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001. letter	From: Kristine Gebbie; re: Alienating Experience (1 page)	11/06/1993	b(6)
002. letter	To: Kristine Gebbie; re: Battle Against AIDS (1 page)	10/29/1993	b(6)
003. memo	Kristine Gebbie to Jo Ivey Boufford; re: Personnel Matter (2 pages)	11/10/1993	b(6)

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NATIONAL
LEADERSHIP
COALITION
ON AIDS

FACSIMILE TRANSMISSION FORM

TO: KRISTINE GEBBIE, R.N., M.N.

FAX: 632-1096

FROM: B.J. Stiles
President

DATE: 11/5/93

TIME: 10:00

NUMBER OF PAGES INCLUDING THIS SHEET:

2

For assistance, call

(202) 429-0930
(202) 872-1977 FAX

NATIONAL LEADERSHIP COALITION ON AIDS

November 5, 1993

Bart Hanford
Advance/Scheduling
The White House
Washington, D.C.

Dear Mr. Hanford:

To confirm our brief phone conversation this morning, I am withdrawing the invitation extended to President Clinton to address our Business & Labor Conference on AIDS on November 10. The invitation was extended by our Chair, Lee Smith, via Kristine Gebbie and Carol Rasco on September 7th, and resubmitted by FAX directed to you on October 26.

As much as we wish the President would address business and labors about the impact of AIDS on the workplace, we must be responsible to our audience and therefore need to obtain a commitment.

Sincerely,

B.J. Stiles
President

BJS/st
cc: Carol Rasco
Kristine Gebbie

1730 M Street, NW
Suite 905
Washington, DC 20036
202/429-0930
FAX: 202/872-1977

THE WHITE HOUSE

WASHINGTON

November 5, 1993

Arthur Matschke
MolecuCare, Inc
PO Box 1007
Southport, CT 06490

Dear Mr. Matschke:

Thank you for the information on your device for air pathogen reduction and removal. If I or my staff need additional information, we will be in touch.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

OCT 2 7 1993

M o l e c u C a r e, Inc. ™

P.O. Box 1007 Southport, Ct. 06490 U.S.A. 1-800 966 9853

22 October 1993

needs 2 "Thanks for sending"

Kristine Gebbie
National AIDS Coordinator
Domestic Policy Council c/o The White House
1600 Pennsylvania Avenue
Washington, D.C. 20050

Re: the MOP™

Dear Ms Gebbie,

It is our pleasure to introduce the "MOP™" to you. This device/technology has been developed for air-pathogen reduction/removal at pathogen burdened sites and, with certain restrictions, on articles and items of health care and research that cannot be, or are otherwise not sterilized. With emphasis on HIV and opportunistic infection concerns, changing patterns of personal protection in institutional health care and research disciplines are joined with specific needs related to immunosuppressed individuals. Tuberculosis is a primary and emergency concern. An unusual (and patented) device, the features of MOP™ are described briefly in the enclosed.
What the MOP™ does:

- accelerates room air-exchange pathogen removal affects by filtering *and* path exposure to a high intensity 254.7 nanometer wavelength ultraviolet.

- kills surface microorganisms on articles of personal, utility and/or health care use. (Please note restrictions for proper use).

Consistent MOP™ use can theoretically reduce the risk of nosocomial infection in health care, by reducing exposure to opportunistic infection pathogens and particularly the localized risk of contagion by airborne microorganisms.

In controlled studies, results observed in pathogen reduction by complete removal of microorganisms inoculated onto sutures secured to marbles, substantiate these expectations. Air is circulated over the reduction site within the device. Continued *microorganism reduction with air being processed*, viz., room air, indicates that microorganisms are removed at the rate of air circulation. Use to maintain local room-zone isolate from random or ambient microorganisms is indicated by these parameters. Other indications under controlled use in a high and continuously pathogen-laden environment indicate that this device is effective under these circumstances.

Use of this technology at key sites of diversified need include the sterilization room of a sixteen-operatory dental AIDS clinic at St. Barnabas Hospital (S Bronx, New York), and medical research at the Department of Molecular Biophysics and Biochemistry at Yale University School of Medicine. (Another device using the same technology proposed for limited exposure hand use, has been in front of the FDA for three years). Without predication, our device has and is used in injury where superficial skin damage has occurred while attending HIV dental patients. For more information about this device, please have one of your staff give us a call, or send us your inquiry.

Sincerely,

Arthur Matschke / enc cc: Carol H. Rasco, Asst to the President

SPECIAL PREVIEW ANNOUNCEMENT

M o l e c u C a r e ™

microbicidal ultraviolet room air treatment with article Chamber[1]

We specialize in cost-effective microbicidal/virucidal equipment. Nothing else. For clinical services our product objectives are named 'pathogen intervention maintenance'. This product has been designated as "Modular Omni-Presentation" (MOP™). The result is room pathogen reduction at a lower cost with a high quality precision product, built for 24 hour operation.

Used by hospitals the world over to clean airflow for special rooms, ultraviolet air treatment is often too expensive to install and maintain for widespread use. The room-modular use introduced by M o l e c u C a r e™ brings this unique microbicidal method to everyone, in *every room*. Since MolecuCare™ uses no chemicals, there is no refuse or residue and microbes cannot adapt over time to this microbicidal method.

Air is processed at a rate of 40 ft.^{3}/min. (cfm) with our patented kinetic/optics process, high intensity ultraviolet microbicidal air treatment and micron-screening filter[2]. MOP™ care focuses on the location of the pathogen source and individual patient need, whether or not room air pressure is managed. Early MOP™ attention offers reduced contagion risk and can be a defense against latent tuberculosis patient infection. AIDS care is a special need. (Endnote 1) (Endnote 2)

The MOP™ unit breaks the cost barrier for personal care needs, for individual use at home or in healthcare. Available on a mobile pedestal, it can be moved to accommodate conditions and needs.

MOP™ high internal intensity can be used on articles placed inside for surface microbicidal treatment. M o l e c u C a r e™ brings "universal surround" optics to the use of ultraviolet on articles, reaching any surface that can be viewed. If you can view a surface, it will be reached by M o l e c u C a r e ™ ultraviolet. An automatic 3 minute cycle will kill bacteria, viruses and spores on articles, while maintaining uninterrupted room air processing. This patented technology is currently used to purify reagents in DNA studies; a demonstration of its efficiency. Caution: kills only surface microbes, cannot affect internal surfaces unless material is UV transparent. Appropriate cleaning techniques are required to remove debris and soil from articles to be treated.

The MOP™ uses recognized ultraviolet kill-rates (intensity vs. duration), affecting all pathogen microorganisms. It does not introduce toxic substances, fumes or residue. To minimize dust particulate entry, positive air pressure is maintained while placing and removing articles.

MOP™ MolecuCare.

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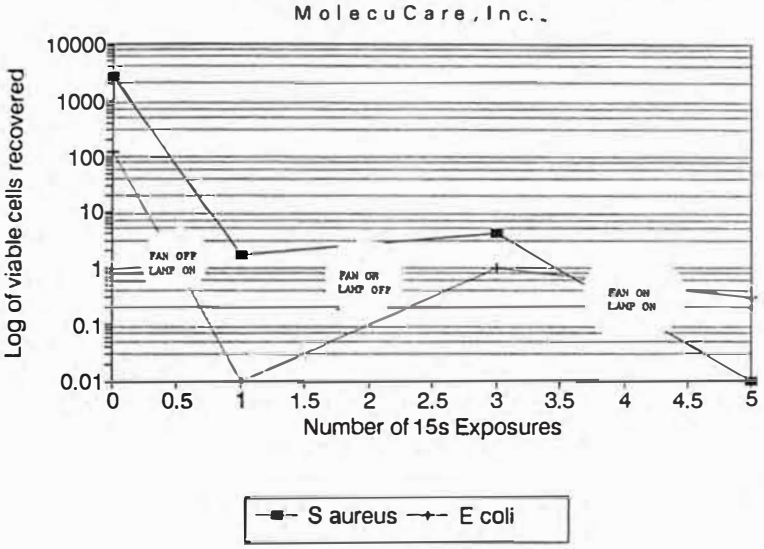
1 U. S. Patent 5,216,251, other pending, International Registration.

2 Regular filter change is made easy with our proprietary Tab-filter. Remove the adhesive cover on the new filter, lift and replace the old using the convenient tab, and discard in filter bag for safe waste disposal.

Kill on Hard Surfaces (Inoc. Marbles)



Typical Performance Data of MolecuCare

Efficiency and Particulate Capture

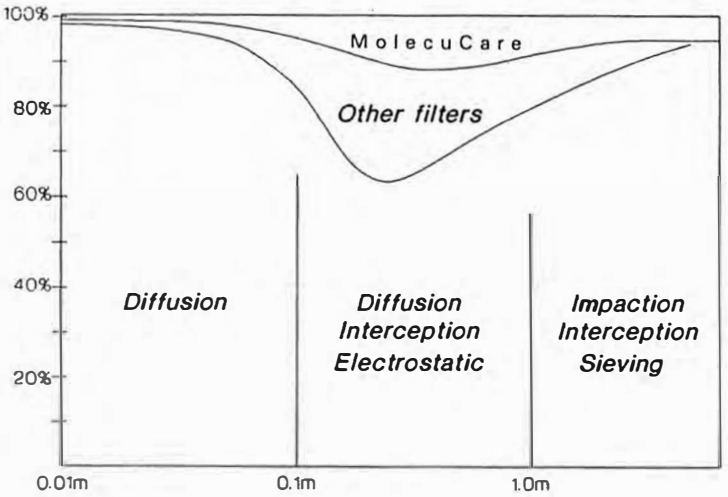


Figure 1

Articles can be metal or plastic (cloth or mesh are not recommended). Many articles which have been autoclaved (sterilized), become contaminated when touched during use. Gloves do not prevent contact contamination. Hand items used in healthcare (stethoscope, tubular fitting, ventilator, thermometer, dental instrument, etc.) are target studies for MOP$_{TM}$. Laboratory articles (petri dishes, other glassware, cultures, etc.), and articles of personal hygiene and/or medical/dental care, can be surface decontaminated to near sterilization in the MOP$_{TM}$ unit in seconds. Total microbe reduction occurs under ideal conditions (Figure 1).

Note on MOP$_{TM}$ use of ultraviolet: Since any ultraviolet is harmful when the skin is exposed for extended periods, (and to the eyes when exposed for a brief period), the MOP$_{TM}$ ultraviolet will not operate with an entry shield opened for article placement and removal (to avoid possible exposure).

M o l e c u C a r e $_{TM}$ MOP$_{TM}$ is better healthcare, *anywhere*, reducing the risk of airborne microbes and article surface contaminant.

Specifications:

Sculptured contour: 14 1/2" (36.8 cm) diameter, 15" (38.1 cm) high / Color: Blue White, electrostatic hard coat/ Counter model, pedestal available / Filters: 3-6 month filter supply/ Continuous room microbicidal rate: 40 CFM / Control pilot lighting: On-Off, Article Cycle, Room Cycle / Auto 3 min article re-start cycle / Circuit breaker / AC Filter / Plugout line cord / 110 Volts A.C. 3 A 50-60 Hz / Lamp detection / One Year Limited Warranty.

For ordering and Model information, please call 1-800-966-9853. Distributor inquiries invited.

MolecuCare, Inc.,$_{TM}$ P.O. Box 1007, Southport, CT 06490

8/16/93

MOP™ MolecuCare.

(1.) Bayer, Professor Public Health, Columbia Univ., AIDS IN THE WORLD, Mann et al, Harvard University Press, 1992, pp 754

(2.) Edlin et al (June, 1992), AN OUTBREAK OF MULTIDRUG-RESISTANT TUBERCULOSIS AMONG HOSPITALIZED PATIENTS WITH THE AIDS VIRUS, N E JOURN MED, pp 1514-1521

THE WHITE HOUSE

WASHINGTON

November 5, 1993

Charlotte Lang
3180 N.W. Division #219
Gresham, OR 97030

Dear Charlotte:

Thank you for letter requesting educational materials on HIV and AIDS to support your upcoming speech. I have asked the National AIDS Clearinghouse to rush some materials to you. Hopefully, they will arrive about the same time as this letter.

If, for some reason, they do not, please call me at (202) 632-1090 and I can follow-up.

Good luck with your speech.

Sincerely,

W. Steve Lee

W. Steve Lee
Executive Assistant to
National AIDS Policy Coordinator

THE NAMES PROJECT

The Quilt
An International
AIDS Memorial

November 5, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
National AIDS Program Office
750 17th St NW (Suite 1060)
Executive Office of the President
Washington, D.C. 20500

Dear Ms. Gebbie,

The NAMES Project has been moving forward on various components of the National High School Quilt Program. We are strongly committed to making the Quilt available to hundreds of high schools across the United States for use in HIV/AIDS prevention education.

I am writing today to ask for a brief letter of support from you for the National High School Quilt Program.

I have enclosed a model letter for your reference. Please feel free to modify this letter as you see fit. We would appreciate receiving your letter faxed to us by November 10, 1993. Do not hesitate to call me with any questions you may have.

The letters we receive in support of the program will be included with our application to the Centers for Disease Control on November 15. We are applying for an award under the Division of Adolescent and School Health.

Your support of the National High School Quilt Program will be an integral part of its success in communities nationwide. We look forward to working closely with you in the future.

Best regards,

Paula

Paula Harris
Development Associate

310 Townsend Street • San Francisco, CA 94107 • Office: 415/882-5500 • Workshop: 415/863-1966 • Fax: 415/882-6200

SAMPLE

November 1, 1993

Anthony Turney
Executive Director
The NAMES Project Foundation
310 Townsend Street
San Francisco, CA 94107

Dear Mr. Turney,

The XYZ Association is proud to support the newest effort on the part of The NAMES Project Foundation to increase awareness of young people about the risks of HIV and AIDS. The implementation of the National High School Quilt Program is an important step that will assist in stemming the tide of HIV infection among adolescents.

Those of you who have seen the AIDS Memorial Quilt know its power. It is an ideal venue for beginning a dialogue that can be difficult to start. It takes a complex and sometimes controversial issue and breaks it down to its basic elements. It opens discussion between peers, educators and students, parents and children and the community as a whole.

The XYZ Association is pleased to be an active supporter of the National High School Quilt Program. Through our network we will be pleased to disseminate information on the program to our affiliates and members across the country. We will also be happy to provide input and serve in an advisory capacity as the program develops.

I look forward to working with you on the National High School Quilt Program.

Sincerely,

Executive Director
The XYZ Association

The Quilt
An International
AIDS Memorial

The NAMES Project Foundation

Proposal For

THE NATIONAL HIGH SCHOOL QUILT PROGRAM

October, 1993

310 Townsend Street • San Francisco, CA 94107 • Office: 415/882-5500 • Workshop: 415/863-1966 • Fax: 415/882-6200

Introduction

" We must use the tools that are available now to confront the AIDS epidemic,especially since prospects for cure or vaccine are distant".
(National Commission on AIDS, Final Report, June 1993)

The AIDS Memorial Quilt is a compassionate response to the tragic and ever-increasing number of AIDS deaths. By putting a name and a face to someone who has died, the colorful and poignant 3' x 6' memorial panels illustrate the humanity behind the AIDS statistics.

The Quilt display programs conducted by The NAMES Project Foundation over the last six years have demonstrated that the Quilt is one of the most effective resources available for raising awareness about HIV and AIDS. Wherever it is displayed, the Quilt moves people to action; whether it be to get the facts about HIV/ AIDS transmission, get involved as a volunteer, or examine their own behavior relating to the risk of HIV infection.

Teens are the Fastest Growing Group Contracting AIDS

The need for effective HIV/AIDS prevention education for high school students is critical because they are contracting HIV/AIDS at an alarming rate. According to the Centers for Disease Control (CDC), as of June 30, 1992, the highest rate of new HIV infection of any group is occurring among our youth.

- Over the past three years alone the cumulative number of 13 to 24 year olds diagnosed with AIDS increased by 77%.

- AIDS is the sixth leading cause of death among young people aged 15 to 24. More than 5,000 children and young adults have died from AIDS.

We can deduce from these statistics that HIV/AIDS is no longer a marginal problem. The epidemic has clearly moved into the mainstream and adolescents are the fastest growing group of new HIV infections.

It is also clear that adolescents are increasingly involved in unprotected sexual activity. A 1992 Centers for Disease Control survey found that about 75% of graduating high school seniors were sexually active. At the same time, a Congressional study indicates that only 47 percent of females and 55 percent of males used condoms the first time they had sex.

While there are approved HIV/AIDS education programs occurring in Americas schools it is clear that the message is still not getting through to teens. Peer education programs and presentations by people with AIDS do occur but students do not believe it can happen to them.*"AIDS is a gay disease, it can't happen to me"* says a high school student from Marblehead, Massachusetts. Another student states: *"AIDS has nothing to do with me, its about other people".*

Teachers are searching for new strategies, teaching methods, and materials to help facilitate relevant HIV and AIDS prevention education. Peggy Robinette, a high school teacher from San Francisco, California says: *"Getting students to the point of talking about AIDS is the most difficult part of the educational process".* Teachers, parents and school administrators need new programs which are nonjudgmental in approach and will have long term effects on young people.

The Quilt is a Tool for HIV/AIDS Education

A high school student from Mt. Pleasant, Michigan wrote:*"Finally someone is trying to open the eyes of my generation about AIDS by some other means than scare tactics."* Displays of portions of the AIDS Memorial Quilt in schools have proven highly effective in beginning open and honest discussion with students about AIDS. In a non-threatening manner the Quilt personalizes the AIDS epidemic in a way that no other educational resource can.

Stereotypes about "risk groups" or "risky behavior" are hard to maintain after viewing the Quilt. Students no longer feel immune to the disease when viewing a panel that memorializes someone with a similar name to their own, or someone born in the same year. A student from Santa Cruz, California wrote: *"When looking at panels from the AIDS Memorial Quilt I can see that anybody can be infected with AIDS, no matter where you live or who you are."*

Another student from Marblehead, Massachusetts says: *"Before viewing the Quilt, I didn't recognize AIDS as anything more than health class statistics and facts. After seeing the panel of an 18 year old girl it has been making me think about my own behavior and that of my friends."* The Quilt acts as a catalyst for changing attitudes and in turn opens the door for factual information. It encourages students to examine behavior that may put them at risk of contracting the disease.

The National High School Quilt Program

In a speech at the 1993 Representative Assembly of the National Education Association, President Keith Geiger, addressed the importance of the Quilt in schools: *As the epidemic spreads, educational employees must take the lead in educating our youth of the risk, for they are at risk. We must provide them factual, appropriate, and lifesaving information. These AIDS Memorial Quilt panels are emphatic reminders that AIDS affects everyone.* "

On June 16, 1993, the first informational meeting of the **National High School Quilt Program** was held in Washington, D.C. Representatives from twelve national health and education organizations (see Appendix A for list of organizations) met at the invitation of The NAMES Project Foundation to discuss broadening the work already being done with the Quilt in schools into a nationwide effort.

Representatives of the American Red Cross, American School Health Association, National Education Association, National Association of State Boards of Education, National School Boards Association, National School Nurses Association have agreed to serve on the program's National Advisory Committee. This committee will also consist of student and teacher representatives.

The goal of the National High School Quilt Program is to augment approved HIV/AIDS prevention education programs by providing the AIDS Memorial Quilt to high schools across the United States. Portions of the AIDS Memorial Quilt will be displayed in public high schools to 1) personalize the AIDS epidemic 2) create a focal point for HIV/AIDS education 3) foster constructive dialogue on issues around AIDS.

This program will be designed to involve school administrators, teachers, students and community members. Prior to each display, a committee consisting of teachers and students will be formed to coordinate logistics and maximize participation. Ideally this host

committee will work with the larger community to take advantage of other local resources. After the Quilt display, this committee will stay intact to work on other AIDS related issues.

Each display in a high school will be comprised of two to four 12' x 12' sections of the Quilt. The Quilt will be shipped to host schools from San Francisco in a customized box, and hung in the school gymnasium, library, or other accessible room. Accompanying the Quilt will be:

1. guidelines on installation

2. a training video covering care and security concerns

3. a teachers discussion guide designed by educators on how to incorporate the Quilt into their lesson plans

4. instructions on how to create a memorial panel for someone who has died of AIDS

Whenever possible, The NAMES Project will include memorial panels created for someone who has died of AIDS from the school's local community, or memorial panels created for a teacher or student from the host school.

The **National High School Quilt Program** is designed to be integrated into each individual school system's approved HIV/AIDS prevention curriculum. **The NAMES Project will not provide curriculum dealing with sexuality or other high risk activities.** Each school will stress its own community's preferred methods of HIV/AIDS prevention education.

The National High School Quilt Program is based in major part on experience gained during 1991-1993 when The NAMES Project Foundation coordinated displays of the Quilt in eight high schools in the San Francisco Unified School District; four in Santa Cruz County, California; one in Montgomery County, Maryland; and one in Wilmington, Massachusetts. In addition, other valuable knowledge has been gained from numerous high school displays that have been coordinated by NAMES Project chapters across the country as part of their education and outreach efforts.

All of this Quilt display activity, as well as educational programs conducted in other venues, serves as a foundation for the planning and execution of **The National High School Quilt Program.**

The six month pilot phase for the program will begin in March of 1994 (see Appendix B for timeline). The pilot phase consists of 20 high school sites nationwide. These schools will be chosen through the recommendation of the National Advisory Committee. The pilot phase will be evaluated through site visits by NAMES Project staff as well as through teacher and student surveys. These surveys will be designed and analyzed by an outside evaluator and presented to the National Advisory Committee.

After an extensive evaluation of the pilot, the full program is to be launched in November of 1994. **The National High School Quilt Program** will be a five year program targeting 250-300 high schools the first year and up to 500 schools each following year across the United States.

Conclusion and Request for Support

The NAMES Project Foundation is firmly committed to making the Quilt available to the greatest cross-section of American schools, especially those in underserved communities. The Quilt will be available to each school free of charge. In order to operate the program without customary display fees the Foundation will depend on corporate and institutional funding. (See Appendix C for program budget.)

The Quilt
An International
AIDS Memorial

Appendix A

The following organizations attended the first informational meeting of the National High School Quilt Program on June 16, 1993. The meeting was hosted at the headquarters of the National Education Association in Washington D.C.

AFL-CIO

American Federation of Teachers

American Psychological Association

American Red Cross

American School Health Association

Center for Population Options

National Association of People with AIDS

National Association of School Nurses

The NAMES Project Foundation

National Education Association

National Minority AIDS Council

National School Board Association

National Education Association

Keith Geiger
President

Robert Chase
Vice President

Marilyn Monahan
Secretary-Treasurer

Don Cameron
Executive Director

1201 16th Street, N.W.
Washington, D.C.
20036-3290
202/822-7570
Fax 202/822-7775

Health Information Network

James H. Williams
Executive Director

nea NATIONAL EDUCATION ASSOCIATION

August 4, 1993

Anthony Turney
Executive Director
The NAMES Project Foundation
310 Townsend Street, #310
San Francisco, CA 94107

Dear Mr. Turney:

As we enter the second decade in our struggle against AIDS we are faced with new challenges and ever more frightening statistics. AIDS is now the sixth leading cause of death among 15 - 24-year-olds, and the cumulative number of 13 - 24-year-olds diagnosed with AIDS has increased 77 percent.

These statistics and many others point to the ever increasing risk our young people face. It is imperative that proactive steps are taken that will assist in stemming the tide of HIV infection among our young people. One important step is the implementation of the National High School Quilt Program.

Those who have seen the AIDS Memorial Quilt know its power. It is an ideal venue for beginning a dialogue that can be difficult to start. It takes a complex and sometimes controversial issue and breaks it down to its basic elements. It opens discussion between peers, educators and students, parents and children and the community as a whole. The Quilt can be an effective element in an HIV/AIDS education program.

The National Education Association Health Information Network is pleased to be an active supporter of the National High School Quilt Program. Through our network we will be pleased to disseminate information on the program to NEA affiliates and members across the country. We also will be happy to provide input in its development as a member of the advisory panel for the project.

I look forward to working with you on the National High School Quilt Program.

Sincerely,

James H. Williams
Executive Director

The Quilt
An International
AIDS Memorial

Overview of The NAMES Project Foundation

Begun in 1987 as a response to the growing number of deaths and widespread misinformation about the AIDS virus, the AIDS Memorial Quilt has become the most powerful symbol of the devastation caused by AIDS. Each 3' x 6' fabric panel sewn by a family member, colleague, lover or friend is a loving tribute--a personal testimony to someone who has died of AIDS. Dr. Johnathan Mann of the Harvard AIDS Institute said this about the Quilt *" the Quilt is a great global gift, a gift of courage for a world which we know needs every possible chance to see hope, to see solidarity, and then believe in its future."*

By displaying sections of the Quilt, The NAMES Project Foundation, sponsor of the AIDS Memorial Quilt, seeks to meet the following three goals:

- *To illustrate the enormity of the AIDS epidemic by showing the humanity behind the statistics*

- *To provide a positive and creative means of expression for those whose lives have been touched by the AIDS epidemic*

- *To support the raising of vital funds and encourage support for people living with AIDS and their loved ones*

An internationally recognized symbol of the AIDS pandemic, the Quilt continues to grow at a staggering rate. It is now comprised of over 24,000 individual 3' x 6' fabric panels, consistently representing about 11-13% of American AIDS deaths. New memorial panels from all over the country are submitted to the Foundation at a rate of approximately 50-60 per week.

Over 200 Quilt displays occur each year in schools, churches, community centers, and corporations. These displays depend on hundreds of volunteers who host and coordinate them. Invariably, these volunteers go on to become the mobilizing force in their communities to take action in the fight against AIDS. In many communities Quilt displays have been the catalysts for the first hospice, buddy program, or meals on wheels program. (See attached list for Quilt Display programs.)

Since the creation of the first memorial panel, the Quilt has been displayed in its entirety in Washington D.C. on four occasions, and has received numerous awards and citations, including a nomination for the Nobel Peace Prize in 1989. The HBO film, **Common Threads--Stories From the Quilt**, won an Academy Award for Best Documentary in 1990. And in 1993, panels of the Quilt were carried in the Presidential Inaugural parade.

The NAMES Project Foundation consists of 35 chapters nationwide. These chapters are volunteer driven, conducting their own local HIV/AIDS education outreach through the use of the Quilt. The Foundation has also been instrumental in establishing 27 international initiatives in countries such as Ireland, Japan, and Uganda. Each initiative has developed its own Quilt program based on local cultural traditions and local needs.

The NAMES Project Foundation has its administrative headquarters as well as the centralized storage of the Quilt, in San Francisco and currently operates with a staff of 25 and an annual budget of $2.5 million. It is governed by a 17-member board of directors.

310 Townsend Street • San Francisco, CA 94107 • Office: 415/882-5500 • Workshop: 415/863-1966 • Fax: 415/882-6200

The Quilt
An International
AIDS Memorial

Quilt Display Programs

Community Outreach Education
The NAMES Project provides portions of the Quilt to a wide and inclusive cross-section of the population across the United States for the purpose of raising awareness about HIV and AIDS. Approximately 200 community displays of the Quilt are hosted each year at convention centers, museums, galleries, hospitals, and places of worship. Admission is never charged at a Quilt display but donations are solicited on behalf of local AIDS service organizations. To date, The NAMES Project has distributed over 1.3 million dollars to these organizations.

Community displays of the Quilt foster an environment that encourages open dialogue about HIV and AIDS, and motivates communities to take action on AIDS issues. In addition, new volunteers are recruited to help local AIDS service organizations and up-to-date information on AIDS prevention is distributed to visitors of the display. For many, a Quilt display is the first time they have received information about the epidemic.

Workplace Education
Through this program small portions of the Quilt are regularly hosted in corporate headquarters and small businesses throughout the country. Hosted in conjunction with other HIV/AIDS education and prevention activities, the Quilt is pivotal in starting the dialogue about AIDS among employees.

The presence of the Quilt encourages employees to 1) attend AIDS education seminars; 2) examine behavior that may put them at risk of contracting HIV; 3) volunteer for their local AIDS service organizations.

For World AIDS Day, December 1, 1992 the Quilt was a part of the Centers for Disease Control's launch of its national workplace program--Business Responds to AIDS. Thirty corporations nationwide have created memorial Quilt panels to pay tribute to employees who have died of AIDS.

College and University AIDS Education
Each year, an average of 50 private and public colleges and universities work with the NAMES Project Foundation to host a Quilt display. A Quilt display on the college campus provides students and faculty with an ideal forum for confronting HIV and AIDS in their own environment.

The Quilt display is a campus wide event drawing upon a wide range of departments including Fine Arts, English, History, Health, and Education. Hundreds of student volunteers are mobilized to coordinate the display. The local off campus community is invited to attend and participate. Up-to-date information on HIV/AIDS prevention and local AIDS service organizations is distributed.

310 Townsend Street • San Francisco, CA 94107 • Office: 415/882-5500 • Workshop: 415/863-1966 • Fax: 415/882-6200

Quilt Facts as of August 5, 1993

The NAMES Project Foundation AIDS Memorial Quilt

An International AIDS Memorial

Funds Raised for Direct Services for People with AIDS: $1,298,382 (U.S.)

Number of Visitors to Quilt: 3,636,970

Number of Panels: 24,281 (Each panel measures three feet by six feet or 90 x 180 cm.)

Number of Football Fields: 10 football fields without walkway between 12' x 12' sections;
15 football fields with walkway

Number of Acres: 10 acres without walkway
16 acres with walkway

Total Weight: 29 tons without walkway, 33 tons with walkway

Countries Contributing Panels: 29: Australia, Belgium, Brazil, Canada, Chile, Cuba, Dominican Republic, Germany, Great Britain, Guatemala, Ireland, Israel, Italy, Japan, Mexico, The Netherlands, New Zealand, Norway, Poland, Russia, Rwanda, Senegal, South Africa, Spain, Suriname, Sweden, Switzerland, Uganda, United States (All 50 states and Puerto Rico).

Panels for Parents & Their Children: Nancy & Bosco, Jr.; Claire Shelley Cowles & Jonathan Claiborne; John & Matsuko Gaffney; Courtney & Keith Gordon; Elizabeth & Maria Prophet; Valeriano & Waldo Suarez; Kristen-Lee Tillotson & Patrick Tillotson; Alice & Heather Marie Zajkowski.

Names You May Recognize: Peter Allen, entertainer, Arthur Ashe, tennis player; Michael Bennett, director/choreographer; Kimberly Bergalis, AIDS activist; Amanda Blake, actress; Mel Boozer, black and gay rights activist; Arthur Bressan, Jr., filmmaker; Jack Caster, original staff member; Roy Cohn, attorney; Brad Davis, actor; Perry Ellis, fashion designer; Dan Eicholtz, cartoonist; Wayland Flowers, comedian; Michel Foucault, philosopher; Philip-Dimitri Galas, playwright; Alison Gertz, AIDS activist; Halston, fashion designer; Keith Haring, artist; Rock Hudson, actor; Stephen Kolzak, casting director for Cheers; Scott Lago, NAMES Project '88 & '89 Tour, Manager/Staff Legacy; Liberace, performer; Charles Ludlum, actor/director/playwright; Robert Mapplethorpe, photographer; Sgt. Leonard Matlovich, gay rights activist; Stewart McKinney, U.S. Congressman, R-CT; Freddie "Mercury" Bulsara, lead singer of rock group Queen; Court Miller, actor; Ed Mock, choreographer; Klaus Nomi, performance artist; Anthony Perkins, actor; Grethe Rask, surgeon; Max Robinson, ABC news anchor; Vito Russo, writer; Jerry Smith, Washington Redskin; Willi Smith, fashion designer; Christopher Stryker, actor; Stephen Stucker, actor; Sylvester, singer; Dan Turner, AIDS activist; Dr. Tom Waddell, Olympic athlete; Ryan White, AIDS activist; Ricky Wilson, guitarist with the B-52's.

Materials Used in Quilt: 100 year-old quilt, afghans, Barbie dolls, burlap, buttons, car keys, carpet, champagne glasses, condoms, corduroy, corsets, cowboy boots, cremation ashes, credit cards, curtains, dresses, feather boas, first-place ribbons, fishnet hose, flags, fur, gloves, hats, human hair, jeans, jewelry, jockstraps, lace, lamé, leather, love letters, Mardi gras masks, merit badges, mink, motorcycle jackets, needlepoint, paintings, pearls, photographs, pins, plastic, quartz crystals, racing silks, records, rhinestones, sequins, shirts, silk flowers, studs, stuffed animals, suede, taffeta, tennis shoes, vinyl, wedding rings.

AIDS Statistics:
(U.S. as of 6/30/93,
Int'l. as of 6/30/93)

United States Reported: (Centers for Disease Control):	315,390 cases	194,334 deaths
International Reported (World Health Organization):	718,894 cases	
International Estimated (World Health Organization):	2,500,000 cases	500,000 deaths

The Quilt represents 12% of all U.S. AIDS deaths.

310 Townsend Street, Suite 310 • San Francisco, CA 94107 • Office: 415/882-5500 • Fax: 415/882-6200

THE WHITE HOUSE

WASHINGTON

November 5, 1993

Carl L. Jech
Faith Lutheran Church
355 Los Ranchitos Road
San Rafael, CA 94903-3268

Dear Mr. Jech:

Thank you for writing and sharing the table of contents for your planned book. I would be interested in reading the entire text at some point. It does cover ground we need to discuss, no matter how difficult it is.

Best wishes to you in your efforts.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

OCT 25 1993

FAITH LUTHERAN CHURCH
A Congregation of the
Evangelical Lutheran Church in America
355 LOS RANCHITOS ROAD
SAN RAFAEL, CA 94903-3268
TELEPHONE (415) 479-4541

October 18, 1993

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

Dear Ms. Gebbie:

Your just published interview in The Lutheran where you ask "How can we critically re-examine the supposed theological base for homophobia?" has prompted me to send you the enclosed materials.

I have only recently submitted the manuscript for a book titled "THE MYTH OF THE 'IMMORAL MINORITY' - Biblical Theology and Sexual Orientation" to Harper San Francisco.

If the enclosed table of contents and "sample testimonials" pique your interest, I would be happy to send you a copy of the complete manuscript or sample chapters. I hope that this book will be a significant contribution to the discussion of theologically based homophobia, and if you would be willing to give a "testimonial" of your own such an endorsement might be the extra nudge the publisher needs to go ahead with the project. (One of my chapters echos your point about congregations being willing to offer support and care but being hesitant to go much beyond that.)

I am a former Lutheran pastor currently teaching Humanities in the California Community College system. I'm a Minnesota native and a graduate of Wartburg College, Wartburg Theological Seminary and I hold the Th.M. degree from Harvard Divinity School. I am the author of two published books, Shadows and Symbols (1985) and Channeling Grace (1988). As you might well imagine, I have had many connections with St. Olaf College over the years. Faith Lutheran Church employs me as their minister of music.

Regardless of your decision on this request/decision, I wish you well in your most important and challenging job.

Sincerely yours,

Carl L. Jech

Carl L. Jech

NEW POLICY COORDINATOR

Gebbie: Keep issue of AIDS in prayers

Everyone wants something done about AIDS, but most people don't want to talk about it.

"Families huddle together to avoid admitting to their neighbors that the reason Johnny is home is that Johnny is dying of AIDS. People with AIDS are afraid to speak up openly. It remains a stigmatized condition," said Kristine M. Gebbie. In June President Clinton appointed her as National AIDS Policy Coordinator.

"To properly deal with this epidemic," she said, "we have to be able to talk openly about human sexuality, about sexual behavior, about addictive behavior and substance abuse, about how we spend our collective money on prevention and health-related services.

"Each of those touches us at sore points. We have had awkward dialogues that haven't always gotten us where we want to go. A major part of my task is to help us have that discussion in a more productive way that will lead to action."

As a White House official, Gebbie, 49, will make sure government agencies have a unified strategy for fighting the AIDS epidemic. She earlier served on former President Ronald Reagan's AIDS commission.

"We are delighted that she is doing this. She is a very credible and ethical person," said the Rev. David S. Steen, a pastor of Good Shepherd Lutheran Church, Olympia, Wash., where Gebbie has been a "very faithful member."

In August Gebbie moved to Washington, D.C. She attends church there, but hasn't decided on where she will become a member.

***KRISTINE M. GEBBIE:** Know the facts about AIDS.*

Prior to her move, Gebbie headed the Washington State Department of Health. Previously she was administrator of the Oregon Health Division. She served on the ELCA Oregon Synod council.

"She is an extremely able and articulate person who has been deeply involved in AIDS prevention for a decade," said Oregon Synod Bishop Paul R. Swanson.

Born in Iowa, Gebbie grew up in Montana and New Mexico. She received her nursing degree in 1965 from St. Olaf College, Northfield, Minn.

Churches and AIDS

"Many churches are doing wonderful service projects, support and care programs, providing space for meetings and groups," Gebbie said.

"At the level of the church's corporate body we have done less than we should, and that is one of my concerns and interests. This is a tough one because dealing with the epidemic means dealing with some issues the churches aren't comfortable with."

NEWSMAKER

As a reader of *The Lutheran*, Gebbie points out that stories tend "to focus on caregiving because it is the easiest part for the church to focus on—being the Good Samaritan to someone who is already ill."

"It is an appropriate role and I certainly don't want to take away from that," she added. "It is also a lot easier than figuring out what the role of the church should be around prevention of AIDS.

"What are the schools of the Lutheran church doing about sexual education for young people? What are the advocacy policies of the church that tackle substance abuse?

"The toughest [question] of all, but it goes to the heart of our denial of this epidemic, is, 'How can we critically re-examine the supposed theological base for homophobia?' I don't know the answer there, but it is the question that is so hard for people to talk about."

Gebbie said the church needs to learn how to talk about issues of sexuality, not only for AIDS prevention but for the elimination of other sexually transmitted diseases.

In the past, the church has managed to deal with other difficult issues such as the ordination of women and slavery. "This [AIDS] is a current hard one," she said. "I know individual congregations and various synods and committees of the church are working on it."

What can congregations do?

"Do your homework," Gebbie said. "Know the facts of this disease and understand it. Don't let yourself be pulled around by people who don't have the complete story.

"Know what is going on in your town in response to the epidemic. There are many small struggling AIDS service organizations that could stand to be helped out by a church—not just in giving care and doing prevention education but in doing bookkeeping and physical plant management and all those things that churches do well.

"Consider taking on a congregational study of issues raised, really learning and groping with these issues.

"And then overriding the whole thing: Keep this issue in your prayers. That includes prayers of support for those directly affected by the epidemic but also for guidance and enlightenment as we try to figure out what to do." ■

CAROLYN LEWIS

Lewis, a contributing editor, lives in Frazer, Pa.

THE MYTH OF THE "IMMORAL MINORITY"

Biblical Theology and Sexual Orientation
(Table of Contents)

VII. LIKE ANGELS IN HEAVEN -- BIBLICAL BASES FOR A POSITIVE EVALUATION OF HOMOSEXUALITY 36 mss. pages

1. Sodomy Is Inhospitality
2. "Neither Male Nor Female...Neither Married Nor Given In Marriage...Like Angels In Heaven"
3. Gay People In Bible Stories?
4. Heterosexual Self-Righteousness
5. "Woe to You...Hypocrites!"
6. The Process of Ethical Development
7. Christmas Angels and the Virgin Mother
8. Straining Gnats and Swallowing Camels
9. "Rejoice With Those Who Rejoice"
10. Earthy, Not Dirty
11. "Many Members In One Body"

VIII. GAY GUIDES ON THE ETHICAL FRONTIER - MULTISEXUALITY 49 mss. pages

1. What Does It Mean To Accept Homosexuality?
2. Gay Diversity Versus Religious Uniformity
3. Pleasure-phobia
4. Domestic Partnerships
5. Lesser Goods
6. Other Sexual Minorities

282 total manuscript pages

Marketing Ideas or Sample Testimonials for
THE MYTH OF THE "IMMORAL MINORITY"
Biblical Theology and Sexual Orientation

"The one book all gay people should give to parents, friends and family members who have religious objections to homosexuality."

"Gay people are not likely to find much acceptance or justice in this society as long as the Bible is perceived as being four-square against them." (From the Introduction)

"As we move into the third millenium, here is a book that sums up where the Copernican revolution in sexuality is taking us."

"Every major church body is struggling both theologically and politically with the issue of gays, lesbians and bisexuals. Here is a state-of-the-art book that surveys and evaluates virtually all of the current dialogue on the Bible, theology and homosexuality."

"Not just a thorough study of biblical ethics and homosexuality, this partially autobiographical journey through the life of a former clergyman who grew up in the heart of Midwestern Lutheranism allows the reader to get inside the skin of a real live gay person."

"Beyond being the 'gay nineties,' we are shown that this is the decade of the emergence of various sexual minorities whose lifestyles may or may not be immoral."

"We learn tremendously important lessons about the majority culture by studying the minorities."

"Describes how a broad variety of biblical themes such as diversity, mystery, integrity, reconciliation, justice, grace, commitment, resurrection, truth and love speak to the issue of homosexuality and sexual orientation....and identifies specific biblical references that suggest a more positive attitude toward certain sexual minorities."

"Confronts head-on the six 'famous,' supposedly explicit biblical references to homosexuality."

THE WHITE HOUSE

WASHINGTON

November 5, 1993

Mr. Brian M. Magee
C/O Thomas J. Magee, M.D.
6464 Sunset, Suite 790
Hollywood, California 90028

Dear Mr. Magee:

Thank you for your correspondence and that of your brother, Dr. Thomas Magee, regarding the importance of speeding up drug and therapy development for HIV/AIDS patients. You both have touched on an issue of great importance in the community and one that is getting my priority attention as the National AIDS Policy Coordinator.

We are currently exploring ways in which we can safely and effectively develop new therapeutic regimens for persons infected with HIV. Your patient illustrations and the supporting material will be of great assistance to us. The information you have provided will be considered by our staff in the development of an action plan in this area.

Thank you for all of the hard work and dedication and for supporting the President's efforts to stop AIDS.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 5, 1993

Victor Popp
113 Nokomis Road
Hingham, MA 02043

Dear Mr. Popp:

Thank you for writing. I am enclosing a transcript of what I actually said to the Association of Reproductive Health Professionals meeting. Yes, The Washington Times is a conservative newspaper. And I agree with you; a clearer statement on abstinence as a part of my remarks would have been helpful.

Thank you for your continuing, thoughtful interest.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

Attachment

THE WHITE HOUSE

WASHINGTON

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.

OCT 2 8 1993

Victor Popp
(Author of Safe Sex, the book I sent to you...)
113 NOKOMIS RD.
HINGHAM, MA 02043

10/23/93

Ms. Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
Room 2132
Switzer Bldg.
330 C Street Southwest
Wash. DC, 20201

Dear Ms. Gebbie:

Please excuse the handwritten letter, it is approximately 3:00 A.M. and I had a bit of difficulty sleeping and decided to write this while the kids & my wife are asleep...

I was in Washington and picked up the Washington Times. I was sorry to read about the attention your comments received when you addressed the pregnant teens. I think your job is going to be more difficult than I realized. The issue of sex out of marriage crosses into the political hotbed between religious fundamentalists and "secularists."

While I am a practical person & I believe in education and informing children without any limits, I do also believe strongly that ~~absit~~ abstinence is not given it's due — especially since it is the safest way to avoid HIV, et al.

I believe no discussion of sex & HIV/communicable diseases should exclude abstinence.

I do not mean to be critical of you — I agreed with all of what you said (as little as I could gather in the press).

But I also agree with some of what the fundamentalists say. Teens are going to find sex "pleasurable" in some cases, perhaps, with or without love. But many are not ready to enjoy sex. To assume all of them will be having sex and/or finding it pleasureable is another way of adding societal pressure on them to have sex before they are ready.

Our generation was coming of an age rare in the history of mankind. Women had only just received legal abortions & the pill, and it gave youth a rare freedom and, I think, confused sense that sex was easy. There were no uncurable diseases. The only uncurable thing was our appetite for sex. It was expected that we have sex. I personally waited until I was 19, but even then I was not really ready, and did not really enjoy or understand it.

I agree with everything you said, and that there are many teens who need to hear your message, but please do not neglect to acknowledge the teens who select abstinence. By leaving them out you indirectly apply pressure to them to have sex, I believe. It makes abstinence sound absurd, as if nobody believes they will abstain - yet I am sure many of them

are looking for some support for abstinence and not just for disease protection either.

I hope this thing all clears up soon, and I hope you will continue to educate those teens I believe you were speaking to. I believe abstinence is not for everyone and therefore everyone needs to hear the whole message. I hope you will face the press once you have figured out a way around this political mess that you apparently stepped into. I also hope the Washington Times is a conservative paper because they were none-too-kind.

Sorry to take up too much of your time, and I hope you found this helpful.

Sincerely,
Victor Popp

P.S.: Perhaps the condom cartoons (look) is a good way to diffuse some of the tension — the humorous side to all this may be buried, but it should be somewhere!

THE WHITE HOUSE

WASHINGTON

November 5, 1993

Linda Crim, RN, BSN, CPN
Program Coordinator
FACES
Children's Hospital
700 Children's Drive
Columbus, OH 43205-2696

Dear Ms. Crim:

I am just starting my review of agency proposals for the FY95 budget. The funding for Ryan White programs, including Title IV, is of particular concern and I will be paying close attention to requests in this area. The pediatric programs you describe have been a critical part of our efforts to serve children with HIV. Thank you for writing.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

Children's Hospital

700 Children's Drive
Columbus, Ohio 43205-2696

614/461·2000
614/461·2633 (FAX)

October 27, 1993

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
The White House
750 17th Street, NW
Washington, DC 20503

Dear Ms. Gebbie:

Thank you for supporting the funding of the Pediatric/Family AIDS Demonstration Program within Title IV of the Ryan White CARE Act. I am writing today to urge a significant increase for Title IV in the President's budget request for FY 1995.

A significant increase for Title IV in the President's budget request for fiscal year 1995 is urgently needed to enable the Pediatric/Family AIDS Demonstration projects to continue and to provide enhanced voluntary access for patients to clinical research. Your support of a budget increase is crucial.

The pediatric, adolescent, and family AIDS demonstrations that are now a part of Title IV have been essentially level funded for the past three years. The recent consolidation of funding within Title IV to enhance the delivery of services and access to clinical trials does not diminish the need for substantial new funding in FY 1995. With an ever rising demand for services comes a critical need for increased funding.

As the Department of Health and Human Services finishes it's FY 1995 budget request and submits it to the Office of Management of Budget, I ask that you strongly consider the funding request for Title IV of the Ryan White CARE Act be increased to $42 million. Following a thorough review of funding needs, the Pediatric AIDS Coalition and the National Organizations Responding to AIDS coalition in Washington, D.C. recommended at least a $42 million appropriation for Title IV programs over current funding levels of $21 million. These funds are vitally needed for reaching our underserved, low-income women, adolescents, children and families.

Your consideration of this request is appreciated. If you or your staff need further information related to programs funded under Title IV, please contact David Harvey, Coordinator for Public Policy at the National Pediatric HIV Resource Center (202-289-5970) in Washington, D.C.

Sincerely yours,

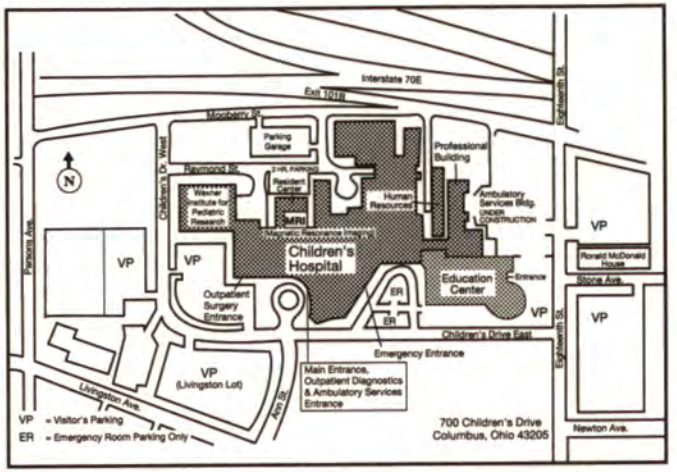
Linda Crim, RN, BSN, CPN
Program Coordinator
FACES(Family AIDS Clinic and Educational Services)
Children's Hospital

Enclosure

- With the program's ability to serve both child and adult HIV/AIDS patients, its clinic is now characterized as "one-stop shopping" - offering accessible, flexible care that accommodate the needs of entire families.

RESEARCH

- Because there is no cure for AIDS, clinical research studies represent the patients' best hope for finding treatments that work.
- The Children's Hospital Family AIDS Center is an AIDS Clinical Trial Group Pediatric Subunit sponsored by the National Institutes of Allergy and Infectious Diseases (NIAID).
- One of NIAID's goals is to find ways to treat diseases caused by HIV infection. NIAID is testing new treatments in HIV-infected patients through research studies called clinical trials.
- FACES is committed to maintaining the research and education that are so vital in providing quality clinical care for HIV/AIDS patients and families.



DIRECTIONS COMING FROM THE . . .

- **NORTH:** I-71 South to Main St. Exit, right on Main to Parsons Ave., right on Parsons to Mooberry, left on Mooberry to Children's Dr., and the Hospital. (See map of campus)
- **SOUTH:** I-71 North to I-70 East, I-70 East to 18th St. Exit, right on 18th to Children's Dr. and the Hospital. (See map of campus)
- **EAST:** I-70 West to Miller-Kelton Ave. Exit, proceed west on Cole St. to Ohio Ave., left on Ohio to Mooberry, right on Mooberry to 18th, turn left to the Hospital. (See map of campus)
- **WEST:** I-70 East to 18th St., right on 18th to Children's Dr. and the Hospital. (See map of campus)

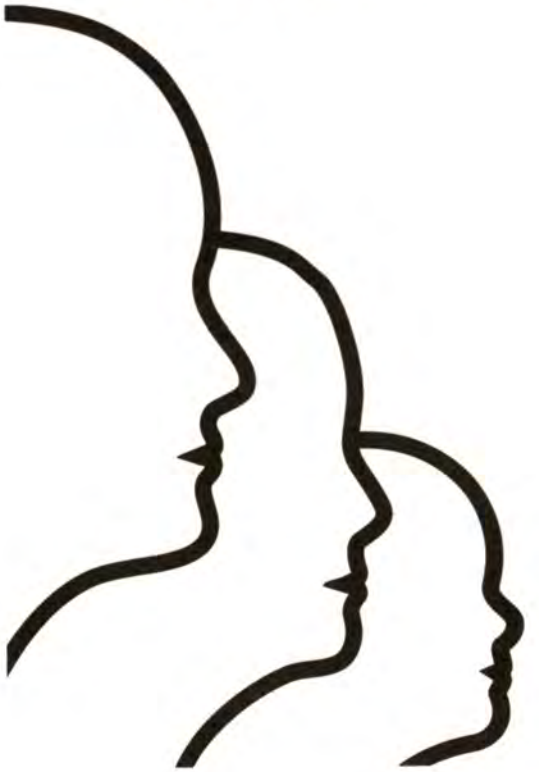
Children's HOSPITAL
Children's Hospital
Columbus, Ohio 43205-2696

FACES IS A PROJECT OF CHILDREN'S HOSPITAL, COLUMBUS, OHIO HIV PROGRAM. IT IS FUNDED IN PART BY PROJECT #BRH P05061-01-0 FROM THE MATERNAL AND CHILD HEALTH BUREAU PROGRAM, HRSA, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Caring for the Family ...

FACES

Family AIDS Clinic and Educational Services



Children's HOSPITAL
Columbus, Ohio

HIV Infection/AIDS- A Family Disease

- Families affected by Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) need many medical and social services, yet they often find themselves isolated in a society that is trying to educate itself about the disease and adapt to its growing presence.
- Fortunately, HIV/AIDS families in central and southeastern Ohio can get the comprehensive care they need - medical, social, nutritional, developmental, financial and mental health services - through a Children's Hospital program called FACES.

What Is FACES?

FACES stands for Family AIDS Clinic and Educational Services. It is a program that provides quality, comprehensive, coordinated care for HIV-infected children and their families, including parents who are also infected with HIV/AIDS, and children who are at high risk (those born to an HIV-infected mother).

Where Is FACES Located?

FACES is located in the Section of Infectious Diseases at Children's Hospital. To reach the program, call 461-7618 for general referrals to the clinic or for other assistance. Clinic hours are 8 a.m. to noon on Tuesdays and 4-8:30 p.m. on Thursdays.

How Does FACES Work?

- FACES is staffed by infectious disease specialists, research and clinical nurses, clinical social workers, a certified Child Life specialist, a dietitian and secretaries. A neuropsychologist and a pharmacist offer additional support.
- Each child/family in the program receives case-managed care from a team consisting of a physician, nurse and social worker. Adult family members are seen in the clinic by infectious disease specialists and gynecologists from Ohio State University Hospitals.
- The case-management team coordinates all medical and social-work services, including testing, treating, counseling, educating, assessing mental health, and assisting with housing, transportation and legal matters when necessary. The team links families with agencies that can provide the needed services.
- FACES also assists clients with transportation to and from medical appointments, provides child care during clinic visits, and provides many other helpful services to families in need.
- The FACES staff is committed to educating the public about children affected with HIV/AIDS and about the needs of their families.

Confidentiality

FACES recognizes that families have rights that need to be protected, including the right to make decisions about testing and treatment, the right to privacy, and the right for protection from discrimination. Healthcare professionals have a legal duty to keep confidential all information they receive.

History

- FACES, also designated as the Children's Hospital HIV Program, saw its first patients in the fall of 1985. Since then, more than 100 HIV-infected children or children of high-risk parents have been seen in the program's clinic.
- Children, adolescents and women now compose the fastest-growing sector of new HIV/AIDS cases.
- FACES' recent expansion to include treatment for HIV-infected parents, as well as children who are high-risk for the infection, was made possible through funding from the Maternal and Child Health Bureau.

Group Stee

Health Resources and Services Administration
Rockville, MD 20867

# of pages: This page plus 4 *page(s) to follow.*

SEND TO: Steve Lee / KRISTINE GEBBIE

FAX NUMBER: 202-632-1096

FROM: Shelley Corden

Health Resources and Services Administration
Office of the Associate Administrator for AIDS

Phone Number: (301) 443-4588
Fax Number: (301) 443-1551

Comments or additional information:

Please share and thoughts, comments, or changes on these proposed sub standards issues and format

If there are any problems receiving this information, please call the above number.

DRAFT

draft 10/28/93

AGENDA

HRSA HIV/AIDS PROGRAM BRIEFING

FOR NATIONAL AIDS POLICY COORDINATOR

Friday, November 5, 1993
10:30 - 12:30
750 17th Street, N.W.,
SIXTH FLOOR CONFERENCE ROOM

10:30 - 10:35	Welcome & Introduction	Stephen Bowen Associate Administrator for AIDS
10:35-10:45	Opening Remarks	Kristine Gebbie National AIDS Policy Coordinator
10:45 - 10:50	History	Joan Holloway Director, Division of Programs for Special Populations
10:50 - 11:00	Overview	Stephen Bowen
11:00 - 11:10	Ryan White Titles I, II,SPNS	Eric Goosby Director, Division of HIV Services
11:10 - 11:20	Ryan White, III(b) Substance Abuse/ Primary Care Linkages	Joan Holloway Enrique Fernandez Chief, Substance Abuse and HIV Branch
11:20 - 11:30	Ryan White, Title IV, Pediatric/ Family Projects	Beth Roy Branch Chief, Hemophilia & AIDS Program Branch

11:30 - 11:40	ETCs (Warmline ; Clinical Conference Calls)	Elaine Daniels Chief, Health Professions, HIV Education Branch
11:40- 11:50	Focus for the Future	Stephen Bowen
11:50 - 12:30	DISCUSSION:	Kristine Gebbie

?'s
data system
bezlebone inclusion / conflict

CDC / HRSA -
definition of "minority" org -

DRAFT

DRAFT OUTLINE FOR KRISTINE GEBBIE BRIEFING

NOVEMBER 5TH 1993

I. INTRODUCTION AND WELCOME by Steve Bowen (5 min.)

- HRSA's HIV/AIDS Programs: bureau locations/functions
- HRSA's HIV/AIDS Programs: relations to HRSA's goals and mission
- Brief staff Introductions

II. Kristine Gebbie (10 min.)

- Opening comments
- General remarks and areas of interest
- Clarification on HIV Programs, Ryan White and Health Care Reform
- Affect of "streamlining government," "program consolidations," on maintenance of categorical HIV programs

III. Joan Holloway (5 min.)

- Brief program history

IV. Steve Bowen (10 min.)

- Overview current and future implementation issues (e.g. Budget, Program Management/FTEs)
- Inter/Intra agency Coordination
- Evaluation and Data Collection
- Ryan White (reauthorization process and issues)

V. Program by program **current and future** (no more than 10 minutes per presentation):

- Issues in program implementation
- Successes in program implementation/models

- other issues:
  -reauthorization
  -funding
  -continuing challenges

  A. Titles I, II, SPNS (Primary and Dental)
  B. Title III(b), Primary Care Substance Abuse Linkages Program
  C. Title IV, Pediatric Family Program/Hemophilia Program
  D. ETCs, Warmline, Clinical Conference Calls

VI. Discussion (40 min.)

Potential issues for discussion:

- Views on reauthorization, health care reform program consolidation, and budget
- Plans for National AIDS Policy Office (White House and NAPO ... those not already answered at HAAC or decided upon)

  -Relationship to other federal programs/state/local governments

  -Relationships between NAPO, HRSA and effect on HRSA's relationships with other Agencies and Departments

  -Views on consolidation of health programs at the state level, impact on individuals at local level; safeguards; enforcement

  -How will National AIDS Policy Coordinator's Office function as ombudsman for relating community and federal programs concerns?

  -Plans for and composition of National Advisory Board; relationship to other agency advisory committees

  -Role of NAPO in facilitating coordination between federal agencies

Governor
Barbara Roberts
Mahonia Hall
533 Lincoln St
Salem, 97302
Oregon

11/6/93

THE WHITE HOUSE

Dear Barbara -

You must have received hundreds of these by now - and a note such as this seems so inadequate a way to express my sympathy & support for you. Frank was a special person - I'll never forget my hours with him in Ways & Means hearings - gentle and firm - and determined to do the right thing. I hope you are sustained by family, friends, good memories - Anytime I can do

NOV - 6 1993

THE WHITE HOUSE

Dear Jeff,

My "proper" title is National AIDS Policy Coordinator - but don't worry about getting it exactly right! Your letter got through - and I appreciate hearing of your efforts to widen the circle of informed, caring people. Keep up the good work!

Kristine Gebbie

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 11/8

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: _____

_____

_____

_____

_____

Jeffrey Avick
203 Cascade Road
Stamford, CT 06903

NOV - 2 1993

October 28, 1993

Ms. Kristine Gebbie
National AIDS Program
Public Health Service
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Room 729H
Washington, D.C. 20201

Dear Ms. Gebbie:

I'm responding to comments of yours quoted in the *Washington Times* article "AIDS Czar Tells Americans To Seek Their Pleasure In Sex" dated October 21st, which I read about in the CDC AIDS Daily Summary of that date.

I was diagnosed HIV positive in 1985 and have recently begun speaking to local high school classes about HIV and AIDS. Your comments about sex being an "essentially important and pleasurable thing" and the need to alter our "Puritanical Views" about sex are exactly the kinds of sentiments I've been trying to convey to students with whom I've spoken. I fear that AIDS will serve as a vehicle for the self-hating, repressed elements in our society and result, unfortunately, not in safer, more responsible behavior, but more dangerous, hidden behavior and shame.

In the classes with which I've spoken, I've tried to focus on sex as an important element in the most precious of human experiences -- relationships. I think that this kind of focus is the only way to keep teenagers, whose hormones are flowing, from feeling cheated. If the focus is on loving, which means being honest, caring and responsible, then choices about abstinence and safe sex can be made in a healthy way, rather than just out of fear and denial.

I'm sure that you've received a lot of negative response to your comments, so I thought it important to let you know that I find them very reassuring, responsible and supportive.

By the way, I apologize for not putting your formal title in this letter, but I've only heard you referred to as the "AIDS czar," and my local Congressional Representative's office, through which I was able to get your address, couldn't give me your title. Can you ask your PR people to let us know what you should be called?

Keep up the good work!

Sincerely,

Jeff Avick

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Kristine Gebbie; re: Alienating Experience (1 page)	11/06/1993	b(6)

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

FOLDER TITLE:
November Chron Files 1993 [3]

2018-0756-F
jp4801

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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	To: Kristine Gebbie; re: Battle Against AIDS (1 page)	10/29/1993	b(6)

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

FOLDER TITLE:
November Chron Files 1993 [3]

2018-0756-F
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b

Pediatric AIDS Foundation

Hope for Children with AIDS

8 November 1993

Dear Kristine,

The reason my speech at the Democratic Convention was effective is because I meant every word I said.

So, with that in mind, I feel it would be most significant and important for the President to make his first major AIDS address December 1 on World AIDS Day. It is time.

Sincerely,

Elizabeth

Elizabeth Glaser
Co-founder

CO-FOUNDERS: Susan DeLaurentis/Elizabeth Glaser Susan Zeegen
1311 Colorado Avenue, Santa Monica, California 90401
TEL: (310) 395-9051 FAX: (310) 395-1619

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. Brian Bounous
546 NW Hermosa Boulevard
Portland, Oregon 97210

Dear Mr. Bounous:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Melissa Shepherd, Mailstop E25
Supervisory Health Communications Specialist
National AIDS Information and Education Program
Office of the Associate Director (HIV), CDC
1600 Clifton Road, N.E.
Atlanta, Georgia 30333

Dear Ms. Shepherd:

Thank you very much for your assistance the other day. The materials regarding the CDC prevention marketing campaign you were able to assemble and have delivered to me in San Francisco were quite useful. My address went very well, and I appreciate the promptness as well as the contribution.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Kaye B. Hays-Waller--Mailstop A24
Health Communications Specialist
National AIDS Information and Education Program
Office of the Associate Director (HIV), CDC
1600 Clifton Road, N.E.
Atlanta, Georgia 30333

Dear Ms. Hays-Waller:

Thank you very much for your effort on my behalf in providing materials on the CDC prevention marketing campaign. The materials provided for my San Francisco presentation were helpful, and the presentation went very well. I appreciate the prompt response.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. Jim Cuniff
2443 SE Clinton
Portland, Oregon 97202

Dear Mr. Cuniff:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. Dan Daley
2034 NE Davis
Portland, Oregon 97232

Dear Mr. Daley:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Ms. Jennifer Jacko
4549 NE 20th
Portland, Oregon 97211

Dear Ms. Jako:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Ms. Genna Southworth
HIV/AIDS Resources, Inc.
P.O. Box 5513
Eugene, Oregon 97405-0513:

Dear Ms. Southworth

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. George Lissandrello
2328 Roosevelt Boulevard
Eugene, Oregon 97402

Dear Mr. Lissandrello:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. Ramon R. Herrera
P.O. Box 40671
Portland, Oregon 97240

Dear Mr. Herrera:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. Jack Cox
1108 NE Going
Portland, Oregon 97211

Dear Mr. Cox:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. Mica Smith
Executive Director
Cascade AIDS Project
620 SW 5th, Suite 300
Portland, Oregon 97204

Dear Mica:

Thank you for organizing the group of Portlanders for the October 23 meeting. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. Chris Roper
1615 S.W. Morrison Street
Apt. 219
Portland, Oregon 97205:

Dear Mr. Roper:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Mr. Dan Buelina
Cascade AIDS Project
620 S.W. 5th, Suite 300
Portland, Oregon 97204

Dear Mr. Buelina:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Graham Harriman, MA
Cascade AIDS Project
620 SW 5th, Suite 300
Portland, Oregon 97204

Dear Mr. Harriman:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Ms. Mimi Luther
Education Services
Cascade AIDS Project
620 SW 5th, Apt. 300
Portland, Oregon 97204:

Dear Ms. Luther:

Thank you for coming to the October 23 meeting at Cascade AIDS Project. All of your personal experiences with this virus and the changes it causes are very important to how I do my job.

Please stay in touch so I can have your ideas on how to improve our national policy. Best wishes to you.

Sincerely,

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

MASSACHUSETTS PUBLIC HEALTH ASSOCIATION

RECEIVED

NOV 22

November 9, 1993

If we can find my outline I'll try to elaborate

Kristine Gebbie, RN
AIDS Policy Coordinator
750 17th Street, N.W., Suite 1060
Washington, D.C. 20503

Dear Ms. Gebbie,

On behalf of the Historical Task Force for the Massachusetts Public Health Nursing Centennial, thank you for your presentation at our centennial celebration on October 30. Given your hectic travel schedule, we are indebted to you for speaking. It was especially meaningful to the audience to hear a nurse, with a position in the national policy arena, speak about a national health problem. Your comments were more than meaningful - they established the essential nature of nursing responsibility! Everybody that I spoke with responded enthusiastically to your remarks.

I would appreciate your mailing us a copy of your speech. We are preserving everything from the Centennial event in the Nursing and Public Health Archives. Also, I suggest that you submit your remarks for publication in a nursing journal. Nurses who are practicing need to hear what you said and they need to hear it from people other than their administrators and teachers.

It was a pleasure meeting you. I hope that your stay in Boston was comfortable and that you had an uneventful and smooth return trip to Washington.

Sincerely,

Katherine A. Meyer

Katherine A. Meyer, RN, DNS
University of Massachusetts at Dartmouth
Department of Community Nursing
North Dartmouth, Massachusetts 02747

MPHA, 305 SOUTH STREET, JAMAICA PLAIN, MA 02130, 617-524-6696

1642 Pine Street
Philadelphia, PA 19103

Office: 545-7534
Hotline: 732-AIDS

FRANCIS J. STOFFA, JR.
Executive Director

PCHA
Philadelphia Community Health Alternatives

11/10/93

THE WHITE HOUSE

Francis —

Thank you for the great posters! and for your input during my Philadelphia visit — I came home with a head full of new/renewed questions & concerns — and new/renewed appreciation for what so many people are doing for our efforts! Kristine

FIRST
AGENCY IN
PHILADELPHIA
TO FIGHT
AGAINST
AIDS

The AIDS Task Force of Philadelphia was established in 1982 as the first organized effort to combat the AIDS epidemic in Philadelphia and in the Commonwealth of Pennsylvania. The AIDS Task Force is the fourth-oldest AIDS service agency in the nation.

The AIDS Task Force carries on its tradition of service with a small paid staff and the generous help of several hundred trained volunteers. Financial support is provided primarily by foundations and private contributions.

Please help in the fight to save lives. Call today for more information, or to volunteer your time and services. Tax-deductible contributions can be made to the AIDS Task Force of Philadelphia, to PCHA or to the John Locke Fund.

AIDS TASK FORCE OF PHILADELPHIA
Philadelphia Community Health Alternatives

AIDS TASK FORCE OF PHILADELPHIA

AIDS Hotline
732-AIDS
(732-2437)

HIV Antibody Testing/Counseling
735-1911

Client Services
545-8686

General Information & Other Services
545-8686

The AIDS Task Force of Philadelphia is a project of Philadelphia Community Health Alternatives, a United Way Affiliate Agency.

Hotline: 732-AIDS

A UNITED WAY AFFILATE AGENCY

AIDS TASK FORCE OF PHILADELPHIA

Phila. Community Health Alternatives
AIDS Task Force of Philadelphia
1642 Pine Street
Philadelphia, PA 19103
732-AIDS

PCHA

Philadelphia Community Health Alternatives

CLIENT SERVICES

Case Management & Referral Assistance

Professional social work services to persons with AIDS, their families and loved ones. Services include professionally-supervised support groups.

"Buddy" Program

Trains and supervises volunteers who provide practical assistance and emotional support to persons with AIDS.

Hospital Volunteer Program

Trained volunteers provide companionship to persons hospitalized with AIDS-related illnesses.

The Collection Plate Food Bank

Serves persons with AIDS; supported by private and corporate contributions and volunteer food-collection drives.

The John Locke Fund

Provides financial assistance for the nonmedical needs of persons with AIDS. The Fund is supported entirely by private contributions.

Early Intervention Program

Designed for those who recieve a positive HIV test result. Initial medical diagnostic evaluation as well as follow-up care is provided.

INTERVENTION SERVICES

The intervention services of the AIDS Task Force of Philadelphia responds to approximately 40,000 client contacts each year.

The Philadelphia AIDS Hotline 732-AIDS

The first AIDS Hotline in Pennsylania provides information and service referrals to persons with AIDS-related concerns, serving approximately 15,000 callers annually.The Hotline is TTY-equipped for the hearing impaired.

The Mazzoni Clinic for HIV Counseling & Testing

The Mazzoni Clinic for HIV counseling and Testing provides free, anonymous, confidential counseling and HIV antibody testing to the Delaware Valley.
The Clinic is the busiest in Pennsylvania.

EDUCATION SERVICES

The educational programs of the AIDS Task Force are reaching approximately 200,000 persons a year in the Philadelphia area.

Among the education services provided by The AIDS Task Force are:

General Eduction

Seminars on AIDS and related issues for community, business and professional groups.

AIDS in the Workplace

Special seminars for management and personnel professionals on how to deal with AIDS-related issues in the workplace.

Outreach Activities

AIDS education and awareness efforts at the neighborhood level.

Risk-Reduction Programs

Individualized AIDS education targeted at members of especially high-risk behavior groups.

Youth Education

Programs designed specifically for teens. Age appropriate information as well as peer educators are utilized.

THE WHITE HOUSE

WASHINGTON

November 10, 1993

John D. Siegfried, M.D.
Associate Vice President - Medical Affairs
Pharmaceutical Manufacturers Association
1100 15th Street NW
Washington, DC 20005

Dear John:

I appreciate your patience in trying to schedule a meeting between Kristine and the Pharmaceutical Manufacturers Association AIDS Task Force. As I mentioned, Kristine is out of the country December 16 and 17, but I can make some time available during your January meeting. Please call me at (202) 632-1090 once you set your dates.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant to
National AIDS Policy Coordinator

.LM 11/9
11/10 - will call to reschedule around Jan mtg.

OCT 18 1993

John D. Siegfried, M.D.
ASSOCIATE VICE PRESIDENT
MEDICAL AFFAIRS

Pharmaceutical Manufacturers Association

October 6, 1993

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Suite 1060
750 - 17th Street, N.W.
Washington, DC 20006

Dear Kristine:

In response to your August 11 letter, I scheduled a meeting with you for 9:00 a.m. on September 17. Several members of the PMA AIDS Task Force planned to join me in that meeting and to present some of the AIDS issues of importance to pharmaceutical research and development organizations. Regrettably, you were unable to keep that commitment, and, also regrettably, I have been unable to reschedule an appointment by telephone.

The next meeting of the PMA AIDS Task Force will be on Thursday, December 16, from 1:00 to 4:00 p.m. at PMA headquarters. If your schedule would permit you to be present for any part of that meeting, we would be happy to adjust the agenda to accommodate your commitments. If December 16 is not feasible, would you be able to meet with us the morning of December 17? If neither of these dates are appropriate, please suggest several dates in November and December that would work on your schedule, and I will get back to you as quickly as possible.

Thank you for your consideration.

Sincerely,

John D. Siegfried, M.D.

what happened?

John can we get scheduled

JDS:cj
cc: John F. Beary, III, M.D.
Stephen K. Carter, M.D.
Mr. Gerald J. Mossinghoff

THE WHITE HOUSE
WASHINGTON

November 10, 1993

Dear Friend of Service:

On September 21, President Clinton signed into law the National and Community Service Trust Act of 1993.

Through this landmark initiative, the President and the Congress have created an unprecedented opportunity to marshal our citizens in meeting the challenges of their communities through direct and demonstrable service.

Our work is already underway. The Corporation for National and Community Service has been formed through the merger of the Commission for National and Community Service, and ACTION -- the federal domestic volunteer agency, in conjunction with the White House Office of National and Community Service.

Through our joint commitment and our Congressional mandate, we have begun our exciting journey to realize the President's vision of Americans of all ages and backgrounds committed to "seasons of service" on behalf of their country.

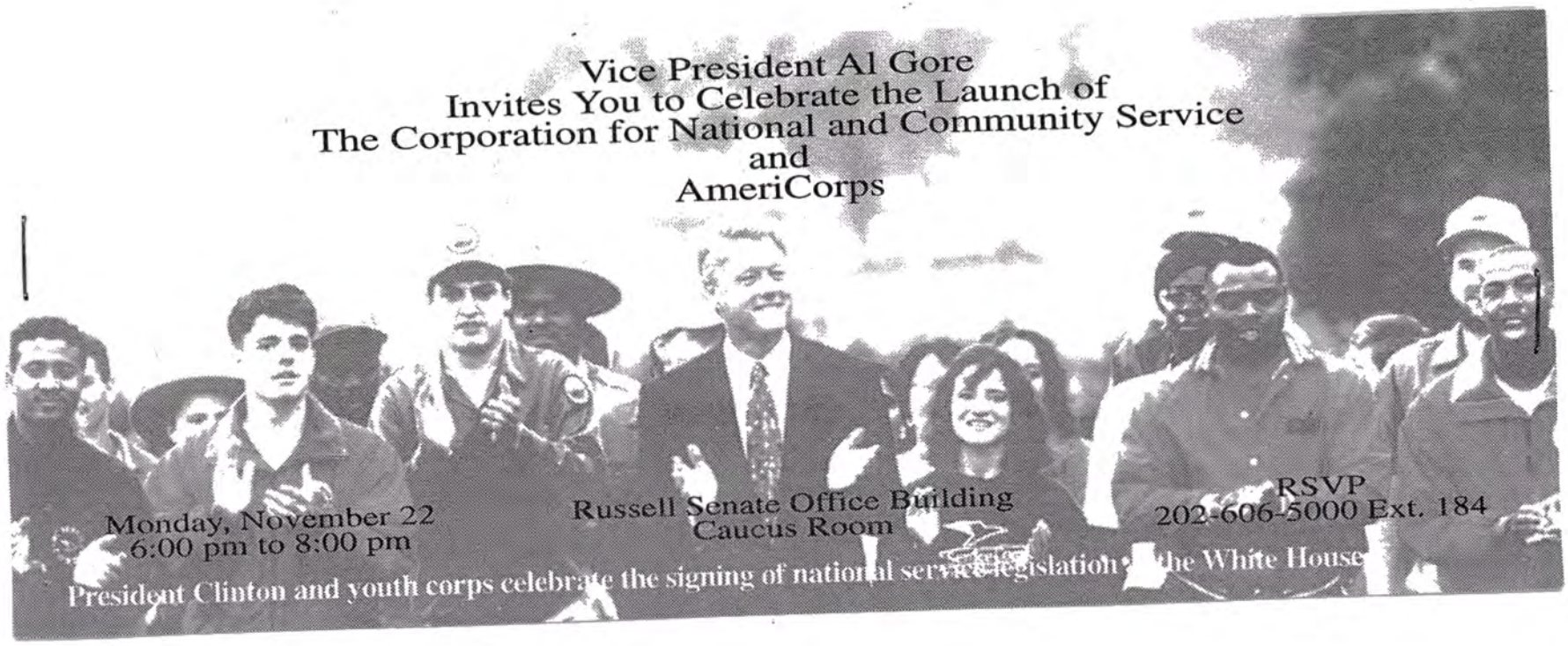
By means of the enclosed invitation, the Vice President and I cordially invite you to a reception to celebrate with us the official launch of the Corporation for National and Community Service and the President's "AmeriCorps" initiative.

We hope you can join us on Monday, November 22. We are eager to introduce you to our new management team, to share with you our current and planned objectives and activities, and to honor our many friends who are making national service a reality.

Sincerely,

Eli J. Segal

Eli J. Segal
Assistant to the President



MISSION STATEMENT

The Corporation for National and Community Service will engage Americans of all ages and backgrounds in community-based service. This service will address the nation's education, human, public safety, and environmental needs to achieve direct and demonstrable results. In doing so, the Corporation will foster civic responsibility, strengthen the cords that bind us together as a people, and provide educational opportunity for those who make a substantial commitment to service.

11/10/93.

THE WHITE HOUSE

Dennis —
so good to hear from you —
do call next time you're
in DC - office 202-632-1090,
home 202-387-0015 -
hope all is well —
Christine

U S WEST Communications, Inc.
1600 Seventh Avenue, Room 3105
Seattle, Washington 98191
206 345-2002
206 346-5616 Facsimile

Dennis I. Okamoto
Vice President-
Washington

NOV - 1 1993

USWEST COMMUNICATIONS

October 25, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
750 - 17th Street Northwest
Suite 1060
Washington, D.C. 20503

Dear Ms. Gebbie: Hi Kris

Just a note of support for the good work you're doing Kristine. I fondly remember our efforts together in the Washington State Gardner Administration and am proud to see you, Joe Dear, and the former Governor himself continuing to make contributions to the success of our nation.

Keep up the good work! I'd like to give you a call next time I'm in Washington, D.C.

Sincerely,

Dennis Okamoto

THE WHITE HOUSE

WASHINGTON

11/10/93

NOTE TO: JOYCELYN ELDERS, M.D.
Surgeon General of the United States

Subject: Request from Representative Herschella Horton to Attend Community Activities in Tucson, AZ

Action: Could you attend a fundraiser and other activities in May 1994?

Background

On Friday November 5, Carlos Vélez of my office met State Representative Herschella Horton from Tucson, Arizona. Rep. Horton, who is an African-American woman, has indicated that minority communities in Tucson and Arizona in general could get a major boost by hearing a speech directed specifically to them. They will work within your schedule, but would prefer a weekend in May.

Action

Rep. Horton has requested whether you could attend a fundraising event in Tucson, Arizona. The proceeds of the event will go to work with minority communities in the fight against AIDS.

Background

Minorities are overrepresented in HIV/AIDS statistics in Arizona. Even though minority community needs are addressed in Tucson, minorities have very little impact in the decision-making process on how AIDS will be handled at the state level.

Tucson, Arizona is a model community in its response to the epidemic. Their community coalition process is one of the most inclusive in the country. Your attendance would also recognize the good work that the community is doing.

To obtain more detailed information, please contact Carlos Vélez at (202) 690-5560 or call Rep. Horton's office at (602) 628-6593. Her address is: House of Representatives, 1700 W. Washington, Phoenix, Arizona, 85007.

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. memo	Kristine Gebbie to Jo Ivey Boufford; re: Personnel Matter (2 pages)	11/10/1993	b(6)

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

FOLDER TITLE:
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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 10, 1993

Hope Goldbaer
New York Department of Health
AIDS Institute
Room 384 Corning Tower
Albany, NY 12237-0658

Dear Hope:

This letter confirms Kristine Gebbie's appearance at the New York State Conference on "Issues on HIV/AIDS Policy and Programs" on Sunday, November 14, 1993 in Albany, NY at the Omni Hotel.

Ms. Gebbie will arrive on USAir Flight 438 at 3:50 p.m. and will be driven to your event by Darren Britton. Her speech, "AIDS Policy: A National Perspective," will begin at approximately 6:00 p.m. and you will see that she gets to the Albany Airport in time for her 7:50 p.m. flight.

Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference. Thank you for your work on this event and the best of luck with the conference.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant to
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

November 11, 1993

Dorothy F. Wilson
906 Church Street
Shenandoah, IA 51601

Dear Ms. Wilson:

I am enclosing a copy of my actual remarks regarding a framework for teaching prevention and abstinence messages to youth. It may give you a more complete idea of my goals than the few quotes used in the Omaha World-Herald editorial.

Thank you for your interest in this challenging issue.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

Enclosure

Beth Cook →

Dear Mrs Wilson

I'm enclosing a copy of my ~~retired~~ remarks regarding a framework for teaching prevention & abstinence messages to youth. It may give you a more complete ~~better~~ idea of my goals than the few quotes ~~taken~~ used in the Omaha editorial.

Thank you for your interest in this challenging issue

Sincerely

 10-26-93. NOV - 2 1993

Omaha World-Herald
Editorial Page
Unsigned articles are the opinion of The World-Herald

What's Repressed About Sex Is Talk of Moral Dimension

The United States is "a repressed, Victorian society," says the Clinton administration's AIDS adviser, Kristine Gebbie. If Ms. Gebbie believes that the home of Madonna, the Spur Posse, Hooters girls and 1-900 "party" lines is sexually repressive, one shudders to think what she would consider an "open" society.

Billboards, television commercials and magazine ads employ sexual suggestion to sell products. Daytime talk shows discuss sex, often in graphic, explicit language. Viewers can see sexual intimacy on soap operas and evening television shows. On some college campuses, condoms are more readily available than computer lab time.

These are not the marks of a repressed, Victorian society. If anything, obsessive attention to sex has cheapened human sexuality. No longer part of an expression of love, sex has, in too many instances, been reduced to a self-indulgent animal act.

The only thing that's repressed about sex in America is a frank discussion of the moral and emotional consequences of sexual behavior. When the head and the heart no longer offer guidance on such matters, hormones kick in. And promiscuity, unwanted pregnancies and sexually transmitted diseases too often result.

The nation's AIDS czar ought to be aware of the dangers inherent in sexual promiscuity. People who sleep around, even if they use condoms faithfully, increase their chances of contracting sexually transmitted diseases such as AIDS.

But Ms. Gebbie wants the nation to take what she says would be a more positive attitude toward sex, seeing it as an "essentially important and pleasurable thing."

And if the public doesn't?. "We will continue to be a repressed, Victorian society that misrepresents information, denies sexuality early, denies homosexual sexuality particularly in teens and leaves people abandoned with no place to go," Ms. Gebbie said.

Sex isn't all pleasure and good times. Ask Bruce Wheeland of Omaha, an AIDS victim who contracted the virus from his wife soon after they met in Florida. Or ask any other of the untold number of people in the country who had a moment of pleasure and came to regret it for the rest of their lives.

Americans must stop the spread of AIDS and other sexually transmitted diseases. In addition, Americans can't afford to support an economic underclass of children born to single mothers who can't provide for them. Responsible sex education can help. But responsible sex education includes an honest discussion of the consequences of sex — not just the physical, but the personal, moral and emotional consequences as well.

It includes a discussion of — horrors! — abstinence. Abstinence, the quaint notion that people should refrain from acting on their sexual desires until they're married. Hokey, old-fashioned, not "with-it." Perhaps. But a legitimate alternative.

Unfortunately, so long as Ms. Gebbie and other leaders prefer ridiculous political hyperbole over a responsible look at the facts, it will be difficult to discuss sex rationally.

Dorothy F. Wilson
906 Church Street
Shenandoah, Iowa 51601

OMAHA, NE
PM
2? OCT
1993
34

Ms. Kristina Gebbie
AIDS Adviser
The White House
Washington, D.C. 20500

Chron File

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 Gebbie

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.

THE WHITE HOUSE

WASHINGTON

November 11, 1993

The Honorable Daniel K. Inouye
United States Senator
Room 722, Hart Senate Office Building
Washington, DC 20510

Dear Senator Inouye:

Thank you for the information on your recent action regarding World Health Organization Collaborating Centers on Nursing/Midwifery. This is an important resource and your support is appreciated.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

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) _____

X Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____

_____ File

COMMENTS: _____

Thanks for the information
on your recent action regarding
WHO collaborating centers
on nursing/midwifery.
This is an important resource
& your support is appreciated.

Sincerely

DANIEL K. INOUYE
HAWAII

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

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

October 27, 1993

NOV - 3 1993

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

Dear Ms. Gebbie:

During our recent Senate deliberations on the Fiscal Year 1994 Appropriations bill for Foreign Operations, Export Financing, and Related Programs (Senate Report 103-142), language was included at my request urging the Agency for International Development (AID) to give greater attention to addressing nursing/midwifery collaboration centers.

Specifically, the report states on page 67:

> "Nursing/Midwifery Collaboration Centers. In its last report, the Committee noted that while nursing is important in meeting the health care needs of developing countries, the nursing profession currently receives very little support through international agencies. The Committee urged the implementation of the 1989 World Health Assembly resolution on nursing/ midwifery personnel. This year, the Committee urges AID to assist WHO collaborating centers in nursing in the United States and at U.S. universities in implementing the 1989 World Health Assembly resolution on nursing/midwifery personnel."

I trust you will find this report to be of interest.

Aloha,

Daniel K. Inouye

DANIEL K. INOUYE
United States Senator

DKI/pdw

THE WHITE HOUSE

WASHINGTON

November 11, 1993

Karen Juncosa
9951 Beverly Grove Drive
Beverly Hills, CA 90210

Dear Karen:

Thank you for your request on AIDS funding information. Enclosed is the information that you requested. Please let me know if I or this office can be of further assistance.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant to
National AIDS Policy Coordinator

Enclosure

THE WHITE HOUSE

WASHINGTON

November 11, 1993

G. Stephen Bowen, M.D., M.P.H.
Associate Administrator for AIDS
Health Resources and Services Administration
Room 14A21, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Dear Stephen:

Please thank all of your staff involved in last week's briefing on HRSA HIV/AIDS programs. I found it a helpful update on your concerns and issues, and a good opportunity to share some of what I've been hearing around the country.

Thanks again,

Kristine M. Gebbie
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

November 11, 1993

John N. Krzemien, Ph.D., R.N.
Regional HIV Coordinator
Public Health Service
Department of Health and Human Services
105 West Adams Street
Chicago, IL 60603

Dear John:

Thank you for forwarding the copy of "Clinical Management of the HIV Infected Adult: A Manual for Mid-level Clinicians." The manual is a welcomed and important resource for health practitioners.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGION V
105 WEST ADAMS STREET
CHICAGO, ILLINOIS 60603

PUBLIC HEALTH SERVICE

NOV - 3 1993

November 2, 1993

I am forwarding a complimentary copy of "Clinical Management of the HIV Infected Adult: A Manual for Mid-level Clinicians, Second Edition, September 1993", for your personal use. This manual may be duplicated and distributed, or additional copies may be ordered for a nominal handling charge from:

Barbara Schechtman, Administrator
Midwest AIDS Training and Education Center
808 S. Wood Street (M-C 779)
Chicago, IL 60612
(312) 996-1373

This manual was prepared in recognition of the extensive and significant contributions of nurse practitioners and physician assistants in the area of HIV care, and their effective use of physician/midlevel collaborative practice models and expanded clinical roles.

If you need additional information or clarification, please contact me at (312) 353-1385.

Sincerely yours,

John N. Krzemien, Ph.D., R.N.
Regional HIV Coordinator

THE WHITE HOUSE

WASHINGTON

I need to find phone # of other woman who called me on this — to also convey my regrets

November 11, 1993

Deborah A. Cohen, M.D., M.P.H.
Medical Director, HIV Program Office
Louisiana Department of Health and Hospitals
1542 Tulane Avenue
New Orleans, LA 70112-2822

Dear Dr. Cohen:

Thank you for the invitation to attend "HIV/STD Prevention Strategies: Antibiotic Prophylaxis Reconsidered" conference on November 29 and 30 in New Orleans. Unfortunately, my schedule does not permit me to participate. In the future I hope to have a chance to work with you, so please keep me up to date on your work.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Edward W. Edwards
GOVERNOR

LOUISIANA
Department of HEALTH and HOSPITALS
J.Christopher Pilley
SECRETARY

June 29, 1993

For: Nov. 29 & 30 requests.

Dr. Kristine Gebbie
AIDS Coordinator
The White House
1500 Pennsylvania Ave.
Washington, DC 20500

Dear Dr. Gebbie:

I am writing both to congratulate you on your new position in supervising the war on AIDS as well as to invite you to participate in a national conference on new strategies to prevent HIV transmission. The conference is entitled *HIV/STD Prevention Strategies: Antibiotic Prophylaxis Reconsidered* and it will take place on November 29 and 30th, 1993 in New Orleans. Given the limited effectiveness of behavioral interventions, the availability of curative single dose antibiotics against which there has been no documented clinical resistance of STDs, and the theoretical possibility that HIV transmission may be enhanced by gonorrhea, chlamydia and syphilis, reconsideration of antibiotic prophylaxis as a potential HIV/STD control strategy is warranted.

Other confirmed guest speakers include Drs. King Holmes, Franklyn N. Judson, David Martin, R.C. Brunham, Sevgi Aral, and Ned Hook. Attached is the projected agenda. We would greatly appreciate it if you would consider participating in the panel discussions, particularly the final one on November 30th in which we will try to develop a consensus on the role of STD prophylaxis in America.

Although we know you are very busy in your new position, please let us know as soon as possible whether you will be able to join us in November. Feel free to call me for additional information on the conference and its objectives.

Good luck and best wishes for your success in combatting HIV/AIDS. We look forward to working with you on this greatest public health challenge of our times.

Sincerely yours,

Deborah A. Cohen, MD, MPH
Medical Director, HIV Program Office
Louisiana Department of Health and Hospitals

OFFICE OF MANAGEMENT AND FINANCE • DIVISION OF POLICY AND PROGRAM DEVELOPMENT • HIV PROGRAM OFFICE
1542 TULANE AVENUE • NEW ORLEANS, LA 70112-2822
TELEPHONE (504) 568-7474 • FAX (504) 568-7044
"AN EQUAL OPPORTUNITY EMPLOYER"

PROJECTED AGENDA--Day One
(All talks will allow for 10-15 minute question, answer, and discussion period afterwards.)

Keynote Speech: 9:00-10:00 1) History of antibiotic prophylaxis for prevention of gonorrhea and other STDs. The speaker will set the stage for the more detailed talks to follow and touch upon current STD control approaches, their drawbacks, and the potential relevance of prophylaxis. The speaker will identify both positive and negative consequences, including potential decreases in STD morbidity, HIV transmission, as well as toxicities, resistance, unfavorably altering sexual behavior, and the impact on safer sex and "just say no" promotion.

10:00-11:00 2) Modes of Prophylaxis-- Antibiotics may be administered in several different ways; for example: post exposure, annually at check-ups, to all patients in STD or Family Planning clinics, to core groups, or to an entire community within a brief interval. Which approaches would result in the greatest (or least) contribution to STD control? The speaker will address the implications and feasibility of each of these approaches.

11:15-12:15 3) Modelling in STD/HIV Transmission-- How can modelling predict the optimal approach to prophylaxis? Can we predict the benefit in terms of reducing the prevalence of STDs and duration of effect? Models estimating the proportion of HIV transmission likely to be attributable to syphilis, gonorrhea, and chlamydia will be presented. A model of what proportion of the population should receive prophylaxis to significantly reduce the rate of HIV transmission, if creating "herd immunity" to STDs is indeed relevant to interrupting the chain of HIV transmission, may be proposed.

2:00-2:30 4) Single dose oral antibiotics This lecture will review the effectiveness, toxicities, and adverse reactions of ofloxacin, azithromycin, cefixime, and other potential single dose oral agents. The likelihood that any of these regimens could render primary syphilis non-infectious will also be addressed. Drug toxicity will be contrasted to that expected from immunizations.

2:30-3:00 5) Antibiotic resistance-- This talk will explore whether and how gonorrhea, chlamydia, and syphilis could develop resistance to the new single dose regimens. The speaker will also examine the effect of prophylaxis for one organism on others, ie what effect would prophylaxis for chlamydia with azithromycin have on the gonococcus?

3:15-4:30 **Panel Discussion 1: Feasibility and Specific approaches** Since vaccines are not available for the curable STDs, why not treat prophylactically? Do adverse reactions from oral antibiotics exceed those of immunizations? Can anything be gained by comparison to the cost-benefit analyses used for vaccines? Is there a scientific basis for reviving the use of antibiotic prophylaxis?

PROJECTED AGENDA: DAY 2

9:00-10:30 6) High Risk behavior-- Many believe that the availability of birth control pills contributed to the "sexual revolution" and the modern increase in sexual promiscuity. Similarly, it is important to consider whether the availability of antibiotic prophylaxis might increase high

risk sexual behavior. Two speakers will address this issue and potential mitigating interventions, such as promoting condoms along with STD prophylaxis. The contribution of core group members to the incidence of STDs and HIV will be estimated along with the possibility that a certain percentage may not adopt condom use.

10:45-12:00 **Panel Discussion 2:** Ethics: Would it be ethical to promote single dose oral regimens for STD prophylaxis? Is there an ethical difference between the various possible modes of prophylaxis? Is there a conflict with promoting safer sexual behavior?

1:30-3:00 **Panel Discussion 3:**Consensus Building: Recommendations for Use of STD Prophylaxis in America: What is the overall cost-benefit of STD prophylaxis, is it ethical, and would it interfere with current sexual behavior modification programs?

Overview

"HIV/STD Prevention Strategies Conference: Prophylaxis Reconsidered"

The control of Human immunodeficiency Virus (HIV) and other sexually transmitted diseases (STDs) are priorities of the Year 2000 objectives. Nearly fifty years ago the use of prophylactic antibiotics was demonstrated to be an effective means for reducing the incidence of gonorrhea. However, the development of gonococcal resistance, and coinfection with other STDs which are not curable by antibiotics were cited as important reasons for rejecting prophylaxis as a means of STD control.

Given the current availability of new single dose oral antibiotics with low toxicities and the present lack of clinical resistance to them, the relevance of prophylaxis to modern HIV/STD control should be reevaluated. While we recognize that prophylaxis is a significant departure from what is currently considered an acceptable STD control strategy, the limited effectiveness of behavioral interventions, nationwide goals of reducing the incidence of gonorrhea and chlamydia, and the theoretical possibility that HIV transmission may be enhanced by gonorrhea, chlamydia and syphilis, warrant reconsideration of prophylaxis as a potential HIV/STD control strategy.

The proposed two day conference, "HIV/STD Prevention Strategies Conference: Prophylaxis Reconsidered" will be held November 28-29, 1993 in New Orleans, Louisiana at Le Meridien Hotel. Individuals interested in the control of HIV and STDs will be targeted nationally through brochures and advertisements. Expected registration will be 100 to 150 persons. Twelve experts will be invited to make presentations and participate in panel discussions on the relevance of prophylaxis to modern HIV/STD control.

Conference Objectives include:

1) To review the history of STD control strategies, with emphasis on the use of antibiotic prophylaxis.

2) To examine the role of STDs in HIV transmission.

3) To explore the theoretical bases for the expected benefits and consequences of using single dose oral antibiotics as prophylaxis in modern HIV/STD control programs.

4) To evaluate the ethical ramifications of using single dose antibiotic regimens for the control of HIV/STDs and make recommendations for the use of prophylaxis for HIV/STD prevention.

The format of the conference will include several didactic lectures and panels discussing STD prophylaxis and its implications for HIV control. Audience participation will be facilitated by

questions and answer periods.

The list of topics to be addressed will include: 1) History of antibiotic prophylaxis, 2) Single dose oral antibiotics, 3) Antibiotic resistance, 4) Modes of prophylaxis, 5) Modelling in HIV/STD transmission, a presentation of different models of the proportion of HIV transmission likely to be attributable to syphilis, gonorrhea, and chlamydia; 6) High Risk Behavior and Prophylaxis, a presentation addressing the likelihood that the availability of antibiotic prophylaxis may lead to increased high risk sexual behavior; 8) Ethics of Prophylaxis and 9) Consensus building on the relevance of the approach to the United States.

THE WHITE HOUSE

WASHINGTON

November 11, 1993

H.H. Dick Hedlund
1050 S. King Street, Apt. 25
Honolulu, HI 96814-2122

Dear Mr. Hedlund:

Thank you for writing. As I do my job, I'm pleased to hear from all those concerned about the HIV epidemic.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

Aloha

10-25-93

Hello -

Congratulations on your new, important job. Now's your chance to really tell ALL about AIDS and get out of the repetitious Govt & Agencies dam lies and cover-up as to the real Genesis of AIDS.

AIDS is not from Green Monkeys or Randy Shilt's flight attendants conquests.

The Biological/Germ Warfare Labs of the DOD created the HIV AIDS from Animal Visna Virus of funds granted by Congress specific for DNA/Genetic Diddling. Have FBI investigate. Contracts to Litton Biomedics at Ft. Detrick.

Then some "Butt Brains" loose nuts thought it's a good population controller, and zam it's loose. Thanks USA!! My Gawd.

Amazed that infected Gays don't raise Hell over their own Govt infecting them!!

Aloha

Dick Nadler

$9.95
Higher in Canada

ISBN 0-917211-25-1

AIDS AND THE DOCTORS OF DEATH — The shocking book that was suppressed at the 1989 AIDS International Conference by officials of the World Health Organization. In this well-documented exposé of AIDS and cancer research, Dr. Cantwell links the outbreak of AIDS in America in the late 1970s to the government-sponsored hepatitis B viral vaccine experiments that used gay men as guinea pigs in New York City, Los Angeles, and San Francisco. African AIDS traces back to smallpox vaccine programs conducted in Africa in the mid-1970s. The only book that clearly explains why AIDS is a man-made epidemic produced by a genetically-engineered, laboratory-produced virus.

"Anybody who has ever questioned the origin of the AIDS holocaust and epidemic; anyone who has doubts about the Green Monkey Theory of AIDS has to read this book. A courageous, wonderful, honest open book written by a physician and scientist who has done years and years of cancer research into Kaposi's sarcoma long before the beginning of the AIDS epidemic and who has come to the conclusion similar to mine that AIDS is not a natural occurrence, but a man-made creation with horrible implications.

I really believe that any human being who cares about the government's involvement, about our scientific community, about physicians who cover up the truth, about people who care for their fellow man irrelevant of their color, creed, or sexual preference has to read this book and come to their own conclusions."

—**Elisabeth Kubler-Ross, M.D.**
author of *Death and Dying*, and
AIDS, the Ultimate Challenge

ISBN 0-917211-25-1

Aries Rising Press
P.O. Box 29532
Los Angeles, CA 90029

Cover design by Ron Anderegg

SURVIVING THE AIDS PLAGUE

By Taki N. Anagnoston, M.D.
$14.95... 339pp... Trade Paper... ISBN: 0-922356-44-0

In this startling and thought-compelling book, Dr. Taki N. Anagnoston, a board certified Californian obstetrician-gynecologist who has been in private practice for over 25-years, courageously challenges us all and most especially his own colleagues within the AMA with the moral, legal, and financial implications facing mankind by the deadly AIDS virus.

Through his own research and experience in diagnosing and treating AIDS-infected patients, he reveals startling evidence which he believes is deliberately being withheld from the American (as well as World) public, such as: What is AIDS? Was AIDS a man-made virus? What are the implications of HIV testing? Should physicians (or other health care workers) who are AIDS-infected treat AIDS-free people? Why are health care workers so uninformed about AIDS? Can YOU get AIDS from a public toilet? Can you get AIDS by eating AIDS contaminated food or drinking AIDS contaminated liquid or from kissing? Will "safe sex" protect you from AIDS infection? Is AIDS a venereal disease? What are the economic implications of AIDS?

The public statistics about the spread of AIDS are shocking! For example, the cases of AIDS are doubling every *10-14 months* and at this rate, Dr. Anagnoston estimates that by the end of 1992 there will be over 48 *million* carriers of the disease!

"The very survival of our country depends upon our realizing the truth about the AIDS threat and taking rapid appropriate action. People need to be assured that they will not be exposed to the AIDS virus, without their knowledge, just to satisfy some ridiculous law. Organized medicine must assume its abrogated role as the leader in this war with the AIDS virus."

"Throughout history, human nature and behavior has remained constant, and therefore, man is destined to repeat his mistakes. Unfortunately, unless massive personal moral responsibility is taken, I expect the people of America to react as people have done in past plague circumstances. They will remain unconcerned and complacent until millions of people are visibly AIDS-sick, AIDS-dying and AIDS dead."— Taki N. Anagnoston, M.D.

In the experiment, about 400 black syphilitic sharecroppers were examined yearly by Public Health Service doctors in Tuskegee. The purpose of the study was to record the destructive effects of untreated syphilis, and to follow closely the medical progress of the group until each man died.

The black men were never told they had syphilis, nor were they told their disease could endanger their families. They only knew they were being examined yearly and were receiving free treatment for "bad blood," (a term used in the black community to denote a variety of different illnesses).

Even when a penicillin treatment cure for syphilis became available in the 1940s, the men in the Tuskegee Syphilis Experiment were not allowed to receive the antibiotic. By decree, other doctors in Macon County were forbidden to treat any of the men in the study. Only special government doctors could treat the men, and when any of them died, the government quickly made arrangements for autopsy examination at Andrew Hospital.

Autopsies were imperative to assess the pathologic damage caused by the deadly syphilis germs which were allowed to proliferate in the black mens' bodies. As a financial incentive for the men and their families, the government picked up the tab for "burial expenses."

The original scientists who devised and conducted the experiment were convinced that the effects of syphilis in blacks were different than in whites. The Tuskegee experiment was undertaken to prove that hypothesis. Over the years, many medical studies involving these untreated syphilitic men were reported in scientific journals.

During the Black civil rights movement of the 60s, pressure was put to bear on the CDC to stop this inhumane experiment. But despite criticism from a few outspoken people, the government study continued until it was finally disbanded under political pressure in 1972.

An article by Martin P. Levine (Bad blood, *New York Native*, February 16, 1987) examined the racist science inherent in the study. He reminded his readers that the Tuskegee experiment was supervised by the CDC, the same government agency that now oversees the AIDS epidemic.

According to Levine, the experiment was easily justified by physicians and scientists because "it was widely believed that black racial inferiority made them a 'notoriously syphilis-soaked race.' Their smaller brains lacked mechanisms for controlling sexual desire, causing them to be highly promiscuous. They matured early and consequently were more sexually active; and the black man's enormous penis with its long foreskin was prone to venereal infections. These physiological differences meant the disease must affect the races differently."

Levine concluded by reminding his readers that "what happened in Macon County means we cannot blindly trust the CDC. While none of us feels that AIDS is a repeat of Tuskegee, it is high time we took a long hard look at what they are doing. The message from Macon County is simply: Be wary, be critical."

Unbelievably, the diabolic Tuskegee experiment was sanctioned by the American scientific community for five decades. Even the black doctors at Andrew Hospital kept quiet about what was going on right under their

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IS AIDS MANMADE?
THE STRECKER MEMORANDUM

We have a story to tell you, a very strange story, one that affects you, me, and every other human being on earth. A story that must be taken seriously by the governments of every nation in the world because there may not be many humans left to govern by the turn of the century, or shortly thereafter. A story so bizarre, and so sinister that, if it were not for the fact that it is all true, it would make a great science fiction thriller. (Interestingly enough, Lorimar Pictures of Hollywood has purchased the rights to Dr. Strecker's life story.)

The story begins in 1983 with Dr. Robert B. Strecker, M.D., Ph.D. Dr. Strecker practices internal medicine and gastroenterology in Los Angeles. He is a trained pathologist and holds a Ph.D. in pharmacology. Dr. Strecker and his brother, Ted, an attorney, were preparing a proposal for health maintenance organization (HMO) for Security Pacific Bank of California. They needed to know the long-term financial effects of insuring and treating **AIDS** patients. In as much as this information was not readily available in 1983, both brothers began researching the medical literature to learn what they could about this relatively new disease. The information they uncovered right from the beginning was so startling to them, so hard to believe, that it would dramatically alter both their lives and lead them on a five-year quest culminating with the creation of **"The Strecker Memorandum,"** the most controversial video tape of our time and a remarkable set of documents called **"The Bio-Attack Alert."**

WHAT THEY DISCOVERED

Right there in the medical literature for anyone to read for themselves was, basically, proof that the AIDS virus and pandemic was actually PREDICTED years ago by a world-famous virologist, among others. They found that top scientists writing in the BULLETIN of the World Health Organization were actually REQUESTING that AIDS-like viruses be created to study the affects on humans. In fact, the Streckers unearthed thousands of documents all supporting the man-made origin of AIDS. Meanwhile, the government was telling everyone that a green monkey in Africa bit some native and started AIDS. As their research continued, it became obvious from the documentation that the virus itself was not only created as requested, but actually DEPLOYED, and now threatens the existence of mankind because it does what it was designed to do: cause cancer in humans via a contagious virus. Eventually, the Streckers came to realize everything the government, the so-called AIDS experts and media were telling the public was not only misleading, but out and out lies.. The truth of the matter is:

- **AIDS is a man-made disease;**
- **AIDS is not a homosexual disease;**
- **AIDS is not a venereal disease;**
- **AIDS can be carried by mosquitoes;**
- **Condoms will not prevent AIDS;**
- **There are at least six different AIDS viruses loose in the world;**
- **And on and on, but....**

THE SCARIEST PART

The most dreaded fear that all oncologists (cancer doctors), virologists, and immunologists live with is that some day CANCER, in one form or another, will become a contagious disease, transferable from one person to another. AIDS has now made that fear a reality. If you think you are safe because you are not gay or promiscuous, or because you are not sexually active, then you must watch **"The Strecker Memorandum"** very carefully.

IF YOU PLAN TO HAVE SEX TONIGHT YOU HAD BETTER READ THIS

The most common misconception being foisted upon us right now concerns sexually active Americans. We are told that if a man uses a condom, the transference of the deadly virus is virtually eliminated. Nothing could be further from the truth. Of the body fluids that the AIDS virus is found in, semen contains the least. As a matter of fact, in every single study ever published on the subject, no one has found a significant amount in anyone's semen. It just isn't there in huge numbers. There is usually about one virus per milliliter, a statistically irrelevant amount. One copious ejaculation might produce only one or two viruses. This is substantiated in the medical literature. But, just for argument's sake, let's say all the medical studies are wrong. Let's pretend that there are countless millions of AIDS viruses in the

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THE

STRECKER

GROUP

January, 1993

Dear Friend,

We have reached the end of the line in our efforts to make America aware of the origins of AIDS. In the five years since we produced "The Strecker Memorandum", the most controversial video of our time, we have barely scratched the surface of American awareness. Even though virtually everything Dr. Strecker predicted on the video has not only come true, but in many instances, is much worse than he stated. America just doesn't seem to care.

Since the video was made in late 1988, many people have continually asked us for updates, reports, new information, etc., anything to keep them posted regarding developments on what we feel is the most serious calamity to befall mankind since time began, AIDS. To date, we have resisted all requests to provide this simply because of the sheer volume of information we get, on a daily basis, sent to us from concerned, involved people all over the world. I mean, we get phone calls, letters, published stories, magazine articles, professional journals, medical journals, government documents, classified reports, and so forth. It would have been impossible to prepare and distribute updates every time we developed new information. You might say we've been saving it all until now.

The Strecker Group does not, in and of itself, get involved with or investigate conspiracy theories. However, over the years, Dr. Strecker has appeared time and time again on radio and television programs, meetings, at seminars and lectures both here and abroad with Mr. Zears Miles, who in our opinion, is the world's foremost conspiratorialist researcher. Dr. Strecker has developed a sincere and abiding respect for Mr. Miles and the validity of his research. It has become increasingly obvious that on a world-wide basis, Blacks represent the overwhelming majority of humans infected with AIDS and that number is increasing exponentially. Why? What is the reason for this? Zears Miles may very well have the answer and we would now like to share both his and our information with you. And so.....for perhaps the last time, we offer another astounding compilation of research data called "The Z/M Package". As with "The Strecker Memorandum" video, many people will have a hard time believing what they see and read. For here is assembled the most damning information you will ever have in your possession. Very simply, it consists of every relevant document we have uncovered in over nine years of research! Some of it acquired through freedom of information act requests, some from pure simple research, some from sheer tenacity. Much from unspecified sources. Some of it is classified, all of it is dynamite. We have diligently, year by year, sought out the most revealing, damaging, incriminating documentation we could get our hands on. We will show you, with detailed maps, the location of all the concentration camps already set up in America ready to start operation.

Please turn to other side

501 COLORADO BLVD., • EAGLE ROCK, CA 90041 • (213) 344-8039, FAX: (213) 254-8734

Dear Friend:

If you have not yet seen Dr. Strecker's video **"The Strecker Memorandum"**, or read **"A Higher Form of Killing"** by Robert Harris and Jeremy Paxman, you will want to take advantage of this money-saving offer. If purchased separately, the video tape is $29.95 and the book is $29.95 for a total of $59.90. If you order the video tape and the book when you place your order for **The Z/M Package**, (a $129.85 value) you may have all three for $100 plus $5.00 for shipping and handling. California residents must include $8.25 sales tax.

Checks and money orders should be payable to: THE STRECKER GROUP
1501 Colorado Blvd.
Eagle Rock, CA 90041

We'll show you the actual appropriation bill giving the army $10.5 Million to start making AIDS. (This took 2 years of digging to ferret out). You'll get the complete "Global 2000" report, produced by the Carter administration suggesting thinning out the world population by 3 billion people. You will get the complete "King Alfred" report, actually hundreds of documents. Over 700 pages of documents plus two 90 minute audio cassettes. The Z/M package weighs almost five pounds and costs us five dollars just for the shipping. It will take you a full day just to sift through all the material. It will take you more than a week, full time, to read and listen to everything. That's how much data you will get.

I'm including a sample table of contents from the Z/M package with this letter just to give you an idea of what's involved in this offering. There is no one anywhere that can provide you with all of this original documentation in one concise package. In fact, there is no way in the world to get this information except the way we did it, the hard way. We have done all the work for you; all you have to do is read. If you would like this extraordinary package for yourself, the cost is $69.95 plus $5.00 for shipping and handling. Please send us a check or money order. We can no longer process credit cards. Just tell us you want the Z/M package or write it on your check and we'll send it right out. Make your check payable to The Strecker Group and send it to our address below.

Maybe you are one of the many people that have been asking us to open our files and finally share this information. Perhaps you are one of many Americans who have always suspected the government lies to us about many things ------ but you couldn't prove it. You may even be aware that some of this very information has already cost the lives of at least two people. (Dr. Strecker's brother, Theodore, and Illinois State Representative, Douglas Huff).

For whatever reason you may have to acquire the Z/M package, the time is now. We will not be contacting you about this again.

Thanking you for reading this. May God help us all.

Leslie Nachman
The Strecker Group

P.S. If you have a question or need more information, call (213) 344-8039.

NOTE: If you live in California, you have to include $5.77 sales tax.

SAMPLE TABLE OF CONTENTS

Z/M PACKAGE

Section 1 Single Page Articles

Section 6 Charts and Graphs

Section 5 Tables

Hotep,

My name is Zears Miles, I am an industrial engineer by training, but for the last six years I have researched the most bone-chilling, spirit numbing, horrible premise a Black person can envision. I believe I have uncovered a reality spawned in the bowels of Hell designed by certain elements working within the U.S. Government and financed by the U.S. Taxpayer. That reality is, the determined, systematic elimination of the Black race from the planet. African Americans, Africans, African Brazilians, all of us. It is being done through the introduction of ethnically-specific biological agents. That is, diseases genetically designed in a laboratory. "Such a weapon would be capable of incapacitating or killing a selected enemy population" according to the U.S. Army. In this case, however, the "selected enemy population" is the Black population. AIDS is one of these genetically engineered diseases. Lest you think I'm crazy, let me tell you I have accumulated hundreds of documents and spent hundreds of hours in interviews, and if you heard me lecture and saw my proof in person, you would know fear as I do.

Dr. Martin Luther King, Jr., once stated, "America is a racist society....and the logical conclusion to racism is genocide". It is essential that you understand this, because once you do, all the research I've done and all the information I have accumulated for you concerning AIDS as a man-made disease begins to make sense. The pioneering research into the true origins of AIDS was conducted by Dr. Robert B. Strecker, MD. who practices medicine in Los Angeles. He was the first to discover in the medical literature, that the U.S. Government was not only misleading the public, but actually lying to us about this disease. I urge you to watch his astounding video called the "Strecker Memorandum" and see for yourselves how AIDS got started, what it is, where it came from, how it works and how easy it is to catch.

However, If you can handle it, I will take you beyond Strecker's discoveries and reveal the elements of the Plan for our destruction. I'll show you where the concentration camps already are being set up for us. I'll tell you why new designs for urban mass burn, high-temperature trash incinerators are capable of 5,000 degrees Fahrenheit! They are already being constructed around the country! I'll tell you where. All in all, I'll tell you things and show you things that will give you nightmares.

Admittedly, none of this is pleasant, and I wish to God none of this were True. But it IS ALL TRUE. There is no place for us to hide, or hide from the truth except through denial, and of course, we know what the fate of 6,000,000 Jews who denied what was happening to them as the "selected enemy population" of the German state some 45 years ago.. There are things we can and must do but you have to be jolted into awareness NOW. You must see this Z/M package.

Very Sincerely

Zears Miles

Zears Miles
Independent Researcher

WOULD YOU BELIEVE --

NEW
2 VOLUME VIDEO

Mosquitoes can transmit AIDS?
Swimming pools transmit many diseases?
Condoms can transmit AIDS more than 50% of the time?
AIDS can be transmitted through intact skin?

ALL DOCUMENTATION APPEARS ON THE SCREEN

In this unique and compelling 2 Volume video, Dr. Lorraine Day tells you the truth about AIDS. As she speaks, the actual supporting articles, from the medical literature and from government documents, are displayed on the screen for you to read.

In Volume I you will learn:

- that the AIDS virus is **not** fragile
- that the AIDS virus survives outside the body for days
- that freezing will **not** kill the AIDS virus
- that the AIDS virus does **not** die on contact with the air
- that kissing transmits AIDS
- why household disinfectants will **not** kill the AIDS virus
- that blood on intact skin can transmit AIDS
- that AIDS has been transmitted through contact sports
- the inept design of the government's "household contact" studies
- why condoms can allow transmission of the AIDS virus as much as 50% of the time.
- why the government **isn't** telling you the truth about AIDS
- what you can do to protect your family and get the epidemic under control.

In Volume II you will learn:

- that the government admits that mosquitoes can transmit AIDS
- that the water supply is in danger
- that swimming pools are **not** safe
- the facts about the Florida dentist who transmitted AIDS to five patients
- why it **is** dangerous to go to a surgeon or a dentist who has AIDS
- the potential dangers in the food supply
- if the AIDS test is accurate
- why education is **not** working
- how other countries are handling the AIDS epidemic
- the enormous power of the gay activist lobby
- why a cure or a vaccine for AIDS is probably impossible
- how the government **could** control the AIDS epidemic immediately and why they **refuse** to do so

---

ARE YOU SITTING DOWN?

YOU SHOULD BE WHEN YOU SEE AND HEAR THESE MESSAGES!!

VIDEO & AUDIO TAPES

Including life-saving information for healthcare workers

- the HIV virus is not easily killed by disinfectants
- transmission of AIDS has occurred through a bite
- HIV is transmitted through intact skin and mucous membranes
- the AIDS virus does NOT die on contact with the air
- HIV survives freezing
- the CDC says the respiratory tract is a potential pathway for AIDS transmission
- latex gloves have microscopic holes in them
- HIV stays alive and infective outside the body for days
- kissing can transmit AIDS
- the blood supply is still not safe
- how healthcare workers can protect themselves

Both the AUDIO and VIDEO tapes are professionally produced and compiled directly from information RARELY TOLD TO THE PUBLIC but already well documented in the world's most prestigious journals such as the New England Journal of Medicine, Lancet and Journal of the American Medical Association. The tapes contain full medical references.

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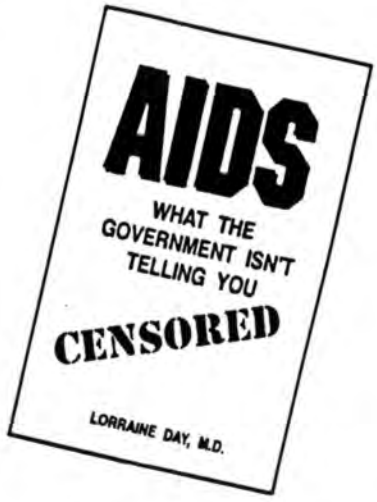
Learn the truth about AIDS . . .
New AIDS information
from Dr. Lorraine Day!

IF YOU THINK THE GOVERNMENT ISN'T TELLING YOU THE TRUTH ABOUT AIDS - YOU'RE RIGHT!

AMAZING FACTS



In this book you'll learn:

that the AIDS virus is not fragile
that the AIDS virus survives outside the body for days
why blood on intact skin is dangerous
that the blood banks could have improved the safety of the blood supply years before the AIDS test was available but chose not to
why the blood supply still is not safe
what the government really thinks about the safety of condoms
the risks from HIV-positive children in schools, in daycare centers and in contact sports
why kissing is not safe
the newest information about mosquitoes
what must be done to control the AIDS epidemic

Dr. Lorraine Day, an internationally acclaimed orthopedic trauma surgeon and lecturer, was on the faculty of the University of California, San Francisco for 15 years. As Chief of Orthopedic Surgery at San Francisco General Hospital, the only trauma hospital in that city, she operated on as many AIDS patients as any surgeon in the country. Dr. Day, like all trauma surgeons, was covered with blood from patients' gun shot wounds, stab wounds and other massive injuries day after day, year after year, while being assured by the "experts" that her work was not hazardous.

She has appeared on numerous television shows including, 60 Minutes, Nightline, CNN Crossfire and Oprah Winfrey, telling about the risks of AIDS to the general public and about the government's appalling lack of control of the epidemic.

Dr. Day explains in this book how she suddenly discovered that the "experts" were not telling the full truth about AIDS to the surgeons, to other medical personnel and to the public. She reveals astonishing, well documented facts about the AIDS epidemic, facts that the government denies, but facts that you must know to protect yourself and your family from this fatal disease.

This book is not available in bookstores.

NEWSLETTER

NATIONAL
HEALTH ALERT
THE AIDS EPIDEMIC & HEALTH CARE WORKER SAFETY
Published by Lorraine Day, M.D.

STARTLING FACTS!

AIDS virus survives outside the body for days
AIDS virus not easily killed by many disinfectants
Transmission of AIDS during contact sports
Do mosquitoes transmit AIDS?
Are swimming pools safe?
Contamination of dental drills - Questions to ask your dentist.
Health care workers with AIDS from occupational exposure: How many?
Universal precautions do NOT prevent transmission of AIDS.
Latex gloves or vinyl - are either safe?
Transmission of multi-drug resistant tuberculosis to health care workers and others.
AIDS virus can penetrate gowns without fluid soak-through.
Is AZT prophylaxis worthwhile after needlestick injury?
Recapping needles: Is it more or less dangerous than not recapping?

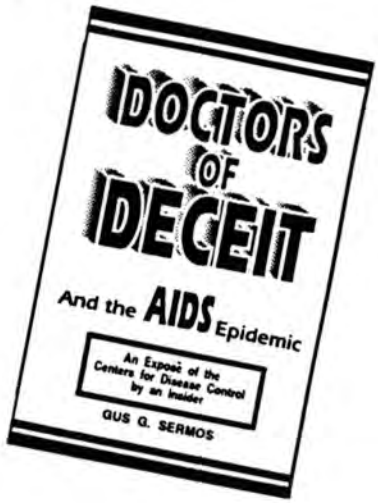
Each 6 page NEWSLETTER is filled with astonishing and life-saving facts that are well documented in the medical literature, but not openly admitted by the Centers for Disease Control, Public Health authorities and the medical establishment.

IF YOU THINK THE GOVERNMENT IS PROTECTING YOU FROM AIDS--

YOU'RE IN FOR A BIG SURPRISE!

Read this Exposè of the Centers for Disease Control written by an insider

NEW



Gus G. Sermos, former Public Health Advisor and AIDS Researcher at the Centers for Disease Control, explains in this book that the "negligence, incompetence, arrogance and complete lack of leadership" in the AIDS epidemic by the Public Health authorities and the Centers for Disease Control have caused the American citizens to become nothing more than "unconsenting guinea pigs" in an epidemic that may become the worst the world has ever known.

In this book you'll discover:

- that the Centers for Disease Control ordered AIDS researchers **not** to notify the contacts of AIDS patients that they had been exposed to the AIDS virus.
- that CDC officials gave approval to CDC employees to give incorrect and misleading information under oath to a federal administrative law judge.
- that the chief sex educator for Florida's Dade County AIDS division, who was supposed to be teaching students how to protect themselves from AIDS, continued to participate in anal sex in public places until he eventually died of AIDS.
- that even if a cure or vaccine were ever found for AIDS, the mere existence of a cure or a vaccine does not guarantee that the disease will be either controlled or eradicated.
- that the Centers for Disease Control and the Public Health authorities have admitted that they have the capability of controlling the AIDS epidemic, but have chosen not to for political reasons.
- that syphilis has been transmitted through intact skin and former Surgeon General Koop has said that "AIDS will probably be transmitted in the same manner as...syphilis".
- that officials of the Centers for Disease Control obstructed the investigation of possible mosquito transmission in Belle Glade, Florida, a swamp area where there were almost three times as many AIDS cases as anywhere else in the U.S.

AMERICANS FOR COMMON SENSE

HAVE YOU HAD ENOUGH
of special interest groups calling the shots in the AIDS epidemic

IF YOU AGREE THAT:

- You have a right to know if you are being exposed to the AIDS virus
- ALL methods of transmission of AIDS must be investigated
- Widespread AIDS testing is necessary
- Adolescents must be told that condoms do not provide "safe sex"
- Established Public Health procedures must be used to control the epidemic, including testing and contact tracing

IF YOU THINK IT'S TIME FOR AMERICAN CITIZENS TO BAND TOGETHER AND TAKE CHARGE - - - -

THEN JOIN AMERICANS FOR COMMON SENSE

This grass roots organization of Americans has no religious affiliation and no political affiliation. It is a coalition of individual citizens who are fed up with the incompetent approach to the AIDS epidemic taken by the government, by organized medicine and by the gay activists. We will organize to demand change.

MAKE A DIFFERENCE - JOIN TODAY!

For information to join, fill out this form and mail to:
AMERICANS FOR COMMON SENSE
P.O. Box 952
Rancho Mirage, CA 92270
or call: (619) 770-1958 FAX: (619) 328-2076

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Paris Research Laboratory Covers Up Info on AIDS

EXCLUSIVE TO THE SPOTLIGHT

By Dr. William C. Douglass

The Pasteur Institute in Paris, as
reat as it is, is not above issuing
me half-truths. For example the in-
itute says that AIDS-I and AIDS-II
ttack the body in similar ways."
his is incorrect.

AIDS-I (HTLV-III) destroys the im-
une system causing a suppression of
lymphocytes. AIDS-II (HTLV-I) is
ell leukemia which causes an increase
lymphocytes.

I don't know why they put out disin-
rmation like this.

Now they are using disinformation to
er up a serious internal problem at

---

the institute.

A rash of cancer at the Pasteur Insti
tute has rocked the scientific world an
aused near-panic in Paris. All the case
ccurred in one building on one floor
he research complex.

Apologists for Pasteur say that it's a
coincidence. But anyone with a mod
um of background in statistics woul
nd this laughable. Dr. Lazare Gold
hl, a physicist of some renown i
rance, felt that he was qualified t
ompute the likelihood of three cases o
he same kind of cancer occurring or
ne floor of a research lab. He came up
th one in 10 million.

Instead of openly facing up to this
andalous and frightening develop-
ment, one which has caused deep concern among molecular biologists all over the world, the institute tried to cover the whole thing up. According to some critics the institute sat on it for over a year.

When the news of the series of cases, most of whom have died, leaked to the press, the institute reacted like a turtle and quickly drew all of its parts into a shell—not a pretty sight when you realize that this is the great institution that discovered the AIDS virus. The institute shielded itself from press scrutiny by invoking a deep concern for the privacy of the infected individuals..

But the press didn't buy it, especially after a fourth case of cancer surfaced from the same lab.

Goldzahl asked why the institute didn't recognize the absurdity of their position in claiming coincidence for the outbreak. Was it, he asked, ignorance or cover-up?

Francoise Kelly, MD, PhD, was a quiet, brilliant, private type of person. She was a molecular biologist in mid-career with an impressive past and seemingly an assured future. In the winter of 1985, while working on the now-famous second floor of the Pasteur Institute, Dr. Kelly noted a pain in the shoulder.

She thought it was arthritis. It was a lymphoma cancer.

Realizing the futility of chemotherapy, she refused it and died at home with friends giving her morphine injections to relieve her suffering.

SCANDAL MOUNTS

As the scandal mounted and the institute's credibility plummeted, Pasteur came out with another obfuscation. The institute announced that the three cases (soon to be four) were different types of cancer ("not the same pathology") and so "no *a priori* cause-and-effect relationship could be established."

Very few things in this world are *a priori*, but this cluster of cancer cases (soon to be five) comes close because they are the same pathology. All but one were sarcoma, a soft tissue type of cancer, the type you see with HTLV-I, another form of AIDS, which comes from bovine leukemia virus.

SCANDAL MOUNTS

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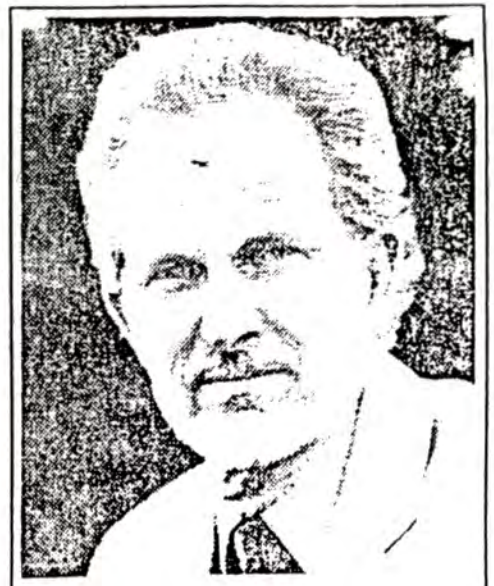
Very few things in this world are *a priori*, but this cluster of cancer cases (soon to be five) comes close because they are the same pathology. All but one were sarcoma, a soft tissue type of cancer, the type you see with HTLV-I, another form of AIDS, which comes from bovine leukemia virus.



Dr. William C. Douglass has been practicing medicine for more than 25 years. He is a graduate of the University of Rochester (New York) with a

Dr. Kelly was involved in manipulating viruses, the same kind of work that was done at Fort Detrick, Maryland, where the original AIDS virus, HTLV-III, was probably born. It's "genetic engineering," a euphemism for creating new forms of life, playing God.

On June 16, the French newspaper "Quotidien de Paris" headlined "Pasteur: A Sixth Researcher Has Cancer."

A similar story is unfolding at the U.S. National Institutes of Health (NIH). In September, the NIH reported a case of AIDS infection in an AIDS laboratory worker. This was said to be the "first case" of a laboratory worker contracting AIDS. (I guess NIH scientists don't read French newspapers.)

A second case was reported almost a year and a half after the diagnosis was made. Dr. Robert McKinney, director of NIH's safety division, said that the delay in reporting this second case was due to a "communication breakdown."

We seem to get a lot of that in government reporting of AIDS. •

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Region II
Federal Building
26 Federal Plaza
New York NY 10278

RECEIVED

NOV 19 1993

November 12, 1993

Dennis Whalen, Deputy Director
New York State AIDS Institute
Corning Tower - Empire State Plaza
Albany, New York 12237

Dear Dennis and Staff:

It is with sorrow that we note the passing of Nick. To say he was a true pioneer and visionary only serves to underscore his vast accomplishments.

We should not view this as the end of an era but rather as part of a continuum of compassion and concern for those affected by AIDS. Nick and his staff have built a strong foundation, it is up to all of us to keep building and strengthening the infrastructure necessary to care for those affected by this terrible disease.

The staff of the Regional Office of the Public Health Service extends their condolences to the staff of the New York State AIDS Institute. Please be assured we will continue to work in concert with your staff to continue the legacy established by Nick Rango.

Sincerely,

Raymond L. Porfilio
Regional Health Administrator

bcc: Dr. A. Manley
C. Gebbie

THE WHITE HOUSE

WASHINGTON

November 12, 1993

MEMORANDUM

TO: Donald S. Burke, M.D.
Colonel, Medical Corps, U.S. Army
Director Division of Retrovirology

FROM: Kristine M. Gebbie K. Steve Lee for
National AIDS Policy Coordinator

SUBJECT: National Foundation for Infectious Diseases speech

I am going to be talking to the First National Conference on Human Retroviruses and Related Infections, sponsored by the National Foundation for Infectious Diseases on December 12, under the title of "Research Policy and Process: The Impact of AIDS."

If you have any ideas or talking points you think pertinent to this discussion, I'd appreciate receiving them by December 5.

Thank you.

File

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Anthony Turney
Executive Director
The NAMES Project Foundation
310 Townsend Street
San Francisco, CA. 94107

Dear Mr. Turney:

I am happy to support the newest effort on the part of The NAMES Project Foundation to increase awareness of young people about the risks of HIV and AIDS. The National High School Quilt Program is an innovative way to help stem the rising tide of HIV infection among adolescents.

HIV infection is rising faster among adolescents than any other age group. Adolescents are difficult to reach with an effective prevention message. The AIDS Memorial Quilt is an ideal referent for beginning a dialogue that can be difficult to start. It takes a complex and controversial issue and breaks it down to its basic elements, opening discussion between peers, educators and students, parents and children and the community as a whole.

I am pleased to see the AIDS Memorial Quilt put to such an innovative use. There is a desperate need to communicate effectively the HIV/AIDS prevention message to adolescents.

I look forward to working with you on the National High School Quilt Program.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 12, 1993

T.L. Houvenagle
2008 SW 17th Avenue
Boynton Beach, Florida 33426

Dear Sir/Madam:

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

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

Your comments address the need to contain the spread of the virus. You indicated, however, that this should be done by isolating persons living with HIV. HIV/AIDS is not like other diseases for which quarantine and isolation have been the traditional methods of containment. HIV is transmitted by very specific behaviors, not by casual contact.

Targetted education campaigns have proven effective in changing those behaviors in persons that have participated in programs in all parts of this country. Under those circumstances, it would be more advisable to improve the nature of the prevention messages that we are delivering to populations at risk rather than trying to limit the civil liberties of those infected.

I have been entrusted by the President with the task of protecting the lives of <u>all</u> Americans, regardles of race, creed, gender, age or sexual orientation. Our Constitution grants the right to life to all those fortunate enough to be born under our flag. In order to safeguard their safety, it is imperative that we do not confuse the message and that we understand that we are

all equal under the American flag and are entitled to its protection.

I would like to thank you again for your input.

Sincerely,

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 11/8

TO: Carlos

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:

There are previous letters on quarantine which can be used for reply

NOV - 2 1993

Kristine Gebbie, AIDS CZAR 10-26-93 635
The White House
Washington, DC 20500

RE: HIV-positive, AIDS

Dear Czar Gebbie:

As a politically correct civil rights matter zero percent (0%) of those in the USA testing HIV-positive are quarantined. On the other hand, over the last ten years one hundred percent (100%) of HIV-positive citizens of Cuba are placed in campus-style quarantine areas, according to a 10/10/93 segment on the CBS-TV show, 60 Minutes.

Cuba and New York City are comparable. Cuba and New York City both have a population of about 10 million, and in 1983 both had about the same potential for a full blown HIV-AIDS epidemic. Cuba acted to establish fenced-in campus-style quarantine areas. Cuba acted to require doctors to report persons testing HIV-positive, to have social workers interview all those testing HIV-positive, and to track down all those testing HIV-positive and all their sex partners, and to place them all in quarantine. In the US we still use similar methods to deal with other venereal diseases, but not HIV-AIDS.

As a result Cuba now has about 2000 HIV-positive cases, and decreasing, all in quarantine; and New York City now has about 200,000 HIV-positive cases, and increasing, none in quarantine. A remarkable contrast.

There is no cure to HIV. There may never be a cure for HIV. Certainly the Clinton Administration constraints on pharmaceutical company pricing has slashed the funds available for research, and may have delayed the discovery of a cure for HIV-AIDS, if any, for 10 to 20 years.

If the HIV-AIDS disease had come primarily from intravenous drug users, medically correct treatment of this highly contagious venereal disease, including quarantine, would probably be in use in the USA by now. But because HIV-AIDS came primarily from a politically well organized and vocal homosexual/bisexual lobby, HIV-AIDS has been merely addressed as a politically matter, a matter of respecting the civil rights of bisexuals and homosexuals. Accordingly, HIV-AIDS was spread to the rest of us.

The CIVIL RIGHTS OF THE REST OF US now require that medically correct means of dealing with the HIV-AIDS epidemic, particularly quarantine, be mandated by congress. Many of the existing military bases now being closed might be excellent choices for re-opening as HIV-AIDS quarantine sanitariums. We need a return to a Victorian Society.

Sincerely,

T.L. Houvenagle
2008 SW 17th Ave.
Boynton Beach, FL 33426

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Mr. W. Shepherd Smith
Americans for a Sound
AIDS Policy
P.O. Box 17433
Washington, D.C. 20041

Dear Mr. Smith:

Thank you for sharing your thoughts on comments I made at the meeting of the Association of Reproductive Health Professionals on October 22. Enclosed you will find a full transcript of my remarks from that day. 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 M. Gebbie, RN, MN
National AIDS Policy Coordinator

Enclosure

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: Carlos _____

_____

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: _____

_____

_____

_____

_____

A.S.A.P.

Americans for a Sound AIDS/HIV Policy

P.O. Box 17433 • Washington, D.C. 20041 • 703/471-7350

October 25, 1993

OCT 29 1993

Kristine Gebbie, R.N., M.N.
National AIDS Policy Coordinator
750 17th Street, NW
Suite 1060
Executive Office of the President
Washington, D.C. 20503

Dear Kristine,

I was shocked by your statements reported in the press that we are living in a Victorian society that misrepresents information and denies early sexuality. If that were correct, we wouldn't be seeing the large number of children having children today.

One surprising statistic that may affect your thinking is the rate of sexual activity among young people in various cities. Many people believe sexual activity would be highest for teens in a city like San Francisco. However, San Francisco consistently has one of the lowest rates of sexual activity among high school students in the country. This is because they have a large Asian-American population in their public schools.

In that culture, which is clearly not Victorian, the focus on the value of family is quite significant. Besides venerating elderly family members, young people are encouraged to wait to become sexually active until they meet a lifetime partner, which most often is the result of marriage. Interestingly, in STD and unwanted pregnancy statistics, the Asian-American community ranks as one of the lowest hit by these present tragedies. I believe they are denied <u>nothing</u> in respect to having the opportunity for full and enjoyable lives. In fact, just the opposite is true.

Because their culture largely protects them from infectious diseases, including HIV, they have the opportunity to have fully sexually active lives for scores of years--past many who would adhere to your advice of entering sexual activity early. I believe it is entirely possible to affirm the positive and pleasurable qualities of sexuality without condoning early entry into sexual activity. If we have learned one thing from this epidemic, it is that sexual decisions are far more serious today than when you and I were kids. Sexual experimentation then was sans HIV.

As you know, the greatest predictor of an STD is number of sexual partners. The earlier one enters sexual activity, the more apt they are to have a large number of partners. Our collective goal should be to affirm sexuality, but in appropriate settings. To encourage sexual activity at such early ages, as you are apparently doing, will only result in young people being exposed to more STDs, unwanted pregnancies, and emotional pressures which they would not have to endure if they were encouraged to wait until they were more mature.

I hope the public reaction to your remarks will challenge you to re-think your position, and that the White House's admonition that abstinence is the surest way of avoiding STDs and unwanted pregnancies is heeded. I have included several past editorials addressing this issue which you may find of interest.

Sincerely,

Shepherd

W. Shepherd Smith, Jr.
President

Enclosures

Another Point of View

AIDS, HIV and SEX Education

The old expression "everyone's talking about it, but no one's doing it," cannot apply to sex and young people today. Virtually every new survey and scientific study show today's youth to be far more sexually active than their counterparts of just one generation ago.

The sexual revolution of the '60s, '70s and '80s is bearing an overabundance of fruit today—so much so that even the experts are beginning to wonder out loud if so much sex at such early ages is healthy or not. While alarms have been sounding for some time, many thoughtful discussions are beginning to break out among even the strongest proponents of sexual freedom.

The reason for this is self-evident: what was once thought of as complete freedom (sexual promiscuity) is now beginning to be viewed as harmful enslavement in many instances. Further, the negative effects, including HIV and AIDS, are being felt in virtually every community in America.

These problems cannot be defined by economic level, race, alcohol or drug addiction, geographic area, or religious background—across the board, all teen populations are becoming sexually active at earlier and earlier ages.

I point this out because we are sometimes labeled as moralists in our messages about sexual responsibility (as if being moral today is something bad). Having first been labeled as alarmists in respect to HIV and heterosexual teens, we find such criticisms actually more reassuring now than they are bothersome. As a friend once shared, having an alarm in a burning building is a *good* thing.

So if this sounds like an alarm, so be it. As a member of a CDC committee on STDs and HIV, I have seen evidence that sexually transmitted diseases, including HIV, are wreaking havoc among sexually active adolescents. We've learned that the single greatest predictor of an STD is number of sexual partners, and that the earlier one begins sexual activity, the more partners one is likely to have. Alarming? Yes.

But perhaps as alarming is the conclusion some draw from this data, i.e., condoms and the pill should receive greater distribution. To me, the lesson from this should be that at the very least we must encourage young people to postpone sexual activity. Maybe even encourage them to get through their teenage years without experiencing intimate sex.

Unrealistic, moralistic, or totally idealistic many charge. I don't think so. We have just come out of the dual sex and drug revolutions of the past three decades believing now that non-prescribed drugs taken in inappropriate settings are harmful. Yet we as a society have not reached a similar conclusion in respect to sex. Clearly, sex in inappropriate settings today *is* harmful, and in some instances, even fatal.

Just two decades ago the suggestion of flying on a smoke-free airplane or working in a smoke-free building or eating in a non-smoking section of a restaurant would have been labeled idealistic, unrealistic, or even moralistic. Some had courage to speak out, just because it made good sense and was a medically sound position.

Sure, we were told, you can't make someone do anything; everyone's going to do what they want; no one's going to listen. Well, the goal of the stop smoking campaign was to enlarge the number of non-smokers by giving good information (beyond someone riding off into an indescribably beautiful sunset) so that informed decisions could be made. Low tar and filters would be explained, but as risk reducers, not eliminators.

To the utter amazement of the myriad critics of the policy, the percentage of non-smokers continues to grow. Yes, there are still those who smoke, but their numbers are decreasing. And, yes, I would say there's a parallel to sex education even though sex and smoking differ in that sex in appropriate settings is a good thing.

So where do we begin? Let's start with good information, with realistic goals, and as medically based an agenda as possible. That means being able to say the "A" word and mean it; to talk about it in a way which articulates its value so that it becomes a desired and acceptable lifestyle. The "A" word, of course, is abstinence.

The optimal medical message for young people today *is* abstinence. Not only does an abstinence message have great value in respect to AIDS, but it goes to the heart of other problems facing teens. Unwanted pregnancies, drug and alcohol addiction, emotional trauma and suicide, later-life health problems, and plain old peace of mind are helped by an abstinate lifestyle for young people.

We must begin to promote this in ways teens can understand, relate to, and appreciate. Refusal skills are essential to teach along with the benefits of waiting. And at the very least, the process will go along with the second best message, that of postponing sexual activity. The first paves the way for the success of the second.

Granted, not everyone will heed the optimal message of abstinence, or even the sub-optimal postponement message. So what is our fall-back position? Condoms? Not at all.

Let's focus on knowledge—knowledge of infection. If teens won't heed our best message, then they should be warned that ignorant sexuality is dangerous sexuality. In the age of AIDS, one must know the HIV status of one's sexual partners before considering intimate sexual contact. If one considers knowledge as a teaching tool (an apparently unique idea in AIDS/HIV education) risk of infection is dramatically reduced. The combination of couples is limited either to both HIV positive, both negative, or one positive and one negative (a discordant couple). In the case of the first two, sex without protection does not spread the disease, and in the case of the latter sex even with the use of a condom entails risk of life.

So that should be the basis of good AIDS/HIV education from our perspective. But it doesn't end here because there will always be those who won't heed our best message or our next-best message or even our third-best message. What then do we say? There is no other way to eliminate risk, therefore risk education is one's last alternative.

That means condoms. Sayings such as "the way to get AIDS is from unprotected sex" should be avoided since they imply that protected sex is safe. It is not. It is only somewhat safer than no protection at all. It will perhaps reduce the risk of transmission but it will not eliminate it. Messages short of telling young people the whole story, quite frankly, are dishonest.

A significant percentage of people who use condoms exclusively for birth control often become known as parents. Total dependence on condoms for protection against HIV infection is shortsighted, and only increases risk of transmission to the individual over time. But not to mention condoms at all is likewise shortsighted.

Abstinence messages, like condom messages, require behavioral change. Expecting someone to change behavior (by putting on a condom) when they are high or drunk, emotionally excited, and often judgementally bankrupt seems a daunting task. Educating young people how to avoid those situations when they are sober, attentive, and seeking security will yield greater results and healthier young people.

It is only comprehensive messages though, combined with test-linked knowledge education, which will ultimately reduce new infections. A fully informed generation can become our future generation of healthy and well-adjusted adults. Their future is too important to any longer ignore. ◇

Shepherd Smith

W. Shepherd Smith, Jr.
President

Another Point of View

Comprehensive AIDS/HIV Education

Over the last year and a half we have been deluged by requests for information on sex and AIDS/HIV education materials. While the condom vs. abstinence debate accelerates, we find ourselves wondering why there isn't more common ground since the objective of both sides is to see young people live long and healthy lives. It is a debate that often overlooks one fundamental point: what is being debated is apples and oranges; one is prevention, one is risk reduction—and they are not necessarily mutually exclusive. To better understand where we should go, we must first look back to see how we got to where we are today.

The history of "safe sex" messages in respect to HIV is an interesting one. The sexual revolution of the '60s and '70s seemingly justified multiple sexual contact. What society had deemed safe for years—monogamy—was ridiculed as "old-fashioned", "moralistic", or "religious-based" (implying something inherently wrong with those beliefs). The culmination of this total sexual liberation in the early '80s was epitomized by the gay bathhouses, and such pleasure palaces as Platos in New York for swinging heterosexuals.

Then came GRID, AIDS and HIV. For those who had bought into the idea that marriage and monogamy was for prudes, something had to be found to prevent transmission and allow the promiscuous lifestyle to continue without reverting to a way of life which they had so ridiculed. For heterosexuals in the mid-'80s it was easy—believing AIDS was a gay disease caused by anal intercourse; unprotected vaginal intercourse became their preventative "safe sex" message. For gays, the condom served that purpose for prevention; a quick fix which seemingly didn't require significant behavioral change.

By the late '80s, however, promiscuous heterosexuals and their libertarian supporters realized HIV could be transmitted heterosexually and quickly adopted the safe sex condom message prevalent in much of the homosexual community at the time. Both groups soon learned condoms didn't offer complete protection, so "safe sex" became "safer sex" (and nonoxynol-9 and dental dams were added to the milieu for even safer sex, despite the fact that they had never proven efficacious). Erroneously, neither message was ever a prevention message. Today, we are beginning to realize they were, and are, risk-reduction messages.

Yet, their effects persist. How often do we still hear the way one gets AIDS is through sharing needles or unprotected sex (implying protected sex is safe)? That is simply untrue, yet it will take some time before that message is corrected. Condoms can reduce the risk of infection, they cannot eliminate it. According to several studies nonoxynol-9, on the other hand, seems to enhance transmission, not reduce it!

So, what is true prevention? It is abstinence. Plain and simple.

The prevention message in respect to smoking is "don't smoke." The risk-reduction messages range from use low-tar or filter cigarettes, to smoke less often or only smoke half a cigarette. The first largely eliminates risk, the latter only reduces it.

Abstinence, in respect to sex for teens, eliminates risk; condoms in all likelihood reduce risk. The messages are not the same, and can be tiered in an honest fashion which can empower young people to make more informed decisions.

In respect to what many believe is a fatal disease, having all the facts—including the significant rate of condom failure—is critical to being credible AIDS educators. As a colleague recently shared with me, counseling a discordant couple who had a condom burst at precisely the wrong moment "ain't no fun at all!" Young people are smart and discerning, and can quickly tell when they're being sold a bill of goods. Because of the seriousness of the potential adverse effects of intimate sexual contact today, we must not mislead them.

Having said that, I can almost hear some screaming that abstinence is a "fear-based" message. I'd argue the opposite, condoms are. And I can hear others screaming that to even mention condoms is wrong. That, likewise, I'd argue.

But let's go back to the "fear-based" criticism, a label some wrongly put on abstinence-based programs. Reality is that there are often severe adverse consequences today from intimate sexual activity at early ages. Promiscuity is not healthy from a medical perspective, nor from a moral one for that matter. Condom usage is predicated on the fear of acquiring a disease or generating an unwanted pregnancy. Putting on a condom is not a natural function; deciding not to have sex can be.

The smart decision for young people today is to wait to become sexually active; and then engage in it in the context of marriage or a monogamous, faithful, lifetime relationship with an uninfected partner. Since we now understand how difficult behavioral change is, it's critical we begin to target young people who are not yet sexually active to remain that way as long as possible. Those who have already had sexual experiences should also be included in abstinence or postponement messages because reverting to "secondary virginity" is the easier and healthier behavioral change.

In respect to those who are extremely sexually active, we must give them the best information possible. First, refrain from sexual activity; next, if you don't, at least know the HIV and STD status of your partner; and finally, as a last resort, to reduce your risk of infection, if you will not reduce your number of sexual partners or learn their HIV and STD status, use a condom consistently and correctly. Targeted and truthful messages can make a difference, especially those advocating protection first.

The focus must be on prevention, not risk reduction. Explicit language is not the answer; messages by "experts" such as "condoms, the first line of defense against AIDS", (from a recent World Health Organization publication) are not truthful or targeted; and believing young people have no self-control is wrong and discriminatory. All youth seek truth and can exhibit self-control if taught correctly.

We must be careful not to believe one group can respond to this message where another cannot. There have been many abstinence-based programs which have documented successes from middle-class suburban communities to very devastated inner-city settings. Comprehensive sex education programs must be tiered and must be targeted; and, of course, must be honest.

As a society that is struggling to come to terms with appropriate conduct in respect to sexuality, we must be more critical of the results of our recent sexual revolution. It did not occur without great cost and countless casualties. The "old-fashioned" idea of abstinence until marriage (or monogamy) needs to be re-fashioned as the best safe sex message.

Perhaps most importantly, we must do a better job of articulating the difference between protection and risk reduction. Because of the serious nature of sexuality decisions today, young people must be better educated to make the right choice. Clearly, we have an opportunity to come together to see that this happens.

Shepherd Smith

W. Shepherd Smith, Jr.
President

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Mr. Peter Enns
Stop, Look & Listen! Inc.
P.O. Box 33123
Tulsa, Oklahoma 74153

Dear Mr. Enns:

Thank you for sharing information on your book/tape release entitled "Putting the Brakes on AIDS!" As you know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to stop the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I, like you, am devoted to the development and implementation of policies that will stop the spread of HIV. Effective education for young men and women is paramount in this effort.

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

I have shared the materials with the Office of the Associate Director (HIV) at the Centers for Disease Control and Prevention (CDC). As you may know, CDC is the Federal agency that has taken the lead in the conduct of programs to stop the spread of HIV. The Associate Director (HIV) will be able to determine whether there is any way that we can fulfill your wishes of introducing your book to young men and women.

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

Sincerely,

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

cc: Associate Director (HIV), CDC

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Anthony Turney
Executive Director
The NAMES Project Foundation
310 Townsend Street
San Francisco, CA. 94107

Dear Mr. Turney:

I am happy to support the newest effort on the part of The NAMES Project Foundation to increase awareness of young people about the risks of HIV and AIDS. The National High School Quilt Program is an innovative way to help stem the rising tide of HIV infection among adolescents.

HIV infection is rising faster among adolescents than any other age group. Adolescents are difficult to reach with an effective prevention message. The AIDS Memorial Quilt is an ideal referent for beginning a dialogue that can be difficult to start. It takes a complex and controversial issue and breaks it down to its basic elements, opening discussion between peers, educators and students, parents and children and the community as a whole.

I am pleased to see the AIDS Memorial Quilt put to such an innovative use. There is a desperate need to communicate effectively the HIV/AIDS prevention message to adolescents.

I look forward to working with you on the National High School Quilt Program.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Ann Jillian, Chairperson
Celebrity Council
The Helen Hayes Awards Gala & Dinner Dance
St. Clare's Hospital Center
415 West 51st Street
New York, NY 10019

Dear Ms. Jillian:

Thank you for the invitation to attend the Helen Hayes Awards Gala & Dinner Dance to present the Award of Merit on November 22, 1993. Unfortunately, my schedule does not permit me to participate. In the future I hope to have a chance to work with you.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

Celebrity Council

Ann Jillian, Chairperson

Wesley Addy
Karen Akers
John Amos
Kaye Ballard
Ellen Burstyn
Len Cariou
Peggy Cass
Bobby Czyz
Ossie Davis
Dave DeBusschere
Ruby Dee
Gloria DeHaven
Baby Jane Dexter
Tovah Feldshuh
Cathy Foy
John Gabriel
Tammy Grimes
June Havoc
Celeste Holm
Jim Jensen
Katie Kelly
Hal Linden
Viveca Lindfors
Tony Lo Bianco
Lucille Lortel
Kevin McKenzie
Terrence McNally
Julia Meade
Lilianne Montevecchi
Patricia Neal
Don Pippin
Joyce Randolph
Sally Jessy Raphael
Lynn Redgrave
Rex Reed
Joan Rivers
Cliff Robertson
Mercedes Ruehl
Vincent Sardi
Carole Shelley
Brooke Shields
Frances Sternhagen

St. Clare's Hospital and Health Center
415 West 51st Street
New York, NY 10019

Remembering Miss Helen Hayes

Patron, Supporter and Friend

St. Clare's Hospital & Health Center
Eleventh Annual Helen Hayes Awards
Gala & Dinner Dance

◆

Monday, November 22, 1993
The New York Marriott Marquis

Chairman: William O'Malley

1993 Awards & Recipients

◆

Annette Funicello

Annette Funicello will receive the HELEN HAYES AWARD in recognition of her accomplishments as a veteran of motion pictures and television. She continues to demonstrate the ideals of her Catholic faith by being a shining example of personal courage in heightening public awareness about Multiple Sclerosis.

City Harvest

The JACK DEMPSEY HUMANITARIAN AWARD will be presented to City Harvest for their demonstration of love, commitment and service to the people of New York by their feeding the hungry of our city. City Harvest's achievements are made possible by those who donate the food and financial resources necessary to carry out their work. Therefore, they would like this award to also celebrate the generosity of all New Yorkers who care.

Jeanne E. White-Ginder

The ST. CLARE'S AWARD OF MERIT will be presented to Jeanne E. White-Ginder in recognition of her continuing efforts on behalf of AIDS education, treatment and research and for her ardent championing of her son Ryan's gallant struggle against AIDS.

The Board of Trustees of St. Clare's Hospital & Health Center, Mr. James MacArthur, Miss Ann Jillian & The Celebrity Council cordially invite you to attend the Eleventh Annual Helen Hayes Awards Gala & Dinner Dance "Remembering Miss Helen Hayes"

◆

Featuring the Show Money Can't Buy
Special Major Surprise Celebrity to Perform
and dancing to the music of
The Jerry Kravat New York Dream Band

◆

Monday, November 22, 1993
Cocktails: 6:30 pm Dinner: 7:30 pm
The Marriott Marquis Broadway Ballroom
1535 Broadway, New York, NY
Reply Card Enclosed Black Tie

St. Clare's Hospital and Health Center
Eleventh Annual Helen Hayes Awards Dinner
I shall be pleased to attend
Monday, November 22, 1993
The New York Marriott Marquis

◆

Please reserve____Sponsor's table(s) of 10 at $10,000
Please reserve____Benefactor's table(s) of 10 at $7,000
Please reserve____Patron's table(s) of 10 at $5,000
(Sponsor's, Benefactor's and Patron's Tables include complimentary Gold, Silver or Bronze Pages, respectively, in the Awards Dinner Journal and special seating.)
Please reserve____ table(s) of 10 at $3,500 each.
Please reserve____seat(s) at $350 each.

Enclosed is my check in the amount of $_____

I am unable to attend the Dinner, but am pleased to send my enclosed contribution of $_____

Complimentary

Name

Company

Address

City/State/Zip

Phone

For additional information call St. Clare's Awards Office
(212) 459-8627 or (212) 459-8400
Please list names of your guests on the reverse side

My guests will be:

Names of guests will appear in the Table Seating List.

Contributions are tax-deductible to the extent allowed by the IRS, except for the estimated value and benefit expense of $115. per ticket.

Jane Dove, Dinner Coordinator
Helen Hayes Awards Gala & Dinner Dance
St. Clare's Hospital and Health Center
415 West 51st Street
New York, NY 10019-6394

Clinton Library Transfer Form

Case #, if applicable	2018-0756-F	**Accession #**	
Collection/Record Group	Clinton Presidential Records	**Series/Staff Member**	Kristine Gebbie
Subgroup/Office of Origin	National AIDS Policy Office	**Subseries**	
Folder Title	November Chron Files 1993	**OA/ID Number**	3767
		Box Number	

Description of Item(s) Cassette: Side 1) A - AIDS Emery - AIDS II 3/8/87; Side 2) AIDS III 4-8-87 Emery

Donor Information

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

Transferred to:	Audio/Visual Department	**Transfer Point**	During Processing
Other (Specify):		**New Location**	

Transferred by:	Debbie Bush	**Date of Tranfer**	5/16/2019
Received by:		**Date of Receipt**	