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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Rodney H. Clurman to Kristine Gebbie; re: Employment; [Personal] (Partial) (1 page)	01/27/1994	b(6)

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

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February Chron Files 1994 [2]

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RESTRICTION CODES

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

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

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

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

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

presents

Aid AIDS

University of Wisconsin - Madison April 5 - 10, 1994

Our Vision

To have our society recognize that AIDS goes beyond its stereotyped boundaries by reaching deep into our individual lives and communities, and to have people acknowledge the gravity of AIDS as an epidemic disease.

Our Mission

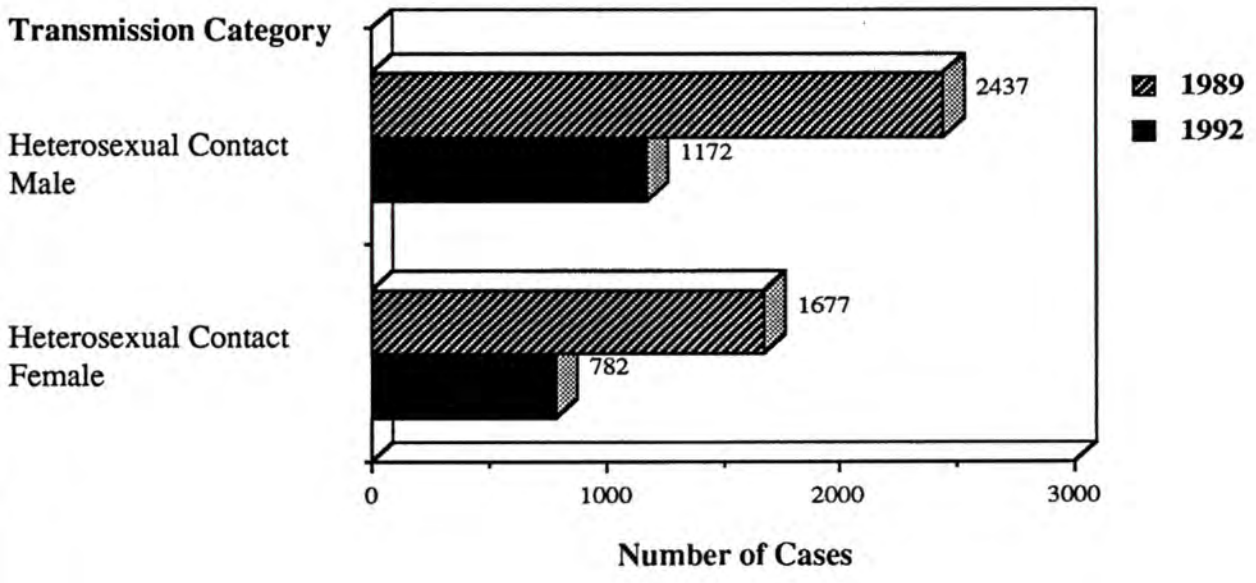
- Raise awareness on our campus and throughout the community about the transmission of the HIV virus and AIDS.
- Actively challenge perceptions of AIDS being limited to the homosexual communities.
- To provide a forum for scholars and students to discuss and debate current issues that surround AIDS/HIV.
- To inform students and the community on the current state of AIDS research.
- To hold an event to raise funds for various AIDS foundations.

ADVANCE (Addressing Diverse Views And Notions through Cooperative Education) is a student organization affiliated with the Wisconsin Alumni Association. It is committed to the continuing education of our community on issues that encompass our society. ADVANCE does not promote any specific political, social, or religious ideologies.

University of Wisconsin - Madison April 5 - 10, 1994

Today over one million people are estimated to be infected with the AIDS/HIV virus in the United States. Since 1981, 339,250 people have been diagnosed with AIDS, and 204,390 have since passed away. AIDS is a growing epidemic that cannot be ignored. Though many feel inundated with AIDS literature and events, we, as students at the University of Wisconsin - Madison, are deeply concerned and convicted about addressing this epidemic disease.

In a recent study, it was estimated that 1 in 500 college students carried the AIDS/HIV virus. Included in the study, it revealed that only 15% of college students practice safe sex techniques, and were generally apathetic towards the possibility of acquiring the AIDS/HIV virus. Heterosexual AIDS cases are increasing at a maximum rate of 15% in 13-19 year-olds and 10% in 20-24 year-olds. Many students know the basic facts concerning HIV, yet most do not practice safe sex. Thus, we hope to have multi-media



*Information from the Center for Disease Control and Prevention

presentations and lectures that would reach out to our student body and community on the preventions of AIDS/HIV and the rising spread of the disease.

We intend to erase ignorance upon our college campus and raise the general consciousness of the student body about the seriousness of the AIDS epidemic. We hope that our challenge to this ignorance and apathy will be a model for other students to follow. We need to prevent the growth and spread of the AIDS/HIV epidemic until a cure is found. Knowledge of AIDS/HIV and methods of prevention are the best means to hinder the virus among the general population.

As AIDS/HIV cases increase annually, the window of hope diminishes for many future leaders and workers of America. AIDS is not limited to the gay and lesbian communities or drug-users, but is increasing every year among heterosexuals. AIDS/HIV presently touches all sexual groups, races, and extends across socio-economic boundaries. It is growing into a position that can potentially cripple the people and future of America. It rest upon the shoulders of our generation to take on the challenge that AIDS/HIV poses.

University of Wisconsin - Madison April 5 - 10, 1994

ADVANCE hopes to reach out to all segments of the community from high school students to college students to parents and inform them about how HIV is transmitted and more importantly how it is not.

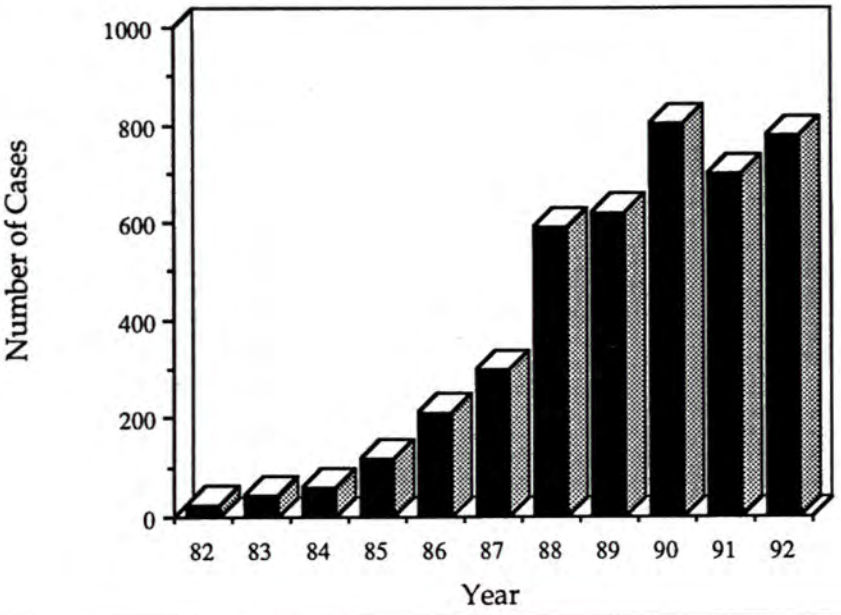
With the help of the University Peer Health educators, leading researchers, and various lecturers, we hope to take AIDS education beyond its normal parameters and into America's classrooms. During the week of April 5 - 9, we would devote each day to a specfic high school within the Madison community to educate the students about the AIDS/HIV virus. These informational sessions and lectures would then transpire into the lecture theaters and auditoriums of the University of Wisconsin in the form of invited speakers and panel discussions. The speakers would discuss various topics such as prevention, AIDS and heterosexuals, and current research. Through these presentations, we hope to raise the general consciousness of the student body at the University of Wisconsin - Madison and the greater Madison area about the seriousness of the AIDS/HIV virus.

University of Wisconsin - Madison April 5 - 10, 1994

We will hold a benefit concert to raise the needed funding for various AIDS organizations. We have the availability of the Field House at the University of Wisconsin - Madison, which has the capacity of 12,000 people. The concert will be performed by a current popular artist or a group of various artists that are supportive of the fight against the AIDS/HIV virus.

All the donations from sponsors and money raised from the concert will primarily benefit research instituions and organizations that tend to the specfic needs of children. ADVANCE sees the lack of care and support for children stricken with the AIDS/HIV virus. Approximately 15,000 - 20,000 children are infected with the AIDS/HIV virus in the United States. These children are innocent bystanders that are sentenced to a life of anguish and heartache. Many of these children suffer from lack of love and psychological abuse from peers. We want to provide adequate care that would allow these children to develop in a normal, healthy environment.

New AIDS Cases Among Children 13 years of Age and Younger



University of Wisconsin - Madison April 5 - 10, 1994

The University of Wisconsin - Madison has a student body over 45,000 and is contained within a city of approximately 200,000 residents. Through Aid AIDS week, we want challenge our student body and community to face their apathy and ignorance to this epidemic disease. ADVANCE hopes to reach out to many people as possible through this event.

We invite you to join our struggle against this epidemic disease. We hope that you will support our cause and promotion for Aid AIDS week at the University of Wisconsin - Madison.

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Ms. Ellen Rautenberg
Executive Director
Office For Special Populations Projects
The New York Academy of Medicine
2 East 103rd Street
New York, New York 10029

Dear Ms. ~~Rautenberg:~~

Thank you for the article you sent on feasibility studies for preventive vaccine trials and for the invitation to attend the New York AIDS Forum on February 10, 1994. Unfortunately, my schedule does not permit me to attend the forum. If I can assist in some other way, please let me know.

Sincerely,

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

THE NEW YORK ACADEMY OF MEDICINE
2 EAST 103RD STREET, NEW YORK, N. Y. 10029
TELEPHONE (212) 876-8200
FACSIMILE (212) 996-7826

RECEIVED
FEB - 8 1994

OFFICE FOR SPECIAL POPULATION PROJECTS

Ellen L. Rautenberg
Executive Director

regrets.
Terry - fyi

TO: DISTRIBUTION

FROM: Ellen Rautenberg EL

RE: **New York AIDS Forum - Meeting on February 10 at 11:30**

DATE: February 1, 1994

I thought you might be interested in an article from today's newspaper discussing feasibility studies for preventive vaccine trials. This is one of the subjects for the next meeting of the New York AIDS Forum. I hope that you are planning to attend.

If you have not already done so, please RSVP to Marvin Lieberman's office (876-8200. ext. 260) to confirm your attendance.

Attachments

New York AIDS Forum
February 10, 1994

AGENDA

1. Chairmen's Remarks — David Rogers and Jonathan Jacobs

2. Announcements

3. Panel Discussion:

HIV Transmission in New York City

Current Trends in Heterosexual Transmission & The Dilemma of Estimating New Infections

Mary Ann Chiasson, Dr.P.H.
Assistant Commissioner for Disease Intervention Research
NYC Department of Health

Current Trends in Transmission in the Gay Community & Planning for Preventive Vaccine Trials

Cladd Stevens, MD, MPH
Head, Epidemiology Laboratory
New York Blood Center

Current Trends in Transmission among Drug Users & Planning for Preventive Vaccine Trials

Michael Marmor, Ph.D.
Professor, Dept. of Environmental Medicine
NYU Medical Center

5. Updates:

CD4 Reporting & Newborn Screening	Eileen Tynan
Quality of Care Advisory Group	David Rose, MD
Ambulatory Program Standards Advisory Group	Victoria Sharp, MD

6. New Business

Newsday / Nanine Hartzenbusch

Fred Bidgood, a volunteer.

AIDS Test Volunteers Sought

By Laurie Garrett
STAFF WRITER

IN ANTICIPATION of a proposed — though still highly uncertain — 1995 startup date for AIDS vaccine trials, health organizations in New York and throughout the world have accelerated efforts to organize experimental groups of potential vaccine recipients.

In New York City, a consortium of gay men's advocacy groups is working with the New York Blood Bank. So far, 60 men have signed on, agreeing to be part of a pilot project to determine the feasibility of a local AIDS vaccine trial. The goal of Project Achieve, as the effort has been dubbed, is to enroll 800 of the city's uninfected gay men for a five- to 10-year commitment to the research.

"What we're trying to do is gather the baseline trial data in order to be able to eventually do a vaccine trial," said project director Dr. Beryl Koblin. "Or even to determine if such a trial in New York City is feasible."

Doubters have said such a trial could never be done in New York because the highest AIDS risk populations wouldn't cooperate, or that the costs of such an effort anywhere in the U.S. would be exorbitant. If it is decided such an experiment is feasible in New York, some of the 60 gay men have already signed

Please see AIDS on Page 63

NEW YORK NEWSDAY, TUESDAY, FEBRUARY 1, 1994

Volunteers Sought for Test

on with Project Achieve say they are willing to be vaccine guinea pigs.

"Being a gay man, and having a lot of friends who are HIV-positive or have AIDS, I really want to do something positive to help find a cure or a vaccine," said Christopher Pallo, 29, who works in publishing in Manhattan.

Similarly, Fred Bidgood, 51, is ready and willing to take an experimental vaccine, provided it is made from pieces of HIV, rather than whole viruses, which, if improperly killed before being used as a vaccine, could conceivably be infectious and cause the disease.

If the vaccine is just made from harmless HIV segments, he thinks the risk to his health would be small enough to more than offset the good he would be doing for society. "In the last ten years I have lost more than one hundred friends to AIDS. It has been incredible. My generation of gay men was devastated," Bidgood explained.

The Manhattan book editor also served as a willing guinea pig for the hepatitis B vaccine, which was originally tested on gay New York and San Francisco men. "I felt then that hepatitis was a major scourge, and I thought the least I could do was participate in a vaccine trial. Now I feel the same way about AIDS."

Newsday / Jim Cummins

Dr. Beryl Koblin

Dr. Mike Marmor, an AIDS specialist at New York University, is enlisting a similar group of potential vaccine volunteers, drawn from the city's intravenous drug users. And analogous groups are being assembled in San Francisco, Washington, D.C., Baltimore and other U.S. cities.

On a larger scale, the World Health Organization has named Uganda, Rwanda, Thailand and Brazil as field test sites for a vaccine, and a great deal of local research has been done in those countries in anticipation of 1995 AIDS vaccine trials.

But in a special meeting last September at the National Institutes of Health, scientists got the grim news that none of the 12 leading contenders for an AIDS vaccine had succeeded in eliciting the kind of immune response that could genuinely protect people against the human immunodeficiency virus.

Though some people who were given experimental vaccines made antibodies against HIV, their immune responses were exclusively against the particular laboratory strain of the virus from which the vaccine was made. They were not able to make antibodies against the garden variety HIVs one might encounter sexually in New York, Nairobi or Bangkok.

Whether the NIH and WHO decide to go ahead with large-scale vaccine trials will be decided this spring, when all available data on the various products will be reviewed by a panel of experts and patient representatives.

The problem with the vaccines "was very discouraging news and it put a question mark in my mind about whether vaccine trials will, indeed, start next year," said Koblin, who is coordinating Project Achieve for the New York Blood Bank. "I'm personally fairly pessimistic."

Though Koblin's pessimism is shared by many in the AIDS community, "the decision isn't a done deal," according to NIH panel member Derek Hodel, of AIDS Action Council, a Washington, D.C.-based umbrella advocacy organization that represents many AIDS groups, including several in New York. Vaccine manufacturers are still conducting experiments and modifying their products in hopes of providing convincing data for the April NIH vaccine panel meeting, Hodel said.

Meanwhile, Hodel and others are trying to persuade the NIH and WHO that essential ground work in preparation for such vaccine trials hasn't yet been laid, and that resources are needed now to address the social, ethical and behavioral aspects of large scale HIV vaccine trials.

For example, a panel of experts from the United States, Ethiopia, Brazil, Thailand and Zimbabwe drew up a 25-point checklist of items to be addressed before any HIV vaccine trial in a developing country. The list and rationale appeared in last week's Journal of the American Medical Association.

"These issues are intrinsic — not secondary. You must figure these issues out, or the trial results will be impossible to determine. Or worse, you might misinterpret your results and reject an effective vaccine," Dr. Peter Lurie, an AIDS specialist at the University of California at San Francisco, said. Lurie was lead author on the Journal report.

Among the 25 points Lurie and his colleagues consider essential are:

- Does the vaccine seem to make antibodies against the types of HIV that are found locally in the research area?
- If the vaccine works, will local people be able to get it free locally or at affordable prices?
- Is there genuine informed consent, meaning that participants agree to take the vaccine knowing that it would possibly open them up to discrimination because, with the vaccine in their blood, they would show positive on the standard AIDS antibody test? Did they fully understand the risks? Did they understand that it might not work, and that continued risky activity could still lead to AIDS?
- Is there adequate infrastructure in place to keep track of vaccine experiment participants for five or 10 years?
- Is the local human rights situation good enough to ensure there was no coercion used to bring in volunteers?

"We're saying that this is the time, now, to make sure everything is ready," Lurie said, noting that so far, few financial resources have been dedicated to such issues. For example, he would like to see experiments to determine how well people — from gay New Yorkers to teenage prostitutes in Bangkok or Uganda — understand the information they are given before they agree to be vaccinated.

A recent study of intravenous drug users at New York's Beth Israel Hospital found that about 80 percent of them initially said they would be delighted to participate in a vaccine trial. When informed that their blood would thereafter test positive for HIV, only 40 percent continued to favor personal involvement in such a study.

When informed of that possibility, Project Achieve volunteer Bidgood said the issue didn't bother him. He's faced the same issue for more than 40 years with tuberculosis.

"When my mother was young, she was in a TB sanitorium in New York as a child," Bidgood explained. "When my brother and I were young, she took us back there to be tested."

In those days, the test for TB involved exposing subjects to tiny amounts of the baccillus. From then on, subjects would come up positive on skin tests, Bidgood explained, "so whenever I go up for a TB test I always say, 'I'm positive, and this is why.' And that does it. So with HIV it will be the same."

Even in New York City, were the majority of the adult population has completed high school, there are serious cultural and social obstacles to obtaining true informed consent for such an experiment, according to a report from the Community Vaccine Working Group, comprised of representatives of the city's Minority Task Force on AIDS and Gay Men's Health Crisis.

"With the collective memory of communities filled with incidents like the Tuskegee Study [of syphilis in African-Americans] of the late 1930s or the sterilization of Puerto Rican women in the 1950s," Robert Vazquez of the Minority Task Force on AIDS said, "there can be little doubt why various communities are not beating down the doors to participate in clinical trials."

Nevertheless, to be fair and scientifically meaningful, a New York City vaccine trial would have to be conducted on the populations at greatest future risk for AIDS: women, minorities and drug users who employ needles, the Vaccine Working Group concluded. As incentive for their participation, vaccine volunteers should be guaranteed free health care, long-term follow-up and AIDS education, the group concluded.

Project Achieve currently offers gay male participants free HIV and immune system tests, close counseling and guarantees of continued attention should they become infected, Koblin said.

Indeed, Project Achieve is working with the Aaron Diamond AIDS Research Laboratory in Manhattan on efforts to understand precisely what happens in the human body immediately after HIV infection. Because Project Achieve participants will be tested every three months, anyone who does become infected will be noticed immediately and enrolled in the other research effort. In this way, volunteers have the opportunity to continue assisting medical understanding of AIDS, even if they cannot be a vaccine recipient.

The project hopes to expand to enroll heterosexual women, Koblin said. Project Achieve can be reached at (212) 388-0008.

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OFFICE FOR SPECIAL POPULATION PROJECTS

Ellen L. Rautenberg
Executive Director

TO: Council of AIDS Program Directors

FROM: Ellen Rautenberg

RE: **SPECIAL MEETING ON REIMBURSEMENT: March 2, 1994**

DATE: February 1, 1994

There will be a special meeting of the Council of AIDS Program Directors on March 2 from 11:30 to 2:00 in room 21 at the Academy.

The purpose of the meeting will be to hear the latest from the NYSDOH Office of Health Systems Management on issues which may, in the near future, be affecting HIV inpatient and outpatient rates. Bob Barnett, Assistant Director for the Division of Health Care Financing, is the person in charge of HIV-related reimbursement issues and will be our speaker. He will be discussing the TB/HIV cost studies; inpatient rates including DRGs; NYPHRM V; outpatient pricing; and the Blue Cross audits.

The State budget is now being debated and things seem to be moving quickly in Albany. Ample time will be available for questions, discussion and consideration of any follow-up action that needs to take place.

For those of you whose eye's glaze over when reimbursement is discussed, you may bring your Administrator to this meeting. In any case, please RSVP to Marvin Lieberman's office (876-8200, ext. 260) to confirm your attendance.

Because of this special meeting, **the regular meeting scheduled for March 24th is cancelled.**

THE WHITE HOUSE

WASHINGTON

February 10, 1994

W. David Hardy, M.D.
UCLA Care Center
Room BH-412 CHS
10833 LaConte Avenue
Los Angeles, California 90024

Dear Dr. Hardy:

Thank you for the invitation to speak at the "Clinical Care Options for HIV Disease" symposium in Phoenix, April 21-24, 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

Video

December 28, 1993

W. David Hardy, M.D.
UCLA Care Center
Room BH-412 CHS
10833 LaConte Avenue
Los Angeles, CA 90024

Dear Dr. Hardy:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the "Clinical Care Options for HIV Disease" symposium in Phoenix, April 21-24, 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

Please submit
Curriculum Vitae
by WED. DEC. 1st

Thank you !

CLINICAL CARE OPTIONS FOR HIV DISEASE

4TH NATIONAL SYMPOSIUM

RECEIVED
NOV 19 1993

Co-Chairpersons:

W. David Hardy, MD
University of California,
Los Angeles
Care Center Rm BH-412 CHS
Robert L. Murphy, MD 10833
Northwestern University LaConte Ave
LA CA
Charles van der Horst, MD 90024.
University of North Carolina

Planning Committee:

Richard E. Chaisson, MD
Johns Hopkins University

Patricia M. Garcia, MD
Northwestern University

Michael Gottlieb, MD
Private Practice

Donald P. Kotler, MD
Columbia University

Bruce Polsky, MD
Memorial Sloan-Kettering
Cancer Center

Thomas Smith, MD
Private Practice

Joel Weisman, DO
Private Practice

Executive Director:
Jeffrey L. Drezner, MD, PhD

Program Manager:
Melanie Moore, MA, CHES

November 19, 1993

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

Dear Ms. Gebbie:

Pursuant to your conversation with Dr. David Hardy at UCLA, and Ben Merrill's conversation with Dr. Charles van der Horst at the University of North Carolina, we are pleased to formally invite you to speak at the Fourth National "Clinical Care Options for HIV Disease" Symposium to be held at the Arizona Biltmore Resort in Phoenix, Arizona, from April 21 - 24, 1994. **The 1994 symposium will be attended by approximately 300 primary HIV care physicians and clinical researchers who are leaders in their communities across the country. This is a very advanced program, and a phenomenal opportunity for you to have this timely forum to interface with such a large number of HIV specialsts.**

The meeting occurs in a beautiful desert resort setting that permits a mixture of both formal teaching and informal networking with colleagues. The last three years' conferences have been overwhelming successes and we anticipate that this year we will continue that tradition.

We would specifically like you to present a plenary talk on "The Clinton Health Plan and AIDS Care", currently scheduled for Sunday, April 24, 1994 from 9:15 - 11:00am. We recommend that the format of your session be lecture for one hour then engage in a 45 minute discussion period with the audience.

310 825 4444 206 3474

21755 Ventura Boulevard
Suite 193

In addition to speaking at the meeting, you are invited to participate in the entire conference as a guest with lodging, air and ground transportation as well as associated incidental expenses covered. You are also invited to bring a guest, although travel expenses for your guest cannot be provided. We are happy to offer you an honorarium of $2000 for your participation as a faculty member.

Thank you in advance for submitting your faculty information by December 1, 1993 (to meet CME application deadlines), and syllabus materials by February 1, 1994 (to meet review and production deadlines.) You will receive with your honorarium a $250 on-time incentive bonus for your kind support of the CME application and syllabus production schedule.

Enclosed is a preliminary symposium agenda with proposed speakers. Also enclosed are a Faculty Response Form and a "Disclosure for CME Speakers" form. **Please return your**

- Faculty Response form
- Disclosure for CME Speakers form
- Curriculum Vitae

to Ms. Melanie Moore **via fax** 818/884-9122
▸▸▸ **by Wednesday, December 1, 1993.**

The Arizona Biltmore is a beautiful location and the meeting promises to be a highly informative and relaxing event. We hope you will be able to participate in this Symposium, and that we might see you then!

Sincerely,

W. David Hardy, MD Robert Murphy, MD Charles van der Horst, MD

enclosures

cc: Ben Merrill, JD

CLINICAL CARE OPTIONS FOR HIV DISEASE

4th National Symposium
April 21-24, 1994

PRELIMINARY AGENDA

THURSDAY, APRIL 21, 1994

7:00pm	**RECEPTION**	

FRIDAY, APRIL 22, 1994

7:00am	**CONTINENTAL BREAKFAST** **CME SIGN-IN**	
8:00am	**WELCOMING REMARKS**	W. David Hardy, MD
8:15 - 9:15am	**NEW CONCEPTS IN PATHOGENESIS**	TBD
9:15 - 10:00am	**CURRENT MANAGEMENT OF ANTI-RETROVIRAL THERAPY**	Robert Murphy, MD
10:00 - 10:15am	**BREAK**	
10:15 - 11:00am	**FUTURE DIRECTIONS IN ANTI-RETROVIRAL THERAPY**	Michael Saag, MD
11:15 - 12:30pm	**BREAKOUT SESSIONS**	(see attached)

CASE PRESENTATIONS:
CLINICAL MANAGEMENT ISSUES

- MAI
- CMV
- Recurrent Bacterial Infections
- Women and HIV: Obstetrics
- Ethical and Practical Dilemmas in Death and Dying
- Caregiver Burnout

12:30 - 1:30pm	**LUNCH**	
5:30 - 6:30pm	**MEET THE FACULTY** **ROUNDTABLE DISCUSSIONS**	(see attached)

SATURDAY, APRIL 23, 1994

7:00am	**CONTINENTAL BREAKFAST** **CME SIGN-IN**	
8:00am	**SYMPOSIUM UPDATE** **DAY 2 OVERVIEW**	Robert Murphy, MD
8:15 - 9:15am	**PROPHYLAXIS OF OPPORTUNISTIC INFECTIONS**	Richard E. Chaisson, MD
9:15 - 10:00am	**ENDOCRINE ASPECTS OF HIV**	TBD
10:00 - 10:15am	**BREAK**	
10:15 - 11:00am	**IMMUNOMODULATORS**	Julie McElrath, MD
11:15 - 12:30pm	**BREAKOUT SESSIONS**	(see attached)

CASE PRESENTATIONS:
CLINICAL MANAGEMENT ISSUES

- MAI
- CMV
- Recurrent Bacterial Infections
- Women and HIV: Gynecology
- Ethical and Practical Dilemmas in Death and Dying
- Caregiver Burnout

12:30 - 1:30pm	**LUNCH**	
5:00 - 6:00pm	**MEET THE FACULTY** **ROUNDTABLE DISCUSSIONS**	(see attached)

SUNDAY, APRIL 24, 1994

8:00am	**BREAKFAST/BRUNCH** **CME SIGN-IN**	
9:00 - 9:15am	**SYMPOSIUM REMARKS**	Charles van der Horst, MD
9:15 - 11:00am	**THE CLINTON HEALTH PLAN AND AIDS CARE**	Kristine Gebbie

BREAKOUT SESSION FACULTY

MAI	Richard E. Chaisson, MD Connie Benson, MD
CMV	W. David Hardy, MD Douglas Jabs, MD
RECURRENT BACTERIAL INFECTIONS	Bruce Polsky, MD Jane Koehler, MD
WOMEN & HIV: OBSTETRICS, GYNECOLOGY	Patricia Garcia, MD Howard Minkoff, MD
ETHICAL AND PRACTICAL DILEMMAS IN DEATH AND DYING	Charles van der Horst, MD Molly Cooke, MD
CAREGIVER BURNOUT	Joel Weisman, DO Donald Abrams, MD

MEET THE FACULTY
ROUNDTABLE DISCUSSIONS

NEW CONCEPTS IN PATHOGENESIS	TBD
CURRENT MANAGEMENT OF ANTI-RETROVIRAL THERAPY	Robert Murphy, MD
FUTURE DIRECTIONS IN ANTI-RETROVIRAL THERAPY	Michael Saag, MD
PROPHYLAXIS OF OPPORTUNISTIC INFECTIONS	Richard E. Chaisson, MD
ENDOCRINE ASPECTS OF HIV	TBD
IMMUNOMODULATORS	Julie McElrath, MD Michael Gottlieb, MD
MAI	Richard E. Chaisson, MD Connie Benson, MD
CMV	W. David Hardy, MD Douglas Jabs, MD
RECURRENT BACTERIAL INFECTIONS	Bruce Polsky, MD Jane Koehler, MD
WOMEN & HIV: OBSTETRICS, GYNECOLOGY	Patricia Garcia, MD Howard Minkoff, MD
ETHICAL AND PRACTICAL DILEMMAS IN DEATH AND DYING	Charles van der Horst, MD Molly Cooke, MD TBD
CAREGIVER BURNOUT	Joel Weisman, DO Donald Abrams, MD
GASTROINTESTINAL MANIFESTATIONS	Donald P. Kotler, MD

FACULTY RESPONSE FORM
PLENARY: April 24, 9:15 - 11:00am

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street NW, Suite 1060
Washington, DC 20503
PHONE: 202-632-1090
FAX: 202-690-6584

I am pleased to serve as a faculty member at the 4th National Symposium, **Clinical Care Options for HIV Disease**, to be held at the Arizona Biltmore in Phoenix, Arizona, from **April 21 through April 24, 1993.**

I. Please list my titles/affiliations to be included in the Symposium brochure and syllabus as follows:

_____
_____
_____
_____

II. The following **learning objectives** (proposed by Symposium Planning Committee) are
□ **OK as is** □ **OK with changes noted**

1. Describe the effect of the Clinton Health Plan on the prevention of the spread of HIV.
2. Describe the effect of the Clinton Health Plan on the care for indigent, illegal aliens, and minority race members.
3. Describe the effect of the Clinton Health Plan on HIV research and teaching hospitals.

III. I will provide my Faculty Information and Syllabus Materials by the following dates:

December 1, 1993: ***Faculty Information***	***February 1, 1994:*** ***Syllabus Materials*** (diskette & hard copy)
■ Faculty Response form	■ Outline
■ Disclosure for CME Programs form	■ Algorithm, Table or Chart related to objectives
■ Curriculum Vitae	■ Key References
	■ 5 Questions & Answers (CME requirement)

IV. I understand that I will be a guest for the entire conference, from April 21-24, 1994, with all travel expenses paid, and that more information about the conference will be forthcoming under separate cover. I understand that I will receive an honorarium of $2000 in addition to a $250 incentive bonus for submitting all of my materials on time.

Signed:_____ **SS#:**_____

Please FAX Faculty Information by <u>WEDNESDAY, DECEMBER 1, 1993</u> to:
Melanie Moore, MA, CHES
Program Manager

NORTHWESTERN UNIVERSITY MEDICAL SCHOOL
Office of Continuing Medical Education

DISCLOSURE POLICY AFFECTING CME ACTIVITIES

If a program speaker is affiliated with or has financial interest in an organization that may have a direct interest in the subject matter of a continuing medical education presentation, that affiliation or interest must be disclosed.

The prospective audience will be made aware of the affiliation or financial interest of a speaker by an acknowledgement in the faculty listing of the written program or syllabus.

For Example:

John Doe, M.D.
Professor, Department of Internal Medicine
Northwestern University Medical School
Research Consultant, Peterson Pharmaceuticals, Madison, WI

or if Dr. Doe has a financial interest:

John Doe, M.D.
Professor, Department of Internal Medicine
Northwestern University Medical School
Stockholder, Peterson Pharmaceuticals, Madison, WI

It is not the intent of this policy to prevent any speaker from making a presentation. It is intended that the listeners may form their own judgements about the presentation with the full disclosure of the facts.

EDUCATIONAL GRANTS

provided for the

CLINICAL CARE OPTIONS FOR HIV DISEASE
4th National Symposium

- Abbott
- Astra
- Bristol Myers/Squibb
- Critical Care America
- Ortho Biotech
- Pfizer - Roerig
- Sandoz
- Schering Plough
- Smith Kline
- Syntex

NORTHWESTERN UNIVERSITY MEDICAL SCHOOL
Office of Continuing Medical Education

DISCLOSURE FOR CME PROGRAM SPEAKERS

Northwestern University Medical School has adopted the attached policy regarding disclosure affecting continuing medical education programs.
Please identify any affiliations or financial interest you may have in any organization that may have an interest in your proposed presentation at our upcoming conference:

Name of conference: _____

I do ____ I do not ____ have an affiliation/financial interest with organizations that may have a direct interest in the following presentation(s):

1. _____
title of talk

2. _____
title of talk

3. _____
title of talk

My affiliation or financial interest is in the following capacity and with the organization named:

Affiliation/Financial Interest	**Name of corporation/organization**
Grant/research support	_____
Consultant/scientific advisor	_____
Speaker's Bureau	_____
Officer, director or holder of more than 10% of the issued stock	_____
Other financial or material support	_____

_____
NAME (PLEASE PRINT)

_____
Signature

ROUTING AND TRANSMITTAL SLIP

Date: 11.7.93

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Steve Lee		
2.		
3.		
4.		
5.		

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate	X	For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

Please see attached request by next April.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Ben	Phone No.

5041-102

GPO : 1987 0 - 196-409

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

THE WHITE HOUSE

WASHINGTON

November 8, 1993

Charles van der Horst, MD
Director, UNC AIDS Clinical Trials Unit
University of North Carolina at Chapel Hill

FAX: 919/966-6714

Dear Charlie:

Thanks for the thanks. But you're not getting off that easily. When are you taking me to dinner. I have Nora's in mind.

Sorry for the delay in responding to your letter of October 13th but since then I've been to San Francisco and New Orleans for the office.

I've forwarded your invite for Kristine at the Clinical Focus Group Meetings in mid-April. Unfortunately, our office is unable to commit her out that far in advance. I have forwarded you request to Steve Lee, her executive assistant/scheduler and he will be in touch with you after the new year. Generally, because of the demands on the office, we are unable to schedule out more than 60 days in advance. This is usually enough time to allow people to prepare their public relations materials.

I am sure that Steve will be in touch with you in early February, 1994.

Now, about dinner . . . .

Warmest personal regards,

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

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

School of Medicine
Department of Medicine
Division of Infectious Diseases

Main Office: (919) 966-2536
Infection Control: (919) 966-3242
FAX: (919) 966-6714

CB# 7030, 547 Burnett-Womack
The University of North Carolina at Chapel Hill
Chapel Hill, N.C. 27599-7030

October 13, 1993

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

FAX TO: (202) 690-6584
RETURN FAX: (919) 966-6714

Dear Ben:

Dinner at the Red Sage was great. The only problem is that you've jumped to such a lofty height, I get nose bleeds when we talk! Thanks for the dinner.

Rob Murphy (Northwestern), David Hardy (UCLA), and I are organizing our third Annual HIV Clinical Focus Group Meeting from April 21-24 in Phoenix, Arizona. This is a meeting for approximately 400 HIV caregivers (MD's, RN's, PA's, FNP's) to get new information in an unbiased fashion (i.e. not slanted towards a particular pharmaceutical company) in an informal setting. It is unique in that these are not academicians but front line folks. They gave me a unique perspective as a speaker.

We would like to ask your boss, Ms. Gebbie to speak on Sunday morning (April 24) for 1 hour and answer questions for 1 hour. If she would like to join us for the entire meeting and hear the other talks, that would be fine. Let me know if this is feasible and I'll fax you more information.

Best regards,

Charlie

Charles van der Horst, MD
Associate Professor of Medicine
Director, UNC AIDS Clinical Trails Unit

CvdH:sh

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Ms. Mer Ursula Zovko
Assistant Dean for Student Development
Boston College
Chestnut Hill, Massachusetts 02167-3805

Dear Ms. Zovko:

Thank you for the invitation to speak at the Boston College Emerging Leader Program Banquet on April 19, 1994. Unfortunately, my schedule does not permit me to attend. 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 18, 1993

Mer Ursula Zovko
Assistant Dean for Student Development
Boston College
Chestnut Hill, MA 02167-3805

Dear Ms. Zovko:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the Boston College Emerging Leader Program Banquet on April 19, 1994. I have shared your invitation with Ms. Gebbie and your request is under consideration. Please contact me at (202) 632-1090 after January 10, 1994 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

BOSTON COLLEGE
CHESTNUT HILL, MASSACHUSETTS 02167-3805

RECEIVED
NOV 30 1993

Steve
Mayfield

OFFICE OF THE DEAN FOR STUDENT DEVELOPMENT
(617) 552-3470

November 17, 1994

Ms. Kristine M. Gebbie
National Aids Policy Coordinator
Executive Office of the President
Washington, D.C. 20503

Dear Ms. Gebbie:

I recently had the opportunity to speak with Mr. Steven Lee regarding the possibility of having you as our guest speaker at Boston College's Emerging Leader Program Banquet, to be held during the evening of Tuesday, April 19, 1994. Mr. Lee encouraged me to put the details of the event in writing, and submit them to you for consideration.

The Emerging Leader Program is a one-year leadership development program that is designed to infuse in its participants a sense of leadership and social awareness. The fifty freshmen (selected from over 200+ applicants) who have been chosen to participate in this program arrive on the Boston College campus three days prior to their peers in the Fall. They are then taken off-campus to an outdoor, experiential education center in the mountains of New Hampshire, where they undergo two days of intensive team building and problem solving exercises.

During the academic year, these freshmen meet weekly to explore a wide variety of themes, such as volunteerism, social justice, organizational change, leadership development, etc. (please see attached schedule). These programs are presented by a variety of individuals both internal and external to Boston College, and have included such leaders as former Massachusetts Governor Michael Dukakis and Harvard University's Dr. Arthur Levine.

In addition to the weekly sessions, the freshmen are also responsible for planning and participating in a service learning project within the local community. These projects allow the students to take what they have learned inside the confines of Boston College, and apply that knowledge toward the betterment of the city and the individuals living within it.

The culminating event of the Program is the annual end-of-the-year banquet. This banquet provides the University community with an opportunity to recognize the accomplishments these students have made over the course of the academic year. It is our belief that E.L.P. students have been presented with a unique opportunity to develop their interpersonal and leadership skills, and that this opportunity carries with it an obligation to utilize these skills in a manner consistent with the Jesuit philosophy of "service to others" and "cura personalis" (care of the person). A keynote speaker such as yourself, who personifies a commitment to social justice and who could emphasize this obligation, would be a fitting closure to their experience. (Past speakers have included such individuals as United States Attorney Wayne Budd, Boston City Councilor Rosaria Salerno, and Boston's WBZ Channel 4 anchorwoman Liz Walker).

We would be very pleased and excited to have you accept our invitation. While we realize your schedule is a busy one, we do hope that you will be able to find the time to visit our campus and convey the message that "service to others" is every student's responsibility and that positive social change starts with individual effort.

Mr. Lee informed me that your office can confirm your schedule only 60 days in advance, but also encouraged me to give your office a call around the beginning of January to see whether or not this is something you might be interested in doing. Please don't hesitate to call me if there is any other information about the program or the evening that I can provide you with.

Thank you in advance for your consideration, and have a happy holiday season!

Cordially,

Mer Ursula Zovko

Mer Ursula Zovko
Assistant Dean for Student Development

THE EMERGING LEADER PROGRAM
1992-1993

FIRST SEMESTER SCHEDULE

August 26-27-28	Retreat to Sargent Camp, Peterborough, N.H.
September 1	Small Group Outings
September 8	Introduction Session
September 15	The Myers-Briggs Test Indicator
September 22	Service Project Planning
September 29	Rosaria Salerno, Boston City Councilor
October 6	The Jesuit Identity at Boston College
October 13	MIDTERM BREAK
October 20	Bafa, Bafa - Multicultural Simulation
October 27	Current College Campus Issues Debate
November 3	ELP Alumni
November 10	AIDS Awareness
November 17	Michael Dukakis on the 1992 Presidential Election
November 24	THANKSGIVING BREAK
December 1	Study Skills and Time Management
December 9	Holiday Social

SECOND SEMESTER SCHEDULE

January 19	Programming and Bureaucracy at BC/Simulation
January 26	Group Project Planning
February 2	Relationships - Fr. Joe Marchese
February 9	Wellesley College - Project Hope
February 16	Dr. Arthur Levine- Harvard University
February 23	Career Center - Janet Costa Bates
March 2	Report on the Multicultural Retreat
March 9	SPRING BREAK
March 16	Pins and Straws
March 23	Neal Hartman - Non Verbal Communication
March 30	J. Donald Monan, S.J., President of Boston College
April 6	EASTER BREAK
April 13	Evaluations of ELP 1992-1993
April 20	Emerging Leader Program Banquet

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Ms. Karen McManus
Women of Color AIDS Council
J & T Development, Inc.
655 Morton Street
Mattapan, Massachusetts 021126

Dear Ms. McManus:

Thank you for the invitation to speak at the "Breaking the Silence: Voices of HIV Positive Women of Color Living the Reality" first annual summit meeting of the Women of Color AIDS Council on April 8-9, 1994 in Boston. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or would be interested in having another staff member from the Office of National AIDS Policy speak at the meeting, please let me know. If I can assist in some other way, for instance with a video address, do not hesitate to contact me.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

No video? surrogate?

January 30, 1994

Karen McManus
Women of Color AIDS Council
J & T Development, Inc.
655 Morton Street
Mattapan, MA 021126

Dear Ms. McManus:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the "Breaking the Silence: Voices of HIV Positive Women of Color Living the Reality" on April 8-9, 1994 in Boston. 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

WOMEN OF COLOR AIDS COUNCIL
J & T Developments, Inc.
655 Morton Street
Mattapan, MA 02126
(617) 298-2604

what's the calendar like?

W.C.A.C.

RECEIVED
JAN 19 1994

January 14, 1993

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

Dear Ms. Gebbie:

We cordially invite you to attend the Women of Color AIDS Council first annual summit called **"Breaking the Silence: Voices of HIV Positive Women of Color Living the Reality"**. We are a group of women infected and affected by this pandemic of AIDS. Our Summit will consist of plenary session, panel discussion, workshops, and exhibits.

Enclosed with this invitation is a packet of information about the WCAC. We came together to influence HIV/AIDS planning and policy in the state of Massachusetts. WCAC is a nonprofit and grassroots organization. The group is driven by the participation of women of color living with the virus. WCAC is working on their first project called the WCAC Initiative. The purpose of this initiative is to provide women who are infected and affected. by HIV/AIDS an opportunity to voice their needs, concerns and desires regarding HIV disease. The project consist of three components:

1.) focus groups (culturally and linguistically appropriate)
2.) workshops (culturally and linguistically appropriate)
3.) summit: (culturally and linguistically appropriate)

Each component feeds into the next. Focus groups have been conducted across the state which included women from diverse backgrounds. A survey was developed to inquire about the needs of women. What we learned from the focus groups dictated what workshops would need to happen at this current time. They are sexuality, family, treatment, and legal issues.

After the focus groups and workshops take place the summit will be the last but major component. This summit will have a differ-

ent format, because women who are living with the virus will have an opportunity to be in the forefront and in leadership roles. WCAC members are inviting policy makers, elected officials, health care providers, and others to participate, not as speakers but as members of the audience during the first half. Women who are affected will be the presenters and facilitators during the morning session, on April the 8th.

Women in the AIDS epidemic have been invisible. Using this format will help demonstrate that women of color have the ability to articulate their needs.

The goals and objectives of the summit:
1.) assess the differences and commonalities of women of color in the state of Massachusetts in regards to HIV/AIDS-related knowledge, attitudes, beliefs, and behaviors
3.) how to provide support and assistance women of color to adopt sexual risk reduction behaviors
4.) to address the issues of access and assess HIV/AIDS services that already exist and what additional services are required to assist women who are infected and affected

WCAC Initiative will generate, access and disseminate information about HIV disease and AIDS through education and provision of gender-specific and culturally appropriate services. After, the initiative has been completed, with the summit being the conclusion a report will be generated on what was achieved through this effort and direct future plans.

We are requesting your participation in the all day summit. The summit is a two day conference with the summit actually taking place on Friday, April 8th. And, the second day will consist of workshops. The second half of the summit on April 8th there will be a panel discussion on 1.) panelists response to the morning session 2.) additional information from their area of expertise 3.) question/answer period.

Therefore, we are asking for your support. Dr. Joycelyn Elders, the U.S. Surgeon General has been confirmed. She will be our keynote speaker in the morning. Eleanor Mitchell, a woman of color living with the virus will be the other keynote speaker. Your participation will ensure involvement from other potential policy makers, as well as officials from the national and local levels.

Thank you for taking the time to consider participating in our summit. We look forward to hearing from you.

Sincerely,

Karen Mc Manus

Karen Mc Manus
Women of Color AIDS Council

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Mr. William W. Woodward
Administrative Coordinator
Adirondack AIDS Task Force
Post Office Box 445
Glen Falls, New York 12801

Dear Mr. Woodward:

Thank you for the invitation to attend the Adirondack AIDS Task Force symposium on AIDS issues for the local Northern New York area on Monday, April 25, 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

WD

Adirondack AIDS Task Force 72-74 Warren Street, P.O. Box 445, Glens Falls, NY 12801 Telephone: 518-745-7028

February 3, 1994

Steve Lee
Scheduler to Kristine Gebbie
National AIDS Policy Office
750 17th St. N.W. Suite 1060
Washington, D.C. 20006

Dear Mr. Lee:

The Adirondack AIDS Task Force in association with The Adirondack Community College in Glens Falls, N.Y. annually sponsors a symposium on AIDS issues for the local Northern New York area. This is one of three yearly events designed to bring media attention and spark awareness in this very rural area. The number of HIV infected persons continues to increase in this area and the local citizens need continual enlightenment. The increase in rural HIV exposure is alarming and our area is a conservative one with little chance for media coverage unless the events and presenters are of national status. I feel that Kristine Gebbie could draw a great audience, that the media would get involved and that our message could be loudly heard.

The Symposium is being held on Monday April 25 from 7-9 pm. We are one hour from Albany Airport and accomodations could be easily arranged. Please let me know as soon as possible about availability, fees and special needs.

If this date is not available, could we look into doing something in the month of September.

Thank You For Your Consideration,

William W. Woodward
Administrative Coordinator

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Pascal James Imperato, M.D.
Department of Preventive Medicine
and Community Health
SUNY Health Science Center at Brooklyn
Box 43
450 Clarkson Avenue
Brooklyn, New York 11203-2098

Dear Dr. Imperato:

Thank you for the invitation to speak at the "Turning Points: Key Policy Debates for the Inner-City HIV Epidemic in the Coming Decade" conference on April 8, 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

PD

December 28, 1993

Pascal James Imperato, M.D.
Department of Preventive Medicine and
Community Health
SUNY Health Science Center at Brooklyn
450 Clarkson Avenue
Box 43
Brooklyn, NY 11203-2098

Dear Dr. Imperato:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at the "Turning Points: Key Policy Debates for the Inner-City HIV Epidemic in the Coming Decade" conference on April 8, 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

DEPARTMENT OF PREVENTIVE MEDICINE
AND COMMUNITY HEALTH

DEC 10 1993

December 2, 1993

Steve?, what sort of vague commitment do I have in the spring?

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

Dear Ms. Gebbie:

I would like to cordially invite you to be the keynote luncheon speaker at a Northeast regional symposium on April 8, 1993 entitled ***Turning Points: Key Policy Debates for the Inner-City HIV Epidemic in the Coming Decade***.

This symposium with an expected attendance of about 300 leaders from public health, politics, and inner-city communities will discuss the complex issues surrounding the spread of HIV within poor, urban communities of color. For example, discussants will present different sides of the debates on the universal screening of newborns, on decriminalization of needle use, on mandatory partner notification, and on exclusion of infected of immigrants. We expect excellent coverage by the local and national press.

The symposium will take place on our campus in central Brooklyn, an area which, as you know, has one of the highest prevalence rates of HIV in the country. Our campus is a very active center of professional education, community involvement, health care, and research related to HIV.

While some of the policy decisions that will determine control of the epidemic will be made at the state level, the national framework of HIV policy is of great importance. We would very much appreciate your briefing us for twenty to forty minutes on the HIV policy proposals of the Clinton Administration during the luncheon session. The proceedings of the symposium will form the contents of a special issue of **The Journal of Community Health**, of which I am editor.

I recognize your schedule is extremely busy. I hope you will be able to accept our invitation as an excellent forum for presenting the Administration views to a receptive and influential audience.

Yours sincerely,

Pascal James Imperato, MD, MPH & TM
Professor and Chairman

STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
450 CLARKSON AVENUE, BOX 43, BROOKLYN, NY 11203-2098 • (718) 270-1056, 1057

DEPARTMENT OF PREVENTIVE MEDICINE
AND COMMUNITY HEALTH

RECEIVED
JAN 11 1994

January 3, 1994

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

Dear Ms. Gebbie:

In regard to our invitation to you to be the keynote speaker at our Northeast HIV policy symposium on Friday, April 8, 1994, your office has informed us by phone that your schedule is usually not finalized until sixty days before an event.

I can well understand the need of someone in your position to retain considerable flexibility in scheduling.

Because preparations for the symposium require more than sixty days notice, I would like to clarify that our invitation is to you or to any representative you would like to send in your place, as dictated by the priorities of your schedule.

We anticipate a very strong turnout for the conference that should provide an excellent audience for you or another spokesperson to communicate the policies of the Clinton Administration.

We would appreciate a response at your earliest convenience.

Yours sincerely,

Pascal James Imperato MD, MPH & TM
Professor and Chairman

STATE UNIVERSITY OF NEW YORK HEALTH SCIENCE CENTER AT BROOKLYN
450 CLARKSON AVENUE, BOX 43, BROOKLYN, NY 11203-2098 • (718) 270-1056, 1057

THE WHITE HOUSE

WASHINGTON

February 10, 1994

Mr. Charles Albrecht
Executive Director
AIDS Volunteers of Cincinnati
2183 Central Parkway
Cincinnati, Ohio 45214

Dear Mr. Albrecht:

Thank you for the invitation to attend the AIDS Volunteers of Cincinnati annual meeting and volunteer recognition dinner on April 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

ND
Video

December 16, 1993

Charles Albrecht, Executive Director
AIDS Volunteers of Cincinnati
2183 Central Parkway
Cincinnati, OH 45214

Dear Mr. Albrecht:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to attend the AIDS Volunteers of Cincinnati annual meeting on April 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

AVOC AIDS Volunteers of Cincinnati
A Professional AIDS Service Organization

RECEIVED
NOV 29 1993

BOARD OF TRUSTEES
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Charles Albrecht,
Executive Director

November 24, 1993

Kristine Gebbie
Office of National AIDS Policy
750 17th Street N.W., Suite 1060
Washington, D.C. 20503

Dear Ms. Gebbie:

During the National Skills Building Conference in New Orleans, it came to may attention that you were scheduling visits to various cities around the country to learn more about how these cities are addressing the HIV/AIDS crisis on local levels. I applaud your efforts and would like to invite you to Cincinnati for such a visit.

I believe that Cincinnati is representative of a moderate incidence city that has truly grasped the concept of collaboration, planning and effective utilization of limited resources. Founded in 1983, AIDS Volunteers of Cincinnati, Inc. (AVOC), was one of the first AIDS service agencies in the country and has been a strong advocate of collaboration since our inception.

A personal visit by you could prove beneficial to your office and to the HIV/AIDS support and education effort in Cincinnati. First hand knowledge of how moderate incidence cities are working to address this epidemic will be valuable as you develop your strategies to address the HIV/AIDS epidemic on a national level. Locally, your presence will significantly increase awareness of this issue and enable agencies such as AVOC to more easily reach those in our community who still deny HIV/AIDS is a local problem.

I realize that it is important that you utilize your time to reach as many individuals as possible. To this end, I would suggest a visit to Cincinnati during the month of April when AVOC holds our annual meeting / volunteer recognition dinner. This event is typically attended by 500 individuals. In

(513) 421-2437 • Fax (513) 421-0301 • 2183 Central Parkway • Cincinnati, Ohio 45214-2201
AVOC is an equal service provider and an equal opportunity employer.

addition to speaking during AVOC's annual meeting, I could arrange for site visits for you during the day to various AIDS service providers in the city.

Again, I would like to offer AVOC's support of the tremendous job you have before you and to invite you to visit Cincinnati. Please feel free to contact me at (513) 421-2437 to discuss details of a visit to Cincinnati at your convenience.

Sincerely,

Charles C. Albrecht
Executive Director

AVOC

AIDS Volunteers of Cincinnati

A Professional AIDS Service Organization

A DECADE OF SERVICE

1983-1993

X

1993 ANNUAL REPORT

This report is dedicated to the original Board of Trustees

who were responsible for pioneering

AIDS Volunteers of Cincinnati, Inc. a decade ago.

Their vision and courage laid the foundation for the provision

of services to thousands of people affected by HIV

and prevented untold numbers from becoming

HIV infected in Greater Cincinnati.

Our founding Board of Trustees included:

Gilbert Heier

Dr. Michael Mavroidis

James Smith

&

Michael Weyand

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"AVOC has given me real reassurance that there are people who care about others in need, unconditionally!"

–AVOC Client

This Annual Report was presented during the AIDS Volunteers of Cincinnati, Inc. (AVOC) annual meeting April 15, 1993. The information and statistics included are based on data and activities recorded during the calendar year 1/1/92 through 12/31/92.

LETTERS

FROM THE EXECUTIVE DIRECTOR...

Dear AVOC Friends:

"A Decade of Service". In 1983 few of us realized the impact this pandemic would have on our lives over the next decade. So how are we to interpret the phrase "A Decade of Service" in relation to HIV/AIDS support services and education?

Ten years of responding to the devastation HIV has imposed is not something to celebrate. Confronting every obstacle imaginable to prevent new infections, while watching new requests for client services soar, does not inspire us to mark an anniversary. So why exclaim "A Decade of Service" on our annual report's cover?

Because, even though we would rather there not be a need for AVOC, we have reason to be proud. Proud because in spite of increased need and limited resources, AVOC has survived for an entire decade. For ten years this agency has met with adversity and remained faithful to its mission.

We are proud of the thousands of volunteers, who have given so much of themselves for ten years, expecting nothing in return. For an agency to accomplish the things AVOC has accomplished predominantly through volunteers, is a miracle in itself. But our volunteers do not consider themselves miracle workers; they volunteer because of a genuine desire to help fight this disease. We are proud to have been a part of their efforts.

We are proud of the staff members who have worked for this agency over the past decade. AVOC employees - past and present - could easily have found less stressful employment for higher salaries. Their dedication and tireless commitment to this cause provided AVOC with the ability to develop creative solutions to an endless line of difficult situations.

We are proud of the individuals who in spite of living with AIDS themselves, have given so much to AVOC so that we could continue after they were unable.

AVOC STAFF: From left, seated: Leslie Brecht, Women's Education; Valerie Pitstick, Development Director; Dan Newman, Risk Reduction Specialist; Karen Johnson, Office Manager; Bruce Milton, Case Manager. From left, standing: Meg Deedrick, Community Education; Diane Wright-Moore, Case Management Coordinator; Randy Haumesser, Case Manager; Diana Long, Volunteer Coordinator; Charles Albrecht, Executive Director; Laura Butler, Client Services Manager.

This annual report captures the results of "A Decade of Service." It describes the programs that address our clients' needs and our struggle to keep the HIV negative from needing those services. But it will never be able to depict the love, pain, and energy expended over the past ten years to create AVOC as we know it today.

I am proud to have been given the opportunity to respond to this epidemic on both a personal and professional level through AVOC. Few individuals are provided with such a phenomenal resource.

Someday, there will not be a need for AVOC. When that day arrives we will celebrate, and we will mark an anniversary. Until that day, we will find refuge in the proud efforts of so many who represent "A Decade of Service" and have worked so hard to fulfill our mission of HIV/AIDS support services and education.

Sincerely,
Charles C. Albrecht

Charles C. Albrecht

Executive Director

FROM THE BOARD PRESIDENT...

Dear Friends,

The success of a non-profit agency can be described in different terms. Obviously one of the measurements that can be used is the fiscal soundness of the organization. It is stating the obvious when it is said that AVOC has grown dramatically over the past ten years. The sad part is that there has been the need to grow in terms of the enormously increased demand for our services. The good part is that through sound planning and with the support of many people, AVOC has begun establishing a firm financial base to help address the need for our services. From a Board perspective, volunteers and money are pivotal in this process. We take very seriously our responsibility to back up the staff programs and services with capable and enthusiastic volunteers in addition to our commitment to maintain AVOC's financial base.

AVOC BOARD OF TRUSTEES: From left, seated: Larry Icard, Dr. Kayla Springer (Vice President), Michael Dorobek, Mary Campbell, Linda McEnroe (Vice President), Nancy Geer. From left, standing: Janet Ach, Kathy Nardiello (Treasurer), Lib Stone, Gina Martin-Breda, Bill Parkes (Secretary), Nancy Unger, Richard Rasner (President), Judge Ann Marie Tracey, David Herriman.Not Pictured: Elaine Boynton, Henry Hersch, Stuart Schloss, Robert Stewart.

As we complete ten years of service, special thanks are in order for the dozens of people who have served on the AVOC board over the years. Much of the work can be thankless and often the feelings can be overwhelming, but still people have not hesitated to step forward and lend a hand. Over the years the AVOC Board has truly become more representative of the entire community, and I cannot think of another non-profit agency in the city that has such a diverse, caring group of people working for it. Thanks to all Board members, past and present for advancing the cause and for helping AVOC become the accepted, respected community agency into which it has evolved.

Over the years, the members of the Boards, AVOC general membership and thousands of people from the entire community have supported AVOC financially. It is amazing what so many of these people are willing to do to help raise funds when they believe so deeply in our cause. Night Against AIDS, the Ultimate House and Garden Tour, AIDS WALK, P.A.R.T.Y.!, the Membership Drive, the Annual Appeal, etc. etc. all not only help keep AVOC alive financially but bring together thousands of people who say in many ways, "We care." Personally, as a Gay man, I am most affected by the benefits organized by the various Gay bars and community groups in town. Over the course of a year these benefits raise amounts from $250 to $10,000 each, but the real "contribution" is the exposure that AVOC receives and the feelings that are present. After all, this is the community that has been affected the most and the community responsible to creating AVOC.

Thank you for being on the AVOC Board, for being a paying member, for buying tickets to benefits, for giving of your time, for folding newsletters, for answering the phone, for visiting friends in the hospital, for serving on committees, for being there when we need you, for caring. If AVOC had a "slogan," it would be the title of the song that is sung at the "Thanks For Life" benefit held each November...

"That's What Friends Are For.."

Thank you for what you have done and for what you are doing. It means more than you will ever know.

Sincerely,

Richard L. Rasner
President

Why Our Name?

A good question. When the agency first began in 1983, every program was managed by a nucleus of dedicated volunteers who addressed the need for AIDS education and support services in Greater Cincinnati. It quickly became apparent that in order to effectively combat the HIV/AIDS epidemic in Greater Cincinnati, a professional staff would be required. Why haven't we changed our name to indicate we are not an entirely volunteer staffed organization?

The answer to this question is twofold. First, AVOC's ability to deliver HIV/AIDS services and educational programs relies heavily on volunteer efforts. The requests for programs far exceeds the capabilities of our dedicated, but minimal staff. Without our volunteer base, hundreds of requests would go unmet.

Second, AVOC volunteers in 1993 reflect the same dedication and commitment of the volunteers who were the cornerstone of our unique organization in 1983. We have chosen not to lose sight of this. We are proud of the volunteers who created this agency and the volunteers who continue to enable AVOC to fulfill its mission. Our name speaks of a history we do not want to lose sight of.

AVOC volunteers, like people living with HIV/AIDS, come from all walks of life - they are the faces of AIDS. Our name recognizes the thousands of individuals who have given freely of themselves over the decade and serves as a reminder of the original volunteers who created what remains known a decade later as AIDS Volunteers of Cincinnati.

AVOC volunteers participating in the Candelight March in conjunction with the 1992 NAMES Project display in Washington, D.C.

What Do We Do?

AVOC's mission is twofold and has remained consistent since our inception: 1) To provide support services to the HIV affected, their families, friends and loved ones; and 2) To provide HIV/AIDS education and prevention programs to the Greater Cincinnati area.

We fulfill this mission through three overlapping departments: Client Services, Education and Volunteer Support Services.

AVOC's Clients Services programs address the full range of emotional and physical needs of people affected by HIV. Client Services offers programs ranging from an empathetic listener to providing home health care for clients requiring 24 hour assisted living.

AVOC educators utilize every resource available to prevent future infections, dispel myths regarding AIDS and enhance community understanding and support for individuals affected by HIV/AIDS.

Volunteer Support Services provide the person power and expertise necessary to provide the support services and education the changing face of AIDS demands. Through its diversity, AVOC Volunteer Support Services create a collaborative, unified and powerful response to the AIDS epidemic.

Who Do We Serve?

AVOC's service region encompasses eleven counties in Ohio, Indiana and Kentucky. Our diverse client base reflects the demographics of the people living with HIV. Many groups access

our education programs ranging from those engaging in high risk activities to corporations addressing AIDS in the workplace.

Our client base is representative of the fact that ethnicity, religion, gender or sexual orientation do not determine who contracts HIV. In 1989, our client base consisted of 98% gay men. Currently, 60% of our clients are gay men. Women represent 11% of our client base and exhibit the highest rate of increase in requests for new intakes.

32% of our clients are people of color and 59% of our clients have an annual income of less than $5,000. Clients ages range from infants to grandmothers.

Today, AVOC is taking advantage of a ten year history of education and support services to reach out to the diverse populations affected by the HIV/AIDS epidemic. Our staff, volunteers and Board Members are men and women of different ethnicities, ages, sexual orientations and HIV status. They represent the broad spectrum of the epidemic and dispel the myth that AIDS does not affect every one of us. Through the hard work and experiences of the gay community during the onset of the AIDS crisis, AVOC has been able to develop a broad based response to new communities affected by HIV.

How Can We Provide Free Support and Education?

Only through continued support from the private sector. While AVOC has dramatically increased our funding through grant awards in recent years, we remain heavily dependent on the generosity of individuals. As the demand for services increases, government grants have been decreased, stabilized or eliminated completely.

Government subsidies used in 1992 to underwrite the costs of home health care for our clients have been cut from the federal budget. For the past three years, we have received federal funds to support our Community Education Program. These funds may be eliminated as early as July of 1993. Other government grants that are expected to continue are insufficient to meet the increased demand for education or support services.

59% of our 1992 revenue budget came from grants and foundations. With the impending cuts, AVOC will rely on the generosity of individuals and corporate contributions. The phenomenal success of Night Against AIDS prevented AVOC from experiencing an income vs. expenses deficit in 1992. In 1993, AVOC may be forced to utilize our cash reserves for the first time in our ten year history.

Night Against AIDS III table design winner "The Secret Garden" sponsored by Mr. and Mrs. Kenneth Mahler. The table was designed by Murph Mahler, Ruth Sawyer, Val Sena and Barbara Stanley.

CLIENT SERVICES

"My baby and I came here when we had nowhere else to go. I'm not really sure where we'd be if AVOC wasn't here"
–AVOC Client

HIV/AIDS is about loss - loss of friends, family, job, insurance, home, health, aspirations and dreams. Sadly, HIV is about the loss of life. HIV disease can take control away from the individual. AVOC client services empowers our clients to retain control. Client Services addresses the full spectrum of HIV illness: from the asymptomatic clients who fear desertion to the clients requesting assistance to maintain dignity during their final days.

AVOC services were provided in either an anonymous or confidential manner. In 1992, 568 clients accessed our confidential services. 211 of these individuals were new clients. This represents 24 new requests per month.

In addition to our confidential services, over 700 individuals accessed AVOC's anonymous programs.

Case Management

Case management helped clients access and coordinate the comprehensive array of services needed over the continuum of HIV disease. In 1992, our staff of two case managers, a client services manager and a case management coordinator provided case management for 365 clients.

Through case management, clients were provided assistance and direction that enabled them to address their HIV status and continue to lead high quality and productive lives.

Chemical & Alcohol Dependency

Substance abuse plays a major factor in the transmission of HIV. In 1992, 14% of AVOC clients reported a history of IV drug use, while a total of 65% had experienced chemical or alcohol dependency.

Our case managers assisted clients in accessing in-house and community resources that enabled them to address dependency issues and incorporate positive change in their life. In 1992, case managers referred 45 clients to area rehabilitation programs. Room With A View, AVOC's support group for HIV affected people in recovery, now meets twice weekly to accommodate the increased demand for dependency support.

Support Groups

Isolation, confusion, depression and anxiety....the emotions surrounding an HIV or AIDS diagnosis can be overwhelming and are particularly difficult to deal with in the face of an uncertain physical prognosis, shifting social supports, and economic problems.

In addition to Room With A View, AVOC provided several support groups which provided emotional support for the HIV affected, their families, friends, loved ones and for those who have lost someone to AIDS. A "head count" of individuals attending AVOC support groups in 1992 indicates that attendance was approximately 716.

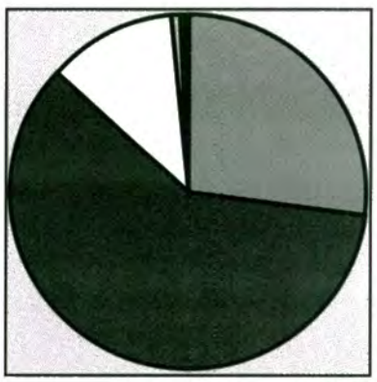
Friends...

1992 marked the second year of this very successful program. In a collaborative effort with University of Cincinnati Hospital, AVOC volunteers visited individuals confined to hospitals or nursing homes. The Friends Program continued its expansion into other area hospitals and nursing homes providing a total of 2,120 visiting hours. The Friends offered a supportive environment and facilitated patient care needs outside the realm of routine nursing care.

Buddies

Volunteers in AVOC's Buddies program worked one-on-one with clients to provide emotional and practical support. In the past year, the twelve week training program expanded its emphasis on issues of minorities, women and chemical dependency.

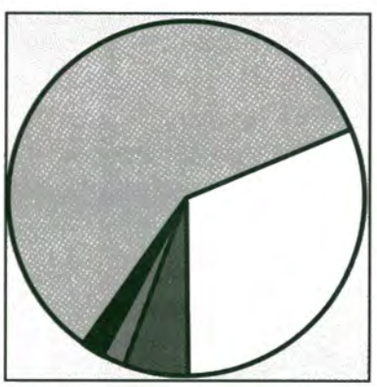
Client Services Demographics Based On 568 Clients



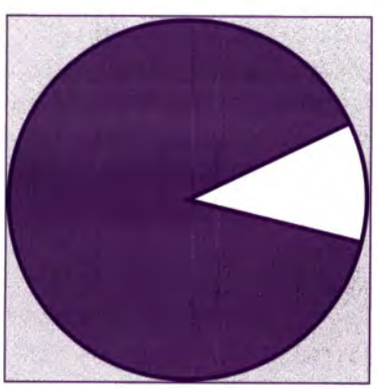
0–17 — 1.1%
18–30 — 26.7%
31–45 — 59.8%
46–59 — 11.8%
60+ — .6%

AGE

$0–4,999 — 59.0%
$5,000-9,999 — 31.0%
$10,000-14,999 — 6.0%
$15,000-24,999 — 2.0%
$25,000 — 2.0%



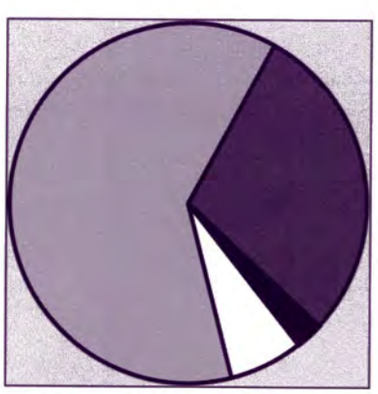
ANNUAL INCOME



Male 89.0%
Female 11.0%

GENDER

Caucasian 65.8%
African American 30.9%
Other 2.6%
Hispanic .7%



ETHNICITY

Lifeline

1992 marked the first year of the Lifeline program. It was developed to ease the demand for full-time Buddies. While individuals with a diagnosis of AIDS are eligible for a Buddy, Lifeline volunteers provided telephone support to HIV affected clients who have not received a diagnosis of AIDS.

Comprehensive Referral

AVOC maintains a comprehensive community resource manual that addresses the needs of HIV affected clients and their care partners. Comprehensive referral met the medical, psychological, spiritual, legal, job training and practical needs of the HIV/AIDS affected in the Greater Cincinnati.

10,780, or 25%, of the calls received on our Information & Referral Line were related to client assistance and referrals.

Advocacy

Stigmatism, discrimination and confusion are prevalent factors in the lives of HIV affected individuals. Job terminations, threatened evictions and difficulties accessing entitlement programs are just a few of the issues confronting AVOC clients. In 1992, in addition to direct intervention by AVOC case managers, 50 clients received legal assistance to address issues involving discrimination, insurance and entitlement advocacy.

Crisis Intervention

90% of our initial contact with clients involved crisis situations. It's five o'clock on Friday and a homeless person comes to the office for the first time seeking help. A new client arrives for a scheduled appointment and springs a $2,000 past due utility bill on the case manager. A suicidal phone call is received from a newly diagnosed individual. These are issues that confront our clients and for which Client Services has developed non-crisis oriented resolutions.

AVOC's method of crisis intervention quickly resolves the crisis situation and sets in motion a system to address new issues preventing another crisis.

Educational Forums

Few of us educate ourselves regarding issues of entitlement programs, community resources, issues of coping with illness, home health care and death. These are topics HIV infected and affected people must deal with on a daily basis.

In 1992, AVOC provided 48 educational forums open to HIV infected individuals, their care partners and service providers. Experts in HIV related topics such as nutrition, psychosocial aspects of survivors, home health care, entitlement programs and spirituality volunteered their time providing informal, question and answer presentations.

Financial Assistance

90% of AVOC's HIV/AIDS affected clients had an annual income of less than $10,000; 59% of those individuals had an annual income of less than $5,000. The additional financial burden experienced by our clients as a result of their HIV status is devastating.

In 1992, AVOC provided $198,971 in financial assistance to our HIV affected clients. AVOC assistance supplemented our clients' resources with financial support, while case managers investigated other resources. Ryan White CARE Act funds helped underwrite specific financial assistance programs, but the $95,620 provided for the 1992-1993 funding cycle fell far short of addressing the needs of the HIV affected in the Greater Cincinnati area.

AVOC's financial services are divided into two categories: direct financial assistance and home health care assistance.

Direct Financial Assistance

AVOC's direct financial assistance helped our clients meet their housing, utility, medical, transportation and nutritional needs. In 1992, $158,603 was provided to 256 clients. Without AVOC's assistance, many of these clients would have become or remained homeless. Our clients' needs were met for an annual cost of $621 per client.

The fact that HIV is not a gay disease is dramatically illustrated by the hardships it has placed on other oppressed communities. While women represent 11% of our client base and minorities 32%, 17% of direct assistance went to women and 49% to minorities.

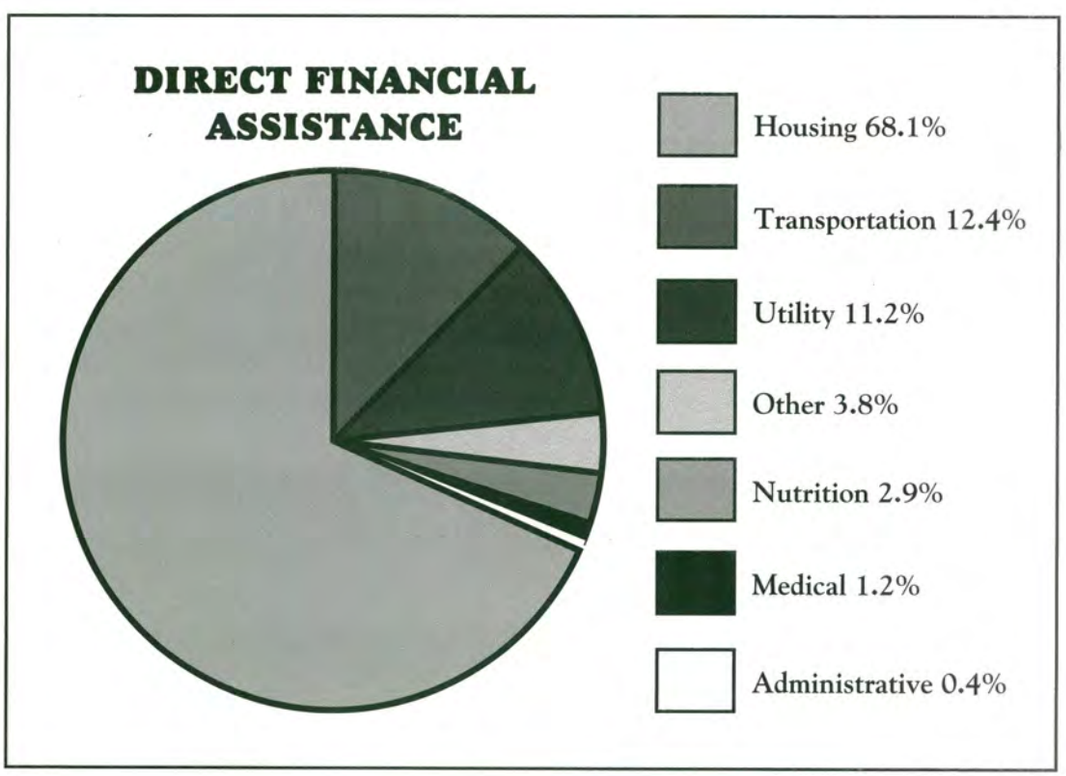
Home Health Care

AVOC received $30,948 in federal funds in 1992 to underwrite the costs of providing home health care for our HIV/AIDS affected clients. Through contracts with local home health care agencies, we provided home health care services to 20 individuals for a cumulative of 44 months home care, at a total cost of $40,368.

These clients received high quality health care in the convenience and comfort of their own homes. While termination of home health care services was predominantly due to the client's death; their quality of life was greatly enhanced by enabling them to remain at home, as opposed to an institutional setting.

All of our home health care clients would have required nursing home or hospital care. The average cost for assisted living and / or skilled nursing in a nursing home is $90 per day. The cost of providing nursing home care for these clients for a cumulative of 44 months would have been $118,000.

The federal government decided not to renew funding with respect to this program in fiscal year 1992-93. In view of client life quality and cost effectiveness, AVOC's Board believed this program was too important to abandon and voted unanimously to continue the program through agency fund raising.



EDUCATION

"AIDS is like a tapestry. Every life lost represents a thread that is pulled from its delicate weave"

–AVOC Client and Volunteer

During 1992, AVOC's education team reached over 20,000 individuals.

From 1983 through 1993, AVOC has provided the only known vaccine for HIV - education. This virus could be stopped if we as a society would permit the education necessary to do so.

Education does not simply mean supplying the facts about HIV transmission or talking about condoms on television. Education is understanding that we are working with a human disease, subject to human nature and human mistakes. AVOC's educational message is one of addressing behavioral change. Knowing the facts about HIV transmission is not enough, prevention involves empowering the individual to make behavioral changes that facilitates informed decision making.

AVOC's three full-time educators and army of volunteer educators have developed extensive education and prevention programs that address the facts about HIV, sensitivity to the HIV affected and issues of behavioral change. AVOC education programs address the individual, not the stereotype.

AIDS 101/102: What Everyone Needs to Know

In 1992, AVOC provided 165 AIDS 101/102 presentations. AIDS 101 presentations are designed to create an awareness and basic understanding of HIV infection and AIDS. AIDS 102 presentations take a more in-depth look at the spectrum of HIV disease, its special characteristics and its effects on the body. Recipients of these programs left with an understanding of HIV disease, transmission, the HIV antibody test and develop an understanding of the behaviors that prevent or reduce the risk of infection.

HIV Disease and Drug Use

There is a significant connection between HIV infection and mood altering substances. While all HIV education includes a "Drugs, Alcohol & AIDS" component, AVOC educators work closely with local rehabilitation units to provide specific educational programs catered to each audiences' needs. During 1992, AVOC educators provided 30 rehabilitation presentations targeting the use of IV drugs as a risk behavior and the effect of drug use on the immune system. These presentations also provided an explanation of how alcohol and drugs compromise the decision making process and directly impact the risk of HIV infection.

AIDS In The Workplace

HIV/AIDS is having a tremendous impact on Cincinnati's work settings. As the numbers of individuals with HIV infection increase, employers and employees need to address the issues of sensitivity, health care coverage, legalities, social implications and organizational policies in regard to HIV/AIDS. In 1992, AVOC provided workplace programs tailored to the specific needs of 27 different work environments in the Greater Cincinnati area.

Talking About AIDS with Children and Teens

AVOC educators conducted 81 prevention programs targeted at providing HIV/AIDS education for children and teens. PTAs, elementary schools, middle schools, high schools and teen parents received HIV/AIDS education from AVOC. These programs were sensitively directed at adolescents, with an emphasis on abstinence, methods of transmission and high risk behaviors.

AIDS: What Health Care Professionals Need To Know

29 presentations were conducted in 1992 providing an overview of HIV/AIDS for individuals working in the health care field. These presentations provided specific, detailed information of importance both to providers and recipients of health care on HIV transmission and universal precautions.

HIV Sensitivity & Awareness

Few individuals comprehend the complex psychological and social issues of AIDS and HIV infections. Rarely are statistics viewed as individuals with lifes much like our own. AVOC's HIV Sensitivity & Awareness presentations include panels of people with AIDS and HIV infection who share their personal experiences and perspectives of HIV disease. 1992's educational outreach included a total of 41 sensitivity and awareness presentations conducted by HIV affected individuals and facilitated by an AVOC educator.

Reaching The Gay Community

While HIV/AIDS has progressed well beyond the gay community, 65% of the individuals with AIDS in this country, and in Cincinnati, contracted the virus as a result of homosexual activity. AVOC has developed numerous programs that address prevention of HIV transmission specifically tailored to the Gay community.

The "Men In Touch/Keeping In Touch" programs reached 556 individuals in 1992. These programs followed a small discussion group format over a period of six to twelve weeks. The discussions evolved around issues of being gay in the 1990's. The goal of Men In Touch was to instill values of self-worth and empowerment that will impact behavior changes necessary to practice safer sex activities.

AVOC provided additional education to the Gay community through Safer Sex Parties, Bisexual men's outreach, and community group outreach.

Through our Gay education programs, AVOC has gained the insight and sensitivity necessary to reach the diverse populations affected by HIV.

Speaking To The Hearing Impaired

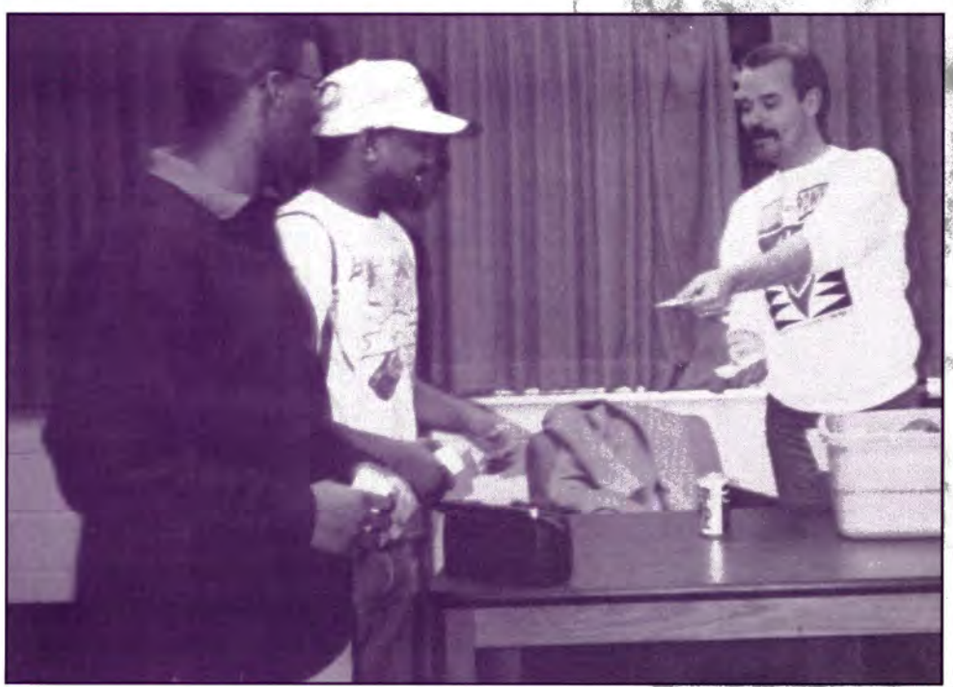
A community emerging as being disproportionately affected by HIV is the hearing impaired community. Reports from the Cincinnati Health Department and AVOC's Client Services, indicate that HIV is affecting this community at an alarming rate.

In 1992, AVOC's Risk Reduction Specialist worked closely with the Alcoholism Council's Deaf Specialist and the Cincinnati Deaf Club to develop and present HIV/AIDS prevention outreach programs that could effectively meet the educational needs of the hearing impaired community. The Risk Reduction Specialist also attended signing classes in order to facilitate communication with the hearing impaired in different social environments.

In 1992, we installed a TDD line so the hearing impaired could access our Information & Referral Line.

Reaching The African American Community

While the African American community represents 19% of the total population in Greater Cincinnati, 30% of AVOC's client base is African American. In 1992, AVOC's educators focused their efforts on educating service providers in organizations serving African Americans in



AVOC educator, Dan Newman distributes information and condoms during a Safer Sex presentation.

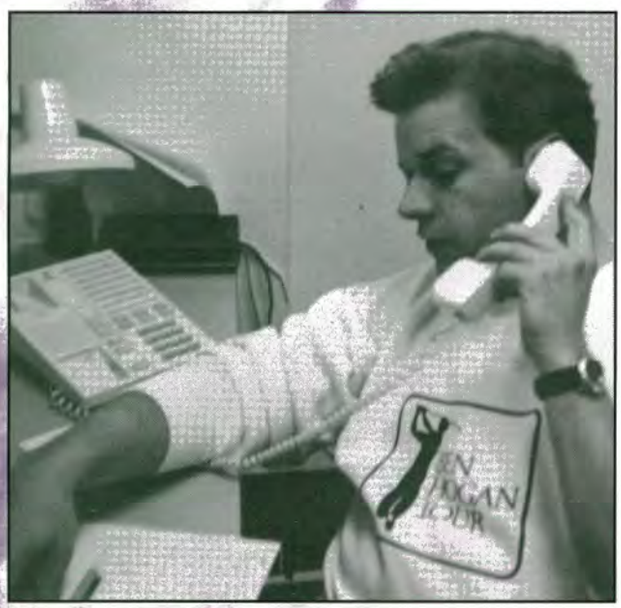
Cincinnati. In this manner, AVOC was able to reach more individuals with culturally specific HIV/AIDS education.

One example of these efforts, was AVOC's Risk Reduction Specialist's involvement on the steering committee of the African American & Appalachian Male Responsibility Conference. AVOC's Risk Reduction Specialist was responsible for insuring their two mini-conferences in 1993 contained information regarding HIV/AIDS in the minority communities. As a result of these efforts, we have been invited to participate in their 1994 national conference.

Court Referral

In collaboration with the Hamilton County Parole Department, AVOC conducted nine three-hour seminars in 1992 for 107 individuals convicted of sexual or drug related offenses as part of their court ordered probation.

This program provided AVOC the opportunity to reach a segment of the community that is hard to reach through conventional methods, but which is involved in extremely high risk activities.



Information & Referral Line volunteer providing HIV/AIDS education for a late night caller.

HIV Testing & Counseling

While knowing your HIV antibody status is important for early intervention, AVOC believes the decision to be tested is an individual choice which should be based on informed consent.

Insuring informed, anonymous testing is available to everyone sometimes means taking testing opportunities to the individual. In collaboration with the Cincinnati Health Department, AVOC arranged alternate site testing on eight different occasions during 1992. This effort provided testing for 146 individuals in locations more conducive to their receiving the HIV antibody test.

Women & AIDS

In 1989, less than 1% of AVOC's Client Service clients were women. By the end of 1992, this number had grown to 11%.

During 1992, AVOC began intensifying our efforts to educate the women's community. Late in the year, AVOC was awarded funding by the Magic Johnson Foundation through a contribution made by the Miller Brewing Company to hire a full-time Women's Educator.

The goal of AVOC's Women's Education Program is to pro-actively educate women through individualized education and addressing risk behavior modifications. It is our hope that women in Cincinnati will be spared the impact of HIV being experienced by women in larger cities such as New York and Los Angelos.

Material Distribution

During 1992, AVOC distributed 159,335 pieces of HIV educational or safer sex materials. Over 32,000 brochures and 30,000 AVOC newsletters providing educational and support services information were distributed in the Greater Cincinnati area.

Central to preventing HIV transmission is accessibility to safer sex materials. In 1992, AVOC distributed - free of charge - 87,910 condoms, 1,775 dental dams, and 7,650 lubricants.

Information & Referral Line

One of AVOC's original services, the Information and Referral Line, proved to be a valuable community asset in 1992. AVOC phone lines were staffed six days a week throughout 1992 for a total of 3,770 hours.

We received 44,210 calls in 1992 regarding issues such as HIV prevention, support services, legal issues and testing. AVOC's information and referral line provided callers with an anonymous and safe method to receive factual answers to their HIV/AIDS related questions.

Volunteer Support Services

The earliest recorded history of AIDS Volunteers of Cincinnati is a flyer distributed by a volunteer asking for other volunteers to attend an organizational meeting on July 13, 1983. The meeting was open "to all who wish to work in fighting against AIDS". That invitation has been answered by thousands in the past decade.

At the end of 1992, AVOC had 437 registered and trained volunteers. In addition to our registered volunteers, over 200 individuals contributed their expertise to special events, public service announcements, and a variety of other activities with the sole purpose of working to fight against AIDS.

In 1992, individuals were asked to track the time they volunteered for AVOC. While any volunteer tracking system will be grossly underestimated, the hours submitted through this system were market valued in excess of $335,000.

AVOC volunteers provided more than their time and expertise, they gave a little of each of themselves each time they participated in an AVOC activity or program. The selflessness of our volunteers represents the heart of this agency. The individuals who contribute their love and understanding are what makes this agency tick; for without them we could not exist.

Many of our volunteers work because they are affected by HIV themselves or through a loved one. Just as many volunteered because they understood the horrible impact AIDS was having on our society. Whatever their reasons, AVOC volunteers came offering their time and skills, expecting only the satisfaction of a job well done.

Volunteers staffed AVOC's Buddies, Friends, and Lifeline programs. Volunteers answered the Information & Referral Line. The AVOC newsletter was produced and distributed by volunteers. AVOC's Board of Trustees provided countless hours of behind the scenes volunteer activities. AVOC's educational message was delivered by volunteers through the Speakers' Bureau, material distribution and Safer Sex Parties. AIDS WALK Cincinnati 2 and Night Against AIDS were both entirely volunteer efforts and net over $148,000 to support AVOC programs.

Future Buddies asking questions of "veteran" Buddies during their 12 week training program.

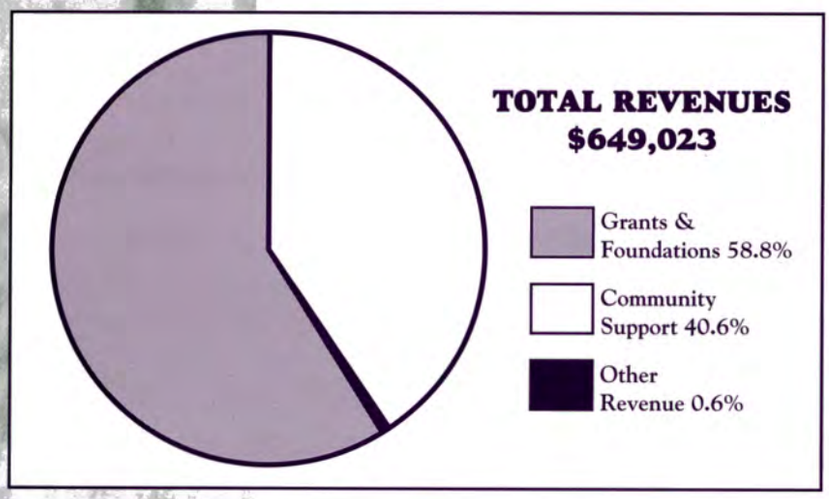
It is remarkable to see the network of programs and number of individuals who have benefited as a result of a single flyer announcing a July 13, 1983 meeting. AVOC volunteers have worked very hard in their efforts to provide HIV education programs and support services in the past decade, and we hope in the near future there will no longer be a need for this agency. Until that time, the need for education and support programs to battle this epidemic will continue to rely heavily on volunteer efforts.

AIDS WALK volunteers ready to register walkers.

Developing Sources of Revenue

1992 was one of our most challenging years financially. 1993 promises to be even more difficult. As demand for services continues to increase, it is inevitably met with stabilized or decreased government support.

In 1993, AVOC is confronted with the loss of over $30,000 in home health care funding by the federal government. The cost to continue this program through 1993 is projected to be over $50,000.



AVOC's Community Education Program, previously funded through the Centers for Disease Control (CDC) for $24,000 annually, will only be funded for $12,000 in 1993. The cost to provide this program in 1993 will exceed $46,000.

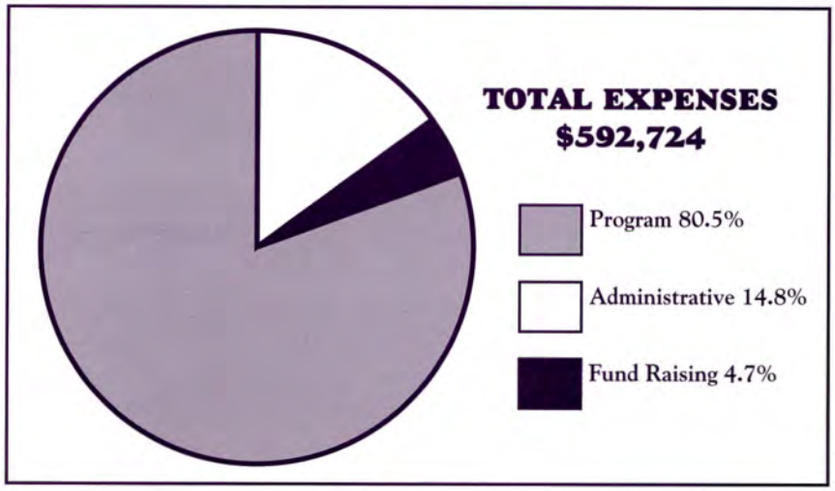
The Ohio Department of Health provides $34,000 annually for AVOC's Risk Reduction Program. The annual cost of this program will exceed $70,000 in 1993.

AVOC will receive funds for our Client Services Programs in 1993 through the Ohio Department of Health ($32,000), the City of Cincinnati ($53,700), the Cincinnati Health Network ($40,121), and Ryan White Care Act (estimated $90,000) totaling $217,821 in 1993. The costs associated with continuing to provide client services with only a moderate increase in requests will exceed $407,945.

We do not anticipate any new or increased government sources of funds in the coming year. None of this has come as a major surprise to the agency. We have tried to be as frugal as possible in the face of the overwhelming request for our services. In 1992, we were able to add an additional $56,299 to our fund balance, bringing our year end fund balance to $164,163. If not for the phenomenal success of Night Against AIDS, we would have been forced to dip into our fund balance to get through 1992 - and Night Against AIDS is not scheduled again until 1994.

It is fortunate that we were able to reserve these funds for the future because the future is here. The costs of programs versus discontinued or limited funding in 1993 indicate our current fund balance will be depleted very quickly. Important as they are, grants received to underwrite program expenses do not nearly cover the total costs associated with these programs. In addition to the grants AVOC will receive, Community Education will require an additional $34,000, Risk Reduction Programs will require an additional $36,000, Client Service will require an additional $190,945, and $40,000 of the fund balance has been reserved for our Women's Education Program.

AVOC's budget projection indicates that we will be facing a $77,000 deficit by the end of December 1993. For ten years, AVOC has depended on the generous support of individuals to insure quality support services and prevention



programs. It appears 1993 will be no different.

To overcome the impending deficit, AVOC will have to develop new sources of revenue, draw on more corporate support and attract new donors. To insure 1993 is not the first year in our Decade of Service we are forced to create waiting lists for services, we will also have to rely on our old friends who have given so much in the past.

We believe this task is possible and intend to attack it with every resource at our disposal. In 1992, AVOC hired our first Development Director. It will be her responsibility to acquire new sources of revenue and develop new avenues of fund raising. If the new and continued public support we received in 1992 was any indication, we have reason to be hopeful in 1993. Highlights from AVOC's fund raising activities in 1992 included:

Night Against AIDS III

AVOC's bi-annual gala, drew 800 costumed supporters on May 30, 1992 to net $75,000. Local designers created enchanted dinner tables following the theme of Musicals, Movies and Songs.

AIDS WALK Cincinnati II

No rain, twice as many walkers and a nearly 100% increase in net proceeds. AVOC's second AIDS WALK, held on September 12, 1992, drew nearly 1,000 walkers and net $73,000.

Membership

AVOC's revenues from membership hit an all time high in 1992 raising over $28,000 in contributions.

AVOC's revenues for 1992 exceeded $649,000. This was approximately $295,000 more than 1991 revenues, representing an 83% increase. Expenditures during 1992 increased by $298,000 totalling $592,724, representing a 100% increase in expenditures.

Even with the increased need for and cost of fund raising, AVOC was able to maintain fund raising costs at 4.7% of total expenses and administrative costs at 14.8% of total expenses.

Perfect weather for an AIDS walk! Who picked this day?

Paul: "AVOC not only assisted me financially, but they also helped me see what to do with my life and to realize and trust that I was going to live."

Paul: Volunteer & Client

On November 27, 1989, I was diagnosed with AIDS in the emergency room of University of Cincinnati Hospital. Two grueling months later I got my life back and didn't really know what to do with it.

I was so sick in the hospital that I wasn't really aware what was going on. A friend who had gone to work for AVOC helped me apply for financial assistance. AVOC helped me and my roommate keep our home since I was unable to work and help pay bills. After a two month hospital stay, I realized I would have to apply for Social Security. My friend at AVOC made the appointment and saw me through the process helping me deal with all the paper shuffling and red tape involved in that ordeal. A couple of weeks later, Chuck Albrecht asked me to participate in a Persons Living With AIDS (PLWA) panel, and I said yes. I had no idea what a turning point in my life that decision would be.

To my amazement, I found the educational panels a way of doing battle with this disease. I found that I had the power to influence people and change attitudes about HIV and AIDS. In discovering the importance of teaching others about the illness, I found that I was striving to learn as much as I possibly could about it. Knowledge about treatments and the many faces of my condition became extremely important and I was finding all this information at AVOC. It was there for the asking. The more I knew the less fear I had. The more panels I did and questions I answered, the less fear others had. Through the experience of sharing my story with others, I became empowered and made it my goal to teach people not to fear and to draw strength for my life from every eye that I helped to open.

AVOC not only assisted me financially, but they also helped me see what to do with my life and to realize and trust that I was going to live. And living, I am! Thank God for the case managers because paperwork is not one of my strong suits. They have been able to put me in touch with the proper agencies and people. It can be a nightmare if you don't know the ins and outs of the system.

I have watched AVOC grow by leaps and bounds over the past few years and have always felt confident in the services they provide me and others PLWA's. I am proud to be a volunteer, to be involved in educating about HIV and AIDS. And I am thankful that AVOC was there to help me learn that I could take back my life and go on. I look forward to a long, healthy relationship with my friends at AVOC.

Linda McEnroe: Board Member & Volunteer

In 1989, Toni Birckhead approached me about joining AVOC's Board. At the time I was taking courses to prepare myself for a new career and was reluctant to take on another challenge. Toni and I had been friends since my arrival in Cincinnati in 1976, we had served on boards together and had also worked together on local benefits. Considering our history together and Toni's persuasive abilities, I accepted her offer and have not regretted that decision once.

My teenage children and I had talked openly about AIDS and the threat it presented to our society. They seemed aware of the dangers - which I wanted them to be - but they and I viewed AIDS in an abstract manner as something that happened to other people, not anyone we knew and certainly not us.

Even so, I did see AIDS as a big problem and if there was something I could do to make a difference, I should.

I believe that all forms of discrimination and oppression are wrong and ultimately destructive to everyone. I find it intolerable to compound a life threatening illness with hatred as a result of ignorance.

Clearly homophobia plays a major role in the stigmatism associated with AIDS and is central to the concept of AIDS as some sort of divine retribution. I find these homophobic feelings unacceptable and was further moved to action by the additional oppression being placed on others affected by this virus such as women and people of color. I viewed the AVOC Board as an opportunity to address these issues.

Since joining the Board I've learned that AVOC gives new meaning to the term "working board." The organization does an enormous amount of good with a very small staff and slim resources. The fact that the Board and the staff work so hard for the organization is part of the reason for this.

I'm now vice president of the Board and chairperson of the Program Committee. This committee monitors the progress of AVOC's support and education programs. We also review potential programs to insure the agency keeps a sharp focus on fulfilling its mission. As a result, I am especially familiar with the nitty-gritty of the agency and how effective it is.

I'm also co-chair of AVOC's "Ultimate House & Garden Tour II." We have 31 homes and gardens on the tour this year offering a wonderful range of innovative design. We expect this tour to be even more successful than the first one in 1991. One of the things I like about the Tour is that it introduces people to the agency who up until now have not been involved in AIDS related issues. This is one way I meet my personal goal of educating the community to eliminate discrimination and oppression.

I saw a report not long ago predicting AIDS would never be seen as a big problem in this country because it appears to affect only those on the "margin" of society - gays, intravenous drug users, women, and others whom mainstream society would just as soon do without. I see as one of AVOC's most important missions the need to keep educating those who might be fooled into believing in the concept that a "marginal society" could exist or that AIDS is not a problem everyone must confront.

Another example of how AVOC brings the HIV message to the community at large was a benefit concert in February by pianist and composer Fred Hersch. Fred, the son of AVOC Vice President Henry Hersch, is considered one of the finest pianists of his generation and is HIV positive. Fred's concert for AVOC turned out to be extremely successful financially and educationally. Family members, friends and school mates of Fred's whom I suspect were among the "it couldn't happen to anyone I know" group turned out in substantial numbers; the result was a sense of community and understanding that I have not seen often in my life. It was wonderful for AVOC, and I think for Cincinnati, too.

Linda: "Since joining the Board I've learned that AVOC gives new meaning to the term 'working board'."

I think we as a society are at risk of losing the concept of community in the sense of many different kinds of people getting together to solve a common problem. We're all busy with our own concerns and can do a pretty good job of ignoring things we can't or chose not to see. We must do all in our power not to allow this to happen. The idea of community is alive and well at AVOC, and I'm proud to be a part of it.

Meg Deedrick: Staff Member

Meg: "This is the last place in the world that I thought I'd be...and it's proven to be the best place for me."

This is the last place in the world that I thought I'd be...and it's proven to be the best place for me. Two years ago, I only knew one person who had AIDS. Every time we had a phone conversation, I would furiously scribble down all the information he would give me in an attempt to decipher what was going on. Little did I know words like antiviral, cytomegalovirus, or pnemocysistis would soon roll off my tongue as naturally as my own name.

A great deal has happened since those phone calls. When people ask me what I do at AVOC, I often want to tell them that I'm a storyteller. This would be puzzling to many because a lot of people see me providing very clinical, objective information about HIV and AIDS. And, while that is a very important part of my job, I'm also fortunate to be able to talk about the psychological and social aspects of the disease. I help to provide a forum for people who are affected by HIV/AIDS to share their experience. I also have the opportunity to tell stories for those who, for various reasons, no longer can.

This can be a very discouraging task (as my co-workers can attest to). Some myths that were around ten years ago are still alive and well today. Many people think that they're as educated as they need to be, and they sit back in their chairs almost daring me to share some new definitive information. Through these experiences, I've learned to gauge my progress in very small increments. A slow, understanding nod, a knowing look, or a simple comment are all things that tell me that I've got the message across — someone has heard the story. Although I may not be changing the world, I know that my work through AVOC is making a difference.

"Carly": Client & Volunteer

AIDS has given me a purpose in my life, this may sound strange because it's feared and deadly.

The day I found out I was HIV positive it was another obstacle in my life. Obstacles were not new to me, becoming a mother at 12, having to quit school, caring for a child while being a child myself. The father was sentenced to prison, I was sentenced to a life of being poor, black and uneducated. Later I returned to night school, married and had three other beautiful daughters.

I soon became a single parent and worked to support my family. At the time my youngest daughter graduated from school, I was diagnosed as having the AIDS virus. I was scared to death but not ready to die.

I contracted the virus in 1986. My partner had been an IV drug user in New York, and had moved to Cincinnati. He died in 1988 and the woman that he dated after me died 9 months later. I had heard rumors that he was sick but AIDS never entered my mind, but with two deaths, I could no longer be in denial. After much crying and praying and counseling, I got tested. When the test returned positive I asked the doctor, "My daughter graduates in six months. Will I live to see that?" He said yes you can live with this. I had assumed death was immediate.

I continued to work and tried to appear to others around me that everything was OK. I joined a women's support group, women who also were HIV positive. During this time I came to know of AVOC. A friend of mine from the support group attended a Christmas Party at the AVOC office. We were the only HIV positive women there. We talked later and questioned how could we fit in with all the gay men, and would the staff recognize the needs of women. They did and have supported us in many ways, as far as fitting in it was easy because we all are discriminated against being Gay or Women.

I have received financial assistance and the staff did an HIV in the Workplace for a former employer of mine. I do panels for AVOC to allow people to see that women also get AIDS.

During this time I started looking for another job where I could feel safe. I applied for a job at a residence for people living with AIDS, as a housekeeper and cook. After 11 months it started to take a toll on my body and mind, seeing the disease in different stages and death. Now at 47 I've had to quit work and apply for SSI. Even though I am not working, I do volunteer for some agencies and have time for myself, taking my medicine, eating properly, resting and enjoying some things I had been unable to do like reading and practicing calligraphy.

My case manager at AVOC has assisted me in getting some legal help for my COBRA payments. It's hard for me as a mother and grandmother having the virus because I'm afraid of dying and missing birthdays, graduations, great-grandchildren, marriages and hugs and kisses from my grandchildren.

So I continue to trust in God and live life to its fullest, even though I have an illness I cannot openly talk about to some people. I listen to people talk about their high blood pressure or varicose veins, but I cannot tell them of my fear of dementia or pneumocystis or low T-Cells.

Dawn Middlebrooks: Volunteer

The first person I lost to AIDS was a teacher back in the early 80's. At the time, I did not give this disease much thought until six years later. I then lost a very good friend who was extremely talented and loved life. It was then that I knew this disease was going to play a major role in my life.

Working with AVOC has given me the opportunity to meet some very special people inside as well as outside the organization. It is sad and sometimes very hard to allow yourself to love someone who is dying of AIDS, but on the other hand, it is very easy because you are making a difference in someone's life and that is the greatest gift you can give another human being. I am truly grateful to be a Buddy and work with someone who is not at all like a "client" but like a big brother. Loving him is so unconditional and more fulfilling than words could describe. It is rather unfortunate that it would take something like AIDS to bring me together and form bonds with so many wonderful people.

Knowing what I know today as opposed to what I knew 10 years ago, I am proud to be a part of AVOC and honored to have been given this special opportunity.

Dawn: "Working with AVOC has given me the opportunity to meet some very special people inside as well as outside the organization."

FINANCIAL AUDIT

BERBERICH & BERBERICH
CERTIFIED PUBLIC ACCOUNTANTS

Donald S Berbench
Lois A. Berberlch

1133 FOURTH & RACE TOWER
105 WEST FOURTH STREET
CINCINNATI OHIO 45202
(513)721-7036

March 12, 1993

Board of Directors
A. I. D. S. Volunteers of Cincinnati, Inc.
Cincinnati, Ohio

Independent Auditor's Report

We have audited the accompanying balance sheets of A. I. D. S. Volunteers of Cincinnati, Inc., as of December 31, 1992, and 1991, and the related statements of revenues, support, functional expenses and changes in fund balances, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, issued by the Comptroller General of the United States, and the provisions of Office of Management and Budget Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Institutions." Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of A. I. D. S. Volunteers of Cincinnati, Inc., as of December 31, 1992, and 1991, and the results of its operations and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Berberich + Berberich

Certified Public Accountants

BERBERICH & BERBERICH

A. I. D. S. VOLUNTEERS OF CINCINNATI, INC.
BALANCE SHEET

	December 31, 1992	December 31, 1991
ASSETS		
CURRENT ASSETS:		
Cash	$ 161,592	$ 110,065
Grants receivable	1,420	19,396
Prepaid expenses	853	1,828
TOTAL CURRENT ASSETS	163,865	131,289
PROPERTY AND EQUIPMENT - at cost, less accumulated depreciation of $17,268 in 1992, and $8,370 in 1991	56,659	12,535
	$220,524	**$143,824**
LIABILITIES AND FUND BALANCES		
CURRENT LIABILITIES:		
Accounts payable	$ 1,191	$ 933
Salaries and wages	3,995	4,570
Payroll taxes accrued and withheld	4,175	4,823
TOTAL CURRENT LIABILITIES	9,361	10,326
DEFERRED INCOME	47,000	25,634
FUND BALANCES:		
Unrestricted	107,504	95,329
Plant funds	56,659	12,535
TOTAL FUND BALANCES	164,163	107,864
	$220,524	**$143,824**

A. I. D. S. VOLUNTEERS OF CINCINNATI, INC.
STATEMENT OF REVENUES, SUPPORT, FUNCTIONAL EXPENSES, AND CHANGES IN FUND BALANCES

	Year ended December 31, 1992	Year ended December 31, 1991
REVENUES AND SUPPORT:		
Memberships	$ 28,672	$ 19,605
Fees and grants from governmental agencies	345,315	145,720
Grant revenue - other	36,573	37,443
Donations	52,950	29,902
Benefits and socials, less costs of $35,953 in 1992, and $31,955 in 1991	170,713	91,334
Court referrals	788	542
Letter campaign	10,926	27,508
Interest	1,650	2,334
Other	1,436	
	649,023	354,388
EXPENSES:		
Program services:		
Personnel, exclusive of management and general	62,098	49,361
Volunteer training	40,248	26,781
Client services	313,605	102,909
Education and public information	22,404	35,438
Occupancy and equipment maintenance	29,976	24,635
Depreciation and amortization	8,898	3,617
Supporting services:		
Management and general	87,799	49,801
Fund raising	27,696	3,538
Interest		395
	592,724	296,475
EXCESS OF REVENUES AND SUPPORT OVER EXPENSES	56,299	57,913
FUND BALANCES, beginning of year	107,864	49,951
FUND BALANCES, end of year	**$164,163**	**$107,864**

See notes to financial statements.

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A. I. D. S. VOLUNTEERS OF CINCINNATI, INC.
STATEMENT OF CASH FLOWS

	Year ended December 31, 1992	1991
INCREASE (DECREASE) IN CASH		
CASH FLOWS FROM OPERATING ACTIVITIES:		
Cash received from letter campaign, donations, and grants	$ 485,106	$ 271,225
Cash received from memberships	28,672	19,605
Cash received from benefits and socials	206,666	123,289
Cash received from health programs and other	2,224	542
Interest received	1,650	2,334
Cash paid for program services	(469,844)	(232,045)
Cash paid for supporting services	(113,972)	(55,924)
Cash paid for cost of benefits and socials	(35,953)	(31,955)
Interest paid		(395)
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	104,549	96,676
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of property and equipment	(53,022)	(835)
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(53,022)	(835)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payments on bank loan		(18,025)
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES		(18,025)
NET INCREASE (DECREASE) IN CASH	51,527	77,816
CASH, beginning of year	110,065	32,249
CASH, end of year	**$161,592**	**$110,065**

RECONCILIATION OF NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES

EXCESS OF REVENUES AND SUPPORT OVER EXPENSES	$ 56,299	$ 57,913
ADD (DEDUCT) ITEMS NOT AFFECTING CASH:		
Depreciation and amortiaztion	8,898	3,617
CHANGES IN ASSETS AND LIABILITIES		
(Increase) decrease in receivables	39,342	30,652
(Increase) decrease in prepaid expenses	975	514
Increase (decrease) in accounts payable	258	(390)
Increase (decrease) in accrued interest		(503)
Increase (decrease) in payroll and payroll taxes accrued and withheld	(1,223)	4,873
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	**$104,549**	**$ 96,676**

See notes to financial statements.

BERBERICH & BERBERICH

A. I. D. S. VOLUNTEERS OF CINCINNATI, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 1992, AND 1991

A. Summary of Siqnificant Accounting Policies:

The financial statements of A. I. D. S. Volunteers of Cincinnati, Inc., have been prepared on the accrual basis of accounting. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

1. Fund Accounting - To ensure observance of limitations and restrictions placed on the use of resources available to the Organization, the accounts of the Organization are maintained in accordance with the principles of fund accounting. This is the procedure by which resources for various purposes are classified for accounting and reporting purposes to funds established according to their nature and purposes.

The assets, liabilities, and fund balances of the Organization are reported in two self-balancing fund groups as follows:

a) Unrestricted fund represents the portion of expendable funds that is available for support of the Organization's operations.

b) Plant funds represent resources restricted for plant acquisitions and funds expended for plant.

2. Property and Equipment - Property and equipment are recorded at cost. Depreciation is computed by the straight-line method over the estimated useful lives of the related assets. Expenditures for maintenance, repairs, and renewals are charged to expense as incurred whereas major betterments are capitalized.

3. Donated services - Donated services have not been reflected in the accompanying financial statements since no objective basis is available to measure the value of such services. Nevertheless, a substantial number of volunteers have donated significant amounts of their time to the Organization for program services and fund-raising campaigns.

4. Grants - The Organization records income from grants in the period designated by the grants or when the Organization has incurred expenditures in compliance with the restriction of the grantor. No allowance for uncollectible amounts is considered necessary.

5. The Organization is incorporated under the laws of the State of Ohio as a non-profit corporation and is exempt from income taxes.

A. I. D. S. VOLUNTEERS OF CINCINNATI, INC.
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 1992, AND 1991

B. Leases:

The Organization leases its office facilities under a renewable operating lease which expires September 30, 1997. The Organization is required to pay all maintenance and certain insurance costs. Costs and expenses included rent expense of $12,225 in 1992, and $10,200 in 1991.

At December 31, 1992, minimum lease payments, by year and in the aggregate, are:

1993	$18,300
1994	18,300
1995	18,300
1996	18,300
1997	13,725
	$86,925

AIDS Volunteers of Cincinnati List of Donors

Over the years, individuals from all walks of life have come together contributing their time and resources to help AVOC fulfill our mission.

1992 was no exception.

Through the generosity of members and friends, AVOC saw revenues increase in the areas of membership, annual appeal campaign, general donations, memorials and honorariums. Contributions from corporations, foundations and other non-individual support provided AVOC with the opportunity to improve current services and respond to the developing needs of our community.

Our thanks and deepest gratitude goes out to all of our contributors.

Major Donors

* indicates a corporation

$20,000 or more

Theodore Weinkam

$10,000 - $19,999

The Dock*

$5,000 - $9,999

Mrs. John Herschede
Walgreens*

$2,000 - $4,999

Thomas Cook
Dr. Lawrence Eynon
Lazarus*
Mr. & Mrs. Gerald Petersen
Mr. & Mrs. Walter Weinkam
WOXY-FM 97.7*
Anonymous

$1000 - $1,999

Al Bocklet
Richard & Elaine Boynton
Richard Buchanan
Caremark*
John Chesteen
Stanley Chesley
Charles & Audrey Comins
Curaflex Infusion Services*
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Paul Myers
Richard Rasner & Matthew Brown
Richard Robertson, Jr.
William Parkes
Bradford E. Phillips
Dr. Kayla Springer
Robert Stewart & Jeffrey Kenney
Mr. & Mrs. Allen Zaring

$500 - $999

The Ball Park*
Mr. & Mrs. Walter Bartlett
Robert Berger
Toni Birckhead
Dabby Blatt
Robert M. Brockman
Glenn Choquette
J. Rawson Collins
J. Samuel Collins
The Copa*
Drs. Michael & Anita Dohn
Donald Dunnington
Anthony Gordon
Walter & Mikki Frank
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John Harrison & Robert Halenbeck
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Melissa Lanier
Irine Leininger
Lollapalooza*
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Frank Moore
Bill Pechstein
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G. Todd Ring
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Dr. & Mrs. Richard Ruddy
Spurs*
James Swearingen
Otto C. Thieme
United Dairy Farmers*
Dr. William E. Walsh, Jr.
Martha Weyand
Peggy Weyand
Dr. & Mrs. Raymond Will

"We are just one of many organizations that recognize & appreciate what AVOC is doing to help relieve the suffering caused by HIV."

–Mt. Washington Presbyterian Church

$250 - $499

Roger & Janet Ach
Mr. & Mrs. John Acklen
Charles Albrecht
The Agency Home Care*
Vincent Anginoli
David Ball
Beth Baughn
William Baumann
Mr. & Mrs. Julien Benjamin
Mark Berliant
Blue Chip Nursing, Inc.*
Robert Boneau
Daniel A. Braunm
Henry Briggs
Mr. & Mrs. Barry Brinker
Alan Brown
Michael Bryant
Dennis Burgoyne
Michael Butler
Frank Caliguri
Dr. & Mrs. James Cassidy
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Cincinnati Chaps*
Cincinnati Stompers*
Ron Clemons
Clifton United Methodist Church*
Mr. & Mrs. William Condon
Craig Cooper
Critical Care America*
Art F. Donnersbach
John & Elizabeth Dye
Mr. & Mrs. Roy Duff
Dr. Anthony Edelman
Episcopal Society of Christ Church*
Mr. & Mrs. Ernst Eynon
Mr. & Mrs. Robert Folan
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Ellen Goldman
Paul Griesser
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Edward Herrlinger
Dr. E.V. Hess
Home Intensive Care, Inc.*
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Imperial Sovereign Queen City Court of the Buckeye Empire*
Pat Ingram
Interim Health Care*
Thomas Jones
Mr. & Mrs. Ray Kahle
Mr. & Mrs. Cal F. Kalnow
Dr. & Mrs. Stanley Kaplan
Mr. & Mrs. Jeffrey Kauck
Mr. & Mrs. Lorrence Kellar
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Patrick Korb
Robert Krikorian PhD
Mr. & Mrs. Art Kuhlman
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Tim LaValley
Mr. & Mrs. John Lawrence III
Mr. & Mrs. Fred Lazarus III
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Lifeplan Resource*
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Mark McCollow
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Mr. & Mrs. John Miller
MJ Nursing*
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Mr. & Mrs. Arthur Schlemmer
Mr. & Mrs. Stuart Schloss
Schwander Films*
William & Val Sena
Dale Shafer
Lawrence Smith
Dr. & Mrs. Walter Smitson
Elizabeth Stone
Mel Srybnik & Kathleen Gurney
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"You must give some time to your fellow man. Even if it's a little thing, do something for those who have need of help, something for which you get no pay but the privilege of doing it. For remember, you don't live in a world all your own. Your brothers are here, too."

–Albert Schweitzer

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THE WHITE HOUSE

WASHINGTON

February 12, 1994

Mr. Rodney H. Clurman
c/o Ken Greenwald
7190 East Mountview
Denver, Colorado 80220

Dear Mr. Clurman:

Thank you for your letter. You will be pleased to know that the AIDS stamp is selling extremely well. Our office contacted the Postal Service, and they informed us that out of the 350 Million AIDS stamps they printed, approximately 200 Million have been distributed nationwide. The Postal Service originally projected that it would take a year to sell all of the AIDS stamps that were printed, but they now believe that the stamps will sell out well before that time.

In regards to your inquiry about employment in this office, there are no positions open at this time, and when positions do open up they are generally filled through the career service system of the Federal government. However, I hope you will continue to do AIDS work at the grassroots level. That work is vitally important to the lives of the millions of people infected with HIV and their loved ones. Keep up the good work!

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

February 1, 1994

ACTION MEMORANDUM

TO: Andrew Barrer

FROM: W. Steve Lee

SUBJECT: Action item

DATE REQUIRED: February 8, 1994

The following item needs your attention:

Letter from Rodney Clurman (January 27, 1994) on employment. Please draft response for Kristine's signature.

Attachment

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Rodney H. Clurman to Kristine Gebbie; re: Employment; [Personal] (Partial) (1 page)	01/27/1994	b(6)

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c/o Ken Greenwald
7190 East Mountview
Denver, CO 80220

draft reply - Andrew

Dear Kristine Gebbie,
I trust you are well. Have you seen "And the Band Played On" which portrays my friend Dr. Don Francis? Excellent.

After 8 years as a full time AIDS volunteer (b)(6) (b)(6) I am about to leave San Frandisco and continue my AIDS volunteer work in Denver and write a book.

I regret that I never heard from you again after our phone conversation about the possibility of working with you.

Current figures of whcih you are aware indicate HIV affects 14 million adults and 1 million children worldwide(WHO) US-339,250 cases 204,390 deaths and I am told those figures are low.

Because 90% of the country is homophobic there has been virtually no money for the care of AIDS clients. Doctors refuse to treat in many communities because there is no money in it for them. I have seen men turned away from hosptials mortally ill in homophobic towns like Big Bear Lake, CA.

I continue to be distressed that while President Clinton as candidate spoke constantly about AIDS to get the homosexual vote, he has said precious little since. [401]

As Jonas Salk has told me, "Until we start treating AIDS as a public health crisis and not a moral issue there will be no progress".

The first President I worked for, Eisenhower told me"there is not problem that cannot be solved by two people of good will sitting down together". The trouble in the AIDS crisis is there is no good will.

I am told "Philadelphia" the film is ~~quite good. Haven't seen it.~~ Have you any idea how the AIDS stamp is selling. Perhaps you could ask the PO for me. Should I PO.

Best,

Rodney H. Clurman

ps- if your office has issued any documents I would appreciate receiving them. thanks

I remain interested in working with your office. thanks

RECEIVED

JAN 27 1994

THE WHITE HOUSE

WASHINGTON

February 12, 1994

Ms. Debra A. Lake
Director of Diversity
S.C. Johnson Wax
S.C. Johnson and Son, Inc.
1525 Howe Street
Racine, Wisconsin 53403-5011

Dear Ms. Lake:

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

THE WHITE HOUSE

WASHINGTON

February 12, 1994

The Honorable William J. Jefferson
United States House of Representatives
428 Cannon Office Building
Washington, D.C. 20515-1802

Dear Representative Jefferson:

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

FEB 14 1994

THE WHITE HOUSE

Dear Susan —

Many thanks for your hospitality during my visit to San Diego. I learned a great deal, met some wonderful people, and returned home with quite an agenda of follow up items. I look forward to working with you in the future — best wishes always

THE WHITE HOUSE

WASHINGTON

February 14, 1994

Nancy Sullivan, R.N., M.S.N.
349 Lakewood Lane
Marquette, MI 49855

Dear Ms. Sullivan:

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

"post card" letter

nurse letter

JAN 26 1994

January 5, 1994

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

Dear Ms. Gebbie,

Along with other registered nurses, I am growing increasingly alarmed at the degree to which nurses are not being adequately protected -- particularly in the clinical setting -- from people who carry the HIV virus or have AIDS. There is now persuasive evidence that "universal precautions" are not adequate.

I urge you to put the full force of your office into insuring that:

1. HIV becomes a reportable disease, in keeping with sound preventative and treatment policies;

2. definitive studies about the potential of HIV to be spread by aerosol are funded, completed and publicized;

3. operating rooms equipped with special air filters or O.R. nurses be provided with special face shields and other impenetrable protection;

4. premarital, prenatal and neonatal testing be mandatory;

5. routine testing of all patients and healthcare workers be mandatory.

I am concerned that the rights of nurses are being abrogated in the name of "political correctness" and call upon you to respect the health and lives of America's frontline health care workers, the 2.4 million registered nurses in the United Sates.

Sincerely,

Nancy

Nancy Sullivan, R.N., M.S.N.
349 Lakewood Lane
Marquette, MI 49855

P.S. I think you're doing a great job! It's wonderful to see a nurse heading up AIDs policy.

THE WHITE HOUSE

WASHINGTON

Standard letter

February 14, 1994

Ms. Susan Stewart
1100 Willow Run
Opelika, Alabama 36801

Dear Ms. Stewart:

Thank you for your comments on the Prevention Marketing Initiative sponsored by the Centers for Disease Control and Prevention (CDC). This Administration is committed to stopping the spread of HIV, especially among our youth. The age group with the greatest increase of new cases of AIDS is the 18-24 year old group; the majority of these infections occurred during adolescence. Best information indicates that 72 percent of all high school seniors have engaged in sexual activity and 19 percent of those have had 4 or more sexual partners.

Although abstinence is the most effective way of preventing transmission, the campaign is also aimed at those who, because of personal decisions or circumstances, have chosen to be sexually active. The decision to promote safer sexual practices through the use of condoms is supported by research released in 1993 showing that when condoms are used correctly and consistently, they are extremely effective in preventing transmission. The research showed that transmission occurred primarily in those instances where the condoms were used incorrectly or were not used for every sexual act. To obtain more information on this research, please contact the CDC National AIDS Clearinghouse at (800) 458-5231.

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

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

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

Sincerely,

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

RECEIVED
JAN 12 1994

1.6.94

Dear Ms. Debbie,

I am outraged that my tax dollars are going to fund condom commercials, that condoms are being promoted as a means of AIDS prevention, and that teenagers are being targeted.

Condoms failure rate in ~~pregnancy~~ prevention is at least 25%. Pregnancy can only occur a few days out of every month while you can get AIDS any day. The HIV virus is much smaller than a sperm cell and thus able to go through microscopic holes in a condom that sperm could not. Considering these facts, using a condom to prevent AIDS is like playing Russian Roulette to prevent gunshot wounds.

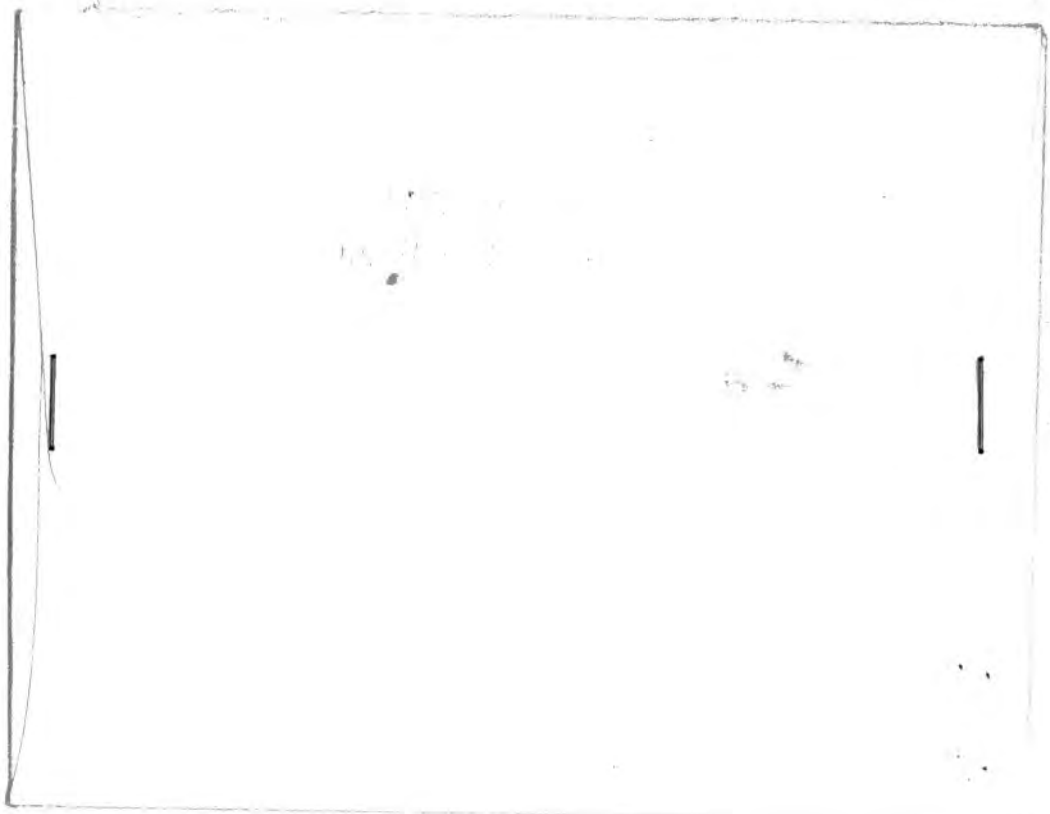
The CDC was founded to control disease. Its handeling of AIDS is reprehensible. Target the real

cause of its spread — immoral sexual behavior mostly by homosexual men. All HIV infected people should be required to disclose their disease to their doctors, dentists, and employers in order to protect innocent people. If gay is OK, why are they not willing to take responsibility for the disease that goes with it?

You will now say, "But it's not just a gay disease." And you're right. Because of irresponsible control of the disease, it has now become a national threat. Your commercials will only help to increase its spread, especially to our youth.

Sincerely outraged,
Susan Stewart

CLINTON LIBRARY PHOTOCOPY



Director of AIDS Policy
Kristine M. Gebbie
750 17th St. N.W.
Washington, D.C.
20050

CLINTON LIBRARY PHOTOCOPY

THE WHITE HOUSE

WASHINGTON

February 14, 1994

Mrs. W. F. Hatcher
6625 Fairdale Road
Lake Charles, Louisiana 70605-0956

Dear Mrs. Hatcher:

Thank you for your comments on the Prevention Marketing Initiative sponsored by the Centers for Disease Control and Prevention (CDC). This Administration is committed to stopping the spread of HIV among all sectors of our society and especially among our youth. The age group with the greatest increase of new cases of AIDS is the 18-24 year old group; the majority of these infections occurred during adolescence. Best information indicates that 72 percent of all high school seniors have engaged in sexual activity and 19 percent of those have had 4 or more sexual partners.

Although abstinence is the most effective way of preventing transmission, the campaign is also aimed at those who, because of personal decisions or circumstances, have chosen to be sexually active. The decision to promote safer sexual practices through the use of condoms is supported by research released in 1993 showing that when condoms are used correctly and consistently, they are extremely effective in preventing transmission. The research showed that transmission occurred primarily in those instances where the condoms were used incorrectly or were not used for every sexual act. To obtain more information on this research, please contact the CDC National AIDS Clearinghouse at (800) 458-5231.

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

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

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

Sincerely,

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

Abortion Stops
a Beating Heart

Ms. C. Gobbie
AIDS Promoter
750 17th ST N W
Washington, D.C.
~~20050~~
20006

HERE

CLINTON LIBRARY PHOTOCOPY

...4,400 times a day.
Youth Life International 833 N. St. Mary's St. San Antonio, Tx 78205 (210)225-7144

1-20-94

FEB -4 1994

Mrs. Debbie,

I really resent the U.S. Government using pornography to increase the use of condoms + increase the spread of AIDS.

If 100 homosexuals or drug users use condoms 28 will get a fatal disease. Isn't that unbelieveable.

If 100 heterosexuals (non drug users) use condoms 15 women will get pregnant and I don't know how many will get AIDS but not too many because it is not a heterosexual disease despite the lies the government puts out.

Even the FDA will not OK condoms as a contraceptive but you tell people it will stop the spread of AIDS.

AIDS is 100% preventable + would not cost a penny in prevention or treatment or research. Just obey God's laws.

Sincerely
Mary Ellen Hatcher

Mrs. W. F. Hatcher
6625 Fairdale Rd.
Lake Charles, LA. 70605-0956

FEB 14 1994

THE WHITE HOUSE

Dear David –

It was good to see you on Saturday, and to learn a bit more about your AIDS work. Thank you for your efforts! I look forward to further opportunities to work together – Kristine Gebbie

THE WHITE HOUSE

WASHINGTON

February 14, 1994

MEMORANDUM

TO: Attorney General Janet Reno
Department of Justice

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

SUBJECT: HIV/AIDS Talking Points for Upcoming Presentations

As I have mentioned in the past at the Domestic Policy Council and the Chiefs of Staff Meeting, it is critical in our fight against HIV/AIDS that all Cabinet level Secretaries speak openly of for everyone in our nation to get involved. With that thought in mind, I looked through the calendar of public appearances by members of the Cabinet and saw that you will be making a presentation on youth-related issues at a gathering in the near future. The following are three talking points that I thought might be helpful in preparing your remarks. If you have any questions, please feel free to contact Steve Lee at 632-1090.

* The largest increase in new cases of AIDS is in the 20-29 age group. Because of the long incubation period for HIV, the statistics suggest that the majority of these infections occurred while the individuals were in their teens. The majority of these cases are attributable to sexual contact, whether heterosexual or men who have sex with men. Recent studies indicate that up to 83% of males and 67% of females have engaged in sexual activity by age 20. Additional research indicates that one in four young adults from 18-25 have suffered from a sexually transmitted disease.

* It is essential that all of us assume responsibility for preventing the spread of HIV. After almost 13 years of this epidemic, with over one million infected Americans, it is incumbent on all of us to inform ourselves on how to protect our lives and the lives of those we care for. When we deal with youth issues, we must also address issues related to self-esteem. It is through building of self-esteem that we will be able to increase the ability of our young people to protect themselves from HIV.

* We must pay special attention to those who may suffer from discrimination in our society, including gay and lesbian youth, minorities and women. We are becoming more and more aware of the negative impact that societal discrimination has on development, and it is something that all of us must look at in our work.

FEB 15 1994

THE WHITE HOUSE

Judy —

Thanks for the information on the AIDS Education and Training Centers — Sue sharing it with staff who will find it useful —

Thanks

FEB 15 1994

THE WHITE HOUSE

Wendy -

It was good to see you when I was in Portland last week — and thank you for the information on Women 2 Women. I look forward to progress reports!

Best wishes

Christine

FEB 15 1994

THE WHITE HOUSE

Dear Julie -

Many thanks for the quick introduction to Pro Fast Action while I was in Portland last week. I look forward to continuing positive reports!

All best wishes —

Kristine

FEB 15 1994

THE WHITE HOUSE

Dear Mary —

Thank you for the additional information on the Dade Clinic — I'm sharing it with my staff who work on services & prevention. I do hope we get more time on another trip to L.A.

Best wishes —

Christine

FEB 15 1994

THE WHITE HOUSE

Dear David —

Many thanks for taking time to talk with me about your participation in Project Action. Your evident interest in the health of your customers clearly goes beyond a cool "business decision". I appreciate your concerns. Best wishes in all that you do — Christine Gebbie

FEB 15 1994

THE WHITE HOUSE

Mary —

Here are photos for Mark, Scott and Abraham —

and I'm looking forward to our next dinner!

Glad the meeting was a success —

Hillary

The Hospital Research and Educational Trust

AHA

840 North Lake Shore Drive
Chicago, Illinois 60611
Telephone 312.280.6620

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

RECEIVED
FEB 14 1994

Do a note as I'll attach the photo we have. VC John re how long a personalized to each would take

Feb. 4, 1994

Dear Kristine,

It is great to be back home after 10 days of living out of a hotel room. The AHA Annual meeting was particularly exciting this 25th anniversary year because of the magnitude of reform issues and the powerful line-up of speakers including the President.

Thanks again for a lovely dinner at Luna Notte – it will go onto my list of Washington, D.C. restaurants. I look forward to having an opportunity to do it again. We have confirmed the National AIDS update conference for next year as Jan. 31 - Feb. 3 at the Moscone Center in San Francisco. Once we get a little further along I'll brief you again. I will approach HRSA for support also.

If its not too much trouble I'll take you up on your offer to get signed photos for the 3 boys Mark + Scott Lindeman and Abraham Espinoza (Amy 3rd son who actually is my babysitters boy). They were very excited when they walked in front of the White House and I promised them we'd go inside one day.

Best regards,

Mary

FEB 15 1994

THE WHITE HOUSE

Dear Irene and Terry -

Thank you - for the opportunity to visit, for the teddy bear now smiling across my office, and most of all, for all you are doing to serve HIV-infected families in San Diego! The warmth of the Center was a special treat - my best wishes for your continued work - Christine Gebbi

What is HIV/AIDS?

The HIV virus causes AIDS. AIDS is the severe form of HIV. The Centers for Disease Control states that AIDS includes 29 separate infections, in addition to new infections that primarily affect women. Most women with AIDS are diagnosed later in the disease than men and, because of this, they get sick and die sooner. More and more children and teens are also getting this disease.

How do you get HIV/AIDS?

AIDS is hard to get! You can't get it from the air or by touching someone. You can't get it by hugging a child or talking to an HIV infected woman. You can't tell if a person has HIV/AIDS by looking at them. In fact, you are already in contact with people with HIV/AIDS. People are infected through unprotected sex, shared drug needles and blood contact. Choose not to become infected by avoiding high-risk behaviors.

How can you help?

Avoid high-risk behaviors and stop the spread of AIDS. Be sensitive to those who have HIV/AIDS. Support AIDS agencies with your dollars and participation. Encourage elected officials to make AIDS funding a priority. Get involved by volunteering!

How can I volunteer?

Be a part of the Center for Women and Children with HIV/AIDS! We are looking for individuals who would be interested in volunteering any of their time in the following areas:

- ☞ **Receptionists**
- ☞ **Babysitters**
- ☞ **Dedicated Workers**

If you are interested in volunteering, please call the Women & Children's Center at 298-5099.

BEING ALIVE
SAN DIEGO

JUNIOR LEAGUE
OF SAN DIEGO

Women & Children's HIV Resource Center

To find out more about the Center, or opportunities for volunteering or contributing financially, please contact any of the numbers below:

Being-Alive Women and Children's Center . . . . . (619) 298-5099

Junior League Headquarters . . (619) 234-2253

Being Alive-San Diego . . . . . (619) 291-1400

Kathryn Sager . . . . . (619) 587-2199
(1993-94 Project Chair)

BEING ALIVE
SAN DIEGO

JUNIOR LEAGUE
OF SAN DIEGO

Women & Children's HIV Resource Center

3265 Fifth Avenue
San Diego, CA 92103
[corner of Fifth & Thorn]

(619) 298-5099

The Women and Children's HIV Resource Center is a collaborative effort between *Being Alive-San Diego* and the *Junior League of San Diego, Inc.* (JLSD). This Center is the first of its kind in Southern California.

Our mission is to empower women, children and families infected and affected by HIV/AIDS, through mutual support, access to information and services, social interaction, and public advocacy.

JUNIOR LEAGUE OF SAN DIEGO

The Junior League of San Diego, Inc. is an organization of women committed to promoting voluntarism and to improving the community through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.

The Junior League of San Diego, Inc. reaches out to women of all races, religions and national origins who demonstrate an interest in and commitment to voluntarism.

Originally formed in 1927, JLSD was accepted into the Association of Junior Leagues, Inc. in 1929. Today, the Junior League is a non-profit charitable organization involved in projects that meet critical community needs. The Junior League of San Diego, Inc. has a total membership of over 1,400 women.

1993-1994 JLSD Projects:

- ✓ Can Care II - Breast Cancer Awareness and Prevention
- ✓ Center for Women & Children with HIV/AIDS
- ✓ Displaced Homemakers - Resources for women making the transition from dependency to self-sufficiency
- ✓ Impact San Diego - One day quick response community oriented hands-on projects
- ✓ St. Vincent De Paul /Joan Kroc Center - Homeless Children's Enrichment Program
- ✓ Urban Run-off - Educating the community on the issue of polluted urban water run-off

The Center will offer a wide variety of services tailored to the needs of women and children, including:

- ♥ Supervised on-site child respite
- ♥ Resource referrals & information
- ♥ Support groups tailored to:
  - ✓ Women with HIV
  - ✓ Grief groups
  - ✓ Battered women with HIV/AIDS
  - ✓ Families of women and/or children with HIV
  - ✓ Children with HIV
  - ✓ Affected children with infected families
- ♥ Meeting place with facilitators
- ♥ Peer and family advocacy
- ♥ HIV lending library
- ♥ Baby pantry and baby supplies
- ♥ Safe place for women with HIV
- ♥ Central location near medical services
- ♥ Referrals for transportation services
- ♥ Clothes closet
- ♥ Assistance by trained volunteers
- ♥ Bilingual/bicultural staff and volunteers
- ♥ Referrals to complementary and holistic therapies

BEING ALIVE SAN DIEGO

Being Alive-San Diego is a membership organization and service provider of, by and for people living with and affected by AIDS/HIV. The organization began in August of 1989 with six individuals and has now grown to over 1,600 members as of January, 1993.

The mission is to enrich and enhance the personal dignity and quality of life of people living with and affected by AIDS and HIV through mutual support, access to information, social interaction and public advocacy.

The goals of Being Alive-San Diego are:

- ▼ To bring all people affected by HIV and AIDS out of isolation, offer access to information and support through a variety of social, recreational and volunteer opportunities, in order to create a sense of power and control over our own destiny and quality of life.
- ▼ To serve all communities affected by HIV and AIDS, especially those groups of increasing need: women and children, people of color and injection drug users.
- ▼ To promote interagency communication, cooperation and collaboration to ensure a continuum of quality HIV services throughout San Diego County.

Being Alive-San Diego is an equal opportunity service organization and does not discriminate on the basis of sexual orientation, race, color, ancestry, religious creed, national origin, physical handicap, medical condition, sex, age or marital status.

Support Groups

Held at the Women & Children's Center

Sunday	*Spanish Speaking Group* *Child Respite provided*	*4:00-8:00*
Tuesday	*"Good Grief"* *Bereavement group geared toward HIV losses*	*7:00-8:30*
Tuesday	*Heterosexual HIV Concerns*	*7:00-8:30*
Tuesday	*Talking Heart & Soul* *Spiritual based group meets twice a month*	*11:00-12:30a*
Wednesday	*HIV Positive Women's Group* *HIV related issues*	*6:30-8:00*
Thursday	*HIV Positive Women's Group* *HIV related issues*	*6:00-7:30*
Saturday	*Parents of HIV Positive Children* *Child Respite provided*	*1:00-3:30* *2nd Sat. of the month*

WANTED!!

Volunteers for Being Alive's
Women & Children's HIV Resource Center
3265 Fifth Avenue (at Thorn)

WE NEED:

- Receptionists
- Babysitters
- Dedicated Workers

Please call 298-5099

BEING ALIVE
SAN DIEGO

THE WHITE HOUSE

WASHINGTON

February 15, 1994

Dear Greg:

Thanks for taking the time to meet with me yesterday. I found our conversation to be helpful and informative.

I hope that we will have continued dialogue and that you will feel free to contact me whenever you have any questions or concerns. The Office of National AIDS Policy certainly appreciates input from the Human Rights Campaign Fund when making our decisions.

By the way, the Helms Amendment that we discussed has expired. Although there are still some restrictions, CDC prevention money continues to be used plentifully for specifically Gay prevention messages.

It was good spending time with you. I look forward to seeing you in the future. Please let me know if I can ever be of assistance.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

Mr. Gregory King
Human Rights Campaign Fund
1012 14th Street, NW
Washington, D.C.

sent via fax
503 731 4082

THE WHITE HOUSE
WASHINGTON

February 15, 1994

Bob McAllister
Oregon Health Division
800 N.E. Oregon Street
Portland, Oregon 97232

Dear Bob:

Thank you for your work in putting together last week's trip to Portland. It was good to catch up on colleagues, and to see how things were going in the community.

These are the people I mentioned in our discussion:

Heather Anderson, Seattle (formerly of ETC at University of Washington), (206) 282-4492.

Bernice Johnston, Portland, Milestone Development (organizational development), 222-3390.

Peggy McComb, Veterans Administration, 287-1572 or 273-5058 (work).

Toni Lonning (social worker), St. Vincent, 297-4411 ext. 2026.

Good luck to you, and to Frank.

Sincerely,

Kristine

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

THE WHITE HOUSE

WASHINGTON

February 15, 1994

Mike Skeels, Administrator
Oregon Health Division
800 N.E. Oregon Street
Portland, Oregon 97232

Dear Mike:

First, thank you for the opportunity to visit with both Executive Team and staff of the Health Division last week. It was fun to catch up on colleagues, and to share some of my adventures. I also was delighted to tour the day care center, fitness room, and the general environs of the new quarters--you have brought the agency up in the world!!

My second reason for writing is to formally thank you for making it possible for Claudia Bingham to spend some time with the National AIDS Policy Office. Her solid experience in managing office systems and in working with people during organizational changes made her an ideal consultant to me and my staff during the start up process. She was able to identify a number of major systems development opportunities, and to coach me and key staff members on actions needed to make us a more functional operation. Her unfailing good cheer and openness made it possible for individuals to share their interests and concerns with her and, without violating anyone's confidentiality, she was able to share those in constructive ways. The report she provided gives me a framework for continuing development. I know that she has begun a new and challenging assignment on her return to the Health Division; I hope that her experiences at the White House and the Department of Health and Human Services will have enriched her resources for this task.

My best wishes to you, and all of the Oregon Health Division staff.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

February 15, 1994

Claudia Bingham
Oregon Health Division
WIC Program
800 N.E. Oregon Street #21
Portland, Oregon 97232

Dear Claudia:

Enclosed is a copy of the letter I have just sent to Mike Skeels, thanking him for making it possible for you to join me at the National AIDS Policy Office as a consultant last year. My comments to Mike summarize my very positive feelings about your contribution to this office. I am extremely appreciative of your perceptiveness, your commitment to good government, your readiness to adapt systems to varying situations, and your personal dedication to doing a job right. You became a part of the team here, even in a few short weeks, and you have been missed.

I have every confidence that as you tackle the challenges of your new assignment with the Health Division you will be successful, as you have been so many times in the past. My best wishes to you in this and all that you attempt.

Sincerely,

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

Enclosure

THE WHITE HOUSE

WASHINGTON

February 15, 1994

MEMORANDUM

TO: Secretary Ron Brown
Department of Commerce

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

SUBJECT: HIV/AIDS Talking Points for Upcoming Presentations

As I have mentioned in the past at the Domestic Policy Council and the Chiefs of Staff Meeting, it is critical in our fight against HIV/AIDS that all Cabinet level Secretaries speak openly of for everyone in our nation to get involved. With that thought in mind, I looked through the calendar of public appearances by members of the Cabinet and saw that you will be making a presentation at a gathering of religious leaders at the White House in the near future. The following are two points that I thought might be helpful in preparing your remarks. If you have any questions, please feel free to contact Steve Lee at 632-1090.

* It is essential that all of us assume responsibility for preventing the spread of HIV. After almost 13 years of this epidemic, with over one million infected Americans, it is incumbent on all of us to inform ourselves on how to protect our lives and the lives of those we care for. It is also our duty as community leaders, to get out the word about the need for individuals to protect their lives and the lives of those around them. Now that this administration is implementing major programs to prevent the spread of HIV, every member of our society must do the moral thing: protect the lives of those at risk, especially our young people.

* African-Americans make up 31% of the cumulative AIDS cases. Of the cases among African-Americans, 39% are directly attributable to injecting drug use. Those in our communities who inject drugs have been facing the danger of becoming infected with HIV, but drug use is not hampered by the fear of AIDS. Drugs are now destroying the inner cities not only by their impact on the lives of the users, but also by leaving behind children who will not have their parents to look after them.

THE WHITE HOUSE
WASHINGTON

February 15, 1994

Garrett Dettling
Executive Committee Chair
P.O. Box 3068
San Diego, CA 92163-1068

Dear Garrett:

Thank you for the AIDS WALK t-shirt and for the information on San Diego's AIDS WALK. You have an impressive track record, and I wish you well in your 1994 effort.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

February 15, 1994

William R. Lassey, Ph.D.
Professor and Chair, Search Committee
Washington State University
601 West First Avenue
Spokane, Washington 99204-3275

Dear Dr. Lassey:

You asked for my perspectives on Richard Wissell as an applicant for a faculty position in Health Policy and Administration at Washington State University at Spokane. I have known Dr. Wissell since 1988, and am happy to provide comments in response to your questions.

1. Dr. Wissell's academic preparation is in health policy from the Pew Doctoral Program in Health Policy at the University of Michigan School of Public Health. That institution has been a leader in preparation of public health professionals; the program from which Dr. Wissell graduated was directed and taught by leading scholars in the field. His dissertation research moved in a new direction in understanding outcome directed policy at the local public health level.

2. Dr. Wissell's work history and interests would indicate that among the three areas listed, teaching, research, and public service, his strengths are in teaching and public service. He came later to the discipline of health policy research, and is not yet established in the field. Overall, he is intellectually capable of producing good work in all three areas, and is competent to fulfill the expectations of a faculty position.

3. I have collaborated with Dr. Wissell both as a fellow doctoral student, and as a fellow member of the leadership of the American Public Health Association. I have found him to be vitally interested in health policy issues, concerned about the appropriate involvement of interested parties in policy decision-making, and committed to advancing the field of public health. All of these are qualities which I believe are essential to a successful faculty career.

4. I would recommend Dr. Wissell as a potential outstanding faculty member. I make this recommendation based on my understanding of the current changing health and illness care world, and the need for academic centers to develop new partnerships between personal care systems and public health systems, and between academic centers and practice sites. Dr. Wissell's long years of experience in local health departments gives him an understanding of the day-to-day application of health policies which could prove invaluable as a teaching and research base. The only possible detraction is the point mentioned above, that Dr. Wissell has only recently moved into the policy research arena, and may take a little time to advance in that sphere. I believe he is capable of such advancement.

5. Dr. Wissell is in an excellent position to assist an academic health policy program to bridge between practice and theory. Given the leadership position of the state of Washington in including both public health and personal health in the state's plan for a reformed health system, Dr. Wissell's public health experience (often lacking in health policy programs) would be a strength. His academic preparation included the full scope of illness care and the medical system, however, so his perspective would not be one-sided.

It is my recommendation that you give serious consideration to the appointment of Dr. Wissell to a faculty position at Washington State University. If I can answer any additional questions, or be of further assistance, please contact me again.

Sincerely,

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

Washington State University
Spokane

601 West First Avenue
Spokane, WA 99204-0399
509-456-3275
FAX 509-456-2866

RECEIVED

FEB 10 1994

February 1, 1994

Kristine Gebbie
Switzer Bldg, Rm 2132
330 C Street
Washington DC 20201

Dear Ms. Gebbie:

We have an application from Richard A. Wissell for a faculty position in Health Policy and Administration at Washington State University at Spokane. You were listed as a reference.

Would you please write us a letter giving us your perspective on the qualifications of the applicant for the position(s). Answers to the following questions would be helpful, as well as any other comments you care to make.

1. Do you feel the academic preparation of the applicant is of high quality and appropriate to the position(s)?

2. How would you judge the intellectual ability and overall competence of the applicant for a faculty position requiring teaching, research, and public service?

3. Please describe any experience you have had with the applicant which illustrates qualification or disqualification for the position(s).

4. Would you recommend the applicant as a potentially outstanding faculty member? If so, what causes you to make such a recommendation? What detracts from your recommendation?

5. What other comments do you have on the quality of the applicant that would help us evaluate competence for the position(s)?

A copy of the position description is enclosed for your information and reference.

Thank you very much.

Sincerely,

William R. Lassey (Chair)

William R. Lassey, Ph.D.
Professor and Chair, Search Committee

WL:lal

Enclosure

WSU Spokane

Notice of Vacancies

HEALTH POLICY & ADMINISTRATION

Title: Assistant and Associate Professor of Health Policy and Administration

Term of Service: Twelve-month, tenure-track appointment available August 1, 1994

Qualifications: A Doctorate in Health Policy and Administration, Pharmacy Administration, Health Economics, or a related field is required. Postdoctoral research experience is desirable. Preference will be given to applicants having a professional degree and experience in the health sciences. Candidates must have a demonstrated potential for developing an independent research program for appointment as an assistant professor or an active extramurally funded research program for appointment at the associate rank.

Duties: Responsibilities will include instruction in the new Masters in Health Policy and Administration (MHPA) graduate program, advising and directing thesis research and internship of students, and the development of an active research program.

Contact: Screening will begin January 31, 1994, and continue until the two positions are filled. Applicants should send their curriculum vitae; the names, addresses, phone and fax numbers of three references; and a statement of research and professional goals to:

William R. Lassey, Ph.D.
MHPA Search Committee Chair
College of Pharmacy
Washington State University at Spokane
601 West First Avenue
Spokane, WA 99204-0399
(509) 456-3275

Washington State University is an Equal Opportunity/Affirmative Action educator and employer. Members of ethnic minorities, women, Vietnam-era or disabled veterans, persons of disability, and/or persons between the ages of 40 to 70 are encouraged to apply.

Washington State University
Spokane
Advanced Studies & Research

January 2, 1994

RECEIVED JAN 31 1994

Dear Family and Friends,

It doesn't seem possible, but here we are in 1994. We have always said we would never send a Holiday letter for fear of sounding like we were bragging or boring you. However, it is after New Years Day, and Joan has been too busy to send even one card. Therefore, we decided to try this to let you know we do think of you.

Joan continued to work seasonally at Town and Country Greenhouse just North of Racine. Then, before she finished there for the year, she started working as a telephone associate at Gander Mountain's order taking station just west of Racine. This has kept her working at least six days a week, thus her lack of time to send cards. In addition to the work for which she gets paid, she was elected to the Vestry of St. Michael's Episcopal Church, serves as the co-chair of the flower guild, worship and music committee and sometimes sings in the choir. Further, she still tries to keep our house and Richard straight.

Richard continues to be the director of the Racine City Health Department and is active in several public health organizations. Having successfully completed his Doctor of Public Health in Health Policy Degree from the University of Michigan in the fall of '92, he went through the graduation ceremony at Ann Arbor the end of April. At the American Public Health Association Annual Meeting, after completing his second year as Program Chair for the Health Administration Section, his efforts over several years were recognized by the Section presenting him the Public Health Administration Award of Excellence and electing him Section Chair-Elect. Since he no longer has to spend all non-working time at the books, he is again enjoying directing the choir at Church of The Covenant Presbyterian Church and sang with daughter Amy in the six University of Wisconsin-Parkside Christmas performances of Handel's Messiah, with full orchestra.

Our oldest daughter Melissa still lives in Topeka, Kansas and has just finished her Bachelor of Science in Nursing Degree. Completing this program with four children has made Mom and Dad very proud. We all were really pleased when she called last Sunday to share with us the news that she had been hired as shift charge nurse at a nursing home located just a few blocks from their apartment. Richard was pleased to attend Melissa's nurse pinning ceremony and we both hope to attend her graduation ceremony in a few weeks.

Anne (second daughter) continues to be an Assistant District Attorney in Racine County. Attorney friends of ours who have observed her in court tell us her work is respected in the courts of Racine. She lives in Milwaukee and invited us and her Wisconsin siblings to share Christmas Eve and Christmas Day with her. We went and had a great time.

Our youngest daughter Amy is back at home while attending the University of Wisconsin-Parkside full time and working various shifts as cook, waiter, hostess or cashier at the local Olive Garden. She still loves to sing (is in three choirs) and is studying Biology.

Mark and Karen Sheridan were married in April and moved, from Minneapolis and La Crosse respectively, to Madison where Karen is working toward her Master of Social Work Degree. Mark is doing fine custom wood working, making doors, desks, stair railings, inlaid floors, etc. Beautiful stuff! They rollerblade, hike and are planning a camping trip west with friends this summer.

We hope that you and yours had a holy holiday season and that 1994 will be a good year for you.

Joan and Richard Wissell

Richard-Joan Wissell
2811 Ruby Avenue
Racine, WI 53402-4205

MILWAUKEE, WI 532
PM
17 JAN
1994

Kristine Gebbie, RN, MN
Room 2132, Switzer Building
330 C Street
Washington, DC 20201

THE WHITE HOUSE

WASHINGTON

February 15, 1994

The Honorable Ron Brown
Secretary
Department of Commerce
15th and Constitution Avenue, N.W.
Washington, D.C. 20230 VIA FAX 482-2741

Dear Secretary Brown,

I would like to request a meeting with you in order to discuss and review some of the many issues that we are working with here at the Office of the National AIDS Policy Coordinator. AIDS, as you know, effects our economy in many ways. Worker time lost, the cost of health care, and the economic impact to the economy.

One of the issues I would like to discuss in our meeting would be an idea that has been brought to my attention by the Canadian Foundation For AIDS Research. They are interested in co-sponsoring a Canadian/U.S. meeting on the economic impact of AIDS to both our countries.

This meeting will allow us to get to know each other and to agree on some common goals that we can work together on in the near future.

My assistant, Steve Lee, will call your scheduler in a day or so to arrange a meeting at your convenience. Thank you.

Sincerely,

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

WHITMAN·WALKER CLINIC INC

MAIN FACILITY
1407 S STREET, NW
WASHINGTON, DC 20009
202 797 3500
TTY 202 797 4449
FAX 202 797 3504

MAX ROBINSON CENTER
3920 S. CAPITOL STREET, SE
WASHINGTON, DC 20032
202 562 1160
TTY 202-562-1178
FAX 202 562 1240

NORTHERN VIRGINIA OFFICE
3426 WASHINGTON BOULEVARD
SUITE 102
ARLINGTON, VA 22201
703-358-9550
TTY 703-243-7249
FAX 703-358-9557

SUBURBAN MARYLAND OFFICE
7676 NEW HAMPSHIRE AVENUE
SUITE 111
HYATTSVILLE, MD 20783
301-439-0731
TTY 301-439-0733
FAX 301 439-2863

February 15, 1994

Kristine Gebbie
National AIDS Policy Coordinator
750 17th Street, NW
Washington, D.C. 20503

Dear Kristine:

I enjoyed speaking to you yesterday, and hope that my comments concerning AIDSWALK 1994 were helpful to you. I would like to further elucidate some of the issues about which I know we both feel strongly.

As in all of Whitman-Walker Clinic's programs, the volunteers and honorary committee members of AIDSWALK reflect the wide cultural spectrum of both our city and our nation. We at the Clinic take great pride in the spirit of inclusiveness that AIDSWALK has demonstrated, with increasing intensity, in recent years.

We are particularly gratified by the significant response from prominent members of the African-American community. You may be interested to know that the members of the Honorary Committee for AIDSWALK 1993 were as follows:

Congresswoman Eleanor Holmes Norton (D-DC), Honorary Chair

Congresswoman Connie Morella (R-MD)
Congressman Al Wynn (D-MD)
Congressman Jim Moran (D-VA)
U.S. Surgeon General Joycelyn Elders
D.C. Mayor Sharon Pratt Kelly
Bob Hattoy
Mary Fisher

Four members of the 1993 Committee are African-American, and a majority of the committee are women. Though the 1994 Honorary Committee will not be named until the Honorary Chair(s) can be announced, I expect that it will include leaders from an even broader constituency.

YEARS

Kristine Gebbie
National AIDS Policy Coordinator
Page Two

As you may remember, the pre- and post-Walk entertainment in 1993 was similarly diverse. The morning program opened with the performance of Spanish ballads by Pedro Porro and culminated with Julie Pesce-Townsend's rendition of the National Anthem. After the Walk itself, returning walkers were greeted by the African-American AIDS Choir singing a variety of gospel selections, and many stayed to see the featured performers, Julia Brown and Robin S., both of whom are also African-American.

This year, the featured performers are scheduled to be K.D. Lang, a popular country-western singer, and the Richard Smallwood Gospel Choir.

AIDSWALK, as a project of Whitman-Walker Clinic, is also overseen by the Clinic's own Board of Directors, which is very much a multicultural body. Fully 47% of the Board's members are African-American or Latino, and women constitute 35% of it.

As the largest single fundraising event in the nation's capital, AIDSWALK supports more than 25 AIDS service organizations throughout the Washington area. All organizations which receive AIDSWALK support must demonstrate a commitment to the provision equal treatment and services, and must have a stated policy prohibiting discrimination on the basis of race, ethnicity, gender or sexual orientation.

AIDSWALK is truly a community-wide event, involving volunteers and supporters from neighborhoods and social groups throughout our area. Though participants in the 1993 Walk were somewhat dampened by inclement weather, I think you would agree that their presence was powerful testament to the commitment, from all segments of our community, to the fight against AIDS.

Please let me know if I can provide any other information concerning this issue which might be of use to you. I am always pleased to discuss the merits of this crucial endeavor.

Bests
Sincerely,

Jim Graham
Executive Director

George
Terry
Bob 9

① did Sam Shekar turn over the "100c back" project to one of you?

② who should be the lead on FDA/blood bank issues

cc Andrew

February 15, 1994

MEMORANDUM TO ANDREW BARRER, Ph.D.

FROM LANCE ALWORTH

SUBJECT FDA AND RED CROSS "HIGH RISK" SCREENING PROCEDURES FOR BLOOD DONATIONS FROM MEN WHO HAVE SEX WITH MEN

FDA regulations require the exclusion of blood donated by any "man who has had sex with another man even one time since 1977." [1] Thus, FDA regulations exclude a mutually monogamous homosexual couple from donating blood (unless they have been mutually celibate since 1977). There is no exception for "safe-sex" practices.

It is interesting to note that the FDA regulations also exclude "Persons who have had sex with any person meeting the above descriptions." [2] Thus, a heterosexual women who had sex with a man who had sex with another man since 1977 would also be excluded. Additional excluded categories of people are: past and present intravenous drug users; persons with hemophilia or related clotting disorders who have received clotting factor concentrate; and persons who were born in or emigrated from Sub-Saharan Africa.

The Red Cross addresses the issue of whether people practicing "safe sex" should be allowed to donate blood with a resounding, and perhaps homophobic, NO! They claim that the CDC has learned that many men, both heterosexual and homosexual, who think they are engaging in safe sex practices aren't. Red Cross believes "it would be extremely difficult to phrase an effective donor screening question that would differentiate between those who engage in "safe" homosexual activity from those who think they are safe, but actually engage in "nonsafe" homosexual activity." [3] By contrast the Red Cross is "aware that an increasing portion of new HIV cases are heterosexually transmitted, it is still clear that HIV prevalence and incidence

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1 "Revised Recommendations for the prevention of Human Immunodeficiency Virus (HIV) Transmission by Blood and Blood Products - Section I, Parts A & B Only," Gerald V. Quinnan, Jr. M.D., Acting Director, Center for Biologics Evaluation and Research, 12/5/90.

2 ibid.

3 Letter to Ms. Zinkernagel from Peter A. Tomasulo, M.D., Executive Vice President, CEO, Blood Services, American Red Cross, 10/4/93. (Letter)

rates are very low in heterosexual. Further, [Red Cross] is not aware of any evidence to indicate that having sex with multiple partners appreciably increases the risk o f HIV infection among heterosexuals." [4] The Red Cross bases its exclusion practices on FDA regulations.

The FDA last amended its regulations for the prevention of HIV transmission by blood products in December 1990. Our knowledge of the disease has greatly increased since that time. For example, it would be more appropriate to exclude any "injecting" drug user rather than just "intravenous" drug users since we know now that much HIV transmission has occurred from non-intravenous injecting drug use. Likewise, the increased rate of heterosexual infection, particularly in large urban areas, makes the confident assertion by the Red Cross that promiscuous heterosexual sex does not put one at appreciable risk ring hollow.

There was some attempt in these old regulations to screen blood donors based on their conduct. Unfortunately, an easy screening question was any man who had sex with a man. As the disease progresses and spreads into the broader heterosexual community more precise and directed questions regarding personal risk behavior are necessary.

I recommend that this office write the FDA and request that they review their policies with reference to the latest CDC statistical analysis of the spread of the disease and my comments above. In addition, it might be useful to convene a meeting to discuss the various risky behaviors upon which exclusion from blood donation is based. At such a meeting a discussion of whether banning any donations from any man who has had sex with another man since 1977 could be discussed. It is obvious that such blanket exclusions cannot be continued with the general public and if questions can (and they must) be developed to ferret out those in the heterosexual community engaged in risky behavior it would seem similar questions could be asked of men who have sex with men.

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[4] Ibid.

THE WHITE HOUSE

WASHINGTON

February 16, 1994

Mr. Brett Grodeck
Shelia King Publications, Inc.
20 West Hubbard Street, 3W
Chicago, Illinois 60610

Dear Brett:

Congratulations on the launch of your new magazine, *Plusvoice*. I am confident that this publication will be very successful.

I appreciated the invitation to the January 18 celebration. Unfortunately, I was unable to attend because of a scheduling conflict.

I look forward to spending some time with you in the near future. Don't hesitate to give me a call at (202)632-1090.

Once again, congratulations and good luck with *Plusvoice*.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

February 16, 1994

Ms. Karen R. Faden
Box #127, Amherst College
Amherst, MA 01002-5000

Dear Ms. Faden:

Thank you for showing interest in the Office of National AIDS Policy. I have reviewed your application and I admire your commitment to activities that promote HIV/AIDS awareness and prevention.

The Office of National AIDS Policy offers several internships to students every summer. Because there are only limited spaces, these internships are extremely competitive.

I will be personally contacting you within the next few months to set up a formal interview. If you have any questions or comments, I can be reached at (202)632-1090.

Once again, thank you for your applying to the Office of National AIDS Policy. I look forward to speaking with you soon.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

February 16, 1994

Ms. Stephanie Hintersehr
1275 Bartonshire Way
Rockville, MD 20854

Dear Ms. Hintersehr:

Thank you for showing interest in the Office of National AIDS Policy. I have reviewed your application and I admire your commitment to activities that promote HIV/AIDS awareness and prevention.

The Office of National AIDS Policy offers several internships to students every summer. Because there are only limited spaces, these internships are extremely competitive.

I will be personally contacting you within the next few months to set up a formal interview. If you have any questions or comments, I can be reached at (202)632-1090.

Once again, thank you for your applying to the Office of National AIDS Policy. I look forward to speaking with you soon.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

February 16, 1994

Mr. Richard S. Levick
The American University
School of Public Affairs
4400 Massachusetts Ave, N.W.
Washington, D.C. 20016-8022

Dear Richard:

It is always a pleasure to see you, and to speak to the American University students.

I enjoyed the discussions during the Sophomore seminar of the School of Public Affairs Leadership Program.

I don't know what I would do without a dose of you at least once a semester. Don't hesitate to contact me about future speaking engagements.

I wish you every continued success with your programs.

Sincerely,

John Paul Gurrola
Director of Communication
Office of the National AIDS Policy Coordinator