FOIA Number: 2018-0756-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3768

FolderID:

Folder Title:
January Chron Files 1994 [6]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	4	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. check	[Personal] (Partial) (1 page)	12/23/1993	b(6)

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

FOLDER TITLE:
January Chron Files 1994 [6]

2018-0756-F
jp4810

RESTRICTION CODES

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

January, 26, 1993

OFFICE OF NATIONAL AIDS POLICY

PRESENTATION TO THE WHITE HOUSE INTERNS

I.	WELCOME AND INTRODUCTION -	JOHN GURROLA, DIRECTOR OF COMMUNICATIONS
II.	PRESENTATION OF PSAs -	JOHN GURROLA
III.	DISCUSSION OF SERVICES/TREATMENT -	BUCK BUCKINGHAM, SPECIAL ASSIST TO THE COORDINATOR
IV.	DISCUSSION OF RESEARCH -	PAUL TRAN, SENIOR RESEARCH ANALYST
V.	DISCUSSION OF PREVENTION -	CARLOS VELEZ, DIRECTOR OF PREVENTION
VI.	WHAT YOU CAN DO TO HELP-	LANCE ALWORTH, PREVENTION SPECIALIST
VI.	INTRODUCTION OF THE NATIONAL AIDS POLICY COORDINATOR -	AMY HANNAH, OFFICE OF NATIONAL AIDS POLICY

VII. KRISTINE GEBBIE, THE NATIONAL AIDS POLICY COORDINATOR

VIII QUESTION AND ANSWER PERIOD

THE WHITE HOUSE

WASHINGTON

V unusual letter to see if it hits his points

January 26, 1994

Mr. Mike Thomsen
2924 Harvey Street, Apt. 7A
Madison, Wisconsin 53705

Dear Mr. Thomsen:

Thank you for your comments on the Prevention Marketing Initiative sponsored by the Centers for Disease Control and Prevention (CDC). This administration is committed to stopping the spread of HIV, especially among our youth. The age group with the greatest increase of new cases is the 18-25 year old group; the majority of these infections occurred during adolescence. Best information indicates that 72 percent of all high school seniors have engaged in sexual activity and 19 percent of those have had 4 or more sexual partners.

Although abstinence is the most effective way of preventing transmission, the campaign is also aimed at those who, because of personal decisions or circumstances, have chosen to be sexually active. The decision to promote safer sexual practices through the use of condoms is supported by research released at the IX International Conference on AIDS in 1993, showing that when condoms are used correctly and consistently, they are extremely effective in preventing HIV transmission. The research showed that transmission occurred primarily in those instances where the condoms were used incorrectly or were not used for every sexual act. To obtain more information on this research, please contact the National AIDS Clearinghouse at (202) 458-5231.

You indicate on your letter that it is your belief that promiscuity and perversion are the causes of the HIV/AIDS epidemic and that our messages should contain appeals to individuals not to be promiscuous. Although it is true that sexual contact with multiple chances increases the likelihood of transmission, it is due to the fact that it increases the chances of coming in contact with an infected individual. As HIV can be transmitted with only one sexual contact, the Prevention Marketing Initiative of CDC stresses the need to use latex condoms consistently and correctly for every sexual act. Placing the stress on promiscuity would give a false sense of security to those not considering themselves to be promiscuous.

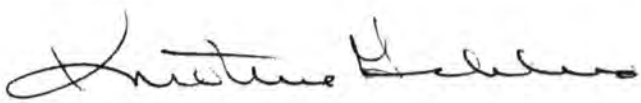
The CDC campaign is intended to reinforce young people who have not become sexually active to postpone sexual activity as long as possible. It will encourage young people who engage in sex but have not tried condoms to try them and it will encourage those who use condoms to do so correctly. A national task force will analyze the effectiveness of the various components of the campaign, including the public service announcements.

As a parent, I understand the concerns you may have about our young people being at risk for HIV/AIDS. I am concerned that our young people are not receiving the information about changing behaviors that may place them at risk. For those who have chosen to be sexually active, it is our responsibility as adults to provide the means necessary for young men and women to protect their lives. I believe this Prevention Marketing Initiative is a necessary step in our endeavor to end the HIV/AIDS epidemic.

Finally, as health officials, the work that we do is to provide the leadership for the nation on how to address this epidemic from a health standpoint, with the understanding that the bulk of the prevention work will be done in communities throughout this country. It is at the local level that individuals and groups can make the determination of what individual strategies are more appropriate for their communities.

Again, thank you for your input. I hope that you will continue to communicate your concerns with me.

Sincerely,



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

January 6, 1994

Dear Ms. Gebbie:

Thank you for appearing on C-SPAN this morning to discuss the Clintons' condom advertising campaign. The government's effort, however, seems to be misdirected. *The government's effort should be directed against the cause of the problem,* ***promiscuity and perversion.*** Focusing on the wider and more effective use of condoms is only a partial, short run approach that will never succeed.

My first point is that the advertisement is factually incorrect. At the end of each ad there is the statement that "correct and consistent use of condoms will prevent the spread of AIDS. This is logically and factually incorrect. There are two nearly separate problems to be solved to control the AIDS epidemic. One is the *transmission problem*, the transmission of the virus from an HIV infected individual to an uninfected individual. Use of the condom is intended to lessen the likelihood of transmission. Ms. Shalala said in her speech that we have the technology to prevent the spread of HIV. That is a bald faced lie and she, you and I know it!

Second, and even more important than the transmission problem, is the *promiscuity problem.* Once both individuals are infected the transmission problem becomes irrelevant as long as neither of the individuals has sex with other uninfected persons. Both of the infected individuals will eventually die and the and the virus will die with them. Rampant promiscuity, especially among homosexuals, is the most important cause of the spread of HIV here is our country (which should be our first concern).

Unfortunately, the government programs have had little to say about promiscuity. I can only recall one public service announcement during the Bush years in which a large number of individuals were shown lying beside each other and the blunt message was that when you have sex with a person you are exposed to the diseases of all other partners that person has had. *This shocking message is totally missing in the Clintons' AIDS campaign.*

Why is the promiscuity problem not addressed? I believe it is a general unwillingness to make moral judgements on the part of the recycled dregs of the hippie generation that dominate the Clinton Administration. They have become morally bankrupt as a result of their acceptance of the "live-and-let-live, do-it-if-it-feels-good" mentality of the hippie generation and they are leading the country at-large down the road of moral bankruptcy.

Even you, Ms. Gebbie, I am sorry to say demonstrated this unwillingness to make sound moral judgements with your statement that, to paraphrase, it is better to engage in sexual behavior as part of a "committed adult relationship." What is a "committed adult relationship"? What do you mean by "committed"? What do you mean by "adult"? Even the term "relationship", what do you mean? Can you not say precisely what you mean?

Sex out of wedlock causes enormous problems for our country. *This promiscuity spreads disease. And, we have hundreds of thousands of children who have no idea who their fathers are.* Eighty percent of black children born today do not know their fathers! And, the hispanics are not too far behind.

Though lower, even whites have an unacceptably high level of illegitimacy! This is not a problem of mechanics that can be solve with Norplant or some condoms; it is a problem of morals.

I guess the Clintons will not tackle the moral question because that would force them to deal with the view held by the vast majority of Americans that homosexuality, perhaps one of Bill's and Hillary's secret "delights", is unnatural and fundamentally immoral. They do everything they can to avoid the basic questions of morality. Just look at the word games they play with "status" and "conduct" and the like: one can be a "homosexual" without engaging in homosexual behavior. Is that logical?

There is a book that discusses this kind of reasoning and I suggest you read it. The title is "Voltaire's Bastards: The Dictatorship of Reason in the West" and is by John Saul. The book is a good discussion of the Orwellian use of language that now seems to dominate the public discussion, especially when it comes to AIDS and especially homosexuality and other trendy perversions.

Well, Ms. Gebbie, unless you address the promiscuity problem you are going to be sadly disappointed with the results of your program. Face reality, throw away those cliches of the sixties. Then perhaps the scales will fall from your eyes and you will be able to devise honest and effective solutions to the AIDS problem.

Sincerely,

Mike Thomsen

JAN 26 1994

THE WHITE HOUSE

Dear Jeff—

I've been so busy not blinking, keeping my arms uncrossed and wearing colorful scarves that I've fallen behind in correspondence! Seriously, the evening of media coaching was a real plus and I am very grateful for all of the time & attention. I'm trying hard to put it all to good use. Please share my appreciation with all involved — Best returns

Jeffrey B. Trammel
Senior Vice President
Hill and Knowlton
901 31st Street, N.W.
Washington, D.C. 20007

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Roselyn Clipps
Institute for Child and Family Development/
Wisconsin Association of Black Social Workers
4206 W. Capitol Dr.
Milwaukee, WI 53216

Dear Ms. Clipps:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Roger Stephens
Manager, Social Work/Discharge Planning
Childrens Hospital of Wisconsin
PO Box 1997 MS# 745
Milwaukee, WI 53201

Dear Mr. Stephens:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Sudie B. Jones
Wisconsin Association of Black Social Workers
4206 W. Capital
Milwaukee, WI 53216

Dear Ms. Jones:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Tamara Stark
Community Health Concepts
1717 S. 12th St., Suite 205
Milwaukee, WI 53204

Dear Ms. Stark:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Pat Towers
Milur Co. Human Services
235 W. Galena
Milwaukee, WI 53212

Dear Mr. Towers:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

University of Washington
Seattle, Washington 98195

School of Public Health and Community Medicine

Department of Health Services, SC–37
(206) 543–8866
FAX: (206) 543–3964

January 26, 1994

Kristine M. Gebbie, M.N.
606 Lilly Road N.E.
#723
Olympia, WA 98506

Dear Ms. Gebbie:

We have begun the annual process of reappointment of affiliate and clinical faculty members in the Department of Health Services. The regular faculty in the department recommended that this year the assignment of affiliate and clinical titles be reviewed and be made more consistent with the Faculty Code (Chapter 24, Vol. II-33, B.4 and B.7, see attached) than has apparently been the case in the past. They further recommended a review to assure that the appointments appropriately reflect the level of commitment to the department's programs.

In order to facilitate this process, we would appreciate it if you would complete and return the attached report and an up-dated CV by February 21, 1994. We will then add this information to our department database.

We appreciate the contributions that you have made to the department as a member of our faculty and assure you that this effort to bring our use of faculty titles in line with the Faculty Code won't affect your association with the department. We'll let you know when we have it all sorted out.

Sincerely,

Edward B. Perrin, Ph.D.
Professor and Chair

EBP/kt

\wpwin\courtesy\renew.let

I think we already have one copy in the system

CURING CANCER & AIDS

If the National Cancer Institute holds firm that Cancer and AIDS are a form of virus, we'll be no further ahead with a cure thirty years from now, as we have been for the last thirty.

Vaccines have created great results with various diseases but new approaches are necessary for Cancer and AIDS. Technology in biochemistry, bioelectricity and magnetobiology will provide solutions in prevention and treatment, along with new priorities for research.

By understanding the Human Power Pak, answers for Cause and Cure could soon be discovered.

Example:

First line of defense in the immune system of what we eat, would be the hydrochloric acid in our stomach which works wonders, however, the quantity reduces itself with aging, which sometimes allows breast cancer in women and intestinal cancer in men. What passes through our stomach that hydrochloric acid is the most attentive to? Without question, Zinc.

Hundreds of similar patterns are predominant in understanding Cancer and AIDS. Living cells need inorganic compounds, however how these compounds are obtained or retained is the basic cause of many health problems. With the use of such items as: food additives, tobacco, insecticides, along with hundreds of other items we use in everyday life, we are subjecting ourselves to the beginning stages of various diseases. Chemical changes are ordinarily accompanied by the transfer of energy between the system and its surroundings.

Arthur Armbrust

111 E. Illinois St.
Wheaton, Illinois 60187
Tel: (708) 668-6273

Upon request a treatise will be forwarded at no charge, on why Cancer and AIDS are prevalent today, what causes the impairment of cell cycle regulation, and when does the casual or conditioning factors begin.

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Marty McCann, MS, SW
University of Milwaukee
11333 W. National Ave.
Milwaukee, WI 53227

Dear Mr. McCann:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Gary Hollander, PhD
Siani Samaritan Medical Center
2000 W. Kelbourn
Milwaukee, WI 53233

Dear Dr. Hollander:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Peter L. Havens, MD
Director, Pediatric HIV Care Program
Children's Hospital of Wisconsin
PO Box 1997
Milwaukee, WI 53201

Dear Dr. Havens:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Ian Gilson, MD
Internal Medicine Specialties
788 N. Jefferson
Milwaukee, WI 53202

Dear Dr. Gilson:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Joan Lawrence
Milwaukee Indian Health Board, Inc.
930 N. 27th St.
Milwaukee, WI 53208

Dear Mr. Lawrence:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Jim Vergeront, MD
Director AIDS/HIV Program
Division of Health
1414 E. Washington Ave., Room 96
Madison, WI 53703

Dear Dr. Vergeront:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Ruth McShane, Faculty
University of Wisconsin - Milwaukee
School of Nursing
Box 413
Milwaukee, WI 53201

Dear Ms. McShane:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Mr. Sheldon Ramsdell
1350 Dolores Street
San Francisco, California 94110

Dear Mr. Ramsdell:

Thank you very much for your generous offer of assistance. We at the Office of National AIDS Policy are committed to a close working relationship with community groups as well as national organizations dealing with HIV/AIDS issues. Although I will be moving to a new position in the Division of HIV Services of the Health Resources and Services Administration as of February 1, 1994, I encourage you to keep in touch with this office. Thank you again for your offer of support.

Sincerely,

Warren W. Buckingham III
Special Assistant for Planning and Development
Office of the National AIDS Policy Coordinator

Sheldon Ramsdell
1350 Dolores St.
San Francisco, CA 94110

SAN FRANCISCO, CA 941
PM
28 OCT
1993

Ms Kristine Gebbie
National AIDS Policy Coordinator
c/o The White House
1600 Penn. Ave -
Washington, D.C. 20500

ATT: Buck Buckingham

ACT UP/GOLDEN GATE

SHELDON RAMSDELL
Founding Vice President
Vietnam Veterans Against The War

HM 415 826-3844

415-550-9638

1350 Dolores
San Francisco, CA 94110

1350 Dolores St
San Francisco, CA. 94110

Oct. 27, 1993

NOV - 3 1993

Dear Ms Gebbie, Mr J Gumola, Buck Buckingham and Lourfus Ben Morrill and Lance Haworth,

I Met briefly with Ms Gebbie at the 6th National AIDS/HIV update in San Francisco last week.

I just want to thank You all for being with us.

I am a member of Act UP/Golden Gate and have been An AIDS Activist since 1984 and found to be HIV/ARC in June 1989.

I would like to offer our "ACT UP" Help. If there is any thing We Can Do to help, Please Let us know.

Sincerely
Sheldon Ramsdell, PhD

SAN FRANCISCO
Independent
TUESDAY

The Neighborhood Newspaper

Vol. 38 No. 129 West October 26, 1993 (415) 826-1100

Women March for AIDS

PHIL MIGLIARESE JR.

A march for Joan Baker, a lesbian who died of AIDS, made its way up 18th Street from Dolores Park.

Activists call for more research, service — and caution

By Peter Tira

More than 300 AIDS activists took to the streets Saturday, bearing a message for women in the city: You're not immune from AIDS.

The message was directed specifically toward lesbian and bisexual women — many of whom activists say live in a state of denial, believing that they can't contract the fatal disease.

The activists gathered for an afternoon march that began at Dolores Park and continued to the corner of Market and Castro streets, where speakers called for more studies of AIDS in the lesbian community and urged women to practice safe sex.

The march honored the memory of San Francisco AIDS activist Joan Baker, who died of AIDS-related illnesses on Sept. 3.

For the six years she lived with the disease, Baker fought for the creation of AIDS support services for women and alerted them to the danger of woman-to-woman transmission of the disease.

See AIDS, page 5

AIDS: Women Push for Care, Research

from page 1

"This march was for (Baker) but really it was for all women," said Judith Cohen, a member of Lesbian Avengers, the activist group that organized the march and subsequent rally. "There is a lot of community denial, stigma and complacency that women actually do get AIDS."

Perhaps the biggest wake-up call came last week when the Department of Public Health released the findings of two federally funded studies it carried out on lesbians, bisexual women and AIDS.

Of a sampling of 498 self-described lesbian and bisexual women, 1.2 percent — or six — tested positive for HIV, the virus that causes AIDS. That figure compares with the 0.35 percent of all San Francisco women believed to be infected.

"We found that lesbian and bisexual women represented the highest group of all women infected with HIV," said Melissa Jones, a project coordinator for one of the two studies. "That's a heavy statement in the medical community."

'Transmission within the lesbian community has not been well studied.'

— Kristine Gebbie, AIDS policymaker, Clinton administration

The studies also showed that lesbian and bisexual women engaged in high-risk behavior, including intravenous drug use and unprotected sex with both heterosexual and gay men.

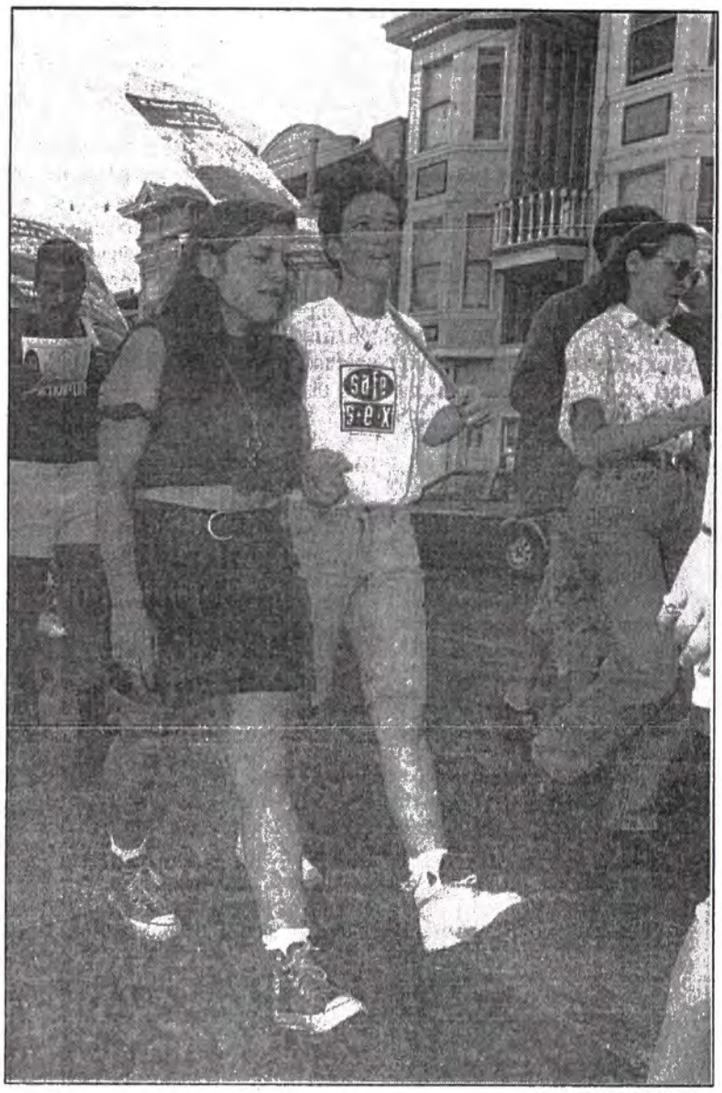
Jones said the lesbian community has suffered from a lack of research on the relationship between AIDS and the lesbian community. The health department studies mark the first investigation into the subject.

"We're talking 14 years into an epidemic and no study had ever been done before on that," Jones said.

Those sentiments were echoed by Kristine Gebbie, national AIDS policymaker for the Clinton administration. Speaking at the sixth annual AIDS Update Conference in Civic Center last week, Gebbie said, "Transmission within the lesbian community has not been well studied."

In addition to more research, activists say, the city needs more women-specific AIDS and HIV support services. A lack of these factors has prolonged the myth that lesbian women are somehow immune to the disease.

"That's how come lesbians are in denial," said Rita Shimmin, HIV services director for the Lyon-Martin Women's Health Services on Market Street. "Like we don't get infected because we only sleep with women, ignoring the fact that lesbians shoot up, share needles, sleep with men, and the growing fact that lesbians can get HIV as well as other (sexually transmitted diseases) from women."



PHIL MIGLIARESE JR.

Jana Barber, left, and Jenn Maeder, the late Joan Baker's lover, march to decry the lack of services for women with AIDS.

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Ms. Lee Ann Quinn, R.N., B.S.
Infection Control Coordinator
South County Hospital, Inc.
100 Kenyon Avenue
Wakefield, Rhode Island 02879

Dear Ms. Quinn:

Thank you for your interest in the Office of National AIDS Policy. We are now finalizing plans for the fellowship programs you mentioned in your letter, and should be making formal announcements concerning those programs in the spring. We will contact you with more information at that time. Again, thank you for your interest.

Sincerely,

Warren W. Buckingham III
Special Assistant for Planning and Development
Office of the National AIDS Policy Coordinator

South County HOSPITAL

Buck

December 20, 1993

RECEIVED

DEC 30 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Domestic Policy Office
Old Executive Office Building
Washington, D.C. 20501

Dear Ms. Gebbie:

I am an APIC member and have just read the newsletter that included your meeting with the APIC board in September. First, I congratulate you on your new appointment. It certainly will be a challenging one. Second, I read that you or your office are looking for APIC members that may be interested in assisting your office by means of internship or fellowship. Please send me further details on this "invitation" and what it entails.

My background includes the following: I am an R.N. with a B.S. in social and health services and a minor in epidemiology. I am also certified from the health department in HIV counselling and testing techniques. I am an Infection Control Coordinator at a community hospital in Rhode Island. I am very interested in focusing my interests and experience with prevention and education to the community. I don't know if your office is going to look at that area to address.

Please contact me at the address below:

Lee Ann Quinn, R.N., B. S.
Infection Control Coordinator
South County Hospital, Inc.
100 Kenyon Avenue
Wakefield, R. I. 02879

Sincerely,

Lee Ann

Lee Ann Quinn, R.N., B. S.
Infection Control Coordinator

LAQ:mjh

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Mr. Jeffery L. Morris
Chairman
HIV/AIDS Planning and Management Organization
Suite 2650
150 West Flagler
Miami, Florida 33130

Dear Jef:

Thank you for sending me your testimony and the other information on the Ryan White Care Act Reauthorization. I will be leaving my position here and returning to the Division of HIV Services at the Health Resources and Services Administration as of February 1, 1994, but I would be happy to work with you on the reauthorization from that new position. Please give me a call at my new office after February 14. The phone number there is 301-443-9091. I look forward to hearing from you.

Sincerely,

Warren W. Buckingham III
Special Assistant for Planning and Development
Office of the National AIDS Policy Coordinator

HAPMO
HIV/AIDS PLANNING & MANAGEMENT ORGANIZATION
Jeffery L Morris • Chairman

December 22, 1993

Dear Buck:

Last week I gave my oral comments on the reauthorization of the Ryan White Care Act. I thought that you would be interested in the issues that were raised and discussed at the hearing. It is my hope that upon reading the attached you may have some additional thoughts that we could coordinate for the next hearing on the reauthorization of the Ryan White CARE Act. HRSA has indicated that there will be additional regional hearings to be announced.

I have suggested we hold our own PWA roundtable discussion on the reauthorization of the CARE Act and send the minutes of the discussion the HRSA. If this is something that you would like to participate in, please let me know.

I had the chance to discuss pages 13 & 14 with Senator Ted Kennedy at dinner on December 13, 1993 in Washington. I am waiting to hear from his office to confirm our invitation to lunch to discuss how we could attempt a demonstration project here in Dade County. I would also like to get your thoughts on pages 13 & 14 as well.

Hope your holidays are a time of peace.

Thanks,

Jef

150 West Flagler • Suite 2650 • Miami • Florida 33130 • 305-374-8422

JAN 27 1994

THE WHITE HOUSE

Patty -

I'm so sorry to learn about the stress you're under with your mother's illness. If I can be of any help in connecting you to resources for you or your family let me know - My prayers are with you - Kristine

JAN

THE WHITE HOUSE

Dear Ms Gebbie -

Thank you for taking time to write. I acquired the name Gebbie by marriage, and am not aware of any connection to Vermont. I will pass your letter along to my son, however.

My best wishes to you and your family.

Katherine Gebbie

RECEIVED JAN 25 1994

Jan. 21. 1994

Dear Kristine,

I was fascinated to read your name in the paper awhile back and anxious to know how, if at all, you might be related to us. We done a lot of geneology and thought I knew all the Gebbie connections in the states and realize there are many Gebbies in Canada.

My records begin with John Gebbie who came from Scotland with his wife, Elizabeth. He was my husband's great grandfathers. His son, Thomas, lived on our farm where my son now lives. He is the fifth generation of Gebbies to work the farm and only last year with his wife received the Century Farm Award.

I'd be thrilled to hear how you fit into the picture. Got your address by contacting our congress-man. Hope this will turn out to be an interesting story.

Sincerely,

Madeline Gebbie
Greensboro, Vermont 05841

JAN 27 1994

THE WHITE HOUSE

Jim —

Thanks for the great food & opportunity to visit on Monday — I really enjoyed it. Hope to see you soon —

Warren

THE WHITE HOUSE

WASHINGTON

Carlos
Dzt reply

January 27, 1994

Ms. Linda Zuchter
President
Graphicorp Inc.
683 Windermere Road, #49
London, Ontario N5X 3T9
CANADA

Dear Ms. Zuchter:

Thank you for sharing information about your "AIDS Awareness 18 Month Calendar" with me. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS. I am also committed to finding a cure for AIDS as soon as possible. I agree with you that the most effective tool we have against the spread of HIV is education.

I have closely looked at your materials and am very encouraged by your interest in the area of HIV/AIDS prevention. As we work to stop HIV/AIDS, we are interested in hearing about new concepts and ideas that individuals may have on this subject. It is critical that we continue to use the means at our disposal to distribute information on prevention to those those at risk. In order to accomplish that, we have determined the messages must be population specific, taking into account the cultural, educational, gender and sexual orientation of the intended audience. .

I would like to encourage you to continue in your labor, we need more interested individuals like yourself. I would also like to encourage you to work with your local community and let me know of your progress. I would be interested to hear of additional steps you take.

Thank you again for your thoughtful words.

Sincerely,

Kristine Gebbie

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

Graphicorp INC.
We make your ideas fly!

AIDS 18-MONTH CALENDAR awareness

January 11, 1994

RECEIVED JAN 14 1994

National AIDS Policy, Executive Office of the President
Attn: Kristine Gebbie, Coordinator

Dear Kristine,

Thank you for the time you are taking for this project. As you read this and look at the Calendar, please note that relevant Spanish, French, Dutch, German, and Japanese Versions will be available for distribution, before the end of 1994. I have enclosed a Media Release and Calendar Highlights (if you wish to cut through the content of this letter), along with a Calendar.

I hope you'll consider endorsing this Calendar, as an educational reinforcement as well as a viable fund raiser, since it can be both a great money-maker and an awareness tool. AIDS Groups, and Churches are approaching the Secondary School Systems in their respective States and Provinces, to try to get the AIDS Awareness Calendar included in the Health and Phys Ed Curriculum. The Public Health Departments have been very helpful in sending on copies to their Agencies, but approaching each State and Province, one at a time, is perhaps not the most efficient way to let them know about the Calendar's existence. The organization of a Distributorship Network could take a year or more. This is time that AIDS does not have, as the pandemic spreads. Perhaps we could work together through the Public Health Departments to encourage the distribution of the Calendar and the promotion of its fund raising potential.

One of the main reasons I started working on this project, was because of the fear and ignorance I continually heard about and saw on TV, and in real life. I realized that I had to do something to make a statement and help in my own way. So I decided to stop my work as a graphic artist for at least a one-year period and put this Calendar together.

Well, this project took off like a house on fire, and I'm hopeful for its success. But help such as you could give, would be immeasurable in ensuring this potential success.

The distribution date is here, and now. This Calendar has no final print quantity, the sky's the limit! 3,000,000 Calendars, which is a high sales figure for any published venture, will raise, $18,000,000 to $21,000,000 based on the wholesale price of $5 to $8 plus shipping per piece.

The distribution of the monies Graphicorp receives will be as follows: Issue A's distribution will be through the AIDS Committee of London. The costs and administrational fees will be removed, and the balance will be dispersed back to the regions from which they were received. Issue B's distribution will be divided between the AIDS Committee of London and Harvard, through their various AIDS groups like the Harvard AIDS Institute, their Global AIDS Policy, et al (It is very important to me that help be given to Third World Countries, where the AIDS Pandemic is spreading so quickly, that even weekly statistic reports I receive vary in a frightening fashion.)

We need your support...exposure in a big way! This publication has become so much more than I anticipated. All over the world, people are getting involved, to make this a truly international Calendar, the first of its kind. While, for me, the pride I feel, firstly comes, from the opening of doors that is happening between organizations everywhere. Groups are networking from State to Province, all over. This is something I'll always feel good about, no matter the scope of the Calendar.

The statistics are frightening, and the only way to fight HIV/AIDS is with AWARENESS, PREVENTION, SUPPORT and RESEARCH.

By looking at the enclosed Calendar, you get a great sense of its contents, its importance, and the joy you feel at looking at the colours, and graphics.

I think I've belaboured the point enough, so I'll leave this in your good hands. Thanks again for your time,

I remain, yours sincerely,

Linda Zuchter

Linda Zuchter,
President, Graphicorp Inc.

683 Windermere Rd., #49, London, Ontario, Cda. N5X 3T9/**Tel:** (519) 858-2890/**Fax:** (519) 858-4376/**Toll Free:** 1-800-267-1949

Graphicorp INC.
We make your ideas fly!

AIDS 18-MONTH CALENDAR awareness

Calendar Highlights

The First Calendar of its kind in the World!... Comprehensively updated with each reprinting.

Copy Contribution: ***Alberta:*** Southern Alberta HIV Clinic, Dr. John Gill, Calgary; AIDS Calgary; ***Amsterdam and the Netherlands:*** Amsterdam National AIDS Association; ***Australia:*** ACON, (AIDS Committee of Australia), ***B.C.:*** **The INTERact Alliance:** Canadian HIV Trials Network, Vancouver; the Vancouver NAMES Project; PARIS - Progressive AIDS Research & Information Society, Vancouver; Vancouver Meals Project; the AIDS Society of Kamloops; ***California:*** WORLD - Women Organized to Respond to Life Threatening Diseases, Oakland; Marian Williamson, Los Angeles; Los Angeles Center for Living; San Francisco AIDS Foundation; International Coordinator for the NAMES Project - the Quilt; San Mateo AIDS Project; Central Valley AIDS Team, Fresno; SC AIDS Hotline, Los Angeles; CAIRLIFT, Leguna Beach; ***Colorado:*** Boulder County AIDS Project; Florida: St. Augustine AIDS Committee; ***Georgia:*** the Centers for Disease Control and Prevention, Atlanta; ***Germany:*** **The INTERact Alliance:** European AIDS Treatment Group, c/o Deutsche AIDS Hilfe, Berlin; Illinois: Test Positive Aware Network (TPA), Chicago; Chicago AIDS Foundation; ***Israel:*** Israeli Committee for Fighting AIDS; ***Manitoba:*** The Village Clinic, Winnipeg; ***Maryland:*** **The INTERact Alliance:** U.S. National Library of Medicine, Bethesda; ***Massachusetts:*** Risky Times Book Project, Boston; AIDS Action Committee; AIDS Coalition, Boston; International Society for AIDS Education; Harvard AIDS Institute and International Coalition for AIDS Policy, Harvard Institute for International Development, Harvard University, Cambridge; ***Michigan:*** KARES - Kalamazoo AIDS Resource & Education; ***New York, N.Y.:*** **The INTERact Alliance:** American Foundation for AIDS Research; KIDS CARE...Have a Heart; Dr. Donna Gaffney, Columbia School of Nursing; GMHC (Gay Men's Health Crisis); Village Home Care; God's Love, We Deliver; Marian Williamson's The Manhattan Center for Living; Broadway Cares/ Equity Fight AIDS; Columbia School of Nursing; ***New Jersey:*** CHAAT - Calvary Humanitarian AIDS & Alertness Team, East Orange; The New Jersey Women & AIDS Network, New Brunswick; East Orange General Hospital, East Orange; ***New Zealand:*** New South Wales; New Zealand AIDS Foundation; ***Ontario:*** MacDonald Hill Foundation, Sarnia; The Women's Sexual Assault & Helpline, New Market; HIV-T Group Blood Transfused, Toronto; AIDS Community Simcoe County; Northern Lights Alternative, Toronto; Access AIDS of Sudbury; AIDS Committee Durham, Barrie; The Parry Sound Muskoka AIDS Committee; Peel HIV/AIDS Network, Brampton; International Society for AIDS Education; CANFAR (Canadian Foundation for AIDS Research), Toronto; The Ontario AIDS Network; The Toronto PWA Foundation; the National AIDS Clearing House, Ottawa; the AIDS Committee of Toronto; the AIDS Committee of London; Counterpoint Needle Exchange, London; ***Oregon:*** Valley AIDS Information Network, Cornwallis; ***Paris, France:*** AIDES Federation Nationale; ***South Africa:*** The Community AIDS Information Centre, Johannesburg; ***UK:*** International Community of Women Living with HIV/AIDS, London, England; the Terrence Higgins Trust, London, England; the Edinburgh NAMES Project, Scotland; ***Washington, D.C.:*** Northwest AIDS Foundation, Seattle; Whitman Walker Clinic, and other locations; and so many more.

Artistic Inclusions: ***Brazil*** - Siron Franco; ***Coral Gables, Florida*** - Elite Galleries; ***Cuba*** - Mario Bencomo; ***Dallas, Texas*** - Bob Dennard; ***London, England*** - Terrence Higgins Trust; **London, Ontario, Canada** - Mike Bidner, Ruth Zuchter, Linda Zuchter; ***New York, N.Y.*** - Museum for African Art, Richard Bernstein, Mike Quon, Norma Bessouet, New York and Buenos Aires, Argentina; ***Paris, France*** - AIDES Federation Nationale; ***Port Stanley, Ontario, Canada*** - Darren Thompson; ***Seoul, Korea*** - Myung Eel Han, Dag Jae Lee, Dae Won Jung; ***Sydney, Australia*** - ACON; ***Toronto, Ontario, Canada*** - AIDS Committee of Toronto; ***Vancouver, B.C.*** - Joe Average, Ken Ward, Judy Weiser; ***Washington, D.C.*** - Susan Van Pool, Cameron Duncan (Images for Survival), Charles Helmken.

Media/Corporate and Group Support: ***California:*** The BLK Magazine, Los Angeles; San Francisco Bay Times; Screen Actors Guild; Telephone Pioneers, Fresno, Frontiers Magazine, Hollywood; ***Colorado*** - Cable Columbine, Fort Collins; ***Chicago*** - Playboy; ***Ontario: D.C.:*** TWIST Weekly, Seattle; Seattle Gay News; Lamba Rising, Washington; ***London*** - Xerox Canada Ltd., CFPL-TV, Baton Broadcasting; Kinko's, London Magazine, Free Press, Blackburn Corporation; Bell Canada; Grand Theatre, Robert Holmes Books, Paper Panache, Kellogg's (Canada); ***Toronto*** - Campus Canada, Pharmacia, Adria Laboratories, Campus Canada, Body & Soul, Globe & Mail, CIBC, Baton Broadcasting, Telemedia, TV Guide, GLOBE (Gay and Lesbian Organization of Bell Enterprises), The Toronto Star, CHUM-FM, Coca Cola (Canada), XTRA! Magazine (Toronto, Vancouver, Ottawa), Shopper's Drug Mart Canada, Shopper Drug Mart Publications, Much Music, City TV, Hollinger Inc, Telephone Pioneers (Canada), Levi Strauss & Co. (Cda.) Ltd., Columbia House; Pentcomm, Etobicoke; Leaside High School, East York; ***Maryland:*** Lambda Rising, Bethesda; ***Massachusetts*** - The Union News, Springfield; ***Montreal*** - Primatel; ***Newfoundland*** - The Evening Telegram; ***New Jersey*** - The Star Ledger, Newark; Telex Marketing, Ocean City; ***New York*** - Oscar Wilde, Details Magazine, Today Show, NBC, Interview Magazine; Gay Yellow Pages; ***North Carolina*** - Omni, Greensborough; NCSSM, Durham; ***Pennsylvania:*** Prevention Magazine, Emmaus; Out Publishing, Pittsburgh; and so many more.

We need your support...exposure in a big way!

These Calendars are available now. Your promotion of this Project can only improve its chances to make the necessary money for AIDS Prevention, Support, Awareness and Research. If you wish to call to ask anything, don't hesitate. Once you are finished with this sheet, ***please pass it on*** to other Departments and/or Groups and Friends that may be interested in the Calendar as an awareness tool, and a great fundraiser. -30-

683 Windermere Rd., #49, London, Ontario, Cda. N5X 3T9/**Tel:** (519) 858-2890/**Fax:** (519) 858-4376/**Toll Free:** 1-800-267-1949

Graphicorp INC.
We make your ideas fly!

AIDS 18-MONTH CALENDAR awareness

MEDIA RELEASE

The Gift that can help a Friend...

Goal: 3,000,000 Calendars sold to raise (at wholesale prices) **$21,000,000**

A Fundraising idea for your AIDS Service Organization...

Distributors pay $5.00, plus shipping, and sells the Calendar for $15.95
As a distributor, you keep the difference!

Eighteen months of AIDS Awareness

Two Issues: January/94 to June/95 (Issue A) and July/94 to December/95 (Issue B)

Coming in 1994: Issue B in French, Spanish, German, Dutch and Japanese

52 pages packed with information...

The basics of HIV and AIDS ▪ Young People and AIDS ▪ Safe Sex How to's
How do you get AIDS and how do you prevent it?

Who to call if you're worried or need help! ▪ Worldwide Hotlines & Needle Exchanges
Access to critical information on Internet

The latest news on AIDS research activities
Vaccine development and issues on AIDS and human rights

Lists of AIDS Organization throughout the world that provide successful programs in care and support for people with AIDS, their families and loved ones

Summaries of print resources that can enhance AIDS Awareness in your Community or School

Artwork from many international contributors

How it Works:

A distributor sells in their own area, and purchases the Calendar for $5.00 @, plus $1.00 for shipping, and sells the Calendar for somewhere between $6.00 and $15.95 (the suggested retail price). If anyone else in the Distributor's area calls Graphicorp, they are referred to you, the Distributor. Distributors work with other AIDS groups, schools, churches, and other charitable organizations who wish to make money for AIDS and themselves. These groups buy the Calendar for between $6.00 and $10.00, and then resell at their own functions. If they want to donate back to AIDS, great, or they can choose the organization they wish to donate to. If they decide to give the difference to the Heart Foundation, that's fine too. Simply by purchasing from you, all three groups, have increased AIDS Awareness, have injected needed revenue, and have worked as a network.

So everyone wins!

Calendar pricing will guarantee money raised for local AIDS organizations and the international AIDS effort

If you wish to call to ask anything, don't hesitate to call. Once you are finished with this Media Release, ***please pass it on***. -30-

683 Windermere Rd., #49, London, Ontario, Cda. N5X 3T9/**Tel:** (519) 858-2890/**Fax:** (519) 858-4376/**Toll Free:** 1-800-267-1949

JAN 27 1994

THE WHITE HOUSE

Dear Mary—

I thoroughly enjoyed our visit last night — please call again when you're in town. In case you ever need it, my home number is 202-387-0015. Take care—

Kristine

The Hospital Research and Educational Trust

AHA

840 North Lake Shore Drive
Chicago, Illinois 60611
Telephone 312.280.6620

Mary A. Pittman, Dr.P.H.
President

V/24 c 700
26

November 15, 1993

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

Dear Kristine:

Thank you very much for participating in the National AIDS Update Conference. Your presence was an important statement on behalf of the administration and you received a positive evaluation from many participants. I hope you will consider participating again next year.

As I mentioned at the conference, I hope that we will be able to stay in touch and if there are any potential projects that we can work on collaboratively, please don't hesitate to contact me. Gina Pugliese at the American Hospital Association is the lead person in all HIV/AIDS-related projects, however this will continue to be an on-going area of interest to me.
On a more personal note, I hope we can get together for lunch or dinner in Washington in the new year, since I am frequently in DC for AHA meetings. Look forward to speaking with you later.

Sincerely,

Mary

Mary A. Pittman

Steve - please schedule

PPAC
Parents Pediatric AIDS Coalition
Joan Milne, Director
1990 N. California Blvd., Suite 830
Walnut Creek, CA 94596
(510) 933-PPAC

JAN 27 1994

THE WHITE HOUSE

Dear Joan

It was a real treat to meet you, Nelissa and your mother - you're quite a trio! I applaud the work you are doing to make things better for other youngsters. All my best wishes, and please stay in touch - Christine Gebbie

NT

Political watchdog has a sharp bite

When Ben Davidian took over as chairman of the Fair Political Practices Commission, he brought in former criminal prosecutors, flexed the agency's modest muscle and targeted money laundering. — 9A

'Very brave' girl with HIV gets to meet the First Lady

By ANDY JOKELSON
Staff writer

WALNUT CREEK — Eleven-year-old Melissa Milne, still in good health despite having HIV since infancy, is back home from a trip to the nation's capital, highlighted by meeting First Lady Hillary Rodham Clinton.

Melissa, nicknamed Missy, and her mother, Joan Milne, flew to Washington on Sept. 17 and attended a pediatric AIDS conference Monday and Tuesday at Georgetown University.

They also met U.S. Sen. Dianne Feinstein, Reps. George Miller, D-Martinez, and Bill Baker, R-Danville, as well as aides to other members of Congress and to Surgeon General Joycelyn Elders, before flying home.

But Melissa's big moment was with the first lady, a meeting arranged because the Milnes were at the conference.

"She's very nice. I was just really pleased to meet her. ... And she also said that she was going to tell Chelsea all about me, and (tell) President Clinton," said Melissa at her family's residence Saturday.

Joan Milne said they met Clinton for about 10 minutes Tuesday at the Capitol in a late-afternoon session arranged by Miller's staff.

"She sat on the couch with Hillary Clinton," Milne said. "And she said to Hillary, 'I'm so pleased to be here with you.' And Hillary turned around to her and said, 'And I'm so pleased to be here with you, too.'"

There was a hug goodbye, and Melissa came home with a note Clinton addressed "to a very brave girl."

Mother and daughter have become advocates for improved care, acceptance and hospital access for children with the AIDS-causing HIV. They say they seek to promote understanding and concern for children who have AIDS or HIV.

"I understand that Hillary read some of the faxes about Melissa that George Miller's office sent to the White House staff, and at that point said that they would meet with Melissa and myself in between Hillary's meetings with the senators at the Capitol that day," Milne said.

Photo courtesy of Milne family

MELISSA MILNE met First Lady Hillary Rodham Clinton at the Capitol in Washington, D.C., on Tuesday.

"It went wonderfully well. This woman is so intelligent, so caring. ... I was very impressed with her as a person. She understood already a lot about AIDS and pediatric AIDS and the problems that a lot of the families have," Milne said.

Among the things she suggested to Clinton, she recalled, was establishing a hotline for parents to call for help if they have difficulty gaining hospital admittance for children with HIV.

She said she told the first lady of a Georgia hospital's refusal to admit a child suffering from medical problems arising from the virus. Milne said there is a "need for reform and education in the hospitals and that, if need be, hospitals that refuse to treat children should not be getting any federal funds."

Melissa was infected with the HIV via a blood transfusion at birth, but has not yet developed AIDS. "She's still never been sick," her mother said.

Melissa is now a sixth-grader at Walnut Creek Intermediate School, and her mother says she's well-accepted there, as she was at Indian Valley Elementary School. She disclosed her condition in June 1991 to Indian Valley schoolmates.

"One of the major reasons that Melissa was so well accepted in our community was the fact that we had educated our community in advance," her mother said.

Clinton Presidential Records
Digital Records Marker

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

This marker identifies the place of a publication.

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

Girl Scoutlook

GIRL SCOUTS

San Francisco Bay Girl Scout Council August 1992 80 Years of Service

AIDS Awareness in Walnut Creek: The Butterfly Project

"According to the United States Surgeon General's Office, Acquired Immune Deficiency Syndrome (AIDS) is transmitted through sexual contact and the exchange of blood and blood products. It is not transmitted through casual contact of the sort that occurs during Girl Scout activities."

GSUSA, May 1992.

On a warm summer evening in June, Melissa Milne, Junior Girl Scout Troop #762, stood up before the Walnut Creek City Council and said, "I am very lucky to live in a city like Walnut Creek, and I wish more cities could be as supportive of children with HIV / AIDS as the community of Walnut Creek has been of me."

Melissa Milne, a bubbly, intelligent girl with big blue eyes, has HIV. In Walnut Creek and within her Girl Scout troop, she has found the understanding and support that she needs to help her cope with her illness.

Not so long ago, HIV and AIDS was a source of fear and anger in most of the United States. Victims were shunned by their families and friends as the medical community vainly tried to handle the growing panic. Hysterical rumors about HIV / AIDS ran rampant, such as "you can catch it from a toilet seat."

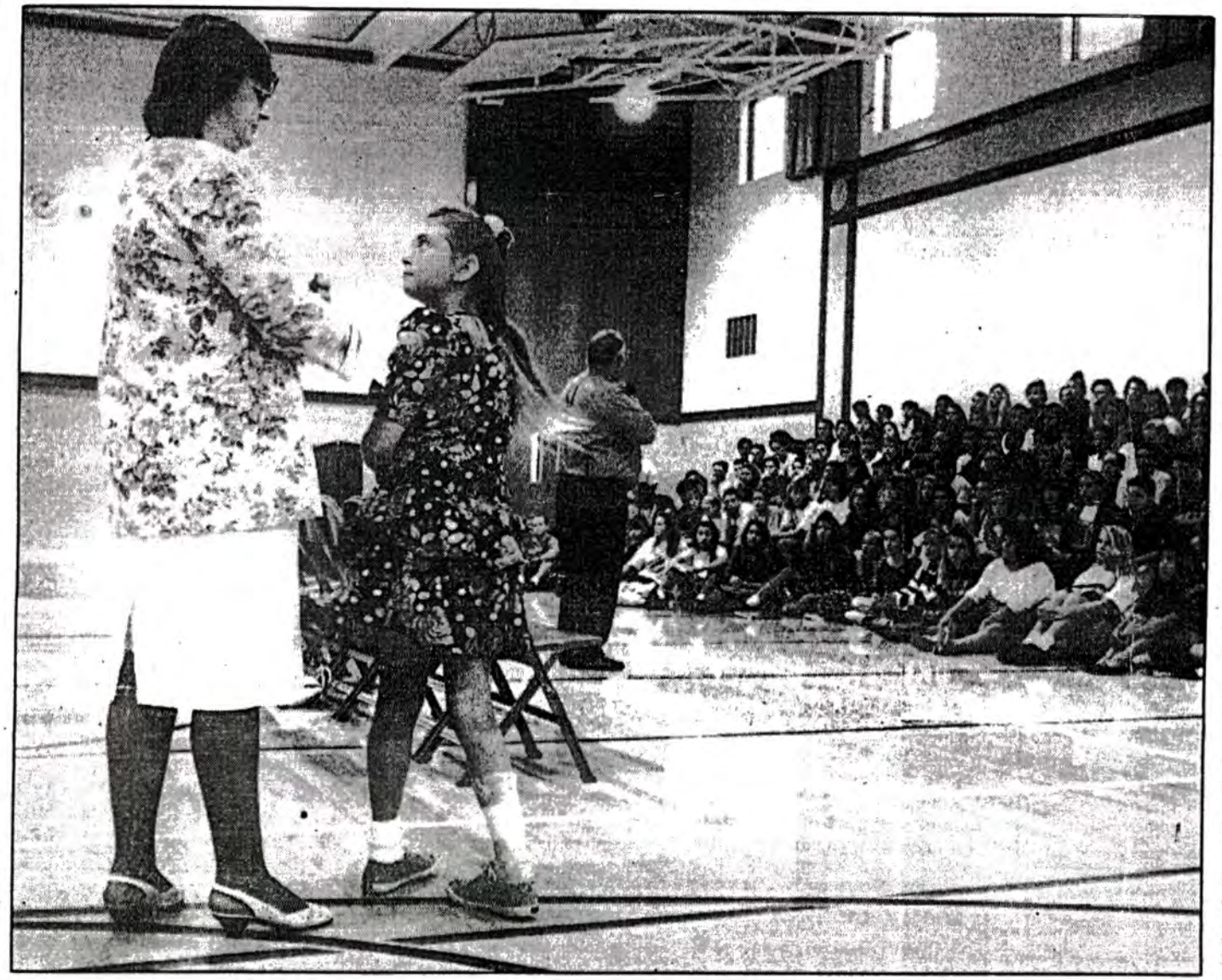
According to the World Health Organization, AIDS is found in 129 countries, and an estimated 5-10 million people now carry the HIV virus. Women constitute the fastest-growing group with AIDS. The Centers for Disease Control report that as of February 1, 1990, women accounted for 10,611 of the 115,786 reported cases (11%) of AIDS in the United States. Thus far in the media, women have primarily been referred to only as "risk factors" or "transmitters" of the HIV virus rather than "persons at risk." However, among women ages 15 to 24, AIDS is the fourth most common cause of death. This illustrates a need for woman-focused, nonsexist prevention strategies. For Melissa Milne and Troop #762, that need was met by her mother, her Girl Scout leaders, and her community.

As news of Melissa's illness circulated, her troop and her troop leaders have been shining examples of what Girl Scout leadership is all about. Using information to combat panic, and leadership to combat hysteria, troop leader Corinne LaLonne, and Joann Milne, Melissa's mother, have helped the girls and their parents understand what HIV / AIDS is about, how it is transmitted, and the physical consequences of having the virus.

Once the community of Walnut Creek had come to terms with the knowledge that a local child had contracted HIV, people began to rally around Melissa and the cause of children with this virus. Joann Milne serves as Executive Director and co-founder of the Parents Pediatric AIDS Coalition (PPAC) whose goal is to heighten public awareness about HIV/AIDS in children. Barbara Kiernan, another parent of a girl in Troop 762, serves as Director of Community Awareness for PPAC. In June, Melissa stood before the Walnut Creek City Council and accepted a proclamation from Mayor Evelyn Munn which proclaimed June 8 through 15 National Pediatric Aids Awareness Week in Walnut Creek.

As part of the celebration, PPAC organized the "Butterfly Project" sponsored by the City of Walnut Creek, the Walnut Creek Mayor's office, the Contra Costa County Fire Department, the Walnut Creek School District, and the Walnut Creek Chamber of Commerce. The Butterfly Project combined fun, education, and community service as thousands of paper butterflies (shown above) were distributed through the schools for children to decorate as they learned age-appropriate lessons about HIV/AIDS.

Throughout the city of Walnut Creek, windows in schools, banks, the library, post offices, supermarkets, cars, houses and stores were decorated with the colorful paper butterflies, each hand-colored by a child. "Each butterfly represents a child with HIV or AIDS," says Joann Milne. "We wanted to symbolize that with public understanding and support, someday all children with HIV will be free as a butterfly of this terrible virus."



Staff photo/**Mary Lommori-Vignoles**

Melissa Milne, who has HIV, talks to her mother, Joan, before speaking to students at O'Hara Park School in Oakley.

Girl with HIV offers lesson about AIDS

Melissa Milne brings her message to Oakley kids

By Barbara Steuart
Staff writer

p1
THURSDAY OCT 29 1992

OAKLEY — O'Hara Park students learned life-and-death lessons Wednesday from an unlikely teacher: Melissa Milne, a feisty fifth-grader and one of an estimated 3,600 Contra Costa County residents infected with the HIV virus.

At a special assembly, eighth-graders learned how to protect themselves from the virus, which carries AIDS, and to have compassion for those who are infected.

"Melissa is just the same as us," said Dionne Mercer, 13. "She taught us not to be afraid" of HIV-infected people, chipped in Laura Favaloro, 13.

Dionne and Laura were among a group of students who crowded around Melissa after the hour-long assembly to hug her and thank her for coming.

"I'm just proud of her," said Dionne. "Not everybody would do that."

But Melissa, 10, who contracted the HIV virus shortly after birth through a blood transfusion, played down her role in educating the public about AIDS.

"That's the only way to get off school," joked Melissa, a student at Indian Valley Elementary in Walnut Creek.

See **MELISSA**, back page

MELISSA

From page 1

Melissa was spurred to action after watching a video of AIDS victim Ryan White, said her mother, Joan Milne, 46.

White won nationwide media attention several years ago after his Indiana classmates refused to go to school with him.

Like Melissa, White contracted AIDS through a blood transfusion. He died two years ago of AIDS-related complications.

Melissa, who suffered a stroke before birth, carries a leg brace and has a slight reading disability. But so far, she's not suffering from any AIDS symptoms.

Melissa's family didn't find out about the HIV infection until she was 5 years old, Joan Milne told students.

For four long years, the family buried the secret, afraid Melissa would meet the same hatred, lack of compassion and ostracism that Ryan White faced.

Joan Milne told Melissa about her HIV infection two years ago. From that moment on, Melissa bugged her mother to let her "go public."

Finally, about a year and a half ago, Melissa presented her Indian Valley classmates with a special sort of show-and-tell.

"You know that disease we've been talking about? I have it," Melissa recalled telling her friends, as O'Hara Park eighth-graders listened with rapt attention. "One boy said, 'Are you going to die?' I said no. He said, 'Good.' "

Expecting hate letters and slashed tires, Joan Milne made reservations to stay at a motel that day.

But to her surprise, the school and the whole community were very supportive.

Following the assembly, O'Hara Park students asked several questions about how the family dealt with keeping the secret for so long and how it copes with the threat of one day losing Melissa to AIDS.

"She's too stubborn to get AIDS," answered Joan Milne, adding that she's hoping researchers will soon find a way to treat the HIV virus.

Short of finding a treatment, the best way to deal with AIDS is to avoid getting infected, Dale Jenssen, coordinator of Contra Costa County AIDS education, told students.

The HIV virus is transmitted through blood during unprotected sex, through shared drug needles or — until a blood screening test was developed in 1985 — through blood transfusion.

Jenssen urged students to avoid drugs and alcohol, since both can lead to irresponsible sexual behavior.

Such basic facts help educate young people about AIDS prevention, Jenssen said.

"But to have Melissa there ... makes all the difference in the world," she added.

"The kids from O'Hara will always remember Melissa. That's the kind of education that stays with you."

Following the assembly, Melissa visited students in their classrooms.

Because they're uncomfortable talking about sex, many parents welcomed the AIDS assembly, said Yvonne Robbins, president of the O'Hara Park Parent-Teacher-Student Association, which organized the event.

Parents had a chance to meet with Melissa, Joan Milne and Melody Walz, who has AIDS and is a PTA president in Southern California, at an evening AIDS prevention meeting at the school.

Joan Milne, Director

PARENTS' PEDIATRIC AIDS COALITION
P.P.A.C.

STATEMENT OF PURPOSE

By the end of 1992, 20,000 to 25,000 children in this country will suffer from HIV/AIDS. If current trends continue, AIDS will become one of the top five killers of American children under 14.

Over the past two and a half years, what began as an informal get-together of parents to share support and information has, of necessity, developed into a dedicated group of parents who are determined to create the services that their children need. All of the parents have found that none of the organizations and agencies already in existence offer any type of service for children and their families. The types of comments heard most often are, "There are not enough children to create a program for", or "We don't have enough money to do anything for children because it would take away from the adult programs."

Parents' Pediatric AIDS Coalition is a California non-profit, public benefit corporation which is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. We formally incorporated in 1990 as the nonprofit PPAC in order to serve children and families in the Bay Area, including Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Solano Counties. We are now beginning the process of formalizing and expanding the services we have developed over the past year. Office space was recently donated to PPAC in Downtown Walnut Creek, just across the street from the BART station.

Through our direct experience and from talking with parents around the Bay Area who have children with HIV/AIDS, we have identified the areas listed below in which PPAC's involvement is critically needed. Our strategy will be to formalize and expand upon many of the services that we already provide, using parents to recruit, train, and coordinate a core group of volunteers.

1. Public education. The Coalition will act as a clearing house for educating the public about children with HIV/AIDS, in order to counteract commonplace discrimination and social isolation. Specific strategies include:

(a) Write and publicize a resource manual to alert parents, doctors, and social workers to PPAC and other resources in the Bay Area.

(b) Produce at least three professional-quality videos and companion books, targeted toward the general public and toward special sub-groups such as schoolchildren. We have already participated in the production of one video through a contract with Media Express, a local company owned by Ruby Peterson (formerly "Ms. Nance" of Romper Room.) PPAC will also act as fiscal agent in the distribution of these videos.

(c) Compile a press kit to provide journalists and other media representatives with accurate, timely, and comprehensive information on pediatric AIDS and its impact on families in the Bay Area.

(d) Speak to organizations about issues surrounding pediatric HIV\AIDS. This would include schools, PTA's, and community organizations. We have already done some speaking to groups such as the Association of Operating Room Nurses, Kaiser Hospital, Professional Association for Childhood Educators, and various clubs and churches. We have also spoken to 4 sixth grade classes in Walnut Creek Intermediate, and have been asked back to talk to some additional school classes.

(e) Help other parents of children with HIV\AIDS deal with their school districts, using our experience as a model. Working with other schools to set up educational programs to ease the way for other children who are afraid of osterization, and to teach the other children and their parents not to be afraid.

2. A timely and reliable forum through which to share information. Parents need a way to share information on how to get what they need from government agencies, insurance companies and hospitals, and to offer each other emotional support. The Coalition will publish a monthly newsletter; coordinate bi-weekly peer counseling sessions; hold bi-weekly support group meetings for siblings, parents and families; and offer a minimum of one workshop each quarter on topics such as cutting through government red tape and working with insurance companies.

3. Administrative and legislative advocacy. PPAC representatives met with the Deputy Mayor of Health and Human Services of the City of San Francisco and top school officials. This meeting resulted in health protection measures that ensure the ability of children with HIV/AIDS to attend classes. In addition, we recently testified before the Health and Human Services Committee of the U.S. Congress. PPAC representatives have also talked before the Select Committee on Families and Children in Washington, D.C. We plan to expand our role as a liaison with government agencies,

schools, and other institutions, providing legislative and administrative advocacy at the local, state and national levels. PPAC has already presented before the State Board of Education's HIV Advisory Board, and is on their list of speakers for school districts around the state.

4. Coordination of trained attendants to accompany children to doctors' appointments and provide occasional respite care. Children with HIV\AIDS often require frequent trips to the hospital for everything from routine check-ups to four-hour hemoglobin transfusions. This often disrupts parents' work schedules and may endanger their jobs. In addition, having a child with a long-term, serious illness is understandably stressful for other family members. Even the most loving parent needs an occasional respite from constant worrying and the around-the-clock care that children with HIV/AIDS require, and siblings need a chance to express their fears and frustrations. Place on top of this the stress placed on the families by the need to remain confidential. The Coalition will explore existing respite programs and recruit, train and coordinate volunteers during the next year to transport children to hospital appointments, provide respite childcare so that parents can spend time with their other children and regain their perspective, and facilitate parents, sibling and support groups.

5. Coordination of services offered by the approximately 40 existing service providers in the Bay Area. The major nonprofits in the area that serve AIDS victims have chosen to focus on adults, and the few programs that do try to help children with AIDS are often ill-equipped to meet the special needs of these children and their families. The role of PPAC will be to coordinate existing services and provide the necessary education, training and outreach to expand the pool and quality of services available. PPAC has already organized and facilitated two area-wide meetings among the 40 organizations.

Funding towards any or all of these objectives would be of the greatest value to the Parents' Pediatric AIDS Coalition in allowing us to educate the community, outfit an office, and to prepare a directory of services for children with HIV/AIDS in the Bay Area.

Contributions to PPAC are deductible as charitable contributions within the meaning of Section 170 of the Internal Revenue Code.

STEPS TO DISCLOSURE OF AN HIV CHILD IN WALNUT CREEK, CALIFORNIA

by
Joan Milne, mother of Melissa

In June of 1991, a 9 year old 3rd grader, Melissa Milne, annouced to her class that she was HIV positive. The following is an outline of the steps that we took to get to that moment.

January 3, 1991

Melissa had a transfusion when she was 7 days old. We did not know of her HIV status until she was 5 years old. Melissa was told today about her condition by myself and her Doctor. She was told that she needed to keep this a secret because there would be people who would be very mean and cruel to her, not because of her, but because they were afraid of the virus. We talked about if we could teach them not to be afraid, then they wouldn't be mean and cruel. She agreed not to tell any of her friends until we determined that it would be safe.

January 7, 1991

I requested a meeting the Melissa's principal and teacher, and told them about Melissa's HIV status. The initial reactions were that of shock, concern, and confusion. The shock and concern were centered around their concern for her health, and the confustion centered around not knowing what to do next. The Superintendent of Schools was notified, and a panel was scheduled for later in the week.

January 11, 1991

The panel met at Melissa's school to determine if she would be allowed to remain in school. The panel consisted of the Director of Public Health for Contra Costa County, the Director of Communicable Diseases for Contra Costa County, the superintendent of the Walnut Creek School District, the principal and teacher from Melissa's school, the school nurse, and myself. The panel determined that there was no problem with Melissa remaining in school. The decision was also made to have another inservice for the teachers and staff in the school district regarding HIV/AIDS. It was also agreed upon that AIDS education would begin that spring in every class, from Kindegarten on up, as part of the Healthy Kids program.

February, 1991

The teachers and staff of the Walnut Creek School District had a training on HIV/AIDS. At this time, they were told that there was a child in the district with HIV, but they were not told which child or which school. There was some initial concern over some of the teachers feeling that they should know who the child was. By the end of the meeting, the atmosphere was one of support and determination to help the child, whoever it was.

March, 1991

A meeting was held for parents to review the materials that would be used in conjunction with AIDS education in the classroom. The parents did not know at this time that there was already a child in the district.

May, 1991

AIDS education was started in all classes. Part of this education included learning compassion for people with the virus.

June 3, 1991

I picked a reporter from our local newspaper, who came highly recommended as someone who would be sensitive to the issue of Pediatric AIDS. I told him what was going to be happening this week and asked if he would be interested in doing the story. After agreeing, I told the reporter that the article must appear in Sunday's paper, and must be on the front page. The article would include not just the story about Melissa telling her class, but also about all the other children and families out there who were afraid to let anyone know because of the fear of osterization.

June 4, 1991

The teachers and staff had another meeting, at which point they were told that it was Melissa that had the virus, and that Melissa was going to tell her class that Friday. They were instructed not to say anything to anyone until after Melissa made her annoucment.

June 7, 1991

Melissa wore her best dress to school, stood up in front of her class, and told them that she had what they had all just been learning about, HIV. She then had a question and answer period where the children asked a lot of well thought out questions. When it was over, every child in the classroom came up and gave Melissa a hug. We then left for the airport because we were heading from Washington D.C. to participate in the first annual Pediatric HIV/AIDS Awareness Week.

A letter was sent home with every child in the school, telling the parents what had happened that day, how brave Melissa wa, and how there would be no problems with her returning to school in the Fall. These letters were all in sealed envelopes so the children would not read them in advance. In order to ensure that these letters would get to the parents that night, and not remain in the backpacks over the weekend, each child was asked to write their parents name on the envelope, and to put in bold letters, 'VERY IMPORTANT'.

The letter also advised the parents that there would be an 'informational meeting' at the school the following Tuesday evening for any parents that had questions.

Enclosed in the evelope with the letter was a permission slip for the parents to sign to enable their children to participate in a discussion on Monday morning, focusing on Melissa and HIV.

June 10, 1991

About 25 children had not returned their permission slips, and had to stay in the library for the morning. The school secretary was on the phone to these parents, asking if they had intentionally not sent the slips back to the school. Everyone of those parents rushed to the school with the slips, so that their child could participate in the classroom discussions.

June 11, 1991

The parent meeting went extremely well, with the parents supporting Melissa's right to remain in school. They did have some concerns and questions, which were answered by the panel. The panel consisted of Melissa's Doctor from Children's Hospital, the Director of Contagious Disease from Contra Costa County, and the principal of Melissa's school.

September 4, 1991

The first day of school. Melissa was just one of the students returning after summer vacation. No pickets. No withdrawl from school. No withdrawl from her classroom. Every parent of an HIV child's dream come true.

ate hits
high
ut of work
— Business 7B

John Lee Hooker still king of boogie
Singing the blues at the Pavilion
— Entertainment 1E

Bulls hold their poise, grab NBA series lead
Post overtime victory on Lakers' court
— Sports 1C

Contra Costa Times

Saturday, June 8, 1991

A 9-YEAR-OLD'S COURAGE

Girl reveals HIV infection

She, friends are unfazed by bad news

By Gary Rivlin and Jamie S. Cackler
Staff writers

WALNUT CREEK — A Walnut Creek schoolgirl infected with HIV shared that secret Friday with her 11 classmates in what public health officials said was the first such disclosure in Contra Costa County.

Melissa Milne, 9, infected with the virus after receiving a blood transfusion at birth, stood before her third-grade classmates at Indian Valley Elementary School shortly before the final bell and made the announcement she's rehearsed for months.

INSIDE

Contra Costa school districts have written policies to protect the rights of HIV-infected students and others. **11A**

"Missy held up beautifully. She didn't even cry," said Joan Milne, who stood by as her daughter made the announcement.

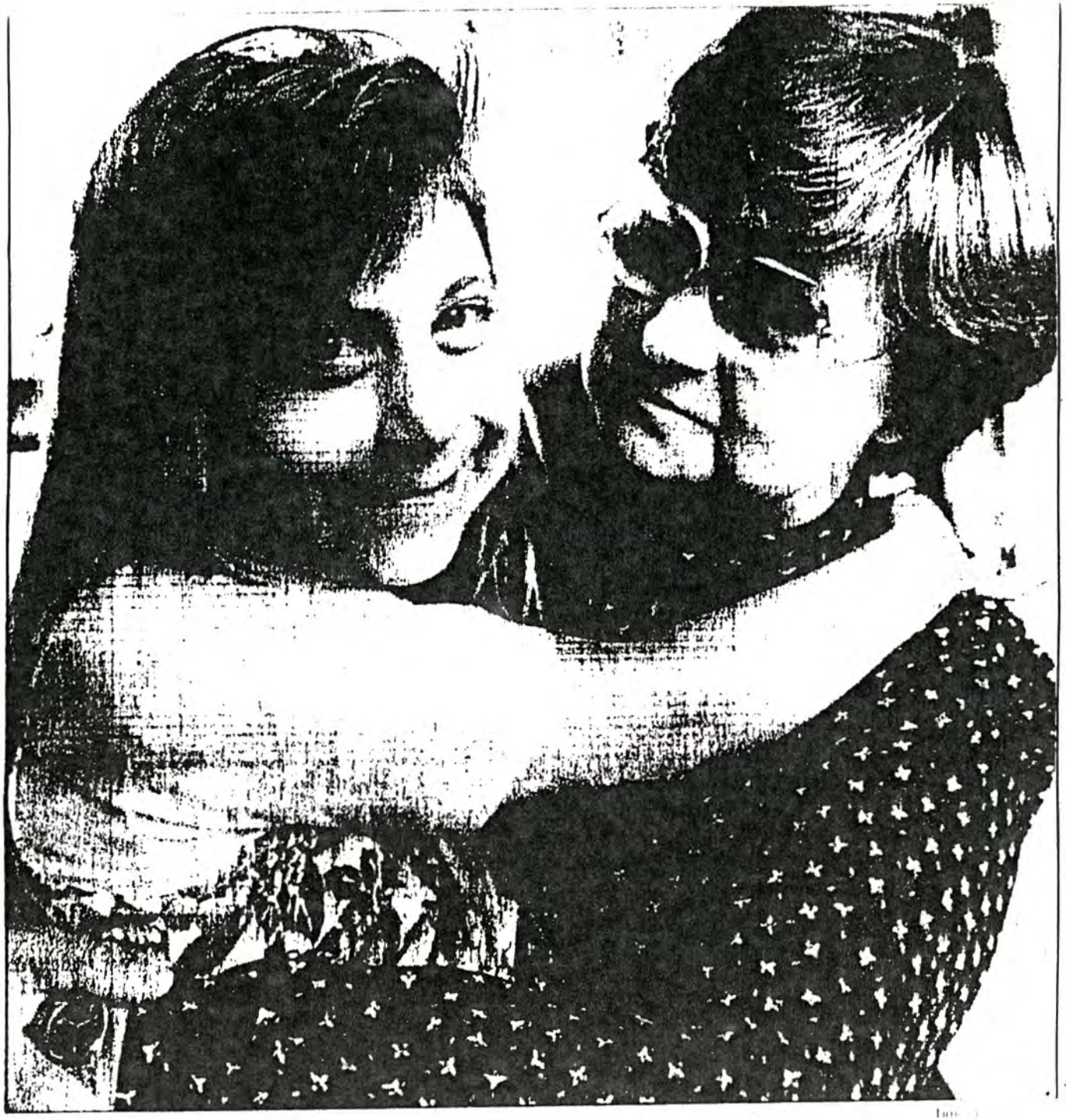
School officials, who had known about Melissa's condition since January, had prepared the class through an HIV and AIDS awareness curriculum and discussions.

"It went better than we anticipated," said Joan Milne. "After it was over, every kid came up and gave her a hug. A couple even gave her a kiss."

Each of the about 360 students at Melissa's school took home a letter to their parents from Principal Paul Sheckler, explaining that Melissa "wants her friends and the community of Indian Valley School to know she has an immune deficiency commonly known as HIV."

Sheckler made it clear the school will allow Melissa to continue attending class.

Please see MELISSA, Page 11A



MELISSA MILNE, 9, of Walnut Creek, seen here with her mother, Joan, has been diagnosed as HIV positive.

School districts adopt policies on students with HIV, AIDS

By Jamie S. Cackler
Staff writer

Most Contra Costa school districts have policies in place and are ready to react if faced with a student who has an HIV infection or AIDS, officials say.

In 1986, the county Office of Education and the health department helped most Contra Costa school districts create uniform policies and procedures aimed at protecting the rights of students with AIDS or who are HIV-positive, and ensuring the safety of their teachers and classmates.

Although the policies differ slightly from district to district, all specify that a student like Walnut Creek district's Melissa Milne, 9, has a right to be in school unless there are special circumstances.

"From a public health point of view, students have certain legal rights under the Constitution and state law to attend public schools unless their attendance constitutes a danger," said James Martin, superintendent of the Lafayette School District.

Charles Birtcil, acting superintendent of Pittsburg Unified School District, said he is sure district officials would be ready if faced with a student with AIDS stepping forward publicly. "Unqualified yes," he said.

The Pittsburg district would be prepared to follow its written policies leaving the question of student safety and appropriate school setting in the hands of a medical review panel, Birtcil said.

Not all school districts have such policies in place.

The Mt. Diablo district, Contra Costa's largest, elected not to join the county workshop and write such a policy, said associate superintendent Paul Allen.

Mt. Diablo officials believe state laws, state education policies and court rulings adequately spell out the rights of students and responsibilities of the district, he said.

However, the Mt. Diablo school board plans to examine a sample policy produced by the California School Boards Association, officials said.

The CSBA recommendations spell out recent developments in case law, including one in the Saddleback school district in Southern California, that defined AIDS as a handicapping condition. That ruling said students with AIDS are entitled to the same protection as students with other disabilities and cannot legally be excluded from regular class activities without evidence they pose a risk to others.

Education and health authorities say there could be many students with HIV (human immunodeficiency virus) infection or AIDS attending public schools right now without anyone knowing it.

A student's condition needn't be reported.

But if the student or family reveals it to the school, the school district has the security of being able to turn to county agencies for guidance.

Procedures are decribed in two- and three-page policies adopted by some school districts. They include:

■ Once the student's condition is known, the school district calls the county health department to convene a medical review committee. Generally, such a committee includes public health physicians, the child's own physician, the child and his or her parents, a teacher and the principal.

■ The medical review committee will recommend having the student stay in class unless there are certain problems. For instance, if the HIV-infected student has behavior problems that include biting or scratching other students or their teachers, the panel can recommend the student be sent home.

Melissa

FROM PAGE 1A

"Our policy is not to exclude a student with HIV or AIDS, unless the individual child has special concerns which would endanger the safety of other children," said Walnut Creek Superintendent Kenneth Meinecke.

The Walnut Creek district policy, like the policies of other Contra Costa school districts, states that a panel of medical and school authorities decides if a student is too ill to be at school or is a danger to others.

Meinecke said he expects most parents won't see Melissa as a threat and will be understanding about her circumstances.

"So far everyone is reacting calmly," Sheckler said.

He said he spent much of Friday afternoon speaking with parents, whose concerns were more medical than emotional.

"People are concerned that the medical advice is accurate, that they can really believe all they are told. Others are concerned about Missy," he said.

Public health officials will meet with concerned parents next week, Sheckler said.

If there is an outcry, or if anyone tries to have Melissa removed from the school, the district will protect her right to stay, Meinecke said.

Parents will have the option to transfer their children to another school, as long as there is room, Meinecke said. The district has a liberal open-enrollment policy "and people have transferred their children for lesser concerns than that," he said.

Sheckler, Milne and county public health officials met in January, when Milne told school officials Melissa has HIV (human immunodeficiency virus), which can lead to AIDS. Sheckler said it was determined that Melissa poses no public health threat.

"Kids have a right to attend school if, like Melissa, they're not a danger to the public health," said Francie Wise, who oversees the Contra Costa County public health department's communicable disease division. "The only reason for someone not to be in school is if there are special education needs or their doctor or parent elects not to send them."

Milne said she is confident most parents will agree that Melissa belongs in school as long as she stays healthy.

"I've lived with Missy for 9½ years. It was five years before we even knew about the virus," Milne said. "If we don't have the virus with that close fam-

School districts adopt policies on students with HIV, AIDS

By Jamie S. Cackler
Staff writer

Most Contra Costa school districts have policies in place and are ready to react if faced with a student who has an HIV infection or AIDS, officials say.

In 1986, the county Office of Education and the health department helped most Contra Costa school districts create uniform policies and procedures aimed at protecting the rights of students with AIDS or who are HIV-positive, and ensuring the safety of their teachers and classmates.

Although the policies differ slightly from district to district, all specify that a student like Walnut Creek district's Melissa Milne, 9, has a right to be in school unless there are special circumstances.

"From a public health point of view, students have certain legal rights under the Constitution and state law to attend public schools unless their attendance constitutes a danger," said James Martin, superintendent of the Lafayette School District.

Charles Birtcil, acting superintendent of Pittsburg Unified School District, said he is sure district officials would be ready if faced with a student with AIDS stepping forward publicly. "Unqualified yes," he said.

The Pittsburg district would be prepared to follow its written policies leaving the question of student safety and appropriate school setting in the hands of a medical review panel, Birtcil said.

Not all school districts have such policies in place.

The Mt. Diablo district, Contra Costa's largest, elected not to join the county workshop and write such a policy, said associate superintendent Paul Allen.

Mt. Diablo officials believe state laws, state education policies and court rulings adequately spell out the rights of students and responsibilities of the district, he said.

However, the Mt. Diablo school board plans to examine a sample policy produced by the California School Boards Association, officials said.

The CSBA recommendations spell out recent developments in case law, including one in the Saddleback school district in Southern California, that defined AIDS as a handicapping condition. That ruling said students with AIDS are entitled to the same protection as students with other disabilities and cannot legally be excluded from regular class activities without evidence they pose a risk to others.

Education and health authorities say there could be many students with HIV (human immunodeficiency virus) infection or AIDS attending public schools right now without anyone knowing it.

A student's condition needn't be reported.

But if the student or family reveals it to the school, the school district has the security of being able to turn to county agencies for guidance.

Procedures are decribed in two- and three-page policies adopted by some school districts. They include:

- Once the student's condition is known, the school district calls the county health department to convene a medical review committee. Generally, such a committee includes public health physicians, the child's own physician, the child and his or her parents, a teacher and the principal.
- The medical review committee will recommend having the student stay in class unless there are certain problems. For instance, if the HIV-infected student has behavior problems that include biting or scratching other students or their teachers, the panel can recommend the student be sent home.

Melissa

FROM PAGE 1A

"Our policy is not to exclude a student with HIV or AIDS, unless the individual child has special concerns which would endanger the safety of other children," said Walnut Creek Superintendent Kenneth Meinecke.

The Walnut Creek district policy, like the policies of other Contra Costa school districts, states that a panel of medical and school authorities decides if a student is too ill to be at school or is a danger to others.

Meinecke said he expects most parents won't see Melissa as a threat and will be understanding about her circumstances.

"So far everyone is reacting calmly," Sheckler said.

He said he spent much of Friday afternoon speaking with parents, whose concerns were more medical than emotional.

"People are concerned that the medical advice is accurate, that they can really believe all they are told. Others are concerned about Missy," he said.

Public health officials will meet with concerned parents next week, should

If there is an outcry, or if anyone tries to have Melissa removed from the school, the district will protect her right to stay, Meinecke said.

Parents will have the option to transfer their children to another school, as long as there is room, Meinecke said. The district has a liberal open-enrollment policy "and people have transferred their children for lesser concerns than that," he said

Sheckler, Milne and county public health officials met in January, when Milne told school officials Melissa has HIV (human immunodeficiency virus), which can lead to AIDS. Sheckler said it was determined that Melissa poses no public health threat.

"Kids have a right to attend school if, like Melissa, they're not a danger to the public health," said Francie Wise, who oversees the Contra Costa County public health department's communicable disease division. "The only reason for someone not to be in school is if there are special education needs or their doctor or parent elects not to send them."

Milne said she is confident most parents will agree that Melissa belongs in school as long as she stays healthy.

"I've lived with Missy for 9½ years. It was five years before we even knew about the virus," Milne said. "If we don't have the virus with that close fam-

On Friday, 9-year-old Melissa Milne told her classmates she carries a virus that causes AIDS, a tragic secret held for years by...

A FAMILY IN THE SHADOWS

MELISSA MILNE and her mother, Joan, pictured in their Walnut Creek home, flew to Washington, D.C., on Saturday to participate in the First National Children with HIV/AIDS Awareness Day.

Gary Rivlin
ff writer

Nine-year-old Melissa Milne and her family have taken carefully planned but uncertain steps out of the darkness brought on by her HIV infection, hoping to bring light to a medical condition associated with fear, confusion and death.

The energetic third-grader with long blond hair and clear blue eyes wore her favorite dress when she announced to her classmates at Indian Valley Elementary on Friday that she has the infection that can cause deadly, incurable AIDS.

Melissa and her mother, Joan, decided she could miss a few days of the last week of school and flew Saturday to Washington, D.C., where they will participate Tuesday in the First National Children with HIV/AIDS Awareness Day at the Capitol Mall.

Only one other Bay Area family has been public with similar news: the O'Rourkes of San Francisco, whose son Brendan was hugged by the pope during his visit to Mission Dolores in 1987.

Micheale O'Leary, director of Children's Hospital Oakland's pediatric AIDS unit, said she hopes the Milnes' action "creates a forum for people to get their fears and questions about the disease addressed."

O'Leary said she can count on one hand the number of families with HIV-infected children who have shared the discomforting news beyond close friends and relatives, even though Children's has seen more than 100 children with the virus and knows of 30 HIV-positive children in Contra Costa

Melissa

FROM PAGE 1A

A reported 277 California children 13 or younger have contracted AIDS. No one can say how many children have tested positive for HIV because parents generally fear the consequences of coming forward, said France Wise, who oversees the county Public Health Department's communicable disease division.

"If a child had leukemia or cancer, they would get support from their community. We get none of that. It's a socially unacceptable disease," Joan Milne said about the families of HIV-infected children.

"The families dealing with this are in a crisis, yet at the same time we're being shunned," Milne told the Times in an interview last week.

"We call ourselves, 'The families in the shadows.'" Milne said.

Despite the family's agreement to go public with Melissa's illness, she is painfully aware of the firebombing of the Ray family home in Florida after it was revealed three of their children carried the HIV infection, and fervent campaigns to ban the Rays, Ryan White and others from schools around the country.

Milne said she tried to warn Melissa.

"I told her that when some people found out they wouldn't be very nice because of it. I tried to explain to her that it's not because of her, but because they're afraid of the virus," said Milne.

"Everyone was so mean to Ryan White because people were afraid of the virus. People said, 'Eeewww, he has HIV.'" Melissa said before her announcement.

Milne got the news one day after Missy's fifth birthday that her daughter had the HIV infection. Melissa's doctor had ordered the HIV test after learning tainted blood might have been used in a transfusion she received shortly after birth because of a blood disorder. Since then, Melissa's mother and gradually the whole family has agonized about possible consequences of telling the girl's schoolmates.

For months, Melissa nagged her mother for permission to tell schoolmates and since January she has used her mother and brother to rehearse her announcement.

To ease Melissa's task, Milne convinced Indian Valley officials to establish an HIV and AIDS awareness curriculum for elementary school students. Only those whose parents gave permission attended.

"We're talking about the virus at school, so I don't have to worry," Melissa said before her announcement.

Two weeks ago, Melissa's teacher, who has known of Melissa's illness for months, asked her class what they would do if they had a friend who was HIV-positive.

"Everyone said they'd be kind. So that made me feel good," Melissa said.

School officials also initiated an HIV-AIDS training course, taught by county health officials, for teachers and staff in the district. "They were told there was a HIV-positive child in the district, but they were not told which one," Milne said.

They were told Tuesday Melissa was that child. Milne said she was encouraged by their positive reaction.

Milne also sat in on Melissa's class when she made her announcement Friday. "It went great," Milne said.

"After it was over, every kid came up and gave her a hug. A couple even gave her a kiss," she said.

The class also sang a song they learned while discussing AIDS, substituting in Melissa's name, Joan Milne said.

It was a warm and encouraging reaction to a secret the Milnes had painfully and fearfully kept for so long.

At first, Milne and her husband (now divorced) told only her mother and a close friend. Milne even feared telling her minister.

"We've heard of families whose grandparents refused to see the children when they found out the child was HIV-positive. We didn't even tell our church because we had two families in our (hospital support) group whose churches asked them to leave," Milne said.

Milne wrote to Ann Landers, in 1987, one year after learning Melissa had the AIDS virus: "Tell them that I am their mother, their daughter, their sister, their friend, the mother of their child's friend. And I am suffering alone because of the

ignorance about this terrible disease . . ."

Milne began telling her extended family and close friends about Melissa in 1989. "We couldn't hold it in anymore. We felt we needed to tell the rest of the family what we were going through. . . .

"We began with family and friends on the East Coast. The East was safer. They were far away," Milne said.

Melissa's brother, Michael, now 15, found out when he was 13. Reluctant to burden him with news of her sister's illness, Milne feared Michael had inadvertently heard an indiscreet message left on the Milne answering machine.

When Joan Milne told Michael, he cried for a half-hour that night.

"He was riding his skateboard with friends in San Francisco that day. The first thing he said after we talked about it was someone was passing out religious literature and he turned it down. And he said, 'Maybe if I took that she'd be OK.'

"Then I cried," Milne said.

Michael said at first he treated Melissa differently, as if she were suddenly more fragile and forbidding. "Then I realized I have to treat her real normal like a little sister."

Melissa, Michael and their mother discussed going public about Melissa's infection. "I told Michael that we wouldn't do anything without him agreeing," Milne said.

"There are people who are going to think Michael has the virus, whether he does or not," she said. Milne and Michael are tested periodically. Neither has tested positive.

Michael said last week that the few friends he's told have been sympathetic. "The first thing all of them said is 'why didn't you tell me before' . . . They seemed, like, mad that I didn't trust them," Michael said.

All three agreed people would find out anyway, and decided it was best if they could control the timing, rather than wait for Melissa to come down with an opportunistic infection. Milne said. "It would have been very difficult to deal with it then."

She said she understands people's fears, and has felt some of them herself. She tells of a trip last summer to Lake Tahoe with one of Melissa's playmates from Children's.

"Missy's friend handed me a chocolate chip cookie and my first thought was, 'I can't eat this, I may get AIDS.' Then I said to myself, 'What am I talking about, that's stupid.' "

Milne said she's lived with Missy for 9½ years. "It was five years before we even knew about the virus. I've contacted every conceivable body fluid that could come out of that child — eyes, ears, nose, throat, diarrhea, throwing up. I've patched bloody knees for years before I even knew she had the virus."

As far as attending school, health officials agree it's Melissa who is most at risk.

"It's in fact life-threatening for her to go to school. There's the risk of her catching viruses from other children in school," Milne said.

But Milne wants Melissa to live as normally as possible, and has no illusion a cure is on the horizon. Instead, the family hopes AIDS researchers will develop maintenance programs such as those for diabetics and hemophiliacs.

"We have to live under the assumption she's going to be all right. If we went under the assumption she'll probably die next week, we couldn't go on."

Friday, June 7, 1991

Dear Parents and Students:

A courageous third grader, Melissa Milne, has decided she wants her frier and the community of Indian Valley School to know that she has an immune deficiency commonly known as human immunodeficiency virus (HIV), a white cell deficiency that could lead to AIDS. Following a class study of HIV/AIDS directed by her special education teacher, Sandy Harvey, Melissa revealed her complication to her class today with me and her equally courageous mother, Joan Milne, present.

Melissa acquired HIV through a tainted blood transfusion shortly after birth prior to national safeguards. She has been a resident of our community all of her ten years, attending Indian Valley School for the pa three years. She is one of our own. Through great difficulties Melissa has sustained a wonderful sense of humor, a caring attitude for others ar a warm, winning personality.

The school district has adopted and is phasing in materials and methods t educate staff and students through a Growing Healthy curriculum which includes an awareness and education about sensible health care. The age-appropriate curriculum is sequential beginning in kindergarten and build: in complexity until the eighth grade, with the study of HIV/Aids being pa of it.

Next Tuesday, June 11, will be the First National Children with HIV/AIDS Awareness Day - 1991. Brave children, teens and their families from acro the nation will assemble at the Capitol Mall in Washington, D.C. to raise the level of consciousness about children and youth with HIV/AIDS. In th crowd will be Melissa and her mother Joan, who will be one of the speaker at the rally.

Walnut Creek School District has a policy on HIV/AIDS in line with Contra Costa County regulations that addresses the risk to other children with H infections. The policy follows the guidelines developed by the County Director of Health which essentially states that a student with HIV does not put others at risk at a school site. Adults must let the children kno that HIV is not spread through casual contact, and they are not in any danger of being infected at Indian Valley.

Everyone should spend some time learning about HIV/AIDS. For starters, Indian Valley parents are invited to an informational meetings about HIV/AIDS on Tuesday, June 11, 7:30 P.M. in our multi-purpose room. To speak and answer questions will be district, county and medical personnel besides myself, who have an interest in supporting Melissa during a difficult time and increasing awareness about this dreadful infection. We hope you can attend.

Sincerely,

Paul Sheckler

Paul Sheckler, Principal
& Director of Special Education

PS/ff

Dear Indian Valley Parents:

Your children may have some concerns about HIV/AIDS. Because of this, teachers will be providing age-appropriate information on Monday. We will try to eliminate misconceptions and needless fears, and to reinforce and encourage healthful student behaviors.

Please indicate below whether you want your child to be included in the HIV/AIDS discussion and RETURN THIS FORM TO YOUR CHILD'S TEACHER ON MONDAY, JUNE 10.

You may have some concerns about HIV/AIDS yourself. If so, please attend the meetin planned for adults at 7:30 p.m., Tuesday, June 11.

Sincerely,

Paul Sheckler

Paul Sheckler
Principal, Indian Valley School

* *

INDIAN VALLEY ELEMENTARY SCHOOL

_____ My child may participate in the planned HIV/AIDS DISCUSSION.

_____ Please excuse my child from the HIV/AIDS discussion and provide an alternate activity.

Child's name _____ Grade _____

Parent/guardian signature _____

June 7, 1991

HIV disclosure prompts parents to pull two kids

By Jamie S. Cackler
Staff writer

WALNUT CREEK — Two families pulled their children out of the Indian Valley School on Monday following a third-grader's public disclosure Friday that she has been infected since infancy with the HIV virus, which can cause AIDS.

Indian Valley Principal Paul Sheckler said aside from those families, most parents and staff have reacted calmly and supportively to the announcement by Melissa Milne, 9, the first of its kind in Contra Costa County.

"Our parents seem to be doing really well," Sheckler said.

"Personally, I've received only about seven calls since Friday. The overwhelming attitude is wanting more information about the medical aspects," he said.

He said the families which withdrew children were willing to attend a private meeting for all parents and guardians at the school tonight.

Sheckler said Monday that the meeting will be closed to the press and public.

"This meeting is for our parents to have an opportunity to ask public health officers and other medical experts the questions they have on their minds," Sheckler said.

Meanwhile, the blond-haired girl was not at school Monday.

Melissa and her mother, Joan Milne, left Saturday for Washington, D.C., where they planned to participate this morning in the first Children with HIV/AIDS Awareness Day at the Capitol Mall.

Joan Milne said she found out about Melissa's infection a day after her fifth birthday. Melissa's doctor ordered the HIV test after learning that tainted blood might have been used in a transfusion she received as a newborn.

The family decided to go public at Melissa's insistence, because the child said she couldn't bear the pressure of keeping something so important secret, the family said in interviews with the Times last week.

District and school leaders prepared staff for the announcement during the last few months with HIV-AIDS education for students and staff.

Sheckler said he spent most of Monday with print and broadcast reporters. He said he didn't resent the scene because he believes Melissa's disclosure gives residents a chance to learn more about HIV and AIDS.

In a letter sent to parents and in other public statements, school officials have said they will protect Melissa's right to keep attending regular classes on authority of a county medical review panel, which declared that she poses no medical risk to others.

Parents at meet support HIV girl

By Jamie S. Cackler
Staff writer

WALNUT CREEK — About 90 parents turned out at an HIV and AIDS information meeting Tuesday at Indian Valley School, most saying they wanted to "show support" for a 9-year-old student who disclosed her own HIV infection last week.

School officials called parents to the presentation by public health and education officials after third-grader Melissa Milne made her announcement to her classmates Friday.

Two families have pulled their children out of Indian Valley School, located on a grassy knoll beside the Shell Ridge trailhead.

But parents at Tuesday's meeting said they believe their children are safe beside their blond-haired classmate, who they call "Missy."

"It went beautifully. There was all the support we hoped there would be for Missy," said Terry Pannebaker, mother of a third-grader and fifth-grader at Indian Valley.

"There were concerns," said her husband, Allen Pannebaker. "Some parents still have questions about medical issues, but the presentations were very helpful."

By school policy and state law, Melissa has the right to continue attending her regular school and classes as long as a medical review panel continues to say it is safe for her to do so.

Associated Press

WALNUT CREEK third-grader Melissa Milne and her mother, Joan, at the Capitol Mall

Meanwhile, Melissa was spending her second day as a budding activist in Washington, D.C.

She and her mother, Joan Milne, joined other HIV and AIDS children in a rally on the Capitol Mall for the First National Children with HIV/AIDS Awareness Day.

She told reporters in Washington that she enjoyed a tour of the White House and a show at the HIV and AIDS rally, but she was "just hot and sweaty" from the humid heat of Washington.

Melissa told her classmates Friday how she was infected with the HIV virus by a blood transfusion she received as a newborn. So far, she has not shown symptoms of immune deficiency syndrome and remains well, her mother says.

Reporters were barred from the presentation by public health and school officials.

But loud applause could be heard as the meeting ended, and parents filing out of the school auditorium said they want Melissa to be welcome at the school with their own children.

"I think she will (feel welcome)," Terry Pannebaker said. "One of the nicest comments we heard was about how the children reacted when they heard about it. They came up and hugged Missy and showed open acceptance."

"The point someone made to night was that our children are safer here than elsewhere. At least they are coming out, and now we can all realize how we need to take the right health precautions everyday in our lives, not just here," said Barbara Gibson, a parent.

"There are greater issues in our community -- drugs and alcohol," said Ann Walden, a parent and wife of school board trustee Dan Walden.

Mike Oatey, the father of a child who has gone on to the district's intermediate school, said he hopes the public announcement and HIV and AIDS information meetings will spur adults to educate themselves and their children

EDITORIALS

A profile in courage

HIV-infected children deserve hugs, not fear

Melissa Milne and her family are out of the shadows. Let's hope their bravery brings any remaining irrational fears about children with AIDS out, too — so they can be dashed.

Melissa, harboring the faith in humanity that only a 9-year-old can safely afford, insisted on telling her classmates at Indian Valley Elementary School in Walnut Creek that she was infected, probably through a blood transfusion as a newborn, with the human immunodeficiency virus or HIV.

Last week, after students and teachers had been educated on how impossibly difficult it is to transmit HIV on campus, Melissa stood up and made a well-rehearsed announcement of her condition.

What's remarkable is what didn't happen. No shrieks of horror. No cutting laughter. No run for the door. In short, no repetition of the spiteful ignorance visited on the late Ryan White, the Indiana boy who had to fight public, even official, opposition to his school attendance in the mid-1980s. Instead, every child in Melissa's class hugged her. And since then, only two parents have — temporarily, we hope — said they may remove their children.

Maybe that says something about the Bay Area's growing sophistication with a deadly illness first reported by the U.S. Centers for Disease Control a decade ago. Most of us now know that the kind of routine contact we have with fellow students, co-workers, even close friends and family members, won't spread AIDS.

Maybe it says something about Contra Costa's educators and health experts, who worked together five years ago to create a uniform, rational procedure for medical professionals, not frightened lay people, to decide whether an HIV-infected child poses any real threat.

It certainly says something about Melissa, only the second HIV-infected child in the region to acknowledge the situation so publicly. Not only that, but the fact is that she, and she alone, has something to fear at Indian Valley Elementary: an opportunistic infection that could attack her troubled immune system. Hers is a profile in courage.

Dozens of other Contra Costa children are HIV-infected. Melissa's success should inspire their families to shed a secret that is anything but shameful, and the rest of us to fight the disease while embracing its victims.

WHAT YOU CAN DO

▶For the latest information on AIDS, contact the Contra Costa Health Department's AIDS Program, 1111 Ward St., Martinez, CA 94553, phone 646-1240.

Opening the school door for children with HIV

By Jamie S. Cackler
Staff writer

In June, county public health leaders lent a hand as Melissa Milne, a third grader at Indian Valley school in Walnut Creek, became the first Contra Costa child to publicly reveal she was infected with the virus that causes AIDS.

Dr. Wendel Brunner, assistant health services director for the Public Health Department, and Francie Wise, director of communicable disease control, helped Melissa's school district and all 18 other districts in the county prepare for HIV/AIDS children five years ago.

The policy crafted by county health and school authorities ensured confidentiality for the students, reinforced their right to attend regular classes and set up a review procedure to protect public health.

In the past five years, that policy has been tested six times, Brunner and Wise say.

The public policy allows health department and school authorities to remove a child with HIV infection or AIDS from school if the child has any behavioral or other unusual problems that put others at risk.

No child has ever been removed from school as a result of the committee review process, Brunner says.

Some state health authorities say there are more than 30 children with AIDS or HIV infections known to be living and attending school in Contra Costa County.

In an interview last week, Brunner and Wise talked about public reaction to the announcement by Melissa and her mother, Joan Milne. Following are excerpts from that interview.

Times/Wesley Wong

FRANCIE WISE, a public health nurse and county director of communicable disease control, left, and Dr. Wendel Brunner, assistant health services director, right, prepared a plan five years ago for HIV-infected children in the public schools. It includes confidentiality for the family.

Q: When did you first hear of Melissa Milne, and how were you involved in the family's decision to go public with her HIV infection?

A: Dr. Wendel Brunner: We were contacted by Melissa's mother anonymously and confidentially four years ago.

She was very concerned. Her child was HIV infected and she was very concerned about that becoming public, because she didn't want to happen to her child what had happened to Ryan White.

There were maybe two (HIV-infected) children already who had gone through the county health department school system policy (and review panel). They had been placed in a school setting and [illegible] press it.

Francie Wise: We did tell her that the school had a policy that if she disclosed (Melissa's condition) to the principal, there was a process that he was going to have to go through that was not an elective process. He needed to convene (a public health review committee) that included the Public Health Department. It's a strictly confidential process, but not one person only.

Brunner: I want to emphasize that just because Mrs. Milne chose to make (her daughter's condition) public later, it is absolutely not required.

Wise: She disclosed to the school (leadership) in January. At that time we discussed curriculum for the different classrooms, who should know (about Melissa's HIV infection), and how accidents at school and so forth should be handled.

(Joan Milne) talked about going public at that time, and we said that seemed a little premature and wasn't really necessary, and wasn't for the good of everybody concerned. She sort of agreed that it was too early.

Q: How did you feel about the Milne family's decision to go public? It sounds like you had some qualms.

A: Brunner: I wanted (her) [illegible] been very valuable for the school and the public and for other children in the future. And as it turned out, it was very good for Melissa, too. I wasn't so sure that it was going to be good for her.

Q: School was out just a couple of days after the Milnes' public announcement, late for much reaction. Do you worry about harassment when school starts in the fall?

A: Wise: I'm not worried. I think there will be issues to deal with, but they will be handled as they come up: when she falls down and bleeds at school, when they get involved in certain activities in school. Parents will want to know: Can they share cooking class? Can they share cookies? Of course they can.

Q: There was an outpouring of support for the Milnes and for Melissa's presence at school. But there were a few critics who said they didn't believe their children would be safe, that medical experts don't know enough about this disease. Two families withdrew their children from school. How do you respond to their skepticism?

A: Brunner: [illegible] transmitted.

(Five years ago), I would cite studies of families that had been followed, where HIV infected children lived in the families and there had been no transmission of the HIV virus from the child to anybody else in the family.

The conclusions, which have grown more firm over time, are that a child in normal contact in a family, let alone a school, is not a threat for HIV infection.

People bring up the example of the dentist in Florida who died of AIDS, where some patients were infected. That was a situation where instruments were not properly cleaned, they were not properly sterilized before being used on the next patient. Can't do that. That's dangerous. We know that.

Wise: I think that [illegible] that Indian Valley School parents meeting. We can [illegible] correct information [illegible] thing that's been [illegible] proven to this date, and still there are those people, including some in the audience that night, who choose not to believe it.

For some reason they think medical science has some reason to lie, or for some reason public health has to protect its own. We cannot do anything about that.

What we can do is give people information about how they would be at risk and how they can prevent (infection). For instance, a child doesn't have to hold the nose of another child whose nose is bleeding. The teacher doesn't have to hold the nose. It's your nose, you hold it.

Brunner: These are the kinds of things we want adopted universally throughout schools, and that's why we call them universal precautions. Not just in the school where we know Melissa is. In fact, that's a school where we will worry the least about universal precautions. If Melissa skins her knee, they'll take care of that one properly.

Q: What do you say to people who say all children with HIV infection should be identified so reasonable precautions can be taken?

A: Brunner: People need to know to take the correct precautions, period. There are many reasons blood needs to be handled carefully and differently than we had been accustomed. It shouldn't depend on whether you know there is a child in your school or workplace or wherever who is HIV infected.

Everybody doesn't even know that they are HIV infected. And even if they do know, they don't necessarily want to advertise it, and I don't think they should have to.

Wise: Melissa was infected at [illegible]

Q: How do you decide [illegible] for a child to attend school?

A: Brunner: [illegible] based on some recommendations from the Centers for Disease Control and the Chief of Pediatric Infectious Disease at UC San Francisco.

All the policy says is that HIV positive child should be placed in a normal school setting unless there's some specific reason that particular child would not. Each case will be looked at on a case by case basis.

Each child is then evaluated by the public health panel. Each panel is individual, but in each case they include the child's parents, a school district administrator, teacher, also generally a school administrator, a public health [illegible] school nurse. [illegible] child's physician, sometimes school nurse, or sometimes school secretary who might [illegible] the child [illegible]

Q: How do you feel about reaction to Melissa's announcement in Walnut Creek, Contra Costa County?

A: Brunner: [illegible]

West, 58, f injuries

ountry Grammy

— Entertainment 1E

Who will capture the MTV awards?

Veteran viewers predict winners

— Entertainment 1E

How badly is Joe hurt?

49ers deny it's serious

— Sports 1F

Contra Costa Times

☆ Thursday, September 5, 1991 48 Pages

Taking it in stride

mes Wesley Wong

TEACHER SANDY HARVEY welcomes 9-year-old Melissa Milne back to school.

HIV-infected girl returns to school; no hubbub over her health condition

By Jamie S. Cackler
Staff writer

WALNUT CREEK — Joan Milne got her wish Wednesday when her daughter, Melissa, 9, returned to school at Indian Valley Elementary School. Nothing happened.

Melissa, who in June revealed to her classmates she is infected with the HIV virus that causes AIDS, donned a floral jumper and an impish smile, and went to school ready for whatever she would find.

They were ready for anything, but glad to be lost in the same old shuffle as everyone else, and to find that Melissa's return was no big deal.

"That's the story here, that everything is completely normal. She has been completely accepted by this school and community," Joan Milne said as she stood in the hallway with her own mother, Theo Dykstra.

Melissa quite matter of factly pecked Milne on the cheek and marched into class to say hello to her classmates, leaving Milne looking shocked but happy that the return had all gone so smoothly.

MELISSA told classmates last spring that she is HIV positive.

INSIDE

A homecoming kicked off the school year for Northgate High students. **12A**

It's no accident that Melissa has been welcomed where other HIV-infected children around California and the nation have been harassed and shunned.

Milne, the Walnut Creek School District administration and Indian Valley School staff carefully prepared the students and com-

Please see **MELISSA**, back page

Melissa

FROM PAGE

munity last year before Melissa broke her news.

The entire district had gone through AIDS education, including how to prevent the transmission of the HIV virus by assuming that anyone could be infectious.

Students, teachers and parents discussed compassion for people with HIV infection.

By the time Melissa took her stand June 7, teachers and students were ready emotionally for the startling news that one child with HIV was among them.

She contracted the virus in a blood transfusion just days after her birth at John Muir Hospital almost 10 years ago.

Melissa was 5 before doctors came looking for the Milnes with the shocking news that she might be infected. Tests quickly confirmed it.

Despite living with Melissa nearly 10 years, including five years in ignorance of the infection, Milne and Melissa's teen-age brother continue to test negative for the HIV infection, Milne said.

Milne didn't tell Melissa about the infection until January. Once she knew, the little girl didn't want to have to keep something so important secret from her friends.

Melissa, who is nicknamed "Missy," preferred to face the music, whatever the tune, Milne said.

Milne hoped that once the news became old hat, Missy could breathe easier and go about the business of being a child.

"I'm just trying to keep her a normal kid," Milne said Tuesday night, the eve of school.

The education efforts continue at school, said Indian Valley Principal Paul Sheckler. Working with Milne and his own staff, Sheckler published a letter to Indian Valley parents reminding them of Melissa's revelation, and also sent home a 10-point list of "Tips for a Healthy School."

Although the publicity — talk shows, television and newspaper interviews, phone calls and letters — has been hard for the family, Milne said it was worth it to her to try to "put a face" on the disease. She wanted to educate the public so other children wouldn't be so afraid of being found out.

Melissa's greatest relief is that all of her playmates and their parents have accepted her, especially her best friend, Chrissy.

"I would estimate 70 percent of her friends' parents wrote or talked to me in person, and all were very supportive," Milne said. "They said they had no problem with their children playing with Missy and having her come over to their house."

Now Milne, a single parent who works full time, is focusing much of her spare time on activism. She is among the founders and leaders of the new Parents Pediatric AIDS Coalition of the Bay Area.

TIPS FOR A HEALTHY SCHOOL

1. Cover mouth and nose when sneezing or coughing.
2. Wash hands with soap and water after using the bathroom and before eating.
3. Use lotion to avoid dry, cracked skin.
4. Do not give first aid to other children. Find an adult, especially when blood is present.
5. Help take care of your own bloody nose or cut by applying pressure.
6. Remind adults to wear gloves when touching blood.
7. Don't play blood mixing games.
8. No biting. It can break skin and spread germs.
9. Cover your cuts and sores. You'll keep germs out and heal faster.
10. Talk with an adult if something worries you.

INDIAN VALLEY SCHOOL

Wednesday, September 4, 1991

Universal Health Care

In short, Indian Valley School is now a leader in stressing "Universal Health Care" for children and adults at a elementary school. A courageous fourth grader, Melissa Milne, revealed to us in June her acquisition shortly after birth of HIV-virus, a white cell deficiency that could lead to AIDS. Melissa, a Walnut Creek resident all her life, received a tainted blood transfusion. As you know, Melissa's revelation has been well documented in the media as our Indian Valley Community stood by reason and conviction in supporting the rights of a terrific young lady. Staff, parents and children welcome Melissa to Miss Harvey's fourth grade class. Her presence makes us conspicuously aware of our need for a strong health curriculum, and for starters "TIPS FOR A HEALTHY SCHOOL" (See the attached)

Parents were briefed on the tips the first day of school by their teachers. Within the next few months parent-education will take place at our school. In October, KGO-Channel 7 with Pam Stark will show a program indicating ways parents can talk with children about HIV/AIDS. Melissa, her mother Joan, and parents and children from our community will be featured. Please review the "TIPS" again with your children. Info information is vital for preventing infection of all kinds.

Children will not get HIV/AIDS from the following.
Playing with other children...Touching other children
Coughing, sneezing, or spitting...Drinking fountains...
A hug...A closed-mouth kiss...Sweat or tears...
Mosquitoes or other insects...Eating food prepared or served
by someone infected with the virus
Or from using the following
Toilet or shower facilities...Forks, knives, spoons or cups.
Chairs, desks, tools or phones...Playground equipment or pools

With Pride, Staff & I Welcome You Back

Important Items!!!!

Look for envelope Friday, Sept. 6, with school news & return signed envelope to your teacher.

Come to Back-To-School Night on Thursday, Sept. 19.

Paul Sheckler, principal

EDITORIALS

A victory over fear

Girl with HIV virus teaches crucial lesson

Melissa Milne, 9, returned to school last Wednesday, just like thousands of other children, to begin another year of classes.

For Melissa, who has HIV, and all those who accepted her, that's a praiseworthy victory over fear and serves as an example to others in her situation.

Last June, the Indian Valley Elementary School student revealed to her Walnut Creek classmates and the media that she was infected with HIV, which causes AIDS.

Then, as now, there were no outbursts of derision or expressions of fear among her classmates. Such a calm reaction is a testiment to the success of the AIDS education program at Indian Valley.

There was no hint of the spiteful ignorance that turned Indiana student Ryan White's life into a nightmare.

Ryan and his family were forced to fight public, even official, opposition to his school attendance in the mid-1980s.

Melissa's return to school couldn't have been more different. There was total acceptance because students' concerns about AIDS has been answered with an extensive education program that included information on how to prevent the transmission of the HIV virus.

While Melissa had the courage to reveal her infection, there are undoubtedly many other students in the East Bay who have HIV but are either unaware of it or unwilling to publicize their condition.

But with proper education, no one need fear catching the deadly virus, which is transmitted when infected semen or blood of a carrier comes in direct contact with someone else's blood.

AIDS, as most everyone knows, or should know, is not spread through the routine contact we have with fellow students, co-workers or even close friends and family members.

Melissa's mother and teen-age brother have lived with her for nearly 10 years without contracting the HIV infection that Melissa received from a blood transfusion a few days after her birth.

The publicity surrounding Melissa's revelation has been hard for the family, but, as her mother Joan Milne said, it has been worth the hardship to humanize the disease so that other children won't be afraid of being found out or of associating with someone with HIV.

Melissa's continuing success story should inspire other children — and adults — to shed their fears of those infected with HIV and to fight the disease while embracing its victims.

6/11/92

'Missy'— she just keeps beating the odds

Walnut Creek 10-year-old faces the realities of HIV

By Scott Todd
Staff writer

Melissa "Missy" Milne has consistently defied extraordinary odds.

She suffered a stroke while still in her mother's uterus, a phenomenally rare occurrence. She was born jaundiced, and needed a complete blood replacement when she was only 7 days old.

Only five years later did her family learn the transfusion had given her the AIDS virus, but five more years later, Melissa is still perfectly healthy.

Walnut Creek residents remember her as a 9-year-old Indian Valley Elementary School student who revealed that she is HIV-positive a year ago on her last day of school. The supportive reaction she got then lasted into the fall, and now, precisely one year later, the Milnes have yet to see the talons of irrational fear.

"She's just beaten the odds all around," said her mother, Joan Milne.

Until last June, the Milnes had kept the secret of Melissa's diagnosis for almost five years. When they first found out Melissa's condition, the images of Ryan White being ostracized from his school, and the fire-bombing of the Ray household in Florida— where two children had revealed they carried HIV— were fresh.

Even Melissa wasn't told until last year, as her mother did not think it was fair to make her carry the burden of the secret and "spoil her childhood."

Melissa, aside from her celebrity status and monthly trips to Children's Hospital in Oakland to have her immune system revitalized, has the life any other fourth-grade girl. She goes to school, plays around, and is a member of a Girl Scout troop.

Milne had been told her daughter would never learn to walk or speak because of her pre-birth stroke, but the girl defied the experts. When asked if Melissa's disorders have prevented her from doing anything, her mother just laughs.

Melissa, said her mother, skis, can swim the length of a pool underwater, and rode the "Vortex" at Great America long after any of her family could handle the ride.

"This is a child with a disability and an icky virus," Milne kidded her daughter.

"Uh-uh," Melissa said, smiling back. "How rude."

The possible effects of AIDS hit home for Melissa last February, when one of her two best friends from Children's Hospital died. She cried uncontrollably and finally retreated into a hospital room for five days, refusing to leave what she saw as the only safe place. Only her doctor was able to convince her that she was healthy.

"We were the three musketeers," said Melissa, who said she would always remember her friend's smile. "She was two weeks older than me. Now Tanya and me are the two musketeers."

Her HIV-informed Girl Scout troopmates find nothing unusual about having the energetic Melissa run around with them, and show no trepidations.

"We're not afraid, as long as we know about it," said 9-year-old Stephanie Lalanne.

The troop members, like Melissa's classmates, have been on a continuous program of AIDS education. Before the Milne family would go public, the Walnut Creek School District was informed that a child had human immunodeficiency virus, and started a districtwide AIDS education campaign.

The curriculum is outlined for all elementary classes. Topics are divided into three areas— feelings and behaviors, acquired immune deficiency syndrome scientific facts, and related physiology. kindergartners learn simple concepts, such as, "AIDS is hard to get," while eighth-graders get statistical and community-resource information.

The education effort is central to the aims of Joan Milne and the Parents Pediatric AIDS Coalition, which she founded.

Though Melissa knows many children with HIV, she is one of only a half dozen in the Bay Area who have gone public,

Missy, see page 3

Staff photo by DAMIEN STARK

Since revealing last year that she has HIV, Melissa Milne has gotten nothing but support from every corner.

Missy

From page 1

and talk about it."

This week, all Walnut Creek district classes made hundreds of colored, construction paper butterflies, each one symbolizing a child with HIV. They are hanging in Walnut Creek shop windows, police cars, and the doors to City Hall and government offices. On the back of the butterflies, children have written messages to HIV carriers.

"I like most people in a special Joan Milne said. The coalition estimates as many as 300 children in the area are known to carry the virus.

"Missy has a lot of friends at Children's Hospital who don't have the support Missy has. Their friends, churches, and communities don't know because they're afraid," she said. "We want to educate people so they're not, and if they're not afraid, then maybe other families can come forward

Staff photo by DAMIEN STARK

Milne goes to Sacramento today as a childhood HIV spokesperson.

Joan Milne is hoping her work building the coalition will eventually become a full-time job. She currently works four days a week as a computer systems analyst, but is applying for grants to get the Coalition, an official non-profit corporation, functioning regularly. For now, she travels to schools on request— sometimes hers— to talk with children and parents.

Melissa also gave a talk at Walnut Creek Intermediate at the beginning of the school year. And the Coalition is hosting a seminar in pediatric AIDS for medical professionals at John Muir Hospital in October.

Though Milne says that she touched every conceivable bodily fluid of Melissa's before learning the girl had HIV, she continually tests negative for the virus, as does Melissa's brother, Michael.

And in the last year, have there been any negative repercussions?

"None," said Milne. "Believe it or not, none. And we didn't expect that. We were hoping that 95 percent of the people would be understanding and compassionate, but we were almost looking for that radical 5 percent that wouldn't believe anything that anybody told them."

"I wish that every city could be as good and understanding, so every child with HIV could talk about it, and not be afraid," Melissa told the City Council. "We need to teach all people not to be afraid of the HIV virus and the children who have it. That way, all the children can be as free as the butterflies."

Girl who revealed she has HIV is a finalist for award

By Andy Jokelson
Staff writer

WALNUT CREEK — Melissa Milne, the Walnut Creek girl who publicly disclosed that she's infected with the virus that causes AIDS, is a finalist for a National Hero Award.

The 10-year-old was nominated by the Association for Children's Health in the kids' category of the awards, whose winners will be chosen in nationwide balloting by newspaper and magazine readers.

She was infected with the human immunodeficiency virus, HIV, through a blood transfusion at birth. "She still has no symptoms (of AIDS) whatsoever and it's been almost 11 years since her transfusion," said her mother, Joan.

Mother and daughter are active in efforts to promote understanding and concern for children who have the disease or carry the virus. Melissa disclosed her secret in June 1991 to classmates at Indian Valley Elementary School, where she will enter fifth grade in September.

The fourth annual National Hero Awards are sponsored by Chesebrough-Pond's USA, which is listing finalists in eight categories in print advertisements in People magazine and in today's editions of numerous newspapers.

The ads encourage readers to select one hero in each category and mail in their ballots. Chesebrough-Pond's will contribute $1 per ballot, up to a maximum of $200,000, to Big Brothers/Big Sisters of America, which matches adult volunteers with youths needing positive role models.

The awards are intended to honor people "for their enduring contributions to our lives and their ongoing commitment to a cause," said a letter to the Milnes from representatives of Big Brothers/Big Sisters of America and Chesebrough-Pond's.

Melissa Milne

Now 10, she told her classmates in June 1991 that she was infected

Joan Milne said she remembers breaking out into a big smile when she learned Melissa was a finalist.

"We're having fun with this, that's the best thing," she said. "I mean, how many people get to have their name in People magazine?"

Winning also would provide new opportunities, via appearances on network television shows, to educate about pediatric AIDS, "especially when so many people across the country still don't realize that the children (with AIDS or HIV) look like their neighbors," said Milne.

Hero award winners will be honored at a banquet at New York's Waldorf-Astoria Hotel in October.

Other finalists in the kids' category are Timothy Jacobs, a 14-year-old member of the Kellogg Foundation; Heather Kaplan, 13, who has leukemia and counsels others; Willy Lee, 16-year-old co-founder of a youth advisory committee, and Erica Mosely, 15, who has spent hundreds of hours as a volunteer.

Among nominees in other categories are singers Barry Manilow, Liza Minnelli, Eddie Rabbitt and Dionne Warwick; journalist Peter Arnett; author Judy Blume; photojournalist Jill Krementz; actor James Earl Jones; actresses Jill Eikenberry, Donna Mills, Emma Samms and Elizabeth Taylor; baseball player Dave Winfield; and basketball star Kevin Johnson.

THE WHITE HOUSE

WASHINGTON

January 27, 1994

Mr. Larry Lesperance, M.Ed., MSW
4515 N. Springfield
Chicago, Illinois 60625

Dear Mr. Lesperance:

Thank you for sharing with me information about prevention strategies that you observed in Hungary. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS. I am also committed to finding a cure for AIDS as soon as possible. I agree with you that the most effective tool we have against the spread of HIV is education.

I am very encouraged by your interest in the area of HIV/AIDS prevention. As we work to stop HIV/AIDS, we are interested in hearing about new concepts and ideas that individuals may have on this subject. We are very interested in the use of education strategies that address the needs of those at risk. In order to accomplish that, we have determined the messages must be population specific. That means the message must speak the language of those it is intended for, taking into account the cultural background, age, gender, educational level and sexual orientation of the intended audience. Twelve years of the epidemic have shown that blanket campaigns may not be as effective as targeted programs.

I would like to encourage you to continue in your labor, we need more interested Americans like yourself. I would also like to encourage you to work with your local community and let me know of your progress. I would be interested to hear of additional steps you take. I have forwarded a copy of your letter to Carlos Velez, J.D., who works on prevention issues in my office. He has indicated that he would be interested in meeting with you during your trip to Washington. Please feel free to contact him at (202) 690-6248 to set up a time to meet.

Thank you again for your thoughtful words.

Sincerely,

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

cc: Carlos Velez, J.D.

4515 N. Springfield
Chicago, Il. 60625
January 7, 1993

Carlos

JAN 11 1994

Ms. Kristine Gebbie
AIDS Policy Desk
The White House
Washington, D.C.

Dear Ms. Gebbie,

I am a high school teacher and social worker with an interest in AIDS education. I would like to report on some effective AIDS education strategies I recently observed being used in eastern Europe.

At John Hersey High School in Arlington Heights, Illiniois, I introduced an AIDS unit into my social science classes plus sponsor an after-school club, Stop-HIV, to heighten AIDS awareness and provide service opportutnities to students interested in fighting this epidemic.

Independent of school, I maintain a social work counseling practice which primarily serves gay clients. For the last eight years I have volunteered as a psychotherapist at Horizons, a community agency serving the gay/lesbian community in Chicago. AIDS has been a prominent issue in my work.

During the summer of 1993 I participated in the Department of Education's Fulbright-Hays Seminar Abroad program in Hungary. In Budapest I studied Hungary's approach to AIDS education, interviewing a professor of social medicine who is the nation's leading AIDS educator; and the president of PLUS, Hungary's support club for HIV+ persons; and visited the country's hospital AIDS ward to interview the medical staff.

While Hungary is trying to catch up to us in many ways, I did discover several innovative approaches to AIDS education which we could learn from. One targets young adults who visit dance bars. In another, high school math teachers and foreign language teachers incorporate references to AIDS into their lessons and homework assignments to reinforce student learning. Medical students visit high schools as speakers. I consider the Hungarian strategies effective, time-wise, and inexpensive.

I propose sharing these strategies with one of your staff who can evaluate them. I will be vacationing in Washington March 27 - April 1 and would be available to meet, or could provide a more detailed written report before then.

If these ideas seem of value, please have a staff member contact me with instructions on how to proceed.

Larry Lesperance

Larry Lesperance, M.Ed., MSW

Phone: home (312) 267-9336
work (708) 818-7603

THE WHITE HOUSE

WASHINGTON

January 27, 1994

Mr. Anton George Hindo
P.O. Box 19434
Jerusalem
ISRAEL

Dear Mr. Hindo:

Thank you for your thoughts on HIV prevention. Your letter to Dr. Anthony S. Fauci was forwarded to me. 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. The President and I are committed to stopping the spread of HIV, providing adequate care for those already infected and finding a cure for AIDS as soon as possible.

Your letter indicates serious concerns about statistics released by Dr. Michael Merson of the Global Programme on AIDS at the World Health Organization. These statistics show that, based on current trends, it is possible that up to 40 million people world wide will be infected with HIV by the year 2000. I am also very concerned about these statistics and believe that there is a lot of work to be done to stop the current trends.

I your letter you indicate that you believe that all individuals must be tested for HIV, and those who test positive must be issued red cards, while those testing negative must be issued green cards. All individuals about to engage in sexual activity would then ask they prospective partner for their card in order to ensure that their partner is not infected with HIV. Your plan, however, does not indicate something that has been of serious concern when testing for HIV is considered.

The test most commonly used to detect HIV measures whether the body has developed antibodies for the virus. The body does not react to HIV immediately and only produces antibodies after some time has lapsed since the virus enters the body. It could take anywhere from two weeks to six months before the body produces the antibodies that are detected by the test. That is why it is recommended for persons that consider themselves to be at risk for HIV to submit to the test six months after the initial test results are obtained. Similarly, persons who test positive are encouraged to get tested again, as false positives may also be generated by the test.

Your plan also does not specify that persons could become infected after being issued a green card. Two persons receiving green cards may engage in sexual activity, and one of them could be infected without knowing it, thus exposing the other partner to the virus.

A plan similar to yours of issuing cards certifying a negative serostatus was already partially implemented among sex industry workers in the Philippines in the late 1980's. Because of the reasons specified above, the plan was not very effective in stopping the spread of HIV.

Finally, after 12 years of the HIV/AIDS epidemic we have learned that targeted, linguistically specific and technically correct messages are effective in changing the behaviors that place people at risk. In cities and towns in this country, where persons at risk have received continuous information and messages on how to protect themselves from HIV, we have seen substantial decreases in the incidence of new cases of AIDS. Therefore, it is my belief that we need to concentrate on expanding the scope of our programs to provide effective messages to people at risk as the best means of stopping the spread of HIV.

Thank you again for your comments.

Sincerely,

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

cc: Anthony S. Fauci, M.D.
Director
National Institute on Allergy and
Infectious Diseases

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Institute of Allergy
and Infectious Diseases
Bethesda, Maryland 20892

January 5, 1994

Anton George Hindo
P.O. Box 19434
Jerusalem - Israel

Dear Mr. Hindo:

I am writing in response to your letter of December 15, 1993, letter to Dr. Anthony Fauci. Your recommendation is one that should be addressed by the National AIDS Policy Adviser, Ms. Kristine Gebbie. I have taken the liberty of forwarding your letter to her office. I am sure that National AIDS Policy Office will contact you if they need any additional information.

Thank you and best regards.

Sincerely,

Holly Taylor, M.P.H.
Special Assistant to the Director
National Institute of Allergy and
Infectious Diseases

cc: Ms. Kristine Gebbie

Carlos - I can hardly wait to see your reply to Mr. Hindo!! K

December 16, 1993

M/S. NATIONAL INSTITUTE OF HEALTH
BETHASDA, M.D. MARYLAND
U.S.A.

Attention : Dr. ANTHONY S. FAUCI, M.D
Chief Laboratory of Immunoregulation
Deputy Clinical.
Director of Allergy, and Infections Disease

Dear Dr. S. FAUCI,

I would like to introduce myself to you, I am one of the Palestinian population, living in Jerusalem - ISRAEL, have a good and high knowledge, and good reputation in this city.
I am very interesting in having more news about the thing which all the Sciences and Researches are working in finding the new and effect products to help the people whom are carrying the dangerous Virus of (AIDS).

Since two years or more, I was thinking to write to you, and after a big effort of obtaining your address from one of my friends, who is living in the United States of America, who had a book published, and written by you, concerning this Virus (AIDS). Also of which you are a Specialist Doctor in (EMMNUE SYSTEM).

This Virus that I believe is amaized all the world's thoughts, and until now most of the Scientific Specialists, and Researches could not have the ability to produce or find a good effect medicines to prevent spreading this dangerous among the people, and to stop it until the end.

In the first days of Dec. 1992, Dr. MICHEAL MASON from Health World Organization in Jeneva, has mentioned in the last statical of his research that at the end of the year 2000, the number of persons whom shall carry this Virus will be around 40 million persons, that means the average per day will be 5 thousands.

I think for this reason, all the persons whom are carrying, and will carry this Virus will meet the death without any doubt. I want to explain my opinion to you, that for example, a beautiful lady may carry this Virus to 500 gentlemen, and the exact thing will be happened when a man is carrying the Virus of (AIDS) will carry it to 500 of women, and that is actually done in this world every day.

But, the Sciences, and Researches unfourtunately until this date they had the disability to find the effective medicines for (AIDS).
In this case, there must be a private program to prevent spreading this disease and this could be done with the administritive good prevention methods, as what we are saying popularly : "Small amount of prophylactic is much better than to spend on lot of treatment".

After all of the above mentioned, you will see later the program which I will present it to you, and after a deep thoroughly studies, also after your Committee Agreement on this program, it is possible to be presented to the U.S.A. President, and to the Health Minister.
This program is very important for each person to do all the necessary blood examination to his blood, and to give an order or command to issue a Card, special card, including a personal photo to every person who is carrying this Virus, from the main laboratories, which have analysied the blood, and to take in consideration not to make any mistake on these cards.

- Mainly, the persons whom are carrying the Virus of (AIDS), to be recognized from each others, must own the Red Cards.

- Second, the persons who are not carrying the Virus of (AIDS), to be recognized also by ownning the Green Cards. This reconization will help them to be separated from each others. This also should be done for the married people, because it is possibly carry this Virus to the families outside of their houses, and the persons are carrying the Green Cards or Red Cards will be known.

I think, it is possible also to do a strict and large advertisements regarding this disease, specially in the United States in particular, and in general in all the world, following this program to dissolve this dangerous Virus. So, it must be large laboratories to face this problem, for all the human beings.

When the person, will carry the Green Card, or the Red Card, it means that he will have this card as any other card, as the Identity card, as the driving liecnce, to give him a very strong power, when he may express his disires when he will meet or will make a love relationship between him and any lady, then this lady has the right to ask for the card, and in this way they will know each others if one of them has the Virus of (AIDS).

Finally, I would like to draw your kind attention , that I have some thoughts about producing and finding a good quality of medicines for these persons, who are ill with this disease.
We shall wait and see, if this could make the last protection as we know, until you will find and get you last results as what has mentioned in your last committee meeting in Dec. 1993, in cooperation with the Health World Organization.

I hope my letter will meet your kind attention.

Thank you.

Regards,

ANTON GEORGE HINDO
P.O.BOX 19434
JERUSALEM - ISRAEL
TEL. 972-2-287133
FAX. 972-2-277024 - JERUSALEM

THE WHITE HOUSE

WASHINGTON

January 28, 1994

Mr. Dave Pasquarelli
2261 Market Street
Box #115
San Francisco, CA 94114

Dear Mr. Pasquarelli,

I read your letter of January 5, 1994 with great interest and a bit of dismay. I believe that I have been at the forefront of coordinating our national policy on AIDS. With the leadership of President Clinton we had record increased in AIDS funding this last year, including a 21% increase for AIDS research at the National Institutes of Health. We are now spending over $1.3 Billion on research efforts that will hopefully one day lead us to a vaccine and a cure.

The Centers For Disease Control and Prevention (CDC) prevention marketing initiatives, which include the television ads you wrote about, are geared toward everyone. Test marketing with gay men revealed a high degree of comfort with the ads that were selected. However, these ads are not our only tool. Local communities need to develop their own means and messages to educate their citizens on the facts of AIDS prevention. The CDC has instituted an approach to local planning that includes all people, gay and not gay.

I accepted the position of National AIDS Policy Coordinator, in part, because I care about all people and their health. I believe that gay men and lesbians are part of our nation and our programs must address their needs. I have met with many groups around the country and will continue to be a voice for acceptance and non-discrimination for all people.

Thank you for expressing your concerns.

Sincerely,

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

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: 1/25

TO: Andrew

FROM: ✓ W. STEVE LEE

____ For your information

✓ For your action

____ Review and comment by (date) ____

✓ Prepare reply for Coordinator's signature

____ Reply directly and blind copy Coordinator

____ **Circulate/**forward to: ____

____ File

COMMENTS:

2261 Market Street
Box #115
San Francisco, CA 94114

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

January 5, 1994

Dear Ms. Gebbie:

My name is Dave Pasquarelli and I have been a member of ACT UP for over 4 years and a Queer activist for as long as I can remember. I am writing this letter to tell you how much you anger me and to urge you, for the sake of all people now living with AIDS, to resign from your position so that it can be filled with a person who will FIGHT to end this terrible crisis. A person who is NOT another homophobic government bureaucrat who will allow AIDS to decimate another generation of Queers. A person who is PASSIONATE in their desire and commitment to LEAD a visible national campaign to eradicate AIDS. It is obvious to me from your recent press appearances that you are NOT that person.

Yesterday I watched San Francisco's KPIX news coverage of the CDC's recent announcement of a more explicit advertising campaign promoting safer sex. In that coverage you were asked by a reporter to respond to the concern of the gay and lesbian community that ALL of the government sponsored advertisements were directed specifically at heterosexuals. No advertisements depicted homosexuality in the same way that they depicted heterosexuality and none were targeted specifically at Queers. Instead of addressing the reporter's valid question regarding the CDC's obvious lack of concern about a group of people who happen to comprise over HALF of all AIDS cases in the U.S., you responded, insultingly, that there also weren't any advertisements aimed at Native American women on Indian reservations. Your flippant, defensive response was a disgusting cop out steeped in homophobia as well as a deliberate attempt to make the Queer community seem small, insignificant, marginalized and not deserving of the government's concern.

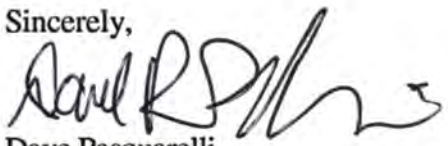
Need I remind you, Ms. Gebbie, that despite all of the educational efforts that our community has been forced to take upon itself due to government neglect, Queers still comprise the <u>largest</u> segment of society contracting HIV and dying from AIDS. Given this fact, your pathetic response to that reporter's question can only be seen as more of the same government sanctioned extermination of Queers. Your response implied that it was ludicrous for anyone to even be thinking that the government ought to air safer sex ads targeting Queers when the CDC's own statistics bear out that the FIRST FUCKING AD SHOWN ON NATIONAL TELEVISION SHOULD HAVE BEEN AN EDUCATIONAL EFFORT TARGETING THE QUEER COMMUNITY. That we are over 12 years into this epidemic and the U.S. government has never aired any sort of Queer specific ad on national television is a sickening example of blatant homophobia. And you, Ms. Gebbie, are another sickening perpetuator of blatant homophobia.

Before your most recent display of ignorance graced my television, I also managed to catch an interview with you on a late night CNBC show. During that interview you were put on the spot by a caller to defend your lack of support for a Manhattan-style project to cure AIDS in the face of Bill Clinton's campaign promise for just that type of project. You stated that the science just wasn't there and attempted to make it appear that the caller (who was also an ACT UP member) was an isolated case of someone unhappy with your do-nothing attitude . I'm not going to waste my time trying to prove to you that a Manhattan project is what we need. You know it's what we need and I'm certain you have seen ACT UP/ New York's Barbara McClintock Project to Cure AIDS (which incidentally is currently pending in the House as HR 3310). It is simply reprehensible that you are not actively PROMOTING some sort of

intensive research initiative along the lines of McClintock. Are you afraid of taking on the pharmaceutical industry - an industry whose profit is dependant on AIDS and therefore an industry that has absolutely NO motivation to see the AIDS crisis end? Are you confused about what a research initiative will do (create a sense of urgency, cut through red tape and save lives...)? Or are you just an unassertive, hateful woman who wouldn't even think of supporting a proposal by ACT UP no matter how much it makes sense because it would associate you with the Queer community and possibly jeopardize your popularity with the homohating masses? Whatever your reason, you just better get over it because McClintock is receiving unanimous support and your reluctance to embrace it is going to put you on the receiving end of the ever increasing anger and frustration of thoroughly disgusted PWAs, AIDS activists and their supporters.

Quite simply, you are offering no solutions in the war against AIDS. Your press appearances suck and in them you show your uneducated, uninspired, wicked homophobic self. I realize the importance of your position is merely a fraction of what we expected from the President. However, even in your limited capacity you still have the power to initiate a revolution in the way this country's people and government perceive and respond to AIDS. Thus far your actions and comments indicate that you have no intention of doing that. So unless you intend to start educating yourself and presenting yourself as an aggressive, proactive, Queer supporting AIDS Policy Director, do us all a favor and quit. You're holding up progress.

Sincerely,



Dave Pasquarelli

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: Art

faxed 2/7 @ 11:30

Sent From:

✓ Kristine Gebbie, RN, MN, National AIDS Policy Coordinator

Number of Pages: 2 Cover Fax Number: 6206584 Date: _____

Message:

Art –

Please call KG ASAP on this.

Kelli Kristine Armstrong
400 Duboce Avenue #311
San Francisco, CA 94117
(415) 626-4267

Office of the National AIDS policy
Old Executive Office Bldg.
17th Street and Pennsylvania Ave, NW
Washington D.C. 20503

January 29, 1994

Re: FOIA Request

To the Directorate for Freedom of Information Requests:

By this request I am submitting a Freedom of Information Act request for information, pursuant to 5 U.S.C. §522. I request the following information and Office of the National AIDS policy records:

1. Any documents which discuss the rate of HIV infection among gay, lesbian, or bisexual teenagers.

2. Any document evaluating the need for education and counseling in public schools concerning HIV awareness and prevention.

3. Any document specifically referring to changes in the Bush and/or Reagan AIDS/HIV policy, made by the Clinton administration and the reasons for such changes.

I am a current law student in San Francisco doing research for a law review article as well as taking a course on the Freedom of Information Act. This information will be used for educational purposes only. Therefore, I would request that you exempt me from any fees connected with your response.

I would appreciate a response to this request as soon as practicable within the 10 working days response time mandated by 5 U.S.C. (a)(6)(i). I understand that, pursuant to 5 U.S.C. 552 (a)(6)(B), in unusual circumstances, the response time may be extended an additional 10 business days if advance notice is provided. However, an ordinary backlog of Freedom of Information Act requests does not constitute an exceptional circumstances warranting further delay under 5 U.S.C. 552(a)(6)(C). See, Ray v. U.S. Dept. of Justice, 770 F.Supp 1544 (S.D. Fla. 1990). If it proves impossible to respond completely within the statutory period, I would request that you forward whatever copies are available at that time and that additional documents responsive to the request be forwarded as they are compiled.

If any requested document or portion of a document is withheld on the basis of privilege or statutory exemption, please identity each document or each portion of a document withheld and the basis for the privilege or exemption asserted. I note that, in memoranda to all departments and agency heads dated October 4, 1993, President Clinton and Attorney General Reno affirmed the administration's position that the federal departments and agencies should act on the principle of open disclosure of information and should use exemptions under the Freedom of Information Act to prevent disclosure only sparingly when specified cognizable harm can be identified.

Please do not hesitate to call if I can be of any particular assistance to you in responding to this request. In particular, although I have attempted to focus my request as much as possible, a response may still encompass a large volume of documents. To the extent that proves to be the case, I am willing to work with your office to frame and narrow the request, including extensive telephone dialogue or visitation to your nearby offices to review material, to facilitate the search.

Thank you for your time,

Kelli K. Armstrong

Kelli K. Armstrong

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Office of Continuing Medical Education
University of Michigan
G2111
Towsley Center
Ann Arbor, MI 48109-0201

To whom it may concern:

Enclosed is a $400.00 honorarium check issued to Kristine M. Gebbie, National AIDS Policy Coordinator, in conjunction with a December 1993 visit to the University of Michigan. As a White House appointee, Ms. Gebbie does not accept honorarium.

Sincerely,

W. Steve Lee

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

Enclosure

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. check	[Personal] (Partial) (1 page)	12/23/1993	b(6)

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

FOLDER TITLE:
January Chron Files 1994 [6]

2018-0756-F
jp4810

RESTRICTION CODES

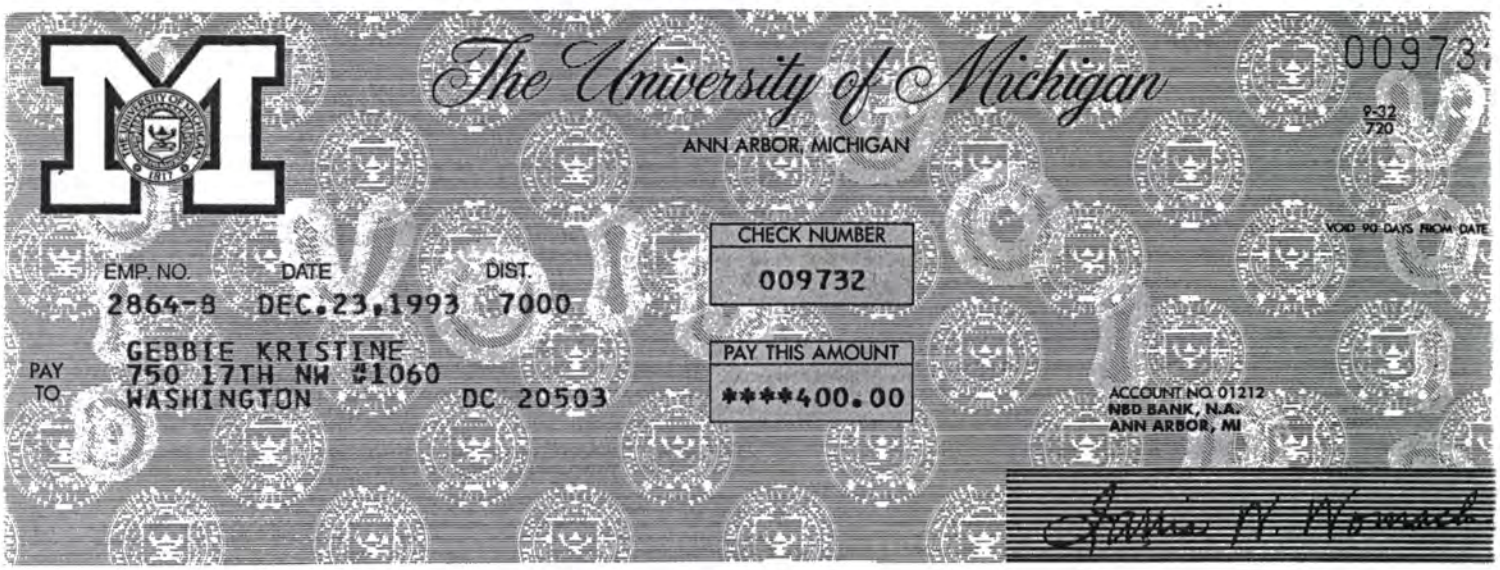
Presidential Records Act - [44 U.S.C. 2204(a)]

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]



(b)(6)

[001]

TO REMOVE CHECK DETACH ALONG PERFORATION

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Bernard J. Turnock, M.D.
Acting Dean
School of Public Health
The University of Illinois at Chicago
2121 West Taylor Street
Chicago, IL 60612-7260

Dear Dr. Turnock:

Thank you for the letter of support for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at Illinois Public Health Association annual meeting October 3-5, 1994. That request is under consideration. I plan to contact Elvira Jarka approximately sixty (60) days before the event to confirm whether or not Ms. Gebbie is available.

Thanks to you and Wayne Wiebel for your help, the February trip is shaping up to be a very good one.

Sincerely,

W. Steve Lee

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

UIC The University of Illinois at Chicago

Office of the Dean (M/C 922)
School of Public Health
2121 West Taylor Street
Chicago, Illinois 60612-7260
(312) 996-6620 Fax: (312) 996-1374

January 12, 1993

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

Dear Kristine:

I was most pleased to learn that you will be taking us up on our invitation to visit some of our AIDS Outreach sites and services during an upcoming visit to Chicago. Our faculty and project staff are working through Steve Lee of your staff to put this together as part of your February 24-25 Chicago trip.

Let me also take advantage of this opportunity to support the recent invitation extended by the Illinois Public Health Association for you to speak at the Association's Annual Meeting (October 3-5, 1994 just outside Chicago). As the Immediate Past President of this Association (some 1300 members throughout the State), I can assure you that your participation would be warmly received by our members and present an opportunity for you to reach a large audience of dedicated public health professionals with your important messages.

I wish you well in your important responsibilities and look forward to assisting you in any way I can.

Sincerely,

Bernard J. Turnock MD
Acting Dean

cc: Wayne Wiebel
Vera Jarka

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Gina A. Warren
Director of Community Affairs -
North America
Levi Strauss
P.O. Box 7215
San Francisco, CA 94120

Dear Ms. Warren:

Thank you for the invitation to attend the Design Industries Foundation for AIDS benefit in Dallas. Unfortunately, my schedule did not permit me to participate. I have the dates and locations on the national tour, and will let you know if I can work them into my travel schedule.

Thank you again for the invitation and for all your work in the community.

Sincerely,

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

LEVI'S®

FAX COVER SHEET

DATE: 1/24 NUMBER OF PAGES FAXED (not including cover page): 1

☒ URGENT, hand deliver ☐ Call for pickup

TO: (please print) FAX NUMBER:

Steve Lee

FROM: FAX NUMBER: 415/544-6134
415/544-1693

Georgia Durrel

COMMENTS:

Please report any transimission problems to: 415/ 544-3876

Regrets - Can they let us know about the other cities?

LEVI'S
QUALITY NEVER GOES OUT OF STYLE.

January 14, 1994

The Honorable Kristine Gebbie
National AIDS Policy Coordinator
Hubert H. Humphrey Bldg., Room #729G
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

On behalf of Levi Strauss & Co., I am pleased to invite you to be our guest at a special reception and benefit for DIFFA, the Design Industries Foundation for AIDS. The event, featuring "The DIFFA Collection," is a fashion extravaganza featuring 100 celebrity-designed Levi's® denim jackets which have been transformed into wearable art by some of the world's leading designers, artists, and best-known personalities, such as Calvin Klein, Elizabeth Taylor, Carolina Herrera and Giorgio Armani. Proceeds from the event will support local AIDS organizations in Dallas.

The event will be held Saturday, January 29, 1994, at the Loew's Anatole, 2201 Stemmons Freeway, in Dallas.

The special reception will be held in the Levi Strauss & Co. Hospitality Suite beginning at 6:00 p.m.

The rest of the evening's activities, including the DIFFA patron party, the fashion show and the live and silent auctions, will begin at 7:00 p.m.

DIFFA is a non-profit grantmaking foundation which, since its conception in 1984, has committed over $18 million to projects that support and encourage AIDS education and care.

Levi Strauss & Co. has supported the "The DIFFA Collection" in Dallas since 1988. This year's Dallas show kicks off the first ever DIFFA Collection national tour, which will travel to eight major cities across the United States where 800 of these one-of-a-kind Levi's® denim jackets will be auctioned off to benefit AIDS service organizations.

I hope you are able to attend this most spectacular evening. Please RSVP to Dawn Bannwolf at 210/410-5798 no later than January 21, 1994.

Gina A. Warren

Gina A. Warren
Director of Community Affairs
- North America

Judy Bell enjoyed meeting with you. I hope you are able to visit us again either in Dallas or

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Barbara Rickert, Ph.D., R.N.
Associate Professor
College of Nursing
The University of New Mexico
Albuquerque, NM 87131-1061

Dear Dr. Rickert:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at Association of Nurses in AIDS Care Nursing Faculty Development Institute on June 18, 1994 in Indianapolis, IN. Your request is under consideration and I will contact you approximately sixty (60) days before your event to confirm whether or not Ms. Gebbie is available.

Also note that Ms. Gebbie is considering a trip to New Mexico for the "Juntas in La Lucha, Together in the Struggle" conference in late-March (probably 24-26). Please let me know as soon as possible if you are interested in sponsoring a talk on the campus to the university community.

I can be reached at (202) 632-1090. Thank you for your interest and your patience.

Sincerely,

W. Steve Lee

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

UNM NURSING ID:505-277-3970 JAN 21'94 15:14 No.013 P.01

Post-it™ brand
Fax Transmittal Memo 7672

To Kristine Debbie
Company Natl G.I.D.S Policy Coordinator
Location Ste 1060
Fax # 202 632 1096 Telephone #
Comments

No. of Pages 1
Today's Date 1/21/94
Time
From B. Rickert
Company
Location
Dept. Charge
Fax #
Telephone #
Original Disposition: ☐ Destroy ☐ Return ☐ Call for pickup

The University of New Mexico

College of Nursing
Albuquerque, NM 87131-1061
(505) 277-4221

medium to high

1/21/94

Dear Ms. Gebbie,

I am writing to invite you to be the keynote dinner speaker at the Nursing Faculty Development Institute sponsored by the Association of Nurses in AIDS Care (ANAC). The institute will be held in Indianapolis, Indiana, June 16 - 18. We would like you to speak on Saturday evening, June 18 on Health Care Policy, Health Care Reform and the impact on persons with HIV infection and AIDS.

In addition to the annual conference held each year, ANAC has also sponsored the institute over the past two years for faculty from NLN accredited schools of nursing. The goal of the institute is to assist nursing faculty members to acquire advanced knowledge about HIV/AIDS and to develop a variety of teaching strategies for nursing students.

Approximately 150 faculty have attended the institutes. It is estimated that these faculty will teach at least 15,000 undergraduate and graduate nursing students. The institute is fulfilling a vital role in preparing faculty to teach about HIV infection and care of individuals with AIDS.

Please let me know at your earliest convenience if you will be able to speak at the institute. If Saturday evening, June 18 is not a convenient date or time, we can certainly be flexible in the scheduling. We will be very grateful of your consideration of our request.

Sincerely,

Barbara Rickert

Barbara Rickert, Ph.D., R.N.
Associate Professor
Chair, Education Committee, ANAC

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Judy Mallette
Peg Fudge
Chelmsford Community AIDS Task Force
Town Offices
50 Billerica Road
Chelmsford, MA 01824

Dear Ms. Mallette and Ms. Fudge:

Thank you for the invitation to attend the "AIDS Awareness Celebration Ball" in Chelmsford this past week. Unfortunately, my schedule did not permit me to participate. I support your work. If I can assist you in the future, please let me know.

Sincerely,

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

CHELMSFORD COMMUNITY AIDS TASK FORCE

Cordially invites you to attend

The Celebration Ball

Raising AIDS Awareness

Friday, January 28, 1994
8:00 PM

Radisson Hotel
10 Independence Drive
Chelmsford, Massachusetts

$25.00 per person *hors d'oeuvres/dancing*

139

regrets?

CHELMSFORD COMMUNITY AIDS TASK FORCE

Town Offices, 50 Billerica Road, Chelmsford, MA 01824
(508)250-5243

regrets

January 8, 1994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street NW
Washington, DC 20503

Dear Ms. Gebbie,

Enclosed please find two complimentary invitations to The AIDS Awareness Celebration Ball, January 28, 1993 at the Radisson Hotel, 10 Independence Drive, Chelmsford, MA 01824. We would be honored by your attendance.

The main purpose of the evening is to bring people together, to build awareness of this disease, to promote compassion, understanding and support for people living with AIDS. All proceeds will go to local pediatric AIDS programs.

There is a fracturing among our community members and perhaps a little history will shed some light on the importance of your attendance. In April of 1992, sponsored by the Chelmsford High School PTO, Suzi Landolphi conducted an assembly for Grades 9-12 on HIV/AIDS awareness. After the presentation her message was questioned by some of our community members. An Aids Task Force was formed by the Superintendent of Schools, Dr. Richard Moser, to determine what kinds of HIV/AIDS education programs we should offer our students. To make a very long story short, both the assembly and the recommendations of the Superintendent's AIDS Task Force are currently subjects of lawsuits filed by a few of our community members.

Realizing AIDS education is not the sole responsibility of the school department, the Chelmsford Community Aids Task Force was formed. As with many communities like Chelmsford, residents do not believe AIDS is a local issue and the reality of this disease escapes many of them. Our goals are high. Our work is hard. We are unsure of how many we are reaching. And so we turn to you and your presence to help us get their attention. We hope you will be able to attend and look forward to your reply.

Thank you for your consideration.

Sincerely,

Judy Mallette

Peg Fudge

Judy Mallette
Peg Fudge
For the Chelmsford Community Aids Task Force

Enclosures

CHELMSFORD COMMUNITY AIDS TASK FORCE

Town Offices, 50 Billerica Road, Chelmsford, MA 01824
(508)250-5243

Because HIV/AIDS is a serious public health issue, a Chelmsford Community Aids Task Force was formed under the direction of the Town Manager.

This issue is not only a priority of the Town Manager and the Board of Selectmen, but also a priority of the Chelmsford Board of Health.

The committee is comprised of volunteers form the Chelmsford Community.

PURPOSE

The purpose of the Chelmsford Community Aids Task Force is to aid in the prevention of HIV/AIDS by encouraging open communication and by providing information on HIV/AIDS to the entire community through lectures, workshops and literature.

GOALS

1. Develop a library of materials to be placed in different locations in Town for easy access.

2. Develop a speakers' bureau.

3. Develop a directory of support services.

4. Develop a program for World-Wide AIDS Awareness Day - December 1993.

5. Develop safety kits for emergency care for cars, classrooms, public offices and buildings, etc. to include latex gloves, etc.

6. Develop a mechanism to have Town employees trained in universal precautions.

7. Support other agencies and businesses in their endeavors to prevent HIV/AIDS.

CHELMSFORD COMMUNITY AIDS TASK FORCE

Cordially invites you to attend

The Celebration Ball

Raising AIDS Awareness

Friday, January 28, 1994
8:00 PM

Radisson Hotel
10 Independence Drive
Chelmsford, Massachusetts

$25.00 per person *hors d'oeuvres/dancing*

140

JAN 31 1994

THE WHITE HOUSE

Dear Carol & Laurel –

Many thanks for all that you and the PTA are doing on HIV & AIDS. I appreciate the kit and other materials as well. Please stay in touch and let me know if I can support your efforts in any way – Best time

Carol Ritter
405 Eve Court
Bath, PA 18014

AIDS

Ms. Kristine Gebbie
AIDS Policy Coordinator
The White House
750 17th St. N.W.
Suite 1060
Washington, D. C. 20001

JAN 31 1994

THE WHITE HOUSE

Marlene —

I finally read "AIDS Gatekeepers" in PAACNotes — good writing on a tough issue. I hope all is well — did your family grow by one? Give a call one day if you have a chance —

All the best —

Kristine

Jan 31

THE WHITE HOUSE

Dear Sam—

I'm sorry I can't be at the Nathan Davis awards banquet tomorrow - my heartiest congratulations for this recognition of your contributions. I look forward to continuing collaboration— Kristine Gebbie

THE WHITE HOUSE

WASHINGTON

January 31, 1994

Gary Remafedi, M.D., M.P.H.
Chair, Adolescent and HIV Policy Workgroup
Director, University of Minnesota Adolescent Health Program
Box 721-UMHC, Harvard & East River
Minneapolis, MN 55455

Dear Dr. Remafedi:

Thank you for your letter concerning an HIV research agenda for youth. I am forwarding your letter to the Office of AIDS Research at the National Institutes of Health for a response. I am asking that they specifically address the issues you raise, including the integration of scientific issues related to adolescents into the NIH research agenda, and cuts in funding of clinical trials for adolescents at the NIAID.

I am also asking that they forward a copy of "The FY 1995 National Institutes of Health Plan for HIV-Related Research", which includes their total plan for HIV research, including youth. If you have more specific information about "gaps" in the HIV research agenda for adolescents, I would be interested in seeing it.

Our office plans to convene an inter-agency task force on AIDS in the near future. We hope will help to resolve the need for clear linkages such as those you describe through careful planning and coordination.

I would be happy to meet with you or your group to discuss these issues. Please contact Steve Lee at my office at (202) 632-1090 to schedule a meeting. I would also like to suggest that you arrange a meeting with the Director of the Office of AIDS Research to discuss your concerns.

Thank you again for writing.

Sincerely,

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator

15 South Ninth Street
Newark, New Jersey 07107
201-268-8251
800-362-0071
201-485-2752 FAX

NATIONAL PEDIATRIC
HIV
RESOURCE CENTER

900 Second Street, NE
Suite 211
Washington, DC 20002
202-289-5970
202-408-9520 FAX

December 30, 1993

Kristine Gebbie, R.N., M.S.N.
National AIDS Policy Coordinator
Executive Office of the President
The White House
750 17th Street, NW
Suite 1060
Washington, DC 20503

RECEIVED
JAN 4 1994

Dear Ms. Gebbie,

On behalf of the adolescent HIV policy Work-group of the National Pediatric HIV Resource Center, I am requesting information about the national HIV research agenda for youth. The Work-group is aware that a review of HIV research programs at the NIH is underway, and hope that the needs of youth will be considered in the planning of all HIV-related biomedical, behavioral, and clinical programs.

The adolescent HIV policy Work-group includes various institutions conducting research and demonstration programs on youth HIV issues. The charge is to advise the Resource Center and its constituency on programs and policies for HIV seropositive and at risk adolescents. Our collective experience suggests that there are major gaps in the research agenda pertaining to youth. Also, some research programs appear to be at odds with legislative mandates for services. For example, the Ryan White Care Act Title IV (which supports that pediatric/adolescent HIV demonstration programs) requires that grantees establish linkages with research programs, especially clinical trials of experimental therapies; but the trials for adolescents were recently cut by NIAID.

We that you will assist us by sharing information abut the existing and prospective research agenda for youth. For your information, I have attached a list of the members of the work-group; and I will send you a copy of a forthcoming report from the group on youth and HIV when it is completed. At an appropriate time in the future, we would like to meet with you to discuss issues related to HIV and youth. In the meantime, please contact me or David Harvey at the Resource Center if we can provide additional assistance. Thank you for your attention.

Sincerely,

Gary Remafedi, M.D., M.P.H.
Chair, Adolescent and HIV Policy Workgroup
Director, University of Minnesota Adolescent Health Program
Box 721-UMHC, Harvard & East River
Minneapolis, MN 55455
612-626-2820

cc: Carolyn Burr

HIV POLICY WORKGROUP
NATIONAL PEDIATRICS HIV RESOURCE CENTER

Gary Remafedi, M.D., Chair, Minnesota
Youth & AIDS Projects
University of Minnesota
Adolescent Health Program
428 Oak Grove Street
Minneapolis, MN 55403
612-626-2855
612-627-6819 Fax

Dorothy Mann
Circle of Care Project
Family Planning Council of Southeastern Pennsylvania
260 South Broad Street, Suite 1510
Philadelphia, PA 19102
215-985-2616
215-732-1252 Fax

Janet Shalwitz, M.D.
Project AHEAD
Special Programs for Youth
San Francisco Dept. of Public Health
375 Woodside Avenue, Bldg W-1
San Francisco, CA 94127
415-753-7780
415-753-7759 Fax

Antigone Hodgins
Project AHEAD
Special Programs for Youth
San Francisco Dept. of Public Health
375 Woodside Ave., Bldg W-1
San Francisco, CA 94127
415-753-7780
415-753-7759 Fax

Stormy Schevis
Comprehensive Pediatric AIDS Project
Children's Diagnostic & Treatment Center
417 South Andrews Ave.
Ft. Lauderdale, FL 33301
305-779-6676
305-547-5562 Fax

Judith Kahn
Youth & AIDS Projects
University of Minnesota
Adolescent Health Program
428 Oak Grove Street
Minneapolis, MN 55403
612-626-2855
612-627-6819 Fax

Donna Futterman, M.D.
Model Comprehensive Health Care Program for Adolescents
Montefiore Medical Center
111 East 210th Street
Bronx, NY 10467
718-882-0023
718-882-0432 Fax

Mike Kaiser, M.D.
Pediatric AIDS Program
Children's Hospital - New Orleans
Kingsley House, 2nd Floor
914 Richards Street
New Orleans, LA 70130
504-524-4611
504-523-2084 Fax

Paul Fitzgerald
Facts Family AIDS Center for Treatment & Support
18 Parkis Avenue
Providence, RI 02907
401-521-3603
401-861-2981 Fax

Tara Dortch
Pediatric HIV/AIDS Health Care Demonstration Program
University of Alabama @ Birmingham
Dept. of Pediatrics
Children's Hospital Tower
Suite 654
Birmingham, AL 35294-0011
205-934-4731
205-934-8658 Fax

Maria Masi
University of Miami, Adolescent Medicine
P.O. Box 016820
Miami, FL 33101
305-547-5880
305-547-5956

Carol Triano
Comprehensive Care
St. Joseph Hospital
703 Main Street
Paterson, NJ 07503
201-977-2547
201-977-8315 Fax

Carolyn Burr
15 South Ninth Street
Newark, NJ 07107
201-268-8251
201-485-2752 Fax