY THE WARNING AND ADVICE OUR MILITARY LEADERS HAVE STATED.

Honorable and decent men and women of our military should never be forced to shower, share latrines, and bunker with homosexuals. Not to mention the devastating effect this would have on the morale of our troops.

Military leaders truly fear that decent men and women will not join the armed forces when the homosexuals come pouring in.

Mr. President, **PLEASE, PLEASE, DO NOT** sign an executive order to allow homosexuals in the military.

Mr. President, **PLEASE DO NOT** make homosexuality "acceptable behavior" in the Army, Navy, Marines, Air Force, and Coast Guard!

Sincerely,

_____ _____

SIGNATURE DATE

Clinton vows to allow gays in military

By J. Jennings Moss
THE WASHINGTON TIMES

LITTLE ROCK, Ark. — President-elect Bill Clinton, keeping to an explosive campaign promise, vowed again yesterday to repeal the Pentagon's ban on homosexuals.

"We've got a study that says a lot of gays perform with great distinction in the military," he told reporters. "I don't think status alone in the absence of some destructive behavior should disqualify people."

Mr. Clinton reaffirmed his campaign promise at the end of a Veterans Day address at the state Capitol, in which he touched on his plans to reduce the military's size while improving its readiness.

Reporters questioned Mr. Clinton on the subject of homosexuals because of the Navy's decision this week to heed, for now, a judge's order to reinstate a sailor discharged for homosexuality.

Top military officers oppose allowing homosexuals to serve, on grounds of morale and readiness. Supporters of the ban include William Crowe, former chairman of the Joint Chiefs of Staff, who campaigned for Mr. Clinton.

These officers say privately they are concerned about a wave of resignations — and even the possibility of violence among the troops — should the ban be lifted.

"It would be a wrenching change," said one four-star general who heads a service branch, speaking on the condition of anonymity. "We're not ready for it. Good people will leave the military in droves over this."

Two of the Pentagon's senior officers — Gen. Colin Powell, the chairman of the Joint Chiefs of Staff, and Gen. Gordon Sullivan, the chief of staff of the Army — oppose allowing homosexuals into the services.

Both four-star generals, who are expected to continue in service under Mr. Clinton, contend that the issue affects battle readiness, morale and the right to privacy.

"It is difficult in a military setting, where there is no privacy, where you don't get choice of association, where you don't get choice of where you live, to introduce a group of individuals who are proud, brave, a homosexual lifestyle," Gen. Powell told Congress earlier this year.

"I think it would be prejudicial to good order and discipline to try to integrate that in the current military structure."

To ask homosexuals and heterosexuals to share latrines, barracks and showers would create "very difficult management problems," Gen. Sullivan said in an interview several months ago.

The Defense Department said it would allowing Keith Meinhold, the gay seaman, to return to active duty as a petty officer and sonar crew instructor at the Moffett Naval Air Station near San Francisco, but it will pursue a challenge to the lower court's decision.

Mr. Meinhold is believed to be the first admitted homosexual allowed to remain in the military. Some government studies show about 1,000 persons are discharged each year from the armed forces for being homosexual.

Mr. Clinton yesterday said he would talk to top defense chiefs before repealing the exclusion. "How to do it, the mechanics of doing it, I want to consult with military leaders about that. There'll be time to do that. My position is we need everybody in America that's got a contribution to make."

Mr. Clinton promised during the campaign to issue an executive order ending the homosexual ban, but Clinton spokesman George Stephanopoulos said yesterday that he did not know how soon after the inaugural that would be.

"You make sure that people understand why you're making a decision.

"We have to make sure that we do not have any discrimination of any kind in the federal government, and that'll be very clear when the decision's made."

Homosexual-rights groups have praised Mr. Clinton's attitudes toward their military service as well as his pledge to work with Congress to enact a civil rights law to protect homosexuals and seek health care for AIDS patients.

While Mr. Clinton rarely mentioned his support for homosexual rights on the stump, his comments yesterday indicate he will use the power of the presidency to make cer-

AP photo

President-elect Bill Clinton says the Pledge of Allegiance during a ceremony Wednesday at the Ark. State Capitol.

Clinton says he'll repeal ban on gays in military

President-elect uses speech to outline his defense policy

N.Y. Times News Service

LITTLE ROCK, Ark. — President-elect Bill Clinton said Wednesday that he plans to lift the ban on homosexuals in the military after he takes office in January.

Clinton disclosed his plans following a Veterans Day speech in the Arkansas State House, marking the first time he has addressed a specific policy decision since he was elected.

In the speech, Clinton, whose avoidance of the Vietnam war draft became a central campaign issue, seemed to go out of his way to signal veterans of that war that as commander in chief he would protect their interests and insure that they are not left "out in the cold" after the Cold War.

Clinton also used his first major address as president-elect to try to reassure members of the armed services that he would be as tough on national security affairs as any of the Republicans who questioned his mettle in the campaign or the medal-draped Arkansas veterans with whom he shared the platform on Wednesday.

Clinton vowed that his administration would not establish normal relations with Vietnam as long as it was suspected of withholding information about missing American servicemen. He also said that his Veteran fairs secretary would seek prove the veterans health system, and that he would port initiatives to give m men and women cut from t med forces for budgetary re a chance to earn their 2 pensions by working for police, as teachers or in public service jobs.

Clinton also used his add sketch the broad outlines defense policy. He said tha tends to restructure the can military to put ar greater emphasis than th administration on smaller mobile, high-technology

Place
Stamp
Here

CORAL RIDGE MINISTRIES
Post Office Box 407137
Ft. Lauderdale, FL 33340-7137

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. envelope	To: Kristine Gebbie; [Personal] (Partial) (1 page)	09/30/1993	b(6)

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

FOLDER TITLE:
November Chron Files 1993 [1]

2018-0756-F
jp4800

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]

[003]

Please return to

(b)(6)

Mrs. Kristine Gebbie
Whjte House Aids Policy Coordinator
The White House
Washington, D. C. 20500

VERY IMPORTANT!

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	To: Kristine Gebbie; re: Letter; [Personal](Partial) (1 page)	10/21/1993	b(6)

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

FOLDER TITLE:
November Chron Files 1993 [1]

2018-0756-F
jp4800

RESTRICTION CODES

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

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

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

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

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

OCT 2 7 1993

[redacted]
October 21, 1993

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

Dear Mrs. Gebbie:

I wrote you a letter sometime ago and asked you to send me an answer.

Have heard that the wheels turn slowly in government, and now I am finding out this is true.

I had high hopes that you would get some fast action on the problems of gay people. Sincerely hope that is true!

[004]

Please let me hear from you. If I do not hear very soon, you will receive a telephone call as I am very anxious to have you give me your insight on the literature I sent to you.

Hope not to have to go ahead with any plans without your knowing about them. I wish you luck, and will give you the benefit of the doubt that my letter did not reach you but is held up somewhere. I marked it "very important".

Thank you in advance for your attention to this matter, and wish you much luck!

Yours very truly,

[redacted]

Leslie 262-2071
Ron 712-262-7204

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. envelope	To: Kristine Gebbie; [Personal] (Partial) (1 page)	10/21/1993	b(6)

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

FOLDER TITLE:
November Chron Files 1993 [1]

2018-0756-F
jp4800

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]

Please return to

[redacted]

[005]

SIOUX CITY, IA 511
PM
2 OCT
1993

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

THE WHITE HOUSE

WASHINGTON

November 1, 1993

Tom Valverde
Hispanic AIDS Coalition of Greater Kansas City
1319 S. 28th Street
Kansas City, KS 66106

Dear Mr. Valverde:

Thank you for your letter concerning the next National Minority AIDS conference.

I share your belief that direct attention must continue to be focused on the disproportionate impact of HIV/AIDS on the minority community. My office has been in regular contact with the Office of the Assistant Secretary for Health to reinforce this issue.

Please do not hesitate to contact me in the future if my office can be of assistance.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

cc: Phil Lee, M.D.
Assistant Secretary for Health

August 23, 1993

Kristene Gebbie
AIDS Policy Director
U.S. Department of Health
and Human Services
200 Independence Avenue S.W.
Washington D.C. 20201

Dear Ms.Gebbie:

In 1992 the Office of Minority Health U.S. Public Health Service convened a community panel to assist in planning the next National Minority AIDS conference for September 1993. This was to be a follow-up to two previously held conferences, the last one being in 1989. I am a planning Co-chair for this conference and I want to express my concern over the lack of initiative demonstrated by the Office of the Assistant Secretary for Health in seeing that his conference occurs. After earlier planning meetings and several conference calls a meeting was held this past March in Washington D.C. at the Office of Minority Health. Because of the change of Administration the Co-chairs were told it would be necessary to postpone this conference until April 1994. However, no directive has yet been sent to the OMH Conference Coordinator to provide them permission to make an official announcement of postponement. We understand that since March several request for release of such an announcement were sent to the OASH. There has been no official communication from OMH since. Recently Dr. Shalala has also been made aware of these circumstances.

A successful conference takes time to plan and while much early planning has occurred. The continued inaction and delays by the PHS dims the possibility for a good conference within such a short timeframe.

Direct attention focused on Minority Health needs is still very much necessary and especially so with HIV/AIDS. We are committed to coming together to create forums so that we can then help shape new federal initiatives for our Minority Communities.

I want to congratulate you on your selection for this post by President Clinton and hope that you will view this as a serious matter. This conference is so needed to help the members of our Minority Communities with their battle against this disease. Much success and many thanks. I hope to hear from you soon.

Yours truly,

Tom Valverde

Tom Valverde, President
Hispanic AIDS Coalition
of Greater Kansas City
1319 S. 28th Street
Kansas City, KS 66106

TV:JG

cc: Matthew Murgia
Agnes Rivera
Rene Whiterabbit
A. Cornelius Baker

THE WHITE HOUSE

WASHINGTON

November 1, 1993

Mitchael Alan Metzner
6711-G Washington Boulevard
Arlington, VA 22213-1006

Dear Mr. Metzner:

Thank you very much for the information proposal for the AIDS Collaborative of America.

My staff and I will carefully consider it as we move forward with our plans to enhance coordination in response to the HIV epidemic.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

MITCHEAL ALAN METZNER
6711-G Washington Boulevard
Arlington, VA 22213-1006
(703) 532-1619

Buck
draft copy

October 5, 1993

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, NW, #1060
Washington, DC 20503

Dear Ms. Gebbie:

I am enclosing a copy of a draft proposal that was widely circulated one year ago. The document calls for coordination within the HIV/AIDS community. I led this particular effort from November 1990 until March 1993. The Collaborative was officially incorporated in the Fall of 1991. Our work proved effective in developing dialogue and in coalescing concepts. However, the anticipated and eventual change in the administration, divisiveness within the ranks of leadership in the HIV/AIDS community, as well as the need for those of us involved to earn a living prevented further actualization at the time.

Given your current coordinating activities, I hope that you will find the enclosed document of value. Should you desire, I would be happy to be of further assistance. (Just so that you will know I'm not a flake, I have also enclosed a copy of my resume.)

Sincerely,

Mitcheal Metzner

Enclosures

D R A F T

A Concept Proposal--

for the

AIDS Collaborative of America

**a comprehensive, non-profit approach
to unite HIV/AIDS efforts nationwide
through an umbrella voluntary health organization**

AIDS Collaborative of America
1377 K Street, NW, Suite 200
Washington, DC 20005-3303
202-667-0388

6711-G Washington Blvd
Arlington, VA 22213
703-532-1619

October 26, 1992

INTRODUCTION

The concept of the HIV/AIDS collaborative is in the earliest stages of existence. Its final configuration and specific activities as a nationwide umbrella organization uniting HIV/AIDS efforts will be determined by the HIV/AIDS Service Organizations (ASOs), individuals, and other organizations that care about and are committed to creating an efficient and united HIV/AIDS strategy. The process to bring this about is already underway in a number of areas and as an initiative of a variety of organizations.

The goal of this effort is to work together to develop a comprehensive national strategy and plan of action built on work that has been accomplished to date, incorporating needs already identified in reports including the National Commission on AIDS' "America Living With AIDS," the National Association of People with AIDS' "HIV in America: A Profile of the Challenges Facing Americans Living with HIV," the National Minority AIDS Council's "A Blueprint for the Nineties," and the World Health Organization's "Meeting Global Health Challenges: A Position Paper on Health Education." The vision that directs this collaboration must be developed together and guided by a shared sense of where we are, where we need to go, and how we will work together to get there.

This concept paper introduces the AIDS Collaborative of America (ACA), an example of the maturing of the HIV/AIDS community. The effort invites and needs the involvement of each constituency committed to ending the suffering called HIV/AIDS. After 12 years of struggle, much has been accomplished, while much more remains to be done, and the end does not appear to be in sight. ACA proposes the opportunity for a united front for the HIV/AIDS community, and finally a national plan of action, in a framework not unlike that of the American Cancer Society or any other disease-specific voluntary health agency.

Although the Collaborative is in an evolutionary state, yet embryonic, it has evolved from paper to reality. The current non-profit structure is an interim mechanism or beginning base. The ultimate structure will either be similar or will be abandoned for a different and even more effective structure; to be determined by the individuals who make up the community-based and national HIV/AIDS service organizations (ASOs), and other organizations that are committed to creating an efficient and all-encompassing HIV/AIDS strategy for the non-profit, private sector.

At this time, the commitment here is to the *function*, or the *what* we all can do to increase service capacity and efficiency; not to the *structure*, or to *how* it must look. Eventually the "*how*" needs to be answered through a group process involving a variety of leaders, representing many industries and constituencies, including the voluntary health community in general as well as national and community-based HIV/AIDS service organizations. The outcome of consensus will require cultivating and nurturing over time. While sharing the common ground, time will reveal what form this effort should evolve into as well as what it should finally be called. In pursuit of this end, the dialogue for this concept is reaching more and more individuals and organizations, several of which many are listed on Attachment A.

This concept is designed to build bridges that will enhance (not duplicate or replace) HIV/AIDS strategies for capacity building, education, direct service, public policy, research, and in particular, a national plan of action.

BACKGROUND

> *....as a nation we have failed to develop a....national plan for dealing with the epidemic, a plan that can command the attention and resources of all branches of government and all sectors of society....we have failed to develop any national prevention program worthy of the name....we have not developed the medical core or social support systems necessary... (and) despite the laws of the land, discrimination continues to play a brutal and important role in the lives of those infected with HIV.*
>
> *David E. Rogers, MD*
> *Vice Chairman*
> *National Commission on AIDS*

It has been nearly 12 years since HIV/AIDS was first recognized, and although some communities have taken some very forward steps in education and service delivery, there is still no cure, vaccine, or truly effective treatment to stem the growing devastation of this disease throughout the United States and the world. To date, nearly 250,000 adults and children have been diagnosed with AIDS in the U.S. while a million (one in every 250) people are infected with HIV. A growing number of more than 2,000 lives are lost to AIDS-related illnesses each month, while a some 150,000 people have died since 1981. Tragically, AIDS already ranks sixth as the leading cause of early death in the United States; furthermore, during the past 11 years, 34 percent of all reported cases of AIDS among women were attributed to heterosexual transmission. During the same period, in the District of Columbia alone, as many as one in every 57 men was diagnosed with AIDS, and one in every 45 teenagers was infected with HIV (1991 representing a rate double that of 1990).

The incidence of AIDS among adolescents nationwide has increased by 70 percent during the past two years. Addressing this alarming fact, the House Select Committee on Children, Youth, and Families stated that the government's response is "a national disgrace." Nevertheless, the efficacy of prevention strategies--including distribution of and information about condoms--remains a dilemma for society. Increasingly staggering statistics reveal that our nations youth have yet to be effectively reached by HIV/AIDS education while prevention techniques continue to be a topic of impassioned debate in thousands of boardrooms, schools, houses of worship, and halls of government across the nation.

> *HIV education programs...need to be explicit in nature...The Commission firmly believes that it is possible to develop educational materials and programs that clearly convey an explicit message without promoting high-risk behaviors.*
>
> *James D. Watkins*
> *Chair*
> *Presidential Commission on the HIV Epidemic, 1988*

These statistics don't speak of the suffering of each and every individual who has AIDS and of those who have lost their lives, the impact on their families and loved ones, their friends, co-workers, clients, and on their communities. Furthermore, in addition to the opportunistic infections already devastating the lives of individuals living with HIV/AIDS, new challenges such as multi-drug resistant tuberculosis are causing medical and scientific communities to

consider drastic maneuvers, even revisiting the issues raised by quarantining through reopening long closed TB facilities. Likewise, there are the escalating needs of children both orphaned and abandoned as a result of HIV/AIDS. In New York City alone, 20,000 children are reported to have lost their mothers to AIDS. (The World Health Organization recently announced that because of AIDS 10 million children will be orphaned worldwide by the year 2000.)

The epidemiological and political conflicts within the scientific and professional HIV/AIDS community have often duplicated and wasted both human and financial resources. Conflicting messages and public health controversies continue to break windows of opportunity throughout all sectors of society. The media, playing a necessary and essential role in this effort through reach, speed, and power, can with one image penetrate layers of denial. At the same time, for lack of sound and consistent information, the media can also unwittingly fuel the flames of ignorance and fear among the general public and professionals (i.e., HIV transmission from health care providers to patients, as well as the damaging and resource consuming conspiracy theories such as AIDS being a tool for genocide of minority populations) that serves to divert attention away from prevention strategies and humane and appropriate public responses.

Finally, this nation's health care industry is struggling to avoid collapse in the midst of the most challenging health crisis of modern times--a crisis overlapping all sectors of our society and inclusive of immense diversity. And, many people most at-risk for HIV/AIDS, often representing minority populations, are not able to readily access adequate health care services due to marginalization through poverty, lack of access to drug treatment, and a variety of other socioeconomic conditions. Notwithstanding, all people affected by HIV/AIDS deserve the right to comprehensive, sensitive, and effective services and treatment. If current CDC estimates hold true, as many as 480,000 people will be diagnosed with AIDS by 1993, and 1 million people will need treatment for HIV infection. These sobering figures indicate that this situation will exacerbate the existing burdens already confronting the medical, social, and financial resources of this nation and the world. Sadly, this devastation will continue unbridled until truly effective, efficient, and innovative strategies are coordinated to deal with this public health crisis.

THE NEED FOR COLLABORATION

There are currently 18,000 agencies in the U.S. identified as AIDS service providers--many moving mountains with little or no money--without a single organizing body to coordinate and represent the ever increasing needs of their diverse constituencies, to speak with one united voice to government and world leaders, and to efficiently coordinate the limited resources of HIV/AIDS service delivery and public education, while also contributing to life saving research. Today there are so many different voices concurrently calling out separate agendas that no single voice is discernable, like a room full of people all speaking at the same time. The overhead costs and needless duplication resulting from this lack of unity continues to waste valuable and limited resources.

As new community-based organizations (CBOs) emerge to address the growing needs of people with HIV/AIDS locally, organizers are frequently unable to access or are unaware of the expertise of other agencies, especially those in other communities. These new organizations do not have the resources to identify and efficiently build on successful approaches; and, even if they do, they don't have the resources for systematic development and implementation

nationwide. Many of these same organizations come and go, perpetuating the creation and collapse of both energy and resources, lacking in technical assistance and the support of a broader infrastructure.

These same ASOs house an enormous wealth of expertise and depth of experience that needs to be tapped and translated into training and information. ASOs need to collaborate and work together to develop a comprehensive and all-encompassing approach to identify gaps in service delivery, share experience and resources, reduce overhead, and access greater funding reserves for more effective services. *The Collaborative is the manifestation of a principle to assure the integrity and the continuance of ASOs already working in this effort while facilitating broader service delivery through a united nationwide voice.*

Over the past 12 years, as the number of people with HIV/AIDS has increased, many organizations have emerged attempting to meet these growing needs. The current state of the organizational response, both at the community and national level is one of immense fragmentation. While there is no doubt that these organizations provide much needed services, such fragmentation is causing an inefficient use of human and financial resources. Many organizations are unaware that other agencies provide the same services and therefore cannot avoid reinventing methods already tested. This results in duplication while gaps in service are often overlooked. In fact, each ASO often spends years learning how to develop a volunteer base, service infrastructure, and educational materials before soon fading into oblivion for lack of stability and access to the expertise of others learned through similar experience.

> *The time has come to galvanize our efforts. The knowledge and technology already exist. What we need now is determination, courage, and foresight.*
>
> *Hiroshi Nakajima, MD, PhD*
> *Director--General*
> *World Health Organization*

Apart from a few major metropolitan areas that are attempting to develop the range of services necessary to meet the needs of individuals living with HIV/AIDS, most communities have not done so. Many existing ASOs are facing exploding demands for their services. These demands are far outstripping their capacity to respond, are often beyond their expertise in terms of the populations they serve, and place expectations on them to reach beyond the jurisdiction their funding authorizes them to serve.

Today the fight against diseases including cancer, cystic fibrosis, and lung disease, initially addressed by government, are now largely led by private-sector initiatives. Despite a cadre of dedicated and compassionate individuals, the US government continues to drive the HIV/AIDS agenda and federal funding of HIV/AIDS programs with a system more appropriate for other issues, and for decades has demonstrated little success in reducing the incidence of sexually transmitted diseases, the use of illegal drugs, etc. In ways that many consider unconscionable, the battle against HIV/AIDS has been waged for nearly 12 years without the benefit of broad scientific inquiry into how HIV causes AIDS, even in the face of requests for funding and further research to answer this and related questions posed by experts including Drs. Gallo and Montagnier. This is just one of many questions that demands an answer and warrants necessary funding and research.

A PRIVATE SECTOR APPROACH

> *....how could we let this happen....there are many reasons, but the most obvious is the tragic failure of our leadership at all levels--national, state, and local--to face the problem, to articulate its nature and scope to the American people and to outline appropriate ways to deal with it.*
>
> *David E. Rogers, MD*
> *Vice Chairman*
> *National Commission on AIDS*

The Centers for Disease Control--through the efforts of many dedicated and personally affected individuals struggling as effectively as possible within a shackled bureaucratic government--tries the best that it can to stem the tide of this disease. These efforts have contributed greatly to the social evolution of the HIV/AIDS community. This evolution now calls for stepping beyond the limitations of government. The impetus for the AIDS Collaborative of America was literally an initiative raised during a CDC sponsored November 6, 1990 national meeting to discuss a strategy for a business and labor response to HIV/AIDS.

To guarantee a future with a truly effective agenda for HIV/AIDS--education, treatment, and research must further evolve into a private sector collaboration of existing organizations. Rather than being just another ASO, the Collaborative represents a cost-efficient, effective, and united coalition of national and community-based ASOs and other agencies with an HIV/AIDS platform. To be efficient, this strategy to build a framework for a comprehensive and proactive national and international plan must incorporate the recommendations of the National Commission on AIDS, the National Association of People with AIDS, National Minority AIDS Council, and the World Health Organization.

Unfortunately, most national ASOs are currently staffed by very few individuals and frequently compete against one another or other more mainstream causes for limited funding, often losing out due to the narrow focus of their constituency, perceived activist position, and limited service delivery capabilities. Receiving federal dollars further restricts many organizations from serving the specific needs of their constituency because inherent in government funding is the general prohibition of lobbying, as well as the frequently moral rather than public health debates regarding the content of materials. This form of restriction prevents HIV/AIDS Service Organizations, the very bodies most in touch with community needs, from lobbying for change and advocating for their constituency.

The continuing legacy of the many ASOs that have emerged from the gay and lesbian community cannot be forgotten nor overlooked. The emergence of leaders from other minority populations must also be recognized. These minority communities should be celebrated for the work they have done and continue to accomplish, often against amazing odds. Unfortunately the strength of this diversity has often been lost amidst the competition and dissention among many groups. It is essential that one unifying body work to bring these diverse segments of society together to look beyond politics and other agendas to see that this is not an issue pitting

gays vs. straights, women vs. men, people of color against one another, urban populations against rural populations, but rather everyone against the plague of HIV/AIDS.

> *...our strength lies in the diversity of our people and our commitment to foster an environment where people may live in harmony.*
>
> *Charles Royer*
> *Mayor of Seattle*

The Collaborative is an opportunity for a coordinating body to assure that quality and consistent service is provided to every individual affected by HIV/AIDS, that nationwide prevention education programs are comprehensive, effective, and appropriate by being free of the limitations of government, and that systematic training and nationwide information sharing is implemented.

> *America is in great danger--not of catching AIDS--but of losing its humanity....In all of history there has never been a cure for that.*
>
> *Belinda Mason, PWA (deceased)*
> *Commissioner*
> *National Commission on AIDS*

MISSION STATEMENT: AIDS COLLABORATIVE OF AMERICA

The mission statement which follows is the starting point for building a framework and an opportunity for collaboration. Ultimately, the national and community-based HIV/AIDS service organizations and other involved agencies will clarify the Collaborative's national mission and develop the plan of action.

The AIDS Collaborative of America is a voluntary health agency dedicated to providing comprehensive, consistent, and effective community-based HIV/AIDS prevention education and services, and to promoting related public policy and research.

An efficient nationwide network that values and celebrates diversity accomplishes this through:

Capacity building that supports existing organizations providing HIV/AIDS services through technical support, skills-building conferences, fundraising assistance, advocacy, and employee and volunteer training.

Education that provides audience-appropriate public and professional information, education and training on the prevention and management of HIV/AIDS and promotes increased understanding and compassion for people affected by HIV/AIDS through an annual skills- building convention, sponsoring conferences, workshops, and events for the public and professionals, and developing and distributing HIV-prevention educational materials and media campaigns.

Direct service enabling a network of local service delivery units to reach people affected by HIV/AIDS with services that are compassionate, comprehensive, accessible, and of high quality through home care, home-delivered meals, foster placement and adoption,

housing, and transportation and employment services that are sensitive to the physical, emotional, recreational, social, and spiritual needs of persons affected by HIV infection and AIDS.

Public policy technical assistance to community, state and national organizations; facilitating advocacy for increased funding, reduced discrimination, and the elimination of barriers to quality HIV/AIDS services.

Research that advances the behavioral, social scientific, health services and biomedical understanding of HIV and AIDS and the barriers to treatment and education, and that supports the application of this knowledge to enhance prevention and treatment through educational and research scholarships, grant programs, and the support of clinical trials.

STRATEGY

Immediate Plan

The immediate plan is to--

- begin the process of formal consensus building among existing national and community ASOs and interested agencies;
- create a task force or planning committee made up of representatives from national and community-based ASOs, the voluntary health community, and other interested agencies;
- conduct a mass mailing to all AIDS-specific and other provider organizations soliciting feedback regarding collaboration;
- prepare to bring representatives from national and community-based ASOs, the voluntary health community, and other interested agencies together for a leadership summit;
- begin to outline a menu of possible options for a national plan; and,
- begin to outline a menu of possible options describing specific opportunities for collaboration.

Seed funding in the amount of $100,000 is needed for the first 6 month period to cover the above, administrative expenses, and limited low-cost office space.

Short-Term Plan

The short-term plan is to--

- conduct a literature review and feasibility study for the ideal efficient and effective model structure in preparation for a leadership summit;
- convene a leadership summit with representatives from national and community-based ASOs, the voluntary health community, and other interested agencies;

- secure the commitment of national and community-based ASOs, the voluntary health community, and other interested agencies through Board Chair representation on the volunteer Board of Directors of the Collaborative,
- create a diverse board of directors made up of board chairs representing national and community-based ASOs, the voluntary health community, and other interested agencies;
- convene a Board meeting.
- ratify a national HIV/AIDS plan; and,
- identify and pursue specific opportunities for collaboration;
- define the interim role and responsibilities of the Collaborative; and,
- establish 12 pilot field service delivery units and a regional office structure.

Concurrently the following activities will also take place--

- conduct literature reviews and prepare detailed needs assessments;
- undertake an analysis and develop a model organizational structure to facilitate uniting the efforts of each national and community-based ASO, relevant voluntary health agencies, as well as other interested agencies;
- define service delivery gaps and strategies for intervention;
- develop an implementation, development and fund raising plan;
- coordinate a plan for the support of HIV/AIDS research;
- initiate distribution of a newsletter to all 18,000 existing AIDS service provider organizations
- pursue donation of an office building (through existing programs of the National Trust for Historic Preservation, District of Columbia urban renewal programs, the National Park Service, and Department of Housing and Urban Development) and hold a renovation design competition for shared office space consistent with the Collaborative's philosophy that permanent office space must be donated to avoid the costly allocation and diversion of service delivery funds to rent or mortgage property.

Private sector and federal funding in the amount of $5,000,000 is needed for the 6-24 month period to cover the above, administrative expenses, and limited low-cost office space.

Long-Range Plan

Long-range plan is to--

- implement findings of needs assessments;
- implement a model organizational structure that maintains the integrity and constituency of national and community-based ASOs, facilitating the uniting of their efforts and those of relevant voluntary health agencies and other interested agencies;
- develop and implement strategies to fill service delivery gaps and improve intervention strategies;
- implement a nationwide fundraising plan;
- support behavioral, social scientific, health services and biomedical HIV/AIDS research;

- initiate distribution of a credible scientific journal;
- pursue in-kind donations for renovation and furnishing of a national headquarters and additional permanent regional and field offices;
- occupy national headquarters and available field facilities;
- obtain United Way designation;
- implement training and training packages (e.g., how to set up and run meal services, how to reach specific target audiences with appropriate information, how to establish home care, employment, and transportation services, etc.); and,
- implement an effective and comprehensive prevention education campaign targeting specific audiences.

Private sector and federal funding in the amount of $25,000,000 is needed for the 25-60 month period to cover the above, administrative expenses, overhead, and other relevant expenses.

FINANCIAL SUPPORT

Solely in order that this effort might go forward legitimately--while awaiting the decision of the leadership of HIV/AIDS and other organizations as to the ultimate structure or mechanism for this effort--the AIDS Collaborative of America has incorporated and has filed a non-profit 501(c)3 application. *These will be readily abandoned in the event that it is determine that an existing or entirely new structure should be created to lead this effort.*

The Collaborative exists as a catalyst serving to unite the diverse constituencies affected by HIV/AIDS. As currently conceived, the Collaborative is a private sector initiative that will depend on the financial support of individuals, corporations, and foundations, and will be an accountable and judicious steward of these funds.

Individuals and organizations interested in supporting this effort may make a tax deductible contribution payable to the AIDS Collaborative of America, 1377 K Street, NW, Suite 200, Washington, DC 20005-3303 or call 202-667-0388 for more information.

APPENDIX A

The following selected organizations have been entered in a dialogue or indicated that they are favorably disposed to the exploration of this concept–

AIDS Action Council, Washington, DC
AIDS Coalition to Unleash Power/DC, Washington, DC
AIDS Intervention Project, Altoona, PA
AIDS National Interfaith Network, Washington, DC
AIDS Program Office, Veterans Administration, Washington, DC
AIDS Project Los Angeles, Los Angeles, CA
Aetna Life and Casualty, Hartford, CT
Affording Care, New York, NY
Alan Emery Consulting, San Francisco, CA
American Cancer Society, Washington, DC
American Federation of Labor and Congress of Industrial Organizations
and George Meany Center for Labor Studies, Washington, DC
American Federation of State, County and Municipal Employees, Washington, DC
American Federation of Teachers, Washington, DC
American Heart Association, New York, NY
American Institute for Teen AIDS Prevention/AIDS Information Ministries, Fort Worth, TX
American Lung Association, New York, NY
American Management Association, New York, NY
American Red Cross, Washington, DC
Americans for Sound AIDS Policy, Washington, DC
Arsenio Hall Communications, Los Angeles, CA
Atlantic Information Services, Washington, DC
Barna, Guzy, & Steffan, Minneapolis, MN
Burroughs Wellcome Company, Research Triangle Park, NC
Cascade AIDS Project, Portland, OR
Center for AIDS Prevention Studies, San Francisco, CA
CDC National AIDS Clearinghouse, Rockville, MD
CDC National AIDS Hotline, Raleigh, NC
CDC National AIDS Information and Education Program Office, Atlanta, GA
Chattanooga CARES, Chattanooga, TN
Corporate Health Policies Group, Washington, DC
Council of the District of Columbia, Washington, DC
Coyote Stunts, Orlando, FL
Department of Housing and Community Development, Washington, DC
Design Industries Foundation for AIDS, New York, NY
Digital Equipment Corporation, Maynard, MA
DC CARE Consortium, Washington, DC
Episcopal Caring Response to AIDS, Washington, DC
Federal Coordinating Committee on the HIV Epidemic, Washington, DC
AIDS Program Office
Agency for International Development
Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Department of Energy
Department of Housing and Urban Development
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of Treasury
Domestic Policy Counsel
Equal Employment Opportunity Commission
Federal Bureau of Investigation
Federal Emergency Management Agency

General Services Administration
Information Agency
Merit Systems Protection Board
NASA
National Labor Relations Board
National Security Agency
Oceans and International Environmental and Scientific Affairs
Office of Health Research
Office of Management and Budget
Office of Personnel Management
Office of Science and Technology Policy
Office of Volunteerism
Peace Corps
US Small Business Administration

Food Marketing Institute, Washington, DC
Foundation of Pharmacists & Corporate America for AIDS, Washington, DC
Fuzzy Film Company, Los Angeles, CA
Gay Men's Health Crisis, New York, NY
Gibson, Dunn & Crutcher, Washington, DC
Global AIDS Policy Coalition, Boston, MA
Good Samaritan Project, Kansas City, MO
Grant Makers in Health, New York, NY
Greenhouse, Inc.
Hand in Hand/Rural AIDS Network, Santa Fe, NM
Hill and Knowlton, Inc., Atlanta, GA
Hollywood Supports, Los Angeles, CA
Home Nursing Agency, Altoona, PA
Human Rights Campaign Fund, Washington, DC
IBM Corporation, Armonk, NY
International Society for AIDS Education, Columbia, SC
KCET Television, Los Angeles, CA
Miller Brewing Company, Milwaukee, WI
National Association of Broadcasters, Washington, DC
National Association of Home Builders, Washington, DC
National Association of People with AIDS, Washington, DC
National Commission on AIDS, Washington, DC
National Conference of State Legislatures, Washington, DC
National Council for International Health, Washington, DC
National Council of La Raza, Washington, DC
National Episcopal AIDS Coalition, Washington, DC
National Federation of Independent Businesses, Washington, DC
National Health Council, Washington, DC
National Hemophilia Foundation, New York, NY
National Hispanic Education and Communications Project, Washington, DC
National Indian AIDS Media Consortium, Minneapolis, MN
National Leadership Coalition on AIDS, Washington, DC
National Minority AIDS Council, Washington, DC
National Restaurant Association, Washington, DC
National Urban League, Washington, DC
Midwest AIDS Training and Education Center, Chicago, IL
National Community AIDS Partnership, Washington, DC
National Education Association, Baltimore, MD
New York Business Group on Health, New York, NY
Ogilvy Adams & Rinehard, Washington, DC
Pediatric AIDS Foundation, Santa Monica, CA
Polaroid Corporation, Cambridge, MA
Prima, McLean, VA
Richmond AIDS Network, Richmond, VA
Rotary AIDS Project, Los Altos, CA
San Francisco AIDS Foundation, San Francisco, CA
Sasha Bruce Youthwork, Inc., Washington, DC

Service Employees International Union, Washington, DC
Sex Information and Education Council of the US, New York, NY
Shanti Project, San Francisco, CA
Small Business Administration, Washington, DC
Small Business Legislative Counsel, Washington, DC
Stop AIDS Project, San Francisco, CA
Triangle Center, Los Angeles, CA
US Chamber of Commerce, Washington, DC
US Department of Health and Human Services, Washington, DC
United Way, Arlington, VA
University of California at San Francisco, Institute for Health Policy Studies, San Francisco, CA
Voigt Associates, Bethesda, MD
Whitman-Walker Clinic, Inc., Washington, DC
Women and AIDS Risk Network, Culver City, CA

APPENDIX B

BIOGRAPHICAL SKETCHES--Volunteer Leadership and Consultants

Lynne D. Filderman is a public communications consultant with 9 years of experience in national program development. She specializes in working with existing organizations to build national programs and models using community- and media-based strategies. She has an M.A. in Science, Technology, and Public Policy. For the past 7 years she has worked as a consultant for the American Red Cross national headquarters to develop a national public education program in disaster preparedness. Her efforts culminated in the inclusion of disaster education as one of the three priority services identified in the newly revised Red Cross mission statement. She has provided creative and technical consultation on public awareness campaigns, cause-related marketing efforts, fundraising initiatives, educational videos and PSAs, brochures, training workshops, and tools for implementation. In 1984, Ms. Filderman began a 6 year project as a consultant to the Children's Television Workshop, producers of Sesame Street. She has recently created a development manual for regional directors of "Just Say No" International. She also edited a planning and development manual for the Organization for American States. She is also involved in several community-based activities.

Pamela Harris is an attorney with the firm of Barna, Guzy & Steffen, Ltd. in Minneapolis, Minnesota. She has been practicing law since 1978, focusing in the area of employment law since 1985. She holds a B.A. magna cum laude from the University of Minnesota (1970). In 1986, Ms. Harris began work on behalf of the Minnesota AIDS Project developing a workplace training program, which became self sustaining within 18 months. She continues to assist employers in managing HIV and AIDS, and is one of the authors of the American Red Cross Workplace HIV/AIDS Program. She is also the author of Managing AIDS in Your Workplace, a Workbook for Nonprofit Organizations.

Ted Karpf is the National Chairman of the 1992 National Episcopal AIDS Coalition National Conference. He is Special Projects Manager at the National AIDS Clearinghouse in Rockville, MD and is a Founder/Board Member of several AIDS service organizations, including the Dallas AIDS Interfaith Network, AIDS Arms Network, and Bryan's House. He is the author of a number of publications and has received several awards, most recently special recognition awards from the Office of the Assistant Secretary for Health and Human Services, as well as the U.S. Public Health Service, Office of Minority Health. Mr. Karpf is also a cleric, holding a Th.M. from Boston University.

Dan Kaufman is currently Art Director for the National Council for the Social Studies, an association for social studies teachers. He holds a B.A. in Graphic Design from Rutgers University. He helped lead a successful campaign there to persuade the school administration to address lesbian and gay concerns through funding, policy, and action. He has also volunteered his talents as a graphic designer and copywriter for such varied groups as the D.C. chapter of AIDS Coalition to Unleash Power (ACT UP/DC), the NAMES project, the Gay Men's Chorus of Washington, D.C., The 1993 March on Washington for Lesbian, Gay and Bi Equal Rights and Liberation, Bet Mishpachah, Parents and Friends of Lesbians and Gays, and other AIDS organizations.

Renee Kortum specializes in developing and implementing strategies to raise funds; planning and directing educational, cultural and special events; and, media relations. She has planned and directed numerous fundraising campaigns and events for the Smithsonian Institution's National Museum of American History; Commission of Presidential Debates, sponsor of the televised Bush-Dukakis debates; The Library of Congress; President's Scholars in the Arts Awards at the White House; Kennedy Center benefit concerts by Bill Cosby and Itzhak Perlman; The Capital Children's Museum; International Geographical Congress; The University of Maryland; and others. She has served as the Director of the Dwight D. Eisenhower Centennial; Director of External Affairs at the Smithsonian Institution's National Museum of American History; Director of Special Events for Washington, Inc.; and, for seven years, Vice President of Italian Aircraft Corporation. She has an M.A. in international affairs and is a member of the National Society of Fundraising Executives. She is also a Board Member of The Ivymount School, The Torpedo Factory Art Center, and a member of the Washington Opera Women's Committee.

Mitcheal Metzner is a Gerontologist with extensive community, state, national and international public health and human service experience spanning 16 years. He also holds a B.A. in Applied Management and Organizational Development and has organized a variety of regional, national, and international programs. For the past 5 years he has worked at the American Red Cross National Headquarters Office of HIV/AIDS Education managing a $2.5 million budget and developing an extensive HIV/AIDS education brochure series in 3 languages with a distribution of 150 million, as well as developing and implementing the American Red Cross Workplace HIV/AIDS Program. He is a member of the Small and Minority Business Task Force of the National Leadership Coalition on AIDS, has been a member of the CDC National Partners as well as the Federal Coordinating Committee on AIDS, and has staffed the American Red Cross Workplace HIV/AIDS Advisory Committee since 1990. He is a certified community and workplace HIV/AIDS instructor, and is also the author of numerous publications. He began working in HIV/AIDS as a volunteer in 1983 assisting the Sacramento AIDS Foundation, the Stop AIDS Project, and the Helping Hands Project. He left the field of Gerontology in 1986 to work full-time in HIV/AIDS.

Mauro Montoya, Jr., Esq. is the Director of the HIV/Legal Clinic at the District of Columbia School of Law and is a person living with HIV. He holds a J.D. from the George Washington University National Law Center and a B.A. in Government from New Mexico State University. He is President of the Montoya Consulting Group and is a board member of the National Lawyers Guild AIDS Network, the Small and Minority Business Task Force of the National Leadership Coalition on AIDS, the DC Commission of Public Health AIDS Advisory Committee, the Metropolitan Washington Rainbow Coalition and Food & Friends. He is also a member of the national faculty of the American Psychological Association's AIDS Community Training Project. He has served as Executive Director of LifeLink, Legal Services Director for the Whitman-Walker Clinic AIDS Program, Legal Counsel for IMPACT DC, and Executive Director of the People With AIDS Coalition of DC, and has also been a board member of the AIDS Advisory Committee of the Dionne Warwick Foundation.

Carl Schwartz specializes in implementing corporate strategic plans to support business management changes resulting from new technology, increased competition, economic considerations and a new emphasis on service and quality. He holds a J.D. from the University of Maryland School of Law. For nine years, he has been the Operations Manager/Corporate Counsel for one of the largest distributors of audio and video products on the East Coast. Schwartz Brothers, Inc. exclusively marketed audio products for BMG, CEMA, PGD, Sony, UNI and WEA and video products for Disney, Paramount, Columbia Tri Star and Warner Brothers. He provided oversight of warehouse operations, shipping, facilities management, telecommunications, and in-house printing and publishing. He is especially skilled as an ombudsman in addressing concerns at all levels of a business operation, especially as corporate change takes place. He also offers expertise in the areas of operations management, line supervision, labor oversight, cost analysis and control, and special projects management.

Sue Sergent has served as the Administrator of a chain of private schools in the state of Florida, exclusively providing Health Care Training Programs for the past three years. She worked with the American Red Cross for over fourteen years and held top managerial positions at a field office, regional office, and the national headquarters of American Red Cross, including serving as the HIV/AIDS Program Coordinator for the Eastern United States and as the national Operations Manager of HIV/AIDS Education, responsible for the delivery and implementation of all American Red Cross HIV/AIDS Education programs and materials to approximately three thousand Red Cross chapters. She developed, directed, and coordinated a national statewide HIV/AIDS network effort, working within a cooperative relationship with the Centers for Disease Control and Department of Public Health representatives across the United States. She holds a B.A. in Business Administration.

Richard Starley is a human services management professional with 20 years experience in private non-profit and government programs. Most recently, he has been involved in AIDS education, services, management and public policy. He was elected Chair of the Utah AIDS Consortium, the first Roman Catholic AIDS Task Force in Salt Lake City, and the first Interfaith AIDS Conference in Utah. He was President of the Board and Executive Director of AIDS Project Utah, the first multi-service AIDS agency in Utah. He was the principal AIDS trainer for the Utah Department of Human Services, chaired the Utah Health Department's Subcommittee on Gay and Lesbian Concerns and AIDS, and was a member of the Utah Office of Education's AIDS Curriculum Committee. He holds a BS degree in Human Relations and Organizational Behavior from the University of San Francisco and an MBA from Boston College with a concentration in Organization Consultation and Development. He is also the 1991 author of "A National AIDS Organization. An Executive Survey." He has lived in Boston, San Francisco and currently in Salt Lake City.

MITCHEAL ALAN METZNER

6711-G Washington Boulevard
Arlington, VA 22213-1006
703-532-1619

PROFESSIONAL STRENGTHS

Management and Organizational Development
Media and Community Relations
Public Speaking and Writing
Public Health and Housing
Research, Development and Marketing
Program Analysis, Design, and Coordination

CAREER DEVELOPMENT

PROFESSIONAL EXPERIENCE:

PROJECT MANAGER
HIV/AIDS EDUCATION

American Red Cross National Headquarters
Washington, District of Columbia

July 1990 - Present

Manage the development and implementation of a national Workplace HIV/AIDS education and training program. Staff a national advisory committee. Provide technical assistance and serve as a liaison to Red Cross departments and field units as well as external organizations. Represent Red Cross as a presenter at conferences and tradeshows.

DISTRIBUTION MANAGER

American Red Cross National Headquarters
Washington, District of Columbia

December 1987 - June 1990

Managed a two million dollar budget and identified targeted audiences for materials distribution. Designed and produced corporate exhibits and a series of educational brochures in three languages with a distribution greater than one hundred and fifty million.

CONSULTANT/STATISTICAL SPECIALIST

American Red Cross National Headquarters
Washington, District of Columbia

February 1987 - December 1987

Responsibilities included data collection and quality control management of the nation's largest data base for HIV infected blood units and Red Cross blood collection and production. Provided program management, survey research, systems development, and marketing support to the Director of Market Research and Support, and the Manager of Operations Research.

CONSULTANT/PROJECT SPECIALIST

LEO, Incorporated
Washington, District of Columbia

August 1986 - November 1986

Assisted the Corporation President and Vice President through systems development, project and proposal research, marketing and design for senior housing, long-term care, estate and financial planning, and home equity conversion.

ASSISTANT DIRECTOR GERIATRIC PROGRAMS

Sutter Community Hospitals
Sacramento, California

March 1983 - July 1986

Assisted the Directors of Geriatric Programs and Rehabilitation Services and developed, marketed, and implemented a model nationwide senior services program through public speaking and media presentations. Responsibilities included hiring and supervising professional and volunteer staff, providing senior assessment, counseling and referrals, and policy development.

OFFICE MANAGER

State of California Board of Medical Quality Assurance
Sacramento, California

August 1984 - June 1986

Assisted Executive Director and Examining Committee develop consumer education materials, analyze and evaluate service programs and disciplinary and enforcement processes.

REGIONAL DIRECTOR

Silver Lion Systems International
Citrus Heights, California

December 1981 - March 1983

Primary responsibilities included management of the American headquarters office, market research, media design, and coordination of senior and executive tours.

VOLUNTEER EXPERIENCE:

EXECUTIVE DIRECTOR

AIDS Collaborative of America
Washington, District of Columbia

October 1991 - March 1993

Founded an effort to unite HIV/AIDS efforts nationwide through a non-profit voluntary umbrella organization. The primary objective of the Collaborative was to broaden the dialogue of initiatives calling for coordination of HIV/AIDS activities.

ASSISTANT DIRECTOR

Sutter Hospital's Foundation - Children's Care Faire
Sacramento, California

September 1984 - June 1986

Served as a member of the Executive Board and directed media design and layout, assisted in developing exhibitor guidelines and coordinating, organizing and evaluating the annual Children's Care Faire.

DISTRICT SUPERVISOR

Sweden Gothenburg Mission
Gothenburg, Sweden

November 1979 - November 1981

Assisted government health and education officials develop and organize community based intervention programs consisting of health fairs and fitness programs for at risk youth. Additional responsibilities included public relations, counseling, and teaching in the public school system.

EDUCATION

Present — National-Louis University, Washington, District of Columbia, Masters of Education in Curriculum and Instruction.

1990 - 1992 — National-Louis University, McLean, Virginia, Bachelor of Arts in Applied Management and Organizational Development.

1983 - 1985 — Los Rios Community College District of Sacramento, California, primary course of study in Gerontology and Health Science.

1977 - 1979 — University of California Davis, Davis, California, Brigham Young University, Rocklin, California/MTC-Provo, Utah, and Sierra College, Rocklin, California, studies in Social Science, and Foreign Language.

PUBLICATIONS

Metzner, M. Discriminating the Discrimination Laws. HIV/AIDS Education: California Statewide HIV/AIDS Network. 1993;2:2.

National Restaurant Association. (1993). HIV/AIDS: What You Need to Know. Washington, DC: National Restaurant Association.

ADDITIONAL PUBLICATIONS

American Red Cross. (1993). Workplace HIV/AIDS Marketing Guide. Washington, DC: American Red Cross.

National Leadership Coalition on AIDS. (1992). Managing Tuberculosis and HIV Infection in Today's Workplace. Washington, DC: American Red Cross.

American Red Cross. (1992). Notes for Group Training of American Red Cross Workplace HIV/AIDS Instructor Trainers. Washington, DC: American Red Cross.

American Red Cross. (1992). Guide for Training American Red Cross Workplace HIV/AIDS Instructors. Washington, DC: American Red Cross.

American Red Cross. (1992). Preparing Your Employees for HIV and AIDS in the Workplace Makes Good Business Sense. Washington, DC: American Red Cross.

American Red Cross. (1992). HIV/AIDS Education in the Workplace. Washington, DC: American Red Cross.

American Red Cross. (1992). American Red Cross Workplace HIV/AIDS Instructor's Manual. Washington, DC: American Red Cross.

American Red Cross. (1992). American Red Cross Workplace HIV/AIDS Instructional Posters. Washington, DC: American Red Cross.

Metzner, M. (1991). A Special Report - Sharing the Challenge. National Council for International Health--AIDS Network Newsletter, Nov-Dec, 14, 1-2.

Metzner, M. (1991). The AIDS Collaborative of America--A National Voluntary Health Agency. Washington, DC.

National Leadership Coalition on AIDS. (1991). Small Business and AIDS: How AIDS Can Affect Your Business. Washington, DC: National Leadership Coalition on AIDS.

American Red Cross. (1990). A Guide to Home Care for the Person With AIDS. Washington, DC: American Red Cross.

American Red Cross. (1990). Giving and Receiving Blood. Washington, DC: American Red Cross.

American Red Cross. (1990). Living With HIV Infection. Washington, DC: American Red Cross.

American Red Cross. (1990). Testing for HIV Infection. Washington, DC: American Red Cross.

American Red Cross. (1989). Emergency and Public Safety Workers and HIV/AIDS--A Duty to Respond. Washington, DC: American Red Cross.

American Red Cross. (1989). HIV Infection and AIDS. Washington, DC: American Red Cross.

American Red Cross. (1989). HIV Infection and Workers in Health Care Settings. Washington, DC: American Red Cross.

American Red Cross. (1989). La Infeccion por HIV y el SIDA. Washington, DC: American Red Cross.

American Red Cross. (1988). Children, Parents and AIDS. Washington, DC: American Red Cross.

American Red Cross. (1988). Drugs, Sex and AIDS. Washington, DC: American Red Cross.

American Red Cross. (1988). Men, Sex, and AIDS. Washington, DC: American Red Cross.

American Red Cross. (1988). School Systems and AIDS: Information for Teachers and School Officials. Washington, DC: American Red Cross.

American Red Cross. (1988). Teenagers and AIDS. Washington, DC: American Red Cross.

American Red Cross. (1988). Women, Sex, and AIDS. Washington, DC: American Red Cross.

American Red Cross. (1988). Your Job and AIDS: Are There Risks? Washington, DC: American Red Cross.

Sutter Health Care Systems. (1986). Sutter Gold Care. Sacramento, CA: Sutter Health Care Systems.

Sutter Health Care Systems. (1985). Children's Care Faire. Sacramento, CA: Sutter Health Care Systems.

AUDIOVISUAL/BROADCAST PRODUCTIONS

American Red Cross. (1993). El empleo en Estados Unidos: lo que se necisita saber sobre el VIH. Washington, DC: American Red Cross.

American Red Cross. (1993). How to Market the ARC Workplace HIV/AIDS Program. Washington, DC: American Red Cross.

American Red Cross. (1993). A Workplace Message From Your American Red Cross. Washington, DC: American Red Cross.

American Red Cross. (1993). Hora Pico. Washington, DC: American Red Cross.

American Red Cross. (1993). Cuarto 2703. Washington, DC: American Red Cross.

National Restaurant Association. (1993). HIV/AIDS: What You Need to Know. Washington, DC: National Restaurant Association.

American Red Cross. (1993). Assessment Issues for American Red Cross Workplace HIV/AIDS Instructor Trainers. Washington, DC: American Red Cross.

Kaiser Permanente. (1992). Planning for Health--American Red Cross AIDS Education. Reston, VA: Kaiser Permanente.

ADDITIONAL AUDIOVISUAL/BROADCAST PRODUCTIONS

American Red Cross. (1992). Meeting the Needs--The American Red Cross Workplace HIV/AIDS Program. Washington, DC: American Red Cross.
American Red Cross. (1992). Information vs. Advice: Training Issues for Workplace HIV/AIDS Instructors. Washington, DC: American Red Cross.
American Red Cross. (1992). Teamwork. Washington, DC: American Red Cross
American Red Cross. (1992). Todd and Cindy. Washington, DC: American Red Cross
American Red Cross. (1992). America at Work: Living With HIV. Washington, DC: American Red Cross.
Jimelle Suzanne. (1980). Christine. Sacramento, CA: Jimelle Suzanne.
Sierra Community College. (1979). Mannequins. Rocklin, CA: Sierra Community College.
Sierra Community College. (1979). Space 2200. Rocklin, CA: Sierra Community College.

SELECTED PAPERS/PRESENTATIONS

Metzner, M. (1993). AIDS in the Workplace: Educational Interventions. San Juan, PR: Chamber of Commerce AIDS Symposium.
Metzner, M. (1993). Infectious Disease and Medical Wellness. Houston, TX: 15th National Lesbian and Gay Health Conference and 11th Annual AIDS/HIV Fourm.
Metzner, M., Martinez, L. (1993). Prevention Initiatives in the Workplace and School: Current Challenges. San Antonio, TX: Testimony before the National Commission on AIDS.
Metzner, M., Power, R. (1992). Shaping Your Response to the HIV/AIDS Epidemic. San Antonio, TX: American Red Cross Programs and Services Conference.
Metzner, M., Barr, J., Breitman, J., Colbert, L., Corry, J., Humes, S., Ussak, C. (1992). Employers' Experience With HIV/AIDS. New York, NY: New York Business Group on Health HIV/AIDS and the Workplace Regional Conference.
Metzner, M., Salisbury, Z., Bonifer-Tiedt, P., Gurvitch, A. (1992). Comprehensive HIV/AIDS Education Targeting the Workplace. Arlington, VA: VI International Conference on AIDS Education.
Metzner, M. (1992). AIDS in the Workplace. Washington, DC: National Commission on AIDS
Metzner, M. (1992). America at Work: Living With HIV. Washington, DC: American Film Institute - Kennedy Center.
Metzner, M. (1992). America at Work: Living With HIV. Long Beach, CA: Wellness in the Workplace Conference.
Metzner, M. (1991). AIDS and Development: Finding Your Career Vision Where the World Needs It Most. Washington, DC: Inter-American Development Bank.
Metzner, M., Bonifer, P. (1991). The Context of HIV/AIDS Education in Local Business Communities. Atlanta, GA: American Public Health Association 119th Annual Meeting.
Metzner, M. (1990). Latex vs. Intimacy: Recipe for Life or Trade Off? Washington, DC: 12th National and 3rd International Lesbian & Gay Health Conference and 8th National AIDS Forum.

PROFESSIONAL ASSOCIATIONS

American Civil Liberties Union
American Public Health Association
International Society for AIDS Education
National Trust for Historic Preservation

INTERESTS: People, design, writing, health and fitness, ecology, and the performing arts.

TRAVEL/FOREIGN LANGUAGE: Two years residence in Sweden 1980-1981. Fluent in Swedish, studies and experience in Spanish, German, French and Portuguese.

REFERENCES: Available upon your request.

THE WHITE HOUSE

WASHINGTON

November 1, 1993

Gerald J. DeGregori
35 French Creek Place
San Mateo, CA 94402

Dear Mr. DeGregori:

Thank you for recent letter. You addressed me as "Director, AIDS Research Effort," which is not fully accurate. I am the National AIDS Policy Coordinator, and as such am of course vitally concerned about research programs--but I don't direct it.

The show is on the road, and I am actively involved in efforts in and outside of the Federal government to insure the most productive use of funds allocated to HIV and AIDS.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

7504

OCT 19 1993

October 15, 1993

OCT 19 1993

To: **Kristine Gebbie**
Director, AIDS Research Effort

Buck
draft reply

From: **Gerald J. DeGregori**
35 French Creek Place
San Mateo, Ca. 94402
(415) 341-8139

Dear Ms. Gebbie:

It has been several months now that you were appointed to head the AIDS effort for the federal government. It seems like you have been swallowed up in a black hole. There has been nothing in the media concerning your plans for the AIDS effort. Similarly Ms. Donna Shalala seems totally disinterested in the AIDS effort. Recently there was news of a two billion congressional appropriation for AIDS research, etc. Is this money to be wasted as in the past, perpetuating territories created by scientists who are totally unimaginative in their approaches for fear of losing their grants?

Don't you think it is time to stop whiling away the time and get the show on the road? I am sure your paycheck is there and cashed monthly. How about some value for money spent?

Thank you for consideration of my opinion of your effort. To date there really isn't much to talk about.

Gerald J. DeGregori

THE WHITE HOUSE

WASHINGTON

November 1, 1993

Lourdes L. Nieto
Director of Marketing
1100 N.W. 95th Street
Miami, FL 33150-2098

Dear Ms. Nieto:

Thank you for the invitation to participate in your legislative update. I regret that prior engagements made it impossible for me to attend.

Please keep me in mind for future events, and keep my office apprised of your activities.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

North Shore Medical Center Inc.
1100 Northwest 95th Street • Miami, Florida 33150-2098 • (305) 835-6000

A Non-Profit Corporation

Don E. Friedewald
President & Chief Executive Officer

Regrets
Buck—do we need
to try & get someone
there?

September 27, 1993

Dr. Kristine Gebbie
National AIDS Policy Coordinator
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20500

Dear Dr. Gebbie:

I recently had the opportunity to meet you at a Congressional breakfast in Washington where we spoke briefly about immigration issues and the fact that Miami is often overlooked in the traditional "border" discussion when it comes to programs.

As I mentioned, I work at North Shore Medical Center in Miami. We are hosting a Legislative Update on HIV/AIDS for our community together with the South Florida AIDS Advisory Council. I am forwarding you an invitation to attend and an agenda. If you by any chance find an opportunity to join us, we will gladly adjust the agenda to accommodate you. Please consider listening to our issues.

Sincerely,

Lourdes L. Nieto
Director of Marketing
North Shore Medical Center

National Hispana Leadership Institute
Class of '93

LLN:bap

SOUTH FLORIDA AIDS ADVISORY COUNCIL

LEGISLATIVE UPDATE 1993

HIV / AIDS

Topics will be based on HIV / AIDS
related issues on the state and local levels.

KEYNOTE SPEAKERS

Former State Representative Lois Frankel
(Chair of the Governor's Red Ribbon Committee)

State Representative Elaine Gordon

State Senator Mark Foley

MEETING TO BE HELD AT

NORTH SHORE MEDICAL CENTER
1100 N.W. 95 STREET
MIAMI, FL. 33150
(I-95 to N.W. 95th St., west 3 blocks)

MONDAY, OCTOBER 18, 1993
1 - 6 P.M.
(AUDITORIUM ADJACENT TO MAIN LOBBY

Chuck Oney, Chair
Mark Goldberg, M.D. , Vice Chair
Chandler Bailey, Treasurer
Jasmine Shirley-Moore, Secretary
Alan Terle, Public Affairs Committee

R.S.V.P. : Barbara Plizga (305) 835-6103

5757 Blue Lagoon Drive, Suite 235. Miami, FL 33126
Telephone: (305) 264-8838, Fax: (305) 264-8959

D R A F T A G E N D A

LEGISLATIVE BRIEFING ON AIDS

presented by the
South Florida AIDS Advisory Council

1:30 p.m.	I. Introduction	
	A. Welcome & Introductions	Chuck Oney
	B. History of SFAAC	Linda Quick/Chandler Bailey
	C. Turnover to Emcee	Allan H. Terl
1:50 p.m.	II. Needs of PWAs and Community at Large	
	A. Current Demographics	Rich Stevens
	B. Unique Needs for HIV	Richard Greenberg/Gene Suarez (or Luigi Ferrer)
	(medical [incl. window], different stages, gaps in service delivery system, emotional, discrimination/barriers)	
	III. Services Available	
2:10 p.m.	A. HRS	Ken Hunt/Lisa Agate
	(education, medicaid, condoms)	
2:30 p.m.	B. Private	Cathy Lynch/John Weatherhead
	(case management, education, insurance, legal, buddy/transport, hospice, private medical, food, housing, psychological, substance abuse)	
3:00 p.m.	C. SFAN Network	Barbara Lloyd/Jasmin Moore
3:15 p.m.	BREAK	
	IV. Funding for Services	
3:30 p.m.	A. Federal	Wayne Sheppard/Rich Stevens
	(Ryan White I II III, HRSA, SSD/SSI)	
3:55 p.m.	B. State	Ken Hunt/Lisa Agate
4:15 p.m.	C. Private	Cathy Lynch/John Weatherhead
	V. Current Legislative Needs	
4:30 p.m.	A. Federal Legislation	Jim Pruitt/Jasmin Moore
4:45 p.m.	B. Overview: Existing State Law	Allan Terl
5:00 p.m.	C. Red Ribbon Panel Bill	Allan Terl/Cathy Lynch
5:30 p.m.	V. Reception Hnoring Lois J. Frankel Elaine Gordon Mark Foley	Chuck Oney/ Mark Goldberg, MD

Other matierials available: AIDS/HIV Services Directories

Additional invitees: HRS local board members

D R A F T A G E N D A

LEGISLATIVE BRIEFING ON AIDS

presented by the
South Florida AIDS Advisory Council

1:30 p.m.	I. Introduction	
	A. Welcome & Introductions	Chuck Oney
	B. History of SFAAC	Linda Quick/Chandler Bailey
	C. Turnover to Emcee	Allan H. Terl
1:50 p.m.	II. Needs of PWAs and Community at Large	
	A. Current Demographics	Rich Stevens
	B. Unique Needs for HIV	Richard Greenberg/Gene Suarez (or Luigi Ferrer)
	(medical [incl. window], different stages, gaps in service delivery system, emotional, discrimination/barriers)	
	III. Services Available	
2:10 p.m.	A. HRS	Ken Hunt/Lisa Agate
	(education, medicaid, condoms)	
2:30 p.m.	B. Private	Cathy Lynch/John Weatherhead
	(case management, education, insurance, legal, buddy/transport, hospice, private medical, food, housing, psychological, substance abuse)	
3:00 p.m.	C. SFAN Network	Barbara Lloyd/Jasmin Moore
3:15 p.m.	BREAK	
	IV. Funding for Services	
3:30 p.m.	A. Federal	Wayne Sheppard/Rich Stevens
	(Ryan White I II III, HRSA, SSD/SSI)	
3:55 p.m.	B. State	Ken Hunt/Lisa Agate
4:15 p.m.	C. Private	Cathy Lynch/John Weatherhead
	V. Current Legislative Needs	
4:30 p.m.	A. Federal Legislation	Jim Pruitt/Jasmin Moore
4:45 p.m.	B. Overview: Existing State Law	Allan Terl
5:00 p.m.	C. Red Ribbon Panel Bill	Allan Terl/Cathy Lynch
5:30 p.m.	V. Reception Hnoring Lois J. Frankel Elaine Gordon Mark Foley	Chuck Oney/ Mark Goldberg, MD

Other matierials available: AIDS/HIV Services Directories

Additional invitees: HRS local board members

I couldn't believe your speech to teenagers
Set for pleasure - You must have a rock
in your head for brains. Our kids are a mess.
The Bible God - word plainly states homo
sexuality is a sin. God didn't make us like
animals. Now I see how Slick Willie &
Mrs Slick Willie appointed you for "A.I.D.S."
Men shall not be lovers of men - this is also
a sin in the Bible. What is happening to the country
when God also takes out of Our Schools.
You appointed to make speech re "A.I.D.S" God - plagues
for sure. Look at all alley kids - set for pleasure
Hell. The country is sick, sick sick

NOV - 1 1993

TERRE HAUTE IN 478
PM
26 OCT
1993

USA 19

Ms Debbie
White House
Washington, D.C

You have a rock in your head for brains -
like the Clintons who appointed you.

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: _____

_____

_____

_____

_____

THE WHITE HOUSE

WASHINGTON

November 1, 1993

Ms. Katherine B. Yankton
22 Hoffman Street, Apt. 2
Auburn, New York 13021

Dear Ms. Yankton:

We were contacted by Senator D'Amato's office related to your request for a transcript of the remarks I made at the meeting of the Association of Reproductive Health Professionals on October 2o. As you may see, my views on teenage sexuality and the need to stop the transmission of HIV are that we need to improve the views that our youth has towards sex in order to be more effective in our lessons.

As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV and provide adequate care for those already infected. I am also devoted to find a cure for AIDS as soon as possible.

I hope the enclosed transcript will clarify my view that in order to stop the spread of HIV we need to work with the tools we have available. Education is the most effective tool we have, and we must approach the subject from a public health standpoint in order to be successful.

Sincerely,

Kristine Gebbie

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

Enclosure

THE WHITE HOUSE

WASHINGTON

November 1, 1993

Professor Abdellah Benslimane
Secretariat
VIIIth International Conference on AIDS in Africa
1 bis, Place Charles Nicolle
B.P. 1818
Casablanca
Morocco

Dear Professor Benslimane:

Thank you for your gracious invitation to participate in the VIIIth International Conference on AIDS in Africa on December 12 to 14 in Marrakech, Morocco. I accept with pleasure and am looking forward to joining you and my African colleagues at this important conference to develop an African AIDS strategy.

Due to a previous engagement, I will be unable to be present at the opening ceremony of the conference. I am, however, planning to attend the balance of the conference and will be pleased to make remarks at the closing ceremony on December 16.

Thank you again for the invitation. I am looking forward to my visit to Marrakech.

Sincerely,

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

DIANNE FEINSTEIN
CALIFORNIA

Sent to: Burch, Art, Clinton - FYI

United States Senate

WASHINGTON, DC 20510-0504

RCVD
NOV - 6 1993

November 1, 1993

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

Dear Ms Gebbie,

I was privileged to be able to attend the lunch at APLA headquarters on October 27, 1993 to hear you speak about your mission in the HIV/AIDS crisis.

Your responses to our questions were direct and clear and showed a great committment to a strong reaction to the AIDS pandemic.

I appreciated your response to my concern about whether the presentation of the President's Health Security Plan might mean a reduction for the Ryan White Care Act funding.

Everyone I talked to after the meeting felt fortunate to have you in the job of National AIDS Policy Coordinator.

If there is any way I can be of help to you in any way please let me know. Meeting the need of those living with HIV/AIDS is one of Senator Feinstein's key concerns in the United States Senate.

Sincerely,

Marvin E. Schulman

Marvin E. Schulman
FIELD REPRESENTATIVE

MS/gl

Marvin E. Schulman
11611 Santa Monica Blvd Suite 915
Los Angeles, CA 90025

United States Senate
WASHINGTON, DC 20510-0504

OFFICIAL BUSINESS

Dianne Feinstein
U.S.S.

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

KOSAT

NOV - 5 1993

"Big Time Brainstormers & Just Nice Guys"

November 2, 1993

Carlos please draft reply

already responded

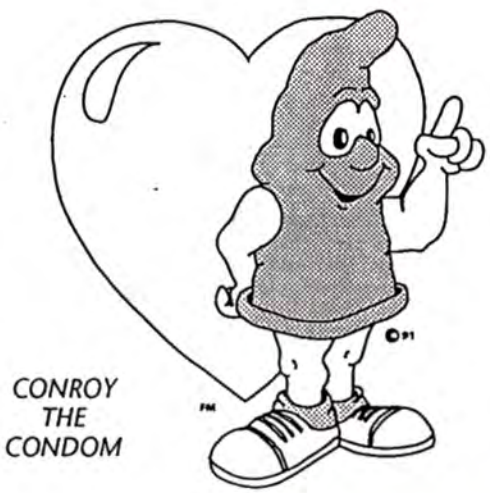
Kristine Gebbie
The AIDS Adviser
1600 Pennsylvania Ave. NW
Washington, D.C. 20500

Dear Kristine,

We recently received a post card and letter from President Bill Clinton about the use of Conroy for AIDS Awareness on a national bases.

After reading an article about you last week, we felt you should be involved with our program.

We created **"Conroy the Condom"** to educate the general public about HIV/AIDS in a fun and inoffensive way. The response thus far has been overwhelming. It may sound strange that we would put so much faith in a cartoon character like Conroy, but we don't think it's strange at all. Through the years cartoon characters have been a proven tool for making audiences (of all ages) much more receptive to the lesson at hand. This is why we are convinced that Conroy can do for AIDS Awareness, what Bugs Bunny did for Warner Brothers. Conroy can easily educate young and old alike regarding the facts and fiction about HIV/AIDS. Education is the key to stopping the spread of this disease and it is our sincere belief that Conroy is the best answer.



Jeff Atkinson • Partner
Graphics and Design
8206 Steadman Dr.
Colorado Springs, CO 80920
(719) 282-0412
Fax: (719) 389-6256

Tim Kosir • Partner
Marketing and Sales
8780 Flamingo Drive
Chanhassen, MN 55317
(612) 448-2506

KOSAT

"Big Time Brainstormers & Just Nice Guys"

Since condoms have become very political lately, opposition to Conroy is imminent. Being the son of a Southern Baptist minister their isn't anyone who knows this more than I. However, any other character we might have chosen would not have effectively relay the message of abstinence and safer sex. Magic Johnson is a wonderful AIDS spokesperson, but when people think of Magic, they think of basketball. Superheroes like (Batman, Superman, etc...) are recognized for fighting criminals, not a virus, and are therefore ineffective in this capacity. Conroy, being a condom, directly relates the character to the problem by visual association. When you think of Conroy, you think AIDS Awareness! The positive implications of Conroy far out weight the negative.

We have asked Bill Clinton to work with us on a national campaign for HIV/AIDS Awareness with Conroy as the spokesperson. We are offering Bill Clinton and you a way to successfully impede the spread of this disease through education to all ages. **"This disease may not infect us all, but it does affect us all".**

Thank you for your time. If you or any of your National Health Department representatives have any questions, please do not hesitate to call us.

Sincerely,

The KOSAT Staff
Tim Kosir & Jeff Atkinson
cc: Jeff Atkinson
cc: President Bill Clinton

U.S. Department of Commerce
Patent and Trademark Office: Serial Number 74/255229

Jeff Atkinson • Partner
Graphics and Design
8206 Steadman Dr.
Colorado Springs, CO 80920
(719) 282-0412
Fax: (719) 389-6256

Tim Kosir • Partner
Marketing and Sales
8780 Flamingo Drive
Chanhassen, MN 55317
(612) 448-2506

ORDER FORM

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone ( ) _____

Name of Event _____

Date(s) of event _____

Make personal checks or money orders payable to (and mail to):

KOSAT
8780 Flamingo Drive
Chanhassen, MN 55317

Item	Sizes (Qtys of each) XXL	XL	L	M	S	Total Qty.	Amount
Des. #1							
Des. #2							
Des. #3							
Des. #4							
Conroy Cap (1size fits all) $10.00 ea. Buttons & Bumper Stickers $1.50 ea.							
Please add the following for shipping and handling 1-5 shirts....$3.00 5-20 shirts....$6.00 20-50 shirts....$8.00 50-100....$10.00							
Total amount enclosed							

Please allow 4-6 weeks for delivery. Thank You!

KOSAT guarantees all work as agreed upon & stated on this order form. We assume no responsibility for minor manufacturer dye variations. Any claims must be made within 7 days of receipt of goods. All orders shipped will be based on information contained herein. No returns of merchandise without written permission. All sales final. Replacements for manufacturer defects only. No cancellations once production has begun on custom orders.

OTHER AVAILABLE ITEMS:

HATS: $10.00

BUTTONS: $1.50

PLEASE HELP US... STAMP OUT AIDS!

Support AIDS Research & your local AIDS Foundations!

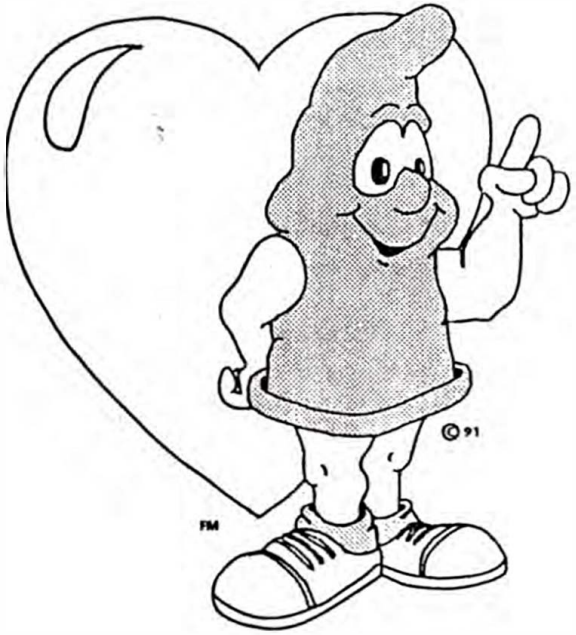
BUMPER STICKERS: $1.50

KOSAT was formed in May 1989 arising out of a sincere desire to be part of a solution to concerns pressuring society today. Utilizing our graphic talent, KOSAT's purpose is to educate. As a fund raising tool, 25% of the net profits are donated to the causes KOSAT supports. Organizations interested in knowing more about how KOSAT can enhance their fund raising efforts, please call or write to the address on the order form.

KOSAT

"Big Time Brainstormers & Just Nice Guys"

PROUDLY PRESENTS:



The Wonderful & Educational World of Conroy & His Friends

GREETINGS FRIENDS!

KOSAT would like to take this opportunity to introduce you to the educational and caring world of Conroy and his friends. Conroy was designed as a fun and unoffensive way to educate people about H.I.V./AIDS. Although he has only been around a short time, the positive response to the character and his message has been overwhelming!

For the past few years a way to relate to young people (be they grammar school, jr. & sr. high, or college age) the importance of safer sex, abstinence, and basic H.I.V./AIDS education has been much sought after. We believe Conroy is the answer to this problem. The use of other cartoon characters such as cute animals and super heroes have failed to build the relationship needed to associate the character with the problem. Conroy, Connie (his sister) and their friends, being condoms, have bridged that gap by visual association.

The growing importance of getting the message out to the young people of our society has prompted us to share our characters with your H.I.V./AIDS project, school, or foundation. On the following panels you will find four of our most popular designs for T-shirts that can be personalized for your organizations events and H.I.V./AIDS fund raising projects. Other designs will be made available at a later date.

We invite you to take the time to look at the designs and decide for yourself if Conroy and his friends can help you. Help us help educate society with facts not fiction. If you have any questions regarding Conroy please feel free to call us at 1-719-282-0412 or write one of the addresses below. Thanks for your time!

Jeff Atkinson • Partner
Graphics and Design
8206 Steadman Dr.
Colorado Springs, CO 80920
(719) 282-0412
Fax: (719) 389-6256

or

Tim Kosir • Partner
Marketing and Sales
8780 Flamingo Drive
Chanhassen, MN 55317

Design 1:

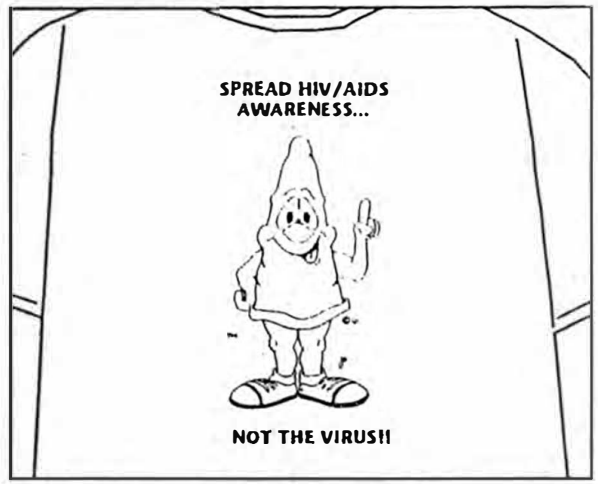
"Running/Walking Design" Perfect for runs or walk-a-thons and other fund raising projects. This design features your organizations name, date of event, and Conroy & his Friends. Background can be city or country scene.

Design 3:

Intimacy is nice you see... Just don't let it lead to H.I.V.!!

Design 2:

Please help us... Stamp out AIDS!!



Design 4:

Spread HIV/AIDS awareness... Not the virus!!

All shirts $12.00 each. All designs appear on front of shirt & are multi-color silk screen on white 50/50 shirts.

Wholesale prices available for custom orders, please call 1-(719)-282-0412 for information.

'passion. It's an en-

denburg *View of Spoonbridge and th Sailboat and Running Man* 1988

of early sound cinema, this naginary European village.

in the Walker Auditorium. ed. ($) = price for Walker FDC cardholders, groups of 10+

"The Eisenhowers was just another form of what I do now, except more rudimentary," he says. "It was a little louder and sloppier. . . and drunker. . . but it never coalesced."

Community #9 (Reilly's ninth band) formed itself as a natural evolution from another of his bands, the Drovers. With his new effort, the Drovers' Irish folk influences — courtesy of Community guitarist Liam Moore and bassist Aidan O'Toole — have stayed with him.

"I'm an Irish-American, so naturally that stuff comes out," he explains. "I'm pretty in touch with the Irish folk scene in Chicago, and I wanted it on this record. It probably stems from my Pogues influence, too."

lights the Irish [illegible] deals with the sloppy side of drinking. And "(Our) Love Song" parodies and lovingly embraces love song conventions with a defiant Led Zeppelin quote at the end.

"My wife gave me some shit, and said 'You've never written a real sincere love song,' " he explains. "To write a good one, you have to be talented, so I wrote this. It's about some people that go on a date and see a surf band. It's really kind of a stereotypical rock song from the '60s, but I turned it around to say 'This is our love song.' "

If there's anything Reilly wants to come through his music, it's honesty and sincerity. He didn't want to succumb to the pretensions of most socially-con-

to be sincere, to really sound real. I wanted the words to sound like they'd been spoken by someone. It's easy for people to turn the guitar up loud and say 'The world is shit,' but it's harder to walk the fine line with a hint of cynicism and joy."

Reilly's about to begin recording for his second album, which he says he wants to be "rawer" than *Community #9*. But, as with all his songs, he wants there to be that vital element — his own humanity.

"I realize how trite rock'n'roll is, how pretentious some artists are" he continues. "I'm not proud that that's what I do. But I'm addicted to doing it."

☾ **Calendar, page 6**

JEFF ATKINSON, left, and Tim Kosir display T-shirts with their cartoon character, Conroy — a "talking" condom. Atkinson and Kosir developed Conroy to further AIDS education and research. (Staff photo by Dean Trippler)

Fighting AIDS

Chan-based company deals with AIDS education through T-shirts

By Dean Trippler

In age when people are turning to helping others, two entrepreneurs are trying to enlighten people about the seriousness of AIDS while donating profits from their venture to fund AIDS and HIV research projects.

Tim Kosir of Chanhassen and his partner Jeff Atkinson of Colorado Springs, Colo., formed their company, Kosat, about two years ago. The company specializes in the creation of cartoon characters for T-shirts and sweatshirts.

By working nights, weekends and during their lunch breaks from their regular jobs, Kosir and Atkinson have come up with a character, Conroy, who, in a "fun and inoffensive way," is designed to educate people about the disease. Conroy also comes with companion characters, Connie and Clarence.

"People wouldn't listen to a Koala bear or a superhero telling you about HIV," Atkinson, who is the graphics and design artist behind the company, said of the reason why a "talking" condom was selected.

Atkinson was approached by the Southern Colorado AIDS Project two years ago to come up with a character for a shirt promoting a race, the Safe Sex Sprint, to benefit AIDS education and research.

"They came to me and said they wanted to have a running condom," he said. "And I came up with Conroy...Now we're trying to see if Conroy can be used on a greater level."

The two have contacted about 1,500 agencies and organizations, including AIDS activist Elizabeth Taylor and the Clinton administration, requesting help. Responses are starting to flow in, they said.

"AIDS might not infect us at all, but it does affect us all," Atkinson said. He said the target audience for the shirts appears to be the younger crowd, those in high schools and colleges. But younger and younger children need to learn about AIDS, they said.

Kosir and Atkinson said when they wear the T-shirts with Conroy on them, they receive a variety of responses.

"We're going to butt heads with a lot of people, but the overall good is worth the conflicts," Atkinson said. "You meet a lot of people this way. Some shun you and others talk your ear off."

And the two say that the idea of Conroy is not a promotion of a certain lifestyle, but a way to get the message across about AIDS awareness and education.

"We're not saying, 'Here's a condom, go use it,'" Kosir said. "The only absolute safe sex is abstinence."

Both Atkinson and Kosir said they did not get into their venture with the aim of making millions off AIDS. Rather, they funnel 25 percent of their profits back into AIDS research projects. Also, the shirts are sold to various AIDS organizations to sell as fund-raisers, so more money can go back for research.

"It's a real door-opener," Atkinson said of the shirts. "You wear the shirt and people say, 'Where did you get that?' Then you find out what people really know about AIDS."

NEWS RELEASE

FOR IMMEDIATE RELEASE

FEB. 22, 1993

CONTACT: Tim Kosir, (612) 448-2506
Jeff Atkinson, (719) 389-6355

Cartoon Condom creates AIDS Awareness

A laid-back cartoon condom named Conroy is doing his best to make Americans aware that the current AIDS epidemic is no laughing matter. In fact, his track shoes are a constant reminder that the world is running out of time in the race to find a cure for the disease.

The athletic prophylactic is the brainchild of the KOSAT company. Based in Chanhassen, KOSAT was formed in 1989 to educate the public about the serious need for AIDS education and AIDS research "in a fun and inoffensive way." KOSAT believes this need to be so great that they donate 25 percent of their net profits back to AIDS research and related causes. Company founders are Tim Kosir and Jeff Atkinson. Kosir is a local businessman and Atkinson is a graphic artist in Colorado Springs, Colo.

Conroy will appear on shirts at Healing Of the Hearts, next week's festival dedicated to people living with HIV and AIDS. The company also is working locally with the Aliveness Project, 730 E. 38th St., as well as Face to Face: Health and Counseling, 642 E. 7th St. The Conroy line of shirts and hats can be found, among other places, on the University of Minnesota campus at Grays Campus Drug, the Aliveness Project, and the Condom Kingdom.

As expected, the entrepreneurs have met some resistance to the idea of portraying a condom at all, much less as a cartoon character. It's a topic which Atkinson, the son of a Southern Baptist minister, thinks about a great deal.

"Some churches don't believe in any kind of birth control at all," he says. "People can preach abstinence until they're blue in the face, but Mom and Dad aren't with you when the decision has to be made – when things get hot and heavy."

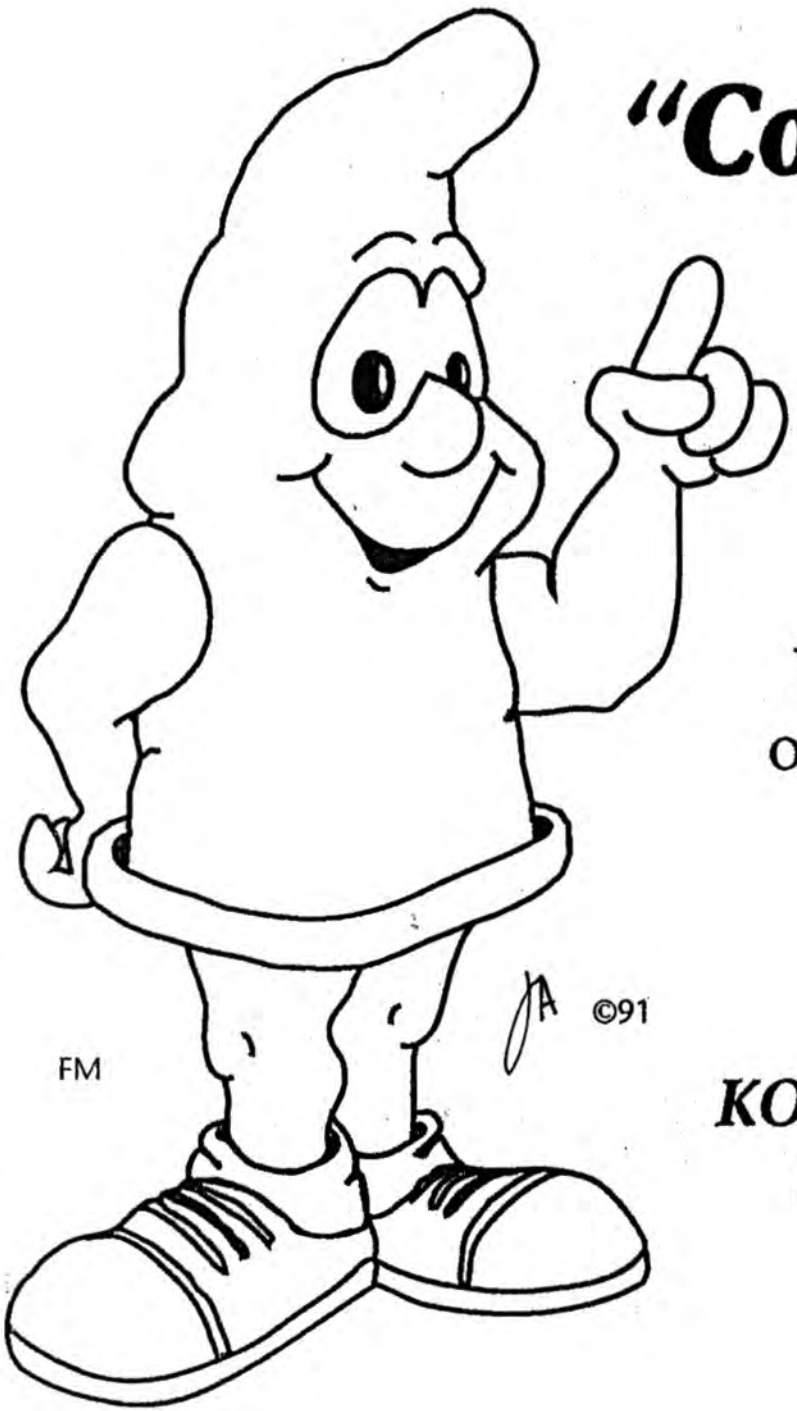
"We want to give kids an opportunity to make an educated choice," says Kosir. " We want them to remember that you can't get AIDS from shaking hands."

"CONROY THE CONDOM"

KOSAT *proudly presents:*

"Conroy the Condom"

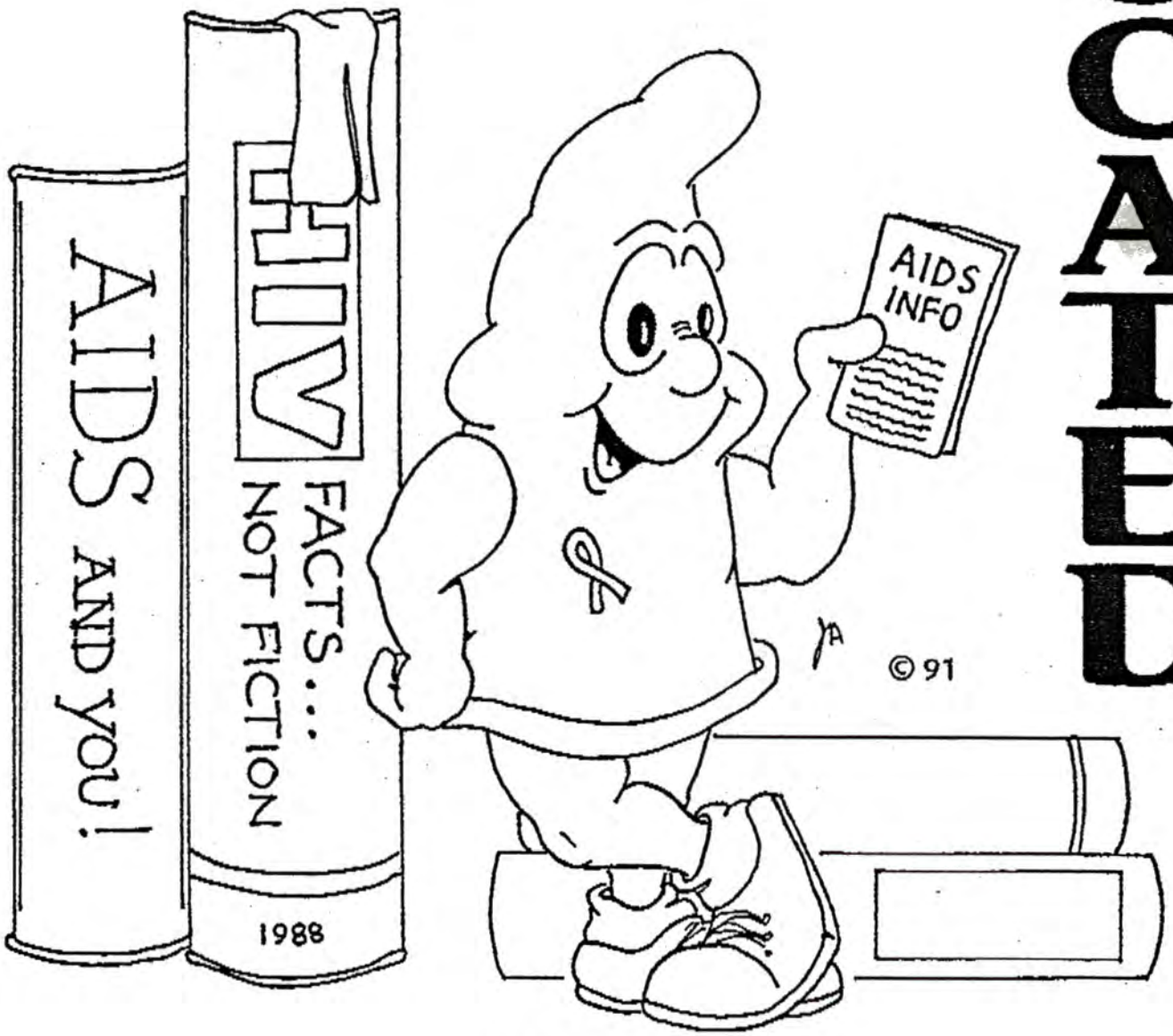
AIDS Awareness A'wear'ables



Designed to promote the education of ***everyone*** about H.I.V./AIDS in a **fun** and **inoffensive** way!

KOSAT donates 25% of its net profits back to AIDS Research and other AIDS related projects!!

GET EDUCATED



"CONROY THE CONDOM"

about H.I.V./AIDS!

NOV - 2 1993

THE WHITE HOUSE

Dear Fay —

Just a quick "thanks" for going to bat for the cause one more time, on Crossfire the other day. You were great, as usual!

Sorry your TV venture didn't pan out — hope all is going well for you —

Kristine Gebbie

NOV - 2 1993

THE WHITE HOUSE

Dear Connie —

I'm glad we had a chance to talk a bit in LA — and I look forward to many more exchanges of ideas, concerns, issues — please stay in touch

Ronald Reagan

NOV - 2 1993

THE WHITE HOUSE

Margo —

So good to hear from you — and thank you for the copy of the National Directory - it's a great resource. Keep up the good work!

Ken Duberstein

NURSECOM
Communications in Nursing

OCT 2 7 1993

send to ... for circulation

October 26, 1993

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
Room 738 G Bldg. H H H
200 Independence Ave. S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

Thank you for the inspiring message delivered at the closing session of the 6th National AIDS Update Conference. As a publisher committed to providing communication services to AIDS caregivers, it is good to know that they will continue to receive your support.

Nursecom recently acquired the enclosed directory, *National Directory of AIDS Care*, and will do a complete revision for the fifth edition. Since you are a leader in the fight against AIDS we would welcome your comments and suggestions for improving the usefulness of the directory. In addition, if you believe it appropriate, we would also welcome any message you may wish to share with caregivers by printing it in the next addition.

I can be reached at the Los Angeles office.

Sincerely,

Margo C. Neal, RN, MN
Vice President & Publisher

1211 Locust Street
Philadelphia, PA 19107
Phone (215) 545.7222
Fax (215) 545.8107

21108 Las Flores Mesa Drive
Malibu, CA 90265
Phone (310) 456.6958
Fax (310) 456.5259

NURSECOM
Communications in Nursing

1211 Locust Street
Philadelphia, PA 19107

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
Room 738 G Bldg. H H H
200 Independence Ave. S.W.
Washington, D.C. 20201

THE WHITE HOUSE

WASHINGTON

November 2, 1993

Mr. Gary James Minter
4755 Country Club Road, 118-B
Winston-Salem, North Carolina 27104

Dear Mr. Minter:

Thank you for your letter and the information you enclosed on a "Model for Treatment of HIV Infection and Other Viral Diseases." As you know there is a major effort both within the Federal Government and by private investigators to provide a vaccine that will both protect those uninfected and to boost the immune systems of those already infected by HIV.

Researching and developing vaccines is a top priority for those of us working to end this epidemic. The newly enhanced Office of AIDS Research (OAR) at the National Institutes of Health will be coordinating efforts to move this process along as quickly as possible. My office will be working closely with the OAR on these issues. I am sure that those scientists working in this field with whom you have already shared your model, will consider your thoughts as they continue to search for an effective vaccine.

Thank you for sharing this information with me.

Sincerely yours,

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

THE WHITE HOUSE

WASHINGTON

OCT 29 1993

Mr. Gary James Minter
4755 Country Club Road, 118-B
Winston-Salem, North Carolina 27104

Dear Mr. Minter:

Thank you for your letter and the information you enclosed on a "Model for Treatment of HIV Infection and Other Viral Diseases." As you know there is a major effort both within the Federal Government and by private investigators to provide a vaccine that will both protect those uninfected and to boost the immune systems of those already infected by HIV.

Researching and developing vaccines is a top priority for those of us working to end this epidemic. The newly enhanced Office of AIDS Research (OAR) at the National Institutes of Health will be coordinating efforts to move this process along as quickly as possible. My office will be working closely with the OAR on these issues. I am sure that those scientists working in this field with whom you have already shared your model, will consider your thoughts as they continue to search for an effective vaccine.

Thank you for sharing this information with me.

Sincerely yours,

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

Prepared by:JMessore:ONAP:690-5560:10-29-93

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
ONAP	Messore	11-2						
OD	Lauman for							

10-10-93

The Honorable Christine Gebbe
Office of AIDS — HHS

Time Draft copy

OCT 19 1993

Dear Ms. Gebbe,

You can make the difference in saving the lives of millions of people, people who desperately need effective treatment for the subtle yet devastating virus that causes AIDS. Maybe you can save the life of someone you love.

In my work for a government health agency, I see the loneliness, fear, and suffering of those who are HIV+, the soul-chilling look of despair in their eyes. I want so much to say, "We can help you." But after a decade of expensive effort by medical researchers, pharmaceutical companies, physicians, and other health care providers, we still have no effective treatment for HIV.

The logical, natural way to treat HIV is to provoke, enhance, and sustain the body's own anti-HIV immune response. This includes production of specific antibodies for each strain of HIV, and targeted destruction of HIV-infected cells through stimulation of the body's killer cells and/or through the use of toxins aimed at infected cells. It's astounding that only a handful of researchers are working along these lines, after a decade of deaths from AIDS.

Please carefully read the *Model for Treatment of HIV* and share it now with others who care. Time is fleeting... act now, do whatever you can to encourage use of the enhanced immune system approach.

God bless you for your compassion and your efforts.

Sincerely,

Gary James Minter

Gary James Minter
4755 Country Club Road, #118-B
Winston-Salem, N.C. 27104
1-800-637-6531

Best of luck in your new position — please do everything in your power to encourage large scale experimental treatment of HIV+ people along the lines of the model I've enclosed — I've been trying for 7+ years to convince various researchers, physicians, activists, and health officials that this is the most logical approach and will prove the most effective —

I would gratefully appreciate any comments, criticisms, suggestions, or ideas from you or anyone else involved in the struggle against HIV/AIDS —

Thanks Gary

A MODEL FOR TREATMENT OF HIV INFECTION AND OTHER VIRAL DISEASES

The logical, natural approach to effective HIV treatment is to enhance the human immune system's defense against HIV. Preventive anti-viral vaccines use an early warning system to expose immune cells to samples of a potential viral invader through injection into the bloodstream. If a vaccinated person is exposed to wild virus, immune cells recognize the invader and respond quickly, preventing serious illness. The scourges of smallpox and polio were controlled this way; influenza vaccines are changed each year to "warn" the body specifically against newly mutated strains of flu arising throughout the world.

Hepatitis B vaccine provides long-term protection; unvaccinated persons exposed to Hepatitis B virus can receive temporary (3-6 months) protection by receiving Hepatitis B Immune Globulin containing high titers of antibodies against HBV. Similarly, those bitten by a rabid animal receive postexposure prophylaxis originally developed by Louis Pasteur.

Preventive vaccines allow early recognition of viruses, triggering fast response by the immune system, including production of specific antibodies which match the invading virus, and targeting and destruction of infected cells exhibiting viral protein. Postexposure prophylaxis directly introduces to the bloodstream specific antibodies which lock onto the viral protein coat. Because they are artificially produced and introduced into the bloodstream, these antibodies must be regularly replenished until the host's immune system is fully activated against the viral antigen.

Using the models of preventive vaccines and postexposure antibody treatment, a two-pronged attack on HIV infection should effectively treat the disease, with adjustments for the "Trojan Horse" nature of the retrovirus that causes AIDS. HIV often remains "immunologically silent" in infected cells for long periods. This long "dormancy" period, together with relatively low concentrations of HIV virions in the bloodstream, and instability of HIV protein coat resulting in various HIV mutant "strains" in the host, allow HIV to "outwit" the body's defenses after a period of time. It is also suspected that HIV provokes wholesale autoimmune destruction of uninfected immune cells due to similarities of its proteins to human immune cell proteins, causing "civil war" and chaos within the immune system: the AIDS end-stage of HIV infection.

Considering the proven success of preventive vaccines and post-exposure prophylaxis, and allowing for the subtle, underground "guerrilla warfare" nature of HIV, I suggest the following two-pronged attack to control HIV infection:

1. Introduce sufficient HIV antigen for *each* strain of HIV to alert the immune system that invaders are present, and which specific "masks" they may wear in future mutations. Also introduce cytotoxic cells or toxins to kill targeted infected cells.
2. Inject specific antibodies to the various HIV strains on a regular basis to ensure that all mutated strains of free virus are targeted and killed.

Using recombinant DNA technology and a modified insulin pump, the above treatment would be simple and inexpensive on a mass scale, and could be used as a model to treat other viral diseases. Treatment will be necessary for the entire life of the patient in the case of HIV, due to the subtle and changeable nature of this lentivirus.

HIV infects immune system cells precisely because it originated from immune cells in the past, developing a protein coat to allow transmission among individual hosts but retaining its basic nature as a runaway portion of the human immune system. In "coming home" to its genetic origins, HIV plays havoc with the complex cellular defense system it was once part of.

Animal viruses originate from animal genetic material, and are specific to a single species or closely-related species. There will likely never be a generally-effective antiviral "drug", because it would not be specific enough or because it would be too toxic. The sensible approach to controlling viruses is to target each strain of virus with specific antibodies and to target and destroy infected cells, as has been done successfully in the past and is done every day by our own immune systems.

Gary James Minter
4755 Country Club Rd. #118-B
Winston-Salem, NC 27104
1-800-637-6531

April, 1992

The author works for a government health agency concerned with limiting the spread of HIV. He has conducted numerous in-depth interviews with AIDS researchers, activists, and HIV+ people, and attended the 3rd International AIDS Conference. Through journal research, correspondence, and discussion, he has been working for seven years to develop and encourage the immune system-based treatment approach to HIV infection. He attended Duke University as a National Merit Scholar, graduating in 1972 with a B.A. in Zoology and Religion.

The views expressed herein are those of the author, and do not in any way represent those of his employer. Printing and distribution costs are at the author's personal expense.

News & Record, Friday, July 24, 1992

A QUIET TRAGEDY

AIDS escorts death to black community

● The killer virus cuts a silent path through Guilford's black community.

BY LORRAINE AHEARN
Staff Writer

Like so many times before, Diane Waddell opened her crowded appointment book at Triad Health Project and penciled in another funeral.

Another file closed. Another cryptic obituary. Another young black woman was dead from AIDS.

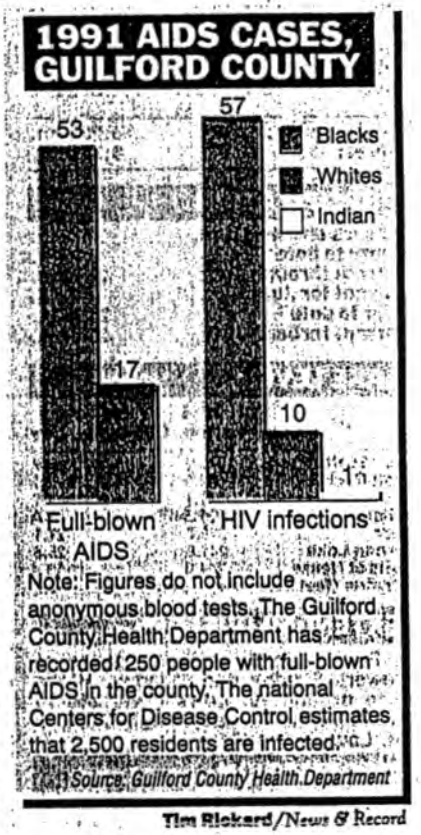
This is not the disease of front-page world conferences and celebrity benefits. This is Guilford County, where one more harbinger of poverty and neglect has tightened its grip on the black community:

- In the first quarter of 1992, 81 percent of the people who tested positive for the AIDS virus at the health department were black.
- Last month alone, Waddell and other workers at the Triad Health Project saw 19 new clients with the AIDS virus. Of those 19, 13 were black.
- Front-line health workers now estimate that as many as 2,500 county residents are infected — a number that could break the back of the local health-care system by 1995, when many of those infected will have become sick.

"It's a conspiracy of avoidance, and we're going to pay greatly for it," said Dr. Tim Lane, infectious disease specialist at Moses Cone Memorial Hospital.

"It's going to be devastating in the African-American community."

In the thick July heat, Gary Minter makes his daily rounds in an un-air-conditioned car stuffed with file folders, ring binders and a little black book full of names.



Tim Rickard/*News & Record*

A combination health teacher and private investigator, Minter's job with the state is "partner notification" — the politically correct term for tracking down people who have been exposed to syphilis or AIDS and encouraging them to get a blood test.

He covers 15 counties in the region, but spends most of his time in Guilford. It is the only population center in North Carolina without its own county investigators.

In both Greensboro and High

Please see **AIDS,** *Page* **A4**

AIDS

Continued from page A1

Point, Minter's calls are mostly in a tight radius of predominantly black urban neighborhoods and public housing complexes. On a single back street off Greensboro's Martin Luther King Drive, he counts seven clients.

"It's clusters of people, but race is not the operative factor," Minter said.

"It's low-income. It's crack and IV drugs. Having sex with the wrong people and not knowing it — many of whom don't know *they're* infected. I call it 'the gray plague,' because there's nothing certain about it."

How this slow virus could so quietly gain a foothold in a community is a story tangled up in history and race and emotion.

All that baggage was laid open last week at the first High Point meeting of the Guilford Minority AIDS Task Force. Among the questions from the small audience:

- If AIDS is spread through multiple sex partners and sharing needles, did these staggering increases among black people imply that black people are more promiscuous and abuse drugs more than white people?
- Like the infamous Tuskegee Syphilis Experiment, in which government researchers from 1932 to 1972 intentionally infected black men with syphilis and allowed it to be spread to women and unborn babies, could AIDS have been deliberately unleashed on black people?
- Why have black churches, so active on other issues, been nearly invisible on the AIDS problem?

"Where are all the ministers?" asked Dianne Bellamy-Small, noting that only one black clergyman attended the meeting.

"They have the largest audience every Sunday morning. It's OK to talk about Samson and Delilah. But you can't talk about your son and your daughter over here who might have HIV."

The taboo of AIDS, caseworkers say, has only deepened. The word rarely appears on death certificates. Relatives often don't get the truth and instead are told that a young person "took to her bed and died." Or had cancer. Or just moved away.

Hazel Joyner-Smith, who left her job as Triad Health Project's first black counselor to form the new minority task force, says the reasons for this silence are clear.

Families are ashamed because of the guilt attached to AIDS. They worry about being shunned themselves, so potent is the fear of the virus.

There is the legacy of the Tuskegee experiment engineered by the U.S. Public Health Service, breeding a continuing mistrust of government-sponsored AIDS education.

And as a community, Joyner-Smith believes, there is a general unwillingness to add the pain of AIDS to the laundry list of other problems already weighing unevenly on black people: poverty, teen pregnancy, crack addiction, violent crime, high incarceration rates.

> **"... In North Carolina we may be prone to the attitude that we're good people, we're God-fearing people and it can't get us here."**
>
> John de Lashmet, *Triad Health Project*

"We in the black community did not want to admit we have a problem," Joyner-Smith said. "We wanted to say it is not here."

Among homosexuals, where the epidemic surfaced 10 years ago, cases of newly infected people appear to have leveled off — a result of both attrition and prevention.

But in southern cities like Greensboro and High Point, AIDS activists believe the heterosexual population has been left open to a lethal second-wave epidemic.

"Part of that is because in North Carolina we may be prone to the attitude that we're good people, we're God-fearing people and it can't get us here," said John de Lashmet of Triad Health Project, where the white gay male clients of the 1980s have given way to black heterosexuals in the 1990s.

"I still hear doctors say, 'Well, I don't really think it's much of a problem.' "

State and county epidemiologists admit that the official tally of AIDS cases is probably the tip of the iceberg, perhaps representing only 10 percent of the number of people infected.

In North Carolina, the state did not require doctors to report positive AIDS virus tests until early 1990. And up until December 1991 — 10 years after the virus was discovered — the state had just one AIDS investigator to cover the 15-county region including Guilford and Forsyth.

Not only has this contributed to the impression that AIDS was not a threat in this region. It also meant that during the late 1980s people were unknowingly infected, and in turn infected others.

"This is much bigger than people realize," said Sue Lambeth, the local health department's leading AIDS counselor. "It's going to become a crisis."

The public health system's first signal that the prevention message had failed among heterosexuals was syphilis — not just a marker of sexual behavior but a disease that helps spread the blood-borne AIDS via open sores.

Doubling each year in the late 1980s, Guilford's syphilis rate today is five times what it was in 1987.

"That tells you right there how many people are having safe sex," said Pat Candler, a nurse at Cone's adult outpatient clinic. "Nothing's changed."

Nurses at Cone, the only hospital in Guilford that treats AIDS patients, often point to the sex-for-drugs phenomenon as a major vehicle for AIDS. While neither venereal diseases nor AIDS originated because of prostitutes, they increasingly go hand in hand with the deeply entrenched crack culture.

Nurses recount chilling instances of full-blown AIDS patients — feverish and emaciated — continuing to prostitute themselves for drugs. They also hear of customers who pay extra if they don't have to use a condom.

"They get a double whammy — they're having unprotected sex with multiple partners, some of them IV drug users," said Susan Johnson of Cone's Infection Control unit.

The case study of one 18-year-old High Point woman who tested positive for AIDS illustrates the evolving relationship between crack and AIDS, and how the virus moves through circles of the population.

According to state health records, she was first tested in Women's Prison, where she was serving out a drug sentence.

Though she had no symptoms of the disease — these can take 7 to 10 years to appear in an infectious person — she knew she had a risk factor: unprotected sex with a bisexual male drug addict.

When state investigators contacted her about the positive AIDS test, the woman named two steady male sexual partners, plus two women she believed were also frequent partners of these men.

The first man investigators contacted said he had already tested negative for AIDS, though he was urged to take a second test because it can take months for the virus to show up.

When investigators located the other man, they found out this was not his first notification. Six months earlier, an investigator had appeared at his doorstep to tell him that he was named as a partner of someone who tested positive for AIDS. He had not yet been tested, but was considering it this time.

In one of the final entries of the High Point woman's file, she was in the third trimester of her pregnancy — with a 30 percent chance of her baby being born infected. She had also found religion.

"She said 'God will decide things,' " read Nick Engel, regional director for the state's communicable disease investigators.

"A lot of times these folks are resigned, but they've been resigned all their lives."

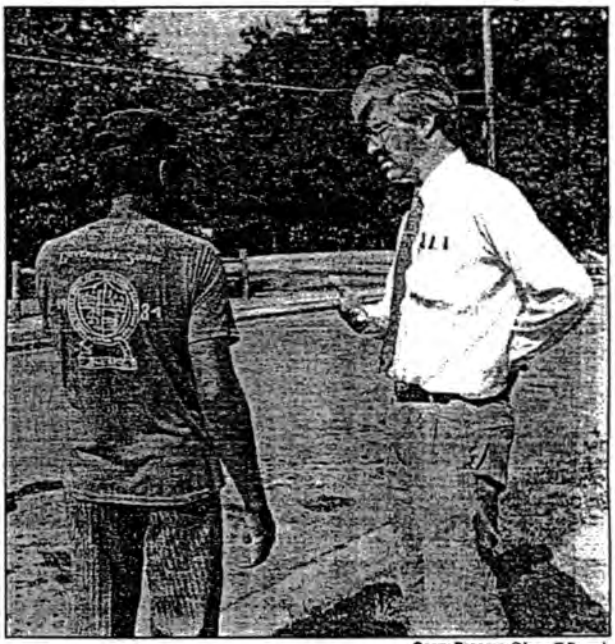
The worst prospect for caseworkers and health-care providers is that the community itself will be resigned. That while "America Responds to AIDS," as the relentless public service announcements say, those infected will be driven further out to the fringes, remain invisible and be left to die.

Hazel Joyner-Smith remembers the first family she visited. The husband had died. The boyfriend had died. The mother was sick. The children, sores visible on them, ran to meet Joyner-Smith and tried to hug her as she brought in the basket of food.

She told herself she was never going back there, but she did.

And at Triad Health Project, Diane Waddell remembers the appointment she has made. She straightens her desk and collects herself and goes back into the hot afternoon to see one more mother who is burying a daughter.

It's just work, she says. Just regular work.



Gerry Broome/*News & Record*

Gary Minter, a public health worker who tries to locate people who may have been exposed to HIV, seeks information from a person on Douglass Street.

AIDS IN N.C.

HIV positive cases reported in N.C. Feb. 1, 1990-June 30, 1992; figures do not include anonymous blood tests.

	Men	Women	Unknown
White	539	145	0
Black	1,697	690	2
Other[1]	34	7	0
Unknown	122	27	9
Total	2,392	869	11

[1] Includes Hispanics, Asians and Indians

Source: N.C. Department of Environment, Health and Natural Resources

University of Washington Correspondence

INTERDEPARTMENTAL

Regional Primate Research Center SJ-50

September 15, 1992

Gary J. Minter
2010 Sussex Lane
Winston-Salem, NC 27104

Dear Mr. Minter:

Thanks for the materials you left for me after the symposium last week. As you know, I am not a virologist, so some of the speculations you cite regarding the origin of the immunodeficiency viruses were new to me and very interesting. I certainly enjoyed my visit to Winston-Salem and wish the best in your very challenging work.

Sincerely yours,

Douglas M. Bowden, M.D.
Director

DMB/jjm

'I know from over 60 years of biomedical research that using animals as models doesn't always work'

Vaccine Pioneer Doubts AIDS Studies

Albert Sabin (right) and Douglas B

By Cathey Bost
SPECIAL TO THE JOURNAL

Dr. Albert B. Sabin, the medical pioneer who developed the oral polio vaccine, told an audience at Bowman Gray School of Medicine yesterday that he is pessimistic about efforts to find a vaccine for AIDS.

Researchers, Sabin said, "have been on the wrong track all along."

But Dr. Douglas M. Bowden, a North Carolina native who heads the Regional Primate Research Center at the University of Washington at Seattle, countered that researchers may have already reached the turning point in the search for an AIDS vaccine.

The Seattle research center recently announced that it has developed a new monkey model for studying human AIDS. The center plans to use a monkey species to test new therapies, as well as to develop an AIDS vaccine, Bowden said.

Scientists at the center successfully infected 20 pigtail macaques — a Southeast Asian monkey — with the human immunodeficiency virus that causes AIDS. The development enables researchers for the first time to perform large-scale tests of potential vaccines in a laboratory.

While conceding that Bowden's research represents "a major breakthrough," Sabin, 86, predicted that further efforts to develop a useful vaccine will fail.

The two spoke as part of a symposium at Bowman Gray that focused on the importance of animal research in fighting human diseases.

See VACCINE, Page 21

VACCINE

Continued From Page 19

The Seattle researchers' achievement may help remove one of the major obstacles to studying AIDS — the lack of a good animal model for monitoring infection and for testing drugs and vaccines.

However, Sabin repeatedly expressed doubt that a successful AIDS vaccine will be developed with an animal model.

"I know from over 60 years of biomedical research that using animals as models doesn't always work," he said.

Injecting the HIV virus into the macaque's bloodstream is wrong, he said, because "the major mode of transmission (in humans) is by receptive anal intercourse."

RESEARCHERS "HAVE been on the wrong track all along," he said. "They have been concentrating on the AIDS virus itself rather than on the infected cells. . . . If I were younger, what I would do would be to use the information that Bowden already has and (apply it to) the male homosexual population," which is at high risk for the disease.

Bowden responded to this remark by saying, "I am not ready to give up on the approaches we are now examining."

The approach of the polio model does not apply to AIDS, Sabin argued, stamping his cane on the floor of the podium.

"This virus, unlike polio, unlike measles, goes into the cells and becomes integrated in the chromosomes of the cells," he said.

Sabin said that there are several obstacles to finding an effective AIDS vaccine:

- ☐ HIV hides in the genetic material of cells.
- ☐ Symptoms of AIDS often do not show up for years. Therefore, an infected person may show no symptoms but may transmit the virus to others.
- ☐ HIV constantly mutates. What would kill one strain of the virus might not kill another.

BOWDEN SAID that a long research road looms ahead and that scientists involved in vaccine research "are still in the early phases of testing their products."

At least six American companies are searching for an effective vaccine that would equip the immune system to recognize and attack HIV as soon as infection occurs.

Dr. Samuel L. Katz, a pediatrician at Duke University Medical Center who works with children infected with HIV and AIDS, pointed out that scientists need to develop not one but three types of AIDS vaccines.

A preventive vaccine would protect people from becoming infected with HIV. A therapeutic vaccine, for those already infected with HIV, would prevent them from progressing to full-blown AIDS. A perinatal vaccine, administered to pregnant women who have HIV, would prevent transmission to the fetus.

Yesterday's program was the sixth in a series of symposiums at Bowman Gray on the use of animals in biomedical research.

4755 Country Club Road - Apartment 118-B
Winston, Salem, North Carolina 27104
September 22 1992

Albert B. Sabin, M.D.
3101 New Mexico Avenue, N.W., Apt. 1001
Washington, D.C. 20018-5902

Dear Dr. Sabin:

Thank you for your letter and the enclosed news release. It was a pleasure meeting you and having the honor to ask questions during your appearance at the Bowman Gray School of Medicine. I asked Dr. Friedman to give you a copy of my theoretical model for HIV treatment and a copy of a newspaper article on our efforts to control the spread of HIV infection in North Carolina - I'm enclosing extra copies with this letter.

Concerning disease intervention efforts, we do interview all reported new cases of HIV, and encourage sex or needle-sharing partners to take the ELISA screening test, followed by the Western Blot test if ELISA is reactive. We offer confidential testing at all local county health departments and many other sites, and even offer anonymous testing in some major urban areas.

You made some excellent points about the nature of HIV vaccine research. I agree with you that most research until very recently has been on the wrong track, and I certainly feel that attempts to find an antiviral drug will prove fruitless, for obvious reasons I've outlined in my paper. However, even though HIV does integrate with cell DNA, and remains "immunologically silent" for long periods there are times when infected cells exhibit viral protein on the surface: namely, when viral replication is occurring. Infected cells are vulnerable to cytotoxic cell attack at these times, and as Dr. David Ho observes in the July issue of *Science*, some individuals are apparently capable of "clearing out" infected cells through the mechanism of cell-mediated immunity, without production of sufficient antibodies to yield a positive ELISA or Western Blot test! This confirms your argument that destruction of infected cells is key to control of HIV infection. However, I also believe the work of Dr. Bowden's team and other vaccine researchers is valuable for two reasons: first, understanding the life cycle of HIV may help in provoking the human cell-mediated immunity response to kill infected cells when they are vulnerable, and, secondly, HIV virions are much more widespread on mucous membranes (such as vaginal cells and intestinal immune patches) than previously thought, and play the dominant role in sexual transmission of HIV, whether heterosexual or homosexual.

I would deeply appreciate your comments on my brief paper - please feel free to call or write any time. (The opinions expressed are my personal views only and do not reflect the opinions of my employer). Again, it was an honor talking with you.

Sincerely,

Gary James Minter

GJM:bc

Enclosures

The Aaron Diamond AIDS Research Center
For the City of New York

September 22, 1992

Gary James Minter
2010 Susses Lane
Winston-Salem, North Carolina 27104

Dear Mr. Minter:

Thank you very much for all the ideas, suggestions and information that you sent Dr. David Ho, he will be keeping your ideas in mind.

Sincerely,

Sonya Lopes

Sonya Lopes
Administrative Assistant

/sl

455 1ST AVENUE, 7TH FLOOR ♦ NEW YORK, NEW YORK 10016
TELEPHONE: (212) 725-0018 ♦ FAX (212) 725-1126

AIDS Research Shifts to Immunity

Most studies have focused on how people get sick. Now a host of provocative new studies are zeroing in on why some people stay well—and the findings could hold lessons for vaccine development

A decade into the AIDS pandemic, two widely held and fundamental assumptions about the progress of this scourge may be falling by the wayside—with potentially profound implications.

For much of the 11 years since the disease was first recognized, the vast preponderance of epidemiologists, researchers, and clinicians have believed that, even though most infected people do not get sick for years, ultimately all who are infected will fall ill. Secondly, it has been the common wisdom, until quite recently, that repeated exposure to HIV through sex will virtually guarantee infection. Now comes a slew of provocative studies being conducted at many different medical centers worldwide that are uncovering immunologic clues that may help explain why some people who have been infected since as far back as the late 1970s have remained symptomless and why others, who repeatedly have met up with the virus, have remained uninfected.

As investigators begin to look hard at why some people stay healthy in the clutches of HIV, a basic shift in the focus of AIDS research is taking place: "For the past five, six years of this epidemic, people have been looking at correlates of [disease] progression," says Bonnie Mathieson of the Division of AIDS, a branch of the National Institute of Allergy and Infectious Diseases (NIAID). "Now they're finally starting to look at correlates of protection." And this new focus on immunity to HIV has already begun to make researchers question widely held assumptions about what an HIV vaccine needs to do.

Natural immunity: fighting off HIV

The optimal AIDS vaccine would teach the immune system how to stop HIV from establishing an infection. In the best case scenario, vaccine designers could study people who had naturally accomplished that feat and then mimic whatever their immune systems were doing. But because such people had been found, AIDS vaccine developers were forced to guess what, exactly, their preparations should do.

A few years ago, immunologist Gene Shearer of the National Cancer Institute (NCI) concluded that some people must have hardy enough immune responses to HIV to avoid infection. "When I learned from epidemiologists the number of people exposed but not infected," says Shearer, "I said it sounds to me more immunologic than the role of the dice."

Working with NCI immunologist Mario Clerici and Janis Giorgi of the University of California, Los Angeles, Shearer studied five men who reported having had unprotected, anally receptive sex with a known HIV-infected partner during the preceding 9 months. Yet none of these five men had antibodies to HIV. Repeated attempts to culture virus from their blood failed. What's more, all of them tested HIV-negative with the ultrasensitive polymerase chain reaction (PCR) assay.

That was interesting, but it might have been the case that, by chance, in their encounters these men actually hadn't been exposed to HIV. So the immunologists looked for evidence that these apparently uninfected men had once had HIV in their bodies. Though the humoral arm of the immune system—the one that makes antibodies—offered no clues, that was only half of the equation. The immune system also has "cell-mediated responses," which direct killer T cells, or cytotoxic T lymphocytes (CTLs), to eliminate cells infected with foreign invaders such as viruses.

To probe for clues of cell-mediated responses to previous HIV encounters, the investigators tapped into the immune system's "memory banks," coaxing these men's blood cells with four synthetic HIV-1 peptides. In each case, this probing stimulated production of the immune-system signal called interleukin-2 (IL-2)—which is precisely the cell-mediated response that would be expected in the face of an invader the system has seen before.

Perhaps, the NCI team reasoned, in these subjects a cell-mediated response had preceded the production of antibodies, clearing HIV before the virus could acquire a foothold. As the researchers conclude in a report of the study in the June *Journal of Infectious Diseases*, "It is possible they were exposed to HIV-1 or HIV-1 antigens at a level sufficient to prime T cell immunity but insufficient to induce antibody." If so, then the right T cell response might, by itself, derail HIV infection.

There are many caveats to this study, as the authors

STUDIES IN SURVIVING HIV

Researchers	Subjects	Findings
Mario Clerici and Gene Shearer, National Cancer Institute Janis Giorgi, University of California, Los Angeles	Uninfected homosexual men who have repeatedly had anally receptive sex with known infected partner	Uninfected men's peripheral blood mononuclear cells produced interleukin-2 when stimulated with HIV-1 envelope peptides, suggesting previous exposure and cell-mediated response
Fred Valentine and Mindell Seidlin, New York University Medical School	Uninfected heterosexual partners of infected people with whom they have had repeated unprotected sex	Uninfected partners' CD4 cells proliferate when exposed to HIV's envelope protein, suggesting previous exposure and cell-mediated response
David Ho, Aaron Diamond AIDS Research Center	Patient with acute HIV infection	Initial burst of virus appears to have been knocked down solely by cell-mediated response
Marshall Posner, Harvard Medical School	HIV-infected patients at various disease stages	Healthiest patients have rising titers of CD4 binding site neutralizing antibody
Susan Zolla-Pazner, New York University	HIV-infected patients at various disease stages	No correlation between disease and V3 neutralizing antibody titers
Jay Levy, University of California, San Francisco	Long-term survivors	CD8 cells especially adept at suppressing HIV replication, largely via unidentified soluble factor

stress. The HIV these men saw might not have been infectious. The IL-2 assay could be misleading. (In fact, a few controls in the study also reacted in this way to HIV peptides.) One of the five men followed during the 20-month study did later show antibodies and persistent infection, raising the possibility that he was infected all along and the virus was sequestered in, say, a lymph node. Then again, he may have continued his high-risk behavior until a putative defense was overwhelmed.

Despite the caveats, leading AIDS researchers don't dismiss the data. "I think it's interesting and should be pursued," says NIAID director Anthony Fauci. When asked whether he believes there are exposed, uninfected people, Fauci says, "There have to be. There absolutely have to be. There's no way that's not the case."

The NCI group is not the only research team grappling with this phenomenon. At New York University (NYU), Fred Valentine and Mindell Seidlin are struggling to understand the immune systems of 80 heterosexuals who are uninfected—as determined by antibody, PCR, and culture tests—even though they have had unprotected sex with infected partners. All the couples in the study (who are being compared to 80 couples in which both partners are infected) report having had unprotected sex at least 10 times—but the median is much higher: 500 times. "Overall, you'd expect these people were amply exposed," says Valentine.

Why aren't they infected? In a test similar to the IL-2 assay, the NYU team has mixed HIV envelope protein with key immune-system cells called CD4s (the very ones that HIV infects) from a few dozen of the uninfected partners to see whether those cells would proliferate—another indication that the immune system has seen the invader before. The CD4s did proliferate. "I don't know what to make of this except it begs the whole question: Can one be sensitized to making cellular responses without making antibody?" says Valentine. "I offer the data, not the conclusions."

But NIAID's Mathieson sets great store by such studies, because they are, for now, the only ones that offer data about people who might have completely fought off HIV. "Until we actually have vaccines protecting people in efficacy trials," she says, "I don't think we're going to have individuals who compare to these people."

After infection: preventing disease

But what if researchers get nowhere at actually blocking infection? That would make it more desirable to keep the virus, once established in a person's system, under control. And there are recent indications that the immune system may be able to keep the virus in check.

The search for humoral and cellular responses that might protect infected people has led David Ho, head of New York's Aaron Diamond AIDS Research Center, to home in on the very early period of infection—attempting to find out how the immune system handles the virus's initial assault, which it often seems to do quite deftly. During this "acute" phase of infection, the amount of HIV skyrockets to the levels seen in patients with full-blown AIDS. Then, in most cases, the viral load plummets. "That's without drugs," says Ho. "It's spontaneous. I happen to think that that is immune-response directed. That's consistent with our understanding of immune control of other viral diseases."

Again, as in the case of those who may be showing natural immunity, the cellular arm of the immune system could be the key. "Very, very preliminary evidence," says Ho, suggests that what is responsible for controlling HIV "is cell-mediated immunity." Ho and his colleagues recently did a detailed analysis of one patient with acute HIV infection and found, much to their surprise, that the initial burst of virus was significantly knocked down before they could detect either antibodies that could latch onto the virus and neutralize it or a type of killing known as antibody-dependent, cell-mediated cytotoxicity (ADCC). But the drop correlated with the appearance of CTLs, the killer lymphocytes that rid the body of infected cells and are a crucial part of the cell-mediated response. Ho now is looking at similar parameters in a few more patients with acute HIV infection.

That's a hopeful portent, but, for most people, fighting off the virus at the beginning of infection is not enough to prevent disease in the long run, and several researchers are focusing in on the people who harbor the virus but have not become ill. No one knows how many infected people—if any—have reached a permanent immunologic standoff with HIV. But researchers following large cohorts of infected people have found distinct groups of people who seem to be beating the odds.

Big Studies Set On AIDS Immunity

AIDS research in the United States seems to be undergoing a sea change, as researchers shift their focus from what causes disease to what causes immunity. But this research interest is so new that there are few large studies to back it up. Now, however, large immunological studies in four groups of "unique individuals" are on the runway and set for takeoff at the Multicenter AIDS Cohort Study (MACS).

The MACS is the flagship AIDS epidemiological project in the United States, an NIAID-funded effort that since 1985 has been following almost 5000 gay men to track the course of HIV infection. Recently, scientific leaders of the four different MACS sites—Baltimore, Chicago, Los Angeles, and Pittsburgh*—decided to send their studies off in a new direction. On 8 June they formalized plans to look closely at their cohorts of more than:

- 250 uninfected men who reported having unprotected, anally receptive sex with several partners (some of the partners were known to be HIV-infected).
- 40 "rapid progressors" who developed full-blown AIDS within five years of a documented infection.
- 50 infected men who have remained free from all AIDS-related diseases for more than 3 years, despite having counts of fewer than 200 CD4 cells. (The loss of these critical white blood cells is generally considered a hallmark of AIDS. Normally, people have counts of 800–1200 CD4s.)
- 50 infected men who, without treatment, have had a rise in their number of CD4 cells.

Each group is being carefully matched with controls. Specifically, these studies will use banked cells and serum, in addition to new samples, to try and tease out the immunologic, virologic, and hereditary factors that can explain protection and progression.

Epidemiologist Roger Detels of the University of California, Los Angeles, is heading the uninfected, high-risk study and believes the MACS researchers are mining a gem-filled vein. "We've tended to neglect the obvious, to not look at the issues surrounding infection itself," says Detels. "If there are factors associated with resistance to infection and we can characterize what those are...we may be able to effectively immunize people."

John Phair, a Northwestern University Medical School specialist in infectious disease who chairs the MACS's executive advisory committee, says these studies will be the major focus of the MACS for the next 18 months. "We think [the MACS] has evolved into a major resource," says Phair. "If we are clever, we can get some very useful information out of this."

–J.C.

*The MACS centers and their principal investigators are as follows: *Baltimore* Johns Hopkins School of Hygiene and Public Health, Alfred Saah; *Chicago* Howard Brown Memorial Clinic/ Northwestern University, John Phair; *Los Angeles* University of California, Los Angeles, Schools of Public Health and Medicine, Roger Detels; *Pittsburgh* University of Pittsburgh Graduate School of Public Health, Charles Rinaldo, Jr.

The San Francisco City Clinic Cohort, one of the oldest AIDS cohorts in the world, formed in the late 1970s for hepatitis B studies in homosexual men, has been following 516 infected people who have well-defined dates of seroconversion (the time they first showed HIV antibodies in their blood). On the average, these people develop AIDS symptoms within 10 years. But there is a group of 135 people who have been infected between 10 and 14 years who have never had an AIDS symptom. "We have some men who really do not seem to be getting sick," says Susan Buchbinder, who heads clinical studies in the cohort's research branch.

STEVE TURNER

Bonnie Mathieson *(above)*, David Ho.

Other studies are zeroing in, at the cellular level, on the question of why these people are staying well. At the University of Massachusetts, John Sullivan says they're following a patient who has been infected with HIV for 10 years yet apparently has an intact immune system. Though the man is seropositive, the researchers can only find the virus in him with a special, hypersensitive "boosted" PCR technique. A check of the regulatory genes from his viral samples showed those genes were intact, suggesting that the virus was indeed pathogenic.

Sullivan doesn't know why this man isn't ill, but he thinks "escape mutant" theory might provide a partial answer. While most people seem to be infected initially with only a single strain of HIV, over time this hypermutating virus creates a swarm of different strains. Even if the immune response can handle the first strain, it must keep expanding its repertoire constantly to combat mutant HIVs. Eventually, says NCI's Peter Nara, who has described an escape mutant model in detail, the virus may "outstrip the capacity of the immune system" to respond. Sullivan wonders whether his remarkably healthy patient has somehow prevented the virus from replicating—and hence mutating—as quickly as it does in most people, which might also provide clues to keeping other people healthy.

Over at the University of California, San Francisco, Jay Levy, a virologist who was one of the first researchers to isolate the AIDS virus, is following up on his own theory about what distinguishes long-term survivors. Levy is studying the immune systems of about 40 subjects, some of whom are with the San Francisco City Clinic Cohort. In these people, he finds that the T cells studded with a surface marker known as CD8 can strongly suppress HIV replication rates without killing infected cells. Levy believes the suppression is primarily the work of an unidentified "soluble factor" secreted by the CD8 cells—which are lead actors in the cell-mediated immune response—and into these patients' bloodstreams. "I don't know what it is, but I know what it isn't," says Levy, who has checked every known immune system factor for such effects—and come up with nothing.

All these studies—suggestive as they may be—are far from complete. Even so, they have already begun to offer some practical pointers for AIDS vaccine researchers. The most immediate lesson could be a shift toward greater emphasis on cell-mediated immunity, which almost all of these studies indicate plays a large role in keeping the healthy that way.

To date, many AIDS vaccine developers have relegated cell-mediated immunity to a backseat, banking on their ability to crank up production of neutralizing antibodies. They view these antibodies as crucial because they might, in theory, confer "sterilizing immunity," preventing HIV from infecting even a single cell of the body. Such total prevention is viewed as especially critical because HIV, like all retroviruses, integrates with genes of the host cell, where it can quietly hang out—possibly undetected by the immune system—only to surface years later.

That view makes sense. But, unfortunately, the evidence that neutralizing antibodies can protect a person from initial infection remains thin. Most work on neutralizing antibodies has focused on trying to raise antibodies against a specific portion of the viral envelope protein—the so-called V3 loop. Yet, save for a few influential chimpanzee experiments, precious little has been demonstrated in living organisms about the ability of V3 antibody to protect against infection.

Furthermore, attempting to correlate V3 antibody to protection from disease has been problematic. It is well known that people go on to develop full-blown AIDS even when they have relatively high levels of neutralizing antibody. And NYU immunologist Susan Zolla-Pazner looked at 29 patients at various disease stages and found no correlation with V3 antibody titers. "A number of studies have been very controversial and contradictory about whether neutralizing antibody correlated with progression to disease," says Zolla-Pazner. "There's no consensus." Still, Zolla-Pazner believes that sterilizing immunity is the goal, and her studies suggest that combining V3 with other neutralizing antibodies may just provide the necessary synergistic wallop.

As the cell-mediated data emerge from recent studies, however, some researchers are resetting their sights. "I think there has been an overemphasis on neutralizing-antibody work," says Aaron Diamond's Ho, whose lab does much neutralizing-antibody work. "The ideal vaccine would elicit good neutralizing antibodies and some cell-mediated immunity."

Others are even more emphatic. Polio vaccine developer Jonas Salk, who cofounded San Diego's Immune Response Corporation to design an AIDS vaccine, has long contended that cell-mediated—not humoral—immunity is the key. "The virus enters the host in a cell, whether the route is intravenous, seminal fluid, or vaginal secretions," says Salk. "It's in a cell. Therefore it's like a cancer cell, and the immune mechanism must be cell-mediated."

Lessons to be learned?

What practical effect will this gathering paradigm shift have on AIDS vaccine research? For one thing, an AIDS vaccine might need to lock a person in to what immunologist Peter Bretscher of the University of Saskatchewan calls a persistent cell-mediated state of immunity. Bretscher has shown over the past 20 years that repeated low doses of antigen can, as he says, "imprint" a mouse's immune system to turn on the cell-mediated arm and simultaneously shut off the humoral one. Bretscher suggests in an in-press *Immunology Today* paper that such a strategy may lead to an effective AIDS vaccine.

NIAID's Mathieson, however, thinks the lesson to be learned here is that there may never be a single correlate of protection, be it antibodies or cell-mediated immunity. "Everyone's looking for one correlate of immunity," says Mathieson. "In the end, that's not what it's going to be." Maybe a mix of cell-mediated and humoral responses will do the trick. Maybe an initial infection, followed by a strong cell-mediated response, is the answer. Maybe a more vigorous CTL response during acute infection or more potent neutralizing antibodies will slow down HIV's replication rate, reducing the viral "swarm" and prolonging the immune system's life. Maybe stimulating production of Jay Levy's soluble CD8 factor will prevent disease progression in chronically infected people.

All those "maybes" reflect the fact that the evidence so far is sketchy. No one yet knows how—or if—people are actually protected from HIV. But with real-life, real-time AIDS vaccine trials set to begin in 1993, there's little time to waste in finding out.

–Jon Cohen

Jon Cohen is a free-lance writer based in Washington, D.C.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

Building 37
Room 6A11
Tel: (301) 496-6007
FAX: (301) 402-1338

November 3, 1992

Mr. Gary James Minter
4755 Country Club Road, #118-B
Winston-Salem, NC 27104

Dear Mr. Minter:

Thank you for your letter and the enclosures.

I agree with much of what you say; indeed I have been discussing and trying to help Zagury since he started these approaches in 1985-86. He was the first to do so, as you probably know.

Sabin has some good points. So does Salk, but it is wrong to say HIV infects only in cells. We do not know that. Almost certainly, it occurs both by cells and free virus. Indeed, we have proof that infection by free virus does occur. Just consider the known past infections (prior to the development of the blood test for HIV by my co-workers and myself in 1984) with plasma and with factor VIII (hemophiliacs).

Thank you for your efforts.

Sincerely yours,

Robert C. Gallo

NOV - 2 1993

THE WHITE HOUSE

Keith —
Thanks for sending the
1991 Preventive Care
Guidelines - I was out of
touch with the recommendations
& appreciate the material —
Hattie

OCT 2 6 1993

20 October, 1993

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

Dear Ms. Gebbie:

To follow up our brief conversation after your talk to the ICAAC and IDSA meeting, I am enclosing a copy of *Preventive Care Guidelines: 1991* from the May 1, 1991 issue of the Annals of Internal Medicine. On page 769, there is a summary of the recommendations made by the U.S. Preventive Services Task Force, American College of Physicians, and Center for Disease Control about the testing of high-risk groups for HIV serology. As you can see, the recommendations are quite similar, and in my opinion, quite reasonable.

I hope that this information will be valuable to you. I very much enjoyed your talk and look forward to a cohesive AIDS agenda from your office. If I can be of any service, please do not hesitate to contact me.

Sincerely,

Keith W. Roach, M.D.

THE UNIVERSITY HEALTH SERVICE

5841 South Maryland Avenue
MC 3051
Chicago Illinois 60637
(312) 702-6840

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.

Reprinted from ANNALS OF INTERNAL MEDICINE Vol. 114; No. 9, 1 May 1991
Printed in U.S.A.

Preventive Care Guidelines: 1991

Robert S. A. Hayward, MD; Earl P. Steinberg, MD, MPP; Daniel E. Ford, MD, MPH; Michael F. Roizen, MD; and Keith W. Roach, MD

Clinicians increasingly are urged to integrate preventive services into their clinical practices. To facilitate this process, several groups have developed practice guidelines for preventing disease in asymptomatic patients. In this paper, we compare and contrast preventive guidelines from the American College of Physicians (ACP), the Canadian Task Force on the Periodic Health Examination (CTF), the United States Preventive Services Task Force (USPSTF), and other well-known authorities. We chose these groups because they based their recommendations on explicit methods that include critical appraisal of the pertinent literature. Recommendations from these authorities usually are consistent with each other. Moreover, the ACP, CTF, and USPSTF all favor a shift away from the relatively simple classification of patients by age and sex for general preventive interventions to the more complex stratification of patients by additional risk factors and the formulation of a selective prevention strategy that is specific to each risk profile. Some guidelines, particularly the criteria used to define patients who are at increased risk for preventable disease and who should have more intensive surveillance, are difficult to interpret. Further research is needed to address some areas of disagreement and ambiguity. In addition, new tools must be developed to help physicians apply preventive guidelines, particularly those that require noting many patient-specific characteristics.

Annals of Internal Medicine. 1991;**114**:758-783.

From The Johns Hopkins University, Baltimore, Maryland; and the University of Chicago, Chicago, Illinois. For current author addresses, see end of text.

In 1981, the Medical Practice Committee of the American College of Physicians (ACP) advised that routine annual checkups for healthy adults be abandoned in favor of a more selective approach to the prevention and detection of health problems (1). Drawing on four major assessments of the periodic health examination—by Frame and Carlson (2-5), Breslow and Somers (6), the Canadian Task Force (CTF) on the Periodic Health Examination (7), and the American Cancer Society (ACS) (8)—the committee compared the ages at which 14 preventive interventions were advised to be provided for asymptomatic adults (1). Clinicians were urged to use this information to tailor their preventive efforts to the age and sex of their patients.

Over the past decade, both the content and number of recommendations available to clinicians about the provision of preventive health services have changed. Frame and Carlson, the CTF, and the ACS, for example, have revised and expanded the scope of their original recommendations (9-24, 142). In addition, the United States Preventive Services Task Force (USPSTF) and the ACP have issued their own sets of guidelines pertaining to preventive care (25, 26). These most recently generated practice guidelines not only are based on increasingly rigorous assessments of the value and cost of preventive interventions, but also focus increased attention on the delineation and implications of risk factors as well as on the potential value of an expanded array of preventive interventions, such as patient counseling and chemoprophylaxis.

In this paper, we compare and contrast the practice guidelines that have been most recently issued by major health care organizations on the basis of critical appraisal of the literature, as well as some other guidelines that are well known to general internists. We examine the content of these preventive care guidelines and consider several problems the clinician may encounter when using them to formulate individualized plans for preventive care. In so doing, we hope to help individual physicians and other health care providers in deciding which preventive interventions to use for various patient subgroups; and to highlight not only areas of agreement and disagreement between organizations, but also recommendations that need to be clarified.

History of Practice Guidelines for Preventive Care

The characteristics of a beneficial screening program were elucidated as long ago as 1957, when a Federal Commission on Chronic Illness outlined a strategy for the control of chronic diseases (27). Salient considerations included the burden of suffering associated with the condition for which screening is being considered, the accuracy and acceptability of available screening tests, and the evidence that treatment of the disease at a preclinical stage is more effective than treatment after the disease manifests itself symptomatically. These criteria were intended to guide the development of mass screening programs.

In 1975, Frame and Carlson (2-5) suggested that the same criteria could be used to evaluate the usefulness of preventive services for individual patients. These investigators reviewed interventions to prevent 36 common diseases and suggested that physicians tailor their preventive practices to the age and gender of the individual patient (2-5). In 1986, Frame (9-12) wrote a series of articles updating the protocols he had proposed in 1975 and comparing his revised recommendations with the work of the CTF.

The CTF was established in 1976 with a mandate from the Canadian government to determine how the periodic health examination might enhance the health of

THE WHITE HOUSE

WASHINGTON

November 2, 1993

MEMORANDUM

TO: Patti Solis

FROM: Kristine Gebbie W. Steve Lee for

I sent you a note dated November 1 regarding a request to meet with Mrs. Clinton from the Foundation of Pharmacists & Corporate America for AIDS Education. The attachments were omitted, therefore I am attaching them to this note.

Thank you for your assistance.

Attachment

cc: Carol Rasco

THE WHITE HOUSE

WASHINGTON

November 1, 1993

MEMORANDUM

TO: Patti Solis

FROM: Kristine Gebbie

I note a request for Ms. Clinton to meet with the Foundation of Pharmacists & Corporate America for AIDS Education (letter attached). I have met with the Foundation and have worked on their behalf. My staff has also worked with this group in identifying potential private funding for their efforts.

If you wish, I can meet the group again, or I can sit in on Ms. Clinton's meeting; if that would be helpful.

Please call if have questions (632-1090).

Attachment

cc: Carol Rasco

THE FOUNDATION OF
PHARMACISTS
& CORPORATE AMERICA
FOR AIDS EDUCATION

October 19, 1993

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator
750 17th NW, Suite 1060
Washington, DC 20503

Dear Kristine,

My heartfelt thanks for your words of encouragement and personal support.

Thanks to your help and the broad endorsement of the pharmacy community along with AIDS service organizations, Congress has passed legislation that will help establish a national role for pharmacy in AIDS education and prevention.

To prepare for an intensive evaluation of our project, the introduction of the public education portion has been delayed until the first quarter of 1994.

I've enclosed a letter regarding the FPCA program from Representatives Lewis, Brewster and Pelosi to Ms. Hillary Rodham Clinton. Also included are recent endorsements from the private sector.

I recently met with Dr. Curran and officers of the NAIEP. I would be honored if you could attend the meeting with Ms. Clinton.

As we confront the AIDS crisis, your continued backing of the FPCA will make it possible for communities throughout the U.S. to have access to vital AIDS prevention education.

Sincerely,

Nigel L. Gragg, R.Ph.

700 Thirteenth St., N.W. / Suite 950 / Washington, D.C. 20005 / 202·434·4515 / FAX 202·434·4514

NAPWA

NATIONAL ASSOCIATION OF PEOPLE WITH AIDS

September 8, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health and Human Services
186 Dirksen Building
Washington, D.C. 20510

Dear Chairman Harkin,

I am writing to urge your support for an expansion of the vital role of pharmacists and pharmacies as community resources for AIDS education. As you approach the FY 94 budget requests, I urge you to support an expansion of the program that has been developed by the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA) and the Centers for Disease Control and Prevention. In particular, I am requesting your support for the provision of $8-million to expand the vital work of FPCA.

As both a member of the Executive Committee of the Board of Directors of FPCA and as Executive Director of the only national consumer voice for those living with HIV in the United States, I firmly believe that the role of the local pharmacist is essential to the fight against AIDS in our country. A recent national survey indicates that pharmacists are the most trusted health care provider by the public. Building upon this trust, the use of pharmacists and local pharmacies as accessible conduits for AIDS prevention and treatment information is cost-effective.

Please feel free to contact me to discuss this further.

Thank you for your consideration.

Sincerely yours,

William J. Freeman
Executive Director

1413 K Street, NW
Washington D.C. 20005
Phone (202) 898-0414
FAX (202) 898-0435

Congress of the United States
House of Representatives
Washington, DC 20515

October 19, 1993

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mrs. Clinton:

We want to bring to your attention an outstanding public/private HIV/AIDS education partnership involving the CDC, pharmacists and pharmacy locations, which we feel can play an important role in confronting the AIDS crisis in America.

Pharmacists and pharmacies are located in every type of community throughout the United States. The access that communities have to pharmacies and the high esteem in which pharmacists are held provide strong incentive to incorporate AIDS information into the existing pharmacy infrastructure.

The Foundation of Pharmacists & Corporate America for AIDS Education (FPCA) has developed a program to utilize pharmacies to provide communities with vital AIDS information. "Facts From Your Pharmacist: Answers About AIDS" was created in collaboration with the CDC, pharmaceutical manufacturers, chain and independent pharmacies, pharmacists, colleges of pharmacy, wholesale druggists, state and national pharmacy associations, AIDS organizations, public health experts and Congressional leadership. This public education program includes a series of AIDS education brochures for dissemination to pharmacy customers. Pharmacists also receive training regarding HIV and AIDS to equip them to answer questions from their customers.

President Clinton has committed this administration to the establishment of an effective national AIDS education program. Recently, at the NACDS Pharmacy Marketplace Conference, you spoke eloquently on the vital role of pharmacists in health care. The enclosures will document support for the FPCA AIDS education program from the National AIDS Policy Coordinator, Members of Congress, chain and independent pharmacies, pharmacist associations, and AIDS service organizations. Surgeon General Dr. Joycelyn Elders has also lent her support to this initiative. Support of this type gives us an unprecedented opportunity to reach millions of Americans with the AIDS prevention message in a manageable and cost effective fashion, while providing for an innovative collaboration between the private and public sector.

Utilization of pharmacy locations and pharmacists would give communities meaningful access to AIDS education and would be an

effective and affordable component of a national AIDS education program.

We respectfully request that you meet with FPCA representatives at the earliest possible date. We wish to determine how this pharmacy-based approach to AIDS education and prevention can be applied throughout the country, while sustaining the public/private sector partnership.

Thank you for your attention to this matter.

Sincerely,

John Lewis
Member of Congress

Bill K. Brewster
Bill Brewster
Member of Congress

Nancy Pelosi
Member of Congress

SCHOOL OF MEDICINE IN NEW ORLEANS
Louisiana State University
Medical Center
1542 Tulane Avenue
New Orleans, LA 70112-2822
Telephone: (504) 568-7041

Department of Medicine
HIV Programs

September 10, 1993

Chairman Tom Harkin
Subcommittee on Labor,
Health and Human Services
186 Dirksen Building
Washington, DC 20510

Dear Chairman Harkin:

The AIDS crisis in the Delta Region is well documented. Education of our citizens is the only hope of slowing the spread of the AIDS epidemic. The Delta Region AIDS Education and Training Center joins with your Senate colleagues whom endorse the AIDS education program of the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA).

Pharmacies are located in every type of community, throughout the Delta Region (Louisiana, Mississippi and Arkansas). The access that communities have to pharmacies and the high esteem in which pharmacists are held, provide strong incentive to incorporate pharmacy locations in AIDS education and prevention. Pharmacists trained to support the dissemination of the AIDS prevention message would make a significant contribution to our efforts to educate our citizens on the prevention and treatment of AIDS.

We encourage you to expand the FPCA program. Thanks for your attention to this matter.

Sincerely,

William R. Brandon, MD, MPH
Principle Investigator,
Delta Region AIDS ETC

REPRESENTING
INDEPENDENT
RETAIL
PHARMACY

N·A·R·D

205 Daingerfield Road
Alexandria, Virginia 22314

(703) 683-8700
Fax (703) 683-3619

September 14, 1993

The Honorable Tom Harkin
U. S. Senate
Subcommittee on Labor, Health
and Human Services
SH-531 Hart Senate Office Building
Washington, D.C. 20501-1502

Dear Senator Harkin:

NARD represents 40,000 independent pharmacies, operating in every state, serving approximately 18 million consumers daily. We have been working with the Foundation of Pharmacists and Corporate America for AIDS Education (FPCA), in the development of their AIDS education program. NARD joins with your Senate colleagues who support the expansion of the FPCA program.

Independent pharmacists are often the primary health care resource in their communities. The access that communities have to pharmacies and the high esteem in which pharmacists are held, provide strong incentive to incorporate pharmacy locations in AIDS education and prevention. Pharmacists trained to support the dissemination of the AIDS prevention message would make a significant contribution to educating our citizens on the prevention and treatment of AIDS.

We encourage you to expand the FPCA program. Thank you for your attention to this matter.

Sincerely,

Charles M. West

Charles M. West, P.D.
Executive Vice President

CMW:ld

WAL★MART

PHARMACY DIVISION PROFESSIONAL SERVICES
BENTONVILLE, ARKANSAS 72716-8037
PHONE (501) 273-4763
FAX (501) 273-1986

CHUCK FEHLIG
DIRECTOR, PROFESSIONAL SERVICES

September 27, 1993

The Honorable Tom Harkin
Subcommittee on Labor, Health and Human Services
186 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Harkin:

Wal-Mart Stores, Inc. operates over 1700 pharmacies in 46 states. We agree with recent proposals made by many of your colleagues to use community pharmacists as educators of the American public on health issues such as AIDS prevention.

Mr. Nigel Gragg, R.Ph., President of the Foundation of Pharmacists and Corporate America for AIDS Education has done an outstanding job with a program called "Facts from your Pharmacists, Answers about AIDS". The accessibility of pharmacists makes them the health professional most likely to succeed in delivering this valuable information to the public.

AIDS is truly an issue where an ounce of prevention is worth a pound of cure. With your support, Wal-Mart, working with Mr. Gragg, can reach millions of consumers with this important message.

Thank you for your attention to this urgent issue

Sincerely,

Chuck Fehlig

Chuck Fehlig, R.Ph.
Director, Professional Services
Wal*Mart Pharmacy Division

CF/sw

0927sw1

F. Kevin Browett, RPh
Divisional Vice President
Hardlines Division

Kmart Corporation
International Headquarters
3100 West Big Beaver Road
Troy MI 48084-3163
313 637 1757

September 3, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health
and Human Services
186 Dirksen Building
Washington, DC 20510

Dear Chairman Harkin:

Kmart Corporation operates 1,585 pharmacies in 45 states serving 160,000 consumers daily. Kmart Corporation agrees with your Senatorial colleagues who endorse a pivotal role for pharmacy in the provision of AIDS education to local communities. We have been working with and support the AIDS education program of the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA).

Kmart pharmacists are in contact daily with millions of consumers. Kmart stores are located in a variety of American communities. Pharmacies and pharmacists have a vital role in the provision of health care information.

Education is the key to AIDS prevention. With your support, Kmart Corporation, through the FPCA AIDS education program, can reach millions of consumers with the AIDS prevention message.

Thanks for your attention to this issue.

Sincerely,

F. Kevin Browett

/jlr/nige

2600 Morgan Road at I-459 Bessemer, Alabama 35023 P.O. Box 10168 Birmingham, Alabama 35202 (205) 424-3421

September 3, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health
and Human Services
186 Dirksen Building
Washington, DC 20510

Dear Chairman Harkin:

Big B, Inc. has 350 pharmacies in five states serving 1,000,000 consumers daily. Big B agrees with your Senatorial colleagues whom endorse a pivotal role for pharmacy in the provision of AIDS education to local communities. We have been working with and support the AIDS education program of the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA).

Big B pharmacists are in daily contact with a million consumers. Big B stores are located in a variety of American communities. Pharmacies and pharmacists have a vital role in the provision of health care information.

Education is the key to AIDS prevention. With your support, Big B, through the FPCA AIDS education program, can reach millions of consumers with the AIDS prevention message.

Thanks for your attention to this issue.

Sincerely,

Timothy N. Burelle, Pharm. D., M.P.H.
Vice President, Professional Relations

TNB/ts

American Pharmaceutical Association
2215 Constitution Avenue, NW
Washington, DC 20037-2985
(202) 628-4410 Fax (202) 783-2351
The National Professional Society of Pharmacists

September 8, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health
and Human Services
186 Dirksen Building
Washington, DC 20510

Dear Chairman Harkin:

I am writing to urge your serious consideration of a funding request that would support an expanded role for pharmacists as community resources for AIDS education. You have previously been contacted about this matter in a letter dated August 6th signed by twelve of your Senate colleagues. The request for eight million dollars in FY 94 would provide for the expansion of a successful pilot program that has been developed by the Foundation of Pharmacists & Corporate America for AIDS Education and CDC. Members of my staff have followed the development and implementation of that program carefully and are impressed by its early results.

The American Pharmaceutical Association firmly believes that the nation's pharmacists are a significant and often untapped primary health care resource. The pharmacist is a highly trusted professional. Pharmacies are open in virtually every city and town in American for extended hours every day. It has been estimated that the equivalent of the entire American population enters a pharmacy each week. These are very pertinent statistics when considering the need for increased public awareness of a condition such as AIDS. No resource can be left untapped in our attempts to reach all citizens with the information that is vital to the prevention of this disease.

APhA is committed to educating pharmacists about their role in raising the public's awareness of AIDS and to equipping pharmacists through high quality training programs to care for those afflicted with the disease. A national education program has recently been launched which would complement the program proposed by the Foundation.

Again, I strongly urge that the request for $8 million in FY 94 to support this program be seriously considered as you finalize the appropriations process.

Sincerely,

John A. Gans, Pharm.D.
Executive Vice President

cc: APhA Board of Trustees
Nigel Gragg, FPCA

Post-it™ brand fax transmittal memo 7671 | # of pages ▸

To Nigel Gragg	From L. Maine
Co.	Co.
Dept.	Phone # 429-7514
Fax # 434-4514	Fax #

REVCO

D. Dwayne Hoven
President

September 8, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health
and Human Services
186 Dirksen Building
Washington, DC 20510

Dear Chairman Harkin:

Revco has 1,200 pharmacies in ten states serving one million prescription customers every week. Revco agrees with your Senatorial colleagues who endorse a pivotal role for pharmacy in the provision of AIDS education to local communities. We have been working with and support the AIDS education program of the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA).

Revco's stores are located in a variety of American communities and our pharmacists are in daily contact with millions of consumers. Pharmacists have a vital role in the provision of health care information.

Education is the key to AIDS prevention. With your support, Revco, through the FPCA AIDS education program, can reach millions of consumers with the AIDS prevention message.

Thanks for your attention to this issue.

Sincerely,

D. Dwayne Hoven

D. Dwayne Hoven

DDH:nm

The Medicine Shoppe®

Medicine Shoppe International, Inc.

September 9, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health and
Human Services
186 Dirksen Building
Washington, D.C. 20510

Dear Chairman Harkin:

Medicine Shoppe International, Inc., would like to commend Mr. Nigel Gragg, R.Ph., President of The Foundation of Pharmacists and Corporate America for AIDS Education, for his efforts in launching the "Facts From Your Pharmacist: Answers About AIDS" education program.

Working with Mr. Gragg in support of this valuable education program are twelve Alabama Medicine Shoppe® Pharmacies participating in the FPCA demonstration project.

Medicine Shoppe International (MSI) has over 900 franchise pharmacies in 47 states. MSI agrees with your Senatorial colleagues who endorse a pivotal role for pharmacy in the provision of AIDS education to local communities. MSI supports not only this initial demonstration project, but the national expansion of the program.

Medicine Shoppe® pharmacists are in daily contact with tens of thousands of consumers, and thus have a vital role in the provision of health care information. With education as the key to AIDS prevention, pharmacists have a unique opportunity to deliver valuable, eduational information.

With your support, the entire pharmaceutical industry, through the FPCA AIDS education program, can reach millions of consumers with the AIDS prevention message.

Thank you for your attention to this issue.

Sincerely,

David A. Abrahamson

David A. Abrahamson
President

1100 North Lindbergh • St. Louis, Missouri 63132 • 314-993-6000 Fax: 314-569-9780

Shafi Shilad
Vice President
Pharmacy Operations

OPERATORS OF CVS/PHARMACY AND PEOPLES DRUG
Division of Melville Corporation

September 10, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health
and Human Services
186 Dirksen Building
Washington, DC 20510

Dear Chairman Harkin:

CVS and Peoples Drug has 1,200 pharmacies in ten states serving one million prescription customers every week. CVS agrees with your Senatorial colleagues who endorse a pivotal role for pharmacy in the provision of AIDS education to local communities. We have been working with and support the AIDS education program of the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA).

CVS and Peoples stores are located in a variety of American communities and our pharmacists are in daily contact with millions of consumers. Pharmacists have a vital role in the provision of health care information.

Education is the key to AIDS prevention. With your support, CVS, through the FPCA AIDS education program, can reach millions of consumers with the AIDS prevention message.

Thanks for your attention to this issue.

Sincerely,

Shafi Shilad

WHITMAN·WALKER CLINIC INC

MAIN FACILITY
1407 S STREET, NW
WASHINGTON, DC 20009
202-797-3500
TTY 202-797-4449
FAX 202-797-3504

MAX ROBINSON CENTER
3020 S. CAPITOL STREET, SE
WASHINGTON, DC 20032
202-562-1160
TTY 202-562-1178
FAX 202-562-1240

NORTHERN VIRGINIA OFFICE
3426 WASHINGTON BOULEVARD
SUITE 102
ARLINGTON, VA 22201
703-358-8880
TTY 703-243-7243
FAX 703 358-9557

SUBURBAN MARYLAND OFFICE
7474 NEW HAMPSHIRE AVENUE
SUITE 111
HYATTSVILLE, MD 20783
301 439 0731
TTY 301-439-0733
FAX 301-439 2983

September 10, 1993

VIA FAX: 202/224-1360

The Honorable Tom Harkin
Chairman
Subcommittee on Labor, Health
and Human Services
186 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Harkin:

From 1983 until today, Whitman-Walker Clinic has been a key provider of AIDS prevention and treatment services in the Washington, DC metropolitan area. Our experience has proven that education is the key to slowing the spread of the AIDS epidemic. Whitman-Walker Clinic joins with your Senate colleagues whom endorse the AIDS education program of the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA).

Pharmacies are located in every type of community throughout the DC metropolitan area. The access that communities have to pharmacies and the high esteem in which pharmacists are held, provide strong incentive to incorporate pharmacy locations in AIDS education and prevention programs. Pharmacists trained to support the dissemination of the AIDS prevention message would make a significant contribution to our efforts of educating our citizens on the prevention and treatment of AIDS.

We encourage you to expand the FPCA program. We appreciate your attention to this matter.

With every good wish,

Sincerely,

Jim Graham
Executive Director

JG/jsc

September 13, 1993

The Honorable Tom Harkin, Chairman
Subcommittee on Labor Health and Human Services
186 Dirksen Building
Washington, D.C. 20510

Dear Senator Harkin:

I'm writing to urge your support of a funding request that would serve to expand the use of pharmacists as a community resource for AIDS education. This funding request would provide for the expansion of a successful pilot program that has been developed by the Foundation of Pharmacists and Corporate America for AIDS education and CDC.

The Iowa Pharmacists Association (IPA) firmly believes that pharmacists are uniquely positioned to provide important AIDS information to the public. Well distributed in both urban and rural areas of our country, pharmacists are the only health professionals to come into contact with the equivalent of the entire American population each week.

IPA remains committed to educating pharmacists about their role in raising the public's awareness of AIDS and to equipping pharmacists through high quality training programs to care for those afflicted with the disease.

Again, we would strongly encourage you to support the funding request necessary to implement this much needed program of preventative education

Sincerely,

Thomas R. Temple, R.Ph., M.S.
Executive Vice President

TRT:jms

8515 Douglas Avenue • Suite 16 • Des Moines, IA 50322 • Phone (515) 270-0713 • FAX (515) 270-2979

RITE AID

Rite Aid Corporation

JAMES E. KRAHULEC
Vice President
Government and Trade Relations

• MAILING ADDRESS
P.O. Box 3165
Harrisburg, PA 17105

• GENERAL OFFICE
30 Hunter Lane
Camp Hill, PA 17011

• (717) 975-5710
• FAX (717) 975-3760

September 10, 1993

The Honorable Arlen Specter
United States Senate
Subcommittee on Labor, Health
and Human Services
186 Dirksen Building
Washington, DC 20510

Dear Senator Specter:

Rite Aid Corporation currently operates 2,541 retail pharmacies in 23 states and the District of Columbia. In our capacity as a major provider of pharmacy health care services to thousands of patients daily, we are well aware of the pivotal role pharmacists are able to play in helping to combat the AIDS epidemic by providing educational information to the communities which we serve.

For this reason, I am writing to indicate our support of the AIDS Education Program created by the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA). As you may be aware, many of your Senatorial colleagues are endorsing legislation which would provide economic support for the efforts of FPCA. We hope that you will give serious consideration to the funding requests currently before the Subcommittee on Labor, Health and Human Services.

With your help, I believe that Rite Aid pharmacists, as well as pharmacists throughout America, will be able to make a difference by increasing basic awareness of the problems created by the AIDS epidemic. It is critical that no resources be left untapped in attempting to contact members of the community with the type of information that could help prevent the spread of this terrible disease.

Again, I ask that you support the request for an eight million dollar appropriation to support this important program.

Sincerely,

RITE AID CORPORATION

James E. Krahulec

JAMES E. KRAHULEC

JEK:damh

ECKERD

JOHN M. SCHEELS
DIRECTOR OF GOVERNMENTAL AFFAIRS/
REGULATORY COUNSEL

September 13, 1993 VIA FAX

The Honorable Tom Harkin, Chairman
Subcommittee on Labor, Health, and
Human Services
186 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Harkin:

Eckerd Corporation owns and operates over 1,700 community retail pharmacies in thirteen states. As pharmacists are one of the most accessible health care providers, we believe they can play a critical role in educating customers and their communities about AIDS in America. Our "Teach Your Children Well" program meets this goal by educating parents about this dreaded epidemic.

Other, larger programs, such as the AIDS Education Program created by the Foundation of Pharmacists and Corporate America for AIDS Education (FPCA), provide a similar service that is so important to the continued education of our citizenry.

To continue and expand such programs, we urge you to support the eight million dollar appropriation request currently before your Committee for the pilot program developed by FPCA.

Thank you.

Sincerely,

John M. Scheels

JMS/kao/66

Regional Offices
21009 Marshall Street
Castro Valley, Ca. 94546
(510) 886-3893
Fax (510) 886-5174

PayLess Drug Stores

September 13, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health
and Human Services
186 Dirksen Building
Washington, DC 20510

Dear Chairman Harkin:

PayLess Drug Stores has 567 pharmacies in twelve states serving thousands of consumers each day. We agree with your Senatorial colleagues whom endorse a pivotal role for pharmacy in the provision of AIDS education to local communities. We have been working with and support the AIDS education program of the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA).

Our pharmacists play a vital role in providing health care information to our customers in a wide variety of demographic locations. We believe customer education can play a large part in the prevention of AIDS. With your support, PayLess Drug Stores through the FPCA AIDS education program, can reach millions of consumers with the AIDS prevention message.

Thanks for your attention to this matter.

Respectfully,

John S. Young
Vice President - Pharmacy Services

GENERAL OFFICES
3424 WILSHIRE BLVD.
LOS ANGELES, CA 90010
PHONE (213)251-6000

ADDRESS REPLY TO
POST OFFICE BOX 92333
LOS ANGELES, CA 90009

Thrifty DRUG STORES

September 27, 1993

Chairman Tom Harkin
Subcommittee on Labor, Health and Human Services
186 Driksen Bldg.
Washington DC 20510

Dear Chairman Harkin:

With over 500 retail pharmacies in the state, Thrifty Drug Stores is the largest single chain drug provider in California. In servicing the prescription needs of thousands of patients each day, we are aware of the importance of a well developed AIDS education program. We have been working with and support the Foundation of Pharmacists and Corporate America for AIDS Education (FPCA) and we join with your Senate colleagues who support the expansion of the FPCA program.

Thrifty Drugs encourages you to work for the allocation of the necessary financial resources to allow the Alabama pilot program to be implemented nationwide. Thank you for your consideration.

Sincerely,

Eric Sorkin

Eric Sorkin, R.Ph.
Senior Vice President, Pharmacy

STANDARD DRUG

MAILING ADDRESS
P.O. BOX 27561
RICHMOND, VA. 23261-7561

3301 ROSEDALE AVE.
RICHMOND, VA. 23230
804-355-7426

May 23, 1991

The Honorable Arlen Specter
Ranking Minority Member
Subcommittee on Labor, Health & Human
Services, Education & Related Agencies
Committee on Appropriations
196 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Spector:

I am writing to encourage you to support funding to evaluate a role for pharmacists and pharmacy locations in disease prevention and health promotion.

Pharmacists represent a vast and untapped potential in the country as it pertains to preventive health care. Standard Drug stores operates 43 pharmacies in Virginia and the District of Columbia. Thousands of individuals access our pharmacies daily to receive a wide variety of services. Our pharmacists have excellent relationships with and an understanding of the community they serve. Across the country, the pharmacists are the most accessible health care professional. Unfortunately, pharmacy has been overlooked as a national preventive health care resource. With your support our pharmacists could make a more significant contribution to disease prevention in the communities they serve.

The Foundations of Pharmacists & Corporate America for AIDS Education (FPCA) has been working closely with the U.S. Department of Health & Human Services to establish pharmacists in education and prevention with a current focus on sexually transmitted disease. Standard Drug Stores is fully supportive of this health care initiative.

Thank you for your thoughtful consideration of this issue.

Sincerely,

Thomas Rosenthal
President

TR/lr

AMERICAN DRUG STORES

DONALD C. HOSCHEIT, R.Ph.
Senior Vice President
Pharmacy Operations

June 5, 1991

The Honorable Arlen Specter
Ranking Minority Member
Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
Committee on Appropriations
196 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Spector:

I encourage your support of funding to evaluate a role for pharmacists in disease prevention and health promotion.

Pharmacists have an excellent relationship within the community in which they serve. Pharmacists are the most accessible health professionals. For that reason, American Drug Stores, which operates 670 pharmacies in 27 states, is supportive of the health care initiative being presented by the Foundation of Pharmacists & Corporate America for AIDS Education (FPCA) for education and prevention of sexually transmitted diseases.

Thank you for your consideration of this matter.

Sincerely,

Donald C. Hoscheit

Donald C. Hoscheit

DCH/ma_
0013Y
cc: Nigel Gragg

HARCO INC.

"We Care About You"

HARCO, INC.

HARCO DRUG CARPORT TOTALCARE

HARCO SQUARE • 3925 RICE MINE ROAD, N.E. • NORTHPORT, AL 35476 • PHONE (205) 345-2400

September 11,1990

Nigel L. Gragg, R.Ph.
President
The Foundation of Pharmacists & Corporate
America For AIDS Education
700 Fifth Street, N.W.
Suite 303
Washington, D.C. 20001

Dear Nigel:

Harco Drug was delighted to have been chosen by FPCA for the pilot program training pharmacist as AIDS/HIV educators. With the combined help of your orginization and a great facultyit certainly was a very beneficial and successful seminar. Many of the pharmacists involved are already utilizing their knowledge by counciling and helping patients at the store level. Also I have had several inquires concerning a speaker training program.

Harco enthusiastically supports FPCA and would welcome the opportunity to join an expanded version of this project.

Sincerely,

Wyatt Williams

Wyatt Williams R.Ph.
Director of Pharmacy