FOIA Number: 2018-0756-F

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

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December Chron Files 1993 [4]

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Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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. report	re: Treatment Protocol in Dominican Republic (6 pages)	09/30/1992	b(6)
004. letter	From: Kristine Gebbie; re: Affordable Housing (1 page)	12/14/1993	b(6)
005. form	re: NAPO Document Control Slip (1 page)	10/29/1993	b(6)
006. form	re: Referral by Department of Health and Human Services (1 page)	11/02/1993	b(6)
007. letter	To: POTUS; re: Nowhere Else to Turn to (2 pages)	00/00/0000	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [4]

2018-0756-F
jp4805

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]
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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

[001]

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.

Sincerely,

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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[ccd]

Sincerely,

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

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

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

December 9, 1993

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

Dear Kristine,

Thank you for meeting with me. It really was a meeting of minds. What a relief to find someone so committed in the government. It left me feeling very optimistic about what we may be able to accomplish together.

At your suggestion I met with both the acting (Wilbur Hawkins) and incoming assistant (William Ginsberg) Secretaries of Commerce. They seemed interested, asked many questions, and gave me almost an hour of their time for this unscheduled meeting.

Kristine, I find that people are anxiously waiting for ideas and impatient to take action. Amongst the knowledgeable people there is a sense of desperation - "no one is listening - no one is doing anything." The summit could be the real breakthrough. Awareness, understanding and self interest could trigger the response we need.

The problem of AIDS is of a magnitude that requires the combined efforts of many countries not just Canada and the United States.

The corporate sector has not yet factored in the future costs of AIDS. Even though HIV strikes the most economically productive age group, there has been no economic analysis on how the loss of these producers, consumers and "baby makers" will affect their industries, nor have they considered the rising costs of absenteeism - as well as the escalating cost of health insurance. The need for an Economic Summit is obvious.

The focus of this conference should be hidden and future costs. The costs of present medical and social care of those known to be infected are documented. It is the individuals and clusters that will come on stream in the next few years that must be factored into the calculation. Bear in mind that the newly

infected and infectious - no longer gay and drug users but heterosexual teen-agers - can have approximately seven years to spread the virus before they are aware that they are infected. Therein lies the problem.

Once the financial power structure, which has the means and the expertise, becomes aware of the full measure of their own vulnerability they could galvanize the forces needed to save our children.

Initially the Economic Summit should consist of Canada and the United States. Though the force of the epidemic is many times greater in the the United States than in Canada, the problems are basically similar. Canada will suffer the same consequences medically and financially if we don't find answers.

I look forward to our next meeting.

Bluma

Bluma Appel

Has the General's book reached the President's desk? Was there a response.

Am enclosing a few tidbits - if you get the time to look at them.

THE WHITE HOUSE

WASHINGTON

December 10, 1993

Tom Howdeshell
718 S. Sawyer
Olympia, WA 98501-1935

Dear Mr. Howdeshell,

Thank you for your letter of November 30. I am sorry that you were unable to get your questions in during the teleconference on "AIDS In Rural America".

Your question about educating Congress is a good one. The public, through many advocacy groups, has raised the knowledge of Members of Congress to a new height and awareness on HIV/AIDS issues. This year, Senate Bill 1 was passed overwhelmingly and resulted in the creation of the Office of AIDS Research (OAR) at the National Institutes of Health. OAR will pull together and coordinate our government's $1.3 Billion research effort on HIV/AIDS. The funding of the Ryan White Care Initiative was also passed by Congress which added over $300 Million to the local care monies for treating persons with AIDS.

More does need to be done. This January session of Congress will focus a great deal of energy on Health Care Reform. During this session, I will be making the rounds of Congress to meet with key Members to provide continuing education and awareness of the issues and to promote their continued support for research, care and prevention services. Health Care Reform is one of the progressive pieces of legislation we want to get passed in 1994. We believe that this reform will significantly help persons with HIV and AIDS.

Thank you for your letter and I hope that you will participate in your local community's discussions and debate on Health Care Reform.

Sincerely yours,

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

December 10, 1993

MEMORANDUM

TO: Andrew Barrer

FROM: W. Steve Lee

SUBJECT: Action item

Draft a reply to Tom Howdeshell (11/30) on AIDS education. Please prepare for KGs signature by 12/17.

Thanks.

Attachment

Andrew draft reply

November 30, 1993

Kristine Gebbie AIDS Policy Coordinator
The Humphrey Building
National AIDS Prevention Office
200 Independence Av SW #738-G
Washington DC 20201

Dear Ms Gebbie:

After seeing the "AIDS In Rural America" teleconference and becoming frustrated by not getting through to ask you a question, I thought I would write to you instead.

Do you or anyone in your office plan to educate members of the house and senate on HIV/AIDS (AIDS 101 Classes), so that more progressive legislation can be passed to help the citizens of America who are suffering from this disease?

I look forward to you response.

Respectfully yours,

Tom Howdeshell
718 S Sawyer
Olympia WA 98501-1935

THE WHITE HOUSE

WASHINGTON

December 10, 1993

The Hon. William J. Jefferson
House of Representatives
Washington, DC 20515-1802

Dear Representative Jefferson,

Thank you for your letter of November 8 concerning the proposal from Dr. Lupin, Chairman of the Louisiana Health Care Authority. My office has begun a review of the specific recommendations contained in Dr. Lupin's paper. Dr. Barrer, of my office, has already been in contact with both Dr. Lupin and Ms. Davis of your office to discuss this matter.

The creation of an "institute" to coordinate a centralized approach to AIDS research is something now under consideration here, as a result of the recently held Future Directions in AIDS Research meetings. In cooperation with government agencies, pharmaceutical companies, research scientists, and AIDS advocacy groups we are putting together several recommendations that may have a positive impact on Dr. Lupin's ideas. We have put Dr. Lupin in touch with this group so that he could coordinate his efforts with them. In addition, Secretary Shalala has forwarded additional information in response to your letter to her office.

Dr. Lupin will receive a response directly from the Secretary, with a copy to you.

If you or your staff would like some follow up on this, please contact Dr. Andrew Barrer at my office, (202) 632-1090.

Thank you for bringing this matter to my attention.

Sincerely yours,

Kristine Gebbie

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

WILLIAM J. JEFFERSON
SECOND DISTRICT, LOUISIANA

WASHINGTON OFFICE:
428 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1802
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CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-1802

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DISTRICT OF COLUMBIA
SUBCOMMITTEES:
FISCAL AFFAIRS AND HEALTH
GOVERNMENT OPERATIONS AND
METROPOLITAN AFFAIRS

November 8, 1993

Kristine Gebbie
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Gebbie:

I write to convey to you for your consideration the enclosed proposal for the "Infectious Disease Institute of America". In light of the current statistics that more young males die of AIDS than any other malady, this proposal is timely and such an institution is sorely needed.

You are invited to tour the facility and a meeting with you to discuss the project would be appreciated. The direct contact person is Arnold M. Lupin, M.D., Chairman of the Louisiana Health Care Authority, telephone 504.896.1425. Should you wish to have a member of your staff obtain more information, Darlene Davis is the Legislative Assistant working with the board.

I look forward to your comments and response. Thank you for your attention.

Sincerely,

Wm. J. Jefferson
Member of Congress

Overview

Acquired Immune Deficiency Syndrome is an incurable disease providing tragic morbidity and mortality in increasing numbers in the United States of America and throughout the world. The number of new cases is accelerating on a daily basis with no permanent arresting therapy yet on the horizon. In the State of Louisiana alone the number of cases diagnosed as aids has increased in the last three years as follows: 600 new cases reported in 1989, 640 new cases reported in 1991, 900 new cases reported in 1992. The reports for 1993 won't be finalized until March of 1994.

The mortality from this disease in the State of Louisiana has coincidentally increased in the last three years as follows:

Extensive fragmented research in the etiology and care of this disease is taking place throughout the world. Treatment of patients with aids is being provided on an individual basis in hospitals throughout the country. The most effective treatment of patients with this disease is being provided in centers with organized aggressive teamwork approaches utilizing multiple therapeutic disciplines in specific hospitals. Much of the treatment being provided is research treatment as hopefully more effective therapeutic considerations are made hoping to arrive at a ultimate care.

An aggressive, systematic dedicated, regional facility attempting to attack all elements of this disease while providing the most

updated therapy possible, using a single purpose discipline, would seem to offer an effective armament to fight this disease.

Additional infectious diseases are rearing their ugly heads and are approaching epidemic proportions in the United States; tuberculosis is the most prevalent one at this time. A facility dedicated to research and treatment of this illness in a single minded disciplined to re-eradicate tuberculosis from our country is needed and would provide an effective tool for this purpose.

It is within these contexts of the need to develop a multi-disciplined, but single purpose mechanism to attack these infectious diseases which are defying presently available therapeutic disciplines, that this proposal for the establishment of a regional medical center and research facility for the treatment of aids and infectious diseases is presented; the single end purpose of this development would be to eradicate these diseases from the United States of America.

WHY THE CENTER IN NEW ORLEANS, LOUISIANA AT THE SITE OF THE PRESENT CHARITY HOSPITAL CLINIC?

New Orleans, Louisiana is strategically located to serve as a regional treatment center for the treatment and research on aids and infectious diseases for the southern part of the United States. Adequate transportation and residence capabilities exist at the projected site to accommodate families of patients presenting themselves at this facility.

The proposed site of the development is the present location of the Medical Center of Louisiana in New Orleans (formerly Charity Hospital) at 1532 Tulane Avenue in New Orleans, Louisiana. This is a one million square foot concrete structure which exists within the confines of the New Orleans Regional Medical Center. The facility presently serves as a Charity Hospital of Louisiana serving over 400 hundred thousand patients annually with acute and chronic medical care; this facility will be moved three blocks down in the regional medical center to a more limited updated facility.

On the left side of the proposed site of this development is the Medical School of Louisiana State University. This school educates medical students, nurses, allied medical personnel interns and residents. Extensive research is being carried out at this medical school in all forms of medical illness.

On the right side of the proposed site of this facility, is the Tulane University School of Medicine which also trains medical students, interns, residents and allied medical personnel. Medical research on an ongoing basis is also carried out extensively at Tulane University.

Having two medical schools on either side of the proposed development provides the research and therapeutic staff which would be called upon for the treatment and research staff of the Aids and Infectious Disease Regional Research and Treatment Center. Additional staff on all levels will be required to provide the treatment and the research necessary.

With one million square feet available for rehabilitation, the Charity Hospital site offers an outstanding opportunity for the development of the following:

A. A three hundred bed inpatient hospital for the treatment of patients afflicted with AIDS and other infectious diseases. The facility requires rehabilitation, is uniquely constructed so as to be adopted to this type of a facility.

B. A concentrated multi disciplined research facility could be established within the same building to make maximum use of the patients presenting themselves to the hospital and allowing the patients to make maximum use of the research and doctors that is being carried out in the facility.

C. An outpatient facility could easily be located within the same medical center building making easy access of the patients once discharged to the outpatient capabilities of the facility and again allowing them to make maximum use of the research being carried out in the facility.

D. Adequate space still remains in the development site for necessary offices and consultation facilities for the medical staff and research staff.

E. Facility living quarters for some of the house staff would be available in the building, making them instantly accessible to the needs of the patients on a twenty four basis.

In summary, with a million square feet available for use, the present site of the Charity Hospital of New Orleans offers an outstanding opportunity to locate a regional medical center for treatment and research on AIDS and infectious diseases.

A Mechanism of the Development

It is proposed that the Regional Medical Center for the Treatment and Research on AIDS and Infectious Disease, be a federally funded and controlled project in one of the following mechanisms.

1. Operated and managed by the Louisiana Health Care Authority, a political subdivision of the State of Louisiana, direct federal funding for the rehabilitation of the Charity Hospital site and the continued operation of the facility under the Medicare or Medicaid program.

2. A federally funded and operative project in the public health service of the federal government directly, with an operation contract to the Louisiana Health Care Authority.

3. A federal funded and operated project under the directions of the Director of Aids projects for the federal government.

4. A federally and operated program under the direction of some other federal agency.

5. A joint venture project between the federal government, the State of Louisiana and private pharmaceutical and other medical cooperations, all of whom would be participating in the research, drug trials and operations.

$100 Private

The project would require a $200 million dollar reconstruction and rehabilitation grant to convert the present Charity Hospital building into the above described facility. These funds would enable asbestos abatement and the necessary changes in equipment and construction to create the state of the art facilities, including the research section of the development. Annual operating cost once listed, should approach $250 million dollars to include the provision of care and research; some of these funds would be attracted from other governmental grant programs and from private sources.

Who Would Receive Care?

Any citizen of the United States of America would be eligible for care and to participate in the research projects of this development. A regional orientation, once additional centers were established in other parts of the country, with a direction towards patients in the southern region would be the ultimate goal. Patients would be admitted based upon medical necessity and availability of beds. Patients private insurance would be utilized to the extent available with additional care being provided on the basis of ability to pay and need.

The following types of patients would be admitted to the hospital section of the development:

1. Acute medical problems requiring treatments of AIDS and designated infectious diseases. The number of infectious diseases and types with anti-type would be designated and only those

patients with those illnesses would be admitted to the hospital section.

2. Those patients admitted to the research projects being carried out at the medical center development would be those consistent with the type of research being taken, and that which will initially be beneficial to the patients as well as to the research projects and consistent with patient choice.

Summary

The above described project would offer a mechanism for a concentrated war on aids and other infectious diseases. Which are proving resistent to therapy and eradication and by combining research and treatment in a singular disciplined will be directed towards the eradication of these diseases. The availability of the Charity Hospital of Louisiana building in New Orleans, Louisiana, the availability of two medical schools to provide the staff for research and treatments and the cost effectiveness of including sharing costs with the other facilities in the medical center, offer an outstanding opportunity for a dedicated effort in this country against these diseases.

November 26, 1993

MEMORANDUM

TO: Andrew Barrer

FROM: W. Steve Lee

SUBJECT: Action items

ACTION REQUIRED: As noted below

DATE REQUIRED: December 3, 1993

The attached document is for your action:

Letter from Congressman Jefferson ((11/8). Please draft reply for KG's signature. Consult with George.

Please draft a reply by December 3, 1993 and return materials to me. Thanks.

Attachment

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: Andrew / George
Liz reply

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: Trip to V.O. likely in 1st quarter of 94. but make no commitment

WILLIAM J. JEFFERSON
SECOND DISTRICT, LOUISIANA

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WASHINGTON, DC 20515-1802
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November 8, 1993

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You are invited to tour the facility and a meeting with you to discuss the project would be appreciated. The direct contact person is Arnold M. Lupin, M.D., Chairman of the Louisiana Health Care Authority, telephone 504.896.1425. Should you wish to have a member of your staff obtain more information, Darlene Davis is the Legislative Assistant working with the board.

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In summary, with a million square feet available for use, the present site of the Charity Hospital of New Orleans offers an outstanding opportunity to locate a regional medical center for treatment and research on AIDS and infectious diseases.

A Mechanism of the Development

It is proposed that the Regional Medical Center for the Treatment and Research on AIDS and Infectious Disease, be a federally funded and controlled project in one of the following mechanisms.

1. Operated and managed by the Louisiana Health Care Authority, a political subdivision of the State of Louisiana, direct federal funding for the rehabilitation of the Charity Hospital site and the continued operation of the facility under the Medicare or Medicaid program.

2. A federally funded and operative project in the public health service of the federal government directly, with an operation contract to the Louisiana Health Care Authority.

3. A federal funded and operated project under the directions of the Director of Aids projects for the federal government.

4. A federally and operated program under the direction of some other federal agency.

5. A joint venture project between the federal government, the State of Louisiana and private pharmaceutical and other medical cooperations, all of whom would be participating in the research, drug trials and operations.

$100 Private

The project would require a $200 million dollar reconstruction and rehabilitation grant to convert the present Charity Hospital building into the above described facility. These funds would enable asbestos abatement and the necessary changes in equipment and construction to create the state of the art facilities, including the research section of the development. Annual operating cost once listed, should approach $250 million dollars to include the provision of care and research; some of these funds would be attracted from other governmental grant programs and from private sources.

Who Would Receive Care?

Any citizen of the United States of America would be eligible for care and to participate in the research projects of this development. A regional orientation, once additional centers were established in other parts of the country, with a direction towards patients in the southern region would be the ultimate goal. Patients would be admitted based upon medical necessity and availability of beds. Patients private insurance would be utilized to the extent available with additional care being provided on the basis of ability to pay and need.

The following types of patients would be admitted to the hospital section of the development:

1. Acute medical problems requiring treatments of AIDS and designated infectious diseases. The number of infectious diseases and types with anti-type would be designated and only those

patients with those illnesses would be admitted to the hospital section.

2. Those patients admitted to the research projects being carried out at the medical center development would be those consistent with the type of research being taken, and that which will initially be beneficial to the patients as well as to the research projects and consistent with patient choice.

Summary

The above described project would offer a mechanism for a concentrated war on aids and other infectious diseases. Which are proving resistent to therapy and eradication and by combining research and treatment in a singular disciplined will be directed towards the eradication of these diseases. The availability of the Charity Hospital of Louisiana building in New Orleans, Louisiana, the availability of two medical schools to provide the staff for research and treatments and the cost effectiveness of including sharing costs with the other facilities in the medical center, offer an outstanding opportunity for a dedicated effort in this country against these diseases.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

DEC 10 1993

Jerome W. Blum, M.D.
24900 La Loma Court
Los Altos Hills, California 94022

Dear Jerry:

Thank you for your letter of December 1 regarding the establishment of a National Task Force on AIDS Drug Development. We are excited that the task force will be a true public-private partnership that will help reduce red tape and unnecessary delay in the development of drugs designed to treat and curb the spread of opportunistic infections caused by AIDS.

You have offered to carry a message to the UCSF/SFGH 8th Annual Clinical Care of the AIDS Patient Program that will be held from December 13-15 in San Francisco. Please extend my greetings to the group and offer the following:

> On November 30, HHS Secretary Donna E. Shalala announced the creation of a National Task Force on AIDS Drug Development. The task force is to have a clear and critical mission: to identify, and remove, any barriers or obstacles to developing effective treatment. As the point person for the Secretary, I pledge to see that the task force is not "government as usual," but instead, represents a true, unprecedented high-level collaboration among leaders in the fields of government, the pharmaceutical industry, academia, medicine and the AIDS-affected communities.
>
> I intend to pursue the task force's mission with vigor. Nominations will be accepted beginning immediately and I hope to announce the members by February. After that, we will begin. In the interim, anyone with suggestions on how the task force can quickly identify and correct impediments to the development of AIDS drugs should address their comments to my office.

I look forward to this opportunity to advance the treatment and cure of HIV and AIDS.

With warmest personal regards,

Sincerely yours,

Phil

Philip R. Lee, M.D.
Assistant Secretary for Health

Jerome V. Blum, M.D.
24900 La Loma Court
Los Altos Hills, CA 94022
(415)948-7205

December 1, 1993

VIA FACSIMILE (202) 690-6960

Phillip R. Lee, M.D.
Assistant Secretary for Health
and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Phil:

Congratulations on the establishment of the Task Force on AIDS Drug Development.

In order that public confidence be sustained until your March, 1994, Federal group meeting, may I suggest an opportunity to maintain the momentum. UCSF/SFGH 8th Annual Program, "Clinical Care of the AIDS Patient" will be held from December 13th-15th, 1993 in San Francisco. I shall be at the conference which will be attended by over 600 leading physicians, scientists, and allied health professionals. If you would send a message via telegram, fax, telephone, etc., I am certain that it would be a most welcomed boost in a needed program that is filled with scientific and emotional frustrations.

I would be most happy to facilitate any path you wish to pursue to achieve successful communication in this delicate, domestic and international health problem.

With warm regards,

Sincerely,

Jerry B.

Jerome V. Blum, M.D.

T6345,
TRACER

Office of the National AIDS Policy Coordinator

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

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

Deliver To: Dr. Blum

TO: Steve Lee
Andrew Barrer.
Kristine Gebbie

Sent From:

~~—~~ Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

~~—~~ Sandy Burt

Copy needs to be sent to Alice Kerry's PA, Paul

Number of Pages: 1 + Cover Fax Number: 415-941-3380 Date: 12/10/93

Message:

As requested,

Ben Merrick prepared the enclosed at the request of OASH

THE WHITE HOUSE 12/10

Elaine —

Thank you for today's lunch visit — as I said when leaving; it was a good mental health break, to be with colleagues & review a few issues without a particular agenda. Steve Lee is already working on the March date! Happy holidays - Cristina

chron

THE WHITE HOUSE

WASHINGTON

November 14, 1993

Elaine Larson, Dean
Georgetown University School of Nursing
3700 Reservoir Road, N.W.
Washington, DC 20007-2194

Dear Elaine:

This letter confirms the visit of Kristine M. Gebbie, National AIDS Policy Coordinator, at the Georgetown University School of Nursing, on Thursday, December 9, 1993.

Ms. Gebbie plans to arrive at 11:30 a.m. in the hotel lobby of the Leavy Center for lunch with University faculty.

Please call me at (202) 632-1090 with any questions or for further clarification. I am enclosing a biographical sketch and curriculum vitae for your reference.

Sincerely,

W. Steve Lee

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

georgetown

12/9c 12:30-1:00

OCT 25 1993

Celebrating Our 90th Year

10/19/93

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

Dear Kristine:

It was nice to meet you briefly today at the Institute of Medicine today and to discuss your interest in an adjunct appointment on the Georgetown University School of Nursing faculty. I have enclosed an application and would point out that, like all faculty appointments, we need to have a copy of your school transcripts. We will take care of getting in touch with references (which is hardly necessary).

John Eisenberg also expressed his willingness to discuss with you possible joint appointment in Medicine if you have an interest in that as well. Kristine, we look forward to an affiliation with you. You will be interested to know that the School of Nursing has one of the first nurse-run clinical trials for AIDS patients at home to keep them out of the hospital. We will be happy to discuss this and other activities with you.

Please let me know if you can spare the time, and I would be pleased to have you for lunch with a few colleagues and faculty members. Until then, I remain

Sincerely yours,

Elaine Larson

Elaine Larson
Dean and Professor

Steve
Please try to
schedule

3700 RESERVOIR ROAD, NW, WASHINGTON DC 20007-2194 • 202-687-2965/FAX 202-687-5553

GEORGETOWN UNIVERSITY SCHOOL OF NURSING

GEORGETOWN UNIVERSITY

School of Nursing

Application for Academic Appointment

This form must be typewritten. When completing form, please fill in the blanks rather than referring to curriculum vita.

APPLICANT'S NAME:

POSITION APPLIED FOR:

Georgetown University is an Equal Opportunity Employer/ Affirmative Action Institution

Date_____

I. PERSONAL DATA

Name:_____
Last First Initial

Soc. Sec. #:_____U. S. Citizen? Yes ☐ No ☐ Type Visa _____ #_____

Current Address_____
(Street) (Apt.#) (City) (State) (Zip)

Home Phone: (___)_____Work Phone: (___)_____

Present Employer:_____

Rank or Title:_____

Dates: _____

Present Salary:_____

Current RN License in District of Columbia: Yes ☐ No ☐ Pending ☐

Number_____ Year_____

Current RN License in other state(s):

State_____ Number_____ Year_____

State_____ Number_____ Year_____

Source of referral to Georgetown University for Employment _____

II SPECIFIC JOB INFORMATION

Rank Desired:_____ Salary Expected:_____

Date Available:_____ Full-time:_____ Part-time:_____

III EDUCATION

Name & Address of School	Dates of Attendance	Major & Minor	Degree	Date

IV PREVIOUS PROFESSIONAL EXPERIENCE (Use an additional sheet of paper if necessary)

A. Teaching

Institution	Responsibilities	Rank & Title	Dates

B. Clinical Practice

Institution	Responsibilities	Title	Dates

V SCHOLARSHIP:

A. List publications and research activities. (Use an additional sheet of paper if necessary.)

B. Membership in Professional Organizations & Honor Societies

Name of Organization	Member/Officer	Years of Membership

C. Honors/Awards

Name	Purpose	Year Received

VI REFERENCES

List four references acquainted with your scholarship, professional ability and character whom we may contact. Please give full names, official position and address.

Name	Official Position	Address

Signature of Applicant _____

MEDIA INC WORKS

P.O. Box 15597
Kenmore Station
Boston, MA 02215

December 13, 1993

Dear Kristine,

Thank you for taking time out of your day to meet with me to discuss *Sex Education in America: AIDS and Adolescence* and the distribution of copies of the documentary via National School Boards Association. When I left your office I had better insight into how you can support my fundraising efforts on this project. And I felt tremendous gratitude for your willingness to lend your office's guidance and contacts, in particular your offer to open the door for me at the Carnegie Foundation.

Your support of the documentary and the role it can serve to communities is incredibly reassuring to me. Should the opportunity arise for me to help you in anyway at anytime, please, don't hesitate to call.

Best of luck with the difficult challenges you confront every day.

Sincerely yours,

Jeanne Blake

Jeanne Blake

PHONE: 800 600.5779

THE WHITE HOUSE

WASHINGTON

December 13, 1993

Mr. Mark N. Amster
12274 NW 12th Court
Pembroke Pines, Florida 33026

Dear Mr. Amster:

Thank you for the information on Reticulose contained in your letter. I am dedicated to finding scientifically sound answers for the treatment and cure of HIV infection and AIDS, however, my office cannot determine the safety and efficacy of possible treatments. This function falls under the purview of the National Institutes of Health. I suggest that you send a letter and copy of Dr. Chinnici's report to:

Dr. John Killen
Deputy Director, Division of AIDS
National Institute of Allergy and Infectious Diseases
Solar Building, Room 2B27
6003 Executive Boulevard
Rockville, Maryland 20852

Thank you for your interest and support.

Sincerely yours,

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: _____

_____

FROM: **KRISTINE M. GEBBIE**

_____ For your information

_____ For your action _____

_____

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____

_____ File

COMMENTS: _____

draft reply to
referral to NCAA

NOV 12 1993

9 November, 1993

Dear Ms Gebbie,

I am writing to you in regard to a non-toxic anti-viral drug called Reticulose. I feel it is important to make mention of the fact that the drug Reticulose had been used in the United States for many years showing excellent results.

To bring you up to date, The FDA will not allow testing of the drug due to the fact the company cannot identify what segment or segments of the drug causes it to be very effective against a particular virus.

The company, Advanced Viral Research cannot readily afford the enormous costs involved in determining an answer as to what specific components of the drug are responsible for its success.

Historically, Reticulose has been demonstrated to be a successful treatment for such viral diseases as Flu A, Hepatitis A, B, and C and Viral Pneumonia. Recent studies have indicated promising results against the deadly disease, AIDS.

Without being more specific at this time, I am enclosing a copy of a report by Dr. Chinnici, MD on a treatment protocol done in the Dominican Republic, at the Infectious Disease Institute and PROCETS. The blood smaples of the patients were evaluated at the University of San Juan Pathology Labs.

Knowing of your deep concern and dedication towards finding an answer for this dreadful disease, I look foward to hearing from you.

Respectfully,

Mark N. Amster

Mark N. Amster
12274 NW 12th Court
Pembroke Pines, Fl 33026

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. report	re: Treatment Protocol in Dominican Republic (6 pages)	09/30/1992	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [4]

2018-0756-F
jp4805

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]

12/20 cancelled. Moved to 1/20 or 1/19

THE WHITE HOUSE

WASHINGTON

December 13, 1993

Colleen Conway-Welch
Professor an Dean
School of Nursing
Vanderbilt University
111 Godchaux Hall
Nashville, TN 37240-0008

Dear Ms. Conway-Welch:

This letter confirms your dinner meeting with Kristine M. Gebbie, National AIDS Policy Coordinator, on Monday, January 10, 1994. Please plan to meet in her office at, 750 17th Street, N.W., Suite 1060 in Washington, DC at 7:00 p.m.

If you have questions or need further clarification, please call me at (202) 632-1090.

Sincerely,

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

Vanderbilt University Medical Center

School of Nursing
Office of the Dean

111 Godchaux Hall
Nashville, TN 37240-0008
Telephone (615) 343-8876
FAX (615) 343-7711
BITNET: conwayc@VUCTRVAX
INTERNET: conwayc@CTRVAX.VANDERBILT.EDU

November 29, 1993

Kristine M. Gebbie, RN, MN
Office of the National AIDS Policy Coordinator
750 17th Street, NW
Suite 1060
Washington, DC 20503

Dear Kris:

Thank you for participating in the celebration for the National Institute for Nursing Research on November 17. I appreciate your involvement and I know that nursing research will be an important part of health care reform.

Sincerely,

Colleen

Colleen Conway-Welch
Professor and Dean

Anyways to have dinner
c you. Let's try for January

Steve — ✓ with her
office to see what we
might work out in Jan

Office of the National AIDS Policy Coordinator

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

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

Deliver To: Colleen Conway-Welch (sent)

Sent From:

Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

Number of Pages: 1 + Cover Fax Number: 615 343 7711 Date: 1/24/94

Message:

I've scribbled out asides or two — your strongest point should be in the intro, & that's on the paucity of entries given the importance of the issue & length of the epidemic.

Vanderbilt University Medical Center

School of Nursing

Office of the Dean

Direct Phone (615) 343-8876
Fax (615) 343-7711

FAX TRANSMITTAL

TO: Colleen Conway-Welch (guest), Renaessance Hotel, Washington, DC

FAX NUMBER: 202-289-0947

FROM: Vanderbilt University School of Nursing

DATE: 1-20-94

Number of pages including this cover sheet: 8

REMARKS:

Colleen — I'd recommend the following

(1) Intro each section with a strong ¶ of your own framework or sense of the issues (informal / formal care givers & related research

(2) end with a ¶ or two of your recommendations on the direction / emphasis for future work — key Qs or propositions —

Judy

Telephone Dean's Office at (615) 343-8876 if there are any difficulties with this transmission.

INTRODUCTION

The charge to the author was to draft an overview of issues affecting AIDS caregivers (both formal and informal), current research findings about caregivers and specific recommendations related to future caregiving research which should be considered by the committee. Accordingly, this paper will be divided into issues of informal caregivers, issues of formal caregivers, related research and recommendations related to formal and informal caregiving research.

The following bibliographic data bases were searched using the CD Plus systems under the related keywords of research, AIDS, informal caregivers and health professional caregivers:

Psychological Abstracts, 19--, 6 entries
Health, 1975-Nov. 1993, 96 entries
Cinahl, 1983-Oct. 1993, 84 entries
Business Periodicals, 19--, 2 entries
Medline, 1989-Dec. 1983, 23 entries
AIDSline, 19--, 32 entries

Gay men account for about 62% of AIDS in the United States.[1] Approximately 30-40% of them are in committed relationships.[2] McCann and Wadsworth found that the majority of primary care givers is the partners.[3]

While gay and bisexual men still constitute the greatest proportion of AIDS cases, there has been a substantial increase in the proportion of cases attributable to heterosexual contact and IV drug use. This includes an increase in AIDS cases among women, particularly within 20-39 year old age groups. The prevalence of AIDs continues to be over-represented among minorities, specifically within Black and Hispanic populations, in every transmission category.[4]

Overview of issues of informal caregivers (friends, lovers, partners)

Folkman et al have identified selected characteristics of the caregiving partners of persons with AIDS:[5]

> Gay and bisexual men have represented, on average, 62% of AIDS diagnoses between 1981 and 1993.[6] Twenty-eight percent of caregivers in one central city sample were also gay and bisexual. Therefore, it seems reasonable to expect that roughly one-third to one-half of gay men with AIDS are cared for by gay peers. It is possible that many of the remaining caregivers are family members.[7]
>
> While one assumes that caregivers are usually male (although caregiving has traditionally been considered to be a female role), one study showed that male and female caregivers were about equal with men more likely to give care in central cities and women in the nation as a whole.[7]

Many are themselves HIV+. They are usually young and instead of building relationships (which is an appropriate developmental task at this stage of life), they are preparing for loss. The relationships between caregivers and patients are usually informal and not legally sanctional. Since AIDS is stigmatized, caregiving is frequently hidden from the community.[8]

Many caregivers are "on call" all the time and intensely emotionally involved. At the same time, they have not given physical care to a seriously ill person and not watched someone die. Therefore, caregivers need to learn skills, such as medication administration and insertion and cleaning of catheters "on the job."

Caregivers experience dysphoria--an emotional state of depression, anxiety and restlessness.[5] They must adjust to the partner's unpredictable illness progression, the shifting of responsibility from the person with AIDS to the caregiving partner, the stress of unexpected, temporary improvement in the partner's health, dealing with a virtually uncontrollable disease, role conflict fatigue and concern about own future and who will care for them if HIV+.

Strategies of caregivers included taking one day at a time, living fully in the present and actualizing future dreams.[9] Turner and Pearlin address the issue of older gay persons. "Access to family care may be especially restricted to them due to three reasons: Older people with AIDS are more like to be geographically separated from their families. They are generally less able to rely on parents for caregiving support. They are more often faced with ruptured family ties because of their sexual orientation."[10]

Parental caregivers are usually later-life families who are beyond the childrearing years and whose children have begun careers of their own. Family history has been noted as an important factor in family caregiving patterns during the later years and a knowledge of family history can be important. "In summary, a parent's ethos of affection/obligation toward a gay son with AIDS is grounded in the family's history. Structural factors, such as parent role, birth order and social psychological factors, such as parent/child alliances and family members' willingness to assign a character type to each other, are factors that have been related to a family's ethos of affection/obligation. When faced with a stressful event, such as a gay son acquiring AIDS, family history and a parent's ethos of affection/obligation become important factors in understanding how family members will relate to one another."[11]

Overview of issues of formal caregivers (healthcare professionals).

In contrast to informal caregivers, formal caregivers have a limited workday, professional distance and a cushion of experience.

Kleiber et al found that in order to reduce stress and burn-out of healthcare professionals, more emphasis should be laid upon organizational development and the improvement of the working conditions themselves. Stresses include stigmatized clients, confrontation with their own sexuality and dying patients who are the same age as the caregivers. The most significant predictors of the dimensions of burnout are time pressure (emotional exhaustion), vague criteria of success (reduced personal accomplishment) and stress related to client behavior (depersonalization). Less burnout was reported by persons who used confronting coping strategies.

In contrast to the common opinion, stress caused by death and dying of the client is no significant predictor of burnout. This holds for the field of AIDS as well as for oncology and geriatrics. The confrontation with death and dying seems to promote the personal growth of healthcare personnel and the sense of meaningfulness of their life.[12]

Current research findings about caregivers.

Falkman, S., Chesney, M. & Christopher-Richards, A. suggest that caregivers help:[5]

> sustain their positive feelings by defining what is personally meaningful in giving care and by identifying deeply held values that are activated by caregiving; facilitate intimacy with their partner by encouraging them to have open conversations in which they each explore their hopes and fears; and develop the capacity to be aware of brief human moments, such as a special sunrise or sunset or a peaceful moment, that elicits positive feelings, such as humor, contentment, caring or tenderness.

Goeren et al found that individual case management plans were found to be inadequate. Case discussions must address the entire family to create a comprehensive plan. The family case management model should include family treatment (medical, nursing and psychological) and family focus clinical trials. Healthcare providers need training in order to incorporate the family systems approach in the care of the HIV infected family.[13]

Future research recommended around caregiver issues.

Goeren et al recommended that the special needs of families in which more than one member is HIV infected be documented.

Turner et al recommend that the types of individuals who typically provide informal care to persons with AIDS needs to be examined, along with their relationships to the patient, the characteristics of both patients and caregivers that influence the acquisition and quality of informal care, the objective and subjective burden imposed by caregiving and the impact of such burden on the health and well-being of the caregivers.[7]

Takigiku et al suggest that by studying the characteristics that differentiate low stress from high stress families, professionals may be able to understand the distinctive features of low stress families and utilize this information to develop interventions for high stress families. In differentiating low stress parent care givers from high stress parent care givers, a review of the literature suggests that the theoretical context, stress process, definition of the situation and outcome may be useful.[14]

Takigiku et al also recommend that future research further develop their proposed contextual model of stress among parent caregivers of gay sons with AIDS. The model identifies two major variables associated with parent caregivers' level of stress: attitudes towards homosexuality and family ethos of affection/obligation. Qualitative and quantitative studies would be useful in drawing valid and reliable conclusions concerning the characteristics that differentiate high stress parent caregivers from low stress parent caregivers. Specifically, it is recommended that the research on parent caregivers explore the major variables of family ethos of affection/obligation, attitudes towards homosexuality and process of stress. It is also recommended that research address issues concerning gender and racial differences, sexual orientation and the unique meanings which family members attach to the situations surrounding a gay son with AIDS.[14]

Green recommends that much information is required about which particular aspects of social support and health are associated, how this association changes over time according to the stage of the disease, and the socio-economic and cultural characteristics of those with HIV.[15]

Silverman suggests that the pertinent literature does not include any controlled investigations of documented instances and prevalence of physical, psychological, occupational, or interpersonal symptoms or disorders in healthcare professionals who devote a substantial amount of their clinical activities to patients with HIV illness.[16]

Cleven et al recommend that future research related to HIV infected preschool children needs to emphasize the development and structuring of educational programs for the teacher and parent caregivers to insure an adequate understanding of the health problems.[17]

Overview of Issues of informal caregivers (parents).

It is estimated that homosexuals (both gays and lesbians) and their parents constitute about one-third of the population in the United States.[18]

Susser et al estimated approximately 85% of pediatric AIDS occurs through vertical transmission. Thus the task of caregiving is complicated by the likelihood that the caregiver is herself ill. Studies show that HIV+ parent caregivers were significantly more depressed and demoralized than HIV negative parents. Emotional states of caregivers could be modified through participation in some respite activities, such as summer camps, etc.[19]

1. CDC, HIV/AIDS Surveillance, 10/93.

2. Harry, J. & Devall, W., 1978. The Social Organization of Gay Males. New York: Praeger.

3. McCann, K. & Wadsworth, E., 1992. The Role of Informal Caregivers in Supporting Gay Men Who have HIV-Related Illness: What Do They Do and What are Their Needs? AIDS Care, 4, pp 25-34.

4. CDC, HIV/AIDS Surveillance, 12/89.

5. Folkman, S., Chesney, M. & Christopher-Richards, A. 1994. Stress & Coping in Caregiving Partners of Men with AIDS. Psychiatric Clinics.

6. CDC, HIV/AIDS Surveillance, 10/93.

7. Turner, H., Catania, J. & Gagnon, J., 1993. The Prevalence of Informal Caregiving to Persons with AIDS in the United States. Caregiver Characteristics and Their Implications.

8. Powell-Cope & Brown, 1992.

9. Brown, N.A. & Powell-Cope, G., 1993. Research in Nursing and Health, Vol. 16, No. 3, pp 171-191.

10. Turner, H.A. & Pearlin, L.I., 1989. Informal Support of People with AIDS: Issues of Age, Stress and Caregiving. Generations, Vol. 13, No. 4, pp 56-59.

11. Frierson, R.L., Lippmann, S.B. & Johnson, J., 1987. AIDS, Psychological Stresses on the Family. Psychosomatics, 28(1), pp 65-68.

12. Kleiber, D., Gusy, B. Enzmann, D., Beerlige, I., 1992 July. Causes and Prevalence of Stress and Burnout among Healthcare Personnel in the Field of AIDS. International Conference of AIDS, Vol. 8, No. 2, p B159, Abstract No. POB3433.

13. Goeren, W., Wade, K., Rodriguec, L., 1990. Case Management of Families with HIV Infection. International Conference on AIDS, Vol. 6, No. 3, June, p 290, Abstract No. SD.803.

14. Takigiku, S.K., Brubaker, T.H. & Hennon, C.D., 1993 spring. AIDS: Education and Prevention, Vol. 5, No. 1, pp 25-42.

15. Green, G., 1993. Social Support and HIV (Editorial). AIDS Care, Vol. 5, No. 1, pp 87-104.

16. Silverman, D.C., 1993 May. Psychosocial Impact of HIV-Related Caregiving on Health Providers: A Review and Recommendation for the Role of Psychiatry. American Journal of Psychiatry, Vol. 150, No. 5, pp 705-712.

17. Cleven, K., DeJesus, R., & Sharp, S., 1990 June. The Determination of the Knowledge Base of Caregivers of HIV Infected Preschool Children. International Conference on AIDS, Vol. 6, No. 2, pp 201, Abstract No. FB.495.

18. Woodman, N.J., 1985. Parents of Lesbians and Gays: Concerns and Intervention. N.H. Hidalgo, T.L. Peterson, & N.J. Woodman (EDS). Lesbian and Gay Issues: A Resource Manual for Social Workers (pp 21-26). Silver Springs, MD: National Association of Social Workers.

19. Susser, P., Miller, S., Bortner, M., Spielberg, W., Richman, M., 1992 July. Affective States and Caregivers of HIV Infected Children. International Conference of AIDS, Vol. 8, No. 2, pp B234, Abstract No. POB3852.

THE WHITE HOUSE

WASHINGTON

December 13, 1993

Patrick Robertson
Association of Nurses in AIDS Health Care
564 Woodruff Place Westdrive
Indianapolis, IN 46201

Dear Mr. Robertson:

This letter confirms your meeting with Kristine M. Gebbie, National AIDS Policy Coordinator, on Wednesday, January 26, 1994. The 90 minute meeting begins at 2:00 p.m. and will be held in her office at, 750 17th Street, N.W. in Washington, D.C. You requested the meeting to discuss the role of nursing in future AIDS care.

If you have questions or need further clarification, please call me at (202) 632-1090.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 13, 1993

Mr. Maurice Weiner
Administrator
Tarzana Treatment Center, Inc.
18646 Oxnard Street
Tarzana, California 91356

Dear Mr. Weiner:

Thank you for your kind words of congratulations and support on my appointment as the National AIDS Policy Coordinator.

I am not certain that a "Manhattan Project" conveys the same meaning to everyone working in the AIDS arena, even those like myself, working to develop a sound scientifically based research policy do not agree on a single concept of what such a project would entail. We do agree that there is a need for an improved research effort. Since President Clinton took office nearly a year ago, several steps have been taken to create an improved AIDS research program. Some steps have already been taken to meet this goal.

First, the President has increased funding for HIV/AIDS research at the National Institutes of Health (NIH) by 21 percent, bringing the total funding to $1.3 billion annually. This funding will be critical to improving our understanding of all aspects of HIV and AIDS, which will be necessary to the discovery of a cure and a vaccine. It is never clear in science, and it certainly is not clear with a complex disease such as AIDS, where the answers are going to come from, which is why it is essential to have a well-supported research program investigating all promising avenues.

The Administration also supported the NIH Revitalization Act of 1993, and the President signed the legislation into law early this year. The Act provides for an expanded Office of AIDS Research at the NIH, which under new leadership will centrally plan and coordinate the AIDS research program and budget.

Next, Health and Human Services Secretary Donna E. Shalala recently announced the establishment of the National Task Force on AIDS Drug Development. A cooperative venture between the public and private sectors, this new Task Force will work to develop new programs and overcome regulatory hurdles to speed the search for a cure and better therapies.

And finally, the President created the White House Office of National AIDS Policy. We are participating in the development of new policies and programs on issues such as research, care and prevention. Our research staff is working with Administration and Congressional staff members, as well as the top AIDS scientists and activists in the country, to study how new research programs might expedite the discovery of a cure and/or a vaccine for HIV/AIDS.

Thank you for your support.

Sincerely yours,

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: _____

_____

FROM: **KRISTINE M. GEBBIE**

_____ For your information

_____ For your action _____

_____

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ **Circulate/**forward to: _____

_____ File

COMMENTS: _____

draft reply

_____

_____

TARZANA TREATMENT CENTER. INC.

Specializing in Chemical Dependency Services

TARZANA TREATMENT CENTER, INC.
18646 Oxnard Street
Tarzana, California 91356
(818) 996-1051
FAX (818) 345-3778

LONG BEACH FACILITY
2101 Magnolia Avenue
Long Beach, California 90806
(310) 218-1868
FAX (310) 591-0346

ANTELOPE VALLEY FACILITY
44447 No. 10th Street West
Lancaster, California 93534
(805) 726-2630
Fax (805) 726-2635

DETOXIFICATION SERVICES
AND EDUCATION SERVICES
MAURICE WEINER
Administrator

RESIDENTIAL SERVICES
AND OUTPATIENT SERVICES
ALBERT M. SENELLA
Administrator

SERVICES:

- Detoxification
- Residential
- Women's Residential Including Children
- HIV Services
- Outpatient Services Adult and Adolescent
- Drug Diversion
- Prevention
- After Care Housing
- Partial Hospitalization
- Sober Living

November 11, 1993

Kristine Gebbie
National AIDS Policy Coordinator
200 Independence Ave. SW
Washington, D.C. 20201

Dear Ms. Gebbie:

Congratulations on your appointment as President Clinton's National AIDS Policy Coordinator. We have many mutual friends who inform me that you are ideally suited for this extraordinary responsibility.

I wish to add my voice to those who have already called for a "Manhattan Project" approach to overcoming AIDS and HIV infection.

To the extent that your office can help to develop such a proposal, I believe that strong community support would be generated. A three to five year intensive effort, involving research, traditional and alternate treatment methodology and varied prevention strategies, will very likely produce a turnaround in this complex and difficult set of problems.

My support, and that of many others, can be counted upon as you vigorously undertake the vital tasks of your position.

Sincerely,

Maurice Weiner
Administrator

MW:cg

THE WHITE HOUSE

WASHINGTON

December 13, 1993

Mr. Joe Carroccio
Act-Up/Cleveland
1430 West 29th Street, Suite #6
Cleveland, Ohio 44113

Dear Mr. Carroccio:

Thank you for your letter keeping me informed on your progress in attempting to increase the AIDS budget for the city of Cleveland. I agree that the current amount being spent is inadequate and I applaud your efforts to improve the situation.

Regarding your question about the Barbara McClintock Project to Cure AIDS, I am not convinced that this legislation as it was introduced into the House as HR 3310, is the best vehicle to reach our goals. I am studying that project, however, and will be meeting with ACT-UP representatives to discuss it further. It is uncertain that a "Manhattan Project" conveys the same meaning to everyone working in the AIDS arena, even those like myself, working to develop a sound scientifically based research policy do not agree on a single concept of what such a project would entail. We do agree that there is a need for an improved research effort.

Since President Clinton took office nearly a year ago, several steps have been taken to create an improved AIDS research program.

First, the President has increased funding for HIV/AIDS research at the National Institutes of Health (NIH) by 21 percent, bringing the total funding to $1.3 billion annually. This funding will be critical to improving our understanding of all aspects of HIV and AIDS, which will be necessary to the discovery of a cure and a vaccine. It is never clear in science, and it certainly is not clear with a complex disease such as AIDS, where the answers are going to come from, which is why it is essential to have a well-supported research program investigating all promising avenues.

The Administration also supported the NIH Revitalization Act of 1993, and the President signed the legislation into law early this year. The Act provides for an expanded Office of AIDS Research at the NIH, which under new leadership will centrally plan and coordinate the AIDS research program and budget. Next, Health and Human Services Secretary Donna E. Shalala

recently announced the establishment of the National Task Force on AIDS Drug Development. A cooperative venture between the public and private sectors, this new Task Force will work to develop new programs and overcome regulatory hurdles to speed the search for a cure and better therapies.

And finally, the President created the White House Office of National AIDS Policy. We are participating in the development of new policies and programs on issues such as research, care and prevention. Our research staff is working with Administration and Congressional staff members, as well as the top AIDS scientists and activists in the country, to study how new research programs might expedite the discovery of a cure and/or a vaccine for HIV/AIDS.

Sincerely yours,

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	From: Kristine Gebbie; re: Affordable Housing (1 page)	12/14/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [4]

2018-0756-F
jp4805

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]
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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]

Tim Fox -

PHS Executive Secretariat has asked that we prepare a letter referring her to HUD.

Please prepare the referral letter.

Thanks!

Lisa
12/14

DEC 1 3 1993

NOTE TO: Vicki Wolfhard
PHS Executive Secretariat

We recommend that the attached correspondence (PHS #62440) be forwarded for a response to the following address.

Office of Special Needs Assistance Programs
Community of Planning and Development
Department of Housing and Urban Development
451 7th Street, S.W., Room 7262
Washington, D.C. 20410

Thank you.

Lisa

Lisa S. Lewis
National AIDS Policy Office

The Connecticut AIDS Residence Coalition
56 Arbor Street
Hartford, CT 06106

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. form	re: NAPO Document Control Slip (1 page)	10/29/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [4]

2018-0756-F
jp4805

RESTRICTION CODES

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

PHS CORRESPONDENCE

#T62440

REFERRAL DATE: 12-3 **DUE DATE:** 12-6

TO:

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

ACTION:

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

SPECIAL INSTRUCTIONS

NAPO: HRSA suggested this letter be referred to HUD.

Please review and advise.

Vic

PHS-5175A
Rev. 4/92

PHS / ES
Rm. 710H

Phone: 690 8566

Routed by: Wolfson

*U.S. Government Printing Office: 1992 — 321-428/69028 135

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. form	re: Referral by Department of Health and Human Services (1 page)	11/02/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [4]

2018-0756-F
jp4805

RESTRICTION CODES

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THE WHITE HOUSE
WASHINGTON

URGENT

10-29-93
DATE

MEMORANDUM

FOR: HHS

FROM: JENNIFER McCARTHY
DIRECTOR, OFFICE OF AGENCY LIAISON

SUBJECT: REFERRAL OF CASEWORK

I am forwarding the attached letter to your office for any appropriate action. Please return the original correspondence, along with any written or telephone response, to the following address:

Ms. Jennifer McCarthy
Director, Office of Agency Liaison
Room 6, OEOB
The White House
Washington, D.C. 20500

If you have any questions you can reach me at 202/456-7486. Thanks.

TRACER

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. letter	To: POTUS; re: Nowhere Else to Turn to (2 pages)	00/00/0000	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [4]

2018-0756-F
jp4805

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THE WHITE HOUSE

WASHINGTON

December 14, 1993

Mrs. Charles H. Fay
5403 Beverly Hill Lane, #1
Houston, TX 77056

Dear Mrs. Fay:

Thank you for writing, and for your continued interest in my work. I will keep your invitation handy and hope that I can see you in Houston.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Linda Thibault, R.N., O.N.C
President-Elect
National Association of Orthopaedic Nurses
East Holly Avenue
Box 56
Pitman, NJ 08071-0056

Dear Ms. Thibault:

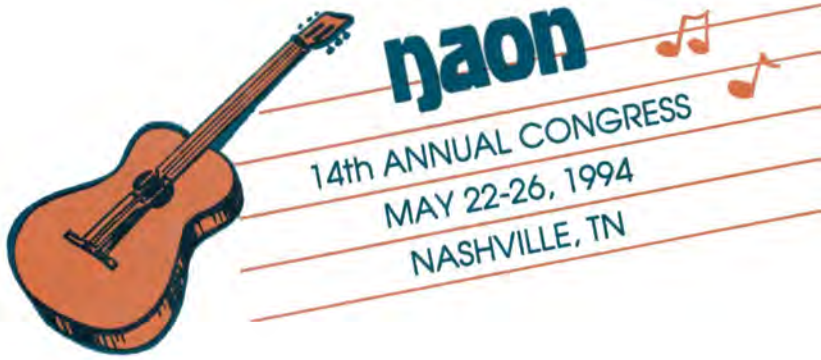
Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the National Association of Orthopaedic Nurses on May 21, 1994. Your request is under consideration and I will contact you at least sixty (60) days prior to the event as to Ms. Gebbie's availability.

Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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



November 30, 1993

Kristine Gebbie, MN, RN, FAAN
AIDS Policy Coordinator
750 17th Street NW, Suite 1060
Washington, DC 20500

Dear Kristine:

The National Association of Orthopaedic Nurses is holding its 15th Annual Congress May 21-25, 1995 in Minneapolis, Minnesota. While our theme for the conference has not been totally defined, we would like to issue this advance request for you to deliver the keynote address at our meeting.

I have heard several of your recent presentations and feel that it is certainly in keeping with the needs of our audience. Following development of the theme, we would like to collaborate with you on the creation of the title for your address.

The Opening Ceremonies are on Sunday, May 21, 1995, at 3:00 pm at the Minneapolis Convention Center in Minneapolis, Minnesota. If this date is convenient, I would appreciate hearing from you as soon as possible. I can be reached through the NAON national office. Your lodging and expenses will be paid by the National Association of Orthopaedic Nurses according to our reimbursement policy. Please forward information regarding your required honorarium and if you are available to deliver our keynote address.

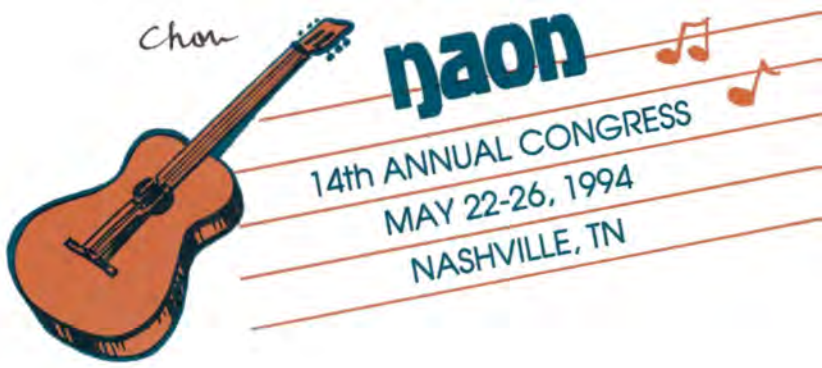
I look forward to hearing from you soon.

Sincerely,

Linda Thibault

Linda Thibault, RN, ONC
President-Elect
President 1994-95

National Association of Orthopaedic Nurses
East Holly Avenue Box 56 Pitman, New Jersey 08071-0056 609.256.2310 FAX 609.589.7463



December 21, 1993

W. Steve Lee
Executive Assistant and Scheduler to
National AIDS Policy Coordinator
750 17th Street NW, Suite 1060
Washington, DC 20500

Deasr Mr. Lee:

Thank you for your prompt response to my letter requesting Kristine Gebbie to speak at the National Association of Orthopaedic Nurses Annual Congress on May 21, 1995. Unfortunately, our timelines for brochure production and meeting planning require us to have our program planned well in advance. This includes the selection of speakers and topics.

Thank you for your understanding and we will keep Kristine in mind to speak at future meetings.

Sincerely,

Linda Thibault

Linda Thibault, RN, ONC
President-Elect
President 1994-95

National Association of Orthopaedic Nurses
East Holly Avenue Box 56 Pitman, New Jersey 08071-0056 609.256.2310 FAX 609.589.7463

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Barbara DiCarlo, Ph.D., R.N.
Assistant Dean and Conference Chairperson
College of Nursing
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29425-2401

Dear Dr. DiCarlo

Thank you for the invitation to attend the "HIV/AIDS: Education, Prevention, and Management 1994 Healthcare Professionals' Conference" on February 3 and 4, 1994. Unfortunately, my schedule does not permit me to participate. In the future I hope to have a chance to work with you.

Sincerely,

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

COLLEGE OF NURSING
Department of Continuing Education
(803) 792-2651
FAX (803) 792-2969

DEC 1 3

regrets

MEDICAL UNIVERSITY OF SOUTH CAROLINA
171 Ashley Avenue
Charleston, South Carolina 29425-2401

December 3, 1993

Steve Lee
Administrative Assistant
Office of AIDS Policy Coordinator
Executive Office of the President
750 17th Street N. W.
Suite 1060
Washington, DC 20500

Dear Mr. Lee:

Attached is the printed brochure for our coming AIDS Conference. I am looking forward to hearing from you shortly regarding Ms. Gebbie's participation in it. Participants and the community are very excited about the possibility of her speaking here.

Please note that I have had a change of name. My previous correspondence to your office is in the name of Barbara Byfield. My new name is Barbara DiCarlo. If you have any questions, please feel free to call me. We are hopeful for a positive response.

Sincerely,

Barbara DiCarlo

Barbara DiCarlo, PhD, RN,C
Assistant Dean
Conference Chairperson

COLLEGE OF NURSING
Department of Continuing Education
(803) 792-2651
FAX (803) 792-2969

Calendar 7

MEDICAL UNIVERSITY OF SOUTH CAROLINA
171 Ashley Avenue
Charleston, South Carolina 29425-2401

September 2, 1993

Kristine M. Gebbie, MN, RN, FAAN
National AIDS Policy Coordinator
Office of AIDS Policy
Executive Office of the President
750 17th Street, NW
Suite 1060
Washington, DC 20500

Dear Ms. Gebbie:

I am writing on behalf of the planning committee of the "AIDS 94: Healthcare Professionals Conference", to request that you present the keynote talk at the conference. This conference is being presented by the professional schools of the Medical University of South Carolina and is scheduled for February 3-4, 1994 in Charleston at the Omni Hotel.

I am attaching a copy of the program from last year's conference. This interdisciplinary conference is building on last year's, which was attended by over 300 health professionals from the southeast region. Most of the attendees were front line clinicians and we intend to attract the same type of audience for the '94 conference. We have been very pleased with the support for the conference and have obtained co-sponsorship from the South Carolina AIDS Training Network, our statewide AHEC, and Lowcountry AIDS Services, which is our community service agency.

The planning committee is interested in having a keynote focused on the federal policy direction and the expected impact of health care reform on HIV/AIDS policy, funding, research, and services. We plan to go to press by September 20, so I hope that I can hear from you as soon as possible.

The College of Nursing is particularly pleased about your appointment, and we have relooked at your article published in our research publication "Search" from April, 1992. We hope you can give us a positive response, and have an opportunity to visit South Carolina and the Medical University.

Sincerely,
Barbara DiCarlo
Barbara DiCarlo, PhD, RN,C
Assistant Dean, Continuing Education
Chairperson, Planning Committee

Clinton Presidential Records
Digital Records Marker

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

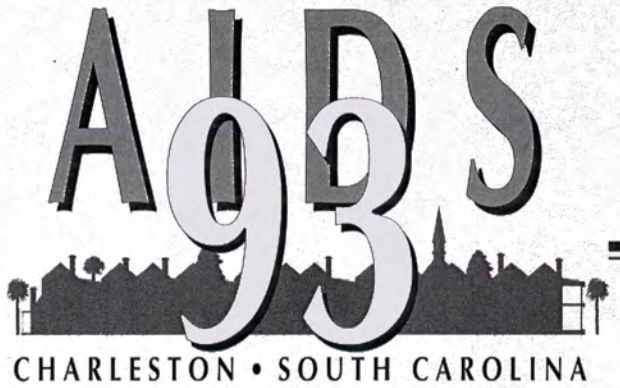
This marker identifies the place of a publication.

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

AIDS 93

HIV/AIDS:
Education, Prevention, and Management
1993 Healthcare Professionals' Conference

4pgs



HIV/AIDS:
EDUCATION, PREVENTION, AND MANAGEMENT
1993 Healthcare Professionals' Conference

February 15-16, 1993
Charleston Omni Hotel

Sponsored by:
Medical University of South Carolina
Colleges of: Dental Medicine, Health Related Professions, Medicine, Nursing, and Pharmacy
Lowcountry AIDS Services (Formerly Lowcountry PALSS)
Low Country Area Health Education Center
South Carolina AIDS Training Network

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Bill Mader, Founder
Better Health Through Meditation
P.O. Box 58
Stevensville, MD 21666

Dear Mr. Mader:

Thank you for the copy of the brochure, Better Health Through Meditation. This will prove useful as my staff and I continue to work to end the AIDS epidemic. Please stay in touch.

Sincerely,

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

DEC 13 199

BETTER HEALTH THROUGH MEDITATION

P. O. Box 58, Stevensville, MD. 21666
Phone or Fax 1-800-453-9168

Kristine Gebbe
AIDS czar,
Washington, DC

12-08-93

Dear Kristine Gebbe;

I am enclosing a copy of my brochure. I deal successfully with many health related problems with the time tested use of meditation. There are many similarities between Cancer and AIDS. I have had some success with cancer patients. There are many studies done over the years extolling the virtues of meditation, stress control and the spread of cancer. It has been my findings that the same form of cancer relief can be used in the relief of AIDS. Because of the nature of the AIDS virus there are yet to be hard, cold facts.

I believe I can be a useful member of the proposed "Manhattan Project", or any other AIDS related project. I offer a solution that does not have to spend years awaiting approval from the FDA.

I look forward to working with your office on this horrific illness.

For your better health-I am,

Bill Mader

Bill Mader

Founder

BIO-FEEDBACK · BETTER HEALTH THROUGH MEDITATION

#211 ***Loss of a Loved One***

If you are having trouble dealing with the loss of a loved one through death, divorce, or abandonment, this will help you overcome your grief and teach you how to move forward in your life.

#212 ***Stress Control***

Stress has been linked to many bodily disorders. Reducing stress in your life has many benefits including attitude, personality and social acceptance. This is good for anyone of any age. Do not let stress control your life.

#213 ***Peace of Mind***

For people who have trouble sleeping or just dealing with day to day decisions. Helps in self confidence.

#214 ***Blood Pressure***

Blood pressure is a silent killer. If you are having trouble keeping your blood pressure down this will go a long way toward helping.

#215 ***Heath & Energy***

For people who are in generally good health and want a way to maintain a higher energy level.

#216 ***Cancer***

Cancer is no longer a death sentence. The body has many ways to maintain a higher energy level.

#217 ***AIDS***

This unwanted visitor in the body. Your body has many healing powers but needs direction that can be learned through meditation.

#218 ***Drug Abuse***

If you are having trouble kicking the drug dependency then you need this tape to help you reprogram your subconscious. This will give you the will power and strength of character you need.

#219 ***Suicide Prevention***

If problems in your life have reached a point where you are thinking, even slightly, of taking your life so that you may avoid the pain, then you owe it to yourself to try and let your body heal itself from within. This tape cannot get you a job or a new mate, but it can help put you back on a more constructive path. Please call our 800 number if you any questions or need guidance.

#318 ***Quit Smoking***

If you have the will power to use this tape you have the will power to quit smoking. This will give you the support you need.

#319 ***Weight & Diet***

Most people are overweight because of compulsion or habit. This will help you subconsciously reprogram your eating habits. Learn to lose weight as you sleep.

#320 ***Self Image***

All to often you do not give yourself the credit you deserve. You are a good person with much to offer. It is time you felt good about yourself. This will help improve your attitude and opportunity. You owe it to yourself.

#321 ***Problem Solving***

Worrying about a problem will not solve it. Learn how to program your brain's thought processes to find solutions as you sleep. Wake up with answers.

#322 ***Goal Setting***

Good ideas are easier to come than good actions. Learn the steps to program your body to reach your full potential.

#323 ***Depression***

Nothing can go right in your life if you are always depressed, you will defeat any good action subconsciously. Depression is usually the beginning of a serious lifelong problem if allowed to continue. You must act in your own self interest. *Now.*

#324 ***Alcohol Abuse***

If you want to drink you will. If you want to quit drinking, but need help you can. Begin a new life, alcohol free, learn how.

#325 ***Transferance***

Learn how to transfer healing energy and positive mental images to loved ones. Be a positive influence in their recovery.

Children's Meditation Tapes

#402 Homework	#404 Bed Wetting
#403 Self Image	#405 Peer Pressure
#406 Runaway	#407 Chidren of Divorce

Abused Children's tapes are a special needs tapes.

MADER ENTERPRISES
P.O. BOX 58
STEVENSVILLE, MD 21666
1-800-453-9168 · FOR ORDERS OR FAX

BIO-FEEDBACK · BETTER HEALTH THROUGH MEDITATION

#430 ***Migraine***

Headache sufferers this tape you will be able to control headache pain by teaching you some simple Bio-Feedback techniques.

#431 ***Backache***

Constant backache pain can be reduced to a tolerable level and sometimes be eliminated by following a daily Bio-Feedback routine.

#432 ***Insomnia***

If you are having trouble sleeping then use the time to listen to this most popular Bio-Feedback tape to reprogram your body's time clock, letting you sleep deeper and longer.

#433 ***Controlling Pain***

This tape is good for general non-specific pain. Body ache, stiffness of joints, etc. If you suffer severe chronic pain due to an accident or injury, call about our special needs tapes.

#434 ***Pet Loss***

Losing a pet can be as devistating as losing a member of the family. Learn how to ease the pain and deal with the greif.

#435 ***Basic Meditation***

Learn simple, basic, step by step methods on how to reach your Alpha level, or subconscious. This is where all decisions controlling your life are made.

PHOBIA-CONTROL AND SPECIAL NEEDS TAPES are made to order on an individual basis.

These take time and usually contact by phone with the individual to insure these needs are met. Call our 800 number if you have any questions regarding these tapes.

If your tape breaks or is damaged for any reason send it back within 60 days of purchase and it will be replaced.

If you follow the instructions on your tape for 30 days and are not happy with the results, return your general needs tape for a full refund.

BETTER HEALTH through MEDITATION

TAKE CONTROL OF YOUR LIFE

- **SELF-HEALING**
- **STRESS-CONTROL**
- **PHOBIA-CONTROL**
- **SELF-HELP**
- **CHILDREN'S TAPES**

Learn how to unlock the power of your subconscious to heal your body and mind from the inside out.

Millions of people over thousands of years have sucessfully used this ancient and time tested form of taking control of their own minds, their spirituality, and their health.

The Shaman, the Medicine Man, the Oracle and healers for centuries have all used this primary healing source.

Bill Mader, Founder
Mader Enterprises
MEDITATION & SELF HELP TAPES

A message from the founder

I have been studying the ancient art of healing for more than twenty years and I have had many good guides along the way. Because society has many misconceptions about holistic medicine I kept my studies and my God given gift of healing to myself.

Six years ago my mother had a radical Mastectomy. The doctors found that she had cancer in 15 of 17 lymph nodes. Mother knew of my healing works but we never talked about them. She was willing to try anything to get well. I made her several meditation tapes for cancer, and now along with physician's treatments, she is in remission.

She told her friends about the tapes her son had made for her, they told their friends, and soon I was making tapes for people from all around the world for all sorts of conditions.

Unfortunately many people call on me to make tapes for them as a last resort. Meditation is not a miracle cure. Healing hands, prayer, and modern medicine should all be used.

The body is like a giant circuit board, and the mind is like a fuse box. Every so often the brain blows a fuse, or the body short circuits. Meditation helps to rest the switches. Use your tapes often. Normally it takes one week to get used to your new routine. Listen to your tapes at the same time each day, and never while you are driving or operating equipment. Allow yourself a half hour of quiet time to ensure best results.

Each tape has a different time table for expected results.

Your phone calls and letters are welcome.

Bill Mader

Testimonials...

Your blood pressure tape helped save my life. Dr. C.P. Palm Beach, Calif.

❖❖❖❖❖❖❖

My husband died almost two years ago. I used to cry myself to sleep each night until I purchased your tape on "Loss of a loved one". God bless you. Mary M., Jupiter, Fla.

❖❖❖❖❖❖❖

I have probobly tried over 50 diets in my life. Your tape on Weight and Diet took longer to lose weight than crash diets I have been used to, but the weight has stayed off, and my self esteem is an all time high. John O., Annapolis, MD

❖❖❖❖❖❖❖

Our son has Multiple Sclerosis, your special needs tape has helped renew his attitude towards life and improved his self confidence. Jerry M., Hawaii.

❖❖❖❖❖❖❖

God bless you and the work you do. Anne M. Providence, RI.

❖❖❖❖❖❖❖

Your special needs tape on anxiety has helped to improve the quality of my life. Ted E., Philadelphia, Pa.

❖❖❖❖❖❖❖

My depression was so bad I was thinking of taking my life, your tape on depression was a God send. John D., Arlington, Texas

❖❖❖❖❖❖❖

I quit smoking without any side effects, most of all I didn't gain any weight. If you smoke, use this tape. Alice B., Cedar City, Utah

❖❖❖❖❖❖❖

Stress was controlling my life. After just two weeks of listening to the tape each night my family has noticed a big change in me. All to the good. Jack K., Fall River, Mass.

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Lynette Taylor, President
Delta Research and Educational Foundation
1070 New Hampshire Avenue, N.W.
Washington, D.C. 20009

Dear Ms. Taylor:

Thank you for the copy of program evaluation for the initiative with Birney Elementary School. This will prove useful as my staff and I continue to work to end the AIDS epidemic. Please stay in touch.

Sincerely,

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

DELTA RESEARCH AND EDUCATIONAL FOUNDATION

Lynnette Taylor, President
Hattye Young, Vice President

George Haley, Esquire, Secretary
Barbara Moseley-Davis, Treasurer

1707 New Hampshire Avenue, N.W. • Washington, D.C. 20009 • (202) 986-2400 • FAX (202) 986-2513

Carlos
for
needs thanks letter

November 23, 1993

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

Dear Ms. Gebbie:

Delta Research and Educational Foundation is pleased to serve as Coordinator for DCPS' HIV/AIDS Education Program's initiative with Birney Elementary School's "upper" class students. It is an honor to be part of an innovative program that will track students through the completion of 12th grade.

More specifically, the students are gaining skills in self-esteem, decision-making, and communication; the knowledge component is health with a specific emphasis regarding HIV/AIDS education. This Foundation will prepare the students to become model Peer AIDS Prevention Educators (PAPEs).

We are privileged to work with Program Director, Mrs. Jackie W. Sadler in such an important enterprise. The enclosures are program products that we wish to share with you. The Foundation's office or Mrs. Sadler's office will be pleased to respond to any questions or comments from you and your staff.

Thank you and best wishes.

Sincerely,

Lynnette Taylor
President

Enclosures

cc: J.W. Sadler
HIV/AIDS Correspondence File

NAPO Document Control Slip

NAPO Number : 7404 PHS Number : OS Number : Document Type : Action Letter

Document Date: 9/17/93 Refer'd Date : Int Due Date : Ext Due Date :
NAPO Xref : PHS Xref : OS Xref : Keyer ID : LLewis
Purge Date : 12/13/95 Disposition : EVALUATE Final Date : Document Loc : -

********** Correspondent Information **********

From : GENI COWAN & WAYNE SAUSEDA Title : Organization : CA ASSOC OF AIDS AGENCIES
Address : 926 J Street Suite 803 City : Sacramento State : CA Zip : 95814
On Behalf Of : To : KRISTINE GEBBIE

********** Subject or Title **********

Concerns regarding withdrawal of funds for the RACS

********** Keywords **********

********** Special Instructions **********

********** Assignment/Action History **********

Process Type : Kristine Gebbie Correspondence

Assignee	Initials	Action	Status	Due Date	Completed	Comments TO assignee
Kristine M. Gebbie	_____	DIRS	ASGN	12/13/93		

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Related WordPerfect Filenames: _____ _____ _____

Comments FROM assignees:

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Ms. Genie Cowan
Executive Director
California Association of AIDS Agencies
926 J Street, Suite 803
Sacramento, California 95814

Dear Ms. Cowan:

This is in response to your letter and that of Mr. Wayne Sauseda regarding your opposition to the withdrawal of funding for the U.S. Public Health Service (PHS) Regional AIDS Coordinators (RACs). I apologize for the delay in my response.

I have recently reexamined the role of the RACs given the lack of dedicated funding and other AIDS priorities. As a result, I have determined that funding the RACs is not as high a priority as improving communications between our office and State and local officials and entities who are on the front lines in battling the AIDS epidemic. Moreover, the headquarters PHS agencies with AIDS responsibilities have effective relationships with States and non-governmental grantees (universities, community-based organizations, etc.). Dr. Lee has concurred with my conclusions. For this reason, I have decided to discontinue further funding support for the RACs at this time.

Accordingly, the PHS has begun the process of finding other positions for the RACs. Thank you for your interest in this matter. I look forward to continuing to work with you on HIV- and AIDS-related issues.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Mr. Wayne Sauseda, Chief
State of California
Department of Health Services
Office of AIDS
California Association of AIDS Agencies
926 J Street, Suite 803
Sacramento, California 95814

Dear Mr. Sauseda:

This is in response to your letter and that of Ms. Geni Cowan regarding your opposition to the withdrawal of funding for the U.S. Public Health Service (PHS) Regional AIDS Coordinators (RACs). I apologize for the delay in my response.

I have recently reexamined the role of the RACs given the lack of dedicated funding and other AIDS priorities. As a result, I have determined that funding the RACs is not as high a priority as improving communications between our office and State and local officials and entities who are on the front lines in battling the AIDS epidemic. Moreover, the headquarters PHS agencies with AIDS responsibilities have effective relationships with States and non-governmental grantees (universities, community-based organizations, etc.). Dr. Lee has concurred with my conclusions. For this reason, I have decided to discontinue further funding support for the RACs at this time.

Accordingly, the PHS has begun the process of finding other positions for the RACs. Thank you for your interest in this matter. I look forward to continuing to work with you on HIV- and AIDS-related issues.

Sincerely,

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

California Association of AIDS Agencies

926 J Street, Suite 803 Sacramento, CA 95814 (916) 447-7199 Fax (916) 447-5302

SEP 30 1993

September 17, 1993

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
750 17th, N.W., Suite 1060
Washington, D.C. 20006

Dear Ms. Gebbie:

The Public Health Service Regional AIDS Coordinator position has been instrumental in the implementation of federal AIDS policies and programs here in California during the past few years of the epidemic. In our leadership roles in responding to the HIV epidemic in California, the Department of Health Service, Office of AIDS, and the California Association of AIDS Agencies, have had an opportunity to benefit from, and participate with, the office of Regional AIDS Coordinator.

It has come to our attention that these positions will soon be eliminated, in favor of policy development through your office. The State of California is preparing to once again convene its Statewide HIV Comprehensive Care Working Group to plan implementation for Year 04 of the Ryan White CARE Act, Title II. The position of Regional AIDS Coordinator in this region has been an important part of that planning process during its previous three years. We believe that the absence of that role could impact the continuity of the process.

We hope that you will reconsider your decision to eliminate these positions. The support and technical expertise provided through these positions is not easily available nor accessible in other sources and would be sorely missed at the community level.

Thank you for your consideration.

Sincerely,

Geni Cowan
Executive Director
California Association of AIDS Agencies

Wayne Sauseda, Chief
State of California
Department of Health Services
Office of AIDS

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Colleen Conway-Welch
Professor and Dean
School of Nursing
Vanderbilt University
111 Godchaux Hall
Nashville, TN 37240-0008

Dear Ms. Conway-Welch:

This letter confirms your dinner meeting with Kristine M. Gebbie, National AIDS Policy Coordinator, on Monday, January 10, 1994. Please plan to meet in her office at, 750 17th Street, N.W., Suite 1060 in Washington, DC at 7:00 p.m.

If you have questions or need further clarification, please call me at (202) 632-1090.

Sincerely,

W. Steve Lee

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

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Dr. Mervyn Susser, Editor
American Journal of Public Health
Columbia University
Sergievsky Center
622 West 168th, 19th Floor, Room 112
New York, NY 10032

Dear Dr. Susser:

On behalf of Kristine M. Gebbie, please accept her editorial, "Formulating Public Health Policy: The Case of AIDS." In addition to the typed copy, I am enclosing a IBM-formatted WordPerfect disk (sent to the Washington office) and a biographical sketch.

This week, Kristine is travelling out of the country. Please call me at (202) 632-1090 if you any questions or need additional information.

Sincerely,

W. Steve Lee

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

Enclosures

cc: Sabine Beisler
American Public Health Association
1015 15th Street, N.W.
Washington, D.C. 20005

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Paul Kawata
National Minority AIDS Council
400 I Street, N.E., Suite 400
Washington, D.C. 20002

Dear Paul:

Kristine asked me to pass along the enclosed information for your action as appropriate. Please call me if you have any questions.

Sincerely,

W. Steve Lee

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

Enclsoures

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Bill Freeman
National Association of People with AIDS
1413 K Street N.W., Suite 800
Washington, D.C. 20005

Dear Bill:

Kristine asked me to pass along the enclosed information for your action as appropriate. Please call me if you have any questions.

Sincerely,

W. Steve Lee

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

Enclsoures

DEC 14 1993

THE WHITE HOUSE

Dear Ms Bryant —

Thank you for writing and for your commitment to the AIDS fight — we need such a level of energy across the country! My job here is only one part of the answer

Happy holidays - Christine Gebbi

DEC 10 1993

December 1, 1993

DEC 1

Kristine Gebbie
Executive Office of the President
750 17th Street NW
Suite 1060
Washington, D.C. 20503

Dear Ms. Gebbie:

On World AIDS Day, one of my contributions is writing to those who can make a difference. Your interview in the August PAACNOTES was encouraging. The need to coordinate services among federal agencies is essential, and I agree that this should be a priority. Likewise, service providers in the community need to collaborate, and we're working toward this through our local HIV service coalition.

AIDS care is challenging, but it's true nursing because it looks at the total person and family. AIDS has prompted us to consider the person's social, physical, and medical needs. Input from consumers and assorted service providers assures comprehensive care. I hope this holistic approach is used as a model in President Clinton's health care reform.

While AIDS service organizations have consolidated health care with social care, we still tend to separate prevention from other services. Prevention and community based care need to be united. We are working toward this.

Your statement that we need to get 'the system' out of people's way is painfully true. I hope this administration will be receptive to hearing about unconventional programs that work. As a Visiting Nurse in AIDS care, I've seen some wonderful programs run by very creative people. Unfortunately, these services aren't reimbursable because they fall outside of the scope of traditional practice. If it works, let's use it, and fund it.

Finally, I wanted to say that your article encouraged me, and I hope this letter lets you know we are behind you. Thanks.

Sincerely,

Sharon Bryant

Sharon A. Bryant, RN, MPH
321 S. Melborn
Dearborn, MI 48124

DEC 14 1993

THE WHITE HOUSE

Scott —

Many thanks for the time together - I appreciated it. And thanks for the Palace speech.

I'm sorry you won't consider the Advisory Panel - you've been suggested by lots of people - but I know you'll stay involved -

Happy Holidays - Kristine

PACIFIC OAKS

MEDICAL GROUP

R. Scott Hitt, M.D.
Diplomate American Board of Internal Medicine

December 6, 1993

Kristine Gebbie
National AIDS Policy Coordinator
750 17th St. NW
Suite 1060
Washington DC 20503

Dear Ms. Gebbie,

It was a pleasure meeting with you last week. I'm very appreciative for you spending such a long time giving me an update on the current issues.

Although I know things have been moving for months, it is good to see the publicity showing that progress. It is truly giving the HIV positive community a sense of hope and momentum.

As promised I've included a copy of then Governor Clintons speech at the Palace fund-raiser. It is significant because over 3000 copies of the video were distributed across the country and for many this video dramatically increased their expectations.

For a variety of reasons I don't believe I could serve on the Presidential HIV/AIDS Advisory Panel at this time. But with almost half of my friends and hundreds of my patients being HIV positive I have a strong commitment to doing whatever I can to help you, so just let me know.

Sincerely,

R. Scott Hitt MD

150 N. Robertson Boulevard, Suite 300 • Beverly Hills, CA 90211 • (310) 652-2562

THE WHITE HOUSE

WASHINGTON

December 14, 1993

Donna Donkochik, R.N., B.S.N.
Clinical Training Coordinator
Pennsylvania AIDS Education and Training Center
University of Pittsburgh Graduate School
of Public Health
Department of Infectious Diseases and Microbiology
130 DeSoto Street
Room A427, Crabtree Hall
Pittsburgh, PA 15261

Dear Ms. Donkochik:

Thank you for the invitation to attend the "Advanced Nursing Symposium" in Byrn Mawr, PA on March 3, 1994. Unfortunately, my schedule does not permit me to participate. In the future I hope to have a chance to work with you.

Sincerely,

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

PENNSYLVANIA
PA AIDS ETC
AIDS EDUCATION AND TRAINING CENTER

University of Pittsburgh
Graduate School of Public Health
Department of Infectious Diseases
and Microbiology
130 DeSoto Street
Room A427, Crabtree Hall
Pittsburgh, PA 15261
(412) 624-1895; (412) 624-4767 (FAX)

Monto Ho, M.D.
Principal Investigator
Linda Frank, Ph.D., M.S.N.
Co-Principal Investigator
and Senior Project Director

Hahnemann University
Public Health and
Preventive Medicine Program
201 N. Broad Street, 3rd floor
Philadelphia, PA 19107
(215) 557-2101 or 2102;
(215) 557-2100 (FAX)

Michael R. Spence, M.D., M.P.H.
Co-Principal Investigator

November 17, 1993

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
750 17th Street, N. W.
Suite 1060
Washington, D.C. 20006

Dear Ms. Gebbie,

I am writing on behalf of the Pennsylvania AIDS Education and Training Center (PA AIDS ETC) at Hahnemann University in Philadelphia to invite you to deliver the plenary address at our annual Advanced Nursing Symposium to be held next year on March 3, 1994 in Bryn Mawr, PA. The PA AIDS ETC is a partnership of the University of Pittsburgh and Hahnemann University which is supported by a grant from the Health Resources and Services Administration, Bureau of Health Professionals, Division of Medicine. During your recent visit to Reading and Philadelphia I know you had an opportunity to spend some time with Dr. Michael Spence, our medical director. I know you also met with our Project Director, Ann Ricksecker, who discussed with you the possibility of your participation. As she mentioned at that time, we would be delighted if you would choose to speak on a topic about which you feel strongly. We would design a time frame which would enable you to travel by Metroliner, speak for about one and a half hours, and return to Washington the same morning; spending only a half day.

The people to whom you spoke when you were in Philadelphia were so enthusiastic about your presentations that I believe the nurses in the Philadelphia area deserve an opportunity to hear you speak. We are proud to have a professional nurse in a highly visible position at the national level, and welcome the opportunity to hear your view on HIV/AIDS.

Our conference audience is at least one hundred nurses who provide direct care to populations at risk and/or people with HIV/AIDS in the Philadelphia five-county area. These nurses work in state hospitals and correctional facilities, city and county health departments, elementary schools, colleges, and public and private hospitals. Many belong to our newly chartered Philadelphia Area Chapter of the Association of the Nurses in AIDS Care; a co-sponsor of this conference.

I understand how busy you must be and appreciate your consideration of this invitation. I hope to confirm the speakers for this conference by December 15, 1993 and look forward to your response. Please call me with any questions you may have at 215-557-2103.

Thank you again for your consideration of this matter.

Sincerely,

Donna Donkochik

Donna Donkochik, RN, BSN
Clinical Training Coordinator
Pennsylvania AIDS Education and
Training Center

cc: Ann Ricksecker

December 14, 1993

MEMORANDUM

TO KRISTINE M. GEBBIE
ANDREW BARRER
STEVE LEE

FM BMERRILL

RE INS AND 10- AND 30-DAY WAIVERS FOR HIV+

Attached are copies of the letters that went to Doris Meissner and her general counsel Alex Aleinikoff around the INS visit that went on last week. Please let me know if KG wants us to do a separate letter to underscore Nan and Dick's work.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the General Counsel
Washington, D.C. 20201

The Honorable Doris M. Meissner
Commissioner
Immigration and Naturalization Service
425 Eye Street, N.W.
Washington, D.C. 20536

Re: Waiver Procedures for HIV-Infected Persons - Inquiry from World Health Organization (WHO)

Dear Ms. Meissner:

I would like to thank you for meeting with us on December 8th to discuss current procedures with respect to HIV-infected aliens who want to visit the United States.

As we discussed, our Department has received an inquiry from the World Health Organization (copy enclosed), requesting information about the U.S. policies for short-term travel of HIV-infected aliens. A copy of this same letter was separately sent by WHO to your office, indicating that WHO is facing a decision about prohibiting participation in international conferences or meetings in a country with HIV/AIDS specific short-term travel restrictions.

Last June, Section 2007 of Public Law 103-43 amended 8 U.S.C. 1182(a)(1)(A)(i) by stipulating that a communicable disease of public health significance "...shall include infection with the etiologic agent for acquired immune deficiency syndrome." However, the legislative history also clearly indicated that "...the Conferees intend these provisions to be a codification of current administrative practice." (See H. Rep. 103-100 at p. 118.) As you know, the administrative practices in place at the time of this legislation included the special "30-day waivers" and "10-day waivers" for HIV positive aliens who were applying for nonimmigrant visas.

At the meeting, we pointed out that, in a cable dated August 19, 1993, the INS appears to have instructed its field offices that it is stopping the special procedures for issuing 30-day and 10-day waivers for aliens who are HIV positive applying for nonimmigrant visas to enter the United States. From that cable, it would appear that such future waiver requests are to be handled under 8 CFR 212.4, which contains the normal procedures authorized under Section 212(d)(3) of the Immigration and Nationality Act (INA).

In this context, we are concerned about two significant procedural implications under this new INS procedure for HIV-infected persons seeking to visit the U.S.:

(1) Whether or not a person who obtains a waiver in accordance with the routine provisions contained in the INA and your regulations will have the conditions and limitations of such waiver noted in that person's passport. (The special "30-day waiver" procedure had previously resolved this matter by permitting such documentation on a separate form not made a permanent part of the passport.)

(2) Whether or not a person will be able to enter the U.S. to attend a scientific, professional, or academic conference without first answering whether or not he or she is infected with HIV. (The special "10-day waiver" procedure resolved this problem by not needing to ask the communicable disease questions for persons attending certain approved conferences.)

In light of our need to respond to WHO and in anticipation of public inquiries about the Administration's policy on this subject, it seems prudent for us to develop a coordinated strategy as soon as possible.

Accordingly, I will be following-up on this matter with Mr. Alex Aleinikoff, your General Counsel-Designate. I appreciate meeting with you and look forward to working with your Service to resolve this sensitive situation.

Sincerely,

Nan Hunter

Nan D. Hunter
Deputy General Counsel

Enclosure

cc: T. Alexander Aleinikoff, INS/GC

WORLD HEALTH ORGANIZATION — ORGANISATION MONDIALE DE LA SANTE

Rec'd 9/

Téléphone Central/Exchange: 791.21.11
Direct: 791.4671

In reply please refer to: CFA-A20/286/1

Prière de rappeler la référence:

The Assistant Secretary for Health
Department of Health and Human Services
Washington, D.C. 20201

9 August, 1993

Sir,

I have the honour to refer to a decision taken by the World Health Organization that it will not sponsor, cosponsor or financially support international conferences or meetings on AIDS in a country with HIV/AIDS-specific short-term travel restrictions. Furthermore, it will not send representatives to attend international conferences on AIDS in countries with such restrictions unless such attendance is deemed essential for promoting WHO's policy of non-discrimination in relation to HIV-infected people and people with AIDS. The adoption of this Policy on short-term travel restrictions, which is about to be announced formally, should not be taken to imply that WHO condones discrimination against HIV-infected persons in relation to longer term travel or other situations.

The phrase "short-term travel" is defined in the Policy as travel by persons to a host country for 30 days or fewer without prejudice to WHO's broader policy against discriminatory restrictions on any traveller, irrespective of duration of visit.

The Policy defines "HIV/AIDS-specific short-term travel restrictions" as HIV/AIDS-specific legislation, regulations and/or written policies requiring any or all of

.../...

cc: The Secretary of State, Attention: IO/T, Department of State, Washington, D.C. 20520

The Director, Office of International Health, Department of Health and Human Services, Washington, D.C. 20201

United States Mission to the United Nations Office and other International Organizations at Geneva, Attention: International Health Attaché, 1292 Chambésy

160425
TRACER

HCA79922

the following in relation to short-term travellers: HIV testing, self-declaration of HIV status, or exclusion of persons known or suspected of having HIV infection or AIDS.

Prior to announcing the WHO Policy formally to Member States, I am bringing its provisions to the attention of governments whose policies appear not to conform. It is our understanding that legislation and regulations of the United States of America are contrary to the WHO Policy.

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Please accept, Sir, the assurance of my highest consideration.

Hiroshi Nakajima, M.D., Ph.D.
Director-General

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the General Counsel
Washington, D.C. 20201

T. Alexander Aleinikoff
Office of the General Counsel
Immigration and Naturalization Service
Room 6100
425 Eye Street
Washington, D.C. 20536

Re: Waiver Procedures for HIV-Infected Persons - Inquiry from World Health Organization (WHO)

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In light of our need to respond to WHO and in anticipation of potential confrontations to the existing system in early 1994, I would like to schedule, as soon as possible, a meeting with you to discuss this matter further.

Please give me a call at 690-7780 to arrange for possible times, and I will coordinate scheduling with others in HHS, as well as the office of the National AIDS Policy Coordinator.

Sincerely,

Nan Hunter

Nan D. Hunter
Deputy General Counsel

Enclosure

December 14, 1993

MEMORANDUM

TO KRISTINE M. GEBBIE
ANDREW BARRER
STEVE LEE

FM BMERRILL

RE INS AND 10- AND 30-DAY WAIVERS FOR HIV+

Attached are copies of the letters that went to Doris Meissner and her general counsel Alex Aleinikoff around the INS visit that went on last week. Please let me know if KG wants us to do a separate letter to underscore Nan and Dick's work.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the General Counsel
Washington, D.C. 20201

The Honorable Doris M. Meissner
Commissioner
Immigration and Naturalization Service
425 Eye Street, N.W.
Washington, D.C. 20536

Re: Waiver Procedures for HIV-Infected Persons - Inquiry from World Health Organization (WHO)

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Last June, Section 2007 of Public Law 103-43 amended 8 U.S.C. 1182(a)(1)(A)(i) by stipulating that a communicable disease of public health significance "...shall include infection with the etiologic agent for acquired immune deficiency syndrome." However, the legislative history also clearly indicated that "...the Conferees intend these provisions to be a codification of current administrative practice." (See H. Rep. 103-100 at p. 118.) As you know, the administrative practices in place at the time of this legislation included the special "30-day waivers" and "10-day waivers" for HIV positive aliens who were applying for nonimmigrant visas.

At the meeting, we pointed out that, in a cable dated August 19, 1993, the INS appears to have instructed its field offices that it is stopping the special procedures for issuing 30-day and 10-day waivers for aliens who are HIV positive applying for nonimmigrant visas to enter the United States. From that cable, it would appear that such future waiver requests are to be handled under 8 CFR 212.4, which contains the normal procedures authorized under Section 212(d)(3) of the Immigration and Nationality Act (INA).

In this context, we are concerned about two significant procedural implications under this new INS procedure for HIV-infected persons seeking to visit the U.S.:

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In light of our need to respond to WHO and in anticipation of public inquiries about the Administration's policy on this subject, it seems prudent for us to develop a coordinated strategy as soon as possible.

Accordingly, I will be following-up on this matter with Mr. Alex Aleinikoff, your General Counsel-Designate. I appreciate meeting with you and look forward to working with your Service to resolve this sensitive situation.

Sincerely,

Nan Hunter

Nan D. Hunter
Deputy General Counsel

Enclosure

cc: T. Alexander Aleinikoff, INS/GC

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

Rec'd 9/

Téléphone Central/Exchange: 791.21.11
Direct: 791.4671

In reply please refer to : CFA-A20/286/2

Prière de rappeler la référence :

The Assistant Secretary for Health
Department of Health and Human Services
Washington, D.C. 20201

9 August, 1993

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cc: The Secretary of State, Attention: IO/T, Department of State, Washington, D.C. 20520

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Enclosure

December 14, 1993

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ORGANISATION MONDIALE DE LA SANTE

Rec'd 9/

Téléphone Central/Exchange: 791.21.11
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In reply please refer to : CFA-A20/286/1

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Enclosure

BARNEY FRANK
4TH DISTRICT, MASSACHUSETTS

2404 RAYBURN BUILDING
WASHINGTON, DC 20515-2104
(202) 225-5931

29 CRAFTS STREET
NEWTON, MA 02158
(617) 332-3920

Congress of the United States
House of Representatives
Washington, DC

558 PLEASANT STREET
ROOM 309
NEW BEDFORD, MA 02740
(508) 999-6462

222 MILLIKEN PLACE
THIRD FLOOR
FALL RIVER, MA 02721
(508) 674-3551

89 MAIN STREET
BRIDGEWATER, MA 02324
(508) 697-9403

December 14, 1993

The Honorable Kristine M. Gebbie, R.N.
Nat'l AIDS Policy Coordinator
200 Independence Ave. S.W.
Room 738-G, HHH Bldg.
Washington, DC 20201

Dear Ms. Gebbie: Kristine

It was very kind of you to make a point of telling me of Jim Walker's good work. I am very proud of Jim's efforts and pleased that I was able in a small way to be supportive of them. Too often, people who work on congressional staffs do important work and are overlooked, so I am especially appreciative of your taking the time to recognize Jim's efforts.

BARNEY FRANK

BF/meg

Put with his resume / application

December 14, 1993

NOTE TO KRISTINE GEBBIE

FROM: Claudia Bingham CB
Organizational Consultant

SUBJECT: Letter of Reference

This letter of reference is for Ben Merrill, who is applying for the position of Deputy Coordinator for your office. As you know, Ben and I have worked together for the past three months to assist with development of the organization in a variety of ways. During this time period, I have been impressed by Ben's high level of energy, competence and commitment to his work. He continually looks for ways to contribute to the success of the organization.

While Ben has worked mostly in policy areas that I have not been involved with, I am familiar with some of his efforts internal to the organization. Ben has been very supportive of my efforts to assist with the organizational development and building of cohesiveness within the agency. He also shows support to other employees and recognizes the need for people to feel valued.

The Deputy position will be key to facilitating communication and cooperation with other agencies and departments. One of the strengths Ben would bring to this position is his understanding of the importance of fostering these positive relationships. He also understands the need for someone with strong administrative skills who can manage internal operations of the agency.

Ben would bring a variety of skills and attributes to this position. I hope his past contribution to the organization will be considered during the recruitment process.

cb