Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Tanya L. Dean to Monica Mullens; re: Text of Presidential Letter for Approval (1 page)	02/23/1994	b(6)
002. letter	From: POTUS; re: Health Security Act (1 page)	00/00/0000	b(6)
003. letter	To: President Clinton; re: Need to Write (3 pages)	/01/1994	b(6)

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

FOLDER TITLE:
February Chron Files 1994 [4]

2018-0756-F
jp4812

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

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THE WHITE HOUSE
WASHINGTON

February 23, 1994

Mr. Louis Strumskis
4527 Iris Drive
New Port Richey, Florida 34652

Dear Mr. Strumskis:

Thank you for the information you sent me regarding the drug Pharmaceutical Composition. I have taken the liberty of forwarding your letter to the Food and Drug Administration. Thank you again for sharing your information with me.

Sincerely,

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

December 23, 1993

Ms. Kristine Gebbie
The AIDS Czar
The White House
1600 Pennsylvania Ave. N.W.
Washington, D.C. 20500-0001

Dear Ms. Gebbie;

Re: NEW EVIDENCE TO THE CURE OF AIDS.

This Administration and this Nation has called for a New MOMENTUM to confirm a complete cure of AIDS:

Enclosed you will find a preponderance of evidence as to the safety and efficacy of my drug, PHARMACEUTICAL COMPOSITION, which you and yours can use IMMEDIATELY to bring a complete cure to patients with AIDS.

So far, all of your designated AIDS patients terminate in a sure death and upon receipt of this proven relief to such a devastating disease, you and yours may be liable to being sued by the family of those AIDS patients who categorically die in your program..... by denying them this proven complete cure of the AIDS virus.

Enc.

Sincerely,

Louis Strumskis

Louis Strumskis
4527 Iris Drive
New Port Richey, FL 34652
(813)849-0320

THE RATIONALE, METHODOLOGY, TOXICOLOGY AND PRELIMINARY DATA ON PHARMACEUTICAL COMPOSITION AS A CURE OF AIDS. FDA IND #39,731.

RATIONALE: The non-cure drugs which are approved by FDA for the treatment of AIDS today are very expensive and worse for the body than if placebo pills were used instead. AZT, ddi, ddc and the Compound Q are very toxic and damage the body organs. Continued usage of these drugs merely serve to produce an immune, more virulent HIV than before. Hence, such FDA approved treatments produce a worst case scenario than before treatment started and each patient terminates in a sure death.

Worse, there are several safe and complete cures of AIDS today, but NIH has refused to test and confirm any such viable cures, such as PHARMACEUTICAL COMPOSITION, because these high-paid Medical "Researchers" have mortgages, car payments and kids in College to support and upon confirming a cure to AIDS, they think they will have to look for work at BIGGER BURGER. Not so. Once AIDS is taken care of, these "Conference cookie crunchers" can then go on into curing Cancer and other viruses with my drug.

HIV is a retrovirus because it enters the white blood cell to reproduce inside by receiving chemicals in-kind through osmossis, once the cell wall is weakened. Therefore, any drug here must have a low surface tension in order to kill the tiny free-floating virus and also enter the damaged white cell by way of osmossis. PHARMACEUTICAL COMPOSITION uses Magnesium Sulfate to make the water "wetter" with a low surface tension, as required here.

Mycoplasma, the bacteria-like organisms in the blood, accelerate the HIV infection into the AIDS stage because such bacteria eat-up the bursted pieces of white cell to excrete chemicals of the N-Nitro Amine group, the base make-up of HIV. My drug eliminates such a bacteria from the blood stream.

All viruses are cohesive chains of chemical which are proteinous like and have Nitrogen related compounds as their base make-up. One safe way to kill a virus is by use of organic acids which de-nitrify such a cohesive chain of Nitrogen related chemicals. Cooks used to tenderize tough beef cuts by marinating the same in a vinegar solution, to show that vinegar does have some action on a proteinous matter found outside a live body.

To cure the flu or common cold, one need only to use 2 fl. oz. of a table vinegar in a large glassful of tap water on the same day that flu or cold symptoms show. The vinegar is able to de-nitrify such viruses for a complete cure overnight. If flu or cold has shown for 2 or 3 days, one must repeat treatment every 4 hrs. one day to be completely cured of the flu or common cold the next day.

Yes Virginia, we now have a complete cure to the flu or cold.... at a cost of 5 cents thanks to Louis Strumskis of Florida.

METHODOLOGY: The most active use of my PHARMACEUTICAL COMPOSITION is the I.V. injection mode using 10 c.c.'s per 100 lbs. of flesh weight and not nore than 15 c.c.'s to an adult patient who weighs more than 150 lbs. Administer 2 injections per week with a total of 8 injections. The total cost of producing these 8 injections necessary for a complete cure of AIDS is ONE DOLLAR PER PATIENT.

To acclimitize the patient, the first I.V. dosage can be given at 50% and the second I.V. at 75% of dosage with full dosages after that. These I.V. injections can be given direct to last 1 minute or given in 250 ml. of a saline solution in the drip method.

The ingredients used in my PHARMACEUTICAL COMPOSITION are a 35% Food Grade Hydrogen Peroxide, a solution of Acetic Acid, Citric Acid granules and Magnesium Sulfate. This mixture is very active.

Normal and active body cells and live viral chains show Negative valences, except when body cells become infected and viral chains show distress by chemical pollution to then show a slight POSITIVE valence. It is then that Methionine, which has a Negative valence comes to the rescue of both the dmaged cells and distressed virus, to nurture both, because opposite valences attract each other.

The Hydrogen Peroxide is an unstable chemical which throws-off Negative valences which block Methinine from nurturing those white cells and viruses in distress. The Peroxide also destroys the bacterial mycoplasma and repairs the immune system by adding much needed oxygen to the blood.

Both the vinegar and citric acid solutions are able to kill the HIV by way of de-nitrification of the viral base make-up. These two chemicals are able to disturb and displace the Nitrogen molecules from the virus which are then taken out of the body as waste. The citric acid and acetic acid solutions also destroy the bacteria-like mycoplasma to supress the production of Nitrosamines. It is well known that citric acid eliminates the "free radicals" that cause Cancer. A well-known cancer researcher, Dr. William Lejinsky, has not found a single animal which is not susceptible to cancer from Nitrosamines.

To make 30 c.c.'s or 1 fl. oz. of the I.V. injection mixture, one mixes 28 ml. of a 2% Acetic Acid solution, 1 ml. of a 35% Food Grade Hydrogen Peroxide, 300 mg. of Citric Acid granules and 100 mg. of Magnesium Sulfate. The drug can be stored in the refrigerator to increase shelf life.

Calcium tablets containing 1,500 mg.Calcium and 125 I.U.'s of Vitamin D must be taken with meals at least twice per day. Iron supplement is recommended to those who were on AZT treatments. Also, a Vitamin B Complex with C is recommended to improve health and appetite.

PHARMACEUTICAL COMPOSITION has FDA IND #39,731 and Federal Law allows the use of this experimental drug in terminally ill patients, following consultation and approval from their physicians. NIH can obtain a free one gallon sample of the 35% Food Grade Hydrogen Peroxide from the FMC Corp. warehouse in Philadelphia by calling (215)299-5846. Also, NIH can obtain a free one gallon sample of Food Grade Acetic Acid by calling Eastman Chemicals, Kingsport, TN, (615)229-2000. The Magnesium Sulfate and Citric Acid granules can be obtained from any Medical Supply warehouse. For added safety, the Magnesium Sulfate content required can be added in the making of the 2% Acetic Acid solution by using the injectable form of Magnesium Sulfate to the distilled water. However Epsom Salts can be used here because the entire mixture is self-sterilizing.

To prove NEGATIVE for HIV, one needs to do a PCR (Polymerase Chain Reaction) or an HIV Cell Culture Test because the antigens may still remain when all of the viruses are eliminated. Experimental PCR tests can be done by Dr. Bruce McCreedy of Roche Medical Labs. in Research Triangle Park, North Carolina, (919)361-7796.

Today, NIH has no valid excuse not to test this drug and confirm it's Merit in view of the new MOMENTUM to find a proven cure of AIDS by this Administration and entire Nation.

TOXICOLOGY: The Mayo Clinic has said that the AIDS virus is very fragile. Exposure to HYDROGEN PEROXIDE wil kill the virus. Also, an article from the Walter Reed General Hospital said: "The HIV virus is very fragile outside the human host and appears easily killed by detergents, handsoaps, alcohol and HYDROGEN PEROXIDE".

The USDA has approved the use of a Food Grade Hydrogen Peroxide to be used in the drinking water of farm animals to cure such diseases as poultry Asian flu, bovine Cancer and intestinal parasites.

The birdman of Alcatraz, Robert Straud, wrote a book "The diseases of Birds", in which he used HYDROGEN PEROXIDE as the only internal medicine for viral diseases in birds.

Dr. Otto Warburg, who received the Nobel Prize twice, has proved that Cancer cannot grow in a high oxygen environment. That Cancer and other viruses hate HYDROGEN PEROXIDE.

Farmers have treated their hogs with HYDROGEN PEROXIDE that had pneumonia and became well.

Dr. Farr of Wholistic Medicine who also has a Ph.D. in Biochemistry, has been treating viral diseases with HYDROGEN PEROXIDE with much success. On AIDS, Hydrogen Peroxide alone is not enough to cure.

However, the medicinal uses of Hydrogen Peroxide have been extensively investigated to prove safety. An article published in the February 21, 1920 Lancet describes the intravenous infusion (I.V. drip) of Hydrogen Peroxide in a normal saline solution as a treatment for influenza during the influenza epidemic following WW 1. A series of articles on the use of Hydrogen Peroxide for imparting immunity to malaria appear in Lancet on December 25, 1982 (pages 1431-1433), January 29, 1983 (page 234) and February 12, 1983 (pages 359-360).

Further examples of investigations of therapeutic effects of Hydrogen Peroxide are reported in: Nathan et al, ANTITUMOR EFFECTS OF HYDROGEN PEROXIDE IN VIVO, J. Exper. Med. 1981, 154, 1553;

Finney et al, REMOVAL OF CHOLESTEROL AND OTHER LIPID FROM EXPERIMENTAL ANIMAL AND HUMAN ATHEROMATOUS ARTERIES BY DILUTE HYDROGEN PEROXIDE, paper available from Baylor University Medical Center, Dallas, Texas;

Clifford, HYDROGEN PEROXIDE MEDIATED KILLING OF BACTERIA, Molecular and Cellular Biochemistry 49:143-149 (1982); and

Shenep et al, LACK OF ANTIBACTERIAL ACTIVITY AFTER INTRAVENOUS HYDROGEN PEROXIDE INFUSION IN EXPERIMENTAL ESCHERICHIA COLI SEPSES. Infect Immun 48:607-610 (1985).

A review of the medicinal uses of Hydrogen Peroxide is given in Donsbach, HYDROGEN PEROXIDE, Wholistic Publications (1990). Dr. Donsbach reports, at page 27 of this book, the effects of self-injection of a dilute solution made from 35% Food Grade Hydrogen Peroxide, and the subsequent infusion of over 30,000 patients with this solution. Dr. Donsbach reports a variety of improvements in the patients, which he attributes to increase in blood oxygen levels and oxidation of toxins.

Hydrogen Peroxide infusions have been found to have an effect on healing. See, e.g. Balla et al, USE OF INTRA-ARTERIAL HYDROGEN PEROXIDE TO PROMOTE WOUND HEALING, Am J Surg 1964, 108:621-629, Hydrogen Peroxide has also been shown to have anti-bacterial properties. See, e.g., Dockrell, et al, KILLING OF BLOOD STAGE MURINE MALARIA PARASITES BY HYDROGEN PEROXIDE, Infect Immun 1983, 39:456-459.

Further, the anti-viral effects of various monocarboxylic and dicarboxylic acids is reported in, e.g., Garibaldi, ACETIC ACID AS A MEANS OF LOWERING THE HEAT RESISTANCE OF SLMONELLA IN YOLK PRODUCTS, Food Technology, 22:1031-3 (1968); and Poli et al, VIRUCIDAL ACTIVITY OF ORGANIC ACIDS, Food Chemistry, 251-258 (1979). Poli tests the effects of various organic acids on serum extract/viral suspensions, and particularly on suspensions containing the envelope-type viruses. Citric acid proved to be the most active.

In-Vitro work by Southern Research has found that my drug is active at low concentration. In Vivo, my drug has the ability to kill all of the HIV and all of the infected white cells without damage to the healthy cells at a very low rate of usage.

This same drug is able to erase any proteinous HIV imprint on the DNA and nerve tissue, the same as erase pollen allergy imprints for a complete cure of both matters. The cure of pollen allergy has been noted to last for several years without repeating the cure.

It is common practice by Doctors of Veterinary Medicine to inject one pint of a 5% acetic acid solution into a 1,000 lb. cow in order to de-nitrify an over-injestion of Urea by that cow. Dramatic results can be seen in the cow within one hour after injection.

All these preponderance of cases treated with the same ingredients as found in PHARMACEUTICAL COMPOSITION affirms to the safety of my drug in the complete cure of viral and bacterial infections. Once HIV cures are confirmed at NIH, their Medical Researchers can then use the very same drug with which to cure other viruses without any bad side effects, which are found in today's Chemotherapy.

PRELIMINARY DATA: PHARMACEUTICAL COMPOSITION has been used to cure several patients who had AIDS, Hepatitis and Cancer, however, we have only one AIDS patient who gave us the Legal permission to use her name and Clinical Documentation to a complete cure of the latter stages of AIDS. Nevertheless, sufficient data to safety and efficacy of the viral activity in each ingredient used here is provided in an overwhelming manner sufficient to treat a devastating disease which has no FDA-approved relief whatsoever.

Today, all HIV drugs approved by FDA: AZT, ddi, ddc and compound Q used in the treatment of AIDS are very costly, damage the body organs and each patient so treated terminates in a sure death. Worse, the extended use of these FDA-approved drugs produce an altered, immune virus which is more virulent than before. This is no way to run a store. A three-year study in Europe confirms this.

NIH Researchers cannot deny the safety and viral activity presented here, so far. Each of the 3 chemicals used here has some viral activity by itself, however, the mixture of all 3 becomes a highly active drug on the HIV retrovirus at low volume usage. The safety, efficacy and low cost of this seemingly simplistic drug has taken me over 35 years to find.

In view of the new FEDERAL MOMENTUM to find an AIDS cure mandates the testing of this proven experimental drug. Any reluctance to do so by Federal entities receiving Federal Budget funds, whose patients today terminate in a sure death.....must be viewed as a Dr. KEVORKIAN criminal bent on a sure HOLOCAUST of those afflicted with AIDS.

Of several HIV patients cured by using my drug, only Elena Ochoa of Hialeah, Florida, has given her signed permission to use her case in public.

Elena tested POSITIVE for HIV and suffered night sweats and much diarrhea. Her body weight dropped from 105 lbs. to 78 lbs. She began treatment showing Kaposi's Sarcoma on her face. Treatment period lasted 30 days.

Elena's white blood count increased from 2.38 to 7,1 and she increaed in weight to 110 lbs. Afterward, Elena tested NEGATIVE for HIV. Prima-facia evidence to a complete cure of AIDS.

It is possible to cure all known cases of HIV in the U.S. and in Puerto Rico within a 90-day period by furnishing my drug to each County Health Department. It would be ideal for the U.S. Congress to pass a Bill and License such a drug breakthrough for Public-Domain usage and reduce the National Health Budget.

It has been shown that each of the 3 chemicals used here has some viral activity by itself, however, the mixture of all 3 becomes a highly active drug on the HIV retrovirus at low volume usage. The safety, efficacy and low cost of this seemingly simplistic drug has taken me over 35 years to find.

A simple phone call will find that today, NIH is "very busy"..... wasting their time and budgets testing more proven non-cure drugs furnished by major Drug Companies, for 2 reasons: First, NIH does not want any small entity, such as myself, involved in the development of new drugs, regardless of merit or demerit. Therefore, any promise by NIH to test my drug without some date to do so is merely a ploy to continue in their status-quo. Second, NIH now feels threatened of incompetence by confirming a proven complete cure of AIDS which they have categorically rejected for the last 5 years.

CONCLUSION: It becomes ovbious that often the worst enemy to our Public Health is our Federal Departments of Health: Our new appointed Surgeon General advocates the proliferation and wide-spread availability of illegal drugs to the American Public. Our FDA has failed to recall all ineffective and organ damaging drugs now used to treat AIDS, i.e. AZT, ddi, ddc and compound Q from the Public. Ten years ago, the GAO went to NIH and found that Research workers there were Sabotaging other workers' Research. Way to go?

Hence, the U.S. Senate may continue shoveling more Billions and Billions of dollars for AIDS Research and let NIH "Continue doing their thing".....Or vote to force NIH into confirming my proven cure of AIDS and save the National Health Budget.....Because the NIH staff cannot now change their spots, if let alone.

Sincerely,

Louis Strumskis

Louis Strumskis
4527 Iris Drive
New Port Richey, FL 34652
(813)849-0320

May 13, 1987

Louis Straumskis
8 Iris Drive
New Port Richey, FL 33552

Dear Mr. Straumskis,

Some time ago, in our Medical Center, (The Medical Center of Sunny Isles) a letter you wrote to The Tampa Tribune was passed around. In this letter you explained the beneficial effects of vinegar on colds, viruses, etc.

Since that day, my 3½ year old daughter and myself have successfully used vinegar to arrest oncoming colds. At one point I felt sure I was catching one since my nose was drippy and I had a fever and chills. I began the vinegar treatment immediately and within a day or two the cold was gone. It was amazing!

I am a consultant in hypnosis at the Center and have suggested your vinegar treatment to many clients. They have also been very pleased with the results.

Thank you for sharing this valuable information. I hope you continue to pass on your findings because I know they will be a great healing aid to those fortunate people who will try it.

Sincerely,
Linda A. Burns

LEMON JUICE STOPS CANCER!

A few drops a day will keep the Big-C away, study says

By BEATRICE DEXTER
Correspondent

A miracle cancer preventative is as close as your kitchen, according to top cancer researchers — because ordinary lemon juice is so powerful it can wipe out malignancies before they get a hold on your body.

Fresh lemon juice has been found to eradicate potent carcinogens that otherwise would trigger cancer in body cells. A daily dose of the juice from a fresh lemon can keep destructive chemicals from harming sensitive tissue, protecting cells from the damage that can turn them malignant.

"Our studies have shown that lemon juice eliminates substances called 'free radicals' that cause cancer and other deadly diseases," said Dr. Yoshio Kato, head of the Yamagata Prefecture health agency in Japan, one of several sponsors of a recent joint study on the effect of the citrus juice.

"We put juice on the charred surface of grilled fish and studied what happened," said the doctor.

"Using a special electronic device that measures the level of free radicals, we found that the juice neutralized these dangerous elements completely. Fish that might have been highly cancer-causing was instantly rendered completely safe."

Kato says anyone can harness the cancer-fighting power of lemon juice either by squeezing the juice directly on foods or by making up fresh lemonade to drink with meals. The juice must be fresh, Kato cautions, or it will not have maximum strength. "You can also take two tablespoons of fresh lemon juice right before your meals, and the liquid will act as a neutralizer, cleaning up harmful chemicals in your stomach," the researcher said.

"Remember to take it at mealtimes — not between meals or after meals, but just before or while you are eating. Otherwise the lemon juice won't do its job."

Kato and other experts recommend having lemon juice with each meal and with any snacks that might contain carcinogens — like smoked foods, salt-cured foods, and foods containing preservatives.

HEALTH & MEDICINE

Simple test in works to detect AIDS virus

■ Current tests show only antibodies the body has produced to fight HIV, the virus that causes AIDS.

Associated Press

WASHINGTON — Researchers are racing to develop the first simple, widely available and extremely sensitive blood tests that will disclose how much AIDS virus people harbor inside their bodies.

The tests, when they reach the market, should help doctors monitor the effects of AIDS treatment and also may provide earlier diagnosis of AIDS infections, particularly in newborns.

Current widely used tests, available since the mid-1980s, reveal only the presence of AIDS antibodies, which are the body's reaction to an AIDS infection. The tests do not directly detect HIV, the AIDS virus.

The AIDS virus, unlike most other forms of life, carries its genes as RNA rather than DNA, both of which are acids found inside cells and help produce the proteins that build and regulate the body.

To make new copies of itself, the AIDS virus must first convert its genes from RNA into DNA and then stitch them into the genetic material of infected blood cells.

Two new generations of tests are under development to detect the actual virus.

Furthest along are tests that will spot viral genes that have become part of blood cells. These tests, which look for viral DNA, will reveal whether someone is infected with the AIDS virus. But they do not show how much virus actually dwells within the cells.

The latest innovation, outlined at a scientific meeting Tuesday, are tests that reveal viral RNA. The tests will spot genes that are inside the virus but are not part of cells' genetic machinery.

Developers say this gives them a way to assess the quantity of individual viruses inside the body.

The most sensitive of these tests discussed at the National Conference on Human Retroviruses and Related Infections was developed by Roche Molecular Systems of Alameda, Calif.

Both the DNA and RNA tests may be useful for diagnosing infections in their earliest stages. For instance, they may be able to reveal soon after an accidental AIDS exposure, such as a hospital needle injury, whether someone is infected. Ordinarily, this can take weeks until the victim begins to produce AIDS antibodies.

Another potential use is in testing babies born to infected mothers. About one-third of these children catch the virus in the womb. But without tests that directly detect the virus, diagnosis is difficult until they are about 6 months old.

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Office of the National AIDS Policy Coordinator

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

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

Deliver To: ~~Andy Mahn~~ / Monica Mullens

Sent From:

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

__X__ TANYA Dean

_____ **John Paul Gurrola, Director of Communications**

V - x2296

Number of Pages: ___+ Cover___ Fax Number: 456-2806 Date: 2/23/94

Message:

Thanks for your help! T. Dean

Originals sent 2/24/94 TD

THE WHITE HOUSE

WASHINGTON

February 23, 1994

Mr. Tim McLeod
257 Mill Street
Wallkill, New York 12589

Dear Mr. McLeod:

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

3 Feb 94

Dear Ms. Guebie

I recently saw a commercial for the Aids disease control center 1-800-342-AIDS. It appears the woman is willing to go anywhere and TALK about condoms even INTO my Living room.

She should be speaking about Abstenance! This is ~~always~~ also a moral value reference. ~~[redacted]~~ MATthew 5:27-28 "You have heard that it was said You shall not commit adultery; but I say to you, that everyone who looks on a woman to LUST for her has committed adultery with her already IN his heart."

According the Bible Sex is to be enjoyed only in the confines of HUSBAND & WIFE. I Cor 7:2 But because of immorality Let each man have his own wife, Let each woman have her own husband vs 3 Let The husband fulfill his duty to his wife and likewise also the wife to her husband.

I Look forward to hearing your response.

Sincerely Tim McLeod
257 Mill St
Wallkill, NY 12589

Tim McLeod
257 Mill St
Wallkill, NY
12589

Ms. Kristine Gebbie
Director of Policies
750 17th
Washington D.C. 20006

THE WHITE HOUSE

WASHINGTON

February 23, 1994

The Honorable Paula C. Hollinger
Senate Office Building
Room 208
Annapolis, Maryland 31401-1991

Dear Senator Hollinger:

Thank you for your request for information on the issue of name reporting for HIV counselling and testing positive results. This issue has been very controversial due to the issues surrounding an HIV positive diagnosis, which include the need to stop the spread of HIV, to accurately measure the epidemic while at the same time safeguarding the confidentiality of the persons who get tested. It is due to the increased level of discrimination that persons living with HIV are daily subjected to that the issue of name reporting becomes so critical to private citizens and community activists alike. My answers will be on the long side, because the issues are complicated.

It is critical in the analysis of name reporting to understand that different communities must examine their individual circumstances in arriving at the appropriate methodology. There is no uniform way of reporting adopted by all communities due to divergent points of view. I will attempt to answer your questions with the best information currently available to us:

1. Why do we need the names of those being tested if the code system gives us all the demographic information that we need for adequate planning for prevention and treatment, particularly when our present law allows physicians the authority to report the names of HIV positive patients to the local health department for contact tracing if the infected patient refuses to inform their sexual or needle sharing partner?

The concept of name reporting arose in the traditional view that the most effective way to contain infectious diseases is to inform those who may have come in contact with a focus of infection. This idea has been reinforced by the need to measure the epidemic as accurately as possible. Both of these goals have been in direct conflict with those who believe that fear of disclosure of HIV/AIDS status, and being identified with a group that may engage in risk behavior (i.e., gay and bisexual men, injecting drug users), may discourage individuals from getting tested. The use of unique identifiers has been advocated by those that want to

increase the number of individuals that will access counselling and testing.

Name reporting has been the traditional way of ensuring that positive test results are not duplicated. The majority of jurisdictions (36 states) rely on individually-unique reporting for this purpose and for contact tracing/partner notification. In the case of HIV testing, name reporting is critical for epidemiological information due to the fact that many individuals continue to get tested repeatedly after a positive or negative diagnosis. Absent other types of technology, name reporting is the most cost effective way to ensure non-duplication. If other methods exist that will ensure confidentiality and non-duplication, there is no valid reason for continued name reporting.

There is currently no statistical information on whether name reporting has an adverse effect on the propensity to obtain counselling and testing. Similarly, there is no effective data on whether contact tracing/partner notification has been effective in informing those that may have come in contact with HIV positive individuals.

2. Would the Centers for Disease Control and Prevention have given the State of Maryland $210,000 annually for three years to evaluate the effectiveness of their code system if the state were planning on dropping the unique patient identifier number and going to mandatory name reporting?

The Centers for Disease Control and Prevention (CDC) is interested in funding research on the use of unique identifiers in those states and localities that are looking for ways of ensuring confidentiality as a means of increasing the number of individuals at risk that wish to get tested. We have communicated with the CDC and have been informed that the funding would continue in the future regardless of a change in the law. The resulting data would answer different questions if the law were changed in mid-study.

3. Facts show the high risk populations are reluctant to get tested under mandatory name reporting. Given that fact, and that fact that mandatory name reporting anyone can give a false name, would you agree that a unique patient identifier number that would be used every time the person got tested no matter where the site, would give greater statistical accuracy than mandatory name reporting?

During the report of the CDC External Review Committee, based on anecdotal information obtained by the committee, it was apparent that name reporting and the perception of lack of confidentiality made many individuals at risk stay away from counselling and testing for HIV. Their staying away not only reduced the accuracy of counting the epidemic but also prevented them from entering a treatment modality early. The committee recommended that CDC seek other ways of ensuring non-duplication of entries and that additional research on

unique identifiers would be necessary. It must be pointed out again that there is no statistical information on whether name reporting discourages individuals from getting tested and there is no information on whether contact tracing/partner notification successfully reaches all the sexual partners of individuals who test HIV positive.

4. Does discrimination still exist for people living with HIV?

HIV/AIDS related discrimination is regularly reported from all parts of the country. All large AIDS-related service organizations provide legal services for their clients who may lose jobs, housing and other benefits due to their HIV status. The Americans with Disabilities Act is currently in its full implementation phase, where individuals living with HIV/AIDS are protected from discrimination in employment, housing and in public accommodations. Not everyone understands the protection offered by this act.

5. What was the recommendation of the last Presidential AIDS Committee regarding name reporting?

The National Commission on AIDS, which completed its work in 1993, recommended that anonymous testing be made more widely available for the reasons stated above. Name reporting was not specifically addressed by the National Commission.

I hope this information will be helpful to you. If you have any additional questions, please contact me at (202) 632-1090, or Carlos Velez or Bob Jackson of my office at (202) 690-5560.

Thank you again for sharing your concerns with me.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

February 23, 1994

Reggie Williams
Executive Director
National Task Force on AIDS Prevention
631 O'Farrell Street
San Francisco, California 94109

Dear Reggie,

I recently learned that you will be stepping down as Executive Director of the National Task Force on AIDS Prevention. Your dedication and ability to attack the many issues that face all of us today has been remarkable.

You have played an important role in AIDS Prevention as one of our nation's most active leaders. I have been impressed by the insight, knowledge and energy that you have exhibited not only on behalf of people with HIV and AIDS, but your commitment to doing everything possible to prevent the spread of AIDS in our nation.

I wish you the best of luck in your future endeavors. I know that you will continue to be a force in educating all of us about the many concerns that touch our lives.

With warm personal regards, I remain

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

February 23, 1994

Louis M. Aledort, M.D.
Director
Regional Comprehensive Hemophilia
Diagnostic and Treatment Center
Room 320
Atran-Berg Laboratory
Mount Sinai Medical Center
New York, New York 10029

Dear Dr. Aledort:

Thank you for your letter to Buck Buckingham following up on his conversation with Dr. Gaynor, and for the joint letter sent by the staff of the Hemophilia Treatment Center. I am sorry it has taken so long for you to get a response.

Mr. Buckingham is no longer a member of the Health Care Reform Task Force, and has left the Office of National AIDS Policy for a position in the HIV Services Division of the Health Resources and Services Administration effective February 1, 1994. For this reason I have forwarded both your letters to Jim Harrell at the Office of Health Care Reform, a part of the Office of the Assistant Secretary for Health at the Department of Health and Human Services. I believe that Mr. Harrell would be the best contact person for you at this time. He can be reached at (202)205-8611.

Please feel free to contact me if I can be of further assistance.

Sincerely,

Tanya L. Dean

Tanya L. Dean
Intern Assistant to the Senior Policy Advisor
Office of the National AIDS Policy Coordinator

Original Forwarded to Jim Harrell 2/23/94

HHS REGION II
REGIONAL COMPREHENSIVE HEMOPHILIA DIAGNOSTIC AND TREATMENT CENTERS

January 5, 1993

MOUNT SINAI MEDICAL CENTER

CORNELL UNIVERSITY MEDICAL CENTER

LONG ISLAND JEWISH HILLSIDE MEDICAL CENTER

HEMOPHILIA CENTER—ROCHESTER REGION, INC.

NEW JERSEY REGIONAL COMPREHENSIVE HEMOPHILIA CARE PROGRAM—ROBERT WOOD JOHNSON MEDICAL SCHOOL

Warren Buckingham
Office of National Aids Policy Coordinator
Executive Office of the President
Washington, DC 20500

Dear Mr. Buckingham:

As medical directors of Comprehensive Hemophilia Treatment Programs in New York, New Jersey and Puerto Rico (HHS Region II), we are concerned about our ability to continue providing comprehensive care to the 2,000 hemophilia patients and families in our region.

The current national health care reform proposals fail to adequately address the needs of people with life-long conditions such as hemophilia. For example, the proposed policy to encourage citizens to choose health maintenance organizations or other managed care programs can be detrimental to our patients.

We are particularly concerned that the managed care options offered by commercial insurers to people with hemophilia may be substandard. In fact, patients have reported delays in treatment due to the clinical inexperience of their primary care "gate keepers". Such delays may, and have in the past caused costly complications and in a few instances even death of the patient.

Case management needs to be appropriate to the patient and the disease. Internists, pediatricians and, in fact, many hematologists are inexperienced in the multifaceted management of a rare disease such as hemophilia. People with hemophilia already enjoy managed care. They receive their health care from a national network of comprehensive hemophilia treatment centers including the 11 centers in Region II. Over the past 20 years, the Regional Hemophilia Treatment Centers have developed great

MARY BARSANTI, M.P.H., M.S.W. *Regional Coordinator*
MOUNT SINAI MEDICAL CENTER, ATRAN-BERG LABORATORY, ROOM 320 NEW YORK, N.Y. 10029 (212) 876-8701

expertise in managing this rare and complex disease and, with more than 60% of patients over 10 years of age being infected with HIV, the patients' special needs are more compelling today. For these patients optimal medical management by comprehensive treatment centers has proven to be the most cost effective as well.

If the quality of care for these patients is not to become substandard, the region's comprehensive hemophilia treatment centers must remain the case managers. For these reasons, our patients would be better served by designating networks of Comprehensive Hemophilia Treatment Centers as the preferred providers of hemophilia treatment.

It would be ironic if, in the restructuring of our nation's health care, it results in more expensive and substandard care for people with hemophilia.

Sincerely,

Louis M. Aledort, M.D.
Director
Mt. Sinai Medical Center
Hemophilia Treatment Center

Margaret Hilgartner, M.D.
Director
Cornell Medical Center
Hemophilia Treatment Center

Richard Lipton, M.D.
Physician-in-Charge
Long Island Jewish Medical Center
Hemophilia Treatment Center

Parvin Saidi, M.D.
Professor of Medicine
Chief - Hematology/Oncology
University of Medicine &
Dentistry of New Jersey

John Olson, M.D.
Mary M. Gooley Hemophilia Center

Joyce Strazzabosco, CEO
Mary M. Gooley Hemophilia Treatment Center

Suzanne Gaynor, R.N., Dr. P.H.
Regional Coordinator
HHS Region II

THE WHITE HOUSE

WASHINGTON

February 23, 1994

Andrea Hecht, President
Hecht Communications
4645 Van Nuys Blvd., Suite 104
Sherman Oaks, CA 91403

Dear Ms. Hecht:

Thank you so much for your honesty when I met you in Los Angeles. I thought I was going crazy/senile until I talked to you.

I appreciate you kind offer and I truly plan on taking advantage of your services in the future.

Thanks for everything. Just remember, we're all in this together. If I can ever be of service, please call me at (202)632-1090.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

February 23, 1994

Thomas Plate
Los Angeles Times
Times Mirror Square
Los Angeles, CA 90053

Dear Mr. Plate:

On behalf of Kristine Gebbie and the White House, thank you for setting up the Editorial Board luncheon. We enjoyed the dialogue and hope that you found it helpful.

If there is anything I can do to further the relationship between the *Los Angeles Times* and the Office of National AIDS Policy, please let me know. I can be reached at (202)632-1090.

Thank you again.

Sincerely,

John Paul Gurrola
Director of Communications
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

February 23, 1994

Ms. Ginny Float, Executive Director
Caring for Babies with AIDS
P.O. Box 351535
Los Angeles, CA 90035

Dear Ms. Float:

It was nice to meet you during my stay in Los Angeles. The White House Office of National AIDS Policy realizes the importance of your work and we are here to help in anyway possible.

Please let me know if the Office of National AIDS Policy can ever be of service to you. 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 23, 1994

Mr. Dick Dadey
Executive Director
Empire State Pride Agenda
Room 907A
611 Broadway
New York, New York 10012

Dear Mr. Dadey:

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

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

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

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

Retrieve —
Cory Carol
Rasco.

February 23, 1994

Ms. Samantha Hinkle
36280 Oakwood Lane
Westland, Michigan 48185

Dear Ms. Hinkle:

Thank you for your letter with comments and questions on the HIV/AIDS epidemic. I agree with you that HIV/AIDS is a serious disease and that it is very real. HIV, the virus that causes AIDS, is transmitted when bodily fluids are exchanged from an infected to an uninfected person. These fluids include blood and blood products (i.e. plasma, coagulation factors) and bodily fluids that can be exchanged during sexual contact. In fact, over two thirds (2/3) of all AIDS cases reported by the Centers for Disease Control and Prevention (CDC) as of September 1993 are directly related to sexual contact.

Abstinence is the safest way of preventing HIV transmission. Latex condoms, when used consistently and correctly, have been proven very effective (up to 99%) in preventing such transmission from one person to another. CDC launched a campaign in January of this year to deliver this message to young adults (18-25). We are also working to find other ways to deliver the HIV prevention messages to young people, especially through local communities.

I agree with you that individuals should protect their own lives, even if we will all die some day. There are still many fruitful years ahead of us to consider shortening our lives. The President has charged me with leading the nation in finding ways to stop this epidemic by stopping the spread of HIV, providing care for those already infected and finding a cure as soon as possible.

If you want more specific information about how to prevent HIV, please call the National AIDS Hotline toll-free number, 1-800-342-2437. There is also a toll-free hotline for teens run by teens called "Teens TAP." They can be reached at 1-800-234-8336 daily from 4-8PM central time. I also hope that you will discuss your concerns with your parents, as young people like yourself represent our best hope for the future.

Please feel free to contact me with any additional questions or issues. Thank you again for your thoughtful letter.

Sincerely,

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

cc: Carol Rasco

OFFICE OF DOMESTIC POLICY

THE WHITE HOUSE

FROM THE OFFICE OF: CAROL H. RASCO
ASSISTANT TO THE PRESIDENT
FOR DOMESTIC POLICY

JAN 2 1 1994

TO: Gelbric

RECEIVED

JAN 26 1994

DRAFT RESPONSE FOR CHR BY: _____

PLEASE REPLY (COPY TO CHR): ✓

PLEASE ADVISE BY: _____

LET'S DISCUSS: _____

FOR YOUR INFORMATION: _____

REPLY USING FORM CODE: _____

FILE: _____

RETURN ORIGINAL TO CHR: _____

SCHEDULE: _____

REMARKS:

Carlos
draft reply
pls sign

Thanks!

January 17, 1994
Carol Rasco
Assistant to the President for Domestic Policy
Washington, D.C. 20500

Dear Ms. Rasco,

I'm writing this letter for a school project and as a concerned student.

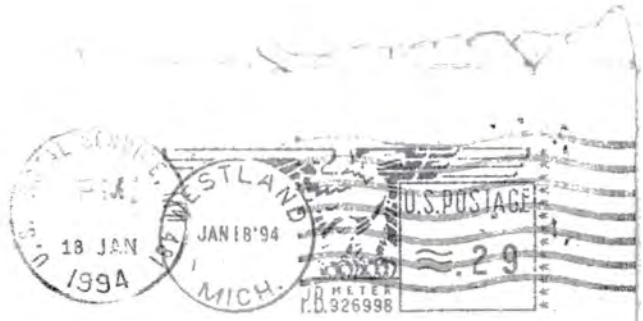
The news media spends way to much time on things that aren't that important but they never talk about Aids.

Aids is a serious disease and it is real. The books I've read told me that you can ~~only~~ only get Aids from a blood transfusion. But I was wondering if you had sex with someone who has aids and you use a condom can you catch the deadly virus.

People I know say so what we're going to die sometime. Yes we're going to die sometime but why would you try and go before your time.

Sincerely,
Samantha Thiele

36080 Oakwood Lane
Westland, Michigan
48185



Ms. Carol Rasco
Assistant to the President for
Domestic Policy
Washington, D.C. 20500

THE LEARNING PARTNERSHIP

FACSIMILE COVER LETTER

DATE: 2/25/95 TIME: 3:50

Please deliver to: NAME: CHRISTINE GEBBIE

School/Agency: NAT'L AIDS POLICY COORD.

FAX Number: (202) 690-7560

Received from: NAME: JOHN FISHER

Additional message: As you may know, I met with Lance Alworth, Don Donaldson and Iris Gelberg last month to discuss Straight Talk magazine. Then John Guerda's office reached me for more info. John has invited me in next Wednesday afternoon; thought you should have their copy of my memo and possible discussion agenda in case you're able to join us.

John Fisher
Signature

NUMBER OF PAGES THIS TRANSACTION
(including this cover letter): 5

IF TRANSMISSION IS INCOMPLETE, PLEASE CALL SENDER.

THE LEARNING PARTNERSHIP

February 25, 1994

TO: John Gurrola
Director of Communications
Office of National AIDS Policy

FROM: John Fisher
President
and Publisher, *Straight Talk* Magazine

This will confirm our meeting in your offices next Wednesday, March 2, at 2:30. If other colleagues such as Lance Alworth and Don Donaldson can join with us, so much the better. Both appear to have a strong interest in the *Straight Talk* magazine program as a potential resource for HIV/AIDS preventive health education; both met with me last month to initiate exploratory discussions.

FAXed herewith is a copy of my letter to Amy Hannah, FYI.

As you know, we are about to embark on a revision and update of the HIV/AIDS issue. That revision will become the 3rd edition of the AIDS issue (starting with the original issue, underwritten back in 1989-90 by General Motors and the United Auto Workers).

CDC/NAIEP has offered to work with us on background research and review of all manuscripts for factual accuracy, joining the national panel of content experts we assemble for each topical issue.

Let me summarize several possibilities for collaboration on *Straight Talk* projects currently in various stages of discussion:

1. **The Clinton Administration initiative to educate all federal employees and contractor employees on HIV/AIDS prevention.**

   * Don Donaldson and Lance Alworth have been considering the use *Straight Talk* magazine as a resource in this parent/family education effort. Discussions are in a very early stage.

2. **Revision of the AIDS issue this spring/summer**

   Through Amy Hannah, you have expressed interest in collaborating with us on this project. There are several possibilities:

304 Bedford Road | P.O. Box 100 | Pleasantville, NY 10570-0100 | (914) 769-0055 | FAX (914) 769-5676

* Contributing an article by Christine Gebbie. As I said to Amy, this is something we'd have to consider very carefully because we have gone to great lengths to avoid having *Straight Talk* appear to its teen readers to be another educational product. An appropriate alternative might be to...

* Work with us to develop a letter from Christine Gebbie to be bound into the front of the Discussion Leader's guide to accompany the new AIDS issue. This would permit the Office to send a focused and urgent message directly to every AIDS educator and counselor who uses *Straight Talk* in their prevention work with adolescents.

* Work with us to assemble the funding for a massive print run -- perhaps 3-5 or even 10 million copies -- so we can drive unit costs down on press and make quantities available in bulk to participating agencies at significant savings. (FYI, hundreds of state and local agencies want to use *Straight Talk* in their education/prevention efforts in saturation-level quantities, but few can afford to do so given the current state of their budget for media. Two state departments of health, Christine Gebbie's former agency in Washington and Massachusetts DPH, were creative enough to put together statewide purchasing cooperatives to aggregate local *Straight Talk* orders and lower everyone's unit costs, an indication of the need/demand, but frankly just scratching the surface.)

* Work with us to develop a simple parent's guide to *Straight Talk* to facilitate use of the AIDS issue (or the entire series) in family education. Discussed this with Don; also talking with the AFL-CIO, the National PTA and NLCOA about collaborating on this.

3. A college-student version of *Straight Talk*

We have just initiated discussions with the American College Health Association about the possibility of seeking funding to underwrite development costs of magazine and peer educator's guide. Especially timely given CDC/NAIEP's new emphasis on HIV social marketing efforts targeting 18-24 year olds.

ACHA, through its constituents, probably has access to the largest number of 18-22 year olds of any single organization in the U.S.

Would your office have an interest in collaborating with us on such an undertaking?

4. Spanish-language edition of the new HIV/AIDS issue.

There is widespread interest in developing such an issue...not just a translation, but rather a culturally appropriate edition. I believe the NAIEP office at CDC would be very supportive of this.

What interest might your office have in working with us on this?

5. Special Discussion Leader's Manual for Youth Ministry Workers

The national Episcopal church is currently working with us to define this project. They are prepared to take the lead in developing this conceptually and editorially.

NAIEP is very interested in this. They have put us in touch with the National AIDS Interfaith Network to see if we can involve both them and the black churches in a nationwide effort that would eventually span all denominations conducting AIDS prevention efforts targeting youth.

Would your office have an interest in working with us on this national project?

While the above is probably more than you bargained for in this memo, the list of major prevention projects built around *Straight Talk* seems to grow weekly. No doubt, this will stimulate other ideas from your office. Ideas that may have been discussed informally among staff, but have not yet been implemented for lack of an appropriate vehicle.

Perhaps *Straight Talk* can serve as a catalyst to help bring several important ideas to fruition. As a "missionary publisher" with a high degree of credibility within both the teenage and young adult population, and with the respect of both the school and public health communities (and juvenile corrections and foster care programs and ...), we would consider it a privilege to work with your office to contribute more broadly to HIV prevention efforts nationwide.

Food for thought! I look forward to meeting you next Wednesday.

JHF:bfe
cc: L. Alworth
D. Donaldson
C. Gebbie

THE WHITE HOUSE

WASHINGTON

February 22, 1994

MEMORANDUM

TO: Chiefs of Staff

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

SUBJECT: Attached talking points on HIV/AIDS

As members of the Cabinet speak to a variety of groups around the country, they have an opportunity to reinforce key points related to the President's commitment to stopping AIDS. Attached are 3 items:

1) Key talking points about the HIV action agenda;
2) "Top 10" health care reform issues related to HIV/AIDS; and
3) Press release on HIV/AIDS in the FY 95 budget.

As appropriate, use these points in speeches or discussions. If you or another staff member would like additional detail on any point, please let me know.

You have already been instrumental in getting our Federal workforce AIDS educational initiative underway. Thank you in advance for helping to keep HIV issues in the public's eye.

Attachments

KEY TALKING POINTS ABOUT
THE HIV/AIDS ACTION AGENDA

OVERALL POINTS

- The Administration has an HIV/AIDS action strategy covering three areas:
    - Research
    - Services for those infected
    - Prevention of further transmission
- 1 million Americans are infected, and a quarter million have already died from AIDS. World wide 13 million are infected.
- Our biggest stumbling block in the fight to stop the spread of HIV is the negative connotations that HIV/AIDS has for many Americans. This is due primarily to the fact that AIDS in America was originally associated with groups that have traditionally been subjected to discrimination in our country: gay men, injecting drug users, minorities to some extent this may have included women as well. Many Americans continue to live in denial and believe they are not at risk because they are neither gay nor actively injecting drug users. Hence, they fail to utilize the preventive practices which would protect them.
- One way to break down this barrier is to change our outlook on HIV/AIDS. So long as we continue to perpetuate negative perceptions about these groups, we will buttress this barrier to HIV prevention. Our language must reflect the fact that persons living with HIV/AIDS are just like any other individual that suffers from a chronic terminal disease.
- All Americans can and should be a part of this effort by
    - Becoming knowledgeable
    - Providing non-discriminatory support for those infected
    - Supporting continuing efforts to change behavior and stop transmission
- Critical in this effort is the need to stop judging individuals who become infected. Sometimes we inadvertently do this by asking too readily "How did they get infected?" This generally translates into a distinction of "innocent victims" and "others." We must always remember that AIDS is caused by a virus not a behavior. Making a distinction between individuals based on what activity put them at risk impairs communication, and perpetuates the denial.

- Our speech must also reflect a genuine belief that we are all at potential risk for HIV, although it is true that some persons are at limited risk based on their sexual and drug using history. Our language must express to others our concern for their well being by being inclusive and acknowledging that some risk is there for each of us. In our language we exercise the leadership that the President expects of us on this issue.

RESEARCH

- We are pursuing both biomedical and behavioral research in the quest for drugs or a vaccine to stop this disease, enable people to live with it, or prevent transmission.

- The U.S. does have the scientific talents and capabilities to discover AIDS drugs and vaccines, but be patient. We are dealing with an exclusive virus whose mode of expression and pathogenesis are novel and complex.

- Budget for AIDS research has been increased. Collaboration and cooperation among Federal agencies and between government and public/private.

SERVICES

- Passage of the Health Security Act is the single most important care item, as too many people with HIV are uninsured, or lose insurance as they become ill.

- As an example of interrelated services, housing is a need for many people living with AIDS. In fact, housing is almost a health service in itself, in addition to being a site for a variety of home-based prevention and service activities in cooperation with other agencies.

- The Ryan White Care Act, providing locally managed funds for services to support people living with HIV infection, will be continued to assure appropriate care.

- Although individual human suffering will continue to be the most significant implication of Acquired Immune Deficiency Syndrome (AIDS), ramifications of the disease will spread substantially into the economic, political and military sectors of severely affected countries over the next several years.

- Donor nations will face three basic foreign policy problems:

    - How to allocate assistance for AIDS prevention;

    - How to manage the testing and distribution of vaccines;

    - How to assist countries that are heavily afflicted with AIDS and that consequently undergo substantial socioeconomic and political change.

THE WHITE HOUSE

WASHINGTON

February 24, 1994

Stan Adamski
433 Leslie Road
Valancia, PA 16059

Dear Mr. Adamski,

Thank you for your letter regarding our national policy on AIDS and our commitment to stop the spread of HIV infection and transmission. In the early days of AIDS, we all thought that the majority of transmission of HIV, the cause of AIDS, was rooted solely in the gay community. However, of the 10 Million people worldwide infected with HIV, the great majority are heterosexual.

President Clinton has made a commitment to AIDS Prevention. The Centers for Disease Control and Prevention are spending over $500 Million on AIDS prevention programs nationwide. Our partners are the local health departments and school boards. It is important for every parent to become involved in their local community to make sure that AIDS prevention education takes place.

Every person is at risk for AIDS and needs the basic knowledge and education to make healthy choices in their life. If you would like to receive more information on AIDS prevention you can call toll free 1-800-342-AIDS and receive information that I know will be useful to you and your family.

Again, thank you for writing and expressing your concerns.

Sincerely,

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

1-27-94

STAN Adamski
433 Leslie Road
Valencia, Pa 16059

FEB 14 1994

Andrew — can you take a look at this case?

Kristine Gebbie, Director
OFFICE of AIDS Policy
750 17th ST. N.W.
WASHINGTON, D.C 20050

Dear Ms. Gebbie:

I AM A husband, AND A FATHER OF 2 boys Ages 12 AND 15. I Also have a girl who is 7 years old.

IF YOU have A FIRM AIDS policy IN this COUNTRY, I do NOT KNOW what that policy is.

I have been hearing NOTHING FROM YOUR OFFICE OR OUR leaders CONCERNING the Rights OF MY children to be protected FROM this deadly disease. All I ever hear ARE About the Rights OF People with AIDS OR HIV INFECTION AND hear NOTHING About the INNOCENT victims who CONTACT AIDS OR HIV. WHY ARE we ONLY trying to protect those with AIDS OR HIV, they Already have the disease?

I Keep writing that MAN SOME people CALL OUR President to remind him that it is his duty AND Responsibility to protect, IN PARTICULAR, MY daughter FROM AIDS OR HIV, AND Also to protect MY SONS.

Bill Clinton is sending a message to my children that the Gay lifestyle is an acceptable lifestyle and that we should learn to tolerate these Gay people.

I would like to know specifically why my children are not warned by you or our leaders as to the dangers of the Gay lifestyle in America. In other words, tell my daughter that if she has sex with a homosexual that her chances of contacting AIDS or HIV will increase about 1,000 times, or whatever the multiple is, as opposed to having sex with a heterosexual. In this age of sexual education why do you people hold back this information from my daughter? It seems like a conspiracy!

Also, if what Bill Clinton says about the Gay lifestyle being acceptable and my daughter happens to fall in love with a gay and she developes AIDS or HIV, what will Bill Clinton or your answer be to her or me: "well, we told her to use condoms." This answer is not acceptable to relieve yourselves from any responsibility, nor is the condom safe enough either. I do not wish any harm to these Gay people. I just want you people to warn my daughter that her chances of contacting AIDS or HIV will increase 1,000 times or more after

having sex with a gay, as opposed to having sex with a heterosexual.

Also, gay lifestyle is against my religion, against my morality, and a threat to our children. I do not want you people to legislate any gay lifestyle on me or my family.

Please do not send me any misleading information that defends the gay lifestyle. Please do reply to me why you do not warn our children of the dangers of the gay lifestyle as opposed to a normal heterosexual life style.

Sincerely

Stanley J Adamski

Stan Adamski

THE WHITE HOUSE

WASHINGTON

February 24, 1994

Ralph Duane Philip Thomas
16751-A Village Lane
Fontana, CA 92336-2532

Dear Mr. Thomas,

Thank you for your letter last month and for your kind words of support. The National AIDS Policy Office has been working to coordinate this Administration's commitment to AIDS research, services and prevention. You may have heard recently about the newly formed National Task Force on AIDS Drug Development, which will work to help eliminate barriers in efforts at identifying new drugs and bringing them to market.

In early January, the Centers For Disease Control and Prevention began a vigorous new AIDS prevention marketing initiatives program. We are working hard to develop more meaningful prevention messages in conjunction with our local community partners. Your involvement in your local community and at APLA help make a world of difference.

Again, thank you for writing. I hope you stay involved as much as you can.

Sincerely,

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

RALPH THOMAS
HIV ATS Counselor
Community Health Worker
San Bernardino Co. AIDS Program
Community Activist and PWA
~~(714) 383-3048 Public Health~~
~~(714) 784-2437 Inland AIDS Project~~
~~(714) 888-2705 Home~~
~~PO Box 256~~
~~San Bernardino, CA~~
~~92402-0256~~

Home:
C/o Estrella Thomas
16751-A Village Lane
Fontana, CA 92336
(909) 357-8274 or
(909) 685-2949 msg.

Ralph Duane Philip Thomas
~~315 North Orange Grove Avenue, Apartment #2~~
Los Angeles, CA 90036

FEB - 7 1994

4 January 1993

Christine M. Gebbie,
National AIDS Policy Coordinator
c/o Mrs. Hillary Rodham-Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20001

Dear Ms. Gebbie -

I am writing to you at this time because I am a person with AIDS, and I very much appreciate all the work you have done on behalf of not only HIV-infected persons as well as any of our citizens who may be at risk for contracting the virus. In the short time since you received your appointment you have definitely made a great effort in getting to know the local, regional and national leaders who are associated with HIV/AIDS, and have been quite open-minded in communicating with all populations affected. Also important is the fact that you have not forgotten the gay and lesbian community, of which so many people have made such great contributions to the struggle from the beginning. It seems now as though many organizations, leaders and members of the public have seemed to have begun neglecting the needs and contributions of gays and lesbians, both with as well as without HIV/AIDS; I also wish to commend you for backing and supporting the new AIDS Awareness public service announcements, though I do not feel the networks and local media are airing them enough - I have written them also.

As a member of the AIDS Project Los Angeles Citizen's Network, I've worked on many letterwriting campaigns and congressional lobbying with Phill Wilson, Bill Skeen and Christopher Kush. I participated in last Springs March on

The Gathering Place, (213) 295-2687 L. A. City Office of the AIDS Coordinator, (213) 485-6333 AIDS Regional Board, (213) 351-8026

New address effective January 1994:
16751-A Village Lane, Fontana, California 92336-2532
(909) 357-8244 / 685-2245

Washington as part of a contingent from the National Minority AIDS Council, the Black Gay & Lesbian Leadership Forum, and the D.C. Coalition of Black Gays, Lesbians and Bisexuals. Back home, I'm a Board of Directors member of the Los Angeles County AIDS Regional Board, and member of the Minority AIDS Consortium, Homeless/Housing Task Force, and Education/Prevention Task Force. I am an advisor to Homeless HealthCare LA's AIDS Advisory Committee, the San Bernardino Co. Ryan White Title II CARE Consortium, HIV Advisory Board, Inland Counties Title I Planning Council & San Bernardino Co. Homeless Coalition. Nationally, I'm also involved with the National Task Force on AIDS Prevention, National Alliance to End Homelessness, and the National Association of Black and White Men Together. I was part-time Case Management Aide/Volunteer Coordinator and Volunteer Outreach Worker/Peer Counselor for The Gathering Place, an HIV Drop in Day Center in South Central LA's Crenshaw District, while also working full-time for the City of Los Angeles as the first-ever HIV Services Specialist, with Fred Eggan in the Office of the City AIDS Coordinator. I also speak to groups about HIV Education for NOBCO, LA Co. STD Programs Office, Inland AIDS Project, AIDS Project LA's Buddy Program, Minority AIDS Project, LA Co. AIDS Awareness Committee, and San Bernardino Co. Public Health Dept. I have 2 state certifications from the Office of AIDS, 1 from the Office of Education, and a county certificate from Public Health as an HIV Counselor, Advanced Community Health Outreach Worker; AIDS Educator/Presenter in the Classroom, and phlebotomist. So I have a lot of good experience and training, and I hope it enables me to bring good ideas, concepts and pleasing results to the work I do. I know in my heart that TOGETHER, we can all make a difference. Thanks for joining us in leading the fight, and let me know how I can ever be of service.

Sincerely,

Community Activist/PWA

THE WHITE HOUSE

WASHINGTON

February 24, 1994

Mr. and Mrs. Ed Turek
3 Mayfair Place
Arden, North Carolina 28704

Dear Mr. and Mrs. Turek:

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

Stand
3 Mayfair Place
Arden, NC 28704

Jan. 12, 1994

Kristine M. Gebbie
Director of Office of Aids
Washington, DC

Ms. Gebbie,

How could you try to sell the idea to anybody that a piece of rubber protects them from aids? Studies and statistics do not bear this out. You're going to kill people with aids just the same as if you'd pulled a gun and shot them. The difference is, this is a much slower death and you get away with murder.

We strongly resent you using our hard earned tax money for your lousy ads.

If you were a teenager, would you buy this baloney, knowing what you know now?

Helen Ed Turek

3 Mayfair Place
Arden, NC 28704

PM
JUN
1994

Christine M. Gebbie
Director Office of Aids
750 17th St. N.W.
Washington, DC 20500 ~~20006~~

FEB 24 1994

THE WHITE HOUSE

Rick—

(I almost added that extra "k" to your name! - Sorry)

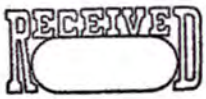
Thanks for the reprints - you captured ~~my points~~ well. Things do stay busy here - I think we're making progress, but it's inch by inch —

Hope to see you soon — Kristin

HARVARD AIDS INSTITUTE

2/18/94 Glenn et al

Kristine -



I hope our article for our Harvard AIDS Letter does justice to what you said.

I hope all is well with you and your office. Hello to folks there.

Ric Marlink

ADMINISTRATIVE
OFFICE
8 STORY ST.
CAMBRIDGE
MASSACHUSETTS
02138

617-495-0478
FAX 617-495-2863

FEB 24 1994

THE WHITE HOUSE

Dear Cas —

a belated hello and apology for the airport mix-up — I had been looking forward to a few minutes to talk ... I had a great, though rushed, time in LA - hopefully we can get together before too long — all the best

Cris

Caswell Evans
313 N. Figueroa
Room 909
Los Angeles, CA 90012

THE WHITE HOUSE

WASHINGTON

February 24, 1994

Mr. and Mrs. Erwin Stolle
5813 Gates Head Drive
Austin, Texas 78745

Dear Mr. and Mrs. Stolle:

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.

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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

gfdra

RECEIVED FEB 22 1994

2-1-94

DEAR CHRISTENE GEBBIE:

WE REQUEST THAT THE ADS SPONSORED BY THE DEPT. OF HUMAN SERVICES BE TAKEN OFF T.V. WE FIND THEM VERY IMMORAL + OFFENSIVE.

YOURS VERY TRULY,

ERWIN + BERNICE STOLLE
5813 GATESHEAD DR.
AUSTIN, TEXAS 78745

ERWIN + BERNICE STOLLE
5813 GATESHEAD DR.
AUSTIN, TEXAS 78745

AUSTIN TX 787
FEB 23 P1
1994

The White House 1792 1992
29 USA

CHRISTENE GEBBIE
DIRECTOR FOR THE AIDS POLICY
750 17TH. ST. N.W.
WASHINGTON, D.C. ~~20050~~
20500

THE WHITE HOUSE

WASHINGTON

February 24, 1994

Audra Carter-Wilkins, Founder and CEO
Wesley S. Wilkins Home of Pride AIDS Program
37817 Boxthorn Street
Palmdale, CA 93552

Dear Ms. Carter-Wilkins,

Thank you for your letter and for your kind words of support. The National AIDS Policy Office has been working to coordinate this Administration's commitment to AIDS research, services and prevention. You may have heard recently about the newly formed National Task Force on AIDS Drug Development, which will work to help eliminate barriers in efforts at identifying new drugs and bringing them to market.

In early January, the Centers For Disease Control and Prevention began a vigorous new AIDS prevention marketing initiatives program. We are working hard to develop more meaningful prevention messages in conjunction with our local community partners. Your involvement in your local community help to make a world of difference.

When you know the specific information and dates for your AIDS Awareness Forum please let me know with a written proposal of what you would like me to do for this event.

In regards to funding your organization or your planned forum, I would recommended that you work with your community agencies and Ryan White Planning Council. You may also wish to approach local and national foundations, and local business leaders and community organizations.

Again, thank you for writing. I wish you the best of luck in your endeavors.

Sincerely,

Kristine Gebbie

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

Wesley S. Wilkins Home of Pride

January 31, 1994

Ms. Khristine Gebbie
National AIDS Policy Coordinator

Dear Ms. Gebbie,

It was my sincere pleasure to meet you at the October 1993 HIV Planning Committee Meeting in Palmdale, California. We were introduced by Mr. Frank Hagar. I was deeply inspired by your speech to continue in my efforts to provide compassionate care for HIV/AIDS victims and their loved ones in underserved areas of Los Angeles County.

I understand that Mr. Gil Fernandez, Executive Director of the AIDS Regional Board of Los Angeles County, recently had the opportunity of speaking with you regarding our program. He said that you will be available for an interview in the near future. We look forward to the opportunity to discuss our plans with you in person.

At the HIV Planning Committee Meeting, I promised to write regarding the WESLEY W. WILKINS HOME OF PRIDE AIDS PROGRAM and our plans for Fiscal 1994. It is an honor to introduce our organization to you.

We have worked to develop programs and services to heal and unite families living with HIV/AIDS, as well as educate and protect the future of all communities. Our goal is to create a thorough and compassionate multicultural plan to provide optimum medical care, volunteer social service programs, family counseling, financial-legal planning, cultural and spiritual care.

As I am sure you are well aware of, recent statistics indicate that 46,000 HIV infected individuals live in Los Angeles County, with one half not knowing their status. HIV/AIDS patients have very few service organizations to turn to for help or compassion. We believe that these patients deserve to live with dignity, comfort, love and support for themselves and their loved ones.

We have successfully formed a vital and committed multicultural Board of Directors and Honorary Advisory Committee, including HIV/AIDS patients to complete WSW By-laws and Articles of Incorporation, Statistical and Strategic Plan, Business Plan, Organizational Policies/Procedures and 3-5 Year Plan, Projected Income, Cash-Flow Statements and Budgets

This year, we have successfully located and obtained our first WSW HOME OF PRIDE SHELTER, located in Palmdale, within the Antelope Valley, where no other shelters exist. This shelter will house 10-12 HIV infected multicultural men and women in a semi-independent board and care facility. Each client will receive a full range of support to assure a continuing and productive lifestyle.

The WESLEY S. WILKINS HOME OF PRIDE AIDS PROGRAM has also developed collaborative working relationships with County-wide and National HIV/AIDS service organizations to elevate awareness of, and "fill in service gaps" to provide dignified care for multicultural men and women of all ages.

As an example of our dedication to the community as a whole, we are also planning a "BRIDGE OF COMPASSION" AIDS AWARENESS FORUM in 1994. This forum will bring together key regional and national AIDS representatives to provide the most up-to-date HIV/AIDS information and educational programming for concerned community members and leadership, families, and AIDS victims. This forum will heal many wounds, answer important questions, mold significant health attitudes and lifestyles, and develop substantial strategies surrounding the battle against HIV/AIDS.

We sincerely hope that you will join us at the first "Bridge of Compassion" AIDS Awareness Forum this year. Your attendance and input are essential to our success in reaching, educating, creating policy, and changing the lives of HIV/AIDS victims and their families.

Our WSW Grantwriting Department is aggressively approaching multiple funding sources to assure the success of the WSW HOME OF PRIDE SHELTER and "Bridge of Compassion" AIDS AWARENESS FORUM. To illustrate our commitment to future generations facing this dreaded disease, the WSW Founder and Board of Directors will match all grants, dollar-for-dollar.

Your support is essential to our future as providers of crucial programs and services to multicultural HIV/AIDS victims and their loved ones. We know that you understand our need is urgent. Please consider giving a donation to help us in the accomplishment of our goals.

We also wish to request your support for our organization in a letter of acknowledgement and support, which we may use in our fundraising packages and as an introduction to AIDS VIPs in California. We would be happy to submit any other requested materials as needed. Your written support would be of great help to us in our endeavors.

We would appreciate any ideas or comments regarding potential funding sources. Our program is a new one in an area without services. Your expertise and guidance mean a great deal to us. Our development department will approach all sources in a timely and professional manner.

Thank you for joining with us in creating hope and understanding for multicultural victims and families living with HIV/AIDS. Together, we can surely begin to erase the pain and devastation of this disease.

Sincerely,

ACW

Audra Carter-Wilkins
Founder and CEO
Wesley S. Wilkins Home of Pride AIDS Program
37817 Boxthorn St.
Palmdale, Ca. 93552

FEB 25 1994

THE WHITE HOUSE

Dear Mrs Sommers —

Thank you very much for your kind gift. The continuing support of concerned individuals such as you is an important part of our national response to HIV and AIDS.

My best wishes to you —

Hillary Rodham Clinton

Sunday, February 13, 1994

Dear Ms. Gebbie —

As our country is "AIDS czar", I have a rather unusual gift for you, one that you will be able to experience the rest of your life.

I have made a Novena of Holy Communions in honor of Jesus, King of all Nations, for you.

Among the beautiful promises in regard to this is that Jesus bid an angel of each of the nine choirs of angels — Seraphim, Cherubim, Thrones, Dominions, Powers, Virtues, Principalities, Archangels, Angels — to guard and guide you for the rest of your life.

Read more about these awesome promises on pg 29-30 of the enclosed booklet, "Jesus, King of all Nations Devotion."

There is an interesting background of this new devotion (p. 1-4) and a Special Blessing (p. 5).

May you richly experience the guidance and protection of the Cherubim, Seraphim, Throne, Dominion, Power, Virtue, Principality, Archangel, and Angel given to you by Jesus during this Novena.

And may the Holy Trinity — Father, Son, and Holy Spirit; the Holy Family — Jesus, Mary, and Joseph; all the angels and all the saints, shower their graces on you.

God bless!

Kathleen (Mrs Ray) Simmers, 1396 County I
Custer, Wisconsin 54423

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Jesus King of All Nations
Devotion

55pgs

1990

Jesus
King of All Nations

DEVOTION

THE WHITE HOUSE

WASHINGTON

February 25, 1994

Frank Dinardo
2206 Jo-An Drive
Sarasota, Florida 34231

Dear Mr. Dinardo:

Thank you for your February 7 letter. As you can imagine we receive many letters advocating innovative needle and syringe adaptations and products which might be of value in reducing needle stick exposures in health care workers, or in needle exchange programs.

My office, in cooperation with the Department of Health and Human Services are still studying the issue of needle exchange. As you may know there is currently a prohibition on the use of Federal funds to support needle exchange programs except under very restricted circumstances for research purposes. Hence, I am not in a position at this time to examine or review, let alone to become an advocate for, any particular products which might be of value in this regard.

Many local communities, on the other hand, are operating needle exchange programs and might find your product of interest assuming it has been approved for such uses by the Food and Drug Administration. I have enclosed a list of such programs which was current through August 1993. Robert Jackson, M.D., on my staff, is handling these issues and is available at (202) 960-5560 if you need any further information.

Sincerely,

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

Bob Craftmeyer

DINARDO INTERNATIONAL

FAX: 202-632-1096

February 7, 1994

Ms. Kristine Gebbie
Policy Coordinator
OFFICE OF NATIONAL AIDS POLICY
750 - 17 Street, NW
Suite 1060
Washington, DC 20503

Dear Ms. Gebbie:

Tomorrow via UPS, you will receive two patents we have sent depicting our SELF-DESTRUCT SYRINGE and SAFETY CAPPER. Our company will be offering them to you on a federal level and to individual states to provide them with a cost efficient, self-destruct syringe for the needle exchange programs in those states. While there are many such patents out at this time, we believe ours is the only viable patent because our parts can fit any needle made at a small increase in price to do so!

We will be available to visit with you to demonstrate the self-destruct syringe and safety capper any time at your convenience. We are in the process now of meeting with State Senator Gunther of Connecticut and officials from the Cities of Hartford, Bridgeport, and New Haven, Connecticut, to demonstrate our syringe to make it their choice of syringe for their exchange programs.

It is our opinion that once you have seen the demonstration, you will agree it is exactly what the federal government is looking for to help stop the spreading of this dreadful disease through your needle exchange program.

Thanking you for your consideration and waiting to hear from you, I am

Sincerely yours,

Frank

FRANK DINARDO

2206 JO-AN DRIVE, SARASOTA, FLORIDA 34231 USA

TELEPHONE: 813-923-5414 ** FAX: 813-923-5418

R. Appendix

NEPs in the US Through August 1993

State	City	Name and Address	Month and Year Opened
Alaska	Fairbanks	The Exchange 1109 O'Connor Road Fairbanks, AK 99701	August 1989
California	Berkeley	Needle Exchange Emergency Distribution (NEED) 3884 Shafter Avenue Oakland, CA 94609	November 1990
	Los Angeles	Clean Needles Now (CNN) P.O. Box 128 Topanga Canyon, CA 90290	June 1992
	Monterey County	Monterey Needle Exchange 91 Chestnut Street Apt. 228 Santa Cruz, CA 95060	April 1992
	Novato	Marin County NEP 172 Escollonia Drive Novato, CA 94945	October 1992
	Oakland	Alameda County Exchange (ACE) 2512 Regent Street, #6 Berkeley, CA 94704	July 1992
	San Diego	San Diego Clean Needle Exchange Team ACT-UP San Diego P.O. Box 5341 San Diego, CA 92165	January 1992
	San Francisco	Prevention Point 1090 Eddy Street #604 San Francisco, CA 94109	November 1988
	San Jose	Risk Reduction Task Force* No mailing address Hotline telephone number: 408-236-2121	July 1992
	San Mateo	AIDS Prevention Action Network, Inc. (APN) 609 Edinburgh Street San Mateo, CA 94402	September 1990

NEPs in the US Through August 1993 (continued)

State	City	Name and Address	Month and Year Opened
California (continued)	Santa Cruz	Santa Cruz Needle Exchange Program 180 Dakota, Unit 6 Santa Cruz, CA 95060	December 1989
Colorado	Boulder	The Works Boulder County Health Department 3450 Broadway Boulder, CO 80304	May 1989
Connecticut	Bridgeport	Bridgeport NEP* 725 East Main Street Bridgeport, CT 06608	May 1993
	Hartford	Hartford NEP Hartford Health Department AIDS/HIV Program 80 Coventry Street Hartford, CT 06112	March 1993
	New Haven	New Haven Needle Exchange Program Department of Health 540 Ella Grasso Boulevard New Haven, CT 06519	November 1990
	Willimantic	Willimantic NEP P.O. Box 752 Willimantic, CT 06226	March 1990
Hawaii	Honolulu	CHOW Project Needle Exchange 710 North King Street Honolulu, HI 96817	September 1991
		Kalihi-Palama Health Care for the Homeless 350 Summer Street Honolulu, HI 96817	November 1991
		"Rubber Room" Life Foundation 81 North Hotel Street Honolulu, HI 96817	July 1990
Illinois	Chicago	Chicago Recovery Alliance P.O. Box 470688 Chicago, IL 60647	January 1992
Indiana	Indianapolis	National AIDS Brigade Prevention Point 111 East 16th Street #201 Indianapolis, IN 46202	October 1992

NEPs in the US Through August 1993 (continued)

State	City	Name and Address	Month and Year Opened
Massachusetts	Boston	ACT-UP/Boston I.V. League P.O. Box 483 Kendall Square Station Cambridge, MA 02142	February 1991
		National AIDS Brigade (currently exchanging in New York City, New Haven, Los Angeles, and Chicago) 492 East Broadway P.O. Box 201 Boston, MA 02127	November 1986
New York	Buffalo	Prevention Point of Buffalo, Inc. 593 Winspear Ave., upper apt. Buffalo, NY 14215-1209	April 1992
	New York City	ADAPT Community Based Comprehensive Harm Reduction Needle Exchange Program 552 Southern Boulevard Bronx, NY 10455	December 1992
		Bronx-Harlem Needle Exchange Program c/o Bronx AIDS Services 1 Fordham Plaza #903 Bronx, NY 10458	February 1990
		Housing Works, Inc. 594 Broadway, Suite 700 New York, NY 10012	September 1992
		Lower East Side Needle Exchange Program 39 Avenue C New York, NY 10009	February 1990
		St. Ann's Corner of Harm Reduction* 295 St. Ann's Avenue Bronx, NY 10454	August 1990
Oregon	Portland	Outside-In Needle Exchange/AIDS Prevention Program 1236 SW Salmon Portland, OR 97205	November 1989

NEPs in the US Through August 1993 (continued)

State	City	Name and Address	Month and Year Opened
Pennsylvania	Philadelphia	Prevention Point Philadelphia Health Center #5 1900 North 20th Street Philadelphia, PA 19121	December 1991
Washington	Olympia	Olympia Underground Exchange 114 Cherry St., NE Olympia, WA 98501	April 1992
	Seattle	Seattle-King County Department of Public Health Needle Exchange 400 Yesler Way, 3rd floor Seattle, WA 98104	March 1989
	Spokane	Outreach Center* 1025 West First Avenue Spokane, WA 99204	May 1991
	Tacoma	Tacoma Needle Exchange/Point Defiance AIDS Projects 535 East Dock Street #108 Tacoma, WA 98402	August 1988
		Tacoma-Pierce County Health Department Needle Exchange 3629 South D Street Tacoma, WA 98408	March 1989
	Yakima	Yakima Health District Needle Exchange 104 North 1st Street Yakima, WA 98901	November 1992

* Not included in the results of this report

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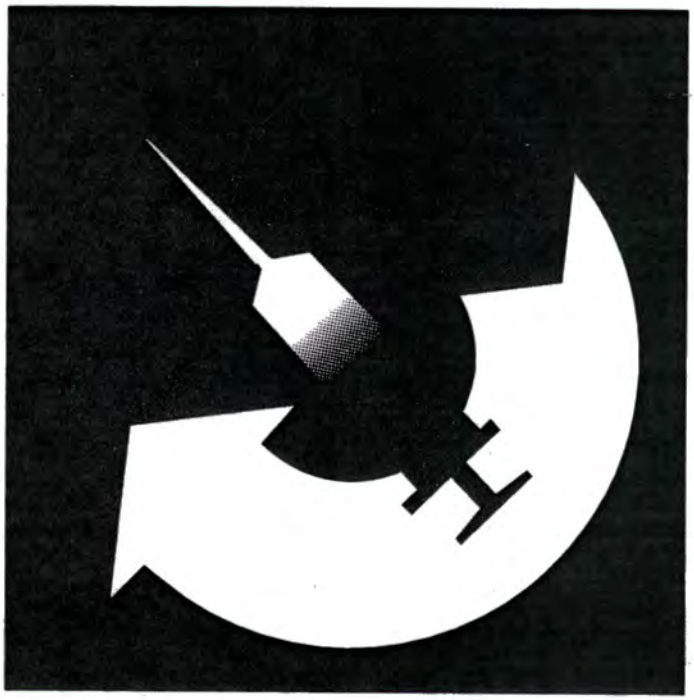
THE PUBLIC HEALTH IMPACT OF NEEDLE EXCHANGE PROGRAMS IN THE UNITED STATES AND ABROAD

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS



SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF CALIFORNIA, BERKELEY

INSTITUTE FOR HEALTH POLICY STUDIES
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

PREPARED FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION

October 1993