THE WHITE HOUSE

WASHINGTON

November 23, 1993

Bill Press, Chair
California Democratic Party
2424 K Street, Suite 100
Sacramento, CA 95816

Dear Mr. Press:

Thank you for the invitation to attend the California Democratic Party Executive Board meeting January 8-9, 1994 in San Diego. Unfortunately, I have a commitment in St. Louis on those dates and cannot participate. In the future I do hope to come out and speak to the Executive Board -- perhaps at your Spring or Summer meeting. Please stay in touch.

Sincerely,

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

NOV 15 1993

CALIFORNIA DEMOCRATIC PARTY

BILL PRESS, Chair

November 9, 1993

Ms. Kristine Gebbie
1600 Pennsylvania Avenue
Washington DC 20500

Dear Kristine:

I am writing this letter to invite you to be a featured speaker at our Executive Board meeting in San Diego, on January 8th and 9th, 1994. The meeting, which will start on Friday evening at 6:30pm and conclude on Sunday at 1:00pm, will be held at the Hotel Del Coronado.

I very much hope that you will be our guest speaker at the luncheon on Saturday. It will be a great opportunity for you to address Democrats from all over the State.

I would be honored if you could join us. I have asked Marlissa Hernandez to follow up with your office on this matter.

I appreciate your consideration of my request.

Sincerely,

BM

Bill Press
Chair

2424 "K" Street, Suite 100 · Sacramento, CA 95816 · 916.442.5707 · FAX 916.442.5715
8440 Santa Monica Boulevard · Los Angeles, CA 90069 · 213.848.3700 · FAX 213.848.3733

attachments went to BJ/GW & JM

THE WHITE HOUSE

WASHINGTON

November 23, 1993

Gary Lambert
AIDS Action Baltimore
2105 North Charles Street
Baltimore, MD 21218

Dear Mr. Lambert:

Thank you for the copies of the AIDS Action Bulletin and Baltimore Alternative. They will prove useful as my staff and I continue our work to improve AIDS research. Please stay in touch.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 23, 1993

William L. Deary III
Vice President of Sales and Marketing
PCI Educational Publishing
5221 McCullough Avenue
San Antonio, TX 78212

Dear Mr. Deary:

Thank you for sharing the promotional materials for AIDS is No Game. It will prove useful as my staff I and work to improve the education of school-age children. Please stay in touch.

Sincerely,

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

cc: Secretary Donna E. Shalala
Secretary Richard W. Riley

PHS CORRESPONDENCE

T62227

REFERRAL DATE: 10-02 **DUE DATE:**

TO:

- ☐ ASH
- ☐ DEPUTY ASH
- ☐ SG
- ☐ DASH-MO
- ☐ DASH-SE
- ☑ DASH-C (2-)
- ☐ DASH-DPHP
- ☐ DASH-IGA / RHA
- ☐ DAS-IH
- ☐ DAS-MH
- ☐ DASH-PA
- ☐ DAS-PHP
- ☐ ADAMHA
- ☐ AHCPR
- ☐ ATSDR
- ☑ CDC (3-)
- ☐ FDA
- ☐ HRSA
- ☐ IHS
- ☐ NIH
- ☑ NAPO (1-)
- ☐ NVP
- ☐ PCPFS
- ☐ OEEO
- ☐ OEP
- ☐ OGC / H
- ☐ OHL
- ☐ OHPE
- ☐ OM
- ☐ OSIR
- ☐ OWH
- ☐ ES / PHS _____
- ☐ OTHER _____

No action needed by Secy - I'm replying directly to Mr Dean

ACTION:

- ☐ SECRETARY'S SIGNATURE
- ☐ ASH SIGNATURE
- ☐ DIRECT REPLY
- ☐ _____ SIGNATURE
- ☐ DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)
- ☐ REVIEW / CLEARANCE
- ☐ NECESSARY ACTION
- ☑ FOR YOUR INFORMATION (1-2-3)

SPECIAL INSTRUCTIONS

PHS-5175A
Rev. 4/92

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NOV - 4 1993

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY
EXECUTIVE SECRETARIAT

SECRETARY'S CORRESPONDENCE

From: WILLIAM DEARY — OS#: 9310260075

On Behalf Of: — DOL: 10/21/93

Type: GENERAL PUBLIC — Dt Inc Rec'd: 10/26/93 — Code: 1

Org: PCI EDUCATIONAL PUBLISHING
Add: SAN ANTONIO, TX — Due in OS/ES:

Subject:
FORWARDS CC OF LETTER TO GEBBIE AND INFO MATERIAL ON ITS "AIDS IS NO GAME" COMPUTER PROGRAM.

Assigned to: ASH — On: 10/26/93

Action: INFO ONLY — ES Dep: White — PC: Harelson

Info Copies: CCC

Interim (Y/N): — Interim Signed:
Reply Rec'd in OS/ES: — Final Signed: 10/26/93

OPDIV/STAFFDIV ROUTING SECTION
(Recipient should sign & date when received)

SENT TO	DATE	TIME	RECEIVED BY	DATE	TIME

Comment:

File Index: PO-4-3

CCC: SMG

PCI
EDUCATIONAL PUBLISHING
WILLIAM L. DEARY III
VICE PRESIDENT
SALES & MARKETING
5221 McCULLOUGH AVE.
SAN ANTONIO, TEXAS 78212
(210) 824-5949 FAX (210) 824-8055
1-800-594-4263

October 21, 1993

Kristine M. Gebbie
National AIDS Policy Coordinator
Hubert Humphrey Building, Room 738-G
200 Independence Ave.
Washington, DC 20201

Dear Ms. Gebbie:

I appreciate and enjoyed meeting you in San Antonio and having an opportunity to speak with you about your new responsibilities. I wish you the very best as you work to build for our nation's future.

During your talk, I was impressed with your identification of the national agenda versus the federal agenda, your desire to eliminate "turf battles" and get the very most from the "old dollar," but what most impressed me was your commitment to "empower and enable the nation to get on with the job of HIV education."

During the past 18 months I have travelled across the nation, specifically encouraging HIV/AIDS education, I have visited over 250 school districts throughout the United States and spoken with the professionals (administrators and teachers) responsible for HIV/AIDS education in over 1300 school districts. I have seen the most impressive (and least impressive) educational programs and practices. I have listened to the concerns of school administrators, teachers, parents, and adolescents, and I know that HIV education in every school district in the United States can happen--all we need to do is empower and enable by adequately addressing the concerns of educators and the sensitivities of parents, ultimately to prevent the infection of their students, our children.

AIDS IS NO GAME, developed by PCI in conjunction with the Center For AIDS Research, *involves parents and community organizations pro-actively to solicit their input and support of the HIV/AIDS education of their children, then customize it to meet their individual sensitivities.* The Program has been purchased by the New York City Public Schools and the Davis County Public Schools (Salt Lake City, Utah). These two extremely different districts illustrate the versatility of the Program.

I look forward to working with you in the future, toward our mutual goal, the elimination of HIV infection among school-aged children.

Warmest Regards,

WILLIAM L. DEARY III
Vice President

cc: Dr. Donna Shalala
Secretary Richard Riley

PROGRAMMING CONCEPTS, INC.
IDEAS TO MAKE LEARNING FUNCTIONAL
5221 McCULLOUGH
SAN ANTONIO
TEXAS 78212
(210) 824-5949
FAX (210) 824-8055

9310260075

October 21, 1993

Dr. Joycelyn Elders
Surgeon General of the United States
The Hubert Humphrey Bldg., Room 710G
200 Independence Ave.
Washington, D.C. 20201

Dear Dr. Elders:

Congratulations on your receipt of the William A. Howe Award at the American School Health Association National Conference. I very much enjoyed your talk. Indeed your "exuberant character of achievement" is evident by the exuberance with which you energized each of us in attendance.

When you received your nomination to the position of Surgeon General of the United States, I was very pleased, because I thought of your presentation at ASHA 1992 in Orlando and began to consider the implications of your message - "A healthy life for every child" and what you could accomplish in your new position.

As you spoke of "saving our most valuable resources - our bright young people," I was again encouraged. I thank you for your even more vigorous and hard working support of school health.

Your record and your feelings on HIV education for adolescents are well known. As one of the premier publishers for HIV/AIDS education, over the past 18 months I have visited over 250 school districts throughout the United States and I have spoken with the professionals (administrators and teachers) responsible for HIV/AIDS education in over 1300 school districts. Education is needed, education is wanted - now we need *to dance with the bear of fear in our communities*. I don't want to wait for the bear to get tired; I believe if you have enough partners to "cut-in," together we can wear him down - now.

AIDS IS NO GAME, developed by PCI in conjunction with the Center For AIDS Research, *involves parents and community organizations pro-actively to solicit their input and support of the HIV/AIDS education of their children, then customize it to meet their individual sensitivities.* The Program has been purchased by the New York City Public Schools and the Davis County Public Schools (Salt Lake City, Utah). These two extremely different districts illustrate the versatility of the Program.

I look forward to working with you in the future, toward our mutual goal, the elimination of HIV infection among school-aged children. I very much agree with you - "we have been silent too long," and indeed we do "have too much vested."

Warmest Regards,

WILLIAM L. DEARY III
Vice President

cc: Dr. Donna Shalala
Secretary Richard Riley

PROGRAMMING CONCEPTS, INC.

IDEAS TO MAKE LEARNING FUNCTIONAL

5221 McCULLOUGH

SAN ANTONIO

TEXAS 78212

(210) 824-5949

FAX (210) 824-8055

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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.

THE FIRST AIDS KIT.

The Abstinence-Oriented HIV/AIDS Educational Program that works for you, your students, and their parents.

The greatest threat to human existence in this century is the AIDS Epidemic. The Virus (HIV) that causes terminal AIDS-related illnesses is infecting our youth at an alarming rate. The majority of today's teenagers are not responding to the message about the seriousness of HIV infection and AIDS. Critical "At-Risk" behavior which can lead to HIV infection is misunderstood. As the nation looks to the schools to help stop the spread of HIV in adolescents, educators are looking for new approaches to help their students get the message.

Your students will get the message—loud and clear—with a unique educational program created by PCI: AIDS IS NO GAME. With a reputation built on finding innovative solutions to tough educational problems, PCI has consulted with the Center for AIDS Research, middle and high school Health and Science educators, school nurses, clergy, parent and cultural groups, and the medical and scientific community, to design the ideal Educational HIV/AIDS Prevention Program for your schools.

AIDS IS NO GAME was developed around a comprehensive health education framework. It provides an abstinence oriented, peer-based approach to learning the life-or-death information on HIV and AIDS Prevention. Teachers now have the tools they need to be at ease and in control as they address this difficult and challenging subject. Administrators have the opportunity to involve parent and community advisory groups, making them partners in this educational process.

With estimates of HIV infection as high as 110 million people worldwide by the year 2000—and no cures on the horizon—HIV and AIDS experts stress that there is only one "Vaccine" currently available: EDUCATION.

Educators across the country are telling us that the most promising "Educational Vaccine" they've encountered is here: AIDS IS NO GAME.

PCI

THE WHITE HOUSE

WASHINGTON

November 23, 1993

Andrew W. Stern, Chief of Staff
Office of the Director
AIDS Institute
New York Department of Health
342 Corning Tower, Empire State Plaza
Albany, NY 12237-0658

Dear Andrew:

Thanks for the ride to the airport, for your help with arrangements in Albany, and your offer to help in policy development. The New York AIDS Institute experience is an excellent resource for the nation and the ideas of your staff can be most helpful.

I look forward to talking with you and others again in the near future.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 23, 1993

Lin Renninger
The Rocket Scientist Group
P.O. Box 410028
San Francisco, CA 94141-0028

Dear Mr. Renninger:

Thank for sending me the Unmask AIDS poster -- it is an outstanding effort. Please keep me informed of future projects.

Sincerely,

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

THE ROCKET SCIENTIST GROUP
For the Personal Environment

NOV - 2 1993

October 26, 1993

Ms. Kristine Gebbie
AIDS Czar/Coordinator
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C.20500

Dear Ms. Gebbie:

Enclosed please find the postcard version of the poster, Unmask AIDS, and the accompanying statement.

We have read about your goals of educating the public about AIDS through the local communities, state agencies, and church leaders in an effort to alleviate the ignorance and denial and foster acceptance and understanding. We believe that the Unmask AIDS poster could serve as an excellent tool in your work chest.

Traditionally, blue is the color of religious hope. Certainly, no one in this struggle can ever be without too much hope. The non-sexual nature of this poster allows the teacher or educator to present AIDS information at whatever level is appropriate for the students or audience. It provides the perfect starting-out-point for the very young or the very resistant.

The non-threatening nature of the poster, too, allows those persons for whom sex is unspoken to begin to look at the big, human picture of AIDS.

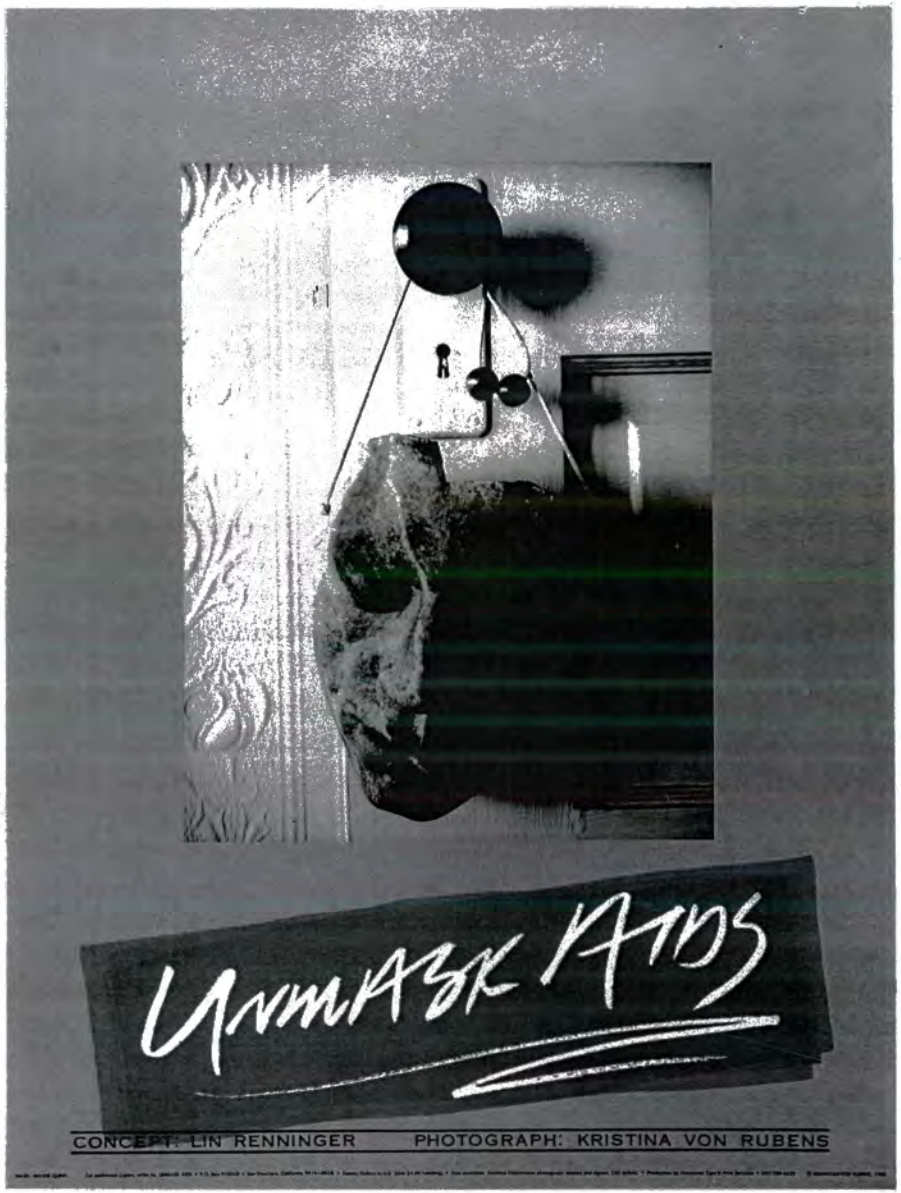
Unmask AIDS has been ordered by the State Departments of Education of South Carolina, Guam, Kansas, and New Mexico. Hospitals, state AIDS agencies in Washington and Montana, Planned Parenthoods of Ohio, Washington, Illinois, and Florida are all using it. The American Red Cross in New York as well as individual Health Projects in Arizona, New York, Virginia, and North Carolina have used the poster as an educational tool.

We would gladly send you an actual copy if you are interested.

Sincerely,

Lin Renninger

PO Box 410028, San Francisco, CA 94141-0028 415 558 8315



For BULK PURCHASING:

5-149 posters	$5 per poster
150-299 posters	$4 per poster
300-499 posters	$3 per poster
500+ posters	$2 per poster

ADD 10% of purchase total for shipping

FEELING THE POSSIBILITY

The Missing Link in the Chain of Education

It's not authoritative or preachy, not wordy or instructive, it's not telling anyone what to do. What it is, is feeling. It's the sad, devastating feeling of AIDS. What better motivation does one need for listening to the experts explain the mechanics about how not to put oneself at risk for contracting AIDS? This poster is the missing link in the education chain. This is the crucial part that was never addressed. Nobody provided a clear, emotional reason for listening to AIDS information.

The reason people are still getting AIDS is because they haven't paid attention to the abundantly available and easily understandable information on AIDS prevention. The reason they don't pay attention is because they don't feel the possibility that AIDS will touch them. THIS POSTER GIVES THEM THAT FEELING.

If every person sees this poster, knowing it to be the face of AIDS, they will then have the reason to listen to AIDS prevention information.

And lives will be saved.

For 1-4 copies of the 18" x 24" four color Unmask AIDS poster:
Send $10 per poster plus $3 handling to:

The Rocket Scientist Group
PO Box 410028
San Francisco, CA 94141-0028
415 558 8315

Include name and address on check or money order.
Allow 2-3 weeks for delivery.

THE WHITE HOUSE

WASHINGTON

November 23, 1993

Leva J. Lessure, R.N., M.S.N.
Health Services Associate
TIME-LIFE
777 Duke Street
Alexandria, VA 22314

Dear Ms. Lessure:

Thank you for your inquiry about AIDS education resources for the workplace. As I promised, I referred you to the National Leadership Coalition on AIDS (NLCOA). By now, Jeff Monford of NLCOA should have contacted you. If not, his number is (202) 429-0930.

Please let me now if this office can be of further assistance.

Sincerely,

W. Steve Lee

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

THE WHITE HOUSE

WASHINGTON

November 23, 1993

Bishop Carl Bean
Minority AIDS Project
5149 W. Jefferson Blvd.
Los Angeles, CA 90016

Dear Bishop Bean:

Thank you so much for being such a hospitable host to me during my visit to Los Angeles. I thoroughly enjoyed my visit to the Minority AIDS Project. Your work with the Central and South Central Los Angeles communities is commendable. It is critical that we target our efforts to high risk communities. Your facilities and staff are an asset to us all.

Thanks again and keep up the good work.

If I can be of any further assistance, please do not hesitate to contact me at (202) 632-1090.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 23, 1993

Dr. Paul Volberding
AIDS Program Director
San Francisco General Hospital
Building 80, Ward 84
1001 Potrero Avenue
San Francisco, CA 941110

Dear Paul:

I am very sorry that our schedules did not allow for us to meet while I was in San Francisco. I hope that either next time I am in San Francisco or you are in Washington, D.C. that we will be able to find time to get together.

I appreciate your support and look forward to meeting with you in the future. Let's keep in touch.

If I can be of any assistance, please do not hesitate to contact me at (202) 632-1090.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

November 23, 1993

Mr. Elmer F. Clune
29 Broadmoor Drive
Tonawanda, NY 14150

Dear Mr. Clune:

Thank you for your continued interest in AIDS prevention. Your thoughts are appreciated.

Sincerely,

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

October 18, 1993

Mr. Elmer F. Clune
29 Broadmoor Drive
Tonawanda, New York 14150

Dear Mr. Clune:

Thank you for writing, and for sharing your views on the HIV epidemic. You have identified several approaches to help stop the spread of HIV.

HIV reporting and partner notification are very complex issues. It is important that individuals infected with HIV are linked quickly to care, both to stay healthy and to understand what behavior needs to be practiced to avoid spreading the virus further. I will work towards a response to the epidemic which uses the best available science, and which takes into account both personal and community responsibilities and rights.

While I support widespread testing as a part of our effort, I do not think a mandatory testing program is appropriate. We must, however, continue consideration of any appropriate actions.

You also mention isolation as a means to contain the further spread of HIV. Isolation (or "quarantine") is still used by public health officials when current scientific information supports it as effective in stopping transmission. Current scientific evidence shows that it is far less important than once thought.

Developing national policy is complex, and requires active dialogue with many people of diverse viewpoints. It is my goal that our national program responding to HIV be built on the best of current science.

I appreciate hearing from you.

Sincerely,

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

11/1/93

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Ave.
Washington, DC, 20500

NOV - 5 1993

Dear Ms. Gebbie:

Thank you for your reply of 10/18/93 to my letter expressing concern for the very poor job this nation's health authorities have done on AIDS prevention over nearly a decade of time.

I find troubling your specific rejecting of my suggestion for mandatory wide-scale testing of vulnerable groups and without giving any reason! I feel that, since you have just begun your term, you should have an open mind toward considering all approaches. You said I mentioned isolation as a possibility. I acknowledge that isolation at this late date would now be mostly impractical such as was applied so successfully and humanely in Cuba. As you may know, Castro used wide-scale testing for HIV infection early on in the epidemic, and using benign isolation, was able to limit HIV infection therewith to less than 1000 victims in a population of 14,000,000 roughly the same size as NY City where there are now estimated to be half a million HIV Positive victims!

The last sentence of your letter of reply states, "It is my goal that our national program responding to HIV, be built on the best of current Science". Unfortunately, I believe you have already compromised that goal by rejecting mandatory wide-scale testing for HIV out of hand and implying, I think, that you will not use effective reporting(registry in a confidential national AIDS computer system) and contact tracing. Success will be difficult, if not impossible, unless you use all the tools available that science can provide. Secure computer banks are used with great success worldwide.

I have enclosed ten exhibits(News clips and letters to editors and to health authorities) that do include suggestions for wide-scale testing by health authorities and other data that surely points to a need for mandatory wide-scale detection programs. I think health authorities should know who is infected with the deadly HIV virus and they should have monitoring authority requiring the infected individual to report periodically to reasonably assure that he or she is not risking spreading the virus further. Those found to be irresponsible(such as AIDS-infected prostitutes continuing to ply their trade) should definitely be isolated by some means. You may be abhored initially by this suggestion, thinking it akin to a criminal on probation! BUT, think, is not the undiagnosed or diagnosed irresponsible HIV-infected individual, in reality, a(albeit doomed) SERIAL KILLER??!!

As your letter states, we can no longer afford to let anything but the best current "current science"(not "civil rights" politics) be

applied to stopping this potentially civilization-ending pandemic. We must remove all undue secrecy and place detection results in the most effective encrypted confidential national AIDS infection registry to permit contact tracing and monitoring. NO ONE has a "civil right" to infect/kill another! Such is simply no less than murder! We should all remember that "Silence is the voice of complicity"!

I wish you the best of luck in you task and hope that this administration is serious about stopping this pandemic and that it gives you the support you require. If I can be of help to you at a national, state or local level, please call on me as an unpaid volunteer.

Very truly your,

Elmer F. Clune

Elmer F. Clune
29 Broadmoor Drive
Tonawanda, NY 14150
(716) 694 1352

EXHIBIT #1

We're losing t ıe A .)S batt e

Buffalo News 7/11/93

New 'czar' should stress prevention, education

PRESIDENT Clinton's appointment of a White House AIDS coordinator — also known as the "AIDS czar" — is a hopeful signal that the new administration will zero in on the killer disease.

Clinton has proposed a 1994 budget that includes $2.7 billion for AIDS research, treatment and prevention, an increase of 28 percent from the previous year's spending.

The czar could, it is true, turn out to be window-dressing; and the money could prove to be inadequate. But the direction is right.

Despite the painful deaths of stricken Americans, this nation has been too lackadaisical about AIDS. Take the words of the National Commission on AIDS as the panel wrapped up its frustrating four-year tenure. Apparently speaking about both government and citizens, it asserted:

"The failure to respond adequately represents at best continued dogged denial, and at worst a dismaying hidden and unvoiced belief that this is 'just' a disease of gay men and intravenous drug users, both groups that are perceived as disposable."

No one is disposable. But even if there are people who think that way, they are living in a fool's paradise. AIDS is steadily moving into the heterosexual population. On a worldwide basis, it is spreading fastest in Asia and Africa, where the great majority of cases result from heterosexual sex.

Does everyone in America have to have a family member or loved one hit with AIDS to stir greater concern? So far, about 290,000 Americans have been diagnosed as having AIDS. There have been 182,000 deaths. Both numbers get bigger on a regular basis. Drugs that once seemed hopeful have been shown to have serious limitations. Research has turned out to be more complicated than scientists like to admit.

Under the circumstances, prevention and education are the best weapons. Clinton's AIDS czar, Kristine M. Gebbie, is saying she might tackle them among her first priorities. They harbor political minefields, but she should try now.

Programs in which drug users can exchange their dirty needles for clean ones are one relatively easy way to fight AIDS. Buffalo's Columbus Hospital has one in the works, and there is talk about an East Side program combining an exchange with counseling. Needle exchange should be encouraged as long as it takes place within a controlled medical environment.

Much of the AIDS educational effort is on too abstract a level because of a reluctance to talk about sex in clear terms. It's time for candor in the schools and at home. Death is offensive, too. !!!!! NOT SECRET

Several times the AIDS commission has recommended that the federal government develop a single plan to combat the disease, but it hasn't happened. It is like fighting a battle without an overall strategy. That's a good way to wind up a loser.

7/11/93

Dear Ms. Ireland:

This is the most encouraging editorial you have printed on AIDS in that you have, for the first time, emphasized PREVENTION! Medical research is always appropriate in that a cure or vaccine MAY be found sooner or later. But it should be obvious to the medical community and to the public at large that such may be a long way off and we MUST go into high gear on prevention lest "everyone in America will have a family member or loved one hit with AIDS to stir greater concern".

Please read the enclosed note on my comments on the National AIDS Commission's news release on their seemingly abject failure to be effective at all in their assigned mission.

Elmer Clune, 29 Broadmoor Drive, Tonawanda, NY 14150

Copies to: Kristine Gebbe, Director of NIH, US Surgeon General

Special Copy to:

☆ This, Ms. Gebbe, is probably what you were referring to in your "famous" News Release on "Victorian" Attitudes hurting the fight against AIDS!

EXHIBIT #2

Don't blame leaders for all AIDS ills

By JOAN BECK Buff. News 7/5/93

CHICAGO — There's a life-death message in the final report of the National Commission on AIDS. But the report concentrates so hard on blaming political leaders for not doing more about the epidemic that the message is lost between the lines of anger and frustration.

No cure for AIDS is in sight, the commission's report notes. A vaccine is years away. HIV continues to be a slow, inexorable killer, mostly of adults in the prime of life.

But, as the report should have stressed in language strong enough to burn into the brains of us all, you can generally protect yourself from getting AIDS.

Most AIDS activist groups are much more concerned about people who already have AIDS than about preventing others from becoming infected. Most laws dealing with AIDS are intended to help and shield the HIV-positive, not to safeguard others. Protecting yourself from getting AIDS is something you have to do for yourself.

Doctors can't cure you if you get AIDS. They can only postpone your death, treat some associated illnesses and keep you feeling a little better as you slowly die. All the politically correct attitudes, all the anti-discrimination laws, all the political activism, all the red AIDS ribbons, all the support groups, all the finger-pointing can't change the basic facts about this epidemic.

The same sober assessment about the lack of substantial progress against the AIDS epidemic was sounded repeatedly in Berlin in June, when thousands of scientists met at the annual international conference on AIDS.

Prevention is now the only way to stop the epidemic from continuing to spread widely and rapidly throughout the world, scientists repeatedly emphasized at the Berlin conference.

The hard fact is that those who want to protect themselves against HIV infection and AIDS can almost certainly do so by not sharing intravenous drug needles with an infected person and by having sex only within a monogamous relationship with a partner who is free of HIV.

Why is it so hard to push this message clearly and explicitly?

For one reason, it's widely assumed that changes in sexual behavior in the past three decades have made the message of premarital abstinence and marital fidelity naive and obsolete.

So those who are trying to prevent the spread of AIDS are relying on messages about "safe sex," which generally means condoms. But condoms have a high failure rate even as a contraceptive, and the AIDS virus can much more easily slip through microscopic holes in a condom than can a much larger sperm.

We do need much more scientific research about AIDS — and more money to pay for it, even though AIDS research is now better funded than work on other diseases that claim many more lives. We do need support and good care for people with AIDS and HIV. We do need an end to residual prejudice, discrimination and unjustified fears of infected people.

But while we are working on all these difficult things, it would help to broadcast clearly and loudly the message of individual responsibility for avoiding HIV and individual power to do so, instead of blaming the government for not doing more.

JOAN BECK is a columnist for the Chicago Tribune.

Chicago Tribune

& Dead, Wrong!

the very disastrous "Liberal" Position!

Wide Scale testing SHOULD be mandated

Thus, there is no Safe sex!

Please emphasize in your editorials!

EXHIBIT #3

8/20/92

N. Y. State Dept. of Health
Corning Tower
Rockefeller Empire State Plaza
Albany, N. Y. 12237

Attention: Dr. Nicholas A. Rango, Dir. of AIDS INSTITUTE

Dear Dr. Rango:

Thank you very much for your response(letter of 8/3/92, copy attached) to a copy of my letter to-the-editor of the Buffalo News(letter of 7/20/92, copy attached), I had sent to Governor Cuomo.

My letter-to-the-editor and your response commenting on same, thankfully, share an important point, the need to work together to "help implement prevention programming".

Especially during World War II when I was a very young Army soldier('43-'46), reporting and contact tracing, following diagnosis was routinely done for syphilis and WAS quite effective toward slowing this previously incurable sexually-transmitted disease(STD). As you know, full AIDS testing is NOW very successfully done in the military, a many million-person-sized group. Your letter of reply did not address why this would not be similarly effective toward stopping the epidemic of AIDS in a civilian segment such as in the high school system of Washington, DC, for example. With 75% sexually active kids, one in forty children are said to be HIV positive or have full-blown AIDS! In fact, what logic can you advance for employing reporting and contact tracing for some diseases and not for others, and in some groups and not others? Such seemingly illogic is disturbing indeed and points suspiciously to warped politics! Governor Cuomo's stated reason for no reporting and contact tracing for AIDS infection diagnosis is "because there is as yet no cure for AIDS!". As for syphilis, incurable at one time, this seems to me all the more reason to employ reporting and contact tracing upon an AIDS diagnosis! And despite your opinion that "Mandatory testing, reporting and contact tracing will, however, do nothing to alter those behaviors which place one at risk for infection", I believe in fact, contact tracing will immediately warn a person exposed to an AIDS-diagnosed patient to desist from such further exposure with such AIDS-diagnosed person and to have him/herself HIV tested(& perhaps that should be mandatory) to hopefully, if also infected, to not infect others! In summary, the chain of infection is immediately broken, at least in great part. I would hope that you as a doctor, and not a politician who is often swayed by political pressure groups, would see the obvious advantage of this.

Doctor, would not a personal health card record system(coupled with extensive vulnerable-group testing) used by many European countries who have a national or socialized medicine system, be just the thing we very much need now to stem the AIDS epidemic or really pandemic? This would also help for stemming lessor, but still very

MS. Gebbe,-an idea whose time has come ??!!

DR. RANGO HAS ANNOUNCED HE HAS FULMINATING AIDS!

serious STD's, such as genital herpes and hepatitis(also readily transmitted by food workers as well as in sexual activity), especially the very dangerous and often fatal hepatitis C!! Then asking to see a potential sex partner"s health card would serve to stop many a dangerous sexual encounter! As you pointed out, there is an incubation time for AIDS and a negative test does not mean you aren't HIV positive but we would catch most infections. After all, our precious Blood Donation system encounters this same incubation time risk and you people tell us the blood system is "very safe". In other words you can't have it both ways is all I am saying! as most liberals insist!!! maddening, I say!

You pointed out that in my added note to the Governor, I expressed the opinion that to stop this dreadful, painfully death-dealing pandemic, we cannot afford to be so concerned about extreme confidentially, ie doctor can't inform wife of an AIDS diagnosis of husband if the husband doesn't want it, or surgeon/patient not knowing if one or the other is HIV positive. I absolutely rail at such absurd unfairness or civil rights violation of the non-misbehaving potential victim here!! ALSO AS CRUEL AS THE REALITY OF IT IS, AN HIV-INFECTED PERSON IS SADLY ALREADY DOOMED AND WE CERTAINLY DO NOT WANT HIM OR HER TO TAKE EVEN ONE OTHER PERSON DOWN TO SUCH DOOM!

In a somewhat hopeful sign of moving away from such totally absurd policies, Dr. Robert S. Janssen and colleauges from the US CDC at Atlanta in a very recent article in the New England Journal of Medicine suggests, among other detection testing programs, routine, voluntary HIV testing of all patients between ages 15 and 54 who are seen in hospital that have one or more newly diagnosed AIDS case for each 1000 discharges(resulting in identifying an estimated 110,000 unsuspected infections). I would exclaim that these kinds of things are LONG, LONG OVERDUE!!

Dr. Anthony Fauci of NIH, in a TV appearance after attending the recent World AIDS Conference, predicted we could have 10 million HIV positive persons in the US and 100 million or more worldwide by the year 2000(How he could make such a prediction and not at the same time sound general quarters for an all-out fight such as I propose, boggles my mind and the minds of most people I talk to about this!!). I presume Dr. Fauci based his predictions given current prevention policies which I believe to be so inexplicably inadequate! Doctor, could you really stand to see all of our hospital beds occupied by largely indigent, dying AIDS patients in the year 2000, a situation we seem surely headed for now?! Please, like Nancy Reagan's "just say no" fight against drug use, our "educational, safe sex"(it's not safe, only a little safer and surely you wouldn't hang the very existence of civilization on condoms!) propaganda to our young is pitifully and perhaps even criminally inadequate! We simply must alter our prevention policies and methods, dramatically, to avoid this now-predicted Socio-economic AIDS Holocaust. I would be very interested in learning why you have any optimism(if in fact you do) that the dire predictions for the year 2000 Dr. Fauci and others are making , will not happen. Surely you and, even politically-driven Governor Cuomo, do not seriously think we can let such a disaster happen!!

You Doctor, and the rest of the government medical oversite community, particularly the National Commission on AIDS and the CDC at Atlanta, cannot morally stand rather idly by while the AIds epidemic continues to be handled as a reality-hiding political football. We NEED EFFECTIVE government oversite help to develop realistic detection testing programs, stiffer than but modeled after Dr. Robert J. Janssen's suggested detection testing program, in order to, while it is still possible, stem this potentially CIVILIZATION-ANILILATING PANDEMIC, NOW!!!

Again, many thanks for your reply and I look forward to your comments as well as comments from others who receive a copy of this letter.

Very truly yours

Elmer F. Clune
29 Broadmoor Drive
Tonawanda, N. Y. 14150
(716) 694 1352

Copies to: Ms. Barbera Ireland, Chief Editorials , Buffalo News
Dr. Anthony Fauci, NIH Washington, DC
Dr. Mason, Member of National Commission on AIDS
Dr. June Osborne, Member of National Commission on AIDS
Dr. Robert S. Janssen, CDC Atlanta
Dr. William Roper, Director CDC Atlanta
Dr. Antonia Novello, US Surgeon General Washington DC.
Dr. Mark R. Chassin, NYS Commissioner of Health
Mayor Sharon Kelly, Washington, DC

Copy of Letter to Editor of Buffalo News

Buffalo News
Box 100
Buffalo, N. Y. 14240

7/20/92

Dear Editor:

Your Sunday editorial asks,"is 1.9 million enough to fight AIDS?". Maybe not, but then maybe we should also be spending more on other diseases, not primarily behavorially transmitted as is the case with AIDS. A prime case is breast cancer, attacking one in ten women and killing far more than does AIDS today.

Even though we are broke, Dr. Mason of the National Aids Commission, in a TV interview, said we ARE providing adequate funding for what he termed "wet bench" research. Where he thinks we are lacking, is caring for and prevention of AIDS cases. I certainly agree with Dr. Mason for the latter, prevention. We desperately need a nationwide testing, reporting and contact tracing system. It is only logical that we must do everything we possibly can to prevent an infected person from having intimate contact with a non-infected person such as we did for syphilis when it was incurable.

Write and urge your NYS governor to support AIDS testing, contact reporting and tracing before our high schools reach the AIDS epidemic situation of one in every forty students infected with the HIV virus as is the case in the Washington, DC High School system!

COPY OF Dr. RANGO Letter OF REPLY

OFFICE OF PUBLIC HEALTH
Sue Kelly
Executive Deputy Director

August 3, 1992

Elmer Clune
29 Broadmoor Drive
Tonawanda, New York 14150

Dear Mr. Clune:

Governor Cuomo's office has asked me to respond to your letter-to-the-editor dated July 20, 1992. In that letter, you requested the newspaper's readership to urge the Governor's support of "AIDS testing, contact reporting and tracing..." New York State already has in place legislation and mechanisms to promote confidential, voluntary HIV testing with community follow-up. Your letter, however, implies that more rigorous measures should be taken, including, perhaps, mandatory HIV testing, a registry of those infected, and curtailment of HIV confidentiality.

You correctly observed that HIV transmission is primarily behavioral. Mandatory testing, reporting and contact tracing, however, will do nothing to alter those behaviors which place one at risk for infection. The value of HIV testing lies in early diagnosis so appropriate treatment may begin as soon as possible. Although I share your concern about the spread of HIV–including to those adolescents you highlight–prevention education, rather than coercion, is the appropriate public health response to AIDS.

In your note to the Governor, you argue that civil rights matters, including the confidentiality of one's own serostatus, are outweighed by the lives being lost in the epidemic. The Legislature and the Governor have recognized that risk-taking behavior is what invites infection; and one cannot be adequately protected against infection merely by lifting the veil of confidentiality. One can, however, achieve substantial protection by being educated as to how the virus is transmitted and by conducting one's life accordingly.

Even if one ignores compelling civil libertarian arguments against the solutions you may have in mind, basic science with respect to HIV testing is clear. Conventional HIV antibody testing–mandatory or otherwise–does not necessarily reveal whether one is currently infected; it generally takes a person a few months to manufacture antibodies to the virus. This "window" of infection can lead one into a false sense of security with respect to risk-taking behaviors. HIV testing also says nothing about whether one will become infected in the future. A clean bill of health today with respect to HIV does not mean that one will forever remain free of infection. Prudent behavior is a far more effective means of protecting oneself than knowing how others have tested in the past. This is one of the messages which must be promoted vigorously in educating the public on how best to safeguard its health.

Prudent behavior cannot be established! stop kidding!! only wide scale testing & monitoring can do the horrendous task ahead!!

The behavioral changes which are essential to stemming the epidemic can be achieved through prevention programs carefully designed for specific targeted populations. Such programs already exist for adolescents throughout New York State, both within and outside of the schools, but clearly more needs to be done. Risk-taking behaviors continue, and we must strengthen our resolve to diminish them.

Concerned individuals such as yourself have an important role to play. They can work with school boards, community based organizations and other providers to help implement effective prevention programming. They can also address their concerns, as you have done, to those in government who make policy. The AIDS epidemic is now in its second decade, and the urgency for action only grows–it does not diminish.

☆ DR RANGO HAS RECENTLY ANNOUNCED HE HAS FULMINATING AIDS!!

Sincerely,

Nicholas A. Rango ☆

Nicholas A. Rango, M.D.
Director AIDS INSTITUTE NYS

EXHIBIT #4

Wider AIDS tests urged at hospitals

BOSTON (AP)—Routine AIDS testing of all young and middle-aged patients at hospitals where AIDS is relatively common could identify as many as 110,000 Americans who are infected with the virus but don't know it, a federal report says.

Researchers estimated that in one year their plan would identify about 11 percent of all Americans who carry the virus. The idea is to find these people early so they can both benefit from early treatment and guard against infecting others.

About 1 million Americans are thought to be infected with HIV, the AIDS virus, and about one-fifth of them are hospitalized annually. However, about two-thirds are treated for conditions unrelated to AIDS and most presumably don't know they are infected.

This is a telling statistic & surely backs Dr Janssen's call for rather wide-scale testing!

The report, written by Dr. Robert S. Janssen and colleagues from the U.S. Centers for Disease Control in Atlanta, was published in today's New England Journal of Medicine.

In 1990, 225,000 HIV-infected people were cared for in the nation's 5,558 hospitals, the researchers estimated. They said if all 25 million patients were tested, 163,000 with unsuspected infections would have been identified.

However, many oppose such broad-scale testing because it would mean checking many people who are at minuscule risk of the virus. Instead, the CDC proposal is an alternative that focuses on those in the age groups and locations where the chances are highest of finding unsuspected infections.

The authors suggest routine, voluntary HIV testing of all patients between ages 15 and 54 who are seen in hospitals that have one or more newly diagnosed AIDS cases for each 1,000 discharges. This would mean testing about 3 million people nationwide, and the report predicts it would identify 110,000 unsuspected infections.

EXHIBIT # 5

From Buffalo News CIRCA Late 80's

Treat AIDS as what it is ☆

State should classify it sexually transmissible

PROPERLY understood, the AIDS epidemic is a threat to everyone. If it is to be thwarted, health authorities will have to pursue policies that rank the general public welfare above other considerations.

It is not easy to do that because AIDS carries a social stigma that is unfair, on the one hand, and a deterrent to its detection and prevention, on the other. Where care to protect AIDS patients from the social stigma comes in conflict with the need to battle the disease with all guns blazing, the issue becomes delicate. But this is a fatal disease. The balance must tip to the battle. Right On!

That's why the House of Delegates of the Medical Society of New York State was right when it called on the state Health Department to reverse a strongly held position and designate AIDS as a sexually transmissible disease. By state law, that designation will bring sensible regulations into play that have applied for many years to such diseases as syphilis and gonorrhea.

The designation means doctors would be allowed to insist that people be tested for AIDS if there is reason to believe they are infected. Results that are positive would have to be reported on forms to the state and county health departments. Health investigators would then be obligated to obtain a list of the person's sexual contacts and notify those people of their danger.

But former Health Commissioner David Axelrod, who recently retired after suffering a massive stroke, had declined to designate AIDS as a sexually transmissible disease. By law, AIDS testing is prohibited in New York without the consent of the patient.

New York's approach is supported by gay-rights groups which assert that mandatory testing and reporting invades privacy and — because there is no cure — only serves to heighten discrimination against AIDS patients. It was Axelrod's position that mandatory reporting scared infected people away from the health care system.

But making AIDS a special case with its own rules only reinforces the stigma attached to it. Furthermore, research has shown that the drug AZT can delay the onset of full-scale AIDS in people who are infected with the virus, making contact-tracing more important.

Above all, it is important that the patient's contacts be tested and, if positive, change their behavior to avoid spreading the disease further. The chain can be endless if ignorance allows it to be.

Simply put, the present New York rules and laws — with their single-minded concentration on confidentiality — inhibit the detection and prevention of AIDS, a result contrary to public welfare.

The medical society's campaign was dealt a setback recently when the Court of Appeals refused to reverse Axelrod, saying he has the legal power to classify diseases and had exercised it in a rational way.

But health officials can change their minds and legislatures can take laws off the books. In this case, they should.

☆ This editorial is, I believe, not supported by the current very left editorial dept. of Buffalo News!! -- but it should be!

Yes, it was discrimination

Ms Ireland - It was? see attached showing AIDS danger

County pays for mishandling of inmate AIDS

IT'S IRONIC that just as Erie County begins budget hearings during which departments are being told to do more with less, one of those departments will cost the county nearly $135,000 because of its paranoia about AIDS.

The federal court decision against the Sheriff's Department contains a lesson for all public bodies as they try to walk the fine line between protecting those not infected with the virus yet not capriciously discriminating against those who are. Those who draw the line foolishly, as the Sheriff's Department did, will pay. Foolishly - See

The dangers posed by the virus are real and present, particularly in an inmate population that includes prostitutes and intravenous drug users.

Deputies who handle such inmates deserve protective equipment and procedural safeguards.

However, they have no right to subject inmates to the type of discriminatory practices — and, in effect, meaningless insults — employed against prisoner Louise Nolley. Some of those "protective" measures might have been taken right out of a handbook written by those who still think of AIDS as God's way of getting even.

talk about silly!

The department marked Ms. Nolley's belongings — and her jail cell, court papers and even her handcuffs — with an eye-catching red dot, a throwback to the days of the scarlet letter. Though she had no mental problems, she was segregated in what Judge John Curtin called "deplorable" conditions in a ward with insane prisoners.

reason

And in what can only be called silly, she was denied access to the jail's law library — an invaluable source for prisoners preparing for court — had to wear rubber gloves when using a typewriter and was barred from the jail's religious services. Not justified Justified - See attached

Nothing justifies such treatment in an age of so-called enlightenment. Curtin found that this foolishness was concocted based on jail officials' "layman's knowledge" of the disease. Layman's knowledge — a slight step up from old wives' tales — does not suffice when it flies in the face of both statutory and constitutional rights to privacy as well as all of the scientific evidence on how the AIDS virus is transmitted.

Taxpayers have a right to expect their public officials to know that. Since those in the Sheriff's Department didn't, taxpayers are stuck with a $135,000 tab, pending a possible appeal. The jail superintendent faces another $20,000 in personal liability.

To its credit, the department last year made several changes in the way it handles infected inmates. It also began training deputies in "universal precautions" — such as wearing protective gloves all of the time — that safeguard them while not discriminating against individual inmates. It also suspended a deputy who snooped in Ms. Nolley's file.

But none of those after-the-fact steps compensate for the lack of professional judgment the department displayed in singling Ms. Nolley out for such treatment. That failure will cost taxpayers $135,000. Other units of government should learn from Erie County's expensive lesson.

EXHIBIT #6

Buffalo News Article - CIRCA '84

Tests Show AIDS Virus Survives Outside Body

From News Wire Services

CHICAGO — The AIDS virus remains active outside the body much longer than previously believed, but common disinfectants are sufficient to neutralize it, according to a new study.

Tests conducted during a three-month study suggest the need for more careful guidelines for laboratory personnel working in AIDS research, scientists reported in an article to be published Friday in the Journal of the American Medical Association. JUDGE, CHECK WITH AMA

The tests showed that the virus can live up to 15 days in a water-based solution of human blood cells at room temperature outside the body. As the temperature is increased, the virus can survive for increasingly shorter periods, the scientists said. Dried, the complete inactivation of the virus required three to seven days, the researchers said.

Note

Although it was previously believed that the virus died quickly outside the body, the new findings do not mean that it can be spread by casual contact such as touching a toilet seat, one of the researchers was quoted as saying. ★

Also, the preparations used in the tests contained viral concentrations thousands of times higher than those in the blood of AIDS victims, virologist Phillip D. Markham of Bionetics Research Inc. of Rockville, Md., said in a telephone interview Monday night.

The findings do not mean the virus can be spread casually because unbroken skin seems to be an effective barrier, Dr. Lionel Resnick of Mount Sinai Medical Center in Miami Beach, Fla., and who also participated in the study, told the Miami Herald.

However, laboratory workers were cautioned about their contact with the virus, known as HTLV-III-LAV...

FROM "UNKNOWN" CAUSE

The researchers said that many inexpensive and common disinfectants and detergents were sufficient to deactivate the concentrated cultures within minutes.

Several frequently used laboratory detergents were equally effective, as were were common household bleach diluted with water, alcohol, ammonium chloride and alcohol mixed with acetone, the researchers said.

In another development, researchers at the National Institutes of Health have reported taking a major new step toward developing a vaccine against AIDS by inserting a piece of the AIDS virus into the harmless virus used in the production of smallpox vaccine.

In a paper scheduled for publication Thursday in the British journal Nature, the scientists say the new virus, when injected into a test animal, stimulates the animal's immune system to produce protective antibodies directed against the AIDS virus.

The scientists reported that they used common genetic engineering techniques to successfully insert the gene that makes the apparently harmless parts of the AIDS virus' outer coat, or envelope, into vaccinia virus. Vaccinia, which is believed to be a harmless cross between smallpox and cowpox, has been injected into human beings for almost 200 years. Vaccinia causes only a local reaction in most people.

The researchers stress that further study is needed to see if a protective immune reaction against the virus' envelope protein will reduce or prevent AIDS infection. They also note that one stumbling block in developing an AIDS vaccine has been that the AIDS virus seems to change its surface traits. ★★

★ OVER 100 CASES OF AIDS INFECTION EXIST NATIONWIDE NOW!!

URGENT ! EXHIBIT #7 6/5/93

IT WOULD APPEAR AT LONG LAST THE SLEEPING GIANT HAS BEGUN TO AWAKEN! AFTER TEN YEARS, THE ESTEEMED DR. DAVID E. ROGERS, CHAIRMAN OF THE NATIONAL AIDS COMMISSIONS, FINALLY RECOGNIZES WHAT WAS OBVIOUS TO THE AVERAGE MAN IN THE STREET, AIDS IS A CIVILIZATION-THREATENING PANDEMIC!

Congress needs to realize and act upon the fact that:

1. Current measures to contain the epidemic are tragically inadequate!

2. We are more interested in individual privacy that containing a civilization-destroying pandemic!

3. Because of powerfull lobbying by the homosexual crowd, AIDS has become a political disease, not amenable to reporting and contact tracing as for other serious chronic and fatal diseases!-- AND THIS MUST STOP!!

4. Any undiagnosed, sexually active HIV positive person is a SERIAL KILLER, far more dangerous than a Son-of-Sam serial killer!---and there are hundreds of thousands out there!

5. AIDS will likely never be controlled by a vaccine because it is a rapidly mutating virus like the flu virus!

6 Because of this fact of point (5), we must immediately begin a program of wide-scale testing and monitoring of those testing positive. The monitoring can take and must take whatever form necessary to be effective including detainment(prostitute who continues to ply her trade, for example), discrete placement of an HIV Positive tatto in the genital area for those found to be irresponsible with regard to infecting others, etc, etc.! Draconion?,--perhaps, but this IS a civilization destroying disease! WAKE UP, CONGRESS, AND ACT NOW!!!!!!!!!!!!!!!!!!!!!!

Wider AIDS programs for youths urged

6/1/93 Bill News

By MARLENE CIMONS
Los Angeles Times

WASHINGTON — The National Commission on AIDS, warning that the epidemic "threatens a new generation of Americans," called Wednesday for greatly expanded prevention programs for the nation's youth, saying that educational efforts must directly address issues of sexuality and abstinence, condom use and availability.

Dr. David E. Rogers, vice chairman of the 15-member commission, said in a statement accompanying the commission's report that "we have let issues of taste and morality interfere with the delivery of potentially lifesaving information to young people."

In a second report, also released Wednesday, the commission urged that the country's workplaces develop in-house AIDS policies and education programs.

"As more and more companies have employees with HIV disease, employers must put in place policies for HIV-infected workers that provide for them to remain productively employed, without discrimination, for as long as possible," the panel said. "At too many work sites, managers and employees are in states of denial, complacency or ignorance."

The bipartisan commission, created to advise Congress and the White House on combating the epidemic, recommended that President Clinton set an example by ordering an HIV education program for federal employees, starting with the White House staff. The human immunodeficiency virus, or HIV, causes AIDS.

In its report on AIDS in adolescents, the commission said that as of March, 1,267 cases of acquired immune deficiency syndrome nationwide had been reported among teen-agers aged 13 to 19.

The number of cases among 20- to 29-year-olds, however, actually is of greater significance, because AIDS can take 10 or more years after infection to develop. As of March, 10,949 cases of the disease had been reported among 20- to 24-year-olds, and 44,171 among 25- to 29-year-olds, the panel said. These individuals represent about 20 percent of the nation's total caseload "and were probably infected as teen-agers," the report said.

The commission reiterated a previous recommendation that the president develop a major prevention initiative, including special programs directed at youth. Such services should pay particular attention to young people in high-risk situations, such as runaways, substance abusers, gays and school dropouts, the report said.

On Tuesday, the chairman of an international AIDS conference that opens Monday in Berlin said the disease would plague the world for generations even if an effective vaccine is found within the next few years.

is not the Conclusion here to test All High-School College Students, As a minimum?!

EXHIBIT #8.

Govt of THE DISTRICT OF COLUMBIA
WASHINGTON, D.C. 20004 ← Office of the Mayor

SHARON PRATT DIXON
MAYOR

OCT 29 1992

Mr. Elmer Clune
29 Broadmoor Drive
Tonawanda, New York 14150

Dear Mr. Ciune:

Thank you for expressing your concern and offering your advice on solutions to the current AIDS epidemic. You have indicated that your strong support for "AIDS testing, contract reporting and tracing" to stem the tide of this deadly disease. As you know, AIDS infection has become a serious problem in the District of Columbia, particularly amoung District youth.*

I agree with Governor Cuomo's assessment that HIV transmission is primarily behavioral. The District of Columbia already has in place confidential, voluntary testing for our residents. But the value of mandating such testing is measured. Testing HIV-negative today does not guarantee that one will be negative tomorrow.** If such a mandatory system were to be implemented, results would become outdated as time elapsed between test date and future intimate encounters. It would only be known that as of a particular date a person did not test positive. HIV antibody testing does not always reveal whether one is currently infected. It normally takes a few months to manufacture antibodies to the virus.

Therefore, the only*** means of providing substantial protection is to educate the populace, particularly teens, as to the ways the virus is transmitted. Such knowledge will then foster behavior designed to minimize or eliminate activities that place one at risk of infection. Education is particularly important with regard to the high risk African-American and Latino adolescents that you mention. Many of these teenagers are often unaware of the consequences of their behavior and when informed may alter their lifestyle accordingly.

You express discontent with the policy of making condoms available in the high schools and seem to designate this initiative as all encompassing of our AIDS campaign. I must point out that condom availability is only one component. Our campaign involves three facets of which condom availability is only a subcomponent.

The first facet involves a massive public information campaign about AIDS and its prevention, specifically targeting youth and young adults. The second facet involves expanded counseling, testing, and prevention support services at our public health, correctional, and juvenile detention facilities. The final facet involves expanded treatment services and improved access to treatment, particularly to the disenfranchised, homeless, and to pregnant women.****

* 1 in 40! see cit'p on page 2 of this letter
** TRUE, BUT yearly testing will detect 90% or higher & would certainly be cost effective given the $250,000.00/AIDS patient & the untold sorrow & suffering!!
*** & dismiss yearly testing of all high school students, 90% effective, while "education" has resulted in 1 in 40 infection rate for DC high schoolers??!!
**** TOO LATE = AIDS BABIES!!

I would like to thank you for addressing your concerns about this issue. Individuals such as yourself will be important in stimulating and continuing the debate and discussion about the best methodology to stem this deadly plague.

Sincerely,

Sharon Pratt Kelly

AIDS rate high in Harlem

Newsday

NEW YORK — One in 12 blacks who grew up in Central Harlem may be infected with the AIDS virus and many do not suspect that they are infected, according to a study in the American Journal of Public Health.

The study by Columbia University researchers is the first to document high rates of infection among the general population in a minority neighborhood, although it is consistent with estimates for Central Harlem, said Ronald Johnson, New York City's AIDS policy coordinator.

"It is a frightening confirmation ★ of what we have been estimating for several years," he said.

Yet little was done!!

★ an emergency situation, would you not agree??!! — surely wide scale testing of this group is necessary for simple survival. (The KKK is chanting "thank God for AIDS!!" - that should tell us something! — as ugly as the message might be in most people's opinion!)

EXHIBIT # 9

CDC
National
AIDS
Clearinghouse P.O. Box 6003, Rockville, MD 20849-6003

A service of the Centers for Disease Control, National AIDS Information and Education Program

November 27, 1992

Mr. Elmer F. Clune
29 Broadmoor Drive
Tonawanda, New York 14150

Dear Mr. Clune:

Thank you for your letter to Dr. Robert S. Janssen, Centers for Disease Control and Prevention (CDC), regarding acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV), the virus that causes AIDS. One of the functions of the CDC National AIDS Clearinghouse (CDC NAC) is to answer the AIDS-related correspondence of several Federal offices. Your letter has been forwarded to our office for reply.

We appreciate the concerns you discussed in your letter about HIV disease. We want to assure you that AIDS is the number one priority of the Public Health Service (PHS). In every State and the District of Columbia, AIDS is a reportable communicable disease under State or local law* The PHS encourages counseling and testing of individuals who may be at high risk of infection with HIV. These counseling and testing programs are conducted by State and local public health agencies, private physicians, public clinics (such as those for sexually transmitted diseases or drug treatment), and hospitals. These programs help to lead to early diagnosis of HIV infection and to prevention of further spread. Strict confidentiality of testing results is necessary to assure participation by persons at greatest risk of infection. PHS recommends that persons who are HIV-antibody positive be instructed in how to notify their partners and to refer them for counseling and testing. If they are unwilling to notify their partners or if it cannot be assured that their partners will seek counseling, physicians or health department personnel are advised to use confidential procedures to assure that the partners are notified.

Contradiction in terms?!

Again, we recognize your concerns about HIV and AIDS. We believe that preventing HIV and AIDS will require a continued commitment to education, behavior change, and public health action by all of us.

We hope this information will be helpful to you.

Sincerely yours,
Correspondence Specialist

* NOT IN NY STATE, & NO CONTACT TRACING!!,

mk OUTRAGEOUS!! (Perhaps you mean AIDS at Full blown stage, is reportable while testing HIV pos test is not reportable & contact traced!)

See other side for expanded Comments

1-800-458-5231 (voice) 1-800-243-7012 (deaf access/TDD) Fax: 1-301-738-6616

The clearinghouse individual states that AIDS is a reportable communicable disease in all states & territories. Unfortunately testing HIV POSITIVE is not (in my opinion one of the most tragic and illogical mistakes ever made!

I do understand why some well-meaning but terribly wrong-headed people took or take their position, and that is, a person testing HIV Positive may not get fulminating AIDS for years (up to ten, I read.) and thus it might they fear leak out of any reporting system that he or she is indeed HIV positive & might effect his or her job, relationship to others, etc while they still "feel" healthy and asymptomatic.

Ms. Gebbie, I do hope you realize the terrible consequences of such wrong thinking. If even one additional person get AIDS, this (name) confidentiality is NOT JUSTIFIED!! -- & you know thousands and eventually even millions extra will get AIDS should such policies be continued.

Please don't be an accessory to mass murder. Remember "Silence is the Voice of Complicity!"

EJC

exhibit 10

9/24/93

Memo to: Bill Clinton
Copies to: All US Senators & Cabinet members
Select US Representative:

Subject: Clinton's campaign slogan, "It's the economy, stupid!"

Your slogan was right on the mark and you knew the people knew it was on the mark! However the minute you got into office, you aimed your guns left, to the far left, obviously, to solidify your primary constituency, the naer-do-wells, the off-beat, etc and abandoned the solid citizens of this country, the responsible working people who believe in the family.

You began by attempting to "pay off" your homosexual constituency by "normalizing" sexual perversion by permitting the sexually perverted to serve in the military. Fortunately for America, a few good leaders in congress, interested in something a little higher-minded than sheer political expediency, rallied the congress to oppose your proposed irresponsible action and allow the military to remain disciplined and with high morale!

Next, although you promised to cut spending and not raise taxes on the middle class, you put through(actually eked through) the largest tax increase in history with spending cuts to come five years from now when you might(some are hoping!) be out office. Such hipocracy, such audacity only matched by the AIDS Activists who loudly blamed Bush for the behaviorly-caused AIDS epidemic,while they actively sought and obtained legislation making HIV infection a secret ★ that can be withheld from even a spouse instead of allowing reporting and contact tracing ,the only thing that can possibley stop this dreaded epidemic!

And now you are pushing another economically-destructive blow by deciding to back NFTA, a clear sellout to the large an/or multinational companies of the US. Indeed, you rallied the ex-presidents to support NFTA, including the most failed ex-president ever, Jimmy Carter, who had the sheer audacity to call a true American Hero and Super-patriot Mr. Ross Perot, a demigogue for opposing NFTA. Jimmy Carter, a man not worthy of walking in Mr. Perot's shadow, who still leaves the European community wondering how we could ever have elected the likes of him, was an ineffective, bumbling bunny-wacker.

And now you are engaged in what may turn out to be the the coup de grace to our economy, by proposing a super expensive health plan to cover every naer-do-well and irresponsibly-breeding individual in this country, illegal aliens, the obese, smokers, etc.

See other Side for Added Comments

Bill, this country cannot stand all these economic blows at this time. Don't be stupid Bill, it IS the economy! You knew it was during the campaign, and the people knew then(and they still do!), so why don't you work on this FIRST by putting people back in plants to make things THEY need? You "trained" all your life to become

★ It is unbelievable that any thinking person in government would not act to stop this insane policy!!
We need immediate testing of all vulnerable groups with nationwide reporting Registry & contact tracing with probational monitoring as a minimum to have any chance of arresting this terrible world-wide epidemic, predicted by "experts" to infect 20,000,000 victims by 2000!

president and one would think with the desire to be a great president, one who I, and the rest of the citizens, would be proud to call "Mr. President". So far, you surely haven't made the grade!!

The business sections of the newspapers carry daily announcements of yet more massive "down-sizings", a record 400,000 plus since the beginning of the year. Still, all you do is deliver one economically destructive blow after another. Please remember what you said during the campaign, "It's the economy, stupid". As I have said in a letter to your labor secretary, Reich, and all senators, you must develop a plan to put people directly back into idle plant capacity, not pass some stupid pork-barrel "stimulus" package.

Studies have shown that our industries and general economy operate at only about 30% efficiency, thus we could theoretically triple the standard of living for all citizens and achieve full employment. The seven million unemployed and up to twenty million under-employed would love to work in assembly plants at good pay to make durables they would, in turn, buy! Do you get it??!! You were right Bill, it is the economy. Concentrate FIRST on really making it work for the first time in history like we all know it can. THEN fixing the deficit, reducing the debt and national health care can be handled without totally destroying our economy AND THE SUCCESS OF YOUR TERM(S) IN OFFICE!! Accomplish this FIRST, and you will be an all time hero figure in history. Remember , we all know it can be done!!

Elmer F. Clune

Elmer F. Clune
29 Broadmoor Drive
Tonawanda, N. Y. 14150

* Health Care Reform Comments:

Stop this stampede toward enacting Hilliary's, Moynihan-tagged Fantasyland-financed national health plan!

Reform what we have by:

1. Capping Dr's fees
2. capping malpractice suit awards.
3. Remove the licenses of doctors convicted of malpractice, permanently. (current leniency is a national scandal!)
4. Cap drug prices.
5. Cap hospital admin. costs
6. Avoid excessive duplication of expensive diagnostic gear (ie. an MRI in every podunk hospital!)
7. DO NOT permit doctors to own testing Lab Facilities
8. IN summary, take the 60-70% over charge/over cost factor out of medicine by tough reform laws in response to the outrageous rip-off now underway!

TO PRES. CLINTON
COPY TO:

Paid Advocacy Advertisement

☆ OR MOST APPROPRIATELY RE-NAMED "THANKS TO A TOTALLY STUPID BUNCH OF GOVT. HEALTH AGENTS & LIBERAL POLITICOS, STD's ARE RAGING OUT OF CONTROL" ☆

In Defense of a

A Message from Focus on the Family

The federal government has spent billions of our tax dollars since 1970 to promote contraceptives and "safe sex"★ among our teenagers[1]. Isn't it time we asked, ***What have we gotten for our money?*** *These are the facts:*

★ THERE IS NO SUCH THING AS "SAFER SEX," AT BEST!

- The federal Centers for Disease Control estimate that there are now 1 million cases of HIV infection nationwide.[2]
- 1 in 100 students coming to the University of Texas health center now carries the deadly virus.[3]
- The rate of heterosexual HIV transmission has increased 44% since September 1989.[4]
- Sexually transmitted diseases (STDs) infect 3 million teenagers annually.[5]
- 63% of all STD cases occur among persons less than 25 years of age.[6]
- 1 million new cases of pelvic inflammatory disease occur annually.[7]
- 1.3 million new cases of gonorrhea occur annually[8]; strains of gonorrhea have developed that are resistant to penicillin.
- Syphilis is at a 40-year high, with 134,000 new infections per year.[9]
- 500,000 new cases of herpes occur annually[10]; it is estimated that 16.4% of the U.S. population ages 15-74 is infected, totaling more than 25 million Americans — among certain groups, the infection rate is as high as 60%.[11] & DO WE HEAR FROM THE CDC? NO!
- 4 million cases of chlamydia occur annually[12]; 10-30% of 15 to 19-year-olds are infected.[13]
- There are now 24 million cases of human papilloma virus (HPV), with a higher prevalence among teens.[14]

To date, over 20 different and dangerous sexually transmitted diseases are rampant among the young. Add to that the problems associated with promiscuous behavior: infertility, abortions and infected newborns. The cost of this epidemic is staggering, both in human suffering and in expense to society; yet epidemiologists tell us we've only seen the beginning.

Incredibly, the "safe-sex" gurus and condom promoters who got us into this mess are still determining our policy regarding adolescent sexuality. Their ideas have failed, and it is time to rethink their bankrupt policies.

How long has it been since you've heard anyone tell teenagers why it is to *their* advantage to remain virgins until married? The facts are being withheld from them, with tragic consequences. Unless we come to terms with the sickness that stalks a generation of Americans, teen promiscuity will continue, and millions of kids . . . thinking they are protected . . . will suffer for the rest of their lives. Many will die of AIDS.

There is only one way to remain healthy in the midst of a sexual revolution. It is to abstain from intercourse until marriage, and then wed and be faithful to an uninfected partner. It is a concept that was widely endorsed in society until the 1960s. Since then, a "better idea" has come along . . . one that now threatens the entire human family.

Inevitable questions are raised whenever abstinence is proposed. It's time we gave some clear answers:

Why, apart from moral considerations, do you think teenagers should be taught to abstain from sex until marriage?

No other approach to the epidemic of sexually transmitted diseases will work. The so-called "safe-sex" solution is a disaster in the making. Condoms can fail at least 15.7 percent of the time annually in preventing pregnancy.[15] They fail 36.3 percent of the time annually in preventing pregnancy among young, unmarried minority women.[16] In a study of homosexual men, the *British Medical Journal* reported the failure rate due to slippage and breakage to be 26 percent.[17] Given these findings, it is obvious why we have a word for people who rely on condoms as a means of birth control. We call them . . . "parents."

Remembering that a woman can conceive only one or two days per month, we know the failure rate for condoms must be much higher when it comes to preventing disease, which can be transmitted 365 days per year! If the devices are not used properly, or if they slip just once, viruses and bacteria are exchanged and the disease process begins. One mistake after 500 "protected" episodes is all it takes to contract a sexually transmitted disease. The damage is done in a single moment when rational thought is overridden by passion.

Those who would depend on so insecure a method must use it properly on *every* occasion, and even then a high failure rate is brought about by factors beyond their control. The young victim who is told by his elders that this little latex device is "safe" may not know he is risking lifelong pain and even death for so brief a window of pleasure. What a burden to place on an immature mind and body!

In fact, the University of Texas Medical Branch recently found that condoms are only 69 percent effective in preventing the transmission of the human immunodeficiency virus (HIV) in heterosexual couples. Dr. Susan Weller of UTMB conducted a meta-analysis of 11 independent HIV transmission studies. Her conclusion: "When it comes to the sexual transmission of HIV, the only real prevention is not to have sex with someone who has or might have HIV."[18]

This surely explains why not one of 800 sexologists at a conference a few years ago raised a hand when asked if they would trust a thin rubber sheath to protect them during intercourse with a known HIV-infected person.[19] Who could blame them? They're not crazy, after all. And yet they're perfectly willing to tell our kids that "safe sex" is within reach and that they can sleep around with impunity.

There is only one way to protect ourselves from the deadly diseases that lie in wait. It is abstinence before marriage, then marriage and mutual fidelity for life to an uninfected partner. Anything less is potentially suicidal.

That position is simply NOT realistic today. It's an unworkable solution: Kids will NOT implement it.

Some will. Some won't. It's still the only answer. But let's talk about an "unworkable solution" of the first order. Since 1970, the federal government has spent billions of our tax dollars to promote contraception and "safe sex." This year alone, hundreds of millions of your tax dollars will go down that drain! (Compared with less than $8 million for abstinence programs, which Sen. Teddy Kennedy and company have sought repeatedly to eliminate altogether.) Isn't it time we ask what we've gotten for our money? After 22 years and billions of dollars, some 58 percent of teenage girls under 18 still did not use contraception during their first intercourse.[20] Furthermore, teenagers tend to keep having unprotected intercourse for a full year, on average, before starting any kind of contraception.[21] That is the success ratio of the experts who call abstinence "unrealistic" and "unworkable."

Even if we spent another $50 billion to promote condom usage, most teenagers would still not use them consistently and properly. The nature of human beings and the passion of the act simply do not lend themselves to a disciplined response in young romantics.

But if you knew a teenager was going to have intercourse, wouldn't you teach him or her about proper condom usage?

No, because that approach has an unintended consequence. The process of recommending condom usage to teenagers inevitably conveys five dangerous ideas:
(1) that "safe sex" is achievable;
(2) that everybody is doing it;
(3) that responsible adults expect them to do it; (4) that it's a good thing; and (5) that their peers know they know these things, breeding promiscuity. Those are very destructive messages to give our kids.

Furthermore, Planned Parenthood's own data show that the number one reason teenagers engage in intercourse is peer pressure![22] Therefore, anything we do to imply that "everybody is doing it" results in more . . . not fewer . . . people who give the game a try. Condom distribution programs do not reduce the number of kids exposed to disease . . . they radically increase it!

Since the federal government began its major contraception program in 1970, unwed pregnancies have increased 87 percent among 15 to 19-year-olds.[23] Likewise, abortions among teens rose 67 percent;[24] unwed births went up 83.8 percent.[25] And venereal disease has infected a generation of young people. Nice job, sex counselors. Good thinking, senators and congressmen. Nice nap, America.

Paid Advocacy Advertisement

Little Virginity

SUCH A PUSH AS THIS MIGHT HAVE WORKED YEARS AGO, BUT WE NOW need.

Having made a blunder that now threatens the human family, one would think the designers would be backtracking and apologizing for their miscalculations. Instead, they continue to lobby Congress and corporate America for more money. Given the misinformation extant on this subject, they'll probably get it.

But if you were a parent and knew that your son or daughter was having sex, wouldn't you rather he or she used a condom?

How much risk is acceptable when you're talking about your teenager's life? One study of married couples in which one partner was infected with HIV found that 17% of the partners using condoms for protection still caught the virus within a year and a half.[26] Telling our teens to "reduce their risk" to one in six (17%) is not much better than advocating Russian roulette. Both are fatal, eventually. The difference is that with a gun, death is quicker. Suppose your son or daughter were joining an 18-month skydiving club of six members. If you knew that one of their parachutes would definitely fail, would you recommend that they simply buckle the chutes tighter? Certainly not. You would say, "Please don't jump. Your life is at stake!" How could a loving parent do less?

Kids won't listen to the abstinence message. You're just wasting your breath to try to sell them a notion like that.

It is a popular myth that teenagers are incapable of understanding that it is in their best interest to save themselves until marriage. Almost 65 percent of all high school females under 18 are virgins.[27]

A few years ago in Lexington, Ky., a youth event was held that featured no sports contest, no rock groups — just an ex-convict named Harold Morris talking about abstinence, among other subjects. The coliseum seated 18,000 people, but 26,000 teenagers showed up! Eventually, more than 2,000 stood outside the packed auditorium and listened over a hastily prepared public address system. Who says kids won't listen to this time-honored message?

Even teens who have been sexually active can choose to stop. This is often called "secondary virginity," a good concept that conveys the idea that kids can start over. One young girl recently wrote Ann Landers to say she wished she had kept her virginity, signing the letter "Sorry I didn't and wish I could take it back." As responsible adults we need to tell her that even though she can't go back, she can go forward. She can regain her self-respect and protect her health, because it's never too late to start saying "no" to premarital sex.

Even though the safe-sex advocates predominate in educational circles, are there no positive examples of abstinence-based programs for kids?

Thankfully, some excellent programs have been developed. Spokane-based *Teen-Aid* and Chicago's *Southwest Parents Committee* are good examples. So are *Next Generation* in Maryland, *Choices* in California and *Respect Inc.* in Illinois. Other curricula such as *Facing Reality; Sex Respect; Me, My World, My Future; Reasonable Reasons to Wait; Sex, Love & Choices; F.A.C.T.S.* etc., are all abstinence themed programs to help kids make good sexual decisions.

A good curriculum for inner-city youth is Elayne Bennett's *Best Friends Program.* This successful "mentoring" project helps adolescents in Washington, D.C., graduate from high school and remain abstinent. In five years, not one female has become pregnant while in the *Best Friends Program!*

Establishing and nurturing abstinence ideas with kids, however, can be like spitting into the wind. Not because they won't listen, because most will. But pro-abstinence messages are drowned out in a sea of toxic teen-sex-is-inevitable-use-a- condom propaganda from "safe-sex" professionals.

You place major responsibility on those who have told adolescents that sexual expression is their right as long as they do it "properly." Who else has contributed to the epidemic?

The entertainment industry must certainly share the blame, including television producers. It is interesting in this context that all four networks and the cable television entities are wringing their hands about this terrible epidemic of AIDS. They profess to be very concerned about those who are infected with sexually transmitted diseases, and perhaps they are sincere. However, TV executives and movie moguls have contributed mightily to the existence of this plague. For decades, they have depicted teens and young adults climbing in and out of each other's beds like so many sexual robots. Only the nerds were shown to be chaste, and they were too stupid or ugly to find partners.

Of course, the beautiful young actors in those steamy dramas never faced any consequences for their sexual indulgence. No one ever came down with herpes, or syphilis, or chlamydia, or pelvic inflammatory disease, or infertility, or AIDS, or genital warts, or cervical cancer. No patients were ever told by a physician that there was no cure for their disease or that they would have to deal with the pain for the rest of their lives. No one ever heard that genital cancers associated with the human papilloma virus (HPV) kill more women than AIDS,[28] or that strains of gonorrhea are now resistant to penicillin.[29]

No, there was no downside. It all looked like so much fun. But what a price we are paying now for the lies we have been told.

The government has also contributed to this crisis and continues to exacerbate the problem. For example, a current brochure from the federal Centers for Disease Control and the City of New York is entitled, "Teens Have the Right," and is apparently intended to free adolescents from adult authority. Inside are the six declarations that make up a "Teenager's Bill of Rights," as follows:

- I have the right to think for myself.
- I have the right to decide whether to have sex and who(m) to have it with.
- I have the right to use protection when I have sex.
- I have the right to buy and use condoms.
- I have the right to express myself.
- I have the right to ask for help if I need it.

Under this final item (the right to ask for help) is a list of organizations and phone numbers that readers are encouraged to call. The philosophy that governs several of the organizations includes presenting homosexuality as an acceptable life style and vigorous promotion of a teen's right to sexual expression.

Your tax dollars at work!

Surely there are other Americans who recognize the danger now threatening a generation of our best and brightest. It is time to speak up for an old-fashioned value called virginity. *Now, more than ever, virtue is a necessity.*

If you agree with Focus on the Family that it is time for a new approach to adolescent sexuality, tear out this ad and save it. Take it to your next school board meeting. Send it to your congressman or senator. Distribute copies to the PTA. And by all means, share it with your teen- agers. Begin to promote abstinence before marriage as the only healthy way to survive this worldwide epidemic.

Please use the coupon below to obtain a valuable booklet on abstinence. There is no charge for it. However, your support is requested for an upcoming TV program for teenagers on this important topic. Your comments are also solicited.

FOCUS ON THE FAMILY Colorado Springs, Colorado 80995-0001

THIS!

As much as I would like to think that pushing abstinence would have a significant result, I do not! After allowing the big and little screen(Movies and TV) to scream, "Do it, Do!, for two decades, it's simply too late to think this can have any significant result!

What to do now? Isn't it obvious that we must have a realistic program to stop this epidemic like we did for other STD's in the military. It MUST consist of broad-scale testing, contact tracing, counseling and, if the latter doesn't work, marking(Tatooing in the genital area). Only this can work and we must do it or we will have death and suffering the likes of which this civilization has never before experienced!

*suggested donation

Data Sources: 1. Adolescent enrollment in only one federal program — Title X — from 1970-1992 totals more than $1 billion. 2. Pamela McDonnell, Sexually Transmitted Diseases Division, Centers for Disease Control, U.S. Dept. of Health & Human Services, t.i., March 16, 1992. 3. Scott W. Wright, "1 in 100 tested at UT has AIDS virus," *Austin American Statesman*, July 14, 1991, p. A14; The federally funded study was based on a non-random sample. 4. "Heterosexual HIV Transmission up in the United States," *American Medical News* (Feb. 3, 1992): 35. 5. U.S. Dept. of Health & Human Services, Public Health Service, Centers for Disease Control, *1991 Division of STD/HIV Prevention*, Annual Report, p.13. 6. Ibid. 7. McDonnell, CDC, HHS, t.i., March 18, 1992. 8. STD/HIV Prevention, CDC, p. 13. 9. Ibid. 10. Ibid. 11. Robert E. Johnson et al., "A Seroepidemiologic Survey of the Prevalence of Herpes Simplex Virus Type 2 Infection in the United States," *New England Journal of Medicine* 321 (July 6, 1989): 7-12. 12. *STD/HIV Prevention*, CDC, p.13. 13. C. Kuehn and F. Judson, "How common are sexually transmitted infections in adolescents?" *Clinical Practice Sexuality* 5 (1989): 19-25; as cited by Sandra D. Gottwald et alog, "Profile: Adolescent Ob/Gyn Patients at the University of Michigan, 1989," *The American Journal of Gynecologic Health* 5, (May-June 1991), 23. 14. Kay Stone, Sexually Transmitted Diseases Division, Centers for Disease Control, U.S. Dept. of Health & Human Services, t.i., March 20, 1992. 15. Elise F. Jones and Jacqueline Darroch Forrest, "Contraceptive Failure in the United States: Revised Estimates from the 1982 National Survey of Family Growth," *Family Planning Perspectives* 21 (May-June 1989): 103. 16. Ibid, p. 105. 17. Lode Wigersma and Ron Oud, "Safety and Acceptability of Condoms for Use by Homosexual Men as a Prophylactic Against Transmission of HIV During Anogenital Sexual Intercourse," *British Medical Journal* 295 (July 11, 1987): 94. 18. Susan C. Weller, "A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV," *Social Science & Medicine* (June 1993): 1635-1644. 19. Theresa Crenshaw, from remarks made at the National Conference on HIV, Washington, D.C., Nov. 15-18, 1991. 20. William D. Mosher and James W. McNally, "Contraceptive Use at First Premarital Intercourse: United States, 1965-1988," *Family Planning Perspectives* 23 (May/June 1991): 111. 21. Cheryl D. Hayes, ed., *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing* (Washington: National Academy Press, 1987) pp. 46-49. 23. Planned Parenthood poll, "American Teens Speak: Sex, Myths, TV and Birth Control." (New York: Louis Harris & Associates, Inc., 1986), p. 24. 23. "Condom Roulette," *In Focus* 25 (Washington: Family Research Council, Feb. 1992), p. 2. 24. Gilbert L. Crouse, Office of Planning and Evaluation, U.S. Dept. of Health & Human Services, t.i., March 12, 1992, based on data from Planned Parenthood's Alan Guttmacher Institute. Increase calculated from 1973, first year of legal abortion. 25. *Monthly Vital Statistics Report*, National Center for Health Statistics, Vol. 41, No. 9, supplement, February 25, 1993. 26. Margaret A. Fischl et al., "Heterosexual Transmission of Human Immunodeficiency Virus (HIV): Relationship of Sexual Practices to Seroconversion," III International Conference on AIDS, June 1-5, 1987, *Abstracts Volume*, p. 178. 27. U.S. Dept. of Health & Human Services, National Centers for Health Statistics, Centers for Disease Control, "Percent of Women 15-19 Years of Age Who Are Sexually Experienced, by Race, Age and Marital Status: United States, 1988," *National Survey of Family Growth*. 28. Joseph S. McIlhaney Jr., M.D., *Sexuality and Sexually Transmitted Diseases*, (Grand Rapids, Baker Publ., 1990) p. 137. 29. A.M.B. Goldstein and Susan M. Garabedian-Ruffalo, "A Treatment Update to Resistant Gonorrhea," *Medical Aspects of Human Sexuality*, (August 1991): 39.

THE WHITE HOUSE

WASHINGTON

November 24, 1993

Mr. Robert M.T. Diario
High School HIV/AIDS Resource Center
New York City Public School
351 West 18th Street, Room 133
New York, New York 10011

Dear Mr. Diario:

Thank you for sharing with me information about your proposed demonstration project for adolescents at risk for HIV transmission. As you correctly state, the need to provide adequate information to adolescents at risk for HIV infection is critical in our work to end the epidemic. Your proposed project would deliver much-needed health promotion information to this population at risk.

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. Adolescents are one of the populations that require special attention in our communities.

After 12 years of the HIV/AIDS epidemic there is still a lot of work to be done. Activities programs 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 endeavors.

Sincerely,

Kristine

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: Carlos

_____

FROM: **KRISTINE M. GEBBIE**

_____ For your information

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ Forward to: _____

_____ File

_____ Shelve in library

Comments: Please draft a letter of support

K

High School HIV/AIDS
Resource Center
351 West 18th Street
Room 133
New York, N.Y. 10011
(212) 206-0570
Hotline (212) 255-2900

NEW YORK CITY PUBLIC SCHOOLS

FACSIMILE TRANSMITTAL

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME KRISTINE M. GEBBIE

ORGANIZATION NATIONAL AIDS COORDINATOR

FAX NO. (202) 632-1096

PHONE NO./ EXT : (202) 632-1090

We Are Transmitting a Total of (4) Pages, Including The Cover Sheet Page

FROM: ROBERT DIARIO

ORGANIZATION: HIGH SCHOOL HIV/AIDS RESOURCE CENTER

FAX PHONE NO: (212) ~~989-1068~~ 924-6956 PHONE NO: (212) 206-0570

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COMMENTS: ORIGINAL OF THIS FAX IS BEING MAILED TO YOU.

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OCT 26 1993

High School HIV/AIDS
Resource Center
351 West 18th Street
Room 133
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(212) 206-0570
Hotline (212) 255-2900

NEW YORK CITY PUBLIC SCHOOLS

RAMON C. CORTINES
CHANCELLOR

October 25, 1993

Kristine M. Gebbie
National AIDS Coordinator
750 17th Street, N.W. - Suite 1060
Washington, D.C. 20201

Dear Ms. Gebbie:

It was such a pleasure to see you when you were in New York. Our meeting left me feeling very positive about the effect you will have on the HIV/AIDS crisis. You are a refreshing and important addition in this horrendous epidemic that we are fighting and must overcome, sooner rather than later. I look forward to our working together to accomplish this mission. Don't hesitate to call on me for anything - and I mean that sincerely.

When we met we discussed the relentlessly increasing rate of HIV infection among adolescents, the fact that most of these infected adolescents do not know that they are HIV infected, thereby leading to the continuous spread of HIV among young people, and the concept of a demonstration project that would effectively address the needs of adolescents in the New York City Public High Schools who are HIV infected, are at-risk for HIV infection, and are affected by HIV/AIDS. There are 176 high schools and high school programs that serve 260,000 adolescents in the public high schools of New York City.

We are planning to begin this demonstration project by opening one school-based health center in Manhattan to serve 15 high schools. It will be called the Life Care Center and will be attached to the High School HIV/AIDS Resource Center of the New York City Board of Education.

The Life Care Center will conduct, through highly trained and thoroughly experienced adolescent-sensitive health educators, ongoing and direct outreach to adolescents in the high schools, so as to encourage and motivate young people to utilize the Life Care Center. At the Center, adolescents will be able to avail themselves of accessible and no-fee adolescent-sensitive comprehensive health care services, that include pre and post HIV antibody test counseling, HIV antibody testing, and follow up medical and psychosocial care and treatment.

This one-stop, multi-service, user-friendly approach of the Life Care Center is designed to encourage adolescents to take an active role in their own health care and well being.

New York University Medical Center and Bellevue Hospital Center have committed to being the medical providers at this Life Care Center.

When this demonstration project of one year duration is completed, its success will enable it to be used as a model for replication throughout New York City, as well as in the rest of our country and abroad.

As you know, in addition to prevention, early identification of and intervention in health

As you know, in addition to prevention, early identification of and intervention in health problems is the best way to preserve one's health.

The sooner persons with HIV infection become aware of their condition, the greater chance they have of preserving their health. Through prudent medical management and if indicated treatment, along with the adopting of a healthy lifestyle both physically and mentally, these individuals may thereby benefit from both the present and future advances in the treatment of HIV infection . The longer a person with HIV infection stays healthy, the better chance that person has for survival.

Once aware for sure of the extent to which HIV is "among them", a fact adolescents now have doubts and denial about (especially since most infected adolescents are within the asymptomatic phase of HIV infection), adolescents can more adequately and realistically consider acting so as not to put themselves or their partner(s) at risk.

The Life Care Center's goal is to make a broad array of health and supportive services available to adolescents from 13 through 24 years of age who are HIV infected, have AIDS, are at risk of contracting HIV infection, and are affected by HIV/AIDS, and to prevent new infections among adolescents.

I sincerely ask, on behalf of the young people of our country, that you provide us with a letter of your support for the Life Care Center initiative. This initiative will save the lives of many young people and provide for youth, health care that they need and deserve.

Take good care and God bless.

Sincerely,

Robert M.T. Diario

RMTD:jl
Enclosure

Lower NY Consortium for Families with HIV

NYU Medical Center
Department of Pediatrics
550 First Avenue
New York, NY 10016
phone 212 263.6426
fax 212 263.7806

October 12, 1993

Robert Diario
Director
High School HIV/AIDS Resource Center
351 West 18th Street
New York, NY 10011

Dear Bob,

The Division of Infectious Diseases and Immunology in the Department of Pediatrics at NYU Medical Center and Bellevue Hospital Center, the Pediatric Resource Center including the Adolescent HIV clinic, and Bellevue Hospital Center at large, are committed to providing adolescent-sensitive pre and post test counseling, HIV antibody testing, and follow up medical care and treatment to high school students at the LifeCare Center of the High School HIV/AIDS Resource Center of the NYC Board of Education.

We look forward to working with you and the Board of Education in this important endeavor designed to minimize the risk taking behavior of adolescents in order to contribute to their general well being, and specifically in reducing sexually transmitted diseases including HIV infection.

Warm regards.

Cordially,

K Krasinski

Keith Krasinski, M.D.
Associate Professor of Pediatrics
Director, Lower New York Consortium
for Families with HIV

Bellevue Hospital Center
Department of Pediatrics
Infectious Diseases
212 263.6426

Gouverneur Diagnostic & Treatment Center
Department of Pediatrics
212 238.7298

St. Vincents Hospital & Medical Center of NY
Department of Pediatrics
212 790.7878

St. Vincents Medical Center of Richmond, S.I.
Department of Pediatrics
718 876.4638

AIDS Treatment Data Network
212 268.4196

AIDS Service Center of Lower Manhattan
212 645.0875

Betances Health Unit, Inc.
212 227.8401

Clinical Directors Network
212 255.3841

Community Family Planning Council
212 979.9014

High School HIV/AIDS Resource Center of the Board of Education
212 206.0570

Lower East Side Family Union, Inc.
212 260.0040

Staten Island AIDS Task Force
718 981.3366

THE WHITE HOUSE

WASHINGTON

Can we find out who the Award of Merit winner is & send a Congrats letter

2610086
101 W Wash St
Suit 1135E 46204

November 24, 1993

Jeanne E. White-Ginder
101 West Washington Street
Suite 1135 East
Indianapolis, IN 46204

Dear Jeanne:

I have followed your efforts on behalf of Ryan and all others with HIV infection since we met in 1988 when I was on the first AIDS Commission. Congratulations on your recent and well-deserved Award of Merit from St. Clare's Hospital and Health Center! Your hard work in the area of HIV/AIDS prevention, care, and research has been tremendous.

Thank you for your help and commitment, and best wishes in the future.

Sincerely,

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

The Helen Hayes Awards Gala & Dinner Dance.

20 October, 1993

request

The Honorable
Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
National AIDS Program Office
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Via facsimile transmission
(202) 456-2461

Dear Ms. Gebbie,

As you may know, every year, "Broadway's Hospital," St. Clare's Hospital and Health Center, opens the holiday season with a black tie gala benefit named in honor of the theatre's First Lady, Helen Hayes. As in the past, the dinner, benefitting the Hospital's direct care work with indigent people with AIDS, is scheduled to be held in the Grand Ballroom, Marriott Marquis Hotel on Monday evening, 22 November. It begins with a press conference for celebrities at 5:30 p.m. followed by a cocktail reception at 6:30 p.m, and the Awards Dinner and "The Show Money Can't Buy." The evening concludes around 10:00 p.m. with an hour of dancing to the music of the Jerry Kravat New York Dream Band, one of the most highly regarded and experienced musical groups in the City.

I know that you recently visited our Spellman Center for HIV-Related Disease and saw first-hand the tremendous work being done by the staff in support of persons with AIDS and their families. Therefore, you will be pleased to know that this year, the prestigious Award of Merit will be given to Jeanne E. White-Ginder in recognition of her continuing efforts on behalf of AIDS education, treatment and research and her ardent championing of her son Ryan's gallant struggle against AIDS. It might further interest you to know that St. Clare's Hospital and Health Center through the Spellman Center is the largest recipient of Ryan White funds for AIDS treatment and care. **As the nation's AIDS Policy Coordinator, we would be delighted if you would do us the honor of presenting the Award of Merit to Jeanne E. White-Ginder at the dinner. A complimentary invitation for you is enclosed with this special request.**

Would you please contact George Worthington at the numbers below should you have any questions or to discuss arrangements. Again, thank you for your kind consideration of this request. I look forward to your call with a positive reply to our invitation to participate and to working more closely with you as such opportunities develop in the future. With every best wish, I remain,

Sincerely yours,

Ann Jillian
Chairperson
Celebrity Council

THE WHITE HOUSE

WASHINGTON

November 24, 1993

Jay Fisette, Director
Whitman-Walker Clinic of
Northern Virginia
3426 Washington Boulevard
Arlington, VA 22201

Sent via telefax: (703) 358-9557

Dear Jay:

As I intimated in our conversation, indeed it is the policy of the Office of the National AIDS Policy Coordinator not to endorse specific state or local proposals. Therefore, we will not offer a letter of support for the proposed health insurance premium assistance plan. In the past, we have offered statements of broad support on a variety of issues, or made comments in before the media. On this issue, however, there are no such statements.

I hope we can be of assistance in the future, and good luck with the November 29 hearing.

Sincerely,

W. Steve Lee

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

WHITMAN-WALKER CLINIC OF NORTHERN VIRGINIA

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

MAX ROBINSON CENTER
3920 S. CAPITOL STREET, SE
WASHINGTON, DC 20032
202-562-1160
TTY 202-562-1178
FAX 202-562-1240

NORTHERN VIRGINIA OFFICE
3426 WASHINGTON BOULEVARD
SUITE 102
ARLINGTON, VA 22201
703-358-9550
TTY 703-243-7243
FAX 703-358-9557

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

Date: 11.24.93

To: STEVE LEE

Fax #: (202) 632-1096

From: Jay Fisette

Number of pages including cover sheet: 9

Remarks:

Per our telephone conversation yesterday!

J.

PLEASE CALL AS SOON AS POSSIBLE IF TRANSMISSION IS NOT COMPLETE: 703-358-9550

WHITMAN·WALKER CLINIC INC

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

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7676 NEW HAMPSHIRE AVENUE
SUITE 111
HYATTSVILLE, MD 20783
301-439-0731
TTY 301-439-0733
FAX 301-439-2983

November 23, 1993

Kristine Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20500

Dear Ms. Gebbie:

We have met on several occasions over the last months. I apologize for the lateness of this request, but I do hope that you will write a letter of support for the establishment of a health insurance premium assistance program for Persons Living with HIV in Virginia.

Last January, at our request, Delegate Karen Darner introduced a Joint Resolution to study the cost effectiveness of an insurance premium assistance program for Persons Living with HIV (a copy of House Joint Resolution 663 is attached). The Joint Resolution passed and the study is nearly complete. We are hopeful that the study will recommend the establishment of a modest pilot program in Virginia.

The Virginia General Assembly established a Joint Subcommittee Studying HIV about five years ago. This Subcommittee originates nearly all significant AIDS legislation that comes before the General Assembly.

On Monday, November 29, this Joint Subcommittee will hold a public hearing at 10:00 a.m. at the Alexandria City Hall -- the last public hearing before the January session begins.

As Steve has already told me that you would be unable to testify personally, I am asking that you write a brief letter of support for this program. Similar programs have been set up in about 16 states and have proven to be very cost-effective. I am sure you appreciate the impact this would have on the lives of many Persons Living with HIV in Virginia.

I have enclosed a copy of my original memo to Delegate Darner and the cover page of a recent HRSA report which contains excellent information about the various states' health insurance continuation programs. (Let me know if you need this).

CELEBRATING
YEARS

MEMORANDUM

From: Jay Fisette, Director, Whitman-Walker Clinic of Northern Virginia, and
Laura Flegel, Staff Attorney, Whitman-Walker Clinic of Northern Virginia

To: L. Karen Darner

Re: Proposed Resolution to study cost-effectiveness of a state-funded insurance premium assistance program for Persons with HIV in Virginia

Date: January 18, 1993

First, thank you for taking the time to meet with us last week. We found the discussion helpful and very much respect and appreciate your commitment to health care issues, including those directly affecting Persons with HIV.

The rest of this memo outlines the information you requested in our meeting: (1) Some background information on the extent of the problem; (2) Some information on the Maryland AIDS Insurance Assistance Program, and: (3) A proposed course of action. Please don't hesitate to contact either of us should you require any additional information or clarification.

Background/Extent of problem/What has been done?

As of September 1992, there were 3,361 reported cases of AIDS and 4,124 reported cases of HIV infection in Virginia.

The Comprehensive HIV/AIDS Plan (House Document No. 17), which was the produced by the Secretary of Health and Human Resources at the request of the General Assembly and published in January 1992, included the following:

> o Ten years into the epidemic, the acquired immunodeficiency syndrome (AIDS) continues to be devastating. Few other diseases result in as much physical, psychological and social deterioration (p.2.);
>
> o Virginia is projected to have between 79,000 and 116,000 cumulative cases of HIV infection by 2000, and over 14,000 cumulative AIDS cases (pp.19,21);

o The annual per patient cost of care is estimated at $5,150 for persons with HIV infection and $32,000 for persons with AIDS (pp.89-90);

o In Virginia, the annual cost of care for all persons living with HIV infection is estimated to increase from $81 million in 1991 to $727 million in 2000, and the annual cost of care for all persons living with AIDS is estimated to increase from $35 million in 1991 to $392 million in the year 2000 (pp.88,90);

o It is likely that the number of un/underinsured persons living with AIDS is higher than it would be for the general population. This is likely the case as persons diagnosed with AIDS, often in the prime of life, eventually are unable to continue working. Access to insurance coverage is greatly diminished when one is no longer working (p. 96);

The AIDS epidemic, the skyrocketing costs of medical care in general, and the current state of the economy, have created a situation in which state medicaid costs are increasing significantly. Individuals are more often finding themselves uninsured and unable to get critical medical care except through medicaid.

The estimated costs of paying for one person's health insurance for a year is $2,400. There is an obvious saving for the Commonwealth in identifying people who are likely to incur costly medical expenses, and who are likely to become medicaid recipients before they lose some form of private health insurance.

What has been done?/Virginia and Maryland

There are currently about 16 states which have established state-funded insurance premium paying programs for Persons with HIV. These programs have been found to be exceptionally cost-effective.

The Maryland AIDS Insurance Assistance Program was enacted in 1990 and amended in 1991 and 1992 (SEE ATTACHMENT). The Maryland program is limited to people with AIDS who are currently unemployed or for whom there is a substantial likelihood that they will be unable to work within the next three months. People with income of up to 300% of the federal poverty level, and with assets of up to $10,000 are eligible. The program allows up to 150 recipients at any one time. People leave the program when their COBRA coverage expires, or at death.

The state of Maryland has found this program to be so cost-effective that the program has not been cut at all despite the current dire state of the Maryland budget.

In Virginia there is no such program. The Department of Medical Assistance Services has recently promulgated regulations pursuant to the federal mandate requiring medicaid payment of group health insurance premiums, deductibles and co-payments for medicaid-eligible persons when such a course of action is cost-effective.

Although this may be viewed as a good start, much more bold and effective steps can be taken.

What can be done?

We believe that the Commonwealth could provide much-needed assistance to individuals facing serious medical problems and high medical costs, while saving money, by enacting a premium-assistance paying program which would identify potential medicaid recipients early, and assist them to retain their own health insurance.

The AIDS Task Force report strongly recommended the establishment of a "premium buy-in program" (p. 99).

We urge a resolution be passed that would request the Secretary of Health and Human Resources, in consultation with the Department of Medical Assistance Services and other relevant experts, to conduct a study of the cost-effectiveness of an insurance assistance program for HIV positive persons and to develop a plan for General Assembly review.

The plan would provide COBRA premium assistance or premium assistance for a private health insurance plan to people whose means are greater than the limit established by the medicaid eligibility regulations. Such a program would establish eligibility criteria by state law.

Though this plan will focus on persons with HIV, it is our hope that such a program, if implemented, could be expanded to include persons with other terminal illnesses and pregnant women-- for whom the likelihood of extremely high medical costs is great. We believe that the data will show that a program which provides assistance to an even broader group than just those with HIV infection, will result in the greatest cost savings to the Commonwealth and will best meet the health-care needs of its citizens.

GENERAL ASSEMBLY OF VIRGINIA--1993 SESSION

HOUSE JOINT RESOLUTION NO. 663

REPRINT

Requesting the Secretary of Health and Human Resources, in consultation with the Department of Medical Assistance Services and the State Corporation Commission's Bureau of Insurance, to study the cost effectiveness of an insurance premium assistance program for HIV positive persons.

Agreed to by the House of Delegates, February 25, 1993
Agreed to by the Senate, February 23, 1993

WHEREAS, as of September 1992, there were 3,361 reported cases of AIDS and 4,124 reported cases of HIV infection in Virginia; and

WHEREAS, Virginia is projected to have between 79,000 and 116,000 cumulative cases of HIV infection by the year 2000 and over 14,000 cumulative AIDS cases; and

WHEREAS, the annual per patient cost of care is estimated at $5,150 for persons with HIV infection and $32,000 for persons with AIDS; and

WHEREAS, the annual cost of care for all persons living with HIV infection is estimated to increase from $81 million in 1991 to $727 million in 2000, and the annual cost of care for all persons living with AIDS is estimated to increase from $35 million in 1991 to $392 million in the year 2000; and

WHEREAS, it is likely that the number of uninsured and underinsured persons living with AIDS is higher than for the general population because persons diagnosed with AIDS eventually are unable to work; and

WHEREAS, there are likely to be savings that occur by identifying people who are likely to incur costly medical expenses before they lose private health insurance; and

WHEREAS, at least 16 states have established programs to pay insurance premiums for persons with HIV; and

WHEREAS, these programs appear to be cost effective; and

WHEREAS, more information is needed about how such a program might work in Virginia; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Secretary of Health and Human Resources, in consultation with the Department of Medical Assistance Services and the State Corporation Commission's Bureau of Insurance, be requested to study the cost effectiveness of an insurance premium assistance program for HIV positive persons and to develop a plan for review by the General Assembly. The Secretary, the Department of Medical Assistance Services, and the State Corporation Commission's Bureau of Insurance shall submit their findings and recommendations to the Governor, the Joint Subcommittee Studying Human Immunodeficiency Virus (HIV) and the 1994 Session of the General Assembly according to the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

1992 SESSION

LD4109248

HOUSE JOINT RESOLUTION NO. 247

Offered January 21, 1992

Continuing the Joint Subcommittee Studying the Issues, Policies, and Programs Relating to Infection with Human Immunodeficiency Viruses.

Patrons—Munford, Darner and Van Landingham

Referred to the Committee on Rules

WHEREAS, the Joint Subcommittee Studying the Issues, Policies, and Programs Relating to Infection with Human Immunodeficiency Viruses has conducted a careful study of the evolving controversies related to the AIDS epidemic; and

WHEREAS, the Subcommittee members have become knowledgeable about and committed to finding reasonable solutions for the many issues related to HIV infection; and

WHEREAS, during the course of its work, the Joint Subcommittee has developed various laws and initiated several programs to provide the Commonwealth with a balanced, rational approach to the AIDS epidemic; and

WHEREAS, among these programs and laws are the establishment of AIDS Resource and Consultation Centers to provide technical information, materials, and training to private providers of health care; community education and services programs; a pilot program for delivery of care through a district health department; mandatory reporting of HIV infection; clarification of the surveillance statute; confidentiality protections; insurance regulations; a statute of limitations for workers' compensation; deemed consent to testing for health care providers and patients under certain circumstances; a due process procedure for testing of sexual offenders; a revised isolation procedure; enhanced access to anonymous testing; a state AZT program; and education programs for the young people of Virginia; and

WHEREAS, these programs and laws have, in the opinion of the Joint Subcommittee, provided a good foundation for the Commonwealth's approach to this epidemic; and

WHEREAS, however, in view of the current financial crisis and because the demography and characteristics of the AIDS epidemic continue to evolve and these changes create new and unexpected issues, there is still a need for a forum to design reasonable mechanisms for resolving these controversies; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Subcommittee Studying the Issues, Policies, and Programs Relating to Infection with Human Immunodeficiency Viruses be hereby continued. The current membership of the Joint Subcommittee shall continue to serve. Any vacancies shall be filled by the Governor, the Speaker of the House, and the Senate Committee on Privileges and Elections, as appropriate.

In its deliberations, the Joint Subcommittee shall:

1. Through its staff and the resources of the Department of Health, continue to monitor, as necessary, data on the effectiveness of state policies designed to address the impact of the AIDS epidemic;

2. Evaluate the fiscal impact of this epidemic on services and organizations within the Commonwealth;

3. Assess revisions of such programs which may be necessary to meet the evolving needs of the health care system in addressing the AIDS epidemic;

4. Examine issues related to the impact of the AIDS epidemic on various services, including, but not limited to, law enforcement, corrections, social services, and Medicaid;

5. Examine issues related to the increasing numbers of minorities, women, adolescents, and children with HIV infection;

6. Assess the impact of the current fiscal difficulties on the Commonwealth's response to this epidemic and the effectiveness of the programs established as a result of its recommendations;

7. Consult with and receive reports from the Committee on Training of the Criminal

CHARACTERISTICS OF STATE HEALTH INSURANCE CONTINUATION PROGRAMS FOR PERSONS WITH HIV/AIDS

May 1993

HRSA

Prepared by the
Bureau of Health Resources Development
Office of Science & Epidemiology
and
Division of HIV Services
Service Documentation and Quality Assurance Branch
Planning and Technical Assistance Branch

THE WHITE HOUSE

WASHINGTON

November 24, 1993

Ms. Debbie Tate
President
TERRIFIC, Inc.
1222 T Street, N.W.
Washington, D.C. 20009

Dear Ms. Tate:

I would like to convey my warmest regards to TERRIFIC, Inc. and Grandma's House on the celebration of its annual dinner for 1993. In the work that I have done, I have come to see Grandma's House as one of the pioneer programs in providing much needed care to babies and mothers living with HIV/AIDS in Washington, D.C. This dinner will provide an excellent opportunity to recognize the accomplishments of Grandma's House in 1993.

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. It is through organizations such as yours that we will be able to provide adequate care for those already infected and living with HIV.

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. As you conclude one more year in your work, be convinced that you are in our thoughts.

I wish you success in your current endeavors.

Sincerely,

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

TERRIFIC, INC.

TERRIFIC INN
ANDMA'S HOUSES
NÇOIS-XAVIER BAGNOUD HOUSE
TER'S VESSEL

SMILE PROGRAM
PEERS-YOUTH EDUCATION
FRANÇOIS-XAVIER BAGNOUD FARM
PEOPLE HELPERS' BANK

Dinner/Speech
Grandma's House
Four Season's Washington, DC
12/13/93, 7:00 - 9:00 PM

Kristine Gebbie, RN, MN Coordinator
Office of the National AIDS Policy
Executive Office of the President
750 17th Street, N.W. Suite 1000
Washington, D.C. 20500

Dear Ms. Gebbie,

On behalf of TERRIFIC, Inc.'s Board of Directors, and the children and families we serve, we would be honored by your acceptance of the *"TERRIFIC Touch Award"* and our request for you to serve as "keynote speaker" to TERRIFIC, Inc.'s Grandma's House Annual Celebration on Monday, December 13, 1993. Each year, the *"TERRIFIC Touch Award"* is given to unique individuals who have demonstrated an outstanding commitment to improving the quality of life of children in the United States. The exceptional role that you have undertaken and the important impact that you have had in ensuring a healthier, safer nation for our children is commendable.

Six years ago, TERRIFIC, Inc. rose to the challenge of pediatric AIDS by opening its first Grandma's House, symbolizing the non-judgemental temperament and unconditional love of a Grandma. TERRIFIC, Inc.'s four Grandma's Houses (for infants and children under age five) and its Francois-Xavier Bagnoud House (children five through twelve) provide therapeutic, round-the-clock care to children who are abused, abandoned, neglected, HIV-infected and prenatally drug exposed.

The theme of this year's gala affair is the "Global Holiday Gala for Grandma's House." Throughout the world children's daily existence is threatened by the devastation of poor health, crime, drugs and child abuse. The December 1993 "Global Holiday Gala for Grandma's House" will incorporate the global participation and support of several nations through the involvement of their various embassies. This year's gala affair will help support the opening of two new, critically needed homes for many other unfortunate children. Our sixth anniversary will be held on December 13, 1993 at the Four Season's Hotel, at 7:00 p.m. in Washington, D.C. The honor of your participation as keynote speaker will be instrumental in sensitizing many people to the pediatric AIDS crisis.

Our "first in the nation" program provides unconditional love to special children and helps them and their families to live fulfilling lives despite their prognosis. Enclosed is literature on TERRIFIC, Inc.'s programs. We are hopeful and looking forward to your presence and a supportive working relationship with you as we continue to develop quality resources to address the AIDS epidemic. For more information, your office may contact Joseph McCarley at (202) 234-4128.

We wish you God's blessings in your new endeavors.

Sincerely,

Debbie Tate, President
TERRIFIC, Inc.

Joan McCarley, Vice President
TERRIFIC, Inc.
Executive Director, Grandma's House

THE WHITE HOUSE

WASHINGTON

November 29, 1993

Nicole Tucker
Office of Congressman Jerrold Nadler
424 Cannon House Office Building
Washington, D.C. 20515

Dear Nicole:

Thank you for agreeing participate in the December 6, 1993 meeting to discuss HB 3310. The meeting was scheduled at the request of ACT UP-New York. In their letter (enclosed), ACT UP asked to meet with Kristine Gebbie, First Lady Clinton, Secretary Shalala, Congressman Waxman, and Senator Kennedy. As you will note from the November 19, 1993 letter (enclosed) the purpose of the meeting is to foster greater understanding of "The Barbara McClintock Proposal" among government representatives.

Since Congressman Nadler is sponsoring HB 3310, it would help the process if the meeting invitations to other members of Congress came through your office, and that this office extend invitations to representatives of the Administration. Please note that I do not expect Ms. Clinton or Secretary Shalala to actually attend, but that their offices will be represented at the meeting.

I anticipate a sixty (60) minute meeting that begins at 10:00 a.m. in Room 476 of the Old Executive Office Building. If you agree to extend the invitations, please provide me a list of participants, and their social security numbers and birth dates by December 2, 1993 so they can be cleared through White House security.

Please call me at (202) 632-1090 if you have any questions and thank you in advance for your help.

Sincerely,

W. Steve Lee

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

Enclosures

ACT UP
135 West 29th Street, #10
New York, New York 10001

November 5, 1993

Mr. John Gurrola
FAX: (202) 632-1096

Dear Mr. Gurrola:

As per our telephone conversation I am proposing the following topics of discussion for our meeting with Secretary Shalala, Rep. Waxman, Senator Kennedy, Rep. Nadler, and First-Lady Hillary Rodham-Clinton:

I. Discussion of the problems with current AIDS research at the NIH and the need for a "Manhattan Project for AIDS."

II. Discussion of The McClintock Project and how it deals with the problems of the current research system.

III. Review of HR. 3310, The bill to establish the Barbara McClintock Project to Cure AIDS.

IV. Needed Action

We feel that each of these agenda items will require a minimum of 30 minutes for a thorough discussion.

I realize that officially Ms. Gebbie will be hosting the meeting. However, we feel the meeting should be with the officials whom I have mentioned because they are in positions of power to take action. We would like to have our place at the table as AIDS activists and People With AIDS who have objectively analyzed and proposed a solution to the current AIDS research dilemma.

President Clinton promised us a "Manhattan Project for AIDS." We intend to hold him to that promise.

Thank you for your time.

Sincerely,

Richard R. Brown
(212) 689-6922

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

THE WHITE HOUSE

WASHINGTON

NOV NOV 9 3 93 9 1993

MEMORANDUM TO MAGGIE WILLIAMS

FROM: KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR

SUBJECT: Letter of Support for TERRIFIC, Inc.

Attached you will find a copy of a letter that TERRIFIC, Inc. sent to Chelsea Clinton, inviting her to participate in the TERRIFIC, Inc. annual dinner. The staff of TERRIFIC, Inc. have inquired whether it would be possible that a letter from the First Lady signifying support for their activity could be mailed as soon as possible to be included in the program. I have sent them a letter of support signed by me, but they would like one from the First Lady also.

I have attached a sample letter that you may want to use for this purpose.

November 24, 1993

Ms. Debbie Tate
President
TERRIFIC, Inc.
1222 T Street, N.W.
Washington, D.C. 20009

Dear Ms. Tate:

On this occasion of your annual dinner, I would like to congratulate TERRIFIC, Inc. and Grandma's House on its excellent record of achievement on behalf of women and children living with HIV/AIDS in Washington. I applaud your efforts, which fill a gap in necessary services.

In your work, consider that the nation looks at heroes like yourself for guidance and inspiration in the fight against the HIV/AIDS epidemic.

I wish you much success in this and other endeavors.

Hillary R. Clinton

TERRIFIC, INC.

THE TERRIFIC INN
GRANDMA'S HOUSES
FRANÇOIS-XAVIER BAGNOUD HOUSE
POTTER'S VESSEL

SMILE PROGRAM
PEERS-YOUTH EDUCATION
FRANÇOIS-XAVIER BAGNOUD FARM
PEOPLE HELPERS' BANK

October 29, 1993

Chelsea Clinton
c/o President William Clinton and Mrs. Hilary Rodman Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C.

Dear Chelsea:

On behalf of TERRIFIC, Inc.'s Board of Directors, and the children and families we serve, through Grandma's House, we would be greatly honored by your participation as a keynote speaker for TERRIFIC, Inc.'s Grandma's House Annual Celebration on December 13, 1993. The theme of this year's gala affair is the "Global Holiday Gala for Grandma's House." Grandma's House is a first-in-the nation, special home for HIV infected and prenatally drug exposed infants and children.

Six years ago, TERRIFIC, Inc. rose to the challenge of pediatric AIDS by opening its first Grandma's House, symbolizing the non-judgemental temperament and unconditional love of a Grandma. TERRIFIC, Inc.'s four Grandma's Houses (for infants and children under age five) and its François-Xavier Bagnoud (F-XB) House (children five through twelve) provide therapeutic round-the-clock care to children who are abused, abandoned, neglected, HIV-infected and prenatally drug exposed. Although children with AIDS frequently face a difficult and painful plight, the children at our homes are so often filled with joy and happiness because of the love that they receive daily.

The December, 1993 "Global Holiday Gala for Grandma's House" will have global participation and support of several nations through the involvement of their various embassies. We feel the critical need to emphasize global unity because throughout the world children's daily existence is threatened by the devastation of poor health, crime, drugs and child abuse. This year's gala affair will help support the opening of two new, critically needed homes for many other unfortunate children. Our sixth anniversary will be held on Monday, December 13, 1993 at the Four Season's Hotel, at 7:00 p.m. in Washington, D.C. Your participation will be indicative of the quality of youth leadership which is critical in sensitizing thousands to the AIDS epidemic especially as it pertains to our most voiceless population - children. Hydia Broadbent, a nine-year-old national child AIDS advocate will speak. The International Children's School Choir will perform in their native costume. Other entertainment will represent cultures worldwide.

Throughout the existence of Grandma's House, numerous special persons, including Princess Diana, former First Lady Barbara Bush, Countess Albina du Boisrouvray, Marian Wright Elderman, Basketball celebrity Larry "Grandmama" Johnson, Sugar Ray Leonard, First Lady of Paris Madame Cherac, the Russian Physicians for Social Responsibilities,

U.S. State Department and several other compassionate persons have visited to demonstrate commitment to special children.

Please find enclosed literature on TERRIFIC, Inc. and Grandma's Houses. We are hopeful and looking forward to your presence. For more information, please contact Joseph McCarley at (202) 234-4128.

Thank you for your time and your consideration.

Sincerely,

Debbie Tate, President
TERRIFIC, Inc.

Joan McCarley, Vice President
TERRIFIC, Inc.
Executive Director, Grandma's House

Encls.

cc: Joseph McCarley

THE WHITE HOUSE

WASHINGTON

November 29, 1993

Mr. Wayne Forbes
447 Pacific Haven Drive
Howard 4659
Queensland
Australia

Dear Mr. Forbes:

Thank you for sharing information about your hypodermic syringe with me. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV. Information and devices that impact transmission through blood and blood products is critical in this effort.

I have forwarded the information to the Office of AIDS and Special Health Issues at the Food and Drug Administration (FDA), U.S. Department of Health and Human Services, who will be able to determine the best course of action to pursue in relation to the information you provided.

Thank you again for your input.

Sincerely,

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

cc: Office of AIDS and Special Health Issues
Food and Drug Administration

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 11/19

TO: Alan

FROM: **KRISTINE M. GEBBIE**

_____ For your information

_____ For your action _____

✓ Review and comment by (date) 11/21

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate**/forward to: _____

_____ File

COMMENTS: _____

Alice - draft reply

OCTOBER 19TH 1993

WAYNE FORBES
447 PACIFIC HAVEN DR.
HOWARD 4659
QUEENSLAND
AUSTRALIA

DEAR MADAM OR SIR

I AM WRITTING TO YOU IN THE HOPE THAT YOU MAY ASSIST ME IN CONTACTING MANUFACTURERS OF HYPODERMIC SYRINGES OR INTERESTED PARTIES WITHIN YOUR ORGANISATION OR COUNTRY.

MY SAFETY HYPODERMIC SYRINGE CAN BE MANUFACTURED WITHIN A RELATIVELY SHORT PERIOD OF TIME AND EXTREMELY COMPETITIVE PRICEWISE TO THAT OF CONVENTIONAL SYRINGES AS ONLY MODIFICATION TO EXISTING TOOLING IS REQUIRED.

MY DEVICE WOULD HAVE MORE SAFETY FEATURES FOR THE SAME PRICE.

DURING THE PERIOD OF TIME THAT THE LARGE SYRINGE MANUFACTURERS ARE DESIGNING AND DEVELOPING THEIR OWN PARTICULIAR BREED OF RETRACTABLE SYRINGES MY DEVICE COULD AND SHOULD BE USED UNTIL SOMETHING BETTER COMES ALONG AND COULD POSSIBELY SUITE A SMALLER MANUFACTURER WHO HAS NOT THE CAPITAL TO INVEST IN THE MACHINERY AND PLANT NECESSARY TO COMPETE AGAINST THE LARGER FIRMS WITH A SIMILIAR PRODUCT TO STAY IN BUSINESS.

IF YOU CAN BE OF ASSISTANCE OR WOULD LIKE MORE INFORMATION PLEASE REPLY.

YOURS SINCERELY

Wayne Forbes

WAYNE FORBES.

QUEENSLAND HEALTH

OFFICE BUNDABERG BASE HOSPITAL
POSTAL P.O. BOX 34,
BUNDABERG, QLD. 4670
PHONE (071) 52 1222
FAX (071) 53 1779

WIDE BAY REGION

BUNDABERG HEALTH SERVICE

INCORPORATING - Bundaberg, Gin Gin, Mount Perry and Childers Hospitals and Community Health Services

RS/lm

15th June 1993

TO WHOM IT MAY CONCERN

I have had the opportunity of examining the working prototype of the disposable non-re-useable syringe developed by Wayne Forbes. I have also discussed its use with this hospital's Infection Control Coordinator.

We are of the opinion that the syringe, if combined with the retractable needle innovation, and if available commercially, would be the syringe of choice for general use in the hospital setting.

I would like to see commercial exploitation of the simple, revolutionary device, because I believe it represents a generational advance in the design of the disposable syringe.

Yours faithfully

R Swannell

Dr Ray Swannell
Director of Medical Services

MARYBOROUGH CLINIC PTY LTD

ACN 010238052

DR WILLIAM S GUNN
DR DARRYL E FUNCH
DR LO TAN SIM
DR LESLEY M MANSKI
DR CAROLE RAYNER
DR ALLEN PERKS

258 BAZAAR STREET
PO BOX 278
MARYBOROUGH Q 4650

PHONE 21 2238
A/HRS 21 2239

TO WHOM IT MAY CONCERN

Mr Forbes kindly took the time to demonstrate his idea of a Single Dosage Safety Syringe and a manually Retracting Needle System.

This simple idea appears to offer a greatly reduced risk of needle stick injuries. Obviously this is an issue of growing concern amongst Health Care Professionals.

We can see great potential for the concept of the Needle System and are sure it should be considered for development on a commercial scale.

With kind regards

Dr D. Funch

Dr L. Manski

Dr A. Perks

Dr. M. S. CARTER
819221F
M. S. Carter Medical Pty. Ltd.
A.C.N. 011 033 202

184 Bazaar Street,
Maryborough, Q. 4650
Telephone: 23 4444

10th May 1993

To Whom it May Concern

Mr Wayne Forbes asked me to view the Single Dosage Safety Syringe and Manually Retracting Hypodermic Needle Assembly.

In my opinion the design appears to be a safer syringe system than those currently used. It appears to be a simple and effective system which reduces substantially the risk of needle stick injuries.

My personal findings is that using the current needle-syringe systems, the risk of needle stick injury is high, in particular when replacing the used needle into the needle holder.

This design appears to offer two important safety advantages:-

1) a retractable needle.
2) a non-reusable syringe system.

In my opinion, if this system could be manufactured at a competitive cost, I would anticipate a great demand for the system amongst doctors and fellow health workers.

Until a cure is found for blood borne infections such as HIV and Hepatitis B, any system that can reduce the risk of needle stick injuries or inadvertant reuse of contaminated syringes and needles, can only be considered a bonus to decrease the spread of these epidemics.

M Carter

Dr M S Carter

AIR MAIL
PAR AVION
Australia Post

POSTAGE PAID

NATIONAL AIDS PROGRAM OFFICER
U.S. PUBLIC HEALTH SERVICE
HUBERT HUMPHREY BLD. RM 729H
200 INDEPENDENCE AVE S.W.
WASHINGTON D.C. 20201
U.S.A.

SENDER:

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Photograph: Grenville Turner/Wildlight

Australia Post

POST OFFICE PREFERRED

WARREN W. FRANCIS, M.D.
PHYSICIANS' OFFICE BUILDING
110 LOCKWOOD STREET
PROVIDENCE, R.I. 02903

TELEPHONE 421-8775

November 29, 1993

Letters to the Editor, Magazine
The New York Times
229 West 43d Street
New York, NY

Dear Editor,

"Whatever Happened to AIDS"? (28 November). Do you really want to know?

Unfortunately this fatal but preventable disease first appeared in the gay community. That group condemned the classic public health principles for disease control as unacceptable invasions of privacy. Testing where clinically indicated, reporting results to Health Departments, notification of known contacts of those infected, and occasional isolation of unreliable patients are used nationwide to control all other significant infectious diseases.

With a cure unlikely since no other virus disease has one, and a preventive vaccine apparently years away, prevention of this out of control epidemic is vital. The so-called "AIDS activists" could better use their energy helping in this area rather than disrupting meetings, demanding more money, and being involved in questionable attempts at sensationalism.

Hidden away in today's lengthy article are three sentences suggesting that our current AIDS czar, a trained nurse, may agree.

Sincerely,

Warren W. Francis, M.D.
Clinical Associate Professor
of Surgery-Brown University

Surgeon in Charge, First Surgical
Service-Rhode Island Hospital

WWF/sj

cc: Deidre Carmody
Kristine M. Gebbie, R.N.

Kristine M. Gebbie, R.N.
National AIDS Policy Coordinator
c/o White House
Washington, DC 20~~510~~

WARREN W. FRANCIS, M.D.
PHYSICIANS' OFFICE BUILDING
110 LOCKWOOD STREET
PROVIDENCE, R.I. 02903

THE WHITE HOUSE

WASHINGTON

November 29, 1993

Mr. Bud Black
Sanctuary Task Force
c/o Thomas J. Magee, M.D.
6464 Sunset, Suite 790
Hollywood, California 90028

Dear Mr. Black:

Thanks for sharing information on the Sanctuary Task Force.

As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV. I encourage and want ideas to speed up the development of drugs and therapies for HIV and to find a cure.

I will share this information with the Secretary of the Department of Health and Human Services and others that I am working with on this issue.

Thanks again for sharing it.

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

THE WHITE HOUSE

WASHINGTON

November 29, 1993

Ms. Michele V. McNeill, Pharm.D.
Kern McNeil International
159 South Street
Morristown, New Jersey 07960

Dear Ms. McNeill:

Thank you for sharing information about the Community-Based Clinical Trial Network (CBCTN).

As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV. I want to emphasize how important it is that we hear and include the expertise of all in this epidemic, especially those with expertise in the development and research of therapeutics to treat HIV.

I am working at many levels to ensure that this coordination takes place. Starting with the Future Directions in AIDS research program, I have actively participated and encouraged people with HIV/AIDS and their advocates and researchers work together to find new and better ways to make effective use of scientific discoveries. Working together with the Secretary of Health and Human Services, we will soon announce the National Task Force on AIDS Drug Development which will include HIV/AIDS researchers from government, academia and industry, as well as advocates.

Thanks again for writing. I recognize the CBCTN contribution and look forwarding to working with you.

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 10/27

TO: Art Alice

Please prepare

FROM: KRISTINE M. GEBBIE Thanx

_____ For your information

_____ Review and comment by (date) ASAP

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ Forward to: _____

_____ File

_____ Shelve in library

Comments: _____

Rec'd 11/18/93 4:15pm arg

KERN McNEILL INTERNATIONAL

159 SOUTH STREET • MORRISTOWN, N.J. 07960 • 201-538-8800

October 14, 1993

Kristine Gebbie, R.N., M.N.
National AIDS Policy Coordinator
The White House
Washington, DC 20515

Dear Ms. Gebbie:

I am taking this opportunity to express support for the Community-Based Clinical Trial Network (CBCTN), specifically to stress the importance of requesting as well as receiving their opinions on issues surrounding development/research of therapeutics to treat HIV disease.

These investigative sites, mainly funded by AmFAR, represent hundreds of physicians who are on the "front lines" of this epidemic and who are treating thousands of patients across the United States.

I have personally worked with all of the sites as well as managed three successful multicenter clinical trials placed in the network. Being in the regulated drug development arena for over 15 years, I have not met a more committed or dedicated group of investigators than those represented by the CBCTN.

Also, I am sure you are aware of the communities' contributions to the development and FDA approval of several drugs for HIV disease, including Rifabutin and aerosolized pentamidine.

In closing, I would again urge you to seek the advice and opinions of the CBCTN when evaluating any clinical development/ research program in HIV disease. If I can provide you with any additional information or assistance, please give me a call.

Sincerely,

Michele V. McNeill, Pharm.D.

MVM/jz

NOV 30 1993

THE WHITE HOUSE

Dear Mrs Rango —

I want to add my message of sympathy to the many you have already received. Nick's death is a loss to the entire world of those fighting the HIV epidemic - that can only be a mirror of the personal loss. I hope you & your family are supported by the many expressions of love & appreciation for Nick - future Healers

THE WHITE HOUSE

WASHINGTON

November 30, 1993

MEMORANDUM

TO: Lee P. Brown, Director
Office of National Drug Control Policy

FROM: Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

SUBJECT: Drugs in the Schools Talking Points

I noticed from the weekly schedule that you were speaking at the Drugs in the Schools conference this week. I am attaching some talking points on the intersection of drugs and HIV, particularly among young people, that may be useful. Please call me at 632-1090 if you have any questions.

Before this year ends, I'd like to talk with you about the FY95 budget and The Coalition for Drug Policy Change. I'll be in touch.

Attachment

THE WHITE HOUSE

WASHINGTON

Suggested Talking Points on
Drug/HIV Intersection Among Young People

Prepared by
Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

- Experimental alcohol use among high school-aged children is staying the same. "Heavy alcohol use" (defined as 5 or more consecutive drinks at least every 2 weeks) is down by 20%. Illicit drug use is down by 20% as well. These declines are a part of a trend over several years about which we are optimistic.

- Alcohol use is associated with increasing poor judgment with regard to sexual practices and is thought to be associated with reduced likelihood of the use safe sex practices.

- Studies over the years also suggest that early alcohol use is associated with early experimentation with illicit drugs, such as marijuana, which some suggest may lead ultimately to increased likelihood of intravenous drug use and a higher risk of HIV/AIDS.

- Since alcohol abuse and drug use may lead to altered states affecting HIV prevention, they must be addressed in a comprehensive prevention strategy.

- In the current issue of Rolling Stone magazine, the President reaffirmed his committment to support Dr. Brown's emphasis on treatment and prevention.

- Such a commitment and program of treatment and prevention will lower the incidence of HIV/AIDS transmission and thus slow the spread of the disease into new adolescent communities.

- A frequently overlooked aspect of this problem that applies to substance abuse prevention as well as HIV/AIDS prevention is the issue of self esteem. Excessive and early misuse of drugs, alcohol, and sexual activity have all been associated with problems of low self esteem. These are also frequently accompanied by other high risk behaviors.

NOV 30 1993

THE WHITE HOUSE

Cliff —

Thanks for the clippings — and many thanks to Miguel for the paellas! The evening was a relaxing end to a busy day — & time with you is always a boost — hope to see you soon. Cristina

HIV NATIONAL AIDS UPDATE CONFERENCE SAN FRANCISCO

RECEIVED

NOV 22 1993

October 26 1993

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

Dear Kristine,

I want to thank you for participating as a workshop and plenary speaker at the 6th National HIV/AIDS Update Conference on October 22, 1993. The conference was an overwhelming success with well over 2,000 participants and 280 speakers.

Your session on Healthcare Reform received very positive marks on the evaluations and your closing plenary address was among the highest ratings of the conference. In addition you received some very positive coverage in the local media. I am enclosing a couple of articles for you that may be of interest. One is very positive, the second may not appear at first glance to be very positive, but I think that Lisa Krieger balances it very well by outlining your accomplishments to date.

I also want to personally thank you for your warmth and sincerity and I hope that last Friday evening was a little relaxing for you after a hectic day. My family and friends enjoyed meeting you and I hope that you liked Miguels' paella. We will stay in touch and maybe you will be available to speak at the conference next year. I will send you an invitation as soon as the dates are set.

Hang in there, most of us think that you are doing just fine!

Sincerely,

Cliff Morrison, MS, MN, RN, FAAN
Program Director

New AIDS Czar Talks Tough in S.F.

Gebbie wants more education, needle exchange

By David Perlman
Chronicle Science Editor

President Clinton's new AIDS coordinator, a fast-talking and politically savvy nurse who has already stirred a storm or two since she hit Washington in July, talked serious policy in San Francisco yesterday with leaders and front-line troops of the AIDS world.

Kristine Gebbie was in town yesterday to give the closing address to the Sixth National AIDS Update Conference at the Bill Graham Civic Auditorium. In her speech and in a daylong series of friendly meetings that drew warm applause, Gebbie made it clear that she does not plan to steer clear of controversy in a job that has little real power or money — but that can provide a bully pulpit for administration thinking.

In fact, she generated a bit of controversy in Washington only Wednesday when she told a conference on teenage pregnancy that she was out to change America's "repressed Victorian society" that cannot tolerate candid talk about sex and homosexuality.

As a result of that comment, the White House promptly faxed around a far more sober statement from Gebbie, saying sexual abstinence is the "surest" way to prevent AIDS and declaring that "adolescents must enter adult life with a better base of information."

A Tougher Approach

Yesterday, however, Gebbie declared more frankly in San Francisco that she strongly supports a wide variety of measures long in the forefront of the AIDS community's efforts.

She declared her strong support for needle exchange programs, which she helped launch in Washington state when she was health chief there, as a means of curbing the epidemic's spread among injection drug users.

BY LEA SUZUKI/THE CHRONICLE

Federal AIDS coordinator Kristine Gebbie at the New Conservatory Theatre in San Francisco

And she said she is already working with the surgeon general's office, the Justice Department and drug control officials "to bring the whole federal government along" toward a point where needle exchanges become available nationwide.

'The nation hasn't wanted to deal with sexual growth and development.... But we've got a lot of hurting people out there'

She promised that as she fills her small staff she will seek to hire sensitive people with different ethnic backgrounds, varied sexual orientations and even — if possible — people who are infected with HIV, the AIDS virus.

And she will work hard, Gebbie promised, to help build a "coordinated national research agenda" that will link basic biomedical research with the search for new therapies and vaccines as well as new strategies for AIDS prevention.

With Health and Human Services Secretary Donna Shalala, Gebbie said, she intends to push states and local communities toward greatly expanded AIDS education programs beginning as early as kindergarten, and she wants them to use appropriately candid language about sex and the pathways of HIV transmission — a tough cause to advocate.

"The nation hasn't wanted to deal with sexual growth and development," she said, "and it's hard stuff to talk about. But we've got a lot of hurting people out there," and so she intends to keep pushing church leaders and educators to join the battle for candor.

The federal Centers for Disease Control, she noted, have long been restricted by Congress from using language that is too explicit in its prevention campaigns. But no "weird amendments" have sneaked into the current AIDS budget so far, she said, so a new CDC prevention strategy this fall will surely be far more candid than ever before.

Clinton's Commitment

When some San Francisco AIDS program advocates questioned President Clinton's commitment to battling the epidemic after he caved in to Congress on gays in the military, Gebbie had a quick answer:

"There's no doubt in my mind," she said. "The president hasn't wavered in his commitment to fighting this epidemic. His commitment is real, and his personal experience with friends and their families have made this commitment very real."

But if there is a top priority in Gebbie's own thinking, she said, it is the need to get Middle America to accept the reality that AIDS is now everywhere.

The nation, she said, is still beset with "ignorance and denial" about the epidemic, and she hopes to change that.

Sunday 10/24/93

AIDS czar rankles activists

Gebbie's inaction arouses skepticism; sense of urgency by Clinton officials may be waning

By Lisa M. Krieger
EXAMINER MEDICAL WRITER

Their brief honeymoon over, the president's AIDS czar and the AIDS community have fallen on rocky times.

Three months into her administration, Kristine Gebbie, the national AIDS policy coordinator, has filled some staff positions and begun tackling tough issues — but skepticism about her performance abounds.

In a community desperate for results, there is frustration that Gebbie has no budget authority, vague responsibilities and no direct access to a president who promised in his campaign to launch a "Manhattan Project" against AIDS.

Gebbie and the Clinton administration fail to understand the urgency of the epidemic, AIDS activists say. They worry that Clinton has lost his commitment to fight AIDS, threatening four years of deadlock and drift.

In San Francisco, where three people a day succumb to AIDS, activists demand more aggressive action on AIDS prevention and treatment.

They insist on more federal funding for the care of people with AIDS, elimination of the ban on needle-exchange programs to curb spread of the disease among IV drug users and plain talk about how AIDS is spread and how it can be stopped.

"There is an epidemic raging," said Pat Christen of the San Francisco AIDS Foundation. "Our waiting room is filled with people in desperate need. I find it difficult to look clients in the eye and say, 'The reason there has been no change in the federal response is because the AIDS coordinator is unpacking boxes.'"

Anne Donnelly of Project Inform said there is the fear that "we're losing a sense of urgency, losing sight that this is a public health emergency — that we're being threatened by institutionalization of AIDS. There is fear that we're not moving fast enough. We're really at a critical junction now."

"What's taking so long?" asked Spencer Cox of New York City's radical Treatment Action Group. "Does she know how to handle politics? This job requires policy analysis, communication skills and a big mouth."

Gebbie, who has lost colleagues and a close friend to the epidemic, said she is sympathetic to the frustration of activists. She said much of her effectiveness will be behind-the-scenes, boosting AIDS coordination and communication among agencies. Clinton's commitment to fight AIDS is "very real ... and I don't sense it wavering," she said.

Can anyone succeed?

Some AIDS experts say it is too early to judge Gebbie's performance. They warn, moreover, that major success may be unachieveable.

"It's an impossible job to do," said Dr. Mervyn Silverman of the American Foundation for AIDS Research in New York. "The long wait (for an appointment) raised everyone's expectations. And the title — AIDS czar — implies an incredible amount of power with a strong ability to control — neither of which pertain."

"No one could possibly fulfill all of the expectations," said Dr. Raymond Baxter, head of the San Francisco Department of Health.

In an interview with The Examiner, Gebbie discussed the controversial issues arising from her first three months on the job.

Funding for the federal Ryan White Care Act, a critical program for AIDS care and support that will provide $11 million in 1994 to San Francisco, will diminish in the new era of "managed care," despite Clinton's promise to boost support.

EXAMINER/KATY RADDATZ

Kristine Gebbie: *Clinton's commitment to fight AIDS is "very real ... I don't sense it wavering."*

Gebbie vowed to protect AIDS patients during the transition to a Clinton-style health plan. But she acknowledged "there is no magic dollar amount" for funding.

Activists fear that she's willing to sell the programs short.

"We're not hearing clear statements that she will do everything in her power to protect these programs," Christen said.

Long an advocate of needle-exchange programs combined with education, Gebbie has asked Surgeon General Dr. Joycelyn Elders to review the issue. She hopes to enlist Elders in issuing a "declaration" of the federal endorsement of needle exchange.

AIDS activists charge that Gebbie and other federal administrators have taken a passive role in the controversy, failing to provide leadership for states and local communities.

"I haven't heard any aggressive stance by senior government officials that bodes well for needle exchange, or any other innovative strategies," said Renee Durazzo of the AIDS Foundation.

Making room for debate

According to Gebbie, the legalization of needle exchange hinges on the support of the Justice Department and Attorney General Janet Reno.

"(Reno) seems very open," Gebbie said. "She has named a key assistant attorney general to work with us."

"But if I push too far, too fast," she said, "people will think there's no room for debate on how we say it, how we support these programs, or how we work on it."

Gebbie, a nurse and former state health official in Oregon and Washington, pointed to achievements during her brief time in office:

▶ Increasing pressure on the federal Centers for Disease Control to make prevention and education activities more explicit. Gebbie says that the United States should loosen up and stop being "a repressed Victorian society" when it comes to sex.

▶ Establishing an AIDS education effort for federal employees, the nation's largest single work force.

▶ Helping push the House to rescind a controversial $20 million appropriation for the testing of a single vaccine. If the Senate concurs, the money would go to a multitude of vaccine programs.

▶ Starting the New Directions In AIDS program, in which activists and researchers work together to find new and better ways to make effective use of scientific discoveries. She said she will encourage top federal researchers to attend the upcoming November meeting.

415-206-1644

NOV 30 1993

THE WHITE HOUSE

Dear Dawn —

I'm slow with my follow up letters — I really appreciated my time with the DE-MD. Synod group — and thanks for your resume as well.

I'll probably join St Matthews, though I've visited St Luther Place also — thanks for the reference — Faithfully

DANA WECKESSER, M.P.H.
2702 St. Paul Street
Baltimore, MD 21218
Tel. 410/366-8008

RESEARCH, TRAINING, AND HIV/AIDS RELATED EXPERIENCE

AIDS Task Force Member
Delaware-Maryland Synod of the Evangelical Lutheran Church of America. Baltimore, MD
Spring 1992-present

Develop and conduct HIV/AIDS training sessions for congregations in the Delaware-Maryland synod. Conduct focus groups about the public health and spiritual perspectives of HIV/AIDS at synod meetings. Provide the public health perspective to the group. Advocate the legal and moral rights of HIV+ congregants. Provide moral and spiritual support for those directly or indirectly affected by AIDS.

Board Member
Chair, Program Committee
Mid-Town Churches Community Association
Baltimore, MD June 1992-present

Serve on the board of an ecumenical organization serving the homeless and poor community in Baltimore. Programs include a soup kitchen, a shelter, transitional housing, post-hospital care for the homeless (many of whom are HIV positive), and a mentoring project.

Senior Document Abstractor/Indexer
The Johns Hopkins University Population Information Program
Baltimore, MD
August 1989-present

Abstract articles and reports on international health, AIDS, primary health care, maternal and child health, environmental health, population, demography, family planning, and nutrition to be compiled into an international database (POPLINE).

Recorder, Child Survival PVO Plans
The Johns Hopkins University Institute for Internatl. Programs
Baltimore, MD June 1992

Summarized comments of external technical reviewers of detailed implementation plans of USAID/PVO Child Survival Country Projects in Africa. Categorized the report into strengths and recommendations.

Team Leader/Primary Author
Medical Service Corporation International
Arlington, VA February 1989

Researched diseases and analyzed their impact on the population of Caribbean countries. Authored comprehensive report.

International Health Research Analyst
Medical Service Consultants, Inc.
Arlington, VA 1986-1987

Composed comprehensive health sector country reports. Researched country specific health care systems. Executed team process effectively.

OTHER EXPERIENCE

Church and Society Committee Chair
St. Mark's Lutheran Church
Baltimore, MD
Fall 1990-present

Sanitation Advisor
American Public Health Association (Washington, D.C.)
Mission to Nicaragua

Area Representative
North Central Illinois AFS
January 1981-January 1986

Volunteer Consultant on Health Care Reform
Baltimore, MD
Early 1991

Environmental Specialist
National Food Processors Association
Washington, D.C.
1986-1987

Environmental Health Officer
Winnebago County Department of Public Health
Rockford, IL 1981-1983

Environmental Health Manager
Island Resources Foundation
St. Thomas, U.S. Virgin Islands
1989

Group Leader/Counselor
Baltimore Area AFS
Spring 1986-present

EDUCATION/CERTIFICATION

Master of Public Health Community health	University of Illinois at Chicago. September 1984-August 1985
Registered Sanitarian	National Environmental Health Association. Denver, CO, October 1985
	Courses in economics, business, and management at local community college.
B.A. Biology/French	Wartburg College. Waverly, IA September 1975-August 1979
	Alliance Française. Paris, FRANCE May-June 1976

PROFESSIONAL MEMBERSHIPS

American Public Health Association. National Environmental Health Association. National Central America Health Rights Network. Central America Solidarity Committee. Baltimore Council on Foreign Affairs.

LANGUAGE ABILITIES

Fluent in French. Conversant in Spanish. Limited in German.

COMPUTER SKILLS

REFERENCES AVAILABLE UPON REQUEST

Dana Weckesser
2702 St. Paul St.
Baltimore, MD 21218

Kristine M. Gebbie
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500

NOV 30 1993

THE WHITE HOUSE

Milt —

I'm delighted to learn that you've joined the leadership coalition — I know you'll find it a great group.

If I don't see you before, happy holidays!

Hillary

NATIONAL
LEADERSHIP
COALITION
ON AIDS

November 4, 1993

Milton E. Cooper
President
Systems Group
Computer Sciences Corporation
3170 Fairview Park Drive
Falls Church, VA 22042

Dear Mr. Cooper:

We are very pleased to welcome you as a new corporate member of the Leadership Coalition, and look forward to working with you.

I hope that you or one of your associates will be able to participate in some part of next week's conference. The preliminary program is enclosed.

And sometime following the conference, I would like to schedule an appointment and meet face-to-face.

If you have any questions, please call.

Cordially,

B.J. Stiles
President

BJS/st
Enc.
cc: Kristine Gebbie ✓

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

NOV 30 1993

THE WHITE HOUSE

Tom—

Thanks for the clippings (even the cartoon!) and for the kind words ... I was with Gordon Douglas today at an Iom meeting — & we agreed on your quality contributions.

All the best — Curtis

Thomas M. Vernon, M.D.
Executive Director, Medical, Scientific and
Public Health Affairs

Merck & Co., Inc.
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MERCK
Vaccine Division

November 15, 1993

Dear Kristine:

Your visit here was a real success. Several people--even more than I expected--went out of their way to thank me and to comment on how good you will be for the AIDS/HIV environment. Even I was impressed, in truth. In all our years as colleagues and friends, I had not heard you speak to a group except in tightly prescribed events such as in the Rose Garden. You were impressively energized and energizing to the group. So, thanks again for your visit.

Hope it won't be long until we see you again, in some fun place, along with you know who, maybe?

Sincerely,

Tom

P.S. Sorry about the spelling in *The Daily.*

OPINION

Nine legs!

The Daily

at West Point, Blue Bell and Union Meeting

Tuesday, Nov. 9,1993

National AIDS Czar Calls for Multi-Faceted Research Effort

Christine Gebbie, President Clinton's recently appointed National AIDS Policy Coordinator, told Merck employees last week the AIDS crisis in the United States can be solved only if the nation adopts a multi-faceted approach to defeating HIV, the virus that causes AIDS.

Ms. Gebbie, who spent last Thursday meeting with Merck scientists and other staff in West Point and Union Meeting, said scientific research, which is currently focused on developing a cure or treatment for AIDS, must also examine the behavioral and social patterns that allow the disease to spread.

Specifically, Ms. Gebbie spoke of the need to examine why AIDS is now spreading among young people in the heterosexual community and then use this information to develop new educational strategies and initiatives.

"There will be no one-shot answer to AIDS and HIV," Ms. Gebbie said. To illustrate her point, she cited the example of syphilis, a sexually transmitted disease that continues to infect millions of Americans at an increasing rate even though the disease can be prevented and a cure already exists.

In a presentation before Merck Vaccine Division staff, Ms. Gebbie said she considers her job description to be very clear: stop AIDS. To achieve this goal, she said she will work to insure that the private and public sectors work more closely together in research and educational efforts. She praised the Inter-Company Collaboration for AIDS Drug Development, a pharmaceutical industry coalition spearheaded by Merck, as one positive step in this direction.

Ms. Gebbie, second from right, praised Merck's "extraordinary" efforts to communicate regularly with the AIDS activist community on research projects and related issues. With her, left to right, is Dr. Linda Distlerath, Senior Director for Public Policy Management, Dr. Emilio Emini, MRL Senior Director for Virology, and Dr. Thomas Vernon, MVD Executive Director for Scientific, Medical and Public Health Affairs.

ComputerWorld Magazine Ranks Merck's Information Systems Among Industry's Best

"The best rule these days is that there aren't any rules, and if there is one attribute shared by this year's Premier 100 organizations, it is their willingness to jettison old conventions and work in that dangerous white space where there are no preconceptions about how things should be done."

That's the introduction to ComputerWorld magazine's ranking of the top 100 companies in U.S. industry that make the best use of computers and information technology. The magazine's computer experts ranked Merck among the top 100. Specifically, in the category of "pharmaceuticals, food and beverages," Merck ranked seventh.

The magazine surveyed more than 600 corporations to arrive at the rankings. They looked at information systems investment, the spread of PCs and terminals among employees, and business and management performance. The magazine also asked those surveyed to list the top five users of information systems in their industry.

Who's Who in the Pharmaceuticals, Food and Beverages Category

1. Abbot
2. Becton, Dickinson
3. Hershey Foods
4. Kellogg
5. Pet
6. Hormel Foods
7. Merck
8. Schering-Plough
9. Quaker Oats
10. Whitman Corp.

President Clears HHS Spending Bill

President Clinton gave final approval last month to a $176.6 billion fiscal 1994 budget for the Department of Health and Human Services (HHS). This will boost HHS's discretionary spending to $31.5 billion -- $3.6 billion more than in fiscal 1993. The $10.96 billion total for the National Institutes of Health is $288 million more than requested by the Clinton Administration and almost $630 million more than in fiscal 1993. Other key increases include:

- Childhood immunization programs, boosted $187 million to $528 million.
- Maternal and child health programs, increased by $43 million to $792 million.
- Centers for Disease Control & Prevention received a $45 million boost, bringing its total fiscal 1994 budget to $2.1 billion.

Stock Information	Volume	Close	Change
Nov. 8, 1993	**3,505,500**	**32**	**-1/8**

MERCK

Did You Pledge $52?

You May Be One of 52 United Way Winners

Merck wants to thank you for participating in this year's United Way campaign. If you donated $52 – just $1 per week -- or more, you're eligible for a random drawing of 52 prizes to be held after the campaign:

- Airfare anywhere in continental United States, accommodations for six nights, rental car for seven days and $1,000 spending money. (1) (compliments of Rosenbluth Travel)
- Mystery Weekend for two at Mountain Top Inn, Vermont (1)
- Weekend for two at the Baltimore Inner-Harbour (1) (compliments of Rosenbluth Travel)
- Weekend for two in Philadelphia (1) (compliments of Rosenbluth Travel)
- One-year family membership to YMCA (2)
- Dinner for four at Joseph Ambler Inn (1)
- Gourmet dinner party for 10 people, catered at your home (5)
- Hot air balloon ride for two (5)
- Keswick Theater gift certificates for jazz/blues performances (2)
- One-year subscription for two to Bucks Country Playhouse (4)
- Limo service worth $200 -- good for one year (compliments of Young's Limousine) (1)
- 76ers 10-game basketball season tickets for two (2)
- Gift certificate for custom-made crystal from Flemington Cut Glass (2)
- Shopping spree at King of Prussia, Willow Grove Park or Franklin Mills malls worth $250 (6)
- Gift certificate for Valley Forge Music Fair (2)
- Gift certificate for custom-made jewelry/speciality gift item from Madie Franklin Designs (2)
- American Express Gift Cheque (10)
- Champagne gift basket (5)

If you haven't returned your pledge form, you still have time. The deadline is **Nov. 24.**

If you'd like to change your pledge, complete a new form with the new information. Pledge forms may be found in *The Daily* boxes in the cafeterias and at the gates or by calling **652-3600.**

Watch *The Daily* for more information on the drawings.

WELCOME MAT

A warm West Point welcome to all our visitors: A group of students from Upper Perkiomen Middle School who toured the site this morning • And to employees from the Pennsylvania Department of Health's Immunization Project who will be touring this afternoon.

ATTENTION, MANAGERS

Due to a scheduling conflict, the November Management Staff Meeting, scheduled for Nov. 19, has been cancelled. Mark your calendars for the next meeting at 10 A.M., Friday, **Dec. 17** when leading industry analyst Dick Vietor from Merrill Lynch will be at West Point.

NO. 4 FOR SCHUSTER

Shirley Schuster of Sterile Filling will receive her fourth PQ award this afternoon. Attending the presentation will be P. Denis Celentano, Dr. Stella Reed, Mark Paviglianiti, Christopher Vanelli and Dick Sands of Performance Improvement.

LEARN ABOUT YOUR CHOICES

Open enrollment for making medical and dental plan changes will be held until Nov. 19. These changes will be effective Jan. 1, 1994. Employees, including those eligible for flex benefits, wishing to make a change in their medical benefits, are reminded that a standardized HMO form must be completed for those entering or terminating an HMO, changing family status or transferring from one HMO to another. In addition, union employees must complete a payroll authorization form when entering/terminating an HMO or changing family status. Employees wishing to make a change in their dental benefits must complete a separate form if entering or terminating a DPO, changing family status or transferring from one DPO to another.

Representatives from the three HMOs, Site Benefits, Aetna, EASE (Integra) and Health Services will be available today and tomorrow, 10:30 A.M. to 1:30 P.M., Main Street, bldg. 53 and bldg. 38 cafeteria respectively. Site Benefits and HMO representatives also will be available tomorrow, 6 to 8 P.M., bldg. 38 cafeteria, and Thursday, 11 A.M. to 12:30 P.M., Blue Bell cafeteria. Forms will be available on bldg. 53 Main Street, bldg. 14 cafeteria and Blue Bell cafeteria throughout the enrollment period.

CATALYTIC ANTIBODIES

Guest speaker Dr. John Griffin of Stanford University will discuss catalytic antibodies, Thursday, Rahway's Tishler Auditorium, 9 A.M. to noon, and Friday, West Point's bldg. 37 auditorium, 9 A.M. to noon. If you would like to attend, call Maureen Budenz at 652-3408. It is not necessary to call if you used the Scientific Training sign up procedure several months ago.

MBA BY SATELLITE

Lehigh University is offering MBA courses for the Spring 1994 semester by satellite at the West Point site. A taped recording of the presentation will be shown Thursday, bldg. 62, Training Room B, 1 P.M.

JOHN IS A WINNER

The IDEA Electronic Random Drawing Winner for the week of Nov. 1 is **John Hilderbrandt,** Professional Representative, Northeast Region. Submit your IDEA electronically at the IDEA kiosk on bldg. 53 Main Street.

HAPPY BIRTHDAY TO THE CORPS

Attention all Merck Marines, former and present. There will be a cake cutting ceremony in honor of the Marine Corps 218th birthday, tomorrow, 4 P.M., bldg. 14 cafeteria. Stop by and help celebrate this special occasion.

MONTHLY MEETING

The Merck Ski Association's monthly meeting will be held tomorrow, 7 P.M., Reed's, Center Square.

REASON TO CELEBRATE

Join in wishing **Gregory Reaves** congratulations on his promotion to Manager, Contributions/Community Relations, Public Affairs, and farewell, Friday, Johan's, Garfield Avenue and West Point Pike, 5:30 to 8:30 P.M. The $15 cost includes hors d'oeuvres and gift. For reservations, call Allison at 26782.

PROJECTOR MISSING

Will the person who removed the **overhead projector** from the WP39-4068 conference room please return it as soon as possible.

FOR SALE

12 Penn State vs. Illinois **tickets,** Saturday, hotel room available, call 348-1029 after 6 P.M. • Bennington trestle **table,** 2 leaves, 2 benches, 2 captain's chairs, $400, call 368-1974 after 6 P.M. • VCR/TV voice-activated universal **remote control,** $159, call 322-1428 • Queen-size **bed,** $250; Sony cassette **walkman,** $25; ladies **blouses, suits** and **dresses,** b.o.; New Discovery **toys, books, games,** various prices, call 473-4631 • Assorted glass **storm windows,** call 368-7526 • **Nintendo** system, $18; two games: Captain Shyhawk $8, and Roger Clemens MVP Baseball, $9, call 489-1762.

EDITORIAL

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THE WHITE HOUSE

WASHINGTON

November 30, 1993

Ms. Dini Von-Muessling, Executive Director
Love Heals
Allison Gertz Foundation
345 Park Avenue
New York, NY 10022

Dear Ms. Von-Muessling:

Thank you for sharing with me information about your work in prevention education for adolescents at risk for HIV transmission. The need to provide this information to adolescents at risk for HIV infection is critical in our work to end the epidemic. Your project delivers much needed health promotion information to this population at risk.

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. Adolescents are one of the populations that require special attention in our communities.

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

I wish you success in your endeavors.

Sincerely,

Kristine Gebbie

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

THE ALISON GERTZ FOUNDATION
345 PARK AVENUE, NEW YORK, NY 10022
(212) 371-1335

Kristine Gebbie
c/Rayford Kytle
2737 Devonshire Place, NW
Washington, DC
Fax# 202-690-6867

November 19, 1993

Dear Ms. Gebbie:

On World AIDS Day, December 1, Love Heals, The Alison Gertz Foundation for AIDS Education will hold a conference at The Ford Foundation, located at 320 East 43rd Street, New York City. We will be making public five demands for improvement of HIV/AIDS education and awareness, which will be in the form of resolutions. These resolutions are sponsored by Congressman Jerry Nadler, and are to be brought before Congress (Enclosed pleased find the resolutions). We would be honored if you would join us.

Among those who have committed to speak (or participate) are Jeanne White (Ryan's Mom), Joey DiPaulo and his family, members of AANNY (the AIDS and Adolescents Network of New York), Christina Lewis of NAPWA (the National Association of People With AIDS), Andrea Schlesinger, the student advisory member of the New York City Board of Education, Councilman Tom Duane, Dan Porter, the president of Teach For America, Nancy Hirsch, the executive director and president of the Michael Hirsch Foundation, Ali's parents, Carol and Jerry Gertz, and Dr. Ernst Wynder, of the American Health Foundation, with whom I know you have met. Jeanne Ashe is nearly committed. The actress Penelope Ann Miller has also agreed to join us if her movie shooting schedule permits and Susan Sarandon, if the

time suits her schedule. Mary Fisher will send a letter of support, as will Elizabeth Glaser.

I will send you more information as I get it. Please feel free to call me anytime with questions.

Best wishes,

Dini von Mueffling

Dini von Mueffling
Executive Director

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103D CONGRESS
1ST SESSION

H. CON. RES. ____

IN THE HOUSE OF REPRESENTATIVES

Mr. NADLER submitted the following concurrent resolution; which was referred to the Committee on _____

CONCURRENT RESOLUTION

Expressing the sense of Congress with respect to information on AIDS and HIV infections, and for other purposes.

Whereas 315,390 cases of AIDS have been documented and more than 194,300 AIDS-related deaths have resulted in the United States;

Whereas the AIDS crisis is a national epidemic resulting in at least 40,000 new HIV infections annually in the United States;

Whereas many adults and adolescents are not being provided thorough and easily accessible AIDS education in order to prevent the contraction of the disease; and

Whereas improved education and prevention efforts to adolescents as well as adults has shown to reduce the likelihood of contracting AIDS: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that—

(1) all States should provide quality education

in school sex education programs respecting—

(A) AIDS, and

(B) HIV infections,

(2) the Secretary of Health and Human Services and the Surgeon General should develop guidelines for the prevention of AIDS and HIV infections and should distribute such guidelines for parents and their children,

(3) the television and motion picture industry should encourage the use of condoms in movies, television shows and public service announcements,

(4) advertisements for condoms should be encouraged, and

(5) the National Commission on AIDS should be reinstituted.