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1994

THE WHITE HOUSE

WASHINGTON

February 1, 1994

VIA FAX

Dear Mr. Manville:

I would like to request that Garrett Glaser be made available to moderate a Town Hall Meeting with Kristine M. Gebbie, R.N., M.N., the National AIDS Policy Coordinator. The meeting will be Friday, February 4, 1994 from 12:00 PM to 2:00 PM.

Thank you for your consideration of this matter. We appreciate your help.

If you have any questions please contact myself or Amy Hannah at 202/632-1090.

Sincerely,

John P. Gurrola/ah

John Paul Gurrola
Communications Director
Office of National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

February 1, 1994

MEMORANDUM FOR PATRICK BRIGGS

FROM JOHN PAUL GURROLA
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT Request for Presidential greetings

Could you please send a birthday greeting to the following:

Jerry Wholey
22 Matthewson Street
Nawagansett, RI 02882

FEB - 1 1994

THE WHITE HOUSE

Dear Phil —

Congratulations on the Nathan Davis award from DNA - yet another well-deserved acknowledgment of your leadership & contributions! It's a pleasure working with you —

Hillary

FEB - 1 1994

THE WHITE HOUSE

John —

Thank you for sending the Boston Globe article — I do appreciate local updates on innovative & successful approaches. Keep me posted! I hope all is well —

Christine

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
150 Tremont Street
Boston 02111

William F. Weld
Governor
Charles D. Baker
Secretary
David H. Mulligan
Commissioner

Carlos fyi

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

January 20, 1994

Dear Ms. Gebbie:

Attached is a recent Boston Globe Sunday magazine article which highlights one of the AIDS prevention and education programs supported with both state and federal funding in Massachusetts. Massachusetts has recently funded several new prevention programs to reach those most at risk, including specialized efforts to reach gay/bisexual men of color, sex workers and people frequenting public sex areas such as rest stops and parks.

The Project mentioned in the attached article is illustrative of numerous state and federally funded AIDS efforts throughout the country that have developed innovative and creative approaches to reaching those at risk of infection. I hope you find this article of interest. We would be delighted to share additional information with you about these and other programs.

Sincerely,

John Auerbach
Director, HIV/AIDS Bureau

THE WHITE HOUSE

Dear Charlie –

Thank you so much for facilitating yesterday's meeting with Jane Alexander. I am delighted at the possibilities for joint activities to push the AIDS policy agenda. Call anytime you have ideas or concerns —

looking forward to seeing you again soon

Kristine

FEB - 1 199

THE WHITE HOUSE

Dear Dr Krim —
a slightly-belated word of congratulations on your recent award from AAAS - well-deserved! I also understand that your husband's health is improving - what good news for both of you. I'm looking forward to seeing you soon —

Hillary Clinton

THE WHITE HOUSE

WASHINGTON

February 1, 1994

Dra. Carmen Feliciano de Melecio
Secretary
Department of Health
Commonwealth of Puerto Rico
Call Box 70-184
San Juan, Puerto Rico 00936

Dear Dra. Feliciano:

I would like to thank you for the opportunity to meet with you this morning. It was very exciting to hear the various programs that are being implemented in Puerto Rico to stop the spread of HIV and to care for those already infected. I was exciting to hear about the commitment and dedication of Governor Rosello and yourself to provide the leadership necessary to face this epidemic.

As I mentioned I would be very interested in visiting Puerto Rico some time in the future. I am very interested in visiting some of the programs that I have heard so much about.

Again, thank you very much for the opportunity to meet with you.

Sincerely,

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

FEB - 1 1994

THE WHITE HOUSE

Dear June —

I'm a little slow in my congratulations on your awards from AAAS - it's a well-deserved recognition by your colleagues. I hope all is going well for you, and look forward to seeing you before long — Christine

THE WHITE HOUSE

WASHINGTON

February 1, 1994

MEMORANDUM

TO: Corlis Moody, Director, Office of Economic Impact and Diversity, Department of Energy

FROM: Kristine M. Gebbie, R.N., M.N. K-Steve Leafor
National AIDS Policy Coordinator

SUBJECT: Donald Donaldson

This memorandum is written to request the detail of Donald Donaldson, Training Specialist, to the Office of National AIDS Policy through January 1, 1995. Mr. Donaldson would be responsible for the reporting, education, and coordination efforts of the President's Federal Workplace AIDS Education Initiative and reports to me.

As you know, the initiative includes many activities scheduled around World AIDS Day, December 1, 1994. This important initiative requires considerable national coordination, and it is important that all agencies receive assistance and direction from this office. Mr. Donaldson's past coordination work with the Department of Energy and other agencies demonstrates that he has the skills necessary to carry out this national initiative.

Upon your approval, Mr. Donaldson will be assigned work space and equipment at the Department of Health and Human Services in the Hubert Humphrey Building.

I look forward to your reply. Please call me (202) 632-1090 if you have any questions.

cc: Don Donaldson

FEB - 1 1994

THE WHITE HOUSE

Dear Al —

Thanks for the chance to visit over breakfast, and catch up on things. You know how much I want the public health part of health reform to work - let me know if I can help —

Hillary

3/7 11:30
Nere.
Please return

February 2, 1994

INTERVIEW PROPOSAL
FOR
KRISTINE GEBBIE
NATIONAL AIDS POLICY COORDINATOR

ONAPC STAFFER:	John Paul Gurrola
DATE/TIME OF EVENT:	Between March 1 and March 8 - around 4pm
LOCATION:	Any convenient location
ORGANIZATION:	"To the Contrary"
CONTACT:	Amie B. Snider, Associate Producer Maryland Public Television 11767 Owings Mill Boulevard Owings Mills, Maryland 21117-1499 (410)581-4066
PURPOSE:	To get a pre-taped interview that will precede a panel discussion.
OTHER PARTICIPANTS:	None
MEDIA COVERAGE:	PBS
REMARKS REQUIRED:	They want you to speak about your new role as the first ever National AIDS Policy Coordinator. They would also like you to comment on how you plan to change attitudes (especially among teens and women) about AIDS and the risks of contracting HIV and other STD's.
BACKGROUND:	"To the Contrary" is a half-hour weekly program produced out of Maryland Public Television and is distributed nationally by PAS. The show airs in more than 200 markets across the country. The host of the show is Bonnie Erbe, a Washington based NBC/Mutual radio network legal affairs correspondent. "To the Contrary" also features an ideologically balanced panel of women who debate the selected topic.

To The Contrary

Contact: Becca Seitz
Publicist
(410) 581-4076

CURRENT BIOGRAPHY

BONNIE ERBE

Host and Co-Creator of Maryland Public Television's *TO THE CONTRARY*

Bonnie Erbe joined forces with Maryland Public Television to create *TO THE CONTRARY*, the country's first news analysis series featuring all women panelists. *TO THE CONTRARY* has aired on the Public Broadcasting System nationwide since April 1992.

Combining a law degree with more than 16 years of experience as a journalist covering national government, Ms. Erbe has garnered a wealth of knowledge about political, social and economic issues and has become a leader in voicing women's concerns.

Her Scripps Howard newspaper column is sent out weekly to more than 400 papers and has appeared in The Philadelphia Inquirer, The Baltimore Sun, The Seattle Times and The San Francisco Examiner. Other commentary has appeared in the Christian Science Monitor and The Washington Post. As legal affairs correspondent for the Mutual/NBC Radio Network, Ms. Erbe reports on the Supreme Court, Justice Department and major trials, and she hosts "Saturday Night on Mutual," a talk show carried by some 400 affiliated radio stations, reaching an audience of one million listeners.

Ms. Erbe's broadcast credits include CNN's "Crier and Company," "The McLaughlin Group" and NBC's "Today." She was a correspondent in NBC Television's Atlanta bureau (1981-1983) and covered Congress for UPI Radio (1983-1989) prior to joining Mutual/NBC Radio. She has won numerous awards, including a national award from the American Women in Radio and Television (AWRT) for Best Documentary and the 1993 National Clarion Award honoring MPT's *TO THE CONTRARY*.

Bonnie Erbe has a Bachelor of Arts degree in English from Barnard College, a Master of Arts degree in Journalism from Columbia University and a Juris Doctor degree with honors from Georgetown University. She is a member of the New York and Washington, DC, bars.

###

To The Contrary

Contact: Becca Seitz
Publicist
(410) 581-4076

PANELISTS

Maryland Public Television's *TO THE CONTRARY*

Linda Chavez: Senior fellow with The Manhattan Institute for Policy Research, Ms. Chavez is chairman of the National Commission on Migrant Education and a political commentator for National Public Radio's "Morning Edition." A frequent guest on morning network news shows, her television appearances also include PBS's "The MacNeil/Lehrer Newshour." She was director of the White House Office of Public Liaison during the Reagan Administration and was a member of the Civil Rights Commission.

Karen DeWitt: A veteran Washington, DC-based reporter, Ms. DeWitt currently covers education, child welfare, and politics for The New York Times. She also has reported for the National Journal, The Washington Post and USA Today. Her writings have appeared in such magazines as National Geographic, Glamour, Essence, Redbook, Black Enterprises and Washingtonian. A former journalism professor at The American University in Washington, DC, she was a visiting professor at Kansas State University.

Ramona Edelin, Ph.D.: President and CEO of the National Urban Coalition, Dr. Edelin has been associated with the Coalition since 1977 and has had an outstanding career as a social activist, scholar and academic administrator at some of the nation's leading institutions. She has been a catalyst in bringing the African-American Cultural Initiative to public attention and has written a series of editorial columns entitled "On the Cultural Offensive," which has been published in a number of African-American newspapers across the country. Dr. Edelin has taught at Brandeis University, Emerson College and the European Division of the University of Maryland.

Ann Lewis: A political commentator and public affairs strategist, Ms. Lewis has served as an advisor to the Committee for Peace and Security in the Gulf, the Modern Language Association, and the National Women's Agenda Conferences. She is national affairs commentator on Boston's Monitor Channel "The Opinion Page" and has appeared on PBS's "The MacNeil/Lehrer Newshour" and "The American Interest" and on CNN's "Crossfire," "The Capital Gang," and "Crier and Company." Regularly cited in articles about politics and public affairs, Ms. Lewis has been featured in Media and Society Seminars telecast "The Constitution: That Delicate Balance" and "Ethics in America."

Julianne Malveaux, Ph.D.: An economist, writer, political activist and award-winning columnist whose weekly column appears nationally in some 20 newspapers through the King Features Syndicate, Dr. Malveaux also provides regular radio and television commentary on sociopolitical issues. She won an award from the National Newspaper Publishers Association in 1993 for her weekly column in the San Francisco Sun Reporter. Dr. Malveaux has appeared on "CNN and Company" and has served as an occasional talk show host on San Francisco's KGO radio. She is vice president of the National Child Labor Committee, a board member of the Center for Policy Alternatives and national vice president of the National Association of Negro Business and Professional Women's Clubs.

Irene Natividad: National Commission for Working Women chair, this award-winning activist was 1992 Global Summit of Women director and Philippine American Foundation executive director. Her honors and awards include: "100 Most Powerful Women in America," Ladies Home Journal, 1988; "Honored American Award," Americans by Choice, 1986; and "Women Making History Award," Women's Congressional Caucus, 1985. Ms. Natividad's other commitments include the National Women's Political Caucus, The Center for Women Policy Studies, Child Care Action Campaign and the Democratic Asian Caucus (1982-1984).

Kate O'Beirne: An attorney and syndicated newspaper columnist, Ms. O'Beirne is government relations vice president at The Heritage Foundation, one of the country's leading public policy research institutes. She previously served as Heritage's deputy director of domestic policy studies and as a visiting fellow on poverty and welfare issues. She worked on James Buckley's successful 1970 U.S. Senatorial campaign and served as deputy assistant secretary for legislation at the U.S. Department of Health and Human Services.

###

To The Contrary

Contact: Becca Seitz
Publicist
(410) 581-4076

CURRENT BIOGRAPHY

SUSAN MORRISON

Executive Producer of Maryland Public Television's *TO THE CONTRARY*

Susan Morrison has worked in news and public affairs for more than 20 years. Her experience in Washington, DC, includes a stint as news manager for the CBS News bureau and national affairs editor for ABC-TV News. Ms. Morrison was also political coverage consultant for The MacNeil-Lehrer Newshour, which received a Peabody Award, and on the national staff of The Washington Post.

Her political experience includes press secretary for the 1980 George Bush for President campaign and communications director of the Democratic National Committee. Prior to coming to Washington, DC, Ms. Morrison worked in local television news in New York and for the Associated Press in Indianapolis.

In addition to serving as Executive Producer of MPT's *TO THE CONTRARY*, Ms. Morrison is an adjunct professor of journalism at The American University in Washington, DC.

###

To The Contrary

Contact: Becca Seitz
Publicist
(410) 581-4076

PRODUCTION TEAM

Maryland Public Television's *TO THE CONTRARY*

Producer -- Cari W. Stein: A veteran of network and local news and public affairs programs, Ms. Stein's career spans more than 15 years in New York, Baltimore and New Orleans broadcast markets. As executive producer of news for WMAR-TV in Baltimore, she was instrumental in creating, developing and producing Channel Two News at Five, an award-winning newscast that took the news operation from third place to first place in the market. At MPT, she assists the executive producer of *TO THE CONTRARY* with programming and production responsibilities.

Field Producer -- Dwight Pearman: An award-winning producer and director, Mr. Pearman has worked in major market television for more than 18 years. His background includes Capital Cities/ABC-TV, Westinghouse Broadcasting and CBS-TV, along with experience in several public television stations. His responsibilities for MPT's *TO THE CONTRARY* involve weekly production of the featured video segments augmenting each show.

Associate Producer -- Amie B. Snider: Assisting Mr. Pearman in the field production of MPT's *TO THE CONTRARY*, Ms. Snider has worked in electronic as well as print journalism. Her experience with Potomac Television/Communications, Inc., included production for "Entertainment Tonight" and MTV, as well as live satellite remotes throughout the nation's capital. Additionally, Ms. Snider covered Capitol Hill for several New York-based trade publications.

Director -- Jimm Revelle: As chief designer of the show's appearance, Mr. Revelle is a veteran director at Maryland Public Television. In addition to MPT's *TO THE CONTRARY*, he directs the award-winning national daily series "A.M. Weather" and numerous fundraising, promotional and membership spots. Mr. Revelle also directed MPT's national agriculture news series "Farm Day" and was technical director for "Happy New Year, USA!," "Maryland State Geography Bee" and "Starfinder."

Assistant Producer -- Frank S. Batavick: Responsible for numerous production details for MPT's *TO THE CONTRARY*, Mr. Batavick has worked as assistant producer on MPT's national series "Pierre Franey's Cooking in America" and the award-winning international co-production of "Mini-Dragons."

Editorial Assistant -- Laura Brennan: Supporting MPT's *TO THE CONTRARY* with her writing and research skills, Ms. Brennan joined Maryland Public Television as an assistant producer on both "Numbers Alive!" and the NASA series "Kids in Space Science." Her prior experience was as director and playwright for the Philadelphia-based Open Door Theater Company.

Happy Anniversary to You!

A look back and ahead as *To The Contrary* celebrates a year on-air

— by Bonnie Erbe

Wow! What a year it's been. Launching an all-female news analysis series — then an unknown entity on national television — was bound to have one of two results: either it would fail miserably because it didn't follow the standard news formula, or it would succeed for the same reason.

Happily, looking back over the peaks and valleys of the year, I can say that *To The Contrary* has become an unmitigated success.

This next season, expect to see an even wider scope of women panelists and interviews. Recently, such notable women as former U.S. Labor Secretary Lynn Martin, National Women's Political Caucus President Harriet Woods, *Ms. Magazine* Editor Gloria Steinem and National Institutes of Health Director Bernadine Healy have joined us for in-depth discussion of issues.

The series is growing, and building a wider audience all the time. The ratings have doubled since last year. Now, into its second season and beyond, *To The Contrary* will continue to build momentum to bring a swell of ideas and dialogue to the American public.

No overnight success

As host and co-creator of *To The Contrary*, I was asked last fall by a colleague whether MPT and I joined forces to put the show on the air to purposely coincide with the "Year of the Woman." I had to laugh. Would that we had been that prescient. In fact, we began trying to put *To The Contrary* on the air well before last year's mini-revolution at the ballot box.

Susan Noonan

Bonnie Erbe hosts To The Contrary, *which recently had its first birthday.*

Susan Noonan

Harriet Woods (third from left), President of the National Women's Political Caucus, joins the panel.

I first conceived of the idea of a women's news analysis show in 1988. I had been the lone woman panelist on a number of national news programs, and was struck not only by the paucity of women pundits, but also by the lack of attention those programs paid to issues that many women care about. Far be it for *This Week with David Brinkley* or *The McLaughlin Group* to focus a discussion on women in science, or to address the issue of where the women's movement is headed.

Few women news analysts

As rare as it was to see women on these shows, those who did appear were almost always white. Women of color were nowhere to be seen among the ranks of national pundits. What message was this sending, I thought. What did this say to young girls watching television? With so few role models, the not-so-subliminal message was that women are not smart enough or qualified enough to analyze public policy issues, or to tell the public what impact major events of the day have on their lives.

Clearly it was time for change and I found that executives at Maryland Public Television shared my ideals and were willing to take a risk. And now, several years later, we all agree the risk was well worth taking. Not only for the success of the series, but for the success in giving women strong, intelligent role models, and a national voice to express the diverse stands we take on issues and events that touch the lives of all Americans.

Change becomes a reality

Getting back to my colleague's comment about the "Year of the Woman," I have to believe that there was more to the timing than coincidence itself. Some feminists argue that 1992 was *not* the "Year of the Woman" because true parity was not achieved. Perhaps. But it certainly was a "Year for Women." Just look at the strides we made in passing national legislation, in putting more women in national office, and in choosing to elect a leader with progressive ideals that include the interests of women and families. We may not yet have reached the finish line, but we're in the race and going strong. And each of us involved with *To The Contrary* is proud to be a part of this social evolution. In fact, we look forward to the challenges that lie ahead!

A production of Maryland Public Television, To The Contrary *airs weekly over PBS stations nationwide and is nationally underwritten by Sun Company, Inc., and Toyota Motor Sales, U.S.A., Inc. Bonnie Erbe is host of the series, Susan Morrison is producer and Frank Traynor is executive-in-charge of production. Watch the program every Friday at 7:30 p.m. or the repeat the following Sunday at 11:30 a.m.*

After more than 17 years, Louis Rukeyser has decided to discontinue writing his column. Beginning with the June issue of MPT Magazine, *look for a monthly column by Bonnie Erbe.*

To The Contrary

February 15, 1994

Mr. John Gurrola
Press Secretary to AIDS Policy Coordinator Kristine Gebbie
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

Dear Mr. Gurrola,

It was very nice speaking with you yesterday afternoon. Thank you very much for your consideration of my request for a taped, television interview with Ms. Gebbie for the national, all-women's PBS-TV program, "To The Contrary". I've enclosed for you some additional information about "To The Contrary", along with a VHS dub of a recent program.

"To The Contrary" is produced out of Maryland Public Television and distributed nationally by PBS. The show airs in more than 200 markets across the country, including stations in Oregon and Washington State!

The half-hour weekly program showcases a woman's perspective and expertise on selected topics and current events by featuring an all-female panel -- journalists, think tank specialists, political commentators, and writers. Every effort is made to make our panel ideologically balanced. Host of the program is Bonnie Erbe, a Washington-based NBC/Mutual radio network legal affairs correspondent.

We would like to interview Ms. Gebbie about her new role as the first ever AIDS policy coordinator, and speak with her about how she will go about changing attitudes -- especially among women and teens -- about their risks of contacting HIV and other sexually transmitted diseases.

Maryland Public Television 11767 Owings Mills Boulevard Owings Mills, Maryland 21117-1499 Phone (410) 356-5600 Fax (410) 581-4338

The interview will be incorporated into a four to five minute videotaped package that will precede a panel discussion on the issue. For the interview we would need about 25 minutes of Ms. Gebbie's time. Program host Bonnie Erbe would conduct the two-camera interview at a location convenient to Ms. Gebbie. The segment will be broadcast on March 11. I was hoping we could do the interview in the late afternoon -- around 4pm -- on or between March 1 and March 8.

I will call you on Friday to follow up on this letter. If you would like to reach me before then, my office number in Baltimore is (410)581-4066. Thank you very much for your consideration. I look forward to speaking with you soon.

Sincerely,

Amie B. Snider
Associate Producer

To The Contrary

Contact: Becca Seitz
Publicist
(410) 581-4076

FACT SHEET

Maryland Public Television's *TO THE CONTRARY*: the Nation's first news analysis series featuring all women panelists:

* a weekly half-hour program spotlighting women journalists, commentators and experts in a lively debate of news and national affairs
* presented 52 weeks per year
* aired nationwide by the Public Broadcasting System since April 1992

Host: Bonnie Erbe -- nationally syndicated columnist on domestic politics with Scripps Howard; legal affairs correspondent for Mutual/NBC Radio

Panel: Rotating panel of experts covers the spectrum of political ideologies and ethnicities

Winner: 1993 National Clarion Award for Television Talk Show, honored by Women in Communications, Inc.

National Underwriters: Sun Company, Inc. and Toyota Motor Sales, USA, Inc.

Viewer response, media attention and strong carriage on national public television stations in 240 markets have all helped to confirm Maryland Public Television's position that the show has indeed filled a void in American television programming.

MPT's *TO THE CONTRARY*: presenting news and views that are rarely -- if ever -- available elsewhere on television.

Please check local listings for availability in your area.

###

To The Contrary

Contact: Becca Seitz
Publicist
(410) 581-4076

FOR IMMEDIATE RELEASE

MPT'S *TO THE CONTRARY*
RECEIVES OUTREACH GRANT FROM THE FORD FOUNDATION

OWINGS MILLS, MD -- *TO THE CONTRARY*, Maryland Public Television's premier national news analysis series featuring a rotating panel of women, has been selected by the Ford Foundation to begin another exciting venture in the realm of women's programs. Through a generous outreach grant, MPT will present special non-broadcast productions of *TO THE CONTRARY* in Chicago, Miami, Los Angeles, Seattle, Philadelphia and New York.

More than 250 community leaders and members of women's organizations in each designated city will be invited to an exciting forum featuring local VIP guest panelists along with *TO THE CONTRARY's* host BONNIE ERBE. An *open mic* session will follow a mock version of *TO THE CONTRARY*, with everyone having a chance to participate in a town hall format. The event will conclude with a lively discussion face-to-face as Erbe and panel members join all the guests *off-stage* for personal conversations.

The Ford Foundation grant is designed to stimulate dialogue among women throughout the United States by identifying issues, communicating experiences, and encouraging greater participation among diverse groups. "We are delighted that the Ford Foundation has selected Maryland Public Television and *TO THE CONTRARY* for this landmark project," MPT president Raymond K. K. Ho announced recently.

On the air for just one year, *TO THE CONTRARY* was recognized as best television talk show by Women in Communications, Inc., and received the 1993 National Clarion Award. Carried nationwide on more than 240 PBS stations, *TO THE CONTRARY* has received notable media attention and is credited as the **first** nationally broadcast news analysis series to feature all women panelists representing diverse political ideologies and women of color speaking to issues of concern to everyone, men and women alike.

Bonnie Erbe, nationally syndicated columnist on domestic politics with Scripps Howard and legal affairs correspondent for Mutual/NBC Radio, hosts *TO THE CONTRARY's* lively discussion of news and national affairs. Combining a law degree with more than 16 years of experience as a journalist covering national government, Erbe has garnered a wealth of knowledge about political, social and economic issues and is recognized nationally as a leader in voicing women's concerns.

TO THE CONTRARY's national underwriters are Sun Company, Inc. and Toyota Motor Sales USA, Inc.

###

To The Contrary

Contact: Becca Seitz
Publicist
(410) 581-4076

FOR IMMEDIATE RELEASE

MPT'S *TO THE CONTRARY*
FEATURED AT NWPC NATIONAL CONVENTION

OWINGS MILLS, MD, July 6, 1993 -- Bonnie Erbe, host of Maryland Public Television's award-winning program *TO THE CONTRARY*, will be a featured speaker at the Annual Meeting of the National Women's Political Caucus (NWPC) in Los Angeles on Friday, July 9, 1993.

Ms. Erbe will lead an in-depth discussion about "The Empowerment of Women of Color" with *TO THE CONTRARY*'s regular panelists Linda Chavez, The Manhattan Institute; Irene Natividad, political commentator; and Julianne Malveaux, syndicated columnist. Joining the panel will be Patricia Diaz Dennis, former Assistant Secretary of State for Human Rights.

Following the mock version of *TO THE CONTRARY*, NWPC audience members will be invited to participate. Questions to be examined will include: Are racial barriers deliberately set up to affect women of color in the workplace? Why is the pay gap racial- as well as gender-based? Are women of color hired merely to meet affirmative action goals?

Spotlighting women journalists, commentators and experts in a lively debate of news and national affairs, MPT's *TO THE CONTRARY* is the nation's first news analysis series featuring all women panelists and has aired nationwide on the Public Broadcasting System since April 1992. Honored by Women in Communications, Inc., *TO THE CONTRARY* recently received the National Clarion Award for Television Talk Show.

Bonnie Erbe is a nationally syndicated columnist on domestic politics with Scripps Howard and is legal affairs correspondent for Mutual/NBC Radio.

TO THE CONTRARY's national underwriters are Sun Company, Inc. and Toyota Motor Sales USA, Inc.

###

To The Contrary

Contact: Becca Seitz
Publicist
(410) 581-4076

FOR IMMEDIATE RELEASE

MPT'S *TO THE CONTRARY*
WINS 1993 NATIONAL CLARION AWARD

OWINGS MILLS, MD, June 22, 1993 -- Maryland Public Television's *TO THE CONTRARY*, the nation's **first** news analysis series featuring all women panelists, has received a 1993 National Clarion Award, which recognizes outstanding achievements in every area of communications.

Picking up the honor for Television Talk Show, *TO THE CONTRARY* is a weekly half-hour program spotlighting women journalists, commentators and experts in a lively debate of news and national affairs. Hosted by Bonnie Erbe, legal affairs correspondent for Mutual/NBC Radio, *TO THE CONTRARY* has aired **nationwide** on the Public Broadcasting System since April 1992.

Viewer response, media attention and strong carriage on national public television stations in 240 markets have all helped to confirm Maryland Public Television's position that the show has indeed filled a void in American television programming. *TO THE CONTRARY* presents news and views that are rarely -- if ever -- available elsewhere on television. National funding for the series is provided by Sun Company, Inc. and Toyota Motor Sales, USA, Inc.

Open to all women and men professional communicators, the competition drew nearly 1,400 entries, and 88 Clarions were awarded. Categories were judged by communications experts across the country, and criteria included achievement of objective, creativity and content. Winners of the National Clarion Award will be honored on Saturday, October 2, 1993, during the National Conference of Women in Communications, Inc., in Pittsburgh, PA.

Executive Producer of MPT's *TO THE CONTRARY* is Susan Morrison; Melissa Martin was show producer of the award-winning program. *TO THE CONTRARY's* national underwriters are Sun Company, Inc. and Toyota Motor Sales USA, Inc.

###

To The Contrary Presents

Women Who Don't Skirt The Issues

Fifty-two weeks a year, **TO THE CONTRARY** covers diverse perspectives of today's issues with an all-female panel of top journalists, commentators and experts.

MPT
MARYLAND PUBLIC TELEVISION

A national production of Maryland Public Television, nationally underwritten by

SUN TOYOTA

To The Contrary

Maryland Public Television
11767 Owings Mills Boulevard
Owings Mills, Maryland
21117-1499
(410) 356-5600

FEB - 2 1994

THE WHITE HOUSE

Dear Tuckers—

Thank you so much for including me in your party at the Democratic Governor's Dinner last evening. It was a great opportunity to become better acquainted with you & your supporters. I appreciate the help you're providing me — all my best wishes

Future

A Latino PACTO AIDS Organization

RECEIVED

FEB 15 1994

Bob 9-
draft reply

February 6, 1994

Ms. Kristine Gebbie
NATIONAL AIDS POLICY COORDINATOR
200 Independence Ave., SW Room 738G
Hubert H. Humphrey Building
Washington, DC 20201

Dear Ms. Gebbie:

The San Diego region has the distinction of sharing its southern boundary with Mexico. The three legal ports of entry between California and Baja California experience the highest volume of vehicle and pedestrian traffic in the world. The relationship between these two countries involves a contrast exchange of people products. The mutual interdependence of these countries, social, economics, and results in the sharing of health conditions. The binational health experience history of this region demonstrates that health issues do not respect geographic or political boundaries and mandates.

It is critical that HIV/AIDS be addressed from a binational perspective to assure that the efforts to fight HIV/AIDS at all levels be it education, testing also take into account the impact of culture within HIV/AIDS community based organizations.

Absent in the flurry of publications about the current epidemic of AIDS is reference to the issues, problems, barriers and psychosocial impact of this devastating syndrome in meeting HIV prevention needs within the Hispanic community. A large portion of the Hispanic population is indigent and unable to obtain requisite outpatient care. Many patients studied thus far have shown evidence of protein-calorie malnutrition and multiple vitamin deficiencies. Once discharged, they can neither eat well enough to bolster their deficient nutritional state nor afford the many drugs required for their multiple infections.

Placement is sometimes denied to patients with AIDS purely on the basis of their diagnosis. Those who do go home occasionally return shortly, after having been cast out by their families, peers, co-workers, and religious organizations. At times even the gay and lesbian community discriminates against those affected with HIV/AIDS. In some cases, certain medical personnel refuse to have anything to do with patients even suspected of having AIDS. A few medical workers perceive the situation to be "hopeless", and, as a result, less aggressive diagnostic and therapeutic plans may be undertaken as patients return with new infections.

Sometimes patients have done well for prolonged periods. These longer survivors have been followed up closely by physicians with treatment begun at the earliest sign of deterioration. Families of these long survivors generally have strong commitment to their care, nutrition, and spiritual support.

Patients themselves often lose interest in their condition and among hospitalized patients with AIDS, several develop a loss of interest in human contact, hiding beneath their bedsheets.

We are all fully aware of the uncertain infectious nature of AIDS and the frightening implications it may have. When reasonable precautions are followed, there is no reason to subject AIDS patients to the intense social and psychosocial isolation some now experience.

It is important for AIDS patients to have confidence in a strong medical, family, spiritual support and National AIDS Policy Coordinator that will not abandon them as they face a potentially life-threatening disease.

Who am I? I am a Hispanic living with AIDS and currently, Chair, San Diego Regional Adviory Board, HIV/AIDS Housing Committee, Chair, HIV Care, Outreach/Public Relations Committee who has been instrumental in health planning, public administration, public speaking, housing, community organization, and citizen advocacy and Hispanic leader living with AIDS who truly believes and supports your leadership as the National AIDS Policy Coordinator.

On the date of January 26, 1994, I had been informed by Jeffrey D. Wynne, Resource Development Specialist for the Office of AIDS Coordination, that you were coming to the City of San Diego to meet with community based organizations and was elated to know that my name was on the list of possible candidates to meet you. As an active Hispanic leader living with AIDS and advocate for issues, problems and barriers in meeting HIV prevention needs within the Hispanic community, I am very disappointed in not having been one of the selected individuals to personally meet you and thank you for writing to me on September 17, 1993.

Sincerely,

Victor M. Sanchez

Victor Montalvo Sanchez
Executive Director

/enclosure

ISSUES, PROBLEMS AND BARRIERS IN MEETING HIV PREVENTION NEEDS WITHIN THE HISPANIC COMMUNITY

FUNDING PROBLEMS

Funding available to communities is inadequate because state health departments subtract administrative costs; and direct funds are tied to high-impact cities and high-risk groups. Funding for basic **HIV/AIDS** education is shrinking (as attention turns to testing and health services) while many **Hispanics** and **immigrants** have not yet been reached.

Qualifying criteria for minority funding discriminates against gay and lesbian CBOs that serves significant numbers of Hispanics, causing a gap in programming for these individuals (because few Hispanic gay/lesbian CBOs exist).

Reported **AIDS** cases are not a reasonable indication of need for prevention funding.

STRUCTURAL BARRIERS

Hispanic CBOs lack the proposal-writing skills or money to hire writers with those skills to compete successfully for direct federal funds.

CBOs do not perceive in-depth evaluations to be their responsibility.

Hispanic communities lack a leadership infrastructure.

PROGRAM PROBLEMS

Simply translating English into Spanish does not meet criteria for culturally, educationally, and linguistically appropriate messages.

Programs are not targeted to specific subgroups (e.g. migrant farm worker, sex industry workers).

The strong influence of family is not taken into account or effectively utilized.

Prevention programming is not reaching IDU, homosexual or bisexual Hispanics to the degree these populations are affected.

Data gathered by the CDC National AIDS Hotline on information and services is not being shared with communities.

Public Service Announcements (PSAs) developed for ARTA by the CDC National AIDS Information and Education Program are not aired frequently enough.

UNIQUE CULTURE-SPECIFIC ISSUE

The increasing influx of immigrants Latinas/Latinos have special needs related to their circumstances or origin, language, lack of acculturation, etc.

Many immigrants from war-torn areas of Latin America suffer post-traumatic stress syndrome, which must be dealt with before HIV education can be effective. Special support is needed to help these families recover.

SUGGESTIONS

FUNDING ALLOCATION

Maintain funding for basic **HIV/AIDS** education for the significant sectors of the community not yet reached and recent immigrants.

Place a 10-12% cap on funds that states can keep for indirect costs.

Use local teen-pregnancy and sexually transmitted disease rates as indicators for targeting HIV-prevention funding.

Maintain funding of prevention and behavior modification programs.

Fund organizations that can work with families.

EDUCATION AND PREVENTION PROGRAMMING

Develop methods and showcase models that are **culturally** appropriate, and are designed for specific subgroups.

Modify strategies and formats to reach recent immigrants.

Sponsor comprehensive health care programs to serve interrelated family needs and reduce anxiety about confidentiality.

Support organizations serving people with hearing impairments or mental disabilities to develop and deliver special programs for their constituents.

Get (ARTA) PSAs aired more frequently and incorporate substance abuse prevention PSAs.

COUNSELING AND TESTING PROGRAMS

Increase anonymous programs, especially in less-impacted areas.

Staff must be **bilingual** and trained in **culturally** competent AIDS education.

OVERALL PROGRAM OPERATIONS

Involve the community CBOs more in the development of minority initiatives to ensure that they are culturally and organizationally appropriate.

Support the forging of partnerships between community organizations and governmental agencies at all levels.

MEDICAL SERVICES AND CARE

Increase bilingual staff in clinics and hospitals.

Increase basic services (foods and shelter) and access to drug trials for Latinas/Latinos PWAs in order to reduce severe morbidity and early mortality.

OVERALL PROGRAM OPERATIONS

Provide technical assistance in proposal writing that is not tied to specific RFP schedules and is tailored to organizational needs/capacities.

Accept proposals in Spanish to ensure accurate conceptual expression.

Support community leadership development and cooperation between that leadership and health and education officers at all levels of government.

Provide support for more meetings to focus on IDU-related issues pertaining to communities of color.

AIDS SPECIFIC HOUSING AND MIXED POPULATION HOUSING

By Victor Montalvo Sanchez

For many of us a discussion of AIDS housing immediately brings to mind the idealistic image of a dedicated facility, painstakingly designed to include the full array of services that even the most medically frail persons with AIDS may need in the end stages of his/her illness. Some of us romantically believe that this imagined perfect facility would best meet the needs of those we are trying to serve. We fail to see that to some clients, this ideal facility represents just another **institution** designed to keep them **dependent** and **controlled.** For some clients, and especially for the **dependent children of our clients, living in such a dedicated facility represents unsurmountable embarrassment and stigmatization that outweighs the benefits of the shelter and services provided.**

While the characterization above may seem biased against the use of dedicated facilities for housing people with HIV/AIDS, there is clearly some logic to this type of model and dedicated facilities with extensive service components are clearly appropriate for the neediest of clients. The rationale behind AIDS specific housing comes for the one-stop-shopping philosophy that stresses: convenience for clients, economies of scale, cost effective delivery of services, shared resources, minimizing travel time and expense, etc....And, for some individuals, especially for single adults with chronic mental illness, chronic chemical addictions, or frail medical health - residential facilities with a full continuum of services makes sense. However, it would appear that these types of facilities are truly needed for only a small percentage of clients served at most AIDS housing organizations (e.g. **>15%**).

We all have heard of the continuum of housing concept that attempts to match the level of needs of residents to the housing design and service level that most appropriately meets their needs. There is a great deal of logic to this concept that goes beyond the obvious cost/benefit aspects. For many clients, only the least institutional, unrestrictive models of supportive housing are acceptable.

INCORPORATING CLIENT INPUT

In many current discussions about the development of AIDS housing programs we ar talking about the need to include **clients and formerly homeless people with AIDS in the planning and development process, as well as in the daily operations.** Housing Works, a NYC housing, advocacy and service organization, incorporated this concept into their bylaws, reserving a significant number of seats on the Board of Directors for current clients. This has been the case since their inception. As a result they have continually solicited input from clients and have found that the majority of their clients would refuse to live in institutional housing.

In recent discussions with clients, they overwhelming stressed the need for housing to be as home-like and as integrated into the community as possible. Clients talked about the need to limit the amount of services provided in the home - to maximize the normalization of their homes. Specifically, it was mentioned that services that are in some way related to family life, or contribute to the ability of the family or the household to function would be appropriate for in-home delivery. This could include such things as training in the area of daily living skills (e.g., nutrition classes, cooking classes, etc.) ,or services that contributed to the independence and functioning of the family (e.g., family counseling sessions and child care).

Clients made it very clear however, that for services of a personal and/or medical nature, they preferred to go outside of the home. This is especially true for programs that were just for the adults of the family or related to addiction. They also mentioned the need for portability in the services provided in home, so that service components (like home health attendants or nurses) could be brought into/taken out of the home as the service needs of the client fluctuated over time.

The desire to avoid institutional housing and to minimize the amount of services provided in the home was even greater among clients with families. The primary reason given was the desire to limit the exposure of their children to the programs and services provided to their parents, to normalize their home life and limit related **stigmatization** and **embarrassment.**

RESIDENTIAL FACILITIES SERVING SPECIAL NEEDS POPULATIONS

An additional housing option that can serve to minimize the stigmatization of clients living in AIDS housing units is mixing persons living with AIDS and other people in need of supportive housing in the same residential facility. This can help to normalize the housing situation for clients and their families, and help somewhat with the issues of embarrassment and stigmatization. However, AIDS phobia is so rampant in the U.S., that even a residence with a mixed population is likely to be identified as an "**AIDS House.**"

One issue to consider is that mixing "special needs" populations may impact on the variety and levels of services and programs required. Many services can< of course, be delivered off-site, or brought into the home (e.g., home care attendants).

There are several mixed "special needs" facilities in operation through-out the U.S. Visiting an operative facility is perhaps the best way to evaluate this model.

RESIDENTIAL FACILITIES SERVING MIXED POPULATIONS

In many areas there is a debate on the appropriateness of mixing clients who are single adults with families, or older individuals with youth, in the same dedicated facilities. With models like the scattered site housing model, this issue is moot. Similarly, there are many facilities that are currently operating in the U.S. that house both single and family clients, both young and old without any problems.

CONCLUSION

Experience has shown us that there is clearly a need for a full continuum of housing models to efficiently meet the needs of the variety of people living with HIV/AIDS. What does seem to be universal however, is that the development of an AIDS housing program of any type must include representatives of all categories of people associated with operative facility. Truly successful programs have included potential residents, staff members, board directors and community representatives in an advisory role, in both the **planning and development and day to day operations of the facilities.** The most successful AIDS housing programs appear to be programs that respect the clients that they serve, provide programs for **self-empowerment** and involve their clients as partners in the operations of the programs.

PACTO LATINO AIDS ORGANIZATION

"La Unidad Sera Nuestra Fuerza en Combatir Esta Epidemia."

Para mas informacion sobre grupos de apoyo de Pacto Organizacion Latina llamen 294-6622.

For more information on support groups for Pacto Latino Aids Organization call 692-2077, or 294-6622

If you would like to be placed on the mailing list write to PACTO P.O. BOX 84027 S.D. 92138

Si quiere estar en la lista para que le enviamos correo escriban PACTO P.O. BOX 84027 S.D. 92138

We are located at 3768 Fifth Ave., San Diego, at David's Place.

Estamos localizados 3768 5Ta. Ave., San Diego, en David's place.

PACTO
Latino AIDS Organization
P.O. Box 84027
San Diego, CA 92138

Latino PACTO AIDS Organization

Pacto is a San Diego-based organization established to prevent the spread of AIDS/HIV infection. The objective of the organization is to provide HIV/AIDS counseling intervention and referral services to the Hispanic Community, with special emphasis for Spanish monolingual individuals.

P.O. Box 84027
San Diego, CA 92138
(619) 294-6622

Sponsored by
The Center for
Social Services
(619) 692-2077

Se Habla Español

PACTO WILL PROVIDE:

1. Political representation and advocacy for the Latino Community in regard to HIV/AIDS issues. This objective will be met by working with existing providers and service organizations to address the needs of the Latino community.

2. Special topic presentations through **"Platicas En Español"** on a variety of topics regarding HIV/AIDS and holistic approaches to HIV infection.
   Examples:
   Religion and Homosexuality
   Spiritual Healing Services
   HIV and Dental Care
   TB and HIV
   Stress and the Immune System
   The Benefits of Counseling
   "Counseling doesn't mean I'm crazy."

3. Therapeutic workshops will be provided in the following areas: promoting safer sexual behaviors; assertiveness training; raising self-esteem; and relapse prevention.

4. Specific Therapeutic groups will be provided lo address and serve the following: coming-out issues; sexually compulsive behavior; friends and loved ones of those affected by HIV/AIDS, etc.

5. A newsletter will be provided by Pacto in an effort to educate and politically inform the Latino community in regard to AIDS/HIV and issues affecting the Latino community.

6. **Pacto** shall send representatives to relevant social events, and have inner-circle social gatherings as well as hosting social events in support of Pacto's overall goals and objectives.

7. **Pacto** shall work toward being financially self-sufficient through grant proposals, fund-raising events, and donations from the community. A newsletter will also be provided by Pacto in an effort for it also to become financially self-supported through the sale of advertisement.

8. Pacto shall continue on an ongoing basis to assess the needs of the Latino community. Assessment may take place through the newsletter and through the admission process of the Center for Social Services for all monolingual clients.

9. Pacto shall not duplicate services within the existing community. Pacto shall refer clients to existing Latino support groups and appropriate agencies that are sensitive and geared toward the Hispanic monolingual community.

LATINO AIDS ORGANIZATION

10. **Pacto** shall be responsible for all coordination of the previously mentioned activities. Coordination shall take place through Pacto's designated administrative board.

11. Screening of all co-facilitators to be as described within the AIDS Holistic Response Program of the Center for Social Services.

12. The Following Chairmanships will be identified by Pacto:
    1) Administrative Chairperson;
    2) Social and Cultural Activity Chairperson;
    3) Financial and Fund-raising Chairperson;
    4) Special Topic and Workshop Coordinator;
    5) Volunteer Chairperson;
    6) Media Chairperson.

UNITED WAY
CHAD
Remember to write in The Center/Pacto as your designated organization.

Victor Montalvo Sanchez
PACTO. Latino AIDS Organization
P.O. Box 92138
San Diego, California 92138

Ms. Kristine Gebbie
NATIONAL AIDS POLICY COORDINATOR
200 Independence Ave., SW Room 738G
Hubert H. Humphrey Building
Washington, DC 20201

VICTOR SANCHEZ
3621 PARK BLVD. APT. A
SAN DIEGO, CA 92103

THE WHITE HOUSE

WASHINGTON

February 07, 1994

Steve Basta
Executive Director, Product Development
The Immune Response Corporation
5935 Darwin Court
Carlsbad, California 92008

Dear Mr. Basta:

Thank you for writing about the development of HIV therapeutic vaccine. It is valuable for this office to hear from companies like Immune Response Corporation which has front line experiences to contribute. Your writing and sharing information are very helpful toward the identification of any obstacles or roadblocks in the development of drugs and vaccines for AIDS.

Please contact Dr. Paul Tran if you feel a further discussion on this issue is in need.

As the National AIDS Policy Coordinator, I will advocate public health policy that has a sound scientific basis. You can be assured that I will support the use of therapeutics that have been shown to be safe and effective, and the fastest possible testing of promising therapies.

Sincerely,

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

February 1, 1994

ACTION MEMORANDUM

TO: Paul Tran

FROM: W. Steve Lee

SUBJECT: Action item

DATE REQUIRED: February 8, 1994

The following item needs your attention:

Letter from Steven Basta (January 25, 1994) on HIV vaccine. Please draft response for Kristine's signature.

Attachment

Paul draft upon

The Immune Response Corporation

JAN 27 1994

January 25, 1994

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Executive Office of the President
Washington, D.C. 20500

Dear Ms. Gebbie

I am writing as a follow-up to our recent meeting with the Research Cluster of your Office and to thank your group for the courtesy extended to us. We have been involved in research and development of a HIV therapeutic vaccine since 1987. At the recent meeting with personnel from your office, several key policy issues were identified that appear to impact the research and development timelines for HIV therapeutic vaccines. Although promising results have been found in clinical trials, initial skepticism toward this therapeutic approach has hindered the development of clear study guidelines and endpoints for review of this class of agent.

Clinical findings from a controlled phase II/III clinical trial of an envelope-depleted whole killed virus preparation in HIV-infected, but otherwise healthy, individuals showed a clear, statistically significant treatment effect. This was evidenced in the treated population by a marked diminution in the rate of increase in blood levels of HIV, by a stabilization in CD4 cell counts and by strong cell mediated immunologic responses. Subjects receiving the vaccine experienced no serious adverse events.

The goal of this form of therapy differs from existing antiviral agents. HIV therapeutic vaccines are intended to stimulate the body's natural immune responses to HIV infection at a time when those systems are still functioning well. The objective is to augment the immune system's attack against HIV and slow progression to symptomatic disease. This goal is similar to treatment of many forms of cancer: while we cannot cure all cancers, many people can be helped by treatment which slows the progression of disease, allowing additional years of productive life.

Development of HIV therapeutic vaccines may benefit from a clearer policy with regard to research, development and drug approval guidelines in this field. For example, individuals recently infected with HIV who show normal immune function

The Immune Response Corporation 5935 Darwin Court Carlsbad, CA 92008 (619) 431 7080 FAX (619) 431 8636

may benefit most from successful development of this treatment. Yet it takes this group 5 to 10 years to progress to AIDS, requiring lengthy trials to demonstrate morbidity and mortality endpoints. Agreement on surrogate markers as endpoints for interim studies might significantly speed the completion of such studies and eventual availability of such agents.

Availability of such an agent might have significant public health consequences in addition to its potential value for known HIV-infected individuals. Any agent which could confer therapeutic benefit early in the course of HIV-infection would provide impetus for aggressive case-finding to identify those who could benefit from the intervention as soon as possible. Such case-finding could impact favorably on spread of the infection since HIV-positive individuals might have earlier knowledge of their condition. Such goals would be well-served by clarification of standards for therapeutic vaccine studies in this population.

In addition, FDA's AIDS Drug Development Task Force, currently being organized, has publicly suggested that it would not include consideration of HIV therapeutic vaccines. The exclusion of any promising therapeutic drug approach to dealing with HIV infection would be unfortunate. Studies which combine existing and newer antiviral agents with therapeutic vaccine approaches might be a powerful multimodality approach toward management of HIV infection. We have written the FDA suggesting that all therapeutic approaches to treatment of HIV be included in the Committee's purview. Your consideration of this matter would be appreciated.

A summary of the initial data submitted to the FDA is being sent to Paul Tran and Johanne Messore of your office. We very much appreciate the opportunity to discuss this matter with you and your staff. Please let us know if they are any questions about these issues.

Sincerely,

Steven L. Basta
Executive Director, Product Development

cc: J. Messore
S. Shekar
P. Tran
D. Carlo
S. Richieri
N. Chayet
A. Green

The Immune Response Corporation 5935 Darwin Court Carlsbad, CA 92008 (619) 431 7080 FAX (619) 431 8636

THE WHITE HOUSE

WASHINGTON

February 07, 1994

Roy R. Newsom
4386 Copeland Avenue, #6
San Diego, California 92105-1237

Dear Mr. Newsom:

Thank you for taking the time to write and share your new concept on a cure for AIDS.

I have forwarded your letter to the Commissioner of the Patent and Trademark Office (PTO). Since you are concerned with the prosecution of your patent application, the PTO would be in a greater position to respond to your concern. I would be interested in hearing from you on further development of your concept on a cure for AIDS.

As the National AIDS Policy Coordinator, I will advocate public health policy that has a sound scientific basis. You can be assured that I will support the use of therapeutics or any types of treatment that have been shown to be safe and effective, and the fastest possible testing of promising therapies and treatment methods.

Sincerely,

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

cc: Bruce A. Lehman, PTO Commissioner

THE WHITE HOUSE

WASHINGTON

February 07, 1994

The Honorable Bruce A. Lehman
Assistant Secretary of Commerce and
Commissioner of Patents and Trademarks
United States Patent and Trademark Office
Washington, D.C. 20231

Dear Mr. Commissioner:

My office received the attached letter and materials from Mr. Mason. The letter describes a variety of concerns regarding the prosecution of Mr. Mason's patent application.

Dr. Paul Tran recently contacted your office and was advised to forward the letter to you, to properly respond to Mr. Mason's concern.

Thank you for your assistance.

Sincerely,

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

4386 Copeland Avenue, #6
San Diego, California 92105-1237
January 19, 1994

Phone: (619) 284-7316

Kristine Gebbie
Chairman
President's Commission On AIDS
200 Independence Avenue, SW
Room 729G
Washington, D.C. 20201

Dear Chairman Gebbie:

I write to make you aware that a cure for HIV and AIDS does exist. This awareness offers you assurance and confidence that you can reach the objectives of your Commission.

It will not be easy, for two principal reasons. First, it requires that your Commission and the current medical establishment grasp a new fundamental concept, a concept based upon sound scientific principles known and accepted for decades but largely ignored in medical research and practice.

This new fundamental concept is that the human body is an electrical system and that it must be treated as such if we are to advance the art of healing.

The basis of the concept is well expressed in an article entitled Elementary Particles in a book entitled Physics, a science anthology in the New York University Library of Science series. For your convenience I enclose key excerpts from that article. The concept is easier to grasp if you will read and contemplate these statements.

I have developed a method for applying these concepts to the treatment of human diseases and in 1988 applied for a patent upon the method. The disclosures are quite detailed. Development of the method required years of study and work, commencing before AIDS was labeled as a disease, but it obviously offers a relatively simple cure for AIDS, cancer, and other diseases.

The patent application has been poorly handled by U.S. Government agencies, resulting in years of delay in making it available to patients. More years may pass before it becomes available through normal processing in the Patent Office.

The patent is important because it allows me to obtain financing for a laboratory and clinic, and because it provides me a degree of control to assure that the method is used only for benign purposes.

I had hoped for early completion of Patent Office processing, but in recent years I have felt growing concern that the impact upon patients outweighs the patent issues and that the method should be made available now rather than waiting for unpredictable actions by the U.S. Patent Office. I plan to apply the new technology from within a new non-profit foundation, though that course may cost me dearly from a financial viewpoint.

Because we may be called upon to explain the delays, I elaborate. I refer you to Public Law 35 and its implementing regulations, CFR37. (Contracting Federal Regulations 37.)

These laws require the Patent Office to forward to various government agencies any patent applications received potentially interesting to those agencies, usually Defense, Energy or EPA. Should those agencies express an interest, the Patent Office classifies the patent application as Secret. Then the innovator or inventor can no longer develop his concept, or even discuss it with anyone.

Penalties are severe, and no consideration is extended to the innovator. It is not required that the government have a need or use for the innovation. One I remember was a new cleanser for household ovens and counter tops. An inventor is not notified that his disclosures have been diverted for potential classification. He is supposed to be paid, but rarely is. Ordinarily all an innovator receives is permission to sue the government - a dubious privilege.

Some patent applications are held Secret for up to twenty years. At last check several years ago there were 4,765 classified patents. These at one time represented potential new businesses and thousands of new jobs.

At one point in time, processing of my patent application was held inactive for about two years by the Patent Office. I suspect that it was referred to other agencies for examination for classification. Only Heaven knows how many patients contracted or died from AIDS during those two years.

I would appreciate an effort on your part to get my patent application processed. It has been in the Patent Office more than five

years. Perhaps you could motivate President Clinton to motivate Commerce Secretary Brown to motivate Patent Commissioner Lehman to step up the processing action.

Appraisal of the new healing concept should not be referred to individuals active in conventional medical research. To most it will be foreign to their training and experience. When I am in a position to obtain financing, I can refer to two outstanding research groups who are especially qualified to evaluate the technology and also to put it into use.

I am now too old to become actively engaged on a daily basis in a medical project. I think it would be helpful if I communicate my efforts to those I recommend and let them, with your office, put the technology into use. I would like to serve as a consultant to their efforts and receive periodic written reports on their progress.

This letter may raise questions about me and my work. Actually it is not me personally but the concept which counts.

I enclose a copy of my first patent, the invention of multiplexing in 1945. Note two elements. First, the concept is sound, the disclosures are detailed and efficiently prepared. To a person truly skilled in electronics this is a competent design.

Second, note that it was in the Patent Office for eleven years. This new therapeutic concept is also a competent design and may well be in the Patent Office for eleven years.

Lets try to make it available sooner. I don't want more unnecessary deaths upon my conscience. You must now share that burden with me.

Yours truly,

Roy R. Newsom

Roy R. Newsom

RRN/ban

Enclosure - Patent 3,012,101

Copy - Lynn Schenk, Member of Congress

Multiplexing

Dec. 5, 1961 R. R. NEWSOM 3,012,101

ELECTRONIC SWITCHES AND CIRCUITS

Original Filed May 20, 1949 3 Sheets-Sheet 1

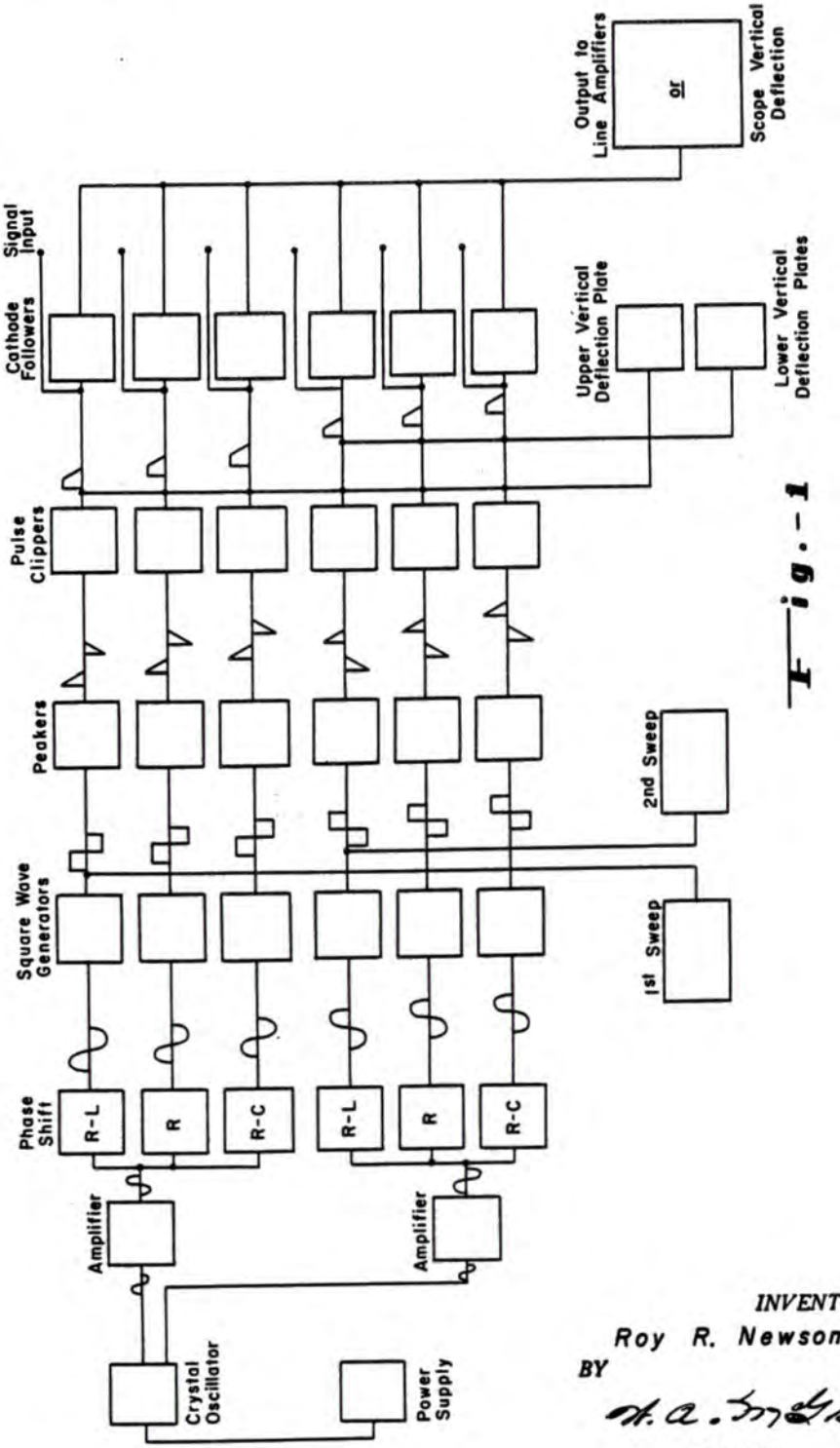

Fig. 1

INVENTOR.
Roy R. Newsom
BY
H. A. McGraw
ATTORNEY

ELECTRONIC SWITCHES AND CIRCUITS

Original Filed May 20, 1949 3 Sheets-Sheet 2

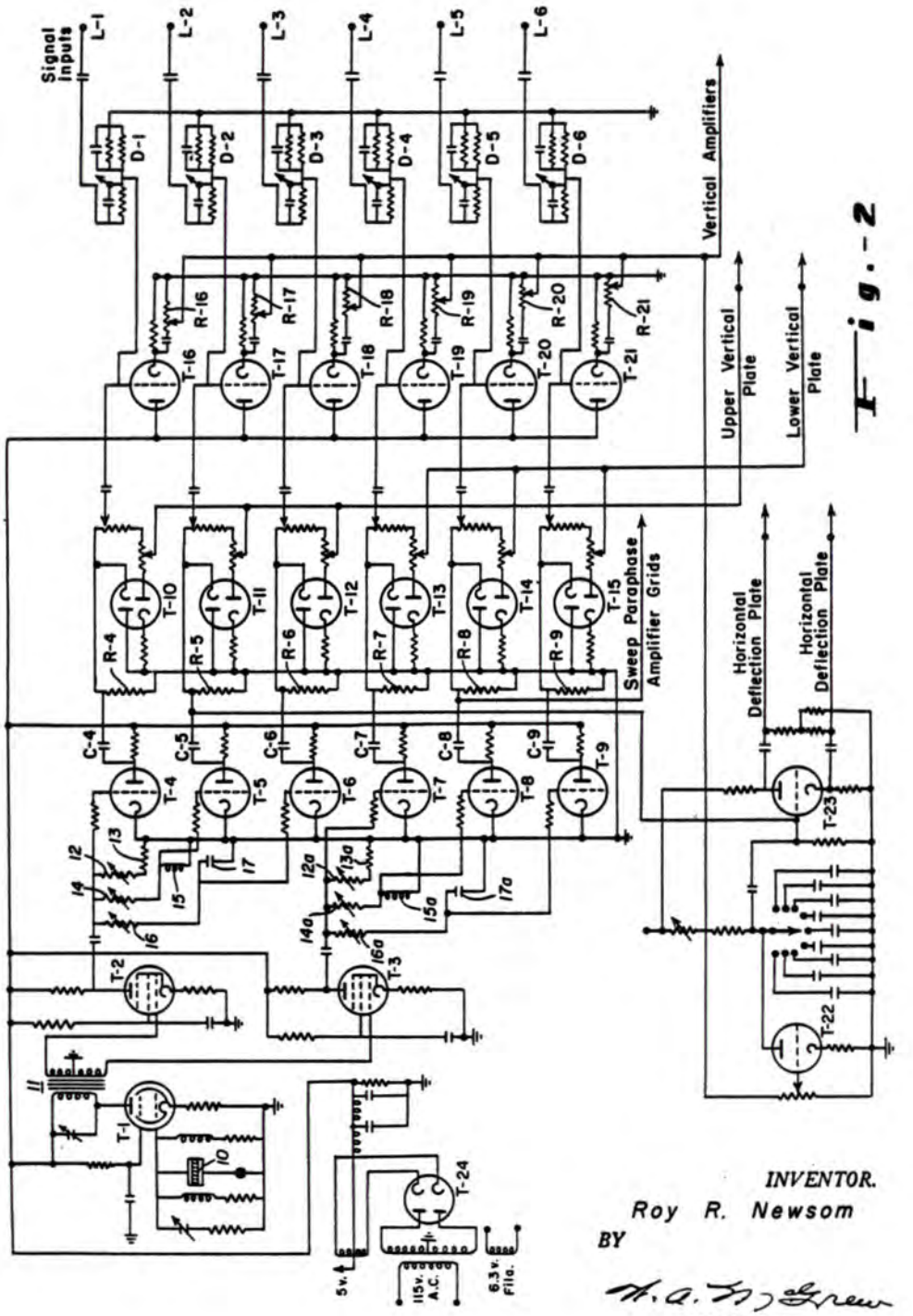

Fig. 2

INVENTOR.
Roy R. Newsom
BY
ATTORNEY

Dec. 5, 1961 R. R. NEWSOM 3,012,101

ELECTRONIC SWITCHES AND CIRCUITS

Original Filed May 20, 1949 3 Sheets-Sheet 3

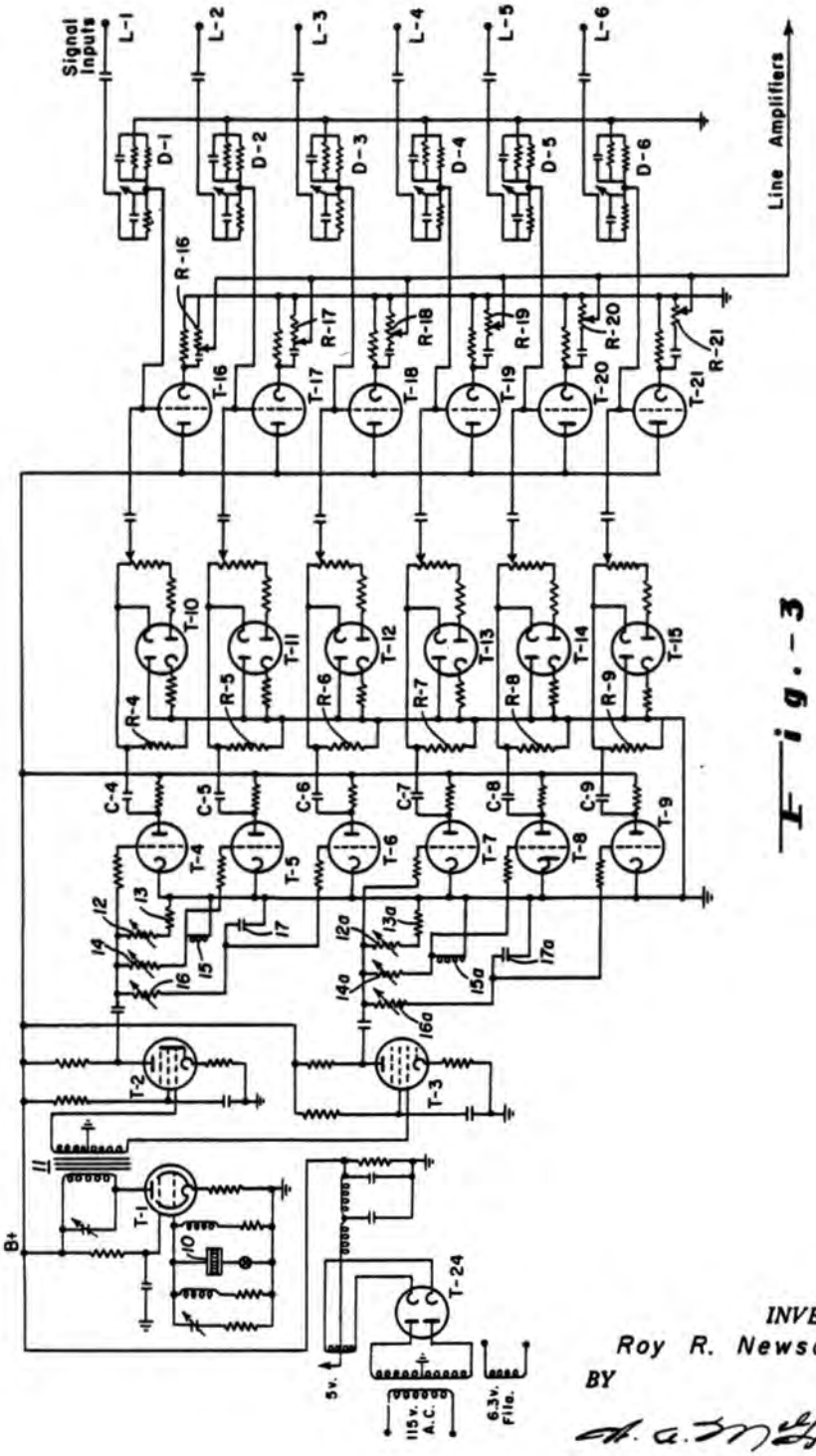

Fig. - 3

INVENTOR.
Roy R. Newsom
BY
H. A. McGraw
ATTORNEY

United States Patent Office

3,012,101
Patented Dec. 5, 1961

3,012,101

ELECTRONIC SWITCHES AND CIRCUITS

Roy R. Newsom, Greeley, Colo.
(7160 W. Ellsworth Place, Denver 26, Colo.)

Continuation of abandoned application Ser. No. 94,432, May 20, 1949. This application Jan. 28, 1952, Ser. No. 268,581

3 Claims. (Cl. 179—15)

The present invention relates to electronic switches and circuits associated therewith, and more particularly to electronic switches of a novel type and various circuits and instruments usable therewith.

This application is a continuation of my copending application Serial No. 94,432, filed May 20, 1949, now abandoned.

An object of this invention is to provide a new electronic instrument which performs a switching action without impulse distortion of any kind and specifically without the electrical disturbances usually associated with mechanical relay or revolving switch actions.

Another object of this invention is to provide a new electronic switching device useful in various types of circuits for inducing separate signals derived from separate sources onto a single carrier system.

A further object of this invention is to provide an electronic switching device which permits the simultaneous observation on the screen of a cathode ray tube of a number of electrical signals derived from separate sources.

A further object of this invention is to provide an electronic switching device which permits the simultaneous or separate observation on the screen of a cathode ray tube of selected separate electrical signals derived from separate sources.

Another object of the present invention is to provide an electronic switching device in which the impulses imposed on the separate carrier systems are time-spaced in accordance with the requirements of the installation by means of controls for independently changing the frequency and duration of the separate impulses.

Another object of this invention is to provide an electronic switching device which provides separate carrier impulses in separate circuits thereof, said carrier impulses being time-spaced with relation to each other.

A still further object of this invention is to provide an electronic switching device of the foregoing character in which provision is made for the imposition of separate signals on said carrier impulses.

Another object of this invention is to provide an electronic circuit in which the amplitude of the signals imposed on the carrier impulses may be varied independently of the amplitude of any other signals by means of controls on the signal input circuit of this device.

A further object of this invention is to provide an electronic switching device in which all of the carrier impulses are amplified by the same amplifier channel.

Other and important objects and advantages of the present invention will be apparent from the following description and drawings in which:

FIG. 1 is a block diagram of the circuits of this invention in which the input and output electrical wave shapes of each stage in the circuit are shown;

FIG. 2 represents a wiring diagram showing the component elements of this invention as used in conjunction with a cathode ray oscilloscope; and

FIG. 3 represents a wiring diagram showing the component elements of this invention as connected in a conventional type circuit for this invention.

This invention provides a crystal oscillator having frequency drift control in the grid circuit adapted to provide an oscillating current of desired frequency. The

output of the crystal oscillator is fed into the primary of a transformer having a center tapped secondary and the opposite ends of the secondary lead to the grids of two separate voltage amplifier tubes. By reason of this transformer connection the voltage derived from the separate amplifiers will be time-spaced the equivalent of 180 electrical degrees. The output of the separate amplifiers is passed through parallel phase shifting circuits to divide the output and speed or delay the wave impulses thus providing further time separation of the voltage impulses passed into the next stage of the circuit.

The next stage comprises a series of vacuum tube limiter circuits adapted to square the wave form introduced. From these tubes the output is delivered across a short timing constant to peak the square wave form and then into a second limiter circuit adapted to clip the wave form to a positive or negative impulse as desired. As a result of the aforementioned circuits a plurality of carrier impulses are derived which are so timed and spaced that there will be no interference between the separate carrier impulses when the system is properly tuned. These carrier impulses may be all fed to the same carrier line and the separate divided impulses will not interfere with each other because of the time spacing.

As a further development of this invention a circuit is provided by means of which separate signals may be imposed on the carrier impulses previously mentioned. Preferably the input signals are passed through a compensated voltage divider to the grid of a cathode follower circuit. By means of this arrangement the separate input signals will be imposed on the carrier impulses only when the cathode follower tubes are conducting. Because of this arrangement it will be seen that it is possible to impose a considerable number of input signals on a single output carrier line without distortion or interference. This advantage of this invention may be used in various situations to increase the capacity of carrier circuits and lines. Its application to telephone circuits and the like can be readily seen inasmuch as it would make it possible to increase the capacity of the telephone carrier circuits in direct proportion to the number of time separated carrier impulses generated by this electronic switching device. Application of this invention to a special circuit analyzing device is shown in FIGS. 1 and 2 in which the output carrier impulses are fed to the vertical amplifiers of a conventional type oscilloscope. When so used this invention provides a means for observing the wave forms of a plurality of separate circuits simultaneously or separately as desired.

Referring now to the drawings the details and operation of this invention will be more clearly set forth.

The basic circuit of this invention is shown in schematic form in FIG. 3. In this figure an oscillator tube T–1 is provided having frequency drift control including a crystal **10** in the grid circuit. Through use of this crystal oscillator circuit a sine wave alternating current of regulated frequency is induced on the primary of a transformer **11** having a center tapped secondary. The opposite terminal ends of the transformer secondary lead respectively to the grids of amplifier tubes T–2 and T–3. Since the potential thus imposed on the grids of the amplifier tubes T–2 and T–3 is derived from opposite ends of the transformer secondary, it is apparent that the grid potential of tubes T–2 and T–3 will be 180° out of phase. Accordingly the outputs of the amplifiers T–2 and T–3 are 180° out of phase though of increased amplitude.

The plate outputs of the amplifiers T–2 and T–3 are next connected to similar parallel circuits in each of which the voltage is divided to pass respectively across a resistor circuit, a resistor inductance or L/R circuit

and a resistance capacitance or R-C circuit. The resistor circuits for the tubes T–2 and T–3 comprise adjustable resistances **12** and **12***a*, respectively, connected in series with fixed resistors **13** and **13***a*, respectively. The L-R circuits for the tubes T–2 and T–3 comprise adjustable resistances **14** and **14***a*, respectively, and inductances **15** and **15***a*, respectively. Similarly the R-C circuits comprise adjustable resistances **16** and **16***a*, respectively, and capacitors **17** and **17***a*, respectively. The time constants of these respective circuits are such that while the voltage across the pure resistance is practically in phase with the amplifier plate voltage, the voltage across the capacitance lags the amplifier output by 60° and the voltage across the inductance leads the amplifier output by 60°. Considering the circuits connected to the amplifiers T–2 and T–3, this arrangement provides an output of six sine wave voltages at oscillator frequency spaced at 60° and of approximately ⅔ the amplitude of the amplifier output. In other words the voltage of each separate circuit is time spaced apart ⅙ of the oscillator frequency. The even spacing of these voltages is important in this invention and it will be noted that means are provided for tuning the separate circuits to obtain the correct interval between the separate circuits.

The time-spaced sine wave voltages in the six separate circuits are next passed to six square wave limiting circuits as represented by the triode limiters T–4 to T–9. These triode limiters use grid limiting and cutoff action to square the sine waves. If desired diode or duo-diode limiters may be used by readapting the circuit. The evenly time spaced square wave outputs from the separate limiter circuits are next taken across short R-C time constant circuits to produce a peaked pulse output. These circuits comprise capacitors C–4 to C–9 connected respectively in series with resistors R–4 to R–9. If desirable a coil or vacuum tube could be used in place of the R-C time constant. These peaked pulses are then fed to duo-diode clipper tubes indicated at T–10 to T–15 inclusive which clip the positive going peaks to a positive reference potential. Likewise the negative pulses are limited by the diode limiting action.

By reason of the foregoing the outputs from the duo-diode tubes T–10 to T–15 are six evenly spaced positive pulses of short time duration and limited to a predetermined positive reference potential. It should be noted that by reason of the peaking circuit and the subsequent pulse clipping, the time duration of the six separate pulses is so limited that there will be time separation between each of the separate pulses. Since the pulses are time separated, the six circuits from the duo-diode clipper tubes could all be connected to a single line without interference between the separate pulses even though the pulse rate is six times the rate of the original oscillator frequency.

This time spacing of the separate pulses can be used in many ways in conventional electronic circuits. Generally it will be desirable to induce separate signals on these separate pulses before they are fed to a single carrier line. A means for inducing such separate signals on the six time spaced pulses is likewise shown in the FIGS. 1, 2 and 3. In these figures it will be seen that six separate lines L–1 to L–6 are provided upon which separate input signals may be imposed. These signals are fed across compensated voltage dividers D–1 to D–6 to the grid of cathode follower tubes T–16 to T–21 which are biased below cutoff and normally not conducting. The time spaced pulses from the duo-diode clipper tubes T–10 to T–15 are likewise fed to the grid of the cathode follower tubes T–16 to T–21. The positive pulse will in effect raise the bias of the cathode followers T–16 to T–21 so that the tubes will conduct when and only when the positive pulses are imposed on the grids.

By means of this arrangement the input signal impulses upon each cathode follower grid will be passed to the output cathode resistor only when the time spaced positive pulses arrive at each tube. The output from the cathode resistors indicated as six adjustable resistors R–16 to R–21, inclusive, is then fed to a single carrier line which by reason of this circuit will carry without distortion six times spaced pulses having separate signals imposed on each pulse. As shown in FIG. 3 this separate carrier line can then be led to line amplifiers or other conventional circuits for any use desired. Application of this circuit to the communication industries will be readily apparent. For instance, the capacity of conventional telephone lines could be increased considerably by use of the circuits of this invention. Since the carrier pulses are time spaced sufficiently to obviate any interference, the number of messages or signals carried by each separate pulse could be increased to the same extent now possible through the use of multiple frequencies.

Application of the basic circuits shown in FIG. 3 to the special purpose of providing a cathode ray oscilloscope capable of presenting a plurality of wave forms on a single screen is shown in FIGS. 1 and 2. The actual circuit employed is shown in FIG. 2. Here it will be noted that the output from the cathode followers is connected to the vertical amplifiers while the output from the duo-diode clipper tubes T–10, T–11 and T–12 is fed to the upper vertical plate and the output from the duo-diode clipper tubes T–13, T–14 and T–15 is fed to the lower vertical plate of the oscilloscope. The square wave output from the tube T–4 is applied to the paraphase amplifier grids of one sweep generator, thereby providing a single time base circuit for the signals from tubes T–16, T–17 and T–18. Also the square wave from the tube T–7 may be applied to the paraphase amplifier grids of the second sweep circuit to provide a separate time base for the signals from tubes T–19, T–20 and T–21. Since the two square waves from T–4 and T–7 are 180° out of phase they will provide alternate synchronized operation of the two sweep circuits. If desired additional time base circuits may be added and synchronized with the positive pulses, but since in comparison of electrical impulses each signal usually bears some harmonic relation to some of the others two time bases are sufficient for general observation.

In operation of the circuit as shown in FIGS. 1 and 2, raising the potential on the vertical deflection plates will raise the electron beam of the oscilloscope to provide a separate trace for each signal as it appears on the oscilloscope screen. The pulses from the tubes T–10, T–11, and T–12 when placed on the upper deflection plate raise the axis while the signals from T–16, T–17 and T–18 are on the screen and the pulses from T–13, T–14, and T–15 when placed on the lower deflection plate lower the axis while tubes T–19, T–20 and T–21 are conducting. Manipulation of the controls thus permits the operator to use separate axes for the separate signals, to super-impose one or more signals over one or more other signals, or to observe the separate signals single or together as desired.

From the foregoing it will be apparent that the principles of this invention are adaptable to many known types of electric circuits to provide obvious improvements in operation and utility of various electric and electronic devices. Accordingly while separate embodiments of this invention have been shown and described, this invention is not limited to the specific uses described. For these reasons any modifications or changes of this circuit which are within the scope of the hereunto appended claims are deemed to be a part of this invention.

I claim:

1. In combination in an electronic system of the multiplexing type transmitting bursts of intelligence spaced from one another by a predetermined time interval, an oscillator for generating an alternating waveform of regulated frequency, a plurality of separate circuits com-

prising phase shifting circuits having connection with the output of said oscillator for effecting predetermined differing phase shifts of the separate waveforms of said separate circuits, a plurality of pulse forming circuits, one connected to the output of each of said phase shifting circuits for forming pulses related to the phase shifted waveforms, a plurality of intelligence gating circuits connected one with each pulse forming circuit at one output thereof, a plurality of intelligence feeder circuits connected one with each gating circuit whereby separate signals each modulated on a different frequency sub-carrier may be supplied to said gating circuits, each gating circuit including an electron tube connected as a cathode follower having an output connected to a common terminal, the gating circuits being adapted to permit said bursts of intelligence from each of said intelligence feeder circuits to pass to the common terminal during the existence of the corresponding gating pulse whereby time spaced pulses appear at the output of the pulse forming circuits and are transmitted by said common terminal as repeating groups of time-spaced pulses each group containing a sampling of each of said feeder circuits.

2. An electronic switching circuit for use with oscilloscopes to provide means for viewing a plurality of waveforms on the single oscilloscope screen comprising an oscillator for generating an alternating current sine wave voltage, a plurality of phase shifting circuits connected in parallel to the output of said oscillator for time-spacing the separate voltage waveforms in the separate circuits, vacuum tube limiter circuits in said separate circuits for squaring the waveform, peaking circuits for sharpening the waveform, pulse clipping means connected to said peaking circuits for biasing the positive going peaks and limiting the negative going peaks, cathode followers connected to the output of said pulse clipping circuits, separate signal carrying lines connected to said cathode followers for inducing separate signals on the resultant time-spaced positive pulses, lines connecting the output of said cathode followers to the vertical amplifiers of said oscilloscope, means for adjusting the amplitude of the output signals of each of said cathode followers, means connecting the output of one group of pulse clipping circuits to the upper vertical plate of said oscilloscope, means connecting the output of a separate group of pulse clipping circuits to the lower vertical plate of said oscilloscopes, and means arranged to adjust the amplitude of each of said pulses of said groups impressed on said vertical plates for selectively positioning the corresponding signals on said oscilloscope.

3. An electronic switching circuit for use with oscilloscopes to provide means for viewing a plurality of waveforms on the single oscilloscope screen comprising an oscillator for generating an alternating current sine wave voltage, a plurality of phase shifting circuits connected in parallel to the output of said oscillator for time spacing the separate voltage waveforms in the separate circuits, vacuum tube limiter circuits in said separate circuits for squaring the waveform, peaking circuits for sharpening the waveform, pulse clipping means connected to said peaking circuits for biasing the positive going peaks and limiting the negative going peaks, cathode followers connected to the output of said pulse clipping circuits, separate signal carrying lines connected to said cathode followers for inducing separate signals on the resultant time spaced positive pulses, lines connecting the output of said cathode followers to the vertical amplifiers of said oscilloscope, means for adjusting the amplitude of the output signals of each of said cathode followers, means connecting the output of one group of pulse clipping circuits to the upper vertical plate of said oscilloscope, means connecting the output of a separate group of pulse clipping circuits to the lower vertical plate of said oscilloscope, means arranged to adjust the amplitude of each of said pulses of said groups impressed on said vertical plates for selectively positioning the corresponding signals on said oscilloscope, and separate time base circuits connected to the paraphase amplifier grids of the separate sweep generators of said oscilloscope.

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THE WHITE HOUSE

WASHINGTON

February 7, 1994

The Honorable Robert G. Torricelli
United States House of Representatives
2159 Rayburn House Office Building
Washington, D.C. 20515-5061

Dear Congressman Torricelli:

Your letter of January 18 addresses the difficulties being encountered by an HIV positive constituent who wishes to find a place to which to leave his remains for post mortem research. He should be applauded for his efforts to be of use to the medical research community and to aid, through the outcome of that research, others who suffer from this tragic disease.

The Office of AIDS Research at the National Institutes of Health either supports or coordinates most federally-sponsored research Through their contacts within the scientific community, also, scientists at NIH are broadly familiar with research going on in the private sector which relates to AIDS/HIV. If your constituent wishes to continue pursuit of the above mentioned goal I suggest he be referred to that Office. Their address is:

Office of AIDS Research
National Institutes of Health
NIH Bldg 1., Room 201
9000 Rockville Pike
Bethesda, Maryland 20892

The person to contact at that Office is Jack Whitescarver, Ph.D. who is the Deputy Director. A search is underway for a new Director so that Dr. Anthony Fauci, the Acting Director can concentrate on his duties as Director of the National Institute of Allergic and Infectious Disease.

Sincerely,

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

ROBERT G. TORRICELLI
9TH DISTRICT, NEW JERSEY

COMMITTEES:
FOREIGN AFFAIRS
CHAIRMAN: SUBCOMMITTEE ON WESTERN HEMISPHERE AFFAIRS
SCIENCE, SPACE, AND TECHNOLOGY
SELECT INTELLIGENCE

Bob T—
Drft reply

WASHINGTON OFFICE:
2159 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3009
202-225-5061

DISTRICT OFFICES:
COURT PLAZA
25 MAIN STREET
HACKENSACK, NJ 07601
201-646-1111

14A PATH PLAZA
JERSEY CITY, NJ 07306
201-222-8100

Congress of the United States
House of Representatives
Washington, DC 20515-3009

January 18, 1994

RECEIVED
JAN 24 1994

Ms. Christine Gebbie, Coordinator
National Aids Research Center
Room 738 G
Humbert Humphrey Bldg.
200 Independence Avenue, SW
Washington, DC 20201

Dear Ms. Gebbie:

I am writing to you on behalf of one of my constituents, who is HIV positive. He has been attempting to find a place to which to leave his remains for post mortem research. To his dismay, this search has been totally unsuccessful, with no interest expressed, or information as to why anywhere.

Given the unquestionable need for increased research, he cannot understand the reasons for the disinterest he has encountered.

Although I can certainly speculate about possible reasons, I would appreciate an authoritative response to his questions.

Thank you for your cooperation and assistance.

Sincerely,

ROBERT G. TORRICELLI
Member of Congress

RGT:ef

THE WHITE HOUSE

WASHINGTON

February 7, 1994

Betsy Heath
Wemblii House Children's Center
c/o 901 S.W. King Street
Suite 1107
Portland, OR 97205

Dear Ms. Heath:

Thank you for sharing with me information about your work in care for children living with HIV and AIDS. The need to provide these services to children is critical in our work to provide quality care to those living with the epidemic.

The President has entrusted me with taking the steps necessary to end the epidemic. In order to stop AIDS, it is important for those of us at the national level to provide the resources and coordination and for local communities to implement the programs necessary to educate those at risk and provide care for those already infected. Children and adolescents are one of the populations that require special attention in our communities.

After 12 years of the HIV/AIDS epidemic there is still a lot of work to be done. Programs like yours deliver an effective message to the community about the need to continue in our labor until we end the epidemic.

I am sorry that I couldn't attend your event, but I wish you success in your endeavors.

Sincerely,

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

Wemblii House Children's Center

"Healing House"

It doesn't seem possible to get to Salem next week, perhaps a letter?...

January 31, 1994

Steve Lee

Washington D.C.

SENT VIA FAX: 202 632-1096

Dear Steve:

Our conversation about Wemblii House this morning covered a lot of ground in very few minutes. The back-up sheets I'm sending are pretty much the story. If you need anything further, please call me at 503 248-1740.

Thank you for your interest and support.

Sincerely,

Betsy Heath

BH/cmc

Enclosures

901 SW Ky #1107 Portland 97205

P.O. Box 3231, Salem, Oregon 97302 Tel.(503) 248-1740

Wemblii House Children's Center is a Non-profit Corporation

Wemblii House Children's Center
"Healing House"

MISSION STATEMENT

The purpose and mission of Wemblii House Children's Center is to provide a facility offering healing, respite and hospice for children. All medically needy children between the ages of 0-17 will be accepted.

The goals of Wemblii House Children's Center include offering children:

- *a better, less costly alternative to hospital care.*
- *a supportive environment where nurturing and bonding can take place.*
- *the ability to return to their biological families whenever possible.*
- *provided care in a loving, peaceful environment.*
- *support and love until healing is complete or transition is made.*

Services will be offered in the following critically needed areas:

- Interim Care
- Infant Care
- Foster Home Placement
- Counseling
- Community Outreach and Education
- Respite Services for Parents

Wemblii House has been granted the use of Mid-Oregon AIDS Support Services tax status under section 501(c)(3), employer identification number 93-0932404.

Wemblii House Children's Center is unique. Until the Wemblii facility was in place, there was no such care center in Oregon.

P.O. Box 3231, Salem, Oregon 97302 Tel.(503) 248-1740

Wemblii House Children's Center is a Non-profit Corporation

Wemblii House Children's Center
"Healing House"

January 27, 1994

Please read this letter. It pertains to our children and young adults. A solution for a part of our commitment to our community is spelled out here.

Facilities and hospices which treat adults are not really suitable for infants, toddlers, and teenagers. These patients have very different needs. *A place is needed for this special kind of care, and the need is growing.* For example: AIDS was the eighth leading cause of death in children aged 1-4 in 1990, and the sixth leading cause of death in young people between the ages of 15-24. If the incidence of AIDS continues to increase, within the next 10 years AIDS may become the fifth leading cause of death among children of all ages in this country. *Centers for Disease Control & Prevention, National Center for Health Statistics, (1992, June).*

NOW THERE'S HOPE: Wemblii House Children's Center is a model program that will serve all medically needy children between the ages of 0-17.

A BUILDING HAS BEEN FOUND TO HOUSE THE CENTER. To qualify for state monies, however, we must show that the community supports our efforts.

A TEA-DANCE IN WONDERLAND Benefit has been planned for February 10, 1994 at Mission Mill Village, Salem. Please -- won't you demonstrate your commitment to Wemblii House by helping us make this important event a success? Oregon's children need your help.

Enclosed are some materials to assist you in making your decision. Please contact me at 248-1740 if you need any additional information. I look forward to hearing from you.

Sincerely,

Betsy Heath

BH:cmc
Enclosure

P.O. Box 3231, Salem, Oregon 97302 Tel.(503) 248-1740

Wemblii House is a Non-profit Corporation

Wemblii House Children's Center

"A Tea Dance in Wonderland"

SPONSOR INFORMATION SHEET

WHY: Wemblii House has found a facility to house its center for AIDS and HIV+ children, for drug addicted babies, and any child in need of care due to a life threatening disease. It is located in Salem and is suitably equipped with little need for alteration.

$25,000 is needed to obtain the facility ($20,500 in the bank to satisfy state bond requirements, and $4,500 for the down payment on the property). "A Tea Dance in Wonderland" will help raise the money to open Wemblii House.

WHEN: Thursday, February 10, 1994 * * 5:30 p.m - 9:00 p.m.

WHERE: Mission Mill Village, 1313 Mill Street, SE, Salem

WHAT: Big Band Music & Dancing to benefit Wemblii House

COST: $37.50/person $250/table for eight

Major sponsors receive the following benefits:

* Use of your corporate logo in all marketing and advertising material associated with "A Tea Dance In Wonderland" including flyers, and event publicity materials.
* Corporate recognitions as a sponsor in all press materials.
* Use of your corporate logo in the program and oral recognition as a major sponsor during the event.
* Two tickets.

Your contribution will help all afflicted children get the care they need in a caring, nurturing environment.

P.O. Box 3231, Salem, Oregon 97302 Tel.(503) 248-1740

Wemblii House Children's Center is a Non-profit Corporation

THE WHITE HOUSE

WASHINGTON

February 7, 1994

Ms. Marni Angood
3519 1/2 Westminster
Dallas, TX 75205

Dear Ms. Angood:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine Gebbie

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

FEB - 7 1994

THE WHITE HOUSE

Dear George –

I'm so sorry to hear of your mother's death. You have been carrying a heavy load of concern for her – I hope good memories and the care of family and friends sustain you through this difficult period – all my best – Warm

THE WHITE HOUSE

WASHINGTON

FEB - 7 1994

Ms. Loretta L. Dettmer
5201 Chaps Ct.
Columbus, OH 53221

Dear Ms. Dettmer:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

February 7, 1994

Mr. Thomas Gleaton
Administrator
Inner City AIDS Network
912 3rd Street, N.W.
Washington, D.C. 20001

Dear Mr. Gleaton:

I would like to thank you and your staff for providing the "AIDS 101" training for the staff of the Office of National AIDS Policy. After participating in part of your session and having heard from the staff, I understand the sessions to be both informative and entertaining. It is important that those at risk for HIV infection receive the most accurate information possible in the most language and format most appropriate for the intended audience.

I was also interested in participating in a session that included valuable information on the current statistics in the District of Columbia. Your presentation provided us with valuable information about the local situation, which will also be helpful in the work of our office.

Prior to the presentations I had heard of your programs within the Washington community. I would like to encourage you to continue in your labor.

Thank you again for your excellent work.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

February 7, 1994

Mr. Jamal Reed
Inner City AIDS Network
912 3rd Street, N.W.
Washington, D.C. 20001

Dear Mr. Reed:

I would like to thank you for being one of the presenters at the "AIDS 101" training for the staff of the Office of National AIDS Policy. The information you provided to the staff will be instrumental in their developing a better understanding of primary prevention. The presentation provided all the necessary information for an individual to protect him/herself and any sexual partners. At the same time, the session provided a comfortable atmosphere in which to learn and share.

It is only through the work of dedicated individuals like yourself that we will be able to be successful in our fight against AIDS.

Thank you again for your excellent work.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

February 7, 1994

Mr. Alan Cephas
Inner City AIDS Network
912 3rd Street, N.W.
Washington, D.C. 20001

Dear Mr. Cephas:

I would like to thank you for being one of the presenters at the "AIDS 101" training for the staff of the Office of National AIDS Policy. The information you provided to the staff will be instrumental in their developing a better understanding of primary prevention. The presentation provided all the necessary information for an individual to protect him/herself and any sexual partners. At the same time, the session provided a comfortable atmosphere in which to learn and share.

It is only through the work of dedicated individuals like yourself that we will be able to be successful in our fight against AIDS.

Thank you again for your excellent work.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

February 8, 1994

Mr. Steven E. Tisch
Chair
Board of Directors
AIDS Project Los Angeles
3815 Hughes Avenue
Culver City, California 90232

Dear Mr. Tisch:

Thank you for submitting your recommendation for membership on the President's National HIV/AIDS Advisory Council. Your contribution to the selection process was very helpful.

President Clinton will soon choose an Advisory Council that reflects the diversity of the HIV-affected community, including many people with HIV/AIDS. I hope those not chosen will continue to be a part of our efforts, and I will look for ways to include them.

Again, thank you for taking the time to write me. Your input is always appreciated.

Sincerely,

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

St. John's University
GRAND CENTRAL AND UTOPIA PARKWAYS
JAMAICA, NEW YORK 11439

Department of Theology
and Religious Studies

TELEPHONE:
(718) 990-6424

February 8, 1994

K. Gebbie
Executive Office of the President, #1060
750-17th N.W.
Washington, D.C. 20500

Dear Doctor Gebbie,

The December issue of *Bioethics Literature Review* made note of your recent article, "You, Me, or Us: Prevention and Health Promotion."

I teach medical ethics at St. John's University and the topic of your paper is of considerable interest to me. I would much appreciate, therefore, a copy of this paper if one is available.

Thank you in advance for your kind consideration of this request.

Sincerely,

Richard J. Devine

(Rev.) Richard J. Devine, C.M.

sent 2/28/94

THE WHITE HOUSE

WASHINGTON

February 8, 1994

Andrew M. Mattison, Ph.D.
Associate Clinical Professor
HIV Nuerobehavioral Research Center
2760 Fifth Avenue, Suite 200
San Diego, California 92103-6325

Dear Dr. Mattison:

I am sorry that I didn't get the chance to meet you when Kristine and I were in San Diego. I appreciate you offering to help us fight the AIDS epidemic.

Please let me know your ideas and call me if you have any questions. I can be reached at (202)632-1090.

Thank you again.

Best Wishes,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

HNRC

HIV Neurobehavioral Research Center

2760 Fifth Avenue, Suite 200
San Diego, California 92103-6325
Tel: (619) 543-5000 Fax: (619) 543-1235

February 2, 1994

James Paul Gurrola
Office of National AIDS Policy
750 17th Street Northwest, Suite 1060
Washington, DC 20503

Dear Mr. Gurrola:

I didn't have the opportunity to introduce myself to you earlier this morning when Kristine Gebbie spoke to the group of San Diegans in the Mayors conference room. I want to say how impressed I was with her straightforwardness and her obvious commitment to fighting the AIDS epidemic.

I wrote to Ms. Gebbie to offer to be of any public service to your office, especially in the area of the federal government's coordination of AIDS research.

Thanks for the visit to San Diego and I wish you the best in the challanges you face in realizing your goals.

Sincerely,

Drew Mattison

Andrew M. Mattison, Ph.D.
Associate Clinical Professor
Departments of Psychiatry & Family and Community Medicine

Department of Psychiatry
University of California, San Diego
(Interdepartmental mail code: 0603-H)

FEB - 8 1994

THE WHITE HOUSE

Eric —

Many thanks for setting up my visit to the USUHS - it was a great morning, though a bit rushed - I learned a lot. Dive aboard the materials I was given with staff members, who are finding them useful — I look forward to seeing you again soon.

Kirsten

FEB - 8 1994

THE WHITE HOUSE
WASHINGTON

Patsy —
have we had an
update on the
female controlled
barrier research
for a while?
Time to schedule one?

Thanks

Patents | Sabra Ch

A female condom, attached to underwear, to prevent AIDS.

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WASHINGTON

BEFORE AIDS became a public concern, hardly anyone thought there was a need for a female condom. One is now available through some family-planning clinics and will go on sale this spring. Inventors are also turning their attention to creating a vaginal sheath for women that is more important as a barrier to disease than as a contraceptive.

Jane Hunnicutt, a Sebastopol, Calif., seamstress and inventor, patented a female condom that she says will be simple to insert and comfortable to wear. It will still aim to prevent pregnancy, but halting the spread of AIDS was Ms. Hunnicutt's main concern.

Her latex or polyurethane condom attaches to the midsection of specially designed underwear. It is inserted just before intercourse, and the underwear is worn during intercourse.

"You would purchase underwear with a removable matching fabric crotch section," Ms. Hunnicutt explained. "The underpants could have a French cut or look like a black lace belt.

Replaceable Crotch Section

"You'd replace the crotch section with a latex or polyurethane transparent crotch with a vaginal liner," she continued. Users would buy packs of liners at "the drug store, or wherever you usually purchase condoms." These would come in different lengths to fit various underwear sizes and probably snap into the underwear, Ms. Hunnicutt said.

She said she had tested prototypes to insure the liner would not pull out or come loose.

The only other female condom available, the Reality condom, relies on two rings to hold it in place after it is inserted like a diaphragm. It is supposed to sell for about $2.50.

Ms. Hunnicutt hopes her condom will be cheaper because its manufacture will be simpler. Her sheath will be about twice the thickness of a male condom, and she also hopes to produce a "heavier-duty vaginal liner for people who already have AIDS, to make sure there is no breakage or leakage."

She said she also thought the Food and Drug Administration would approve her invention since it has already allowed the Reality condom.

FEB - 8 1994

THE WHITE HOUSE

Dear Jonathan

Thank you for the holiday card, and new address - I hope the move from J&J is a positive one for you. I hope to be at the School of Public Health for an event later this year - maybe we can get together for a few minutes - all the best -

Kristine

Johnson & Johnson

JONATHAN E. FIELDING, M.D.
VICE PRESIDENT, HEALTH POLICY ANALYSIS
AND PLANNING

December 1993

Dear Friends and Colleagues:

I will be leaving Johnson & Johnson at the end of the year. My new preferred office address and telephone are:

Jonathan E. Fielding, M.D.
100 Wilshire Boulevard, Suite 2050
Santa Monica, CA 90401
Telephone: 310-451-7302
Fax: 310-451-9543

In addition, I can be reached through my UCLA office:

Jonathan E. Fielding, M.D.
Professor of Health Services
and Pediatrics
UCLA School of Public Health
10833 Le Conte Avenue, 31-236 CHS
Los Angeles, CA 90024
Telephone: 310-206-1141
Fax: 310-825-8440

Merry Christmas • Happy New Year

Joyeux Noël • Bonne Année

Feliz Navidad • Feliz Año Nuevo

С Рождеством и Счастливым Христовым • Новым Годом

恭祝圣诞•恭贺新禧

Best wishes for a healthful 1994 — and much success in your important role.

GREETINGS FROM JONATHAN FIELDING
JOHNSON & JOHNSON

Jonathan

J.W. Beatty (1869-1941) ★ Canada • Canadá ★ Winter, Bowen Island, B.C., 1929 • L'hiver, Bowen Island, B.C. • El invierno, Bowen Island, B.C. ★ Collection: Agnes Etherington Art Centre, Queen's University at Kingston. Presented by Friends of D.I. McLeod, 1944.

For the well-being of the world's children ★ Pour le bien-être des enfants du monde ★ Por el bienestar de los niños del mundo ★ На благо всех детей мира ★ 造福世界儿童。

unicef

United Nations Children's Fund
Fonds des Nations Unies pour l'enfance

90303 / 945P
Printed in U.S.A./Imprimé aux É.-U.

The Convention on the Rights of the Child became international Human Rights law in September 1990 after 20 countries ratified it. It emphasizes all children's rights for survival, protection, development and participation.

La Convention relative aux droits de l'enfant est devenue loi internationale en septembre 1990, après avoir été ratifiée par vingt pays. Elle met l'accent sur les droits de tous les enfants à la survie, à la protection, au développement et à la participation.

FEB - 8 1994

THE WHITE HOUSE

Dear Dan —

Thank you for the update on the Kansas health policy institute - it's taken a while, but I'm sure it will be a success! Please keep me posted as the project goes forward, and please greet those I know for me —

all the best - Kristine

KANSAS HEALTH FOUNDATION

February 2, 1994

Kristine M. Gebbie, MSN
2737 Devonshire Place NW #315
Washington DC 20008

Dear Kristine:

It is my pleasure to let you know that the Kansas Health Foundation Board of Directors has approved funds to develop a health policy and research institute for Kansas. As you know, the Foundation has been working on developing this project for the past 18 months and we have relied on the experience and expertise of people like you -- who understand the importance of health policy and research as it relates to improving the health of all Kansans. We would like to thank you for your commitment and hard work in helping develop this project.

While the Foundation staff continues to work on the details, at this point we would like to share some of the broad outlines of how the institute will operate. The Foundation will provide initial funding for a free-standing 501(c)3 corporation to be headed by an executive director and governed by a five-member board of directors. We anticipate the board to be selected within the next two months, at which time a search will begin for an executive director. To allow maximum access for those government entities and health organizations most likely to use information produced by a health policy and research institute, it currently is planned to be located in Topeka.

We realize that there is much good research being done at colleges and universities throughout the state and it is our hope an independent institute can provide coordination and -- in some instances -- collaboration around health issues of highest importance to Kansans. The eventual financial sustainability of the project will rely on its ability to garner grants and funding from a variety of resources.

Our mission for the institute is to "improve the health of all Kansans with balanced attention to health determinants and health status through prioritizing the state's health issues; assisting in the development of health data; and coordinating and conducting research on health issues." We hope you share this vision and we look forward to a continued relationship in the future.

Sincerely,

Don Stewart
Vice President and Senior Advisor

CENTRE CITY PLAZA 151 NORTH MAIN SUITE 1010 WICHITA, KS 67202 316 262-7676 800 373-7681 FAX 316 262-2044

THE WHITE HOUSE

WASHINGTON

February 8, 1994

E.G. Swanstrom
12209 NE 149th Place
Kirkland, Washington 98034-1101

Dear E.G. Swanstrom:

Thank you for sharing your thoughts on HIV/AIDS Prevention with me. As National AIDS Policy Coordinator, I am devoted to the development and implementation of policies that will stop the spread of HIV. I am encouraged by the interest of individuals such as yourself on the complex issues of HIV/AIDS prevention.

The history of AIDS prevention is one which has been shrouded in misinformation. I believe, and I am supported by research conducted in various populations groups, that in order to stop the transmission of HIV, we must address the issues from a public health standpoint. The idea you mention in your letter may turn those most in need away from the most critical message. After twelve years of the HIV/AIDS epidemic, we understand that the primary message is that all life is precious, and that we must protect ourselves from the HIV/AIDS. Research shows that young people confronted with images that may elicit fear have turned away from the message of prevention.

My primary aim is to promote programs and educational campaigns that are flexible enough to address the needs of those who choose to abstain as well as those who choose to be sexually active. In order to do this effectively, it is my belief that the messages must speak the language of those we are trying to reach. If the language will prevent some from hearing the more important message of HIV/AIDS prevention, then it may not be the correct message to concentrate on.

I would like to thank you again for your input.

Sincerely,

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

IFAW
INTERNATIONAL FUND FOR ANIMAL WELFARE
E G Swanstrom
12209 Ne 149th Pl
Kirkland WA 98034-1101

Jan. 7, 1993

Director
Aids Policy
Christine Debbie

After watching Sonja yesterday on CNN relating to aids. It seems everyone talks about it or suggests educating our young people about it. The idea of talking is fine however, we cannot conceive the results of a disease unless we see it.

I would suggest the following;
Produce tapes to be shown to all students in the Junior high, Senior high and colleges of the final stages of aids. People who are in the final stages of aids, syphillis or any other Venereal disease would be more than willing to participate in a Program such as this. We are all skeptics until we see something with our eyes.
Seeing is believing, reality is more thought provoking than words.
Give it a try. What can we lose?

P.S.
Sounds gruesome, but I believe it will have a great affect.

E. G. Swanstrom

Carlos —
I shelter the Homeless letter answers this point —

I found an older letter that does.

THE WHITE HOUSE

WASHINGTON

February 9, 1994

Mr. Bob Publicover
Conference Chairman
The First New England Conference
Living (Well) With HIV/AIDS
Post Office Box 137
Somerville, Massachusetts 02144

Dear Mr. Publicover:

Thank you for the invitation to attend the "Living (Well) With HIV/AIDS" conference first planning meeting on Wednesday, January 26, 1994. I regret that I received your invitation too late to arrange to attend the meeting. I hope the planning went well, and that you will keep me apprised of your progress. I wish you every possible success in your endeavor.

Sincerely,

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

Hi!

You are invited to attend the first planning meeting for:

LIVING (WELL) WITH HIV/AIDS

The First New England Conference
July ~~28-30~~ 29-31, 1994

Regrets that we received the notice late — hope the planning went well —

Meeting:

Wednesday, January 26, 1994

Mt. Vernon Restaurant
14 Broadway
Somerville (Boston) MA.

Dinner 6 p.m.
Meeting 7 p.m.

Dinner is $10. A donor has picked up the rest of the tab.

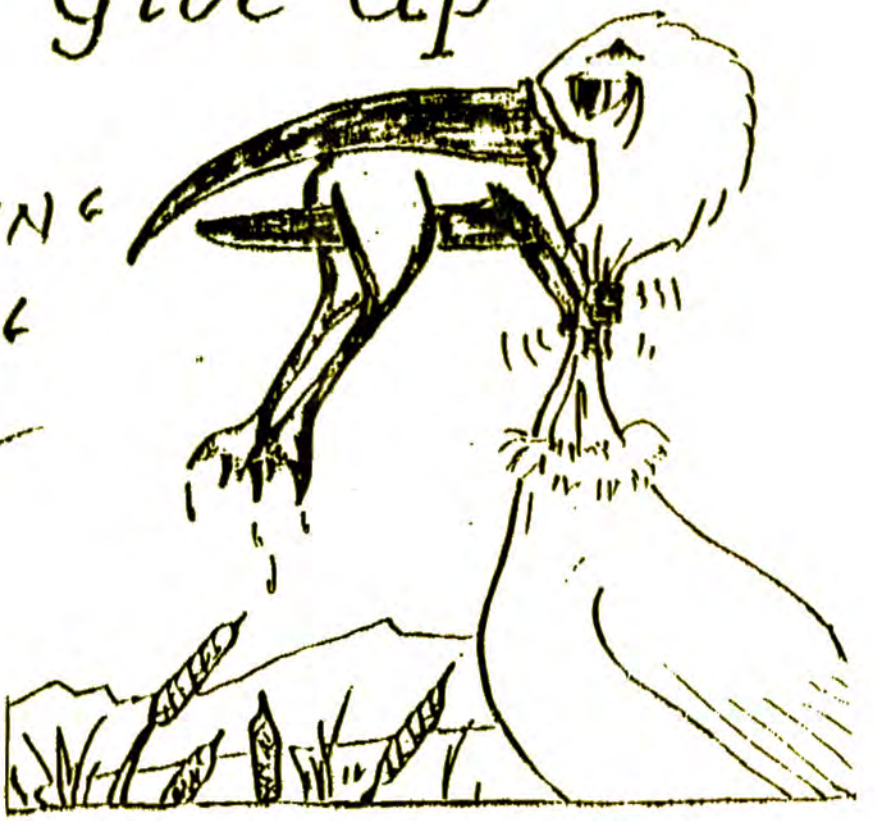
The Mt. Vernon is 2 minutes from Sullivan Station on the Orange Line, just off route 93.

RSVP 617-666-4010 by Jan 25th

Bob Publicover
Conference Chairman

Don't Ever Give Up

PLANNING MEETING COPY



LIVING (WELL) WITH HIV/AIDS

Surviving HIV/AIDS Through Knowledge and Self-Empowerment

The First New England Conference

The Best of Western Medicine and Holistic Healing

July 29-31 1994
Holiday Inn
Somerville (Boston) Massachusetts

The Committee For A Response to AIDS

Committee For A Response to AIDS

Living (Well) With HIV/AIDS Conference To Take Place July 29-31

Robert J. L. Publicover, Chairman of the Committee For A Response to AIDS, one of the oldest,active AIDS organizations in New England has announced that they will sponsor a conference for those affected by or infected with the HIV virus.

The "Living (Well) With HIV/AIDS Conference will take place July 29-31, 1994 at the Holiday Inn on the Somerville/Boston Line. The 3 day conference will consist of workshops, lectures and roundtables which will include the best of Western medicine and holistic healing as well as social activities.

Numerous expert speakers have been invited to attend. Workshops will vary from "HIV Treatment-Early Intervention" , "Acupuncture and Chinese Medicine" to special workshops for minorities and women.

The conference is still in the early planning stage. Organizations and individuals who would like to help plan and carry out the work of the Conference are invited to join the Committee at their first planning meeting on Wednesday January 26th. The meeting will be held at the Mt. Vernon Restaurant, 14 Broadway, on the Somerville/Boston line. The Mt. Vernon is located right by Sullivan Station on the Orange Line, just off Rt. 93.

Future planning meetings will be held on the lst and 3rd Wednesdays of the month at a place to be determined. Individual sub-committees of the Conference will meet separately.

This will be a dinner meeting beginning at 6 p.m. with a nominal charge of $10. which covers the choice of schrod, chicken or roast beef.

Reservations for the Planning Meeting on Jan 26 may be made by calling (or faxing) the Committee For A Response at (617)666-1848. A proposed program for the Conference is available at the same number.

Press Contact: Bob Publicover or
Toni Ann Parisi
(617)666-4010

P.O. Box 137 · Somerville, MA 02144
(617) 666-1848

LIVING (WELL) WITH HIV/AIDS CONFERENCE

Conference Schedule
Friday, July 29, 1994

9 a.m.	Breakfast (optional) Holiday Inn Restaurant
10 a.m.	Welcome Robert J. L. Publicover, Conference Chairman Charles Snow, Long Term Survivor
10:30 a.m.	Keynote Address
Noon	LUNCH Main Conference Room Coupon in conference packet
12:45 p.m.	HIV 2000 Pt. I "Where Do We Go From Here?"
1:45 p.m.	HIV 2000 Pt. II
3 p.m.	BREAK Juice, coffee, snacks available
3:15 p.m.	Youth & AIDS Kathy Tobin, Youth Worker Project Shortstop
	"You're Entitled" Atty. Betsy Crimmins Cambridge/Somerville Legal Aid
	Keeping Healthy - Early HIV intervention Dr.
	"I've Got My Own Issues" Minority Workshop I

5 p.m. Nutrition to Support Your Immune System
Stacey Bell Deaconess Hospital

Chinese Medicine - Acupuncture & Herbs
Katie/Michael - Acupuncture Care Project

"I Am Woman, I Am Strong"
Women's Workshop I
Maura Bradford, Somerville Hospital
Olivia Apollon, Somerville Hospital

"Have a Little Faith" - Spiritual Strength
Rev. Larry French, Community Baptist
Rabbi

6 :15 p.m. Announcements of Evening Activities

7:30 - 9:30 p.m. Poolside Reception (optional)

LIVING (WELL) WITH HIV/AIDS CONFERENCE

Conference Schedule
Saturday, July 30, 1994

9 a.m.	Breakfast (optional) Optional ROUNDTABLES See blackboard for Subjects
10 a.m.	"I Am Woman, I Am Strong" Women's Issues II Maura Bradford, Olivia Apollon Somerville Hospital PWA
	Long Term Survivors *"How Do You Get There From Here"* Led by someone long term
	Caregiver's Group Discussion *"Nobody Said This Would Be Easy'* Barbra Neustat, R. N. - Visiting Nurse Assoc. Of Eastern Mass.
	Keeping Healthy - Early HIV Intervention *"Start Taking Steps Now!"* Dr. Cal Cohen, Harvard Community Health
11 a.m.	Relax! The Mind/Body Connection Relaxation and Stress Reduction Ann Webster, Deaconess Hospital
	"I've Got My Own Issues" Minority Workshop II
	"What Are You Going To Do <u>Today</u>? Leah Cahmy, Director, Boston Living Center
Noon	LUNCH Box lunches will be served Coupon in conference packet
	ROUND TABLES See blackboard for subjects

1 p.m.

Doctor/Patient Relationships
"Let's Talk"
Dr. Alex Bingham, East Som. Clinic
Dr. Richard Lane, Harvard Community Health
Female Physician
PWA

Chinese Medicine in HIV Treatment
Katie, Michael - Acupuncture Care Project

Nutrition to Support Your Immune System
"Taking Care of Your Needs"
Stacey Bell, Deaconess Hospital
Camille Gonsales, Boston Living Center

2 p.m.

BREAK
Juice, coffee, snacks available

2:30 p.m.

VIZ WIZ
Visualization Techniques for Health
Suzanne Baldux, Northern Light Alternatives

Your Thoughts - Your Health
The Power of Positive Thinking
Robert J. L. Publicover, PWA, LTS

Women's Issues III
Discussions led by Maura Bradford
and a PWA Somerville Hospital

ROUNDTABLES
See Blackboard for subjects

3;30 P.M.

Massage Makes A Difference
April Gunn, LMT

PWA Discussion Group
Jay Riley, PWA

4;30 p.m.	This IS A Serious Disease Dr. I.M. Quackenbush and Associates
5 p.m.	LONG BREAK
6:30 p.m.	Social Hour
7:30 p.m.	DINNER
8:30 - 11 p.m.	Dance, Talk, Relax, Live!

LIVING (WELL) WITH AIDS CONFERENCE

Conference Schedule

Sunday, July 31, 1994

10 a.m.	Non-Denominational Sunday Service MCC-Boston, Dignity, Am Tikva
11 a.m.	Doctor/Patient Relationships II *"Let's Talk"* David Ives, M.D., Beth Israel Hospital Gerry Feuer, P.A., Fenway Comm. Health Ctr.
	HIV Skin Related Problems *"There Are More Than You Think"* Dr. Jeffrey Dover, Deaconess Hospital
	"You're Entitled" *Disability and Other Help* Atty. Betsy Crimmins Cambridge/Somerville Legal Aid
	"My Issues Aren't the Same" Minority Workshop III
NOON	BRUNCH ROUND TABLES
1 p.m.	Tiny T's and You *The Number Isn't Always the Answer* Robert J. L. Publicover, PWA,LTS
	"Have A Little Faith" Rev. Tim Cook, MCC Father Peter Casey, St. Ann's Parish
	"I Am Woman, I Am Strong" Women's Issues IV Female Doctor and HIV Person

Caretakers Workshop
Nurses, P.A.'s, etc.
Mary Hart, LPN

2 p.m. Dealing With Death
AIDS Isn't Fatal, Life is.
Lois Levinsky, LICSW

Clinical Trials Today
"Help Yourself, Help Others"
Dr. David Ives, M.D., Mary Ann Lee, R.N.
Beth Israel Hospital

ROUNDTABLES
See Blackboard for subjects

3 p.m. BREAK
Juices, coffee, snacks will be served

3:30 p.m. PANEL DISCUSSION
Questions and Answers with Doctors and Holistic Practitioners
Dr. David Ives, M.D.
Dr. Alex Bingham, M.D.
Stacey Bell, Nutritionist
Michael Banchy,Chinese Medicine
Dr. Richard Lane, M.D.
Lois Levinsky, LICSW
Rev. Larry French, CBC

5:30 p.m. Closing Remarks
Governor William Weld
Robert J. L. Publicover, Conference Founder

THE WHITE HOUSE

WASHINGTON

February 9, 1994

Ms. Vicki Rocconi, R.N., O.C.N.
Mount Diablo Medical Center
Regional Cancer Center
2540 East Street
Concord, California 94520

Dear Ms. Rocconi:

Thank you for the invitation to attend the "A Circle Of Issues Around HIV/AIDS" workshop on April 14, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

MT. DIABLO MEDICAL CENTER

CANCER PROGRAM

Fax Number (510) 674-2523

FAX COVER MEMO

unlikely — unless there's some other bay area trip at the same time

Please deliver the following to:

Name: Steve Lee

Company: Office National AIDS Policy

Department: _____

We are transmitting a total of 2 pages including this cover memo.

If you do not receive all pages, please call back as soon as possible and notify:

Sender: Vicki Roccoo

Phone Number: (510) 674-2190

Date Sent: 1/31/94 Time Sent: 10:10

Message: Steve Lee:

Per our telephone conversation, here is our Request to have Kristine Gebbie speak at our institution. We are very excited about the possibility, and would appreciate you letting us know as soon as possible.

Vicki Roccoo
Nurse Educator HIV/AIDS

THE NEW REGIONAL CANCER CENTER AT MT. DIABLO MEDICAL CENTER

January 28, 1994

Kristine Gebbie
Office of AIDS Policy
750 17th St. N.W.
Washington D.C.

Dear Ms. Gebbie;

We would be most excited if you would consider speaking at a workshop at our institution at Mt. Diablo Regional Cancer Center, on April 14, 1994. The workshop is entitled "A Circle of Issues Around HIV/AIDS", and has been designed to increase the knowledge of health care professionals on the major issues surrounding AIDS. The major audience would be nurses from our facility, all of Contra Costa County, as well the San Francisco Bay Area. We would also like to extend the workshop to other health care professionals and individuals in the community, involved in providing services and support, to HIV positive persons and Persons with AIDS. A separate talk at lunchtime for physicians could be scheduled if this is agreeable to you.

We are located in the East Bay Area, in Contra Costa County, California. In August of 1993 it was determined that our county has had 1169 cases of AIDS and an estimated 3,800 persons infected with the virus. We have some very committed doctors, nurses, health care professionals and community workers that have responded to provide services to Person's with AIDS that would be very encouraged and stimulated by your presence in our Community.

We have a rapidly developing HIV/AIDS program that provides support groups, a resource library, a nurse educator, dedicated doctors, trained staff and a beautiful new Oncology/AIDS unit.

All of your expenses could be covered including airfare and accommodations at the lovely Lafayette Park Hotel. We are 30 minutes from the Oakland airport and approximately 45 minutes from the San Francisco airport, and would be happy to pick up and drive to the airport. If you are comfortable with any pharmaceutical company's support, (i.e. Burroughs Wellcome has expressed an interest) that could help contribute to the day.

The topic is at your discretion. We are most interested to know about AIDS and President Clinton's health care reform, solving problems with jobs, insurance and expanding education to communities, etc. Our facility has taken a proactive approach to the upcoming health care system changes, and therefore is interested in what you might project for centralization or regionalization of health care for Person's with AIDS.

Please let Janice Hoss, Cancer Center Coordinator, or Vicki Rocconi, Nurse Educator, HIV/AIDS, know of your decision at (510) 674-2190, FAX # (510) 674-2279. We excitedly await your response.

Sincerely;

Vicki Rocconi, RN, OCN

MT. DIABLO MEDICAL CENTER
Regional Cancer Center
2540 East Street, Concord, California 94520 • (510) 674-2190
Operated by the Mt. Diablo Hospital District

THE WHITE HOUSE

WASHINGTON

February 9, 1994

Ms. Janet Vaccariello, R.N.
President
Association of Nurses in AIDS Care
Greater New York Chapter
Post Office Box 1527
New York, New York 10159-1527

Dear Ms. Vaccariello:

Thank you for the invitation to attend the Association of Nurses in AIDS Care conference on Friday, May 13, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

ANAC

ASSOCIATION OF
NURSES IN AIDS CARE
GREATER NEW YORK CHAPTER

P O B O X 1 5 2 7
NEW YORK NY 10159-1527
2 1 2 - 2 6 3 - 8 7 2 4

February 7, 1994

Ms. Kristine Gebbie, RN, MN
Executive Office of the President
750 17th Street NW
Suite 1060
Washington, DC 20503

Dear Kristine Gebbie,

ANAC- GNY Chapter has had to change their conference date. The conference committee had a location problem after changing the April 22nd date to April 29th. The conference committee has informed me that a definite date for the conference is Friday, May 13,1994 at the New York Marriott Marquis. As stated in our original letter of invitation dated January 7, 1994, we would very much like you to attend and participate as the keynote speaker. Again, should you be unavailable, Cliff Morrison thought of Warren Buckingham as an alternate.

Thank you for your patience and I apologize for any inconvenience this may cause.

Sincerely,

Janet Vaccariello

Janet Vaccariello, RN
President
ANAC-GNY Chapter

ANAC

ASSOCIATION OF
NURSES IN AIDS CARE
GREATER NEW YORK CHAPTER

P O BOX 1527
NEW YORK NY 10159-1527
212-263-3724

NJa

January 12,1994

Ms. Kristine Gebbie, RN,
Executive Office of the President
750 17th Street NW
Suite 1060
Washington, DC 20503

Dear Kristine Gebbie,

A letter of invitation was sent to you asking you to speak at our conference entitled HIV Nursing: Policy, Practice and Prevention. Yesterday, I was notified that the conference date had to be changed to Friday, ~~April 29,1994.~~ May 13 I hope that you can join us.

Sorry for any inconvenience and thank you for your time.

Sincerely,

Janet Vaccariello

Janet Vaccariello, RN, MPH
President
ANAC-GNY Chapter

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Janet Vaccariello, R.N., M.P.H.
Association of Nurses in AIDS Care (ANAC)
Greater New York Chapter
P.O. Box 1527
New York, NY 10159-1527

Dear Ms. Vaccariello:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the ANAC-GNY "HIV Nursing: Policy, Practice, and Prevention" on Friday, April 22, 1994. 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.

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

ANAC

ASSOCIATION OF
NURSES IN AIDS CARE
GREATER NEW YORK CHAPTER

P O B O X 1 5 2 7
NEW YORK NY 10159-1527
2 1 2 - 2 6 3 - 8 7 2 4

Steve — medium priority for me

January 7,1994

Ms. Kristine M. Gebbie, RN, MN
Executive Office of the President
750 17th Street NW
Suite 1060
Washington, DC 20503

Dear Kristine M. Gebbie,

This is a letter of invitation sent on behalf of the Association of Nurses in AIDS Care-Greater New York Chapter (ANAC-GNY) 1994 Conference Committee. ANAC-GNY was chartered in November 1990 and currently has 180 members. Inorder to facilitate the ongoing education of our members, we hold monthly meetings and an annual conference that deal with the issues and concerns facing those involved in AIDS care.

The next ANAC-GNY Chapter conference entitled HIV Nursing: Policy, Practice and Prevention will be held on Friday, April 22,1994. At this conference we plan to discuss the issues of Health Care Reform and it's effects on AIDS care. As you well know, this is of vital concern in New York. As the National AIDS Policy Coordinator, you would make the most appropriate keynote speaker to focus on these issues. We invite you to join us.

Cliff Morrison encouraged us to invite you. Should you be unavailable, he thought of Warren Buckingham as an alternate. But,we would very much like you to attend.

The conference will be held in Manhattan with approximately 170-200 nurses in attendance. The GNY- Chapter will reimburse you for any travel expenses you incur.

We are looking foward to having you with us. Thank you for your time.

Sincerely,

Janet Vaccariello

Janet Vaccariello, RN, MPH
President
ANAC-GNY Chapter

THE WHITE HOUSE

WASHINGTON

February 9, 1994

Michael D. Knox, Ph.D.
Chair and Professor, Community Mental Health
Director, USF Center for HIV Education and Research
13301 Bruce B. Downs Boulevard, MHC 3-235
Tampa, Florida 33612-3899

Dear Dr. Knox:

Thank you for the invitation to attend the Florida AIDS Education and Training Network's Third Florida HIV Conference in Orlando, Florida, May 12-14, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

USF Center for HIV Education and Research

FACULTY:

Timothy L. Bosz, Ph.D.
Frank Cheese, M.A.
Charles F. Clark, M.D.
Michael G. Dow, Ph.D.
Roger W. Fox, M.D.
Martha A. Friedrich, Ph.D.
Jeremy S. Gales, Psy.D.
Robert A. Good, Ph.D.,M.D.,D.Sc.
John Grannan, M.A.
John N. Greene, M.D.
Alan B. Halsey, M.D.
Douglas A. Holt, M.D.
Michael D. Knox, Ph.D.
Dennis K. Ledford, M.D.
Richard F. Lockey, M.D.
Joline Miceli-Mullen, J.D.
Jeffrey P. Nadler, M.D.
Robert P. Nelson, M.D.
Lois L. Nixon, Ph.D.
Lorinda J. Price, M.D.
Barbara Russell, R.N.,M.P.H.
Joyner Sims, Ph.D.
John T. Sinnott, M.D.
David H. Smith, Ph.D.
John F. Toney, M.D.
Robert M. Walker, M.D.

13301 Bruce B. Downs Boulevard, MHC 3-235
Tampa, Florida 33612-3899
Phone (813) 974- 4430
FAX (813) 974-4406

University of South Florida

Department of Internal Medicine
Division of Allergy and Clinical Immunology
Division of Infectious and Tropical Diseases
Division of Medical Ethics and Humanities
College of Medicine

Department of Pediatrics
Division of Allergy and Immunology
Division of General Pediatrics
College of Medicine

Department of Community Mental Health
Florida Mental Health Institute

4 January 1994

Kristine Gebbie, BSN, MSN
Federal AIDS Coordinator
The White House
Pennsylvania Avenue
Washington, D.C.

Dear Ms. Gebbie,

The HRSA-funded Florida AIDS Education & Training Network will be holding its 3rd Florida HIV Conference in Orlando, Florida, May 12th through 14th, 1994. I am writing to invite you to address our audience of five to six hundred HIV/AIDS healthcare providers. You would be at liberty to choose a specific topic or to give a general Federal Government overview. Your attendance would give you an opportunity to meet with nearly all of the HIV treatment, prevention and education personnel in Florida. We would also be willing to host a social event in your honor to facilitate more informal interactions following your presentation.

I am attaching for your information the initial announcement of this conference as well as a brochure describing our center. The day and time of your presentation within the three days of this conference would be totally at your discretion.

Thank you very much for your consideration.

Sincerely yours,

Michael D. Knox, Ph.D.
Chair and Professor, Community Mental Health
Director, USF Center for HIV Education & Research

MK:ls

Enclosures: 2

If Florida fits in in March, this would be a lower priority —

File: K. Gebbie, 1/4/94; HIV conf.

5 January 1994

Department of Community Mental Health
The Florida Mental Health Institute
University of South Florida
13301 Bruce B. Downs Boulevard
Tampa, Florida 33612-3899
(813) 974-4632
FAX (813) 974-4406

Kristine Gebbie, BSN, MSN
Federal AIDS Coordinator
The White House
Pennsylvania Avenue
Washington, D.C.

Dear Ms. Gebbie,

Thank you very much for considering our request to speak at the 3rd Annual Florida HIV Conference.

On another matter, I understand that you are establishing an AIDS advisory committee. If you would like a mental health perspective, you may wish to consider my credentials for possible appointment. I have published and presented widely on HIV and mental health topics. Some key journal articles include, "The HIV Mental Health Spectrum", "HIV Risk Factors for Persons with Serious Mental Illness", "Early HIV Detection: A Community Mental Health Role", and "Training HIV Specialists for Community Mental Health". I am frequently called upon to consult with HRSA, NIMH, the American Psychological Association, and the National Council of Community Mental Health Centers.

Please let me know if you would be interested in seeing further information regarding my credentials and experience in this area. Thank you very much for your consideration of this request.

Sincerely yours,

Michael D. Knox, Ph.D.
Chair and Professor, Community Mental Health
Director, USF Center for HIV Education & Research

MK:ls

File: K. Gebbie, 1/5/94; AIDS task force

Continuing Education Credits: will be available.

Presentations will be oriented toward helping you provide better services for those affected by the HIV/AIDS epidemic. Topics will include:

- Immune Enhancement
- Antiviral Medications
- Prevention and Treatment of Opportunistic Illnesses
- Mental Health
- Legal and Ethical Issues
- Working with Special Populations

CALL FOR WORKSHOPS

The Florida AIDS Education and Training Network invites proposals for skill building workshops to be presented at the conference. Each workshop will be 90 minutes.

Proposals should contain the title of the presentation, names and curricula vitae of the presenters, and an outline of the workshop and the learning objectives. Specify any audiovisual equipment requirements.

Send two copies of the proposal by January 21, 1994 to:

Program Committee
Florida AIDS Education and Training Network
USF Center for HIV Education and Research
13301 Bruce B. Downs Blvd.
Tampa, Florida 33612-3899

Sponsored by:

University of Miami
School of Medicine
Miami, Florida

University of Florida
Health Science Center
Gainesville, Florida

University of South Florida
Center for HIV Education and Research
Tampa, Florida

Southeastern University of the Health Sciences
College of Osteopathic Medicine
North Miami Beach, Florida

WHERE

Sheraton Plaza Hotel
at the Florida Mall
1500 Sand Lake Road
Orlando, Florida
(407) 859-1500

Hotel Rates

Special rates for conference participants:

Singles:	$85.00
Doubles:	$88.00
Triples:	$98.00
Quads:	$108.00

Reservations may be made by calling toll-free (800) 231-7883. Mention this Conference to get these special rates.

WHO

The Third Annual Conference of the Florida AIDS Education and Training Network is designed for the wide range of professionals working with people affected by HIV/AIDS. Providers of medical, dental, psychological, and other health care services are invited to attend.

WHEN

9:00 a.m., Thursday, May 12, 1994
through
12:00 noon, Saturday, May 14, 1994

Conference Registration Fee:

The registration fee is $95.00. Your fee includes conference program materials, keynote sessions, all workshops, continuing education credits, and refreshments.

Cancellation Policy:

There will be a $15 processing charge for cancellations made after May 1. No refunds will be given for cancellations made after May 8, 1994.

Make Check payable to: University of South Florida

Mail Registration Form and Check to:

USF Center for HIV Education and Research
13301 Bruce B. Downs Blvd.
Tampa, Florida 33612-3899

Register Today!

Registration
(Please print in blue or black ink)

Social Security Number

Name _____ Degree _____

Title or Position _____

Agency _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Your profession:

- ___ Administrator
- ___ Dental Hygienist/Assistant
- ___ Dentist
- ___ Mental Health Counselor
- ___ Nurse
- ___ Nurse Practitioner
- ___ Physician
- ___ Physician Assistant
- ___ Psychologist
- ___ Social Worker
- ___ Other _____

Are you requesting CECs/CMEs?
(for licensed professionals only)

☐ Yes ☐ No

License # _____

CALL FOR WORKSHOPS

3rd Florida HIV CONFERENCE

of the

FLORIDA AIDS EDUCATION AND TRAINING NETWORK

DHHS-BHP Grant No. 5 D35 PE 00101-03

University of Miami
University of Florida
University of South Florida
Southeastern University of the Health Sciences

May 12-14, 1994 Orlando, Florida

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USF Center for HIV
Education and Research

6pgs

USF Center for HIV Education and Research

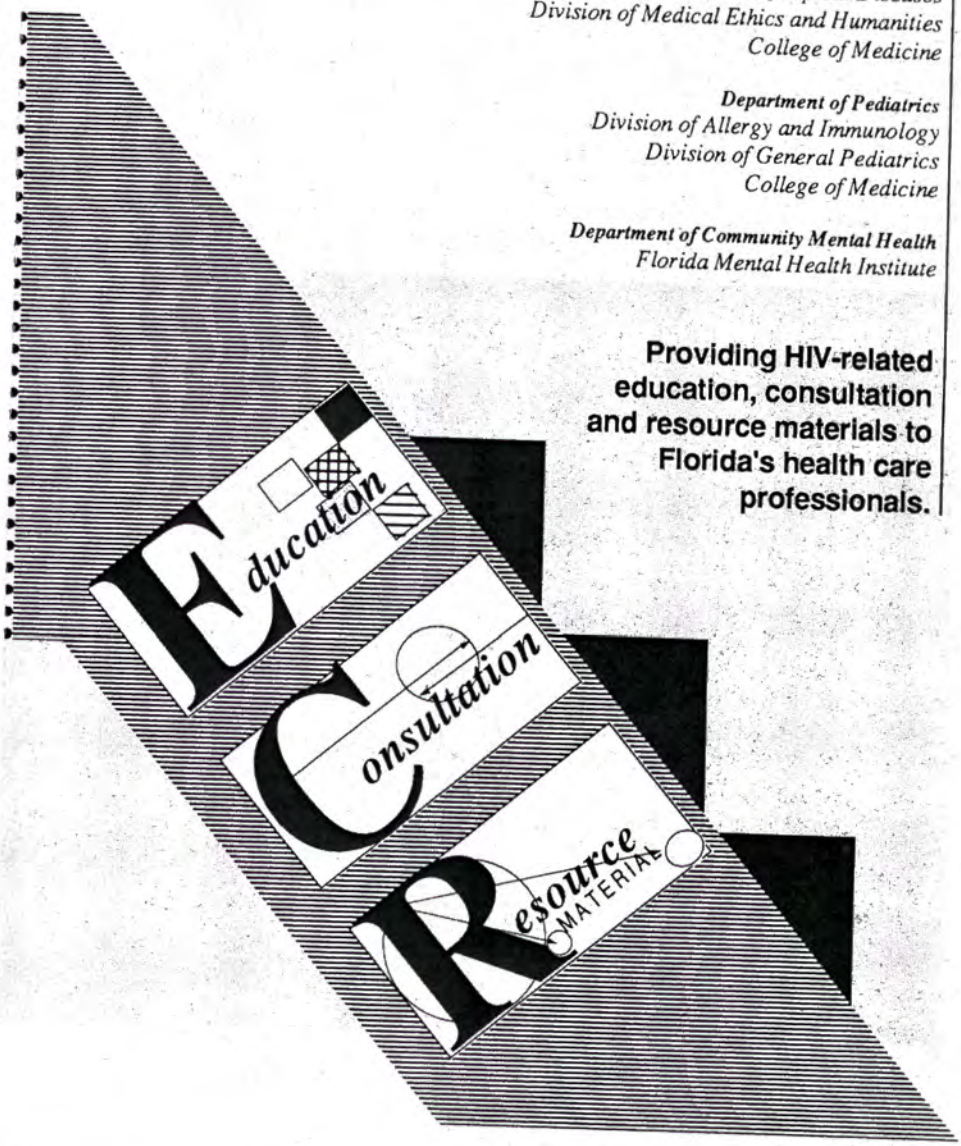
Sponsored by:
University of South Florida

Department of Internal Medicine
Division of Allergy and Clinical Immunology
Division of Infectious and Tropical Diseases
Division of Medical Ethics and Humanities
College of Medicine

Department of Pediatrics
Division of Allergy and Immunology
Division of General Pediatrics
College of Medicine

Department of Community Mental Health
Florida Mental Health Institute

Providing HIV-related education, consultation and resource materials to Florida's health care professionals.



THE WHITE HOUSE

WASHINGTON

February 9, 1994

Bruce C. Vladeck, Ph.D.
Administrator
The Health Care Financing Administration
Room 314G, HHH Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Vladeck:

I have enjoyed working closely with you in my capacity as the President's National AIDS Policy Coordinator. I am grateful for the close cooperation and assistance the Health Care Financing Administration (HCFA) in general, and you personally, have given to the Administration in our common efforts to battle the AIDS epidemic.

At this time, I would also like to express to you my deep appreciation for having Dr. Sam Shekar of your staff detailed to the Office of National AIDS Policy, to assist me and my staff in developing expertise in health care financing and reform. He has made an invaluable contribution to my office, analyzing and preparing policy papers on the complex health reform bills, educating us on the structure, function and impact on AIDS of the Medicaid and Medicare programs, and coordinating federal agencies in the development of HIV-focused regulations. In a short time, Sam has truly made a significant impact on the quality of work and effectiveness of the Office of National AIDS Policy.

I find it very hard to believe that Sam's detail assignment to my office will conclude shortly. Health care reform legislation is moving toward a critical phase, and there is so much yet to be accomplished by my office and this Administration in correlating health financing issues with national AIDS policy. **As a result of these concerns, I am requesting that Sam's detail assignment to my office be extended by you for an additional 90 days.**

I understand that this may be difficult decision for you at this time. I have given this situation some thought, and I wonder if it may be possible for Sam to continue to fully serve both of our interests by being a HCFA-based liaison for AIDS and other public health issues, once his detail assignment has been completed in my office.

It is clear from his curriculum vitae that Sam has had previous experience as HCFA's liaison for numerous "public health" issues, including tuberculosis, diabetes, technology, orphan drugs, prevention and primary care policy, and of course, AIDS. That wealth of experience could be very useful to HCFA in its important relations with other health-focused agencies and organizations, including my office. As a full-time liaison, Sam could serve as an importer/exporter/developer of policies for you and other senior staff on important and rapidly evolving health care issues that would affect the Medicare and Medicaid programs.

I would be happy to meet with you and discuss this detail extension request or other possible options at your convenience. I can be reached at (202) 632-1090. Again, thank you for your continuing and demonstrated commitment to the Administration's fight against the AIDS epidemic.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

FEB 10 1994

Lee —

great job this morning with the drug strategy! I think you're hitting all the right points. And I'm obviously delighted that we are both so clear on the connection between dealing with substance abuse & dealing with AIDS. Let me know what else I can do . . .

Kristine

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Ms. Melinda Love-Dixon
Medical Director of Disease Control
Detroit Health Department
AIDS Project
1151 Taylor
Detroit, Michigan 48202

Dear Ms. Love-Dixon:

Thank you for the invitation to speak at the Women and AIDS Midwest Regional Conference "The Future Is Now," May 18-21, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 15, 1993

Melinda Love-Dixon
Medical Director of Disease Control
Detroit Health Department
AIDS Project
1151 Taylor
Detroit, MI 48202

Dear Ms. Love-Dixon:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the Women and AIDS Midwest Regional Conference "The Future is Now," May 18-21, 1994. Your request is under consideration and I will contact you at least sixty (60) days prior to the event as to Ms. Gebbie's availability.

Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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

WOMEN
A I D S

December 10, 1993

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

Dear Ms. Gebbie:

This is a follow-up contact with your office regarding our request for your participation as a keynote speaker at the Women and AIDS Midwest Regional Conference "The Future is Now". The conference is scheduled for May 18th through 21st, 1994 at the Westin Hotel-Renaissance Center in Detroit.

As mentioned to your office, several states have confirmed their participation in the Conference. They include Michigan, Indiana, Illinois, Ohio, Pennsylvania, and Windsor. Additionally many other states have indicated their willingness to support our effort and are waiting to receive our complete information packet. Among the 1000 participants expected to attend will be representatives from various health departments, community based organizations, and individuals infected with and affected by HIV/AIDS.

The Women and AIDS Committee currently is working diligently to put together a complete information packet which will be forwarded to you as soon as possible.

We sincerely hope that your schedule will allow you to accept our invitation to participate as a keynote speaker at the conference. This will be a wonderful opportunity to address a number of states at once regarding HIV/AIDS.

We look forward to hearing from you regarding this request. Should you require additional information feel free to contact Joan Fields, AIDS Project Coordinator at (313) 876-0034 or Denise Johnson, Keynote Speaker Search Committee at (313) 256-1377.

Thank you in advance for your cooperation.

Sincerely,

Melinda Love-Dixon, M.D.
Medical Director of Disease Control

JF:kyp

Detroit Health Department
AIDS PROJECT
1151 Taylor
Detroit, Michigan 48202

The Detroit AIDS Project employs a staff of public health professionals trained in health behavior, health education, social work, substance abuse, and community organization and outreach.

The Women and AIDS Committee

The Women and AIDS Committee of the Detroit Health Department is made up of representatives from community organizations, health care workers, public health officials, community leaders, and concerned citizens. The Committee meets monthly to review new developments in HIV/AIDS, monitor the issues as they relate to women and develop new strategies to improve the status of women with respect to HIV/AIDS.

The Women and AIDS Committee was formed in 1987 to address the gaps in services to women with HIV/AIDS and those at risk for contracting HIV. The Committee advocates on behalf of women who have and are at risk of HIV infections and addresses other HIV-related issues that affect women. It appropriately focuses special attention on women of color.

The Committee's efforts to educate women have included developing printed materials, including the "Women, AIDS, and Condoms" brochure and the "ABC's of Condom Use" card. Both the brochure and card are widely used and have been reprinted multiple times.

Innovative efforts to educate women have included walks and rallies to raise public awareness of women and AIDS, distribution of educational materials at places women gather such as beauty salons, and conferences. The Women and AIDS Committee has held conferences on women and AIDS in 1988, 1990 and 1991.

FOR MORE INFORMATION WRITE:

WOMEN AND AIDS COMMITTEE
Detroit Health Department
AIDS Project
1151 Taylor Street
Detroit, Michigan 48202
OR CALL:
(313) 876-0990

WOMEN AIDS

WOMEN AIDS

THE NEW FACE OF AIDS: WOMEN

HIV/AIDS in Women:
The face of AIDS is changing. Women make up an increasing percentage of the people who are diagnosed with AIDS and HIV, the virus that causes AIDS. In Detroit, the proportion of women with AIDS has more than doubled since 1985.

In Michigan, the majority (about two thirds) of women with AIDS have been infected through sharing needles for drugs. Heterosexual sex led to about a quarter of the AIDS cases in adult women.

Women of color have been particularly hard hit by HIV/AIDS. More than 80% of all women with AIDS in Michigan are women of color. In Southeast Michigan close to 90% of all women with AIDS are women of color.

Women with HIV/AIDS face tough decisions about childbearing and rearing, questions as to whether to get pregnant, whether to give birth, and how to care for children. These are particularly difficult decisions when a woman faces long-term illness herself.

Effects of HIV/AIDS on Women:
Besides being infected, women are affected by HIV/AIDS in many other ways: as mothers and grandmothers, wives, and partners, sisters and aunts. Women provide much of the care that the ill need, and caregiving can take its physical and psychological toll.

Women are on the battlefront of HIV/AIDS because they make up the majority of health care workers. They face stress and burnout in their daily work of caring for people with HIV/AIDS.

Women are leaders in the fight against HIV/AIDS. In families, elder women in particular provide strong role models for younger people. In the community, women are leaders who have significant influence in churches, schools and other organizations.

The face of AIDS is changing. Women are becoming affected in every way by HIV/AIDS.

The Detroit Health Department AIDS Project

The AIDS Project began in 1985 as a health education program aimed at reducing the spread of HIV by providing information on transmission and prevention of HIV/AIDS. Since then, the AIDS Project has expanded its services to better address the epidemic.

One of the AIDS Project's strengths is its outreach activities, which focus on educating populations that may practice risky behavior. The Women and AIDS Committee is one such outreach activity.

In addition to education, the AIDS Project provides technical assistance to agencies in the Detroit area that provide HIV/AIDS related services.

The Detroit Health Department AIDS Project also operates Michigan's largest single-site HIV counseling and testing program. The program provides free one-on-one counseling to individuals, including crisis counseling; anonymous and confidential testing for the HIV antibody; and referrals for individuals who test positive for HIV antibody.

Another function of the AIDS Project is to collect data to monitor the epidemic and assess educational needs.

Finally, the AIDS Project functions as a regional training site. Staff conduct HIV/AIDS-related training among area professionals, including physicians, nurses, substance abuse counselors, social workers, and administrative staff.

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Ms. Patti Lane
Manager
Public Health Services
Jackson County Government
1005 East Main Street
Medford, Oregon 97504

Dear ~~Ms. Lane~~ Patti:

Thank you for the invitation to speak at the Jackson County HIV/AIDS Conference on May 12 or 13, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

Kristine

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

I hope we can work something out another time!

THE WHITE HOUSE

WASHINGTON

December 18, 1993

Patti Lane, Manager
Public Health Services
Jackson County Government
1005 East Main Street
Medford, OR 97504

Dear Ms. Lane:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the Jackson County HIV/AIDS Conference on May 12 or 13, 1994. Your request is under consideration and I will contact you at least sixty (60) days prior to the event as to Ms. Gebbie's availability.

Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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

2

JACKSON COUNTY, OREGON

HEALTH AND HUMAN

1005 E. MAIN STREET, MEDFO

Post-it™ brand fax transmittal memo 7671	# of pages ▸ 1
To Kristine Gebbie	From Patti Lane
Co. Off of Nat'l Aids Pols Rd. Cook	Co. JC Co Health D
Dept. Phone 202-632-1090	Phone # 503-776-7306
Fax # 202-632-1076	Fax # 503 776-6261

December 13, 1993

Kristine Gebbie
Office of National AIDS Policy Coordinat
750 17th NW, Suite 1060
Washington, DC 20500

Dear Kristine,

Congratulations from the members of Jackson County AIDS Task Force on your appointment as Director of AIDS Policy. It is exciting to have a Clinton administration recognizes the importance of preventing HIV disease and even more exciting that an Oregonian (adopted, if not by birth) is playing a vital role in carrying out the new policies.

We in Jackson County think the phrase "It's a time to come home..." is a fitting one. We would like to invite you to be our keynote speaker at the 7th annual Jackson County HIV/AIDS Conference to be held May 12 or 13, 1994, at the Smullin Center in Medford, Oregon. People from southern Oregon pack the auditorium year after year for this one day conference to learn about the epidemic and take back to their work setting valuable information. The conference is also inspiring and energizing for care providers serving patients, families and loved ones with this disease. Due to the facility capacity we limit registration to 325 people.

Previous keynote speakers include:

Dr. Don Frances, previously with CDC;
Dr. Michael Clement, Director, HIV Clinic, San Francisco General Hospital, and
Dr. Heather Watts, Director, Womens Clinic, University of Washington, HIV Womens Clinic.

As the keynote speaker you would present a plenary session to the entire audience in the morning and be the speaker at the physician's and community leader luncheon attended by approximently 60 physicians and 10 dignitaries.

We have lovely Bed and Breakfasts in Jacksonville and Ashland to accommodate our guest and would love to make arrangements for you to attend a play at the Shakespearian theater.

Kristine, we would love to have you! You did so much for the cause in Oregon in the early days of this disease.

Sincerely,
Patti Lane
Patti Lane, Manager
Public Health Services

PS: Hank Collins said to say Hi. He is now the Director of our combined Health and Human Services Department.

B:5318.ald

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Ms. Barbara Russell
President-elect
Association for Practitioners in Infection
Control, Inc. (APIC)
1202 Allanson Road
Mundelein, Illinois 60060

Dear Ms. Russell:

Thank you for the invitation to speak at the APIC annual educational seminar on May 24, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 14, 1993

ND

Barbara Russell, President-elect
Association for Practitioners in Infection Control, Inc. (APIC)
1202 Allanson Road
Mundelein, IL 60060

Dear Ms. Russell:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the APIC annual educational seminar on May 24, 1994. Please note that although your letter indicates a confirmation with another staff member, your request is still under consideration. It is now the policy of this office to make scheduling decisions approximately sixty (60) days prior to the event as to Ms. Gebbie's availability.

I will contact you at that time. Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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

Association for Practitioners in Infection Control, Inc.

November 3, 1993

Kristine Gebbie
AIDS Policy Coordinator
750 17th Street, NW
Suite 1060
Washington, DC 20003

Dear Ms. Gebbie,

On behalf of Linda McDonald, APIC President, myself as President-elect and the rest of the APIC officers and board, I would like to thank you for spending time with us on Friday, September 17th. As Infection Control Practitioners (ICPs) we have been involved in the HIV epidemic from the very beginning and will continue to be, some of us to a greater extent than others. As individual practitioners and as an organization, we look forward to working with you as you develop and implement relevant policies.

The second purpose of this letter is to confirm, per my discussion with your staff, your participation as one of our keynote speakers at our 21st annual educational seminar to be held May 22-26, 1994 at the Cincinnati Convention Center. Your presentation will be at 8:00AM on Tuesday, May 24th. A letter with more details will be forwarded to your shortly from our new National office in D.C. I know I speak for the anticipated 2000+ attendees in thanking you ahead of time for your participation.

Sincerely,

Barbara

Barbara Russell, RN, MPH, CIC
APIC President-elect, 1993

cc: L. McDonald, 1993 APIC President
T. Lee, Chairman, 1994 Program

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Mr. Bernard B. Moon
3126 Whisperwoods Court
Northbrook, Illinois 60062

Dear Mr. Moon:

Thank you for the invitation to speak at the Addressing Diverse Views and Notions through Cooperative Education (ADVANCE) benefit dinner over the April 8-10, 1994 weekend in Madison, Wisconsin. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

January 30, 1994

Bernard B. Moon
3126 Whisperwoods Court
Northbrook, IL 60062

Dear Mr. Moon:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the Addressing Diverse Views and Notions through Cooperative Education (ADVANCE) benefit dinner over the April 8-10, 1994 weekend in Madison, WI. 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.

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

Bernard B. Moon
3126 Whisperwoods Ct.
Northbrook, IL 60062
January 10, 1994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Office of AIDS Policy
750 17th Street NW
Washington, D.C. 20050

Ms. Gebbie:

I am a member of ADVANCE, Addressing Diverse Views and Notions through Cooperative Education, and we are intending to hold an AIDS education week at the University of Wisconsin - Madison. We are a student group under the Wisconsin Alumni Association and we are committed to challenging the apathy of our community towards various issues that encompass our environment.

This event will be formatted into two parts. The first part will be a series of lectures and informational sessions during the weekdays of April 5 - 8, 1994. These informational sessions will be open to the university community and Madison residents. The second part will be a benefit concert to raise funds for AIDS research and care. We already have reserved our Field House, which has a capacity of 12,000, for the weekend of April 8 - 10.

For this event, we ask for your support and if you could present the Clinton Administration's policy upon this epidemic disease at our university. To add credibility to our efforts, we hope that you will accept our invitation to be on our advisory board for this event. Your sign of support would be greatly appreciated.

We have already gained support from local AIDS organizations and Dr. Richard P. Keeling, our University Health Service Director. Dr. Keeling advises us upon possible speakers and topics of interest on AIDS.

I enclosed our promotional packet for your reference. If you have any questions, please feel free to call me anytime at (708) 564-8146. Thank you for your time.

Sincerely yours,

Bernard B. Moon

Bernard B. Moon