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THE WHITE HOUSE

WASHINGTON

November 12, 1993

Donna Futterman, MD
Acting Director, Adolescent AIDS Program
Albert Einstein College of Medicine
111 East 210th Street
Bronx, NY 10467

Dear Dr. Futterman:

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

MONTEFIORE MEDICAL CENTER
The University Hospital
for the Albert Einstein
College of Medicine
Henry and Lucy Moses Division

111 East 210th Street
Bronx, New York 10467-2490
718· 882-0023

November 3, 1993

RCVD
NOV 10 1993

MONTEFIORE

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

Dear Ms. Gebbie:

As the Medical Director and Acting Director of The Adolescent AIDS Program of Montefiore Medical Center in The Bronx, New York. I am writing to thank you for supporting the FY 1994 consolidation of funding for the Pediatric/Family AIDS Demonstration Program within Title IV of the Ryan White CARE Act, and to urge a significant increase for Title IV in the President's budget request for FY 1995.

As you know, Congress recently completed the Labor/HHS appropriations conference. Despite the President's request of $21 million for the Pediatric/Family AIDS Demonstrations and $6 million for Title IV in FY 1994, the final appropriation was only $22 million. This represents only a $1 million increase out of a total increase of $210 million for other Titles of the CARE Act. 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.

I am now writing to strongly urge that the Department of Health & Human Services finishes its FY 1995 budget request and submits it to the Office of Management of Budget, that the funding request for Title IV of the Ryan White CARE Act be increased to $42 million. While consolidation of funding within Title IV will enhance the delivery of services and access to clinical trials for children, adolescents and families affected by HIV disease, it does not diminish the need for substantial new funding in FY 1995.

As you know, HIV infection has continued to increase among adolescents and providers caring for youth report continued increases in demands for services as well as the need for outreach programs to bring more HIV infected youth into care. Last year, following a thorough review of funding needs, the Pediatric AIDS Coalition and the National Organizations Responding to AIDS coalition in Washington, DC recommended at least a $42 million appropriation for Title IV programs over current funding levels of approximately $21 million. These funds are vitally needed for reaching underserved, low-income African-American and Hispanic women, adolescents, children and families who are disproportionately affected by HIV infection.

Title IV of the CARE Act has now become an important focus of providing funds to deliver specialized pediatric and adolescent HIV comprehensive services throughout the United States. 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, DC.

Thank you for your consideration of this request.

Sincerely,

Donna Futterman

Donna Futterman, MD
Acting Director, Adolescent AIDS Program
Assistant Professor of Pediatrics
Albert Einstein College of Medicine

DF\rtj

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Mr. Howard A. Kramer, R.Ph., Director
Recruitment and Pharmacy Personnel
Kmart Corporation
International Headquarters
3100 West Big Beaver Road
Troy, Michigan 48084-3163

Dear Mr. Kramer:

Many thanks for your letter supporting the activities of the Foundation of Pharmacists and Corporate America for AIDS Education. I have had the opportunity to meet with the organization's president, Mr. Nigel Gragg, R.Ph., and to have been briefed on the organization's activities, goals, and objectives.

I very much agree that pharmacists can play an essential role in educating their patients and service populations about HIV and AIDS. I also believe that the unique social and geographic positioning of pharmacies in the American population makes them ideal sites for the dissemination of educational materials and as a source for prevention information. The personal relationship which the pharmacist can establish with each of the pharmacy's clients is a key element in opening and maintaining an effective communications linkage.

We are extremely interested in promoting public-private partnerships. The Public Health Service's Centers for Disease Control and Prevention (CDC) has provided funding to support the Foundation's pilot project in Alabama. One of the fruits of these activities has been the production of a comprehensive AIDS education module with accompanying patient information pamphlets. CDC is favorably impressed with both the efforts to educate pharmacists to be better educators of their patients as well as with the module itself. The Foundation will be conducting a full evaluation of the pilot.

Assuming that the evaluation is as positive as anticipated, the next step in activating the Foundation's work is for respected national corporations, such as Kmart, to explore adopting the Foundation's program as their standard for patient HIV and AIDS education. I understand that my deputy, Dr. Arthur Lawrence, himself a pharmacist, has discussed with you the potential for Kmart being an early adopter of this program once the evaluation is completed. We are receptive to helping to advance discussions with you and your organization and the Foundation to facilitate an extension of this public-private partnership across your entire company. I have asked Dr. Lawrence to follow-up with you to see if there are any specifics with which we can help.

I am confident that with the collaborative efforts of business, government, and not-for-profit organizations in America, that we can take significant steps to educate our Nation and bring this terrible epidemic to an end. I very much appreciate the support which you and your organization have offered and assure you that the central role of the pharmacist in combatting this epidemic is well understood by this office. Please feel free to call Dr. Lawrence at 202-690-6248 at any time, should you have questions or comments.

Sincerely,

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

Howard A. Kramer, R.Ph.
Director
Recruitment and
Pharmacy Personnel

Kmart Corporation
International Headquarters
3100 West Big Beaver Road
Troy MI 48084-3163
313 643 1278
Fax 313 643 2514

September 9, 1993

Kristine M. Gebbie, RN, MN.
National AIDS Policy Coordinator
The White House
Washington, DC 20500

Dear Ms. Gebbie:

The Foundation of Pharmacists and Corporate America for AIDS Education is in urgent need of your support in the Congress to insure the continuing success of the Aids Prevention Alabama Pilot Project.

As I am sure you are aware, pharmacists and pharmacies can play a vital role in providing millions of Americans with vital AIDS information. Over 30 million Americans visit pharmacy locations on a daily basis and incorporating HIV and AIDS information into the infrastructure to be disseminated by the nations most trusted group of professionals, will play a vital role in educating the American public on this most deadly disease.

The nation's pharmacists can provide the best information to the American public at the lowest cost to the United States taxpayer of any means available. Please consider all possible financial assistance to one of the most critical health situations in American today.

Your support will be appreciated by millions of Americans.

Very truly yours,

Howard A. Kramer, R.Ph.

cc: Kevin Browett
Larry Foster

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Mr. Ramón Martín García
HIV/AIDS Program Coordinator
Cochise County Department of
Health and Social Services
619 Melody Lane
Bisbee, Arizona 85603

Dear Mr. García:

I would like to convey my warmest regards to Cochise County Department of Health and Social Services and the communities of Southern Arizona and Sonora on the celebration of World AIDS Day 1993. As you know, the theme for this year's activities is "A Time to Act," which signifies the need for each and every member of our community to be committed to ending the HIV/AIDS epidemic.

The President has entrusted me with taking the steps necessary to end the epidemic. In order to stop AIDS, it is important for those of us at the National level to provide the resources and coordination and for local communities to implement the programs necessary to educate those at risk and provide care for those already infected. On this day when we take action, we must all see our individual and coordinated efforts as the first line in our struggle.

After 12 years of the HIV/AIDS epidemic there is still a lot of work to be done. Activities such as yours will deliver an effective message to the community of the need to continue in our labor until we end the epidemic. I am encouraged to hear that the State of Sonora will also participate in the activities. We recognize the need to provide programs for communities that are part of both the United States and Mexico.

I wish you success in your World AIDS Day activities.

Sincerely,

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

Cochise County Department of Health and Social Services

BETTY F. KING
Director

November 8, 1993

Mr. Carlos Velez, JD
Director of HIV/AIDS Prevention
Office of National AIDS Policy
Executive Office of the President
Washington, D.C. 20500
Fax (202)690-7560

Dear ~~Mr. Velez~~ Carlos,

I hope your trip back to Washington went well and you're finally rested up and recovered from all the activities of this past week.

As I mentioned in our conversation this past weekend, I am writing to request a letter or statement from Christine Gebbe for our World AIDS Day activities. Her statement will be included in the event program and also read aloud at the remembrance service. Any uplifting, inspirational message that highlights the importance and gravity of this issue would be greatly appreciated.

We will be observing World AIDS Day on the evening of Tuesday, November 30, 1993. We will be having a *candlelight walk* followed by a *remembrance service*. The chairman of the county board of supervisors and all the mayors in the county have agreed to issue proclamations in recognition of that day. This is the first time an event like this has ever taken place in Cochise County. Also, this is the first time all the municipalities in the county have come together on one issue.

In order to truly observe **World AIDS Day**, we are pleased to have the official participation of the State of Sonora, Mexico, our neighbors to the South, involved as well. I am expecting a wonderful turnout for this event.

If you have any questions or would like further information, please don't hesitate to call me at (602)432-9472.

On a more personal note, I want to say it was great seeing you and to congratulate you on your new position. Muchas Felicidades!

Sincerely,

Ramon M. Garcia

Ramon Martin Garcia,
HIV/AIDS Programs Coordinator

MAIN OFFICE:
619 Melody Lane
Bisbee, AZ 85603-3090
432-9472
FAX 432-9480
TDD 432-9297

BENSON OFFICE:
500 S. Hwy 80
Benson, AZ 85602
586-3686
FAX 586-2051

DOUGLAS OFFICE:
515 7th Street
Douglas, AZ 85607
364-7575

SIERRA VISTA OFFICE:
4115 E. Foothills Drive
Sierra Vista, AZ 85635
452-4989
FAX 459-9185

WILLCOX OFFICE:
450 S. Haskell
Willcox, AZ 85643
384-4882

Cochise County Department of Health and Social Services

BETTY F. KING
Director

FACSIMILE COVER SHEET

DATE: 11.8.93 TIME: 3:10

TO: CARLOS VELEZ, JD

COMPANY: OFC OF NATL AIDS POLICY

FACSIMILE NUMBER: (202) 690 7560

FROM: RAMON GARCIA

SUBJECT:

NUMBER OF PAGES (Including cover sheet): 2

MESSAGE:

Briefing Acustticare Sabado. Donativo a Aids.

Colegio de Tecnologos Medicos

Contact Person: Rose / Ramon

VOICE: (602) 432-9472 EXTENSION:

IF YOU DO NOT RECEIVE ALL PAGES OR HAVE ANY QUESTIONS REGARDING THIS – PLEASE CALL IMMEDIATELY.

MAIN OFFICE
619 Melody Lane
Bisbee, AZ 85603-3090
432-9472
FAX 432-9480
TDD 432-9297

BENSON OFFICE:
500 S. Hwy 80
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4115 E. Foothills Drive
Sierra Vista, AZ 85635
452-4989
FAX 459-8196

WILLCOX OFFICE
450 S. Haskell
Willcox, AZ 85643
384-4662

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Ms. Deborah Ward, APR
Professional Advisory
Board Facilitator
Sinclair Institute
1829 Franklin Street, Suite 1014
Chapel Hill, North Carolina 27514

Dear Ms. Ward:

I would like to thank you for your invitation to be a member of your professional advisory board. I would like to convey my deepest regrets, as due to the extensive amount of commitments I have already made since my appointment, I will not be able to participate in the activities of your advisory board.

I am very encouraged to hear of your current efforts to develop educational materials. It is through the continued efforts of organizations such as yours that individuals at risk for HIV/STDs in our country will receive the information they need to protect themselves and their loved ones.

As National AIDS Policy Coordinator, I am devoted to stopping the spread of HIV and to provide adequate care for those already infected. In my work, I cannot overlook the importance of private industry in disseminating information to critical populations in the fight against HIV/AIDS.

Sincerely,

Kristine Gebbie

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

Office of the National AIDS Policy Coordinator

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

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

Deliver To: John Gursola - Rm 3410

Sent From:

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

Ghita
410/576
7160
James Hogan

Number of Pages: 3 + Cover **Fax Number:** 415-543-8268 **Date:** 10/25/93

Message:

See attached letter + Kristine's comments. If she wants to draft a response + you fax it back to me, I will have it typed in final.

I don't think this is the same Deborah Ward that I know from Wash - Carlos should handle drafting a response - I don't see how I can serve on the board she requests - either for time reasons or the tieup to one approach

X

Text item 2:

This is a long-time colleague from Washington State--I have not seen her letter, so I sure hope someone can find it. I also realize that we have not discussed a sure-fire mechanism for Art to quickly review incoming mail while I am on the road for an extended period such as this, to make sure that nothing with critical deadlines goes untended. I hope that will happen. Thanks.

Sinclair

October 22, 1993

Ms. Kristine Gebbie
Executive Office
National Aids Policy
750 17th Street NW
Washington, DC 20503

VIA FAX: 202/690-7560

Dear Ms. Gebbie:

Because of your accomplishments in your field and our shared interest in a population educated about their sexuality, both for reasons of health and personal fulfillment, I am requesting your guidance and participation as a member of our professional advisory board.

The Sinclair Institute is a new entrant in the sex education video field. While numerous sex education videos are on the market currently, a recent survey we conducted among therapists and physicians revealed the need for videos developed under the guidance of the medical, psychological/psychiatric and educational communities. The respondents saw the need for videos that are not offensive to mainstream Americans but don't sacrifice the required explicitness for demonstration purposes.

To achieve these product attributes, and serve the needs of consumers who rely on Sinclair products for up-to-date, accurate, non-biased information, we are forming a professional advisory board. Members will meet periodically, either by teleconference, or at our expense when travel is necessary. A per diem for meetings and separate fee arrangements for consultation on specific products will be provided. The mission of the professional advisory board will be to counsel The Sinclair Institute on product standards and issues related to sex education, and to participate in media interviews to provide professional/medical perspective for the public education programs.

1829 E. Franklin Street • Suite 1014 • Chapel Hill, NC 27514
Telephone (919) 929-3797 • Fax (919) 929 3026

A broad array of respected professionals is being invited to participate in the advisory board, representing the medical community, university level academia, professional associations, broadcasting, and clinicians with representation from throughout the nation. To date we have received commitments to serve from:

- Dr. Clive Davis, University of Syracuse;
- Dr. Mark Schoen, Focus International;
- Dr. Joseph LoPiccolo, University of Missouri; and,
- Dr. Julia Heiman, University of Washington.

Your participation will greatly support the effectiveness and acceptance of Sinclair Institute products among those who need this information most -- those who are willing to learn in the privacy of their homes, but may not know how or where to ask for help from resources in their communities.

If you have questions, please feel free to call me at my office in Houston, 713/869-0707. I am the facilitator for the professional advisory board. Otherwise, I will follow up with you soon, as we hope to conduct our initial meeting as soon as possible. Your presence and input will make a difference. Thank you for seriously considering serving on The Sinclair Institute professional advisory board.

Sincerely,

Deborah Ward

Deborah Ward, APR
Professional Advisory Board Facilitator

THE WHITE HOUSE

WASHINGTON

November 12, 1993

L.E. Partridge
1245 Guerrero #2
San Francisco, CA 94110

Dear Ms. Partridge:

Thank you for taking the time to write. I appreciate your interest and support.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

L. E. Partridge
1245 Guerrero #2
San Francisco, CA 94110

Kristine Gebbie
The White House
Washington DC 20500

CLINTON LIBRARY PHOTOCOPY

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10/23/93

OCT 27 1993

Dear Ms. Gebbie:

Bravo! I am a senior citizen, retired teacher, and take my hat off to you for saying the obvious and the necessary. When will we begin to admit that we are sexual beings, and stop denying the true nature of human beings--let's face it, procration is an fundamental as needing food and water. I grew up with Victorian influences all around me, but my common sense told me, it was baloney. Sex is what makes the next generation.

The religious kooks have tried to control people by inhibiting their basic feelings and creating guilt and denigration of women. I lived in the south, and was appalled at the perverted attitude that put women on a pedestal just to knock them off. I got as far away as I possibly could!

Keep up your good work. Ms L.E Partridge

PS: Maybe our schools teach incorrectly - afraid to tell the truth, who censors textbooks.

File

THE WHITE HOUSE

WASHINGTON

November 12, 1993

MEMORANDUM

TO: George Stephanopoulos, Senior Advisor to the President for Policy and Strategy

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

SUBJECT: Elizabeth Glaser request for World AIDS Day speech

Thanks for sharing Elizabeth Glaser's note. Yes, the idea of the President speaking on AIDS makes sense, and I have included such a proposal in my memo on his potential World AIDS Day schedule. There would be even more impact if he gave such an address a day or two earlier (or even a week earlier) and then did some reinforcing activities on World AIDS Day. I have thought, however, that it would be difficult to schedule and coordinate, and so had not pushed it.

Let me know if I can provide more information.

To: Carol Rasco
Kristine Gebbie

Fr: GS

Does this idea make sense?

GS

FROM GEORGE STEPHANOPOULOS

Pediatric AIDS Foundation

Hope for Children with AIDS

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Richard Stiehm, M.D.

ileen Conway-Welch, Ph.D., R.N.

Wiener, Ph.D., A.C.S.W.

5 November 1993

Dear George,

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

THE WHITE HOUSE

WASHINGTON

November 12, 1993

Herman B. Gray, M.D.
Chief Medical Consultant
Children's Special Health Care Services
Michigan Department of Health
PO Box 30195
Lansing, MI 48909

Dear Dr. Gray:

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

STATE OF MICHIGAN

RCVD
NOV 10 1993

JOHN ENGLER, Governor

DEPARTMENT OF PUBLIC HEALTH

3423 N. LOGAN / MARTIN L. KING JR. BLVD.
P.O. BOX 30195, LANSING, MICHIGAN 48909

VERNICE DAVIS ANTHONY, MPH, Director

November 4, 1993

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
The White House
750 17th Street, N.W.
Washington, D. C. 20503

Dear Ms. Gebbie:

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

As you know, Congress recently completed the labor/HHS appropriations conference. Despite the President's request of $21 million for the Pediatric/Family AIDS Demonstrations and $6 million for Title IV in FY 1994, the final appropriation was only $22 million. This represents a $1 million increase out of a total increase of $210 million for other Titles of the CARE Act. 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.

I am now writing to strongly urge that as the Department of Health & Human Services finishes its FY 1995 budget request and submits it to the Office of Management and Budget, that the funding request for Title IV of the Ryan White CARE Act be increased to $42 million. While consolidation of funding within Title IV will enhance the delivery of services and access to clinical trials for children, adolescents and families affected by HIV disease, it does not diminish the need for substantial new funding in FY 1995.

As you know, HIV infection rates among women, adolescents and children have rapidly increased. Some service sites have experienced a 50 percent increase in demand for services. last year, 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 approximately $21 million. These funds are vitally needed for reaching underserved, low-income African-American and Hispanic women, adolescents, children and families who are disproportionately affected by HIV infection.

Title IV of the CARE Act has now become an important focus of providing funds to deliver specialized pediatric and adolescent HIV comprehensive services throughout the United States. 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.

Thank you for your consideration of this request.

Sincerely,

Herman B. Gray, Jr., M.D.
Chief Medical Consultant
Children's Special Health Care Services

PRINTED ON RECYCLED PAPER

Z-25 5/91

HBG:bb

THE WHITE HOUSE

WASHINGTON

November 12, 1993

The Honorable Erskine B. Bowles
Administrator
U.S. Small Business Administration
409 Third Street, S.W.
Washington, D.C. 20416

Dear Mr. Bowles:

Thank you very much for your leadership and participation in the Small Business Administration's World AIDS Day event that is part of a multi-departmental AIDS awareness program for Federal employees scheduled for December 1.

World AIDS Day is a day when millions of people join together to express their commitment to ending the AIDS pandemic. You are demonstrating your commitment in the struggle against AIDS by helping to communicate to your workforce the important messages of AIDS prevention and compassion for those living with this disease.

Your active role in the planned activities is deeply appreciated.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 12, 1993

The Honorable Janet F. Reno
U.S. Department of Justice
Constitution Avenue and 10th Street, N.W.
Washington, D.C. 20503

Dear Ms. Reno:

Thank you very much for your leadership and participation in the Department of Justice's World AIDS Day event that is part of a multi-departmental AIDS awareness program for Federal employees scheduled for December 1.

World AIDS Day is a day when millions of people join together to express their commitment to ending the AIDS pandemic. You are demonstrating your commitment in the struggle against AIDS by helping to communicate to your workforce the important messages of AIDS prevention and compassion for those living with this disease.

Your active role in the planned activities is deeply appreciated.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 12, 1993

The Honorable Robert B. Reich
U.S. Department of Labor
200 Constitution Avenue, N.W..
Washington, D.C. 20210

Dear Secretary Reich:

Thank you very much for your leadership and participation in the Department of Labor's World AIDS Day event that is part of a multi-departmental AIDS awareness program for Federal employees scheduled for December 1.

World AIDS Day is a day when millions of people join together to express their commitment to ending the AIDS pandemic. You are demonstrating your commitment in the struggle against AIDS by helping to communicate to your workforce the important messages of AIDS prevention and compassion for those living with this disease.

Your active role in the planned activities is deeply appreciated.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 14, 1993

Bluma Appel, Chair
Canadian Foundation for AIDS Research
18A Hazelton Avenue
405
Toronto, Ontario
Canada M5R 2E2

Dear Ms. Appel:

Thank you for your offer to meet and discuss a joint U.S. - Canada business summit on AIDS. During your visit to Washington, please join me for lunch on Thursday, December 2, 1993 in the Dining Room of the Hay-Adams Hotel at 1 Lafayette Square, N.W. at 12:00 p.m.

Until then, if you have any questions please call me at (202) 632-1090. I look forward to your visit.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

165 University Avenue,
Suite 800,
Toronto, Ontario
Canada M5H 3B9

NOV 10 1993

Canadian Foundation for AIDS Research

November 2, 1993

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

Dear Ms. Gebbie:

The Canadian Foundation for AIDS Research (CanFAR) is dedicated to fighting the transmission of HIV through non-governmental support for biomedical and social research. We are akin to the American Foundation for AIDS Research (AmFAR) and like them are appalled at the scope of the HIV epidemics. You know the statistics which cause our concern.

What is terribly lacking, and must be corrected, is the lack of investment in HIV research by those with the greatest economic interests at stake, i.e., the private business community. In the modern world of international trade and competitive markets, every person with HIV represents a lost customer. Their premature deaths contribute to many years lost as producers and consumers in our economies. We have not yet, but must now, impress this fact upon the leaders in our business communities. Some CEOs have already responded with innovative prevention programs in the workplace, many have not. Those who have given generously in support of privately sponsored HIV research are actually few and far between.

What I have in mind is a "joint U.S. - Canada business summit" on HIV to sensitize leaders in the business community to the economic losses occurring constantly and stimulate them to be more supportive of HIV research. We would like to forge an alliance with other key non-governmental organizations to sponsor the "summit".

I will be in Washington D.C. from December 2 to December 4 for a meeting of the Board of the National Symphony. I would like to meet with you to discuss this concept. Since your office has traditionally maintained liaison with a large number of organizations concerned with HIV, I would also appreciate if you could suggest other key people with whom I could meet to discuss this proposal.

I look forward to your reply.

Sincerely,

Bluma Appel

Bluma Appel
Chair, Canadian Foundation for AIDS Research
18A Hazelton Avenue,
405,
Toronto, Ontario,
Canada M5R 2E2
te. 416-964-2710

Patron

(Colonel) The Honourable Henry N.R. Jackman, C.M., K.St.J., B.A., LL.B.,L.L.D.
Lieutenant Governor of Ontario

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THE WHITE HOUSE

WASHINGTON

November 14, 1993

Elijah E. Cummings
Maryland House of Delegates
2300 N. Calvert Street
Suite 100
Baltimore, MD 21216-5806

Dear Delegate Cummings:

This letter confirms our receipt of your invitation, which was forwarded by Surgeon General Elders, requesting the appearance of Kristine M. Gebbie, National AIDS Policy Coordinator, at the Maryland Annual AIDS Conference. Ms. Gebbie asked me to convey her interest in participating, so please have the staff organizing the event call me to discuss how our office can help and possible dates.

I can be reached at (202) 632-1090.

Sincerely,

W. Steve Lee

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

U.S. Department of Health and Human Services
Public Health Service
Office of the Surgeon General
200 Independence Avenue, S.W., Room 736-E
Washington, DC 20201

Telephone: 202-690-8335
Fax: 202-690-6498

DATE: 10/27/93

TO: Steven Lee

FAX: 202-632-1096

FROM: JAMES JOHN BEMBERG
202-690-8335

ADDITIONAL MESSAGE:
Please leave a message that you received this FAX

Thanks
James

Total number of pages this transmission (including cover): (9)

OCT 27 '93 15:45 P01 922 DHHS/PHS/OSG 202-690-6498

(929)

ELIJAH E. CUMMINGS
39TH DISTRICT
BALTIMORE CITY

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ECONOMIC MATTERS
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GOVERNOR'S COMMISSION ON BLACK MALES

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☑ 2300 N. CALVERT STREET
SUITE 100
BALTIMORE, MARYLAND 21218-5808
(410) 366-7212
FAX: (410) 243-3148

September 29, 1993

M. Joycelyn Elders, M.D.
Surgeon General, USPHS
United States Public Health Service
Room 18-66
5600 Fishers Lane
Rockville, Maryland 20857

RE: ANNUAL AIDS CONFERENCE

Dear Dr. Elders:

As a member of the General Assembly for the State of Maryland, I am in a unique position to create opportunities which will allow many of the problems Marylanders face to be presented in forums which provide both the freedom of discussion and the vehicle through which viable solutions may be carried. Among my greatest concerns, and an area to which much of my attention has been directed, is the area of healthcare.

Because the health of each citizen directly bears upon the health of our communities, state, and ultimately our nation, I sincerely believe in addressing health issues and take seriously this monumental task. An area to which I have devoted specific attention and to which I remain strongly committed is the study of the Acquired Immune Deficiency Syndrome ("AIDS"). This disease is a major health concern to which I have directed much attention, time and resources.

To declare that AIDS is a major health concern in Maryland is quite an understatement. Recent statistics indicate that Maryland, with a rate of 41.7 cases of AIDS per population of 100,000, ranks eighth in the nation, (HIV/AID Surveillance Report, July, 1993). Our next-door-neighbor and nation's capital, Washington, D.C., ranks first in the nation, with a rate of 183.6 cases of AIDS per 100,000 population. Furthermore, of the 6,847 AIDS cases reported in Maryland since 1981, 3,390 cases have been reported in Baltimore City alone.

202-690-6498 DHHS/PHS/OSG 922 P02 OCT 27 '93 15:45

Needless-to-say, this is a problem that must be addressed. Although it is a health concern that will not just go away, it is one that can be improved upon given the proper attention and resources focused on prevention and eventual annihilation of the disease. For this reason, I have hosted an annual AIDS Conference each year for the past five years. This year will be no different.

Certainly, an AIDS Conference will not cure the problems associated with this horrible disease, but it presents a step in the right direction. To further validate the need for this conference, I herein enclose a portion of the latest issue of the Maryland AID Update, a quarterly publication which was prepared by the AIDS Administration, located within the Division of AIDS Surveillance at the Maryland Department of Health and Mental Hygiene. As you will note, it contains the most recent statistical data with regard to AIDS in Maryland, further substantiating the need for action now.

In this regard, I have begun to make the necessary arrangements for hosting this year's conference. Because of the seriousness of this disease and the urgency it creates, this year's conference must receive national attention. For this reason, I solicit the honor of your presence as the keynote speaker for the conference. It is my desire to hold this annual conference in late November or early December. Realizing that your schedule is extremely hectic, but, most importantly, recognizing the detrimental impact this disease has on the overall health of our community, I desperately desire you to serve as our main conference speaker. As such, I am amenable to arranging this conference around your schedule.

Given the importance of such an event, Maryland Governor William D. Schaefer, Baltimore Mayor Kurt L. Schmoke, and a number of elected officials, healthcare professionals and concerned citizens have attended each of the conferences in years past. I anticipate their full support this year as well. As United States Surgeon General, your presence would further stress the importance and seriousness with which this disease must be taken. Not only is it my desire, rather it is the desire of the citizens of Baltimore and the State of Maryland, to count on you to support the conference by serving in this capacity.

For your convenience, I herein enclose a copy of my biological sketch. Please contact me, or my Legislative Assistant, Lisa Johnson, at your earliest convenience so that we may finalize a date for this conference. I may be reached at (410) 366-7212.

OCT 27 '93 15:46 P03 922 DHHS/PHS/OSG 202-690-6498

Thanking you in advance for your cooperation and immediate reply, I am

Sincerely yours,

Elijah E. Cummings, Delegate

EEC/lj

Enclosures (2)

cc: The Honorable William D. Schaefer
The Honorable Kurt L. Schmoke
General Assembly of Maryland
Baltimore City Council

AIDS Case Rate per 100,000 population, by state
July 1992 - June, 1993

Maryland, with a rate of 41.7 cases of AIDS per 100,000 population, ranks eighth in the nation.

The District of Columbia, with a rate of 183.6 cases of AIDS per 100,000 population, ranks first in the nation.

In addition to D.C., other states that out rank Maryland are:
New York (77.8 cases of AIDS per 100,000 population)
Florida (64.4 cases of AIDS per 100,000 population)
California (49.7 cases of AIDS per 100,000 population)
New Jersey (44.7 cases of AIDS per 100,000 population)
Delaware (44.0 cases of AIDS per 100,000 population)
Connecticut (43.8 cases of AIDS per 100,000 population)

These statistics are from the July, 1993 edition of the HIV/AIDS Surveillance Report, published by the Centers for Disease Control and Prevention (CDC) in Atlanta.

AIDS Case Rate per 100,000 population
by Metropolitan Statistical Area with 500,000 or more population
July 1992 - June 1993

The Baltimore Metropolitan Statistical Area (MSA), with a rate of 57.0 cases of AIDS per 100,000 population, ranks 15th in MSAs with a population of 500,000 or more.

Historically, the Baltimore MSA includes Baltimore City, and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties.

MSAs with 500,000 or more population that out rank Baltimore include (alphabetically): Dallas, Texas; Fort Lauderdale, Florida; Houston, Texas; Jacksonville, Florida; Jersey City, New Jersey; Los Angeles, California; Miami, Florida; New York, New York; Newark, New Jersey; Orlando, Florida; San Francisco, California; San Juan, Puerto Rico; Tampa-Saint Petersburg, Florida; and West Palm Beach, Florida.

These statistics are from the July, 1993 edition of the HIV/AIDS Surveillance Report, published by the Centers for Disease Control and Prevention in Atlanta.

202-690-6498 DHHS/PHS/OSG 922 P05 OCT 27 '93 15:47

MARYLAND AIDS UPDATE

June 30, 1993
SecondQuarterEdition

AIDS ADMINISTRATION -- DIVISION OF AIDS SURVEILLANCE
Maryland DHMH 201 W Preston St. Baltimore MD 21201 (410) 225-6707
AIDS INFORMATION AND REFERRAL HOTLINES: 945-AIDS 1-800-638-6252
TDD HOTLINE 1-800-553-3140

I. Cases by County and Vital Status

	Since 1/1/93			Since 1/1/81		
	Alive	Deceased	Total	Alive	Deceased	Total
Baltimore City	179	31	210	1352	2038	3390
Anne Arundel	18	0	18	87	140	227
Baltimore	35	2	37	184	248	432
Carroll	1	0	1	12	20	32
Harford	4	0	4	33	47	80
Howard	9	0	9	39	48	87
Metro Baltimore Subtotal	246	33	279	1707	2541	4248
Montgomery	50	2	52	285	462	747
Prince George's	87	14	101	576	692	1268
Calvert	1	1	2	6	15	21
Charles	4	0	4	18	21	39
Frederick	2	0	2	24	33	57
St. Mary's	0	0	0	11	10	21
Metro DC (MD) Subtotal	144	17	161	920	1233	2153
Caroline	0	0	0	5	13	18
Cecil	4	1	5	11	14	25
Dorchester	4	0	4	16	16	32
Kent	0	0	0	2	3	5
Queen Anne's	0	0	0	7	9	16
Somerset	0	0	0	1	8	9
Talbot	1	1	2	1	15	16
Wicomico	3	2	5	28	36	64
Worcester	3	0	3	8	13	21
Eastern Shore Subtotal	15	4	19	79	127	206
Allegany	3	2	5	9	14	23
Garrett	0	0	0	1	2	3
Washington	5	0	5	28	23	51
Western MD Subtotal	8	2	10	38	39	77
Division of Corrections	6	1	7	79	84	163
MD TOTAL *	419	57	476	2923	4024	6847 *

	Cases	Death
Washington, D.C.	4913	3030
Virginia Suburbs	1607	1035
Maryland Suburbs	2132	1223
WASH DC MSA TOTAL	8652	5288
BALTIMORE MSA TOTAL	4264	2550
NATIONAL (CDC DATA AS OF March 31, 1993)	289,320	182,275

ALL DATA CONTAINED IN THE REPORT ARE PROVISIONAL.

II. Sex

	Since 1/1/93 Cases	%	Since 1/1/81 Cases	%
Male	382	80.3	5622	82.1
Female	94	19.7	1225	17.9
Total	476	100.0	6847	100.0

III. Race

White	103	21.6	2038	29.8
Black	355	74.6	4631	67.6
Hispanic	16	3.4	155	2.3
Other	2	0.4	23	0.3
Total	476	100.0	6847	100.0

IV. Age

0 - 12	7	1.5	162	2.4
13 - 19	0	0.0	29	0.4
20 - 29	73	15.3	1305	19.1
30 - 39	237	49.8	3085	45.1
40 - 49	110	23.1	1572	23.0
50+	49	10.3	694	10.1
Total	476	100.0	6847	100.0

V. Disease at Diagnosis

Candidiasis	32	6.7	1032	15.1
Cryptococcosis	19	4.0	470	6.9
Kaposi's Sarcoma	4	0.8	192	2.8
M. Avium	10	2.1	756	11.0
P.c. pneumonia	89	18.7	1705	24.9
Both KS and PCP	1	0.2	78	1.1
Other Opportunistic Infections	321	67.4	2614	38.2
Total	476	100.0	6847	100.0

VI. Year of Diagnosis

Number of cases diagnosed in year now known to be

	Cases	Deceased	%
Before 1983	16	12	75.0
1983	34	34	100.0
1984	89	87	97.8
1985	204	190	93.1
1986	305	282	92.5
1987	492	450	91.5
1988	686	569	82.9
1989	867	661	76.2
1990	1002	659	65.8
1991	1223	617	50.4
1992	1453	406	27.9
1993	476	57	12.0
Total	6847	4024	58.8

*THE INCREASE IN REPORTING REFLECTS THE IMPACT OF THE NEW AIDS SURVEILLANCE CASE DEFINITION.

OCT 27 '93 15:47 P06 922 202-690-6498 DHHS/PHS/OSG

VII. Adult Maryland AIDS Cases by Exposure Category, Gender, and Race/Ethnicity

Male Adult/Adolescent Cases	Cases Diagnosed Since 1/1/93					Cases Diagnosed Since 1/1/81				
	White	Black	Other	Total	(%)	White	Black	Other	Total	(%)
Males who have Sex with other Males	61	72	4	137	(36.1)	1419	1408	92	2919	(52.7)
Injecting Drug User (IDU)	7	126	4	137	(36.1)	127	1472	28	1627	(29.4)
Injecting Drug User Males who have Sex with other Males	1	13	0	14	(3.7)	70	248	6	324	(5.9)
Hemophilia/Coagulation Disorder	1	1	0	2	(0.5)	28	8	0	36	(0.7)
Heterosexual Contact (a)	6	13	3	22	(5.8)	34	121	12	167	(3.0)
Born in Pattern–II country (b)	0	6	0	6	(1.6)	0	58	3	61	(1.1)
Transfusion Recipient	1	4	0	5	(1.3)	84	40	3	127	(2.3)
Other/Undetermined (c)	11	39	6	56	(14.8)	62	198	14	274	(5.0)
Male Adult/Adolescent Subtotal	88	274	17	379	(100.0)	1824	3553	158	5535	(100.0)

Female Adult/Adolescent Cases	Cases Diagnosed Since 1/1/93					Cases Diagnosed Since 1/1/81				
	White	Black	Other	Total	(%)	White	Black	Other	Total	(%)
Injecting Drug User (IDU)	5	40	1	46	(51.1)	65	580	5	651	(56.6)
Hemophilia/Coagulation Disorder	0	0	0	0	(0.0)	0	0	0	0	(0.0)
Heterosexual Contact (a)	4	23	0	27	(30.0)	49	249	8	306	(26.6)
Born in Pattern–II Country (b)	0	0	0	0	(0.0)	1	11	1	13	(1.1)
Transfusion Recipient	2	1	0	3	(3.3)	59	36	2	97	(8.4)
Other/Undetermined (c)	3	11	0	14	(15.6)	19	62	2	83	(7.2)
Female Adult/Adolescent Subtotal	14	75	1	90	(100.0)	194	936	18	1150	(100.0)
TOTAL	102	349	18	469	(100.0)	2018	4491	176	6685	(100.0)

(a) Includes persons who have had heterosexual contact with a person with AIDS/HIV or at risk for HIV.

(b) Includes persons presumed to have acquired HIV infection through heterosexual contact because they were born in countries with a distinctive pattern of transmission called "Pattern II" by the World Health Organization. These areas include parts of Africa and some Caribbean countries, where most of the reported cases occur in heterosexuals. The male–to–female ratio is about 1:1.

(c) Includes patients on whom exposure information is incomplete, patients still under investigation, patients for whom no specific exposure was identified, and health care workers who seroconverted to HIV and developed AIDS after a documented needlestick to blood.

202-690-6498 DHHS/PHS/OSG OCT 27 '93 15:47 922 P07

MARYLAND AIDS UPDATE.....page 3

VIII. Maryland Pediatric Cases by Exposure Category and Race/Ethnicity

	Cases Diagnosed Since 1/1/93					Cases Diagnosed Since 1/1/81				
	White	Black	Other	Total	(%)	White	Black	Other	Total	(%)
IDU Mother	0	2	0	2	(28.6)	6	77	1	84	(51.9)
Mother Sex Contact of IDU	0	0	0	0	(0.0)	1	18	1	20	(12.3)
Mother HIV positive	1	3	0	4	(57.1)	3	31	0	34	(21.0)
Mother Sex Contact of HIV positive Male	0	0	0	0	(0.0)	0	3	0	3	(1.9)
Mother from Pattern II country (b)	0	0	0	0	(0.0)	0	2	0	2	(1.2)
Hemophilia	0	0	0	0	(0.0)	3	0	0	3	(1.9)
Transfusion Recipient	0	0	0	0	(0.0)	7	5	0	12	(7.4)
Other/Undetermined (c)	0	1	0	1	(14.3)	0	4	0	4	(2.5)
Total	1	6	0	7	(100.0)	20	140	2	162	(100.0)

IX. Maryland AIDS Cases by Age, Gender, and Race/Ethnicity

Males	Cases Diagnosed Since 1/1/88					Cases Diagnosed Since 1/1/81				
	White	Black	Other	Total	(%)	White	Black	Other	Total	(%)
Under 5 <= pediatric	0	3	0	3	(0.8)	4	70	2	76	(1.4)
5 – 12 <= pediatric	0	0	0	0	(0.0)	6	5	0	11	(0.2)
13 – 19	0	0	0	0	(0.0)	3	11	0	14	(0.2)
20 – 29	19	36	3	58	(15.2)	331	680	25	1036	(18.4)
30 – 39	39	141	8	188	(49.2)	760	1683	80	2523	(44.9)
40 – 49	18	74	6	98	(25.7)	473	867	42	1382	(24.6)
50 – 59	8	19	0	27	(7.1)	158	235	9	402	(7.2)
60 +	4	4	0	8	(2.1)	99	77	2	178	(3.2)
Total	88	277	17	382	(100.0)	1834	3628	160	5822	(100.0)
Females										
Under 5 <= pediatric	1	3	0	4	(4.3)	8	58	0	66	(5.4)
5 – 12 <= pediatric	0	0	0	0	(0.0)	2	7	0	9	(0.7)
13 – 19	0	0	0	0	(0.0)	5	10	0	15	(1.2)
20 – 29	3	12	0	15	(16.0)	40	222	7	269	(22.0)
30 – 39	5	43	1	49	(52.1)	66	488	8	562	(45.9)
40 – 49	0	12	0	12	(12.8)	31	157	2	190	(15.5)
50 – 59	4	7	0	11	(11.7)	22	44	0	66	(5.4)
60 +	2	1	0	3	(3.2)	30	17	1	48	(3.9)
Total	15	78	1	94	(100.0)	204	1003	18	1225	(100.0)

202-690-6498 DHHS/PHS/OSG 922 P08 OCT 27 '93 15:48

THE HONORABLE ELIJAH EUGENE CUMMINGS

Elijah Eugene Cummings was born on January 18, 1951. He attended Baltimore City Public Schools having entered Baltimore City College High School in September of 1966. There he served as President of his class and graduated with honors in June of 1969. In September of 1969, he entered Howard University where he served as president of his sophomore class, treasurer of the Student Government and president of the Student Government. In May of 1973, Mr. Cummings was inducted into the Howard University Chapter of Phi Beta Kappa and won several awards.

After graduating with honors from Howard in 1973, Mr. Cummings entered the University of Maryland Law School. There he served as a member of the Moot Court Board, and vice president of the Class of 1976. He graduated from that institution in 1976.

In December of 1976, Cummings fulfilled a life-long dream when he was admitted as a member of the Maryland Bar.

From 1976 to 1979, he served as an associate with the law firm of Johnson & Smith, P.A. In August of 1979, with Edward Smith, Jr., he formed the firm of Cummings & Smith, P.A. Later the name of the firm was changed to Cummings, Smith and Dashiell, P.A. Mr. Cummings currently serves as a partner.

He has served as President of the Monumental Bar Association and has been an active member of the Baltimore Chapter of the NAACP.

In November of 1982, Mr. Cummings was elected to serve as a Delegate for the 39th Legislative District of Maryland to the Maryland General Assembly and is now serving his third term. His District includes all of Downtown Baltimore and a large portion of West Baltimore. During his first session, he was named "Legislator of the Year" by The Baltimore Sun. In April of 1984, the Maryland Legislative Black Caucus (the largest Black Caucus in the country) honored Delegate Cummings by electing him to a two year term as its youngest Chairman. Delegate Cummings served for six years as Vice Chairman of the House Constitutional and Administrative Law Committee. He was recently appointed as Vice Chairman of the House Economic Matters Committee. In a recent poll of members of the General Assembly, Delegate Cummings' colleagues declared him to be one of the most effective members of the Legislature.

In July of 1991, Delegate Cummings founded the Maryland Bootcamp Aftercare Program an organization which works with young men and women released from prison. The aim of this program is to help former inmates maintain a high level of self-esteem, assist them in finding jobs and educational opportunities, and to guide them in positive directions so that they might be assets to their communities. This program has been very successful. Out of 960

(over...)

202-690-6498 DHHS/PHS/OSG 922 P10 OCT 27 '93 15:49

The Maryland AIDS Update is published quarterly. Publication dates for future issues are: September 30, 1993 and December 31, 1993.

UPCOMING EVENTS

This space is reserved for listing upcoming AIDS–related events, lectures or seminars in Maryland. For inclusion, call: (410) 225–6707.

HIV Epidemiology Research Study (HERS)

A new study for women at risk for HIV and women infected with HIV is now open at the Johns Hopkins Medical Institutions. Participants will be asked questions about their health, gyn problems and social services needs. Individual information will be kept strictly confidential, and grouped together to improve knowledge about HIV infection in women. Confidential HIV testing will be offered to women who are unsure of their HIV serostatus. There will be reimbursement for participation. Eligibility: Any woman (18–55 years old) who is HIV positive or at risk for HIV infection. For more information call 955–7510. You don't need to give your whole name for an appointment. A first name and last initial will do.

AIDS Administration
Maryland DHMH
201 W. Preston Street
Baltimore, MD 21201

202-690-6498 DHHS/PHS/OSG 922 P09 OCT 27 '93 15:49

THE WHITE HOUSE

WASHINGTON

November 14, 1993

MEMORANDUM

TO: James John Bemberg, Administrative Officer
Office of the Surgeon General

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

SUBJECT: Meetings and appearances

In the past few weeks, you forwarded several invitations for Surgeon General Elders to our office and asked if Kristine M. Gebbie would be able to attend instead. Please note that the:

November 8 invitation from the Gay Men's Health Crisis was declined by telephone with David Eng because of a prior commitment.

November 14 invitation to the New York Statewide Conference on HIV/AIDS in Albany was accepted.

Invitation from Maryland Delegate, Elijah E. Cummings, for a Maryland AIDS Conference will be scheduled in the future.

Please let me know if we can of further assistance.

THE WHITE HOUSE

WASHINGTON

November 15, 1993

Ms. Susan E. Paris
Educational Foundation
Americans for Medical Progress, Inc.
Crystal Square Three
1735 Jefferson Davis Highway, Suite 907
Arlington, Virginia 22202-3401

Dear Ms. Paris:

Thank you for your letter of support. I enjoyed meeting with you at the Congressional Biomedical Research Caucus on AIDS Research.

The importance of animal models in biomedical research is indisputable. Without these models many years of valuable time would be lost in the discovery and perfection of treatments and vaccines for a multitude of illnesses, including AIDS. We cannot use human subjects to test the safety of potentially harmful drugs or vaccines.

There will always be opposition to using animals for research from groups concerned about the humane treatment of animals. We should all be concerned that those conducting biomedical research treat their experimental animals as humanely as possible.

We can promote and undertake educating the public about the important role of using animals in research. A public that understands the that there is no viable alternative except to stop the development of new drugs and vaccines will be more supportive and less obstructive in these efforts. We can also work to assure the humane treatment of animals being used for experimentation. Perhaps you and your organization can help get these messages out to the public.

Sincerely,

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 11/10

TO: JD

FROM: ✓ W. STEVE LEE

____ For your information

✓ For your action

____ Review and comment by (date) ____

✓ Prepare reply for Coordinator's signature by 11/17

____ Reply directly and blind copy Coordinator

____ **Circulate**/forward to: ____

____ File

COMMENTS:

Americans for
Medical Progress
Educational Foundation

Pat — please draft reply

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President, Boston University

Rabbi Dr. Moses D. Tendler
Professor of Biology, Yeshiva University
Professor of Talmud
Rabbi Isaac Elchanan Theological Seminary

The Honorable Lowell P. Weicker, Jr.
Governor, State of Connecticut

John Whitehead
Chairman and Chief Executive Officer
TDS Healthcare Systems Corporation

Susan E. Paris
President, Americans for Medical Progress

Thomas R. Bremer, Esq.
General Counsel, Americans for Medical Progress

October 12, 1993

The Honorable Kristine Gebbie
National AIDS Policy Coordinator
750 Seventeenth Street, NW, Suite 1060
Washington, DC 20503

Dear Ms. Gebbie:

It was a pleasure to visit with you last month when you addressed the Congressional Biomedical Research Caucus on AIDS research. I am pleased President Clinton selected you, a strong proponent of biomedical research to be National AIDS Policy Director.

It was interesting to hear your approach to your job. I hope that with encouragement and support from your office, programs to educate the public about HIV transmission will stem its proliferation.

Dr. Warner Greene's observation that "the African green monkey may be the hope of the future" in the battle against AIDS was also of great interest. One of Americans for Medical Progress Educational Foundation's objectives is to counter anti-research propaganda of so-called "animal rights" groups (some information about AMPEF is enclosed). I am, therefore, always interested in examples of the vital role of animal research in the pursuit of cures and treatments.

Given Dr. Greene's assertion and the successful test at New Mexico State University of a vaccine against Simian Immunodeficiency Virus, do you think animal research is a crucial facet of AIDS research?

I understand how difficult it is to balance political demands of citizens afflicted by HIV against recommendations made by scientists who lead the search for treatments and a cure for this disease. If I may be of assistance to you as you carry out your responsibilities, please let me know.

Sincerely,

Susan

Susan E. Paris
President

SEP/jmc
Enclosures

Crystal Square Three • 1735 Jefferson Davis Highway • Suite 907 • Arlington, VA 22202-3401 • Tel 703.412.1111 • Fax 703.412.1116

Americans for Medical Progress, Inc.

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Thomas R. Bremer, Esq.
General Counsel
Americans for Medical Progress

RECEIVED
NOV 23 1993

MARTIN LUTHER KING, JR./CHARLES R. DREW MEDICAL CENTER 12021 South Wilmington Avenue Los Angeles, CA 90059 310/668-4321

EDWARD J. RENFORD, Hospital Administrator EDWARD W. SAVAGE, M.D., Acting Medical Director BETTYE J. MOSELEY, R.N., Director of Nursing

November 15, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Hubert H. Humphrey Bldg, Room 729-H
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

It was indeed a pleasure to meet with you last week. We know your schedule is demanding and we appreciated the time you spent in Los Angeles. This letter is a follow-up on several issues raised. Please know that we are very excited about working with you and feel we can offer direct input on many issues.

1. **National Summit** - Leadership does begin at the top. Nothing would make a greater impact than if the President called a national summit and addressed African-American leaders and asked those organizations to take on the issue of education, and allowing us to show how they could help us with early intervention and earlier treatments. This does not have to be exhaustive but with the right 100 we could get a lot done. We will be happy to work with you on this.

2. **Self-Esteem** - The data I gave you also included a self-esteem curriculum. Unless we incorporate self-esteem into our education programs, we will not see a significant behavior change. I think the constantly high rate of gonorrhea in the African-American community sustains that.

3. **The need for an ACTU Institute at King/Drew** - It seems strange that the minority initiative to allow ACTU in minority institutions are structured to exclude good competent Black institutions. Meharry was awarded a site only because it combined with Vanderbilt. We do not feel King/Drew should be a satellite of UCLA or USC. We should have our own programs. We feel we can demonstrate that capability easily.

4. **The NIH Womens Study** - We are a part of the consortium for the USC funded WIHS. I find it interesting that as we can keep talking about the changing faces of AIDS, no one wants to change the power source. I am concerned that the newly created community advisory group is not well-balanced ethnically. I admit I am going on hearsay, but if this true I think it does not reflect well on NIH.

Thank you for your time. I do hope to talk with you soon and I look forward to working with you.

Sincerely,

Wilbert C. Jordan, M.D., M.P.H.
Director, OASIS Clinic and AIDS Program
Chair, Los Angeles Commission on HIV/AIDs
Chair, Black Los Angeles AIDS Commission

WCJ:map

THE WHITE HOUSE

WASHINGTON

November 15, 1993

John de Chastelain
Ambassador of Canada
Canadian Embassy
501 Pennsylvania Avenue, N.W.
Washington, DC 20001

Dear Ambassador De Chastelain:

Thank you for your letter an the letter of introduction for Mrs. Bluma Appel. I am delighted to meet with Mrs. Appel and have scheduled a meeting with her for December 2, 1993.

Please let me know if I can help in anyway with your fight against the AIDS epidemic.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

12/2

Canadian Embassy

Ambassade du Canada

NOV 10 1993

501 Pennsylvania Avenue, N.W.
Washington, D.C. 20001

November 8, 1993

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

Dear Ms. Gebbie,

I have the pleasure to forward to you a letter from Mrs. Bluma Appel, Chairperson, Canadian Foundation for AIDS Research. Mrs. Appel is a distinguished Canadian citizen who has made many contributions to our national life. She is totally committed to the fight against HIV and has now pledged herself to supporting HIV research from non-governmental sources.

Mrs. Appel is requesting a meeting with you in early December in order to benefit from your knowledge and contacts. I would be most grateful for any advice and assistance you could provide her during her visit to Washington.

Yours sincerely,

John de Chastelain
Ambassador

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

NOV 15 1993

NOV 23 1993

Kristine M. Gebbie
National AIDS Policy Coordination
Executive Office
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20050

Dear Ms. Gebbie:

I am writing to you on behalf of the search committee that is seeking a Director for the Office of Blood Research and Review, Center for Biologics Evaluation and Research (CBER), Food and Drug Administration. I would appreciate your help in referring interested candidates for this important position.

The Director, Office of Blood Research and Review, is responsible for organizing, staffing, managing and directing the work of physicians, scientists and support personnel of several divisions and laboratories engaged in research in the fields of hematology and transfusion transmitted diseases, the evaluation and licensing of blood collection and processing facilities, and the review and action upon applications for blood establishments and blood products. As such, the incumbent plays a key role in ensuring the integrity and safety of the nation's supplies and sources of blood, blood products and related diagnostic and therapeutic agents, some of which are products of biotechnology. The incumbent provides advice and counsel to the Center Director, the Commissioner and officials of other agencies including those associated with emergency preparedness and the national defense, on all matters within his/her sphere.

The Office of Blood Research and Review has facilities in Bethesda and Rockville, Maryland, suburbs of Washington, D.C. It is an extremely important position and plays a key role in protecting the nation's blood supply and in developing blood policy.

I am enclosing a position description and vacancy announcement for this position. Further information may be obtained by calling Mr. John Anderson at (301) 443-1755.

Sincerely yours,

Elaine C. Esber, M.D.
Chair, Search Committee for
Director, Office of Blood Research
and Review

Enclosures

Department of Health and Human Services

Announces a Senior Executive Service Vacancy

SELECTEE, IF NOT PRESENTLY SES, MUST SERVE
A ONE-YEAR PROBATIONARY PERIOD

FDA IS SMOKE FREE

POSITION: Director, Office of Blood Research and Review

SALARY RANGE: $92,900 to $107,300 ANNOUNCEMENT NO.: FDA-93-447-B

** Physicians may be eligible for a comparability allowance up to $20,000 per year.

** Exceptional recruiting difficulty may result in payment of a recruitment or relocation bonus **

ORGANIZATION: Office of Blood Research and Review
Center for Biologics Evaluation & Research
Food and Drug Administration

OPENING DATE: September 30, 1993 CLOSING DATE: November 30, 1993

LOCATION: Bethesda, Maryland

AREA OF CONSIDERATION: Applications will be accepted from all qualified individuals.

DUTIES AND RESPONSIBILITIES:

As the Director, Office of Blood Research and Review, the incumbent is responsible for organizing, staffing, managing, and directing the work of physicians, scientists, and support personnel of several divisions and laboratories engaged in research in the fields of hematology and transfusion transmitted diseases, the evaluation and licensing of blood collection and processing facilities, and the review and action upon applications for blood establishments and blood products. As such, the incumbent plays a key role in ensuring the integrity and safety of the nation's supplies and sources of blood, blood factors and blood products. The incumbent provides advice and counsel to the Center Director, the Commissioner and officials of other agencies including those associated with emergency preparedness and the national defense, on all matters within his/her sphere concerning blood and blood products.

COMPETITIVE REQUIREMENTS:

Mandatory Professional/Technical Qualifications: Candidates must have -

1. An M.D. degree from an approved medical school...or...a bachelor's or higher degree in a related biological or physical science.

2. Experience at the executive level in planning, directing, and evaluating broad scientific research or regulatory programs and activities which demonstrates the ability to effectively coordinate and productively integrate the multidisciplinary efforts of a scientific, professional and technological workforce.

Mandatory Managerial/Executive Qualifications: Candidates must have -

1. Administrative or managerial experience at the executive level which demonstrates strong leadership abilities and policy development abilities in a scientific environment.

2. Experience which indicates the ability to deal effectively with high level governmental officials, the scientific and academic communities, national and international medical and health-related organizations, representatives of the regulated industry and others.

3. Ability to implement equal employment opportunity programs.

Desirable Qualifications: It is desirable that candidates have -

1. Recognition within the scientific community as an authority in the field of blood research or related scientific disciplines.

2. Board certification for Medical Officers or post doctoral training for Ph.D.'s in the biological or physical sciences.

3. Thorough knowledge and understanding of the provisions, limitations and practical application of FDA laws and regulations related to blood and blood products.

4. Receipt of honors, awards or other recognition for performance or contributions in his/her field.

5. Professional experience at the GS-15 or equivalent level in the research testing, inspection, or regulation of blood and blood products or related scientific disciplines.

EVALUATION METHOD:

Applications will be evaluated on the basis of relevant experience, training, self-development, awards; performance appraisals; desirable knowledges, skills and abilities; and on an assessment of supervisory abilities or potential. All applicants must meet the mandatory qualifications requirements to be eligible for further consideration, and must provide detailed evidence of possession of each of the experience, knowledge, skill, ability, and other personal characteristic requirements and show how and when they were used. This evidence must include clear, concise examples that show level of accomplishments and degree of responsibility (either on the SF-171 or on a separate attachment). Qualification determinations will be based on the

information you supply. Performance, suitability and security information will be developed from vouchers, interviews, etc. Please provide the names and current addresses of first and second level supervisors or other responsible officials who have knowledge of your background so we can obtain performance information from them. Resumes are not acceptable as applications for entrance into the SES.

HOW TO APPLY:

Applicants must submit (1) an application for Federal Employment, SF-171, (available at all Federal Job Information Centers and Federal Personnel Offices), (2) a recent performance appraisal including an evaluation of quality of work and managerial ability, and (3) a "Supplemental Executive Qualifications," narrative providing information regarding experience, education, accomplishments, and/or potential relating to executive qualifications in each of the six areas described in this announcement to:

Mr. John Anderson
Division of Human Resources Management
Food and Drug Administration
Room 7B-32, HFA-408, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

PHS Commissioned Officers interested in performing the duties of the position within the Commissioned Corps may submit a resume to the above address.

For further information, please contact Mr. Anderson on (301) 443-1755.

All application forms are subject to the provisions of the privacy act and become the property of HHS.

All qualified candidates will receive consideration without regard to race, religion, color, sex, age, national origin, lawful political affiliation, marital status, union membership, or any nondisqualifying physical or mental handicap.

AN EQUAL OPPORTUNITY EMPLOYER

Supplemental Executive Qualifications

1. Integration of Internal and External Program/Policy Issues
This area involves seeing that key national and agency-wide goals; priorities, values, and other issues are taken into account in carrying out the responsibilities of the immediate work unit, including:
   - responding to the general public and clientele groups
   - keeping up-to-date with relevant social, political, economic, and technological developments
   - coordinating with other parts of the agency and other agencies as relevant
   - understanding the role of political leadership in the Administration and Congress

2. Organizational Representation and Liaison
This area covers functions related to establishing and maintaining relationships with key individuals and groups outside the immediate work unit and serving as a spokesperson for one's unit and organization. Types of actions generally required to carry out these functions include:
   - Briefings, speeches, congressional testimony, inter-unit staff meetings, professional society presentations, question-and-answer sessions, etc. involving information giving and receiving, recommendations, persuasion, selling, negotiation, program defense

3. Direction and Guidance of Programs, Projects, or Policy Development
This area involves activities related to establishing goals and the structure and processes necessary to carry them out. These include:
   - long-term and short-term planning——needs, forecasts, objectives, priorities, feasibility, options
   - productivity and other effectiveness-efficiency standards
   - information gathering and analysis
   - research and development
   - work organization structure and operational procedures
   - scheduling and work assignment

4. Resource Acquisition and Administration
This area concerns procedures and activities related to obtaining and allocating the resources necessary to support programs or policy implementation. These include:
   - staffing——work force planning, recruitment and selection, including affirmative action and EEO
   - budgeting——organizational and congressional procedures and processes
   - contracting and/or procurement

5. Utilization of Human Resources
This area involves processes and activities for seeing that people are appropriately employed and dealt with fairly and equitably. These include:
   - evaluation of individual capabilities and needs
   - delegation of work
   - provision of career development opportunities
   - use of performance standards and appraisal
   - utilization of government-wide personnel programs and EEO

6. Review of Implementation and Results
This area involves activities and procedures for seeing that plans are being implemented and/or adjusted as necessary and that the appropriate results are being achieved. These include:
   - periodic monitoring and review
   - program evaluation

OSITION DESCRIPTION *(Please Read Instructions on the Back)*

1 Agency Position No

2 Reason for Submission: [ ] Redescription [X] New [ ] Reestablishment [ ] Other
Explanation *(Show any positions replaced)*

3 Service: [ ] Hdqtrs [ ] Field

4 Employing Office Location: Bethesda, MD

5 Duty Station: Bethesda, Maryland

6 OPM Certification No

7 Fair Labor Standards Act: [X] Exempt [ ] Nonexempt

8 Financial Statements Required: [ ] Executive Personnel Financial Disclosure [ ] Employment and Financial Interests

9 Subject to IA Action: [ ] Yes [X] No

10 Position Status: [ ] Competitive [ ] Excepted *(Specify in Remarks)* [ ] SES (Gen.) [X] SES (CR)

11 Position is: [ ] Supervisory [ ] Managerial [ ] Neither

12 Sensitivity: [ ] 1—Non-Sensitive [ ] 2—Noncritical Sensitive [ ] 3—Critical Sensitive [ ] 4—Special Sensitive

13 Competitive Level Code

14 Agency Use

15 Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a U.S. Office of Personnel Management						
b Department, Agency or Establishment	Director, Office of Blood Research and Review	ES				
c Second Level Review						
d First Level Review						
e Recommended by Supervisor or Initiating Office						

16 Organizational Title of Position *(if different from official title)*

17 Name of Employee *(if vacant, specify)*

18 Department, Agency, or Establishment
Department of Health & Human Services

a First Subdivision
Public Health Service

b Second Subdivision
Food and Drug Administration

c Third Subdivision
Center for Biologics Evaluation and Research

d Fourth Subdivision
Office of Blood Research and Review

e Fifth Subdivision

19 Employee Review—This is an accurate description of the major duties and responsibilites of my position.
Signature of Employee *(optional)*

20 **Supervisory Certification.** *I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.*

a Typed Name and Title of Immediate Supervisor
Kathryn C. Zoon, Ph.D., Director, Center for Biologics Evaluation & Research

Signature: Kathryn C. Zoon Date:

b Typed Name and Title of Higher-Level Supervisor or Manager *(optional)*
Jane E. Henney, Deputy Commissioner for Operations

Signature: Jane E. Henney Date: 2/1/9

21 **Classification/Job Grading Certification.** *I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.*

Typed Name and Title of Official Taking Action
Thomas S. McFee, Assistant Secretary for Personnel Administration

Signature Date

22 Position Classification Standards Used in Classifying/Grading Position

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

23 Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a Employee *(optional)*										
b Supervisor										
c Classifier										

24 Remarks

25 Description of Major Duties and Responsibilities *(See Attached)*

Director, Office of Blood Research and Review
Center for Biologics Evaluation and Research
Food and Drug Administration

ES

I. INTRODUCTION

The Food and Drug Administration (FDA) is a Federal scientific and law enforcement Agency with the legislated responsibility to protect the nation's public health as it may be impaired by food and food additives, drugs, biological products, cosmetics, medical devices and ionizing and non-ionizing radiation-emitting products and substances. Through their regulatory role, FDA national programs directly affect and heavily impact upon multi-billion dollar industries, in addition to protecting the health and safety of 250 million American consumers.

The Center for Biologics Evaluation and Research (CBER) consists of more than 700 scientific professional and support personnel. The Center has regulatory research and review responsibilities for biological therapeutics, vaccines, and blood and blood products. It is also responsible for many of the HIV activities of the Agency, including major responsibility for protecting and insuring the safety of the nation's blood supplies from contamination from the HIV virus and other pathogens.

The Office of Blood Research and Review (OBRR) conducts regulatory research and review programs concerned with the development, manufacture, testing and actions of biological products, blood products, and in vitro diagnostic tests and devices used in transfusion medicine. The Director, OBRR, plans, manages and directs, through subordinate division directors, the work of more than 150 physicians, scientists and support personnel engaged in carrying out the programs and activities of the Office; provides authoritative advice and counsel to the Center Director and other officials of FDA and other agencies regarding blood and blood products and functions as the key official and focal point for all matters associate with ensuring the safety of the nation's blood supplies.

DUTIES AND RESPONSIBILITIES

As Director, Office of Blood Research and Review, the incumbent is responsible for organizing, staffing, managing and directing the work of physicians, scientists, and support personnel of several divisions and laboratories engaged in research in the fields of hematology and transfusion transmitted diseases, the evaluation and licensing of blood collection and processing facilities, and the review and action upon applications for blood establishments and blood products. As such, the incumbent plays a key role in ensuring the integrity and safety of the nation's

supplies and resources of blood, blood factors and blood products. The incumbent provides advice and counsel to the Center Director, the Commissioner and officials of the agencies including those associated with emergency preparedness and the national defense, on all matters within his/her sphere concerning blood and blood products.

Establishes and coordinates policy and program objectives of the office and its regulatory research and review function within the overall program objectives of the Center, the Agency, the Department and other Government agencies. Medical research and state-of-the-art biotechnology, as applied in the development of biological products, is dynamic and diverse. This requires the making of continuous adjustments to the Center's program of evaluation and product testing.

Participates with subordinate division directors in the planning and development of overall Office activities, policies and procedures. This involves the interpretation and adaptation of Center program and policy objectives and making a variety of policy decisions. These decisions have a heavy impact on the conduct, coordination, and inter-relationship of Office programs and a major impact on regulated industry, academic biotechnology researchers and private practitioners.

Directs through subordinate division directors activities including the development and implementation of investigational new drug application policies, and product license application policies; advice to establishments for the manufacture and distribution of biological products and establishments for the collection, storage, processing and distribution of blood and blood products; testing of products for release; surveillance and medical evaluation of the labeling, clinical experience and other information submitted by manufacturers and other facilities; compilation and submission of scientific and technical information for submission to advisory committees, special experts and consultants; and making recommendations and decisions on approval or withdrawal of investigational new drug applications, product license applications, blood facility licenses and marketed biological products. These activities have significant impact on health professionals and on the public health of the nation.

Provides the Center Director with authoritative information on the advisability of approval or non-approval of biological product manufacturers and their products and applications for amendments to industry licenses. Personally reviews and discusses with Center Director, medical decisions of the most controversial, complex or critical nature.

Reviews subordinate division directors requests for funds and personnel. Evaluates budget estimates and justifications and makes appropriate recommendations to the Center Director and the Director, Office of Management. Submits plans for research and service projects to support the office's area of responsibility. Reviews contract proposals for scientific merit and recommends awards.

Provides consultation and expert advice on the evaluation of biological products which include use under the treatment IND regulations, blood factors and products and HIV and other blood diagnostic test kits. Advice is provided to the Office of the Commissioner, to other Centers in FDA, to other government agencies, to foreign governments and international organizations. Issues reports on scientific findings to the Center, FDA, and to the regulated industry, as appropriate. Reviews and approves scientific articles and papers prepared by the divisions that are intended for publication in scientific journals and also reviews and approves policy statements, regulations and guidelines to be published in the Federal Register.

Serves as scientific advisor and consultant to the Center Director on functions, programs, and problems of functional areas covered by the Office.

Represents the Center, FDA, the Department and the Federal Government on committees and at professional meetings, both national and international, making commitments, suggestions and recommendations concerning programs, policies and evaluation of activities within his or her areas of responsibility and expertise. Prepares and presents testimony to Congress and other outside bodies. Attends and participates in Congressional hearing on issues relating to areas covered by the Office.

Keeps Center Director and other Office Directors fully informed of developments and issues in his/her program that would bear upon the planning, development, and administration of the diverse programs of the Center for Biologics Evaluation and Research.

SUPERVISION AND GUIDANCE

The incumbent is under the broad general administrative direction of the Center Director and is delegated full authority to independently plan, manage and direct the programs of the Office of Blood Research and Review. Supervision is in the form of general policy guidance and general advice as to program objectives. Other guidelines are legislation, Center and Agency policies, and technical and scientific developments reported by other government groups, private research laboratories and manufacturer laboratories. Since many of the products and scientific issues to which the program of the Office applies, are the result of new areas of scientific research including the use

of biotechnology products, guidance and precedent are usually not available. The incumbent is expected to have major impact on the safety and integrity of the nation's Federal policy with respect to insuring the safety and integrity of the nation's blood supply and for insuring that blood supplies, blood factors and products are protected from contamination by the HIV virus and other pathogens.

EEO RESPONSIBILITY

The incumbent is responsible for furthering the goals of equal employment opportunity (EEO) by taking positive steps to assure the accomplishment of affirmative action objectives and by adhering to nondiscriminatory employee practices, in regard to race, color, religion, sex, national origin, age, or handicap. Specifically, as supervisor, incumbent initiates nondiscriminatory practices and affirmative action for the following: (1) merit promotion of employees and recruitment and hiring of applicants; (2) fair treatment of all employees; (3) encouragement and recognition of employee achievements; (4) career development of employees; and (5) full utilization of their skills.

The incumbent, in conjunction with his/her supervisor, develops an affirmative action plan for the area supervised including appropriate objectives and goals; and monitors and periodically assesses progress. Keeps informed of, supports, and communicates to employees EEO policies, plans, and programs. Seeks out and utilizes available resources, including appropriate personnel generalists/specialists, and training resources in conducting these responsibilities. Incumbent will be appraised on the effectiveness of his/her EEO performance.

Standard Form 171 Application for Federal Employment

Read The Following Instructions Carefully Before You Complete This Application

- **DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION.**
- TYPE OR PRINT CLEARLY IN DARK INK.
- IF YOU NEED MORE SPACE for an answer, use a sheet of paper the same size as this page. On **each** sheet write your name, Social Security Number, the announcement number or job title, and the item number. Attach all additional forms and sheets to this application at the top of page 3.
- If you do not answer **all** questions fully and correctly, you may delay the review of your application and lose job opportunities.
- Unless you are asked for additional material in the announcement or qualification information, **do not attach** any materials, such as: official position descriptions, performance evaluations, letters of recommendation, certificates of training, publications, etc. Any materials you attach which were not asked for may be removed from your application and will **not** be returned to you.
- We suggest that you **keep a copy** of this application for your use. If you plan to make copies of your application, we suggest you leave items **1, 48** and **49** blank. Complete these blank items each time you apply. **YOU MUST SIGN AND DATE, IN INK, EACH COPY YOU SUBMIT.**
- **To apply for a specific Federal civil service examination** (whether or not a written test is required) **or a specific vacancy in an Federal agency:**
  - — Read the announcement and other materials provided.
  - — Make sure that your work experience and/or education meet the qualification requirements described.
  - — Make sure the announcement is open for the job and location you are interested in. Announcements may be closed to receipt of applications for some types of jobs, grades, or geographic locations.
  - — Make sure that you are allowed to apply. Some jobs are limited to veterans, or to people who work for the Federal Government or have worked for the Federal Government in the past.
  - — Follow any directions on "How to Apply". If a written test is required, bring any material you are instructed to bring to the test session. For example, you may be instructed to "Bring a completed SF 171 to the test." If a written test is not required, mail this application and all other forms required by the announcement to the address specified in the announcement.

Work Experience *(Item 24)*

- Carefully complete each experience block you need to describe your work experience. Unless you qualify based on education alone, **your rating will depend on your description of previous jobs. Do not leave out any jobs you held during the last ten years.**
- Under **Description of Work,** write a **clear** and **brief,** but **complete** description of your **major** duties and responsibilities for each job. Include any supervisory duties, special assignments, and your accomplishments in the job. We may verify your description with your former employers.
- If you had a major change of duties or responsibilities while you worked for the same employer, describe each major change as a separate job.

Veteran Preference in Hiring *(Item 22)*

- **DO NOT LEAVE Item 22 BLANK.** If you do **not** claim veteran preference, place an **"X"** in the box next to **"NO PREFERENCE".**
- You **cannot** receive veteran preference if you are retired or plan to retire at or above the rank of major or lieutenant commander, **unless** you are disabled or retired from the active military Reserve.
- To receive veteran preference your separation from active duty must have been under honorable conditions. This includes honorable and general discharges. A clemency discharge does not meet the requirements of the Veteran Preference Act.
- Active duty for training in the military Reserve and National Guard programs is not considered active duty for purposes of veteran preference.
- To qualify for preference you must meet **ONE** of the following conditions:
  1. Served on active duty anytime between December 7, 1941, and July 1, 1955; (If you were a Reservist called to active duty between February 1, 1955 and July 1, 1955, you must meet condition **2,** below.)

     or
  2. Served on active duty any part of which was between July 2, 1955 and October 14, 1976 or a Reservist called to active duty between February 1, 1955 and October 14, 1976 **and** who served for more than 180 days;

     or
  3. Entered on active duty between October 15, 1976 and September 7, 1980 or a Reservist who entered on active duty between October 15, 1976 and October 13, 1982 **and** received a Campaign Badge or Expeditionary Medal **or** are a disabled veteran;

     or
  4. Enlisted in the Armed Forces after September 7, 1980 or entered active duty other than by enlistment on or after October 14, 1982 **and:**
     a. completed 24 months of continuous active duty or the full period called or ordered to active duty, or were discharged under 10 U.S.C. 1171 or for hardship under 10 U.S.C. 1173 **and** received or were entitled to receive a Campaign Badge or Expeditionary Medal; **or**
     b. are a disabled veteran.
- If you meet one of the four conditions above, you qualify for 5-point preference. If you want to claim 5-point preference **and** do not meet the requirements for 10-point preference, discussed below, place an **"X"** in the box next to **"5-POINT PREFERENCE".**
- If you think you qualify for 10-Point Preference, review the requirements described in the Standard Form (SF) 15, Application for 10-Point Veteran Preference. The SF 15 is available from any Federal Job Information Center. The 10-point preference groups are:
  - — Non-Compensably Disabled or Purple Heart Recipient.
  - — Compensably Disabled (less than 30%).
  - — Compensably Disabled (30% or more).
  - — Spouse, Widow(er) or Mother of a deceased or disabled veteran.
- If you claim 10-point preference, place an **"X"** in the box next to the group that applies to you. To receive **10-point preference you must attach a completed SF 15 to this application together with the proof requested in the SF 15.**

Privacy Act and Public Burden Statements

The Office of Personnel Management is authorized to rate applicants for Federal jobs under sections 1302, 3301, and 3304 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to authorize other Federal agencies to rate applicants for Federal jobs. We need the information you put on this form and associated application forms to see how well your education and work skills qualify you for a Federal job. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed by the Federal Government.

We must have your Social Security Number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. The Office of Personnel Management may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only as allowed by law or Presidential directive. The information we collect by using your SSN will be used for employment purposes and also may be used for studies, statistics, and computer matching to benefit and payment files.

Information we have about you may also be given to Federal, State, and local agencies for checking on law violations or for other lawful purposes. We may send your name and address to State and local Government agencies, Congressional and other public offices, and public international organizations, if they request names of people to consider for employment. We may also notify your school placement office if you are selected for a Federal job.

Giving us your SSN or any of the other information is voluntary. However, we cannot process your application, which is the first step toward getting a job, if you do not give us the information we request. Incomplete addresses and ZIP Codes will also slow processing.

Public burden reporting for this collection of information is estimated to vary from 20 to 360 minutes with an average of 50 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0012), Washington, D.C. 20503.

DETACH THIS PAGE—NOTE SF 171-A ON BACK

Standard Form 171-A— *Continuation Sheet for SF 171*

Form Approved:
OMB No. 3206-0012

• Attach all SF 171-A's to your application at the top of page 3.

1. Name *(Last, First, Middle Initial)* | 2. Social Security Number

3. Job Title or Announcement Number You Are Applying For | 4. Date Completed

ADDITIONAL WORK EXPERIENCE BLOCKS

☐ Name and address of employer's organization *(include ZIP Code, if known)*

Dates employed *(give month, day and year)*
From: To:

Average number of hours per week

Number of employees you supervised

Salary or earnings
Starting $ per
Ending $ per

Your reason for leaving

Your immediate supervisor
Name | Area Code | Telephone No.

Exact title of your job

If Federal employment *(civilian or military)* list series, grade or rank, and, if promoted in this job, the date of your last promotion

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervised. *If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.*

For Agency Use (skill codes, etc.)

☐ Name and address of employer's organization *(include ZIP Code, if known)*

Dates employed *(give month, day and year)*
From: To:

Average number of hours per week

Number of employees you supervised

Salary or earnings
Starting $ per
Ending $ per

Your reason for leaving

Your immediate supervisor
Name | Area Code | Telephone No.

Exact title of your job

If Federal employment *(civilian or military)* list series, grade or rank, and, if promoted in this job, the date of your last promotion

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervised. *If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.*

For Agency Use (skill codes, etc.)

WORK EXPERIENCE *If you have no work experience, write "NONE" in A below and go to 25 on page 3.*

23 May we ask your present employer about your character, qualifications, and work record? *A "NO" will not affect our review of your qualifications. If you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first.* . . . . | YES | NO |

24 READ WORK EXPERIENCE IN THE INSTRUCTIONS BEFORE YOU BEGIN.

- Describe your current or most recent job in Block A and work backwards, describing each job you held during the past 10 years. If you were unemployed for longer than 3 months within the past 10 years, list the dates and your address(es) in an experience block.
- You may sum up in one block work that you did more than 10 years ago. But if that work is related to the type of job you are applying for, describe each related job in a separate block.
- INCLUDE VOLUNTEER WORK *(non-paid work)*--If the work *(or a part of the work)* is like the job you are applying for, complete all parts of the experience block just as you would for a paying job. You may receive credit for work experience with religious, community, welfare, service, and other organizations.
- INCLUDE MILITARY SERVICE--You should complete all parts of the experience block just as you would for a non-military job, including all supervisory experience. Describe each major change of duties or responsibilities in a separate experience block.
- IF YOU NEED MORE SPACE TO DESCRIBE A JOB--Use sheets of paper the same size as this page (be sure to include all information we ask for in A and B below). On each sheet show your name, Social Security Number, and the announcement number or job title.
- IF YOU NEED MORE EXPERIENCE BLOCKS, use the SF 171-A or a sheet of paper.
- IF YOU NEED TO UPDATE (ADD MORE RECENT JOBS), use the SF 172 or a sheet of paper as described above.

A Name and address of employer's organization *(include ZIP Code, if known)*

Dates employed *(give month, day and year)* From: To:

Average number of hours per week

Number of employees you supervise

Salary or earnings
Starting $ per
Ending $ per

Your reason for wanting to leave

Your immediate supervisor
Name | Area Code | Telephone No.

Exact title of your job

If Federal employment *(civilian or military)* list series, grade or rank, and, if promoted in this job, the date of your last promotion

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervise. *If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.*

For Agency Use (skill codes, etc.)

B Name and address of employer's organization *(include ZIP Code, if known)*

Dates employed *(give month, day and year)* From: To:

Average number of hours per week

Number of employees you supervised

Salary or earnings
Starting $ per
Ending $ per

Your reason for leaving

Your immediate supervisor
Name | Area Code | Telephone No.

Exact title of your job

If Federal employment *(civilian or military)* list series, grade or rank, and, if promoted in this job, the date of your last promotion

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. *If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.*

For Agency Use (skill codes, etc.)

Application for Federal Employment—SF 171

Read the instructions before you complete this application. ***Type or print clearly in dark ink.***

Form Approved:
OMB No. 3206-0012

GENERAL INFORMATION

1 What kind of job are you applying for? *Give title and announcement no. (if any)*

2 Social Security Number

3 Sex ☐ Male ☐ Female

4 Birth date *(Month, Day, Year)*

5 Birthplace *(City and State or Country)*

6 Name *(Last, First, Middle)*

Mailing address *(include apartment number, if any)*

City State ZIP Code

7 Other names ever used *(e.g., maiden name, nickname, etc.)*

8 Home Phone
Area Code | Number

9 Work Phone
Area Code | Number | Extension

10 Were you ever employed as a civilian by the Federal Government? If **"NO"**, go to **Item 11.** If **"YES"**, mark each type of job you held with an **"X"**.

☐ Temporary ☐ Career-Conditional ☐ Career ☐ Excepted

What is your **highest** grade, classification series and job title?

Dates at **highest** grade: FROM TO

FOR USE OF EXAMINING OFFICE ONLY

Date entered register		Form reviewed: Form approved:		
Option	Grade	Earned Rating	Veteran Preference	Augmented Rating
			☐ No Preference Claimed	
			☐ 5-Points (Tentative)	
			☐ 10 Pts. (30% Or More Comp. Dis.)	
			☐ 10 Pts. (Less Than 30% Comp. Dis.)	
			☐ Other 10 Points	
Initials and Date			☐ Disallowed ☐ Being Investigated	

FOR USE OF APPOINTING OFFICE ONLY

Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.

☐ 5-Point ☐ 10-Point--30% or More Compensable Disability ☐ 10-Point--Less Than 30% Compensable Disability ☐ 10-Point--Other

Signature and Title

Agency Date

AVAILABILITY

11 When can you start work? *(Month and Year)*

12 What is the **lowest** pay you will accept? *(You will not be considered for jobs which pay less than you indicate.)*

Pay $ _____ per _____ **OR** Grade _____

13 In what geographic area(s) are you willing to work?

14 Are you willing to work:	YES	NO
A. 40 hours per week *(full-time)?*		
B. 25-32 hours per week *(part-time)?*		
C. 17-24 hours per week *(part-time)?*		
D. 16 or fewer hours per week *(part-time)?*		
E. An intermittent job *(on-call/seasonal)?*		
F. Weekends, shifts, or rotating shifts?		
15 Are you willing to take a temporary job lasting:		
A. 5 to 12 months *(sometimes longer)?*		
B. 1 to 4 months?		
C. Less than 1 month?		
16 Are you willing to travel away from home for:		
A. 1 to 5 nights each month?		
B. 6 to 10 nights each month?		
C. 11 or more nights each month?		

MILITARY SERVICE AND VETERAN PREFERENCE

17 Have you served in the United States Military Service? *If your only active duty was training in the Reserves or National Guard, answer "NO".* If **"NO"**, go to item 22.	YES	NO
18 Did you or will you retire at or above the rank of major or lieutenant commander?		

MILITARY SERVICE AND VETERAN PREFERENCE *(Cont.)*

19 Were you discharged from the military service under honorable conditions? *(If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO".)* If **"NO"**, provide below the date and type of discharge you received.	YES	NO

Discharge Date *(Month, Day, Year)*	Type of Discharge

20 List the dates *(Month, Day, Year)*, and branch for all **active duty** military service.

From	To	Branch of Service

21 If all your active military duty was after October 14, 1976, list the full names and dates of all campaign badges or expeditionary medals you received or were entitled to receive.

22 **Read the instructions that came with this form before completing this item.** When you have determined your eligibility for veteran preference from the instructions, place an "X" in the box next to your veteran preference claim.

☐ NO PREFERENCE

5-POINT PREFERENCE -- You must show proof when you are hired.

10-POINT PREFERENCE -- If you claim 10-point preference, place an "X" in the box below next to the basis for your claim. **To receive 10-point preference you must also complete a Standard Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETED SF 15 AND REQUESTED PROOF TO THIS APPLICATION.**

☐ Non-compensably disabled or Purple Heart recipient.
☐ Compensably disabled, less than 30 percent.
☐ Spouse, widow(er), or mother of a deceased or disabled veteran.
☐ Compensably disabled, 30 percent or more.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PREVIOUS EDITION USABLE UNTIL 12-31-90

← ATTACH ANY ADDITIONAL FORMS AND SHEETS HERE

EDUCATION

25 Did you graduate from high school? *If you have a GED high school equivalency or will graduate within the next nine months, answer "YES".*

YES ☐ NO ☐ If "YES", give month and year graduated or received GED equivalency: . . . . . If **NO**", give the highest grade you completed: .

26 Write the name and location *(city and state)* of the last high school you attended or where you obtained your GED high school equivalency.

27 Have you ever attended college or graduate school? YES ☐ NO ☐ If "YES", continue with **28**. If NO", go to **31**.

28 NAME AND LOCATION *(city, state and ZIP Code)* OF COLLEGE OR UNIVERSITY. *If you expect to graduate within nine months, give the month and year you expect to receive your degree:*

	Name	City	State	ZIP Code	MONTH AND YEAR ATTENDED From	To	NUMBER OF CREDIT HOURS COMPLETED Semester	Quarter	TYPE OF DEGREE *(e.g. B.A., M.A.)*	MONTH AND YEAR OF DEGREE
1)										
2)										
3)										

29 CHIEF UNDERGRADUATE SUBJECTS *Show major on the first line*

	NUMBER OF CREDIT HOURS COMPLETED Semester	Quarter
1)		
2)		
3)		

30 CHIEF GRADUATE SUBJECTS *Show major on the first line*

	NUMBER OF CREDIT HOURS COMPLETED Semester	Quarter
1)		
2)		
3)		

31 If you have completed any **other courses or training related to the kind of jobs you are applying for** *(trade, vocational, Armed Forces, business)* give information below.

NAME AND LOCATION *(city, state and ZIP Code)* OF SCHOOL	MONTH AND YEAR ATTENDED From	To	CLASS-ROOM HOURS	SUBJECT(S)	TRAINING COMPLETED YES	NO
School Name 1) City State ZIP Code						
School Name 2) City State ZIP Code						

SPECIAL SKILLS, ACCOMPLISHMENTS AND AWARDS

32 Give the title and year of any honors, awards or fellowships you have received. List your special qualifications, skills or accomplishments that may help you get a job. *Some examples are: skills with computers or other machines; most important publications (do not submit copies); public speaking and writing experience; membership in professional or scientific societies; patents or inventions; etc.*

33 How many words per minute can you:

TYPE? TAKE DICTATION?

Agencies may test your skills before hiring you.

34 List job-related licenses or certificates that you have, such as: *registered nurse; lawyer; radio operator; driver's; pilot's; etc.*

	LICENSE OR CERTIFICATE	DATE OF LATEST LICENSE OR CERTIFICATE	STATE OR OTHER LICENSING AGENCY
1)			
2)			

35 Do you speak or read a language other than English *(include sign language)*? ***Applicants for jobs that require a language other than English may be given an interview conducted solely in that language.*** YES ☐ NO ☐ If "YES", list each language and place an "X" in each column that applies to you. If "NO", go to **36**.

LANGUAGE(S)	CAN PREPARE AND GIVE LECTURES Fluently	With Difficulty	CAN SPEAK AND UNDERSTAND Fluently	Passably	CAN TRANSLATE ARTICLES Into English	From English	CAN READ ARTICLES FOR OWN USE Easily	With Difficulty
1)								
2)								

REFERENCES

36 List three people who are not related to you and are not supervisors you listed under **24** who know your qualifications and fitness for the kind of job for which you are applying. At least one should know you well on a personal basis.

FULL NAME OF REFERENCE	TELEPHONE NUMBER(S) *(Include Area Code)*	PRESENT BUSINESS OR HOME ADDRESS *(Number, street and city)*	STATE	ZIP CODE
1)				
2)				
3)				

BACKGROUND INFORMATION--*You must answer each question in this section before we can process your application.*

		YES	NO
37	Are you a citizen of the United States? *(In most cases you must be a U.S. citizen to be hired. You will be required to submit proof of identity and citizenship at the time you are hired.)* If **"NO"**, give the country or countries you are a citizen of: _____		

NOTE: It is important that you give complete and truthful answers to questions 38 through 44. If you answer **"YES"** to any of them, provide your explanation(s) in **Item 45. Include** convictions resulting from a plea of nolo contendere *(no contest)*. **Omit:** 1) traffic fines of $100.00 or less; 2) any violation of law committed before your 16th birthday; 3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar State law; 5) any conviction whose record was expunged under Federal or State law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, **if you fail to tell the truth or fail to list all relevant** events or circumstances, this may be grounds for not hiring you, for firing you after you begin work, or for criminal prosecution (18 USC 1001).

		YES	NO
38	During the last **10 years**, were you **fired from any job** for any reason, did you **quit after being told that you would be fired**, or did you leave by mutual agreement because of specific problems?		
39	Have you **ever** been convicted of, or forfeited collateral for **any felony violation?** *(Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.)*		
40	Have you **ever** been convicted of, or forfeited collateral for **any firearms or explosives violation?**		
41	Are you **now** under charges for **any** violation of law?		
42	During the **last 10 years** have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do **not** include violations reported in 39, 40, or 41, above.		
43	Have you **ever** been convicted by a military **court-martial?** If no military service, answer **"NO"**.		
44	Are you **delinquent** on any Federal debt? *(Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government **plus** defaults on Federally guaranteed or insured loans such as student and home mortgage loans.)*		

45 **If "YES" In: 38** - Explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address.
39 through 43 - Explain each violation. Give place of occurrence and name/address of police or court involved.
44 - Explain the type, length and amount of the delinquency or default, and steps you are taking to correct errors or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.

NOTE: If you need more space, use a sheet of paper, and include the item number.

Item No.	Date *(Mo./Yr.)*	Explanation	Mailing Address
			Name of Employer, Police, Court, or Federal Agency City State ZIP Code
			Name of Employer, Police, Court, or Federal Agency City State ZIP Code

		YES	NO
46	Do you receive, or have you ever applied for retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?		
47	Do any of your relatives work for the United States Government or the United States Armed Forces? Include: *father; mother; husband; wife; son; daughter; brother; sister; uncle; aunt; first cousin; nephew; niece; father-in-law; mother-in-law; son-in-law; daughter-in-law; brother-in-law; sister-in-law; stepfather; stepmother; stepson; stepdaughter; stepbrother; stepsister; half brother; and half sister.* If **"YES"**, provide details below. If you need more space, use a sheet of paper.		

Name	Relationship	Department, Agency or Branch of Armed Forces

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- If you are a male born after December 31, 1959 you must be registered with the Selective Service System or have a valid exemption in order to be eligible for Federal employment. You will be required to certify as to your status at the time of appointment.
- **I understand** that any information I give may be investigated as allowed by law or Presidential order.
- **I consent** to the release of information about my ability and fitness for Federal employment **by** *employers, schools, law enforcement agencies and other individuals and organizations,* **to** *investigators, personnel staffing specialists, and other authorized employees of the Federal Government.*
- **I certify** that, to the best of my knowledge and belief, **all** of my statements are true, correct, complete, and made in good faith.

48 SIGNATURE *(Sign each application in dark ink)*	**49** DATE SIGNED *(Month, day, year)*

☆ U.S. GOVERNMENT PRINTING OFFICE: 1992 312-071/50114

NOV 15 1993

THE WHITE HOUSE

Paul -

Thanks for sharing your summary of our recent meetings — it's an excellent "feedback loop" mechanism. I'm having a few days in DC to do follow up on what I learned along the way travelling, fitting that into the effort — hope to hear from you again soon — Thanks

ALL · SAINTS
AIDS
SERVICE CENTER

"A non-sectarian, non-profit community based organization providing service to all persons affected by HIV/AIDS"

RCND
NOV - 6 1993

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

Dear Ms. Gebbie,

We've enclosed a copy of our office memo regarding our visits with you this October. It is a policy we follow with all legislators and policy makers so they can see how we perceived their visits and hopefully encourage some comment back. We also send these to other AIDS activists and interested agency people.

I was very pleased to have this time to hear your thoughts on a subject that pretty much fills my life. For many years now I've watched my friends live with AIDS and die from it. I can see no better use for my life then to try to change the course of this pandemic. Which is why you will hear from Connie Norman and myself constantly. We care passionately about all this and want to see it over. As we hope you do also. There is so much to do and we're here to help any way we can. We may not always agree but we will always be honest.

We look forward to seeing you in Los Angeles again. If there is any thing we can do to help just ask.

Sincerely,

Paul Daniels

Paul Daniels
Assistant Director, Public Policy

126 West Del Mar Boulevard, Pasadena, CA 91105 818/796-5633 FAX 818/796-8198

AIDS Service Center
126 West Del Mar Blvd.
Pasadena, Ca. 91105

MEMORANDUM

To: Staff

From: Public Policy

Date: 27 October 93

Subject: Kristine Gebbie, National AIDS Policy Coordinator.

In the last two weeks we have met with Ms. Gebbie three times. It's hard for me not to see a lot of symbolism occurring concurrently in life that parallels these visits. In San Francisco when we met Ms. Gebbie we found out that two activists friend of ours had recently died and our discussions included activist involvement in the forming and yet unnamed AIDS Advisory Commission. Last night before our meeting at the USC medical school I happened to drop in at Kaiser to visit a friend, only to find he was in a coma, on a respirator and next to death. My question to Ms. Gebbie that evening was about a cure. Today before the luncheon at APLA, Southern California was ablaze in forest fires and fire storms. And as I write this the fire crisis is escalating as is the AIDS crisis. Only the AIDS crisis isn't getting full coverage. One has to wonder.

As Ms. Gebbie jokingly said in San Francisco, she has a simple job, stop AIDS, coordinate research and services and make sure there is full implementation of prevention programs! Heavy job description if you ask me. Someones got to do it. Lets hope it's her.

At each of the venues a consistent topic was the national attitude toward AIDS. Ms Gebbie, as do most activists, realizes that we must take a firm approach to creating positive change in this arena. This is a must if we are going to eradicate AIDSphobia. It affects every element of a PWAs life (OK, she gets a gold star there). Related to that is Ms. Gebbie's strong support of prevention and education programs. Programs that tell the truth about HIV transmission in all it's manifestations(sex, drugs and so on.). She is also very willing to talk about the connection between sex and infection. Already this has been used by the conservative press as fodder to impress upon people that she's too liberal. She is also very supportive of community control of materials. Not the usual old conservative crap. She seems to be saying "No content restrictions for this women". (I mean there is still a lot of wait and see from our camp) She is also supportive of needle exchange programs and is trying to coordinate the federal effort to mandate programs. This is dependent on the U.S. Surgeon General, CDC, and the drug office finding the programs are in line with their offices mandate. She is hoping this will happen by the new year.

At the SF AIDS Foundation meeting people wanted to talk about prisoners with AIDS. There was a lot of very important and pressing needs voiced. Education, housing and treatment and how they affect this population are being looked at by her office though no firm policy has been established. From there we went to treatment and substance abuse. Ms. Gebbie said there was a report floating around that will bring both areas together. That will of course all be tied to a

your use). Also it was stated that President Clinton could be moving stuff forward that doesn't require the behest of the Congress, so please do, and where Congressional approval is needed start witting those bills. Ms. Gebbie replied that they are and we needed to watch and see what they do. Believe us, we are.

The issues of HIV names reporting was brought up. Ms. Gebbie says that in the current climate of AIDSphobia that would not be appropriate and has no priority on her list.

The lunch at APLA for PWAs was OK. It gave the PWA community a chance to speak directly with Ms. Gebbie. She was attentive and seemed to be genuinely concerned. Basically the same questions were asked and the same answers were given. It was important that she hear the same stuff over and over again. That way, hopefully , the message will get through.

If you have any more questions please, please, please come back here and ask us. She also gave us her phone number and said any one who has more questions should call. We think you must. We all must. If we don't give up maybe someday there will be an end in sight. The phone number is 202-632-1090.

Questions?
Comment?
Public Policy

THE WHITE HOUSE NOV 15 1993

Dear Victor —

Thank you so much for taking time to write! Esp for the feed back on my ~~attempts to~~ open up our dialogue on sexuality has been positive — which is encouraging. Please stay in touch —

Kind regards

NOV - 4 1993

Victor F. D'Lugin, Ph.D.
PO. Box 505
Provincetown, MA. 02657 - 0505
(508) 487 - 0542

November 1, 1993

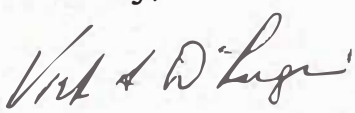
Kristine Gebbie
AIDS Policy Director
RM 729 H
HHH Building
200 Independence Ave. SW
Washington, DC 20201

Dear Ms. Gebbie:

I had reason recently to recall your late summer visit to the Provincetown AIDS Support Group. At that meeting I, as a client of the PASG, asked you what you envisioned as your role in promoting a sound AIDS policy concerning issues of homophobia, racism, sexism and anti - sexuality. You suggested, as part of your response, that should I see a time when you did not attempt to adequately respond to these issue I should write. That you are open to criticism. Leaving that door open, I feel an equal obligation to write at a time when I feel you should be praised.
I read of your statements on Oct. 20 at a conference on teen pregnancy. It was reported that you directly and forthrightly addressed issues of America's repressed Victorian attitudes about sex and our absolute need to address issues about sex and especially homosexuality is a manner which recognizes sex as important and pleasurable. I commend you, highly , for this important statement. Until we are prepared to confront issues of both sex and sexuality in a open, affirming and joy filled way, we will accomplish little to help decrease continued HIV infection [and other issues such as pregnancy, STDs].
In the gay and lesbian community we made that move many years ago. Much of the safer sex prevention education at the beginning of the crisis reflected the prevailing sense of fear and danger. While in the short run this proved useful, it became less so over time. At least, for the past five years, the approach has been one of affirming sex and sexuality. The "hot, erotic and pleasurable" view of safer sex has taken over as the mainstay of gay AIDS education and prevention; with great success in curbing infection in adult gay men.

It is necessary to reach a point where it is no longer an issue of "safer" or "safe" sex, but rather a point where sex, without modifier is safer sex. The only way I can envision this future would be to affirm the essential character of sex, sexuality: the pleasure/joy and inevitability that is and can be received by practicing what we call safer sex.
Again , my thanks for your statements. I do believe it mattered profoundly.

Sincerely,



Victor F. D'Lugin, Ph.D.

525 EAST 68th STREET, NEW YORK, N.Y. 10021
THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

THE WALSH McDERMOTT
UNIVERSITY PROFESSOR OF MEDICINE

212-746-5431
FAX 212-746-8670

RECEIVED
NOV 19 1993

November 15, 1993

Ms. Carol Rasco
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Carol:

I simply cannot overstate the importance of President Clinton soon giving a major address on the AIDS epidemic. Not only is his credibility very much on the line, but that of Kristine Gebbie's is as well. World's AIDS Day, December 1, should be the date.

As you know, this was the first of the two recommendations in the National Commission on AIDS's September, 1993 final report. I know this is a tough time, but a huge number of his loyal supporters are praying for this, and time is running out.

His moral leadership got him elected. He has been demonstrating it on a number of fronts. Now convince him to give it the shot on AIDS--the plague of our times.

Sincerely,

David E. Rogers, M.D.
Vice Chairman
National Commission on AIDS
1989-1993

DER/mg

cc: K. Gebbie
D. Shalala
P. Lee
E. Glaser

THE WHITE HOUSE

WASHINGTON

November 15, 1993

Mr. Charles Kaiser
Chapter Coordinator, New York
245 West 107th Street
New York, New York 10025

Dear Mr. Kaiser:

Thank you for the opportunity to speak at the second annual National Lesbian and Gay Journalist's Association Conference. It was a unique experience to address an entire audience of journalists. I am sure that you are very proud of the fact that it was your New York Chapter hosting such a very well received event.

I hope that you take me up on my offer of being accessible to you, your organization and your colleagues. Communication and cooperation between the media and the government will assist us in reaching our goals to stop HIV infection.

Again, thank you for the invitation to speak at the conference and I look forward to working with you in the future.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 15, 1993

Mr. Alan Flippen
63 West 85 Street
Apartment 2B
New York City, New York 10024

Dear Mr. Flippen:

Thank you for your letter and the opportunity to speak at the second annual National Lesbian and Gay Journalist's Association Conference. It was a unique experience to address an entire audience of journalists, and I am pleased to hear that the conference has been so well received. You did a wonderful job as the chairperson of such an important event.

I hope that there is an opportunity to speak again with your members. Communication and cooperation between the media and the government will assist us in reaching our goals to stop HIV infection.

Again, thank you for the invitation to speak at the conference and I look forward to working with you in the future.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 16, 1993

Mr. Leroy Aarons, President
National Lesbian and Gay
Journalist's Association (NLGJA)
626 Gold Ridge Road
Sebastopol, CA 95472

Dear Mr. Aarons:

Thank you for the opportunity to speak at the second annual National Lesbian and Gay Journalist's Association conference. It was a unique experience to address an entire audience of journalists. As president of the NLGJA, you should be very proud of the fact that the event was very well received and a real success.

I will continue to be accessible to you, your organization, and your colleagues. I truly believe that communication and cooperation between the media and the government will assist us in reaching our common goals.

Again, thank you for the invitation to speak and I look forward to working with you in the future.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

November 16, 1993

Mr. Michael S. Strauss, Ph.D., Director
Global Change Program
American Association for the Advancement of Science
1333 H Street, N.W.
Washington, DC 20005

Dear Dr. Strauss:

Thank you for the invitation to attend "Environment and Development at the Close of the 20th Century" symposium on December 1, 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

American Association for the Advancement of Science

Reports - circulate.

Dear Colleague:

I am pleased to invite you to attend the second annual one-day symposium: *Environment and Development at the Close of the 20th Century,* sponsored by the American Association for the Advancement of Science. This year's meeting, entitled *Health Issues in the Developing World* , will be held in the First Floor Conference Room of the AAAS Headquarters, 1333 H Street, N.W., Washington, D.C., on December 1, 1993. Senior U.S. and international analysts, academics, and policymakers will examine the latest challenges of health care delivery with special emphasis on the developing world and on the Acquired Immune Deficiency Syndrome (AIDS).

Dr. Carl Taylor, M.D. , from the Institute for International Programs at Johns Hopkins University will present the opening keynote address. Following Dr. Taylor, the morning panel will provide comparison between health care systems in the U.S. and in developing countries. The afternoon panel will focus on AIDS as one of the most profound challenges to health care in the industrialized and developing worlds. Each speaker will be allowed about 20 minutes for their remarks. After this there will be an opportunity for discussion among panelists and/or questions from and discussion with the audience. Because our goal is candid and open discussion, the session will not be taped or published as a proceedings. Participants will not be required to produce prepared texts.

This brochure contains the complete symposium program and a registration form. Advanced registration for this meeting is $10 if received by November 19. Registration after that time and at the door is $15. Registration includes lunch and an information packet containing a number of relevant publications that will be distributed at the meeting. We are sorry, but because of the nominal costs, we cannot accept purchase orders.

Seating is limited so we encourage you to register early. In the event that all space is taken through preregistrations, those registering and paying on site may be asked to wait until the sessions begin to assure preregistrants an opportunity to be seated.

Michael S. Strauss, Ph.D.
Director, Global Change Program
AAAS

William Sawyer, M.D.
Chair, AAAS Consortium of Affiliates
for International Programs and
China Medical Board

Environment and Development at the Close of the 20th Century: Health Issues in the Developing World

1 December 1993
First Floor Conference Room
American Association for the Advancement of Science
1333 H Street, N.W., Washington, D.C.

9:00-9:15 a.m. — Welcome

Richard Nicholson, *Executive Officer, AAAS*
Richard Getzinger, *Director of International Programs, AAAS*
William Sawyer, M.D., *Chair, AAAS Consortium of Affiliates for International Programs (CAIP) and China Medical Board*

9:15-10:15 a.m. — Opening Address

Health Care at the Close of the 20th Century

Introduction of Speaker: William Sawyer, *Chair CAIP and the China Medical Board*
Carl Taylor, M.D., *Professor Emeritus, Johns Hopkins University, Institute for International Programs*

10:30-12:30 a.m. — Panel

Systems for Meeting Health Care Needs

Panel Moderator: William Sawyer, M.D., *Chair, CAIP and the China Medical Board*
Robert Lawrence, *Director of Health Sciences, Rockefeller Foundation*
Herbert Nickens, M.D., *Vice President for Minority Health, Education and Prevention, Association of American Medical Colleges*
Rita Carty, *Dean of School of Nursing, Director, Institute of Postgraduate Health Studies, George Mason University*
Eliot Putnam, *President, National Council for International Health*

12:30-1:30 p.m. — Lunch

1:30-3:30 p.m. — Panel

AIDS and the Challenge of Providing Basic Health Care

Panel Moderator: Michael S. Strauss, *CAIP Coordinator and Director, Global Change Program, AAAS*
Kenrad Nelson, M.D., *Director , Department of Infectious Diseases, Johns Hopkins University School of Hygiene and Public Health*
Anna Maria Linares, *Legal Advisor, Pan American Health Organization*
Helene Gayle, M.D., *Chief of AIDS Division, U.S. Agency for International Development*
Christine Grady, *Senior Researcher, National Institute for Nursing Research*
(Invited)

SPONSORED BY

The Global Change Program and the
Consortium of Affiliates for
International Programs of the
American Association for the Advancement of Science

For more information, write or call:

Ms. Elizabeth Lombard or Ms. Carmen Issing, Global Change Program
American Association for the Advancement of Science
1333 H Street, N.W.
Washington, D.C. 20005

(202) 326-6492 telephone (202) 289-4958 fax

Environment and Development at the Close of the 20th Century: Health Issues in the Developing World

Name _____

Affiliation _____

Address _____

_____

Phone: _____

Fax: _____

Circle one: Check enclosed VISA MasterCard

Make checks payable to: AAAS
(Institutional purchase order will NOT be accepted)

Card # _____

Expiration date _____

Cardholder's signature _____

Will you need special services? _____

Registration Fees _____

By November 19.....$10 $_____

After November 19.....$15 $_____

Total Amount $ _____

Registration fee includes lunch. We cannot prorate for partial attendance.

Mail advance registrations to:
AAAS
Global Change Meeting
P.O. Box 80144
Baltimore, MD 21280-0144

Early registration deadline: 19 November 1993. Registrations received after this date will be accepted at a cost of $15. You may also register on site beginning at 8:30 a.m. on 1 December 1993. Registration includes lunch and an information packet.

Cancellation deadline: 26 November 1993. Registration fees will be refunded after the meeting for cancellations received by 26 November 1993. No refunds will be made for cancellations received after that date.

Global Change Program
American Association for the Advancement of Science
1333 H Street, NW
Washington, DC 20005

Address Correction Requested

S21783
Kristine Gebbie
US DHHS PHS ONAPC
750 17th St. NW, Ste. 1060
Washington, DC 20503

Environment and Development at the Close of the 20th Century:
Health Issues in the Developing World

THE WHITE HOUSE

WASHINGTON

November 16, 1993

Kimberly Filbert, Medical Research Specialist
Whitman-Walker Clinic
1701 14th Street, N.W.
Washington, DC 20009

Dear Ms. Filbert:

Thank you for the invitation to attend the Research Grand Rounds Series lecture, "In Vitro Resistance of HIV Clinical Isolates" on November 19, 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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: Deputs

FROM: _____ **W. STEVE LEE**

_____ 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: Calendar is clear but doesn't look like a high priority.

NOV - 2 1993

Whitman-Walker Clinic
Medical Research Division

TO: Interested HIV/AIDS Clinicians, Researchers, and Practitioners

FROM: Kimberly Filbert, Medical Research Specialist, W-WC

DATE: October 21, 1993

RE: Research Grand Rounds Series, 1993-94

presenting

Dr. Marty St. Clair, Ph. D

Burroughs Wellcome, Antiviral Division

"In Vitro Resistance of HIV Clinical Isolates"

November 19, 1993
9:00 AM

The Elizabeth Taylor Medical Services Clinic
1701 14th St. NW
Washington, DC 20009

Help the Whitman-Walker Clinic celebrate 20 years of service to the Washington-area community with the opening of the Taylor Medical Clinic! For details, please contact Kim Filbert, 202.745.6155

please pass on copies of this notice to your interested colleagues

THE WHITE HOUSE

WASHINGTON

November 16, 1993

W. H. Runzler
5790 River Run Drive
Cottonwood, Arizona 86326

Dear Sir/Madam:

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

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

Thank you again for sharing this information.

Sincerely,

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

cc: Office of AIDS Research, NIH

ANS
NR

June 25, 1993

Miss Christine Gebbie
AIDS, CEO
THE WHITE HOUSE
Washington, DC 20500

Dear Miss Gebbie:

You have the unique opportunity to be the greatest success in Washington.

[redacted] For the past 5 years there has been available and [redacted] MDs an inexpensive, safe, non-prescription [redacted] Acemannan, that has had a 60-80% [redacted] cancers and especially AIDS! And many other [redacted] problems likeColitis, ulcers,etc,etc.

The general use of this great American discovery wouldhave saved in the past 4 years 1,000,000 US lives, $400. Billion in medical costs.

The product is made by Carrington Labs.,Inc., 2001 Walnut Hill Lane, Irving, TX 75038. It took 12 years and $23. Million to discover this by Dr. Bill H. McAnalley, director of research. Dr. McAnalley desearves a Nobel prize for his discovery of acemannan(out of 35,000 molecules) which some MDs believe is themost important medical discovery in 50 years.

I am inclosing the description of Acemannan and its action(from a Feb. 1992 report). Results to date for cancers are 6-12 month, $300.-$600. taken daily, higher for AIDS 12-24 months 2X dosage, 9 liters per month, $600.-$1200. 100% for colitis for $25.-$50.

The USDA had already OK'd Acemannan(Carrisyn) for pet AIDS, cancers, Immune protection for Pets, livestock, poultry. I guess humans have been misbehaving!

Cordially,

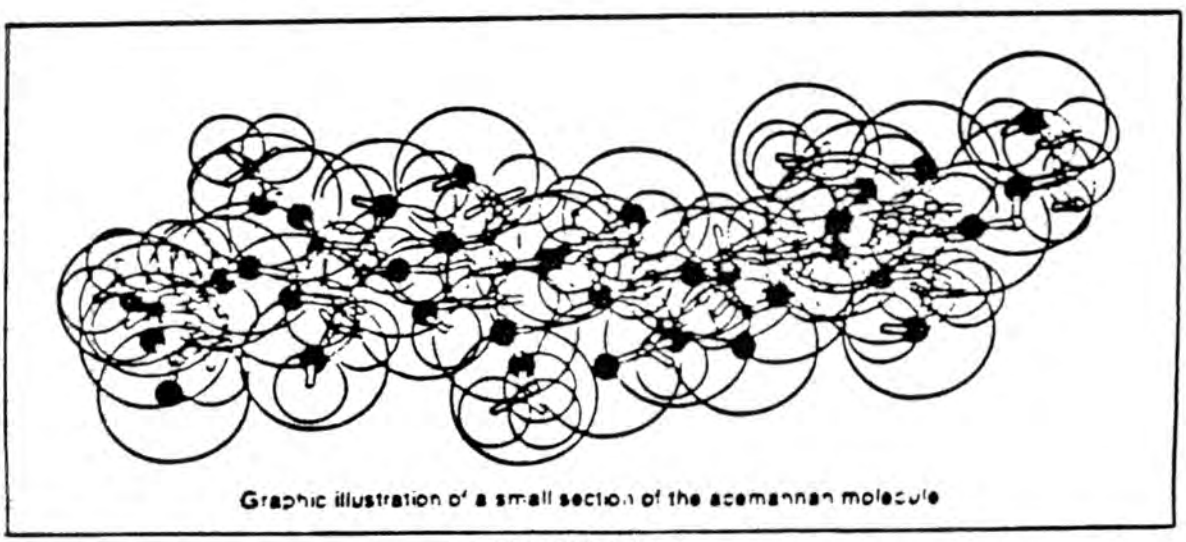
W. H. Runzler
5790 River Run Drive
Cottonwood, AZ 86326-5018
(6020646094 18)

Recent Emergence of Carbohydrate Drug Research

Carbohydrates have historically been thought to function primarily as energy sources and to produce few, if any, therapeutic effects. In the late 1980s, however, interest in carbohydrates as potential therapeutic agents began to emerge; and many new biotechnology companies were formed with the specific purpose of developing carbohydrate based drugs. Research by Carrington and others has shown that, far from being simply a source of energy, carbohydrates are vital participants in the complex phenomenon of cellular communication. Owing to their structural diversity, carbohydrates can serve as highly specific chemical labels that direct cells to interact in very specific ways. This capability is the basis for the multiple roles of carbohydrates in biological processes, including the binding of growth factors and other messenger molecules, signal transduction, cell-to-cell adhesion and hormone regulation. Additionally, carbohydrates are involved in the inflammation process, tumor metastasis, and microbial and viral infection. Given their pervasive activity, it is now believed that carbohydrates may be useful clinically in the treatment of cancer, infectious diseases, inflammatory diseases (including autoimmune diseases) and cardiovascular diseases and in wound management.

Mannans

Mannans are complex carbohydrates that contain mannose, a hexose or six-carbon sugar. Mannans are found in the walls of certain plant cells. One of the pure mannans, acemannan, was successfully [illegible] in 1984 from the leaf of *Aloe barbadensis*, the aloe vera plant, and has been the subject of extensive study by Carrington. The name, acemannan, derives from its acetylmannan links. Purified acemannan, a white powder, has been associated with a wide range of therapeutic activities and is useable in topical, injectable and oral formulations. A graphic illustration of a small section of the acemannan molecule appears below.



Graphic illustration of a small section of the acemannan molecule

ACEMANNAN

A Polydispersed β-(1,4)-linked acetylated mannan

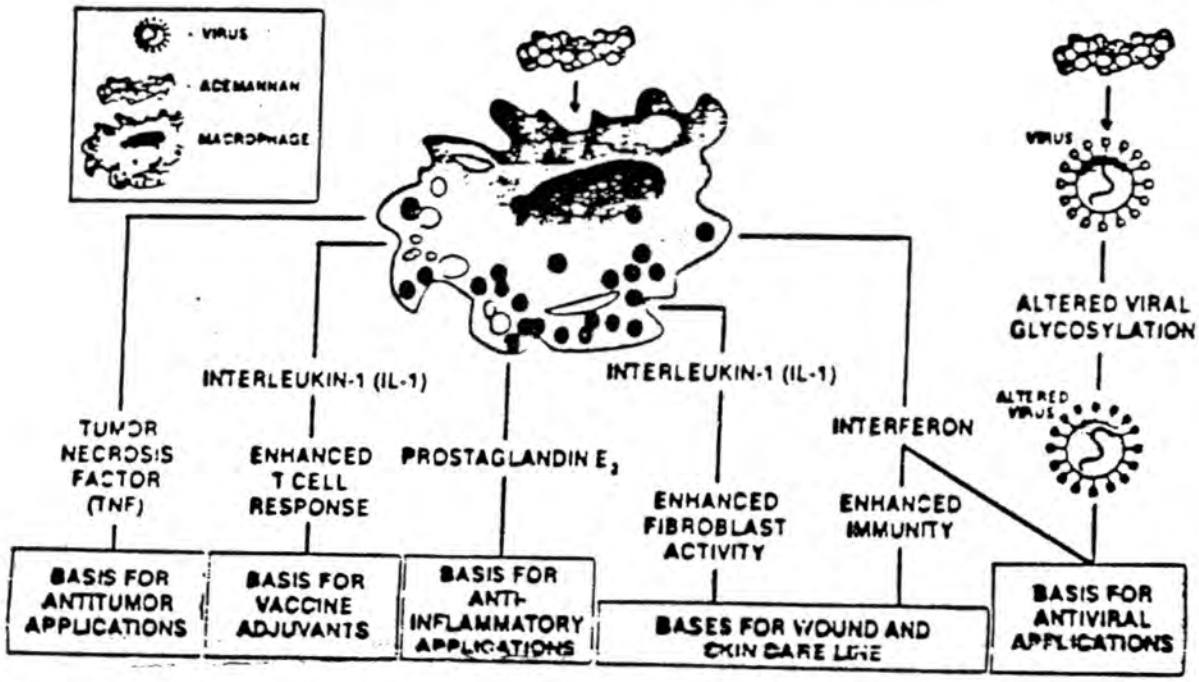
Although the mechanisms of action of complex carbohydrate molecules are not fully understood, Carrington's research shows that acemannan has certain antiviral, antitumor and immunomodulating properties. It is believed that acemannan achieves its effects principally by stimulating the activities of macrophages

Macrophages

Macrophages are large, white blood cells that move throughout the body, seeking out, ingesting and destroying bacteria, viruses, tumor cells and other agents that the body identifies as foreign. Macrophages carry out their activities by producing other chemicals within the body such as multiple enzymes, various complement components, coagulation factors, prostaglandin and leukotrienes, including tumor necrosis factor ("TNF"), interleukin-1 ("IL-1") and interferon. TNF destroys tumor cells, promotes the growth of fibroblast cells in wound healing and stimulates production of other chemicals involved in the immune response. IL-1 enhances the inflammatory response mounted against infection, may aid natural killer cells in targeting tumor cells and promotes angiogenesis, the growth of new blood vessels into healing wounds. Interferon prevents viruses from replicating, helps the immune system to target viruses and enhances antiviral response.

Carrington believes that acemannan produces its results in part by activating the macrophage's lipopolysaccharide ("LPS") receptor. The structure of acemannan is very similar to the saccharide portion of the LPS molecule and thus may bind in its place. However, LPS is toxic. Acemannan, in contrast, does not have the toxic lipid component, an advantage because the macrophage is not presented with this toxic portion of the LPS molecule. Acemannan's mechanisms of action are described graphically below.

ACEMANNAN MECHANISMS OF ACTION



Unlike many related molecules, acemannan is probably not metabolized, or broken down, until it reaches the cellular level. Thus the physiological effects of acemannan are preserved until it is available to bind to the LPS receptor on macrophages. After acemannan exerts its effects it probably is degraded to mannose, becomes part of the intracellular pool and is metabolized.

THE WHITE HOUSE

WASHINGTON

November 16, 1993

Cindy A. Cerro
50 Presidential Plaza, #806
Syracuse, NY 13202

Dear Cindy:

Thank you for the invitation to attend the Elizabeth Blackwell Day at SUNY College of Medicine. Unfortunately, my schedule does not permit me to participate. In the future I hope to have a chance to work with you. Best of luck with the event.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator

Regrets

OCT 2 9 1993

50 Presidential Plaza Apt. 806
Syracuse, NY 13202
October 25, 1993

Ms. Kristine Gebbie
Office of National AIDS Policy
Washington, DC

Dear Ms. Gebbie,

My name is Cindy Cerro. I am a second year medical student at SUNY Health Science Center College of Medicine in Syracuse, New York. My brother, Marc, is a volunteer in your office.

This letter is to request that you be our keynote speaker for the University's Elizabeth Blackwell Day. As you may or may not know, Elizabeth Blackwell was the first woman to graduate from a medical school in the United States. She graduated from the Geneva College of Medicine, which later became our institution. In her honor, the University is holding a special conference dedicated to women's issues and their role in medicine today. We would be delighted if you could be our speaker, either addressing women's issues related to AIDS, or any other related topic you wish to discuss. As a respected woman in an important and pertinent government position, we would be very interested in hearing your thoughts and experiences, and even perhaps your advice to up and coming physicians.

We understand that you are very busy with the extremely important task that has been put to you. With such in mind, we have not formally set the date for Elizabeth Blackwell Day. We are aiming for one of the last three Wednesday afternoons in February (2/9, 2/16, or 2/23/94) or possibly the first Wednesday in March (3/2/94). We are hoping that this flexibility will give us the best possible chances of having you as the keynote speaker for our event.

If you have any questions or need more information, I can be reached in the evenings at (315) 426-0806. Thank you for your time, and I hope to be hearing from you soon.

Sincerely,

Cindy A. Cerro

Marc's sister

THE WHITE HOUSE

WASHINGTON

November 16, 1993

Lois M. Aledort, M.D.
Dean of Faculty and Medical Affairs
Mount Sinai Medical Center
Fifth Avenue & 100th Street
New York, NY 10029

Dear Dr. Aledort:

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

REGIONAL COMPREHENSIVE HEMOPHILIA DIAGNOSTIC AND TREATMENT CENTER
Mount Sinai Medical Center
Fifth Avenue & 100th Street
New York, New York 10029
(212) 876-8701

NOV 1 2 1993

Directors:

Hematology
Louis M. Aledort, M.D.
Orthopedics
Marvin S. Gilbert, M.D.

Hematology
Adult
Michael Diaz, M.D.
Stephanie Seremetis, M.D.

Hematology
Pediatric
Steven Arkin, M.D.
Jeffrey Lipton, M.D.

Physiatry
Somchat Chiamprasert, M.D.

Psychiatry
Karen Holloway, M.D.

Neurology
Seymour Gendelman, M.D.

Vocational Counseling

Social Services

Genetic Counseling

Physical Therapy

Home Care Program

HIV Counseling

Dental Program

November 4, 1993

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

Dear Ms. Gebbie:

I am writing to thank you for supporting the FY 1994 consolidation of funding for the Pediatric/Family AIDS Demonstration Program within Title IV of the Ryan White CARE Act, and to urge a significant increase for Title IV in the President's budget request for FY 1995.

As you know, Congress recently completed the Labor/HHS Appropriations Conference. Despite the President's request of $21 million for the Pediatric/Family AIDS Demonstrations and $6 million for Title IV in FY 1994, the final appropriation was only $22 million. This represents a $1 million increase out of a total increase of $210 million for other Titles of the CARE Act. 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.

I am now writing to strongly urge that as the Department of Health & Human Services finishes its FY 1995 budget request and submits it to the Office of Management & Budget, that the funding request for Title IV of the Ryan White CARE Act be increased to $42 million. While consolidation of funding within Title IV will enhance the delivery of services and access to clinical trials for children, adolescents and families affected by HIV disease, it does not diminish the need for substantial new funding in FY 1995.

As you know, HIV infection rates among women, adolescents and children have rapidly increased. Some service sites have experienced a 50% increase in demand for services. Last year, 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 approximately $21 million. These funds are vitally needed for reaching underserved, low-income African-American and Hispanic women, adolescents, children and families who are disproportionately affected by HIV infection.

Title IV of the CARE Act has now become an important focus of providing funds to deliver specialized pediatric and adolescent HIV comprehensive services throughout the United States. 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.

Thank you for your consideration of this request.

Sincerely,

Louis M. Aledort, M.D.
Co-Director
Hemophilia Treatment Center
Dean of Faculty & Medical
Affairs

The Arlington Hospital

1701 North
George Mason Dr.
Arlington, Virginia
22205

Patricia C. Seifert
RN, MSN, CNOR
OR Coordinator,
Cardiac Surgery
Department of Surgery

(703) 558-6176
Fax (703) 558-6306

RECEIVED
NOV 23 19

THE ARLINGTON HOSPITAL
1701 NORTH GEORGE MASON DRIVE · ARLINGTON, VIRGINIA 22205-3698 · 703/558-5000

11/16/93

Dear Ms. Gebbie,

Please find the enclosed Hewlett-Packard newsletter, re: databases. It was a pleasure to meet you yesterday evening at the Nurses Roundtable dinner.

I remember about ten years ago in the OR - seeing AIDS patients (for bronchoscopies), and we all treated them like lepers - what a terrible way for a social animal to have to live. I think we've become a little more civilized ... Does compassion follow knowledge (or vice versa?).

If you ever need a "translator" for heart surgery "stuff" - call me. I love the crazies (patients + staff). And lots of psych in cardiac (patients + staff!). Best wishes - we are fortunate to have your intelligence and humor!

Lish Seifert

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

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

NURSING TECHNOLOGY

A Quarterly Newsletter for the Nursing Professional from Hewlett-Packard Company

Patient-Focused Care Finds Partner in Technology

Patient-focused care is a method of healthcare delivery that organizes nurses, physicians, and other hospital staff around patients and their families, rather than ferrying patients to specialized, remote departments and fragmenting care among many providers. By bringing as many services as possible to the bedside and cross-training unit-based personnel, patients receive more customized and timely services from a smaller, more collaborative staff who manage every aspect of care, from pre-admission to post-discharge.

The modularity of the HP Component Monitoring System makes it easy to tailor the bedside system to the needs of each patient.

To implement patient-focused care, hospitals must accomplish several goals to increase their responsiveness to patients: aggregate patients according to need and bring services to them; cross-train caregivers to speed up services; and place responsibility for care management with direct care providers rather than a nurse manager working in a removed office. Given the large scale and cost of achieving all these goals simultaneously, many healthcare organizations are implementing patient-focused care in three- and five-year phases.

Even when introduced at this incremental pace, patient-focused care visibly alters the landscape of healthcare. The *American Journal of Nursing* recently noted that patient-focused units often bear little resemblance to traditional hospital units, and that some units have abandoned central nurses' stations in favor of smaller substations. In light of such trends, experts predict that medical equipment will become smaller and less expensive as more services move to patient floors.

Technology aids transition

Within this changing landscape, information technology can significantly enhance a hospital's transition to patient-focused care. "Technology can collect, integrate,

continued on page 4

INSIDE

HEWLETT PACKARD

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Holliston, MA 01746-9880

☐ This is my first issue of *Nursing & Technology*.
Please keep me on the mailing list.

☐ I would like more information about the HP Component Monitoring System. [5952-0410 CS]

☐ I would like more information about the HP CareVue 9000 clinical information system. [22AC1]

Your comments are important to us. Please let us know what you thought about this issue of *Nursing & Technology*, and suggest any future topics that would interest you.

Please remove your mailing label from the back page of the newsletter and place it here.
If the address on the label is incorrect, please make corrections here. No postage is necessary.

HEWLET
PACKAR

THE WHITE HOUSE

WASHINGTON

November 16, 1993

MEMORANDUM

TO: Roy Neel, Assistant to the President and Deputy Chief of Staff

Patti Solis, Special Assistant to the President and Director of Scheduling for the First Lady

Carol Rasco, Assistant to the President for Domestic Policy

FROM: Kristine M. Gebbie KG 6/1
National AIDS Policy Coordinator

SUBJECT: December 9 Ryan White Foundation event

I have received the attached request for participation by the President and/or the First Lady in an HIV-related activity with the Ryan White Foundation on December 9 in Indianapolis. We have not as yet identified a major event to focus on HIV and health care reform; this might be such an opportunity. If I can answer questions or get more information, please let me know.

THE ASSOCIATED GROUP

11/3

NOV - 4 1993

Kristine,

I wanted you to know of this request. Any help you could provide would be appreciated.

Thanks,

Woody

WOODROW A. MYERS JR., M.D., M.B.A.
Senior Vice President and
Corporate Medical Director
317-488-6295
FAX 317-488-6305

THE RyanWhite FOUNDATION

Teens and HIV/AIDS

November 3, 1993

President and Mrs. Hillary Clinton
White House
1600 Pennsylvania Avenue
Washington, DC

Dear President and Mrs. Clinton,

You have made health care reform the center piece of your Administration and for no one is reform more important than to the patient who has HIV. **The Ryan White Foundation**, established after Ryan's death in 1990, agrees with the importance you have placed on health care. We invite you to address our **Grand Opening Celebration here in Indianapolis, Indiana on Thursday, December 9, 1993 at 6:00 pm.**

As you know, Ryan White grew up in Indiana and after his diagnosis with HIV as a result of infected blood products Ryan faced the controversial issue of whether he would be allowed by authorities to attend school. After a protracted and public court battle, he did secure the right to continue his education in the public school system. Ryan's health deteriorated after that victory and he required many hospitalizations at the Riley Hospital for Children in Indianapolis where he ultimately died. Even though a teenager, he was a leader. He led the important national discussion on the issue of HIV and discrimination. As the nation, and ultimately the world, got to know Ryan he taught us that our anger should be directed at the virus and not the people who carry it.

Ryan was fortunate to have received high quality medical care at the Riley Hospital. Not all HIV patients have that same opportunity for quality care.

It is our hope that you would use the occasion of the Grand Opening Celebration of the Foundation's offices here in Indianapolis to tell America how health care reform will affect those patients with HIV, especially our young people. Will all children have access to the same high quality care that Ryan received? Will our school systems be encouraged in the new health care system to find ways to help adolescents hear our important messages of prevention? How will your administration prioritize HIV vaccine research?

MERCHANTS PLAZA • SUITE 1135 EAST • 101 W. WASHINGTON ST. • INDIANAPOLIS, IN 46204 • 317-261-0086 • 317-261-0779 fax

Recycled Paper

Our Grand Opening will be held at the Hyatt Regency Hotel where we will premiere the new Michael Jackson video "Gone Too Soon" which features Ryan White and undoubtedly will be seen by many millions of people across the world, primarily through MTV. Through cooperation with the Sony Corporation the Foundation hopes to use proceeds that might be generated from the video to assist the Foundation in its AIDS prevention efforts. In addition, we will show a short documentary film on Ryan's life and his messages of hope and encouragement that he delivered through public appearances throughout the world.

Our event will occur shortly after World AIDS Day. It will also occur shortly after what would have been Ryan White's 22nd birthday.

Although the notice is relatively short, our Foundation will do absolutely everything it can to make your visit an overwhelming success. We believe in what you are trying to accomplish and we think we have a forum where your message can be heard. Thank you for considering our request.

Sincerely,

Jeanne White
(Ryans mom)
Jeanne White
President & Founding Chairperson

Woodrow A. Myers Jr MD
Woodrow A. Myers, Jr., MD, MBA
Chairman, Board of Directors

JW/WAM/wlc

THE RyanWhite FOUNDATION

Teens and HIV/AIDS

THE RYAN WHITE FOUNDATION
Mission Statement

The Ryan White Foundation is a national non-profit organization which will increase awareness of personal, family, and community issues related to Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS):

- Hemophiliacs with HIV/AIDS
- Siblings with HIV/AIDS
- Teenagers with parents who have HIV/AIDS
- Friends and families caring for a teenager with HIV/AIDS
- Homes for teens who have HIV/AIDS
- Persons coming to terms with the death of an HIV/AIDS patient

The Ryan White Foundation Goals

- Increase understanding and acceptance of people with HIV/AIDS
- Help to erase the stigma associated with HIV/AIDS
- Understand and eliminate myths that would limit affected students access to education, peer relationships and community life
- Form a support network across the nation of parents dealing with the HIV/AIDS epidemic; publish a quarterly newsletter with latest information on HIV/AIDS and social activities planned for HIV/AIDS teens and their families
- Provide funding for families of HIV/AIDS teens in crisis situations where financial aid is needed, either medical or personal living expenses

MERCHANTS PLAZA • SUITE 1135 EAST • 101 W. WASHINGTON ST. • INDIANAPOLIS, IN 46204 • 317-261-0086 • 317-261-0779 fax

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RYAN WHITE FOUNDATION
BOARD OF DIRECTORS
1993

Steve Baker (2) 7285 Waterview Point Noblesville, IN 46060	Home Bus FAX	317/877-2100 317/776-6224 317/773-1051
Margaret Goldsmith (3) Marion Superior Court - Juvenile Div. 2451 North Keystone Indianapolis, IN 46218	Home Bus FAX	 317/327-3604 317/327-4511
Carrie Jackson Van Dyke (3) 872 Franklin Trace Zionsville, IN 46077	Home Bus FAX	317/873-2145 317/846-9481 317/846-0722
Kathleen Lucas Bose McKinney & Evans 2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, IN 46204	Home Bus FAX	 317/684-5232 317684-5173
Woodrow Myers, Jr., MD (1) The Associated Group 120 Monument Circle Indianapolis, IN 46204	Home Bus FAX	 317/488-6295 317/488-6305
Earl Nightingale, Gen Mgr (1) Hyatt Regency Hotels One South Capitol Indianapolis, IN 46204	Home Bus FAX	317/253-7744 317/632-1234 317/231-7589
Renee Spencer (1) Spencer Communications 4783 Ridgehill Way Plainfield, IN 46168	Home FAX	317/745-6296 317/272-9302
Jill Stewart (2) 9472 Carlyle Drive Indianapolis, IN 46240	Home Bus FAX	317/573-9312 317/846-0846 317/846-0722
Melinda Taylor Junior League of Indianapolis 14142 Williamsburg Drive Carmel, IN 46033	Home Bus	317/575-8731 317/253-8553
Jeanne White-Ginder (3) 1580 Overlook Circle Cicero, IN 46034	Home Bus FAX	317/984-4709 317/261-0086 317/261-0779
Andrea White 1580 Overlook Circle Cicero, IN 46034	Home	317/984-4709

THE WHITE HOUSE

WASHINGTON

November 16, 1993

Gary Remafedi, M.D.
Assistant Professor
Department of Pediatrics
The University of Minnesota Hospital and Clinic
Loring Park Office Building
428 Oak Grove Street
Minneapolis, MN 55403

Dear Dr. Remafedi:

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

cc: Carol Rasco, Domestic Policy Council

NOV 12 1993

OFFICE OF DOMESTIC POLICY

THE WHITE HOUSE

FROM THE OFFICE OF: **CAROL H. RASCO**
ASSISTANT TO THE PRESIDENT
FOR DOMESTIC POLICY

TO: Debbie _____ _____

_____ _____

DRAFT RESPONSE FOR CHR BY: _____

PLEASE REPLY (COPY TO CHR): ✓

PLEASE ADVISE BY: _____

LET'S DISCUSS: _____

FOR YOUR INFORMATION: _____

REPLY USING FORM CODE: _____

FILE: _____

RETURN ORIGINAL TO CHR: _____

SCHEDULE: _____

REMARKS:

_____

_____

_____

_____

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Youth and AIDS Project
Division of General Pediatrics and Adolescent Health
Variety Club Children's Hospital

Annex
Loring Park Office Building
428 Oak Grove Street
Minneapolis, MN 55403
612-627-6820
Fax: 612-627-6819

November 3, 1993

Carol H. Rasco
Assistant to the President for Domestic Policy
Executive Office of the President
The White House
Washington, D.C. 20500

Dear Ms. Rasco:

The **Youth and AIDS Projects** has been a Pediatric/Family AIDS Demonstration Program since 1990; this funding allows us to provide case management and supportive services to our current case load of 29. I am writing to thank you for supporting the FY 1994 consolidation of funding for the Pediatric/Family AIDS Demonstration Program within Title IV of the Ryan White CARE Act, and to urge a significant increase for Title IV in the President's budget request for FY 1995.

As you know, Congress recently completed the Labor/HHS appropriations conference. Despite the President's request of $21 million for the Pediatric/Family AIDS Demonstrations and $6 million for Title IV in FY 1994, the final appropriation was only $22 million. This represents a $1 million increase out of a total increase of $210 million for other Titles of the CARE Act. The **Youth and AIDS Projects** and other pediatric, adolescent and family AIDS demonstrations that are now a part of Title IV have been essentially level funded for the past three years.

I am now writing to strongly urge that Title IV of the Ryan White CARE Act be increased to $42 million in FY 1995. While consolidation of funding within Title IV will enhance the delivery of services and access to clinical trials for our clients affected by HIV disease, it does not diminish the need for substantial new funding in FY 1995.

As you know, HIV infection rates among women, adolescents and children have rapidly increased. In FY 1991-92, the **Youth and AIDS Projects** had a case load of 10 young men and women who were HIV seropositive; in FY 1992-93, that number grew to 29. The **Youth and AIDS Projects** anticipates adding an additional 15 new HIV seropositive clients during the 1993-94 fiscal year. The 1992 report of the U.S. House of Representative's Select Committee on Children, Youth, and Families, titled A Decade of Denial: Teens and AIDS In America, reported that during the two years prior to the report, "the number of teens and young adults (ages 13-24) who were diagnosed with AIDS increased by 77%. More than half of U.S. AIDS cases among persons ages 13-24 have been reported during the past three years of the decade-old epidemic."

Title IV of the CARE Act has now become an important focus of providing funds to deliver specialized pediatric and adolescent HIV comprehensive services throughout the United States. 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. If you need further information related to services for **adolescents**, please contact me at (612) 627-6820.

Thank you for your consideration of this request.

Cordially,

GR/bf

Gary Remafedi, M.D.
Assistant Professor
Department of Pediatrics
Director, Youth and AIDS Projects
Adolescent Health Program

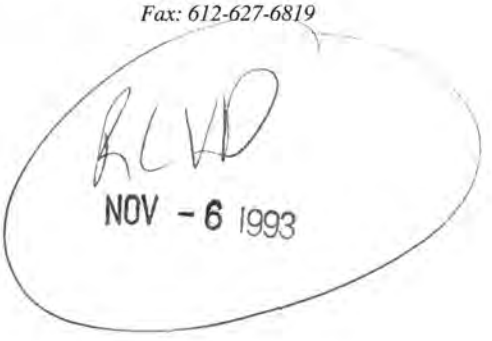
UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Youth and AIDS Project
Division of General Pediatrics and Adolescent Health
Variety Club Children's Hospital

Annex
Loring Park Office Building
428 Oak Grove Street
Minneapolis, MN 55403
612-627-6820
Fax: 612-627-6819

November 3, 1993



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

Dear Ms. Gebbie:

The **Youth and AIDS Projects** has been a Pediatric/Family AIDS Demonstration Program since 1990; this funding allows us to provide case management and supportive services to our current case load of 29. I am writing to thank you for supporting the FY 1994 consolidation of funding for the Pediatric/Family AIDS Demonstration Program within Title IV of the Ryan White CARE Act, and to urge a significant increase for Title IV in the President's budget request for FY 1995.

As you know, Congress recently completed the Labor/HHS appropriations conference. Despite the President's request of $21 million for the Pediatric/Family AIDS Demonstrations and $6 million for Title IV in FY 1994, the final appropriation was only $22 million. This represents a $1 million increase out of a total increase of $210 million for other Titles of the CARE Act. The **Youth and AIDS Projects** and other pediatric, adolescent and family AIDS demonstrations that are now a part of Title IV have been essentially level funded for the past three years.

I am writing to strongly urge that as the Department of Health and Human Services finishes its FY 1995 budget request and submits it to the Office of Management and Budget, that the funding request for Title IV of the Ryan White CARE Act be increased to $42 million. While consolidation of funding within Title IV will enhance the delivery of services and access to clinical trials for our clients affected by HIV disease, it does not diminish the need for substantial new funding in FY 1995.

As you know, HIV infection rates among women, adolescents and children have rapidly increased. In FY 1991-92, the **Youth and AIDS Projects** had a case load of 10 young men and women who were HIV seropositive; in FY 1992-93, that number grew to 29. The **Youth and AIDS Projects** anticipates adding an additional 15 new HIV seropositive clients during the 1993-94 fiscal year. The 1992 report of the U.S. House of Representative's Select Committee on Children, Youth, and Families, titled A Decade of Denial: Teens and AIDS In America, reported that during the two years prior to the

report, "the number of teens and young adults (ages 13-24) who were diagnosed with AIDS increased by 77%. More than half of U.S. AIDS cases among persons ages 13-24 have been reported during the past three years of the decade-old epidemic."

Title IV of the CARE Act has now become an important focus of providing funds to deliver specialized pediatric and adolescent HIV comprehensive services throughout the United States. 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. If you need further information related to services for **adolescents**, please contact me at (612) 627-6820.

Thank you for your consideration of this request.

Cordially,

GR/bf

Gary Remafedi, M.D.
Assistant Professor
Department of Pediatrics
Director, Youth and AIDS Projects
Adolescent Health Program

THE WHITE HOUSE

WASHINGTON

November 17, 1993

Victoria L. Sharp, M.D.
Medical Director
The Spellman Center
415 West 51st Street
New York, New York 10019

Dear Dr. Sharp:

It was my pleasure to meet with you, your patients and staff, and I want to thank you for sharing your thoughts and experiences.

I can only do my job if I keep in touch with the struggles folks such as you are having providing services to those with HIV infection, and to their families, and working to prevent the further spread of the virus. The vivid examples of your efforts, your frustrations and your successes will stay with me, and help shape our national policy.

Within the Public Health Service, Department of Health and Human Services, the Agency that may be able to assist you with issues related to the retention and recruitment of health providers and the designation of Health Professional Shortage Areas would be the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC). I have forwarded your letter to:

Nate Stinson, M.D.
Deputy Director, Division of Community
and Migrant Health Centers, BPHC, HRSA
4350 East West Towers, 7th Floor
Bethesda, Maryland 20857

I hope this will be helpful and best wishes to you in your future efforts.

Sincerely,

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

cc: Nate Stinson, M.D.

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 11/10

TO: Tim Fox

FROM: ✓ W. STEVE LEE

____ For your information

✓ For your action see note on letter from KT

____ Review and comment by (date) ____

✓ Prepare reply for Coordinator's signature by 11/17

____ Reply directly and blind copy Coordinator

____ **Circulate**/forward to: ____

____ File

COMMENTS:

OCT 2 9 1993

The Spellman Center

415 West 51st Street, New York, NY 10019
Phone: 212-459-8409 • Fax: 212-459-8489

Tim — can you do some follow up on this & draft a reply, please

Victoria L. Sharp, M.D.
Medical Director

October 22, 1993

Kristine Gebbie, RN, MN, FAAN
Coordinator of National AIDS Policy
National AIDS Drug Office
Suite 1060
750 17th Street NW
Washington, D.C. 20503

Dear Ms. Gebbie:

On behalf of the patients, staff and volunteers of The Spellman Center of St. Clare's Hospital, I would like to thank you for visiting us and taking the time to learn about our work and programs. As people on the "front lines" it isn't often that we have an opportunity to share our thoughts on the issues with national policy-makers.

As we discussed, one of our greatest challenges is the recruitment and retention of physicians. As a non-academic community hospital providing care to an underserved, indigent population, we have tremendous difficulty attracting physicians. In an effort to address our staffing crisis, St. Clare's filed applications to receive designation as a Health manpower Shortage Area in 1988, and again in April, 1991. We have never received any formal response to these applications, and are therefore hesitant to prepare a third. If your office can provide any assistance in pursuing these applications, or in suggesting alternative routes to investigate, we would be very appreciative.

As an alternative to scholarship programs, has there been any thought given to a "loan forgiveness" approach? Unlike scholarships which rely on students enrolling at the beginning of their education, and which produce a limited pool of professionals several years later, this would tap into the already existing pool of physicians who have completed their training, are ready to start work, but are burdened with huge tuition debts.

Again, thank you for your visit and your interest. Many of the staff and patients commented that your visit had the effect of helping them see the bigger picture, reinforcing the feeling that we are all in this together.

Be assured that we're with you in your efforts to coordinate the national effort against AIDS.

Sincerely,

Victoria L. Sharp, MD

Victoria, L. Sharp, MD
Medical Director

P.S Enclosed in a Haitian tee-shirt for Ben Merril, who I had the pleasure of meeting at the AIDS In Prison conference in San Francisco. His speech on the needs of HIV-infected inmates was dynamite!

NOV 1 8 1993

THE WHITE HOUSE

Marthe –

I just had a chance to look at the final copy of your work on cost of preventive services – it looks good! I hope it gets the circulation it merits —

Hillary

THE WHITE HOUSE

WASHINGTON

November 18, 1993

Greg Gonsalves
Mark Harrington
Treatment Action Group
193 2nd Avenue, #5
New York, NY 10002

Dear Greg:

This letter confirms your meeting with Kristine M. Gebbie, National AIDS Policy Coordinator, on Tuesday, December 6, 1993. The 30 minute meeting begins at 4:30 p.m. and will be held in her office at 750 17th Street N.W., Suite 1060 in Washington, DC.

Please call me at (202) 632-1090 with any questions or for further clarification.

Sincerely,

W. Steve Lee

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

THE WHITE HOUSE

WASHINGTON

NOTE TO: PHILIP R. LEE
Assistant Secretary for Health

Subject: National Minority HIV Conference
Action: Need to Expedite the Planning Process

As you recall, a meeting was held on October 27 at OMH to discuss the next steps necessary to carry out the National Minority AIDS Conference.

Action

OMH has indicated that they will take the lead in organizing the Conference. They have requested assistance in: 1) seeking the cooperation of other PHS agencies and, 2) developing the appropriate funding mechanism to fund the Conference. It is necessary that senior staff and agency heads be appraised of the need to assist OMH on these two items in the most expeditious way possible.

Discussion

The meeting participants, including Carlos Vélez of my office, committed to the staff of OMH to facilitate the approval process and to use best efforts to complete the funding mechanism as soon as possible. Those present also committed to facilitating communications with other PHS agencies to ensure that the Conference is a success.

Matthew Murguía of OMH has been designated as the Project Officer to produce the Conference. Mr. Murguía committed to send to all participants at the meeting on the 27th a memo outlining what particular items he will need from us to support his efforts to bring the Conference to fruition.

I am very encouraged that initial steps are being taken to plan the Conference. I know how committed you are to making this Conference a reality. I hope that staff in your office will be able to continue assisting OMH to expedite the process and make this Conference a reality.

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

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DEC - 1 1993

THE WHITE HOUSE

WASHINGTON

November 18, 1993

Dr. J. Randall Jacobs
934 Sheridan
Port Townsend, Washington 98368

Dear Randy:

Thank you for writing. I know these past few months have been tough for you and the children.

The article you sent from the Seattle paper was a beautiful tribute to Mary. She touched so many lives during her all-too-brief time on this earth. Hillary and I will continue to think of you in the days ahead.

Sincerely,

Bill

cc Kristine Gebbie

port townsend
family physicians, inc., p.s.
DIPLOMATES, AMERICAN BOARD OF FAMILY PRACTICE

J. RANDALL JACOBS, M.D. DOUGLAS KURATA, M.D. ANNE E. BIEDEL, M.D.

October 21, 1993

William J. Clinton
Office of the President
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Bill,

Just wanted to let you know that the children and I are recovering and doing well following Mary's death on September 8. Life goes on with wonderful memories and with all the gifts she gave us through our 17 years together. I enclosed a wonderfully positive article written by Rebecca Boren, the chief political writer for the Seattle Post-Intelligencer, detailing Mary's story and our community response. I sent Kristine Gebbie a copy.

I thank you for your friendship and support through these past months. Your notes and phone call were real lifts in moments of darkness. Know that if ever in our corner of the Northwest, our door stands open to welcome you and your family. I pray that our Lord will continue to bless you and your leadership.

Your friend,

Randall Jacobs

934 SHERIDAN, PORT TOWNSEND, WASHINGTON 98368
TELEPHONE 385-3500 AFTER HOURS 385-3501 BUSINESS OFFICE 385-6200

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NOV 29 1993

JOEL A. GOLDMAN
835 Sheridan Avenue
Columbus, OH 43209
(614) 235-2639

November 18, 1993

Mr. Lance Alworth, J.D.
National AIDS Policy Office
Executive Office of the President
Washington, D.C. 20500

Dear Mr. Alworth:

In response to Kristine Gebbie's letter to me of October 20th; I would like to let you know that I am available in any capacity that I can be of assistance to you, as you develop and implement the Federal AIDS in the Workplace initiative. I believe that President Clinton and the Federal Government are acting as leaders by example through this program.

In my role as an AIDS educator, I whole heartedly believe that this epidemic can be slowed through education. Many Americans have not voluntarily sought out AIDS information, and the workplace seems to me to be the logical place to educate if we are really going to be proactive in the fight against AIDS.

As an HIV positive person I also believe that AIDS education in the workplace is the way to proceed. When I was diagnosed, the owner of the real estate management company where I work held a staff meeting to educate and distribute literature on AIDS and HIV. Because of that meeting, I am able to be productive and work along side my co-workers like I am the same person I was before HIV.

I believe that the President and your office will be helping slow the spread of HIV through this new program. Again, please call on me if I may assist your efforts. My office number is: (614) 228-3570.

Sincerely yours,

Joel A. Goldman

cc: Kristine M. Gebbie

MULTICULTURAL AIDS COALITION, INC.

Douglass Park • 801-B Tremont Street
Boston • Massachusetts • 02118
Phone: (617) 442-1622
Fax: (617) 442-6622

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NOV 30 1993

November 25, 1993

Kristine Gebbie, RN
National AIDS Policy Coordinator
Hubert Humphrey Bldg.
200 Independence Ave. Rm. 738G
Washington, DC 20201

Dear Kristine,

Attached is a sample listing of treatment activists from communities of color. This list is not comprehensive. It is just what I can pull together Thanksgiving morning. There is also a small network of investigators of color who have worked with NIAID. Janet Mitchell, MD from Harlem Hospital would be more than willing to provide that list to you.

I respectfully encourage you to hear and try to understand how AIDS research is done and communicated in this country from varying viewpoints. The problems that exist are not insurmountable but they can not be handled at the local level. It will take a national vision and plan of action.

I hope that we soon get a chance to talk. In the latest Pew Fellows newsletter you said that you "will be looking for ways to include all perspectives in our deliberations". I think that I can help you. If you want to get together I will be in Washington, DC for about two weeks in December. Take care.

Sincerely,

Rochelle L Rollins

Rochelle L. Rollins, MPH
Research Director

AIDS TREATMENT ACTIVISTS FROM COMMUNITIES OF COLOR
11/93
(not a comprehensive list)

Mosies Agosto
National Minority AIDS Council
300 I Street, NE
Washington, DC 20002
(202) 544-1076

Jerome Boyce
Project Survival
1150 Griswold Street Suite 2323
Detroit, MI 48226
(313) 961 - 2027

Margo Cowan
La Frontera Center, Inc.
502 West 29th St.
Tucson, AZ 85713-3394
(602) 884-9920

Floyd Dunn
Project Survival
1150 Griswold St. Suite 2323
Detroit, MI 48226
(313) 961-2027

Lisa Hernandez
F.A.C.E.
(For AIDS Children Everywhere)
P.O. Box 46794
Cincinnati, OH 45246-0794
(513) 558-3571

Saundra Johnson
Chicago Women's AIDS Project
5249 N. Kenmore Ave.
Chicago, IL 60640
(312) 271-2070

Kiyoshi Kuromiya
Critical Path AIDS Project
2062 Lombard Street
Philadelphia, PA 19146
(215) 545-2212

Juan Ledesma
L.A. Gay and Lesbian Services Center
1625 North Hudson Ave.
Los Angeles, CA 90028
(213) 993-7534

Charles Nelson
320 Atlanta Ave. Unit 3
Atlanta, GA 30315
(404) 622-8417

Rafael Pagan
Puerto Rico Community Network for Clinical Research on AIDS
One Stop Station, PO Box 30
103 University Ave.
San Juan, PR 00925
(809) 753-9443

Ron Porter
La Frontera Center, Inc.
502 West 29th St.
Tucson, AZ 85713
(602) 884-9920 X 301

Victor Rivera
POCAAN (People of Color Against AIDS Network)
1200 South Jackson Suite 25
Seattle, WA 98144
(206) 322-7061

Rochelle Rollins
Multicultural AIDS Coalition
801 B Tremont Street
Douglas Park
Boston, MA 02118
(617) 442-1622

Michelle Wilson
The Positive Woman
1959 4th Street, NE
Washington, DC 20002
(202) 832-4913

Chron File

CIRCLE OF CARE

THE STEWART B. McKINNEY FOUNDATION

P.O. Box 338
Fairfield, CT 06430
Tel.: (203) 255-7965
Fax: (203) 254-3337

Lucie McKinney, Chairman

November 19, 1993

Mr. Warren Buckingham
750 17th St., Suite 1060
Washington, D.C. 20500

Dear Buck:

I wish to thank you for trying to resolve the thorny issue of a keynote speaker for our conference on December 1, 1993. We concluded it would be in the best interests of all to cancel that conference and reschedule it in the spring of 1994.

As timed passed, it became evident we would not be able to hold a successful event that you in Washington would expect of us, or that we have been accustomed to sponsoring. Your efforts on our behalf and the thoughtfulness you demonstrated will always be remembered by all of us here in Connecticut.

I spoke to you about securing Kristine Gebbie for this event and you mentioned you would help in any way you can. I look forward to working with you in the coming months.

Thank you again for your assistance. Have a joyous Thanksgiving.

Sincerely,

Gary T. Smith
Program Director

PHOTOCOPY PRESERVATION

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: _____

_____

FROM: **KRISTINE M. GEBBIE**

_____ For your information

_____ For your action _____

_____

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____

_____ File

COMMENTS: Spoke w/ her & referred her to George.

June

AIDS™ video journal

24 Depot Square, Tuckahoe, New York 10707 ▼ 914-961-1900 ▼ Fax: 914-961-6733

ADVISORY BOARD MEMBERS

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Gerald Friedland, MD
Professor of Medicine and
Epidemiology and Public Health
Director, Yale AIDS Program
Yale University School of Medicine

Kathleen Squires, MD
Assistant Professor of Medicine
Division of Infectious Diseases
Associate Director
1917 AIDS Clinic
The University of Alabama at
Birmingham

Constance B. Wofsy, MD
Professor of Clinical Medicine
Director, AIDS Activities Program
University of California
San Francisco School of Medicine

Steve Campus
Publisher

November 19, 1993

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NOV 22 1993

Ms. Kristine Gebbie RN, MN
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street NW
Washington, DC 20503

Dear Ms. Gebbie:

I am writing to discuss the possibility of distributing the AIDS Video Journal under a grant from the United States Government. The AIDS Video Journal is a new publication (available on VHS videotape) that will provide the medical community with vital information on AIDS and HIV infection.

Presently, we are offering three new programs to physicians that were developed under the guidance of our Medical Advisory Board. Each volume of the AIDS Video Journal provides authoritative and meaningful information on one of the many aspects of AIDS in areas such as research, prevention, diagnosis and treatment. Our goal is to provide a forum that will encourage a continued exchange of ideas and will ultimately help to improve the quality of life and treatment of patients with AIDS and HIV infection.

Our Medical Advisory Board is most enthusiastic about the potential of the AIDS Video Journal. Our goal would be to distribute the Journal directly to physicians or to send the programs to the continuing medical education departments of community hospitals and Universities throughout the United States.

Each volume of the AIDS Video Journal is 30 minutes in length and is published with a booklet to accompany the program. Attached is an information sheet about Volumes I-III and future issues.

If you think the program has merit, I would like to meet with you at your earliest convenience to discuss how the series could be distributed under an educational grant. I am available to travel to Washington whenever your schedule permits.

Sincerely,

Lori Saslow

Lori Saslow
Senior Medical Writer/Producer

LS/jc
cc: Steve Campus

PROGRAM CONTENT

Each issue of the AIDS Video Journal will focus on topics selected by the Advisory Board. The panel participants will be identified by the Advisors. In addition to the discussion moderated by an Advisory Board Member, each issue will include an update on current meetings, poster sessions, if appropriate and suggested references as additional information.

Volume I, "New Therapies for HIV" presents the most current research into new and promising treatment options for patients with HIV. Dr. Squires moderates a lively discussion between three leading physicians in the field: Drs. Martin Hirsch (Harvard Medical School), Douglas Richman (University of California, San Diego School of Medicine) and Robert (Chip) Schooley (University of Colorado Health Science Center). The program participants provide an in-depth presentation of new therapeutic strategies and agents that demonstrate anti-HIV activity. These include nonnucleoside reverse transcriptase inhibitors, recombinant soluble CD4 and its derivatives, HIV protease inhibitors, TAT gene antagonist, and glycosidase inhibitors. The agents are discussed in terms of their potential as monotherapy and combination therapy, with an eye towards when these agents will become available in the clinical setting.

Volume II, "Combination Therapy versus Single Agents in HIV Disease," will be moderated by Dr. Margaret Fischl. The guest participants are Drs. Ann Collier (University of Washington, Seattle) and Richard D'Aquila (Harvard Medical School). The program will focus on the indications for initiating combination therapy, specific issues concerning regimens of two and three agents used in combination and targeting of one enzyme versus several. This program will serve as an important resource to physicians in developing effective treatment strategies for patients with HIV.

Volume III of the AIDS Video Journal is entitled "Prophylaxis and New Treatment Advances for Opportunistic Infections." The program, moderated by advisory board member, Dr. Kathleen Squires, explores various therapeutic strategies for pneumocystis carinii pneumonia, toxoplasmosis, fungal infections, Mycobacterium Avium Complex and cytomegalovirus. The program participants include Drs. Constance Benson (Rush Medical College, Chicago), Judith Feinberg (Johns Hopkins University, School of Medicine) and David Hardy (University of California, Los Angeles, School of Medicine). After a thorough discussion of each disease category, the participants present guidelines for prophylaxis and treatment of patients with HIV and AIDS.

The following topics suggested by the Medical Advisory Board represent our proposed 1994 programming. We await further recommendations from all advisors before finalizing the six topics and potential participants for 1994. Among the suggested topics are:

1. HIV Pathogenesis/Viral Burden in HIV Infection and Timing of Therapy/ Early Treatment Intervention

   Moderator: Dani Bolognesi, MD
   Speakers: David Cooper, MD (Sidney, Australia)
   Michael Saag, MD (Alabama)
   Anthony Fauci, MD
   G. Pantaleo, MD

2. Update on Multi-drug Resistant Tuberculosis

   Moderator: Gerald Friedland, MD
   Speakers: Michael Iseman, MD or David Cohn (Denver)
   Michael Tapper, MD (Lenox Hill, NY) or
   Waffa El Sadr, MD (Harlem Hospital, NY)
   Phil Hopewell, MD (San Francisco)
   Sam Doley, MD, Ken Castro, MD (or representative of CDC)
   Jerold Ellner (Case Western Reserve, Cleveland)

3. Clinical Aspects: Adolescents and HIV

   Moderator: Constance Wofsy, MD
   Speakers: (to be determined)

4. Therapeutic Vaccines - Where are they going?

   Moderator: Dani Bolognesi, MD
   Speakers: Robert Redfield, MD
   David Ho, MD

Additional topics for 1994 include:

a. Legal and Ethical Issues
   o healthcare workers and patients rights and HIV status
   o risk of HIV infection in the workplace

b. Counseling and testing issues

c. Infection Control

d. AIDS and Neurologic Disease: Pathophysiology and Aspects of Treatment

e. Advanced HIV Disease: Pain management/hospice care

f. Clinical Aspects: Women and HIV

g. Drug Abuse and HIV

THE WHITE HOUSE

WASHINGTON

November 19, 1993

Mr. Jerome Beillard
Executive Director
PACT for Life
801 W. Congress
Tucson, Arizona 85745

Dear Mr. Beillard:

I would like to convey my warmest regards to PACT for Life and the community of Tucson, Arizona on the celebration of Festival for Life 1993. I am aware of the necessary programs provided by PACT for Life, and of the need for each and every member of the community to be committed to ending the HIV/AIDS epidemic.

The President has entrusted me with taking the steps necessary to end the epidemic. In order to stop AIDS, it is important for those of us at the National level to provide the resources and coordination and for local communities to implement the programs necessary to educate those at risk and provide care for those already infected. On this day when we celebrate life as a way of taking action for the future, we must all see individual and coordinated efforts as the first line in our struggle.

After 12 years of the HIV/AIDS epidemic there is still a lot of work to be done. Activities such as yours will deliver an effective message to the community of the need to continue in our labor until we end the epidemic.

I wish you success in your activities as part of the Festival for Life 1993.

Sincerely,

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

RECEIVED
NOV 22 1993

To: Kristine M. Gebbie

From: Carlos Velez Carlos

Date: November 19, 1993

Re: Support Letter for PACT for Life (Attached)

When I was in Arizona last week I attended a meeting of the Advisory Board of this group. They are the PWA Coalition of Tucson, and provide early intervention and housing services. Festival for Life is their Christmas Fundraiser. I told them that we would send them a letter of support.

Is this OK to send out? Thanks.

THE WHITE HOUSE

WASHINGTON

November 19, 1993

Richard R. Brown
AIDS Coalition to Unleash Power (ACT UP)
135 West 29th Street, #10
New York, NY 10001

Dear Richard:

Thank you for your October 21 follow-up letter regarding a meeting to discuss the Barbara McClintock Project, an ACT UP-sponsored initiative to fund a "Manhattan-like project to find a cure for AIDS." I am committed to supporting a free and open discussion of all sides of such proposals in order to share information, and to advance our collective commitment to improving AIDS research.

You asked for such a meeting with key Administration and Congressional representatives, including Mrs. Clinton and Secretary Shalala to discuss the project and I agreed to facilitate such a meeting. While I cannot guarantee that they will attend, I will make every effort to see that their offices are properly represented at this meeting. The agreed-upon purpose of the meeting is to bring governmental representatives and ACT UP together to foster greater understanding of your proposal. I wish to make it clear that this effort on my part does not reflect an endorsement of the proposal as it now stands, but rather a discussion of it.

Since Congressman Jerrold Nadler has introduced the proposed project as legislation in House Bill 3310, I think it appropriate that he is included in any discussions. Moreover, Congressman Nadler also should be involved in extending invitations to other members of Congress, and I will work with his office in doing so.

With regard to the meeting itself, I would suggest Monday, December 6, 1993 at 10:00 a.m. for one hour at the Old Executive Office Building. If this date is not workable, please advise my office as soon as possible. In order to clear attendees through White House security, it will be necessary to have a final list of attendees, their social security numbers, and birth dates provided to this office 2 business days before the meeting.

Please provide your list to my Executive Assistant, Steve Lee, by telephone at (202) 632-1090, of by facsimile at (202) 632-1096.

I do not anticipate a large meeting; perhaps six to eight people from the Administration. I would appreciate it if you would keep your list of attendees to a similar number. I assume that you will inform other chapters of ACT UP regarding this meeting, and my office will refer inquiries about the meeting from any other ACT UP chapters or other advocacy groups to your office.

I look forward to our meeting.

Sincerely,

Kristine M. Gebbie
National AIDS Policy Coordinator