FOIA Number: 2018-0756-F

FOIA MARKER

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

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3768

FolderID:

Folder Title:
February Chron Files 1994 [3]

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

FEB 16 1994

THE WHITE HOUSE

Dear Bobbie –

Thank you, for your support and encouragement, and for the notes from Dr Lotts presentation. The points made are excellent ones, and a challenge to us all. I hope our paths cross here in DC at some point – all the best –

Kristine

Roberta Stewart
1812 Monroe St., N.W.
Washington, D.C. 20010

1812 Monroe St. NW
Washington DC 20010
Feb. 9, 1994

Ms. Kristine Gebbie
The White House
1600 Penn. Ave. NW
Washington DC 20500

Dear Ms. Gebbie,

I met you at the Episcopal/Lutheran AIDS Conference this past week in Santa Monica, and wanted to tell you in writing how much it meant to have you there. It affirms that the Clinton Administration is serious about addressing this problem.

I work at Grace Lutheran here in D.C., and am a member of Community of Christ, also in D.C. It seems to me true, as I have heard you say, that more and more of us are being touched directly by this virus, as people we love are being diagnosed HIV+ or with AIDS. And more and more young people, as you well know, are becoming infected... this is a very urgent issue, both in our society and world-wide.

I transcribed the notes I took from Lissandro Orloff's presentation at the Lutheran Spanish session on Sat. morning. He is a Lutheran pastor from Argentina working in AIDS ministry. I felt he had some good perspectives, and it occurred to me that, as a Lutheran, you might find some of this of interest, so I'm enclosing a copy! Since he was speaking Spanish and someone was translating for me, this may not be absolutely verbatim, but I think that at least a couple of important points are clear.

Please know that you and the President have a lot of support. And we out here have a lot of hope that, indeed, progress will be made before too many more of the people we love so much are lost to AIDS.

God bless your work!

Sincerely,
Roberta M. Stewart

Published by Fellowship of Reconciliation (Nyack, N.Y. 10960) to support its worldwide work for peace and nonviolent action.

REMARKS BY LISSANDRO ORLOFF

When we talk about AIDS, this is not just a problem of health but a moral problem.

The church is called to a prophetic role - we should not be afraid - we should be like ACT UP!

We must be careful that this not do to the church what the virus does to the body. Silence is a cofactor of this epidemic - especially for Spanish.

God acts in love and mercy; liberates us from our simple morals. We are so slow to pass the message to people who need to hear it. The theme of AIDS challenges us to be the real church -- not a medical, but theological church.

Inclusivity -- are we truly inclusive, as a church? What do we mean by that? Usually it means inviting people in, then saying, come and behave as the majority does! We practice totalitarianism in church... Inclusivity: We are called to heal, to cure. And we shouldn't stop with the laying on of hands. We are called to heal the church, and the society. It is they who are sick, not the patients.

Why is a pastor involved with this? With a diagnosis of cancer, the family rallies round. With AIDS, it is a moral diagnosis, a terrible rupture. We need to be there. -- That is the rupture, that the church is not there. We need to be there. The church needs to repent of its silence and judgment.

I am afraid that I don't use my collar at the hospital when I call! I look like a doctor, not a pastor... The collar is "power", it intimidates, judges patients. One patient said, "You're a nun..." We need to present ourselves to the people as they are, not as sitting in judgment.

So when you are going to the hospital to visit someone, first, sit, don't stand, so your eyes are at the same level. If you stand over them, wear a collar -- they will feel judged.

And you are not going in to evangelize! I am being evangelized, in this situation. I am the only person converted -- one day, I hope the church will be converted to the poor. The widow, the prostitute are <u>evangelizing</u>. Jesus went to show everything contrary, breaking down barriers between people. Jesus won't sit in our pews, but with the people we've cast out.

What message will we hear? When we come close to a patient, we are on holy ground.

In our clerical uniform, we seem to judge people, for it has been a judgmental church. We need to relieve ourselves of the signs of power... Chaplains go into the hospital, do the Rosary, give the Bible ... no one asks the person their name, nor listens to them. We must listen to the affected person!

The first time I met a transvestite, I felt fear. I did not know who this was. But I embraced him. And in embracing him, I took on all his stigma - and all his laughter, and all his sadness. -- If you work with AIDS, people are going to say, "There's a reason he's doing this..." You take on the stigma.

But no one is a stranger to the Gospel! We must not put conditions on our work. Excluding anyone is the worst sin against the Holy Spirit. And the poor bring an evangelical light to the church.

The church is a family that embraces. We must be very concrete about this! To embrace men is to break the frontiers. The church needs to embrace both spiritually and physically. -- I talk with my arm on their shoulder, their hand...

The woman in the Gospel reading this morning [who had touched Jesus to seek to be healed by touching him] thought that she was transmitting impurity if she touched him; but Jesus was transmitting health to her, not getting impurity. By touch, you don't get sick, you transmit health.

Thomas Merton says that saints are those who know that the world and all that is made is good. The eyes of the saints make everything good; the hands of the saints heal ... this is the contemplative work that we have, to look, to touch, not in condemnation but in love.

There are several documents we use in Argentina, in our work. The first is from the World Council of Churches. It says that in our life and work, we are accompanying Christ ... we live this, in accompanying others. And it says, violence against homosexuals is injustice in the world. We are a pluralistic society -- there are many different people -- and the Church says that <u>all</u> discrimination against persons is unjust and immoral.

Jesus came to break injustice. If we [the church] continue on our present path, we are like the friends of Job... we need to help people distinguish between guilt that is real, and guilt that is unreal.

We can't work with <u>symbols</u>. The homosexual, the drug addict don't exist. Only people with stories. And my story is not a story that I created, but that I received... The drug addict did not choose that, he has a story of family abandonment, etc. And yet, it is also not about a father, a mother... families do care... but families have problems. Will the check last till the end of the month??

[A second] document said you could give out condoms, but should tell people why not to use them. But that whole section was overruled by a stronger group -- priests saying you should not mention condoms. In our church, it is okay for a pastor to talk about condom use, but not to give them out...

The problem of the AIDS test: is it to help a person, or to discriminate. [Question of enforced testing in Buenos Aires for immigrants] The church must be an advocate against discrimination.

The third document we use is from L.W.R. 1988 -- the need to talk in a world-wide forum. And to talk about condoms only is to have a one-dimensional approach. -- Priests are scandalized by projects using condoms, but not by poverty! There are those who want to talk about condoms so you don't have to talk about poverty, the economic system that oppresses us. We aren't credible if we aren't scandalized by those too.

The LWR document talks about fears -- it is not that we are afraid of the virus, but of those who have it.-- Yet if it comes from a blood transfusion, it is okay. If it is a baby, even the Minister of Health will be its godparent! It is the same virus. What we are afraid of, is people who are different, who are "marginalized".

The problem of illiteracy (a problem of poverty): If you can't read, you can't read about AIDS!

In this document (?) the Pope actually has some good things to say, even in a basically bad document - we need to rescue what's good! He says, there is an immune deficiency in the human system! And it talks about the dignity of every human being. No project must put down the dignity of a human being. (The Pope must have been inspired when he wrote that!)

He also says, that when we talk about AIDS, the information should be "complete and correct". The words do not say, "include information about condoms". But to be "complete and correct" you have to include that!

The information we share is to help another person make decisions. We can teach that every human relationship should be safe -- but is up to persons to decide the means. That is what pluralism is, what it is to respect the dignity of every human beings.

The Pope also says that we should not inspire fear in young people!

In our work we don't talk about death. We are not helping people to die, but to live. The theme is life. Be part of the abundant life there is! Enjoy the feast that will never end! The values of the reign of God should be presented here, not for "by and by".

The last document we use is from the Latin American Bishops Conference, held for some reason in Washington, D.C.!

It says that we should take the example of the Good Samaritan... well, the Samaritan was the marginalized person in that society. Today it is the marginalized who will evangelize the church.

The church should not be "opportunistic"! That is - we tend to "put out" the gay, the addict -- but if you are sick, we'll take you in. That is opportunistic!

We need to be coherent -- be with someone not just because they are sick, but to fight for their dignity. And we must respect the dignity of someone even before they get sick.

The church is called to be a father. When the father saw the prodigal son, he left to go to him -- ran to him -- in that society it was not done, to run to someone, especially a father to a son! We should go to the marginalized person, give them dignity, freedom... The father put shoes on his son's feet -- it was servants who had bare feet. Giving him shoes was giving him dignity. And by giving him a ring, he gave him freedom -- with the ring, you could arrange to buy things, transact business.

The church should be a mother. Be prophet, advocate, teacher. Mark out new ways. A new earth and a new heaven are possible today.

When someone is left out of the Last Supper, it is the most perverse thing that could happen.

(Lissandro Orloff is a Lutheran pastor in Buenos Aires who is working especially with people with AIDS.)

Stewart

GRACE LUTHERAN CHURCH
4300 16th Street, N.W.
Washington, D.C. 20011

WASHINGTON, DC 200
PM
11 FEB
1994

Ms. Kristine Gebbie
The White House
1600 Pennsylvania Ave. NW
Washington DC 20500

THE WHITE HOUSE

WASHINGTON

FEB 16 1994

John —

I think the President would like to see this letter, which Rabbi Edelheit sent to New Republic magazine —

Thanks —

Kristine

FEB 16 1994

THE WHITE HOUSE

Dear Robin Edelheit —

Thanks for sharing your letter to the New Republic, as well as your CDC letter. I do agree with you on the non-cynics with new resident at the White House - it doesn't make the problem go away, but it surely gives us a foundation for our efforts!

I'm looking forward to our next meeting

Kristine

Rabbi Joseph A. Edelheit

January 9, 1994
26 Tevet 5754

Ms. Kristine Gebbie
Office of National AIDS Policy
Executive Office of the President
Washington, D.C. 20500

Dear Kristine:

Here is a copy of the New Republic article, as well as my response. It was good to see you this past Monday at the CDC Program. I hope that our paths will cross again very soon.

Enclosed please also find a copy of the letter that I wrote on behalf of the CDC Program.

Once again, thank you for involving me.

Most sincerely,

Rabbi Joseph A. Edelheit

JAE/se
encl.

referendum, it is far from clear how the vote would go. It was the residents of Tel Aviv and environs who were pummeled by Scuds in the Gulf war, and they badly want peace with Syria. Golan partisans tend to regard Tel Avivis as spoiled, materialistic and detached from Israel's pioneering spirit. "If the stock market in Tel Aviv fell thirty points," Shmulik says, "people there would react a lot more strongly than if the Golan were given back."

On the Golan itself, to support such a deal is downright heretical. Not many locals favor concessions: fewer still talk about it. "In terms of Israel, land for peace is the right decision," says Canadian-born Ehud Rostoker, 43, of Kibbutz Mevo Hama in the southern Golan, "but that doesn't stop people from bleeding. We've invested something here for twenty-six years, and that'll just go." I drop in on him at Hamat Gader, an implausible combination of reptile farm, Roman antiquity and hot-springs spa that is co-managed by Rostoker's kibbutz.

The Syrians built an officers' club here before 1967; an abandoned mosque sits opposite the greenish, sulfurous pools. We amble through what is left of the Roman bathhouse, in grander times an elaborate hot-to-cold setup (Caldarium, Tepidarium, Frigidarium) that drew customers from all over the Empire. "Sure, I'd like to hold on to the Golan," he says. "In an ideal world I'd love to hold on to the West Bank, too. I have all sorts of fantasies. I wish Israel was in British Columbia."

An alligator the size of a speedboat points his snout at the sun. "We're farther on the fringe than the West Bank," says Rostoker, "out of sight, out of mind. There are just a few of us, we can't create the sort of hoo-hah that the West Bank can. I think they're going to give the Golan back. I think it's been decided already. The writing is on the wall."

STUART SCHOFFMAN is a columnist for *The Jerusalem Report* and a screenwriter.

WHITE HOUSE WATCH

REV. BILL

By Fred Barnes

When President Clinton invited a dozen evangelical leaders to breakfast at the White House, his aides were anxious about Jack Hayford, pastor of the Church of the Way in Van Nuys, California. Hayford is a conservative charismatic preacher whose church is so large (8,000 parishioners) he has to shuttle between separate "campuses" a half-mile apart on Sunday mornings. Hayford is fervently opposed to abortion and gay rights. Speaking first at the breakfast, after grace, Hayford said he had had a revelation the morning after Clinton was elected in 1992. God flooded his heart with love for Clinton, he said, and convinced him to treat Clinton "on the basis that his presidency was appointed by God."

Not bad for openers, and it got better. Clinton was assured that there are many devout Christians, theologically conservative and politically liberal, who are sympathetic to him. Mark Noll, a historian at Wheaton College, said his daughter heads Young Democrats at her college and defends Clinton as "pro-life" on health care, the budget and peace. After a second helping of eggs, Clinton confessed he'd been deeply wounded by charges of the religious right suggesting his policies are un-Christian. He added that he has never lived in a city as secular as Washington (this from a guy who lived in Oxford and New Haven). When he finished, the group prayed. The session lasted ninety minutes, and Clinton got from it just what he wanted: spiritual nourishment and protection against attacks that he is a social liberal.

Is Clinton serious about this religious stuff? The evangelicals and many other religious leaders who have met with him in recent months are persuaded. In *Ministries Today*, Hayford wrote: "It may bewilder some to have it said that this man believes in the Bible and in Jesus Christ as God's Son, the Savior." Roberta Hestenes, president of Eastern College near Philadelphia, told *Religion Report*, "People asked me, sometimes mockingly, can someone be a Christian and a Democrat? And my own answer is: this president is both."

Clinton also has a deep and sincere desire to build political support inside an alienated constituency: evangelical Christians. Strict on theology and committed to spreading the faith, they are the growth sector in American Christianity. Since the late 1970s many evangelicals have become politically active, focusing chiefly on conservative social issues. Clinton's efforts have already softened some toward him. Robert Seiple, president of World Vision, a Christian relief agency, wrote associates after attending the October 18 breakfast: Christians "have tainted the credibility of the Gospel by the viciousness of these personal attacks against the president and his family. In doing so, our Gospel begins to lose its attractiveness to the non-Christian." Seiple is a Republican, a former combat pilot in Vietnam, who says he will "undoubtedly die with my Republican boots on." But he wants "civility, divinely ordained, in the midst of legitimate and understandable differences" with the president.

What's amazing is Clinton's skill in playing down those differences. The moderate evangelicals who came to breakfast were told that they were invited to discuss "religious" matters and encourage the president's faith, nothing more. So neither abortion nor gay rights came up. One evangelical told Clinton there were no "alligators" in the room, folks who would bite off his head as the Christian right has. Clinton is lucky. Ronald Reagan and George Bush couldn't have gotten away with this muzzling. In their presence, some of these same moder-

ates would have asserted that racism, poverty, the contras, etc., were "religious" issues and had to be broached.

Clinton also gets a free ride on mixing church and state. Not only has he met frequently with religious leaders, starting with Billy Graham's overnight stay at the White House last February, but he has noisily denounced creeping secularism. Reagan and Bush would have been zinged for this, probably by religious leaders who hadn't been invited by the White House. At an interfaith breakfast in the State Dining Room on August 30, Clinton touted the book by Yale Law Professor Stephen Carter, *The Culture of Disbelief*, which argues that religion is dismissed as unimportant in America and that religious motives are regarded as suspect. "Sometimes I think the environment in which we operate is entirely too secular," Clinton said. "The fact that we have freedom *of* religion doesn't mean we need to try to have freedom *from* religion. It doesn't mean that those of us who have faith shouldn't frankly admit that we are animated by that faith." Clinton ostentatiously left a copy of Carter's book on his Oval Office desk for weeks.

DRAWING BY VINT LAWRENCE FOR THE NEW REPUBLIC

The potential political payoff from courting evangelicals is significant, yet Clinton hasn't been attacked for mingling politics and religion either. One reason is that the mainstream press doesn't cover his Christian activity. Reporters aren't interested. So secular folks don't get alarmed. But the religious press plays up the sessions. Transcripts of the August session still circulate among evangelicals like samizdat. Some who have met with Clinton, such as the Reverend Richard Cizik of the National Association of Evangelicals, have issued press releases ("NAE Official Meets President, Discusses AIDS").

Clinton's embrace of evangelicals began last January. His pastor in Little Rock, Rex Horne Jr., hosted a group that met with Clinton before Inauguration Day. It included Bill Hybels of the 15,000-member Willow Creek Church outside Chicago. Clinton and Hybels hit it off, then talked again when the president visited Chicago in May. Meanwhile, Clinton asked a friend to organize meetings with religious leaders, especially evangelicals. Clinton said this was important to him as a Christian, but White House aides didn't know whom to invite.

Invitees have been carefully picked, if only to exclude Clinton antagonists. The first event, the August breakfast, was a payback to Clinton's supporters in the religious community. The eighty guests included Christians, Jews, a Buddhist, but few evangelicals. Next was a White House session, set up by Horne, with Southern Baptist leaders. This was a flop. Clinton wanted to talk about the nation's moral climate, but the Baptists insisted on challenging his support for abortion and gay rights. At one point, Clinton asked if they had anything to say on other issues. They didn't.

Then came the meeting with the dozen evangelicals, including Hybels, who had spent the night before at the White House. Clinton asked particularly that writer Philip Yancey be invited. He had read and liked a Yancey column in *Christianity Today* titled "Why Clinton Is Not Anti-Christ." On November 16 the president brought several hundred religious leaders to the South Lawn for the signing of the Religious Freedom Restoration Act. Afterward, he mingled for forty-five minutes, shaking every hand. On November 29 he hosted a breakfast with thirteen clergy to talk about the church's response to AIDS. At the close, Ed Dobson, a pastor from Grand Rapids, Michigan, asked if Clinton would hold hands and pray. The president did. Dobson, notably, was a deputy to Jerry Falwell in the 1980s. He sat next to Clinton at breakfast, joking about being on the president's left.

Whatever Clinton's motives, his Christian offensive is good politics. He is drawing evangelicals toward him just as the Republican Party, stung by charges of pandering to the religious right, is pushing them away. Clinton doesn't need to recruit an army of converts. Gaining even 20 percent of the evangelical bloc amounts to millions of votes. Simply associating with evangelicals takes the edge off his social liberalism, rarely an asset in presidential politics. What's the downside? None so far. •

Rabbi Joseph A. Edelheit

January 3, 1994
20 Tevet 5754

New Republic Magazine
885 Second Avenue
New York, New York 10017
Attn: Editors
and Mr. Fred Barnes

Dear Sirs:

I am writing to challenge the cynical implications in your article, "Rev. Bill" (1/3/94). You attempt to depict President Clinton as the always maneuvering political manipulator. You have concluded that the president's motives regarding religion are shallow and primarily a means of winning over the "Christian Right." My experience of the president's religious motives are quite the contrary.

I was one of those thirteen clergy people who attended the White House Breakfast on November 29, 1993, on AIDS and Spirituality. I was the only Jew in attendance. I am a Reform rabbi who has been an AIDS activist for seven years, and liberal on most of the critical issues. Those in attendance at the meeting covered the full spectrum of beliefs, practices and faith communities. All were involved directly in the HIV/AIDS community and how it affected their own religious community. After ninety minutes of extraordinary exchange, no one left with the cynical burden with which you imply Clinton is pushing "this religious stuff."

Believe it or not, President Clinton is religious in the best sense of the idiom. He "walks his talk." Yes, he is Christian as an individual, but he is open to and inclusive of the plurality of faiths. That morning, grace was offered by an African-American Baptist. I later offered a prayer of thanksgiving in Hebrew and translated English. In both cases the president said, "Amen," engaging personally in the act of prayer.

TEMPLE ISRAEL • 2324 Emerson Avenue South, Minneapolis, Minnesota 55405 612/377-8680

New Republic
RE: "Rev. Bill"

I have been a rabbi for more than twenty years and can tell when a person is "faking" a public show of piety. President Clinton and Vice-President Gore, who was also in attendance, are what they claim - religious at their core. I am pleased, as a rabbi, that we have national leadership who are legitimately spiritual and willing to ask serious religious questions.

On November 29th, the president wanted our front-line perceptions on how and why religion has a role in the HIV/AIDS epidemic. No other president has ever listened to the clergy talk about caring, prevention, education and the need for hope for the living. I quoted the Carter book back to the president, reminding him that the role of religion is to "help us see the face of the suffering." On World AIDS Day, the President of the United States, looked with compassion and courage into the face of an Act-Up activist and he listened, with caring, to his anger. The president takes "this religious stuff" seriously. Thank God he does! We now have a leader who finally listens to his conscience and responds to his soul more than many of the all too cynical media.

Whether or not President Clinton is making allies with the "Christian Right" was completely irrelevant to the breakfast meeting on November 29th. He is concerned about AIDS and human lives, so he brought thirteen clergy people to the White House and listened to us about our ministries. The "Rev. Bill" you describe is far too cunning to care as much as the man who sat across the breakfast table from me. Religion has made it to the White House; it's being lived there in the vision and the values of the president.

Sincerely,

Rabbi Joseph A. Edelheit
Senior Rabbi, Temple Israel

To

The prevention of AIDS is a moral responsibility because such a task saves lives. All faith communities celebrate the singular divine gift of life as sacred. We have learned in the last decade that the transmission of the HIV virus, which causes AIDS, can only be prevented through education and changed behavior. While the diverse religious communities of America cannot agree upon a single theological statement regarding sexuality and AIDS, we are all in agreement that our government has a moral obligation to educate in order to save lives. Our recent breakfast with the president and vice-president helped all of those in attendance renew their commitment to the extraordinary efforts needed to combat this terrible epidemic.

In each of our faith communities we will continue to teach, preach, and counsel according to our individual religious traditions. In the public sector, we are pleased that the Center For Disease Control and Prevention has launched an aggressive campaign to prevent the transmission of the HIV virus. We commend the president's compassionate support for research and treatment but realize that, for the foreseeable future, prevention can only be guaranteed by changed behavior. President Clinton admonished all of us on World AIDS Day: "We can deny the reality that every family is at risk until we know someone who is, but we do so at great peril to ourselves."

Our support for the CDC public service announcements does not diminish the appropriate and fundamental religious teaching of the sanctity of monogamous life partnerships to which the faith community is eternally committed. Rather in our collaborative effort to serve our faiths and to support President Clinton's efforts to halt the spread of AIDS, we commend the government's initiative to change those behaviors which result in the transmission of the HIV virus.

Rabbi Joseph A. Edelheit
Temple Israel
Minneapolis, MN

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. 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

Dr. Jack W. Shields
1950 Las Tunas Road
Santa Barbara, CA 93103

Dear Dr. Shields:

Thank you for providing my office with copies of the third edition of the AIDS Booklet. As you are aware, the Office of National AIDS Policy was created as a result of the President's commitment to take positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS. I am also committed to finding a cure for AIDS as soon as possible.

I agree with you that the most effective tool we have against the spread of HIV is education. It is vital that all information about HIV/AIDS be constantly monitored for accuracy because our knowledge regarding the disease is changing so rapidly. We are very interested in the use of education strategies that address the needs of those at risk, including adolescents. To accomplish this, messages must be population specific. That means the message must speak the language of those it is intended for, taking into account the cultural background, age, gender, educational level and sexual orientation of the intended audience. Twelve years of the epidemic have shown that blanket campaigns may not be as effective as targeted programs.

I would like to encourage you to continue in your labor, we need more interested Americans like yourself. I would be interested to hear of any future projects in which you become involved.

Thank you again for thoughtful words.

Sincerely,

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

STEVE -

KRISTINE

I inadvertently threw out the original letter. It came attached to this booklet.

Sorry - I may still have the letter but I'll have to look - this needs to go out though.

LANCE

FAX COVER SHEET

Co-op America
Business Network

1850 M Street NW, Suite 700
Washington, DC 20036

202-872-5307
fax 202-331-8166

To Kristine Gebbie

At ONAP

From Luke Adams

Date 16 February, 1994

1 pages, including cover

Message Re: receipt of fax of 11 January letter.

Clearly, your public affairs staff could use some help.

I shall remain at your disposal as long as I remain in DC and am healthy enough.

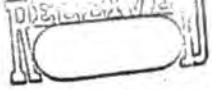
Call as you may need to.

Luke

FEB 17 1994

THE WHITE HOUSE

John—
Thanks for sharing your AIDS education materials - it's an impressive campaign. I've shared it with my staff who work on prevention issues.
Thanks for your work
Hillary



FEB 17 1994

Palm Bay
Jan 10, 1993
Phone

Carlos / standard letter ugh

condom

Sent to Carlos
2/22/94

Director Gebbie, I have seen some of the condom ad's and am appalled that we must observe them on TV. I have done considerable research about condoms and the failure rate is too high to submit our youth to such danger.

Personally, I am fighting it in every way possible, including 50,000 calendars (see Encl). I would like to see the CDC distribute them to every Jr + Sr High in the USA.

I have had several ideas for ads to save our youth. See back, you are welcome to use any of this material.

RN DAY)

iw and heard he became.
thought they had a
no one to tell him
and pot but also
not sex is right
ecause self-indulgence
salt murdering unborn
and there he found
nd many more - filthy
it the "Golden Rule"
schooling because
prison cell,
gs to sell.
were funny
ing drugs -
kind these traits

...ild today?
... needs someone to show him the "Way".

I felt inspired to write this. If anyone cares to copy it or distribute it far and wide, please feel free. I would like every student in the US to have a copy of it. *Reader's Digest no longer advertises alcohol.

Mrs. Coral Lee Craig
2876 Stearns Ave. NE
Palm Bay, FL. 32905
1-407-723-3813

FEBRUARY, 18th, 1994

TO WHOM IT MAY CONCERN;

THE ENCLOSED LETTER WAS SENT TO THE DIRECTOR OF THE UNITED STATES POSTAL SERVICE IN THE HOPES OF HAVING THE "RED RIBBON A.I.D.S. AWARENESS" STAMP EXTENDED FROM LIMITED ISSUE OR MADE PERMANENT IN THE HOPES OF RAISING AWARENESS OF THE A.I.D.S. ISSUES AND IN HOPES OF POSSIBLY SAVING LIVES IN THE PROCESS.

I HAVE ALSO SENT IT TO ALL OF THE PEOPLE OR GROUPS LISTED ON PAGE TWO IN THE HOPES THAT YOU OR THEY CAN ALSO GIVE SUPPORT OR DIRECT ME IN THE RIGHT DIRECTION OF ACHIEVING THIS IDEA.

IF YOU HAVE ANY COMMENTS OR SUGGESTIONS, PLEASE FEEL FREE TO CONTACT ME. ANY HELP WOULD BE APPRECIATED AND LIKE I SAID IN THE LETTER, POSSIBLY SAVE THE LIFE OF SOMEONE NEAR AND DEAR TO YOU.

THANK YOU FOR YOUR CONSIDERATION...

GARY A. STEVENSON
11416 CLIFTON BLVD. #2
CLEVELAND, OHIO 44102
PH. (216) 961-5863

FEBRUARY, 18th, 1994

POSTMASTER GENERAL
UNITED STATES OF AMERICA
WASHINGTON, D.C.

TO WHOM IT MAY CONCERN;

I WAS VERY HAPPY TO SEE THE RELEASE OF THE "RED RIBBON" A.I.D.S. AWARENESS STAMP AND BEGAN TO USE IT FOR BOTH PROFESSIONAL AND PERSONAL MAILINGS. THIS IS A VERY IMPORTANT ISSUE FOR ME AS I HAVE LOST MANY FRIENDS TO THIS DREADED DISEASE AND IT SEEMS TO GO ON WITH NO END IN SIGHT. I ALSO DO EXTENSIVE VOLUNTEER WORK IN RAISING FUNDS FOR PEOPLE WITH A.I.D.S. AND CONTINUE TO TRY TO RAISE PEOPLES AWARENESS OF THE IMPACT OF THE DISEASE AND FOR METHODS OF PREVENTION AND SPREAD OF THIS UNCHECKED KILLER OF INNOCENT AND OTHERWISE PRODUCTIVE MEMBERS OF OUR SOCIETY.

I THINK THIS STAMP HAS THE POWER TO DO A LOT IN THE FIGHT AGAINST THE SPREAD OF A.I.D.S. AND KEEP PEOPLE AWARE OF THE NEED FOR PERSONAL PROTECTION AS WELL AS REMIND THEM THAT THE FIGHT IS STILL GOING ON AND WILL GO ON FOR GOD KNOWS HOW LONG.

IT'S ABLE TO DO THIS EVERY TIME SOMEONE RECEIVES A LETTER IN THE MAIL JUST BY SEEING THE RIBBON AND REMINDING THEM OF THE ISSUES.

THIS IS WHY I AM WRITING YOU, I RECENTLY TRIED TO PURCHASE MORE OF THE STAMPS AT MY LOCAL POST OFFICE AND WAS TOLD THEY WERE OUT AND THAT IT WAS A LIMITED EDITION AND THEY PROBABLY WOULD NOT BE RECEIVING ANY MORE.

I AM **BEGGING** YOU TO PLEASE CONTINUE TO ISSUE THE STAMP FOR AN EXTENDED PERIOD, OR EVEN BETTER YET, UNTIL THEY FIND A CURE OR AT LEAST A VACCINE FOR THIS DREADED EPIDEMIC.

THIS IS NOT JUST AN "ELVIS" STAMP OR EVEN AN ENDANGERED SPECIES STAMP, BUT LIKE I SAID BEFORE, **THIS IS A STAMP THAT TRULY HAS THE POWER TO POTENTIALLY SAVE LIVES!!!!**

NEVER HAS ANYTHING SO SIMPLE, WITH THE EXCEPTION OF USING A CONDOM, POTENTIALLY BEEN ABLE TO IMPACT SOCIETY SO GREATLY.

(OVER)

SO AGAIN, I BEG OF YOU.... PLEASE CONTINUE TO ISSUE THE STAMP.

I KNOW THAT THIS WILL HAVE A SIGNIFICANT IMPACT ON PEOPLES AWARENESS AND RESPONSIBILITY TO THEMSELVES AND POTENTIALLY TO EVERY OTHER PERSON ON THIS PLANET.

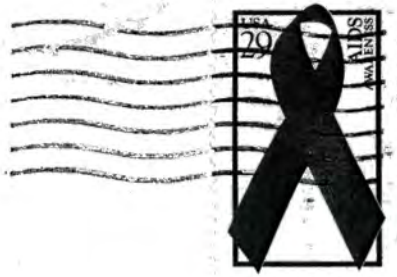
THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER, AND REMEMBER THIS COULD POSSIBLY SAVE THE LIFE OF SOMEONE VERY NEAR AND DEAR TO YOU.

GARY A. STEVENSON
11416 CLIFTON BLVD. #2
CLEVELAND, OHIO 44102
PH.# (216) 961-5863

CC: **JOYCELYN ELDERS, SURGEON GENERAL, U.S.A.**
BILL CLINTON, PRESIDENT OF THE U.S.A
KRISTINE GEBBLE, AIDS POLICY COORDINATOR, U.S.A.
DONNA SHALALA, DIR. DEPT. HEALTH & HUMAN SERVICES, U.S.A.
WALTER DOWDLE, DIR. CENTER FOR DISEASE CONTROL, U.S.A
HAROLD VARMUS, DIR. NATIONAL INSTITUTE OF HEALTH, U.S.A.
PRESIDENT/DIRECTOR, ACT UP, CLEVELAND AREA
PRESIDENT/DIRECTOR, ACT UP, NEW YORK AREA

GARY A. STEVENSON
11416 CLIFTON BLVD. #2
CLEVELAND, OH. 44102

CLEVELAND OH 441
PM
18 FEB
1994



KRISTINE GEBBIE
AIDS POLICY COORDINATOR
THE WHITE HOUSE
18
W

60252202 ** CR 0001
***** AUTOMATED MAIL (NUM) *****
WHITE HOUSE
1600 PENNSYLVANIA AVE NW
WASHINGTON DC 20500-0005

FEB 24 1994

FEB 24 1994

Mrs. Theodore Ervin
1325 North Fairview
Lansing, MI 48912

THE WHITE HOUSE
WASHINGTON

Dear Mrs Ervin —

I've just learned of Ted's death in January — you, your son and daughter have my deepest sympathy. I had a number of opportunities to work with Ted over my years as a public health official in Oregon & Washington. His energy, enthusiasm and creativity were unflagging. He was also a "just plain good friend" to so many of us. I hope that you have lots of support and love to surround you, and many good & happy memories —

my best regards —

Kristine Gebbie

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS
415 Second Street, N.E., Suite 200, Washington, D.C. 20002
(202) 546-5400

MEMO TO: Selected ASTHO Members
Management Committee

FROM: George K. Degnon

DATE: February 8, 1994

TED ERVIN MEMORIAL

The public health community lost one of its most dynamic and dedicated leaders in the passing of Ted on Saturday, January 21, 1994, due to complications of lung cancer. Ted was best known in ASTHO as Chair of the Management Committee during most of the 1960's and 70's during which he singlehandedly spearheaded efforts to create the Public Health Program Reporting System, and fought to create public health formula grants known as 314(d) and health incentive grants. When ASTHO created the Public Health Foundation in the 1980's, Ted again stepped up to serve as the first Chairman of the Board. Ted spent thirty years with the Michigan Department of Health, most as Deputy Director, where he pioneered an effort to recodify the Public Health Code. He was first recipient of ASTHO's coveted Swearingen Award for excellence in management and was the first recipient of the newly created Public Health Foundation Award, the Theodore R. Ervin Award for Outstanding Public Health Service. Ted received the award, which meant a lot to him, in a bedside ceremony within twenty-four hours of sharing his final smile with us. During my first several years with ASTHO, beginning in the late 70's, " Ted was ASTHO" to me. Always ready to brief Congress and Hill staff on a moment's notice, always carrying flip charts for meetings with the Administration on new ASTHO initiatives, always offering up a new idea to advance the cause of public health...that was Ted. We have lost a dear friend but we will always have the memory of public health's most enthusiastic goodwill ambassador.

Ted is survived by his wife, Yarda; son, Tim; and daughter, Christine. Memorial contributions may be made to the Ted Ervin Cancer Research Memorial, Vanderbilt University Medical Center, 1161 Twenty-first Avenue South, Nashville, TN. 37232.

GKD/mh

ASTHO for
an address for Ms
Ervin

FEB 18 1991

THE WHITE HOUSE

Dear Sara —

I'm sorry to learn of your mother's death - you have my deepest sympathy. I hope you are well-supported by family and friends during this difficult time —

Kristine Gebbie

Feb 18

THE WHITE HOUSE

Dear Peter -

I'm sorry you were sick the day I was at OES - I enjoyed the time with students, and with parents. I hope it made a positive difference! If not before, I'll see you at Eric's graduation...

Kristine

OREGON EPISCOPAL SCHOOL
6300 Southwest Nicol Road
Portland, Oregon 97223
(503) 246-7771
FAX (503) 293-1105

Peter W. Stevens
Headmaster

January 11, 1994

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

Dear Kristine,

While I am delighted and grateful that you will be visiting OES on February 10th, I am sad that I will not be here to greet you. I will be away four weeks this winter studying at Teachers College, Columbia University on a mini-sabbatical granted to me by the Board of Trustees. The program is funded by the Klingenstein Foundation at Columbia. I am excited about becoming a student again!

But, I will not be here when you are here. I know, of course, that OES will look after you well, and that you will be an important visitor for our kids and faculty. And I know that whether I am here or not on that particular day matters little to anyone, perhaps, except to me! I am so very committed to dealing with the issues that I know you will be dealing with that day, and I am so very committed to our school being up front, direct, forceful and honest in these things, that I applaud your work in Washington, and I applaud your visit here.

Thank you for taking the time, Kristine. And thank you for all you are doing.

With my best wishes.

Sincerely,

Peter W. Stevens

PWS:mc

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Edward Scolnick, M.D.
President
Merck Research Laboratories
126 East Lincoln Avenue
Rahway, NJ 07065-09002

Dear Dr. Scolnick:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Peter Staley
239 East 7th Street
Apartment 3
New York, NY 10009

Dear Mr. Staley:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

Kristine Gebbie

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Flossie Wong-Staal, Ph.D.
Department of Medicine
Clinical Sciences Bldg.
Rm. 405
9500 Gilman Drive
Univeristy of California, San Diego
La Jolla, CA 92093-0665

Dear Dr. Wong-Staal:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Charles Nelson
320 Atlanta Avenue
Unit 3
Atlanta, GA 30315

Dear Mr. Nelson:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

G. Kirk Raab
Genentech
460 Point San Bruno Blvd.
South San Francisco, CA 94080

Dear Mr. Raab:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Robert Schooley, M.D.
Univeristy of Colorado
Health Sciences Center
4200 East 9th Avenue
Hospital Box B-168
Denver, CO 80262

Dear Dr. Schooley:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Theresa McGovern, Esq.
AIDS Service Center
Lower Manhattan HIV Law Project
Suite 1505
New York, NY 10011

Dear Ms. McGovern:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

David Ho, M.D.
Director
Aaron Diamond AIDS Research Center
455 First Avenue
New York, NY 10016

Dear Dr. Ho:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Daniel Hoth, M.D.
Senior Vice President
Cell Genesys Inc.
322 Lakeside Drive
Foster City, CA 94404

Dear Dr. Hoth:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Deborah J. Cotton, M.D., M.P.H.
Assistant Professor of Medicine
Harvard Medical School
Infectious Diseases Unit
Massachusetts General Hospital
Gray 5
Fruit Street
Boston, MA 02114

Dear Dr. Cotton:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Mindy Thompson Fullilove, M.D.
HIV Center, Columbia University
722 W. 168th Street
New York, NY 10032

Dear Dr. Fullilove: Mindy

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

Kristine

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Ben Cheng
Information and Advocacy Associate
Project Inform
1965 Market Street
Suite 220
San Francisco, CA 94103

Dear Mr. Cheng:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

Kristine

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Stephen K. Carter, M.D.
Senior Vice President
Worldwide Clinical Research and Development
Bristol-Myers Squibb
Route 206
Provinceline Road
Princeton, NJ 08543

Dear Dr. Carter:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Arthur J. Ammann, M.D.
Director
The Ariel Project
81 Digital Drive
Novato, CA 94949

Dear Dr. Ammann:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Moises Agosto
National Minority AIDS Council
300 I Street, NE
Suite 400
Washington, D.C. 20002-4389

Dear Mr. Agosto:

Congratulations and thank you for accepting the appointment to the National Task Force on AIDS Drug Development. You have a great task before you, and you bring a tremendous expertise to the effort.

My staff and I will be available to the Task Force. Please let me know if I can be of any assistance to you in your work.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Mr. Joel Hamilton
8401 Brookridge Drive
Oklahoma City, Oklahoma 73132-4606

Dear Mr. Hamilton:

Thank you for writing to express your concerns. I hope you will find these materials informative. Please feel free to write again if you have questions or would like additional information.

Sincerely,

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

Enclosure

Send transcript of Rtt P speech

AIDS czar says seek their pleasure in sex

President Clinton's AIDS czar says talking about sex "in terms of don't and disease" is not working, and Americans must start viewing sex as an "essentially important and pleasurable thing."

Until they do so, "we will continue to be a repressed Victorian society that misrepresents information, denies sexuality early, denies homosexual sexuality – particularly in teens – and leaves people abandoned with no place to go," Kristine Gebbie told a conference on teenage pregnancy.

Gebbie's comments drew fire from pro-family groups including Phyllis Schlafly, president of Eagle Forum, who said; "The people who believe what she's saying are the ones getting the diseases.... People who have Victorian morality aren't."

The New York Guardian, 11/93

1-28-94

Mr President:

Yet another example of the typical twisted thinking of so many of the people you have chosen to serve in your administration.

Seemingly blinded people who are unwilling to face or admit the real causes for the problems and instead skirt around it with cutesy words.

How could the problem of AIDS, or illegitimate births and resulting Welfare massive expenditure, or homes without fathers etc — how could any of these problems be solved by a person with the world view of a Kristine Gebbie. Why is she the "AIDS czar"? It sounds as though she is promoting AIDS instead of trying to stop it! Indeed - We are in a sad state in this nation of ours.

Jill Hamilton

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Mr. Michael K. Gemmell, CAE
Executive Director
Association of Schools of Public Health
Suite 404
1015 15th Street, N.W.
Washington, D.C. 20005

Dear Mike:

I enjoyed the Second Tuesday Breakfast and the chance to visit with colleagues.

Thank you for the information on Association of Schools of Public Health activities on health care reform and public health. Both proposals sound exciting. Please remember me if you have extra space or need a cheerleader at the Chapel Hill meeting!

Sincerely,

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

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH

January 13, 1994

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

Dear Kris:

Thanks for joining us at the Second Tuesday Breakfast Club meeting; your comments were most interesting and I commend your fine work on behalf of AIDS prevention, control and treatment.

Following-up on our conversation, I thought you would like to see what we're up to regarding public health's role in health care reform (HCR).

Through the PHS supported Council on Linkages Between Public Health Practice and Academia, a group composed of key representatives from the major public health associations (APHA, ASTHO, NACHO, ACPM, etc.), we plan to sponsor a two-day public health/HCR summit, May 23-24 in Chapel Hill to define the skills and competencies needed by public health professionals for HCR; we hope to draft a plan that clearly carves-out a role for public health practitioners in HCR as well.

I thought you would like to know this and share my letter (and enclosure) with Phil Lee. Thanks. I'll keep you posted.

Sincerely,

Michael K. Gemmell, CAE
Executive Director

MKG/mlw

1015 FIFTEENTH ST., N.W.
SUITE 404
WASHINGTON, D.C. 20005
(202) 842-4668
FAX (202) 289-8274

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH
1015 FIFTEENTH ST., N.W.
SUITE 404
WASHINGTON, D.C. 20005
202-842-4668

December 22, 1993

MEMORANDUM

TO: Core Public Health Functions Working Group

FROM: Mike Gemmell

RE: Two Proposals: Establishment of a Public Health Services Corps; and the Conduct of a Public Health Summit

Michael McGinnnis was kind enough to give us the opportunity to outline two proposals for discussion during the next Core Public Health Functions Working Group meeting on January 11. One is to establish a Public Health Service Corps, a cadre of new public health professionals equipped with the necessary skills and competencies to run programs under health care reform (HCR); and the other is to hold a public health summit to further define the role of the Corps, in general and, specifically, to draft a strategic plan that clearly carves-out a role of public health practitioners in HCR.

The proposals are attached. I look forward to your opinions and comments on or before January 11.

MKG/mlw

PROPOSAL TO CONDUCT A PUBLIC HEALTH SUMMIT

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH
1015 FIFTEENTH ST., N.W.
SUITE 404
WASHINGTON, D.C. 20005
202-842-4668

Thanks to the support of the Pew Charitable Trusts, in general and the Center for Health Professions, in particular, ASPH proposes to conduct a two day summit this spring that would explore alternative (a "new paradigm") ways to address the need for resources to train and re-train public health workforce in this country in order to meet the challenges brought on by health care reform (HCR). Currently, less than one-third of the workforce has any or little academic training. According to the U.S. Public Health Service and to the IOM "most public health workers, including some public health leaders, have not had formal educational preparation focused primarily on public health."

The IOM is right: "Public health is a vital function that is in trouble." It needs to be fixed soon or it will undergo further erosion because the nation is concentrating on health care reform at the expense of the public health system. Not many proposals addresses the need to shore-up our nation's public health infrastructure; only the President's plan calls for initiatives designed to achieve goals outlined in Healthy People 2000. A summit is needed to address this major oversight.

The summit would be attended by at least one official representative (i.e., one who can "speak for") from each of the following associations: APHA, ASTHO, NACHO, USCLHO, AMCHP, ACPM, ATPM, ASPH, AAMC, ANA (public health nursing), AUPHA, NACHC, among others. In addition, representatives from key federal agencies having special interest in workforce training issues (e.g., HRSA, CDC, NIH, AHCPR) would also be urged to attend.

We propose to use a modified focus-group approach in drafting a "Chapel Hill Declaration" calling for a coordinated, national strategic plan to carve-out a role for public health and preventive medicine education under health care reform, in general and the need for comprehensively-trained public health professionals in short supply, in particular. Given that public health training is conducted at the graduate level throughout the 26 accredited schools of public health in 82 medical school programs in preventive medicine, not to mention the approximately 700 unaccredited public health programs offering undergraduate degrees in mostly health education and environmental health, the need for such a plan is obvious.

According to the PHS, the application of public health values, principles, knowledge, and technologies is essential to realize the benefits of effective health care reform. In order to meet the national health goals adopted as part of Healthy People 2000, we need an adequate supply of well trained and qualified health professionals. It can be maintained that in a managed competition environment, the public health workforce and leadership would be responsible for (1) community assessment of needed services, (2) assurance that groups of providers are available to meet the minimal

community needs for all members of the community, and (3) the development of policy strategies which promote disease prevention, healthy lifestyles, a safe and healthy environment, as well as to ensure the provision of necessary services not provided by other components of the health system under HCR (e.g., services to underserved populations in rural and inner city areas, including the elderly, disabled, teenaged mothers and their infants, the homeless, undocumented workers, among others). The Chapel Hill declaration would map-out a national strategy to engage public health programs in ensuring that health professional have a basic understanding of population-based approaches and public health principles, as cited by the Pew Health Professions Commission, to operate under a managed competition environment.

The Chapel Hill group would urge their national organizations and agencies to endorse the proclamation/strategic plan as official policy. Panels or presentations will be scheduled at each of the organizations' national meetings to outline the plan and marshall support.

# # #

DRAFT
PROPOSAL TO ESTABLISH A NATIONAL PUBLIC HEALTH SERVICE CORPS

(Next generation of Public Health Leaders for Health Care Reform)

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH
1015 FIFTEENTH ST., N.W.
SUITE 404
WASHINGTON, D.C. 20005
202-842-4668

It is given that public health professionals will play a unique role under a proposed managed competition environment, as envisioned under current health care reform (HCR) proposals, public health professionals will, no doubt, be responsible for:

- ASSESSMENT of the health status of communities to identify the unique and most pressing health problems of each community, thus enabling rational, effective deployment of health resources through adequate planning and policy development.

- HEALTH EDUCATION to provide individuals with knowledge and skills to maintain or improve their own health.

- MONITORING AND ACTION to assure prevention of infectious and chronic diseases/as well as the safety of air, water and food supplies.

- OUTREACH, SCREENING, AND LINKAGE to ensure that individuals needing health care are identified and receive appropriate services. These are essential components of public health programs that reduce the tolls taken by such problems as lead poisoning, vaccine-preventable diseases, tuberculosis, sexually transmitted diseases, chronic diseases and the diseases and problems that account for infant mortality.

In addition, these professionals will continue to play key roles in achieving Healthy People 2000 Objectives. Winning them, as well as implementing health care reform, will depend, in part, on effective leadership of health agencies and organizations at national, state and local levels. These, in turn, rely on the university graduate schools of public health (and other public health/preventive medicine programs) to provide such leadership in the form of comprehensively-trained public health professionals now in short supply.

The situation calls for vigorous recruitment of students by schools of public health and accredited preventive medicine programs and the production of greater numbers of comprehensively-trained public health careerists in the areas of critical personnel shortages, especially in areas needed to cope with HCR.

To meet the inevitably growing challenges for leaders with comprehensive training, the schools must be enabled to fund the costs for recruiting and financially assisting students as needed, and strengthening and expanding teaching programs, especially in areas of extreme urgency, such as AIDS prevention and control, substance abuse, injuries, teenage pregnancy, maternal and child health, health care availability, quality and cost, health needs of the elderly and environmental and occupational health hazards.

It is proposed that this nation commit itself to the establishment of a national Public Health Service Corps (PHSC), and education, training and placement initiative that will provide public health agencies and health alliances/consortia with a cadre of "new professionals" equipped with needed knowledge, skills and competencies in managed competition principles and practices.

The model for the PHS Corps would be the CDC's Epidemic Intelligence Service (EIS) and HRSA's National Health Service Corps (NHSC). Both are successful examples of placing needed expertise in areas/agencies facing public health and medical care problems.

Persons choosing to enter the PHSC would undergo rigorous training in schools of public health and/or accredited departments of preventive medicine in medical schools and would receive an MPH after a two-year period of instruction and education in:

- epidemiology, biostatistics, environmental health, preventive medicine, behavioral sciences and mental health, occupational safety, and nutrition among others
- community surveillance and health status measurement
- community health education, chronic and infectious disease prevention
- health care economics and finance, outcomes analysis, cost-analysis, reimbursement scheduling, modeling techniques
- policy making and analysis, coalition building, public communication, leadership training
- principles and politics of managed competition, social marketing

Graduates, in exchange for federal support of their MPH or DrPH education, would agree to commit two or more years of service in official state/local public health agencies. HRSA and CDC, in collaboration with ASTHO, NACHO and USCLHO, would assist school placement officials in identifying positions for the graduates.

---

* Over 1,000 a year

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Ms. Nina Monti
Project Director
NCM Publishers, Inc.
Medical Communications
200 Varick Street
New York, New York 10014

Dear Ms. Monti:

Thank you for the materials you sent and for putting me on your mailing list. You have already provided me with a great deal of information and I look forward to your continuing contributions.

Sincerely,

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

NCM
PUBLISHERS, INC.
MEDICAL COMMUNICATIONS

200 Varick Street
New York, New York 10014
(212) 691-9100

January 18, 1994

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator
The White House
Washington, DC

Dear Ms. Gebbie:

Per the request of Fred Gregg, I am pleased to enclose copies of recent educational projects underwritten by Burroughs Wellcome Co. HIV Community Relations.

Enclosed are:

•***Womansource HIV***—A 3-part series of video programs with accompanying Leader's Guides. These documentary-style videos are designed for use by HIV/AIDS service providers and by HIV-positive women. *Womansource HIV* Part 2: Focus on Substance Abuse, will be distributed in January, 1994; Part 3: Focus on the Family, will be released in May, 1994. This program is distributed to all US ASOs/CBOs.

• ***Video Seminars on Skills Building***—A 5-hour video self-instructional program for ASO/CBO managers and staff based on selected sessions and workshops from the 1992 National Skills Building Conference, held in Washington, D.C.

• ***International Counterpart Reporter***—This newsletter provided ASO/CBO personnel with proceedings of the second international counterpart meeting at the IXth International Conference on AIDS, Berlin, June, 1993. The forum, sponsored by the Wellcome Foundation Ltd. and Burroughs Wellcome Co., as part of its Positive Action program, drew 100 prevention educators from over 20 countries. The purpose was to share information about effective programs and interventions aimed at improving HIV/AIDS prevention worldwide.

• ***HIV Frontline***—A bi-monthly newsletter in its fourth year of publication for professionals who counsel people living with HIV disease. The contents of this newsletter includes a mix of news, feature presentations, journal abstracts, and a calendar of select meetings and seminars.

• **1994 National HIV Frontline Forum**—On February 26, 1994, an eight-hour program will be broadcast via satellite across the United States to 33 sites in the highest AIDS-reporting metropolitan areas. The program is designed for professionals who counsel people living with HIV/AIDS — social workers, psychologists, nurses, physician assistants, pastoral counselors, ASO/CBO managers and case workers. Presentations will be given by nationally renowned faculty in the fields of nursing, social work, and psychology. The program includes audience interaction with the faculty and workshops conducted by local faculty, conducted at each site. (Invitation enclosed).

We have been directed to forward you all such projects on a regular basis as they are produced. I have thus taken the liberty of placing your name on our mailing list.

Please do not hesitate to contact me if you have any questions or would like additional information about these projects.

Sincerely,

Nina Monti
Project Director

cc: Fred Gregg
Michael Zerneck

Enclosure

Via Federal Express

THE WHITE HOUSE

WASHINGTON

February 18, 1994

MEMORANDUM FOR PATRICK BRIGGS

FROM JOHN PAUL GURROLA
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT Requests for Presidential Greetings

Could you please send a ~~letter of~~ card condolence to the following family.

Mr. and Mrs. Masterson and Family
28 Van Ness Road
Beacon, NY 12508

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Ms. Dee E. Webber
4933 Rutland Gate
Sarasota, Florida 34235

Dear Ms. Webber:

Thank you for sharing your work. I have sent it, through Carlos Velez of my staff, to the National Association of People With AIDS and the National Minority AIDS Coalition, two private groups that might be able to make use of the materials.

I also encourage you to reach out to local groups in the Sarasota area. Many local groups are looking for artwork and other materials for community efforts.

My best wishes to you in your future efforts.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Mr. Neil Williamson
Director
Camp Heartland Project, Inc.
4565 North Green Bay Avenue
Milwaukee, Wisconsin 53209

Dear Neil:

Thank you for the additional information about Camp Heartland. I look forward to learning more about your 1994 summer schedule, and hope that I will be able to visit the camp in New Jersey. My best wishes in all your efforts.

Sincerely,

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

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Mr. H. H. Dick Hedlund
Apartment 25
1050 South King Street
Honolulu, Hawaii 96814-2122

Dear Mr. Hedlund:

Thank you for writing again. I will continue to talk to people with various viewpoints as I have in the past.

Sincerely,

Kristine Gebbie

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

1-20-94

You Must Go Beyond The entrenched Bureaucrats Fauci, Keller, etc and Get the Truth. Not a Dam thing has been done except to spend money to profit the Pill industry and satraps who Lie, Lie & Deceive the Public. FBI the Bio contracts - ALL!!

This is important - as much or more so than the Holocaust —

With Aloha → MW

Honolulu

Interview in person ~~All~~ the people who disagree with the "official" line!!!

Answers and Questions

From "Ask Me Anything" (Fireside, $11), in which Palo Alto sex therapist **Marty Klein** "answers the most important questions for the '90s," comes the following answer and question (from the chapter on Etiquette):

Answer: "Some say that atheists have trouble with sex, because they have no one to call to during orgasm. Somehow, 'Life Energy!' or 'Universal Truth' just do not have the same ring as 'Oh God! Oh God!' . . . You need to discuss it honestly — as *your* issue, not your partner's. This will eliminate defensiveness and locate responsibility for the problem where it lies — with you."

Question: "My partner yells out to Jesus almost every time we make love. How can I put an end to this?"

FDA Lifts Ban On Supplement

Numerous babies were saved from being born with no brain, thanks to pressure brought to bear on the government by readers of The SPOTLIGHT.

EXCLUSIVE TO THE SPOTLIGHT

BY JAMES M. TUCKER JR.

Thousands of babies will be born without severe birth defects because SPOTLIGHT readers pressured the government into ending the suppression of a nutritional supplement its own experts recommended for pregnant women.

The Food and Drug Administration (FDA) lifted its ban on health claims for folic acid more than two years after the Centers for Disease Control and Prevention (CDC) and the Public Health Service strongly recommended the supplement to help prevent birth defects.

It came six weeks after The SPOTLIGHT exposed the scandal (Sept. 6) which, government officials said, prompted a storm of protest and—even more painful for the health bureaucrats—ridicule.

"At first, we thought it was one of those call-and-write campaigns, but everybody had his own way of telling or writing us about what jackasses we are," said one official who wishes to remain anonymous to save his job.

"Your readers embarrassed us into action," he said.

According to figures from numerous scientific studies, action by SPOTLIGHT readers saved at least 300 babies—and perhaps thousands—from severe birth defects.

The studies say half of the 2,500 born annually with devastating defects such as spinal bifida (imperfect closure of the spinal column, often leading to brain damage and paralysis) and anencephaly (little or no brain tissue) would be born healthy instead, if the mother consumed folic acid during pregnancy.

During stormy House hearings in August, a spokesman grudgingly said the FDA "may" lift its ban at the end of the year. Thus, by forcing action three months earlier, at least 300 babies were spared defects.

There was no certainty the FDA would actually lift the ban at the end of 1993; it badly wanted to keep it in place.

SPARE HALF THE BABIES

Since scientists say folic acid would spare half the 2,500 babies born with these defects every year, the FDA's delay of more than two years caused more than 2,500 such births.

Stores can now tell women of benefits derived from taking folic acid during pregnancy. Experts say certain birth defects could be cut in half by women using the nutritional supplement.

The FDA ban meant stores were unable to provide labels informing customers about the health benefits of folic acid, effectively restraining its use. If a store employee so much as made the CDC's recommendations for folic acid available for customers to read, he could be arrested.

The FDA's suppression of information was an effective ban because "most Americans do not read scientific journals or the weekly report of the CDC; they get their information primarily from labeling and promotional materials," said Martie Whittekin of the National Nutritional Foods Association.

It was back in August, 1991 the CDC recommended all women at risk take folic acid during pregnancy to avoid birth defects.

The CDC listed eight major scientific studies conducted over a decade, all of one of which found folic acid reduced such birth defects by at least 60 percent—thus, the conservative estimate of 50 percent.

The CDC pointed out the most rigorous study, conducted by the British Medical Research Council, concluded folic acid reduced the risk of such birth defects by 70 percent.

The U.S. Public Health Service also recommended folic acid for the same reasons.

Yet, until embarrassed by SPOTLIGHT readers, FDA bureaucrats clung stubbornly to their gag rule while at least 2,500 babies were unnecessarily born with incomplete spines or little or no brain tissue. ●

SHUT DOWN THE DAMN DISCREDITED FDA AND THE USELESS CDC !! NOW !
WHR. 1-20-94

Challenge FDA Priorities

The federal Food and Drug Administration protects you against dangerous drugs, doesn't it? What about Prozac?

EXCLUSIVE TO THE SPOTLIGHT

BY MAUREEN KENNEDY SALAMAN

As of June, 1991, 16,899 cases of adverse reactions from the use of Prozac, a commonly prescribed antidepressant, had been reported, with more than 100 lawsuits filed against Eli Lilly, the manufacturer of the drug.

On September 20, 1991, responding to public pressure, the FDA called a special hearing during the 34th meeting of the psychopharmacological drug advisory committee. A panel of "experts" was asked to hear testimony and then vote on the future of Prozac.

Witnesses appeared before the panel, giving graphic accounts of sons and daughters who had taken their lives after ingesting the drug, of mothers fatally shooting themselves in front of their children, of lives destroyed or nearly destroyed—all pleading that Prozac be removed from the market.

Some had been given the drug for weight loss or to help them quit smoking. This fact helps eliminate the callous argument posed by Dr. Dean Edell and others, including Peter D. Kramer, MD, associate clinical professor of psychiatry at Brown University, who was quoted in a recent *People* magazine article as saying "some depressed people do attempt suicide."

Dr. Kramer should know; one of his patients succeeded in the attempt.

MAUREEN SALAMAN
. . . Treasurer of National Health Federation.

The following information was obtained from live video footage recorded at the FDA hearing.

HORRIFYING TESTIMONIALS

Three hours of horrifying testimonials ensued: suicides, attempted suicides and murders—all from people not previously known for these tendencies. One woman, who was prescribed Prozac for weight loss, Pallie Carnes, mother of five children, found herself pointing a gun at her head in their presence.

Bonnie Leitsch, national director of the Prozac Survivors Support Group, testified that she personally talked to more than 400 people who were prescribed Prozac and found themselves suicidal, when they never were before, nor after going off the drug.

After determining that eight out of 10 of the psychiatrist panel members had financial interests in pharmaceutical companies, FDA Commissioner Dr. David Kessler was called on to make changes in the panel.

FDA responded by issuing waivers shielding the psychiatrists from prosecution for their conflicts of interest, which were considerable.

Five of the 10 had financial interest in companies that make anti-depressant drugs, and one panel member had interests in five pharmaceutical companies, including Eli Lilly. It was estimated that these conflicts of interest involving seven major pharmaceutical companies represented well over $1 million, including two $100,000 grants given to one of the panel members by Eli Lilly.

Most of the panel members were psychiatrists involved in academic research through major medical institutions. Without grant money from pharmaceutical companies, researchers are "deadwood" in the industry. To go against the companies would be, in effect, professional suicide.

FDA invited only one of many psychiatrists who have documented the Prozac/suicide connection. Dr. Martin Teicher, of Harvard Medical School, was invited to speak but not allowed to show his statistics. A videotape clearly shows panel director Dr. Daniel Casey dismissing Teicher's objections and testimony. No formal presentation against Prozac was made.

It was no surprise, therefore, when the panel found "no connection between suicidal tendencies and psychiatric drugs." (They were not asked to vote on Prozac specifically, only on anti-depressant drugs generally.)

SUICIDE ATTEMPTS

As of September, 1993, the adverse reaction reports submitted to the FDA by prescribing physicians totaled 28,623. The most prominent adverse reaction reported was suicide

Vis-a-Vis Drug Decisions

attempts, with a total of 1,885 since early 1988. Another reported adverse reaction is depression among users taking the drug as therapy for back pain, smoking cessation, acne and premenstrual syndrome.

The number of deaths associated with the ingestion of Prozac now totals well over 1,700.

"The American public does not have the knowledge to make wise health care decisions . . . FDA is the arbiter of truth . . . Trust us. We will tell you what's good for you."—Dr. Kessler, speaking on *Larry King Live,* in 1992.

How did the FDA get into such a position of authority and power that it could brandish weapons against innocent physicians and get away with it? When and how did the FDA become our Big Brother?

An excellent article appeared recently in the November 22, 1993 issue of *Forbes* magazine entitled "Food and drugs and politics." Written by Peter Brimelow and Leslie Spencer, it summarizes the crux of the issue:

"In 1962, panicked by the Thalidomide disaster, Congress passed amendments to the Food and Drugs Act, empowering the FDA to require that a new drug be not only safe but also effective.

"For some decades before 1962, new drugs could automatically be sold unless the FDA objected within 60 days of an application. After 1962, without an affirmative finding of safety—as well as effectiveness—no drug could reach the market.

"Previously, drugs that didn't work tended to fail in the marketplace, like any other product. And safety was policed by the common law of liability and contract, besides FDA oversight.

"But in its haste to be seen to be doing something in the wake of the Thalidomide disaster, Congress abridged the freedom of Americans and their doctors to experiment and take risks. To a much greater extent than in other industrialized countries, Big Brother was declared better able to judge what is good for us than we ourselves are.

"As is always the case with any Big Brother, he fears errors of commission, for which he can easily be blamed. But errors of omission, such as drug lag, are hidden."

The article quotes food and drug lawyer Peter Barton Hutt as saying, "They don't have to prove anything, they can just say 'I'm not sure, go do five more tests.'

"The people who do premarket approval at the FDA are like little kings and queens in their kingdom. They can have more power over the economy and technological development than the chairman of the board of the largest pharmaceutical company." ●

IF YOU THINK THE GOVERNMENT ISN'T TELLING YOU THE TRUTH ABOUT AIDS, CANCER AND MANY OTHER LIFE THREATENING DISEASES . . . YOU'RE RIGHT!

Honolulu KHLT 1040 AM
Noon Saturdays

TRUTH SERUM

the new nationally syndicated radio program by Dr. Lorraine Day **TELLS ALL** about the medical disinformation disseminated to both the medical community and the public by the government, by organized medicine, by the pharmaceutical industry and by other powerful special interest groups.

TRUTH SERUM

lays bare the facts behind the:

- government's failure to stop the spread of AIDS now even though it has that ability in hand
- organized medicine's cover up of inexpensive cancer therapies and, yes, cures
- politics of funding for medical research
- who really controls the medical "facts" taught in medical school
- cause for 80% of the disease in the country
- unwillingness of the government to allow better health care at a 50% reduction in cost.

Truth Serum interviews many exciting and authoritative guests each week. Rockford Press the publisher of Dr. Day's materials and the producer of TRUTH SERUM invites you to become a TRUTH SERUM supporter through the purchase of Truth Serum audio tapes of the actual radio broadcasts.

Your support will enable Dr. Day to continue to bring to you and the public lifesaving medical information that cannot be obtained on the air anywhere else! In order to assure the program's absolute integrity, the cost to produce and distribute TRUTH SERUM is underwritten solely by Dr. Day and Rockford Press. TRUTH SERUM is now on 70 stations nationwide and expanding weekly.

DISCOUNTS ARE AVAILABLE FOR MULTIPLE PURCHASES. Buy 5 to 9 tapes and receive a 10% discount or receive a 20% discount for the purchase of 10 tapes or more. Your support will not only enable TRUTH SERUM and Dr. Day to remain on the air but help you and your family and friends to attain and maintain your good health.

BECOME A TRUTH SERUM SUPPORTER

See reverse side for order form

ORDER FORM

TRUTH SERUM
Radio Interview Tapes(1)
hosted by Dr. Lorraine Day

SERIES I

* Check boxes for tapes desired

☐ **Gus Sermos**
Former AIDS researcher for the Centers for Disease Control. Author of "Doctors of Deceit and The AIDS Epidemic".

☐ **Richard Smith**
Expert on the ineffectiveness of condoms.

☐ **Barry Lynes**
Discusses the cover-up of alternative cancer therapies. Author of "The Healing of Cancer".

☐ **Henry Jenny, M.D.**
Plastic surgeon who discusses the health hazards of silicon gel filled breast implants.

☐ **Dr. Judith Reisman**
Author of "Kinsey, Sex and Fraud".

☐ **Joseph Nicolosi, Ph.D**
Psychologist, Author of "The Reparative Therapy of Male Homosexuality". Helping gays get out of the lifestyle.

☐ **Carol Everett**
Former abortion clinic operator and author of "Blood Money".

☐ **Pat Socia**
National speaker, author and consultant for "PROJECT RESPECT". Abstinence for young people rather than sexual freedom with condoms.

☐ **Maureen Salaman**
Author of "Foods That Heal" and "Nutrition the Cancer Answer".

☐ **Ed McCabe**
Author of "Oxygen Therapies". The use of ozone to treat Cancer and AIDS.

☐ **Congressman Dannemeyer**
Author of "Shadow on The Land". Homosexuality in America.

☐ **Robert Strecker, M.D., Ph.D**
Origin of the AIDS virus.

☐ **Julian Whitaker, M.D.**
Director of Whitaker Wellness Institute. Author of "Reversing Heart Disease".

☐ **Dr. Ted Broer**
Biochemist, focus on nutrition.

☐ **Dr. Nancy Appleton**
Author of "Lick the Sugar Habit".

☐ **Roger J. Magnuson, Atty. at Law**
Author of "Are Gay Rights Right".

☐ **Mary Kerney Levenstein**
Author of "Everyday Cancer Risks and How to Avoid Them".

☐ **Jane Heimlich**
Author of "What Your Doctor Won't Tell You".

☐ **Dr. Jacob Liberman**
Author of "Light: Medicine of the Future".

☐ **Mark Whitesides, M.D.**
Mosquito and insect transmission of HIV virus.

(1) Playing time with commercials removed is approximately 41 minutes.

Do Not Detach

To order **TRUTH SERUM** tapes
please send check or money order to:
Rockford Press
P.O. Box 952, Rancho Mirage, California 92270
or to order by credit card call **1-800-574-2437**

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Zip: _____

Number of tapes X $10.00 _____
(5 to 9 tapes) less 10% _____
(10 tapes or more) less 20% _____
Tax 7.75% (CA residents only) _____
Shipping $2.00 _____
Total of order: _____

IF YOU THINK THE GOVERNMENT ISN'T TELLING YOU THE TRUTH ABOUT AIDS - YOU'RE RIGHT!

AMAZING FACTS

In this book you'll learn:

that the AIDS virus is not fragile
that the AIDS virus survives outside the body for days
why blood on intact skin is dangerous
that the blood banks could have improved the safety of the blood supply years before the AIDS test was available but chose not to
why the blood supply still is not safe
what the government really thinks about the safety of condoms
the risks from HIV-positive children in schools, in daycare centers and in contact sports
why kissing is not safe
the newest information about mosquitoes
what must be done to control the AIDS epidemic

Dr. Lorraine Day, an internationally acclaimed orthopedic trauma surgeon and lecturer, was on the faculty of the University of California, San Francisco for 15 years. As Chief of Orthopedic Surgery at San Francisco General Hospital, the only trauma hospital in that city, she operated on as many AIDS patients as any surgeon in the country. Dr. Day, like all trauma surgeons, was covered with blood from patients' gun shot wounds, stab wounds and other massive injuries day after day, year after year, while being assured by the "experts" that her work was not hazardous.

She has appeared on numerous television shows including, 60 Minutes, Nightline, CNN Crossfire and Oprah Winfrey, telling about the risks of AIDS to the general public and about the government's appalling lack of control of the epidemic.

Dr. Day explains in this book how she suddenly discovered that the "experts" were not telling the full truth about AIDS to the surgeons, to other medical personnel and to the public. She reveals astonishing, well documented facts about the AIDS epidemic, facts that the government denies, but facts that you must know to protect yourself and your family from this fatal disease.

This book is not available in bookstores.

NEWSLETTER

NATIONAL
HEALTH ALERT
THE AIDS EPIDEMIC & HEALTH CARE WORKER SAFETY
Published by Lorraine Day, M.D.

STARTLING FACTS!

AIDS virus survives outside the body for days
AIDS virus not easily killed by many disinfectants
Transmission of AIDS during contact sports
Do mosquitoes transmit AIDS?
Are swimming pools safe?
Contamination of dental drills - Questions to ask your dentist.
Health care workers with AIDS from occupational exposure: How many?
Universal precautions do NOT prevent transmission of AIDS.
Latex gloves or vinyl - are either safe?
Transmission of multi-drug resistant tuberculosis to health care workers and others.
AIDS virus can penetrate gowns without fluid soak-through.
Is AZT prophylaxis worthwhile after needlestick injury?
Recapping needles: Is it more or less dangerous than not recapping?

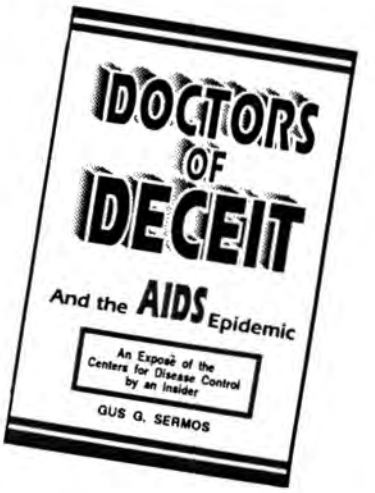
Each 6 page NEWSLETTER is filled with astonishing and life-saving facts that are well documented in the medical literature, but not openly admitted by the Centers for Disease Control, Public Health authorities and the medical establishment.

IF YOU THINK THE GOVERNMENT IS PROTECTING YOU FROM AIDS--

YOU'RE IN FOR A BIG SURPRISE!

Read this Exposè of the Centers for Disease Control written by an insider

NEW



Gus G. Sermos, former Public Health Advisor and AIDS Researcher at the Centers for Disease Control, explains in this book that the "negligence, incompetence, arrogance and complete lack of leadership" in the AIDS epidemic by the Public Health authorities and the Centers for Disease Control have caused the American citizens to become nothing more than "unconsenting guinea pigs" in an epidemic that may become the worst the world has ever known.

In this book you'll discover:

- that the Centers for Disease Control ordered AIDS researchers **not** to notify the contacts of AIDS patients that they had been exposed to the AIDS virus.
- that CDC officials gave approval to CDC employees to give incorrect and misleading information under oath to a federal administrative law judge.
- that the chief sex educator for Florida's Dade County AIDS division, who was supposed to be teaching students how to protect themselves from AIDS, continued to participate in anal sex in public places until he eventually died of AIDS.
- that even if a cure or vaccine were ever found for AIDS, the mere existence of a cure or a vaccine does not guarantee that the disease will be either controlled or eradicated.
- that the Centers for Disease Control and the Public Health authorities have admitted that they have the capability of controlling the AIDS epidemic, but have chosen not to for political reasons.
- that syphilis has been transmitted through intact skin and former Surgeon General Koop has said that "AIDS will probably be transmitted in the same manner as...syphilis".
- that officials of the Centers for Disease Control obstructed the investigation of possible mosquito transmission in Belle Glade, Florida, a swamp area where there were almost three times as many AIDS cases as anywhere else in the U.S.

CONDOMS DON'T WORK

By Lorraine Day, M.D.

What you'll find in this booklet:

- All latex condoms contain microscopic holes that are 50 times larger than the HIV Virus.
- FDA studies show that the HIV virus goes through 30% of latex condoms tested.
- Smog and oil-based lubricants damage condoms and reduce their effectiveness even more.
- Condoms frequently are damaged by extremely hot or cold weather conditions during transport to your local store by trucks that are not temperature-controlled.

CAN MOSQUITOES TRANSMIT AIDS?

The government says "YES"

Information in this booklet reveals that:

- A number of viral diseases in animals are transmitted by insects.
- Hepatitis, the model for AIDS transmission, has been transmitted to animals by bedbugs that have fed on hepatitis B infected blood.
- The HIV virus survives for 48 hours in a mosquito and for 72 hours in a bedbug.
- Experiments have shown that AIDS can be transmitted by mosquitoes.

This 43 page booklet entitled "Do Insects Transmit AIDS," initially published by the U.S. Congress, is no longer available through the government printing office but has been reproduced and made available by Rockford Press.

WOULD YOU BELIEVE --

NEW
2 VOLUME VIDEO

Mosquitoes can transmit AIDS?
Swimming pools transmit many diseases?
Condoms can transmit AIDS more than 50% of the time?
AIDS can be transmitted through intact skin?

ALL DOCUMENTATION APPEARS ON THE SCREEN

In this unique and compelling 2 Volume video, Dr. Lorraine Day tells you the truth about AIDS. As she speaks, the actual supporting articles, from the medical literature and from government documents, are displayed on the screen for you to read.

In Volume I you will learn:

- that the AIDS virus is **not** fragile
- that the AIDS virus survives outside the body for days
- that freezing will **not** kill the AIDS virus
- that the AIDS virus does **not** die on contact with the air
- that kissing transmits AIDS
- why household disinfectants will **not** kill the AIDS virus
- that blood on intact skin can transmit AIDS
- that AIDS has been transmitted through contact sports
- the inept design of the government's "household contact" studies
- why condoms can allow transmission of the AIDS virus as much as 50% of the time.
- why the government **isn't** telling you the truth about AIDS
- what you can do to protect your family and get the epidemic under control.

In Volume II you will learn:

- that the government admits that mosquitoes can transmit AIDS
- that the water supply is in danger
- that swimming pools are **not** safe
- the facts about the Florida dentist who transmitted AIDS to five patients
- why it **is** dangerous to go to a surgeon or a dentist who has AIDS
- the potential dangers in the food supply
- if the AIDS test is accurate
- why education is **not** working
- how other countries are handling the AIDS epidemic
- the enormous power of the gay activist lobby
- why a cure or a vaccine for AIDS is probably impossible
- how the government **could** control the AIDS epidemic immediately and why they **refuse** to do so

ARE YOU SITTING DOWN?

YOU SHOULD BE WHEN YOU SEE AND HEAR THESE MESSAGES!!

VIDEO & AUDIO TAPES

Including life-saving information for healthcare workers

- the HIV virus is not easily killed by disinfectants
- transmission of AIDS has occurred through a bite
- HIV is transmitted through intact skin and mucous membranes
- the AIDS virus does NOT die on contact with the air
- HIV survives freezing
- the CDC says the respiratory tract is a potential pathway for AIDS transmission
- latex gloves have microscopic holes in them
- HIV stays alive and infective outside the body for days
- kissing can transmit AIDS
- the blood supply is still not safe
- how healthcare workers can protect themselves

Both the AUDIO and VIDEO tapes are professionally produced and compiled directly from information RARELY TOLD TO THE PUBLIC but already well documented in the world's most prestigious journals such as the New England Journal of Medicine, Lancet and Journal of the American Medical Association. The tapes contain full medical references.

USE THIS ORDER FORM

to re-order AIDS materials by Dr. Lorraine Day

AIDS: WHAT THE GOVERNMENT ISN'T TELLING YOU
Book Quantity x $22.95 $_____

HEALTH ALERT NEWSLETTER PACKAGE (9 issues)
Package Quantity x $50.00 $_____

DOCTORS OF DECEIT by Gus Sermos
Book Quantity x $9.95 $_____

EVERYTHING YOU WANT TO KNOW ABOUT AIDS BUT HAVEN'T BEEN TOLD (2 Video Set)
Video #1 Quantity x $29.95 $_____
Video #2 Quantity x $29.95 $_____
#1 & #2 Quantity x $49.95 $_____

AIDS: CAN WE BELIEVE THE "EXPERTS"?
Video Quantity x $29.95 $_____
Audio Quantity x $12.00 $_____

CONDOMS DON'T WORK
Book Quantity x $10.00 $_____

CAN MOSQUITOES TRANSMIT AIDS?
Book Quantity x $10.00 $_____

Subtotal $_____

***ADD FOR SHIPPING AND HANDLING**

Book (Day)	Quantity x $3.00	$ _____
Video (2 Pk)	Quantity x $3.00	$ _____
Video (Single)	Quantity x $3.00	$ _____
Audio	Quantity x $1.50	$ _____
Newsletter	Quantity x $1.50	$ _____
Book (Sermos)	Quantity x $2.00	$ _____
Book (Condom)	Quantity x $1.50	$ _____
Book (Mosquitoes)	Quantity x $1.50	$ _____

SALES TAX (CA Residents Only) 7.75% (On Merchandise Only) $ _____

TOTAL* $ _____

To order by telephone call toll-free 1-800-574-2437
To order by mail send check, money order or credit card number to:

Rockford Press
P.O. Box 952
Rancho Mirage, CA 92270

VISA MasterCard

Card Number _____ _____
Expiration Date _____
Signature _____
Name _____
Street _____
City _____ State _____
Phone _____ Zip _____

Please allow 4 to 6 weeks for delivery *Shipping MUST be included for order processing

---

ROCKFORD PRESS
P.O. BOX 952
RANCHO MIRAGE, CA 92270

OF COURSE THERE'S A CHARGE TO RECOVER EXPENSES.
NO USA AIDS INSTITUTION FUNDING FOR THE TRUTH!!

Learn the truth about AIDS . . .
New AIDS information from Dr. Lorraine Day!

Cron file
x 6853

February 18, 1994

INTERVIEW SCHEDULED
FOR
KRISTINE GEBBIE
NATIONAL AIDS POLICY COORDINATOR

ONAPC STAFFER:	John Paul Gurrola
DATE/TIME OF EVENT:	March 1/10:00am - 10:30am
LOCATION:	Office of National AIDS Policy
ORGANIZATION:	Intergovernmental Health Policy Project
CONTACT:	Linda Demkovich 2021 K Street, NW Suite 800 Washington, D.C. 20006 (202)872-1445
PURPOSE:	Straight question and answer interview for "State Health Notes" and "State AIDS Reports"
OTHER PARTICIPANTS:	None
MEDIA COVERAGE:	"State Health Notes" and "State AIDS Reports"
REMARKS REQUIRED:	IHPP is interested in programs directed at the various population groups affected by AIDS and in the role of the states and the public health community in managing the virus and ministering to those who have it.
BACKGROUND:	"State Health Notes" is a biweekly publication that circulates to just under 2,000 subscribers in both the public and private sectors. "State AIDS Report" is published ten times a year and has about 300 subscribers. Both newsletters deal with health policy trends and innovations within state governments. The format of the interview is straight question and answer. You were featured in "State Health Notes" in December, 1992 when you were Washington State's health secretary. [SEE ATTACHED]

February 23, 1994

To: John Gurrola, Steve Lee
From: Lisa Bowleg, Linda Demkovich

The following is a list of some of the areas we hope to cover in our March 1 interview with Kristine Gebbie:

• A recent CDC report noted that in 1992 heterosexual contact replaced injection drug use as the leading cause of HIV transmission to women. How is the Administration responding to that news and to the fact the disease is spreading four times as fast in women as in men?

• A new NIH study found that AZT holds promise for stemming perinatal HIV transmission. While that's a hopeful development, some women's health advocates and AIDS activists say the zest with which the media covered that news is just another example of how women are viewed as vectors, that research on women with HIV for the sake of *women's* health is simply not a government priority. How do you respond?

• Several recent studies–including one by the GAO–have said that needle exchange programs show promise for reducing transmission of HIV among injection drug users. Still, needle exchange remains highly controversial. What's the Administration position on such programs?

• Substance abuse and its influence on risky sexual behavior continues to play a major role in HIV transmission, yet government appears to offer little in the way of treatment and prevention. How do you see the link between substance abuse/HIV transmission and what ideas do you have for eradicating it?

• Health policies are often said to be blind to the everyday realities of the people to whom they are targeted. In the case of HIV/AIDS, for instance, where those most likely to be affected are minority, poor, women and/or injection drug users, a policy that makes clinical trials more accessible might be futile if the disenfranchised have no transportation to get to the trials, no one to look after their children, etc. To what extent do you try to incorporate social support factors into your work and policies?

• It's been said that HIV/AIDS prevention messages sometimes end up stereotyping the groups they're meant to target. A PSA aimed at black urban men, for example, may support the impression that that population is more likely to contract the virus–and at the same time, that others are not at risk. How do you strike a balance between targeting special groups and getting the message out that anyone who engages in risky behaviors can contract the virus?

• You've long been a big booster of the public health community. What role should public health play in the AIDS epidemic–and how do you expect that role to change if the Administration's health reform plan becomes a reality?

• How, if at all, do you balance the money demands between research on the one hand and prevention and services to AIDS patients on the other?

• You said last fall that your job was to help government do a better job with AIDS. Are there any specifics you can cite to make the case that you've done your job well? And what are the biggest barriers to carrying out your mission?

STATESIDE

DISCUSSIONS WITH HEALTH POLICYMAKERS FROM AROUND THE NATION

Gebbie: Strong Public Health System Is Essential

As Washington State's health secretary, Kristine Gebbie has helped add a new dimension to the reform debate: the need to revitalize the public health system. Responding to that message, a 17-member Health Care Commission charged with drafting an ambitious universal access plan is recommending that the state's public health budget be doubled, to just under $500 million, as part and parcel of the broader restructuring. In an interview at the American Public Health Association's annual meeting last month, Gebbie talked about the emerging role of the public health community in the ongoing debate over health care financing and system reform. An edited transcript follows.

Q: Why has public health fared so well in the commission's proposals?

A: The commission is clear that members are not just dealing with financial access. In fact, its report includes a special section dealing with the public health infrastructure and recommending that funds for supporting it be doubled. The illness treatment system cannot be efficient and effective [without] a good public health system to back it up. We need to maintain safe drinking water and safe food supplies and ensure that kids get immunized and that TB gets controlled.

Q: Isn't a doubling of the public health budget an unusual step?

A: It's absolutely unique as far as we can tell. Even doubled, the percentage of money going into public health is only around 5 or 6 percent of the total. One member was fairly dramatic in pointing out that everybody had agreed that they wanted a good public health infrastructure but that without support for this funding, you are talking about balancing a $12 billion industry on a $200 million infrastructure and it just won't work.

Q: How will you spend the new money?

A: One activity would be to develop a good surveillance and assessment function to track what is going on—not just disease rates and outbreaks but also regarding the illness system. What care is the system buying and are we matching up resources to people who need the services? Another area would be to work with communities on policy development and implementation.

Q: Is that different from what the local health departments do now?

A: Yes. Many have had to become primary care providers. While public health people firmly believe in primary care, we are increasingly uncomfortable with the way money has been bled away from community prevention efforts. You only have to talk with somebody who is working with HIV infection to hear the agony of knowing you must provide treatment but feeling the frustration of not being out on the streets with enough community education and prevention.

People in emergency rooms are patching up kids with crushed heads, but the community has no money for a bicycle helmet promotion program. We have teen pregnancy programs that catch the moms only after they have a baby but no good aggressive teen health program to reduce early sexual activity or improve access to reproductive health services. We are sensitive to all of those gaps, but we just haven't had [the resources] to deal with them.

Kristine Gebbie

Q: How have TB and AIDS underscored the money problems?

A: We have one small county that at one point last year had 300 TB cases to track. They no more had the nursing staff to do that than fly to the moon. These [staffing shortages] are the result of a good 10 or 12 years of squeezing down the [budgets]. Then HIV came along and whatever new money came along had to go to that fight. That was certainly appropriate, but you put this huge new epidemic on top of an already tight system and it just crumbled.

Q: Do you think the economy will allow the new president to be any freer with public health spending?

A: I care less that we get some quintupling of the federal appropriation in the first year than that we quit artificially squeezing prevention and trying to pretend that the problems aren't there.

[President-elect Clinton] needs to have an administration that honestly owns the problems. If he is willing to get rid of the gag rule in the family planning program and get rid of some of the restrictions on HIV education because it might offend somebody, then that kind of liberated thinking, even with constrained resources, would be a help.

Q: So there are some very tangible things he can do to send the right signals?

A: Yes, but if he stops there it would be awful. Those early signals can't just be, "Well, I've taken care of the public health people, now I can forget them." It must be part of a plan that culminates in better financing.

Q: Such attention to public health requires an unusual relationship between the financing people and the public health people, doesn't it?

A: You absolutely have to see that they are an integrated part of a whole. It doesn't do any good to flap about the public health system if you don't fix the illness care system. But if you just fix paying for illness care, the whole system is going to collapse. Everyone has been distracted by the big bucks, and public health people have finally figured out that if we don't help solve the big bucks problem, we'll never get the other problems solved.

Q: On the broader issue of reform, what signals can Clinton send early on to indicate it's near the top of his agenda?

A: There are a couple of practical things he can do, like approving the Oregon waiver and getting HCFA stimulated to get out of the way of states on some of the other reforms they've proposed. That would be a message he takes reform seriously.

Q: Are you concerned that he seems to have backed away from his original play or pay plan?

A: I don't know how to interpret that. It may be that he discovered there are flaws in play or pay that he wasn't prepared to solve, [or] it may be that he backed off because it was costing him votes. You can construct a number of hypotheses. I am concerned that he doesn't fully understand the need for cost control and hasn't expressed that as firmly, but he did it far more so than his opponent.

Q: Have the public health issues changed much in, say, the last six or seven years?

A: We've been in a holding pattern for a decade in this country. We do little bits and pieces, and some states have done very creative things. But on the public health side of the enterprise, we have really made no spectacular gains in the last decade.

Q: There has been no progress?

A: I see progress at the local level. In Seattle, the number of kids who regularly wear a helmet while they bicycle has risen dramatically in a few years because of community-based prevention campaigns. We have made gains in immunization programs. We have done some effective HIV outreach. A number of communities have created alternatives to long-term care. Each of those pieces staggers on, on its own, though, instead of being part of a real system. We are all tired of pilot projects and would like to take what we've learned—which is a great deal—and say, "OK, let's just do it."

"On the public health side of the enterprise, we have really made no spectacular gains in the last decade."

Q: How difficult is it to persuade people of the importance of public health activities?

A: People who spend their lives analyzing medical costs seem to be the hardest sell, because they don't understand the kind of time frame and complexity it takes to look at community-based prevention projects. On the other hand, people committed to community-based projects have sometimes oversold their programs. They get so excited about them, they talk as if they could guarantee success.

Q: How does the time frame differ?

A: When you're weighing tradeoffs for specific treatments, you're looking at a closed system and any shift in the money is within that system. Is coronary artery bypass surgery a more cost-effective way of treating angina and blocked arteries than angioplasty? But if I spend $75,000 on a community-based bicycle helmet campaign, the money saved over the next year is [spread across] 15 different insurance plans that don't pay for a kid going through the emergency room. We don't have the data systems in place to show what the community got, and that's part of the struggle.

Q: Are there other examples?

A: The HiB vaccine for children is a moderately expensive vaccine that has taken a lot of energy to introduce. I have no doubt it's cost effective, and one measure is that pediatric hospitals in Washington now use pictures to teach medical students about babies with HiB meningitis. Until 2 or 3 years ago, they always had a patient who could be part of the teaching program. Again that doesn't translate to a real short-term cost savings and because public health works through networks and uses volunteers, you end up with 15 people who claim to be part of the success and who are. Unfortunately, that success just isn't as tangible.

Q: What are the lessons for public health activists?

A: Increasingly public health people are relearning that all politics is local and that whatever they would like to have happen in their state capital or in Washington D.C. depends on individual communities understanding it and telling their locally elected member of Congress and state legislators, "I want you to go take care of this for us." We can't wait for legislators to understand because, in many of these issues, the people are ahead of them. • CW

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Dale A. Passick, M.D.
Family Practice
Post Office Box 1108
Fulton, Kentucky 42041

Dear Dr. Passick:

Thank you for sharing your poem. I appreciate your interest in helping us find new ways to convey the message to young people. Please keep in touch.

Sincerely,

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

Dale A. Passick, M.D.
Family Practice
P.O. Box 1108 Fulton, KY 42041 (502) 472-0063

Ms. Kristine M. Gebbie, AIDS Policy Cooordinator
The White House
1600 Pennsylvania Ave. NW
Washington, D.C. 20500

January 20, 1994

Dear Ms. Gebbie,

My poem, "Come, Sit By Our Side" is submitted for your consideration and for dissemination as you may see fit in the campaign to prevent AIDS.

The disaster called AIDS leaves us all quite dismayed,
And it's getting lots worse every year.
Preaching personal fears tends to fall on deaf ears
So we need to tell kids what they'll hear.

When the subject is broached try this new approach.
It's sure worth a try, at least sometimes.
(Or, if it's preferred, put it in your own words,
Just rephrase it, or leave out the rhymes.)

"Come, sit by our side while we go for a ride
'Cause there's something we need to discuss.
It's not gonna be 'bout the birds and the bees.
But, a *secret* that's just between us.

"No parents on Earth caused a happier birth,
You're a joy to watch grow-up and play.
We thank God above that we have you to love
As you fill us with pride every day.

"We're so eager to see how your life's going to be;
How you fare when you're out on your own;
Where you live; what you do; who you give your heart to;
And if life gives you pleasures we've known.

"Just imagine our sorrow if you died tomorrow.
Oh, our grief would be so hard to bear !
With agonized pain; tears falling like rain;
And the look in our eyes, a blank stare.

"We hope that you know the extent of the blow
If you left us while still in your prime.
In a dangerous spot, show you love us a lot.
Use your good, common sense every time.

"But, if you were gone, we would sadly live on,
Not caring much what happened next.
So, if on a date and you find you can't wait,
Please, be careful and practice safe sex."

Sincerely,

Dale A Passick, MD.

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Mrs. Elaine Suda
4354 Neosho
Saint Louis, Missouri 63116

Dear Mrs. Suda:

Thank you for writing. I'm very sorry that I do not have signed photos available. My best wishes to you and your family.

Sincerely,

Kristine Gebbie

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

Can you send 8 signed photos of yours & can you sign your name on the 8 cards? Please do. Sue family members Lena, Elaine, Tom, Rachel Mary, Donna, Tina, Thanks, Elaine Suda
4354 Neosho
St. Louis, Mo. 63116

THE WHITE HOUSE
WASHINGTON

February 18, 1994

Mr. Chester Padgett
Post Office Box 355
Gibsonton, Florida 33534

Dear Mr. Padgett:

Thank you for writing. I hope you find these materials helpful. Please feel free to write again if you have questions or would like additional information.

Sincerely,

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

Enclosures

Jan. 27,1994

send bio & RHP speech

Kristine Gibbie
Office of Aids Policy
Dept. of health and Humanities Services
200 Independence Ave.
Washington, D.C. 20201

Dear Ms. Gibbie:

I am interested in two things concerning yourself. One, a biographical sketch of your life such as you would use in a resume. And. two, realizing that sometimes things printed are taken out of context, I would like your response to the enclosed article.

Thank you for your consideration in this matter.

Chester Padgett

AIDS czar says seek their pleasure in sex

President Clinton's AIDS czar says talking about sex "in terms of don't and disease" is not working, and Americans must start viewing sex as an "essentially important and pleasurable thing."

Until they do so, "we will continue to be a repressed Victorian society that misrepresents information, denies sexuality early, denies homosexual sexuality – particularly in teens – and leaves people abandoned with no place to go," Kristine Gebbie told a conference on teenage pregnancy.

Gebbie's comments drew fire from pro-family groups including Phyllis Schlafly, president of Eagle Forum, who said; "The people who believe what she's saying are the ones getting the diseases.... People who have Victorian morality aren't."

The New York Guardian, 11/93

THE WHITE HOUSE

WASHINGTON

February 21, 1994

Ms. Laura A. Hudson
Director
Academic Seminars
The Washington Center
Suite 650
750 First Street, N.E.
Washington, D.C. 20002

Dear Ms. Hudson:

Thank you for the invitation to serve as a "Mentor-for-a-Day" as part of the Washington Center's Women As Leaders seminar, on Wednesday, May 25, 1994. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other possible participants, or if I can assist in some other way, please let me know.

Sincerely,

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

regrets

THE WHITE HOUSE

WASHINGTON

February 9, 1994

Ms. Laura A. Hudson
Director
Academic Seminars
The Washington Center
Suite 650
750 First Street, N.E.
Washington, D.C. 20002

Dear Ms. Hudson:

Thank you for the invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to serve as a "Mentor-for-a-Day" as part of the Washington Center's Women As Leaders seminar, on Wednesday, May 25, 1994. Your request is under consideration and I will contact you approximately sixty (60) days before your event to confirm whether or not Ms. Gebbie is available.

Thank you for your interest and your patience.

Sincerely,

W. Steve Lee

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

THE WASHINGTON CENTER

For Internships and Academic Seminars

RECEIVED

FEB - 8 1994

February 4, 1994

Would do if schedule allows

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

Dear Ms. Gebbie:

I would like to take this opportunity to reacquaint you to the Washington Center's **Women As Leaders** seminar. A non-profit educational organization founded in 1975, The Washington Center provides internships and academic seminars for college students from across the country.

For the second consecutive year Sears, Roebuck and Co. has generously agreed to sponsor the seminar enabling three women from each state, the District of Columbia and Puerto Rico, in addition to 44 at-large candidates to attend. The participants are selected based upon their scholarship, demonstrated leadership skills and potential.

The **Women As Leaders** seminar is designed to bring aspiring professional women together with accomplished women who will share their expertise through lectures, discussions and mentoring. In the process, the professional women provide recognizable and memorable examples to the students who too frequently must develop their leadership skills without the benefit of the appropriate role model that their male counterparts enjoy.

One component of the seminar is the **Mentor-for-a-Day** experience on Wednesday, May 25, 1994. Students will be matched with a professional woman for an entire work day. During the day students will "shadow" their mentors, attending meetings, observing critical decision making and analyzing leadership styles. The day will start with a Mentor Breakfast, at which time the Mentors will meet their Mentes.

Given your outstanding experience in leadership, we would be honored to have you serve as a mentor. Your professional expertise would be of significant value to one of our rising women leaders.

750 First Street, N.E. Suite 650 Washington, D.C. 20002 Phone: (202) 336-7600 Fax: (202) 336-7609

The Washington Center strives to match mentors whose professional experience would serve as an educational component to the students' growth. If the Center has a student who has requested to mentor a professional with your credentials, then a match will be made.

Please fill out and return the enclosed form by **Friday, February 18, 1994.** You will be notified of the confirmation of a match in early April. If you have any questions, please feel free to contact Kara Martinsons, Program Coordinator at (202)336-7563. In advance, thank you for your consideration of our invitation to be a Mentor.

Sincerely,

Laura A. Hudson
Director
Academic Seminars

THE WASHINGTON CENTER

For Internships and Academic Seminars

WOMEN AS LEADERS MENTOR-FOR-A-DAY

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

_____

PHONE: _____

_____ **Yes**, I will serve as a Mentor-For-A-Day.

An Ideal Mente (student participant) should have an interest in the following professional areas:

_____

_____

_____

_____ **No**, I will be unable to serve as a Mentor-For-A-Day.

Please return by **Friday, February 18, 1994**

Kara P. Martinsons
Program Coordinator
The Washington Center
1101 14th Street, NW
Suite 500
Washington, DC 20005

Ph. (202)336-7563
Fx. (202)336-7609

THE WHITE HOUSE

WASHINGTON

February 21, 1994

Ms. Patricia M. Rager
Executive Director
The Nursing Spectrum
7215 Little River Turnpike
Annandale, Virginia 22003

Dear Ms. Rager:

Thank you for the invitation to speak at The Nursing Spectrum Career Forum on Wednesday, April 16, 1994 at the Bethesda Hyatt. Unfortunately, my schedule does not permit me to participate. If you need suggestions for other speakers, or if I can assist in some other way, for instance with a video address, please let me know.

Sincerely,

Kristine

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

THE WHITE HOUSE

WASHINGTON

NO

November 21, 1993

Patricia M. Rager, Executive Director
The Nursing Spectrum
7215 Little River Turnpike
Annandale, VA 22003

Dear Ms. Rager:

Thank you for your invitation for Kristine M. Gebbie, National AIDS Policy Coordinator, to speak at The Nursing Spectrum Career Forum on Wednesday, April 6, 1993 in Washington, DC. Your request is under consideration and I will contact you approximately sixty (60) days before your event as to Ms. Gebbie's availability.

Thank you for your interest and patience.

Sincerely,

W. Steve Lee

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

NURSING spectrum

7215 Little River Turnpike, Annandale, VA 22003 • 703/914-8008 • FAX: 703/914-8012 • Baltimore 410/560-1027

TO: John Gurrola
FROM: Patti Rager Patti
RE: Nursing Spectrum Career Forum
Date: Friday, October 15

Would you please check with Kristine Gebbie and her calendar to see if she would be able to speak for 1 hour at our Career Forum for Washington, DC, VA,and MD registered nurses? The event will be held on Wednesday, April 6, 1994 at the Bethesda Hyatt. We expect hundreds of nurses to be there, and after meeting with Kristine, we'd love to have her as our speaker. I've enclosed an issue promoting our most recent career forum.

Thank you again for arranging the interview and the cover photo shoot. You have an impressive team. We are full steam ahead. I will send you advance copies in November!

THE WHITE HOUSE

WASHINGTON

February 21, 1994

Ms. Jan Robnett
551 Goliad Drive
Allen, Texas 75002

Dear Ms. Robnett:

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

FEB 14 1994

551 Goliad Drive
Allen, Texas 75002
January 26, 1994

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

Dear Ms. Gebbie,

I am sending this letter to let you know that I strongly object to the new condom advertisements that will be airing on television. I object for the following reasons:

- The ads promote sexual promiscuity.
- No mention is made of abstinence or a monogamous sexual relationship between uninfected spouses as the best prevention.
- It doesn't seem responsible to state that the condom "prevents the spread of AIDS," considering the fact that the condom does not always prevent pregnancy, and the HIV virus is much, much smaller than a sperm.

I was recently involved in doing research about AIDS when my son's high school was preparing their AIDS education curriculum. We found no proof that condoms **prevent** the spread of AIDS, although condom use may **delay** it. Our findings showed that even with consistent use of latex condoms by couples in which one partner had the HIV virus and one did not, a high percentage of the uninfected partners contracted the HIV virus within 18 months. Perhaps the advertisement could say that "using a condom delays the spread of AIDS."

Condoms plainly state on the package that they are not guaranteed to prevent pregnancy—why, then, should they be expected to prevent AIDS?

In the interest of stopping the spread of AIDS, please reconsider, and withdraw the advertisements.

Sincerely,

Jan Robnett

Jan Robnett

Dr. Rayla Temin
3401 Lake Mendota Dr.
Madison, WI
53705

22 1994

FEB 22 1994

THE WHITE HOUSE

WASHINGTON

Dear Dr Temin -

The news of Howard's death brought memories of his wit and wisdom as we worked together on the Institute of Medicine's AIDS committee. I was a relatively junior state health director from Oregon, he a distinguished senior scientist. I learned much, including lessons on clarity of thought and attentiveness to the process of communication, and have been better at my work because of the experience.

You have my sympathy at this loss. I hope the support of family and friends is sustaining and nurturing.

My best wishes —

Kristine Gebbie

AIDS policy Coordinator

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

NETTIE MAYERSOHN
27th Assembly District

I thought that the enclosed might be of interest to you.

Cordially,

Nettie Mayersohn

New York Newsday
EDITORIALS

NEW YORK NEWSDAY, FRIDAY, JANUARY 28, 1994

NEW YORK FORUM

ABOUT AIDS

HIV Mothers Need to Know

By Nettie Mayersohn

LAST MARCH, I introduced a bill that would force the state Health Department to notify parents whose newborns have tested positive for HIV antibodies. Since then, the bill has come under a barrage of criticism, most recently in an article in these very pages by Alan Fleischman, head of neonatology at the Albert Einstein College of Medicine, and Ana Dumois, executive director of the Community Family Planning Council. Their critique of my bill, however, was short on facts and long on rhetoric.

Nettie Mayersohn is a state assemblywoman representing Flushing.

Here's the truth. Every baby in New York State is already tested by the Health Department for HIV along with a number of other diseases, including sickle cell disease, syphilis and hepatitis B. The test results are given to the parents, except for those unfortunate infants who test positive for the AIDS virus. Incredibly, these infants and their mothers are sent home without this crucial information.

Statistics have shown that, in the first four months of life, untreated HIV infants are more likely than those who have received prophylactic treatment to contract PCP, a deadly form of pneumonia. With proper medical care, however, many of these babies could live into their teens, perhaps long enough to see a cure for AIDS. What conceivable justification is there, then, for continuing a policy that since 1987 has failed dismally to identify and treat HIV babies?

At the heart of the controversy are issues of confidentiality and privacy. If you notify a mother that her baby has tested positive for the virus, you are, in effect, telling her that she is infected — and that is taboo to Dumois and Fleischman. They point to three Health Department initiatives where, they claim, 85 to 91 percent of mothers agreed to be counseled and tested. That is a fantasy. According to Health Department statistics, these initiatives have been able to identify fewer than 50 percent of HIV-positive babies.

Fleischman and Dumois have attempted to transform this into a women's issue, by purporting to represent the interests of mothers. In fact, nothing could be further from the truth. Caring, responsible parents — even those who may be in denial about their own condition — will do whatever is necessary to provide care and treatment for their children if they are given the information they need. What they *don't* need is to be told by their doctor that "everything's fine," when everything is not.

Dumois recently sent out a flier warning, among other things, that my legislation would "transform a joyous event into a traumatic one." I can't imagine anything more bizarre than describing an HIV birth as a joyous event. What Dumois seems to be saying is, "If we don't tell parents that their baby may have a life-threatening disease, they'll be happy." Can you imagine a doctor withholding information about a positive cancer test so that he can send home a happy patient?

It's also contended that notifying parents could hurt the relationship between a mother and her baby. This doesn't sound like any mother I know. As a community activist and an elected official, I have met a lot of people, and the overwhelming majority of women are fiercely protective of their infants and care for them no matter what the cost.

I have more friends than foes on this matter. My legislation is supported by the New York State Medical Society, the New York City Chapters of the Pediatrics Society and by the Association to Benefit Children, a non-profit group that advocates for children with AIDS.

My bill will allow us to use current AIDS funding in a way that makes sense. When it's revealed that a baby has tested positive for HIV, we can provide comprehensive support services for that baby and that family. We have an opportunity to stop using babies as statistical tools and give them the same state-of-the-art medical care adult AIDS victims are getting. I and the 60 sponsors of my legislation intend to ensure just that.

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

NETTIE MAYERSOHN
27th District

Room 746
Legislative Office Building
Albany, New York 12248

Hon. Kristine M. Gebbie
AIDS Policy Coordinator
750 17th Street, N.W.
Washington, D.C. ~~20006~~ 20001

THE WHITE HOUSE
WASHINGTON

February 22, 1994

Mr. John S. Roberts
Post Office Box H
Hobart, Indiana 46342

Dear Mr. Roberts:

I received your second letter concerning acetaldehyde. Thank you for writing me again with your concerns. Please stay in touch.

Sincerely,

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

JANUARY 11, 1994

MS. KRISTINE M. GEBBIE, R.N., M.N.
NATIONAL AIDS POLICY COORDINATOR
THE WHITE HOUSE
WASHINGTON

DEAR MS. GEBBIE,

I HAVE DECIDED TO PLACE THE FOLLOWING ADVERTISEMENT (BELOW) IN THE MEDIA.

I WILL BE THE FIRST PERSON TO SHUT UP ABOUT ALL OF THIS IF A CLINICAL TRIAL PROVES ME WRONG ABOUT ACETALDEHYDE.

I HAVE NOT YET RECEIVED A REPLY FROM THE CENTERS FOR DISEASE CONTROL TO MY LETTER OF DECEMBER 6, 1993. I AM ASSUMING THAT THE ANSWERS TO THE TWO QUESTIONS I POSED IN THAT LETTER ARE "YES" AND "NO" RESPECTIVELY.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

"CAN HIV/AIDS BE CURED BY THE ANTABUSE TREATMENT?"
219-763-1933

ANYONE WHO CALLS WILL BE TOLD THIS -

"I HAVE SIX POINTS TO MAKE; IF YOU ARE INTERESTED, PLEASE WRITE THEM DOWN AND SHOW THEM TO YOUR DOCTOR."

"NUMBER ONE - THE ANTABUSE TREATMENT FLOODS THE BLOODSTREAM WITH A POWERFUL CHEMICAL CALLED ACETALDEHYDE. ACETALDEHYDE IS SPELLED A C E T A L D E H Y D E."

"NUMBER TWO - A FEW YEARS AGO A TEAM OF AIDS SCIENTISTS IN FRANCE CONDUCTED A RESEARCH STUDY IN WHICH 42% OF THEIR HIV PATIENTS SHOWED IMPROVEMENT IN THEIR CLINICAL STATUS."

"NUMBER THREE - ASK YOUR DOCTOR TO OBTAIN A COPY OF THIS STUDY. IT IS IN THE SEPTEMBER 24, 1988 ISSUE OF THE MEDICAL JOURNAL CALLED 'THE LANCET'. THE ARTICLE STARTS ON PAGE 702."

"NUMBER FOUR - IF THESE FRENCH PATIENTS ALWAYS DRANK WINE WITH THEIR MEALS, THEY EXPERIENCED THE ANTABUSE TREATMENT EVERYDAY THROUGHOUT THE ENTIRE SIXTEEN WEEKS OF THE STUDY."

"NUMBER FIVE - CAN THE AIDS VIRUS BE DESTROYED IN THE HUMAN BODY BY UNMETABOLIZED ACETALDEHYDE? UNMETABOLIZED IS SPELLED U N M E T A B O L I Z E D."

"NUMBER SIX - IF I HAD TESTED HIV POSITIVE OR HAD FULL BLOWN AIDS I WOULD GO TO MY DOCTOR TOMORROW MORNING AND TELL HIM TO START THE ANTABUSE TREATMENT IMMEDIATELY."

J.S.R.

J.S.R.

COPIES WITH ATTACHMENTS TO:

CENTERS FOR DISEASE CONTROL
CONGRESSMAN PETER J. VISCLOSKY, INDIANA
CONGRESSMAN GEORGE DARDEN, GEORGIA
MRS. JOYCE M. NORRIS, ACWORTH, GEORGIA
PROFESSOR RUSSELL F. MANKES, THE ALBANY MEDICAL COLLEGE
PROFESSOR SUBBIAH SIVAM, INDIANA UNIVERSITY SCHOOL OF MEDICINE
DR. JACK WHITESCARVER, NATIONAL INSTITUTES OF HEALTH
MR. LARRY KRAMER, NEW YORK CITY
MR. DAVID GOLD, GAY MEN'S HEALTH CRISIS, NEW YORK CITY
ACT-UP, NEW YORK CITY
MS. BETTY STERN, FAMILY AIDS SUPPORT NETWORK, CHICAGO
DR. ROBERT JOBST, HOWARD BROWN MEMORIAL CLINIC, CHICAGO
MR. MICHAEL T. JAMES, the KUPONA network, CHICAGO
DR. RICARDO RIVERO, HISPANIC HEALTH ALLIANCE, CHICAGO
MS. BRENDA LEIN, PROJECT INFORM, SAN FRANCISCO

THE WHITE HOUSE

WASHINGTON

December 20, 1993

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

Dear Mr. Roberts:

Thank you for writing to share your thoughts and concerns on acetaldehyde. I appreciate your interest in the challenging issues related to HIV/AIDS treatment.

Sincerely,

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

DECEMBER 6, 1993

CENTER FOR DISEASE CONTROL
MAIL STOP E29
1600 CLIFTON ROAD
ATLANTA, GEORGIA 30333

DEAR SIRS,

WOULD YOU PLEASE REVIEW THE ATTACHED LETTERS.

I HAVE TALKED WITH MRS. NORRIS, AND SHE DOES NOT MIND THAT I "GO PUBLIC" WITH THE LETTER I WROTE TO HER AND THE LETTER SHE WROTE TO YOU.

THERE IS A MINOR CLARIFICATION I WOULD LIKE TO MAKE TO HER LETTER TO YOU - I HAVE NOT COPYRIGHTED OR PATENTED THE "DISULFIRAM/ALCOHOL PROCEDURE" ITSELF. THIS MEDICAL PROCEDURE HAS BEEN IN EXISTENCE FOR YEARS AND DOES NOT NEED FDA APPROVAL OR ANY OTHER TYPE OF APPROVAL (OTHER THAN THE PATIENT'S) TO IMPLEMENT. IT IS BETTER KNOWN AS THE "ANTABUSE" AVOIDANCE THERAPY TREATMENT FOR ALCOHOLISM.

AT THIS TIME, WOULD YOU PLEASE ANSWER THESE QUESTIONS FOR ME:

1. DOES ACETALDEHYDE DESTROY HIV IN THE TEST TUBE?

2. WAS ACETALDEHYDE ON THAT LIST OF 40,000 CHEMICAL COMPOUNDS TESTED AT FREDERICK, MARYLAND AND BIRMINGHAM, ALABAMA TO SEE IF ANY COULD DISABLE HIV?

IN ADDITION, MIGHT YOU HAVE A SPECULATIVE ANSWER TO EXPLAIN THE DRAMATIC RESULTS OBTAINED BY THE LANG STUDY?

FOR MY OWN PART, I AM MYSTIFIED AS TO WHY THE RESULTS OF THIS STUDY DID NOT MAKE A BANNER HEADLINE IN NEWSPAPERS THROUGHOUT THE WORLD; THE HEADLINE MIGHT HAVE READ -

<u>FRENCH AIDS STUDY SHOWS IMPROVEMENT OF CLINICAL STATUS IN 42% OF TEST SUBJECTS</u>

I THINK THE "DISULFIRAM/ALCOHOL PROCEDURE" IS WORTH A CLINICAL TRIAL.

IT NEED NOT TO BE COMPLICATED - ONE OR TWO PATIENTS, SIMILAR IN CONDITION TO THOSE OF LANG'S, COULD BE RECRUITED TO REPORT TO A HOSPITAL ROOM ONCE A WEEK FOR 16 WEEKS (THE LENGTH OF THE LANG STUDY) WHEREIN THEY WOULD BE ADMINISTERED A MILD TO MODERATE APPLICATION OF "ANTABUSE" THERAPY.

THIS QUESTION NEEDS TO BE ANSWERED - IN THE HUMAN BODY WHAT IS THE EFFECT OF UNMETABOLIZED ACETALDEHYDE UPON HIV?

I THINK THE LANG STUDY GIVES US A CLUE AS TO WHAT THE ANSWER MIGHT BE.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

COPIES TO:

CONGRESSMAN PETER J. VISCLOSKY, INDIANA
CONGRESSMAN GEORGE DARDEN, GEORGIA
MRS. JOYCE M. NORRIS, ACWORTH, GEORGIA
PROFESSOR RUSSELL F. MANKES, THE ALBANY MEDICAL COLLEGE
PROFESSOR SUBBIAH SIVAM, INDIANA UNIVERSITY SCHOOL OF MEDICINE
MS. KRISTINE M. GEBBIE, RN, MN, NATIONAL AIDS POLICY COORDINATOR, THE WHITE HOUSE
DR. JACK WHITESCARVER, NATIONAL INSTITUTES OF HEALTH
MR. LARRY KRAMER, NEW YORK CITY
MR. DAVID GOLD, GAY MEN'S HEALTH CRISIS, NEW YORK CITY
ACT-UP, NEW YORK CITY
MS. BETTY STERN, FAMILY AIDS SUPPORT NETWORK, CHICAGO
DR. ROBERT JOBST, HOWARD BROWN MEMORIAL CLINIC, CHICAGO
MR. MICHAEL T. JAMES, the KUPONA network, CHICAGO
DR. RICARDO RIVERO, HISPANIC HEALTH ALLIANCE, CHICAGO
MS. BRENDA LEIN, PROJECT INFORM, SAN FRANCISCO

FEB 22 1994

THE WHITE HOUSE

Dear Scutch —

It was good to see you — San Diego or my all-too-quick visit! It was a great day and I was very impressed by all I saw. The level of community ownership for service development was very high. Hope to see you again before too long — Kathleen

FEB 22 1994

THE WHITE HOUSE

Dear Christine -

I'm a bit slow with my "thank you's from my trip to San Diego - It was a real pleasure getting to know you over dinner, and I hope we meet again. I was impressed by the projects & the people in San Diego - it was a great trip. Kristine

FEB 22 1994

THE WHITE HOUSE

Dear Mary—

many, many thanks for all you did to make my day in San Diego such a great one! I learned so much, got so many ideas, and met such wonderful people! I have staff started on follow up on a couple of the ideas we discussed. All the best - Christine

FEB 22 1991

THE WHITE HOUSE

Dear Jennifer —

It was so good to see you at Villanova — and to meet your mother & grandmother. You have done an excellent job in building AIDS awareness on your campus — it's a sign of greater things to come! All the best — hope we see you back again!

Cordially

FEB 22 1994

THE WHITE HOUSE

Dear Reed -

I'm sorry I missed you when I was in LA, but I understand from Elizabeth that you had a great retreat! I'd like to hear more from you about what's going on at Brew, but I got a great start through your staff. All the best -- Christine

FEB 22 1994

THE WHITE HOUSE

Ferd —

It was good to see you again in LA! One thing I forgot to ask about was the HUD building problem with the MAP --- did that get straightened out? If not, what's the story?

Thanks —

Erskine

THE WHITE HOUSE

WASHINGTON

February 22, 1994

Mr. Howard Bragman
9171 Wilshire Boulevard
Penthouse Suite
Beverly Hills, California 90210-5530

Dear Mr. Bragman: Howard

I enjoyed meeting you during my stay in Los Angeles. It was a pleasure working with someone who thinks "just like me." Finding people with a similar mindset helps to keep me sane.

I wish you every success. Let me know if I can be of service in the future. I can be reached at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

February 22, 1994

Mr. David J. Jefferson, Staff Reporter
The Wall Street Journal
6500 Wilshire Boulevard
Suite 1500
Los Angeles, California 90048

Dear Mr. Jefferson

It was a pleasure meeting you in Los Angeles. I hope we can work together in the future.

Please contact me if you are ever in Washington D.C. I can be reached at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE
WASHINGTON

February 22, 1994

Seth C. Kalichman, Ph.D.
Assistant Professor
Department of Psychiatry
Mental Health Sciences
Community Health Behavior Program
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, Wisconsin 53226

Dear Dr. Kalichman:

Thank you for the reprints of articles concerning HIV prevention. I have read them and shared them with our staff members who are working on prevention efforts. Best wishes in your continuing work.

Sincerely,

Kristine

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

THE WHITE HOUSE
WASHINGTON

February 22, 1994

Mr. L. Wesley Bankston
2016 11th Street, S.E.
Decatur, Alabama 35601-5246

Dear Mr. Bankston:

Thank you for your letter. I appreciate the time you took to share your concerns with me. Please feel free to write again in the future.

Sincerely,

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

L. Wesley Bankston
2016 11th Street, S.E.
Decatur, Alabama 35601-5246
205/350-0390

Letters to Congress
(copy)

WHY DO YOU IGNORE THE MOST CRUCIAL NEED?

There is nothing more certain, best, right and irrefutable for mankind than the moral philosophy bequeathed us by the wisest of history. It is proven over and over, it is not mine or yours, but it is one for all for all times and places, unchangeable and not subject to equivocation by one iota.

Our leaders, and all, must learn that it is the philosophy for all, and that it can't be half-way, but means "always taking the moral side, no matter how trivial the difference." There are many very good reasons and justifications for taking this position, as follows:

* Morality(good character) is our most precious possession (individual and national), and nothing supercedes its importance except religion. The main goal of all leaders, especially teachers, should be for policies that lead all to human character. It matters more than all other things put together, yet we relegate it to a minor status. Nothing has value for us without good character.

*Morality never has changed one iota, and never shall. Those who try to inject their own are only moving away from the true morality.

*Morality applies equally to social, political and economical matters. (Only those of good character are good, reliable and trustworthy workers).

*Universal moral philosophy, and only that, will prevent all problems en masse, before-the-fact: crime, pornography, child and spouse abuse, gambling, prostitution, drug and alcohol abuse, homosexuality, poverty, educational demise, immoral occupations, foreign affairs and all others.

*Characterlessness is materialism. Unfortunately most of us are materialists. All, especially our leaders, should learn to be philosophers and statesmen. They are not leaders until they do.

*Life without good character is not worth living. That is why it must always be our primary goal.

*The companies, organizations and governments that have the best character are the most successful and have the fewest prob-

On Both Sides you talked about opportunity, but not about the main element: human character. Education to real character is the only way to prevent problems, before-the-fact.

lems.

*"Teach a child the[moral] way to go and he will not depart from it." -The Bible.

*Regardless of much thinking to the contrary, morality is the simplest, most practical and only way to end our problems.

*Our business community, and everyone, should be countering the filth of the media that is destroying our children(and us), instead of fostering their countering of the teachings of our homes and schools.

*Since our leaders are fostering the anti-moral injections of the media, they are promoting the continued fall of our people's character(as we see), and aiding our eventual fall to Third-World status, and then our total demise as a civilized society. What matters competition then? The civilizations that have fallen perished due to their immorality within. Since we are the most immoral ever, can we, without change, hope to survive their fate? Our leaders are severely "letting us down" by not perceiving this and making it our highest priority.

*No business is going to fall short by following the moral principles. In fact, the opposite is true. All good leaders know this, no matter what philosophy they are following to gain for their company. When they think back over their problems they find that they were all caused by deviation from the moral principles. "Our one problem is immorality; the one answer is morality." All companies can profit to their greatest extent within the proven principles.

*All pornography is child pornography. Do you approve? All homosexuals are child-abusers. Do you approve? All immorals are traitors--our worst. Do you approve? The sordid teachings can only be stopped at the source.

*When all companies and leaders demand that those spreading immorality reverse their ways, or else, we shall see progress and happiness like never before.

Your Concerned Constituent,

JD

Joe Doak III

THE WHITE HOUSE

WASHINGTON

MEMORANDUM

DATE: FEBRUARY 22, 1994

TO: LEE SATTERFIELD
OFFICE OF SCHEDULING AND ADVANCE

FROM: ANDREW E. BARRER
SENIOR POLICY ADVISOR TO KRISTINE M. GEBBIE
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

RE: REQUEST FOR PHOTO OPPORTUNITY WITH THE PRESIDENT IN MIDDLETON, CONNECTICUT ON THURSDAY, FEBRUARY 24, 1994

Ms. Gebbie has requested that the President schedule a brief photo opportunity with a local teenager who is working on an AIDS education project in Connecticut. Ms. Gebbie has met with the young man herself and believes that such a photo op would be worthwhile in terms of raising AIDS awareness and fostering good community relations. If a photo op is not possible, it would be great if the young man could be included as one of the President's greeters. Please let us know if either of these options is possible.

Contact information:

Evan Greenfield
56 Briar Hill Road
Norwich, Connecticut 06360
(203)887-2245

I will send additional background information as soon as I receive it from our other office.

Office of the National AIDS Policy Coordina

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

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

Deliver To: Rebecca Cameron

Sent From:
Andrew E. Barrer, Ph.D.
Senior Advisor

Number of pages _____ + cover sheet

Fax Number: 456-6208

Date: 2/22/94

MESSAGE: Thanks for your help — TANYA

THE WHITE HOUSE

WASHINGTON

MEMORANDUM

DATE: FEBRUARY 22, 1994

TO: LEE SATTERFIELD
OFFICE OF SCHEDULING AND ADVANCE

FROM: ANDREW E. BARRER
SENIOR POLICY ADVISOR TO KRISTINE M. GEBBIE
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

RE: REQUEST FOR PHOTO OPPORTUNITY WITH THE PRESIDENT IN MIDDLETON, CONNECTICUT ON THURSDAY, FEBRUARY 24, 1994

==========

Ms. Gebbie has requested that the President schedule a brief photo opportunity with a local teenager who is working on an AIDS education project in Connecticut. Ms. Gebbie has met with the young man herself and believes that such a photo op would be worthwhile in terms of raising AIDS awareness and fostering good community relations. If a photo op is not possible, it would be great if the young man could be included as one of the President's greeters. Please let us know if either of these options is possible.

Contact information:

Evan Greenfield
56 Briar Hill Road
Norwich, Connecticut 06360
(203)887-2245

Please see attachments for background information

SEA- SEXUAL EDUCATION AWARENESS PROPOSAL

PREPARED BY EVAN G. GREENFIELD, SEA PRESIDENT

Evan G. Greenfield
56 Briar Hill Road
Norwich, CT 06360
Phone #-1(203)887-2245

SEA - Sexual Education Awareness

Proposal- To institute the SEA (sexual education awareness) program in elementary schools nationally, teaching students in fourth grade to six grade about transmission of Sexually Transmitted Diseases, abstinence, date rape, sexual harassment, pregnancy and other sexually related topics. The SEA program will be vigilant in taking steps to alert young Americans about the hazards of Sexually Transmitted Diseases and advising adolescents in taking appropriate measures in protecting themselves.

Current Problems- The American society has witnessed a great outbreak of sexually related problems dealing with the issues of AIDS to sexual harassment. These problems in the last decade have become prevalent in the young despite the measures taken to combat them. There has been a dramatic increase in the number of teenage girls who have babies out of wedlock contributing a great deal to the problems we face in this decade and the ones to come. It has been concluded that these programs have failed the American people, therefore the SEA program must be instituted so the teenagers will learn of the hazards of sex before they loose their virginity and the consequences of sexually abusing others.

Solutions- To propose a bill to Congress to make it mandatory for elementary schools across the country to have a form of education in

their curriculum dealing with the related problems of sexual activities and sexual misconduct. The SEA program will have a less clinical sexual outlook and will focus on young adults speaking to youngsters who have been afflicted with the adverse reactions of sexual intercourse, namely AIDS. The SEA program will evoke an atmosphere in which the adolescents realize "this is real and this can happen to me." The elementary students would be taught one hour twice a week by a registered nurse from a medical facility and a high school student who has been affected by sexual misconduct or sexual activity. The selected high school student and nurse would have to attend a training course in order to be certified to teach the classes. The curriculum for this program would be designed by a state by state basis, however, certain guidelines would be mandatory to be taught. Written consent from the parent or guardian would be necessary for the student to participate in the program. Working with the American people, the SEA program can make positive strides in making the United States a safer and healthier place for its children.

Budget- The cost of this program would come from donations from many different companies and organizations. Currently, the SEA program is contacting Mr. Hayward of the Foxwoods Casino in Ledyard, Connecticut. He has donated much money to charities in the state of Connecticut and we hope the SEA program will also be treated as generously.

Office of the National AIDS Policy Coordina

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

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

Deliver To: Rebecca Cameron/Lee Satterfield

Sent From:
Andrew E. Barrer, Ph.D.
Senior Advisor

Number of pages 4 + cover sheet

Fax Number: 456-6208

Date: 2/23/94

MESSAGE: Urgent - Please deliver A.S.A.P.

Sent 2 times
2/22
2/23

THE WHITE HOUSE
WASHINGTON

February 22, 1994

Ms. Rubbina Mamdani
#2A-1041 Marion Street
Columbia, South Carolina 29201

Dear Ms. Mamdani:

I have taken the liberty of forwarding your letter and resume to Mimi Fields, Deputy Secretary of the Washington Department of Health. She has more current information available to her regarding employment in the Seattle, Washington area. I hope this is helpful to you, and I wish you every success in your job search.

Sincerely,

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

Rubbina Mamdani
#2A-1041 Marion St.
Columbia, S.C.29201
(803)799-4717
January 31, 1994

Ms. Kristine M. Gebbie, B.S.N, M.S.N.
National AIDS Policy Coordinator
The White House
Washington, D.C. 20500

Dear Ms. Gebbie:

I am writing to you to request your advise in my search for employment. I am currently a doctoral candidate in public health at the University of South Carolina. I expect to graduate with my Dr.P.H. in Public Health Administration this June. My dissertation topic is AIDS in women: Gaps in health care services delivery for women with HIV/AIDS in South Carolina.

As a female minority, I am truly committed to working in the AIDS field and have been closely following the work of the present administration with regard to AIDS. I was extremely pleased to see you appointed as the new AIDS policy coordinator. In addition to being chairperson of the CDC's advisory panel on HIV prevention and member on the National Commission on AIDS, you have held positions as chief health officer at the state health departments in both Oregon and Washington states; hence I would like to ask for any contacts or leads you can give me for job opportunities. I am particularly interested in employment opportunities in the Seattle, Washington area, since this is where I would like to work and live. Enclosed please find my resume for your perusal.

I would sincerely appreciate any advise from you regarding job opportunities in Seattle. I look forward to hearing from you in the near future.

Sincerely,

Rubbina

Rubbina

encl: resume

THE WHITE HOUSE

WASHINGTON

February 22, 1994

Joseph A. Sonnabend, M.D.
340 West 17th Street
New York, New York 10011

Dear Dr. Sonnabend:

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

JOSEPH A. SONNABEND, M.D.

340 WEST 17TH STREET, NEW YORK, N.Y. 10011
212 243-4300

FEB - 9 1994

Ms. Kristine Gebbie, RN
National AIDS Policy Coordinator
Executive Office of The President
The White House
Washington, D.C. 20500

January 28, 1994

Dear Ms. Gebbie:

I am writing this letter in support of William Arnold regarding his nomination to the **Presidential HIV/AIDS Advisory Counsil.**

I have known Mr. Arnold for seven years. He has been extremely active in providing support and educational services to people with AIDS. He has been very helpful to patients of mine. He is strongly committed to being of service in this epidemic and he is very knowledgeable about issues surrounding AIDS, both scientific and social.

I believe he would be a valuable member of the Advisory Council.

Sincerely,

Joseph A. Sonnabend, M.D.

rw

cc William Arnold

THE WHITE HOUSE

WASHINGTON

February 22, 1994

The Honorable Audrey L. Carey
Office of the Mayor
City Hall
83 Broadway
Newburgh, New York 12550

Dear Mayor Carey:

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

CITY OF NEWBURGH

OFFICE OF THE MAYOR
CITY HALL
83 BROADWAY
NEWBURGH, NEW YORK 12550

AUDREY L. CAREY
MAYOR

TEL: (914) 565-3333
FAX: (914) 561-1247

February 8, 1994

Kristine Gebbie
National Aids Policy Coordinator
Executive Office of the President
White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Ms. Gebbie:

I was pleased to learn of William Arnold's nomination for appointment to the National Councils. This letter is written in support of that nomination.

William Arnold is a community educator regarding HIV/AIDS awareness and a long time community activist.

While there are many nominations with strong advocacy backgrounds, William represents an urban community with all of the problems associated with large metropolitan centers.

I believe the difficult choices to be made should not exclude this type of area which has so often been under represented on the national scale.

I thank you for consideration of this correspondence, and I remain available for personal dialogue should it be necessary.

Sincerely,

AUDREY L. CAREY
Mayor

ALC/fb

THE WHITE HOUSE

WASHINGTON

February 23, 1994

Ms. Joan A. Kuriansky
Chair, Campaign For Women's Health
Executive Director, Older Women's League
Suite 700
666 11th Street, N.W.
Washington, D.C. 20001

Dear Ms. Kuriansky:

Thank you for your comments on the recently-released CDC Prevention Marketing Initiative. As you know, this campaign is intended to stop HIV infection among young adults 18-25 by encouraging the delay of sexual activity and by encouraging consistent and correct latex condom usage among those who are sexually active.

I am very encouraged to hear your positive comments about this Initiative, especially since we understand that community level organizations will play a pivotal role in encouraging behavior changes among young people at risk. Because the Campaign For Women's Health plays a significant role in raising awareness about women's health issues, your participation in prevention efforts will be instrumental in impacting the behavior of women, especially young women, a population with one of the fastest growing rates of HIV infection in the country.

Again, thank you for your comments.

Sincerely,

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

Steve – how are we handling replies?

RECEIVED

JAN 11 1994

CAMPAIGN FOR WOMEN'S HEALTH

January 4, 1993

Kristine Gebbie, RN, MN
National AIDS Policy Coordinator
Office on National HIV/AIDS Policy
750 17th St. NW, Suite 1060
Washington, DC 20500

Dear Ms. Gebbie:

On behalf of the Campaign for Women's Health, I am writing to express our support for the HIV/AIDS Prevention campaign being launched by the Centers for Disease Control and Prevention.(CDC) The Campaign represents a coalition of 87 national, state, and grassroots organizations convened to set and promote an agenda for women's health. We feel strongly that the CDC's current effort to educate the public about the importance of condom use is essential in stopping the spread of HIV/AIDS, especially among women.

AIDS is a major health threat for our entire nation. The AIDS epidemic is especially serious for women, who now represent the fastest growing group of people with AIDS. Among women, African American and Latina women are hardest hit by this disease, representing more than 75% of all AIDS cases in women. Now more than ever, providing women with practical information about how they can protect themselves against HIV infection should be a national imperative.

We applaud the CDC's initiative in undertaking this campaign and encourage future prevention and education efforts. We also commend the conviction shown by national and local broadcasting networks airing the CDC's prevention "spots" in performing this essential public service. This campaign will help save the lives of many women. We thank you for supporting it.

Sincerely,

Joan A. Kuriansky

Joan A. Kuriansky
Chair, Campaign for Women's Health
Executive Director, Older Women's League

cc: President Bill Clinton
Secretary of Health & Human Services
National AIDS Policy Coordinator Kristine Gebbie
Executive Director, CDC
Chief Executive Officer, ABC
Chief Executive Officer, NBC
Chief Executive Officer, CBS
Chief Executive Officer, FOX Broadcasting

A Project of O.W.L.
666 Eleventh Street, NW, Suite 700, Washington, DC 20001 (202) 783-6686 FAX (202) 638-2356