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Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	To: Kristine Gebbie; re: Luncheon-Briefing (2 pages)	12/22/1993	b(6)
002. letter	To: Kristine Gebbie; re: Discrimination (1 page)	12/23/1993	b(6)
003. letter	To: Jacqueline P. Curran; re: Health Care Reform (2 pages)	11/29/1993	b(6)
004. form	re: Request for Termination of Premium Hospital and/or Supplementary Medical Insurance (1 page)	00/00/0000	b(6)
005. bill	re: Hospitalization (1 page)	10/29/1993	b(6)
006. letter	Carlos Rollhauser to Jacqueline Curran; re: Private Room (1 page)	11/29/1993	b(6)
007. letter	Jeffrey S. Akman to Jacqueline Curran; re: Private Room (1 page)	11/13/1993	b(6)
008. letter	Jeffrey S. Akman to Vicky Walker; re: Private Room (1 page)	08/06/1991	b(6)
009. forms	re: Physician Order Sheets (13 pages)	/08/1993	b(6)
010. forms	re: Antibiotic Order Sheets (2 pages)	/08/1993	b(6)
011. letter	From: Jacqueline Curran; re: Hospitalization Bill (1 page)	11/12/1993	b(6)
012. letter	From: Jacqueline Curran; re: Private Room (1 page)	10/25/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

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RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
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b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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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 Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. letter	From: Vicky Walker; re: Hospitalization Bill (1 page)	09/21/1992	b(6)
014. letter	Salvador R. Jordan to Pio Laghi; re: Plenary Indulgence (1 page)	03/27/1989	b(6)
015. letter	From: Vicky Walker; re: Private Room (1 page)	10/14/1992	b(6)
016. letter	To: Environmental Control Services; re: Asthma Attacks (1 page)	00/00/0000	b(6)

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pharmacists planning service inc.

200 GATE FIVE ROAD P.O. BOX 1336 SAUSALITO, CA 94966 (415) 332-4066

Ben

December 1, 1993
fax (202) 690-6584

Kristine Gibbie
National AIDS Coordinator
Executive Office of the President
750 - 17th Street, NW, Suite 1060
Washington, D.C. 25000

DEC 10 1993

Dear Kristine:

Enclosed please find the latest skirmish in Marin County regarding the needle exchange program in pharmacies. As you are aware the California Governor vetoed the needle exchange bill and now the Marin County Board of Supervisors has declared a state of emergency for AIDS in Marin County and has voted to adopt the needle exchange program.

We have petitioned to get the pharmacists on a pilot program and our Board of Pharmacy (see enclosed). However, it is still illegal for pharmacists to dispense needles to an addict and the Board of Pharmacy and the District Attorney will come after us and take the pharmacist's license.

In your letter to me you said you had two attorneys, Ben Merrill, Esq. and Carlos Velez, Esq. Would these attorneys be at our disposal to write some legal definitions regarding the state of emergency in Marin County. You can see, Kristine, by our rates, we are second highest to San Francisco in the State of California.

Please look over the enclosed and have someone get back to me regarding any steps that you, the Federal Government, can do to assist us at the local level.

I will be in Atlanta, Georgia, December 5, 6, and 7, 1993 staying at the Hyatt Hotel with our Vice President, Robert Gibson, Pharm. D., who also serves as the Chairman of the Board of the Foundation of Pharmacists and Corporate America for AIDS education. We would like to meet with the CDC coordinator in charge of the upcoming condom promotion for 1994. Could you set up a time that we could meet on Monday, December 6th, 3:30 p.m. or Tuesday, up to 2:00 p.m. before our flight returns us to California. We have sent this request off to Ben Merrill and want to make sure that you know that we are trying to work with you on the national level.

We need your help to move the needle exchange agenda. Looking forward to hearing from you.

Sincerely,

Frederick S. Mayer, R.Ph., M.P.H., President
FAX (415) 332-1832

pharmacists planning service inc.

200 GATE FIVE ROAD P.O. BOX 1336 SAUSALITO, CA 94966 (415) 332-4066

Kristine Gibbie
Executive Office of the President
750 - 17th Street NW, Suite 1060
Washington, D.C. 25000

November 9, 1993

Dear Kristine:

Many, many thanks for your letter regarding our needle exchange program and also for the great meeting my son, David Mayer, had with Ben Merrill, Esq. of your department.

I would like to pursue with Mr. Merrill and yourself a marketing plan for condoms which David talked about for 1994. We would need your support, publicity and press. We propose that the Federal Aids Coordinator get involved with the following time frames and education awareness and prevention activities that are being planned:

National Condom Week, February 14-21
STD Awareness Month, April 1-30
AIDS/STD program to Parents, June
AIDS Awareness Month, October

Enclosed are posters, pamphlets and literature starting off with our National Condom Week and some of the activities we have been doing for the past seventeen years. Please look them over.

I will be in Washington, D.C. March 2-3, 1994. If you are interested in the above, please fax me back (415) 332-1832 as soon as possible as we need to get started immediately on the February campaign.

We are also enclosing the pamphlet "Condoms" put out by the Department of Health and Human Services (FDA) which would be the basis of our campaign along with parents educating their kids about AIDS.

Please let me hear from you.

Sincerely,

Frederick S. Mayer, R.Ph., M.P.H.
President

Enclosures

cc: Ben Merrill, Esq.,
200 Independence Avenue, SW, Suite 7386
Washington, D.C. 20201

MARIN COUNTY PHARMACEUTICAL ASSOCIATION
P. O.Box 622, San Rafael, CA 94915-0622

December 1, 1993

Patricia F. Harris, Executive Officer
California State Board of Pharmacy
400 R Street, Suite 4070
Sacramento, CA 95814

Dear Patty:

Enclosed please find copy of article from the "Marin Independent Journal", dated November 22, 1993, entitled "Marin Needle Exchange Sought" and article of November 23 in which the Board of Supervisors approved this needle exchange.

What we are asking for, Patty, is under a pilot program administered by Marin County Health Department who will be furnishing us with the needles, can we have a exemption if the six pharmacies in Marin County undertake this pilot program. We have met all the criteria from your letter of July 22, 1991 regarding your support of pilot programs for drug abuse and AIDS prevention which includes

1. Drug abuse education
2. AIDS education, counseling and treatment
3. Methadone treatment
4. Needle exchange
5. Primary medical care
6. Statistical analysis and education

Looking forward to hearing from you.

Sincerely,

Frederick S. Mayer, R.Ph., M.P.H.
President

Enclosure

WEATHER: Chance of rain this evening; mostly sunny tomorrow. Lows, 35 to 40. Highs, 50 to 65. Details, A2.

For home delivery 1-800-660-0760

The Marin Independent Journal is printed using recycled paper

Marin Independent Journal

35¢

November 22, 1993

MONDAY

• Marin County, California

2/3 of American flights in doubt

Associated Press

FORT WORTH, Texas — Up to two-thirds of American Airline's flights will not carry passengers during the holiday week, the airline said.

The strike by the Association of Professional Flight Attendants entered its fifth day today, frustrating thousands of travelers trying to get home or elsewhere for Thanksgiving.

American Chairman Robert L. Crandall said between a half and two-thirds of the flights would not carry passengers.

He said travelers who can't be rescheduled at an acceptable time will get a $100 credit on top of refunds.

"Our losses are very large. They are

Mill Valley man stars in Ice Capades

Dorothy Hamill show in Oakland tomorrow

Lifestyles **D1**

Craig Heath

Flap over brew pub in Novato

Group: Teens will get wrong signal

Marin **B1**

S.F. lands coveted pitcher

Mark Portugal a top free agent

Sports **C1**

Marin needle exchange sought

Supervisors consider plan to give them to drug abusers

By Paul Peterzell

Independent Journal reporter

Marin County would be declared in a state of emergency and would give free needles to drug abusers under a proposal the Board of Supervisors will consider adopting tomorrow.

The proposal, by Supervisor Gary Giacomini, is designed to combat Marin's high rate of HIV infections. The county has the second highest per capita rate of HIV California. Abusers sharing dirty needles is the second highest source of the spread of the human immunodeficiency virus, which causes AIDS.

The board will be asked to declare a state of local emergency under the same state law used when natural disasters occur. The declaration would not suspend another state law requiring a prescription to obtain syringes, but its adoption is aimed at discour-

See Needles, page A7

GIACOMINI: 'Needle exchange programs...offer a measurable deterrent in the spread of this insidious disease,' county supervisor says

Woman

Needles

From page A1

aging any legal challenge to the needle program.

San Francisco supervisors took the same tack last March when they started needle exchange program. It has not been challenged in court.

Since the county began tallying AIDS a decade ago, 934 Marin residents have been diagnosed with the disease. Of these, 428 are dead. No count is kept of persons diagnosed HIV positive, but this number is considered to be "many times more" than those diagnosed with AIDS, said Tom Peters, the county's director of health and human services.

"Needles are almost exclusively the ultimate source of AIDS infection in babies," Peters said of the transmission of AIDS from infected mothers to their infants.

The comparison with a natural disaster "is quite apt," he said. "Indeed, this is a form of natural disaster and responding to it with the same sense of urgency is appropriate."

Giacomini criticized Gov. Pete Wilson's veto last month of legislation to allow needle exchange programs, saying the county no longer can wait for the state to act. It was the second year Wilson vetoed the bill. Wilson said the program would encourage drug abuse, a contention widely disputed by health experts.

Adoption of a needle exchange program to curtail the spread of AIDS among drug abusers will be considered by county supervisors at 10:30 a.m. tomorrow in Room 322 of the Civic Center in San Rafael.

Needle exchanges have the support of the Marin AIDS Medical Advisory Committee, a panel of doctors who work with AIDS patients, and the Marin Medical Society.

Peters estimated there are several hundred Marin residents who use syringes to inject drugs. Reuse of needles is more common among the poor, he said.

Limited, underground needle exchanges have operated for years, including in Marin, but under a legal cloud, he said. "There is no reason that people engaged in life-saving efforts should slink about as though they were doing something untoward," Peters said.

"One of benefits of this would be that the board would authorize me to oversee and set standards for the implementation of a needle exchange program as part of the county's educational program on AIDS. "One of the benefits of a needle exchange program is that it allows us to reach some people who are difficult to contact."

A study issued a month ago by the federal Centers for Disease Control found no evidence for the contention that needle programs encourage drug use, Peters said.

Studies indicate that needle programs have a marked benefit, with "at least one-third of the expected rate of HIV infection not occurring because of the needle exchange efforts," he said.

Needle exchange program are operating with government involvement in several states, among them Oregon, Washington and Connecticut, Peters said.

Peters said the program wouldn't cost much and could be started within 30 days.

"It would absolutely save lives," said Dr. Milton Estes of Mill Valley, an author of the proposal. "There's no two ways about it. It would save lives of adults as well as children."

Sheriff Charles Prandi has said he has "mixed emotions" about the proposal. "Do we say it's OK to use a clean needle? You are are damned if you do and you are damned if you don't."

Giacomini said warning people not to use dirty needles is not effective.

"As can be seen in other diseases and addictions, the 'just say no' strategy has long ago been proven insufficient," he said. "While no panacea, needle exchange programs have been documented by scientific studies to offer a measureable deterrent in the spread of this insidious disease."

"The board's message must emphasize important and established disease control efforts rather than timid and perilous inaction," Giacomini said.

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Free needles in dou

IJ photo/Frankie Frost

UNDERGROUND NEEDLE EXCHANGE: Geoffrey Sackett and Alysanne Taylor have been swapping clean needles for dirty ones at San Rafael's Albert Park for the past year in an attempt to halt spread of AIDS among drug users

Drug users often 'people like you, me'

By Dan Fost

Independent Journal reporter

The party took place in middle-class Marin, a group of people in a living room with cocaine, hypodermic needles and bleach to clean the needles.

Even though the people knew which needles were clean, "no one cared which was which because they were all in this drug-induced euphoria," said Brian Slattery, executive director of the Marin Treatment Center in San Rafael.

Slattery heard about the party from one of his clients — one of the many he sees who have contracted AIDS or HIV, the virus that causes AIDS, through intravenous drug use.

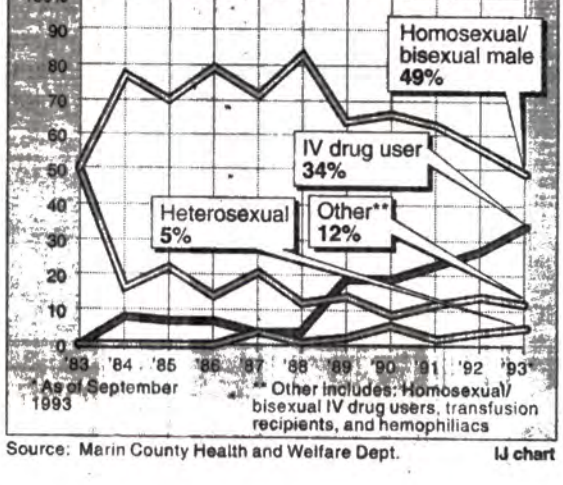
The story shows, Slattery said, that even though attention on needle exchanges focuses on the street corner handouts, Marin's most crying need is in a more invisible arena.

"The average drug addict in Marin is not so different from the average resident," Slattery said. "Most of the people who shoot dope have jobs and live in apartments or houses. The part of a needle exchange that would have the greatest impact would be putting needles in local pharmacies."

Or as, Sausalito pharmacist Fred Mayer puts it, "Thirty-three percent of the drug users are not dirty, long-haired hippie addicts but the occasional users who shoot up on weekends. They're people like you and me — businessmen, lawyers."

See Needles, page A9

For information, write to the Needle Exchange Program of Marin, P.O. Box 9604, San Rafael, 94912, or call 499-7041.



Source: Marin County Health and Welfare Dept. IJ chart

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By Paul Pe

Independent

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needles in doubt

IJ photo/Frankie Frost

EXCHANGE: Geoffrey been swapping clean nee- dles for dirty ones at San Rafael's Albert Park for the past year in an attempt to halt spread of AIDS among drug users

Marin DA questions legality

By Paul Peterzell

Independent Journal reporter

Free syringes for drug users to prevent the spread of AIDS were approved yesterday by Marin County supervisors, but the program faces legal problems.

District Attorney Jerry Herman said unless health officials come up with a legal ground for the needle exchange program, he would have to enforce a state law that prohibits possession of syringes without a prescription.

"I do not contest the board's opinion that there is a crisis," he said. "I agree there is but I have a responsibility to enforce the law. I am trying to ensure that whatever programs are put into place are ones that would be exempt from prosecution."

Supervisors felt they legally justified their action by declaring a local emergency, citing the spread of AIDS through dirty needles.

"The bottom line is whether a court is persuaded or not," said County Counsel Thomas Hendricks. "The board believes the court will be persuaded by the actual public health facts."

An illegal needle exchange has been underway for several months in San Rafael's Albert Park.

Dirty needles are blamed for more than 2 percent of all reported AIDS cases in Marin.

The resolution, drafted by Supervisor Gary Giacomini, was approved after about 10 minutes of testimony on its behalf from spokespersons for AIDS and health organizations. There was no opposition.

San Francisco is the only other California county to sanction a needle exchange program. That program has not been challenged.

After San Francisco, Marin has the state's second highest per capita rate of HIV infection. Abusers sharing dirty needles is the second highest source of the spread of the human immunodeficiency virus, which causes AIDS. In the past decade 934 Marin residents have been diagnosed with AIDS. Of these, 428 died.

Giacomini said the county had to act because Gov. Pete Wilson has vetoed, for the second year in a row, legislation to allow needle exchange programs.

Supervisors Giacomini, Annette Rose and Hal Brown voted for it. Supervisor Brady Harvis, who favors the program, was absent. Supervisor Robert Roumiguiere, whose position is unknown, also was absent.

s often 'people like you, me'

For information, write to the Needle Exchange Program of Marin, P.O. Box 9604, San Rafael, 94912, or call 499-7041.

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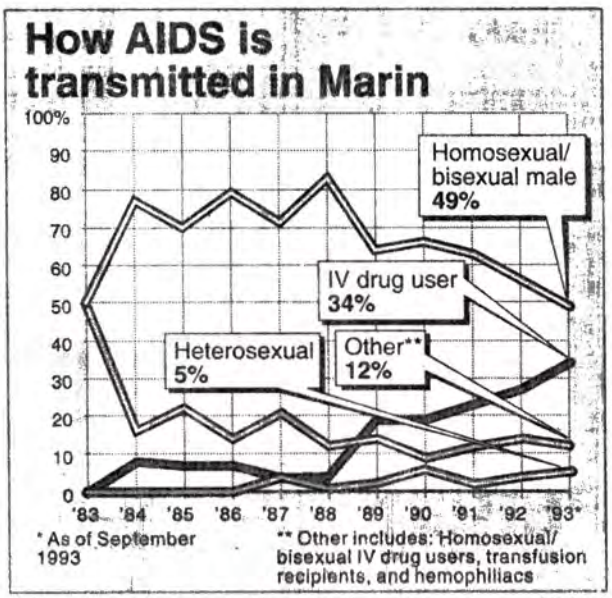
See Needles, page A9



Source: Marin County Health and Welfare Dept. IJ chart

Needles

From page A1

Mayer, chairman of the Marin County Pharmacists' Association, leads a group of five — possibly six — pharmacists from throughout the county who are willing to start a needle exchange. The pharmacists want assurances the exchange will not expose them either to criminal prosecution or loss of state license.

"If the sheriff will turn his back, I will start tomorrow," Mayer said. "I saw a 23-year-old die from AIDS, and I cried. We don't have to do this. We can prevent this. Wake up, America. Wake up, Marin. Wake up, Gov. Wilson."

Wilson is Mayer's prime enemy, having vetoed a bill last month that would have legalized needle exchanges. "This epidemic is not going to wait for the governor to wake up from his deep sleep," Mayer said.

Another supporter is Tom Fairwell, now the deputy director of Center Point, a substance abuse treatment agency in San Rafael.

Fairwell was a guy next door — son of a judge, product of suburban Hayward, master's degree in public administration, assistant fire chief — until he lost his job. "I hadn't drank or did drugs until then," says Fairwell, 38, who is HIV-positive.

But unemployment started him on a spiral that saw him injecting amphetamines every day for nearly five years, engage in risky sexual practices and live on the streets of San Francisco. He knew the dirty needles could cause HIV, but "needles were very hard to come by."

"The substance became more important than the scare of HIV," says Fairwell, a Novato resident. "I find there is effective education on the streets today, but if people have a choice between using a dirty needle or not using the drug, they'll use a dirty needle."

IJ photos/Frankie Frost

HAS HIV: Tom Fairwell, deputy director of Center Point, a substance abuse treatment agency in San Rafael

An illegal needle exchange has already been under way in Albert Park, on B Street in San Rafael, for the past year. Called the Needle Exchange Program of Marin, the program serves about 30 people, and has swapped more than 1,000 needles.

"We've been subject to arrest every time we go out," said Geoffrey Sackett of Novato, co-chair of the Marin AIDS Advisory Commission and co-director of the Needle Exchange Program.

The program does not merely hand out syringes. "A person has to have a dirty one for us to give them a clean one," Sackett said. Drug users also get cotton, condoms, bleach and alcohol swabs.

Sackett's co-director, Alysanne Taylor, said the program's volunteers also try to get users into treatment to stop using drugs.

"We are a bridge to treatment," she said.

The 10 volunteers now offer the exchange from 6:30 to 8:30 p.m. Saturdays in San Rafael's Albert Park, she said.

Having a regular time enabled the volunteers to earn the trust of the drug users, Sackett said.

"People had a hard time believing we were really doing this. People thought we were narcs," Sackett said. "We had some opposition from drug dealers who suspected we were competition."

But Sackett and company assured the dealers that they were "in no way interested in any turf war."

Donovan Earl, who lives across the street from the park, was not aware of the needle exchange already taking place, but he questioned its presence in a public park.

"One of the reasons they're putting bocce courts in there is to alleviate the problem. It is a family park," said Earl, 66, a retired alcoholism counselor with the U.S. Postal Service in San Francisco.

READY TO GO: Alysanne Taylor yesterday holds clean needles to be exchanged for dirty ones

He is not against needle exchanges, he said, but fears they could attract drug users to the park.

"No one wants to expose their kids to addicts or pushers," he said. "They should have a phone line where guys could call, and then go to a building to pick up their needles. I don't think it belongs in a park where people bring their children."

If made part of an official county program, Taylor said she'd recommend six two-hour needle exchanges a week, one each night Monday through Friday at different locations throughout the county and one during the day on Saturday.

Dr. Thomas Peters, director of the county Health and Human Services Department, said details of the program will be worked out with an oversight committee he's forming of representatives from the medical and AIDS communities.

Independent Journal reporter Paul Peterzell contributed to this report.

Free needles in do

IJ photo/Frankie Frost

UNDERGROUND NEEDLE EXCHANGE: Geoffrey Sackett and Alysanne Taylor have been swapping clean needles for dirty ones at San Rafael's Albert Park for the past year in an attempt to halt spread of AIDS among drug users

Drug users often 'people like you, me'

By Dan Fost
Independent Journal reporter

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Slattery heard about the party from one of his clients — one of the many he sees who have contracted AIDS or HIV, the virus that causes AIDS, through intravenous drug use.

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See Needles, page A9

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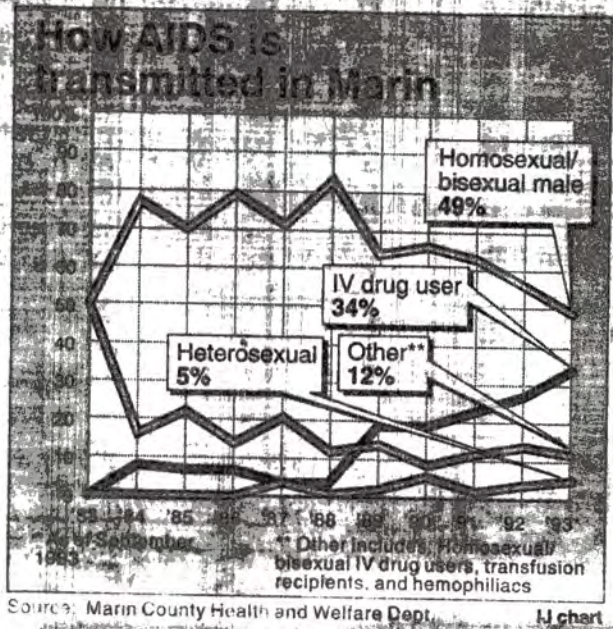

Source: Marin County Health and Welfare Dept.

IJ chart

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Kay Fulwinder
Associate Executive Director
Missouri Nurses Association
P.O. Box 325
Jefferson City, MO 65102

Dear Ms. Fulwinder:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the Missouri Nurses Association Nurse Lobby Day, February 14-15, 1994. As we discussed, your request is under consideration and I will contact you after January 3, 1994 with regard to Ms. Gebbie's availability.

As you requested, I am enclosing a copy of Ms. Gebbie's curriculum vitae, biographical sketch, and photograph. Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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

Enclosures

THE WHITE HOUSE

WASHINGTON

November 22, 1993

Kay Fulwider, B.S.N, R.N.
Associate Executive Director
Missouri Nurses Association
P.O. Box 325
Jefferson City, MO 65102

Dear Ms. Fulwider:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the Missouri Nurses Association Nurse Lobby Day, February 14-15, 1994 in Jefferson City, MO. Your request is under consideration and I will contact you approximately sixty (60) days before your event as to Ms. Gebbie's availability.

Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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

MONA
Missouri Nurses Association
Organized 1906

NOV 1 2 1993

P.O. BOX 325 • JEFFERSON CITY, MISSOURI 65102
TELEPHONE (314) 636-4623

BELINDA HEIMERICKS, MS (N), RN
Executive Director

SHARON M. KIRKPATRICK, Ph. D., R.N.
President

November 9, 1993

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

Dear Ms. Gebbie,

Missouri Nurses Association is in the planning stages for its annual Nurse Lobby Day which is to be held February 14 & 15, 1994, in Jefferson City, MO. We would like to invite you to keynote this event, which typically draws 800-1000 registered nurses and nursing students. The focus of this program is political activity by nurses, including continuing education sessions and actual lobbying and observance of our general assembly at work. The speaking commitment would occur in the 12-1:00 p.m. luncheon time slot on February 15 for about a 50-minute presentation on either nursing's role in health care reform or some other politically-focused topic. In addition, we offer a small group workshop (Nurse Lobbyist mentoring program) on February 14 at which we would also ask you to do about 20 minutes on your new job responsibilities and how you got the position. If you are unable to participate in both days' events, our priority would be the February 15 Lobby Day.

We are excited about the possibility of your returning to Missouri to be with us on Lobby Day. Our newly-elected MONA president is Gloria Broun who especially sends her regards and wishes that you will be able to attend.

Please contact our office as soon as possible so that we may proceed with our planning of this event. We would especially appreciate receiving information about your honorarium and travel expense requirements.

Sincerely,

Kay Fulwider

Kay Fulwider, BSN, RN
Associate Executive Director
KF:bh

RECYCLE YOUR OPERATING ROOM

Much of the old equipment and supplies American hospitals discard as trash are seen as treasures by hospitals in developing countries. With this in mind, an Oakland, CA operating room nurse is working with international relief agencies. Liisa Nenonen founded the RACORSE Network (Recycling, Allocation, and Conservation of Operating Room Supplies and Equipment). Nenonen has compiled a list of more than 30 organizations seeking what the network has to offer. This information is being distributed to nurses and others throughout the country, so that they can contact the organizations directly about donations. Equipment in demand includes operating room tables, sterilizers, monitors, anethesia machines, and kidney dialysis units. Wheelchairs, walkers, and eyeglasses are also wanted. In addition, such supplies as sutures and glass syringes are needed, though some must be sterilized.

Information about RACORSE can be obtained by writing to The RACORSE Network, Liisa Nenonen, 407 Vernon Street, 305, Oakland, CA 94610 (or calling 510-832-2868).

A $2.00 donation is requested to cover costs. Though RACORSE is affiliated with the Medical Benevolence Foundation (a Texas organization supporting Presbyterian missions), funding has come mainly from Nenonen herself, she says.

MENTORING PROGRAM FOR NURSE LOBBYIST LEADERSHIP DEVELOPMENT

Sample 93 agenda

Beginning February 15, 1993 for Two Days
Capitol Plaza Hotel
415 W. McCarty St., Jefferson City, MO

OBJECTIVES:

1. Describe the roles and expectations of a nurse active in lobbying.
2. State how nurses can empower themselves in the political arena.
3. Discuss how nurses can influence health care policy development in the political arena.
4. Identify strategies for developing influential relationships with legislators.
5. Describe the process for accessing bills and other key legislative information.

AGENDA

Day 1: Monday, February 15, 1993

9:30 a.m.	Registration - Capitol Plaza Hotel Lobby
10:00 - 10:30	Missouri Nurse Lobbyist: Roles and Expectations - *Kay Davis, RN*
10:30 - 12:00 p.m.	Nurse Power in the Legislature - *Barbara Curtis, RN*
12:00 - 1:30	Lunch (included in registration)
1:30 - 3:30	Accessing Power Bases in MO - Tour the Capitol, Supreme Court, *Supreme Court Judge Duane Benton*
3:30 - 5:00	Influential Relationship with Legislators - The Inside Scoop - Professional Lobbyist Panel - Capitol Plaza Hotel
6:00 - 8:00	Reception for Legislators and Nurse Colleagues - Capitol Plaza Hotel Atrium (included in mentoring registration fee)
8:00	Committee Hearings - State Capitol Building

Day 2: Tuesday, February 16, 1993

7:30 a.m.	Breakfast and Briefing with Mentors - Capitol Plaza Hotel
8:40	Attend one of the continuing education sessions scheduled for Lobby Day (see Lobby Day Agenda)
9:40	Observe General Assembly/Meet Legislators with Mentors - State Capitol Building
12:30 p.m.	Luncheon with Lobby Day Participants - Capitol Plaza Hotel
2:00	Attend Groundbreaking Ceremony for MONA's new state headquarters building or return to State Capitol Building with mentors
3:30	Debrief with Mentors

last year's

1993 MONA NURSE LOBBY DAY
FEBRUARY 16, 1993

CAPITOL PLAZA HOTEL, JEFFERSON CITY, MO

THE 90'S: THE DECADE OF THE NURSE

OBJECTIVES:

1. Discuss the impact of MONA's 1993 legislative agenda on nursing practice in Missouri.
2. Discuss how to increase your personal influence in the political process through grassroots lobbying.
3. Describe the process for how a bill becomes a law.
4. Discuss Nursing Agenda for Health Care Reform as it relates to legislative activities in Missouri.
5. Discuss why participation in legislative activities is crucial to your nursing practice.

OPTIONAL ACTIVITIES FOR MONDAY, February 15, 1993

6:00 p.m. - 8:00 p.m.	Reception for Legislators and Nurse Colleagues (optional) - Capitol Plaza Hotel Atrium	
8:00 p.m.	Committee Hearings - State Capitol Building	

AGENDA
February 16, 1993
TUESDAY

7:30 a.m. - 9:00	Registration Exhibits Open		Capitol Plaza Hotel Lobby
At 8:00, 8:30 and 9:00	Briefings - Current Bills Same presentation held every 30 minutes *Presented by Kay Fulwider, BSN, RN, Associate Executive Director, MONA*		Truman A - Capitol Plaza Hotel
	Continuing Education Sessions 1.2 contact hours each (select one)		
8:40 - 9:40	Jefferson A	1. How To Get Elected - Grassroots Involvement — *MO St. Representative Jan Polizzi, M.S., R.N.*	
	Jefferson B	2. MONA's 1993 Legislative Agenda and its Impact on Nursing Practice - *Kay Davis, R.N. and Elaine Doyle, R.N.*	
	Jefferson C	3. Playing Politics with Proposed Legislation - *Peter Vail, J.D.*	
	Truman B	4. How Participation in Legislative Activities is Critical to Your Nursing Practice - *Rita Carney, R.N. and Alice Kuehn, R.N.*	
	Truman C	5. Professional Empowerment - The Key to Political Effectiveness - *Deborah Huber, R.N., and Sabra Davis, R.N.*	
9:40 a.m. - 12:00 p.m.	Observe General Assembly in Session Meet with Legislators		State Capitol Building
12:30 - 2:00	Exhibits Close Lunch - *Governor Carnahan* to speak. Luncheon Keynote Speaker - *Mary Long*		Capitol Plaza Hotel
2:00	Participants may return to the Capitol to meet with legislators, observe committee hearings, attend General Assembly Sessions or **board buses at hotel entrance for Groundbreaking Ceremony for MONA's new state headquarters building.**		
3:30	Debriefing Sessions (optional)		Capitol Plaza Hotel Jefferson A-B-C

You may have noticed a copy of the Oncology Nursing News in your mailbox recently. The Missouri Division of the American Cancer Society offered to send this publication to all MONA members at no charge. We owe our thanks to MONA member **Maryann Nalley,** Director of Professional Education of the Missouri Division Office in Jefferson City. Thank you for sharing your publication with our MONA members.

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Theresa Devine, Student Coordinator
Sexual Health Awareness and Disease Education
University of Minnesota
N209 Boynton Health Service
410 Church Street S.E.
Minneapolis, MN 55455

Dear Ms. Devine:

Thank you for the invitation to visit the University of Minnesota during National Condom Week during the month of February. Unfortunately, my schedule does not permit me to participate.

I do, however, support your work. Please let me know if I can help in some other way. For instance, I am happy to prepare a video message for your conference participants or offer a letter of support. If either option is of interest to you, please contact Steve Lee, my Executive Assistant, at (202) 632-1090 for assistance.

Best wishes with your conference.

Sincerely,

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

cc: Senator Paul Wellstone

DEC 21 1993

THE WHITE HOUSE

Dear Gov. & Mrs Tucker —

Thank you for including me on the Arkansas holiday card list — the photo of the family is a treat. I have so enjoyed Lance — his contributions to the national effort to stop AIDS are significant, and I know you are proud of him.

My best wishes to you in the coming year — Christine Gebbie

THE WHITE HOUSE

WASHINGTON

December 21, 1993

Jeffrey E. Harris, M.D., Ph.D.
Internal Medicine Associates - 2
Wang Ambulatory Care Center 605
Parkman Street
Massachusetts General Hospital
Boston, MA 02114

Dear Dr. Harris:

Thank you for sharing with me a copy of your book Deadly Choices: Coping with Health Risks in Everyday Life. I appreciate your effort to put risk education messages into a useful context. Best wishes in your continuing efforts.

Sincerely,

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

MASSACHUSETTS GENERAL HOSPITAL

Boston, Massachusetts 02114

JEFFREY E. HARRIS, M.D., Ph.D.
Internal Medicine Associates - 2
Wang Ambulatory Care Center 605
Parkman Street
Office (617) 726-7930
Page (617) 726-1818

December 10, 1993

Kristine Gebbie, R.N., M.N.
National AIDS Policy Coordinator
U.S. Department of Health and Human Services
HHH Building, Room 728-H
200 Independence Avenue, S.W.
Washington D.C. 20201

Dear Ms. Gebbie:

While I have no doubt that you're extremely busy, I think it's imperative that you read Chapter 2 of the enclosed book as soon as you possibly can.

(By way of introduction, see the comments of Dr. Robert Coles and former Surgeon General Julius Richmond on the back jacket. Ken Warner at Michigan, whom I've known for years, thought you'd very much like to see this, too.)

Sincerely,

Jeffrey E. Harris
(Professor, M.I.T. and Harvard Medical School/M.I.T. Division of Health Sciences & Technology)

Enclosure: Author-signed copy of *Deadly Choices*

THE WHITE HOUSE

WASHINGTON

December 21, 1993

Marion Ein Lewin
Senior Staff Officer
Institute of Medicine
National Academy of Sciences
2101 Constitution Avenue, N.W.
Washington, D.C. 20418

Dear Ms. Lewin:

This letter confirms the attendance Kristine M. Gebbie, National AIDS Policy Coordinator, at the Richard and Hinda Rosenthal Lecture Program panel discussion "Managed Care and Vulnerable Populations: Striking Balance Between Access and Efficiency" on January 10, 1994.

Ms. Gebbie plans to arrive at 7:30 p.m. for the reception, buffet, and lecture.

Sincerely,

W. Steve Lee

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

The Institute of Medicine, National Academy of Sciences
Invites you to attend a Richard and Hinda Rosenthal Lecture Program
Panel Discussion on

"Managed Care and Vulnerable Populations:
Striking the Right Balance Between Access and Efficiency."

Monday, January 10, 1994
6:00 p.m. - 7:30 p.m.

Lecture Room
National Academy of Sciences
2101 Constitution Avenue, N.W.
Washington, D.C.

Panelists

Thomas L. Delbanco, Speaker
Associate Professor of Medicine
Harvard Medical School
Director, Division of General
Medicine and Primary Care
Beth Israel Hospital
Boston, Massachusetts

David Snow, Speaker
Executive Vice President
Oxford Health Plan
Norwalk, Connecticut

Lois Wattman, Speaker
Vice President, Public Policy
Medica
Minnetonka, Minnesota

Jerome Grossman, Moderator
Chairman and Chief Executive Officer
The New England Medical Center
Boston, Massachusetts

R.S.V.P. by January 3, 1994
Marion Ein Lewin
Senior Staff Officer, (202) 334-1506

Reception and Buffet
7:30 p.m. - 9:00 p.m.
Great Hall

THE WHITE HOUSE

WASHINGTON

December 22, 1993

Mimi Luther, Education Services Manager
Cascade AIDS Project
620 S.W. 5th, Suite 300
Portland, Oregon 97204

Dear Ms. Luther:

Thank you for your letter of December 21 to Ben Merrill of my staff outlining the new demonstration project which the Cascade AIDS Project (CAP) has scheduled to begin on January 18, 1994.

The Home Parties planned, where men (and we hope affected women) will gather to talk about the many complex issues facing the gay and bisexual community, are an innovative way of convening focus groups to offer support to one another and to discuss education, outreach and secondary prevention.

This may prove to be a big step towards reinforcing behavior modification as that is recognized as a key part to stopping the spread of AIDS.

We look forward to the results of your efforts and are encouraged by them. Please keep us informed. And thank you for your continued support of the President's plans to stop AIDS.

Sincerely yours,

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

THE WHITE HOUSE

Nini –

I didn't want to scribble on the formal letter, in case you need to reproduce or share it – just want to say happy holidays! and I hope your pregnancy is going well —

Curtis

Post-it™ Fax Note 7671 | Date 12/21 | # of pages ▶ 2
To Ben Merrill | From Mimi Luther
Co./Dept. | Co. CAP
Phone # | Phone # 503 223-5907
Fax # 202-632-1096 | Fax # 503 223-7807
Hard copy to follow

CASCADE AIDS PROJECT

SUPPORT

EDUCATE

ADVOCATE

December 21, 1993

Ben Merrill
Office of National AIDS Policy Coordinator
750 17th NW, Suite 1060
Washington, DC 20500

Dear Ben:

As I mentioned to you on the phone last week, I would like a letter of support for our new intervention from Ms. Gebbie. What follows is an outline of the project.

The Men's Prevention Program at Cascade AIDS Project has spent the past year working with the University of California's Center for AIDS Prevention Studies on a new and exciting demonstration project.

During the last six months, we conducted focus groups and meetings with community providers to generate intervention ideas and to find out the concerns and needs of men in the gay and bisexual community. Since March, 1991, two baseline surveys have been conducted by CAPS, with over 1,575 men participating.

On the basis of the information culled from the focus groups and surveys, we have designed the prevention program to have four interrelated components: 1) support, 2) outreach, 3) education, and 4) secondary prevention. The program being unveiled at our January 18, 1994 press conference is the Home Parties, where men will attend small meetings in various peoples' homes to talk about the many complex issues facing the gay and bisexual community, and how the community and the Men's Prevention Program can deal with those issues.

The projected outcomes of the project are:

1) To reduce the level of unsafe sex occurring in the gay and bisexual men's communities of Portland;
2) To enhance the ability of all Portland gay and bisexual men to maintain safer sexual behavior;
3) To encourage testing or retesting for the HIV antibody for men who have been at risk for HIV infection;
4) To encourage earlier intervention (treatment) and promote self-empowerment for gay and bisexual men

620 SW 5th Ave., Suite 300
Portland, OR 97204
(503) 223-5907
(503) 223-7807 FAX
VOICE

CAP

who have testing HIV antibody positive;
5) To help create an environment where HIV-positive and negative men can find support to live with the effects HIV is having on their lives, their relationships and their communities.

The effectiveness of the project is being evaluated through the use of the annual surveys. Three more surveys will be conducted over the course of the project and immediately following closure of the pilot.

This pilot is producing the largest and most current data on the scope of the HIV epidemic among urban gay and bisexual men in the United States. The conclusions at the end of the pilot will be used to help formulate effective community intervention strategies for use across the country.

Ben, we believe this intervention holds the hope to put the brakes on the HIV epidemic in this community. The focus groups and the two baseline surveys made it very clear that a significant part of the problem is that gay and bisexual men are not talking to each other in intimate and meaningful ways about this epidemic: what it means, how to stop it, how to cope with the devastation already wrecked. We believe this intervention will be effective in mobilizing the kind of energy and communication necessary to stop the momentum of HIV.

A letter of endorsement from Ms. Gebbie would be most helpful. The press conference is scheduled for January 18, 1994; if possible, we would like to receive the letter one week prior to the event. We intend to have the letter included in the press packet at the press conference. The objective of our press conference is to publicize the launching of this intervention via the mainstream press to reach our target. We will be focussing on the Home Meetings and unveiling a project name and logo.

If you have any questions, please don't hesitate to call me. I can be reached at (503)223-5907, or by beeper at (503)237-6985. Thanks for your attention.

Sincerely,

Mimi

Mimi Luther
Education Services Manager

NMAC

Paul Kawata

Post-it™ Fax Note 7671	Date 12/21	# of pages ▶ 2
To Ben Merrill	From Mimi Luther	
Co./Dept.	Co. CAP	
Phone #	Phone # 503 223-5907	
Fax # 202-632-1096	Fax # 503 223-7807	

Hard copy to follow

CASCADE AIDS PROJECT

SUPPORT

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Washington, DC 20500

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620 SW 5th Ave., Suite 300
Portland, Oregon 97204
(503) 223-5907
(503) 223-7087 FAX
V/TDD

CAP

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If you have any questions, please don't hesitate to call me. I can be reached at (503)223-5907, or by beeper at (503)237-6985. Thanks for your attention.

Sincerely,

Mimi

Mimi Luther
Education Services Manager

DEC 22 1993

THE WHITE HOUSE

Dear Ric —

Successfully returned from Morocco & Paris - it was a good trip. Thank you for the info on your interest in the drug development task force - I will be working with the Dept. on those appointments —

Happy Holidays - Christine

THE WHITE HOUSE

WASHINGTON

December 23, 1993

MEMORANDUM TO CHRISTINE VARNEY

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

SUBJECT: Chiefs of Staff meeting

I have always appreciated your support on AIDS education issues with members of the Cabinet. One of the things I would like to reinforce to all Cabinet members is that while they are out speaking to the public, they consider including HIV and AIDS issues in their speeches.

I would like to have an opportunity to meet with you and the Chiefs of Staff at an upcoming meeting to discuss the best method of providing materials or collaborating in such an effort.

Please let Steve Lee of my staff know a convenient meeting time.

Thank you.

THE WHITE HOUSE

WASHINGTON

December 23, 1993

David W. Sherwood
Rural Route #2, Box 90
Norwood, New York 13668

Dear Mr. Sherwood:

I am in receipt of a copy of your letter of December 1 to Mutual of Omaha and the attachments thereto. I am very sympathetic to many of the concerns and issues that you raise in the letter and appreciate your sharing them with me.

We are working hard to assist President Clinton in the achievement of health care reform and the passage of the Health Security Act. Under this plan patients would be entitled to their medical care benefits irrespective of their medical diagnosis. We will then not have to be concerned about the kind of treatment limitations which you are concerned about.

I sincerely hope that these changes can be made in the near future so that individuals like yourself will not have this additional burden of anxiety to deal with.

Sincerely yours,

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

THE WHITE HOUSE

WASHINGTON

December 23, 1993

Eric B. Krigger
5217 Hollywood Boulevard
Apartment 626
Hollywood CA 90027-4956

Dear Arick,

Thank you for your kind letter and the to-the-point questions and concerns you expressed. The President appointed me to coordinate our nation's response to AIDS. This task involves the concerns your expressed in your letter; specifically research toward a cure, prevention of HIV infection in our youth and minority populations; and in care and treatment of those people with AIDS.

The President has given me the authority and support necessary to work toward these concerns. I have participated in Cabinet level meetings and I work closely with people in the highest levels of government.

President Clinton has supported dramatic increases in funding for research. In this year, the National Institutes of Health will spend over $1.3 Billion. The President also signed into law the creation of the NIH Office of AIDS Research, which will help to better coordinate research throughout all the Institutes.

On the prevention front, the Centers For Disease Control will be announcing new and more realistic public service television and radio announcements. Many of these announcements are geared toward our youth and minority populations. I believe that 1994 will bring about a renewed effort at all levels of government for work to prevent the spread of HIV across our country.

Care and treatment are also being aggressively worked on by the Administration. The President's Health Care Reform measures will help assure universal coverage for all of our citizens.

Thank you for your thoughts and please keep up your good work in California.

Sincerely yours,

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

DEC 23 1993

THE WHITE HOUSE

Dear Arick –

With the help of some staff, I'll get you a much longer, more complete reply to your questions. This short note is just to thank you for writing, and encourage you in your own struggle for health in the face of HIV. Your volunteer efforts mean a great deal (I've heard ~~about~~ them in many other cities), and your commitment is an inspiration. Do stay in touch –

Hillary Clinton

Mr. Eric "Arick" B. Krigger
5217 Hollywood Blvd., Apt. #626
Hollywood, CA 90027-4956

I volunteer (when physically able) which, starting with the one volunteering, causes a cascade/rippling effect — to those served — thru its path — bathing those it touches — nurturing, empowering, offering buoyance of both strength and morale, lessening stress.

I volunteer because it gives me strength, allowing me to volunteer, which gives me strength, which...

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	To: Kristine Gebbie; re: Luncheon-Briefing (2 pages)	12/22/1993	b(6)

COLLECTION:

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

FOLDER TITLE:

December Chron Files 1993 [10]

2018-0756-F
jp4807

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]

Bob J.

Post-it™ routing request pad 7664

ROUTING - REQUEST

Please

- [x] READ
- [x] HANDLE
- [ ] APPROVE

and

- [ ] FORWARD
- [ ] RETURN
- [ ] KEEP OR DISCARD
- [x] REVIEW WITH ME

To Ms. Geppi

Please read the attached letter. It covers AIDS Discrimination, Possible Medicare fraud and Insurance fraud.

Thanks

Date 12/14/93

From B. K Hibbs

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	To: Kristine Gebbie; re: Discrimination (1 page)	12/23/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. letter	To: Jacqueline P. Curran; re: Health Care Reform (2 pages)	11/29/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
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P3 Release would violate a Federal statute [(a)(3) of the PRA]
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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)]

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b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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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. form	re: Request for Termination of Premium Hospital and/or Supplementary Medical Insurance (1 page)	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 [10]

2018-0756-F
jp4807

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]
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Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. bill	re: Hospitalization (1 page)	10/29/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. letter	Carlos Rollhauser to Jacqueline Curran; re: Private Room (1 page)	11/29/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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

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Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. letter	Jeffrey S. Akman to Jacqueline Curran; re: Private Room (1 page)	11/13/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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

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Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. letter	Jeffrey S. Akman to Vicky Walker; re: Private Room (1 page)	08/06/1991	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. forms	re: Physician Order Sheets (13 pages)	/08/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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

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Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. forms	re: Antibiotic Order Sheets (2 pages)	/08/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. letter	From: Jacqueline Curran; re: Hospitalization Bill (1 page)	11/12/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. letter	From: Jacqueline Curran; re: Private Room (1 page)	10/25/1993	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
013. letter	From: Vicky Walker; re: Hospitalization Bill (1 page)	09/21/1992	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
014. letter	Salvador R. Jordan to Pio Laghi; re: Plenary Indulgence (1 page)	03/27/1989	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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

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Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
015. letter	From: Vicky Walker; re: Private Room (1 page)	10/14/1992	b(6)

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

FOLDER TITLE:
December Chron Files 1993 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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THE WHITE HOUSE

WASHINGTON

DEC 27 1993

James P. Bell
5260 Duke Street #303
Alexandria, VA 22304

Dear Mr. Bell:

Thank you for conveying this information about the PREACTIVATION treatment. As you may know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to end the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I am devoted to stopping the spread of HIV and to provide adequate care for those already infected. I am also devoted to finding a cure for AIDS as soon as possible.

I have shared the information in your letter with the Office of AIDS Research at the National Institutes of Health (NIH). I will suggest that they also share this information with the NIH Office of Alternative Medicine. As you may know, NIH is the federal agency which carries the most extensive research into the causes and treatments for AIDS. They will be able to determine whether the information you provide can be used in their research programs.

Thank you again for your efforts.

Sincerely,

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

cc: Office of AIDS Research, NIH

Terry - Paul

James P. Bell

December 2, 1993

Dr. Kristine Gebbe
Office of AIDS Research
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Dr. Gebbe,

I share your commitment to eliminate the fear of AIDS from our society. The HIV and AIDS can be eliminated in this decade if we are willing to embrace fresh thinking. Right now in a small research laboratory just outside Dallas, there is a radically new treatment for killing the virus, but it is languishing because funds are not available to conduct clinical trials. The treatment is called *PREACTIVATION* and combines light with photoactive chemicals to create an entirely new compound that selectively targets and kills encapsulated viruses and certain forms of cancer.

Dr. Kirpal Gulliya, Director of Immunophotobiology at the Baylor Research Foundation has been working for several years to develop an effective way to destroy viral and cancer cells. He has succeeded, but his methods and procedures are unconventional. As a result, he has not been successful in obtaining NIH support or funding to continue research and bring his treatment to human trials. In the laboratory, in mice, in cats and in chimpanzees his treatment has repeatedly killed the HIV. The next step should be human trials, but no next step is funded.

Imagine the global implications of an outpatient treatment that would kill the AIDS virus without harming healthy cells. What if those infected with the HIV could be freed from a permanently damaged immune system? What if high risk populations could be vaccinated to dramatically shrink the potential "transmission pool"? What if the blood supply could be made safer with a simple, cost effective treatment?

Dr. Gulliya needs $5-6 million to repeat one test for FDA and conduct phase one clinical trials. HHS estimates the annual cost of just treating AIDS/ HIV will approach $15 billion in 1995. Dr. Gulliya's treatment may never be 100% effective, but what if it is 80% effective? 50%? As a nation we should be willing to wager $5 million against $15 billion that his discovery might unlock the answer? Beyond money, we have already paid too high a price in human pain and suffering. It's time to reach forward and find a truly effective treatment for this disease.

Dr. Gulliya's research has also demonstrated similar success in slowing or stopping certain types of cancer including, breast, prostate, small scale lung, non Hodgkin's lymphoma and leukemia. No other researcher in the country is working in this field. That makes Dr. Gulliya a pioneer of sorts. On the outside chance that indeed he has discovered the secret, his frontier research deserves serious testing and evaluation.

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I first encountered Dr. Gulliya in 1992 when I became intrigued by an article published in a laser optics journal about his research. His laser-interactive approach fascinated me and I telephoned him at Baylor to learn more. Dr. Gulliya sent me dozens of other published articles and I read each of them. Later, we met in person and I became convinced that he truly had discovered something really innovative in the battle against HIV/AIDS. I have no economic ties with either Dr. Gulliya or Baylor Research, but do have several HIV positive friends and genuinely want to see this killer destroyed. That personal interest is the sole basis for this letter. Too many of our young men and women are dying needlessly.

Recently, I learned that 20% of all new HIV infections in the Washington metro area occur in young people between 13-21 years old. Health agencies in some of the outlying suburbs estimate that 40% of their sexually active teens are HIV positive. During a recent blood drive in one high school in Prince William County, 15% of the blood donations were infected. We can no longer afford to sacrifice our youth this way. Until we find a cure, a positive test result will remain an absolute sentence to an early death. When you're 17 and scared, that's awfully hard to understand.

I have written a similar letter to Secretary Shalala and Rep. Waxman asking for their support. Now I ask for you help in breaking the log jam that has kept Dr. Gulliya's discovery from clinical trials and ultimately treatment. What if it really does work? What if Dr. Gulliya has actually discovered the key to unlock hope for millions of people around the world? How can we turn our backs simply because one man's approach seems unorthodox when the potential payback is so great? We can not.

I urge you to contact Dr. Gulliya directly to learn for yourself the nature and promise of his extraordinary research. He may be reached at (214) 820-2687.

Kirpal Gulliya, Ph.D.
Director, Immunophotobiology
Baylor Research Foundation
3500 Gaston Avenue
Dallas, Texas 75246

Thank you for taking the time to read this letter. I wish you God's speed as you serve our nation during this moment of its remarkable history.

Sincerely,

James P. Bell

Printed in Great Britain

Fax Communication

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Preactivation—a Novel Antitumour and Antiviral Approach

Kirpal S. Gulliya, Tran Chanh, Joseph Newman, Shazib Pervaiz and James L. Matthews

Merocyanine 540 was activated by exposure to 514 nm laser light. This preactivated merocyanine 540 was then mixed (in the dark) with tumour cells, normal cells and envelope viruses to assess its antiproliferative activity. This treatment resulted in 70–90% killing of tumour cells from different cell lines while 85% of normal human peripheral blood mononuclear cells survived the treatment. However, not all types of tumour cells were affected. Preactivated merocyanine 540 was also effective in virtually completely inactivating cell-free herpes simplex and human immmunodeficiency viruses. Preactivated photoactive compounds can exert their toxic effects in the dark without further dependence on light and may have potential systemic use.

Eur J Cancer, Vol. 26, No. 5, pp. 551—553, 1990.

INTRODUCTION

PHOTOACTIVE DYES have been used as potential antitumour and antiviral agents because they are preferentially taken up by some viruses and tumour cells, which are killed after exposure to light [1–5]. One of the limitations of conventional phototherapy for systemic disease, whether it be cancer or a viral infection, is that effective illumination of the target is possible only when the target is accessible (as in the skin, in an open incision during surgery or through the use of fibreoptics). To overcome this disadvantage we use 'preactivation' by light irradiation which enables the photoactive compound to act as a target-specific cytotoxic agent without further dependence on light. We report the *in vitro* effects of preactivated merocyanine 540 on cultured tumour cells and envelope viruses.

MATERIALS AND METHODS

Merocyanine 540 was obtained from Sigma. A 1 mg/ml stock solution was prepared in 10% aqueous ethanol and stored at −20°C. The concentrations of preactivated merocyanine 540 used in this study were those of the compound before light activation. All cell lines were obtained from American Type Culture Collection (Rockville) and were maintained in recommended growth medium.

Merocyanine 540 was preactivated by exposure to a 514 nm laser light set at 4 W for 1 h or a bank of eight fluorescent lights (Phillips 20 W cool white) at a vertical distance of 10 cm (from top of the Petri dish to the bottom of the light bulb) for 18 h. There was no significant difference in the cytotoxicity by preactivated merocyanine 540 obtained by these methods for 18 h. The preactivated compound can be stored at −135°C for more than 30 days.

To study tumour cell cytotoxicity, preactived merocyanine 540 (40–120 μg/ml) was added to normal and cultured tumour cells in the dark. After overnight incubation, cell viability was assessed by trypan blue exclusion and thymidine uptake, and confirmed by staining with ethidium bromide and fluorescein diacetate [6, 7].

The antiviral activity of preactivated merocyanine 540 was investigated in cell-free herpes simplex virus 1 (HSV-1) and human immunodeficiency virus 1 (HIV-1) [8, 9]. Up to 100 μg/ml was incubated overnight at 37°C with the virus suspensions. A tenfold serial dilution of treated and untreated HSV-1 was prepared. 100 μl from each dilution was inoculated into monolayers of vero cells in quadruplicate. 90 min later the monolayer was overlaid with medium L-15 in 1.0% methylcellulose. After 3–4 days' incubation at 37°C, the overlay medium was removed, plates were stained and plaque-forming units were counted. The antiviral activity of HIV-1 was assessed by mixing 50 μl HIV-1 plus preactivated merocyanine 540 with MT-4 cells (1×10^6/ml). HIV-1 was allowed to adsorb to the cells for 2 h at 37°C. MT-4 cells were then washed three times, resuspended in fresh growth medium and cultured for 7 days at 37°C. The viability of cells was determined by trypan blue exclusion. The effect of preactivated merocyanine 540 on HIV-1 was also studied after 4 days' incubation.

RESULTS

There was a significant reduction in the survival of certain tumour cells treated with preactivated merocyanine 540; 85%

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K.S. Gulliya, J. Newman, S. Pervaiz and J.L. Matthews are at the Baylor Research Foundation, Baylor University Medical Center, Dallas, Texas and T. Chanh is at the Southwest Foundation for Biomedical Research, San Antonio, Texas, U.S.A.

Table 1. Inhibition (%) of [^{3}H]thymidine uptake by normal cells and tumour cells treated with merocyanine 540

Cell type*	Conc. (μg/ml)	Not activated	Preactivated	*P*
Mononuclear	40	8.4 (5.6)	6.8 (2.54)	>0.1
cells	80	12 (4.8)	8.3 (3.21)	<0.1
	120	—	15.0 (5.80)	
Daudi	40	12.6 (3.18)	51.8 (5.07)	<0.005
	80	40.1 (1.83)	88.8 (12.11)	<0.01
	120	58.2 (7.99)	90.0 (15.51)	<0.05
HL-60	40	22.3 (5.51)	53.9 (4.52)	<0.005
	80	31.7 (3.02)	65.7 (10.34)	<0.025
	120	64.0 (6.67)	87.9 (4.87)	<0.01
H-69	40	10.6 (4.80)	45.1 (9.28)	<0.025
	80	25.6 (5.94)	57.4 (6.50)	<0.01
	120	48.0 (5.94)	88.6 (3.56)	<0.005
ARH-77	80	25.3 (7.02)	5.3 (5.03)	
	120	35.3 (6.03)	11.0 (3.60)	>0.1
G361	80	18.3 (8.50)	8.3 (3.51)	
	120	25.0 (5.57)	10.7 (4.04)	>0.1
A549	80	—	—	
	120	21.7 (4.72)	8.3 (5.69)	>0.1

Mean (S.D., n = 3).

* Mononuclear cells were from normal human peripheral blood; Daudi cells were from human Burkitt's lymphoma, HL-60 from human leukaemia, H-69 from human small cell lung carcinoma, ARH-77 from multiple myeloma, G361 from malignant melanoma and A549 from lung adenocarcinoma.

of normal cells survived the treatment (Table 1). However, preactivated merocyanine 540 was ineffective against ARH77, G361 and A549 cell lines.

The concentration of preactivated merocyanine 540 that inactivated 50% and 90%, respectively, of cell-free virus was 10 and 17.5 μg/ml for HSV-1 and 60 and 90 μg/ml for HIV-1 (Fig.1). The effect of the preactivated compound on T-cells (HUT-78) infected with HIV-1 was also examined. HIV-1-infected HUT-78 cells were treated with 200 μg/ml and long-term cultures were maintained. All untreated HIV-1 infected HUT-78 cells were killed by the virus on day 9, while exposure to preactivated merocyanine 540 resulted in 72 and 45% survival of these cells on days 7 and 9, respectively (Table 2). These results suggest that preactivated merocyanine 540 may have a protective

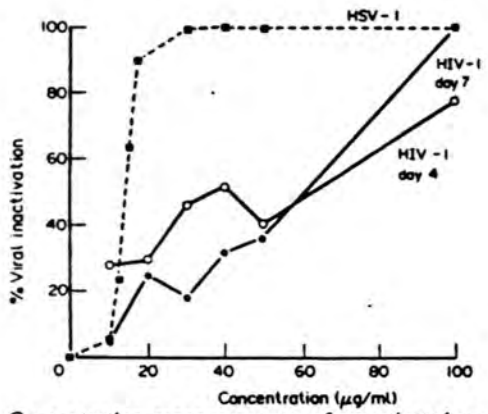

Fig.1. Concentration–response curves of preactivated merocyanine 540 on HSV-1 and HIV-1. Mean of triplicate experiments.

Table 2. Effect of preactivated merocyanine 540 on HIV-1 infected HUT-78 T cells

Day	% viability	
	HUT-78 untreated	*HUT-78 treated**
1	100.0	100.0
2	74.1	76.5
5	51.7	60.0
7	25.9	71.7
9	0	44.7

* HUT-78 cells were treated with 200 μg/ml. After overnight incubation, cells were washed, resuspended in fresh medium and maintained in culture (5×10^5 cells per ml) at 37°C.

effect on cells infected with HIV-1, probably by destroying the virus.

DISCUSSION

Merocyanine 540 is one of the most studied photoactive compounds and is selectively taken up by leukaemia, lymphoma, neuroblastoma, multiple myeloma, lung carcinoma and certain classes of immature blood cells [4, 5, 10, 11]. This property of tumour cell selectivity remained intact after preactivation of the dye because selective killing of certain tumour cell types was observed. Why some cell lines are refractory to preactivated merocyanine 540 is not clear. However, it has been reported that A549 and G361 cell lines are highly resistant to merocyanine 540-mediated photochemotherapy, probably due to poor uptake or retention of dye by these cell types [12]. This dye binds to the cholesterol-free regions of plasma membrane phospholipids [13, 14]. Also, the preferential uptake of merocyanine 540 by neoplastic plasma membrane may be a function of its electrical property [15]. Some of these properties of the parent compound may have been retained in the preactivated form. It is also conceivable that different cell types differ with regard to their intrinsic sensitivity to the toxic products in preactivated merocyanine 540.

The mechanism of cellular and viral toxicity of the preactivated dye remains to be elucidated. However, singlet oxygen produced by direct and sensitized photooxidation rapidly attacks most cyanines, particularly those with low oxidation potential [16]. Reactive oxygen species play a major role in conventional photodynamic therapy [17]. The reactive oxygen species produced by excited states are very short-lived (10^{-9}–10^{-6} s) in aqueous solutions. Because the preactivated compounds can be stored for more than a month, it appears unlikely that the observed toxicity is due to reactive oxygen species produced via the triplet excited state. Our preliminary data indicate that at least one cytotoxic species may be a peroxide. The significant killing of tumour cells and HIV-1 and increased survival of HIV-1 infected cells by preactivated compounds in the dark with minimal cytotoxicity to normal cells warrants further investigation.

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Papers

The Limited Value of Routine Chest X-Ray in the Follow-up of Stage II Breast Cancer

Vibeke B. Løgager, Aage Vestergaard, Jørn Herrstedt, Henrik S. Thomsen, Karin Zedeler and Per Dombernowsky

In 280 patients with stage II breast cancer, chest X-ray was performed at 6 and 12 months and yearly thereafter to the 6th year or until recurrence, another cancer was detected, the patient refused further follow-up or died. Among 1289 scheduled chest X-rays, malignant changes were found in 20 patients, of which only 3 had pulmonary symptoms. In a further 14 patients malignant changes were suspected, but follow-up examinations could not prove malignancy. 26 patients presented within 12 months after the last scheduled X-ray with pulmonary symptoms and a work-up chest X-ray revealed malignant changes. Thus, in only 1.3% of the scheduled X-rays were unsuspected malignant changes diagnosed. Median survival of patients with malignant chest X-rays found at scheduled controls versus between scheduled controls did not differ significantly ($P = 0.26$). It is concluded that routine chest X-ray is not indicated in patients with stage II breast cancer.
Eur J Cancer, Vol. 26, No. 5, pp. 553—555, 1990.

INTRODUCTION

CHEST X-rays are part of follow-up programmes of breast cancer patients in order to provide an early diagnosis of intrathoracic spread. The examination is easily performed, cheap and considered reasonably sensitive. We recently reported that yearly chest X-rays in patients with stage I breast cancer who were otherwise apparently free of disease have a low cost/benefit ratio [1], as only 0.3% of the scheduled chest X-rays revealed unsuspected malignant changes. Patients with stage II breast cancer have a higher recurrence rate than stage I [2], suggesting a higher cost/benefit ratio. The present study was therefore undertaken in order to examine retrospectively whether repeated X-rays performed at fixed intervals after mastectomy had any value in patients with primary operable breast cancer. Danish Breast Cancer Cooperative Group (DBCG) stage II [2, 3]

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Preactivation: A New Concept for Generation of Photoproducts for Potential Therapeutic Applications

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Controlled exposure of photoactive compounds to light prior to their use in biological targets results in the formation of heretofore unknown photoproducts. This process of photoproduct generation, termed preactivation, renders the photoactive compound capable of systemic use without further dependence on light. We have demonstrated that preactivated Merocyanine and preactivated Photofrin-II possess significant antitumor and antiviral activity against certain tumor cells and viruses, while under identical conditions normal cells and tissues are minimally affected. Thus, the preactivation procedure may represent a promising therapeutic modality for controlling systemic malignancies and viral infections.

KEY WORDS: **antitumor, antiviral, leukemia, lymphoma, small cell lung cancer, HIV-1, SIV, HSV, merocyanine, phototrin-II, protein damage, hydroperoxides**

INTRODUCTION

Photoactive compounds have been used for many applications in biomedicine [1,2], including (1) generation of attenuated virus for vaccine production, (2) inactivation of snake venom for antibody production, (3) inactivation of virus in water supply, (4) purging of blood, blood products, and bone marrow contaiminated with virus or tumor cells, (5) eradication of tumors and tumor cells both in vivo and in vitro, and (6) inactivation of some viral diseases.

Therapeutic application of photoactive dyes and the concept of photochemotherapy can be traced back to ancient times. However, the starting date of the modern *documented* quantitative experimental work is generally ascribed to the work of Oscar Raab, who first published his work on acridine and paramecium in 1900 [3]. More recently, a renewed interest in the use of photoactive dyes as potential antitumor agents has occurred because they are retained by tumor tissue to a certain extent. Photoactive dye-associated virus and tumor cells are killed upon subsequent exposure to light. Many original papers, review articles, and books on this subject have been published [4–9].

One of the major drawbacks of conventional photodynamic therapy as a potential therapeutic means against systemic malignancies and bacterial and viral infections is the requirement of binding of photoactive dye to target cells or virus *first*, followed by illumination of the target. Thus, phototherapy is applicable only in diseases where target sites are accessible to light or in instances where special manipulations such as extracorporeal photopheresis, fiber optics, or surgery are possible. To overcome this limitation, we have investigated the possibility of activating photoactive compounds prior to their addition to targets, a process termed preactivation. The process of preactivation (light irradiation of photoactive compounds) results in formation of heretofore unknown photoproducts probably via the action of singlet oxygen on the dye molecule itself [10,11]. Using this procedure, we have found that photoproducts in preactivated Merocyanine 540 (*P*MC540) inhibited the in vitro proliferation of some cultured tumor cells (Daudi, HL-60, H-69, HS-

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sultan, and GM-1312) and inactivated cell-free HSV-1 and HIV-1 [12,13].

In this paper, overall results are discussed in terms of known cytotoxicity and virucidal activity of the photoproducts of Merocyanine 540 (MC540) and Photofrin-II, with a view to elucidating probable mechanism of action.

MATERIALS AND METHODS

Reagents

Merocyanine 540 was obtained from Sigma Chemical Company (St. Louis, MO). Stock solution was prepared in 50, 10, 2.5, and 1% aqueous ethanol at 1 mg/ml and stored at −20°C. Photofrin-II was obtained from Quadralogic Technologies, Inc. (Vancouver, B.C., Canada). Stock solutions for light activation were adjusted to 1 mg/ml in normal saline.

Light Source

A Spectra Physics Model 171 ion-laser with model 270 power supply. A bank of eight fluorescent light bulbs (Phillips, 40 W).

Process of Preactivation

Stock solution of MC540 was preactivated by exposure to a 514 nm laser light set at 4 W for 1 hr or a bank of fluorescent lights at a vertical distance of 10 cm from top of the Petri plate to the bottom of the light bulb, for 18 hr. There was no significant difference in the cytotoxicity by preactivated MC540 (*P*MC540) obtained by either of these methods. *P*MC540 could be stored at −135°C for more than 30 days without significant loss of cytotoxic activity [12,13]. Photofrin-II was preactivated by exposure to a bank of fluorescent lights for one hour as described above for MC540.

Cytotoxicity Assays

To assess tumor cell cytotoxicity, *P*MC540 (up to 120 μg/ml) was added to cultured tumor cells in the dark. After overnight incubation, cell viability was determined by trypan dye exclusion method, thymidine uptake, and verified by staining with ethidium bromide and fluorescein diacetate [14].

Clonogenic Assays

To study the clonogenic tumor stem cell colony formation, *P*MC540-treated and untreated cells (1×10^5 cells) were added to each culture plate containing 1 ml of 0.8% methylcellulose (Methocel A4M, Dow Chemical Company, Midland, MI), 20% fetal bovine serum, 0.6 mmol/liter 2-mercaptoethanol, and 100 units penicillin/100 μg streptomycin. Colonies consisting of 50 or more cells were counted on day 7.

Virus and Cell Lines

The strains of HIV-1 and SIV used were HTLV-IIIb and $SIV_{(mac251)}$, respectively. The MT-4 cells, uninfected and HIV-1—infected Hut-78 and H-9 cells were obtained from the NIH AIDS Research and Reference Reagent Program (Rockville, MD). Human and rhesus macaque peripheral blood mononuclear cells (PBMC) were obtained from heparinized whole blood by Ficoll/hypaque (Sigma Chemical Company, Saint Louis, MO) density centrifugation as described earlier [15].

In Vitro Viral Inactivation Studies

Viral deactivation studies were performed as described earlier [15]. Briefly, cell-free HIV-1 or SIV was either left untreated or treated with various concentrations of *P*MC540 for 2 hr at 37°C, and added to washed and pelleted 5×10^5 MT-4 cells in the presence of 2 μg/ml of Polybrene. After 1 hr of incubation, the MT-4 cells were washed three times and resuspended in 0.5 ml of complete RPMI-1640. Cell viability of duplicate cultures determined by trypan blue dye exclusion was assessed on days 4 and 7 for HIV-1, and days 5 and 10 of culture for $SIV_{(mac251)}$. The percent viral inactivation was determined as follows:

$$\% \text{ Inactivation} = \left(1 - \frac{\%\text{ viability without virus} - \%\text{ viability with PMC540-treated virus}}{\%\text{ viability without virus} - \%\text{ viability with untreated virus}}\right) \times 100$$

In some experiments, the supernatants of infected MT-4 cultures were collected at different time points, and the amounts of HIV-1 or SIV core antigens were determined by the HIV-1 and SIV antigen capture enzyme-linked immunosorbent assays (ELISA) (Coulter Immunology, Hialeah, FL), respectively.

Treatment of HIV-1-Infected Cells With *P*MC540

Human peripheral blood mononuclear cells obtained from normal volunteers were stimulated with 1% phytohemagglutinin A (PHA, Sigma) overnight and infected with HIV-1 (HTLV-IIIB). On day 7 post-in vitro infection, culture supernatants were tested for the presence of HIV-1 antigens by ELISA. Positive cultures were divided into two equal sets of samples. One set was left untreated, while the second set was treated with 200 μg/ml of *P*MC540. Culture supernatants were collected on different days of culture and assayed for the amounts of HIV-1 core antigens by ELISA [15].

RESULTS

Cultured tumor cells were treated with different concentrations of *P*MC540 in the dark. After overnight incubation, the viability of cells was determined as described in Materials and Methods. Results show that there was a dose-dependent inhibition (up to 80%) of tumor cell proliferation in leukemia, lymphoma, multiple myeloma, and small-cell lung carcinoma cells. However, all cell types (e.g., G-361 malignant melanoma cells) were not affected [12,13]. Toxicity to normal peripheral mononuclear cells underl these conditions was approximately 15% at the highest dose (120 μg/ml tested). *P*MC540 also was effective in significantly ($P < 0.001$) reducing the tumor stem cell growth in clonogenic assays [12].

Treatment of cultured tumor cells with buthionine sulfoxamine prior to treatment with *P*MC540 resulted in a virtual 100% killing of leukemia, lymphoma, and multiple myeloma cells as determined by clonogenic assays (manuscript in preparation).

Our data on the efficacy of preactivated Photofrin-II shows that treatment of estrogen receptor-negative breast cancer cells, retrofibroma, and pseudomyxoma cells with either preactivated Photofrin-II or tamoxifen (an antihormonal drug) was not effective. However, a combined treatment with these agents resulted in significantly ($P < 0.001$) enhanced cytotoxicity [16]. This synergistic effect was confirmed by statistical evalauation using combination index.

The virucidal activity of *P*MC540 has been reported [12,15]. Data show that *P*MC540 is very effective in killing *herpes simplex* virus type 1, human immunodeficiency virus type 1 (HIV-1), and simian immunodeficiency virus (SIV). A single-dose treatment of HIV-1-infected human peripheral blood mononuclear cells with *P*MC540 resulted in decreased viral infection, reduction of HIV-1, P24 antigen produced, and reduction in the number of antigen-positive cells. Treatment of HIV-1 with *P*MC540 interferes with its binding to CD4 target cells, suggesting possible cross-linking of the envelope gp120/CD4 complex. Preactivated Photofrin-II also was effective in killing HSV-1 and HIV-1 (89% kill). However, compared to *P*MC540 (a virtual 100% kill), preactivated Photofrin-II appears to be slightly less effective.

DISCUSSION

Photodynamic therapy remains to be widely accepted as a common therapeutic modality. One reason for this may be that photodynamic therapy cannot be used for systemic malignancies. In this report and those published earlier, we have defined a novel approach termed preactivation, that eliminates one of the major drawbacks of phototherapy [12,13,15,16]. In principle, the concept of preactivation is applicable to all photoactive compounds. However, conditions for preactivation must be defined separately for each compound. It is reasonable to speculate that photoproducts from all photoactive compounds are not likely to be of therapeutic value. The mechanism(s) involved in the process of preactivation and the resultant photoproducts from different photoactive compounds could be expected to be different. For MC540, we have reported that singlet oxygen generated at excited state attacks the dye molecule itself to produce potential therapeutic products [10,11]. The identity of the photoproducts formed remains to be determined, and efforts in this regard are underway.

In a recent study, we have reported that hydroperoxides are present in the preactivated MC540, and there is a strong correlation between the levels of hydroperoxides present and percent tumor cell killed upon exposure to *P*MC540 [17]. Hydroperoxides were not detectable in the forced degraded *P*MC540. The presence of hydrogen peroxide was ruled out, as this molecule is known not to discriminate between tumor cells and normal cells, which is not the case with *P*MC540.

Our data show that *P*MC540 is effective in inhibiting the proliferation of certain tumor cells, as well as HIV-1 and SIV. Treatment of HIV-1 and SIV with *P*MC540 interferes with their ability to bind to CD4 $^+$ target cells, suggesting cross-linking of viral proteins. To further enhance our understanding of the mechanism of action in this process, bovine serum albumin was used as a model protein to study the effect of *P*MC540. Our data indicate that a brief period of treatment of bovine serum albumin with *P*MC540 results in the loss of tryptophan florescence and fragmentation of the protein, suggesting a probable role of (·OH) or ·OH + superoxide (O^{-}_{2}) [17]. These findings are consistent with the earlier reports that proteins upon exposure to either · OH or a combination of ·OH and O^{-}_{2} exhibit altered primary, secondary, and tertiary structures and an increased susceptibility to proteolytic digestion [18–21]. Based on this model, one could speculate that the same or similar mechanism of action may be responsible for the inability of *P*MC540-treated HIV-1 and SIV to bind to CD4 $^+$ target cells due to potential alterations in gp120 protein. Studies are under way to understand the basic mechanisms involved in the process of preactivation

leading to the formation of photoproducts. as well as the process of virus and tumor cell kill. In any event. due to the antitumor and antiviral properties of *P*MC540, this preactivation procedure and, consequently, photoproducts generated may represent a promising therapeutic modality for controlling systemic malignancies and viral infections.

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THE WHITE HOUSE

WASHINGTON

December 27, 1993

Forrest W. Miller
649 Beachwalk Circle, Suite 101
Naples, FL 33963

Dear Mr. Miller:

Thank you for writing to share your perspective on AIDS. I appreciate your interest in this challenging issue.

Sincerely,

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

needs thanks for perspective letter

PUTTING AIDS IN PERSPECTIVE

Consider the two following propositions about AIDS --

A. AIDS is a terrible contagious disease that always ends in death and is spreading like wildfire thoughout the world.

B. AIDS is not nearly as contagious as one is led to believe so we don't have to worry about getting it through casual contact nor do we have to take such precautions as quarantine or notification armbands or even testing for those in sensitive areas like the medical professions.

WHICH IS IT? THEY WOULD APPEAR TO BE MUTUALLY EXCLUSIVE.

The truth, as usual, is probably somewhere in the middle.

As to Proposition A, according to Time Magazine 8/3/92 the cumulative number of HIV infections recorded since 1981 is 10 to 12 million and the cumulative number of AIDS cases is 1,700,000 and presumably all will die sooner rather than later. America has 16% of these cases; Africa 69% and the balance in Europe and the rest of the world. According to the 1991 edition of the U.S. Statistcal Abstract, The National Data Book published by the Department of Commerce, cumulative AIDS deaths in America since 1982 is 77,050. Since that time 16,700,200 have died from such afflictions as Heart Diseases 7,747,305, Cancer 3,725,700 and 5,226,995 from all other causes. The rate of growth of AIDS death has been 223% in 1983 (over 1982), 127% in 1984, 96% in 1985, 71% in 1986, 33% in 1987, 25% in 1988 and 19% in 1989. Hence, the number of actual deaths is increasing at a decreasing rate which is precisely the way statistics behave when one is dealing with small numbers. And compared to most other causes of death AIDS is quite small. This decreasing death rate should be down to about 5% per year in 5 - 6 years and stabilize at around 40-50,000 per year or about the same as annual deaths from auto accidents, half of which are related to alcoholic behavior. That is assuming (1) "safe sex" gives way to abstinence and (2) no absolute cure is found - which is likely since none has been found for most diseases today such as the many heart diseases and malignancies that millions of us suffer.

As to Proposition B, just a few years ago something like 98% of AIDS deaths were Gay men. Again, according to the Time report it is now 6% through Heterosexual sex, Hemophilia 1%, Blood Transfusions 2% and the balance Homosexual sex and drug use combined. Only 58% is purportedly related directly to Homosexual Sex. This would seem to indicate that unfortunately for them, it started with the Gay men and has spread from them to the drug community, the medical facilities and sadly enough, to unsuspecting women. Apparently then it is fairly "contagious" in many ways. It does not seem unreasonable, therefore, that the public has indeed a "right to know" who is infected and how does one protect oneself from this awful scourge. One would think that the Gays themselves would want to know. Magic Johnson, who is not gay, voluntarily removed himself from the basketball court in genuine respect and concern for his fellow man. Of course the gay lobby "educated" him to believe that being HIV positive was dangerous to virtually no one but the basketball players themselves did not agree. To be certain, the knowledge of who has the disease will in all likelihood destroy that persons career and social life. So does having heart disease or cancer though it does not carry the stigma of having somehow been self inflicted through certain behaviorial patterns of sexual disorientation. But it will in fact do a lot more harm than destroy your career and your social life. It will kill you! And it will kill others! The least an infected person can do for mankind is inform the others that they have it as did Magic Johnson and allow others to do whatever they deem necessary to protect

themselves. In fact it is the only decent thing to do. At a very minimum, all health care professionals should be tested regularly and to protect them, all of their patients and anyone admitted to a hospital or other healthcare facility should be tested.

In summary, AIDS is indeed a dangerous and spreading disease. However, it probably isn't going to spread as fast as the scaremongers would have us believe but it is probably a lot more contagious than that stated by the AIDS appologists.

Forrest W. Miller

Charts & Graphs attached.

Forrest W. Miller
649 Beachwalk Circle - #101
Naples, Florida 33963

ACTUAL DEATHS IN THE UNITED STATES

		1970	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989
ALL DEATHS		1,921,000	1,989,800	1,978,000	1,974,800	2,019,200	2,068,100	2,086,400	2,105,400	2,123,300	2,168,000	2,155,000
	% Chg	NA	0.36%	−0.59%	−0.16%	2.25%	2.42%	0.88%	0.91%	0.85%	2.11%	−0.60%
	Cum # Death	0	0	0	1,974,800	3,994,000	6,062,100	8,148,500	10,253,900	12,377,200	14,545,200	16,700,200
HEART DISEASE (Includes all Cardiovascular disease)		1,008,000	988,500	973,000	967,900	981,100	984,905	977,900	968,200	963,600	969,400	934,300
	% Chg	NA	−0.19%	−1.57%	−0.52%	1.36%	0.39%	−0.71%	−0.99%	−0.48%	0.60%	−3.62%
	Cum # Death	0	0	0	967,900	1,949,000	2,933,905	3,911,805	4,880,005	5,843,605	6,813,005	7,747,305
CANCER (All Malignancies)		330,700	416,500	422,100	433,800	443,000	458,800	461,600	469,400	476,900	485,000	497,200
	% Chg	NA	2.59%	1.34%	2.77%	2.12%	3.57%	0.61%	1.69%	1.60%	1.70%	2.52%
	Cum # Death	0	0	0	433,800	876,800	1,335,600	1,797,200	2,266,600	2,743,500	3,228,500	3,725,700
MOTOR VEHICLE ACCIDENTS		54,600	53,200	51,400	45,800	44,500	46,900	45,900	47,900	48,300	49,100	48,800
	% Chg	NA	−0.26%	−3.38%	−10.89%	−2.84%	5.39%	−2.13%	4.36%	0.84%	1.66%	−0.61%
OTHER ACCIDENTS		60,000	52,500	49,300	48,300	48,000	47,100	47,600	47,400	46,700	48,000	46,000
	% Chg	NA	−1.25%	−6.10%	−2.03%	−0.62%	−1.88%	1.06%	−0.42%	−1.48%	2.78%	−4.17%
PULMONARY DISEASES (Bronchitis, Asthma, Emphysema)		30,900	56,100	58,800	59,900	66,200	69,900	74,700	76,600	78,400	82,900	84,400
	% Chg	NA	8.16%	4.81%	1.87%	10.52%	5.59%	6.87%	2.54%	2.35%	5.74%	1.81%
PNEUMONIA AND INFLUENZA		62,700	54,600	53,700	48,900	55,900	59,600	67,600	69,800	69,200	77,700	75,200
	% Chg	NA	−1.29%	−1.65%	−8.94%	14.31%	6.62%	13.42%	3.25%	−0.86%	12.28%	−3.22%
DIABETES		38,300	34,900	34,600	34,600	36,200	36,100	37,000	37,200	38,500	40,400	46,600
	% Chg	NA	−0.89%	−0.86%	0.00%	4.62%	−0.28%	2.49%	0.54%	3.49%	4.94%	15.35%
SUICIDE		23,500	26,900	27,600	28,200	28,300	29,700	29,500	30,900	30,800	30,400	31,200
	% Chg	NA	1.45%	2.60%	2.17%	0.35%	4.95%	−0.67%	4.75%	−0.32%	−1.30%	2.63%
ILL−DEFINED CONDITIONS (Unknown)		25,800	26,800	29,500	29,800	29,600	30,200	31,000	31,400	31,300	31,000	29,800
	% Chg	NA	0.39%	10.07%	1.02%	−0.67%	2.03%	2.65%	1.29%	−0.32%	−0.96%	−3.87%
LIVER DISEASE		31,400	30,600	29,300	27,700	27,300	27,800	26,800	26,200	26,200	26,400	26,400
	% Chg	NA	−0.25%	−4.25%	−5.46%	−1.44%	1.83%	−3.60%	−2.24%	0.00%	0.76%	0.00%
HOMICIDE		16,800	24,300	23,700	22,400	20,200	20,000	19,900	21,700	21,100	22,000	23,000
	% Chg	NA	4.46%	−2.47%	−5.49%	−9.82%	−0.99%	−0.50%	9.05%	−2.76%	4.27%	4.55%
PRE−NATAL DEATHS		43,200	22,900	21,600	20,800	19,300	19,100	19,200	18,400	18,200	18,200	18,500
	% Chg	NA	−4.70%	−5.68%	−3.70%	−7.21%	−1.04%	0.52%	−4.17%	−1.09%	0.00%	1.65%
AIDS − DEATHS		Unk	Unk	Unk	444	1,436	3,266	6,404	10,965	14,612	18,248	21,675
	% Chg	NA	NA	NA	NA	223.42%	127.44%	96.08%	71.22%	33.26%	24.88%	18.78%
	% Chg in % Chg		NA	NA	NA	NA	−42.96%	−24.61%	−25.87%	−53.30%	−25.19%	−24.53%
	Cum # Deaths				444	1,880	5,146	11,550	22,515	37,127	55,375	77,050
AIDS − REPORTED NEW CASES		Unk	Unk	Unk	838	2,059	4,435	8,182	13,124	21,117	30,858	33,714
	% Chg	NA	NA	NA	NA	145.70%	115.40%	84.49%	60.40%	60.90%	46.13%	9.26%
	% Chg in % Chg					NA	−20.80%	−26.79%	−28.51%	0.83%	−24.26%	−79.94%

Increasing at a decreasing rate

SOURCE − All data through 1989 is as published in the U. S. Statistical Abstract 1986 thru 1991
Projections thru Year 2000 are based on annual % increases indicated.

PROJECTED DEATHS IN THE UNITED STATES

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
ALL DEATHS											
% Chg											
Cum # Death											
✓ HEART DISEASE (Includes all Cardiovascular disease) % Chg											
Cum # Death											
✓ CANCER (All Malignancies)	504,658	512,228	519,911	527,710	535,626	543,660	551,815	560,092	568,493	577,021	585,676
% Chg	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%
Cum # Death	4,230,358	4,742,586	5,262,497	5,790,207	6,325,833	6,869,493	7,421,308	7,981,400	8,549,893	9,126,914	9,712,590
MOTOR VEHICLE ACCIDENTS											
% Chg											
OTHER ACCIDENTS											
% Chg											
PULMONARY DISEASES (Bronchitis, Asthma, Emphysema) % Chg											
PNEUMONIA AND INFLUENZA											
% Chg											
✓ DIABETES											
% Chg											
SUICIDE											
% Chg											
ILL-DEFINED CONDITIONS (Unknown) % Chg											
LIVER DISEASE											
% Chg											
HOMICIDE											
% Chg											
PRE-NATAL DEATHS											
% Chg	Projected										
AIDS - DEATHS	24.728	27,410	29,788	31,907	33.814	35,572	37.218	38.768	40.222	41.578	42.841
% Chg	14.09%	10.85%	8.68%	7.11%	5.98%	5.20%	4.63%	4.16%	3.75%	3.37%	3.04%
% Chg in % C	25.00%	23.00%	20.00%	18.00%	16.00%	13.00%	11.00%	10.00%	10.00%	10.00%	10.00%
Cum # Death	101,778	129.188	158,976	190,883	224.697	260.270	297,488	336,257	376.478	418,057	460.898
	Actual										
AIDS - REPORTED NEW CASES	26.097										
% Chg	-16.66%										
% Chg in % C	-280.01%										

SOURCE - All data through 1989 is as p
Projections thru Year 2000

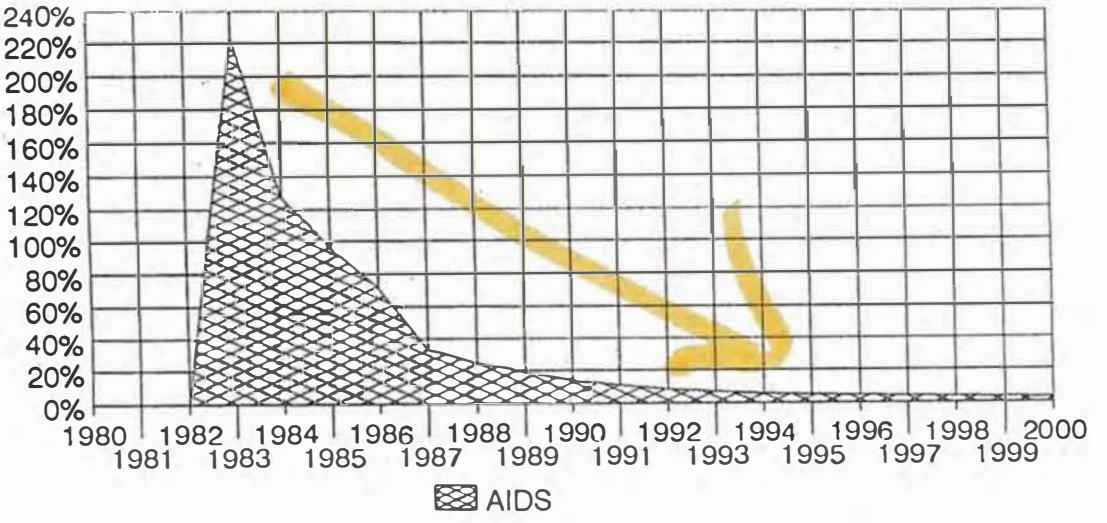
✓ – I have these diseases + Rheumatoid arthritis that has given me knee replacements + eye replacements, etc. I carry Nitro everyday so I don't die suddenly. Do you think I should go on TV and blubber around about my disease + "ACT UP" to get the Congress to find cure for my health problems.

Homos are a bunch of dry babies who can stop their dying anytime they choose. A Conti!!

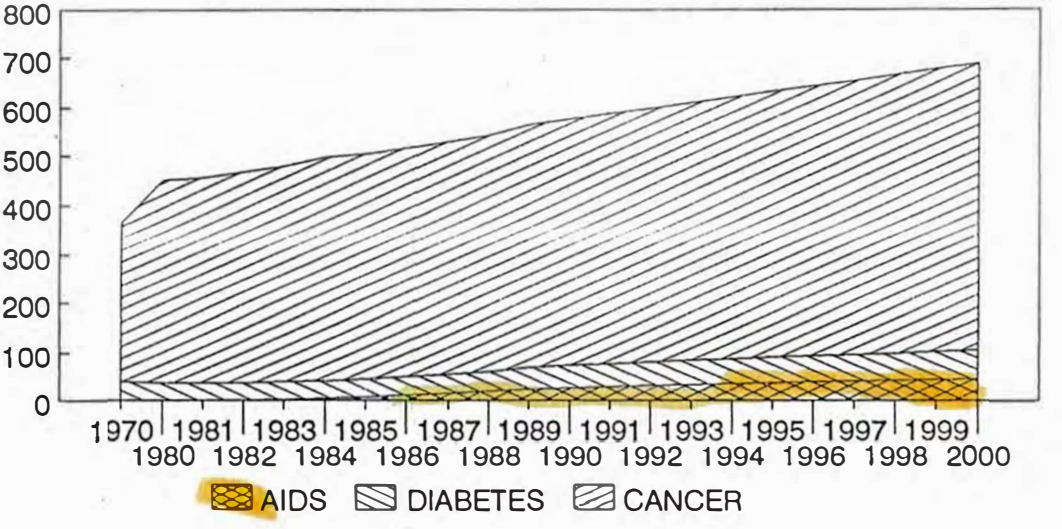
Forrest W. Miller
649 Beachwalk Circle - #101
Naples, Florida 33963

THESE GRAPHS PUT AIDS IN PERSPECTIVE

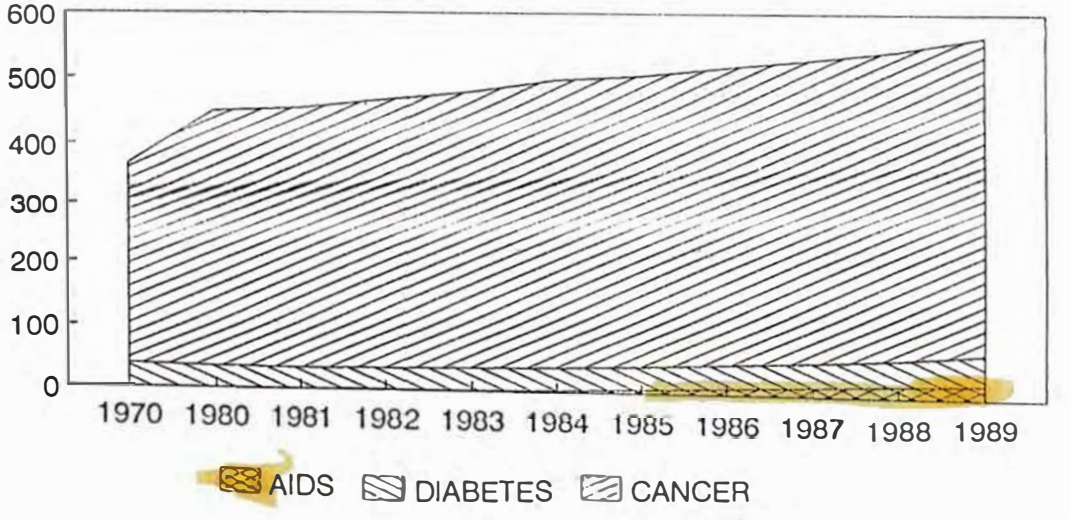
PERCENTAGE CHANGE IN DEATHS FROM AIDS
ACTUAL THRU 1989 – PROJECTION THRU 2000



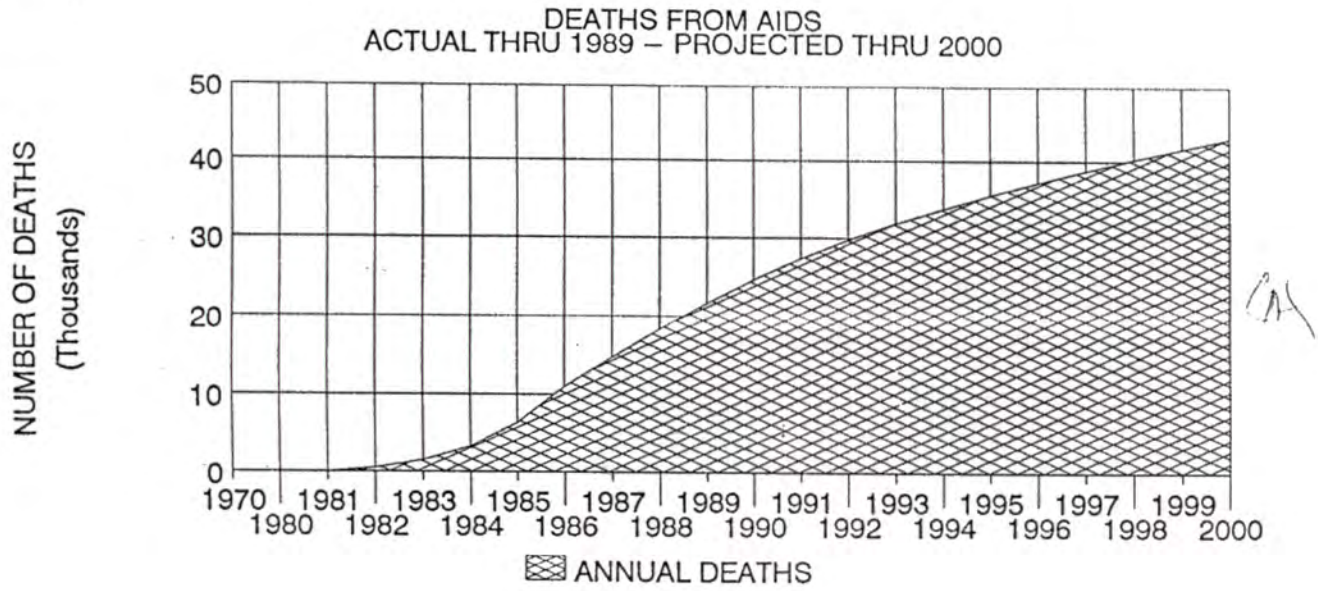
DEATHS FROM AIDS, DIABETES & CANCER
ACTUAL THRU 1989 – PROJECTION THRU 2000



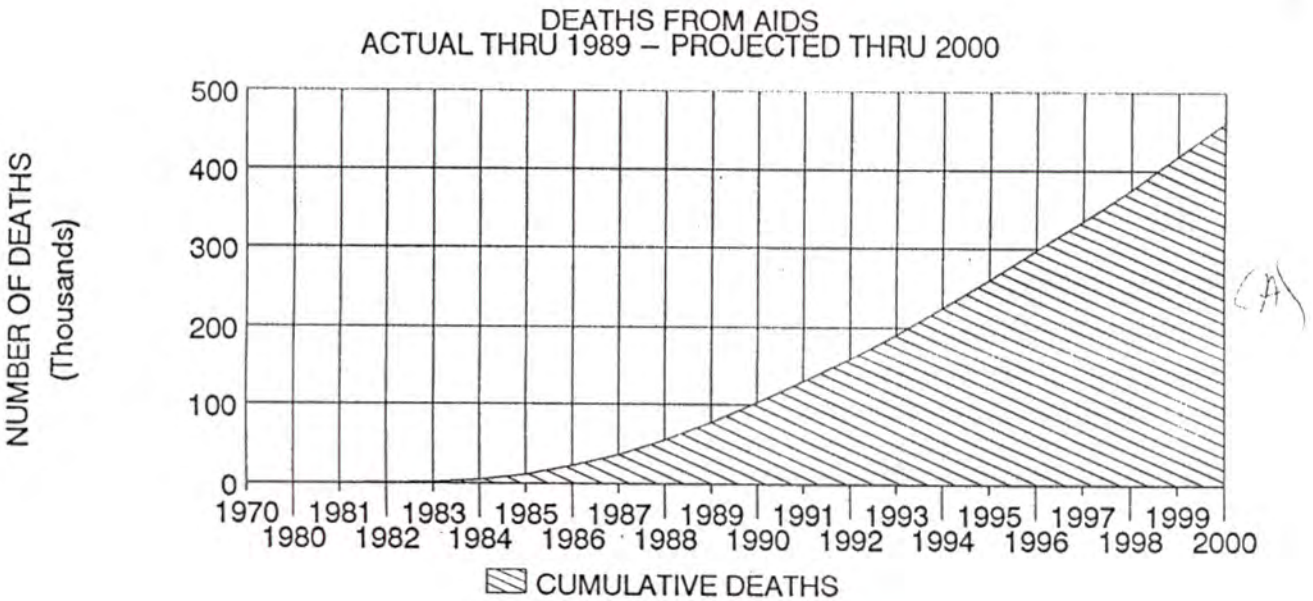
DEATHS FROM AIDS, DIABETES & CANCER
1970 THRU 1989



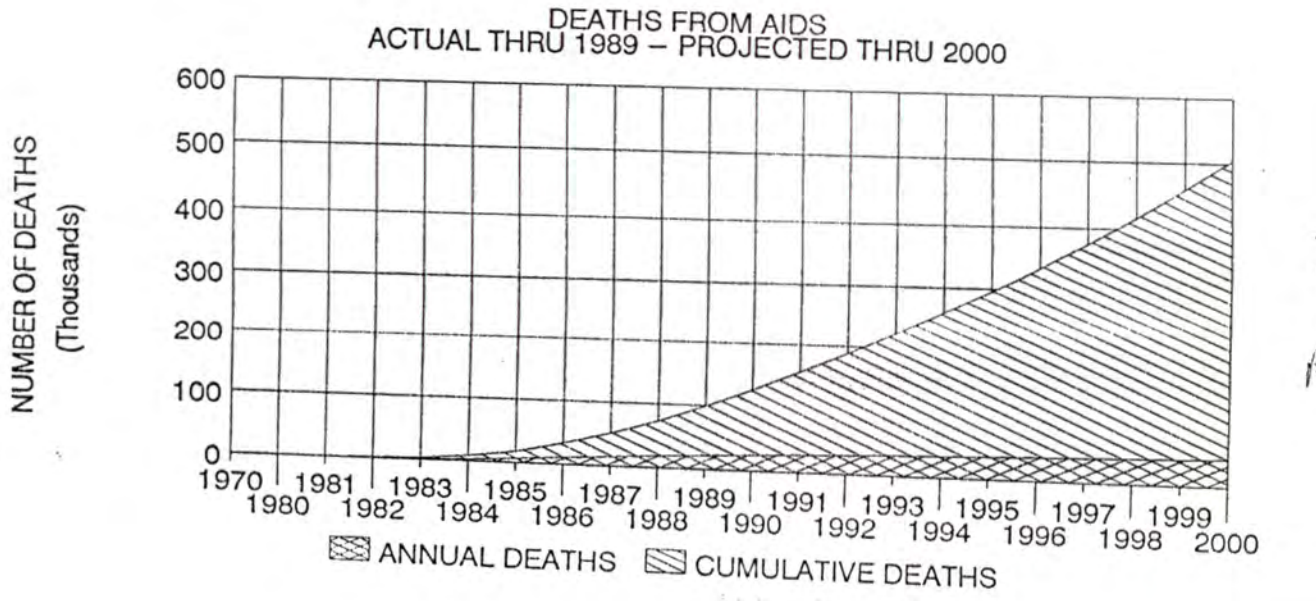
THESE GRAPHS "SENSATIONALIZE" AIDS (A)



(A)



(A)



IN
AC CAS
PERSPECTIVE

DEC 27 1993

THE WHITE HOUSE

Dear Mary —

I'm a little slow — just a quick word of thanks for the lunch — your ideas & concerns are very important ones, and I value the time. Please give me a call any time you have an idea, reaction, critique — and best wishes for the new year — Christine

THE WHITE HOUSE

WASHINGTON

27 December 1993

Mme. Simone Veil
Minister of State
for Social Affairs, Health and Urban Affairs
8 Avenue De Segur
75007 Paris

Dear Mme. Veil:

Thank you for the opportunity to meet with you on 16 December, to discuss the anticipated AIDS summit meeting.

I share your concern that the continued growth of the HIV epidemic in the developing world represents a serious challenge for all of us. A more coordinated strategy for support and activities of major donor nations could be of great help in our efforts. Consultation with developing nations would be an essential part of preparatory work for any strategic planning process.

I will be looking forward to the arrival of the formal invitation and subsequent discussions regarding the effort.

Sincerely,

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

Minister of State for Social Affairs, Health & Urban Affairs.

8 Avenue de Segur
75007 Paris

Dear Mme Veil -

Thank you for ~~the~~ the opportunity to meet with you on 16 December, to discuss the ~~forthcoming~~ anticipated AIDS summit meeting. As I indicated I will be looking forward to the formal invitation and will work with other ~~ministers~~ administration officials.

I share your concern that the continued growth of the HIV epidemic in the developing world represents a serious challenge for all of us. A more coordinated strategy for support & activities of major donor nations could be a great help in our efforts. Consultation with developing nations would be an essential part of the preparatory work for any strategic planning process.

I will be looking forward to the arrival of the formal invitation and subsequent discussions regarding the effort.

Sincerely

EMBASSY OF THE
UNITED STATES OF AMERICA

UNCLASSIFIED
TELEFAX TRANSMITTAL

DATE: 17 DEC 93
TIME:

TO: KRISTINE GEBBIE, WH, HSE.
(Name & Office)

FAX NUMBER: (202) 690-7560
(Country code + City code + Fax #)

Transmittal + 0 pages

FROM: TONY DALSIMER
(Name, Office, Agency Code)

EMBASSY PARIS ( )
Unit 21551
APO AE 09777
TEL: 33-1-4296-1202 ext. 2536
FAX: 33-1-4266-9783 or _____

AMBASSADE DES ETATS-UNIS
2, Avenue Gabriel
75008 Paris - France
(1) 42.96.12.02 poste: _____
(1) 42.66.97.83 ou _____

SUBJECT: PARTICIPANTS

REF: _____

MESSAGE: Following are names of those who attended your meeting with Mme Veil

Prof Jean-Louis GIRARD, Director Gen'l de la Santé
Elisabeth ALLAIRE, Advisor to Minister (AIDS)
Cristophe LECOURTIER, Advisor to Minister (Int'l Affrs)
Pascal CHEVIT, French Emb. in D.C.

I hope to have a report of your meeting completed this afternoon, but probably will not be able to clear it until Monday.

Tony

NOTE: ADDITIONAL SHEETS MUST BE OF BOND PAPER OR PHOTOCOPIER PAPER WEIGHT --
** TRANSMISSION TIME: COST: AGENCY CHARGED:
EMB-35 / October 93 (0119Vpage66)

THE WHITE HOUSE

WASHINGTON

DEC 27 1993

Mervyn C. Scantlebury
332 Rogers Avenue, Apt C9
Brooklyn, New York 11225

Dear Mr. Scantlebury:

Thank you for sharing information about your herbal remedy. As you may know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to end the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I am devoted to stopping the spread of HIV and to provide adequate care for those already infected. I am also devoted to finding a cure for AIDS as soon as possible.

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

Thank you again for sharing this information.

Sincerely,

Kristine Gebbie

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

cc: Office of AIDS Research, NIH

Terry ⇒ Pw 1

2017 La Horquetta Phase II Arima Trinidad, W.I.

December 8, 1993

Miss Christine Geby
AIDS Czar
Office of the National AIDS
Policy Co-ordinator
750 17th Street N.W.
Washington, D.C. 20503

Dear Miss Geby:

I am hoping by God's Grace to have a clinical trial for treatment of AIDS patients conducted in Trinidad some time in the future, I have a herbal remedy which I believe is going to cure the dreaded disease. Because scientific tests are not conducted in Trinidad, I am asking if your department will be willing to assist in having the medicinal extract from the herb tested, and when proven safe then will I proceed to use it on patients, enclose are copies of letters sent to me from the Health Authorities in Trinidad who have been guiding me accordingly. I am the holder of a certificate of Participation for Community Care for Aids/HIV Persons a copy is also enclose.

Thank you in advance for your help, and may God continue to bless you and your department.

Yours truly

Mervyn C. Scantlebury
Mervyn C. Scantlebury

P.S.

Should you receive this letter before New Years Day and is willing to respond. I can be contacted at this address:

332 Rogers Avenue, Apt C9
Brooklyn, New York 11225
(718) 462-0906

I am presently visiting the U.S. and will be back in Trinidad by God's grace on January 1, 1994.

Rev. 22:2 The leaves of the tree
were for the healing of
the nations.

CHEMIST—FOOD AND DRUGS DIVISION

In replying, please quote:

.....
and address to the Secretary.

115, FREDERICK STREET,
PORT-OF-SPAIN,
TRINIDAD, W.I.

28th May, 1993

Mr. Mervyn Clyde Scantlebury,
2017 La Horquetta,
Phase II,
ARIMA.

Re: Clinical Trials for Treatment of Aids Patients.

Dear Sir,

Your letter on the above captioned subject was discussed at a recent meeting of the Drug Advisory Committee.

The Committee is of the view that the request for assistance to conduct clinical trials for your drug is addressed to the wrong forum. The Committee would like to suggest that an approach be made to medical doctors who may be willing to conduct these clinical trials. On completion, these clinical trials should be properly documented and presented with all relevant information as a New Drug Submission. (Forms enclosed)

Attached, please find information on the necessary conditions, facilities and controls for Drug manufacturing, extracted from the Food and Drugs Regulations, for your reference.

Yours sincerely,

.....
Secretary,
Drug Advisory Committee.

Encls:

/akw

MINISTRY OF HEALTH

Tel: 675-8511/7
675-5244/7
Fax: 638-8620

Roundabout Plaza
Barataria

HE:22/1/16 VOL. I

4th May 1993

Mr. Mervyn Scantlebury
2017 La Horquetta
Phase II
Arima

Dear Sir

Herbal Remedy for Aids - Mr. Mervyn Scantlebury

I am to refer to your letter dated 31 March, 1993 which was forwarded to this Ministry by the Permanent Secretary to the Prime Minister.

In the light of the information therein, I am to advise you that the Ministry of Health does not become involved in the trial of first line drugs. All drugs must be scientifically tested before consideration could be given to their use.

Please be guided accordingly.

Yours sincerely

V. Reynolds
Administrative Officer IV
/f/Permanent Secretary

SECRETARIAT FOR INTEGRAL HUMAN DEVELOPMENT AND WELFARE

(CARITAS OF THE ANTILLES EPISCOPAL CONFERENCE)

Certificate of Participation

This is to Certify that

MERVYN C. SCANTLEBURY

has completed 18 hours in preliminary Community Care for Aids/HIV persons at the Queen's Park Counselling Centre and is hereby awarded this certificate.

Director
Q.P.C.C.

Executive Secretary
Caritas A.E.C.

Fields Officer
Caritas A.E.C.

Date: 7th April 1992

Presidential Correspondence/ messages

THE WHITE HOUSE

WASHINGTON

December 27, 1993

MEMORANDUM FOR JOHN D. PODESTA
ASSISTANT TO THE PRESIDENT AND STAFF SECRETARY

FROM JOHN PAUL GURROLA
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT Letter from National Catholic AIDS Network

Enclosed, is a letter from Father Rod DeMartini, Executive Director of National Catholic AIDS Network. He asked for my assistance in getting his letter to the appropriate folks in the White House.

Father DeMartini was initially invited to attend the breakfast with the President on November 29, 1993, but could not attend. His organization serves a powerful purpose in the fight against AIDS because of the tenuous feelings about the disease within his church.

I have attached a draft response to Fr. DeMartini for your review.

Thanks for your assistance with this matter. Please let me know if I can be of further assistance. I can be reached at 632-1090.

Dear Father DeMartini:

Thank you for your kind words of encouragement. I am sorry that I did not have the chance to meet you at the breakfast that I hosted on November 29.

As Msgr. Dillard reported to you, we had a very productive breakfast on that day and I learned a great deal about the work that is being done by the various AIDS ministries across the nation. I look forward to working with those ministries in the future as we battle HIV and AIDS together.

I salute you and encourage you to keep up the great work that you are doing on the front lines in your ministry.

Thank you for your prayers and may God bless you and your work.

Sincerely,

BC

NATIONAL CATHOLIC
AIDS NETWORK

November 30, 1993

President Bill Clinton
The White House
Washington, DC

Dear Mr. President,

Whenever I have seen pictures of you attending Sunday services, I have noticed that you are always carrying the Bible. One of the strongest images that comes from the Scriptures is that of Jesus who frequently walked among his people and listened to their stories and concerns.

Once again, you portrayed this same sense of ministry yesterday when you gathered with a variety of religious leaders to listen to our experience and our hopes in the midst of the HIV pandemic. Even though I was not able to accept the invitation to join you for this meeting, I was able to speak with Msgr. Dillard and update him with information and suggestions gathered from our 3500 member network. He called me after the meeting to share his joy and enthusiasm in meeting a President who wanted to listen and learn.

I look forward to my continued participation on the *Council of National Religious AIDS Networks*. Hopefully, we can be a positive force in our country to assist you in addressing the challenges of this pandemic. Perhaps, someday, I can thank you personally for your courage and candor. I hope that the enclosed icon card and prayer, which has been utilized in many Catholic settings across the country, will bring you blessings and peace in your ministry of leadership.

Sincerely,

Rodney J. DeMartini, SM

Rev. Rodney J., DeMartini, SM
Executive Director

Office of the Executive Director
Post Office Box 422984
San Francisco, CA 94142
Telephone 707-874-5031
Fax 707-874-1433

THE WHITE HOUSE

WASHINGTON

December 27, 1993

Christopher Gerard
The Actors Fund of America
National Headquarters
1501 Broadway, Suite 318
New York, New York 10036

Dear Chris:

I wish to congratulate you on the excellent job that you and the Actors' Fund of America are doing in providing services to those in the entertainment industry that have been affected by the AIDS epidemic.

The entertainment industry, more than most, has felt the full impact of the devastation of this epidemic on young, talented and creative individuals. All of the entertainment arena, theater, television, movies, dance, and music, have suffered from the loss of some of their most talented professionals. And this is not only a loss to the entertainment community, but a great loss to our nation and indeed to the world, for much of their work is applauded around the world. These gifted people are a national resource that cannot be replaced. All our lives will be less enriched from not having known the full breadth of their talents.

We are all indebted to you for your efforts in helping those living with HIV infection to extend their healthier, more productive years. By providing shelter, food, financial and medical assistance, you afford life with dignity to those coping with the daily insults of AIDS.

The President has appointed me the National AIDS Policy Coordinator, to help him bring greater focus to the AIDS efforts in our country. Part of my job is to bring together the various sectors of Government with those working in the community to determine how we can work together to prevent the further spread of the virus, to find a cure and a vaccine, and to provide better treatment and services to those afflicted. We are proud to have the Actors' Fund of America as a partner in these efforts and commend you on your personal efforts on behalf of your colleagues living with AIDS.

Sincerely yours,

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

For All Entertainment Professionals
The ACTORS' FUND OF AMERICA

October 22, 1993

Mrs. Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

My dear Mrs. Clinton:

As you can see from the attached letter, I am very happy to say that my friend, Joan Rivers, has for the past seven years taken me and numerous other PWAs (Persons With AIDS), under her wing. Because of Joan's help and caring, my life over these seven years has been dramatically turned around. Most importantly, she is solely responsible for my good fortune in discovering The Actors' Fund of America. Joan's letter describes it best; The Fund has put a roof over my head, food on my table, and allowed me to get the finest medical care.

Mrs. Clinton, I am profoundly happy that President Clinton is in The White House and that you are working side by side because I, unlike many PWAs and homosexual men know that you both care. One can't always knock down all of the bowling pins on the first try, so for right now, a spare is darn good. It is because you care so deeply about the health services offered to all Americans, that I was compelled to write you. I am asking you personally to endorse The Actors' Fund because I have had full blown AIDS for seven years and I know how The Fund has helped me and others living with AIDS. We now need your help.

The Fund truly believes that we should take care of our own: a Nursing and Retirement Home located in Englewood, New Jersey, serves over ninety needy individuals; hundreds of PWAs annually receive financial aid and specialized care; and literally thousands of others receive counselling and financial assistance grants each year. You may recall the case of Theresa Saldana, an actress who was stalked and assaulted. The Fund gave unflagging support to Theresa for years, supplementing her limited insurance, finding her supportive companions and, later, helping her through other problems she faced.

The Actors' Fund of America's Holiday Auction will be held Monday evening, November 29, 1993. Some of the most celebrated actors, directors, musicians and producers of our time will participate. Our list keeps growing each day from the ranks of every aspect of the entertainment and business communities. Please join us. We would be most grateful if you would attend this event and say a few words in support of this important organization. Of course, The President and "the future of tomorrow," Chelsea, are invited to attend!

I sign this letter now as I have signed every communication for the last seven years. I'm still here.

Gratefully yours,

Christopher Gerard

Christopher Gerard
Actors' Fund Client and Volunteer

P.S. Without The Actors' Fund, countless people would be without the basic necessities of life. The Fund deserves your support.

CHRIST THE SAVIOR IS BORN

Hallelujah!

THE CHRIST CHILD BRINGS US LIFE, HOPE, AND LIGHT IN THE MIDST OF DARKNESS!

Dearest ~~Friends~~, Kristine,

These past six years the Lord has graced us with being characters in His story. In the midst of the dark valley He has revealed to us His love and glory. In moments of physical and emotional exhaustion He has graciously picked us up and carried us in His arms. His gifts have been abundant, far more than we could ever ask or hope for. He blessed us with Mary, seventeen wonderful years together, incredibly concentrated, rich, and rewarding.

Our lives are finding a new balance. Four cannot be five; there will always be her place at our table, in our lives and hearts. For she gifted us in so many ways. Thankfully we are healing and achieving harmony once again. Thanks to Him. And thanks to you, our wonderful community of friends and family, near and far. It's been our walk together, and you have given so much more than you can imagine. You have blessed us, and I trust that our struggles and triumphs have somehow touched and enriched your lives.

It's in the sharing of our most personal stories with one another that we truly grow--richer in life, deeper in relationship. For we are one family. This Christmas we send you our love, our thanks, our hope, and our knowledge that one day again we shall dance together at Heaven's gate. May you be abundantly blessed with His gifts this Christmas!

Randy, Colin, Graham, and Hilary Jacobs

I waited patiently for the Lord:
he turned to me and heard my cry.
He lifted me out of the slimy pit,
out of the mud and mire;
he set my feet on a rock
and gave me a firm place to stand.
He put a new song in my mouth,
a hymn of praise to our God. Many
will see and fear and put their trust
in the Lord. Psalm 40: 1-4

Be joyful always, pray continually;
give thanks in all circumstances,
for this is God's will for you in
Christ Jesus.

1 Thessalonians 5: 16-18

Thanks for your call!
Hope you have a blessed
Christmas with your children!
R.

TACOMA WA 984
JM
WASH., D.C. GMF DCRM 12/26/93 08:27
22 DEC
1993

Kristine Gebbie, Director
Office of National AIDS Policy Coordinator
750 17th St. NW
Suite 1060
Washington D.C. 20503

PERSONAL

TUDOR JACOBS
1034 FRANKLIN
PORT TOWNSEND, WA 98368

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THE WHITE HOUSE

WASHINGTON

December 28, 1993

MEMORANDUM

TO: Secretary Robert Reich, Department of Labor
Secretary Richard Riley, Department of Education

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

SUBJECT: California Education Summit

California Assembly Speaker, Willie Brown, has invited each of us to participate in a February 15-16, 1994 California Education Summit to grapple with education reform. For your information, I am unable to attend, but have indicated my interest in the issue and my willingness to participate in some other way if appropriate.

Attachments

THE WHITE HOUSE

WASHINGTON

December 20, 1993

The Honorable Willie L. Brown
Speaker of the Assembly
State Capitol
Sacramento, CA 95814

Dear Speaker Brown:

Thank you for the invitation to the upcoming Education Summit scheduled for February 15-16, 1994. I am very interested in your efforts, but, unfortunately have a scheduling conflict and am unable to attend. Please do keep me informed of your work in this area, and let me know if can help in some other way.

Sincerely,

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

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SACRAMENTO, CALIFORNIA 95814
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DISTRICT OFFICE
455 GOLDEN GATE AVENUE
SUITE 2220
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(415) 557-0784
DISTRICT OFFICE
300 SOUTH SPRING STREET
SUITE 16505
LOS ANGELES, CALIFORNIA 90013
(213) 620-4356

Assembly
California Legislature

WILLIE LEWIS BROWN, JR.
SPEAKER OF THE ASSEMBLY

December 10, 1993

Ms. Kristine M. Gebbie
AIDS Policy Coordinator
OFFICE OF DOMESTIC POLICY
The White House, 2/WW
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Ms. Gebbie:

In November, California's voters wisely rejected Proposition 174, an initiative that would have imposed a dangerous voucher plan on this state's public school system. But despite the overwhelming vote against vouchers, the voters have also sent policy makers a strong message that public education is in need of serious reform. In response to that concern, I have announced my intention to host a California Education Summit next February for the purpose of developing a substantive education reform agenda for action by the California Legislature in 1994.

Today, as in no other time in history, the education of our children encompasses a broad field of subject areas and issues. Because of your strong commitment to the health profession and your knowledge of AIDS-related issues, it is my pleasure to invite you to be a participant in this summit. Your input and expertise would go a long way toward helping us achieve the Education Summit's goals.

The Education Summit will take place in Los Angeles at the Biltmore Hotel on February 15 and 16. Last year's Economic Summit, in which members of the Clinton administration played key roles, set the stage for one of the most productive sessions of the California Legislature in history. I believe this Education Summit will set the stage for the same kind of thoughtful policy debate and substantive action plan for the improvement of the largest public school system in the nation.

Rick Simpson, our Education Consultant, is organizing the details of the summit. As the date of the summit approaches, he will be in touch with your office regarding your participation. In the meanwhile, if you have any questions or need further information regarding the summit, please feel free to contact Rick. He can be reached at either (916) 445-8077 or (916) 324-6184.

Thank you for your consideration of this request. I look forward to the possibility of seeing you in Los Angeles.

Cordially,

Willie L Brown Jr.

WILLIE L. BROWN, JR.
Speaker of the Assembly

THE WHITE HOUSE
WASHINGTON

December 28, 1993

A.L. Foster
Senior Consultant
Environmental Control Services, Inc.
P.O. Box 55518
Atlanta, GA 30308

Dear Mr. Foster:

Thank you for writing to share the information on indoor air quality. This information may prove helpful to my staff and I as we work to end this epidemic. If I need additional information, I will let you know.

Sincerely,

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

ENVIRONMENTAL CONTROL SERVICES, INC.
THE SICK BUILDING SPECIALISTS

needs a "thanks" letter

Dec. 2, 1993

Mrs. Christine Gibbee
National AIDS Policy Coordinator
750 17th St., N.W.
Suite 1060
Washington D.C. 20503

Dear Mrs. Gibbee,

In keeping with President Clintons' recently expanded AIDS policies I would like to offer my companies (ECS) assistance and technology.

For over a quarter of a century ECS has pioneered in the research and remediation of sick buildings, building related illnesses (BRI), and airborne disease control.

ECS is currently the Indoor Air Quality (IAQ) Consultant for Grady Memorial Hospital in Atlanta, GA. Our duties are to monitor micro-biological conditions and provide a "Germ Free" environment for T.B. and AIDS victims and other patients in critical areas (MRSA).

The environment plays a vital part in the ultimate deaths of AIDS victims. These deaths are as a result of secondary infections such as pneumonia, meningitis, tuberculosis, and other diseases that are life-threatening for those with compromised immunity systems.

I am offering to assist with your National AIDS Program as a consultant and would also like to avail my company ECS as a remediation source for government (or private sector) remediation projects.

ECS has documented the reduction of airborne infections and sickness in U.S. Government buildings and hospitals.

Please review our enclosed information and call to schedule and appointment.

Sincerely,

A.L. Foster
Senior Consultant

P.O. BOX 55518 • ATLANTA, GA 30308

For Immediate Release
October 11, 1993
Atlanta, GA

For More Information:
Amy Creason
(404) 266-1970

Cure for Sick Buildings Found in Atlanta

Its not news to the multitude of coughing, sneezing, and nauseated homeowners or office workers that they inhabit a "Sick" building. According to recent EPA reports, a building or home is considered sick when its occupants (even a small number) complain of health and comfort problems that are related to time spent in that structure. Occupant complaints range from headaches, eye irritations, coughing, nausea, and fever to disorientation, respiratory problems, and colds and flu like symptoms. In fact these symptoms can be an indication of toxic and even deadly contaminants.

The World Health Organization estimates that 30% of all buildings are "sick", however most experts estimate that figure to be closer to 65%. These buildings become contaminated by either inadequate ventilation, common chemicals, pollutants produced inside the building, or poor engineering and construction. But, according to Arthur "Larry" Foster the man credited with coining the term "Sick Buildings" the most common cause is also the most overlooked: biological contamination. These "bio-contaminants" include excessive molds, fungi, bacteria, and viruses. In breathing vicinities they often torture allergy and asthma sufferers, elderly persons, infants, those with compromised immunity systems, and especially AIDS victims. Foster notes "these organisms find ready homes virtually anywhere from becoming airborne to living and breeding in areas of water leakage, air conditioning or heating vents, rugs, carpets, humidifiers, and other places inside a home or office."

Foster also points out "companies who perform "Duct cleaning" often worsen the problem unknowingly by stirring up dormant bio-contaminants which become airborne then are recirculated through the central heating and air conditioning systems. Additionally carpet cleaners wet carpets to clean them which provides a perfect breeding ground for molds, fungi, and bacteria.

With these factors in mind Foster co-founded Environmental Control Services, Inc. which for 25 years, has developed technology for the curing of sick buildings and controlling of airborne infectious contaminants. ECS has controlled airborne infections for numerous hospitals and now is making its services available to the public. ECS has a team of multi-disciplined environmental specialists trained in infectious disease control ready to assist homeowners and businesses who suffer from indoor contaminants.

ECS, the indoor airborne infection consultants for Grady Hospital, in Atlanta, has created this service which is available and affordable for any home or business owner.For information contact Amy Creason at (404) 266-1970.

ENVIRONMENTAL CONTROL SERVICES, INC.

P.O. Box 55520
Atlanta, GA 30308

ECS Specializes in the reduction of airborne nosocomial infections.

* ECS principals sit on the joint Tuberculosis Task Force for Grady Hospital, Emory University, and the Centers for Disease Control in Atlanta, Georgia.

* ECS is the Indoor Air Quality consultant for Grady Hospital in Atlanta, Georgia.

* ECS has successfully lowered the nosocomial infection rate in a military hospital from the highest in the command to the lowest.

* ECS has written the specifications for the Surgeon General's Office, the U.S. Army, Navy, Air Force, and over 14 hospitals on the reduction of airborne nosocomial infections and indoor air quality.

* ECS has remediated over 50 million square feet of sick buildings throughout the United States.

* Principals of ECS have spoken before Congress on Indoor Air Quality.

* Arthur "Larry" Foster, a senior consultant for ECS, coined the phrase "Sick Building Syndrome" pioneered the curing of sick buildings.

* Arthur "Larry" Foster was named remediation director for a Centers for Disease Control (CDC) study in conjunction with the University of Alabama (Birmingham).

* ECS has directed the remediation of Legionnaire's Disease epidemics throughout the United States.

* ECS has performed studies and remediation for methicillin resistant staphlococcus aureas (MRSA), Tuberculosis, Meningitis, Salmonella, Legionella, and Acquired Immune Deficiency Syndrome (AIDS).

* ECS accomplishments include the remediation of a 600,000 square foot government facility stricken with infectious diseases and over 1000 various health complaints.

(404) 266-1970

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
016. letter	To: Environmental Control Services; re: Asthma Attacks (1 page)	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 [10]

2018-0756-F
jp4807

RESTRICTION CODES

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

ENVIRONMENTAL CONTROL SERVICES, INC.

P.O. Box 55518
Atlanta, GA 30308

References

Hospitals and Laboratories

Martin Army Hospital, GA....Grady Hospital, GA

Methodist Hospital, TX.....St. Josephs Hospital, TX

Fulton County Health Department, GA

Georgia Warm Springs Hospital....Hospital Del Oro, TX

Fort McPherson Hospital, GA.....Ben Taub Hospital, TX

Hamilton Medical Center, GA......Lifemark, TX

Sterns Laboratories.....Center for Disease Control

Emory University (Yerkes Primate Center)

Scripps Institute, CA

Commercial and Industrial

U.S. Army Command Headquarters, Ft. Benning, Georgia

Capital Records....Georgia Tech....Lockheed-Georgia

Lockheed-Meridian....McDonnel Douglas....City of Atlanta Airport

Fulton County....Fort McPherson, GA....Fort Gillem, GA

Owens Illinois....Hughes Tool Company....Owens Corning

Reed Roller Bit....Cameron Iron...Western Electric

Southern Bell.....American Cyanamid....Commerce Club

Sears and Roebuck....Ford Motor Company....Northside Realty

Carter and Associates....AT&T....Meade Paper

Atlanta Ballet....Austrian Trade Commision

(404) 266-1970

Cleaning the air in "sick" work and living spaces may save or extend the lives of those with AIDS;
And why such a basic, preventative therapy has been over-looked.
Writer: Brad Wieners
(filename:SICKAGAIN)

"What would it mean to give someone another year of life, or two, or three...what if it were in your power to do so?" That was the question Arthur "Larry" Foster left me with when I first contacted him several weeks ago about "Sick Building Syndrome," a condition he has been researching and successfully remediating since he coined the phrase in 1978. With his somewhat provocative query, however, he was not referring specifically to his prior work correcting indoor air pollution, which in many cases is ten times worse than the smog outside. Instead, he was raising the issue of how his work might be pertinent to the fight against AIDS. According to Foster, a straight-forward approach to promoting the health and longevity of those who are HIV positive or who have developed AIDS related complex (ARC) has been tragically ignored.

"It has been my experience that colds and flus are about as real as the Easter Bunny," Foster said, "by cleaning air ducts, ventilation systems, and removing biological and chemical contaminants from breathing air, I have all but eliminated the kinds of illness and secondary infections that can end up killing those with AIDS." Simply put, Foster believes that by working to clean what is in the air those carrying the AIDS virus breath,

whether its in a hospital ward, their office, or their home, one can remove many of the opportunistic infections that trigger and compound ARC. This is particularly important for those who have retained an office job in a potentially sick environment in order to continue health benefits.

"You have to be a moron not to see the sense in this," Foster added in a follow-up phone call from Atlanta, where he is the president of Environment Control Services, a company that "diagnoses" and "remediates" sick spaces. "It's not to say drug therapies are wrong, not at all. But it is to say that infection control should not be limited to treating the person infected."

As a historical precedent to his strategy, he offers the crisis that developed during the digging of the Panama Canal. During its construction, an epidemic of malaria and yellow fever claimed many lives. "They didn't, couldn't possibly kill all the mosquitos (the agents of the disease)," Foster notes, "so they moved the swamps."

Why hasn't Foster "bull-dozing" common sense had an impact? If airborne microbes could hinder or complicate the health of those who are HIV positive, why haven't studies begun?

The response from Dr. Robert Hughes, an emissions control specialist with the Center for Disease Control, was typical. "I don't know of any studies on this to validate it," Hughes said, "or any investigation.

We're just beginning to get a handle on these topics." Dr. Larry Waits, a San Francisco based AIDS specialist began by echoing Dr. Hughes, "I don't know of any studies that have been done," he said, but then asserted that "it is generally thought that cryptococcus and MAI (two fungal infections that can lead to acute diseases like meningitis) enter the body through food and air. Theoretically, if you could cut down on these spores you could reduce secondary infections in those with AIDS by 50 percent."

At Project Inform, an AIDS awareness and support group that already encourages those who have tested HIV positive to monitor their diets carefully, Terry Beswick said Foster's proposal "sounds reasonable. Anytime you reduce your exposure to infections you stand a better chance."

For Drs. Levin and Anderson, independent practitioners here in the Bay Area, Foster's suggestion elicited immediate return calls. Both treat patients who have developed what amount to allergies to chemicals, reacting to synthetic or "safe" toxic materials the way others do to smoke, pollen, or animal hair. Levin has participated in AIDS research and treatment as well.

"Everyone should know about this, not just those who are HIV positive," Levin said, "I treat many people whose immune systems have been suppressed by chemicals known as 'free radicals' from paints, carpets, particle boards, etc. The bottom line is these elements are not

isolated threats. In someone's body they attack simultaneously, effecting different parts of a person's immune response, creating a pathway of destruction."

"Additional studies are not needed," Anderson began, "we already have evidence of how chemicals and microbes effect those without the AIDS virus. It only stands to reason that they (those with the AIDS virus) would be even more vulnerable."

With Foster's proposal un-refuted, I turned my attention to why it has fallen on deaf ears. The explanations proved quite revelatory. "The U.S. medical establishment has been criminally negligent with regards to environmental health issues," said Anderson, "if this were the French revolution of medicine, these doctors (who refute environmental hazards like chemicals) would be guillotined." To Anderson its no coincidence that our country's medical policy tends toward active, pharmaceutical treatments while passive, preventive care goes underdeveloped: one makes money, the other doesn't.

"The pharmaceutical and chemical companies are one in the same," Anderson remarked, "if it became widely known that chemicals adversely effect the immune system, these corporations would stand to lose billions of dollars on both sides: from the products that cause the problem, and from the medicines used to mitigate the common symptoms, thought of as

colds, their drugs are supposed to treat."

In other words, Anderson believes the reason maintaining indoor air quality has not been pursued as a preventive AIDS therapy is because such an approach is linked to the controversy surrounding environmental medicine--still thought by some to be quackery, the symptoms a manifestation of hypochondria, or the alibi of malingerers. Accepting, treating, and compensating environmental illnesses (as the Canadians do) would, according to Anderson, interfere with the political and economic motives of many in his profession.

"The insurance industry is already paying several physicians 300 to 500 thousand dollar salaries to testify against those seeking worker's compensation for exposure to toxins in the workplace," Anderson says. He borders on conspiratorial theorist when he adds, "medical journals will publish one of these mouthpieces without scientific evidence, but not one of the many who have gained the support of the National Academy of Sciences on this. It's ludicrous."

Of the psychosomatic aspects of environmental illness, Anderson observes, "it doesn't take being sick long to imagine how this works. Of course it's partly psychological. All I'm saying is that the origin of the negative psychology is from outside the body and can be avoided."

In addition to the political and economic priorities Anderson assails,

the one-sided emphasis on drug-related treatments can be traced to our present social and political paradigm. As Donella Meadows, the systems dynamicist behind The Limits to Growth and the national column, "The Global Citizen" has observed, Americans are inclined to believe in one cause and one effect; admitting a system of inter-related causes and effects would confound most of our political leadership. (Consider the narrowmindedness of the "The War on Drugs"). As a result, the search is generally for one cure, one policy, or one vaccine to thwart a single enemy--in this case, the AIDS virus. In reality, however, the "enemy" is a number of contagions, a series of factors--including sensitivity to microbes and toxins and one's psychological disposition--which can conspire against an individual, or if managed effectively, conspire to help that individual. Our "one cause/one effect" mentality often leaves the skills and knowledge of these other factors sadly under-developed and under-utilized. Common sense solutions go un-applied.

But, as there is a limited amount of energy and money for AIDS research and treatment, it is still worth evaluating how pervasive a threat sick buildings or environmental hazards are, and how costly and effective the solutions would be.

According to Dave Bierman, president of Safe Environments, a sick building assessor based in San Leandro, "fifty percent of the buildings I

inspect have problems." His percentage is consistent with that published by Healthy Buildings International (HBI), in Virginia. They estimate that half of all major buildings in this country--government offices, hospitals--are sick. Nationally, Bierman notes that "poor indoor air quality may effect 800,000 to 1.2 million non-industrial buildings." (Bierman also notes that Americans spend, on average, 22 hours a day indoors).

As for the solutions: "One that's easy is opening the windows," Dr. Levin remarked with a degree of sarcasm, "of course, many of the office buildings erected with heating bills in mind don't offer this rather simple feature."

"If employees notice chronic allergy or cold symptoms, or a 'flu season'" (which may be not be a 'season' at all, but the first week after an air conditioner or furnace is turned on), Jennifer Shriver of the New York Committee on Occupational Safety and Health (NYCOSH) advises confronting management. "What employers can save in lost sick days, healthcare premiums, and lost revenues makes it advantageous to invest in a clean work environment." (Her lobbying group recently contributed to the passing of sick building legislation in New Jersey).

A more proactive strategy is environmentally sensitive design. Several architects and contractors have begun building homes that do not use chemically treated or rare materials.

Of the seven new treatments or therapies reported from this year's Seventh International Conference on AIDS in Florence, five were new drugs, one a potential vaccine, and the last, genetic immunotherapy, remains highly theoretical. By adding simple, passive therapies like Foster's to this agenda, it would seem likely that other measures might be developed, enlisting, despite the negative "new-age" connotations, the advantages of holistic care in the effort to end and alleviate the AIDS pandemic.

"When I first discovered that colds and flus could be systemically eliminated," Foster says," I was tempted to keep it to myself, especially when others quickly claimed to be in the business and, not knowing what they were doing, discredited the field," Foster said. "But now, it's too important. We're not talking about afternoon headaches from heated office blinds, or runny noses, we're talking about people's livelihood, about keeping people alive."

Industrial Hygiene News®

Established In 1978

MARCH 1990 • Volume 13 • Number 2

Industrial Hygiene · Occupational Health · High Tech Safety

Curing A Sick Building

According to the World Health Organization 30% of buildings have dangerous levels of Indoor Air Pollution. Sick buildings can be cured.

"Sick Buildings", according to Environmental Control Systems, Inc. an Atlanta-based remediation company, commonly are caused by inadequate ventilation, pollutants produced inside the building, contamination drawn inside from exterior air intakes and biological contamination. Other sources, such as mold, bacteria and viruses originate in damp steamed-cleaned carpeting, water leakage, air conditioning coils and humidifiers.

It's not news to multitudes of coughing, sneezing, nauseated indoor employees that they work in "sick" buildings.

The significant fact is that so few employers, building owners and managers know how and where to find effective solutions to this growing health menace that afflicts thousands of occupants in these structures that have become prisoners of pollution throughout the U.S and around the world.

Joe Barefoot, the manager of Law Environmental, Inc., Indoor Air Quality Division, said the problem of sick buildings lies not only with expert diagnosis of the pollution sources, but especially in locating highly qualified remediation specialists who know how to decontaminate sick buildings.

That's the sobering observations also of A. Lawrence Foster the president of Environmental Control Systems, Inc. (E.C.S.). Mr. Foster a pioneer in the "curing" of sick building. Since then his company has remediated over fifty million sqaure feet of space, in governmental, commercial, hospitals, schools and private residences.

A sick building is a terrarium that breeds diseases according to Mr. T.S. Roberts, who quoted Environmental Protection Agency (EPA) research that shows indoor air pollution to be ten to 100 times more severe than outdoor pollution. "Since most people spend 90 percent of their time indoors, the magnitude of the danger is obvious," he said.

Once an indoor contamination problem is diagnosed, building owners and managers have erroniously called heating and air conditioning companies or duct cleaners for a clean-up, Roberts explained. Ironically, he said, these workers are not trained in microbial decontamination and can unwittingly exacerbate the problem by simply spreading bacteria-laden particulates into the air supply causing the

germs to recirculate and be spewn throughout an entire building.

Office-cleaning maintenance crews often worsen the malady of a "sick" building by vacuuming mold-imbued carpeting.

"The extent of the problem is staggering," said Roberts, who quoted World Health Organization estimates that some 30% of new and remodeled structures have dangerous levels of indoor air pollution. Other informed sources regard the 30% figure as low. "Almost any building can have enough contamination sources to eventually become a sick building," he stated.

Foster pointed out that since a sneeze can propel germs for over 150', dispersal of microbes through a vacuum cleaner can spread infectious bacteria even more extensively. Eventually the germs are aerosolized into the air conditioning system which can contaminate an entire building.

Everyone will pay an increasingly high price for indoor air pollution, asserted Foster. The growing "sick building syndrome" is producing burgeoning numbers of workers who suffer from allergies, eye irritation, headaches, nausea, disorientation, malaise, throat infections, respiratory disorders, disabilities, Legionnaire's Disease, and in some cases birth defects and cancer, according to Foster.

A tragic irony, in Foster's view, is that hospitals are often "sick" buildings, in which about 6% of people admitted to health facilities contract sometimes fatal nosocomial infections — diseases acquired during a hospital stay.

Continued on page 41

Curing A Sick Building

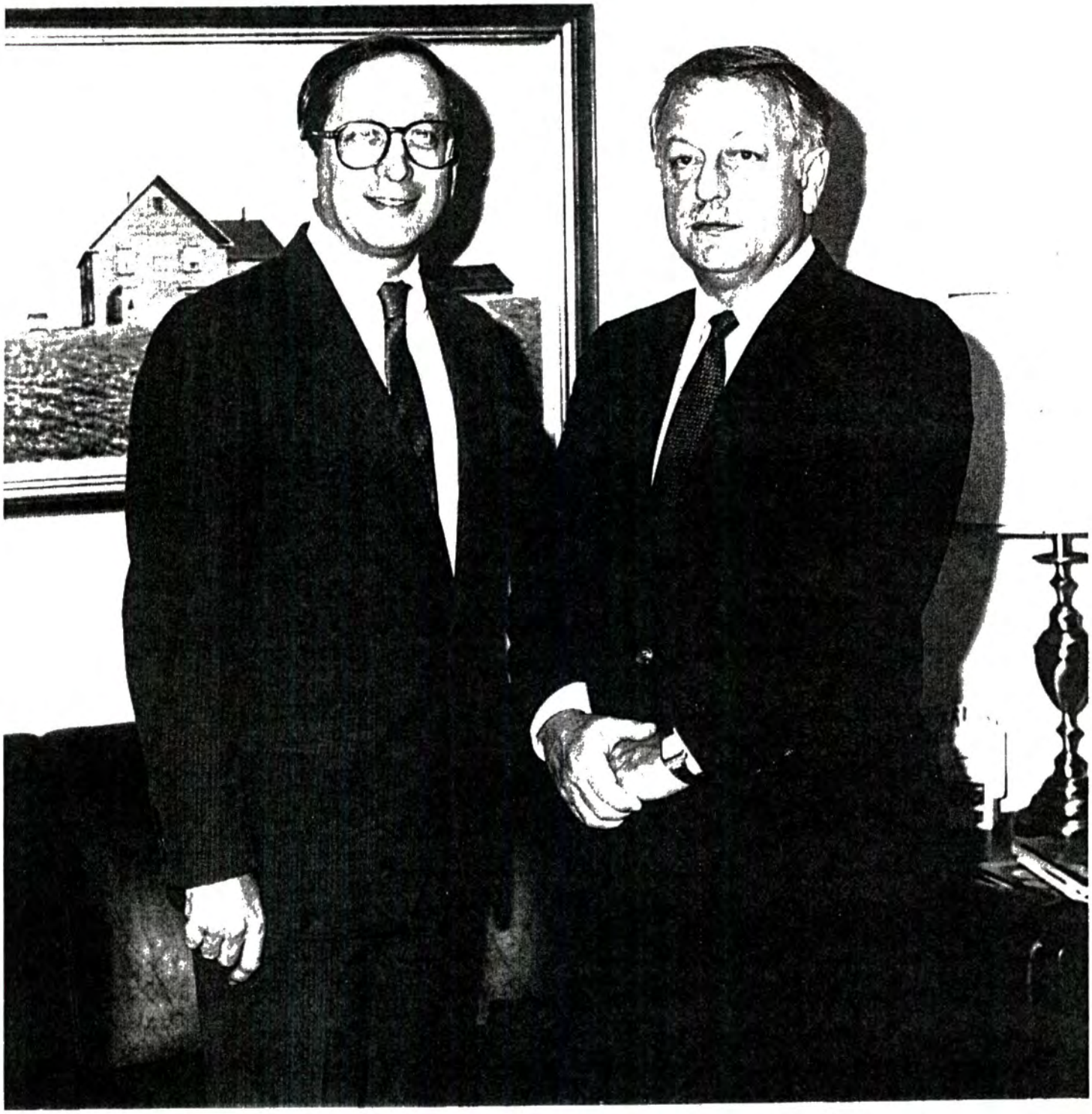
Continued from page 40

"Moisture in air humidifiers and in air conditioning systems is often the culprit," stated Foster. "Microorganisms multiply by the billions on slime-coated interior surfaces, and become a microbial army of invaders that can cause a building-wide deadly epidemic."

Besides human suffering, indoor air pollution is estimated to cost companies from $2 billion to tens of billions per year in lost productivity, direct medical costs and sick pay, said Roberts who also predicted that litigation by "sick building" victims will ultimately far exceed the judgements and settlements reached in other environmental damage suits.

The sick building solution lies in educating the building owners to the fact that this problem must be dealt with. "The quicker the sick building problem is dealt with the more beneficial it will be to them and their employees," he concluded.

For additional information contact Environmental Control Services, P.O. Box 55518, Atlanta, GA 30308, 404/266-1970



Best wishes to Larry Foster with
many thanks for your visit to Washington

Best wishes,

Sam Rayburn

THE WHITE HOUSE

WASHINGTON

December 28, 1993

Mary Gay
R.D. #1
Box 358-11
Mohawk, NY 13407

Dear Ms. Gay:

Thank you for your recent communication regarding your interest in dietary supplements. Since 1990, the Food and Drug Administration (FDA) has been authorized to allow health claims on dietary supplements and have interpreted this to require that they take whatever steps are necessary to assure that such claims are reasonably accurate and have some basis in fact as demonstrated by some kind of scientific studies. In my opinion, the FDA has done or said nothing that indicates they are interested in restricting the availability of the products; only the claims that are made on labels for such products.

Legislation under consideration in Congress proposes to substantially alter, and/or remove the responsibility of the FDA in this regard and the Department of Health and Human Services is working closely with Congress to try and find appropriate language which will allow us to meet three shared objectives: 1) continued availability of the products, 2) some degree of control over the accuracy of the information that is used to market such products, so people can exercise their freedom of choice on the basis of reasonably sound information, and 3) avoiding a regulatory burden that is not justified in order to protect the health of the public.

Since the HIV/AIDS community is my primary area of responsibility, I have been involved in this issue to protect the particular needs and interests of that community. As you know any product that has the potential to maintain health or increase immune competence is of particular interest to those with HIV infection and their advocates. At present, I do not believe that there is any threat to availability of dietary

supplements and I will do what I can to assure that it continues to be true. I also believe that, like any other individuals with life threatening illness, individuals with HIV/AIDS may be more vulnerable to claims being made for products that may have no beneficial effects and I am committed to insure that the information that they have is reasonably accurate--only with such information can freedom of choice be meaningfully exercised.

I appreciate your interest in this complex and vital area.

Sincerely,

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

DEC 13 1993

Dec. 7, 1993

Kristine Gebbie,

I am writing in regard to Dietary Supplement Health + Education Act of 1993 (S 784 + H R 1709)

Would you please support it.

Thank you.

Sincerely,

Mary Gay
Mohawk
N. Y.
R. D. #1
Box 358-11 13407

THE WHITE HOUSE

WASHINGTON

December 28, 1993

Reverend Kenneth South
Executive Director
AIDS National Interfaith Network
110 Maryland Avenue, N.E., Suite 504
Washington, D.C. 20002

Dear Rev. South:

This letter confirms your meeting with Kristine M. Gebbie, National AIDS Policy Coordinator, on Tuesday, January 11, 1994. The 45 minute meeting begins at 11:15 a.m. and will be held in her office at 750 17th Street, N.W., Suite 1060 in Washington, D.C. The purpose of the meeting is to discuss continued cooperation between the White House and the AIDS ministry, and the Department of Housing and Urban Development Consolidation Plan.

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

Sincerely,

W. Steve Lee

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

YII c 11.15

Religious Communities Responding to HIV/AIDS

AIDS NATIONAL INTERFAITH NETWORK

DEC

DEC 27 1993

December 20, 1993

Steve — scheduled —
Buck & Tina to sit in —

Ms. Kristine Gebbie, RN
National AIDS Policy Coordinator
750 17th Street, NW. Ste 1060
Washington, D.C. 20500

Dear Ms. Gebbie:

On behalf of the AIDS National Interfaith Network, I would like to the opportunity to meet with you early in the new year to discuss several items of common concern.

The first has to do with future cooperative efforts between the Administration and AIDS ministry community. I would like to clarify ANIN's role with your office with regard to national denominations, the Council of National Religious AIDS Networks and community based AIDS ministries.

Second, on a very specific matter, I would like to discuss your office's possible involvement with the recent plan by HUD to produce a "Consolidation Plan" that may have serious implications for the AIDS Housing Opportunities Act. President Clinton was the first President to support AIDS housing efforts and deserves more public credit than he is receiving. HUD's administrative decisions, however, could seriously affect the availability of AIDS housing in the future.

ANIN has in the past, and expects in the future, to work closely with your office, I hope this meeting will reinforce this relationship.

Sincerely,

Rev. Kenneth T. South
Executive Director

• 110 Maryland Ave., NE, Suite 504, Washington, DC 20002 (202) 546-0807 •

National Member Organizations (Partial Listing) • AIDS Action and Information Program, Unitarian Universalist Association • Association for Clinical Pastoral Education, Inc. • Church Women United • DIGNITY/USA, National AIDS Project • Friars of the Atonement • Health and Welfare Ministries Department, General Board of Global Ministries, United Methodist Church • HIV/AIDS Ministries Network, Church of the Brethren • International Council of Community Churches • National Catholic AIDS Network • National Episcopal AIDS Coalition • National Episcopal Church, Joint Commission on AIDS • Office for Church in Society, United Church of Christ • Presbyterians for Lesbian/Gay Concerns • Social Justice and Peacemaking Ministry Unit, Presbyterian Church (USA) • U.S. Office, World Council of Churches • Union of American Hebrew Congregations • United Church AIDS/HIV Network • United Church Board for Homeland Ministries • United Church Coalition for Lesbian/Gay Concerns • Universal Fellowship of Metropolitan Community Churches

Local/Regional Member Organizations (Partial Listing) • AIDS Action Working Group, Unitarian Universalist Church of North Hills, Pittsburgh • AIDS Chaplaincy Program, San Diego • AIDS Committee, Episcopal Diocese of New York • AIDS Education Project, New York Annual Conference, United Methodist Church • AIDS Interfaith Council of Minnesota • AIDS Interfaith of Marin, San Anselmo, CA • AIDS Interfaith Ministries of Louisville, KY • AIDS Interfaith Network, Baltimore • AIDS Interfaith Network, Detroit • AIDS Interfaith Network of the East Bay, Oakland, CA • AIDS Interfaith Network, New Haven, CT • AIDS Interfaith Network, Inc., (North Texas), Dallas • AIDS Interfaith Network of New Jersey • AIDS Interfaith Network, Omaha • AIDS Ministries, Catholic Archdiocese of San Francisco • AIDS Ministries Program, Hartford, CT • AIDS Outreach, Franciscan Center, Baltimore • AIDS Pastoral Care Network, Chicago • AIDS Resource Center, New York • AIDS Response Program, Garden Grove, CA • AIDS Task Force, Louisiana Annual Conference, United Methodist Church • AIDS Task Force, Plymouth Congregational Church, Seattle • AIDS Task Force, Presbytery of Chicago • AIDS Task Force, Presbytery of Giddings-Lovejoy, St. Louis, MO • AIDS Task Force, Western Reserve Association, Ohio Conference, United Church of Christ • AIDS/HIV Commission, Episcopal Diocese of Central PA • Akron Metropolitan Christian Church, Akron, OH • An Ark of Love, Inc., Oakland, CA • Bronx Episcopal AIDS Ministries, Bronx, NY • Catholic Charities of Chicago • Committee on AIDS Ministries, Southern New England Conference, United Methodist Church • Committee on AIDS/HIV Ministries, Baltimore Conference, United Methodist Church • Community Maternity Services, Farano Center for Children, Albany, NY • Congregation Mishkan Israel, Hamden, CT • Department of Christian Social Relations, AIDS Sub-Committee, Episcopal Diocese of Kentucky • Department of Church in Society, Connecticut Conference, United Church of Christ • Episcopal Caring Response to AIDS, Washington, DC • Episcopal Diocese of Iowa • First Congregational Church, United Church of Christ, Albany, NY • Friends Alliance, Detroit • Genesis AIDS Project, Winter Park, FL • Greater Rochester AIDS Interfaith Network, Rochester, NY • Health Information Network, Seattle • Inter-Faith Ministries - Wichita, KS • Interfaith AIDS Ministry of Greater Danbury, Danbury, CT • Interfaith AIDS Ministry, Inc., West Newton, MA • Interreligious Coalition on AIDS, San Francisco • Jewish Family and Children's Services, San Francisco • John XXIII AIDS Ministry, Monterey, CA • Lutheran Social Services, AIDS Ministry, Falls Church, VA • Metropolitan Community Church in the Valley, North Hollywood, CA • Metropolitan Community Church of Dallas • Metropolitan Community Church of Portland, OR • Metropolitan Community Church of Washington, DC • Metropolitan Community Church, Key West, FL • Metropolitan Community Church-Long Beach, CA • Milwaukee AIDS Project • Ministerial Network on AIDS, Pittsburgh • Multifaith AIDS Project of Seattle • Northern Indiana AIDS Ministry, South Bend, IN • Northern Virginia AIDS Ministry, Alexandria, VA • Outreach Board, Community Church of Chesterland, OH • Project Lazarus, New Orleans • Regional AIDS Interfaith Network, New Orleans • Religious Coalition on AIDS, Allentown, PA • San Francisco Monthly Meeting, Religious Society of Friends • Social Concerns Commission, Wisconsin Conference of the United Church of Christ • South Central Synod of Wisconsin, Evangelical Lutheran Church in America • South Dakota Conference, United Church of Christ • St. Luke's AIDS Ministry, St. Lukes Metropolitan Community Church, Jacksonville, FL • Synod of the Northeast, Presbyterian Church (U.S.A.) • Task Force on AIDS Ministries, Monmouth (NJ) Presbytery • Task Force on AIDS Ministry, Rocky Mountain Conference, United Methodist Church • Temple Beth Chayim Chadashim, Los Angeles • Trinity United Church of Christ, Newton, KS • United Methodist Urban Ministry, Wichita, KS • Westchester Reform Temple, Scarsdale, NY • Wichita Ministerial League, Wichita, KS • Wingspan Ministry, St. Paul Reformation Lutheran Church, St. Paul, MN

THE WHITE HOUSE

WASHINGTON

December 28, 1993

Richard Wissel
2811 Ruby Avenue
Racine, WI 53402

Dear Mr. Wissel:

This letter confirms your dinner meeting with Kristine M. Gebbie, National AIDS Policy Coordinator, on Tuesday, January 11, 1994. Thank you for agreeing to meet her at the Milwaukee Airport when she arrives at 7:15 p.m. on Northwest Airlines Flight #1198. Following dinner, she will need transportation to the Pfister Hotel, 424 Wisconsin Avenue in Milwaukee.

Thank you for your help and if you have questions or need further clarification, please call me at (202) 632-1090.

Sincerely,

W. Steve Lee

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

THE WHITE HOUSE

WASHINGTON

December 28, 1993

John Cartmell, LMT
Therapeutic Massage
8090 160th Avenue N.E.
Redmond, WA 98052

Dear Mr. Cartmell:

Thank you for your recent communication regarding your interest in dietary supplements. Since 1990, the Food and Drug Administration (FDA) has been authorized to allow health claims on dietary supplements and have interpreted this to require that they take whatever steps are necessary to assure that such claims are reasonably accurate and have some basis in fact as demonstrated by some kind of scientific studies. In my opinion, the FDA has done or said nothing that indicates they are interested in restricting the availability of the products; only the claims that are made on labels for such products.

Legislation under consideration in Congress proposes to substantially alter, and/or remove the responsibility of the FDA in this regard and the Department of Health and Human Services is working closely with Congress to try and find appropriate language which will allow us to meet three shared objectives: 1) continued availability of the products, 2) some degree of control over the accuracy of the information that is used to market such products, so people can exercise their freedom of choice on the basis of reasonably sound information, and 3) avoiding a regulatory burden that is not justified in order to protect the health of the public.

Since the HIV/AIDS community is my primary area of responsibility, I have been involved in this issue to protect the particular needs and interests of that community. As you know any product that has the potential to maintain health or increase immune competence is of particular interest to those with HIV infection and their advocates. At present, I do not believe that there is any threat to availability of dietary

supplements and I will do what I can to assure that it continues to be true. I also believe that, like any other individuals with life threatening illness, individuals with HIV/AIDS may be more vulnerable to claims being made for products that may have no beneficial effects and I am committed to insure that the information that they have is reasonably accurate--only with such information can freedom of choice be meaningfully exercised.

I appreciate your interest in this complex and vital area.

Sincerely,

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

John Cartmell, LMT
THERAPEUTIC MASSAGE
8090 160th Ave. NE.
Redmond, WA 98052
(206) 883-7444

DEC 20 1993

Kristine M. Gebbie RN, MN
National AIDS Policy Coordinator
White House
Washington, D.C.

RE: FDA regulation of dietary supplements

Dear Ms Gebbie,

Your stated opinion in your letter 12/6/93 that "...FDA has done or said nothing that indicates they are interested in restricting the availability of the products, only the claims that are made on labels for such products." is unbelievable and outrageous! Where have you been for the last twenty years? Why do you think it was necessary to introduce the Proxmire bill almost 20 years ago? FDA has a long history of *bias and outright hostility* against the supplement industry. The FDA's interest in the dietary supplement industry goes far beyond label concerns.

FDA considers any substance that can be consumed for therapeutic purposes a drug. Diet naturally comes under this definition as do diet supplements (extracts from food). **An optimal diet is essential for any organism to grow to its best state of health.** Look in the dictionary under medicine, you'll find the definition includes diet. Disease is defined in the dictionary as the absence of health. This is why diet supplements are so crucial for people with AIDS, and why AIDS sufferers are "scared to death" about FDA's renewed efforts to get some kind of regulation over the supplement industry. They know FDA has a reputation for turning privilege into abuse. Removal from the market of specific, safe and effective diet supplements, or imposing extreme expense on the industry through abusive enforcement will have a devastating effect on AIDS sufferers. You don't think FDA is prejudiced against the supplement industry? You watch FDA on this one and don't blink. Give FDA an inch, and they'll take an acre.

You are supposed to be an advisor of the concerns of the AIDS community, yet you seem insensitive to the obvious impact of allowing FDA regulation of *any aspect of the dietary supplement industry.* This administration is currently looking at ways to reform health care and decrease health care costs. But we don't have true "health care" now. The medical system is based on "disease care" and does virtually nothing to promote health. You're an RN, you know this is true.

If FDA gets any kind of excuse to regulate the supplement industry they will crack down hard on products that have been proven scientifically and historically to be both safe and effective in optimizing health and preventing disease. And disease care costs will go up.. I hope you can live with yourself if FDA makes supplements less accessable and **you** could have made a difference, but chose to remain silent.

Sincerely,

John Cartmell

John Cartmell LMT

THE WHITE HOUSE

WASHINGTON

December 28, 1993

Tricia Coxe
1013 South 16th Street
Arlington, VA 22202

Dear Ms. Coxe:

Thank you for your recent communication regarding your interest in dietary supplements. Since 1990, the Food and Drug Administration (FDA) has been authorized to allow health claims on dietary supplements and have interpreted this to require that they take whatever steps are necessary to assure that such claims are reasonably accurate and have some basis in fact as demonstrated by some kind of scientific studies. In my opinion, the FDA has done or said nothing that indicates they are interested in restricting the availability of the products; only the claims that are made on labels for such products.

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Since the HIV/AIDS community is my primary area of responsibility, I have been involved in this issue to protect the particular needs and interests of that community. As you know any product that has the potential to maintain health or increase immune competence is of particular interest to those with HIV infection and their advocates. At present, I do not believe that there is any threat to availability of dietary

supplements and I will do what I can to assure that it continues to be true. I also believe that, like any other individuals with life threatening illness, individuals with HIV/AIDS may be more vulnerable to claims being made for products that may have no beneficial effects and I am committed to insure that the information that they have is reasonably accurate--only with such information can freedom of choice be meaningfully exercised.

I appreciate your interest in this complex and vital area.

Sincerely,

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

TRICIA COXE

Dec. 8, 1993

DEC 13 1993

1013 SOUTH 16th STREET ARLINGTON, VIRGINIA 22202
703/521-7337

Dear Ms. Gebbie:

Kindly speak on my behalf to President Clinton, encouraging him to sign before the year ends the Dietary Supplement Health and Education Act. I have been following this bill in Congress and believe it is worthy of passage. I would hate to have the inexpensive options open to me now through supplements and vitamins cut off, which seems likely if this bill or something much like it isn't passed soon. If the system requires years and years of expensive experimentation and research, I doubt I will be able to afford whatever is still left after the dust clears-- How many companies have the money to do this sort of thing?

Sincerely,

Tricia Coxe

Tricia Coxe
1013 South 16th Street
Arlington, VA 22202

Ms. Kristine Gebbie
Office of National AIDS Policy Coordinator
17th St., NW, Suite 1060
Washington, DC 20503

THE WHITE HOUSE

WASHINGTON

December 28, 1993

Brigid M. Wallace
Philadelphia Sciences Group
Publishing Division
11232 Midlothian Turnpike, Suite 325
Richmond, VA 23235-9620

Dear Ms. Wallace:

Thank you for the invitation to join your "1995 HIV Infection in Women" conference steering committee meeting on December 11, 1993. Unfortunately, schedule conflicts did not permit me to participate in the planning meeting, but I am very interested in the conference. Please keep me informed of your progress.

Sincerely,

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

Office of the National AIDS Policy Coordinator

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

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

Deliver To: Steve Lee

spoke w/ Ms. Wallace, declined participation on steering committee, but offered one possibility & your review of reports, Sharetha thinks I agree we don't need to be on the steering committee but we should stay tuned in to the effort, & plan on being represented at the meeting

Sent From:

- ___ Kristine Gebbie, RN, MN, National AIDS Policy Coordinator
- X Sandy Bart
- ___
- ___

Number of Pages: 4 + Cover Fax Number: 632-1096 Date: 12/6/93

Message:

STEVE: Let me know if Kristine would like for ONAP to participate. I believe it is important enough to name someone to the steering committee. Chris is out of town on Saturday but another staff member could go. Call me as ASAP. I'll check with OS regarding Shalala. Any suggestions regarding WH?

PHILADELPHIA SCIENCES GROUP
Publishing Division
11232 Midlothian Turnpike, Suite 325
Richmond, VA 23235-9620
Phone: (804) 744-5233
FAX: (804) 744-5173

FAX Transmittal to:

Sandy Bart

NAPO

From: BRIGID WALLACE

FAX: 202-690-7560

Date: 12/6/93

Page 1 of 4

Sandy,

Thanks for looking this over + discussing with Art. If you could just advise us on the "proper" course for inviting / notifying Christine Bebbie, Donna Shalala, + Hilary Clinton. it'd be much appreciated.

Talk to you soon.

MY DIRECT #

P.S. I included a couple of pieces on the conference just to jog your memory.

PHILADELPHIA SCIENCES GROUP
Publishing Division
11232 Midlothian Turnpike • Suite 325 • Richmond, VA 23235-9620 • (804) 744-5233

December 6, 1993

Sandra Bart
NATIONAL AIDS POLICY OFFICE
Office of the Assistant Secretary of Health
738-G Hubert H. Humphrey Bldg.
Washington, DC 20201

Dear Sandy,

Just wanted to keep you posted on the progress of the1995 HIV INFECTION IN WOMEN CONFERENCE that Philadelphia Sciences Group is organizing. You may recall that several government agencies are independently co-sponsoring: NIH, FDA, AHCPR, HRSA, SAMHSA, Office of Women's Health, and presumably CDC (the latter requires a grant application process that is still in the works).

The first steering committee meeting is being held this Saturday, 11 December, at the Sheraton Washington. (It's been a real challenge finding a date that is open for all 17 steering committee members; this date works out because of folks attending the ASM/NFID Retrovirus meeting.) We hope to hammer out some basic program content issues at this first meeting. FYI.

Let me know if I can provide you with further information. Thanks very much for your help.

Sincerely yours,

Brigid M. Wallace

HIV Infection in Women Conference
February 1995
Washington, DC

Purpose: Through lectures, discussions, workshops, and poster sessions, this parallel-track meeting program will provide a forum for active exchange of new or available data and recent advances in the following categories:

- Clinical Manifestations/Natural History of HIV Infection in Women
- Diagnostic Issues for Women
- Health & Social Services Issues for Women
- Prevention & Education for Women
- Treatment Issues and Drug/Vaccine Trials in Women
- Behavioral Research
- Epidemiological aspects of HIV Infection in Women

Need: For the following reasons, a scientific meeting on the various aspects of HIV infection in women is urgently needed and indeed long overdue:

- Although there are many regional meetings on women & HIV, there is no meeting dedicated to this issue on the national level, where the best and the brightest can exchange their data and findings, experiences, hypotheses, and opinions and interact with and learn from non-researchers "in the trenches." There are presently very few opportunities for top-notch investigators to focus solely on women in the context of HIV. Furthermore, the International Conference on AIDS does not fulfill the present needs, according to key researchers in the field.
- There has been a mini-explosion of information on women within the HIV/AIDS literature, reflecting newly initiated research efforts on HIV in women and also the number of research groups now working on HIV & women. Consider the volume of information for the years 1982 through 1990 versus that for the last few years, 1991 to the present. It is imperative that data and information generated from the growing number of HIV & women-dedicated research programs be communicated and integrated into existing programs or used to set up needed programs. Both providers and people with HIV or at risk for HIV must have access to this information.
- With the relatively recent funding from government for the female cohort studies, it is essential to provide a platform for data and/or progress reports to be presented. In addition, there are numerous government initiatives that should be showcased as models for academic medical centers, community hospitals, outreach programs, etc.
- From numerous discussions with persons who were either directly involved in or who attended the 1990 PHS-wide women & HIV conference, it has come to our attention that there was an implied commitment by PHS for a follow-up meeting. (PSG can fulfill that commitment.)
- A conference summary, which would disseminate the information presented in the meeting's oral and poster sessions, is highly necessary. Wide dissemination—beyond the participants—of a summary detailing the latest data and thinking on HIV and women is essential as more and more women are becoming infected in the U.S. and therefore more and more health professionals need timely and accurate information on which to act (treat, educate, counsel, etc.).

Goals: Establish a communication venue for scientific data relating to HIV infection in women. Evaluate data and findings presented and draft recommendations for guidelines in specific areas where such would benefit ongoing or new research efforts and existing or needed programs. (Evaluations and recommendation writing would be a function of the program steering committee.)

Target Audience: Numbering 2,000 to 4,000, meeting participants will come from government and academic institutions; industry; private and public hospitals and clinics; state, county, and municipal health departments; community organizations; and NGOs/non-profit organizations:

- Public health officials/epidemiologists
- Physicians/dentists/clinical researchers
- Nurses/ nurse practitioners/other health care professionals
- Health care administrators
- Educators and Trainers
- Counsellors and social service providers
- Women with HIV infection/ AIDS
- Health services researchers
- Health resource planners and allocators

HIV Infection in Women Conference
Program Steering Committee

The following individuals will be meeting in an administrative capacity to define the specific goals of the conference and develop a meeting program that will address urgent issues requiring resolution. The initial focus session for program development is scheduled for December 11, 1993. The committee-defined specific goals of the meeting will be explicitly stated; in addition, a formal mechanism for evaluating whether these goals have been met will be established. Members of the steering committee will also meet after the conference to evaluate the findings and information presented at the conference and then draft recommendations for guidelines in specific areas where such would benefit ongoing or new research efforts and existing or needed programs.

Ex officio members: Dr. Jack Whitescarver, Office of AIDS Research, NIH
Dr. Vivian Pinn, Office of Research on Women's Health, NIH

Epidemiology & Natural History:
Diana Hattel, DrPH
Assistant Professor, Dept Epidemiology & Social Medicine
Albert Einstein School of Medicine, NY

Kenneth H. Mayer, MD
Director, AIDS Program, Brown University; Chief, Infectious Disease Division, Memorial Hospital of Rhode Island

OB/GYN Issues:
Ann Duerr, MD, PhD, MPH
Chief, HIV Section, Div Reproductive Health, CDC

Howard L. Minkoff, MD
Distinguished Professor, Dept OB/GYN
SUNY-HSC at Brooklyn

Clinical Care:
Charles C.J. Carpenter, MD
Physician-in-Chief
Brown University/The Miriam Hospital

Ruth Greenblatt, MD
Infectious Diseases Division, UCSF

Substance Abuse:
Mary C. Knipmeyer, PhD
Acting Associate Administrator
Women's Services, SAMHSA
(substitute: Jennifer Fiedelholtz)

Maternal/Pediatric Issues:
Anne Willoughby, MD, MPH
Branch Chief, Pediatrics, Adolescents, and Maternal AIDS, National Institute of Child Health & Human Development, NIH

Health Resources Issues:
Gloria Weissman, MA
Special Assistant to the Director, Bureau of Health Resources Development, HRSA

Prevention/Education/Behavior:
Ellen Stover, PhD/Lisa Fernandez, PhD
National Institute of Mental Health, NIH

Policy:
Leslie R. Wolfe, PhD
Executive Dir, Ctr for Women Policy Studies

Anne Bavler, MN
Agency for Health Care & Policy Research
(substitute: Don Schneider, DDS/Eleanor Walker)

Activist Representative:
Saundra Johnson
Chicago Women's AIDS Project

Elena Alvarado
Hispanic Designers/HDI Projects

HIV-Positive Women:
Yvonne Medina-Tyrrell, Atlanta
Mary Lucey, Los Angeles
Michelle Wilson, Washington, DC