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001. letter	From: Kristine Gebbie; re: World AIDS Day 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(C), b(7)(F), b(6)
002. letter	From: Kristine Gebbie; re: World AIDS Day, 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(C), b(7)(F), b(6)
003. letter	From: Kristine Gebbie; re: World AIDS Day 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(D), b(7)(F), b(6)
004. letter	From: Kristine Gebbie; re: World AIDS Day 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(C), b(7)(F), b(6)
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COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3768

FOLDER TITLE:
December Chron Files 1993 [3]

2018-0756-F
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RESTRICTION CODES

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

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

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

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

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

THE WHITE HOUSE

Dear Willa —
I don't think I ever properly thanked you for Bishop Spong's book — I've found it interesting reading & hope to meet him one day. Things stay busy and very interesting around here! Hope all is well — fondly — Christine

BREMERTON-KITSAP COUNTY HEALTH DEPARTMENT
WILLA A. FISHER, M.D., M.P.H., DIRECTOR
109 Austin Drive
Bremerton, Washington 98312
(206) 478-5235

Oct 14, 1993

Kris-
Saw the article about you in the Lutheran magazine. Regarding the issue of homopholia and its theological basis, I would highly recommend that you link up with one of my "heros" in the religious field. He is the Episcopal Bishop of Newark: Bishop John Spong (rhymes with "Bong")

24 Rector St.
Newark, N.J. 07102

He is an articulate, thorough Bible scholar who writes and speaks eloquently on theological discrimination

over

issues and more specifically,
the lack of theological basis
for homosexual lesbianmentation.
Here is a copy of his book on Sexuality for
your perusal. He has been to my church St Barnabas
on Bainbridge Island as a workshop
speaker and scholar-in-residency
several years ago - I bailed him out
on some AIDS questions during one of his
talks. He is a wonderful humble
thoughtful man whose "radical" views
on lesbianmentation in the church keep him
in the hot seat. We hope to have him
visit us again.

You ought to meet him and really
his beef with the churches and homophobia
I think he's the national religious
leader on the topic.

Keep up the good work.
Willa

THE WHITE HOUSE

WASHINGTON

December 7, 1993

Rev. Ed Dobson
Calvary Church
Post Office Box 1600
Grand Rapids, Michigan 49501

Dear Rev. Dobson:

Your participation in last Monday's breakfast with the President was an outstanding beginning to the week that included World AIDS Day.

I am moved by the depth of commitment you are making to our efforts against this terrible epidemic. Please stay in touch, sharing information you think I should have, or asking for assistance if you think I can give it.

My best wishes,

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

DEC - 7 1993

THE WHITE HOUSE

Ted —

just a word of thanks for all you do — and a special thanks for the Gospel Imperative. I'm looking forward to reading it —

Hope you've gotten some rest —

Warm

File

RECEIVED
DEC - 8 1993

AIDS Action council

7 December, 1993

Carlos
draft reply
Buck/Andrew/John
fyi

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
750 17th Street NW, Suite 1060
Washington, DC 20503

Dear Kristine:

For many years, AIDS Action and the community-based AIDS organizations we represent have been highly critical of the federal government's HIV prevention mass media campaigns. We are pleased that CDC plans to launch a much more aggressive and explicit prevention marketing initiative on December 21st. We are, however, very concerned that your recent public comments describing the PSAs undermine the campaign's chances for success.

AIDS Action has worked quite closely with the CDC's National AIDS Information and Education Program, the Public Health Service and Secretary Shalala's office to plan for the launch of the campaign. We have advocated forcefully that CDC prepare for the likely public controversy generated by the campaign by holding the release until Congress was in recess. In addition, we have facilitated the administration's working with HIV and other advocacy organizations to prepare to counter attacks from the right. Keeping the content and timing of this controversial campaign under wraps has been critical to garnering broad-based support and preparing for a successful launch.

Unfortunately on several occasions, most recently last Friday in a speech at the University of Michigan School of Public Health, you have spoken in great detail about the contents of the PSAs and revealed the date of the launch of the campaign. While you have stated strong support for the campaign, your actions have jeopardized this bold initiative. You have provided forces from the right with plenty of notice to mount a successful attack against the Clinton Administration for taking a more aggressive stance on HIV prevention and condom advertising. While we appreciate the need to report to AIDS communities on the progress of the administration, ensuring that this campaign is launched successfully is more important than building support for your efforts.

Secondly, we have learned from your staff and Country AIDS Awareness of your plans to assist them in the launch of their PSA campaign on January 12th here in Washington. In our judgement, the timing of this campaign could not be worse and further undermines support for the CDC campaign. Your launching two campaigns within three weeks will provide TV and radio stations with the option of airing controversial PSAs from the CDC or "mom and apple pie" AIDS awareness messages from country music stars.

1875
Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

Bross to Gebbie - 12/7/93

For several months, you have spoken repeatedly about the importance of communication and coordination in the fight against AIDS. It is our understanding that officials within the administration had agreed to remain silent about the contents of this initiative to support a successful implementation. In the future, it is our hope that your office will abide by such understandings in the interest of providing leadership for improved federal AIDS policy and coordination. Disregard of that agreement appears to call into question your commitment to a coordinated federal approach to HIV policy. If there were matters that lead to the disclosure of details surrounding this campaign, we would be pleased to know about them.

Sincerely,

Dan Bross

Daniel T. Bross
Executive Director

DTB/jc

12/08/1993 14:10

=== COVER PAGE ===

TO: KRISTINE GEBBIE

FAX: 12026321096

FROM: ACT UP CLEVELAND

FAX: 2166212733

TEL: 2166212233

04 PAGE[S] TO FOLLOW

COMMENT: PLEASE CALL

ACT UP
THE AIDS COALITION TO UNLEASH POWER
CLEVELAND

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

December 8, 1993

Dear Kristine,

I ran across this information from Martin Delaney. It explained to me why you felt we were jumping ahead on the McClintock Project, and I feel it explains the other side of the argument.

Please feel free to call me at ACT UP here in Cleveland. I will be in Washington on January 22, 1993 for the day, if you would like to see me let me know.

Sincerely,

Joe Carroccio

Steve — try & set this meeting up — if I can't see him because I'm scheduled conflict, Buck or someone else should

called, declined because of schedule. I offered meeting next visit — March or so.

The AIDS Coalition To Unleash Power is a diverse, non-partisan group of individuals united in anger and radically committed to direct action to end the AIDS crisis.
ACT UP/Cleveland 1430 West 29th Street Suite #6 Cleveland, Ohio 44113
PHONE 216.621.2233 FAX 216.621.2733

SILENCE=DEATH

The Manhattan Project of 1943, The War on Cancer, and AIDS Research

Martin Delaney
Founding Director, Project Inform

The Manhattan Project

In 1943, the federal government assembled an unprecedented team of physicists and engineers in the desert outside of Los Alamos New Mexico. Working in a climate of intensified teamwork, working under demanding goals and timetables driven by the perceived military threats of Germany and Japan. In little more than two and a half years, the team radically advanced the state of physics and created the first nuclear bomb. Subsequent work by the team lead to the creation of thermonuclear explosions, nuclear propulsion systems for submarines, and nuclear power generation plants. Whatever one thinks about the product of this exercise, there is little question that it was a remarkable demonstration of project management and goal achievement. Many sources attribute the success of the project to its deep financial resources and to the synergy of great minds working together in a goal oriented, strategically planned effort.

Premise 1: Many people have argued that a similarly focused project is needed to find a cure for AIDS in the shortest possible time. Others, however, insist that comparisons of a targeted research project on AIDS to the famed Manhattan Project are inappropriate, arguing that in that instance, physicists were already working from a proven equation and merely doing the engineering work associated with development of the actual device. In contrast, they say AIDS remains largely a quest of discovery against a great series of unknowns. Thus, they conclude that an accelerated, intensified project would be premature, at least until all the basic pieces of the AIDS puzzle are understood.

Premise 2: Much of this view is based upon a mistaken understanding of the status of nuclear physics research at the outset of the Manhattan Project. While there was a credible set of equations at the heart of the theory, there was no proof of the theory, nor was even general agreement that a fission chain reaction could be achieved or that an explosive energy release would result. At the outset of the Project, a daunting list of unknowns faced the physicists:

- If a chain reaction was even possible, there was no clear prediction of how long such a reaction would occur, or what energy would be released if it did. At one extreme were physicists who predicted such a reaction would be unstoppable, capable of consuming even the atmosphere. Others felt that no such energy release would occur, believing that the release of neutrons would cause the nuclear pile to break down faster that its energy would accumulate, leading to a brief nuclear fizzle.
- There was no agreement about the critical mass necessary to initiate a chain reaction in uranium, and virtually nothing was known about plutonium, other than its potential existence.
- Physicists disagreed about whether an explosive reaction, if possible at all, would require the almost unbelievably rare uranium isotope U235 or the heavier and more common U238.
- The concept of producing and using plutonium was unproven, even though this became the preferred solution by project's end.

For each question answered in the early days of the project, new and more challenging ones arose.

- When it became clear that U235 would be minimally required, there were virtually no practical options for separating U235 from its environment within U238. Three difficult and new technologies were proposed, but no basis for choosing a most likely candidate. The solution they chose was simply to develop all three simultaneously.
- Creation of large scale U235 and plutonium separation process required one of the greatest engineering feats of all time, all of which were based on unproven or completely experimental technologies. These included the building of electromagnetic separation machines (calutrons) and K-25 gas diffusion plants, and liquid thermal diffusion plants for U235 processing. Plutonium creation and separation required purpose-built graphite/uranium reactors (the first such devices of their kind) and exotic remote-controlled separation facilities. Most of these

technologies did not exist at all prior to the Manhattan Project, and those that did had simply been small experimental models.
- Construction of the bomb device itself required completely new technologies in gun barrel design, inward focused explosion (implosion), and a great number of assorted manufacturing challenges.
- In addition to all these issues, the ultimate success of the project depended upon the creation of several generations of instrumentation and measurement devices.

Conclusion:

To suggest that the Manhattan Project was the engineering embodiment of a proven theory or equation is a grand misstatement of the facts. It could easily be argued that far greater uncertainty was involved, as well as more seemingly unimaginable and catastrophic hurdles, than in AIDS research itself.

The War on Cancer

Premise #1: Past experience in the War on Cancer suggests that targeted research is not the best approach. One cannot force discovery. The Nixon Administration declared a massive national effort to cure cancer by the end of the decade. Although some advances occurred, it is clear that cancer, as a whole, is still with us and that the project never achieved its lofty goals, despite a fairly massive outlay of resources. Thus, the notion that special, targeted research programs has already been tried and disproved in cancer is said to be a reason not to attempt such programs in AIDS.

Premise #2: Any analogy to the war on cancer is inappropriate for several reasons.

- Unlike AIDS, cancer is not one underlying disease but hundreds of diseases which share a common manifestation in uncontrolled cell growth.
- We didn't know then, and don't know now, the cause of most cancers.
- Some cancers have become curable, others have become more preventable and more manageable.
- Many cancers are closely associated with the aging process and may be indistinguishable from it in some circumstances.
- The "War on Cancer" represented primarily a major scale-up in resources devoted to cancer, but few innovations in the process of managing the research.

In comparison, where do we stand in AIDS?

- The underlying cause, or **sine qua non** of AIDS, has been known for nine years. The most recent research has only strengthened the conviction of its causative role.
- Many, though not all, of the mechanisms of pathogenesis have been elucidated or at least sufficiently defined as to allow rapid testing and discovery.
- Partial responses to therapy have been demonstrated for a number of agents, both antiviral and immunological in nature, suggesting that science is on a useful, however imperfect, track.
- A great deal is known about the molecular biology of the viral agent, perhaps more than for any other viral illness.
- Major progress has already been made in the treatment and prevention of many of the opportunistic infections associated with AIDS.
- Several candidate viral reservoirs have been identified.
- Classes of patients have been found who are both more and less susceptible to the disease process; preliminary assessment points to some coherent factors associated with these differences.
- Massive drug discovery and screening processes are already in place.
- Animal models, such as the ring-tailed macaque and the SCID-hu mouse, have been found which mimic some key aspects of the disease in humans.
- Knowledge of the workings of the immune system has increased logarithmically since 1984.

- Genes have been identified and isolated which might convey protection against cellular infection or other blocks to the continued progress of the disease within individuals.
- Cellular transfer, expansion, and activation technologies have completed initial stages of testing, leaving science poised for testing them as methods for reconstituting the immune system.

Conclusion: A great deal of the fundamental discovery process about AIDS is complete and many advanced tools and technologies are in place awaiting accelerated development. We are, by no means, groping in the dark any longer. By comparison to the first days of the Manhattan Project, it would appear that far more of the basic technologies for fighting AIDS are in place than were the respective components of artificially induced nuclear fission. By comparison to the war on cancer, in which the pieces of the puzzle still fail to suggest any coherent picture, the pieces of the AIDS puzzle already show the distinct outline of several possible curative or reconstructive therapy. This is not to say that there are no mysteries left - there are several. But they fall with an increasingly elucidated framework.

In short, this is neither 1943 nor 1973. And it is also not 1983.

The challenge is to capitalize on existing knowledge of reachable technology to hasten the search for a cure. While some argue that we must first precisely define all aspects of HIV pathogenesis, the history of medicine contains few examples in which such knowledge was a necessary precursor to effective clinical therapy. Many, if not most advances against disease, still evolve from screening and clinical testing. Pathogenesis research and therapeutic discovery must proceed on parallel tracks not sequential tracks.

We owe it to the million or more Americans, and many millions others around the globe, currently infected with HIV to provide the most rational, well-planned approach to AIDS research. Unanswered questions must be broken into their subparts and answered in a step-by-step process which does not depend **solely** upon the interest of individual investigators, but which proceeds in an environment of collaboration and teamwork. Some processes must proceed in serial fashion, while many others may be pursued in parallel.

Such a more-planned, more structured approach to AIDS research would most certainly be an experiment, as such a process is hardly typical of the traditional pathways of medical research. Medicine and biology, however, are not the only fields which seek to turn the unknown into the known. At fundamental levels, each of the sciences faces similar challenges, some of which are pursued in private industry, some in academia, and some in the military. The model of research used in biomedical research is not the only one available. Perhaps there is something to be learned from the approaches to discovery employed in other fields. Perhaps there is even something to be learned from the process of discovery which led the nation from a series of debated physics equations to the construction and successful testing of controlled nuclear energy, in a time of crisis, in less than two and a half years.

How can anyone deny the value of an experiment, an experiment in the process by which research is managed? If it succeeds, everyone from the patients to the scientists reaps enormous rewards. If it fails, it still answers an important question and might help guide us in the future.

DEC - 8 1993

THE WHITE HOUSE

Dear Mr Carson —
Thank you for sharing
a copy of Empowerment - I will
share it with members of my
staff. And best wishes to
you in your continuing
endeavors to assist those
living with HIV

Hillary Rodham Clinton

DEC - 8 1993

THE WHITE HOUSE

Dear Nancy Kay —

what a slow poke I am!

Thank you for your note —

and for your efforts on the

CDC review — I sat in on the meeting

where the reports were received —

you all did a great job! Hope to

cross paths again one day soon —

Best wishes

MISSISSIPPI
STATE DEPARTMENT OF
HEALTH

Health Communications
and Public Relations

P.O. Box 1700 • 2423 North State Street • Jackson, Mississippi 39215-1700
Telephone 601/960-7667 • Fax 601/960-7434

June 29, 1993

Kristine M. Gebbie
606 Lilly Road, N.E., Apartment 723
Olympia, Washington 98506

Dear Kris:

Congratulations on your appointment as "AIDS Czarina!" You looked great with the President on television, and I know you'll deliver a splendid performance; you, of all people, can make it work. Remember to enjoy yourself, too.

With all due respect, I want to thank you for having included me on the subcommittee to review CDC's HIV prevention strategies toward "improving public understanding of the epidemic." I've never had the opportunity to work with a group of such across-the-board top-notch professionals. The work was stimulating, instructional, and gratifying, and I appreciate your having invited me to take part.

Best of everything to you in your new and important role. Please call on me if ever I can assist.

Sincerely yours,

Nancy Kay Sullivan, MPH
Certified Health Education Specialist
President, National Public Health Information Coalition

THE WHITE HOUSE

WASHINGTON

December 8, 1993

Ruth DuBois, Executive Director
Corporate Alliance for Drug Education
WCAU Building
393 City Avenue
Philadelphia, Pennsylvania 19131

Dear Ruth:

Thank you for your letter of November 11 and the kind words which you conveyed. Thank you also for sending the documents evaluating the CADE substance abuse prevention and education program for elementary schools.

I agree that we need to do much more to assist and educate parents since they clearly represent the most important influences in the lives of their children.

Keep up the good work!

Sincerely,

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

Corporate Alliance for Drug Education

NOV 15 1993

Bob Jackson
for -
draft reply if you
wish thank
appropriate -

November 11, 1993

Kristine M. 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 Kristine:

It was a great pleasure to meet you at the Medical College of Pennsylvania National Board dinner in Arlington last week. Your discussion of women and AIDS was an informative and powerful message for all of us and you delivered it so well. I shall owe Tom Vernon a life time of "Brownie points"!

Per our dinner conversation, enclosed is a copy of a recent evaluation of the Corporate Alliance for Drug Education (CADE) substance abuse prevention and education program in elementary schools. The key findings suggest that the messages of preventionists are getting through to students at early ages and that they view their parents as potentially most helpful in their ability to stay drug free. Clearly, we need to do more in our outreach efforts to train parents in AIDS, violence and alcohol and other drug prevention.

Again, thank you so much for your inspiring talk. Let me know when you will be in Philadelphia again.

Sincerely,

Ruth

Ruth DuBois
Executive Director

Enclosure

1993 AT A GLANCE

•An addicted mother left her two children with dealer- caretakers in their home while she went to sell their drugs. Unfortunately, she used her sales'money on drugs for herself. When she returned for her children, the caretakers held the children hostage. Frantic, the mother remembered the children talking about their "drug teacher". She called the specialist who called the police. With assistance from the specialist, the children are now in foster care and the mother is in treatment hoping to be reunited with her children in the near future.

•During a recess period, a fifth grade girl sought out the specialist for advice because her "boyfriend" wanted to have sex with her. She followed the specialist's advice not to get involved with the boy.

•An abused child confided about the way her mother beat her with a broomstick. Working with the principal and counselor, a foster home was found for the child.

•A fourth grader who had been falling since kindergarten, had low self esteem and had an uncooperative addicted mother, was recognized by the specialist as a child with fetal cocaine expression. The specialist fought to get the child an individual education plan and other services.She is catching up and will be main-streamed next year. The mother has become more cooperative. Had there been no specialist trained in substance abuse, this child probably would not have been identified and most likely would have dropped out by ninth grade.

•A specialist in one school witnessed and intervened when:

-a second grade girl pulled a knife on a fourth grade girl

-a fourth grade boy brought a gun to school to "show off"

-a third grade boy whose arm was bleeding was found to have a machete up his jacket sleeve and when he bent his arm cuts would occur.

•In one school, the school nurse sought assistance in findinga drug program for a family member.

•Survival skills were given to a first grader whose parents sell crack cocaine from the house.

CORPORATE ALLIANCE FOR DRUG EDUCATION

SUMMARY OF PROGRAM

The Corporate Alliance for Drug Education (CADE) is a nationally recognized non-profit tax exempt agency whose Board members represent Philadelphia's professional sports teams (Phillies, Flyers, and Eagles), the corporate community and the media. The mission of CADE is to develop, recommend, pilot, monitor and evaluate substance abuse prevention and education programs for Philadelphia public and parochial elementary school children. In carrying out its mission, CADE serves as a coordinating agency for corporate and community resources who want to support the war on drugs by contributing to a public/private sector initiative that gets results.

The main project sponsored by CADE responds to needs expressed by Philadelphia's Mayor, Superintendent of Schools, Commissioner of Police, Archdiocese Secretary of Education, community leaders and their constituents who view substance abuse as the number one health problem facing the city and a major factor in preventing children from achieving their full potential. Since 1988, CADE has provided substance abuse prevention specialists to public and parochial elementary schools in drug infested communities. These specialists are specifically trained to teach the "Here's Looking at You 2000" curriculum and to work with high risk children individually which serve as support groups for at risk children.

"Here's Looking at You 2000" is a new version (1988) of a model curriculum recommended by the Pennsylvania Department of Education. Its primary goal is to enable high risk children, e.g. low income, minority students and children of substance abusers, to make decisions, be selective in choosing friends, be able to exert leadership within their peer groups and become knowledgeable about both good and harmful substances and their abuse. Beginning in 1988, CADE funded a two year independent evaluation by Data Base, Inc., of all aspects of the program. First year results demonstrated increased levels of self-esteem, refusal skills and knowledge about the risks of using drugs as early as first grade. Second year results suggested the vital importance of having prevention specialists in the schools. The evaluation has attracted national attention because of the popularity of the curriculum throughout the United States.

CADE is the 1988 recipient of the Xerox Corporation's and the United States Conference of Mayor's Award for its outstanding public/private sector initiative. CADE believes that this public/private sector partnership can uniquely demonstrate effective models for helping a city's children grow up drug free into capable and productive adults.

Listening to the Children

Drug and Alcohol Prevention Among Inner-City School Students

Human Organization Science Institute
Villanova University
Villanova, Pennsylvania

September 1993

Listening to the Children:
Drug and Alcohol Prevention Among Inner-City School Children

Prepared For:

The Corporate Alliance for Drug Education
Philadelphia, Pennsylvania

and

Project PEARL II
City of Philadelphia

Prepared By:

Human Organization Science Institute
Villanova University
Villanova, Pennsylvania

Maghan Keita, Ph.D.
Principal Investigator

John M. Kelley, Ph.D.
Teresa A. Nance, Ph.D.
Christopher P. Peters
Co-Authors

September 1993

This project was conducted by the Human Organization Science Institute of Villanova University with funds provided by The Corporate Alliance for Drug Education (CADE) and Project PEARL II, City of Philadelphia. This is one in a series of reports designed to assess the efficacy of Project PEARL II and improve drug prevention efforts in the Seventeenth Police District of the City of Philadelphia. The opinions expressed herein are those of the authors, not necessarily those of CADE, Project PEARL II or the City of Philadelphia.

Listening to the Children:
Drug and Alcohol Prevention Among Inner-City School Children

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Listening to the Children:
Drug and Alcohol Prevention Among Inner-City School Children

A. Background of the Study

Project PEARL traces its origins to the Mantua neighborhood of Philadelphia. There, in the late 1980s, an aggressive, multi-pronged community effort gained national attention when neighbors, and subsequently many public and private organizations, joined to battle drug sales and drug use. The grass roots effort employed five strategies which compose the PEARL acronym: Prevention, Education, Action, Rehabilitation, and Law Enforcement. PEARL was the catalyst for residents to "take back their neighborhood" through diverse activities: vigils and marches to reclaim corners of drug activity; neighborhood clean-ups of vacant lots; community-based after-school programs for youth and other action-oriented initiatives. PEARL quickly attracted public sector attention from the Mayor's Office to the Governor's Office to the United States Senate, indeed to the Presidency. Public resources were applied to the Mantua effort as abandoned houses were sealed, graffiti removed, in-school drug prevention programs initiated, streets repaired, employment and training services augmented and drug/alcohol treatment expanded.

A visit by then President Bush and subsequent network television coverage ushered PEARL into the national spotlight, but did not bring funding of any magnitude to the Mantua project. Instead, the major support for the PEARL model came in the form of a three year, one million dollar federal/state allocation to the City of Philadelphia for the purpose of testing whether the PEARL approach could be replicated in other neighborhoods. The 17th Police District of South Philadelphia, a high crime area that is home to numerous community organizations, was selected as the test site. The replication project officially began on October 1, 1991.

The funding enabled the PEARL replication, dubbed "PEARL II", to add structure and expand several dimensions of its Mantua predecessor. The replication provides sponsored drug prevention in the local public and parochial schools; assigns six police officers to the 17th Police District whose duties are exclusively devoted to PEARL II's emphasis upon drug arrests; provides for a paid staff member to plan and implement anti-drug activities; supports a rented headquarters which houses staff as well as meetings and classes; and, funds a concerted public relations effort to increase PEARL II's profile among community residents.

The PEARL II replication project also included a formal evaluation. The Human Organization Science Institute (HOSI) of Villanova University was selected through a competitive bid process to evaluate the project. First year reports have been completed and the HOS Institute is in the process of finalizing the second year evaluation reports.

B. Origin of this Study

This report is a special addition to the evaluation, made possible by a small grant to the HOS Institute from the Corporate Alliance for Drug Education (CADE). The mission of CADE is to secure monetary and other resources from the Philadelphia corporate community and apply these resources to provide effective anti-drug efforts. As a leading member of the PEARL II coalition, CADE provides funds which permit the Philadelphia School District to assign, to each public school in the 17th Police District, a trained, professional prevention educator. Prevention educators spend time in each school every week, where they lead prevention classes, using the *Here's Looking At You, 2000* curriculum, and work with at-risk students individually and in small groups. During the summer, it is not unusual for these preventionists to be visible on the streets and playgrounds, counseling youth and their families and coordinating activities. In the parochial schools, parallel services are delivered through a CADE-funded contract with SHALOM, Inc., a well respected, non-profit organization which specializes in school-based drug/alcohol prevention.

During the summer of 1992, several meetings were convened by the evaluators in order to assess the evaluation plan and identify possible areas of study which may not have been addressed in the original evaluation design. Members of the Philadelphia School District, CADE, and SHALOM attended these meetings. Concern was raised that, although the evaluation featured a multi-method design which included a number of quantitative and qualitative sub-studies, there was little direct input from the school children, one of PEARL II's principle target groups. The review team was especially interested in the following study questions:

- How do the school children perceive the prevention educators and how are the children influenced by them?
- How do children spend their non-school time?
- What are the children's feelings about the school and other institutions as stable community resources to assist them in attaining career goals and resist drug and alcohol use?
- Where do children get most of their information about alcohol and other drugs?

C. Methodology and Study Sample

The review team determined that in order to elicit responses to these questions and discuss these more deeply with the children, it would be best to conduct focus groups with the children themselves. Many studies, including other parts of the PEARL II evaluation, have surveyed students about the questions listed above, but few efforts have been made to converse in more depth with the students. Thus, focused discussion groups add a dimension rarely present in student evaluative research: *listening to the children*.

Focus groups, a form of small group interviewing, use a fixed interview guide, and encourage participants to interact and respond to the group's observations. Focus groups have gained extensive popularity in recent years as a research tool for gathering a depth of information not readily obtained by means of surveys or questionnaires. Focus groups are especially appropriate in determining participants' perceptions, feelings, nuances, and manners of thinking.

It is reasonable to assume that, given the purpose of this study - to determine how students feel about their schools, community, and drug education - it is important to ask them directly. Under the leadership of CADE, a grant was made to the HOS Institute in March 1993 to conduct this special study. Plans were immediately finalized and the focus groups were completed during May and June 1993.

The study sample consisted of two-hundred and thirty-three (233) students from eleven different schools in the PEARL II geographic area: four (4) public elementary schools; four (4) parochial (Catholic) elementary schools; and, three (3) public middle schools. The participating schools were:

Public Schools

James Alcorn Elementary School
Chester A. Arthur Elementary School
George W. Childs Elementary School
Edwin M. Stanton Elementary School
Thomas May Peirce Middle School
Stoddart-Fleisher Middle School
Edwin H. Vare Middle School

Parochial Schools

King of Peace Elementary School
St. Charles Borromeo Elementary School
St. Gabriel Elementary School
St. Thomas Aquinas Elementary School

The evaluators requested that the children who participated in the study be selected randomly by their respective school personnel. Before participating in a focus group discussion, each student was required to submit a consent form signed by both the student and a parent/guardian. The consent form also explained the study, its purpose and procedures. Students and parents were assured that any statement made during the student focus groups would be kept strictly confidential; and, all quotations used in the report, would be anonymously stated.

An interview protocol was carefully designed by the HOS Institute and reviewed by representatives of the Philadelphia School District, PEARL II, CADE and SHALOM. Suggested ideas and edits were incorporated in the final version of the interview protocol. Two interview protocols were developed. They are similar in most regards, but one is specific to students in the fourth and fifth grades while the other is geared for sixth and seventh grade students[1].

In total, twenty-eight (28) focus groups were conducted with students in grades four through seven. Students were not mixed by grade or school; rather, all groups were composed of students from the same grade within the same school. This is consistent with focus group research that suggests homogeneity promotes interaction and openness among group members. Across all schools, a total of seven groups per grade were conducted. The groups ranged in size from four to twelve with an average of 8.3 students per group. All groups were conducted in the school buildings. Group discussions typically ran from forty-five minutes to one hour, depending on the class schedule of the participating school.

Eight African American students from Villanova University's Law School were recruited to lead the focus groups. Students were specifically trained in all dimensions of focus group leadership, from school courtesy to using the protocol, by a team of two Villanova faculty who are very well versed in both focus group methodology and in the PEARL II evaluation. The Villanova students were carefully instructed to arrive early and work closely with school personnel to organize the room and gather the children. No school representative or other adult sat in on the student discussions. Two Villanova law students led each focus group. Tape recorders were used to capture the dialogue for subsequent analysis. The Villanova students, after completing the group, summarized each session and delivered their reports and tapes to the HOS Institute. Reports were logged and collected by the principle authors for analysis, synthesis and report preparation.

D. Findings of the Focus Groups

This narrative integrates the data provided by students in grades four through seven from the eleven participating schools, both public and parochial. The students were asked to consider questions in four different areas in varying degrees of detail. The four categories were:

- The Role of the School in the Community;
- Prevention in the Schools;
- Use of After-School Time; and,
- Short-Term Strategies to Obtain Long-Term Goals.

D1. The Role of the School in the Community

Investigating the role of the school in the community involved asking a series of layered questions to elicit as exact an image of the students' perception of their schools' role in the their community as possible. Implicit in the questions, and confirmed by the students' responses, is the fact that the school does play a critical role.

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[1] Appendix A contains copies of the Informed Consent Form; the Interview Protocol for Fourth and Fifth Grades; and, the Interview Protocol for the Sixth and Seventh Grades.

Within the layering of questions, the inquiry moved in this manner: students were asked a general question about their perception of the neighborhood. Within the context of this initial question students were queried about the "good" and "bad" aspects of the neighborhood. From there, they addressed the school itself in terms of their perceptions of the school; whether or not they liked the school; was the school safe; who were the key people at the school and why were they key; and, were they helpful? These questions were addressed in the form of a wide-ranging, but controlled discussion which attempted to place the students at ease and allow them to share the most candid answers possible.

In response to the series of questions presented in this section there was a certain ambiguity on the part of the individual students and their discussion groups. This is to be expected. These students, given their ages and grade levels, have evolved an array of coping, or "survival" skills, which allow them to view their environment as both "good" and "bad"; a challenge and a threat. Without doubt, however, the students affirmed that this community can be a dangerous place. Across the range of grades four through seven, the dangers of the neighborhood were well enunciated. In its broadest terms, the neighborhood is "violent". The violence is articulated at several levels. In the abstract it is "wild", "crazy", "terrible" and full of "temptation". At a more concrete level, it is drugs, weapons, kidnapping, shootings, stealing, and raping. Fighting is commonplace, signifying much more than the rite of passage of earlier generations. A fourth grader states simply, "I don't like it". The seventh grader, in a more sophisticated way, says: "[You] got to watch your back".

As age and grade increase there is more sophistication in the perception of the neighborhood. Racism and prejudice become perceptual links. They are not only the consequences of life in this neighborhood, they are the lens by which perception is filtered. That filtering begins at an early age as the comments of one fourth grader indicate: "Chinese people be cheating you out of money...." Notions like this relate to the ways in which some students view authority. This is borne out in comments concerning the police in particular.

Within the context of these negative perceptions of the neighborhood were comments of what a "fun"-filled, "exciting", "interesting", "cool", and even "normal" community this is. One child summarized it as a "big" community that works together". This was tempered by another youngster's observation that "it's not that bad, but not that good".

These comments are indicative of the ways in which these students have adjusted to their specific environment. Where the neighborhood has its positive aspects, the students find them in institutional structures, many times the schools themselves.

Overwhelmingly, the things which made this neighborhood "good" or "fun" dealt with the availability of organized activities - by extension, those activities organized after the close of the school day. For fourth graders these activities were manifested in the area's playgrounds. However, as students got older the community and recreational centers become the pivotal points around which their after-school lives revolve.

It appears that these places are where friendships (some already made) take on greater significance. They are also the places where adult supervision and respect for adult authority are more likely to be seen. The community center is also multifaceted in that academic reinforcement is provided along with athletic competition. It should be underscored, however, that sports were perceived as crucial to these children's concept of what makes life meaningful and enjoyable; and, in that light, sports cannot be written off as simply "extracurricular" or non-academic. These students look to organized sport as a source of discipline, social tension and a forum for the exercise of individual and collective responsibility. The void in after-school activities has greater consequences in light of recent school district cutbacks.

All of this impinges on the students' perceptions of the school. For these students there appears to be a range of feelings concerning the school proper. They fluctuate between two broad dynamics: the issue of learning and the issue of fear. With regard to the first issue, students across the spectrum were clear on the

necessity of school and its rewards. Even those who voiced some dissatisfaction with school limited that dissatisfaction to the particular school they presently attended, not education in general. By and large, teachers and administrators were viewed in a positive light. One focal point for some students are the non-teaching assistants. The various aides, who now have a significant presence in both public and parochial schools, exert formidable influence in the eyes of the students. In many instances, the aides are the counsel of first and last resort.

More than anything else, it appears that the various personnel employed by the school systems are also responsible for whatever sense of safety and well-being these schools offer their students. It is people who impart a sense of safety to these students, not buildings and procedures.

By the same token, people can also inspire fear, or at least antipathy. Some students' negative reactions to school focus on school personnel - personnel who they charge as insensitive to students' situations; personnel who may be emotionally or physically abusive. In the upper grades, this is characterized by words like "racism" or "prejudice". In a much more pervasive sense it may lie in the perceived inability of school personnel to protect the student; and, indeed in the inability of the school, as a physical structure to protect students as well. Students attend these schools with an increasing sense of dread which escalates as they move through the elementary grades.

As students mature, they turn to those adults who they characterize as "helpful"; and, to programs and structures which exist outside of the school structure as well.

There is a direct correlation between what occurs in the neighborhood and what occurs in school. The school door is seen as offering only limited protection against the fears and dangers of the neighborhood. In fact those very dangers are manifested inside of the school itself. Students expressed a constant concern about fighting: fights between students within a given school; fights provoked by outsiders trespassing on school property; and, fights between students and school personnel. While drugs, prostitution and related activities seem to dominate the culture outside of the school, the violence associated with that culture is reflected in the daily school milieu. Because of the increased possibility of weapons in school, a sizeable proportion of these students have concluded that they have the same chance of being harmed in school as outside of it. One fifth grader put it this way: "There is no safety in school because the school administration does not check people for weapons".

From the observations of the focus group leaders, it appears that the parochial schools are much more secure than public schools. Access and egress were closely controlled through physical apparatus (locked doors, etc.) and immediate clearance of all visitors by the schools' administrative offices. However, a number of public schools also exhibited tight security with personnel greeting visitors at the door at the appointed hour; escorting visitors to the office; asking visitors to sign in; and, monitoring of halls by two-way radio.

D2. Prevention in the Schools

The question of ***Prevention in the Schools*** focused on three issues:

- the sources of drug and alcohol information;
- the effectiveness of the prevention education (either a CADE or SHALOM specialist, other outside personnel, or school personnel); and,
- to whom students might turn if there is a drug or alcohol related problem.

As expected, within a complex social structure (the neighborhood), there are various sources, positive and negative, which provide the information which students process concerning drug and alcohol abuse. Students learn their drug and alcohol lessons both in school and out of school, at both the experiential and the cognitive levels. When the question was posed: "Where and from whom do you learn about drugs and alcohol?", a

common response was "the streets". This took many forms. One student confided: "I learned from watching my father use drugs". Another reported: "I did it [sold drugs] for a while". Another: "a friend died using drugs".

Other more traditional information-givers include parents, siblings, relatives, friends, and school personnel, especially the prevention educators.

The responses of the students to the prevention education classes and the prevention educators also take on a generalized quality. The classes were assessed as getting their messages through, although, in certain cases where it was cited that the educators ran out of innovative methods to relate information to students - particularly those in the age and grade groups most likely to experiment - the educator's efficacy wanes as students approach the higher grades.

The fact that older students are less receptive to the standard means of instruction reinforces the recognized need for early prevention training, well before the fourth grade, as several curricula are currently providing. It also suggests an important need to develop new approaches from the middle grades on up.

Diminishing receptivity and impact was reported across both parochial and public schools. Among several groups of seventh grade students, the prevention educator's class was called "corny". This seems to reflect a shift which occurs in teacher/student relations, in general, between the fourth and seventh grades. By the latter grade, a certain low intensity hostility seems to have set in. It also appears to reflect the lack of innovative instruction being used by certain preventionists.

The prevention educators are key here. The responses of students who have a CADE or SHALOM specialist or contact with some other preventionist are consistently more positive than those students who view prevention as simply an "add-on" to an already "boring and tedious" school curriculum. In the lower grades the preventionist is almost ubiquitous: "at summer camp"; "on the streets"; saving a "friend's father from drugs". It is difficult to gauge the potential of such an awe-inspiring performance. During the earlier grades, it certainly can be motivational.

In the sixth and seventh grades where this kind of "information" becomes "boring" or "corny" for some, innovation becomes a key. One approach, deemed effective by the students, is the use of speakers who have had direct experience with addiction - the former addict seems to be the most convincing proof at this age of why drugs are extremely dangerous. Much has been written, especially in the 1960s and 1970s, regarding serious drawbacks to the strategy of using recovering addicts in the classroom. Perhaps, however, it is time to revisit the evaluations of this strategy to determine whether changing situations coupled with more insightful educational interventions warrant a reapplication of this approach in the higher grades. Finally, one of the dimensions that sixth and seventh graders valued most in the prevention experience is dialogue as opposed to lecture, e.g. the need to be engaged by the material and the specialist.

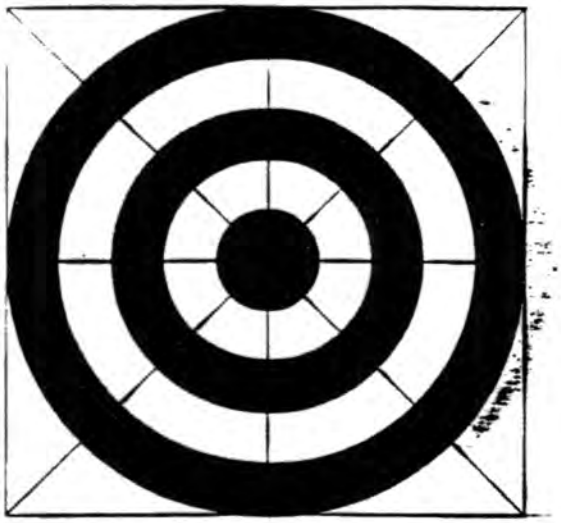
D3. Who Is Most Helpful in Keeping Students From Using Drugs and Alcohol?

This dynamic was discussed with the students regarding helpers both inside and outside of the school. The findings reported in the earlier section regarding the interrelation between schools and other community organizations is confirmed. Outside of school, churches, community and recreational centers, and the people who staff them are a first line of aid. Within school, prevention programs which begin in the early years of the student's life and which are innovative as the student matures draw a fairly high level of praise. In the sixth and seventh grades, prevention classes become the "best classes", not because they "get us out of other classes", but because they are reality based, engaging and holding the students' attention and reinforcing earlier lessons or information gained elsewhere.

A second, more structured procedure was also employed to gather information on this question. The

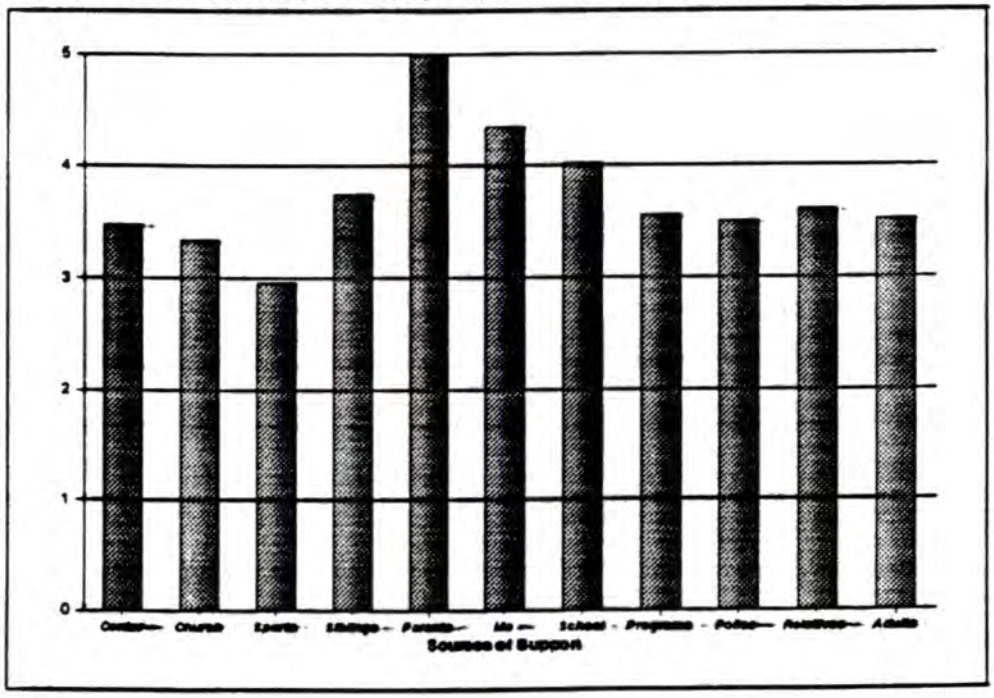
technique not only assisted the evaluators to quantify responses, but served to lend variety to the rather lengthy discussion. Each student was given a target (shown in Figure 1). The group leaders next passed out a set of stickers to each student and gave the following oral instructions: ***Please don't begin work on your targets until you've heard all of my instructions. Let's read the sticker sheet together. The stickers should read: school; parents; me; community center; church; brothers/sisters; other relatives; other adults; sports clubs or teams; and, other after-school programs. Arrange the stickers on the target with the ones most helpful to keeping kids off drugs closest to the bull's eye (center) of the target. Let me show you. I'll make up some imaginary examples. If I think television is the most important thing in keeping kids off drugs, I would put my television sticker right on the bull's eye. If I thought radio was not as important as television, I would put my sticker out here, maybe in the second circle. If I thought newspapers weren't important at all, I might put my sticker way out here, outside the circle. Okay let's begin. Read all the stickers and think carefully about your choices, then stick your stickers to the target.*** Each student was also given extra stickers to use if an important factor was missing from the pre-designed sticker labels. Working alone, each student placed the appropriate stickers on the target. Completed targets were collected without discussing sticker placements. Results were tallied and appear in Appendix B. Here, an overview of the findings is presented. Please note that Figures 2, 3 and 4 chart these target data. Appendix B presents the data frequencies three ways: all responses combined; public versus parochial responses; and, responses by grade level.

Figure 1: Sample of Target Used In Discussion Exercise



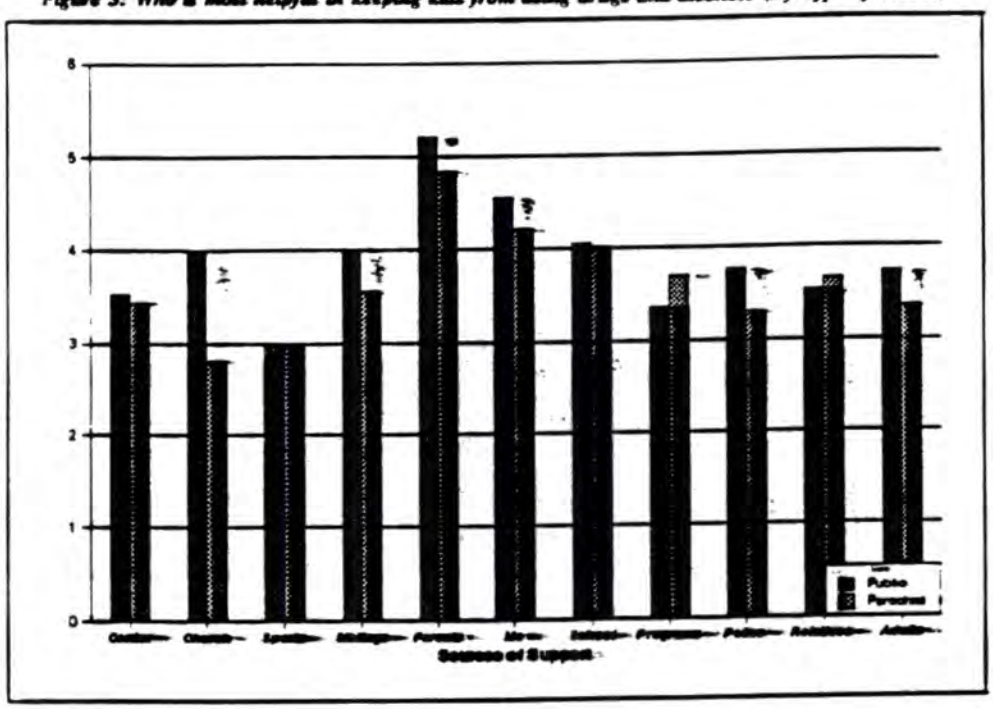
In your opinion, who is most helpful in keeping kids from using drugs and alcohol?

Figure 2: Who is most helpful in keeping kids from using drugs and alcohol? (All Respondents)



Across all students from all schools, parents were noted as the "most helpful" source in "keeping kids from using drugs and alcohol". On a 1 to 6 scale where 1 was "least helpful" and 6, "most helpful", parents averaged 5.0. Parents were followed by "me" (with a mean of 4.35) which may be an indication that the frequently emphasized message in drug/alcohol prevention that, "I am important and I am responsible for my own behavior", may indeed be internalized by the students. It could also mean that the student does not feel a sense of support from other sources. "School" also received high marks, placing third in import (mean of 4.03). No other variable attained an average of 4.0 and the remaining responses are rather evenly distributed except for sports teams which, across all respondents, received the lowest rating, with a mean of 2.96. In addition to the predetermined categories, fourteen students wrote in "God" and almost half of these (n=6) indicated that God is the most important factor. A few other students also wrote in television, friends and the DARE drug prevention program.

Figure 3: Who is most helpful in keeping kids from using drugs and alcohol? (By Type of School)

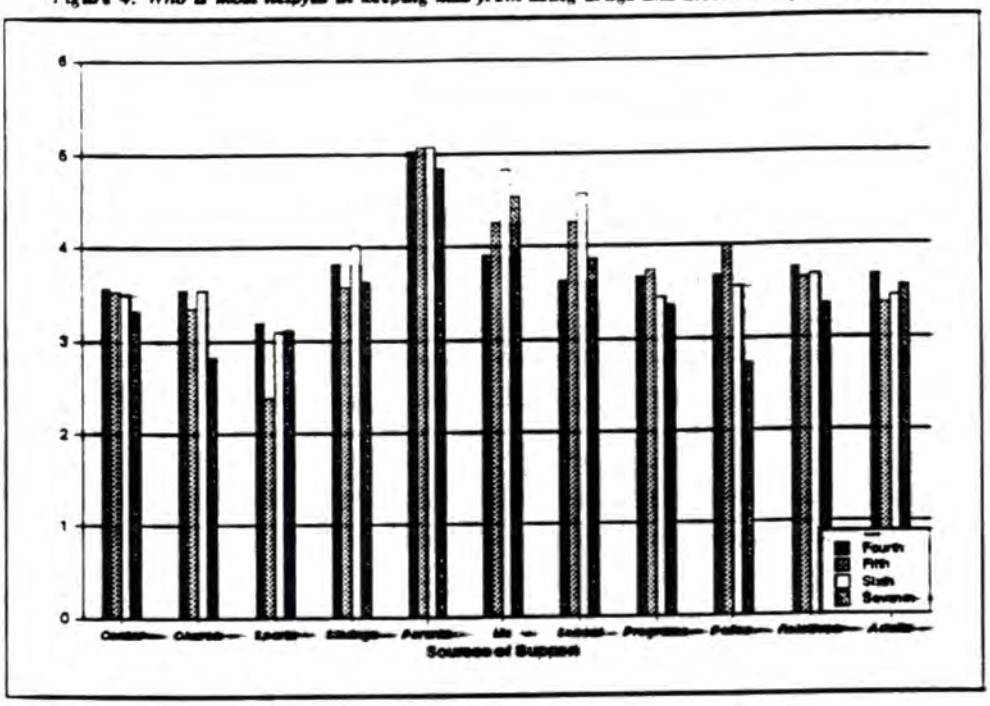


Catholic and public school children were perfectly consistent in registering their three principal factors that are most helpful in preventing drug use: "parents", "me" and "school" respectively. However, public school children put considerably more emphasis upon "brothers/sisters", "Church", and "police" while the parochial students accented "other after-school programs". In examining the data for trends across the four grade levels included in the study, very little change was found among those factors considered as most helpful in preventing drugs. Again, "parents, me and school", in that order, lead the list in each and every year with the interesting exception that the fourth graders do not rank school third, but more towards the middle of the rankings. Also, as children mature from fourth to seventh grade, their respect for efficacy of religious and social institutions, specifically, church and police, diminishes.

D4. Use of After-School Time

Through the eyes of the children, this section provides a view of after-school life in this South Philadelphia neighborhood. Students were queried about their general after-school activities as well as what they felt to be the safest and most dangerous places in the community. In the upper grades, this issue was pursued in a bit more detail through the inclusion of questions which allowed the students to reflect on ways that certain places might be popular for their group in spite of perceived safety or danger; and, to reflect on what they thought would make their schools viable places for after-school activities.

Figure 4: Who is most helpful in keeping kids from using drugs and alcohol? (By Grade Level)



The general activities reflect not only what individual children do, but also what they perceive their peers are doing, and what is done in the neighborhood generally. In that regard, the behaviors that students divulged ranged from those that we conventionally associate with childhood and growing-up to some very dangerous and illicit activities.

At one end of the spectrum, students talked about having "fun", "playing around", "messing with girls [and boys]", sports, being with friends, doing homework, going to the library, playing video games and the like. Even in the lower grades, but much more evident as students progressed, "playing around" and "messing" became equated with "hanging out"; and, the older the student, the more "hanging out" became a night time activity.

Never distant from playing and messing around were fights and "getting beat up". Physical aggression becomes more and more intrinsic the older the students get. Hanging out implies some possibility of violent behavior, in part because of where and with whom these students hang out. In the fourth grade, students are aware of this: people "hang around stores and sell drugs"; "a neighbor brings dogs out to fight"; "some kids sell drugs".

Fifth graders make similar assessments when they describe neighborhood activity and the "dangerous places" in their community ("the park when its dark"; "boarded up houses"; "on the streets/on the corners"; "stores that sell drugs"; "the projects"). For some of the students, the neighborhood is simply a dangerous place to be - "everywhere".

Sixth graders concur, though the shading between "danger" and "excitement" now begins to merge. Danger can be "whenever you're alone" - "anywhere at night". Many are put at risk because, as they state, they "don't have anything better to do".

By the time the student reaches the seventh grade it becomes difficult to determine if the places that are chosen as "hang outs" have any safety associated with them, or if they are chosen simply because of their allure. Students say they go to these places because "everyone is there"; it's the "cool place to be"; it's "somewhere

besides home". Some of them even maintain that this is where they "stay out of trouble", but none of the students contended that these places are safe. When older students' responses are matrixed with those from students in the lower grades, it is difficult to determine if these are not the same places that the fourth graders warned us about... the places where cars are stolen or where a youngster might be introduced to drugs.

By the same token, students in all age/grade groups were concerned about the safety of the school-setting. Examples ranged from guns and other weapons on the school premises to fights between students and teachers. As one student put it, school is "safe, but not all the time".

Safety is found in those places that are mentioned in earlier sections: home; among family and friends; church; the community and recreational centers.

In the composite of comments about the school, there were very few "anti-school" comments. Responses were more reflections of how students wished their schools could be. The school of their dreams offers "different types of activities" especially sports; a drug-free environment; arts and music; "tutors". Basically, "something (productive) to do" in a safe and secure space.

Ironically, the wishes of fourth, fifth, sixth and seventh graders sounded almost nostalgic. They resurrect and long for the schools of their parents and grandparents.

D5. Short-Term Strategies to Obtain Long-Term Goals

The issue of *Short-Term Strategies to Obtain Long-Term Goals* was posed to our groups of students. We asked the students to consider five different questions:

- What are their career goals;
- Would they want to live in this neighborhood;
- What age did they think they would live to be;
- How would they reach their goals; and,
- What is the role of the school in helping them to reach their goals?

Across all the students, with the exception of the few who saw professional sports or entertainment as their career goal, the majority of the students saw themselves in solidly middle class technical and professional jobs. Unfortunately, yet somewhat realistically, success was equated with leaving the neighborhood. Even within this general context, however, there was a good number who felt that this neighborhood was a place where they could live and thrive and succeed.

These are all healthy signs of the hope that these children see in their lives. That hope is reinforced by the optimism they express about their own longevity. Most expect to live well into middle age with many expecting to live into their 70s, 80s and 90s. It is deeply disturbing, however, to listen to the relatively few children who believe that they will not live out their teens: the fourth grader who responded, "I could die tomorrow"; the fifth grader who believes that if "I stay in this neighborhood, eighteen; if I move, ninety"; the sixth grader who says quite philosophically "no one knows because God will take me or I'll get shot"; and, the seventh grader who reflects, "I don't know, a friend died at twelve".

They are all quite clear on how they will reach their goals if they survive in this community. They all praise hard work. They say that school is the ticket. They assert a belief in themselves. They emphasize self-motivation. They believe in excellence. They talk about education; about school; about college; about graduate school. They talk about "focus"; about the need to "look past the neighborhood...."to look ahead [and] don't look back". They believe that school should provide them with the skills and the opportunity to reach their goals. There should be education, but it must be coupled with encouragement, inspiration, and dedication on the part

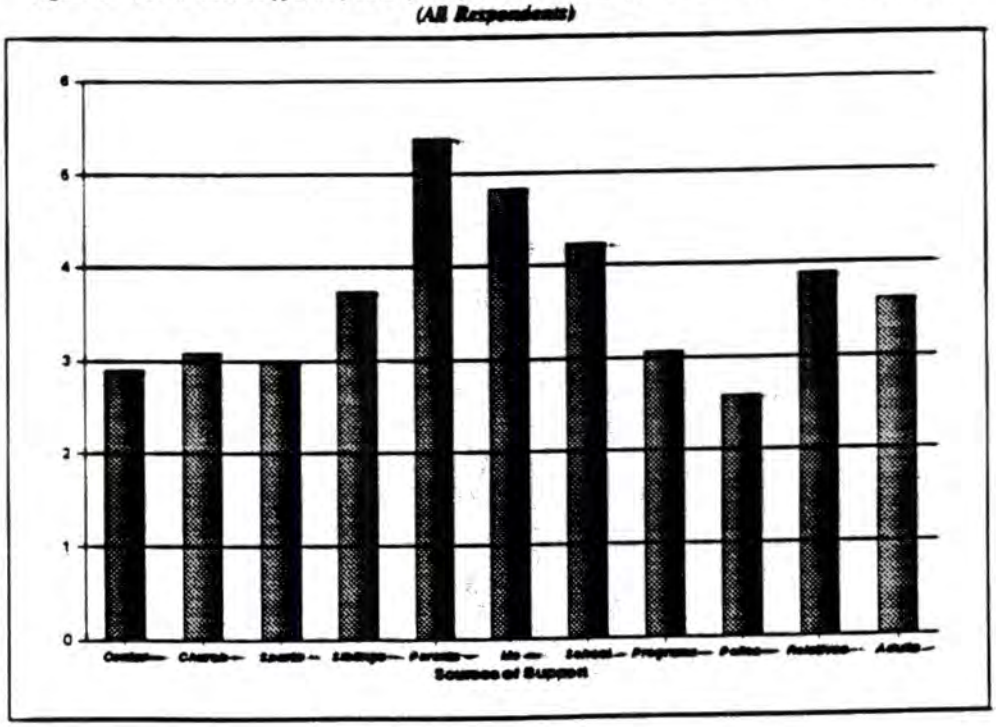
of school staff. These students want examples; they want "role models".

The role of the school is undergirded in all cases by the home. Families and parents are essential. The right group of friends plays a large role. Students talk about parents who sit down and discuss their lives with them; their hopes; and their potential. Those people in the institutions which are attendant to the school are important as well: coaches; group leaders; community and recreational center workers. The key to reaching any goal, these children seem to be saying, is holistic. It involves tapping all of the most positive resources that the community has to offer. It also means, implicitly and explicitly, staying away from drugs and the activities associated with them.

D6. Who Is Most Helpful to Students in Achieving Their Long-Term Goals?

Once again, in order to better quantify results and to introduce variety to the group session, students were asked to indicate on a new set of targets those "most helpful to you as you try to become what you want to be - when you grow up". The methodology here is the same as described earlier. The same eleven predetermined response codes were again used and students were given extra blank stickers so that they could write in responses not covered by the fixed codes. The pre-coded responses were: Community Center; Church; Sports Team or Club; Brothers or Sisters; Parents; Me; School; Other After-School Programs; Police; Other Relatives; and, Other Adults. Results mirrored those from the earlier question: "Who is most helpful in keeping kids off drugs?" Across all responses, the top three held in the same order with respect to assisting students realize their "grown up" goals: (1) Parents (2) Me (3) School.

Figure 5: Who is most helpful to you as you try to become what you want to be when you grow up?
(All Respondents)



This was true for both parochial and public school students who assigned strikingly similar ranks across the entire response set. The pattern alters a bit, although not abruptly, when the data are viewed across grade levels. "Parents" retain their premier ranking across all grades, but in the higher grades there is a shift toward "relatives" (siblings and others) and away from school in terms of the efficacy of attaining long-range goals. If we interpret these goals to be jobs, the children are quite accurate in their emphasizing social networks, particularly relatives, as the principle link to the world of work.

The frequencies for this question are reported in Appendix B. Tables 4, 5 and 6.

Figure 6: Who is most helpful to you as you try to become what you want to be when you grow up? (By Type of School)

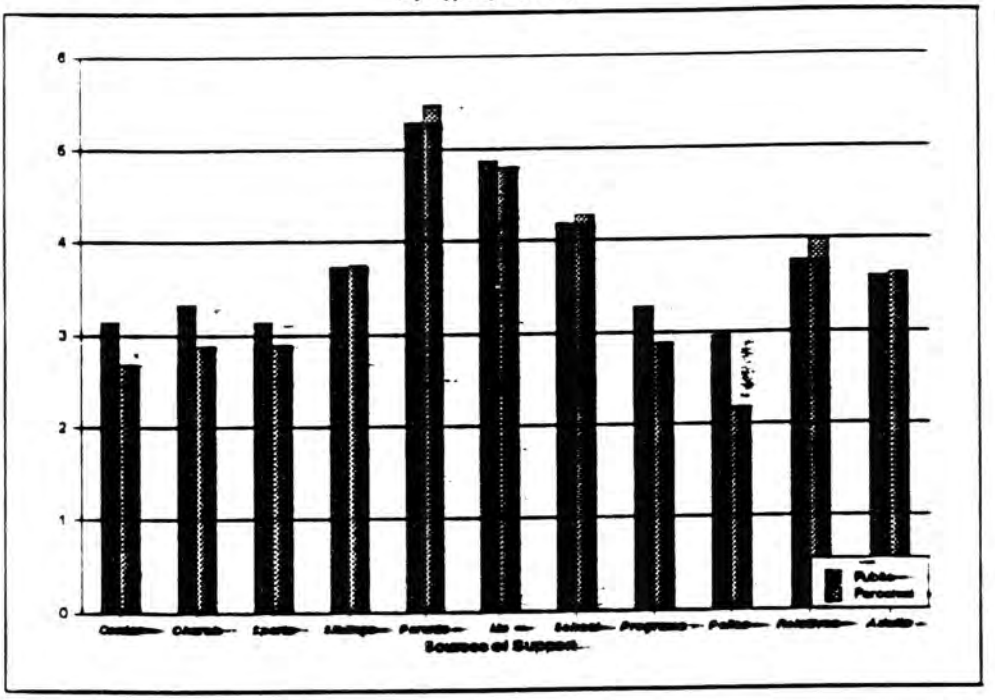
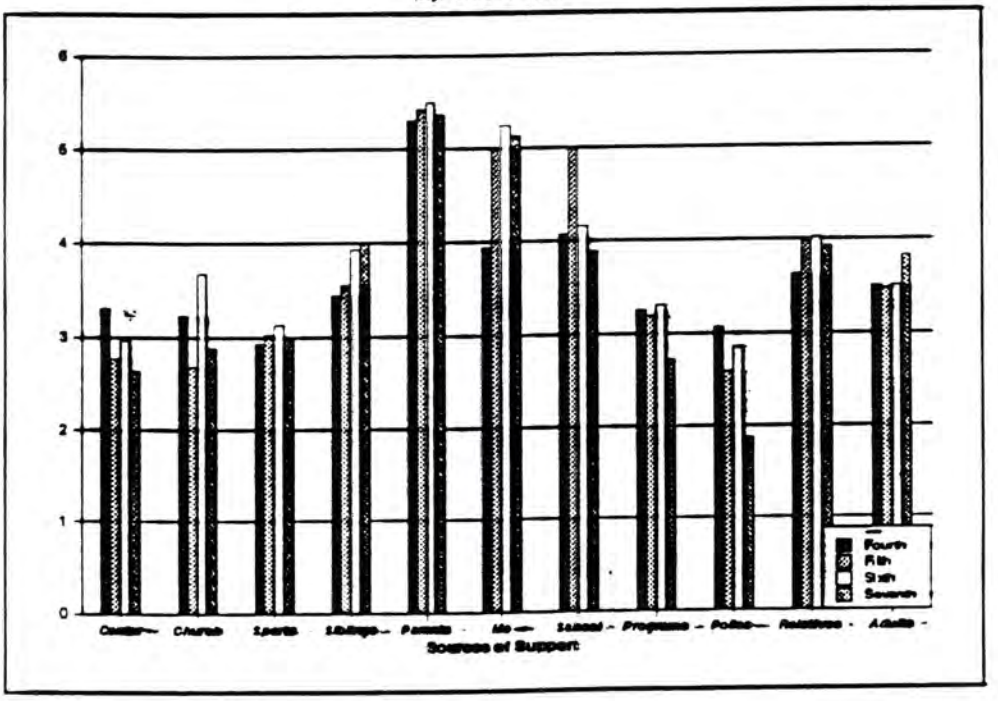


Figure 7: Who is most helpful to you as you try to become what you want to be when you grow up? (By Grade Level)



E. Conclusions

The conclusions to this study are fairly succinct and straight-forward. If our student groups are a representative sample then there is much to be said for the efforts of the prevention educators who work in these schools. It appears that their message is being received and understood. Its efficacy, however, is not due solely to the good works of the preventionists. That efficacy is possible because the prevention educators have entered into a social system which involves families, community institutions, schools, and the students themselves. The students will not allow you to forget their role in this equation, especially at the higher levels. They want adults to realize that they are well aware of "free will", and quite capable of exercising it.

The holism of these children's experience is being eroded daily, however, because the schools have diminishing resources to provide the kind of "extra-curricular activities" which prove so meaningful and effective in situations like this. At the same time the various community organizations which are so important in picking up the slack also find themselves in very tenuous positions. Because of the decrease in the number of meaningful and viable alternative activities, prevention education will become less and less effective in this environment of dwindling resources. More specifically, this study yields a number of findings, many of which support prior research and "gut" feelings, while others suggest new and innovative initiatives. Specific findings include:

- **Neighborhood and Community**
  - Children perceive their neighborhood as both "good" and "bad" simultaneously, but always as dangerous;
  - Violence is an intrinsic, pervasive part of these children's lives.
  - As children move from fourth to seventh grade, racism and prejudice become internalized and influence behavior.
  - Organized activities, both in school and out of school (in playgrounds and community centers) are what make the neighborhood "good".

- **Schools**
  - Schools are perceived as decidedly positive.
  - Schools are also seen as "dangerous" places where fights often occur.
  - School staff - the people - are the most important factor in helping students experience a sense of safety and well-being.
  - School staff can also contribute to fear and antipathy.

- **Prevention Educators**
  - Prevention educators are well regarded by the students. This is enhanced by the preventionists working summer months in the neighborhood.
  - The messages of preventionists, particularly with respect to building self-regard, self-responsibility and anti-drug attitudes are seemingly being effectively conveyed to students.
  - The efficacy of the prevention educators' messages appears to wane as children progress from the earlier to the middle grades.
  - New classroom prevention approaches should be considered at the middle grades, including re-evaluation and possible refinement of interventions which feature dialogue and discussion within the school classes.
  - Sixth and seventh graders strongly prefer dialogue as opposed to lecture in their prevention classes.

- **Key Individuals in Helping Students Stay Off Drugs and Reach Long-Term Goals**
  - Parents were consistently named as the primary force in these areas. This suggests continuing and furthering organized efforts to assist parents and guardians.

- The students themselves and their schools also achieved consistently high ratings in these areas with "other relatives" (including siblings) becoming increasingly more important as students move toward their career goals.
- The focus groups also point up that non-teaching assistants were a very valuable source of advice and counsel.

- **After-School Time**
  - Community centers and playgrounds are extremely important with respect to after-school activities.
  - As children move toward the seventh grade, night "hang outs" become more common and important. This could point to the need for even more extended outreach efforts.

These students' responses to the work of prevention educators reflect who and what the students are and hope to be. The students are - through relationships with the preventionist, the coach, the tutor, the community center worker, the favorite teacher - looking for guidance and the opportunity to be taught responsibility. They see this paying off in the opportunity to learn and to work; the opportunity to become productive citizens. In countless ways, they contradicted the stereotypes of children in this community, and communities like this. These young people revealed great potential which must be both nurtured and protected. Optimism and sense of connection to important sources of support is seen to decrease as the children reach middle school. The most effective way to achieve that nurturing and protection is through the partnership of all concerned parties in the community. This nurturing and protection needs to start at the earliest of ages and to be constantly reinforced, in practical and innovative ways, if these children are to fulfill their dreams, and ours.

Appendix A
Interview Consent Forms
and
Interview Protocols

Name of School

Dear Parent/Guardian:

The problems of drugs and alcohol are of great concern to parents and educators. The (Name of School), the (School District of Philadelphia or Archdiocese of Philadelphia) and the Corporate Alliance for Drug Education (CADE) have been working to help you and your child deal with these problems.

We now want to see how we have been doing and find out how we can improve our efforts. We have asked Villanova University to conduct several discussion groups with our students. These groups will discuss students' opinions regarding:

- the role of the school in the community;
- the drug and alcohol abuse prevention efforts in the schools;
- students' use of after school time; and,
- how students might be better assisted in achieving their long term goals in life.

Your child has been selected at random to participate in one discussion group with other classmates. The group, to be held in May, will last about 45 minutes and occur during the regular school day. The groups and the information they generate will be totally confidential. ***No names or other personal information will be disclosed or used in any reports written about these discussions.*** Researchers' notes and tapes will be destroyed at the end of the process.

The discussion groups will be conducted by students from Villanova University's Law School. These students have been trained by Dr. Teresa Nance, Associate Professor of Communication Arts for Villanova University. Dr. Nance has conducted similar projects with many educational, business and service organizations.

We appreciate your interest and willingness to consider allowing your child to participate in this important study. Participation in these discussion groups is totally voluntary. Should you or your child choose not to participate, the decision will be fully respected.

There is a consent form attached to this letter which says that you have read this letter, know what these discussion group are about and agree to let your child participate in this discussion. Villanova University requires your and your child's written consent to participate in the study. No student will be permitted to participate in the discussion group without a consent form signed by both the parent/guardian and the student.

Please read the attached consent form. If you agree to allow your child to participate, sign the form and ask your daughter or son to also sign the form. ***Please have your child return the form to my office, using the enclosed envelope, within the next two days.***

Thank you very much for your help. Should you have any questions, please do not hesitate to call me directly at (school telephone number).

Sincerely,

Name of Principal

Informed Consent and Agreement to Participate

I have read a description of the student discussion groups being sponsored by the (Name of School), The (School District of Philadelphia or Archdiocese of Philadelphia), the Corporate Alliance for Drug Education, and Villanova University. I understand that these groups will discuss students' opinions regarding: the role of the school in the community; the drug and alcohol abuse prevention efforts in the school; how students use after school time; and, how students might be better assisted in achieving their long term goals in life.

I understand that participation in these discussion groups is completely voluntary. I also understand that the information gathered from these discussions is completely confidential, and that no information will be released which might identify any specific student or other individual.

I understand that these discussion groups will be conducted by carefully trained students from the Law School of Villanova University, under the supervision of Villanova professors Dr. Maghan Keita and Dr. Teresa Nance.

I understand that I or my child may withdraw this agreement to participate at any time prior to the start of the discussion group.

I understand that I may call the principal of my child's school should I have any questions.

Name of Student - Please Print: _____

I agree to allow my child to participate in this discussion group.

Signature of Parent or Guardian: _____ Date: _____

I agree to participate in this discussion group.

Signature of Student: _____ Date: _____

Please have your child return this form, using the enclosed envelope, within the next two days to:

Name of Principal
Name of School

Thank you very much for your interest and help in this important study.

Human Organization Science Institute
Villanova University

Corporate Alliance for Drug Education
Student Focus Groups

Discussion Introduction
Fourth and Fifth Grades

Good morning girls and boys. My name is _____. With me today is _____. We are students at Villanova University and we have come to your school today because we are very interested in finding out about your school and your community. This is part of a pretty big study. We'll also be talking to kids from about seven other schools. We are here talking to you because we especially want to talk to kids. We think you are very important and we'd like to hear what you have to say.

The important thing to remember is that there are no right or wrong answers. This is not a test. We just want to know what you really think.

As you can see, we have tape recorders set-up on the table. We use recorders because we need to write a report about our discussion and we want to be as accurate as possible. It is very important for you to understand that even though you will be tape recorded here today, your name will never be used. In fact, we will only be using first names during our discussion. So please feel free to talk openly. No one - not your teachers, parents or anybody else - will be told what you say.

Now, let's go over a few ground rules. First, please speak one at a time. Besides being the polite thing to do, we are tape recording and it is hard to understand a tape when several people are talking at the same time. And, please remember that we are using only first names.

Second, it's okay to disagree with each other and with me. The purpose of our discussion is to find out what ***everyone*** thinks and not to get everyone to agree with other.

Okay, it's time to begin.

Goal #1: The Role of the School in the Community

As I said, my name is _____ and I grew up in _____. I'd like to begin by going around the table and having each of you introduce yourselves, using only your first name, and tell me:

1. What's it like growing up around here?

   1a. Name some of the good things about growing up around here.
   1b. Name some of the bad things about growing up around here.

2. Now I'd like you all to relax and clear your mind. I'd like you to get a picture in your mind of this school. Going around the table: Tell me what you see.

   2a. Do you like going to school?
   2b. Do you feel safe here in school?
   2c. Who is the most helpful to you in this school? (probe for role: teacher, principal, counselor, etc.)
   2d. Let's list some of the best activities you do around here.

Goal #2: Prevention In The Schools

3. When I was your age, we didn't learn much about drugs and alcohol. Where do kids in this school get most of their information about drugs and alcohol?

4. Does (precode) Mr./Ms. _____ teach you about alcohol and drugs in your classroom?

   4a. What's this class like?
   4b. Do you like going to this class?
   4c. Do you think this class helps kids not use drugs and alcohol?
   4d. Do some of you also see Mr./Ms. _____ outside of the classroom, like in a school club or group? What's this like?
   4e. Did any of you see Mr./Ms. _____ around your neighborhood last summer?
   4f. What was (he/she) doing?

5. If a friend had a problem with drugs or alcohol, is there anybody in this school who could really help your friend?

6. How about outside of school? Are there any groups or people that can help kids with problems like drugs?

7. I'm now going to pass out targets to everyone. I'm also going to pass out some stickers. Please don't begin work on your targets until you've heard all of my instructions. Please put the targets on the tables. Let's read the sticker sheet together. The stickers should read: school; parents; community center; church; brothers/sisters; other relatives; other adults; sports clubs or teams; and, other after-school programs. Arrange the stickers on the target with the ones most helpful to keeping kids off drugs closest to the bull's eye (center) of the target. Let me show you. I'll make up some imaginary examples. If I think television is the most important thing in keeping kids off drugs, I would put my television sticker right on the bull's eye. If I thought radio was not as important as television, I would put my sticker out here, maybe in the second circle. If I thought newspapers weren't important at all, I might put my sticker way out here outside the circle. Okay, let's begin. Read all the stickers and think carefully about your choices, then stick your stickers to the target.

   Thanks. I'll collect all your targets now.

Goal #3: Use of After School Time

8. What do most kids around here do after school?

   8a. What do they do during the afternoon?
   8b. How about at night?
   8c. Where are the safe places in the community?
   8d. Where are the dangerous places in the community?
   8e. Where does the school fit?

Goal #4: Short-Term Strategies to Obtain Long-Term Goals

9. We began by talking about growing-up in this community. In this question I'd like to talk about being grown-up.

   9a. What do you want to be when you grow up? (GO AROUND TABLE AND GET EVERYONE)
   9b. Do you think you'll be living in this neighborhood when you grow up?
   9c. How old do you think you will live to be?
   9d. What do you have to do to reach your goal - to become what you want to be?
   9e. How do think this school is helping you get to your goal?

10. Let's work with another set of targets and stickers. Remember, don't begin work on your targets until you have heard all of my instructions. This time, arrange the stickers by who is being most helpful to you as you try to reach your goal - to become what you want to be when you grow up. (REPEAT DEMONSTRATION IF NECESSARY). Okay, read all your stickers, think carefully about your choices, and stick your stickers on the target.

    Thanks. I'll collect all your targets now.

    We want to thank you for being here today and talking with us. We really appreciate your help. (INSTRUCT THE STUDENTS TO RETURN TO THEIR REGULAR CLASSROOM OR GET CLASSROOM TEACHER AS PRE-ARRANGED)

INTERVIEWERS: PLEASE USE THIS SPACE TO MAKE ANY NOTES OR COMMENTS ABOUT THE SESSION WHICH YOU FEEL WOULD BE IMPORTANT IN INTERPRETING THE RESULTS. THANK YOU.

Human Organization Science Institute
Villanova University

Corporate Alliance for Drug Education
Student Focus Groups

Discussion Introduction
Sixth and Seventh Grades

Good morning girls and boys. My name is _____. With me today is _____. We are students at Villanova University and we have come to your school today because we are very interested in finding out about your school and your community. This is part of a pretty big study. We'll also be talking to kids from about seven other schools. We are here talking to you because we especially want to talk to kids. We think you are very important and we'd like to hear what you have to say.

The important thing to remember is that there are no right or wrong answers. This is not a test. We just want to know what you really think.

As you can see, we have tape recorders set-up on the table. We use recorders because we need to write a report about our discussion and we want to be as accurate as possible. It is very important for you to understand that even though you will be tape recorded here today, your name will never be used. In fact, we will only be using first names during our discussion. So please feel free to talk openly. No one - not your teachers, parents or anybody else - will be told what you say.

Now, let's go over a few ground rules. First, please speak one at a time. Besides being the polite thing to do, we are tape recording and it is hard to understand a tape when several people are talking at the same time. And, please remember that we are using only first names.

Second, you may disagree with each other and with me. The purpose of our discussion is to find out what ***everyone*** thinks and not to get everyone to agree with other.

Okay, it's time to begin.

Goal #1: The Role of the School in the Community

As I said, my name is _____ and I grew up in _____. I'd like to begin by going around the table and having each of you introduce yourselves, using only your first name, and tell me:

1 What's it like growing up around here?

1a. Name some good things about growing up around here.
1b. Name some bad things about growing up around here.

2. Now I'd like you all to relax and clear your mind. I'd like you to get a picture in your mind of this school. Going around the table: Tell me what you see.

2a. Do you like going to school?
2b. How safe do you feel here?
2c. Who is the most helpful to you in this school? (probe for role: teacher, principal, counselor, etc.)
2d. Let's list some of the best activities you do around here.

Goal #2: Prevention In The Schools

3. When I was your age, we didn't learn much about drugs and alcohol. Where do kids in this school get most of their information about drugs and alcohol?

4. Does (precode) Mr./Ms. _____ teach you about alcohol and drugs in your classroom?

   4a. What's this class like?
   4b. Do you like going to this class?
   4c. Do you think class helps kids not use drugs and alcohol?
   4d. Do some of you see Mr./Ms. _____ outside of the classroom, like in a school club or group? What's this like?
   4e. Did any of you see Mr./Ms. _____ around your neighborhood last summer?
   4f. What was (he/she) doing?

5. If a friend had a problem with drugs or alcohol, is there anybody in this school who could really help your friend?

6. How about outside of school? Are there any groups or people that can help kids with problems like drugs?

7. I'm now going to pass out targets to everyone. I'm also going to pass out some stickers. Please don't begin work on your targets until you've heard all my instructions. Please put the targets on the tables. The stickers have the names of people and groups like: school; parents; community center; church; brothers/sisters; other relatives; other adults; sports clubs or teams; police; and, other after-school programs. Arrange the stickers on the target with the ones most helpful to keeping kids off drugs closest to the bull's eye (center) of the target. Let me show you. I'll make up some imaginary examples. If I think television is the most important thing in keeping kids off drugs, I would put my television sticker right on the bull's eye. If I thought radio was not as important as television, I would put my sticker out here, maybe in the second circle. If I thought newspapers weren't important at all, I might put my sticker way out here outside the circle. Okay, read all the stickers and think carefully about your choices, then stick your stickers to the target.

   Thanks. I'll collect all your targets now.

Goal #3: Use of After School Time

8. What do most kids around here do after school?

   8a. Tell me about a typical day for you.
   8b. What or where are the best places for you to hang-out?
   8c. Please tell me why these hang-out places are so popular?
   8d. Where are the safe places in the community?
   8e. Where are the dangerous places in the community?
   8f. What would it take to get you to hang around at school?

Goal #4: Short-Term Strategies to Obtain Long-Term Goals

9. We began by talking about growing-up in this community. In this question I'd like to talk about being grown-up.

   9a. What do you want to be when you grow up? (GO AROUND TABLE AND GET EVERYONE)
   9b. Do you think you'll be living in this neighborhood when you grow up?
   9c. How old do you think you will live to be?
   9d. What do you have to do to reach your goal - to become what you want to be?
   9e. Are you doing anything this year to help you get to your goal?
   9f. How do think this school is helping you get to your goal?
   9g. Who else is helping you get to your goal? How are they helping you?

10. Let's work with another set of targets and stickers. Remember, don't begin work on your targets until you have heard all of my instructions. This time, arrange the stickers by who is being most helpful to you as you try to reach your goal - to become what you want to be when you grow up. (REPEAT DEMONSTRATION IF NECESSARY). Okay, read all your stickers, think carefully about your choices, and stick your stickers on the target.

    Thanks. I'll collect all your targets now.

    We want to thank you for being here today and talking with us. We really appreciate your help. (INSTRUCT THE STUDENTS TO RETURN TO THEIR REGULAR CLASSROOM OR GET CLASSROOM TEACHER AS PRE-ARRANGED)

INTERVIEWERS: PLEASE USE THIS SPACE TO MAKE ANY NOTES OR COMMENTS ABOUT THE SESSION WHICH YOU FEEL WOULD BE IMPORTANT IN INTERPRETING THE RESULTS. THANK YOU.

Appendix B
Statistical Tables

Table 1:

Target Responses - All Students Combined

Who is most helpful in keeping kids from using drugs and alcohol?

Category	Source of Support	Frequency of Rankings (Most Supportive ..... Least Supportive)						Students Using Sticker	Mean Ranking
		6	5	4	3	2	1		
All Respondents	Community Center	17	33	50	44	38	17	199	3.48
	Church	18	24	52	43	35	26	198	3.34
	Sports Team/Club	9	16	34	44	56	22	181	2.96
	Brothers/Sisters	18	52	55	33	33	13	204	3.75
	Parents	93	60	47	13	3	3	219	5.00
	Me	44	68	37	32	16	7	204	4.35
	School	36	43	63	35	16	14	207	4.03
	Other After School Program	21	27	52	38	31	17	186	3.56
	Police	16	40	53	29	35	24	197	3.50
	Other Relatives	8	41	60	48	36	5	198	3.61
	Other Adults	5	42	57	53	34	9	200	3.52

Table 2:

Target Responses by Public and Parochial Schools

Who is most helpful in keeping kids from using drugs and alcohol?

Category	Source of Support	Frequency of Rankings: Most Supportive ..... Least Supportive						Students Using Sticker	Mean Ranking
		6	5	4	3	2	1		
Public Schools	Community Center	6	17	23	13	18	6	83	3.54
	Church	15	15	30	16	9	4	89	3.99
	Sports Team/Club	2	7	12	22	19	6	67	2.97
	Brothers/Sisters	5	30	26	11	12	2	87	4.01
	Parents	47	26	19	2	0	1	95	5.21
	Me	17	35	14	13	5	0	84	4.55
	School	7	26	23	16	5	3	80	4.06
	Other After School Program	4	14	20	16	14	9	77	3.36
	Police	9	23	20	10	15	7	84	3.76
	Other Relatives	1	20	27	22	16	3	89	3.54
	Other Adults	2	27	23	22	12	3	89	3.73
Parochial Schools	Community Center	11	16	27	31	20	11	116	3.43
	Church	3	9	22	27	26	22	109	2.81
	Sports Team/Club	8	9	22	22	37	16	114	2.96
	Brothers/Sisters	12	22	29	22	21	11	117	3.56
	Parents	46	34	28	11	3	2	124	4.83
	Me	27	33	23	19	11	7	120	4.21
	School	29	17	40	19	11	11	127	4.01
	Other After School Program	17	13	32	22	17	8	109	3.70
	Police	7	17	33	19	20	17	113	3.30
	Other Relatives	7	21	33	26	20	2	109	3.66
	Other Adults	3	15	34	31	22	6	111	3.35

Table 3:

Target Responses by Grade Level

Who is most helpful in keeping kids from using drugs and alcohol?

Category	Source of Support	Frequency of Rankings						Students Using Sticker	Mean Ranking
		Most Supportive . . . . . Least Supportive							
		6	5	4	3	2	1		
Fourth Grade	Community Center	5	12	13	12	8	6	56	3.57
	Church	9	9	11	15	7	8	59	3.56
	Sports Team/Club	2	7	7	22	11	3	52	3.19
	Brothers/Sisters	7	15	14	11	8	4	59	3.83
	Parents	25	19	11	6	0	0	61	5.03
	Me	4	17	10	15	6	1	53	3.91
	School	3	11	18	15	7	3	57	3.63
	Other After School Program	5	10	17	12	7	4	55	3.67
	Police	4	15	15	10	8	5	57	3.68
	Other Relatives	1	17	15	18	6	1	58	3.76
	Other Adults	2	17	14	14	10	2	59	3.68
Fifth Grade	Community Center	5	8	14	11	11	3	52	3.54
	Church	2	6	18	8	11	4	49	3.35
	Sports Team/Club	2	1	4	8	16	11	42	2.38
	Brothers/Sisters	4	13	9	9	7	6	48	3.58
	Parents	25	13	12	3	1	0	54	5.07
	Me	12	15	10	8	6	2	53	4.25
	School	13	11	16	6	3	4	53	4.25
	Other After School Program	8	6	9	14	7	2	46	3.74
	Police	10	9	15	9	4	4	51	4.00
	Other Relatives	3	10	15	10	7	3	48	3.65
	Other Adults	0	9	15	14	9	3	50	3.36

Table 3 Continued:

Target Responses By Grade Level

Who is most helpful in keeping kids from using drugs and alcohol?

Category	Source of Support	Frequency of Rankings: Most Supportive ..... Least Supportive						Students Using Sticker	Mean Ranking
		6	5	4	3	2	1		
Sixth Grade	Community Center	2	5	11	5	7	2	32	3.50
	Church	4	3	13	12	2	4	38	3.55
	Sports Team/Club	2	2	10	5	13	2	34	3.09
	Brothers/Sisters	4	8	19	5	5	0	41	4.02
	Parents	20	11	12	1	1	0	45	5.07
	Me	9	19	8	1	2	0	39	4.82
	School	11	10	11	5	1	1	39	4.56
	Other After School Program	2	2	15	6	8	1	34	3.44
	Police	1	10	14	2	9	3	39	3.56
	Other Relatives	0	7	19	8	6	0	40	3.68
	Other Adults	0	7	12	12	7	1	39	3.44
Seventh Grade	Community Center	5	8	12	16	12	6	59	3.32
	Church	3	6	10	8	15	10	52	2.92
	Sports Team/Club	3	6	13	9	16	6	53	3.11
	Brothers/Sisters	3	16	13	8	13	3	56	3.63
	Parents	23	17	12	3	1	3	59	4.83
	Me	19	17	9	8	2	4	59	4.53
	School	9	11	18	9	5	6	58	3.86
	Other After School Program	6	9	11	6	9	10	51	3.35
	Police	1	6	9	8	14	12	50	2.72
	Other Relatives	4	7	11	12	17	1	52	3.35
	Other Adults	3	9	16	13	8	3	52	3.56

Table 4:

Target Responses - All Students Combined

Who is most helpful to you as you try to become what you want to be when you grow up?

Category	Source of Support	Frequency of Rankings (Most Supportive ..... Least Supportive) 6	5	4	3	2	1	Students Using Sticker	Mean Ranking
All Respondents	Community Center	7	14	37	44	55	25	182	2.90
	Church	7	21	58	35	41	31	193	3.09
	Sports Team/Club	12	18	32	45	49	27	183	3.01
	Brothers/Sisters	16	55	49	47	26	14	207	3.74
	Parents	141	52	30	9	0	1	233	5.38
	Me	86	59	40	15	11	5	216	4.83
	School	48	49	53	31	18	10	209	4.23
	Other After School Program	7	26	44	39	42	31	189	3.07
	Police	5	13	28	26	44	47	163	2.58
	Other Relatives	15	49	67	44	20	6	201	3.89
	Other Adults	7	43	66	49	30	9	204	3.61

Table 5:

Target Responses By Public and Parochial Schools

Who is most helpful to you as you try to become what you want to be when you grow up?

ry	Source of Support	Frequency of Rankings: Most Supportive ..... Least Supportive 6	5	4	3	2	1	Students Using Sticker	Mean Ranking
ols	Community Center	4	9	19	25	21	8	86	3.14
	Church	5	10	33	17	16	11	92	3.33
	Sports Team/Club	4	8	19	27	23	6	87	3.14
	Brothers/Sisters	5	27	27	23	13	5	100	3.73
	Parents	65	34	16	5	0	1	121	5.29
	Me	43	33	17	8	4	3	108	4.87
	School	20	23	24	21	9	2	99	4.18
	Other After School Program	5	15	20	23	14	13	90	3.28
	Police	4	12	14	16	21	16	83	2.96
	Other Relatives	3	25	30	24	10	3	95	3.77
	Other Adults	3	21	26	27	13	4	94	3.60
hools	Community Center	3	5	18	19	34	17	96	2.68
	Church	2	11	25	18	25	20	101	2.88
	Sports Team/Club	8	10	13	18	26	21	96	2.89
	Brothers/Sisters	11	28	22	24	13	9	107	3.75
	Parents	76	18	14	4	0	0	112	5.48
	Me	43	26	23	7	7	2	108	4.79
	School	28	26	29	10	9	8	110	4.27
	Other After School Program	2	11	24	16	28	18	99	2.88
	Police	1	1	14	10	23	31	80	2.18
	Other Relatives	12	24	37	20	10	3	106	3.99
	Other Adults	4	22	40	22	17	5	110	3.63

Table 6:

Target Responses By Grade Level

Who is most helpful to you as you try to become what you want to be when you grow up?

Category	Source of Support	Frequency of Rankings (Most Supportive . . . . . Least Supportive) 6	5	4	3	2	1	Students Using Sticker	Mean Ranking
Fourth Grade	Community Center	1	5	14	16	5	4	45	3.31
	Church	2	7	12	13	10	5	49	3.24
	Sports Team/Club	2	4	7	17	12	6	48	2.94
	Brothers/Sisters	1	14	13	13	6	7	54	3.44
	Parents	36	12	8	5	0	0	61	5.30
	Me	6	15	15	9	6	3	54	3.94
	School	12	11	8	14	4	3	52	4.08
	Other After School Program	3	6	13	12	4	9	47	3.26
	Police	3	6	8	11	10	8	46	3.07
	Other Relatives	2	9	13	14	8	0	46	3.63
	Other Adults	0	11	16	11	9	2	49	3.51
Fifth Grade	Community Center	1	2	6	10	18	2	39	2.77
	Church	0	4	12	4	16	9	45	2.69
	Sports Team/Club	4	2	10	4	13	6	39	3.03
	Brothers/Sisters	3	10	9	13	7	3	45	3.56
	Parents	31	9	7	0	0	1	48	5.42
	Me	21	10	9	3	2	0	45	5.00
	School	24	9	9	1	3	1	47	5.00
	Other After School Program	1	10	7	6	14	4	42	3.19
	Police	1	2	10	3	10	11	37	2.59
	Other Relatives	6	6	23	5	4	2	46	3.98
	Other Adults	1	9	14	9	8	3	44	3.48

Table 6 Continued:

Target Responses By Grade Level

Who is most helpful to you as you try to become what you want to be when you grow up?

Category	Source of Support	Frequency of Rankings (Most Supportive ..... Least Supportive) 6	5	4	3	2	1	Students Using Sticker	Mean Ranking
Sixth Grade	Community Center	1	2	8	10	12	2	35	2.97
	Church	3	5	16	10	4	2	40	3.68
	Sports Team/Club	1	3	8	8	9	2	31	3.13
	Brothers/Sisters	4	11	11	9	5	1	41	3.93
	Parents	33	14	5	1	0	0	53	5.49
	Me	21	13	6	1	1	0	42	5.24
	School	4	8	17	8	1	0	38	4.16
	Other After School Program	2	4	12	6	7	4	35	3.31
	Police	1	4	7	3	15	4	34	2.85
	Other Relatives	2	13	10	9	2	1	37	4.03
	Other Adults	0	7	14	14	5	1	41	3.51
Seventh Grade	Community Center	4	5	9	8	20	17	63	2.63
	Church	2	5	18	8	11	15	59	2.88
	Sports Team/Club	5	9	7	16	15	13	65	2.98
	Brothers/Sisters	8	20	16	12	8	3	67	3.99
	Parents	41	17	10	3	0	0	71	5.35
	Me	38	21	10	2	2	2	75	5.13
	School	8	21	19	8	10	6	72	3.88
	Other After School Program	1	6	12	15	17	14	65	2.72
	Police	0	1	3	9	9	24	46	1.87
	Other Relatives	5	21	21	16	6	3	72	3.92
	Other Adults	6	16	22	15	8	3	70	3.83

THE WHITE HOUSE

WASHINGTON

December 8, 1993

Renslow Sherer, M.D., Director
Cook County HIV Primary Care Center
1835 West Harrison Street
Chicago, Illinois 60612-9985

Dear Dr. Sherer:

Thank you for your letter of November 2. I enjoyed our meeting at the Chicago and Cook County Title I Planning Council. Thank you also for sending the material on your proposal to build a new facility for communicable disease prevention, care, and research.

The Cook County/Rush Health Center appears to be a model facility which could provide state-of-the-art HIV/AIDS care in an accessible and convenient setting to those in the service area. I am especially excited by the partnership between the public and private sectors embodied in your proposal. I am pleased also by the opportunities it will provide to house prevention activities and clinical research in the same, modern location.

As you know The AIDS Policy Coordinator position which I hold does not administer funds for distribution to support facilities or services. In fact, I am not aware of any federal programs which relate to HIV/AIDS or related communicable diseases which are able to provide "bricks and mortar" type funds at the present time. You are already familiar with the agencies providing federal services and prevention funding.

We are also working closely with others in the Administration and Congress to put in place the President's Health Care Reform legislation. Implementation of this program should assure future providers that the clients/patients they serve will have a source of funding to defray most of the cost of their care. This should make the planning and the funding of enterprises such as you are undertaking more predictable.

Best of luck with your venture. Let me know if there is some way in which we can be of assistance.

Sincerely,

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: Bob

_____

FROM: **KRISTINE M. GEBBIE**

_____ For your information

_____ For your action _____

_____

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

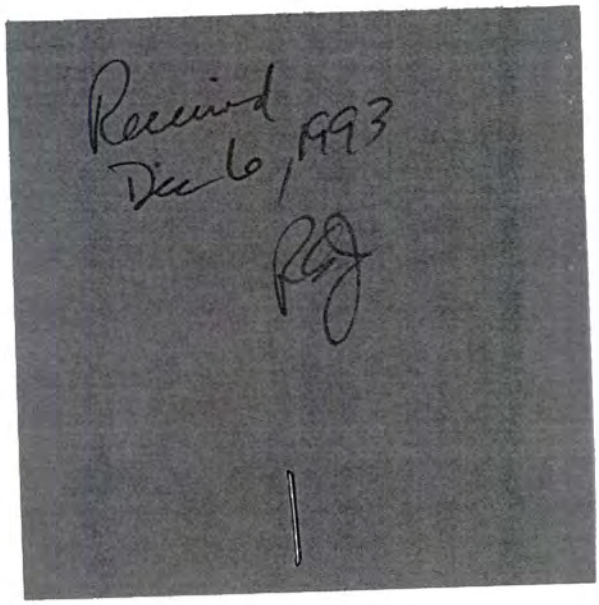
_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____

_____ File

COMMENTS: _____

Draft reply



Called for meeting - unable to schedule.

Cook County Hospital
1835 W. Harrison St., Chicago, Illinois 60612-9985, Telephone 312/633-6000

Novermber 2, 1993

Kristine M. Gebbie, RN, MN
Director,
Office of the National AIDS Policy Coordinator
Executive Office of the President
750 17th St., NW Suite 1060
Washington, D.C. 20500

NOV 12 1993

Dear Ms. Gebbie:

It was a pleasure to meet you and share the diverse issues of HIV care and prevention in Chicago last month. You were very gracious to include the Chicago and Cook County Title I Planning Council in your itinerary. You have our high hopes and best wishes for success with the enormous challenges which face you.

During our meeting, I mentioned to you that the Cook County Bureau of Health Services is embarking on an ambitious public/private collaboration with the Rush Presbyterian St. Lukes Medical Center to build a new state-of-the-art facility for HIV prevention, care, and research. I am writing now to bring you up to date on this effort, and to share the enclosed Project Summary of the Cook County/Rush Health Center.

As you will see, the new Center is the culmination of a decade of innovation in HIV services at Cook County Hospital and Rush. To provide a framework within which to consider the new Center, I have also enclosed the program from our 10th anniversary celebration last June. We are very excited by the principles and potential for progress in HIV services which are embodied in the Center.

We seek your support because of the local and national need for innovation in HIV service delivery. We would welcome any feedback on the brief information which I have provided, and I would be happy to provide more at your request. We are preparing a summary of comments from community leaders regarding the Center for use in fund raising. If you agree, we would like to include a statement from you about the Center. We are hoping to support this effort with a mix of private, local, and federal support. With your consent, I will keep you informed of our progress as events unfold, and I may seek your counsel in future regarding potential sources of support at the federal level.

Once again, let me add the enthusiastic support of the HIV Primary Care Center of the Cook County Bureau of Health Services to your tenure as National AIDS Policy Coordinator. You are in a critical position to advance the national causes of HIV prevention, care, research, and policy, and we wish you every success.

I look forward to seeing you again.

Sincerely,

Renslow Sherer MD

Renslow Sherer, M.D.
Director,
Cook County HIV Primary Care Center

Richard J. Phelan, President
Cook County Board of Commissioners

Ruth M. Rothstein, Chief
Cook County Bureau of Health Services
Director, Cook County Hospital

Renslow Sherer, M.D., Director
HIV Primary Care Center

10th Anniversary Ceremony for the HIV Primary Care Center

honoring
Ron Sable, M.D.
co-founder
Sable/Sherer HRD Clinic

hosted by
The Cook County
Bureau Of Health Services

June 17, 1993

"It takes a whole community to raise a child" is an old piece of wisdom that remains valid today. It takes a whole community of professionals, families and support staff and all their ideas, love and skills to make the program that has emerged into what we celebrate today. Strength derives from the diversity of all those who are a part of the HIV Primary Care Center. All voices are solicited and the input from them is taken seriously in the decision-making process, especially those of patients and their family members and friends who care from them.

As proud as we are of our achievements over these ten years, we cannot be content with them. We continue to meet and serve great numbers of patients who have endured stigmas of homophobia, race, class and gender inequality that preceded their HIV status. We continue to meet and serve large numbers of patients who are or have been homeless, without heat, clothing and food. We have learned that only a change in national policies will alleviate these larger societal ills.

Mindful of these persistent issues, the HIV Primary Care Center has sought and received the help of many local, national, public and private institutions and foundations to conduct state-of-the-art comprehensive medical and psychosocial care and research. Additionally, many volunteers, organizations and advisory board members have provided assistance to enable the HIV Primary Care Center to go beyond medical care and traditional social services. This gathering is a tribute to that whole community of staff, supporters, institutions and families who have helped to "raise" the HIV Primary Care Center. Many, many thanks to all who have assisted us in so many ways over the past ten years and most of all -- to the patients whom we serve.

HIV Primary Care Center
Cook County Bureau of Health Services

A Pioneer In HIV Health Care

SERVICES INCLUDE:

COOK COUNTY HOSPITAL

- PRIMARY CARE SERVICES
- CLINICAL TRIALS
- CASE MANAGEMENT SERVICES
- CHEMICAL DEPENDENCY TREATMENT
- WOMEN & CHILDREN HIV PROGRAM
- PSYCHOLOGICAL SERVICES
- VOLUNTEER SUPPORT
- INPATIENT SERVICES
- REFERRALS TO COMMUNITY TREATMENT SITES

COOK COUNTY DEPARTMENT of Public Health

- HIV ANTIBODY TESTING
- EXTENSIVE COUNSELING
- EDUCATIONAL SERVICES
- CASE MANAGEMENT SERVICES
- PRIMARY CARE SERVICES
- COMMUNITY OUTREACH
- GAY OUTREACH/EDUCATION
- HISPANIC ADVISORY COUNCIL
- SUBURBAN TESTING SERVICES
- HIV EDUCATION TO SCHOOLS, COMMUNITY GROUPS, PARENT GROUPS, CIVIC ORGANIZATIONS, CHURCHES AND BUSINESSES

CERMAK HEALTH CENTER

- VOLUNTARY TESTING
- INMATE EDUCATION, TREATMENT AND INFORMATION

OAK FOREST HOSPITAL of Cook County

- 20-BED AIDS UNIT
- FULL HIV/AIDS TREATMENT SERVICES
- CHRONIC AND ACUTE CARE OF AIDS PATIENTS

At the Center of the epidemic, committed to Excellence:

HIV Primary Care Center of Excellence
Cook County Bureau of Health Services
Cook County Hospital
1835 West Harrison Street
Chicago, IL 60612

The CCH Women and Children with AIDS Project, now the CCH Women and Children HIV Program, began in July, 1988. Generous support from The Robert Wood Johnson Foundation in 1989 and the federal government in 1991 has enabled the program to expand and thrive, offering substance abuse counseling, case management, mental health services and health education. The program has provided comprehensive care to approximately 600 women and 100 children.

The Chicago Community Program for Clinical Research on AIDS began on October, 1989 with the CCH Fantus Clinic as one of its six Chicago sites. Protocols for this NIAID-funded project (as well as the AIDS Clinical Trials Group, added in April, 1992) are available at the HRD Clinic. An NIH grant received in November, 1990 made AIDS clinical trials available through the Women and Children HIV Program.

From July, 1990 to December, 1992, The Chicago Integrated Care Project (CICP) provided services to over 300 injectable drug users. This service demonstration project integrated outpatient chemical dependency treatment with primary medical care, case management, and health education.

Our newest program, Smart Start, began in 1993 and continues to address the connection between substance abuse and HIV infection. The program aims to decrease risk of HIV infection and other consequences of substance abuse through counseling, education, and outside referrals.

For the past ten years, the Cook County HIV Primary Care Center has strived to become an exemplary provider of HIV care for CCH's medically indigent, largely minority population. It is our hope to continue to develop and grow to meet the needs of men, women and children affected by the HIV epidemic.

Proclamation

WHEREAS, Dr. Ron Sable began his service to the people of Cook County in 1976 as an intern at Cook County Hospital; and

WHEREAS, in 1983 he co-founded the Sable Sherer Clinic at Cook County Hospital, the predecessor to the Cook County Bureau of Health Services HIV Primary Care Center which incorporates Cook County AIDS related programs and services; and

WHEREAS, in 1985 Dr. Sable was one of the founding members of the AIDS Foundation of Chicago, and for the past eight years served on the foundation's board in varying capacities; and

WHEREAS, his commitment to national health care reform, national health insurance, reproductive choice and women's health issues has earned him the respect and admiration of colleagues and friends; and

WHEREAS, Dr. Sable has fought the battle against AIDS and discrimination against lesbians and gay men; and

WHEREAS, his vision, leadership and courage have been an inspiration to an entire community and a model for other activists to follow; and

WHEREAS, Thursday, June 17, 1993 is the 10th Anniversary of the Cook County HIV Primary Care Center.

NOW, THEREFORE, I, Richard J. Phelan, President of the Cook County Board, do hereby take this opportunity on my behalf and on behalf of the people of Cook County to express official personal gratitude and deep appreciation to Dr. Ron Sable for his devoted record of outstanding public service.

Dated this 17th day of June, 1993.

Richard J. Phelan, president
Cook County Board of Commissioners

Cook County Bureau of Health Services

If one medical condition cuts across clinical disciplines and across institutional barriers, it is AIDS. If one medical condition is destined to be disproportionately the responsibility of the public sector -- represented in Cook County by the Bureau of Health Services -- it is AIDS. In an attempt to ensure the most effective and efficient approach to the prevention, diagnosis and treatment of AIDS as well as support the research necessary for its eradication, bold steps had to be taken. Thus, the Cook County HIV Primary Care Center was established.

The HIV Center seeks to both initiate and coordinate AIDS-related activities in all of the Bureau's institutions, ranging from public health and prevention efforts at Cook County Department of Public Health facilities and at Cermak Health Services in the Cook County Jail, to acute outpatient and inpatient care at Cook County Hospital and its affiliated clinics, to long term care at Oak Forest Hospital of Cook County. Provident Hospital of Cook County will also soon play a role in the care of persons with AIDS. Services and programs offered through the HIV Center are nationally recognized for both their uniqueness and their high quality.

I wish we could be celebrating the elimination of the need for the HIV Center, rather than its remarkable accomplishments, a decade after its inception. I must applaud, however, the dedicated efforts of the physicians, nurses, health educators and other staff -- as well as our courageous patients. Together, you have made the HIV Primary Care Center a model for the nation.

Ruth M. Rothstein, Chief
Cook County Bureau of Health Services

COOK COUNTY HIV PRIMARY CARE CENTER

History

Since the founding of The Sable/Sherer Human Retroviral Disease Clinic in 1983, a successful comprehensive public hospital-based prevention and treatment program for patients with or at risk for HIV has been created at Cook County Hospital (CCH). The Cook County HIV Primary Care Center (CCHIVPCC) has provided extensive medical care and support services to 35% of Chicagoans with HIV/AIDS since the start of the epidemic. In 1992 care was provided to more than 2,250 individuals accounting for 11,000 HRD Clinic visits and 1,200 CCH hospitalizations. Currently, nine three-hour outpatient clinic sessions are dedicated to HIV care. Three of these are devoted solely to women and children. In March, 1992, Ruth M. Rothstein established the CCHIVPCC and elevated it into the Cook County Bureau of Health Services to ensure oversight and coordination of HIV-related services at Cook County Hospital, the Cook County Department of Public Health, the Cermak Health Service at the Cook County Jail, Provident Hospital, Oak Forest Hospital, and the County community clinics.

The Cook County Hospital AIDS Prevention Service (CCHAPS) was established on October 1, 1984 to provide direct counseling and confidential testing for individuals at risk of contracting HIV infection. Since its inception, CCHAPS has reached over 16,000 at-risk clients, 12,000 of whom have elected to be tested, and 3,000 of whom have tested positive. In 1984, a volunteer-based support service began which has to date involved over 400 trained volunteers providing more than 30,000 hours of service to HIV infected patients. Since 1987, CCHAPS has expanded to offer case management, mental health and substance abuse services.

Since 1988, the volunteer ministers of the AIDS Pastoral Care Network have provided support to individuals, families and staff members affected by HIV/AIDS. In 1992, a full-time Chaplain was added to the HIV Primary Care Center staff, underscoring the unique and vital role of spirituality in our efforts.

Project Summary

Cook County/Rush Health Center

A Partnership for Communicable Disease Prevention, Care and Research

November, 1993

Project Summary

Cook County/Rush Health Center

A Partnership for Communicable Disease Prevention, Care and Research

November, 1993

Prepared in consultation with:

Perkins & Will
Morse Diesel International
Herman Smith & Associates
Patrick M. Monahan & Associates, Inc.

Project Summary

Table of Contents

Overview

Our country has a history of responding to public health crises. This national focus led to the discovery of the polio vaccine, the establishment of tuberculosis sanatoria, and the emergence of antibiotics. By the mid-20th century, civic initiatives and advancements in medical science had effectively contained major communicable diseases.

As a result, much of the public health infrastructure was subsequently dismantled, and today we are once again faced with communicable diseases thought to be long-ago eradicated. Cases of tuberculosis and syphilis, for example, have begun to rise at alarming rates. In addition, a new epidemic – HIV/AIDS – has emerged as one of the greatest health threats of the century. Cases of HIV and AIDS in Cook County alone have more than doubled since 1988, and women, children and adolescents are the most rapidly growing groups of HIV-infected people.

In the face of this new public health crisis, existing health care facilities, such as Cook County Hospital's outpatient HIV clinics and Rush-Presbyterian-St. Luke's Medical Center's Infectious Disease Outpatient Clinic, simply don't have the space or aren't fully equipped to deliver treatment and support services adequately and comprehensively. In addition, due to the anticipated demand in years to come, there is a crucial need for HIV services to be delivered in a comprehensive, non-fragmented manner. In order to maximize the system of care, coordination with community-based providers is essential to avoid wasteful and costly duplication.

Against this backdrop, a group of doctors from the Cook County Bureau of Health Services and Rush-Presbyterian-St. Luke's Medical Center met over many months to address this growing concern. Out of their collaboration emerged the **Cook County/Rush Health Center: A Partnership for Communicable Disease Prevention, Care and Research**.

The **Cook County/Rush Health Center** will merge the civic commitment of the past with the knowledge and expertise of the present. The Center will be a focal point of community-wide efforts to address communicable diseases such as tuberculosis and sexually transmissible diseases that are related to HIV.

In joining forces to provide efficient and effective health care delivery, this partnership of the largest public and private hospitals in Illinois will be a prototype for national efforts in meeting the challenges posed by HIV/AIDS and other communicable diseases. The **Cook County/Rush Health Center** is one step toward resurrecting the nation's health care infrastructure.

The Challenge

Throughout the nation, the number of people with tuberculosis and sexually transmissible diseases, as well as HIV and AIDS, continues to increase. In terms of HIV and AIDS, cases in Cook County alone have more than doubled since 1988. In fact, some estimates project that visits to Cook County Hospital and Rush-Presbyterian-St. Luke's Medical Center for treatment of HIV and AIDS will increase **at least five-fold by 1998**. Women, children and adolescents are the most rapidly growing groups of HIV-infected people.

Existing health care facilities, such as Cook County Hospital's outpatient HIV clinics and Rush-Presbyterian-St. Luke's Medical Center's Infectious Disease Outpatient Clinic, simply don't have the space or aren't fully equipped to deliver treatment and support services adequately and comprehensively. People with HIV disease may live for many years, but there is no comprehensive system of **specialized** outpatient health care and support services in place to help reduce unnecessary, disruptive and costly hospitalization. Maintaining the quality of life for people with HIV and easing the demand on over-burdened health care facilities requires that a comprehensive system of specialized outpatient services be developed.

A plan to meet these needs must be implemented now.

The Plan

The Cook County Bureau of Health Services and Rush-Presbyterian-St. Luke's Medical Center have joined forces to develop and build **the Cook County/Rush Health Center - A Partnership for Communicable Disease Prevention, Care and Research.** This state-of-the-art, free-standing facility will combine and expand the capabilities of both institutions through an innovative, comprehensive approach to the research, prevention and treatment of HIV and other communicable diseases related to HIV.

The Center will serve as the referral and resource hub for the growing network of public and private community-based health care providers. In this way, it will add the missing link - an outpatient specialty care center that offers an array of services to community-based providers and individuals. For example, if an HIV-positive patient develops HIV-related pneumonia, the community health care provider can refer that individual to the **Cook County/Rush Health Center** to ensure a definitive diagnosis. Additional services will include experimental therapies; clinical trials; and 24-hour consultation.

On-site support services and specialty care will be available for individuals and families confronting HIV disease, including women, children and adolescents. These include:

- a prevention and education program
- a screening and treatment clinic
- a comprehensive HIV primary care center
- coordinated special services for women and children with HIV
- HIV-related tuberculosis services

- a clinical research center
- complementary therapies
- specialty consultations such as obstetrics and gynecology; medicine; pediatrics; and psychology
- dental care
- chemical dependency treatment
- nutritional services
- an adolescent specific HIV program with community outreach and drop-in center
- case management (i.e.: referrals for in-home nursing care, day and respite care, and hospice care)
- mental heath services
- legal and financial services
- pharmacy services
- volunteer and community services.

The Center will provide multi-disciplinary training in specialized services for HIV to physicians and other health care professionals, including clinical care; lectures; clinic observations; and psychosocial interventions.

Committed to research, the Center will continually investigate the most effective and appropriate treatments. All research will pursue scientific understanding of communicable diseases such as HIV/AIDS to contribute to their cure.

The Partners

partners

The Cook County Bureau of Health Services and Rush-Presbyterian-St. Luke's Medical Center represent Illinois' largest public and private hospitals. Together they are uniquely qualified to develop and operate the Center to respond to this urgent community need.

Cook County's HIV Primary Care Center has achieved a level of expertise in HIV prevention, model services, primary care and research since it was created in 1983. The HIV Center specializes in clinical care, training, and basic and clinical research. In 1992 it became the first **Center of Excellence** for the Bureau. Rush's Infectious Disease Section has been nationally recognized for its HIV treatment program since it was created in 1986. The Rush team also coordinates an acclaimed series of national physician training sessions on HIV disease.

Cook County and Rush currently collaborate on HIV research through the NIH-sponsored AIDS Clinical Trial Group and the Women and Infant Transmission Study. In addition, the Sections of Infectious Disease at Cook County and Rush are integrated for specialty training and clinical care.

The **Cook County/Rush Health Center** will serve as a prototype for future health care facilities of its kind across the nation. This public/private partnership will set a new standard in the prevention, care and research of HIV/AIDS, and provide a necessary link between the public and private sectors in providing better health care to the whole community.

Design

Today, the comprehensive treatment of communicable diseases reaches beyond the medical and research aspects of the diseases and embraces the notion that the family and the community should participate in healing and the psychological well-being of the patient. The Cook County/Rush Health Center is modeled after this philosophy of treatment and exemplifies a civic commitment to preventing and combating the epidemic spread of communicable diseases such as HIV/AIDS. The building clearly expresses its intended purpose.

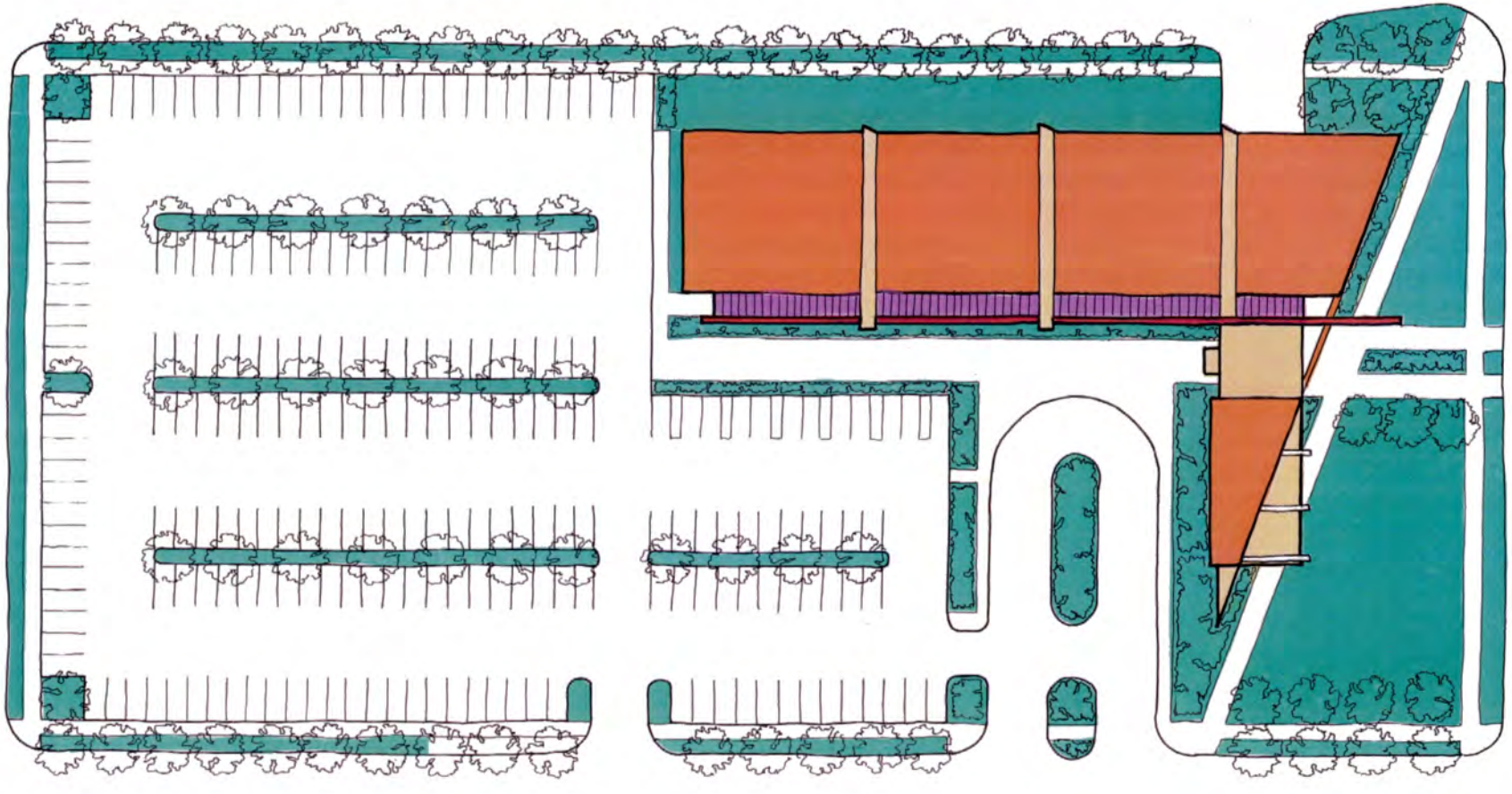
In support of this theme, the building is organized in a straightforward and functional manner. The elongated mass of the building contains state-of-the-art clinical, diagnostic and research spaces, with an offset triangular form accommodating the non-clinical facilities such as conference and playroom. These spaces are united by a corridor that also provides waiting areas, natural light and vistas.

The building is situated to provide easy access by public transportation and automobile and to provide more opportunity for landscaping at the entrances. These open areas provide a welcome addition to a neighborhood in the midst of revitalization.

To extend the healing environment further, the building is designed in brick, punctured with a gateway and glass openings of several sizes, creating a sense of community, warmth and friendliness on the facade. The varied glass openings provide a platform from which art can be displayed. The use of art is important, as throughout history, art has served as a vital expression of the struggles and hopes ever present in the fight against disease.

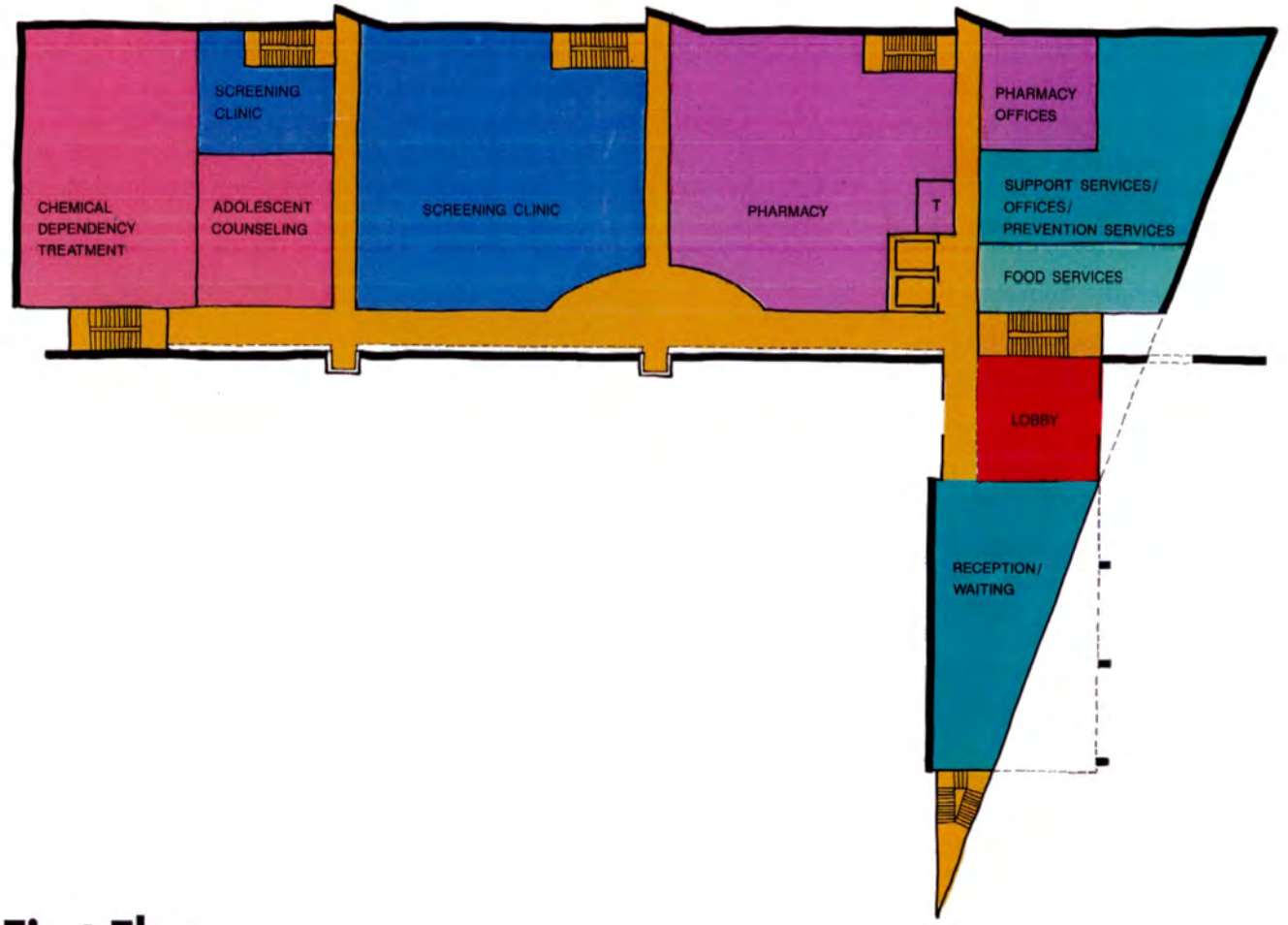
The building is symbolic as a source of inspiration for the patients who come here for treatment and an expression of a broader civic and community responsibility.

Cook County/Rush Health Center



Site Plan

Cook County/Rush Health Center



First Floor

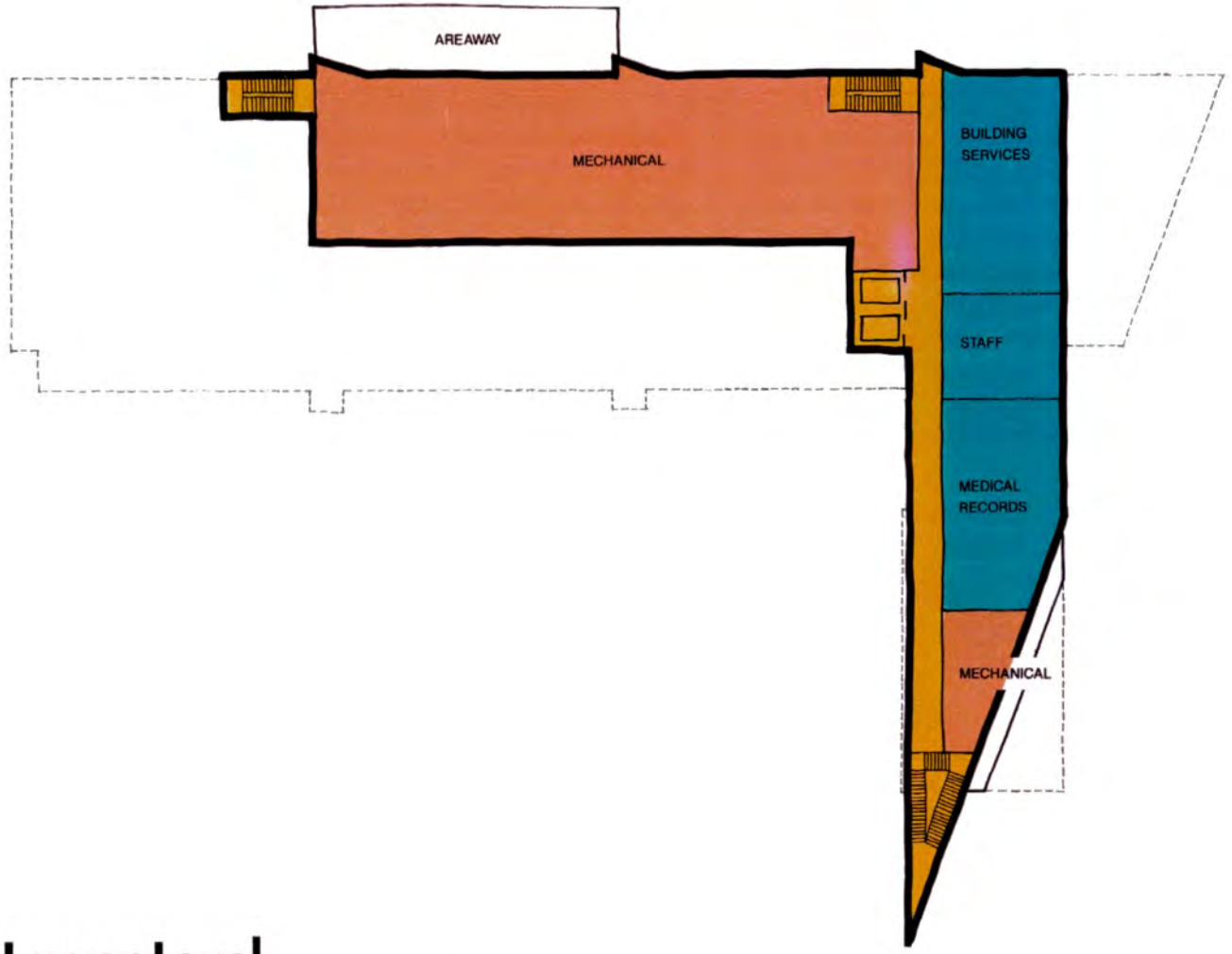
Cook County/Rush Health Center

Second Floor

Cook County/Rush Health Center

Third Floor

Cook County/Rush Health Center



Lower Level

Cook County/Rush Health Center

Costs

As a result of the strategic and operational needs, a program has been developed to identify the size of the facility to house the necessary functions within and to estimate the associated costs to construct such a building.

The size of the proposed building is projected to be 89,000 square feet employed in a three-story plus basement structure. State-of-the-art medical equipment and systems will be provided to support the medical mission.

The costs of such a building include not only the construction costs of the structure, but other associated costs such as land costs, equipment and furnishings, fees to third party consultants, and reasonable contingencies for unforeseen expenses.

These costs are:

Item	Amount	Comments
Property Acquisition	$0	Assumes land will be donated
Construction	$15,700,000	Building and sitework
Equipment & Furnishings	$6,000,000	Includes medical equipment; furniture; telephone and data systems, etc.
Consultants	$2,900,000	Includes architect, legal, insurance, etc.
Property Evaluation	$250,000	Includes soils tests, utility expenses, etc.
Finance	$0	Assumes all funds will be donated
Contingency	$1,150,000	Approximately 5% of above costs
TOTAL	**$26,000,000**	**In first quarter, 1994 dollars**

DEC - 8 1993

THE WHITE HOUSE

Dear Barbara —

a very belated thank you for your congratulations message — this has been quite a challenge!

It's hard to imagine you a grandmother — hope you're enjoying the role — all the best — Cathie

CLINTON LIBRARY PHOTOCOPY

SHOEBOX GREETINGS
(A tiny little division of Hallmark)

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CONGRATULATIONS!

YOU EARNED YOUR SUCCESS
THE OLD-FASHIONED WAY--

YOU WORKED YOUR BUNS OFF.

I was delighted to hear of your appointment as the "AIDS CZAR." Caught you on "Charlie Rose" last night (6/29). You did a great interview. It's refreshing to hear honest, straight talk from a "Talking Head" in Washington, Don't change.

Barbara Arazid
Oregon Nursing Home
Admin. Board

P.S. I became a grandmother in April 1992. Jennifer had a girl at a Washington rest stop outside Vancouver.

Barbara Orazio
4512 SE Raymond St.
Portland, OR 97206-5086

PORTLAND OR 9721
PM
10 JUN
1993

USA 29
I pledge allegiance...

Kristine Gebbie
AIDS CZAR
The White House
Washington, DC 20500

PERS

SHOEBOX GREETINGS
(A tiny little division of Hallmark)

THE WHITE HOUSE

Dear Cathy —

a belated thanks for your kind note last July - time has truly flown by in these months full of challenges and opportunities. Pieces of the job are falling into place — though every day a new possibility crops up!

Thanks again. Christine

July 14, 1993

Dear Kris,

Just another note of "Hurrah's" and congratulations on your Czarship appointment. The UCSF and San Francisco community is delighted, as is the nation. I hope the position will appeal you the

Catherine L. Gillis

opportunity for rewarding personal and professional experiences.

I'll watch with awe and pride - but let us know about how and when we can help you get important work done.

Sincerely,

Cathy

Gidliss
Box 0606-UCSF
San Francisco, CA
94143-0606

SAN FRANCISCO, CA 941
PM
15 JUL
1993

Dr. Kristine Gebbie
606 Lilly Road # 723
Olympia, Washington
98506

please forward, if necessary

DEC - 8 1993

THE WHITE HOUSE

Sandy—

a very delayed thank you for your note - & yes, we may well have been on the same metro in mid-June - & at that hour of the morning, no wonder neither of us "clicked"!

Would love to get together — my numbers are 202 632 1090 (o) and 202-387-0015 (h) — hope to see you soon —

Cristina

Kris –

7/6/93

Welcome to Washington & congratulations on your position at DHHS! I'm so pleased for you !!! Who would have ever thought that two Oregonians would be working almost next door to each other in DC? I'd love to see you when you get settled in a bit! Tried to reach you several times today but the DHHS information # operator never picked up the phone! I'll keep trying!

I live in Maryland about ½ way between DC & Annapolis & I'd love to have you come out. Being here is very different from the NW – I miss it a lot! I think now I saw you on Metro around 6:45 AM in mid June. I was on my way to the office from home, hadn't had coffee & I wasn't sure it was you but I think it was & we sat right across from each other if that's so. Small world.

Looking forward to seeing you soon. I'll keep trying to reach you! My #s are: office (202) 554-4444 x310; & home (301) 805-2966. Congratulations!

Sandy

Kris –

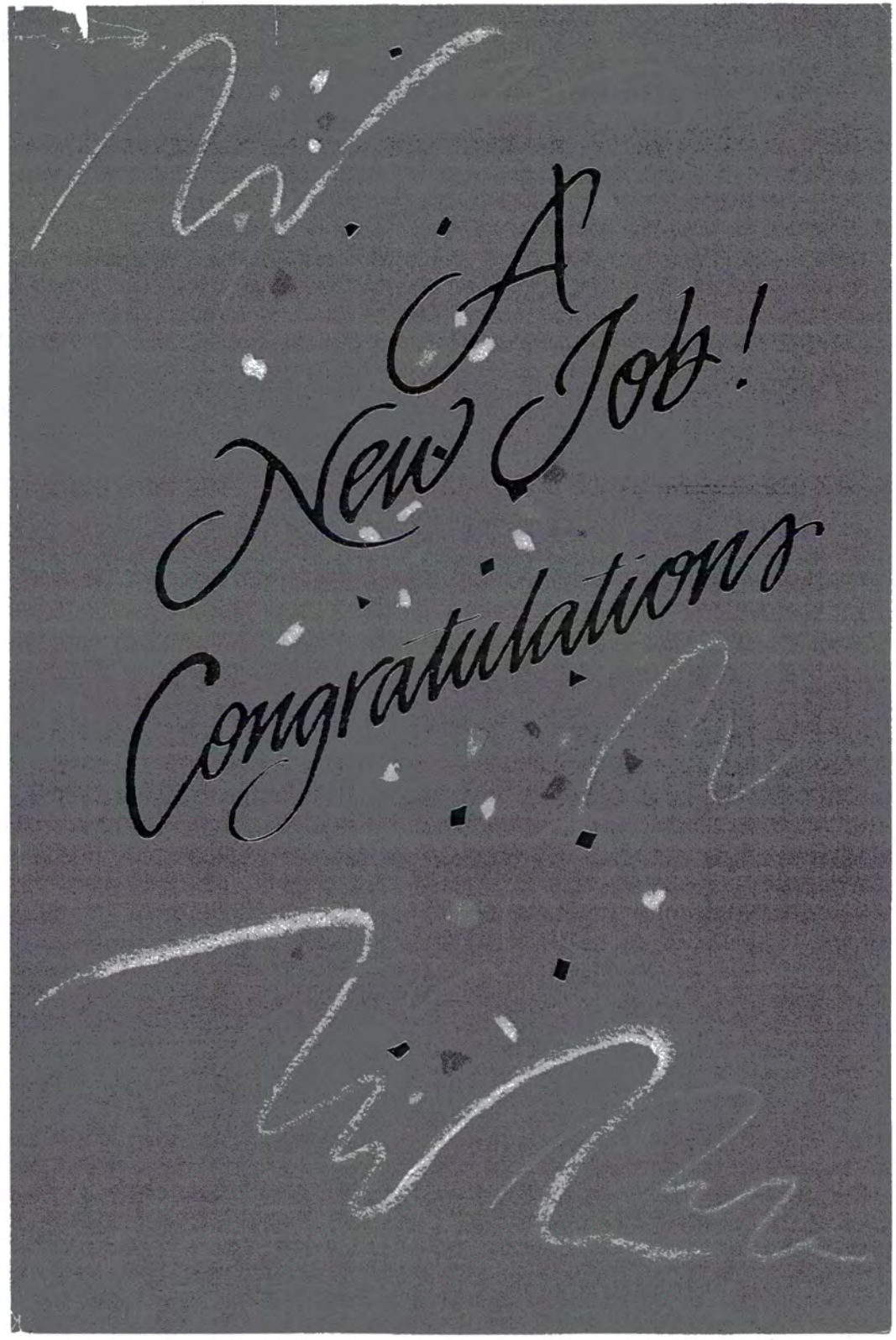
Hoping
you'll enjoy success
in everything you do
And that the very best
in life
will always come to you!

Cheers!

Sandy
Houghton

Carlton
CARDS

0 18100 80017 8
00895
+ 175CM 5880 +



Sandy Houglan
7300 Quetzal Dr.
Bowie, MD 20715

SOUTHERN MD 208
PM
07 JUL
1993

ENERG
FOR A
POWERFUL

USA 29
allegiance...

Kristine Gebbie, MN, RN, FAAN
National AIDS Policy Coordinator
Department of Health + Human Services
720 G HHH Building
200 Independence Avenue, S.W.
Washington, DC
20201

Personal

DEC - 8 1993

THE WHITE HOUSE

Gini -

as usual - I'm slow with the paperwork! I do appreciate your kind note in June - and the continuing good wishes of colleagues & friends are a help along the way. The transition to DC is about complete at this point! All the best to you — Cristina

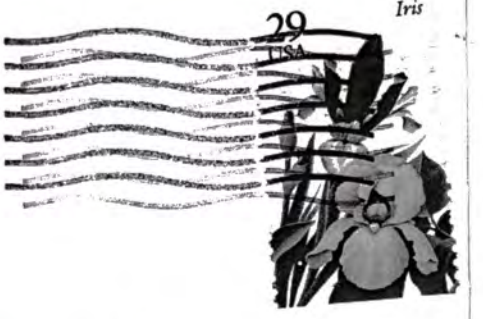
June 25, 1993

Dear Kris -

Congratulations on your new appointment as AIDS chief. Clinton made a brilliant choice in choosing you. I can't think of a better person to head this

highly political office.
One very best to you in
this new challenge.

Gini Paulsen



Dr. Kristine Sebbie

FORWARD TO:
Apartment A 707
101 "G" Street S.W.
Washington, DC 20024

7021 Sandpoint Way NE B405
Seattle, WA 98115

DEC - 8 1993

THE WHITE HOUSE

Dear Susan —

how time has flown! Here it is December & instead of holiday cards I'm still acknowledging letters from last summer! It was so good to hear from you — and I do hope we can get together, perhaps next time I'm in LA. If you get here, please call (o) 202-632-1090 or (h) 202 387 0015 —

Love Anne

Dear Kristine,
Congratulations! You looked happy and lovely in your red suit at the White House. I am so glad your wait is over, and so pleased for the AIDS cause. I have several good friends struggling with AIDS now, and several whose struggles have ended. Thank goodness that you have been chosen to take charge!

The enclosed L.A. Times editorial from this morning is for your scrapbook (is there room?!). I'll send along anything else from this corner of the world that comes to my attention.

I enjoyed a long chat with Steve and Mary Kaye this morning and was able to get your address in the process. Steve was delighted by your call from the White House! Best of luck to you in this new venture. If you get to LA, please give a call. I'd love to see you if you have time.

Sincerely,
Susan Heard

Crucial Voice in the AIDS Crisis

L.A. Times 6/26/93

As of April, acquired immune deficiency syndrome had been diagnosed in nearly 290,000 Americans. Of that number, more than 63% had died, according to the federal Centers for Disease Control and Prevention. Those statistics provide the backdrop for President Clinton's choice of Kristine M. Gebbie as the nation's first AIDS policy chief.

Gebbie brings impressive credentials to the appointment. She has been the state health chief in both Oregon and Washington and is considered an expert in epidemiology.

Gebbie was also the head of the AIDS task force for the Assn. of State and Territorial Health Officials. She now chairs the CDC's AIDS advisory committee, which is charged with reviewing all of the center's AIDS programs.

Gebbie "has a cleareyed understanding of the AIDS epidemic as a health professional, as a state administrator and as a federal adviser," says Rep. Henry A. Waxman (D-Los Angeles). Adds Leonard Bloom, chief executive officer of AIDS Project Los Angeles, "She is out front on all of the issues."

Gebbie's job will be to coordinate the activities of the federal agencies that deal with the AIDS crisis. But an equally important task would be to use the office as a bully pulpit to spread information and combat unfounded fears about the disease and how it is transmitted.

The need for that was illustrated here recently in the case of a Van Nuys man who was training at the Associated Technical College to become a paramedic.

The man found that he has the virus that causes AIDS and was dropped from the private school after he told officials there. Yet Los Angeles County, which runs the paramedic program, does not bar anyone with the AIDS virus from being certified as a paramedic.

This is just one example of why an AIDS "czar" is needed. When Surgeon General Antonia C. Novello, and her predecessor, C. Everett Koop, spoke out about AIDS, they did so with the weight of one of the most visible and highly respected positions in the federal government. President Clinton must now give Gebbie the same assurance that she will speak with the full authority and power of the office of the nation's chief executive.

SUSAN D. HEARD
204 East Cordova Street
Pasadena, California 91101-2425

PASADENA, CA 911 PM 3B 1993

29 USA Wood Duck

Ms. Kristine Gebbie
101 Q Street, SW
Apartment 707
Washington, DC 20024

THE WHITE HOUSE

WASHINGTON

December 8, 1993

Ronald P. E. Allgaier
354 Douglass Street
San Francisco, CA 94114

Dear Mr. Allgaier:

Thank you for your expressions of both support and concern regarding the President's and my level of visibility and action in response to the HIV pandemic.

I am enclosing a sampling of recent press about this office and the Administration's activities related to AIDS which I hope will assure you that we are neither silent nor inactive. I share some of your frustration over the lack of *coverage* of my work, and think some of that may be attributable to the issues that Jeffrey Schmalz raised so eloquently in the article which appeared after his death in the New York Times Magazine on November 28th.

The President acknowledged in his World AIDS Day speech that he has a unique role and responsibility to use the "bully pulpit" of his office to raise awareness and concern about HIV and AIDS. I share those roles and responsibilities, as his representative to the frontlines of the epidemic and to the rest of the Federal government. By the same token, every citizen has opportunities and responsibilities to help keep AIDS and HIV in the public eye.

I hope you will continue to correspond with me and share your concerns. But I hope you'll also think creatively about how you, as well as I, might encourage print and broadcast media to more thoroughly cover the epidemic.

Thank you for your courage in your personal struggle with HIV, for your challenge to the President and me, and for the part I know you will play in helping us break the silence.

Yours in health,

Kristine M. Gebbie
National AIDS Policy Coordinator

enclosures

DEC - 9 1993

THE WHITE HOUSE

Dear Nancy —

My correspondence habits are as bad as ever! Your letter was so much appreciated — support, prayers, encouragement from friends & colleagues across the country give me hope that I can make a difference in this struggle. Hope to see you soon — Kweisi

July 20, 1993

Dear Kristine,

WOW!!! When I heard the news of your appointment as AIDS Czar, while driving to work, I almost became an unsafe driver. I was and am, so excited. It just shows it was a good thing that the Governor of Washington wanted his own people, although perhaps this job was meant for you anyway.

I have a scrapbook of your coverage by the Los Angeles Times. Thus far, it is very positive. I was annoyed that initially the gay men were giving you some hassle and remarked about that to my foster mother. She said, "From what I saw on tv, she can handle that problem just fine." In fact, all of my friends were so excited when I told them that I have been friends with you for over 20 years. They were eager for some verification that you are a wonderful person. We all thought your appointment was a renewal in our faith and optimism in President Clinton. He has made some great appointments but of course yours is our very favorite.

It certainly is great that you completed your doctoral work before this very demanding job too. I am sure it will make your professional clout a bit stronger as well.

Life in Los Angeles continues to be very nice in my little part of the world, although I am very concerned about our national economy and how it will affect all of us. Working in inner city high schools continues to be a painful as well as interesting experience. We all just do the best we can and wish it could be 100% more. For the fall semester I will have a very special position. I will be doing individual and group psychotherapy for kids from ages 4 to 22. I am so pleased to have this job and am spending every spare moment updating my knowledge. I made an expensive trip to the UCLA bookstore the day after my appointment.

Kristine, my deepest prayers are going to you every day and night. You are such a special person and I am so glad you are having the opportunity to utilize your abilities to the fullest. TERRIFIC!!!!!!

With love and admiration,

Nancy

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001. letter	From: Kristine Gebbie; re: World AIDS Day 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(C), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3768

FOLDER TITLE:
December Chron Files 1993 [3]

2018-0756-F
jp4804

RESTRICTION CODES

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RR. Document will be reviewed upon request.

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THE WHITE HOUSE

WASHINGTON

December 9, 1993

(b)(6), (b)(7)c, (b)(7)f

Dear (b)(6), (b)(7)c, (b)(7)f

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[001]

Sincerely,

Kristine Gebbie

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

Barney Singer

Barney Singer, J.D.
Chairman, Federal Steering Committee

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002. letter	From: Kristine Gebbie; re: World AIDS Day, 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(C), b(7)(F), b(6)

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National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3768

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THE WHITE HOUSE

WASHINGTON

December 9, 1993

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Sincerely,

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

Barney Singer, J.D.
Chairman, Federal Steering Committee

Chron

THE WHITE HOUSE

WASHINGTON

December 9, 1993

MEMORANDUM FOR ANN STOCK
SOCIAL SECRETARY FOR THE WHITE HOUSE

FROM KRISTINE M. GEBBIE
NATIONAL AIDS POLICY COORDINATOR

SUBJECT White House Christmas party

I understand that there is a list being developed for invitations to the White House Staff Christmas party.

Because of the unique relationship between my office, the White House and the Department of Health and Human Services, we may not have been placed on the list to be invited to attend the annual staff Christmas party.

I am hoping that it will still be possible for a number of my staff to be invited to the party. I have approximately 33 staff members. Please advise me as to what will be possible.

Thanks for your help, if you have any questions, I can be reached at 202/632-1090.

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003. letter	From: Kristine Gebbie; re: World AIDS Day 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(D), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3768

FOLDER TITLE:
December Chron Files 1993 [3]

2018-0756-F
jp4804

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THE WHITE HOUSE

WASHINGTON

December 9, 1993

(b)(6), (b)(7)c, (b)(7)f

Dear (b)(6), (b)(7)c, (b)(7)f

World AIDS Day 1993 marked the beginning of a new day in the Federal government's response to the AIDS pandemic and in the way Americans view HIV and those affected by it. Because of your assistance, an important message of compassion and strength was heard by Americans throughout the country. We appreciate your help and support in making our government's World AIDS Day programs successful and in making it possible for our visitors to tour Headquarters.

[003]

Sincerely,

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

Barney Singer, J.D.
Chairman, Federal Steering Committee

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004. letter	From: Kristine Gebbie; re: World AIDS Day 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(C), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3768

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THE WHITE HOUSE

WASHINGTON

December 9, 1993

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Sincerely,

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

Barney Singer, J.D.
Chairman, Federal Steering Committee

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OA/Box Number: 3768

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THE WHITE HOUSE

WASHINGTON

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Sincerely,

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

Barney Singer. J.D.
Chairman, Federal Steering Committee

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THE WHITE HOUSE

WASHINGTON

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[oob

Sincerely,

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

Barney Singer, J.D.
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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

December 9, 1993

(b)(6), (b)(7)c, (b)(7)f

Dear (b)(6), (b)(7)c, (b)(7)f

World AIDS Day 1993 marked the beginning of a new day in the Federal government's response to the AIDS pandemic and in the way Americans view HIV and those affected by it. Because of your assistance, an important message of compassion and strength was heard by Americans throughout the country. We appreciate your help and support in making our government's World AIDS Day programs successful and for providing the demonstration to our visitors during their tour of Headquarters.

Sincerely,

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

Barney Singer, J.D.
Chairman, Federal Steering Committee

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008. letter	From: Kristine Gebbie; re: World AIDS Day 1993; [FBI] (Partial) (1 page)	12/09/1993	b(7)(C), b(7)(F), b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3768

FOLDER TITLE:
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2018-0756-F
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RESTRICTION CODES

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P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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THE WHITE HOUSE

WASHINGTON

December 9, 1993

(b)(6), (b)(7)c, (b)(7)f

Dear (b)(6), (b)(7)c, (b)(7)f

[2006]

World AIDS Day 1993 marked the beginning of a new day in the Federal government's response to the AIDS pandemic and in the way Americans view HIV and those affected by it. Because of your assistance, an important message of compassion and strength was heard by Americans throughout the country. We appreciate your help and support in making our government's World AIDS Day programs successful and for providing transportation for our visitors.

Sincerely,

Kristine

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

Barney Singer

Barney Singer, J.D.
Chairman, Federal Steering Committee

THE WHITE HOUSE

WASHINGTON

December 9, 1993

Katie Broeren
Chief of Staff
U.S. Small Business Administration
409 Third Street, S.W.
Washington, D.C. 20416

Dear Katie:

World AIDS Day 1993 marked the beginning of a new day in the Federal government's response to the AIDS pandemic and in the way Americans view HIV and those affected by it. Because of your assistance, a powerful and coordinated message of compassion and strength was heard from our government leaders by your employees at the SBA and by Americans throughout the country. Thank you for your support and dedication to stopping the spread of HIV.

Sincerely,

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

Barney Singer, J.D.
Chairman, Federal Steering Committee

THE WHITE HOUSE

WASHINGTON

December 9, 1993

Frank J. Oldham, Jr.
Director, Agency for HIV/AIDS
Washington, District of Columbia
1660 L Street, NW
Suite 700
Washington, D.C. 20036

Dear Mr. Oldham:

Congratulations on your appointment as Director of the District's Agency for HIV/AIDS.

The District of Columbia presents many unique challenges. It will take diligent, consistent and a little luck to succeed. I look forward to working with you from the federal level and I hope I can help you reach the goals you develop.

I understand that you have already met members of my staff, please feel free to call on them in the future.

Again, congratulations, and I look forward to meeting with you.

Sincerely,

Kristine Gebbie

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

DEC - 9 1993

THE WHITE HOUSE

WASHINGTON

Dear Mary Ann —

I've been terribly slow in my correspondence — but I hope you knew I have appreciated your continuing prayers. This has been an exciting four months on my new job — I do think I can make a positive difference. You'd be pleased, I think, to have been a fly on the wall at last Monday's breakfast with the President, V.P. and a dozen or so clergy from various faith communities including both Lutheran & Catholic — as one participant said, it was a holy moment; and there was great agreement on the need to work together to stop AIDS.

More next time — K. H.

DEC - 9 1993

THE WHITE HOUSE
WASHINGTON

Dear Joycelyn —

Just a quick word of thanks for all your help on World AIDS Day last week — your commitment, energy, concern were evident to all who heard you — and were an important part of the events.

It's been a pleasure working with you these past months even though we're seldom in the same room at the same time! Keep up the good work —

Warm

DEC - 9 1993

THE WHITE HOUSE
WASHINGTON

Peter ——

The HHS World AIDS Day event was great! I appreciate the chance to participate, even though briefly - I heard from many what a success the whole thing was. I know you put a lot of effort into making it that way, & it paid off, as usual.

It's great working with you - Thanks for everything — Carlene

DEC - 9 1993

THE WHITE HOUSE

Dear Mary Jane—

Thank you so much for your letter last June—& my apologies for being so slow in responding. It sounds like you & your family continue to do well. This is an interesting, challenging job which is certainly keeping me on my toes! I appreciate your kind wishes. All the best— Christine

1963 West Burnside #307
Portland, Oregon 97209
June 24, 1993

ANS/PGR

Ms. Krystine Gebbie
AIDS Program Coordinator
The White House
Washington, D.C. 20500

Dear Ms. Gebbie:

Congratulations on your appointment! And, apologies if I'm not using your correct position title. The press invites upon calling you the "AIDS Czar"; I'm sure that's not right.

After 23 (?!?!) years I'm still hanging on at OSHD, in Health Care Licensure & Certification. Having no intention to retire, I've been under consideration for a job at the Federal level with HCFA Region 9 or 10. Because of the budget cuts, this may not work out.

After so many years of working with income as the main priority, I'm so anxious for an opportunity to contribute, at last for awhile, in a job that might really make a difference. I'd be very interested in working as a member of your staff, should there be an opportunity to do so!

I hope your family is doing well. David is still in Boston working for Houghton Mifflin with Mary Kay and my granddaughters, Emma Jane, 6, and Juliet, 3. Dan and his family are still here; Cecily, who is attending UC Berkeley, is also married, and my first grandson, Malcolm Michaels Brewster Blake, arrived June 22nd. He, Mom, Dad and the other adoring grandparents are doing well, and I'm headed for Oakland next week, will be back here on July 15th.

With very best wishes for success in your new position.

Sincerely,
Mary Jane Brewster

(503) 731-4013 or (510) 452-4538
(7/7-15)

DEC - 9 1993

THE WHITE HOUSE

Dear Sherry —

Belatedly - thanks you for taking the time to write last July - I have so appreciated the support of colleagues and friends. Keeping the goal and the "job" in perspective is perpetual challenge - but what public health job doesn't fit that definition!

All the best - Kristine

HEALTH RESOURCES INTERNATIONAL
MANAGEMENT AND RESEARCH CONSULTANTS
31 MEADOWHILL DRIVE
TIBURON, CA. 94920
415-435-9062

July 1, 1993

Ms. Kristine Gebbie
Federal AIDS/HIV Coordinator
The White House
1600 Pennsylvania Ave
Washington, DC 20500

Dear Kristine, (Sorry, I don't know how you address a "czarina")

Congratulations, I think.... having myself been in the Federal bureaucracy for over 25 years, I know the frustrations, turf-fights and disappointments you'll face. More importantly, there is a great need for success in the types of challenges you'll face, and I know you're the professional to bear with the problems and achieve a victory or two, and hopefully more.

A young (most people I know fit this term as compared to me) physician who is actively involved in HIV clinical practice in Baltimore, doing some research at Hopkins, AND is both very knowledgeable and PHS "savvy" is a Dr. Joe O"Neill. He used to work for me when I was the Director of the Bureau of Health Care Delivery and Assistance (BHCDA) -- now called something else-- in 1990. Joe is now at the Braxton Clinic as a practitioner. He is quite reliable and resourceful, having been actively involved in the implementation of Ryan White. I know he is very content where he is, however, his being a local person, not in the government but very aware of the policy and procedural "nif-naf", he might be helpful as a consultant to your operations. His phone number is (410) 669-8109.

I know the task ahead will require a good deal of inside and outside help, and I'm certain that individuals and organizations will line up to assist. If you believe I might provide some support, locally here in California, or periodically back in DC, call or drop a note.

Again, good luck and watch out for the alligators!

Sheridan L. Weinstein MD

DEC - 9 1993

THE WHITE HOUSE

Dear Rosemarie —

a belated thank you, both for your message of support and for the referral to Dr Cody.

There is a great deal to be done, and networks of colleagues can help make the difference —

all the best — Kristine

P.O. Box 633
Pittsburgh, PA 15230
Phone: (412) 391-8471
FAX: (412) 391-8458

DISCOVERY INTERNATIONAL, INC.

July 6, 1993

Kristine M. Gebbie
AIDS Policy Coordinator
200 Independence Avenue
Room 738G
H. H. H.
Washington, DC 20201

Dear Kristine:

Congratulations on your new position as AIDS Policy Coordinator. I believe you will do a wonderful job. If there is anything I can do for you, please let me know.

Dr. William K. Cody, who is on the faculty at the University of North Carolina at Charlotte, has been engaged in research on grieving in families living with AIDS. He may be of some assistance to you. He is currently working on a book, telling the stories of these families. He can be reached at 704-547-4729 (work) or 704-553-7534 (home).

Best wishes.

Sincerely,

Rosemarie Rizzo Parse, RN; PhD; FAAN
President
Editor, Nursing Science Quarterly
Professor and Niehoff Chair in Nursing
Loyola University Chicago

RRP:ah

THE WHITE HOUSE

WASHINGTON

Dear Bluma —

I so appreciated the opportunity to spend some time with you. Your energy and dedication are a model! The book has been delivered to the President; conversations have begun on the idea of an economic meeting with business leaders. I will let you know how things are going, though the upcoming holiday season may make meetings a bit more difficult to organize.

Thank you, as well, for the shirt and CANFAR ribbon —

And my very best wishes —

Christine

Dec 2, 1993

Dear Ms. Gibbie

Hope we can look forward to our two countries working together to vanquish AIDS.

Sincerely

Bluma Appel

Bluma Appel
CanFAR
184 Hazelton Avenue
405
Toronto, Ontario
Canada
M5R 2E2

PEACHES, WILLOWS, GRAPES, GRASS AND SPRUCE TREES
by
Mary Pratt

water colour & pastel on paper, 1989

Collection: Amesbury/Chalmers
Photo: Helena Wilson

PRINTING: WOOD PRINTING & GRAPHICS
COLOUR SEPARATIONS AND FILM: STAFFORD GRAPHICS
GRAPHIC DESIGN: MAMONE & PARTNERS
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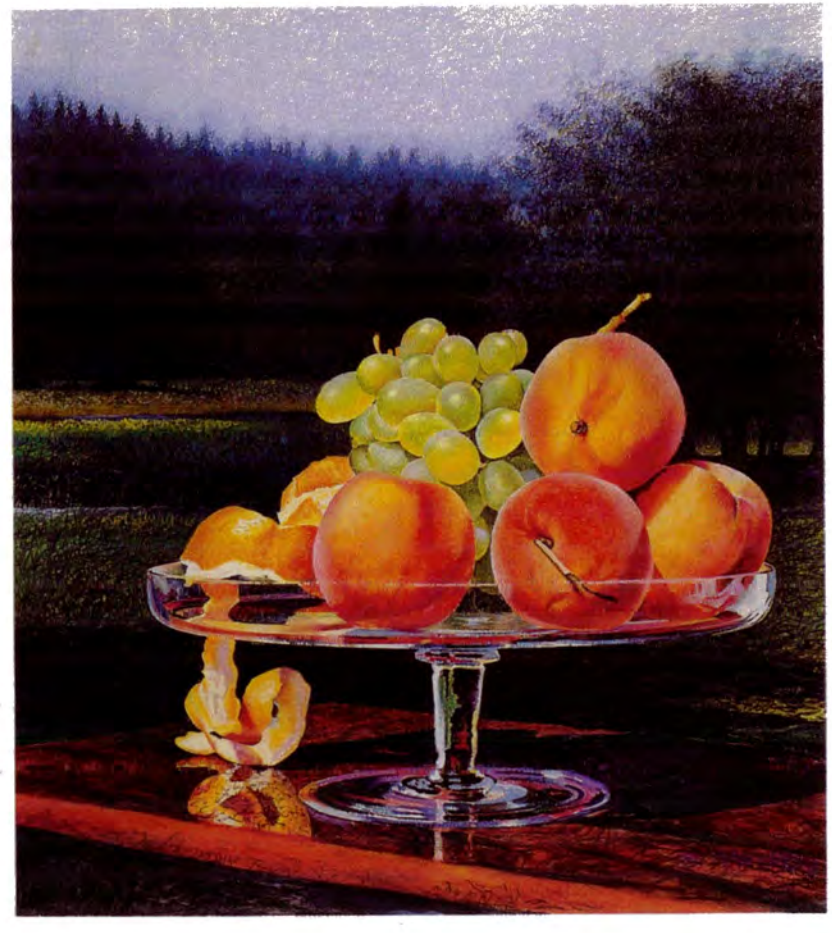
CANFAR National Office, 120 Bloor Street East, Toronto, Ontario M4W 1B8



Peaches, Willows, Grapes, Grass and Spruce Trees MARY PRATT

DEC - 9 1993

THE WHITE HOUSE

Dear Sylvia —

I'm sorry we didn't connect the other day when you were in DC - & good to get your note, to know things are going well for you. I do plan to be at NANDA, if there are no great schedule surprises.

Take care — all the best —

Kr. Klug

11/9/93

Hi There —

Was in D.C. at an ANCC meeting. Was attempting to connect with you as does usual, you were zooming off to somewhere. I'm enclosing a note I sent to you when I heard of your appointment. How are you doing? I'll keep you posted on my D.C. trips & maybe one day we'll actual to or see each other. Please let me know when you're in my area, including Boston, Hartford & New Haven. If you have time, I could come to visit. Of course, if you ever get to RI, I sure hope you'll stay with me. One of my close friends works for Project AIDS here & said he enjoyed hearing you at a recent meeting. Needless to say - I raved about you.

How're the children handling your new position? Any of them come with you?

I hope you know, as in the past, I'm available to help you in anyway I can. That also includes crisis, stress + other forms of counseling, an area for temperaments + of course, just loving friendship. If you feel my experience of working with AIDS + HIV infected people will help, that's also there for you.

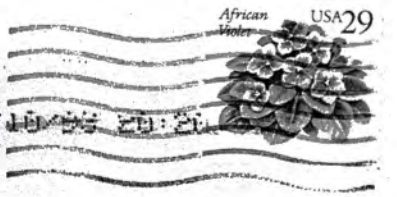
All's well at my end. The girls are doing well. Rene, my 24 year old, will be presenting me with a granddaughter within a month. Once over the initial shock, we're all very excited about it. Work is finally picking up + I'm still very active with the SNA + ANA + ANCC. I put in my application to be nominated to run for the ANA board.

I'll be going to NANDA a little late - they scheduled it with Passover - again ☺! If you're going to be there, will see you then.

Meanwhile, take care, best of everything + much love —— Elvia

Weber
84 Shawave
Cranston, RI 02905

PROVIDENCE, RI 029
PM
10 NOV
1993



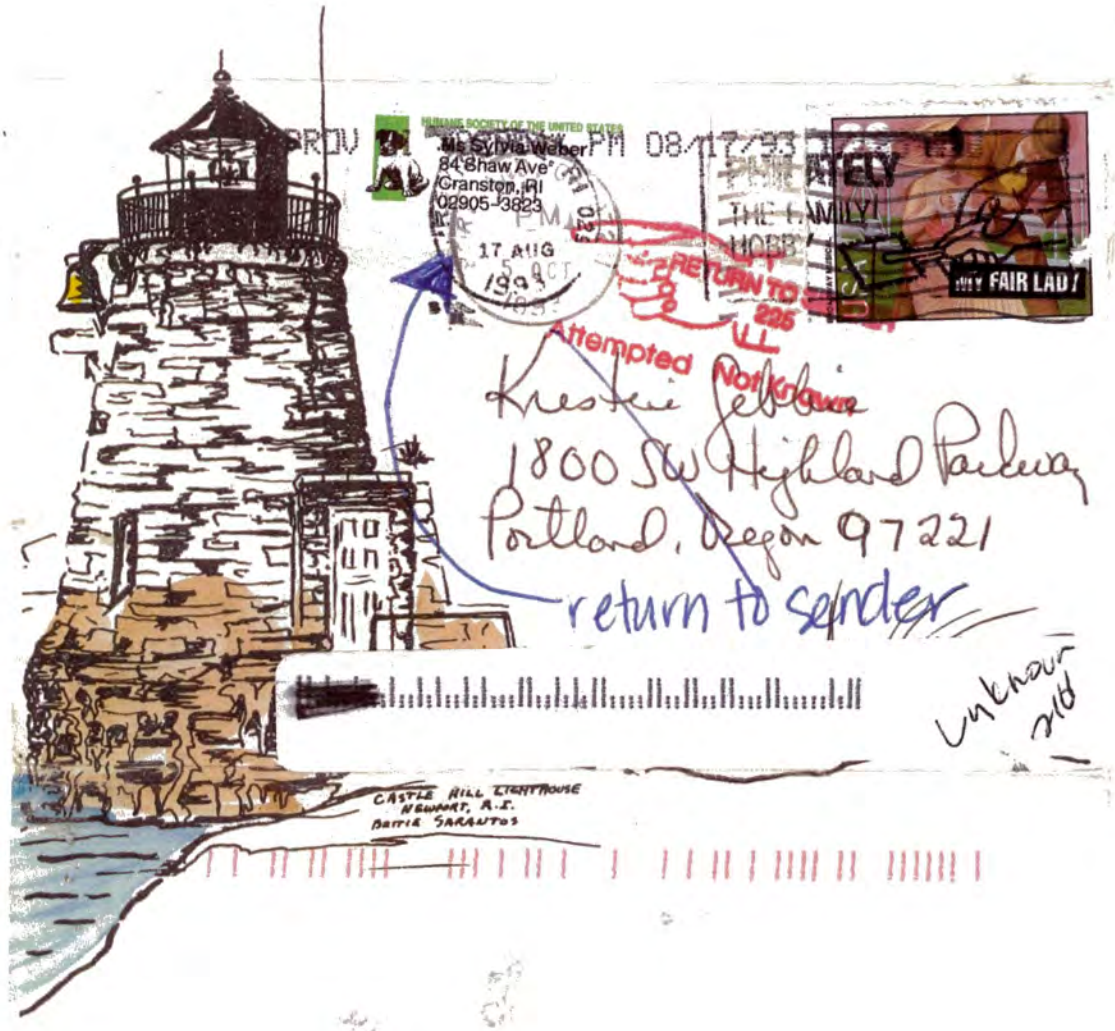
National AIDS Policy Office
Christine M. Gebbie, R.N., Ph.D.
Office of AIDS
750 17th St NW
Washington, D.C. 20050
20500

8-16-93

Dear Kris -

Read the wonderful news in ANA newsletter. I'm so excited about your appointment & I'm excited about what you'll have to offer the administration. You know I'm available to help you in any way I can. I'm still on the Congress on Nursing Practice & the Commission on Certification - so, I get to D.C. with some regularity. It would be great if we can connect on occasion, to talk, have dinner or whatever. Keep me posted when you get settled. I'm of course assuming you'll either be moving to D.C. or staying there most of the time. How do your children feel about this? All's well here. I'm going to be a grandmother in December. I'm quite excited about it. Hope all's well & good luck -

Love Olivia



FOLD-A-NOTE by B. SARANTOS NEWPORT, R.I.