Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	To: Judge John Davies; re: On Behalf of Dr. Walter Jekot and Anabolic Steroids (2 pages)	09/14/1993	b(6)
002. letter	To: Judge John Davies; re: Concern for My Health (2 pages)	00/00/0000	b(6)
003. letter	To: Judge John Davies; re: "Alternative Methods" (2 pages)	09/15/1993	b(6)
004. letter	To: Judge John Davies; re: Quality of Care (3 pages)	09/14/1993	b(6)
005. letter	To: Judge John Davies; re: Compassion (2 pages)	04/29/1993	b(6)
006. letter	To: Judge John Davies; re: Care of Housekeeper (1 page)	09/12/1993	b(6)
007. letter	To: Judge John Davies; re: Trust His Judgment (1 page)	09/15/1993	b(6)
008. letter	To: Judge John Davies; re: Quality of Life (1 page)	09/15/1993	b(6)
009. letter	Your Honor; re: Go the Extra Mile (1 page)	09/15/1993	b(6)
010. letter	To: Judge Davies; re: Not a Bad Man (1 page)	09/15/1003	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

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]

British Academy of Film and Television Awards, seen as early pointers to the Oscars, presented Sunday. Robert Downey Jr. won the best actor award for his role in *Chaplin*, and the Alexander Korda Award for Best British Film went to *The Crying Game*. All three winners are nominated for Oscars to be awarded March 29.

MS DRUG APPROVED: **The first drug designed** to combat the crippling effects of multiple sclerosis was endorsed Friday by an advisory committee of the Food and Drug Administration. The panel heard evidence that MS patients treated with beta interferon suffer fewer and less severe attacks of the crippling disease that afflicts about 350,000 Americans.

AIDS AND ALCOHOL: **A few drinks of alcohol** may raise a healthy person's chances of becoming infected with the AIDS virus or speed up the disease in those already infected, a new study says. Researchers at Thomas Jefferson University in Philadelphia put the AIDS virus in a test tube along with white blood cells of 60 healthy people who had had several drinks over a weekend. They found that HIV, the virus that causes AIDS, quickly replicated. "Even casual consumption of alcohol stimulates replication of the AIDS virus in cell cultures," said Omar Bagasra, author of the study in the *Journal of Infectious Diseases*.

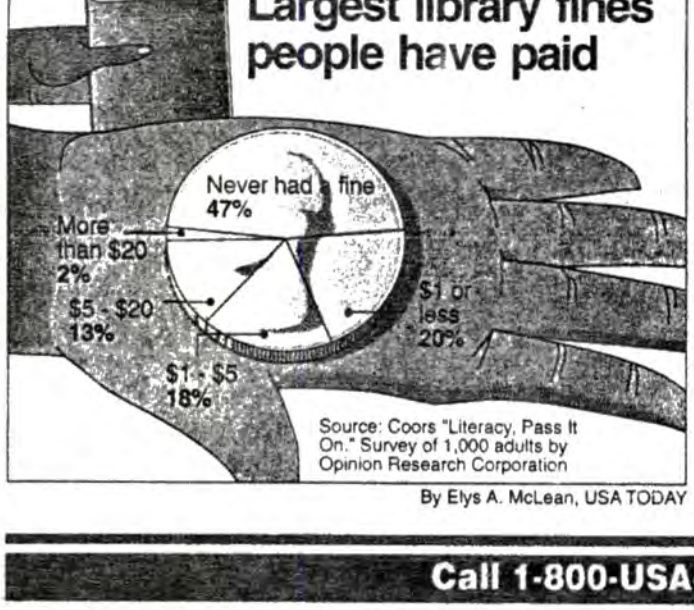
MOO HOO HOO: **Former University of Maine** student Andrea Pizzo, 23, is suing the school for not protecting her from a cow with a "dangerous disposition." Pizzo says officials in the school's livestock management department should have known that the Jersey heifer that attacked her in the spring of 1991 had a personality problem. The lawsuit seeks unspecified damages for knee and wrist injuries Pizzo claims she suffered when the 400-pound bovine head-butted her into the wall of its pen. Charles Wallace, Pizzo's instructor, says he has worked around cattle for more than a decade and was surprised by the lawsuit: "Cows are usually pretty docile. But that is the chance you take working around large animals."

By Arlene Vigoda

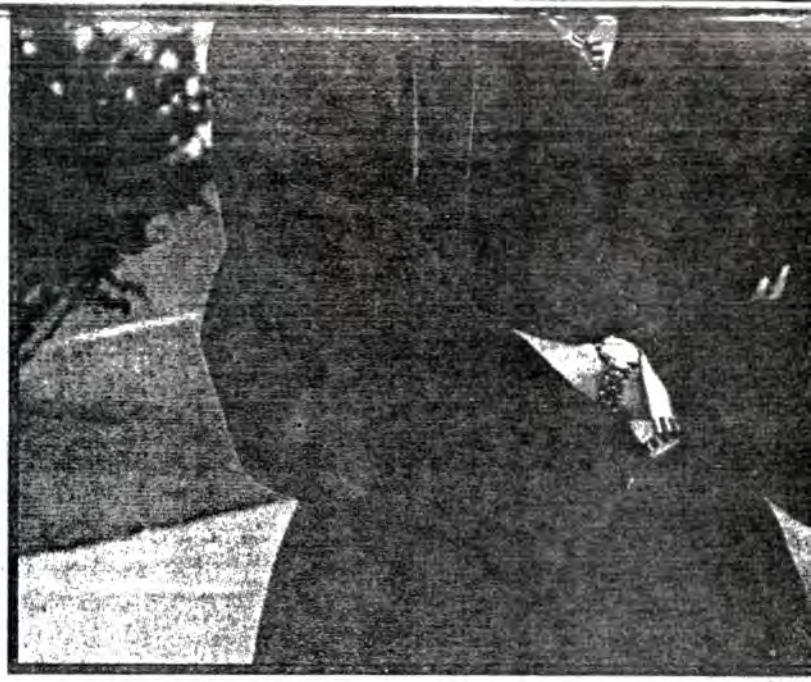
Inside LIFE

USA SNAPSHOTS®

A look at statistics that shape our lives



By Elys A. McLean, USA TODAY



By H

NO PUSHOVER: NBC correspondent Andrea Mitchell doesn't mind ruffling 'My value to NBC is my ability to reach judgments about what decisions Clin

COVER STORY

Clinton cadre has Andrea to answer to

For NBC journalist Mitchell, 'The whole point is to provoke a response.'

By Peter Johnson
USA TODAY

WASHINGTON — NBC's Andrea Mitchell is tenacious. Like a pit bull. With a bone.

That's why during a recent trip by President Clinton to Franklin Roosevelt's home in Hyde Park, N.Y., Mitchell — after a sound bite — had Air National Guardsmen chasing her across the tarmac wielding their M-16s, handcuffs ready, as fellow White House reporters, sequestered in a bus, shouted "Go Andrea!"

Secret Service agents, who know Mitchell, got the soldiers to back off. The kicker: Mitchell got the one sound bite that colleagues needed: Clinton explaining an earlier remark about the possibility of a new tax.

"It was wonderful," says ABC's Brit Hume, savoring the image of Mitchell — assigned to the press pool that day — getting sprayed with jet wash from Air Force One and nearly getting arrested. "You don't want to be the one denying her entry unless you're heavily armed."

Is she the new Sam Donaldson of la Casa Blanca?

"I WOULDN'T HANG THAT MONIKER ON HER!" booms The Voice, ABC's Donaldson, who competed with

Please see COVER STORY next page ▶

Sti

Maybe
have beer
developm
of late (in
maybe it's
pan involv
pan's Aki

MOVI

SUSAN

the greate
time, for
sewer-soa

But in
Ninja Tur
nardo, D
gelo and R
into creat
erate, like
learned t
their beds
half shell
"cowabun
barely eve

Oh, they
give "we
soaked fir
crack wise
moment
hotheade
takes a cl
about the
Like total

The sto
Samurai
grown up,
quality as

COLLIER'S ENCYCLOPEDIA, 1956 EDITION

POINTE-AUX-TREMBLES [pwæ̃'t o trə̃'bl], a town on Montreal Island, Quebec, Canada, situated on the St. Lawrence River about 10 mi. north of downtown Montreal and adjoining the industrial town of Montreal East. It is on Provincial Highway 2, and the Canadian Pacific Railway serves the town. It was founded as a parish in 1674 and as a town in 1912. Pop. 1951, 8,241. D. F. P.

POINTE-CLAIRE [pwæ̃'t klɛ'r], a town on Montreal Island, Quebec, Canada, situated on the north shore of Lake Saint Louis, about 15 mi. southwest of downtown Montreal. It is on Provincial Highway 2 and is served by the Canadian National and Canadian Pacific railways. Founded as a parish in 1717, the community was incorporated as a village in 1854 and as a town in 1911. It is a residential and resort suburb of Montreal. Pop. 1951, 8,753. D. F. P.

POINTER. *See* Dog.

POISON ASH. *See* Poison Ivy.

POISON GAS. *See* Warfare (*Chemical Warfare*).

POISONING, TREATMENT OF. *See* First Aid.

POISON IVY, the name commonly given to a group of poisonous plants, considered by most botanists to be sumacs, *Rhus*. Other botanists have placed the group in a separate genus, *Toxicodendron*.

The common poison ivy, *R. radicans,* most widely distributed of the species, grows from Nova Scotia to British Columbia, south to Mexico, Florida, and Bermuda. Nevada is the only state from which it has not been reported. In many parts of its range, it is a low straggling shrub but it frequently develops into a stout, woody vine climbing high trees. Similar is the southern poison oak, *R. toxicodendron,* a low shrub found in dry woodlands from New Jersey to Georgia and Texas. The western poison oak, *R. diversiloba,* is found from Washington south throughout California to Mexico. It is an erect, sometimes climbing shrub 4 to 8 ft. high. In California, poison oak is more widely diffused than any other shrub. These three plants have leaves divided into three ovate leaflets, the margins variously toothed and lobed, but sometimes having little or no lobation. The flowers are inconspicuous greenish-white, appearing in clusters, and the small greyish-white waxy fruits, resembling those of the bayberry, *Myrica pensylvanica,* contain a small, bony stone. These three species, all known popularly as poison ivy, poison oak, and poison sumac, may eventually come to be considered as one variable species. The true poison sumac, *R. vernix,* also called poison elder, poison ash, and poison dogwood, is a large shrub growing sometimes as high as 25 ft. It has ash-like leaves of 7 to 13 entire leaflets, greenish flowers, and whitish fruit in long pendent clusters. It grows in swamps from Quebec and Minnesota, south to Florida and Texas. Poisoning is caused by a nonvolatile oil present in the sap.

Aside from the hazardous method of digging, plants may be eradicated by ammonium sulfamate, or 2, 4-D, (2, 4-dichlorophenoxyacetic acid) applied to the foliage according to directions. Also, 10 lb. of dry borax per square rod applied to the soil will kill poison ivy and numerous other plants. *See also* Ivy Poisoning. G. Gr.

POISON OAK. *See* Poison Ivy.

POISONS, chemical agents which, when present in sufficient amounts, may injure or kill a living organism. They may be swallowed, inhaled, or absorbed or injected through the skin.

Classification. One method by which poisons may be classified is according to their chemical and physical types, e.g., acids, alkaloids, industrial solvents, inorganic chemicals, organic chemicals, poisonous gases, and poisonous foods. Another classification of poisons would be according to their physiological action. Some chemicals are local poisons: these are (1) the corrosive poisons, which destroy tissue by direct contact, e.g., the mineral acids, caustic alkalies, and phenol; and (2) the irritant compounds of arsenic, lead, mercury, zinc, and so on. Other chemicals are systemic poisons; these are absorbed into the blood stream, whence they are carried to, and act upon, the heart, kidneys, nervous system, and other vital organs. This type includes cyanide, hypnotics, opium derivatives, and strychnine.

Common Types of Poison. Some poisonous chemicals frequently found about the home, and therefore suspect if illness occurs, include the following:

Cleaners: ammonia, lye (sodium hydroxide), phenol (carbolic acid), phosphates, washing soda (sodium carbonate).

Insecticides: compounds containing arsenic, thallium, fluorine, lead, copper, and phosphorus: D.D.T., pyrethrum, orthodichlorobenzene.

Laxatives: calomel, phenolphthalein.

Liniments and Ointments: camphor, chloroform, oil of wintergreen.

Moth Repellents: camphor, naphthalene, paradichlorobenzene, arsenicals.

Soothing Sirups and Sedatives: opium derivatives, chloroform, bromides, acetanilite, barbiturates (Veronal).

Reports made by the city of New York give an interesting appraisal of the frequency of certain types of poisonings. In 1941 there were 500 suicidal and 676 accidental poisonings. Of the 500 suicides, the poisons employed were as follows: illuminating gas (carbon monoxide), 387; barbiturates, 33; phenol, 20; cyanide, 15; odium fluoride, 10; and arsenicals, 7. Of the 676 accidental poisonings, the poisons used were as follows: alcohol, 424; anesthetics, 147; barbiturates, 17; narcotics, 16; wood alcohol, 7; arsenic or other heavy metals, 8.

Industrial solvents and hazardous chemicals deserve special mention. Besides the acute poisoning which may result from swallowing them, there is a hazard from continued exposure to vapors or liquid sprays. Such exposure results in chronic poisoning if the chemical accumulates in the body faster than it can be eliminated. Lead poisoning is an example. The following expression first observed by Fritz Haber in connection with war gas effects can be generally applied:

$$\text{Extent of poisoning} = \text{exposure time} \times \text{concentration of the poison}$$

Thus, approximately the same body damage is caused by exposure to 50 parts per million (p.p.m.) for two hours as by 100 p.p.m. for one hour. Hydrogen cyanide gas is an exception to this rule.

Other poisons not previously mentioned include: acetaldehyde; acetanilide; acetone; acetylene and acetylene compounds; acids (glacial acetic, boric, hydrochloric, hydrofluoric, nitric, oxalic, phosphoric, sulphuric); alkaloids (aconite, apomorphine, atropine, caffeine, cocaine, codeine, digitalis, ergot, heroin, morphine, nicotine, strychnine); amyl acetate; aniline; antimony compounds; arnica; arsine; barium compounds; belladonna; benzene; benzine; bismuth compounds; bromine; cadmium compounds; calcium oxide; cantharides; carbon dioxide; carbon disulphide; carbon tetrachloride; chloral hydrate; chlorine; chloropicrin; croton oil; curare; di-

ENCYCLOPAEDIA BRITANNICA, MACROPAEDIA, 1974 EDITION, VOLUME 1, PAGE 438 CALLS ACETALDEHYDE "A HIGHLY TOXIC SUBSTANCE".

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

Building 31, Room 3A44
(301) 496-6404

March 24, 1993

Mr. John S. Roberts
P.O. Box H
Hobart, IN 46342

Dear Mr. Roberts:

Your letter to Dr. Bernadine Healy was referred to my office for reply. We, like you, are dedicated to finding a cure for HIV. However, acetaldehyde is a normal metabolite of the human body and will have no effect on HIV infection.

Dr. John Bader, Chief, Antiviral Evaluation Branch, has also reviewed your idea and has sent you a letter. I appreciate your interest.

Sincerely,

Wyndham H. Wilson, M.D., Ph.D.
Special Assistant to the Director
Division of Cancer Treatment

FEBRUARY 26, 1993

DR. BERNADINE HEALY
DIRECTOR
NATIONAL INSTITUTES OF HEALTH
BUILDING 1, ROOM 126
9000 ROCKVILLE PIKE
BETHESDA, MARYLAND 20892-0001

DEAR DR. HEALY,

ATTACHED ARE THE COPIES OF MY FEBRUARY 18 LETTER TO DR. BADER AND CONGRESSMAN VISCLOSKY'S LETTER OF FEBRUARY 11 TO ME (IN RESPONSE TO A PREVIOUS LETTER OF MINE) WHICH I DID NOT BECOME AWARE OF UNTIL AFTER I HAD MAILED THE FEBRUARY 18 LETTER.

IT IS TOO EARLY FOR ME TO HAVE RECEIVED A REPLY FROM DR. BADER; HOWEVER, I JUST THOUGHT I WOULD GO AHEAD AND WRITE TO YOU SINCE THIS LETTER WILL REFLECT MY MOST CURRENT IDEAS.

FIRST OF ALL - ABOUT THE POSSIBLE BENEFICIAL EFFECTS OF THE METABOLITE OF DISULFIRAM (ANTABUSE) KNOWN AS "DITIOCARB" OR "DTC" - DOES EVERYBODY KNOW ABOUT IT? THE "JAMA" ARTICLE WAS PUBLISHED MARCH 27, 1991, AND THE ONLY ENTRY IN THE CUMULATED INDEX MEDICUS HAVING TO DO WITH DISULFIRAM AND AIDS HAS TO DO WITH DR. GALLANT'S ARTICLE.

IN HIS ARTICLE, "ANTABUSE (DISULFIRAM) AND AIDS", DR. GALLANT STATES,

> 'A SIGNIFICANT PERCENTAGE OF ORAL DISULFIRAM IS RAPIDLY REDUCED IN THE BODY TO DTC.'

WOULD ALL AIDS PATIENTS BE IMMEDIATELY BENEFITTING THEMSELVES BY SIMPLY HAVING THEIR DOCTORS PRESCRIBE ANTABUSE TABLETS FOR THEM?; HOWEVER, KNOWING FULL WELL THAT THEY CANNOT DARE TO TAKE A SIP OF ALCOHOL WHILE DISULFIRAM IS IN THEIR BODY.

LET US SUPPOSE THAT A PILOT PROGRAM IS SET UP TO TEST THE EFFECTIVENESS OF "THE DISULFIRAM/ALCOHOL PROCEDURE", AND IT PROVES TO BE A FAILURE. THIS WOULD NOT NECESSARILY ABNEGATE THE POTENTIAL USEFULNESS OF ACETALDEHYDE.

ACETALDEHYDE COULD STILL BE LOOKED UPON AS PART OF THE ARSENAL IN THE QUEST TO DISCOVER THE "MAGIC BULLET" TO DESTROY THE HIV VIRUS.

ON PAGE 17 OF AGAINST THE ODDS - THE STORY OF AIDS DRUG DEVELOPMENT, POLITICS & PROFITS, DR. PETER S. ARNO STATES,

> "BETWEEN 1987 AND 1991 THE NATIONAL CANCER INSTITUTE TESTED 40,000 CHEMICAL COMPOUNDS AT FACILITIES IN FREDERICK, MARYLAND, AND BIRMINGHAM, ALABAMA, TO SEE IF ANY COULD DISABLE THE AIDS VIRUS."

IN MACBETH, ACT IV, SCENE 1, LINES 10-21, SHAKESPEARE SAYS,

"ALL. DOUBLE, DOUBLE TOIL AND TROUBLE,
FIRE BURN AND CALDRON BUBBLE.
2. WITCH. FILLET OF A FENNY SNAKE,
IN THE CALDRON BOIL AND BAKE.
EYE OF NEWT AND TOE OF FROG,
WOOL OF BAT AND TONGUE OF DOG,
ADDER'S FORK AND BLINDWORM'S STING,
LIZARD'S LEG AND HOWLET'S WING,
FOR A CHARM OF POWERFUL TROUBLE,
LIKE A HELL BROTH BOIL AND BUBBLE.
ALL. DOUBLE, DOUBLE TOIL AND TROUBLE,
FIRE BURN AND CALDRON BUBBLE."

IF "THE DISULFIRAM/ALCOHOL PROCEDURE" DOES NOT WORK, I THINK EACH ONE OF THE 40,000 TESTS SHOULD BE REPEATED WITH ACETALDEHYDE BEING MIXED IN WITH EACH TEST. WHO KNOWS, IT MIGHT PROVE TO BE SOME SORT OF CATALYST BY WHICH THE DESTROYER OF THE HIV VIRUS IS DISCOVERED.

"DOUBLE, DOUBLE TOIL AND TROUBLE"

I HAVE HIGHLIGHTED AN INDISPUTABLE FACT OF NATURE -

THE HUMAN BODY CAN BE POISONED WITH A HIGHLY TOXIC SUBSTANCE AND STILL SURVIVE

AND THE NAME OF THAT SUBSTANCE IS ACETALDEHYDE.

IF A MEDICINE WERE INJECTED INTO A BODY WHILE THAT BODY WAS BEING POISONED WITH ACETALDEHYDE, THE RESULTS MIGHT BE FAR DIFFERENT THAN THEY WOULD NORMALLY BE, MIGHT THEY NOT?

WELL, THIS IS ABOUT ALL I HAVE TO SAY FOR NOW, DR. HEALY. AS A FIRST STEP, I HOPE THAT SOME OF THE CLINICAL TRIALS THAT ARE PRESENTLY BEING CONDUCTED IN CHICAGO WILL START TO EMPLOY "THE DISULFIRAM/ALCOHOL PROCEDURE".

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPIES TO CONGRESSMAN PETER J. VISCLOSKY, JOHN P. BADER, Ph.D, DR. LUC MONTAGNIER, RANDY SHILTS, JIM GORDON, PETER S. ARNO, Ph.D., AND DR. DONALD M. GALLANT AND DR. EVAN M. HERSH, PRIMARY AUTHOR OF THE "JAMA" ARTICLE

FEBRUARY 18, 1993

JOHN P. BADER, Ph.D.
CHIEF, ANTIVIRAL EVALUATIONS BRANCH
DEVELOPMENTAL THERAPEUTICS PROGRAM
DIVISION OF CANCER TREATMENT
NATIONAL CANCER INSTITUTE
NATIONAL INSTITUTES OF HEALTH
ROCKVILLE PIKE
BETHESDA, MD 20892

DEAR DR. BADER,

ATTACHED ARE A COPY OF YOUR LETTER TO ME DATED JANUARY 26, 1993 AND A COPY OF PAGE 39 TAKEN FROM DRUGS, A TIME INC. PUBLICATION, COPYRIGHT DATE 1967.

A BASIC QUESTION NEEDS TO BE ANSWERED - DOES ACETALDEHYDE DESTROY THE AIDS VIRUS? FOR INSTANCE, IF A DROP OF ACETALDEHYDE WERE PLACED IN A TEST TUBE CONTAINING THE BLOOD OF A VICTIM WHO HAD THE HIV VIRUS, WOULD THAT VIRUS BE DESTROYED?

IF THE ANSWER TO THIS QUESTION IS "NO", YOU MAY AS WELL SKIP THE REST OF THIS LETTER BECAUSE I'LL ONLY BE WASTING YOUR TIME.

HOWEVER, MY HUNCH IS THAT ACETALDEHYDE WILL DESTROY THE VIRUS, AND I HAVE THE FOLLOWING OBSERVATIONS TO MAKE -

ON FEBRUARY 11 I BECAME AWARE OF PAGE 39 FROM DRUGS. AFTER READING THIS PAGE I KNEW THAT I HAD FOUND THE POSSIBILITY OF A CURE FOR AIDS. OF COURSE, I WAS EXTREMELY CURIOUS TO SEE IF ANYONE ELSE HAD EVER THOUGHT OF IT BEFORE.

ON SATURDAY, FEBRUARY 13 I WENT TO THE CAMPUS LIBRARY OF INDIANA UNIVERSITY NORTHWEST AND LOOKED AT THE ENTRIES HAVING TO DO WITH "DISULFIRAM" IN THE CUMULATED INDEX MEDICUS. I STARTED WITH THE YEAR 1983 BECAUSE THAT IS WHEN THE FIRST MENTION OF "ACQUIRED IMMUNODEFICIENCY SYNDROME" IS MADE IN THIS INDEX.

IN THE APRIL, 1992 ISSUE OF THIS INDEX AN ARTICLE WAS CITED -

ANTABUSE (DISULFIRAM) AND AIDS

AND IT APPEARED IN THE OCTOBER, 1991 ISSUE OF THE JOURNAL, "ALCOHOLISM, CLINICAL AND EXPERIMENTAL RESEARCH".

ON MONDAY, FEBRUARY 15 THE SYSTEM SERVICES DIVISION OF THIS LIBRARY OBTAINED FOR ME A FAX COPY OF THE ARTICLE FROM THE INDIANA UNIVERSITY SCHOOL OF MEDICINE LIBRARY IN INDIANAPOLIS.

THE ARTICLE CITES FOUR ADDITIONAL REFERENCES. ONE REFERENCE WAS FROM THE "JOURNAL OF EXPERIMENTAL MEDICINE", TWO WERE FROM "LANCET", AND ONE WAS FROM "JAMA" (JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION).

ALL FOUR OF THESE REFERENCES WERE READILY AVAILABLE AT THE NORTHWEST LIBRARY AND AT THE MEDICAL LIBRARY IN THE BUILDING JUST NEXT DOOR.

FROM WHAT I COULD UNDERSTAND FROM THESE ARTICLES, THERE SEEMS TO BE A DAWNING REALIZATION THAT SOMETHING VERY BENEFICIAL MIGHT BE AT HAND WITH THE UTILIZATION OF A METABOLITE OF DISULFIRAM. THIS METABOLITE HAS SEVERAL NAMES WITH THE SIMPLEST ONE BEING DITIOCARB OR DTC.

TO QUOTE FROM THE ARTICLE ITSELF - (IN A FEW PLACES I HAVE SUPPLIED THE PARENTHESIS AND THE UNDERLINES) -

> "WHILE FOUR PATIENTS IN THE PLACEBO GROUP DEVELOPED CDC-DEFINED AIDS (CENTER FOR DISEASE CONTROL), NONE DID SO IN THE DTC GROUP. IN ADDITION, THE DTC GROUP SHOWED A DECREASE IN SPLENOMEGALY AND LYMPHADENOPATHY AND AN INCREASE IN CD4+ CELL COUNT AND SKIN TEST REACTIVITY."

> "IT IS INTERESTING THAT MANY OF US IN THE FIELD OF ALCOHOLISM HAVE FOR DECADES BEEN ADMINISTERING A COMPOUND, DISULFIRAM, WHOSE METABOLITE DTC APPEARS TO BE BOTH SAFE AND EFFECTIVE FOR THOSE PATIENTS WITH SYMPTOMATIC HIV AND AIDS."

AND TO QUOTE FROM ONE OF THIS ARTICLE'S REFERENCES, "JAMA, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION", 265:1538-1544, MARCH 27, 1991, P.1543:

> "IN SUMMARY, DITIOCARB IN THIS STUDY WAS BOTH SAFE AND EFFECTIVE THERAPY FOR THE PREVENTION OF DISEASE PROGRESSION TO NEW OIs (OPPORTUNISTIC INFECTIONS) IN PATIENTS WITH HIV INFECTION."

> "DITIOCARB (IMUTHIOL) HAS BEEN GRANTED ORPHAN DRUG STATUS BY THE FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF PATIENTS WITH AIDS."

IN NONE OF THE FIVE ARTICLES IS THERE ANY MENTION OF THE WORD, "ACETALDEHYDE".

DR. BADER, IN YOUR LETTER TO ME YOU STATED:

> "THE MOLECULES YOU SUGGEST ARE NORMAL METABOLITES FORMED DURING NORMAL BODY FUNCTIONING, AND WOULD HAVE NO EFFECT ON HIV OR AIDS."

HOWEVER, CONSIDERING WHAT I BECAME AWARE OF ON FEBRUARY 11, WOULDN'T A NEW LIGHT BE THROWN UPON THE SITUATION, WOULDN'T IT REALLY BE "A TOTALLY NEW BALL GAME"?

THIS, OF COURSE, IS WHAT I BECAME AWARE OF ON FEBRUARY 11 - IF A PERSON HAS IN THEIR LIVER THE SUBSTANCE CALLED DISULFIRAM AND TAKES THE SLIGHTEST DRINK OF ALCOHOL, ACETALDEHYDE WILL FLOOD THOUGHOUT THAT PERSON'S BODY AS A DEADLY POISON.

MENTIONED THROUGHOUT THE CUMULATED INDEX MEDICUS ARE VARIOUS ARTICLES DEALING WITH THE ADVERSE EFFECTS OF ADMINISTERING DISULFIRAM; SOME OF THE TOPICS ARE - FULMINATING HEPATITIS, ARTHRITIS, LIVER DAMAGE, PSYCHOSES, TOXIC COMA, BRAIN DAMAGE, AND EVEN DEATH.

NO CELL IN THE BODY WOULD BE SAFE FROM FEELING THE EFFECTS OF THIS POISON.

OF COURSE, IF IT DESTROYS THE AIDS VIRUS AT THE SAME TIME, WHAT BETTER WAY COULD EVER BE FOUND TO CLEANSE THE BODY OF THIS DREADFUL ILLNESS?

CAREFUL, MEDICAL SUPERVISION OF THE PROCEDURE IS THE KEY; THE PROCEDURE COULD SIMPLY BE CALLED "THE DISULFIRAM/ALCOHOL PROCEDURE" FOR DESTROYING THE HIV VIRUS.

THE METHOD AND THE EFFECTS OF THE PROCEDURE WOULD BE AS FOLLOWS:

"PHYSIOLOGICAL THERAPIES. CHEMICAL FENCES. ONE OF THE POPULAR MODERN DRUG TREATMENTS OF ALCOHOLISM , INITIATED IN 1948 BY ERIC JACOBSEN OF DENMARK, USES DISULFIRAM (TETRAETHYLTHIURAM DISULFIDE). THE USUAL TECHNIQUE IS TO ADMINISTER HALF A GRAM IN TABLET FORM DAILY FOR A FEW DAYS; THEN, UNDER CAREFULLY CONTROLLED CONDITIONS AND WITH MEDICAL SUPERVISION, THE PATIENT IS GIVEN A SMALL TEST DRINK OF AN ALCOHOLIC BEVERAGE. THE PRESENCE OF DISULFIRAM IN THE DRINKER'S BODY CAUSES A REACTION OF HOT FLUSHING, NAUSEA, VOMITING, A SUDDEN SHARP DROP OF BLOOD PRESSURE, POUNDING OF THE HEART, AND EVEN A FEELING OF IMPENDING DEATH. THESE SYMPTOMS RESULT FROM AN ACCUMULATION OF THE HIGHLY TOXIC FIRST PRODUCT OF ALCOHOL METABOLISM - ACETALDEHYDE. NORMALLY, AS ALCOHOL IS CONVERTED TO ACETALDEHYDE, THE LATTER IS RAPIDLY CONVERTED, IN TURN, TO OTHER HARMLESS METABOLITES, BUT IN THE PRESENCE OF DISULFIRAM - ITSELF HARMLESS - THE METABOLISM OF ACETALDEHYDE IS BLOCKED, WITH THE RESULTING TOXIC SYMPTOMS."

ENCYCLOPAEDIA BRITANNICA, MACROPAEDIA, VOLUME 1, PAGE 447, 1974 EDITION

".....A PATIENT MUST BE WARNED BEFORE USE OF THE POSSIBLE REACTIONS FROM THE MIXTURE OF THE DRUG AND EVEN VERY SMALL AMOUNTS OF ALCOHOL. REACTIONS INCLUDE HEADACHE, THROBBING IN THE NECK, NAUSEA AND VOMITING, SWEATING, THIRST, AND BLURRED VISION. THEY VARY IN INTENSITY, GENERALLY IN PROPORTION TO THE AMOUNTS OF DRUG AND ALCOHOL INGESTED, AND LAST FROM 30 MINUTES TO SEVERAL HOURS."

ACADEMIC AMERICAN ENCYCLOPEDIA, VOLUME 6, PAGE 202, 1985 EDITION

"ADMINISTRATION OF ANTABUSE, OR DISULFIRAM, AND TEMPOSIL, CITRATED CALCIUM CARBIMIDE, CAN HELP THE PATIENT CONTINUE IN THE PATH OF SOBRIETY. THESE DRUGS INCREASE THE CONCENTRATION OF ACETALDEHYDE IN THE BODY WHENEVER ALCOHOL IS CONSUMED, FOR THEY RETARD THE OXIDATION OF THAT SUBSTANCE TO ACETIC ACID. THE ACCUMULATION OF ACETALDEHYDE IN THE BODY PRODUCES A SERIES OF CHANGES WHICH RESEMBLE THOSE OF ACUTE HANGOVER. IN FACT, THE PATIENT FEELS SO UNCOMFORTABLE THAT FEAR OF THE RESULTS CAN STRENGTHEN ANY FALTERING DETERMINATION TO ABSTAIN FROM ALCOHOL. AFTER DISULFIRAM HAS BEEN TAKEN, EVEN THE SMALLEST AMOUNT OF AN ALCOHOLIC BEVERAGE CAN INITIATE ALMOST UNBEARABLE EFFECTS. THE DRINKER FIRST HAS A FEELING OF WARMTH IN HIS FACE; THE FACE, NECK AND CHEST ARE SUFFUSED WITH SCARLET AND THE EYES BECOME BLOODSHOT. AT THE SAME TIME HE IS AWARE OF PALPITATION OF THE HEART AND FEELS CHOKED FOR WANT OF AIR. NAUSEA AND VOMITING FOLLOW, AND THE INTENSE FLUSHING IS REPLACED BY PALLOR AS BLOOD PRESSURE FALLS."

ENCYCLOPAEDIA BRITANNICA, VOLUME 1, PAGE 550-551, 1971 EDITION

DR. BADER, IF HIV IS INDEED DESTROYED IN THE LABORATORY BY ACETALDEHYDE -

FACILITIES ARE PRESENTLY ESTABLISHED AT TWO HOSPITALS IN CHICAGO - RUSH PRESBYTERIAN AND NORTHWESTERN - TO DO CLINICAL TRIALS OF AIDS PATIENTS.

COULD A PILOT PROGRAM BE SET UP AT EITHER ONE OF THEM TO TEST WHETHER OR NOT THE "DISULFIRAM/ALCOHOL PROCEDURE" IS EFFECTIVE IN CURING AIDS VICTIMS?

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPIES TO CONGRESSMAN PETER J. VISCLOSKY, DR. LUC MONTAGNIER, RANDY SHILTS AND JIM GORDON

P.S. - FEBRUARY 19

LAST NIGHT, AFTER I HAD TYPED THIS LETTER, I WENT AGAIN TO THE LIBRARY OF INDIANA UNIVERSITY NORTHWEST TO PICK UP THE FAX COPY OF ANOTHER ARTICLE WHICH I HAD REQUESTED TO SEE.

IT COMES FROM THE "JOURNAL OF APPLIED TOXICOLOGY", OCTOBER, 1991, PAGES 373-6 AND THE TITLE OF THE ARTICLE IS 'ACETALDEHYDE'.

I DON'T KNOW WHETHER THIS PART OF THE ARTICLE HAS ANY PARTICULAR RELEVANCE BECAUSE IT CONCERNS EXPERIMENTS ON RATS. HOWEVER, IT SAYS,

> "IN CONTRAST, THE ACETALDEHYDE LEVELS IN THE LIVER FOLLOWING ETHANOL ADMINISTRATION IS CONSIDERABLY HIGHER THAN THE OTHER TISSUES. THE AUTHORS CONCLUDE THAT EITHER THE LIVER DOES NOT TAKE UP ACETALDEHYDE FROM THE BLOOD OR ITS METABOLISM IS SO RAPID THAT IT DOES NOT ACCUMULATE IN THE HEPATOCYTES. THE HALF-LIFE OF ACETALDHYE (sp.) IN THE BLOOD WAS ESTIMATED AS 3.1 MIN." PAGE 374

AT SOME TIME DURING THE PAST MONTH I READ THAT ALL OF THE BLOOD IN THE HUMAN BODY CIRCULATES THROUGH THE LIVER IN FOUR MINUTES TIME.

WITH "THE DISULFIRAM/ALCOHOL PROCEDURE" HOW LONG WOULD ACETALDEHYDE STAY ACTIVE AS A POISON IN THE BODY? - - ONE/HALF HOUR?, ONE HOUR?, TWO HOURS?, OR EVEN LONGER?

J. S. R.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

January 26, 1993

Mr. John S. Roberts
P. O. Box H
Hobart, Indiana 46342

Dear Mr. Roberts:

The National Institutes of Health appreciates your concern about AIDS and your offer of a possibility for curing this dreaded disease. You are not alone either in your concern, or in offering suggestions for a cure. Nonetheless, serious qualified scientists with many years of experience in virology, biochemistry, molecular biology, and drug development related to AIDS research are devoted to this problem, and what may seem new and innovative to you has already been considered and/or tested by such scientists. The molecules you suggest are normal metabolites formed during normal body functioning, and would have no effect on HIV or AIDS. It is unfortunate that you have been encouraged to persist with your efforts to project what you think may be a cure for AIDS. With no hesitation, I can guarantee you that what you suggest would not be useful.

Sincerely yours,

John P. Bader, Ph.D.
Chief, Antiviral Evaluations Branch
Developmental Therapeutics Program
Division of Cancer Treatment

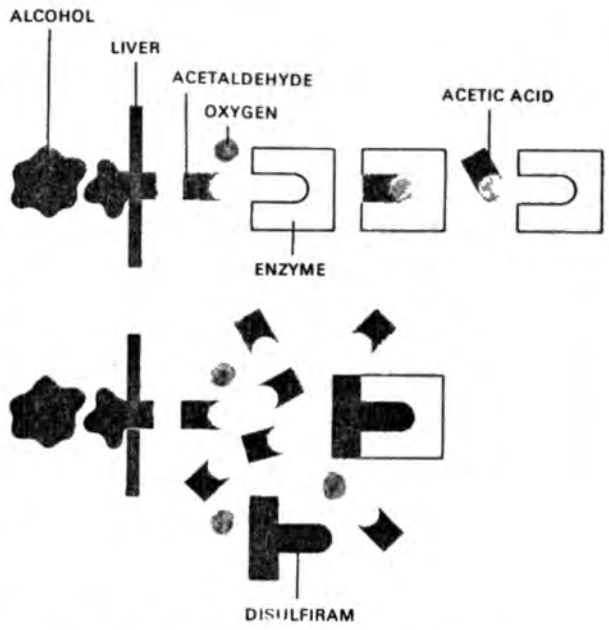
JPBader:crj

When liquor is poison

Oddly enough, the interaction of alcohol with another chemical has been used to treat the most serious problem associated with the drug. Some 20 years ago, two Danish physicians were studying the compound disulfiram as a possible cure for intestinal worms. As part of their testing program, they dosed themselves with small quantities of the compound. Attending a cocktail party soon after, they suddenly found themselves flushed, dizzy and violently nauseated, with splitting headaches. On recovery, they suspected and soon confirmed that disulfiram was to blame. This substance, it turns out, inhibits the liver's transformation of alcohol. It blocks the second step in the process, in which acetaldehyde is transformed into acetic acid, thereby quickly producing a toxic pile-up of acetaldehyde in the body.

Anyone who has taken disulfiram (known commercially as Antabuse) cannot drink even a single glass without becoming violently ill. Unfortunately, as a treatment for alcoholism, disulfiram is seldom successful; the alcoholic usually finds he can give up disulfiram more easily than alcohol.

The limited usefulness of disulfiram indicates the frustrations the pharmacologist faces in trying to deal with the widespread disease of alcoholism. It cannot be explained, or even defined, in pharmacological terms alone. There is no known pharmacological reason why some people destroy their lives by drinking; neither dosage nor physical effects offer an infallible guide. A man who drinks heavily five nights out of seven may on occasion get drunk, but he is not necessarily an alcoholic. Some alcoholics, by contrast, may stay sober for days or even weeks at a time. But once they start drinking, they cannot stop short of abysmal intoxication. They are addicts, "hooked" on the drug alcohol. And addiction to alcohol, like addiction to any other drug, is essentially a psychological compulsion—and therefore the problems it raises are far more psychological, medical and social than pharmacological.



THE ACTION OF DISULFIRAM, a drug intended to discourage alcoholism, disrupts liver functioning so that an imbiber gets sick after drinking. The upper diagram shows how the liver normally handles alcohol. Entering the liver from left, alcohol is first converted into acetaldehyde, a poisonous substance, but this chemical and oxygen are quickly fitted together by an enzyme, forming harmless acetic acid. When disulfiram is taken *(lower diagram)*, alcohol is converted into acetaldehyde, but disulfiram joins with the enzyme and prevents acetaldehyde from linking with oxygen to form acetic acid. As a result, toxic acetaldehyde collects, and the drinker becomes nauseated.

PETER J VISCLOSKY
1ST DISTRICT INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
NORTHEAST-MIDWEST
CONGRESSIONAL COALITION
MIDWEST VICE-CHAIR
WHIP-AT-LARGE

Congress of the United States
House of Representatives
Washington, DC 20515-1401

2464 RAYBURN BUILDING
WASHINGTON, DC 20515-1401
(202) 225-2461

215 WEST 35TH AVENUE
GARY, IN 46408
TTY-TDD SERVICE AVAILABLE
(219) 884-1177

PORTAGE CITY HALL
6070 CENTRAL AVENUE
PORTAGE, IN 46368
(219) 763-2904

February 11, 1993

Mr. John Roberts
Post Office Box H
Hobart, Indiana 46324-0739

Dear John:

Thank you for writing to update me on your research on the AIDS virus. I appreciate hearing from you.

In your letter, you asked if a pilot program can be established at two Chicago, Illinois hospitals to test whether or not acetaldehyde is effective in destroying the AIDS virus. Traditionally, the National Institutes of Health (NIH) is the principal biomedical research agency of the Federal Government. Therefore, I have taken the liberty of forwarding your letter to Dr. Bernadine Healy, Director of the National Institutes of Health, and have asked her to respond to your letter directly. Enclosed is a copy of my letter.

Should you have further questions regarding the development and implementation of AIDS research projects, I urge you to contact NIH. You may write to Dr. Bernadine Healy, Director, at the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland, 20892.

Thank you again for sharing your thoughts with me. Should you have questions about federal legislation, please do not hesitate to let me know.

Sincerely,

Pete

Peter J. Visclosky
Member of Congress

PJV:pn
Enclosure

JANUARY 19, 1993

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
330 CANNON BUILDING
WASHINGTON, D.C. 20515

DEAR CONGRESSMAN VISCLOSKY,

ATTACHED IS A COPY OF YOUR MAY 27, 1992 LETTER TO ME. THANK YOU VERY MUCH FOR THE HELP THAT YOU AFFORDED ME LAST YEAR.

I THINK THAT I HAVE DISCOVERED THE CURE FOR AIDS.

THROUGHOUT THE PAST THIRTEEN MONTHS THE IDEA HAS BEEN KICKING AROUND IN MY BRAIN THAT I MIGHT BE GENERATING IN MY BODY SOME SORT OF AN ACID THAT COULD BE EFFECTIVE IN DESTROYING THE AIDS VIRUS. AS I STUDIED A LITTLE BIT MORE ABOUT THE WAY ALCOHOL IS METABOLIZED IN THE BODY, I HAVE JUST ABOUT COME TO THE CONCLUSION THAT THAT ACID IS ACETIC.

NOW, WHETHER ACETIC ACID CAN OR CANNOT DESTROY THE AIDS VIRUS - I DON'T KNOW. HOWEVER, I HAVE BECOME AWARE OF SOMETHING MORE IMPORTANT.

I BELIEVE THAT IT WAS ON NEW YEAR'S DAY THAT MY WIFE SHOWED ME THE ATTACHED ARTICLE ABOUT A "HANGOVER CURE".

I READ THIS ARTICLE A COUPLE OF TIMES. AT SOME TIME DURING THE FIRST WEEK OF THIS MONTH THIS IDEA HIT ME LIKE A TON OF BRICKS -

THE HUMAN BODY CAN BE POISONED WITH A HIGHLY TOXIC SUBSTANCE AND STILL SURVIVE

AND THE NAME OF THAT SUBSTANCE IS ACETALDEHYDE.

AS I REFLECT UPON THE PAST THIRTEEN MONTHS AND THE POINT I WAS TRYING TO MAKE ABOUT ACID IN MY BODY, I FEEL AS IF I HAD BEEN PLAYING WITH A FIRECRACKER AND HAVE ALL OF A SUDDEN BEEN HANDED A STICK OF DYNAMITE AND THAT DYNAMITE IS CALLED ACETALDEHYDE.

ON JANUARY 11 I MAILED THE ATTACHED LETTER TO DR. LUC MONTAGNIER WITH COPIES TO DR. JOHN BADER AND RANDY SHILTS.

IT IS MY HYPOTHESIS THAT WHILE ACETALDEHYDE IS POISONING THE BODY, IT WILL AT THE SAME TIME DESTROY THE AIDS VIRUS.

FACILITIES ARE PRESENTLY ESTABLISHED AT TWO HOSPITALS IN CHICAGO - RUSH PRESBYTERIAN AND NORTHWESTERN - TO DO CLINICAL TRIALS OF AIDS PATIENTS.

COULD A PILOT PROGRAM BE SET UP AT EITHER ONE OF THEM TO TEST WHETHER OR NOT ACETALDEHYDE IS EFFECTIVE IN DESTROYING THE AIDS VIRUS?

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPIES TO DR. LUC MONTAGNIER, DR. JOHN BADER AND RANDY SHILTS

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE
WHIP-AT-LARGE

Congress of the United States
House of Representatives
Washington, DC 20515-1401

336 CANNON BUILDING
WASHINGTON, DC 20515-1401
(202) 225-2461

215 WEST 35TH AVENUE
GARY, IN 46408
TTY-TDD SERVICE AVAILABLE
(219) 884-1177

PORTAGE CITY HALL
6070 CENTRAL AVENUE
PORTAGE, IN 46368
(219) 763-2904

May 27, 1992

Mr. John Roberts
Post Office Box H
Hobart, Indiana 46324-0739

Dear John:

Thank you for sending me a copy of your letter to Dr. Luc Montagnier of the Institut Pasteur in Paris, France. I appreciate hearing from you.

I share your concern that a cure must be found for the devastating illness, Acquired Immunodeficiency Syndrome (AIDS). The illness is caused by the Human Immunodeficiency Virus (HIV) which causes an impairment of the immune systems and leaves its victims susceptible to certain types of cancer and a number of opportunistic diseases. Although drugs such as AZT have been developed to prolong the life of AIDS patients, there is currently no cure.

As you know, on January 31, 1992, I contacted the National Institutes of Health (NIH), on your behalf, regarding NIH's policy for donating blood samples for AIDS research. As a result of this action, on March 12, the NIH responded to your letter directly, and informed you to contact Dr. John P. Bader, who is responsible for the National Cancer Institute Preclinical AIDS Drug Screening Program, regarding the feasibility of analyzing your blood sample. Enclosed is a copy of NIH's letter. Should you have any questions regarding AIDS research-related federal legislation or have problems in contacting NIH, please do not hesitate to let me know.

Thank you again for sharing your thoughts with me.

Sincerely,

Peter J. Visclosky
Member of Congress

PJV:pn
Enclosure

JANUARY 11, 1993

DR. LUC MONTAGNIER
25 RUE DU DOCTEUR ROUX
INSTITUT PASTEUR
PARIS, FRANCE 75015

DEAR DR. MONTAGNIER,

LAST YEAR I WROTE TO YOU A LETTER IN WHICH I ASKED IF YOU WOULD BE INTERESTED IN TESTING MY BLOOD TO SEE WHETHER THERE POSSIBLY COULD BE SOMETHING IN IT THAT WOULD DESTROY THE AIDS VIRUS.

IN THAT LETTER I ALSO SAID,

> "YEARS AGO I SAW A TELEVISION PROGRAM IN WHICH SOMEONE SAID THAT PERSONS WHO DRANK BRANDY DID NOT CATCH INFLUENZA DURING THE HORRENDOUS EPIDEMIC OF 1918-1919."

ATTACHED IS A COPY OF A NEWSPAPER ARTICLE WHICH I RECENTLY READ.

THIS ARTICLE CAUGHT MY ATTENTION BECAUSE I DO DRINK SOME ALCOHOL EVERY NIGHT.

HAS ANY RESEARCH EVER BEEN CONDUCTED TO SEE WHETHER ACETALDEHYDE MIGHT BE EFFECTIVE IN DESTROYING THE AIDS VIRUS?

COULD ACETALDEHYDE BE INJECTED INTO A PERSON WITH NO ILL EFFECTS OTHER THAN TO MAKE THAT PERSON EXTREMELY SICK FOR A DAY?

BEING TOXIC, PERHAPS ACETALDEHYDE WAS THE SUBSTANCE THAT DESTROYED THE INFLUENZA VIRUS. IN THE SAME MANNER, COULD IT ALSO POSSIBLY DESTROY THE AIDS VIRUS?

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
UNITED STATES OF AMERICA

COPIES TO: DR. JOHN P. BADER
NATIONAL INSTITUTES OF HEALTH
ANTIVIRAL EVALUATIONS BRANCH
BETHESDA, MARYLAND

RANDY SHILTS
SAN FRANCISCO CHRONICLE
SAN FRANCISCO, CALIFORNIA

...5, 16)
...ANGE BOWL
Nebraska vs. Florida St.
(Ch. 5, 16)

...2, 22) | 7:30 p.m. SUGAR BOWL
Alabama vs. Miami (Ch. 7, 28)

...sion of the Boo...
"Flash Gordon" and...
Cruise, "Close Encounte...
Kind" and "Blade Runner." at...

WPWR (Ch. 50) counters with ... starting at 9 a.m. with "The Shaggy Dog," "Son of Flubber" "That Darn Cat," "Alice in Wonderland" "Return to Oz" and "Return from Witch Mountain."

...ted by
...at the
...ause it
...en and

...ink it's

...'s office
...filed the
...e reached

...incts and
...istricts.
Gary city
...strict maps.
...ht Thursday
...urisdiction.
...itical figure,
...e councilmen
...committeemen
...aries.
...l it will be done
...an said of the
...'s Crown Point

Hangover cure? Nope

The Associated Press

▶ HEALTH

Even if you're in no condition to read this, you probably know that aspirin won't cure it and water won't prevent it.

It's the hangover, and it's inevitable if you drink too much alcohol.

The headache, upset stomach and bad aftertaste that accompany a hangover come from the toxic by-product of alcohol, a chemical called acetaldehyde, said Russell Mankes, associate professor of toxicology and pharmacology at the Albany Medical College.

Some typical folk remedies — eating cold pizza, taking aspirin before bed or drinking another cocktail — may do more harm than good.

Aspirin and ibuprofin are bad for the stomach lining and popping one when the stomach is already irritated from drinking dramatically increases the risk of an ulcer, Mankes said.

Tylenol won't harm the stomach, but it can strain the liver, which is already being damaged by the alcohol, Mankes said.

Drinking water while still intoxicated won't help either. Because alcohol induces urination, all the water that comes in, goes out, taking with it minerals and salts.

Don't even think about drinking another alcoholic beverage to reduce hangover symptoms.

"The 'hair of the dog' is the first step on the road to alcoholism," he said.

Coffee won't make a drinker sober. "All you end up with is a wide-awake drunk," he said.

So what's the cure?

"Avoid getting one in the first place," Mankes said. "That does not mean avoiding alcohol. One can drink responsibly."

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Ann Marie Kimball, M.D., M.P.H.
Associate Professor
Health Services and Medicine
University of Washington
Seattle, WA 98195

Dear Dr. Kimball:

Thank you for sharing the information on your work with the Asia Pacific Economic Cooperation (APEC). I plan to visit Yokohama for the conference, so please keep me informed of your progress.

Sincerely,

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

University of Washington
Seattle, Washington 98195

School of Public Health and Community Medicine

International Health Program, SC-37
tel. (206) 543-6714
fax (206) 543-3964

1 December 1993

Ms. Kristine Gebbie
National AIDS Coordinator
The White House

Dear Kristine,

I am writing to share with you an exciting initiative which the University of Washington is facilitating in the Pacific. As you know, last week Seattle hosted the fifteen member countries of the Asia Pacific Economic Cooperation for discussions of trade. The Pacific Northwest and Washington State are keenly interested in the success of these discussions given that our economy is increasingly tied to trade with Asia. In 1991 the state realized $70 billion of trade related revenue and 80% of this was with Asian partners.

At the same time, Asia is the site of the most rapid transmission of HIV in the global community at the current time. I am enclosing a press information packet we distributed during APEC describing the problem and also the proposed alliance to combat AIDS in the Pacific. Beyond the human tragedy which AIDS will bring to Asia, the economic consequences of an uncontrolled epidemic could have profound ripple effects on other economies including our own.

At the University of Washington we have been working for some time to facilitate the creation of a public health network in the Pacific which will hold its first organizational meeting in Yokohama at the time of the International AIDS conference. We see this as building on the efforts of UNDP and USAID to outline the economic costs of AIDS by beginning to inform and mobilize action- oriented groups in the Asia Pacific cooperation states. The agenda of the network would be largely organizational and information sharing in the first instance.

The potential value of such a network is enormous. Because it will not be strictly "governmental" it will enjoy additional flexibility in its operations. Because it will seek linkages with business and the trading community it will bring political and financial "clout" to the effort for AIDS prevention and control.

To date we have been in contact with UNDP, WHO, USAID, World Bank and the Asia Pacific AIDS Society all of whom have endorsed the concept and are supportive of the initiative. The Canadian Center for AIDS is also supportive. We are beginning formal

Emblem: "Soul Catcher" . . . a Northwest Coast Indian implement used by shamans or spiritual healers to ward off spirits that brought physical or mental illness. These instruments were usually carved from the long bones of large animals and handed down from generation to generation. Artist: Marvin Oliver

polling of the potential membership to more clearly document interest and define costs of setting up the two day Yokohama workshop. Initial funding has been requested through USAID, but medium and long term support will emphasize diverse private sources.

I wanted to make you aware of this project, and to take this opportunity to convey my personal greetings and regards to you. I would be pleased to discuss this further with you at your convenience. We would certainly welcome your interest and involvement as we move forward. I hope you are enjoying your work and have some respite for an enjoyable holiday season. Please accept my warm best wishes.

Sincerely Yours,

Ann Marie Kimball, MD,MPH
Associate Professor
Health Services and Medicine

APEC leaders must address AIDS' effect

By Dr. King Holmes, Dr. Ann Marie Kimball and Nancy Campbell

This week, Seattle hosts 14 Pacific Rim trade delegations for the Asia-Pacific Economic Cooperation forum, a series of discussions that could define the nature of trade in our region for the next decade. As we celebrate the ongoing boom in international trade that is so integral to Washington state's economy, we find ourselves forced to confront another, more tragic kind of "trade": the shared crisis of AIDS. The global AIDS pandemic is no longer just a health crisis; it is an economic crisis as well.

Fostered by poverty, prostitution, illicit drug traffic and population dislocation, the human immunodeficiency virus (HIV) has infected every major port city on the Pacific Rim. About 1.5 million Asians are estimated to be infected with HIV; the World Health Organization projects that number will grow to 10 million by the end of the decade, while HIV infections in the United States are expected to triple from 1 million to 3 million. This year, AIDS became the leading cause of death in American men aged 25 to 44, and the fourth leading cause of death for women in the same age group. Asian countries are expected to see similar mortality rates during the next decade.

The economic costs of AIDS are equally staggering. Global economic loss wreaked by the epidemic will top $350 billion by the year 2000. HIV disease affects people at the peak of their productive years; the United States will lose 1.6 million productive years of life from its economy by the end of the decade. The economies of our Asian trading partners will be similarly affected. Even countries that may remain only slightly touched by the epidemic will suffer adverse economic consequences as their trading partners produce and purchase less.

Fostered by poverty, prostitution and illicit drug traffic, HIV has infected major port cities on the Pacific Rim . . .

The most obvious costs stem from the medical care of people with AIDS. In the absence of an effective vaccine, the high cost of drug treatments will be prohibitive for most Asian countries. In Taiwan, for example, the publicly financed purchase of the drug AZT will exceed that country's entire budget for AIDS prevention and care by 1995.

Less accountable than medical costs, but many times more expensive, are the indirect costs of AIDS. Consider the productivity lost when caretakers of people with AIDS must quit work or the expensive measures employers must take against the disease. In Uganda, for example, there are so many AIDS deaths that some employers are hiring three people for each position to assure that at least one will be alive to work more than a few years.

Members of APEC have allied to maximize competitiveness of the Pacific Rim in the global marketplace. The successful control of AIDS must become a part of the program for ensuring that competitiveness. How can APEC help stop the spread of HIV and curb the impact of the epidemic on Pacific Rim nations? Travel restrictions on people with HIV are not the answer, though many Pacific Rim countries, including the United States, have imposed them. Travel restrictions hamper trade and tourism. They could divert scarce dollars from disease control to less effective traveler-screening programs. Because it is too late to prevent the introduction of HIV in the Pacific Rim, costly travel restrictions serve no purpose. It is a policy issue that APEC should address.

There is adequate knowledge and experience among Pacific Rim nations to develop more successful, less expensive AIDS prevention programs. The principle strategies for HIV control are behavior change, control of other sexually transmitted diseases that facilitate the spread of HIV, promotion of condoms and programs to decrease needle sharing among intravenous drug users.

The University of Washington and other international organizations are working to create a public health alliance against AIDS in the Pacific Rim. APEC's political clout and the financial resources of corporations in APEC's member nations will be necessary in the effort. AIDS control cannot succeed without commitment and financial support from government and business.

A unified Pacific Rim response to AIDS is overdue. APEC leaders and the corporations they represent must address the AIDS epidemic. We can afford to prevent AIDS; we cannot afford the human and financial costs of an AIDS epidemic gone out of control.

■ Dr. King Holmes is a UW professor of medicine and director of the UW's Center for AIDS Research. Dr. Ann Marie Kimball is associate professor of Health Services Medicine at the University of Washington and former director of the Washington State AIDS program. Nancy Campbell is executive director of the Northwest AIDS Foundation.

Seattle Post-Intelligencer, 16 November 1993

SUMMARY- ASIA PACIFIC ECONOMIC COOPERATION NATIONS

Country	Population (millions)	Cum Cases of AID (WHO 6/93)	Cum. Case Rate/million	. HIV Infections	GNP per capita (1991 dollars)
Australia	17.3	3697	213.7	...	17050
Brunei	0.265	2	7.55	...	est>20000
Canada	27.3	7770	284.6	30,000	20440
China (Peoples Rep.)	1,149.5	11	.009	900 identified	370
China (Taipei)	20.6	70	3.398	...	
Hong Kong	5.8	63	51.7	...	13430
Indonesia	181.3	31	0.171	20,000	1905
Japan	123.9	543	4.38	2626 idenitified	26930
Korea	43.3	13	0.3	245 identified	6330
Malaysia	18.2	83	4.56,	...	2520
New Zealand	3.4	360	105.88	...	12350
Philippines	62.9	92	1.46	30,000	730
Singapore	2.8	58	20.7	~100 identifiedF	14210
Thailand	57.2	1569	27.05	500,000	1570
United States	252.7	289320	1144.9	1,000,000	22240
TOTAL	1,966.5				

Sources: World Development Report, World Bank 1993, WHO AIDS Surveillance, June 1993

ASIA - PACIFIC ALLIANCE AGAINST AIDS

Index of Briefing Materials

Seattle Organizing Committee

University of Washington School of Public Health and Community Medicine:

-International Health Program

-Center for AIDS Research

Asian Pacific AIDS Council

Northwest AIDS Foundation

People of Color Against AIDS Network

Seattle/King County Department of Public Health

I. Who is the Asia-Pacific Alliance Against AIDS and Why Are We Here?

II. AIDS in the Pacific Rim

- A. Overview
- B. Epidemiology charts

III. Prevention

- A. Overview: HIV/AIDS Prevention Planning
- B. Asian Pacific AIDS Council
- C. Needle Exchange
- D. Workplace Training
  - Overview
  - Nordstrom, A Corporate Perspective

IV. Care Services

- A. Overview: Continuum of Care
  - Outline of HIV/AIDS Services in Seattle-King County
  - HIV/AIDS Care Services diagram
  - Article from *Financial World* (March, 1993)
- B. Case Management
- C. In-Home Care
- D. Primary Care: A Clinic Perspective

V. Training: Pacific Rim Activities at the Center for AIDS and STD

ASIA - PACIFIC ALLIANCE AGAINST AIDS

Seattle Organizing Committee

University of Washington School of Public Health and Community Medicine:

-International Health Program

-Center for AIDS Research

Asian Pacific AIDS Council

Northwest AIDS Foundation

People of Color Against AIDS Network

Seattle/King County Department of Public Health

Who is the Asian Pacific Alliance Against AIDS and Why Are We Here?

The United States has suffered profound humanitarian and economic costs from our inability to control the transmission of HIV early. Even when scientists began to tell us, in the early 1980s, how the disease was spread and how it could be prevented, the fight against AIDS still was thwarted by a lack of government leadership and insufficient funding. Hundreds of thousands of lives and millions of dollars later, we now know what we should have done in education, condom promotion, needle exchange, counseling, testing and partner notification.

Today, the AIDS epidemic is exploding in many Asian countries. The rapid increases in numbers of infected persons each year is alarmingly similar to the epidemic in the United States and Canada in the late 1970s and early 1980s.

Realizing that the humanitarian and economic costs of AIDS could stifle the global competitiveness of the Asia-Pacific Economic Cooperation in the next decade, the Asia-Pacific Alliance Against AIDS (APAAA) will bring together public health workers, community leaders, and academics from the U.S., Canada, and Pacific Rim countries to exchange knowledge and experience regarding effective AIDS programming. This kind of networking will allow for new ideas to be discussed before they are published and will provide critical support for HIV/AIDS professionals who might otherwise suffer isolation and burn-out. Strategies and ideas will flow from east to west and from west to east to improve prevention education, care services, and public and government support on both sides of the Pacific.

Although many organizations are working to fight AIDS in the Pacific, APAAA is the only organization which will target APEC trading countries specifically and which will actively solicit corporate partnership and support in the battle against the epidemic.

The Seattle organizing committee has come together to promote awareness of the Pacific AIDS epidemic and the threat it poses to the economic agenda of APEC. It also will provide specific examples of effective prevention that can be done.

APAAA will convene prior to the 10th International AIDS Conference in Yokohama Japan in August, 1994. The University of Washington is serving as secretariat for the organization.

♦ ♦ ♦

For more information on the Asia-Pacific Alliance Against AIDS, contact Dr. Ann Marie Kimball, University of Washington, at (206)543-6714.

International Health Program University of Washington SC37 Seattle, WA 98195 (206) 543-6714

AIDS in the Pacific Rim

To date, one million Asians have been infected with HIV. The World Health Organization (WHO) projects that by the year 2000, the number of HIV-infected people in Asia will jump to more than 10 million. During the same period, it is predicted that infections in North America will increase from one million to three million. Asia is now experiencing the same kind of explosive HIV transmission rate that the United States experienced in the mid-1980s. Currently, rates of AIDS cases in the western United States are much higher than those in the Asia-Pacific Rim nations, but this situation will reverse in the late 1990s. Introduction of HIV into all Pacific Rim countries probably occurred by the early 1980s when the first clinical cases of AIDS were reported in the United States.

At least 300,000 women in Asia have been infected with HIV – that's one woman for every two men affected. According to WHO, three quarters of infections in Asian countries occur through heterosexual contact, although needle sharing and sex between men are also important modes of transmission. In contrast, HIV has infected 10,000 women in the U.S. – one woman for every eight men. Nevertheless, heterosexual transmission is the fastest growing segment of the American epidemic. On both sides of the Pacific, increasing numbers of women are being infected. Rates of infection among high risk groups in Asia such as commercial sex workers, and injection drug users are as high as rates among their North American counterparts.

The economic impact of the global AIDS epidemic is staggering. By the year 2000 the global economy will lose at least $350 billion dollars to the direct and indirect costs of AIDS. Indirect costs include the loss of young, productive workers from the labor force and market depletion due to loss of income and diversion of resources to care for persons with HIV/AIDS.

APEC countries, in particular, will be severely impacted by these losses, either directly or by the epidemic's effect on trading partners'' economies. The Thai government projected a potential loss of $9 billion to its economy by the end of the century if HIV could not be curbed. In response, the government has increased spending on AIDS prevention to $48 million in 1992. Today Thailand has one of the most active, well-funded AIDS prevention campaigns in the Pacific. Although other countries such as Singapore also have redoubled their efforts to control the epidemic, truly adequate resources have not yet been committed to stop the spread of HIV.

♦ ♦ ♦

For more information on AIDS in the Pacific Rim, contact Dr. Ann Marie Kimball, University of Washington, at (206)543-6714.

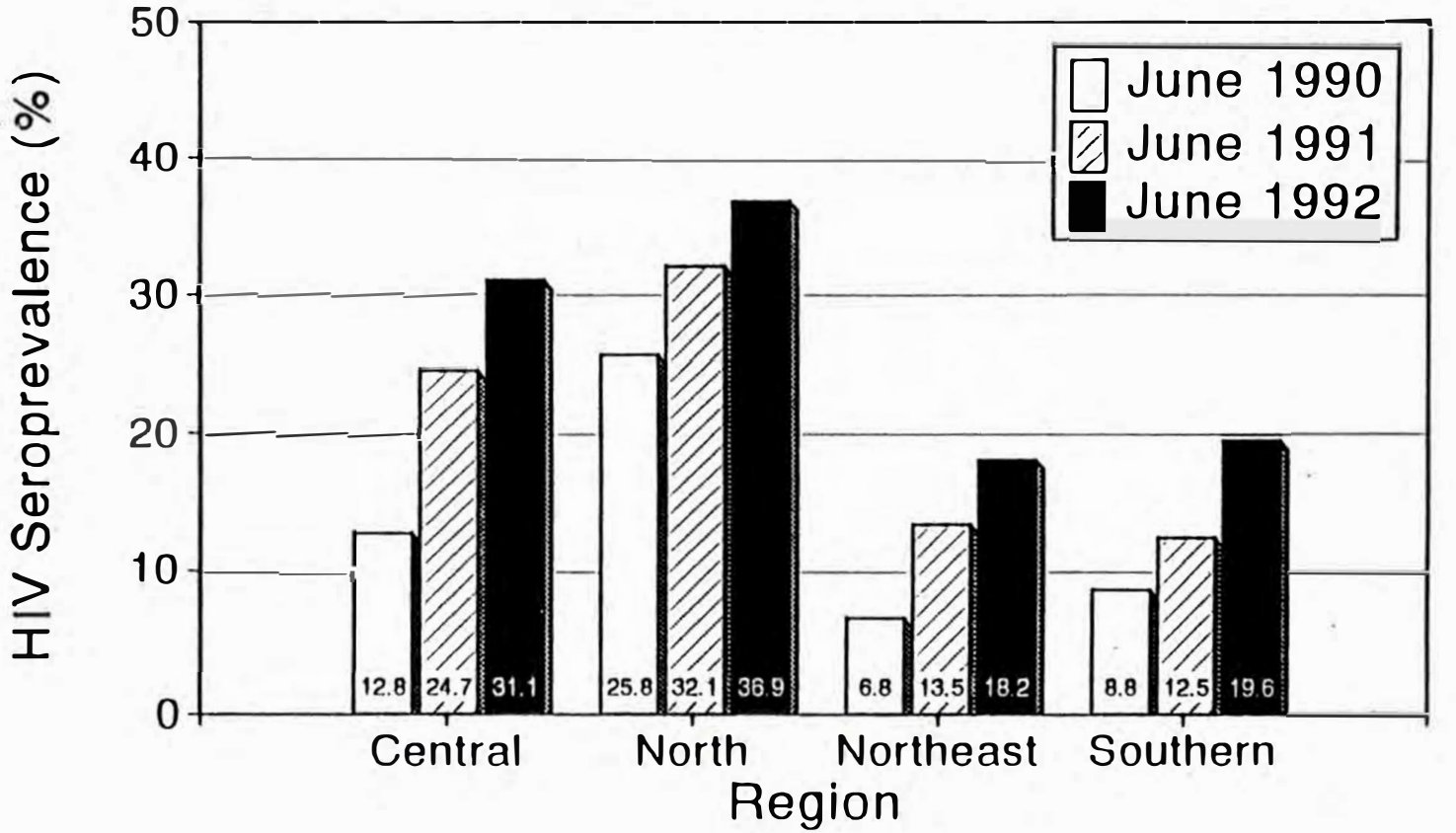
Estimated Global Distribution of Cumulative HIV Infections in Adults, by Continent or Region, Mid 1993

Global Total: 13 Million +

AMK-82 10/27/1993

HIV Seroprevalence for Commercial Sex Workers

Urban Areas, Thailand: 1990 - 1992



AMK59 10/27/1993

Table 2.10: Cumulative adult HIV infections by Geographic Area of Affinity (GAA): Projections for the year 2000

GAA	*Low estimate*	*High estimate*
1 North America	1,811,000	8,150,000
2 Western Europe	1,188,000	2,331,000
3 Oceania	22,000	45,000
4 Latin America	1,599,000	8,554,000
5 Sub-Saharan Africa	20,778,000	33,609,000
6 Caribbean	536,000	6,962,000
7 Eastern Europe	>2,000	20,000
8 South East Mediterranean	893,000	3,532,000
9 North East Asia	>6,000	486,000
10 Southeast Asia	11,277,000	45,059,000
Total	>38,112,000	108,748,000

Source: Delphi Survey, *AIDS in the World, 1992.*

HIV SEROPREVALENCE

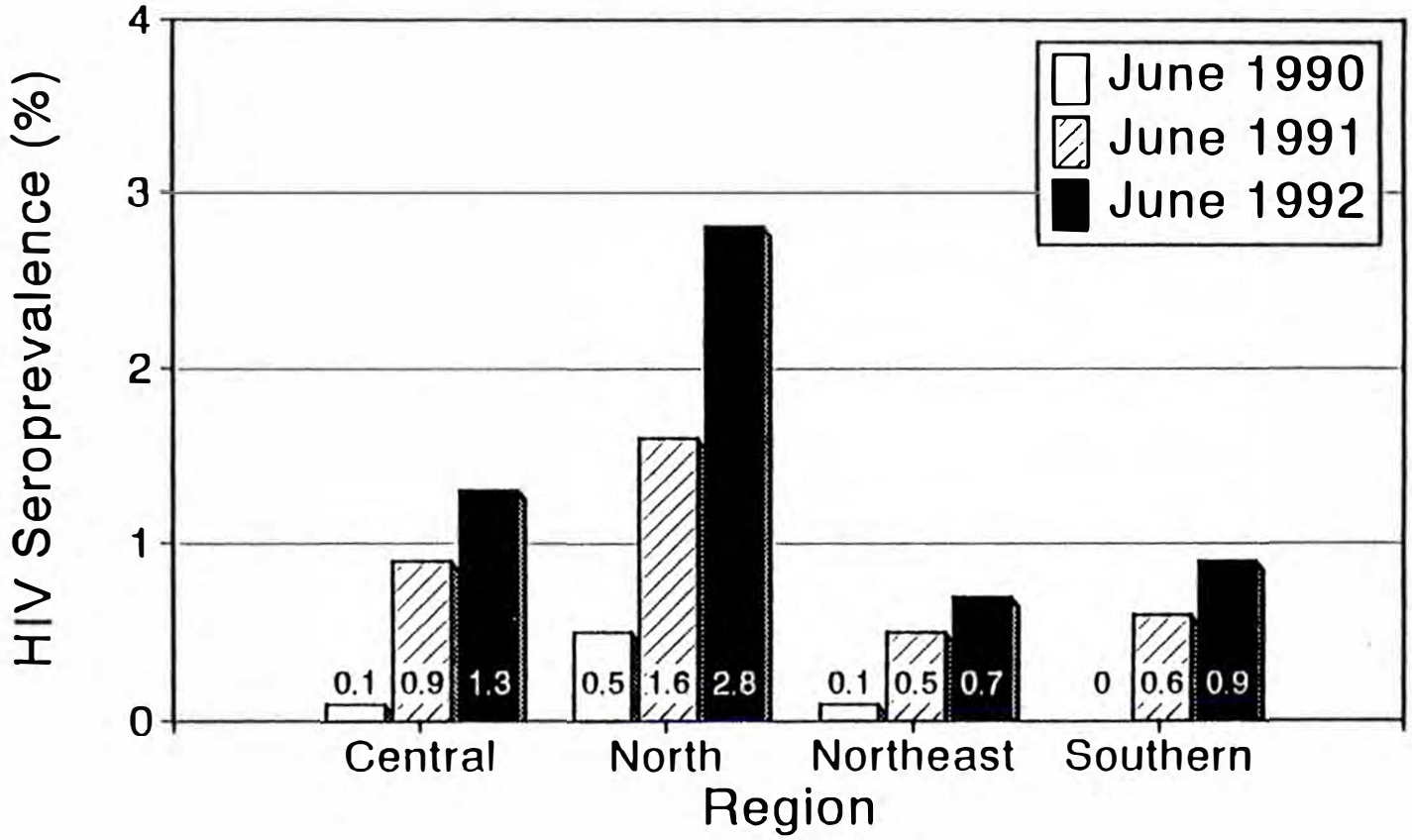
DATA FROM U.S, THAILAND

GROUPS	RANGE	MEDIAN	AREA
USA			
Drug Injectors	0-49.3%	3.9%	nationwide
Drug Injectors	1.8-7.4%	NA	Pacific Coast
Pregnant Women	0.0-0.66%	0.15%	nationwide
THAILAND			
Drug Injectors	N.A.	36.7%	Bangkok
Pregnant Women	0.0-1.94%	0.37%	nationwide

1990 data

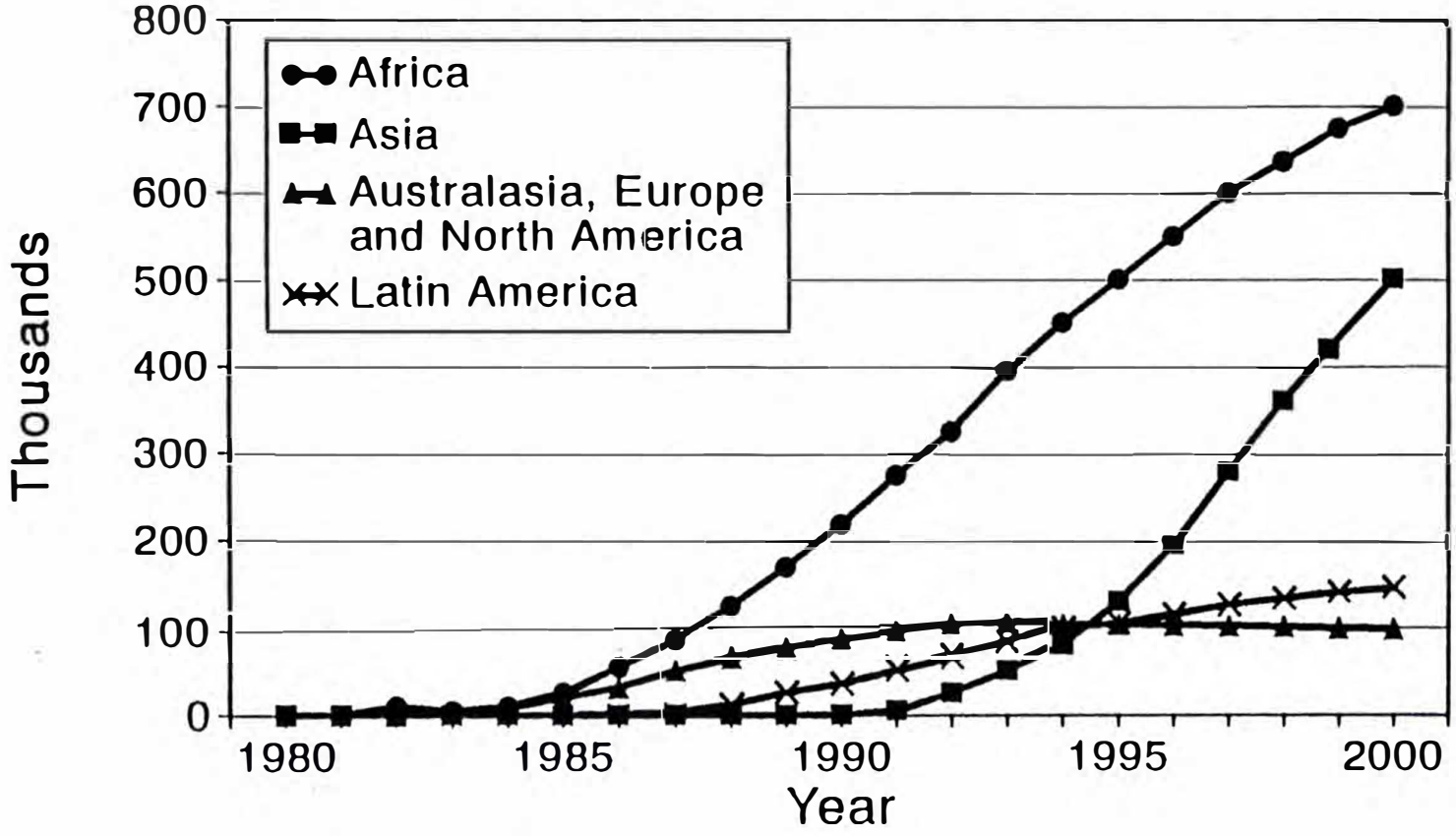
HIV Seroprevalence for Pregnant Women

Thailand: 1990 - 1992



AMK80 10/27/1993

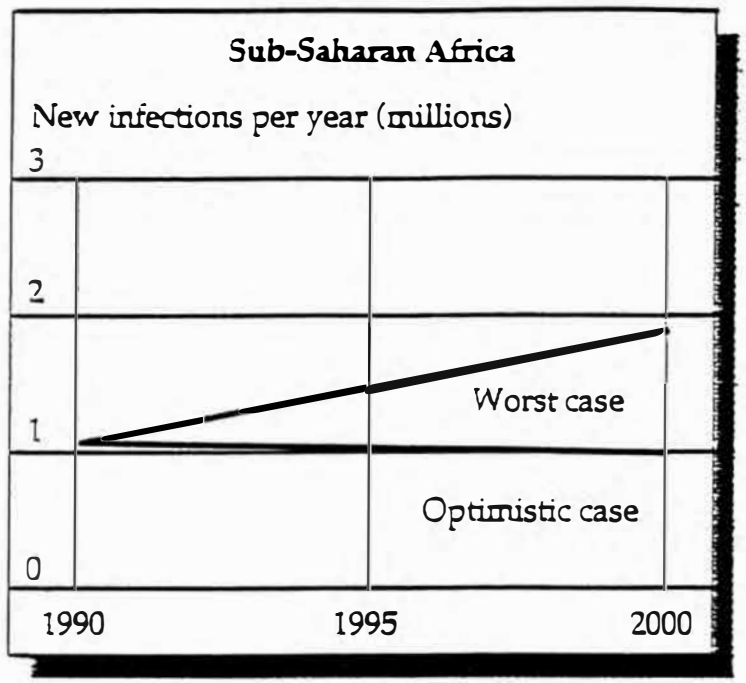
Estimated and Projected Annual AIDS Incidences by "Macro" Region - 1980-2000

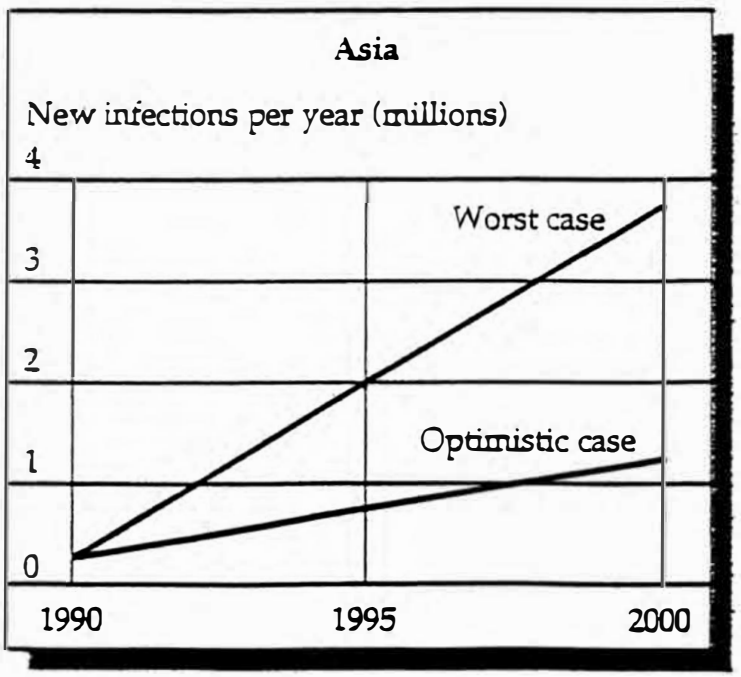


AMK.01 10/27/1993

Effective prevention can markedly slow the rate of new infection with HIV.

Figure 4.8 Trends in new HIV infections under alternative assumptions, 1990–2000: Sub-Saharan Africa and Asia



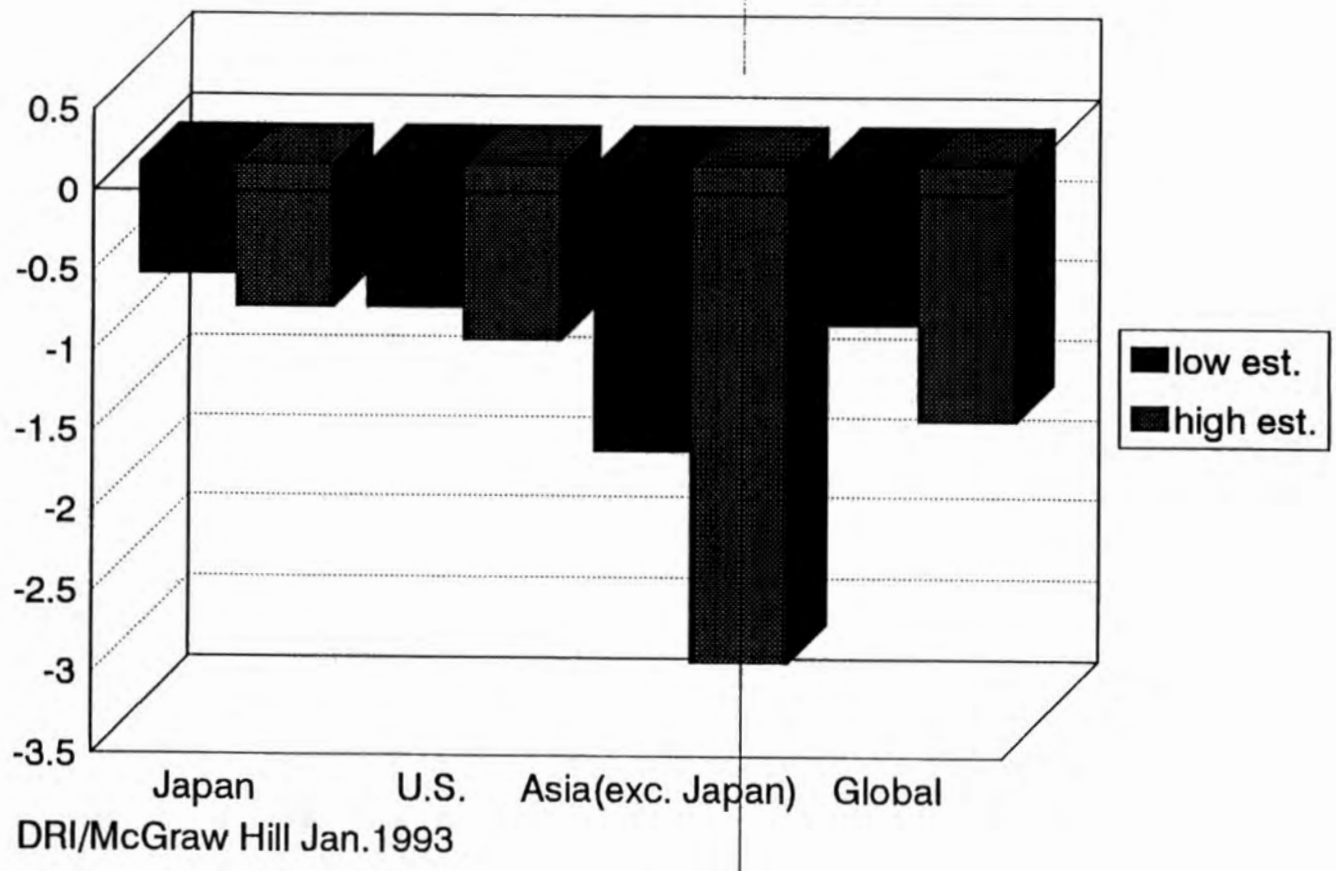


Note: Asia includes China, India, and Other Asia and islands.
Source: World Health Organization and World Bank data.

SOURCE:
World Development Report 19
World Bank

Estimated Impact of AIDS

Percent Real GDP by 2000



DRI/McGraw Hill Jan.1993

PREVENTION

Overview: HIV/AIDS Prevention Planning

The AIDS Program of the Seattle-King County Department of Public Health (SKCDPH) has developed model AIDS prevention and care programs since its beginning in 1983. One element of our program calls on community advisory committees to help plan prevention efforts. In 1983 there was only one such committee, and initial programs focused mostly on homosexually active men. Later, as the scope of the county's program expanded and new community subpopulations were identified to be at risk for HIV/AIDS and in need of services, community groups grew to represent new populations and needs.

In 1991, as new federal funds, authorized by the Ryan White AIDS CARE Act, became available to metropolitan areas most heavily impacted by HIV/AIDS, SKCDPH developed a Planning Council to oversee both care services programs and prevention/education (P/E) activities. P/E planning is directed by a subcommittee of the Planning Council and involves a series of P/E Advisory Task Forces, representing six of the eight identified groups of persons at highest risk for HIV infection in Seattle-King County: 1) men who have sex with men, including those who also inject illegal drugs, 2) substance users, including illicit drug injectors who are not homosexually active, 3) at-risk adolescents, 4) at-risk women, 5) the homeless, and 6) people of color. Each of these groups is asked to a) review epidemiological data about the risks for their group, b) review current local programs together with evidence of their effectiveness, c) identify from the literature on interventions and behavioral science what prevention activities are deemed to be most effective in changing risk behavior, and d) summarize these reviews in a document which identifies and prioritizes gaps in local prevention fabric for these target populations. This document is then distributed to community agencies involved in HIV prevention to generate proposals for new needed programs, and forms the basis for the review of applications and recommendations to funding sources.

SKCDPH, together with local behavioral scientists and epidemiologists, has developed a Resources Allocation Model (RAM) which is updated annually and specifies the proportion of funds appropriate for the various target groups. Proportions are based on four Factors: 1) the sizes of the populations, 2) the HIV seroprevalence within the populations, 3) the level of HIV risk behavior which members of the population experience, and 4) the potential efficiency for developing interventions for the target populations. Evidence about these variables is gleaned from local and national studies at a yearly update conference, and then the data and resulting recommendations are presented to the Planning Council for adoption.

Use of these methods has resulted in more equitable distribution of the funds available for HIV Prevention.

◆ ◆ ◆

For more information on HIV/AIDS prevention planning in Seattle-King County, contact Dr. Bob Wood, Seattle-King County Department of Public Health, at (206)296-4805. From Nov. 16 through Nov. 18, 1993, contact Karen Hartfield, SKCDPH, at (206)296-4649.

PREVENTION

The Asian Pacific AIDS Council

The Asian Pacific AIDS Council (APAC) is dedicated to providing culturally relevant, language accessible services and education to prevent the spread of HIV/AIDS, and to assist those who are HIV-positive, primarily within Seattle's Asian and Pacific Islander (API) communities.

The Asian and Pacific Islander communities comprise diverse cultures speaking almost 30 languages, presenting APAC with a major organizing challenge. These communities represent the largest non-Caucasian racial group in Seattle-King County. According to the 1990 census, Asians and Pacific Islanders in Seattle-King County increased from 62,459 to 118,784 between 1980 and 1990, which is an increase of 90.2 percent. (API population totals including the neighboring Pierce, Kitsap and Snohomish Counties are approximately 170,000.) The Seattle population increased by 91.7 percent. The Southeast Asian population (primarily Vietnamese, Cambodian, Laotian, Hmong and Thai) increased by 40,000, while the Filipino and Korean populations doubled in the past decade.

Since its inception in 1989, APAC has produced AIDS information brochures in seven languages, coordinated multilingual informational workshops in all the diverse groups represented in our communities, provided AIDS training for translators and at refugee forums, and published a quarterly newsletter reaching 20,000 readers. Because the API community has been largely ignored by mainstream service agencies, HIV/AIDS programs, funding sources, and the public health community, APAC has been conducting its programs with volunteers and limited funding.

Current projects include community organizing efforts within the Cambodian and Samoan communities and programs targeted toward Vietnamese women, the Filipino community, and gay Asian men. Of these programs, the Vietnamese "tea parties" have been the most successful. The format is based on a traditional women's gathering model, allowing controversial and potentially embarrassing subject matter to be shared and discussed. Grants from the Women's Funding Alliance Community Fund and RESIST enabled APAC and the International District Community Health Center to start this pilot program. Requests from members of other communities have been received, and APAC is planning to extend this program into the Chinese and Cambodian communities. And responding to requests, APAC and IDCHC is planning a "tea party for men."

APAC is also planning a Cambodian AIDS education video to be completed sometime next year.

◆ ◆ ◆

For more information on the Asian Pacific AIDS Council and HIV/AIDS in the API community, contact Bob Shimabukuro, Asian Pacific AIDS Council, at (206)389-3532.

PREVENTION

Needle Exchange

Not long after AIDS first appeared in U.S. gay communities in the late 1970s and early 1980s, public health officials began to observe the disease spreading among those who used injection drugs. Eventually, scientists deduced that HIV, most highly present in the bloodstream, was being transmitted when injection drug users (IDUs) shared contaminated needles.

Today, IDUs comprise the second largest HIV/AIDS risk group in the United States and the risk is growing as HIV/AIDS becomes more a problem of impoverished inner-cities. Authorities estimate that there are 12,000 active IDUs in the Puget Sound region and perhaps an additional 10,000 persons who are not current users, but have recent experience. Most female IDUs and female sex partners of IDUs are in their childbearing years; nationwide, 58 percent of babies born with HIV infection acquired the virus from mothers who either shared needles or were the sexual partners of IDUs.

One AIDS prevention strategy, needle exchange, has proven to be highly effective at controlling HIV transmission among injection drug users. Needle exchange programs take used needles from drug users, safely dispose of them, and replace them with sterile needles, greatly reducing the need for IDUs to share syringes and thus expose themselves to contaminated blood. The Yale/New Haven study indicates that needle exchange reduced the rate of new HIV infection in IDUs by 33 percent. Another study, comparing HIV rates in diabetic and non-diabetic IDUs, showed that the non-diabetic users (those without access to sterile syringes) were almost three times as likely to be HIV-infected (24%) as the diabetic users (9%). A recent large-scale, international study commissioned by the U.S. Centers for Disease Control and conducted by the University of California cited many benefits to needle exchange programs, particularly cost-effectiveness. The researchers recommended full community and government support for needle exchange, including commitment of federal funds.

Contrary to many myths and concerns about needle exchange, several studies have shown that the program does not cause an increase in injection drug use. Additionally, in the immediate area surrounding exchange sites, there is a decreased number of hazardous discarded syringes.

Washington state has been a national leader in needle exchange programs, effectively slowing the growth of HIV transmission among the state's IDU population. Tacoma was the site of the first legal needle exchange in the U.S. which has been operating for five years. Currently the program exchanges over 50,000 syringes per month. The Seattle program also exchanges over 50,000 syringes per month at four locations, reaching at least 3,000 users each year.

For more information on needle exchange in Tacoma, contact Dave Purchase, Point Defiance AIDS Project, at (206)272-4857. In Seattle, contact Charles Price, Seattle-King County Department of Public Health, at (206)296-4568. For information on needle exchange evaluation, contact Dr. Noreen Harris at (206)296-4645.

PREVENTION

Workplace Training

More than two-thirds of U.S. companies with 2,500 to 5,000 employees, and almost one in twelve small employers (fewer than 500 employees) have experienced an employee with HIV infection or AIDS. The U.S. Centers for Disease Control has warned business leaders, "Whether you employ 30 people or 3,000, you will soon be confronted with HIV or AIDS at your workplace or in your community...Your company should prepare to address this issue."

Workplace education and training is an extremely effective tool to help businesses cope with all the issues that HIV/AIDS may present: How does HIV in the workplace affect productivity? How should an employer deal with an employee who is afraid to service a customer who has AIDS? What's the best way for an employee to disclose his or her HIV status to other employees?

When the Northwest AIDS Foundation conducts a workplace training seminar, businesses learn the answers to these questions and more. Seminars are tailored to meet the needs of each workplace and may include basic information about HIV transmission and prevention, legal considerations surrounding the Americans With Disabilities Act, how to deal with fear and prejudice, how to help employees cope with grief and loss, and health insurance concerns. If a business desires, a trained speaker living with HIV or AIDS will join the seminar to discuss, from a personal perspective, the impact that the disease has had on his or her professional life. NWAF also assists businesses and organizations in developing formal HIV/AIDS policies.

Companies and organizations that have used the Northwest AIDS Foundation's Workplace Education Programs include Aetna Life & Casualty, Airborne Express, AT&T Small Business Division, Bogle & Gates, Northwest Center Industries, Seattle Chamber of Commerce, Seattle Public Schools, and the Washington Department of Transportation.

♦ ♦ ♦

For more information on HIV/AIDS workplace trainings, contact Don Moritz, Northwest AIDS Foundation, at (206)860-6248.

PREVENTION

Workplace Training: Nordstrom, a Corporate Perspective

At Nordstrom, people – as customers and as employees – have always been our first priority. In 1991, faced with a growing HIV/AIDS epidemic, Nordstrom recognized the need for internal education of our employees. We felt the best way for us to have a positive impact within our community was by being a responsible employer.

After meeting with representatives from the Northwest AIDS Foundation, we decided that our employees would benefit most from an "AIDS 101" presentation that would include basic information on the difference between HIV and AIDS, how the diseases progresses, how the virus is transmitted, and how people can protect themselves from infection. In addition, we were able to purchase a video that we believed would help employees gain sensitivity to issues around HIV/AIDS and to people living with the disease.

Once we finalized a training outline, facilitators were selected from the Training department, Human Resource division, and our employee assistance program. All of us attended the AIDS training program provided by the Seattle AIDS Prevention Project.

Our approach was to train our managers first and then our employees. Since that first round of training sessions, we have re-visited each store at least once a year to train those employees who have not been through the session. To date, roughly 90 percent of our employees in the Washington/Alaska region have been trained. AIDS 101 and HIV/AIDS Sensitivity also are included in our manager training program that is conducted once each quarter.

Nordstrom now has its own AIDS sensitivity video, produced in-house by our production staff. The Northwest AIDS Foundation has continued to be a great source of support and information for our facilitators. All the facilitators attend the AIDS training program by the AIDS Prevention Project at least once a year.

The training was received so well that our other regions have provided HIV/AIDS training to the rest of the company. We are proud to be a leader in our community and continue to be committed to AIDS awareness and education.

Company Position

Nordstrom is committed to providing equal employment opportunities to all applicants regardless of age, sex, marital status, race, creed, national origin, physical condition or sexual orientation. The company does not discriminate against employees or customers who are HIV positive or who have contracted a life-threatening illness or injury.

In the past, the Northwest AIDS Foundation has stated publicly that Nordstrom has been exemplary in its treatment and support of employees with AIDS. In addition, the company has received many positive letters from employees with AIDS about the care and concern shown by their managers and their fellow employees. Nordstrom must continue to respond to their needs with sensitivity and compassion.

◆ ◆ ◆

For more information on Nordstrom's HIV/AIDS trainings and policies, contact Vickie Woo, Nordstrom, at (206)233-6413.

CARE SERVICES

Overview: Continuum of Care

Once a person is diagnosed with HIV, he or she will probably have a need for some kind of care services for the rest of his or her life. Most likely, an individual's needs will be fairly narrow during the early stages of HIV disease, and will expand greatly with the development of full-blown AIDS.

In the Northwest, especially in the greater Seattle area, there is an extensive continuum of care for persons with disabling AIDS. Services include basic health care services such as primary care, in-home care, and residential care facilities, as well as practical and psychosocial care services such as financial assistance, legal help, emotional support, case management, housing, insurance, treatment education, and chore services. While most of the available services are targeted to persons diagnosed with AIDS, some programs, such as information and referral, support groups, and early intervention are available to anyone with HIV.

For the most part, individuals are connected to services through their primary care physician or through AIDS service organizations, such as the Northwest AIDS Foundation. Once a diagnosis is confirmed, a person with disabling AIDS is eligible for ongoing services from one of the case management programs in the area. Case managers assess and prioritize a client's needs, then coordinate a service plan that will allow the client to live independently as long as possible. Medical, practical, and psychosocial aspects of care are balanced through ongoing communication between a person's doctor and his or her case manager.

◆ ◆ ◆

For more information on continuum of care services, contact Brian Giddens, Northwest AIDS Foundation, at (206)860-6229.

CARE SERVICES

HIV/AIDS Services in Seattle-King County

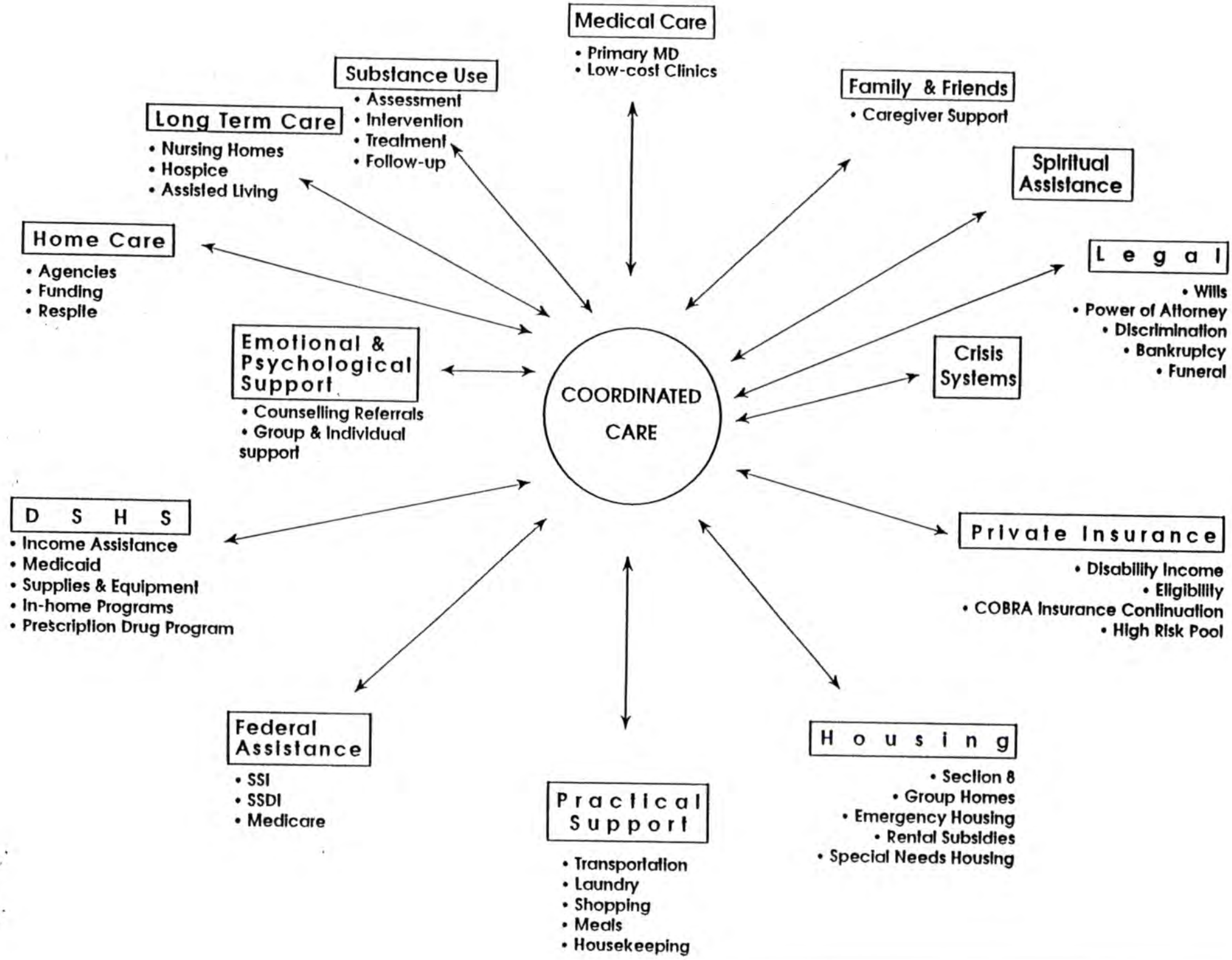
Currently, the continuum of care for persons with HIV/AIDS in this region includes an array of services, some of which are more stable and consistent than others.

Essentially, the care continuum can be broken down into five categories:

1. FINANCIAL ASSISTANCE
   - Direct grant programs, usually for targeted purposes
   - Disability payments
   - Medicaid
2. INSURANCE ASSISTANCE
   - Insurance Continuation
   - HIV Intervention Program (HIP)
   - AIDS Prescription Drug Program (APDP)
   - Washington State Health Insurance Pool (WSHIP)
3. HOUSING
   - Emergency
   - Transitional
   - Permanent
   - Long-term care
4. MEDICAL CARE
   - Home health and hospice
   - Outpatient
   - Inpatient
5. SUPPORTIVE SERVICES
   - Case management
   - Emotional support
   - Respite care
   - In-home chore and attendant care
   - Mental health treatment
   - Chemical dependency treatment
   - Spiritual assistance
   - Practical support
   - Legal assistance
   - Day health

The continuum of care in Seattle-King County is the result of extensive planning and collaboration between service providers. By working together, providers have been able to all but eliminate duplication of services, stretching scarce resources as far as possible.

As extensive and effective as services are in this area, we still are faced with ongoing, priority needs. Further funding for programs that keep people in their homes, for instance, is critical. Most private insurance companies pay only for specialized, professional in-home services – an expensive practice that limits availability. Programs such as chore assistance and attendant care are cost-effective ways to help individuals stay at home for as long as possible. Other needs include continued development of specialized mental health and chemical dependency programming for people with HIV/AIDS and further resources for people who are HIV-positive but are not yet disabled.


Medical Care
• Primary MD
• Low-cost Clinics
Substance Use
• Assessment
• Intervention
• Treatment
• Follow-up
Family & Friends
• Caregiver Support
Long Term Care
• Nursing Homes
• Hospice
• Assisted Living
Spiritual Assistance
Home Care
• Agencies
• Funding
• Respite
Legal
• Wills
• Power of Attorney
• Discrimination
• Bankruptcy
• Funeral
Emotional & Psychological Support
• Counselling Referrals
• Group & Individual support
COORDINATED CARE
Crisis Systems
D S H S
• Income Assistance
• Medicaid
• Supplies & Equipment
• In-home Programs
• Prescription Drug Program
Private Insurance
• Disability Income
• Eligibility
• COBRA Insurance Continuation
• High Risk Pool
Federal Assistance
• SSI
• SSDI
• Medicare
Practical Support
• Transportation
• Laundry
• Shopping
• Meals
• Housekeeping
Housing
• Section 8
• Group Homes
• Emergency Housing
• Rental Subsidies
• Special Needs Housing

THE AIDS CRISIS

SEATTLE AND SAN FRANCISCO

Learning from Mistakes

"WE STOLE EVERYTHING WE COULD from San Francisco," says Patricia McInturff, director of the regional division of the Seattle-King County Department of Public Health. "But we also had the luxury of watching their mistakes."

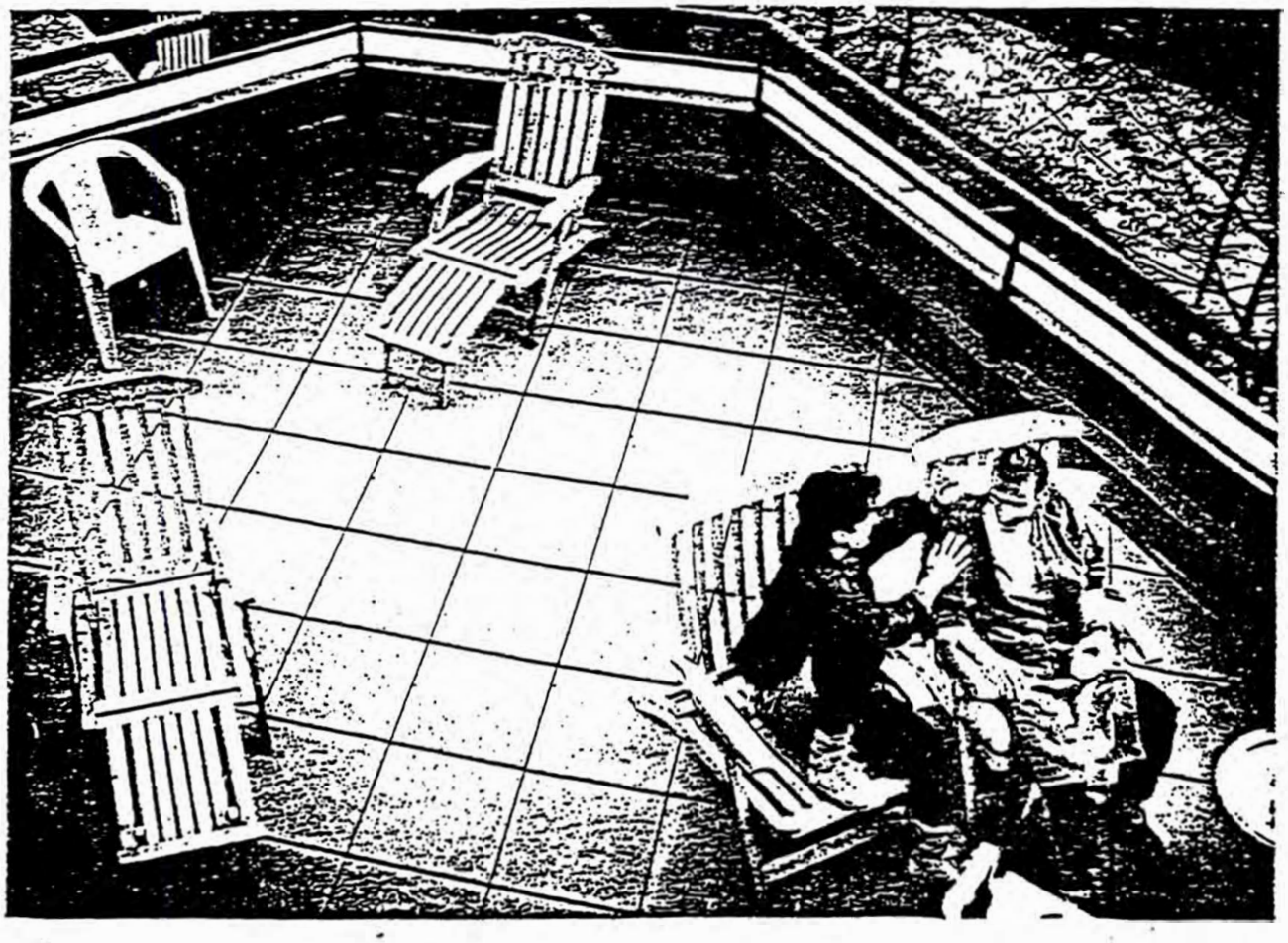
McInturff may use the term "stealing" for the impressive way Seattle has reacted to the AIDS epidemic. But what she's really talking about is the best kind of benchmarking.

For years San Francisco has been viewed as the nation's model for humane and cost-effective AIDS treatment. No surprise there—with many gay citizens, San Francisco was one of the first to see large numbers of its population fall to the deadly disease.

In the early 1980s the city reacted swiftly to the crisis, assembling a continuum of services that could keep people out of hospitals—the most expensive service—except when necessary. Care was guided by case managers who worked for the agencies dedicated to providing services. The case managers were knowledgeable about the resources the city's health-care providers and not-for-profits had to offer, and guided people with AIDS through the labyrinth of health and social services. These included outpatient services, housekeepers, visiting nurses, hospices, legal assistance, food preparation and companions, to name a few.

The City and County of San Francisco Department of Public Health made sure those dealing with the crisis knew one another and talked regularly. "The community provided the services, and the government helped in planning and oversight. We brought people around the table," says Dr. Mervyn Silverman, former director of public health for the San Francisco area and now president of the American Foundation for AIDS Research. "Many hospitals have longer

The Bailey-Boushay House in Seattle
"A series of answers"

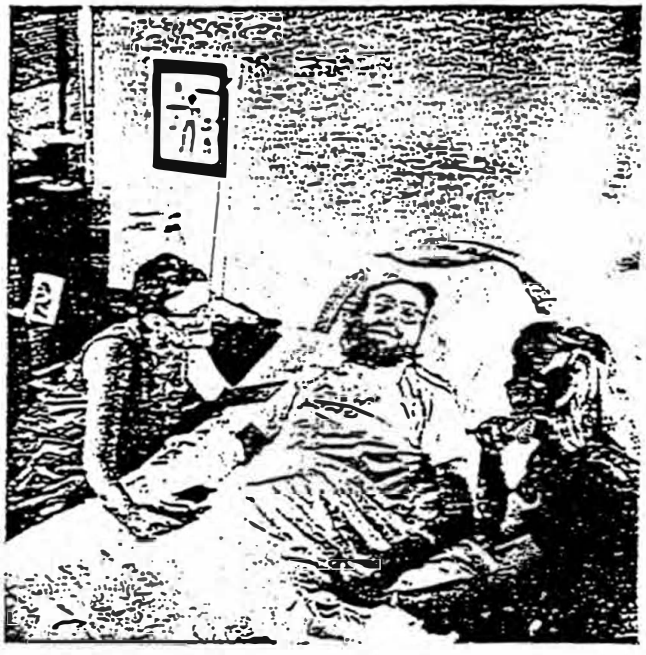


patient stays than do those in San Francisco, not because the patient is that sick, but because there is nowhere else to put them."

As a result, a 1986 study in the *Journal of the American Medical Association* estimated lifetime hospital costs of a person with AIDS in San Francisco were about $41,500, versus $60,000 to $75,000 nationwide.

Although the San Francisco model is the envy of most other cities, there are still significant problems in the city's program. As the AIDS crisis grew, so did the number of community organizations anxious to make a contribution—and to pick up a little city funding along the way. Every minority group wanted its own organization. "We had five community organizations when I left in 1985, and now there are hundreds," says Silverman. "Each has an executive director, office, fax machine. A lot of money is being used to support individual services that could be done more efficiently with an umbrella organization."

Case managers also proliferated. Some AIDS patients ended up with three or four. "You had a decentralized system where each agency had a case manager. It became increasingly confusing to patients which case manager was managing the case," says Paul Jellinek, a vice president of the Robert Wood Johnson Foundation, a national philanthropic organization dedicated to health care that spent $17.2 million between 1986 and 1991 bringing San Francisco's methods to 11 other cities. "It got to the point where you needed a case manager to manage the case managers."



Useful lessons for any chronic illness

Although no hard statistics are available, it seems clear that the proliferation of services and confusion in service delivery means that San Francisco has lost some hard-won ground.

Meanwhile, Seattle—one of the cities helped by the Johnson Foundation—has moved San Francisco's work a full step forward.

Health and community leaders in Seattle made sure from the beginning that case management was controlled. Only two agencies in Seattle have the specific role of providing case managers: Harborview Medical Center, which is owned by the county and managed by the University of Washington, and the Northwest AIDS Foundation.

How to stem the proliferation of small agencies? Seattle's answer was to create a coalition consisting of a limited number of major players:

- The Seattle-King County Department of Public Health works in collaboration with the University of Washington and Harborview to represent the public sector.
- The Northwest AIDS Foundation coordinates the activities of many of the nonprofit organizations in town.
- The People of Color Against AIDS Network provides an umbrella organization to represent the city's minority groups.

Meanwhile, the fact that the AIDS crisis in Seattle was smaller and slower to build than in San Francisco—and that Seattle's population is, by its nature, less fractious—gave the city the breathing room necessary to do the proper planning. Early on, the Seattle-King County Department of Public Health made sure all the players worked together to chart where the city was heading. The nature of services, how they should be organized, how volunteers could participate, how duplication was to be avoided—all this materialized in a five-year plan. "We established guiding principles," says McInturff. "We got everyone in the room and didn't come out until everyone agreed."

Result: In Washington, where Seattle accounts for about 75% of AIDS cases, hospital charges per each AIDS admission dropped from $13,000 in 1984 to under $10,000 at the end of 1989. Meanwhile, the mean length of hospital stay dropped from 18.4 days to 9.5 days. The national average in 1989 was 16.3 days.

Both Seattle and San Francisco are dealing predominantly with AIDS cases among their homosexual populations. Gays tend to be far better educated and medically astute than the intravenous drug abusers that swell the AIDS ranks in cities such as New York, where the model of treating people in their homes runs into problems because many of the ill have no homes.

"You have to realize that there isn't one answer to a question, but a series of answers. People are different," says McInturff. Offering a range of services that a case manager can keep track of still works—it's just that more services may be needed. Seattle, for example, has the recently opened Bailey-Boushay House, a 24-hour skilled nursing facility for people with AIDS who can no longer live at home, and an adult day health program that can be helpful for those without families or other support systems.

Perhaps most important, the experience of Seattle and San Francisco can provide examples of cost-effective and humane methods for dealing with any chronic illness—be it AIDS, Alzheimer's or cancer. The fewer hospital visits, the more affordable the care.

"We're taking the model we developed in response to AIDS and implementing it in the rest of the public health area as well," says Raymond Baxter, director of San Francisco's public health department. "We'll be taking a broad human service approach to supporting people with a variety of illnesses. That's rare in most cities."

Too bad. ■

CARE SERVICES

Case Management

AIDS case management is a compassionate, cost-effective system for assuring that people with AIDS get the services they need to live a full life in spite of their illness. By coordinating medical and social services for their clients, case managers serve as gatekeepers, negotiators, advocates, and communicators with AIDS service providers.

Case managers assess client needs, locate services, and assist clients in meeting eligibility requirements for services and benefits. They also complete paperwork and follow up with the client until services are in place. Once a service has been initiated, the case manager monitors the service provider, addresses any problems that arise, and helps terminate the service if and when it is no longer helpful or necessary.

In a typical day, a case manager might meet with a physician to discuss a client's most recent bout with pneumonia, then spend several hours at the Department of Social and Health Services to help a client get food and medical coupons, then arrange to have a volunteer chore service agency clean another client's home. Clinical skills are essential for a case manager to be able to work with clients who are grieving, angry, depressed, or suicidal. While the case manager does not act as a counselor, he or she must be able to assess a client's condition in order to arrange for timely and appropriate assistance.

In order to best serve their clients, case managers must stay continually updated on the following services: medical resources, emotional support, legal assistance, financial aid programs, insurance and disability processes, in-home care, spiritual support, housing, long-term care, transportation options, chemical dependency programs, and caregiver support services.

Because case managers develop efficient care plans that eliminate duplicated services and help clients live as independently as possible, case management has proven to be an extremely cost-effective care service for people with AIDS. One study by Seattle's Group Health Cooperative demonstrated that people with AIDS who received case management lived longer, had shorter hospital stays, and incurred significantly lower treatment costs than those individuals who did not receive case management.

In metropolitan Seattle, case management is provided by the Northwest AIDS Foundation, Group Health Cooperative, Harborview Medical Center, and the University of Washington Hospital. The service is available regardless of a client's ability to pay, and in most cases is free.

◆ ◆ ◆

For more information about Seattle's case management system, contact Brian Giddens at the Northwest AIDS Foundation, (206)860-6229 or Pam Ryan, Harborview Medical Center, at (206)389-9875.

CARE SERVICES

In-Home Care

One of the most important goals of HIV/AIDS care providers is to offer services that allow clients to live at home for as long as possible. This arrangement is not only the most comfortable for clients, it also has proven to be extremely cost-effective by reducing expensive in-patient hospital stays and institutional care.

For people with AIDS (PWAs), non-medical home-care services basically fall into two categories: chore assistance and attendant care. Chore assistance provides help with basic household tasks such as cooking and cleaning, and help with transportation to medical appointments. Attendant care or "hands-on help" involves professional aides coming to the home to help with daily living activities like dressing, bathing, and feeding. Early on in the disease, when a client is still fairly independent, he or she may need only minimal chore assistance. As the disease progresses, the client may require more extensive service in order to remain at home. Chore assistance and attendant care can be combined with home health and hospice programs which provide, under a physician's order, nursing, social services, and, if appropriate, physical rehabilitation. Home health providers attempt to treat the disease and work toward resolving of health problems. Hospice staff focus on helping clients prepare for death, keeping individuals as comfortable as possible during their last six months of life.

In Seattle-King County, there is an extensive network of public and private, volunteer and professional, for-profit and non-profit providers of home care services. The Chicken Soup Brigade, for example, is a private, non-profit organizations that dispenses hundreds of volunteers each week to deliver meals, help clients with chores, and provide transportation to medical appointments. The Fremont AIDS Care Project has professional aides that can respond to emergency needs for chore and attendant care. Most chore and attendant services, while limited by eligibility qualifications, are available regardless of a client's ability to pay.

Usually, case managers work with clients and their doctors to determine what home services are needed, then arrange a coordinated service plan to keep clients at home for as long as possible.

◆ ◆ ◆

For more information on in-home care services, contact Brian Giddens, Northwest AIDS Foundation, at (206)860-6229; or Katherine Ravenscroft, Fremont AIDS Care Project, at (207)727-0219.

CARE SERVICES

Primary Care: A Clinic Perspective

Since 1985, the Harborview Medical Center AIDS Clinic (now called the Madison Clinic) has provided primary medical care and social services to HIV-positive patients in the greater King County region regardless of patients' ability to pay. The clinic's mission is to provide comprehensive medical and nursing care and social work services to patients with AIDS, train health care providers in the diagnosis and treatment of HIV infection, and facilitate clinical research. As of September, 1993, the clinic was providing care for 676 men and 72 women with HIV infection and averaging 600 patient visits, including 30-40 new patients, per month. Patient visits per year have increased steadily from 500 in 1986 to 6,656 in 1993. Madison Clinic serves about 25 percent of all people with AIDS in King County

The clinic is open mornings and afternoons, Monday through Friday. On-site services include primary care (including drop-in emergent care) by physicians and health care specialists; subspecialty care (psychiatry, dermatology, neurology, oncology, pulmonary); mental health, general and specialized case management; diagnostic and therapeutic services (e.g., radiology, cancer chemotherapy, aerosolized pentamidine); and access to experimental drug trials. Other services available on-site in the clinic include blood drawing, blood and platelet transfusions, lumbar punctures, central line insertion, and fluid infusions. We also have a pharmacy on-site which provides outpatient medications, patient and staff education, and assistance with accessing compassionate-use medications.

Medical students, residents, and training fellows rotate through the clinic. An attending physician is present during all clinic sessions. All patients have an identified primary care provider. All patients with full-blown AIDS disease are referred to Social Work. The clinic's comprehensive service model was designed under the assumption that providing the full range of services in one location would provide convenient, comprehensive and quality care and would decrease duplication of effort and services.

We have a very close association with the diverse HIV-associated research and training activities at the University of Washington. Almost all of the prominent clinical researchers at the University spend time in the Madison Clinic seeing patients and interacting with clinic staff, housestaff, and medical students. The federally-funded AIDS Clinical Trial Unit (ACTU), which conducts numerous experimental drug trials, is on the same floor of our building and permits access to state-of-the-art investigational therapies. The AIDS Education and Training Center, adjacent to the clinic, uses the clinic as a major site for training clinicians. The Northwest Family Center (which provides HIV outreach, case management, and medical support services to HIV-infected women, children, and their families) is also located with and shares providers with the clinic.

◆ ◆ ◆

For more information on the Madison Clinic and primary care services, contact Dr. Thomas Hooton, Madison Clinic, at (206)720-4226.

TRAINING

Pacific Rim Activities at the Center for AIDS and STD

Established in July, 1989 as part of the University of Washington's Department of Medicine, the Center for AIDS and STD houses several major research, training and clinical programs and is staffed by an interdisciplinary group of over 100 University of Washington faculty representing the schools of Medicine, Public Health and Community Medicine, Social Work and Pharmacy. Several Center programs include activities directly involved with pacific rim countries and several affiliated faculty have extensive experience throughout that region.

Consistent with the University's mandate to provide higher-education training opportunities and foster state-of-the-art research, the International AIDS Research and Training Program (supported by the Fogarty International Center of the National Institute of Health) sponsors a total of 10 to 20 post-doctoral and graduate-level students annually for advanced training at the University of Washington Schools of Public Health and Medicine. Since its inception in 1988, this program has supported advance study for a total of 56 scholars from 19 countries including China, Thailand, Indonesia, Peru and Ecuador. This program forms the basis for current collaborative research activities between the UW Department of Epidemiology, the UW Center for AIDS and STD, and research institutions in the Pacific Rim countries of Thailand and Peru.

The Center for AIDS and STD has developed an international health worker training program sponsored by the Infectious Diseases Society of America (IDSA). This program was initiated in 1992 and has successfully coordinated four training courses emphasizing improvements in clinical and diagnostic skills which are transferable to developing country settings. Each course was between four and eight weeks long and included both lectures from experts in the STD and HIV/AIDS field as well as clinical experience to illustrate the practical application of classroom material. Each of the four IDSA training courses held to date have included trainees from the Asia region, representing China, Taiwan, India, Thailand and New Zealand.

In 1992, the Center for AIDS and STD International Technical Assistance group (CASITA) was formed to provide technical support for STD/AIDS prevention programs in developing countries as part of the USAID-funded AIDS Control and Prevention project. The goal of this project is to stem the tide of the AIDS epidemic in the developing world using three important tools: education for behavior change, condom promotion, and the control and prevention of STD infections. CASITA staff and consultants currently are helping with AIDS/STD control and research projects in Asia, including the Philippines and India. These activities feature direct collaboration with local STD/AIDS technical counterparts in a wide range of activities including strategic planning based on a review of available epidemiological data, development of country-specific approaches to STD control, coordination of clinical and laboratory training, and the development and execution of operational research protocols.

For more information on academic training, contact Ann Downer, AIDS Education and Training Center, at (206)720-4257 or Annette Ghee, AIDS Education and Training Center, at (206)720-4211.

THE WHITE HOUSE

WASHINGTON

December 20, 1993

David W. Purdy
2001 Pinehurst Road
Hollywood, California 90068

Dear Mr. Purdy:

Thank you for your letter of November 10, 1993. And thank you for the update today, December 20th with regard to the release of Dr. Walter F. Jekot pending appeal. While it is impossible for this office to become involved in the on-going judicial prosecution of this case, we take note of report that Dr. Jekot is out on bail pending his appeal. Please keep us informed of the progress of this case.

Sincerely yours,

Ben Merrill, J.D.
Special Assistant to
the National AIDS Policy
Coordinator

Ben

RECEIVED

NOV 22 1993

DAVID W. PURDY

November 10, 1993

Christine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W., Suite #1060
Washington, D.C. 20503

Dear Ms. Gebbie:

I want to tell you a story about a Los Angeles doctor. A doctor who 10 years ago was one of a handful of physicians in the entire country who would even treat patients dying from AIDS when the epidemic first began. A physician who himself has lost hundreds of his patients and friends to AIDS.

I want to tell you a story about a doctor who is respected in his field and loved by his patients. A doctor who is well known in the community for not charging a patient who can't afford to pay because they have no insurance, are financially distressed, unemployed, or just physically can't work.

This doctor has been on the cutting edge of AIDS research. He is considered by his peers to be an authority regarding a specific treatment for AIDS. With the failure of AZT, the treatment he discovered over 10 years ago is proving to be the best hope for those suffering from HIV, and, many feel, the most promising treatment since the AIDS epidemic began.

This story is about a doctor who is in the process of launching a major scientific study with the internationally respected discoverer of AIDS, Michael Gottlieb, M.D. They will be exploring why this treatment seems to have a positive effect on the immune system. The study's results may not only benefit AIDS patients, but cancer patients and people who suffer from multiple sclerosis. If preliminary results are an indication of the effectiveness of this treatment, **it may also help save billions of dollars in health care costs, but only if it becomes a standard of treatment.**

This is also a story about a doctor who on December 13 is scheduled to go to jail for 5 years.

2001 PINEHURST ROAD, HOLLYWOOD CA. 90068 (213)851-6734

Ms. Gebbie, my name is Dave Purdy and I am a 31-year old AIDS researcher who needs your help. For the past two years I have participated in AIDS research with Doctor Walter F. Jekot, a Los Angeles physician.

Three years ago the Federal Government indicted Dr. Walter Jekot on charges that he was illegally dispensing anabolic steroids through his practice. I have included a two-page overview of his case for your review. Of course I encourage you to visit with the prosecutors on this case to get their side of the story. I do feel however that my capsuled overview is a fair and accurate assessment of the case. Dr. Jekot has admitted guilt to one specific charge and is ready to accept responsibility for his actions.

As a result of his legal battle with the Federal Government, Dr. Jekot has suffered both personal and corporate bankruptcy. Remarkably, he has been able to maintain his practice. The Federal Government has seized all of his property except for a 1989 Mitsubishi automobile which they returned to him so he could have transportation to and from his medical office.

It appears that from the beginning, the Federal Government wanted to make an example of Dr. Jekot and showcase recent legislation known as Title XIX - Anabolic Steroids Control Act of 1990 to the entire country. This is illustrated by Assistant Attorney General Stuart Gerson flying down from Washington, D.C. for a major announcement to the media regarding the indictment of Dr. Jekot. Throughout the press conference they portrayed Dr. Jekot as the "West Coast Connection," a "common drug dealer and unfit member of the medical community and community as a whole." They said they "wanted to send a message loud and clear."

No matter what the prosecutors have said or believe, Dr. Jekot is by no means a self-centered or violent criminal. He is good man and a brilliant physician who has been practicing medicine for over 25 years in the state of California. Dr. Jekot during his entire professional career has had one unrelated malpractice suit and has never been convicted of any crime prior to this case.

I wish I could say that the team of prosecutors and investigators were honorable in their prosecution of Dr. Jekot. In fact, on May 3, 1993 a formal complaint was filed with the Justice Department Office of Professional Responsibility regarding their investigation of Dr. Jekot. Follow up occurred on three different occasions with Rob Lyon, the attorney assigned to the formal complaint. Up to now his response has been, "We are just too swamped to get to it right now. Dr. Jekot's going to jail does not proscribe us from going forward with an investigation. You're just going to have to wait in line." When asked how long?, he said, "I have no idea."

Ms. Gebbie, right now hundreds of thousands of people suffering from HIV need a strong voice, someone to defend their right to live happier, healthier more productive lives. Your compassionate voice is needed now.

If Dr. Jekot does not receive bail pending appeal before L.A. District Judge John G. Davies on November 29, there will be no scientific study and the leader that others look to for answers regarding his treatment, will be locked away. And that will truly be a tragic waste. Unfortunately, it is the HIV patients who have the most to lose and it is HIV patients around the world who will have the door slammed in their faces. In the prosecutors' latest press release regarding Dr. Jekot's case and his treatment, the federal prosecutors said Dr. Jekot's treatment of using anabolic steroids in HIV/AIDS is a "hoax".

The real "hoax" appears to be the estimated 2 million dollars spent by the Federal Government in their prosecution of Dr. Jekot. Some of that tax payers money is mine and some came from patients suffering from AIDS. Couldn't our limited resources have been better used to help finance a scientific study focusing on anabolics for AIDS?

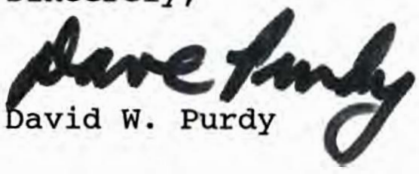
This past June, Dr. Jekot and I presented our findings from our published study, "Treating HIV/AIDS Patients with Anabolic Steroids" to the International AIDS Conference in Berlin. Since our return to Los Angeles, we have received literally hundreds of calls from around the world inquiring about the anabolic steroid treatment and future research.

Without your help, Dr. Jekot will be incarcerated on December 13th. I am prepared to carry the baton, but I am not a doctor or a scientist. While my credentials are limited, I cannot let Dr. Jekot's work be swept away. Although I am tired of fighting, I will find the strength to make sure America hears Dr. Jekot's story, and more importantly, that more people with HIV are aware that there is a treatment available today which can extend their lives and provide them with a better quality of life.

I hope that someday soon Americans gathering in diners and coffee shops from L.A. to New York, from Topeka, Kansas to Ft. Walton Bch., Florida, will echo the words "Thank God our Federal Government intervened and did the right thing."

Ms. Gebbie, I thank you for your time and consideration.

Sincerely,



David W. Purdy

UNITED STATES OF AMERICA vs. WALTER F. JEKOT, M.D.

Walter F. Jekot, M.D. is a medical doctor, licensed to practice medicine by the State of California Medical Board. Dr. Jekot is registered with the federal government to dispense controlled drugs. As a licensed physician, Dr. Jekot is qualified to dispense at his discretion from his office or by prescription, anabolic-androgenic steroids and human growth hormone and related compounds for legitimate medical purposes.

On January 1, 1987 the state of California enacted the Health and Safety Code, section 11056. In February of 1988, Dr. Jekot was asked to sign an agreement with the California Medical Board stating, "I will not dispense, prescribe or administer anabolic steroids for the purpose of muscular development or enhancement unless, at some future time anabolic steroids gain general acceptance in the Los Angeles medical community for such purposes. I will only prescribe such medication for recognized medical indications". Upon signing the agreement, Dr. Jekot did not administer or prescribe anabolic steroids except for legitimate medical conditions. A local Los Angeles physician and anabolic steroid expert testified that when Dr. Jekot signed the agreement, dozens of physicians in the Los Angeles area had been administering anabolic steroids to patients for muscle enhancement.

After signing the agreement, Dr. Jekot promptly contacted patients who had received anabolic steroids for body enhancement and informed them, in writing, that he would no longer treat them with steroids exclusively for body building or muscle enhancement. For fear of losing his medical license, Dr. Jekot was determined to honor his commitment to the Medical Board and did so despite several attempts by federal agents to entrap and induce him into purchasing and dispense anabolic steroids for body building purposes.

In May of 1989, the highly publicized Canadian government commission of inquiry, was organized to investigate the use of anabolic steroids by Olympic Gold Medalist, Ben Johnson, began. During the hearings, Ben Johnson's physician Dr. Jamie Astaphan referred to Dr. Walter F. Jekot as one of the doctors he believed to be most closely associated with U.S. track and Field athletes. "It's my understanding that Dr. Jekot is the one most track and field athletes go to," Astaphan said. Within hours Dr. Jekot received dozens of phone calls regarding Dr. Astaphan's statement. Dr. Jekot's reply to the numerous print, television and radio media who interviewed him, "No, I haven't prescribed anabolics in my practice for athletic and muscle enhancement for the last two years mainly because I was asked by the California Medical Board to stop." In August of 1990, after a year of undercover investigation

work, the Justice Department's federal and state agencies, including the U.S. Customs Service, the Federal Food and Drug Administration, and the Calif. Bureau of Narcotic Enforcement entered into Dr. Jekot's medical offices and home and seized over 3,000 medical charts, not including other medication records and files. Of the 3,000 seized patient charts, 13 patient charts contained prescriptions for anabolic steroids, human growth hormone or other related compounds after February 1988, when he signed the agreement with the California Medical Board. Evidence showed that all 13 patients received anabolic steroids for legitimate medical conditions, including but not limited to, impotence, musculo-skeletal injuries, severe weight loss, and inflammation. Nothing was concealed. Whatever medication Dr. Jekot administered or prescribed to his patients was documented according to medical office standards.

On June 1, 1992, Dr. Jekot entered a plea of guilty in accordance with a plea agreement between him and the government. The agreement provided for the defendant to plead guilty to Count One of the indictment. Specifically, Dr. Jekot admitted that in 1985 and 1986 he sought and obtained the assistance of two individuals to provide him with anabolic steroids which had not been approved by the FDA for application in the United States. The total amount of the anabolic steroids purchased was $3,609.00. This is the extent of the conspiracy entered into by Dr. Jekot. Under no circumstances did Dr. Jekot plead guilty to <u>distribute</u> anabolic steroids, human growth hormone and related compounds.

Subsequent to receiving the FDA unapproved anabolic steroids, Dr. Jekot received all drugs from legitimate medical sources, kept a medical chart on his patients, did not conceal from the government or the public, any drugs, did not mislead the public or any government agency, and did not defraud the public or any government agency, whatsoever.

Dr. Jekot reserved the right to argue that the sentencing guidelines were not applicable, as he had only pled to that portion of the charged conspiracy which occurred in 1985 and 1986, making the sentencing guidelines inapplicable (particularly as there was no conspiracy to do anything after 1986). The court could only consider conduct underlying the charged and dismissed offenses only insofar as permitted by law. The maximum penalty is 5 years incarceration including 3 years supervised release and a $250,000 fine. Since the prosecution by the Federal Government, Dr. Jekot has had to file both personal and corporate bankruptcy. In addition, the Federal Government seized all of Dr. Jekot's property and later returned only his 1989 Mitsubishi automobile.

On Sept. 30, 1993, Dr. Walter F. Jekot was sentenced to the maximum 5 years in prison by California District Judge John G. Davies. Dr. Jekot is appealing the sentence. On November 29, 1993 at 3:30pm Judge Davies will make a decision on whether Dr. Jekot can remain out on bail until the appeals process has been completed. Dr. Jekot is scheduled to begin to serving his prison term on Dec. 13, 1993.

FREE DR. JEKOT

THIS REPRESENTS A VERY SMALL PERCENTAGE OF THE PEOPLE
WHO HAVE ALREADY SIGNED OUR PETITION

CAMPAIGN TO FREE DR. JEKOT • 8474 W.THIRD ST • SUITE 204 • LOS ANGELES, CA.
(213)655-5900 FAX(213)655-7904

(1)

I understand that on November 29th, Walter F. Jekot, M.D. will go before Los Angeles District Judge John G. Davies regarding a motion for bail pending appeal. I support the idea of an alterative sentencing program which will allow Dr. Jekot to continue his work in the AIDS community until his appeal process has been completed.

I understand that Walter F. Jekot, M.D. has been actively involved in the Los Angeles AIDS community since 1981. He is credited with the development of a treatment more than 10 years ago, which many feel is the most promising treatment of AIDS today; Treating HIV/AIDS Patients with Anabolic Steroids.

I understand that Walter F. Jekot, M.D. is now heavily involved in a scientific study focusing on why anabolic steroids seem to have a positive effect on the immune system. The results of this study could have a tremendous affect not only for HIV/AIDS patients, but cancer patients and patients who suffer from multiple sclerosis.

It is my strong feeling that taking Walter F. Jekot, M.D. from his work now would be a tragedy which could affect the lives of hundreds of thousands of patients suffering from HIV/AIDS around the world. I urge you to seriously take into account these issues when making this very important decision.

	SIGNATURE	ADDRESS	ZIP CODE
1.	David Shay	1360 N. Crescent Hts Blvd	90046
2.	Victor M Gonzales	3043 W Lincoln Ave Anaheim	92801
3.	Georgina Robledo	14311 Okeefe ST. Pacoima City Ca	91402
4.	Guadelupe Robledo	14211 Van Nuys Blvd Pacoima	91331
5.	Mrs Guadalupe Robledo	14211 Van Nuys Blvd Pacoima	9133
6.	Jacob Bertucci	1235 N Kings Rd. 104 Los Angeles, CA	90069
7.	Paul E. Boyd	11702 Star Jasmine Moreno Valley	Calif. 9255
8.	V. Boyd	1018 E Armstead AZUSA CA	91702
9.	Ray MD	1900 Hs. Sun Valley CA, CA	9156
10.	James R Harris	927 Mabo Pl. L.A	90291 310-827-84
11.	Sol Seff	9770 Sulfolk Dr Beverly Hills	9302
12.	Howard M Rhoton	960 N. Larrabee St. #303	90069
13.	Mike Fatt	(MARIA E. FATTORINI) P.O. BOX 1416 Los Angeles	90078 tel 310 454-3314
14.	James Pitt	1243 So. Beverly Glen Blvd L.A.	90024
15.	Kathi Webster	473 N. Roxbury - Beverly Hills	902
16.	Isaac Cantor	617 W. Orange Grove	91024
17.	Mark Miller	274 Brentwood way	Goleta CA 9311
18.	Lindsay A Morton	274 Brentwood way	Goleta CA 931
19.	Douglas L Peel	546 S. Bedford St.	[illegible]
20.	Jonni Tejarden	39291 Cielo Rd.	Willits, CA 9549

(2)

I understand that on November 29th, Walter F. Jekot, M.D. will go before Los Angeles District Judge John G. Davies regarding a motion for bail pending appeal. I support the idea of an alterative **sentencing program which will allow Dr. Jekot to continue his work in the AIDS community until his appeal process has been completed.**

I understand that Walter F. Jekot, M.D. has been actively involved in the Los Angeles AIDS community since 1981. He is credited with the development of a treatment more than 10 years ago, which many feel is the most promising treatment of AIDS today; Treating HIV/AIDS Patients with Anabolic Steroids.

I understand that Walter F. Jekot, M.D. is now heavily involved in a scientific study focusing on why anabolic steroids seem to have a positive effect on the immune system. The results of this study could have a tremendous affect not only for HIV/AIDS patients, but cancer patients and patients who suffer from multiple sclerosis.

It is my strong feeling that taking Walter F. Jekot, M.D. from his work now would be a tragedy which could affect the lives of hundreds of thousands of patients suffering from HIV/AIDS around the world. I urge you to seriously take into account these issues when making this very important decision.

	SIGNATURE	ADDRESS	ZIP CODE
1.		312 Rexford Dr Beverly Hills	Ca 90212
2.		1275 N HAVENHURST DC#3 LACA	9004
3.	James	3053 Rancho vista Blvd #C Palmdale	
4.	Donna	9016 Wilshire Blvd #B Beverly Hills	935 90
5.		337 N. Almont, B.H. CA 90211.	
6.		1820 N. Cerrito Place CA 91068	
7.		P.O. Box 963 Long Beach	90803
8.		2212 Clark LN 2 Redondo Bea	9027
9.		14332 Pinewood Skaman Oaks	9
10.		8963 Burton Way LA. Ca	90048
11.		7022 Lonewood #215 Hwd, Ca.	9005
12.		11702 Star Jasmine Circle Moreno Valley	9255
13.		11702 Star Jasmine Circle Moreno Valley,	
14.		1730 Harriman Lane Redondo Bch, CA	90
15.		[illegible] Los Angeles	900
16.	STEPHEN SMITH	138 MIDVALE AV. LA	90024
17.		837 San Miguel CA Venice	90291
18.		100 E. OCEAN BLVD. LONG BEACH, CA.	90802
19.		5239 Glasgow Way, Los Angeles, CA	900
20.		2710 N. Linwood Santa Ana, Ca.	92701

3

I understand that on November 29th, Walter F. Jekot, M.D. will go before Los Angeles District Judge John G. Davies regarding a motion for bail pending appeal. I support the idea of an alterative sentencing program which will allow Dr. Jekot to continue his work in the AIDS community until his appeal process has been completed.

I understand that Walter F. Jekot, M.D. has been actively involved in the Los Angeles AIDS community since 1981. He is credited with the development of a treatment more than 10 years ago, which many feel is the most promising treatment of AIDS today; Treating HIV/AIDS Patients with Anabolic Steroids.

I understand that Walter F. Jekot, M.D. is now heavily involved in a scientific study focusing on why anabolic steroids seem to have a positive effect on the immune system. The results of this study could have a tremendous affect not only for HIV/AIDS patients, but cancer patients and patients who suffer from multiple sclerosis.

It is my strong feeling that taking Walter F. Jekot, M.D. from his work now would be a tragedy which could affect the lives of hundreds of thousands of patients suffering from HIV/AIDS around the world. I urge you to seriously take into account these issues when making this very important decision.

SIGNATURE	ADDRESS
1. Mary J. Lynde	3651 Jasmine #F, L.A. Ca 90034
2. Jerry Rogers	1359 E. 21st. St. S.A. Ca 92701
3. Madeline Fain	150 S. Magnolia, Anaheim 92804
4. Atty. Kenneth Fain	625 City Dr. #345 Orange, Ca 92668
5 Atty. David Fain	625 City Dr. #345 Orange, Ca 92668
6. JOSEPH VANDERHOFF	804 N. WAVERLY, ORANGE 926
7.	13839 Roper ST Norwalk, Ca 90650
8. Sylvia Ramond	8655 Beverly Blvd LA CA 900
9. Edwin Castrillo	P.O. Box 1825 HAWTHORNE, CA. 90251
10. Scott M. Rose	605 Kelton Av. #7 LA, CA 90024
11. Gus Bock	2002 Arnheim CA 91604
12. Moss Kosh	8655 Beverly Blvd CA CA 900
13.	8655 BEV. 90048
14.	1055 N. Formosa #208 CA.
15.	1849 N. Vermont # 2
16 Lee Hessler	15143 WALBROOK ST HACIENDA HTS CA 91745
17.	Ann Neil 6420 Wilshire #1240 L.A, Ca
18.	Enrico's Restaurant 612 W 3rd St. LA 90048
19. James F. McCorquodale	12947 ADMIRAL AVE LOS ANGELES CA 90066
20. Ted Sroufe	3325 Donna Lane, Agoura Cal 91350

(4)

I understand that on November 29th, Walter F. Jekot, M.D. will go before Los Angeles District Judge John G. Davies regarding a motion for bail pending appeal. I support the idea of an alterative sentencing program which will allow Dr. Jekot to continue his work in the AIDS community until his appeal process has been completed.

I understand that Walter F. Jekot, M.D. has been actively involved in the Los Angeles AIDS community since 1981. He is credited with the development of a treatment more than 10 years ago, which many feel is the most promising treatment of AIDS today; Treating HIV/AIDS Patients with Anabolic Steroids.

I understand that Walter F. Jekot, M.D. is now heavily involved in a scientific study focusing on why anabolic steroids seem to have a positive effect on the immune system. The results of this study could have a tremendous affect not only for HIV/AIDS patients, but cancer patients and patients who suffer from multiple sclerosis.

It is my strong feeling that taking Walter F. Jekot, M.D. from his work now would be a tragedy which could affect the lives of hundreds of thousands of patients suffering from HIV/AIDS around the world. I urge you to seriously take into account these issues when making this very important decision.

	SIGNATURE	ADDRESS	ZIP CODE
1.	David G. Moor	505 S. BEVERLY DR, B.H.	9021
2.	[illegible]	2021 Glendower, Hollywood	9006
3.	[illegible]	2458 Ivar Ave. LA	90046
4.	[illegible]	1133¼ N Sweetzer W Hollywood, CA	90069
5.	Leon Crockett	1720 Fairburn #3, L.A. CA.	900
6.	FRANKIE GLADDEN	3553 SAWTELLE # L.A.	9006
7.	[illegible]	1371 Avede Cortez Pac Pal cal	9027
8.	[illegible]	7014 HANGWOOD AVE.	90028
9.	Jay Williams	1253 N. Sweetzer AVE, LA Ca	90069
10.	GAREY SABATINO	1127 N. Hayworth Ave #4, W.H. CA.	90046
11.	[illegible]	410 S Hobart #215 CA.	90020
12.	[illegible]	410 South Hobart #215 Cal	90020
13.	[illegible]	[illegible]	[illegible]
14.	[illegible]	42 L'Hermitage Dr Shelton CT	06484
15.	[illegible]	1202 N Cole Ave #4 L.A.	9038
16.	[illegible]	P.O. Box 2175 Tahoe City, CA	9614
17.	Roy SEGURA	1570 N. COAST HWY #4 LAGUNA BCH, CA.	92651
18.	Bill Seanthia	952 N. Orange Grove LA CA	90046
19.	[illegible]	1121 Delongpre Ave. #2 Hollywood, CA	902
20.	[illegible]	3175 Rexford Dr Beverly Hills CA	9021

5

I understand that on November 29th, Walter F. Jekot, M.D. will go before Los Angeles District Judge John G. Davies regarding a motion for bail pending appeal. I support the idea of an alterative sentencing program which will allow Dr. Jekot to continue his work in the AIDS community until his appeal process has been completed.

I understand that Walter F. Jekot, M.D. has been actively involved in the Los Angeles AIDS community since 1981. He is credited with the development of a treatment more than 10 years ago, which many feel is the most promising treatment of AIDS today; Treating HIV/AIDS Patients with Anabolic Steroids.

I understand that Walter F. Jekot, M.D. is now heavily involved in a scientific study focusing on why anabolic steroids seem to have a positive effect on the immune system. The results of this study could have a tremendous affect not only for HIV/AIDS patients, but cancer patients and patients who suffer from multiple sclerosis.

It is my strong feeling that taking Walter F. Jekot, M.D. from his work now would be a tragedy which could affect the lives of hundreds of thousands of patients suffering from HIV/AIDS around the world. I urge you to seriously take into account these issues when making this very important decision.

	SIGNATURE	ADDRESS	ZIP CODE
1.	Marcella T. Bramall	5313 Walda Pl. L.A.	90041
2.	Cheryl McGlinchey	527 N Chester ST Glendale	91203
3.	José A Olmedo	3907 Marathon #3	90029
4.	Dennis Jones	24166 Badger Springs Moreno Valley CA	92557
5.	[illegible]	2458 Jupiter dr LA	90046
6.	[illegible]	615 S Bedford Dr B.H.	90212
7.	Neville Lobos	6221 De Longpre Ave LA	90028
8.	Tracy Gutierrez	3671 Glendon Ave #104 L.A.	90034
9.	[illegible]	8238 Skyline Dr LA	90046
10.	Donald Lole	1506 Dunsmuir LA	90019
11.	Sheila Poindexter		
12.	Gillian Walsh	421 Roosevelt Dr Oxford CT	06478
13.	Jean LaLonde	2609 S. Towner Santa Ana, Ca	92707
14.	Pete Tuzik	5459 Centralia Long Bch	90808
15.	Catherine Beyerle	5410 Bruggo Ave. Sacramento, Ca.	91214
16.	Trai Canon	3600 Rexford Dr. Beverly Hills CA	90212
17.	Howard Lunsky	10878 Bloomfield NH	91602
18.	[illegible]	211-10 Bolsa St Gson Cal	90745
19.	[illegible]	243 South Ave Venice Cal	90291
20.	Carla Mangus	619 No. Orange Grove #6 W. Hollywood	90046

(6)

I understand that on November 29th, Walter F. Jekot, M.D. will go before Los Angeles District Judge John G. Davies regarding a motion for bail pending appeal. I support the idea of an alterative sentencing program which will allow Dr. Jekot to continue his work in the AIDS community until his appeal process has been completed.

I understand that Walter F. Jekot, M.D. has been actively involved in the Los Angeles AIDS community since 1981. He is credited with the development of a treatment more than 10 years ago, which many feel is the most promising treatment of AIDS today; Treating HIV/AIDS Patients with Anabolic Steroids.

I understand that Walter F. Jekot, M.D. is now heavily involved in a scientific study focusing on why anabolic steroids seem to have a positive effect on the immune system. The results of this study could have a tremendous affect not only for HIV/AIDS patients, but cancer patients and patients who suffer from multiple sclerosis.

It is my strong feeling that taking Walter F. Jekot, M.D. from his work now would be a tragedy which could affect the lives of hundreds of thousands of patients suffering from HIV/AIDS around the world. I urge you to seriously take into account these issues when making this very important decision.

SIGNATURE ADDRESS

1. Parvaneh Elihu 8615 Clifton Way B.H. CA 90211
2. SUSANA JUAN 315 S Virgil #106 L.A. 90020
3. [illegible] Pharmasave 8474 W 3rd St. L.A 90048
4. Abner Elihu 119 N. San Vicente #219 B.H. 90211
5. ALBERT MILETO - DBA - HOGIE HUT 8486 - W 3RD ST. L.A
6. Joseph EBRAHIM DBA LA MENAGE 8474 W. 3RD LA-CA
7. Won-myung Kwon Hi-Tech photo 8474 W 3rd LA-CA
8. HEUI CHONG KWON " " "
9. Zaman-Animi 8434 W. Third Street Parking-Attende
10. Jenny Craig Christopher 5927 Kemp #3 NH Ca 91601
11. ENRICO MORENO 8474 3 W S.t. 651 23
12. Pam Alani 230 E. 15th St., Costa Mesa, Ca 92627
13. Rony Alani 230 E 15th St, Costa Mesa, Ca 92627
14. Richard Randal 1037 Rolling Hills Blvd, #12 Fullerton 92635
15. Janice Randal 1037 Rolling Hills Blvd #12 Fullerton 92635
16. Cindy Randal 1037 Rolling Hills Blvd. #12 Fullerton, Ca 92635
17. Deborah Lambert 1852 Parkvista Cr. Costa Mesa, Ca 92627
18. Ana Martinez 409 S. Diamond St, Santa Ana, Ca 92703
19. Guy Rogers 2710 N. Linwood, S. Ana, Ca 92701
20. T. Rogers 2710 N. Linwood, S. Ana, Ca 92701

I understand that on November 29th, Walter F. Jekot, M.D. will go before Los Angeles District Judge John G. Davies regarding a motion for bail pending appeal. I support the idea of an alterative sentencing program which will allow Dr. Jekot to continue his work in the AIDS community until his appeal process has been completed.

I understand that Walter F. Jekot, M.D. has been actively involved in the Los Angeles AIDS community since 1981. He is credited with the development of a treatment more than 10 years ago, which many feel is the most promising treatment of AIDS today; Treating HIV/AIDS Patients with Anabolic Steroids.

I understand that Walter F. Jekot, M.D. is now heavily involved in a scientific study focusing on why anabolic steroids seem to have a positive effect on the immune system. The results of this study could have a tremendous affect not only for HIV/AIDS patients, but cancer patients and patients who suffer from multiple sclerosis.

It is my strong feeling that taking Walter F. Jekot, M.D. from his work now would be a tragedy which could affect the lives of hundreds of thousands of patients suffering from HIV/AIDS around the world. I urge you to seriously take into account these issues when making this very important decision.

	SIGNATURE	ADDRESS	ZIP CODE
1.	Robert Brock	1235 So. Beverly Glen #1	90024
2.	John Hanneken	1235 So. Beverly Glen #1	90024
3.	Frank Watanabe	12819 SE 38th Bellevue, Wa.	98006
4.	Ed Hartley	1337 N. Stanley #9 L.A. Ca	90046
5.	[illegible]	5326 Mandeville Culver City Ca	90706
6.	Mrs. Mirtle Deters	36 Dunfield Irvine, Ca	92714
7.	Ford Kelley	1901 Buck St. Valparaiso, Ind.	46383
8.	Mrs. Charles N. Shaffer	425 W. North Hinsdale, Il.	60521
9.	Mrs. Vanessa Cochran	2053 St Joseph St. Valparaiso Ind.	46383
10.	Chris Settles	4171 McConnell L.A. Ca	90066
11.	Andrew Shaffer	7807 Hamilton Burr Ridge, Il.	60521
12.	Judy Thompson	616 Palmer Wheaton, Il.	60187
13.	Coleman Dickerson	3405 E Broadway Long Beach Ca	90804
14.	John T Dill	903 Hastings Ln. Valparaiso, Ind.	46383
15.	[illegible]	389 E [illegible] #A L.B. Ca	90814
16.	Hans Ballendorfer	6571 Vanguard Way Cypress Ca	90630
17.	John Doerdaer	674 South Shore D, Seal Beach Ca	90630
18.	Samuel Radovan	275 Hermosa Ave #201 LB Ca	90804
19.	Joyce Hostetler	2442 E. 3rd St. L.B. Ca	90814
20.	Phil Newman	1209 N. Andrews, Ft. Lauderdale Fla.	33311

(8)

I understand that on November 29th, Walter F. Jekot, M.D. will go before Los Angeles District Judge John G. Davies regarding a motion for bail pending appeal. I support the idea of an alterative sentencing program which will allow Dr. Jekot to continue his work in the AIDS community until his appeal process has been completed.

I understand that Walter F. Jekot, M.D. has been actively involved in the Los Angeles AIDS community since 1981. He is credited with the development of a treatment more than 10 years ago, which many feel is the most promising treatment of AIDS today; Treating HIV/AIDS Patients with Anabolic Steroids.

I understand that Walter F. Jekot, M.D. is now heavily involved in a scientific study focusing on why anabolic steroids seem to have a positive effect on the immune system. The results of this study could have a tremendous affect not only for HIV/AIDS patients, but cancer patients and patients who suffer from multiple sclerosis.

It is my strong feeling that taking Walter F. Jekot, M.D. from his work now would be a tragedy which could affect the lives of hundreds of thousands of patients suffering from HIV/AIDS around the world. I urge you to seriously take into account these issues when making this very important decision.

	SIGNATURE	ADDRESS	ZIP CODE
1.	Robert Moore	1840 Fairburn Ave	90024
2.	Gary Deavis	342 Crescent Ht	90048
3.	Kell Miller	1242 Crescent Hts	90048
4.	David Rothschild	336 S. Clark Dr.	90211
5.		360 N. Orange Grove	90036
6.	John LeMay	PO Box 480707 LA	90048
7.	Harry Minas	449 N. Croft LA	90048
8.	W George	660 [illegible]	
9.	S. Thurm	810 18th St Santa Monica	9040
10.	M. Schultz	1274 N. Crescent Hgts.	90046
11.	T. Sizemore	1123 N. Flores #15	90046
12.	K. Milsap	833 1/4 N. Formosa LA Ca.	90046
13.	Jean Crockett	1720 Fairburn #3 L.A. Ca.	90024
14.	Robert Kostek	1026 N. Ogden Dr. L.A.	90046
15.	Noah Rothschild	336 S. Clark Dr. B.H.	90211
16.	BONNIE STOLL	107 S. HARPER	90048
17.	Brad Fish	472 ARNAZ Dr.	90046
18.	DAVID ALLT	1247 N. CRESCENT HTS #20	
19.	Thomas Tuygill	401 S LAKE #22	90210
20.	Cecily Flyte	1732 Purdue #2	90066

ANABOLICS FOR AIDS

LETTERS FROM PATIENTS AND FRIENDS

OF DR. WALTER JEKOT

TO DISTRICT JUDGE JOHN G. DAVIES

2001 PINEHURST ROAD, HOLLYWOOD CA. 90068 (213)851-6734 FAX(213)655-7904

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	To: Judge John Davies; re: On Behalf of Dr. Walter Jekot and Anabolic Steroids (2 pages)	09/14/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	To: Judge John Davies; re: Concern for My Health (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 [9]

2018-0756-F
jp4809

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]

Los Angeles, CA 90046

September 20, 1993

I am writing because I want to tell you about the reasons why Dr. Walter Jekot is a wonderful doctor. I have just become a patient of Dr Jekot and been now several times. I like him very much because he really talks with me and listens to what I say. No question I ask is ever too silly. He explains everything very well.

I am athletic and am studying to be an aerobics teacher. He has given me excellent advice on safety in exercise + nutrition.

I also feel he responds quickly to a patient's needs. He made a blood sample drawn for an allergy test to dental material sensitivities, which is conducted by the Huggins Laboratory in Colorado. Dr Jekot set up an appointment very quickly for me, so I could comply with the lab's specs. Because of the allergy test it was able to use non-allergenic materials in a new type (for me) of dental fillings.

I feel Dr Jekot provides outstanding care along with sensitivity to my feelings and needs. I feel it would be a great tragedy if Dr Jekot was not able to practice medicine.

Yours truly,
Tory Ellen Robinson

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	To: Judge John Davies; re: "Alternative Methods" (2 pages)	09/15/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. letter	To: Judge John Davies; re: Quality of Care (3 pages)	09/14/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

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]

To Mr. John G. Davies

Mr Davies I've known Dr. Walter Jetot for over 11 years now and have worked for him and have been a personal friend for that amount of time, he's done nothing but help people for that 11 years never hurt people. he's been used by people, and most of the people he's trusted have screwed him out of every thing from money to proffesional services he's not only helped the body building world but the proffesional world as well, I work in a very demanding proffeson now and still rely on Walter for my medical car I would be lost without him, not only as a friend but as my doctor, his is the smartest person I know, by far, he has never done anything wrong in my opin and taking him out of this proffeston wo be a big mistake to the future of medicine in Los Angeles

sincerely Douglas Stal

(909) 737-5069

September 15, 1993

Dear Judge Davies,

This letter is regarding my Doctor - Walter Jekot. I have been a patient of Dr. Jekot for 2 years now and know him well on a professional basis.

I have always received the highest level of care from Dr. Jekot. Dr. Jekot always does a thorough exam. He is the type of doctor that really takes the time with each patient. These days, that is rare. He just has a way about him. He is calming. I have complete confidence in him.

Sincerely,

Dina M Robichek

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. letter	To: Judge John Davies; re: Compassion (2 pages)	04/29/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. letter	To: Judge John Davies; re: Care of Housekeeper (1 page)	09/12/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

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]

9/15/93

Brian Stevens
930 Palm Ave #415
LA, CA. 90069

Honorable Judge John Davies
Edward R. Roybal Center
255 E. Temple Street
Court Room No. 890
Los Angeles, CA. 90012

Dear Judge Davies:

I am writing this letter on behalf of my doctor, Walter F. Jekot, M.D. I believe that Dr. Jekot is irreplaceable in the community because of his essential research in the treatment of AIDS.

Just now he is to embark on a new protocol with Dr. Michael Gottlieb which will ameliorate and/or safeguard the lives of many patients with this deadly disease. His rare knowledge on the utilization of anabolics is indispensable in this regard.

Please allow him to continue his efforts with this life saving research.

Sincerely,

Brian Stevens

9/6/93

Sam Waters
1313 Mockingbird
Venice, CA. 90291

Honorable Judge John G. Davies
Edward R. Roybal Center
255 E. Temple Street,
Court Room No. 890
Los Angeles, CA. 90012

Hello Judge Davies,

I am writing to tell you about my family that Dr. Walter F. Jekot, M.D. has cared for as long as I can remember.

He is a very fine physician and has always been there for my family and myself, through the good and bad times. It is because of those bad times and how Dr. Jekot was able to get me through it all that he will always have a place in my heart. People like that are are a rarity.

I know in my heart that Dr. Jekot wants the very best for his patients because he DOES CARE. I admire and respect him for the emmence work he has accomplished on the behalf of others over the years.

He definitely has proven to be a pioneer in his quest to obtain the highest quality of life for his patients. For someone who brings such goodness into other peoples lives, its senseless to bring this work to such an abrupt end. Dr. Jekot is my doctor, my friend, and most of all, goodness.

Sincerely,

Sam Waters

9/15/93

Corkey Goldstein
1313 Hollywood PL
LA, CA. 90048

Honorable Judge John G. Davies
Edward R. Roybal Center
255 E. Temple Street
Court Room No. 890
Los Angeles, CA. 90012

Dear Judge Davies,

Dr. Jekot has been my doctor for many years now, and he is the best doctor I have ever had. I want you to know that because this is extremely important to me. It is so hard to find a physician that one likes and can trust. I just cannot imagine having to go through all that pain and aggravation again. Please don't let that happen.

Lets face it, these are not the best of times and to put this kind of burden on these people who are Dr. Jekot's patients is just not fair!!

Besides all that Dr. Jekot has done such tremendous work in the area of AIDS research it is shameful to throw all that valuable information away. Not to mention the fact all those lives that could be saved! Isn't all that reason enough to let Dr. Jekot continue his practice and his research?

Sincerely,

Corkey Goldstein

Honorable John G. Davies
Edward Roybal Center
255 E. Temple Street
Room #890
Los Angeles, California

September 16, 1993

Sheila Poindexter
8205 Santa Monica Blvd
Los Angeles , California

Dear Judge Davies,

I have been a patient of Dr. Walter Jekot for three years and have been very impressed with his professionalism and humanitarian attitude toward his patients in their most dire moments of ill health. He is very knowledgeable in every aspect of recovery from illness to the fullest as far as nutritional and physical diagnosis . He reeducates his patients as to the best treatments available for their benefit. There needs to be more caring doctor such as Dr. Jekot in a world only interested in monetary rewards.

Sheila Poindexter

9/6/93

Kenneth Johnson
132 Vista Place
Venice, CA. 90291

Honorable Judge John Davies
Edward P. Roybal Center
255 E. Temple Street
Court Room No. 890
Los Angeles, CA. 90012

THE HONORABLE JUDGE JOHN DAVIES:

Dr. Walter Jekot has been my doctor for the past twelve years, since moving from Michigan. Obtaining a good physician was very important to me since arriving from a small midwestern town and no close family.

I trust him implicitly as my doctor and as a friend. His unselfish devotion to the community is extraordinarily commendable to the AIDS community here in Los Angeles in addition to his relentless research into AIDS vaccine. He is without a doubt an asset to the community and to his patients.

I appeal to your wisdom and sense of humanity to allow Dr. Jekot to continue his undaunted service and purse his much needed research efforts; we CAN NOT afford the loss.

Sincerely,

Kenneth Johnson

Honorable Judge John G. Davies
255 E. Temple Street
Room #890
Los Angeles, California

September 16, 1993

Harvey Phillips
8205 Santa Monica Blvd
Los Angeles, California

Judge Davies,

I have been a patient of Dr. Walter Jekot for several years and he has helped me with several health problems and I am very satisfied with his professionalism he pratices and his knowledge in his field of general medicine. I have since been diagnosed with a very serious illness that had it not been for his swift and steady support I could have been dead. I am very happy to be writing this letter of support for him and wish we had more doctors like him to turn to in our hour of need.

Harvey Phillips

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. letter	To: Judge John Davies; re: Trust His Judgment (1 page)	09/15/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

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]

Board Certified.
American Board of Otolaryngology
American Board of Cosmetic Surgery

Donald E. Doyle, M.D., F.A.C.S.

Ear, Nose & Throat & Related Plastic Surgery

4105 Hospital Road • Suite 102-A • Pascagoula, Mississippi 39581
(601) 762-5233 Fax (601) 762-4783

August 17, 1993

Dear Judge Davies:

I am writing to communicate what I feel is a legitimate question in the Federal Government's premise regarding their prosecution of Dr. Walter F. Jekot. The question that keeps recurring is, was Dr. Jekot prescribing anabolic steroids growth hormones for legitimate medical reasons?

I am a Facial Plastic and Reconstructive Surgeon. Over 90% of my plastic surgery practice is based on surgical procedures specifically for cosmetic purposes (e.g. liposuction, face lifts and nasal surgery, etc.). The other 10% focuses on more "legitimate" medical reasons (e.g. scar revision, cancer surgery, etc.). I would assume what I see in my practice is similar to that of my colleagues and illustrates the practice of main stream medicine in relation to facial plastic surgery.

The question I ask myself is this: Is the use of anabolic steroids in a controlled manner different from cosmetic surgery in its goal? I believe Dr.Jekot was responding to his patient's vanity, as most facial plastic surgeons do.

Respectfully submitted,

Donald E. Doyle, M.D.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. letter	To: Judge John Davies; re: Quality of Life (1 page)	09/15/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

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]

James W. Fain, MA, MFCC

Fellow Certification in Managed Care
Counseling and Psychotherapy
License # MFC23451
8205 Santa Monica Blvd., Suite 1-347
West Hollywood, California 90046
Tele:(213) 656-3316
Fax:(213) 656-5691

September 18, 1993

The Honorable John G. Davies
255 East Temple, Court Room 890
Los Angeles, California 90022

Dear Judge Davies,

As a psychotherapist who works extensively with HIV affected patients, I felt compelled to make a statement of support for Walter Jekot, M.D.. At the outset, please understand that I have no personal or business connection to Dr. Jekot nor to his office.

Fully a third of my patients are HIV positive and most of the rest of my practice is HIV affected. The HIV positive patients need every possible means of medical care available including research applications such as anabolic steroids. Providing hope and empowerment in "doing something" about this dreadful disease is crucial to the HIV positive person. Dr. Jekot has provided hope, empowerment and expert medical care since the early days of the disease.

Two thirds of my practice includes the mates, lovers, husbands, wives, friends, family and caregivers of those living with HIV disease. Knowing that wasting can often be reversed provides enormous relief and hope for this group. The families are often provided with a respite in the progressive course of HIV disease. Families can then adjust to the new conditions and recharge their support systems during this time. Dr. Jekot's practice has provided this support and this life preserving breath of fresh air.

Additionally, I have heard time and again of Dr. Jekot's generosity. He has often without hesitation gone underpaid or unpaid for medical service to the patients and to their families.

Thank you for this time to state my support for Dr. Jekot.

Sincerely,

James W. Fain, MA, MFCC
Ph.D. Candidate

JWF/st

Copy

TAB PRODUCTS CO
16905 PARTHENIA STREET # 102
NORTH HILLS, CALIFORNIA 91343
TELEPHONE: (213) 727-2002
FAX: (818) 894-6433

September 20, 1993

Honorable Judge John G. Davies
255 E. Temple St
8th floor/Court Rm. 890
Los Angeles, Ca. 90012

Dear Honorable Judge Davies,

I am writing on behalf of Dr. Walter F. Jekot, M.D., and in the matter of the case you are currently in deliberation over.

In the four years that I have been in Los Angeles, Ca., I must say that I have been most impressed with Dr. Jekots' work in the AIDS community as-well-as his research and treatment of patients with AIDS.

I have several personal friends who, unfortunately have contracted this deadly, horrific disease, (who by the way are patients of Dr. Jekots) and in my personal estimation and opinion, whatever the doctor is doing with regard to their treatment, appears to be substantially greater than so many of the other physicians in Los Angeles (Although it now appears that they to are beginning to follow in the doctors footsteps, with regard to the treatment of HIV/AIDS with anabolic steroids).

In almost every case, without exception, each individual in question has gone from a "I don't give a damn attitude" to Not wanting to get out of the house, go anywhere, care about anything except to get ready to die, to returning to a somewhat vibrant, excited about life,having a desire to live attitude. They are actively taking interest in their well-being and their life. It seems to me that a person in this state is a far greater benefit to the community and themselves, than that previously outlined above.

I must admit, I have not been able to stay abreast of all the factors, and factions of this case, which I more than realize are complicated, but, what I do very clearly comprehend is that there may be a chance that you will decide to incarcerate Dr. Jekot. My thought! This would be a terrible travesty.

Judge Davies, I only wish to urge you to think carefully and cautiously (which I feel certain that you are) prior to rendering your verdict in this particular case. I more than realize that you, in your position, must do something. However, if in fact you decide to remove Dr. Jekot from the valuable work he is doing in the community today, and his patients who rely so heavily on his expertise, Knowledge, and loving concern, I dearly hope that you will be willing to live with the knowledge that you have deprived many 100's of very sick individuals from their chance at improving their quality of life.

JAB
PRODUCTS CO

I only wish to thank you sincerely for your understanding, consideration and the time you have taken today to read over my thoughts, which I respectfully submit to you. I ask for your wisdom and the guidance necessary to assist you in a task that I must say I am glad is not mine, in arriving at your decision. Good Luck.

Very truly yours,

Troy L. Goodwin

September 24, 1993

Honorable John G. Davies
Edward R. Roybald Center
255 E. Temple, Room 890
Los Angeles, CA 90012

RE: United States vs. Walter Jekot
Case No.: ****

Dear Judge Davies:

My name is Maureen Simkins. I am the President of the Los Angeles Center For Living, which is a non-profit community based support center for men, women and children with AIDS. I am writing to you in reference to the case you are trying for Dr. Walter Jekot. I have known Dr. Jekot for many years, and he is a loving, caring, sensitive and dedicated physician.

It saddens me that a person who is, and has been as valuable as he is to our community, is being made a spectacle of by our Federal Government. I feel that the allegations and accusations against Dr. Walter Jekot are out of character and out of context. Frankly, I wish our government would find a more constructive way to improve the quality of life in our country.

In my work, I see people living and dying with AIDS everyday. This disease is cutting at the root of our society far beyond anyone's imagination. Many of the finest doctors in the AIDS community are administering anabolic steroids to people with AIDS. The results of people that I have seen receiving anabolic steroids in my Center have been dramatic. My clients' T-cells have gone up, they have gained weight, and their overall sense of well being is positive. I also feel that these drugs can significantly add to the length and quality of someone's life.

Your honor, I feel that when it comes to this disease, all of us should consider how we can help those who suffer. Dr. Walter Jekot is a fine physician, and is well respected in the community. I have discussed with Dr. Jekot and a team of other doctors, putting a controlled research study together that will consist of 30 people with AIDS. I am going to Washington, D.C. in November to request funding for the Center and this program.

While I realize that you have to take into account the charges that have been made against Dr. Jekot, I pray for your mercy, that you may consider giving him a probationary sentence where he may serve the AIDS community. He has certainly suffered greatly. With all due consideration, it wouldn't benefit anyone if he had to go to jail.

Your Honor, on behalf of myself and the Los Angeles Center For Living, I welcome Dr. Walter Jekot doing community service here at my center. He has agreed to see a number of people who do not have medical insurance or any money. I also would like to make the research pilot program a reality. All information with regards to the the research study will be documented and made public.

In conclusion, I pray, your Honor, when making your decision, that you consider this is a person the community needs, and whose benevolence may serve those who suffer from AIDS.

I would like to invite you to the Los Angeles Center For Living, and certainly welcome you to call me at any time. Hopefully, there will be a peaceful resolution to this, where no one is hurt and people who are dying can be helped by someone who cares.

Respectfully,

Maureen Simkins, President
Board of Directors

Dorothy L. Montague
901 Levering #38
Los Angeles, CA 90024

September 21, 1993

Honorable John G. Davies
Edward R. Roybal Center
255 E. Temple Street
Room #890
Los Angeles, CA 90012

Your Honorable Judge Davies:

Walter Jekot, M.D. is an outstanding doctor. The world is filled with highly credentialed persons who possess medical degrees; however, most of these individuals do not think. They merely parrot whatever was taught to them in school. If it wasn't in their medical text they are lost. Dr. Jekot is a rare find. This man actually has a brain--a very big one, and he uses it! Additionally, he actually cares about his patients. My experience with doctors in general has not been favorable. Most of them process their patients as if the person were on an assembly line with the goal of gaining the highest profit. Dr. Jekot is different from his peers. His goal is not to become rich but rather to make his patients healthy. He listens, he is understanding, and he does further research so as to provide the best medical knowledge available. The medical community is indeed fortunate to have such a devoted member.

Sincerely,

Dorothy L. Montague

Dorothy L. Montague
Graduate of William & Mary
Member of Mensa

Carol Uchita
Talent and Casting Consultant
Phone & Fax (213) 851-2278

The Honorable John G. Davies
Edward Roybal Center
255 East Temple Street
Suite 890
Los Angeles, CA. 90012

Dear Judge Davies:

I am writing to you with regard to Walter Jekot, M.D.. Although I have only recently become a patient of Dr. Jekot, I consider the medical care and attention I have thus far received to be of the highest quality.

He and his office staff have treated my injuries and tended to my rehabilitation and therapy with great respect and concern, something I have found sorely lacking in other physicians I have come in contact with in the past. With the recent death of Dr. Maxine Ostrum, I lost my primary physician and had to cast about for a replacement. Dr. Ostrum was quite well regarded and much respected in the medical community and finding a successor was difficult, time consuming and costly.

I feel very fortunate in finding Dr. Jekot to attend to my medical needs. His thoroughness in his verbal and physical examination and attention to the explanation of medical procedures makes me feel both at ease and reassured that I am receiving the highest and most cautious care available. In fact, I have transferred all my medical records from the physician I was consulting after Dr. Ostrum's death to Dr. Jekot and consider him to be my primary physician.

Speaking as a patient, it would be a great personal loss to me and also the community in general to lose a fine and exemplary medical care giver such as Walter Jekot if a judicial decision was made that would impact his medical practice.

I hope you can and will take this letter into consideration in any decision you make concerning Walter Jekot, M.D.

Please feel free to contact me if you feel the need.

Respectfully Yours,

Carol Uchita

Carol Uchita

September 27, 1993

HOnorable Judge John G. Davies
Edward R. Roybal Center
255 East Temple Street
8th Floor Courtroom 890
Los Angeles, Ca. 90012

RE: WALTER F. JEKOT, M.D.

Dear Judge Davies:

I have known Dr. Jekot for the past approximate 9 months and in that time I have found him to be a very fine and upstanding physician. He is caring and most a most concerned individual about his patients' wellbeing.

From what I have been able to surmise, Dr. Jekot is very dedicated to his work in the AIDS community as well as his work with AIDS itself and his patients.

I can only speak from my personal experience, as I am an outside Labratory Technologist who processes the blood work for a great deal of the aids patients Dr. Jekot is treating, he has been an asset to the community and to his patients.

I sincerely hope that your decision regarding this case will be fair and just, especially in as much as I would find it very detrimental to remove Dr. Jekot from the work that he is so well suited for and important to the patients who rely so heavily on him.

Thanking you for your time to read my thoughts.

Very truly yours,

Merlie De Castro

THE TOM TULLY COMPANY
MARKETING AND COMMUNICATIONS

September 27, 1993

The Hon. Judge John G. Davies
Edward R. Roybal Center
255 E. Temple Street, 8th Floor
Courtroom 890
Los Angeles, California, 90012

Dear Judge Davies,

I am writing on behalf of Dr. Walter Jekot with a request for leniency in his sentencing. It is my conviction that Dr. Jekot is truly repentant of his violation of federal drug law, and that society in general will be best served with a probationary sentence, rather than incarceration.

My reasoning is as follows: Dr. Jekot is providing a valuable service to our society through his work in developing improved therapies for HIV/AIDS patients. Further, the level of illegal anabolic steroids use does not appear to be as serious problem as it once was, so the particulars of the doctor's case are now much more important than the implications for body builders in general. In fact, the central issue for society in this case seems to be the value of anabolic steroids as an effective HIV/AIDS therapy, and unfortunately, the legal cloud hanging over Dr. Jekot has impeded the development and refinement of anabolic steroid treatment, an unfortunate situation considering that no more effective treatment currently exists. Of course, you are aware that support and usage of the therapy are definitely on the upswing. Your ability to bring this aspect to the public's attention could be very important in furthering this trend.

Thank you for your consideration, and may God be with you in the difficult decisions you must make.

Sincerely yours,

Tom Tully

Tom Tully

11010 LISTI ▪ DALLAS, TEXAS 75238 ▪ 214-341-5172 ▪ FAX 214-340-1697
1327 NORTH LAUREL, #3 ▪ LOS ANGELES, CALIFORNIA 90046 ▪ 213-848-9991 ▪ FAX 213-848-9992

PROTECTION UNLIMITED K-9

SECURITY CONTROL AND K-9 TRAINING

State Lic. PDO 178/PPO 10453

ATT: DAVE

MAILED 9/15

(S)

September 15, 1993

The Honorable Judge Davies
c/o Roybal Center
255 E. Temple Street, Room #890
Los Angeles, CA 90012

RE: U.S. vs Dr. Walter Jekot

Dear Judge Davies:

As an individual, I have had the privilege of knowing Dr. Jekot as a patient for over four years. Even though I am a weight-lifter and an athlete, Dr. Jekot has never prescribed anabolic steroids for me, nor has he ever suggested that I use them in any form. I have known him to be a caring and giving friend of the disenfranchised, especially in relation to AIDS patients.

As a family man, I entrust Dr. Jekot to care for my wife and my son. Dr. Jekot has so many skills that he is able to deal with each of us in a specialized way.

I understand that Dr. Jekot is having some legal problems. Please know that his absence would not only impact the gay community and HIV positive patients in particular, but would be a loss to the entire community and to the medical profession.

For entirely selfish reasons, I pray that you will allow Dr. Jekot to continue in his practice.

Very Truly Yours,

Stephen Smith
Marketing Director

3870 La Sierra Avenue, Suite 114 • Riverside, CA 92505 • (714) 688-5785 • FAX (714) 789-1852
2166 W. Broadway, Suite #129 • Anaheim, CA 92804 • 1-800-300-K94U • 1-800-300-5948

September 17, 1993

The Honorable Judge John G. Davies
Edward Roybal Center
255 East Temple St. Room 890
Los Angeles, CA 90012

RE: WALTER F. JEKOT, M.D.

Dear Judge Davies,

I have known Dr. Jekot for 17 years, both professionally and personally. Relationships of that length are rare these days. They reflect a certain respect for the individual and their work. Being in one aspect of the service industry, I feel it is important to acknowledge excellence in service, that of the quality health care provided by Dr. Jekot.

Through our 17 year association, I have had the opportunity to observe Dr. Jekot in a variety of settings. His professional medical skills were evident in treating my husband as a patient. But what had always impressed me were Dr. Jekot's "people" skills. In a world moving on a "fast-forward" button, he always made time for others and showed the courtesy to really listen to them. I have seen him relate with senior citizens to small children, and his empathy with people is the core of his strength as a physician.

I have always believed that, whenever possible, difficulties can be turned into opportunities. I know that Dr. Jekot is deeply committed to medicine and that his medical knowlege and background can be an asset to the community. In consideration of his educational achievements, his skill as a trained physician, and his ability to communicate, his continued practice would be productive to the community.

Thank you for taking the time in your busy schedule to allow me to share my viewpoint. Please do not hesitate to call 714-720-1800 should you need additional information or have any questions.

Sincerely,

Nancy L. Rasoletti

Nancy L. Rasoletti
Special Occasion Manager

September 17, 1993

The Honorable Judge John G. Davies
Edward R. Roybal Center
255 East Temple St. Room 890
Los Angeles, CA 90012

RE: WALTER F. JEKOT, M.D.

Dear Judge Davies,

While I am in full agreement to all the points mentioned in my wife's letter, rather than just add my signature, I felt I should add a brief supplement regarding the case before you concerning Dr. Walter F. Jekot.

It has been almost 20 years since my first office visit as a patient of Dr. Jekot. While I have been in relatively good physical health over the years, Dr. Jekot has assisted me periodically with everything from routine physical exams to more serious medical problems. In all of my visists I have received nothing but quality medical care. I am especially appreciative of the thoroughness of his research in diagnosing an elusive medical problem and his successful treatment.

Dr. Jekot has my trust and confidence as a qualified and compentent professional in his field and I would not hesitate in referring him as a physician. The community can benefit from his talents, abilitites and commitment of service.

Thank you for your consideration. If I can assist you in any other way, please call or write.

Sincerely,

Robert P. Rasoletti

Robert P. Rasoletti
20152 Viva Circle
Huntington Beach, CA 92646
(Phone 714-964-3250)

Ruben A. McDavid
1317 Lucile Avenue No.9
Los Angeles, California 90026
(213) 663-4551

September 16, 1993

The Honorable John G. Davies
Edward R. Roybal Center
255 E. Temple Street
Room 890
Los Angeles, California 90012

Re: **Walter F. Jekot, M.D.**

Your Honor:

I am taking the liberty of writing to you because I know Dr. Walter F. Jekot for the past ten years as a patient and as a personal friend. I have heard of his case and I feel that you would appreciate my comments when making your decision.

If that is the case, I would like to say that Dr. Jekot is a very ethical person by nature with principles and standards recognized by the medical community and our community in general. During my regular visits to his office, he has practiced his profession with the highest moral standards and unreservedly. In addition, I have referred to him my personal friends with confidence because I know their concerns will be listened by this man who happens to be a real friend in times of sorrow and misery. It would be a loss that his experience would not be available to our community.

Your Honor, I am confident that you will consider my candid comments and I thank you for the time and the opportunity to serve you in anyway possible should you need more information.

Earnestly yours,

Ruben A. McDavid

Ruben A. McDavid

9/16/93

Joseph Fontana
7211 Oqkwood Ave.
LA,CA 90036

Honorable Judge John Davies
Edward P. Roybal Center
255 E. Temple Street
8th Floor,Court Room No. 890
LA,CA 90022

Dear Judge Davies:

I am writing to you on behalf of Dr. Walter Jekot, M.D.

Dr. Jekot has been my personal physician for quite some time now and has proven to be extremely caring individual. He has helped me through some very tough times and continues to do so. He has cared enough about me as his patient that he has offered his services to me at his own expence. He has earned my respect as I'm sure he has many others.

I know that Dr. Jekot really cares about his patients and they about him. He has earned a special place in my heart and I Care very much about his future. Dr. Jekot is much more than just a fine physician. I would be at a great loss without his services.

Please consider the people that really count on him and his services and allow him to continue his work.

Sincerly,

Joseph Fontana

Abner C. Vilches
1720 Fairburn Ave., # 3
Los Angeles, CA 90024

September 15, 1993

Judge
City of Los Angeles

Dear Judge:

Dr. Jekot has been my physician for the last six years. He has been a good friend to me and has always been concerned for my health. During times of need, he has been there for me. I trust him with my health completely.

I petition your Honor to take in consideration my words as a patient of his and as a Community member. It was very hard to find a good trusting physician and I would like to keep him as long as I reside in this city.

Sincerely,

Abner Vilches
Patient

CRAIG M. COLLINS
3865 SO. TOPANGA CANYON LANE
MALIBU, CA 90265

September 14, 1993

Honorable John G. Davies
Edward R. Roybal Center
255 E. Temple Street
Room 890
Los Angeles, CA 90012

Re: Dr. Walter F. Jekot

Dear Judge Davies:

I have been under the care of Dr. Walter F. Jekot of the Jekot Health Center Medical Group at 8474 W. 3rd Street, Suite 204, Los Angeles, CA 90048 for about two years. Dr. Jekot has displayed the utmost in professionalism, shown a high degree of integrity and is a very competent doctor, he has my complete trust as a doctor and a human being.

There is a great need for many doctors like Dr. Jekot in the professional community. He is truly an asset to the American Medical Association and a godsend to me and other patients.

There are times when I make my office visits when the doctor is really busy and running behind but he will take a few extra minutes with me to answer my questions or to explain to me about certain things. He puts the humanism into it, not making me feel like another patient, but a real human being; a man who really cares!

Dr. Jekot will always be my doctor and if anyone needed to know where they can find a good doctor, I would say Dr. Walter Jekot, he is the greatest.

Sincerely,

Craig M. Craig

/cmc

Maria Elena Fattorini
P.O. Box 1416
Los Angeles, CA 90078
(310) 454-3314

Honorable John G. Davies
Edward R. Roybal Center
255 East Temple
Room 890
Los Angeles, CA 90012

RE: DOCTOR WALTER JEKOT

Your Honor:

I have been Dr. Jekot's patient for over three years. Although my insurance has changed, I have stayed with Dr. Jekot and paid him out of my pocket because he is the best doctor I've ever had.

Out of all the doctors that have treated me for my 31 years, Dr. Jekot definitely practices with the most compassion and intelligence. He's always an active listener who responds with insightful comments and a warm smile. The doctor was especially helpful to me during a time when I was very depressed. Now that I've recovered, I realize Dr. Jekot's medical advice and personal counseling might have literally saved my life.

You can imagine the appreciation and respect I feel for Dr. Jekot's healing abilities. I really depend on him as my physician and friend. I cringe at the thought of having to search for another doctor. In all due respect your Honor, Dr. Walter Jekot is an INVALUABLE and IRREPLACEABLE asset to our community.

Respectfully,

Maria Elena Fattorini

9.16.93

20 September, 1993

Honorable Judge John Davies
Edward R. Roybal Center
255 E. Temple St.
8th Flr., Court Rm. #890
Los Angeles, CA 90022

Dear Judge Davies:

I am writing in support of Dr. Walter Jekot in hopes that he will be allowed to continue with the current scope of his practice and in the treatment program with which I am involved for HIV.

Besides being a strong provider of compassion and hope in an otherwise bleak medical circumstance, after having been under treatment by various other doctors for HIV for the past six years I have finally found in Dr. Jekot someone who is willing to take a proactive rather than reactive stance in attacking the disease. I now feel that I, with my physician's assistance and guidance, am taking charge of the disease rather than vice-versa as in the past.

Since beginning treatment with Dr. Jekot, my statistical health has improved considerable and perhaps more importantly, my emotional health has been bolstered to the point that I firmly believe I am more able to cope with and be an integral part of the society in which we live.

I believe Dr. Jekot's services to be invaluable, his integrity unimpeachable and his ability to treat his patients (at least in my case) as individuals unsurpassed. True justice would be to allow this invaluable tool in the fight against AIDS to continue unimpeded in his quest to provide the best medical care possible to as many as possible.

Sincerely,

David Gray

David Gray
1360 N. Crescent Hts. Blvd., #3C
Los Angeles, CA 90046

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. letter	Your Honor; re: Go the Extra Mile (1 page)	09/15/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

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]

Alan J. Setlin, C.L.U.
Chairman

McMURTRY & BELL, INC.
449 SOUTH BEVERLY DRIVE
SUITE 210
BEVERLY HILLS, CALIFORNIA 90212

(310) 274-8875

Insurance
Established 1900

September 14, 1993

The Honorable John G. Davies
EDWARD R. ROYBAL CENTER
255 E. Temple Street
Room 890
Los Angeles, CA 90012

Re: Walter F. Jekot, M.D.

Your Honor:

I am writing to tell you of my experiences with Dr. Walter Jekot and I would ask you if possible to take them into consideration when you make your decision.

I have been a patient of Dr. Walter Jekot for some time now. I have found him to be very concerned about my welfare, very conscientious about the treatments I received, and very thorough in his follow-ups.

I think it would be a disservice to the community for a man of his talents not to be available to the community.

If there is anything else that you would care to know from me, I would be pleased to make that information available.

Thank you for your consideration in this matter.

Yours very truly,

ALAN J. SETLIN, CLU

AJS:mt

DOUGLAS A. DEARTH
1803 N. NEW HAMPSHIRE AVE.
APT. # 1
LOS ANGELAS, CA. 90027

WEDNESDAY, SEP.15,1993

HONORABLE JUDGE JOHN G. DAVIES,

I AM WRITING THIS LETTER IN REGARDS TO DR. WALTER JEKOT. SINCE I HAVE BEEN UNDER DR. JEKOT'S CARE, HE HAS BEEN THE MOST CARING AND PROFFESSIONAL PHYSICIAN I HAVE TRUSTED IN.

SINCE MY WORK HAS BEEN SLOW, I AM UNABLE TO CARRY HEALTH INSURANCE. DR. JEKOT HAS ALWAYS DONE EVERYTHING IN HIS POWER TO MAKE HIS SERVICES AFFORDABLE TO ME. THIS HAS MADE ME FEEL VERY COMFORTABLE KNOWING THAT I WILL BE ABLE TO AFFORD THE PROPER HEALTH CARE I NEED.

HIS WORK ETHICS HAVE NEVER BEEN IN QUESTION ON MY PART. HE'S VERY UP FRONT AND HONEST WITH ALL OF HIS ADVICE AND RECOMENDATIONS. FOR THESE REASONS, I HAVE RECOMENDED HIM TO MY CLIENTS AND FRIENDS.

I'VE ALSO BEEN VERY IMPRESSED WITH ALL HE HAS DONE IN THE BATTLE AGAINST A.I.D.S. HE HAS GIVEN HIS A.I.D.S. PATIENTS MUCH CARE AND NEW HOPE. ALONG WITH THIS, HE HAS VOLUNTEERED MUCH OF HIS VALUABLE FREE TIME TO HELPING IN THE COMMUNITY. THIS IS WHAT HEALTH CARE IS ALL ABOUT.

IF THERE IS ANY WAY I CAN BE OF ANY ASSISTANCE, PLEASE FEEL FREE TO CONTACT ME.

SINCERELY,

Douglas A. Dearth

DOUGLAS A. DEARTH

James Edward de Jarnette, Ph. D., M.A.
Beverly Hills, California

Diplomate and Fellow, American Board of Medical Psychotherapists
Diplomate, American Board of Professional Disability Consultants

The Honorable Judge John G Davies
Edward P Robal Center
255 East Temple Avenue, 8th Floor
Court Room 890
Los Angeles, Ca. 90020

Re: Walter Jekot, M.D.

Dear Judge Davies:

I have known and been a patient of Dr. Walter Jekot for the last 12 years. I have entrusted my own physical well-being to him and have professionally referred my patients to him for medical treatment. In my personal and professional opinion, he is a credit to the medical profession; as well as being a genuinely kind and humane human being. He has alleviated my suffering and the suffering of a significant number of my patients on many occasions.

Dr. Jekot's efforts in the field of AIDS is well known and respected by all of us in the healing community. His tireless commitment to those stricken with this horrible disease, often practicing without monetary remuneration, is a testimony to a gentle person whose concern for others reaches far in excess of self concern and the "medicine for profit" motive which is all too often seen in health care today.

On behalf of myself and the scores of my patients that Dr. Jekot has helped, I implore your honor to be generous and gentle with this man who has done so much for so many. We need him in our community continuing to serve our needs.

Sincerely yours,

James E. de Jarnette, Ph.D., F.A.O.A.

Correspondence Address:
8730 Wilshire Blvd. • Suite 530 • Beverly Hills, CA 90211
310-855-1699

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. letter	To: Judge Davies; re: Not a Bad Man (1 page)	09/15/1003	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [9]

2018-0756-F
jp4809

RESTRICTION CODES

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Mr. William Waybourn
Executive Director
Gay and Lesbian Victory Fund
1012 14th Street, NW - 7th Floor
Washington, DC 20005

Dear William:

Carol Rasco has forwarded to me your letter to the President endorsing appointment of R. Scott Hitt to the Presidential HIV/AIDS Advisory Council.

I understand that Dr. Hitt is no longer interested in consideration, though the process is far from complete.

Thank you for your interest in the Presidential HIV/AIDS Advisory Council.

Sincerely,

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

cc: Carol Rasco

OFFICE OF DOMESTIC POLICY

THE WHITE HOUSE

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

TO: Kris Gebbie

DRAFT RESPONSE FOR CHR BY:

PLEASE REPLY (COPY TO CHR):

PLEASE ADVISE BY:

LET'S DISCUSS:

FOR YOUR INFORMATION:

REPLY USING FORM CODE:

FILE:

RETURN ORIGINAL TO CHR:

SCHEDULE:

REMARKS: Please Handle

Buck

We need a brief
"your letter to Carol in support
of Scott Hitt has been sent to
me" — letter

GAY AND LESBIAN VICTORY FUND

1012 14th Street, NW
7th Floor
Washington, DC 20005
202.842.8679 (Voice)
202.289.3863 (Fax)

November 30, 1993

The Hon. Bill Clinton
President
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear Mr. President,

I am writing to support the recommendation of R. Scott Hitt, M.D., as a member of the National AIDS Advisory Council. In addition to his tireless work as voluntary national co-chair of the board of directors of the Gay and Lesbian Victory Fund, Dr. Hitt is a leader in the HIV community in Los Angeles. His community service is indeed outstanding, as he serves as a member of the board of AIDS Project Los Angeles (APLA), he has a major role in ANGLE (Access Now to Gay/Lesbian Equality), he is a member of the board of the Los Angeles Gay and Lesbian Community Services Center and serves on the California State Insurance Commissioner's Task Force on AIDS. In addition, Dr. Hitt has volunteered his services as a physician in private practice to numerous organizations.

I hope you will approve Dr. Hitt's appointment to the National AIDS Advisory Council.

Sincerely,

William Waybourn
Executive Director

cc: Carol H. Rasco
John Emerson

VICTORY FUND

1012 14th Street, NW, 7th Floor
Washington, DC 20005

Financial Clout
For Candidates
We Can Count On

WASHINGTON, DC 202
PM
30 NOV
1993

WASHINGTON DC
MAIL EARLY
NOV 30'93
FOR CHRISTMAS
$0.2
POSTAGE METER
U.S. POSTAGE

Carol H. Rasco
Domestic Policy Advisor
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

®19

CALIFORNIA DEMOCRATIC PARTY

BILL PRESS, Chair

TO: Carol H. Rasco

FAX: (202) 456-2806

FROM: Bill Press, Chair

DATE: 11 / 29 / 93 NO. OF PAGES INCLUDING COVER SHEET 6

☐ ~~Los~~ Angeles office : 8440 Santa Monica Blvd., Los Angeles, CA 90069
213.848.3700, FAX 213.848.3733

☐ Sacramento office : 2424 "K" Street, Suite 100, Sacramento, CA 95816
916.442.5707, FAX 916.442.5715

Copy of letter to Bruce Lindsey on behalf of Dr. Scott Hitt.

CALIFORNIA DEMOCRATIC PARTY
BILL PRESS, Chair

November 29, 1993

Bruce Lindsey
Director
Presidential Personnel
Old Executive Office Building
The White House
Washington, DC 20500

Dear Bruce:

Fulfilling my pledge to you, I won't bother you with any personal recommendations UNLESS I believe they are IMPORTANT - to you and to the President.

Here's another.

One. I think it's very important for the President to make some new appointments to the AIDS Commission as a concrete demonstration of his ongoing commitment to this issue.

Two. I don't know of anyone more qualified or more deserving of this appointment than Dr. Scott Hitt.

Scott knows the issues. He is a partner in Pacific Oaks Medical Group, the nation's largest private practice health care provider for persons with HIV.

Scott is a leader in the community. He serves on the Board of both AIDS Project Los Angeles and the Los Angeles Gay and Lesbian Services Center.

Scott is a strong political supporter. He is National Co-Chair of the Gay and Lesbian Victory Fund and leader of ANGLE, the political/fundraising arm of Southern California's gay community. Scott also organized the historic event at the Palace Theater where candidate Bill Clinton made a major speech abour AIDS.

CALIFORNIA DEMOCRATIC PARTY

BILL PRESS, Chair

Scott Hitt has all the qualities you look for in a nominee, Bruce: dedicated, committed, knowledgeable, experienced. His appointment to the AIDS Commission would be welcome, indeed applauded, across the country.

I urge you to give Scott Hitt's appointment your highest priority.

Best regards,

Bill Press
Chair

Good to see you last week!

cc: John Emerson
Carol H. Rasco

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

R. SCOTT HITT M.D.
Summary of HIV Activities
150 North Robertson Blvd. #300
Beverly Hills, CA 90211
(310) 652-2562 (W)
(310) 652-2843 (F)

PROFESSIONAL EXPERIENCE

1988 - Present **Pacific Oaks Medical Group**
Beverly Hills, California

Full Partner in the nations largest private practice health care provider for patients with HIV, personally caring for over 1000 HIV patients. Co-manage approximately 170 employees and all facilities related to the practice including an infusion center, home health care service, and a reference laboratory.

Additional responsibilities outside of the practice, but related to the services provided by Pacific Oaks include numerous public speaking engagements on HIV issues, the participation in AIDS education seminars, and active involvement with major community based local and national AIDS organizations.

Also responsible for writing a bi-weekly AIDS update column for the national news publication *Frontiers*. In addition author of numerous freelance AIDS-related articles and editorials in various local and national publications.

COMMUNITY SERVICE

1990 - Present **AIDS Project Los Angeles (APLA)**

Member, **Board of Directors** APLA is one of the premier AIDS organizations in the country with an $20 million annual budget. It provides support and advocacy services for over 4,000 clients.

Chair, Public Policy Committee. This commitee oversees all aspects of the APLA Public Policy department and its $500,000 budget. This department with offices in Sacramento and Los Angeles, interacts with national , state and local governments to increase public funding for HIV/AIDS services, and to affect public policy in the interest of those living with HIV.

COMMUNITY SERVICE (cont.)

1990 - Present **Los Angeles Gay and Lesbian Community Services Center**

Member, **Board of Directors**. The GLCSC has an $10 million annual budget, serving over 4,000 clients per month. It is devoted to supporting the well being of gay men and lesbians by providing essential human services to the community, and by organizing and sponsoring activities

The GLCSC Health Services Department serves more HIV clients than any other organization in LA County. It plays a critical role in prevention and education through it's HIV testing program that runs over 12,000 HIV tests per year. The Jeffry Goodman early intervention clinic cares for more than 1800 clients with over 20,000 clinic visits per year.

1991 - Present **California State Insurance Commissioners Task Force on AIDS**

Appointed by State Insurance Commissioner John Garamendi as one of 20 members of the task force. Responsible for gathering ideas and information about how the Department of Insurance can best provide assistance to those affected by HIV disease.

1989 - Present **SEARCH Alliance**

Member, Medical Advisory Board. SEARCH is on the cutting edge of testing new AIDS drugs. It is a grassroots organization comprised of scientists, health professionals, and community leaders working to help find a cure for AIDS.

1989 - Present **Positive Living For Us (PLUS)**

Medical Advisor. PLUS is a weekend workshop for those testing HIV positive. The seminar combines didactic presentations from professionals in AIDS-related fields with experiential exercises and discussion groups.

1988 - 1990 **AIDS Healthcare Foundation**

Served as Secretary of the **Board of Directors** for two terms served as Chairman of the Public Policy Committee. The AIDS Healthcare Foundation administers the Chris Brownlie and Carl Bean Hospices.

1988 - 1991 **Chris Brownlie Hospice**

Served as Chairman of the organization's Professional Advisory Board. CBH was the first licensed AIDS hospice in California.

1986 - 1989 **Edmund Edelman County Health Clinic**

Volunteer physician with clinical and counseling responsibilities including cre for HIV patients.

POLITICAL ACTIVITIES

1991 - Present **National Gay and Lesbian Victory Fund**

Currently Serving as **National Co-Chair**. The Victory Fund is a national organization formed to raise money from its 3000 members to elect openly gay and lesbian candidates to local, State, and Federal office. In 1992 GLVF raised over $250,000. The Victory Fund is committed to only supporting those candidates that are committed to increase funding and awareness of the fight against HIV disease. The organization also helps to train openly gay and lesbian candidates how to manage and conduct campaigns.

1990 - Present **A.N.G.L.E.**

Member of Access Now For Gay and Lesbian Equality, an organization dedicated to increasing the political power of the HIV, gay and lesbian communities. It has been instrumental in raising awareness of HIV issues with elected officials and candidates for office. ANGLE produces a slate distributed to over 100,000 gays and lesbians in LA County. It has raised over $2 million for candidates including over $1 million for the Clinton 1992 Campaign. Participants in ANGLE were responsible for the creation of AB 1952 which increased the availability of new HIV drugs to Californians.

1993 - Present **Advisor To Senator Diane Feinstein on HIV Issues**

1991- 1992 **Bill Clinton for President Campaign, Trustee**

Advised Campaign on HIV Issues including draft of his "Clinton Policy On AIDS". Served on the national finance council. Organized the "Palace Fundraiser" in May 1991 which was Bill Clinton's first major address to the HIV affected community.

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Kevin Robert Frost
Treatment Action Group
One Bank Street, #4L
New York, NY 10014

Dear Mr. Frost:

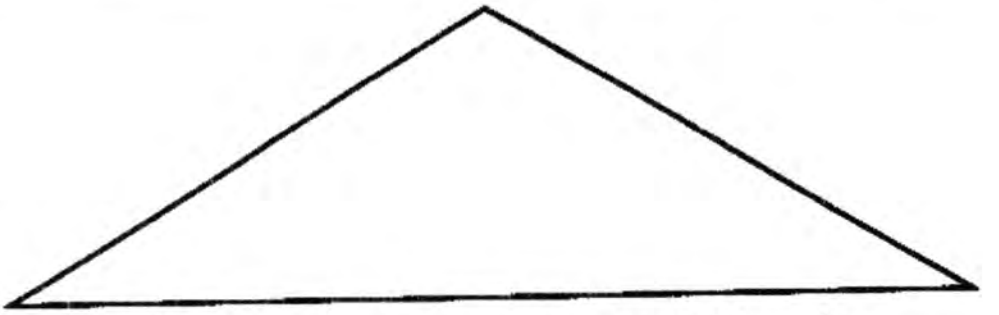
First, congratulations on your new appointment and thank you for sharing your thoughts and reactions to the comments I made while in New Orleans. I do, however, believe that there is some misunderstanding of my intentions. In some cases I was putting into words what many have said (e.g. the minority and women's group's concerns that they are underserved), so many people would know the framework of the current debate. I also tried to break some stereotypes, such as one which exists in some minds that "HIV professionals" and "HIV activists" are mutually exclusive categories.

I'd be happy to meet with you or talk on the phone to clarify this. Last week I had a very productive meeting with Greg Gonsalves, Mark Harrington and others to discuss the AIDS research agenda and process, as well as vaccine trials including gp160. As we continue to advance our collective commitment to improving AIDS, I would also be available for a future meeting with a larger group of TAG members.

Sincerely,

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

KEVIN ROBERT FROST
ONE BANK STREET, #4L
NEW YORK, NY 10014
212.675.6459 (PHONE & FAX)



FAX Transmission Cover Sheet

Date: November 8, 1993

To: KRISTINE GEBBIE, NAPC

FAX #: 202·632·1096

From: KEVIN ROBERT FROST

Number of Pages: 4 + Cover Page 1 = 5

Comments/Instructions:

KEVIN ROBERT FROST
ONE BANK STREET, #4L
NEW YORK, NY 10014
212.675.6459

November 8, 1993

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
750 17th Street NW
Washington, D.C. 20500

Dear Kristine,

I feel compelled to share with you some of my thoughts and feelings, as well as some of the reactions I have been hearing to your recent speech at the ICAAC conference in New Orleans. It has taken me this long to get these thoughts on paper--I'm in the process of changing jobs (I'll be leaving my research work at New York University Medical Center to become the AIDS Inpatient Care Coordinator for Bellevue Hospital), and it has left me with little time for anything else.

Let me begin by thanking you for your very strong statement about the MicroGeneSys debacle. It has been a long tough fight and your support has given us a much needed boost that hopefully will bring this thing to a satisfactory conclusion. Thank you again.

As for the rest of the speech, I recognize the need for the emphasis on health care reform, and essentially I agree with the direction that portion of the speech took. There were however some comments to which I must take exception.

When you began to discuss the state of research today, the implication was clear that the blame for much of the mess we are in today was due to the extraordinary pressure that activists had placed on both researchers and officials at FDA to get drugs approved early, at the expense of emphasizing good science. This is both inaccurate, and misleading.

TREATMENT ACTION GROUP
147 SECOND AVENUE, #401
NEW YORK, NY 10003
212-260-8300/FAX: 212-260-8301

TAG

It seems that most people (including Dr. Larry Altman at the New York Times) are under the mistaken impression that the Concorde Trial has thrown the state of HIV research into a huge morass, and that AZT is not the wonder drug that everyone thought it was. This is in turned blamed on activists because we were placing incredible demands on the research establishment to approve this drug by using things such as surrogate markers. I believe a review of history might be in order.

First of all, when AZT was approved by the FDA in 1987, ACT UP had just begun to form as an organization. The fact that this drug was approved based on trials 016 and 019 (designed and implemented prior to 1987) testify to the fact that we were not even involved in the decision making process at this stage. How could we possibly be responsible for this mess? When the trials were stopped early (by an independent Data and Safety Monitoring Board from the NIH), it was established that the drug had efficacy. Are activists to be blamed for pushing for the approval of a drug that we were led to believe was efficacious?

While I think that most people now recognize that these studies were not the best design, the blame for lousy science should be placed entirely at the doorstep of the NIH and FDA, and a greedy pharmaceutical company intent on cornering a huge, desperate market, while knowing which wheels to grease. If there is one example where activists have made demands that have somehow adversely affected the scope or outcomes of AIDS research, I would like to hear what it is. Such innuendoes should stop. They are neither productive, nor worthy of you as the National AIDS Policy Coordinator.

In this section of your speech you went on to say that people with AIDS and their advocates should be involved in the planning and implementation of research at every phase. You then went on to qualify this by stating that when researchers were considering whom to bring to the table as representatives, perhaps they should consider HIV positive physicians since they would certainly be both informed and knowledgeable resources. Does that mean the activists that aren't physicians don't know what they are talking about? Many of my fellow activists present at this meeting had the same reaction - That somehow you were saying activists who have been involved in this struggle up until now didn't really know what they were talking about and that perhaps HIV+ physicians could just as readily represent this community.

TREATMENT ACTION GROUP
147 SECOND AVENUE, #501
NEW YORK, NY 10003
212-260-8360/FAX: 212-260-8361

TAG

You couldn't be more wrong. I know AIDS activists who have forgotten more about AIDS than most physicians will learn in a lifetime. To suggest that they are somehow not as valuable at the table because their name is not followed by "MD" is despicable. One of the first tenets of community organizations is that WE will choose who our leaders are, not others. This was perceived as an attempt to drive a wedge between researchers and the activist community. If this is an inaccurate characterization of your meaning or intent, I'd like to hear what you actually meant. I know that many of my fellow activists in both ACT UP and TAG would also be interested in hearing you clarify this, since it was the topic of some angry discussions post-ICAAC.

Finally, and most troubling to me, was the part of your speech in which you seemed to say that Gay White Male service organizations (I assume you meant groups like GMHC) had been hogging resource dollars and that an attempt to more evenly divide the pie should begin. What you failed to mention is that these organizations have raised most of their funding privately.

They were forced to. Twelve years of Republican administrations had murderously refused to even recognize the existence of this plague, much less adequately fund any kind of response. To suggest that these organizations were now hogging federal resources is a gross misrepresentation of the facts (GMHC, the oldest and largest AIDS service organization, derives a mere 15% of its annual operating budget from government grants). Frankly, I couldn't believe what I was hearing. The very communities that were most affected by this plague, communities that were already recognized as marginal, communities which rose valiantly to fight back against a disease that was devastating its numbers, were now being told that their response was over-zealous and that they have somehow monopolized the resource dollars.

And this was all coming from the AIDS Czar! It seemed surreal to me. I hope that I'm not overstating my case, and I am not one given to hyperbole, but the negative effect your speech had on myself and other activists cannot be exaggerated.

TREATMENT ACTION GROUP
147 SECOND AVENUE, #501
NEW YORK, NY 10003
212-260-6360/FAX: 212-260-8581

TAG

I hope that you will give my thoughts and criticisms careful consideration and that we will have a chance to discuss them in more detail in the near future. I know that your schedule must be difficult, but I would like to explore the possibility of your coming to a TAG meeting here in New York. I have not discussed this with other TAG members and would need to do so before we could start to think about a date. I believe that this would be extremely beneficial to both TAG and your office, and allow us to build future alliances, such as the one for MicroGeneSys.

I look forward to your reply.

Sincerely,

Kevin Robert Frost

Kevin Robert Frost

TREATMENT ACTION GROUP
147 SECOND AVENUE, #601
NEW YORK, NY 10003
212-260-8300/FAX: 212-260-8561

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Rita Strombeck, Ph.D., Director
Health Care Education Associates
70 Compton Place
Laguna Niguel, CA 92677

Dear Ms. Strombeck:

Thank you for sharing your program on "AIDS and Aging: What People Over 50 Need to Know." This information will prove useful as my staff and I work to end this epidemic.

You might also consider sending copies of your program to Fernando Torres-Gil, Assistant Secretary for Aging in the Department of Health and Human Services, and Horace Deets, Executive Director of the American Association of Retired Persons. Please stay in touch.

Sincerely,

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

70 Campton Place
Laguna Niguel, CA 92677
(714) 240-2179

HealthCare Education Associates

NOV 19 1993

Carlos
Steve - needs > thanks

November 17, 1993

Kristine Gebbie
Office of AIDS Policy
750 17th Street NW
Washington DC 20050

Dear Ms. Gebbie:

I am sending you a copy of an education program *AIDS and Aging - What People Over 50 Need to Know*. This program, which was funded by NIAID, has just been completed and is based on an adult education process called "study circles." You might be interested in the possible application of this process to other areas of HIV/AIDS education.

Study circles are peer-led, participatory discussion groups that are guided by group participants' own needs and concerns. It is a very effective process for addressing knowledge, attitudes, as well as behavior and, because of its flexible nature, could be used in various populations - i.e. teenagers, minority groups, women, as well as the general adult population.

I would be happy to answer any questions you might have.

Sincerely,

Rita Strombeck

Rita Strombeck, Ph.D.
Director

70 Campton Place
Laguna Niguel, CA 92677
(714) 240-2179

HealthCare Education Associates

FOR IMMMEDIATE RELEASE

AIDS Education Program For Older Adults

Since 1982, individuals over age 50 continue to represent approximately 10% of annual reported AIDS cases in the United States. Middle-aged and older Americans are being affected by the AIDS epidemic in various ways: as patients, care providers, family members, friends, neighbors, consumers, and as citizens.

While knowledge of HIV/AIDS has been increasing in the general population, several studies have shown that individuals age 50 and over, and especially those over 64, have less knowledge about HIV transmission than younger persons, are less likely to perceive themselves at risk, and are less likely to avoid risk-taking behaviors. While numerous education programs have been implemented for various high-risk groups in the United States, little effort has been made to reach older adults.

With funding from the National Institute of Allergy and Infectious Diseases (NIAID), HealthCare Education Associates, Laguna Niguel, California, has developed a program called *AIDS and Aging - What Persons Over 50 Need to Know.* The program is based on the study circle, a peer-led small group discussion format and includes a group Leader's Guide and Participant Workbook.

According to Rita Strombeck, Ph.D., the project director, the goal of the project is to increase knowledge and understanding of how AIDS affects older adults and to provide participants with the skills to play an active role in combating the spread of the disease. Materials are suitable for adults over 50, regardless of gender, sexual preference, ethnic, racial, or social background and can be used in community groups, senior centers, service, social, professional, and religious organizations.

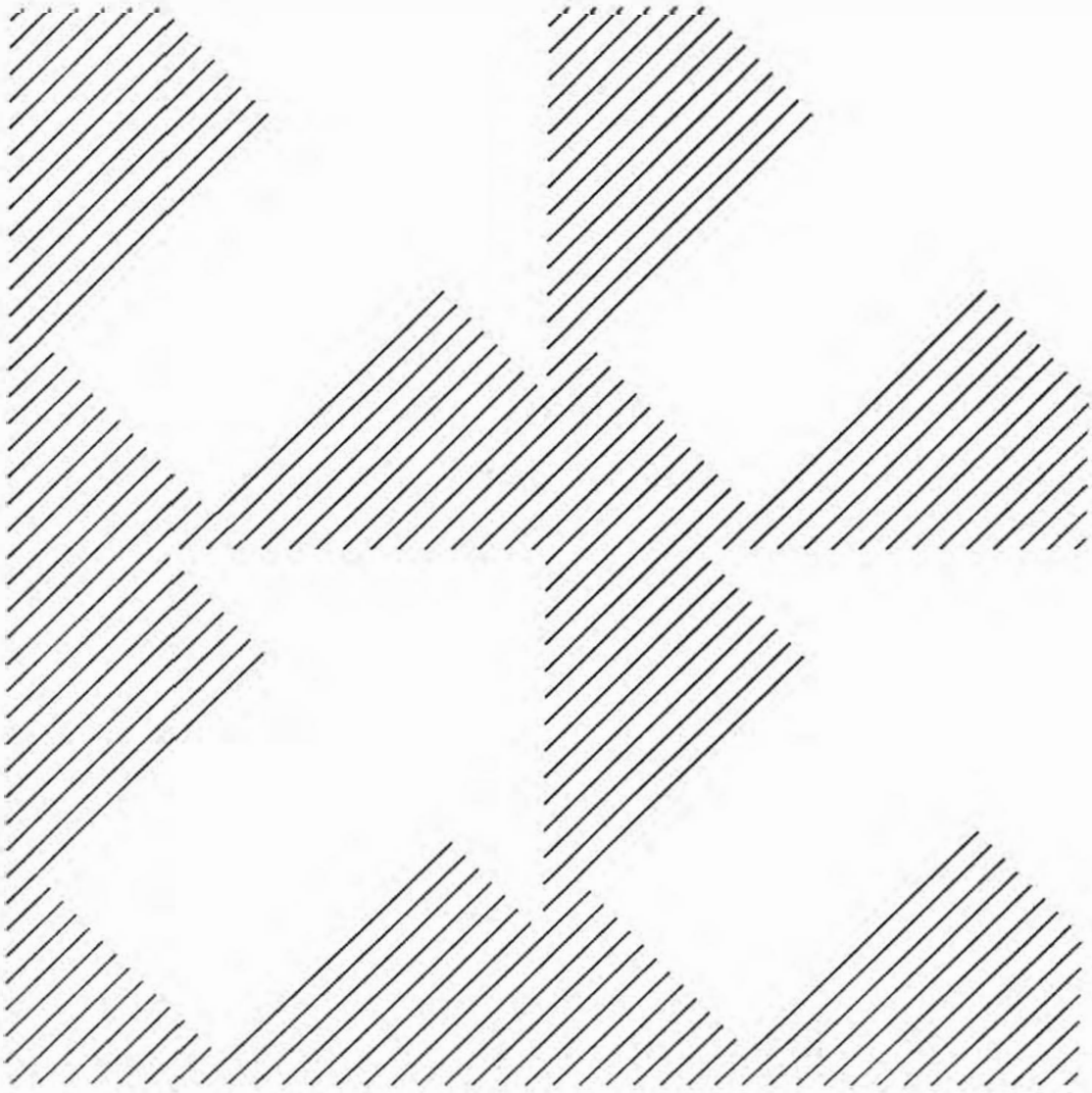
For more information, contact Rita Strombeck, Ph.D., Director, HealthCare Education Associates, 70 Campton Place, Laguna Niguel, California, 92677, (714) 240-2179.

AIDS AND AGING

What People Over 50 Need To Know

Leader's Guide

HealthCare Education Associates



THE WHITE HOUSE

WASHINGTON

December 20, 1993

Frederick S. Mayer, President
Pharmacists Planning Service, Inc.
P.O. Box 1336
Sausalito, California 94966

Dear Mr. Mayer:

It was good to talk with you today and to get an update on the efforts of the Marin County pharmacists to deal with the problems posed by the drug injecting communities there. We are encouraged by your attempts to find ways to effectuate harm reduction in your community. As I indicated, we will explore several ways of resolving this issue in the near future.

With regard to your request for an invitation to the CDC prevention presentation in early January, I have passed on your request to Carlos Velez J.D. of our staff and he assures me that you will get an invite from CDC.

I look forward to our continued exchange of ideas.

Sincerely yours,

Ben Merrill, J.D.
Special Assistant
National AIDS Policy
Coordinator